



STRONGER WITH BREASTMILK ONLY

No water until 6 months
for a healthier baby

“Stronger With Breastmilk Only” Initiative during COVID-19

A virtual Regional Learning & Sharing Café held on 19 August 2020

Questions and Answers (Q&A) Sheet

Introduction

Alive & Thrive, UNICEF and WHO jointly organized a Regional Learning & Sharing Café themed “STRONGER WITH BREASTMILK ONLY during COVID-19” on August 19, 2020. The café aimed to provide countries with tools and solutions to protect, promote and support breastfeeding during the COVID-19 pandemic, and beyond, through strategic advocacy and social and behavior change communication (SBCC) with the ‘Stronger With Breastmilk Only’ initiative.

A total of 220 participants signed up for the event, of which 133 effectively participated in the café from 35 countries across the world. Participants included representatives from national governments, programme managers in nutrition, public health, and/or communication for development, private institutions, regional committees, regional partners, professional associations, academia, and civil society.

The recording and presentations of the café are also available here: https://www.dropbox.com/sh/7veo21l4ocgwxq3/AAALw_XGn3SfAqwOPxF1Ji1Ka?dl=0

These resources will be available on the initiative's website: www.breastmilkonly.com

Questions and Answers (Q&A)

This Q&A sheet was prepared by Alive & Thrive, WHO and UNICEF; and answers questions and comments shared by countries, members of governments, and other stakeholders during the Regional Learning and Sharing Café.

THEME 1: The determinants of breastfeeding (exclusive)

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THEME 1: The determinants of breastfeeding (exclusive)

Question about barriers to breastfeeding and strategies to overcome them:

- 1. What do you think are the major barriers to breastfeeding, and how can these barriers be overcome?*
- 2. How can we overcome the barriers listed in the presentations to strengthen breastfeeding in the region, while taking into account our differences?*

Answer:

There are many barriers to breastfeeding in West and Central Africa. We conducted a literature review to better understand the determinants of breastfeeding in the region. A summary of this review is available below.

The literature review on the social and behavioral determinants and influences of infant feeding during the first six months of life has shown that, in the West and Central African region, infant feeding does not depend solely on the mother. In most cases, decisions about feeding are influenced by people close to the mother-child dyad. These influential people share their knowledge, beliefs, experiences and observations. Their influence can work in favour of, or against exclusive breastfeeding.

https://www.aliveandthrive.org/wp-content/uploads/2019/11/ECOWAS_BONW-Research-Brief_v12_web-1.pdf

The ‘Stronger With Breastmilk Only’ Initiative aims to change social and family practices around exclusive breastfeeding in a sustainable way. The social and behavior change approach, which takes into account the social ecology of breastfeeding practice, helps to understand the facilitators and obstacles to exclusive breastfeeding at different levels of influence: environmental, political, social, community, work, family and individual, then to take action at each level.

For more information on the actions that can be taken to overcome the obstacles to exclusive breastfeeding, we invite you to consult this sheet: https://breastmilkonly.s3.amazonaws.com/assets/Advocacy+Guides/English/WCARO_CALL_TO_ACTION_Eng.pdf

Participants also shared **comments on the importance of breastfeeding advice to women, as well as of raising awareness among the women around them who influence their practices, especially grandmothers who may give water to infants, sometimes in secret.**

“Let us raise the awareness of our grannies, mothers, sisters and daughters. Those who are difficult to convince are the grannies. They secretly give water to their daughter’s babies.”

“Counselling must be reinforced both in hospitals and in the community because our health workers are not always promoters of good breastfeeding practices.”

“Personally, I think that midwives and birth attendants should help us a lot in promoting breastfeeding. But in the field, it is not uncommon to see a woman in postpartum consultation who says that she has not received any awareness or education on breastfeeding support. It would then be wise to strengthen the skills of birth attendants and midwives on education for optimal breastfeeding.”

This is part of Burkina Faso's strategy: 1) capacity building of health workers, including midwives and nurses through training and supervision; 2) working with midwifery associations to raise awareness and strengthen professional standards in antenatal care, essential newborn care and the protection, promotion and support of exclusive breastfeeding in the first six months of life.

THEME 2: Breastfeeding and COVID-19

Question about wearing a mask while breastfeeding:

A general question in the context of COVID: does an uninfected mother necessarily have to wear the mask while breastfeeding her baby?

Answer:

A non-infected mother does not need to wear a mask. However, she should adhere to standard hygiene measures, which are to wash hands before touching her child and to ensure proper hygiene each time she is in contact with her child (body, clothing and surroundings).

Question about breastfeeding in the context of COVID-19:

- 1. I would like to know if there are any examples of infected mothers who were able to continue exclusive breastfeeding.*
- 2. Can a mother with COVID-19 continue to breastfeed her child exclusively or must she separate in favor of artificial breastfeeding? Since children are said to be healthy carriers, can't her child pose a risk to other family members?*

Answer:

Breastfeeding protects against morbidity and mortality in the post-neonatal period and throughout infancy and childhood. The protective effect is especially strong against infectious diseases, which are prevented both by the direct transfer of antibodies, other anti-infectious factors and the lasting transfer of immunological abilities and their memory. Therefore, infected mothers can continue to breastfeed exclusively.

Based on scientific evidence published by the WHO, it is recommended that breastfeeding, including exclusive breastfeeding until 6 months of age, be continued even if the mother is infected with COVID-19. It is not recommended that the mother be separated from her baby or that breastmilk substitutes be given.

Women with confirmed or suspected COVID-19 can breastfeed if they wish, taking the following precautions:

- wash hands frequently with soap and water or with a hydroalcoholic solution, especially before touching the infant;
- wear a medical mask during all contact with the infant, including during breastfeeding;
- use a tissue when coughing or sneezing, then throw it away immediately and wash hands again;
- regularly clean and disinfect the surfaces they have touched.

It is important to change the medical mask as soon as it becomes wet and to throw it away immediately. Medical masks should not be reused, nor should the front of the mask be touched.

Source : <https://www.who.int/fr/news-room/q-a-detail/q-a-on-covid-19-andbreastfeeding> (p4)

Question on breastmilk and COVID-19:

Does breastmilk carry Covid-19?

Answer:

According to a living systematic review of the evidence based on breast milk samples tested for COVID-19 from 46 mother-infant dyads, it was concluded that data are insufficient to conclude that COVID- 19 can be passed from breastmilk to the child.

This review also concluded:

“In infants, the risk of COVID-19 infection is low, the infection is typically mild or asymptomatic, while the consequences of not breastfeeding and separation between mother and child can be significant. At this point it appears that COVID-19 in infants and children represents a much lower threat to survival and health than other infections that breastfeeding is protective against. The benefits of breastfeeding and nurturing mother-infant interaction to prevent infection and promote health and development are especially important when health and other community services are themselves disrupted or limited. Adherence to infection prevention and control measures is essential to prevent contact transmission between COVID-19 suspected or confirmed mothers and their newborns and young infants.”

To summarize, the benefits of breastfeeding far outweigh the potentially negative effects of COVID-19. The virus that causes COVID-19 has not been detected in breastmilk. To date, no transmission of the COVID-19 virus through breastmilk or breastfeeding has been observed. There is no reason to avoid or stop breastfeeding. The WHO recommendations on Infant and Young Child Feeding remain unchanged.

For more information, you can consult:

Scientific Brief: Breastfeeding and COVID-19

<https://www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19>

Repository from JHU: COVID-19, Maternal and Child Health, Nutrition - What does the science tell us?

<http://hopkinshumanitarianhealth.org/empower/advocacy/covid-19/covid-19-children-and-nutrition>

THEME 3: Breastfeeding and health / Maternal nutrition

Question about mother's nutrition while breastfeeding:

I would just like to know the concrete strategies to consider with regard to mothers to support breastfeeding. Indeed, a well-nourished woman can breastfeed well. On the other hand, a woman without nutritional support will have a hard time ensuring good nutrition for her baby. How to ensure good nutrition for breastfeeding women?

Answer:

Almost all mothers can produce enough breastmilk to meet the nutritional needs of infants under 6 months. However, the feedings must be frequent and of sufficient duration to allow the maintenance of the secretion reflex. The more the infant suckles the more milk is produced. Breastfeeding mothers should be able to increase their calorie intake to meet the additional needs associated with milk production.

Community and family members should be made aware of the importance of this increased intake. They should be aware of how important it is to offer this food to women before pregnancy, during pregnancy and while breastfeeding.

Question on how to ensure good maternal nutrition:

How to ensure good nutrition for the mother for successful breastfeeding?

Answer:

Breastfeeding is prepared by a natural process during pregnancy. Pregnant women have an increased need for iron and other hematopoietic raw materials due to their increased blood volume, as well as the needs of the fetus and placenta. In addition to an adequate energy intake, mothers therefore need a diet rich in protein and micronutrients such as iron, folate and vitamins (B, C, etc.). Maternal nutrition counseling should be tailored to address identified risks for individuals or groups of mothers. Where appropriate, balanced energy and protein supplementation should be provided to undernourished women to prevent their own nutritional deprivation and restriction of intrauterine growth of their offspring.

WHO has developed a guide on WHO recommendations for antenatal care to make pregnancy a positive experience. The guide is available at the link below:
<https://apps.who.int/iris/bitstream/handle/10665/259584/9789242549911-fre.pdf;jsessionid=D0E857E868849EC14EF7111D04CCFF81?sequence=1>

Since the window of opportunity of the first 1000 days is critical, these recommendations also apply to the conception and the breastfeeding period.

Our experience shows that the participation of husbands can play an important role in ensuring that mothers have access to nutrient-dense foods. Health workers can also advise them on a healthy diet during antenatal visits.

THEME 4: Implementation of the "Stronger With Breastmilk Only" Initiative

Question about Burkina Faso:

How will Burkina Faso improve the breastfeeding rate in the country?

Answer:

The 'Stronger With Breastmilk Only' Initiative is one of the actions the country has taken to improve exclusive breastfeeding. There is a commitment from high-level leadership in the government to increase breastfeeding rates in the country.

The Directorate of Nutrition of Burkina Faso has drafted the 'Stronger With Breastmilk Only' strategy for social and behavior change supporting exclusive breastfeeding, without adding water, and which outlines the actions that Burkina Faso will take.

THEME 5: Lessons Learned and Documentation

The questions relate to the lessons learned about the launch and the strategies that work:

1. *I would like Burkina Faso and Ghana to share more of the lessons learned from their launch. This can serve as our experience.*
2. *I appreciated the experience of Burkina Faso and I would like to know what points were anticipated in terms of lessons learned?*

Answer:

The main lessons learned in the two countries are:

- The need for a good situational analysis and an analysis of the barriers to and facilitators of optimal breastfeeding practices, at the national level but also disaggregated by region, living environment, socio-economic groups etc.
- The need for good planning and anticipation: development of detailed planning at each stage, preparation of the terms of reference for all activities in advance as well

as the related budgets, finalization of a budgeted action plan, of which the costs are distributed, and gaps are identified.

- Government leadership and strong commitment from technical and financial partners, associations and traditional leaders and civil society.
- The importance of collaborating with and the investment of engaged actors from at all levels: first between national leadership and then with all the partners: health systems, technical and financial partners of Government, traditional and religious leaders (participation of the national nutrition champion (Larlé Naaba) at the launch), professional associations and traditional healers.
- A multi-channel approach for spreading the message for social and behavior change:
 - In big cities, where community activities are more difficult to implement, using interactive broadcasts, urban displays and flyers, mass media spots and online broadcasts.
 - In more rural areas, community health workers will be used for interpersonal communication with people through mother to mother support groups, community dialogue and home visits.
 - Health facilities will also be the place for appropriate communication to people seeking care through the sharing of messages and images and quality personalized counselling that will be disseminated by trained health workers.
 - Within communities, families and the people who surround them.
- Have a clear organization (who will do what, when) and close monitoring (regular meetings twice a week or sometimes more to track deliverables and troubleshoot).
- Good timing (the production and multiplication of materials may take time to procure) and consideration of good procurement procedures as per funding requirement.
- Involvement of all stakeholders during launch programming and preparing.
 - Technicians work on the minimum package (communication materials and messages) for speakers and participants.
 - The national entity in charge of corporate/institutional communication, and the government chief of staff should be involved from the start to ensure that the authorities are available and ready for the ceremony.

Question on the current exclusive breastfeeding rate in Burkina Faso:

I would like the colleague from Burkina to share with the countries the relevant strategies and approaches used and also the channels to achieve such a score in terms of exclusive breastfeeding.

Answer:

Burkina Faso has developed and implemented a Scaling-Up IYCF Plan (2013-2025), which has a health training component and a community component and uses advocacy and social and behavioral change approaches. This includes capacity-building of actors throughout the entire health system chain, community participation, the involvement of communication actors, civil society and partners involved in IYCF, as well as advocacy with decision-makers (political, religious, traditional).

Question on the costs of the initiative in Burkina Faso:

1. *The use of billboards for awareness-raising requires large financial means. Can UNICEF grant such significant resources in Central Africa?*
2. *Promotion of IYCF best practices requires ongoing field activities. Can UNICEF support this activity everywhere?*

Answer:

UNICEF provided funding for billboards in regional capitals (13) in Burkina. On the other hand, the implementation of mother-to-mother support groups ensured by community-based health workers and community volunteers.

The government also has a resource mobilization role for the campaign.

Question on how to launch the initiative in the context of COVID-19:

How are countries officially launching the Initiative in the context of COVID-19?

Answer:

Given the context of COVID-19, Burkina Faso hosted a 'light' launch with few attendees at the face-to-face event. The launch event itself was also transmitted via ZOOM for other participants to follow. In addition, significant emphasis has been placed to ensure media coverage to amplify the campaign, using different channels (print, broadcast and radio) to get the message across to the public. In fact, following the event, media coverage has been planned for the Minister of Health, UNICEF and Alive & Thrive.

THEME 6: Partnerships and engagement in the 'Stronger With Breastmilk Only' Initiative

Question on the implementation of the initiative at country level and the role of civil society:

1. *What is the mechanism for implementing this initiative at country level? Can civil society get support to initiate an action plan at the national level?*
2. *Beyond the involvement of civil society in the launch and activities, can a civil society organization or group be the bearer of an initiative that could be supported by the regional initiative, knowing that they too will involve others in the implementation?*

Answer:

Partnership is one of the pillars of this campaign. It is important to have national leadership and a coordinating platform that can provide a clear strategy and mobilize all actors including civil society organizations around the strategy and an action plan that should be coordinated by the platform on a regular basis.

Technical support could be available through the provision of tools for the strategy, key messages and communication materials which are also available on the website www.breastmilkonly.com

However, financial aid depends on each context and country. A second pillar of the campaign is advocacy. One of the political demands is the increase of financial resources (domestic and external) for breastfeeding.

Question on how to become involved in the Initiative:

How can we be a part of what you do to make sure breastfeeding is important for everyone?

Answer:

Contact the entity responsible for the protection, support and promotion of breastfeeding in your country, in general the Ministry of Health or the structure in charge of Nutrition to find out how your organization can participate in the 'Stronger With Breastmilk Only' Initiative. You can also approach partners, UNICEF, A&T and WHO.

THEME 7: OTHER

Question on a certificate:

Is there a certificate of competence at the end of the training?

Answer:

The Café was a time for sharing information and experiences on the implementation of an initiative to protect, promote and support exclusive breastfeeding in the West and Central African region. It was not a training; this is why there is no certificate issued.

For online training courses on infant and young child feeding, including breastfeeding, we encourage you to visit the following sites:

UNICEF: Programming for Infant and Young Child Feeding

<https://agora.unicef.org/course/info.php?id=16009>

The IYCF learning hub

<https://www.iycfhub.org/?lang=e>

OTHER QUESTIONS?

If you would like to know more about the 'Stronger with Breastmilk Only' initiative, we invite you to contact the following people:

Nathalie Likhite: NLikhite@fhi360.org

Antoinette Valian Tougouma : tougoumav@who.int

Anne-Sophie Le Dain: aledain@unicef.org

You can also visit the initiative's website here: www.breastmilkonly.com

Some useful resources:

SWBO resources available at:

<https://www.dropbox.com/sh/t2bps1z5k485999/AADBpGCfII33D8ADiUwhknua?dl=0>

A Counseling package, [Infant and Young Child Feeding Recommendations when COVID-19 is Suspected or Confirmed](#). You can also download the Adobe InDesign source files for the graphics and illustrations used in the counseling cards by clicking [here](#)

Global Guidance on Infant and Young Child Feeding in the context of COVID-19- [here](#)

Global Breastfeeding collective Key messages - [here](#)

UNICEF, UNHCR, WHO, and WFP issued a Joint Statement on [Infant and Young Child Feeding in the Context of COVID-19](#) to support adequate infant and young child feeding in West and Central Africa.

Code Status Report 2020: <https://www.who.int/publications/i/item/9789240006010>

The international code of marketing of breast-milk substitutes: [FAQ on the roles and responsibilities of health workers](#)

BMS Code FAST FACTS in West and Central Africa [Here](#)

GUIDELINES | WHO [Clinical management of COVID-19](#) - The part that refers to Breastfeeding is on pp. 41-44

A Frequently Asked Questions (FAQ) from WHO for Health Workers with Decision tree on

Breastfeeding and COVID [here](#) - FAQ from the main Q&A for the general population [Here](#)

[FAQ on the roles and responsibilities of health workers](#)

[When Separation is not the Answer: Breastfeeding Mothers and Infants affected by COVID-19](#)

[Breastfeeding safely during the COVID-19 pandemic](#) This is an article for the general public that was published as part of a series of parenting COVID guidance

[Breastfeeding and Covid-19 video](#)