



**STRONGER WITH
BREASTMILK ONLY**

no water until 6 months
for a healthier baby

CARTE 02
L'allaitement maternel exclusif

Improve access to skilled breastfeeding counselling

The *Stronger With Breastmilk Only* campaign promotes giving babies breastmilk only, on demand (day and night), and stopping the practice of giving water (and other liquids and foods), from the moment of birth through the first six months of life. It aims for all countries in West and Central Africa to achieve the global exclusive breastfeeding target of 50 per cent by 2025.

Stronger With Breastmilk Only echoes the call to action of the Global Breastfeeding Collective, a partnership of more than 20 international organizations, with the goal of increasing investment and policy change to support breastfeeding worldwide. This goal requires advocacy at the global, national and sub-national levels in order to meet the global breastfeeding target.

INTRODUCTION

A mother's access to skilled breastfeeding counselling is critical to initiating and establishing adequate breastfeeding practices that save and improve lives. WHO and UNICEF recommend based on scientific evidence that all infants receive only breastmilk on demand (day and night) – no water, other liquids or foods, from the moment of birth and for the first six months of life. During pregnancy, mothers need to be informed and sensitized about the benefits of breastfeeding. They need to be supported to begin breastfeeding within an hour of birth and give babies breastmilk only for the first six months of life.

Breastfeeding counselling should be provided by trained health workers during pregnancy, at the moment of birth and during the initial months following childbirth to facilitate early and exclusive breastfeeding and promptly address breastfeeding challenges. Access to skilled counselling helps prevent feeding practices that can interfere with

breastfeeding, such as the provision of water, other unnecessary liquids, foods, and breastmilk substitutes to infants and young children.

THE PROBLEM

Many health facilities and professionals are not delivering optimal breastfeeding counselling and support so that mothers and their families practice exclusive breastfeeding. Health care workers are important influencers of decisions about breastfeeding and play a critical role in providing support for proven-effective practices.

However, many health workers have limited understanding of the importance and/or skills to support breastfeeding, facilitate early skin-to-skin contact and persuade families that for the first six months of a baby's life, breastmilk is enough, no water is needed, even in hot and dry climates. Often, service protocols do not include breastfeeding counselling in routine contacts with pregnant women and mothers of children under

ADVOCACY GUIDANCE

two years of age. If it is offered, providers often lack the interpersonal communication skills that characterize effective counselling. Furthermore, health care workers sometimes provide unnecessary supplemental water, other liquids or foods, including breastmilk substitutes, to newborns and babies. This can derail a mother's efforts to breastfeed.

THE SOLUTION

Strengthening health workers' knowledge and skills in breastfeeding counselling and ensuring that breastfeeding counselling is incorporated into all perinatal and critical child health contacts are two strategies that can increase rates of recommended breastfeeding practices and improve health, social and economic outcomes.

Improving breastfeeding counselling can increase exclusive breastfeeding rates by 90 per cent. All health workers in maternity, newborn and child health facilities should be equipped with the knowledge, skills and time to support recommended breastfeeding practices, including giving babies breastmilk only, on demand, from the moment of birth and for the first six months of life. It is essential to build the capacities of health workers to conduct breastfeeding counselling and promotion that goes beyond telling mothers what to do.

Information is not enough to change behaviour. Counselling must involve listening to mothers, helping them identify feasible ways to overcome barriers to exclusive breastfeeding, and developing their confidence with breastfeeding skills.

Mothers who intend to return to work or study must receive counselling to prepare for breastfeeding while working. They must be taught about breastmilk expression, safe storage, handling and feeding of expressed breastmilk. Mothers who decide not to breastfeed must be taught about safe preparation and storage of breastmilk substitutes. Both mothers and caregivers should be able to respond adequately to their child's feeding cues. Mothers of low birth weight babies, twins and babies born by caesarean section especially need this guidance and support.

To increase access to quality support, countries should pursue a variety of key actions to ensure that health workers follow best practices in breastfeeding counselling. These include:

- ✓ **Task shifting and increasing the number of specialized providers** to allow enough time and personnel for counselling.
- ✓ **Training, mentoring and incentives to enable health workers** to provide high quality counselling.
- ✓ **Strengthen capacity building** by using participatory, skills-based training methods to develop key counselling skills such as listening, problem solving and confidence-building.
- ✓ **Incorporate breastfeeding counselling** into pre-service training curricula, as well as into protocols, policies and health system norms.
- ✓ **Develop nutrition resource centres and engage professional associations** to broaden networks of support.



ACT NOW!

Enabling mothers to access quality breastfeeding counselling will require strong alliances between government, civil society and health profession associations. Together, we can ensure that health workers have the skills and supportive systems to give every child the healthiest possible start in life.



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TOOLS AND RESOURCES

ON GLOBAL EVIDENCE-INFORMED GUIDANCE FOR COUNSELLING WOMEN TO IMPROVE BREASTFEEDING PRACTICES:

WHO, 'Guideline: counselling of women to improve breastfeeding practices':

This guideline examines the evidence and makes recommendations and remarks on the implementation of some of the details of breastfeeding counselling, such as frequency, timing, mode and provider of breastfeeding counselling, to improve breastfeeding practices.

ON INTEGRATING BREASTFEEDING EDUCATION AND PROMOTION INTO TRAININGS FOR HEALTH PROVIDERS IN FACILITIES AND THE COMMUNITY:

WHO, 'Infant and Young Child Feeding Counselling: An Integrated Course':

This training course includes comprehensive guides for health workers and lay counsellors on building counselling skills around recommended feeding practices for infants and children 0-24 months of age.

ON INCORPORATING BREASTFEEDING COUNSELLING AND SUPPORT INTO ALL ANTENATAL AND POSTNATAL CARE VISITS:

Alive & Thrive, 'Prelacteal Feeding Practices in Viet Nam: Challenges and Associated Factors':

This case study describes the roles of trained health workers in decreasing pre-lacteal feeding among newborn children in Vietnam.

UNICEF, WHO, Alive & Thrive, 'IYCF Counselling Centers in Bihar: A Program Brief to Inform Start-Up':

This brief details India's efforts to increase access to skilled breastfeeding counselling through infant and young child feeding (IYCF) counselling centres.

Global Health Media, 'Breastfeeding Videos':

These videos provide education on breastfeeding counselling to health workers and volunteers.

ON INCLUDING BREASTFEEDING COUNSELLING AND SUPPORT IN ALL CLINICAL CARE GUIDELINES AND NATIONAL MATERNAL, NEWBORN AND CHILD HEALTH POLICIES:

The Lancet, 'Why Invest and What Will It Take to Improve Breastfeeding Practices?':

This systematic review details evidence on factors critical to improving breastfeeding and includes examples of country policies that have improved health workers' capacities to counsel new mothers.

ADDITIONAL TOOLS FOR CREATING AN ADVOCACY STRATEGY:

UNICEF, 'Advocacy Toolkit: A Guide to Influencing Decisions that Improve Children's Lives':

This toolkit provides practical tools for country leaders for building and carrying out an advocacy strategy.

Alive & Thrive, 'Guide for Public Health Advocacy: Tools and Lessons Learned from Successful IYCF Advocacy in Southeast Asia':

This guide can be used to develop a nutrition advocacy strategy through a four-step process for policy change.

Global Breastfeeding Collective, 'Global Breastfeeding Scorecard':

This tool reviews national progress in implementing key breastfeeding interventions to encourage countries to support breastfeeding.



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BREASTMILK ONLY**

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Protect, promote and support giving babies breastmilk
only, no water for the first six months of life in
West And Central Africa

Consult the Stronger With Breastmilk Only Reference List for more information

