

# IS BREAST BEST - Perspectives of Jamaican Parents

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- ▶ Less than half of the world's newborns benefit from the most impactful and cost-effective intervention for healthy growth and development:  
breastfeeding at birth and exclusive breastfeeding up to 6 months

## 3 GOOD HEALTH AND WELL-BEING



## The Right to Nutrition

is protected by [international human rights law](#), including the Convention on the Rights of the Child (CRC), which commit ratifying countries to promote and protect the nutritional wellbeing of women and children, and report on their progress towards this goal

# What Policy Recommends:

- Optimal Infant and Young Child Feeding (IYCF) is presented in the WHO/UNICEF Global Strategy for Infant and Young Child Feeding (2003) as follows (*echoed in JA's National IYCF Policy*):

As a global public health recommendation, infants should be **exclusively breastfed** for the first **6 months of life to achieve optimal growth, development and health**. Thereafter, to meet their evolving nutritional needs, infants should receive safe and nutritionally adequate complementary foods while breastfeeding continues for up to two years of age or beyond.

\* Exclusive breastfeeding from birth up to 6 months is possible except for a few rare medical conditions as specified by WHO and UNICEF

# Global Situation

**Immediate breastfeeding** - putting the baby to the mother's breast within an hour after birth - would significantly reduce neonatal mortality.

**AND** exclusively breastfed children have at least **six** times greater chance of survival in the early months than non-breastfed children.

**YET** only 39% of children less than 6 months old in the developing world are exclusively breastfed

# Exclusive breastfeeding (EBF) Defined

*“the practice of only giving an infant breast-milk for the first six months of life (no other food or water)”*

## EBF:

- ▶ Can **prevent potentially 1.4 million deaths** every year among children under five (out of the approximately 10 million annual deaths).
- ▶ has the **single largest potential impact on child mortality of any preventive intervention**.
- ▶ According to the 2008 LANCET Nutrition Series, **over 1/3 of under-5 mortality is caused by undernutrition**, in which poor breastfeeding practices and inadequate complementary feeding play a major role. (accounts for approx. 800,000 children)
- ▶ **part of optimal breastfeeding practices**, which also include initiation within one hour of life and continued breastfeeding for up to 2 years of age or beyond.

- Lancet Nutrition Series on Child Survival (2003), Nutrition (2008), Newborn Health (2005) and Child Development (2007).

# Jamaican Situation

- 95% of our babies have been breastfed at some point
- 64.7% started early & 23.8% were EBF for under 6 months
- Only 44% continued at 1 year
- AND only 42.5% were predominantly breastfed under 6 months-

## SUMMARY TABLE OF FINDINGS

MULTIPLE INDICATOR CLUSTER SURVEYS (MICS) AND MILLENNIUM DEVELOPMENT GOALS (MDG) INDICATORS, JAMAICA, 2011

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value
<b>NUTRITION</b>				
Breastfeeding and infant feeding	2.4		Children ever breastfed	95.4 per cent
	2.5		Early initiation of breastfeeding	64.7 per cent
	2.6		Exclusive breastfeeding under 6 months	23.8 per cent
	2.7		Continued breastfeeding at 1 year	44.4 per cent
	2.8		Continued breastfeeding at 2 years	31.2 per cent
	2.9		Predominant breastfeeding under 6 months	42.5 per cent
	2.10		Duration of breastfeeding	12.5 Months
	2.11		Bottle feeding	69.4 per cent
	2.12		Introduction of solid, semi-solid or soft foods	54.6 per cent
	2.13		Minimum meal frequency	42.0 per cent
	2.14		Age-appropriate breastfeeding	31.2 per cent
	2.15		Milk feeding frequency for non-breastfed children	77.3 per cent
Low birth weight	2.18		Low birth weight infants	16.4 per cent
	2.19		Infants weighed at birth	96.5 per cent

# What Research Tells Us:

- Complimentary feeding starting at 6 months along with continued breastfeeding is ranked at #3 in terms of impact on reducing child mortality
- Breastmilk provides infants with essential nutrients, promoting healthy physical and cognitive development.



# Benefits of breastfeeding

## FOR THE BABY:

- Improved growth and nutrition status
- Increased bonding
- Lower risk of chronic diseases (diabetes, heart disease, asthma, some cancers)
- Lower risk of overweight/obesity
- Improved cognitive and motor development
- Less likely to die
- Less diarrhoea and respiratory infections
- Less ear infections, GI disorders, skin conditions and SIDS



## FOR THE MOTHER:

- Mother less likely to become pregnant in early months
- Lower risk of maternal cancers (ovarian and breast cancer)
- Faster maternal recovery and weight loss post partum
- Less post-partum depression

# Specific Data - Children

- ▶ Non breast fed children have a 250% higher risk of being hospitalized for pneumonia and asthma
- ▶ Non breast fed children have a 60% higher risk of recurrent ear infections
- ▶ Can help prevent SIDS
- ▶ Longer duration (6+ months) can lead to improved cognitive performance and educational achievement (at age 5) as well as longer school attendance
- ▶ Decreases the chance of developing certain childhood cancers (leukemia 3% less risk and Lymphomas)
- ▶ EBF can also improve dental health (less cavities/less need for braces) + better speech development)

# Specific Data - Children

## Exclusively Breast Fed children have:

- 72% lower risk of lower respiratory track infections
- 64% lower rate for gastrointestinal infections
- 50% for otitis media
- 42% for asthma
- 39% for Type II Diabetes (19-27 % for Type I)
- 27% less risk of obesity

## Specific Data - Mother - The more months a woman spends breastfeeding, the greater the benefits

- ▶ Less likely to develop ovarian and premenopausal breast cancers (The increased risk of not breastfeeding is 39% for maternal breast cancer and 26% for ovarian cancer)
- ▶ Less likely to develop osteoporosis
- ▶ Enjoy a quicker recovery after childbirth, with quicker expelling of the placenta and reduced risk of postpartum bleeding
- ▶ Decrease insulin requirements in diabetic mothers (Breastfeeding mothers have a 14% lower risk of maternal type 2 diabetes)
- ▶ return to their pre-pregnancy weight faster than mothers who formula feed
- ▶ for the 1<sup>st</sup> 6 months postpartum, in the absence of menses, is 98 per cent effective in preventing pregnancy. (The delayed return of the menstrual cycle for 20 to 30 weeks may also reduce the risk of anaemia).

# AND...then there is bonding...

EBF mothers are reported to be more confident, calm and less anxious than bottle-feeding mothers

↖ Calmer mothers can lead to calmer babies...

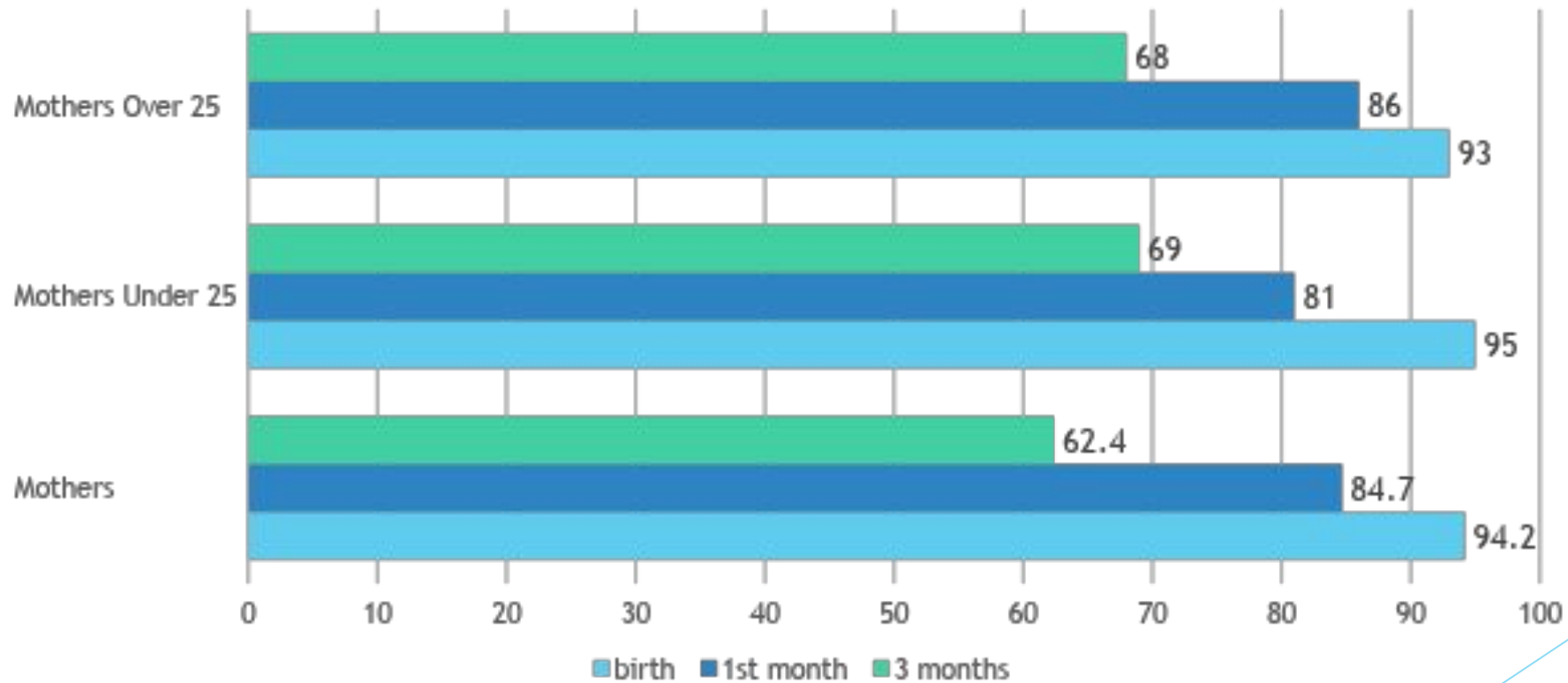
# JA KIDS DATA

**Sample - approx. 4000 mothers:**

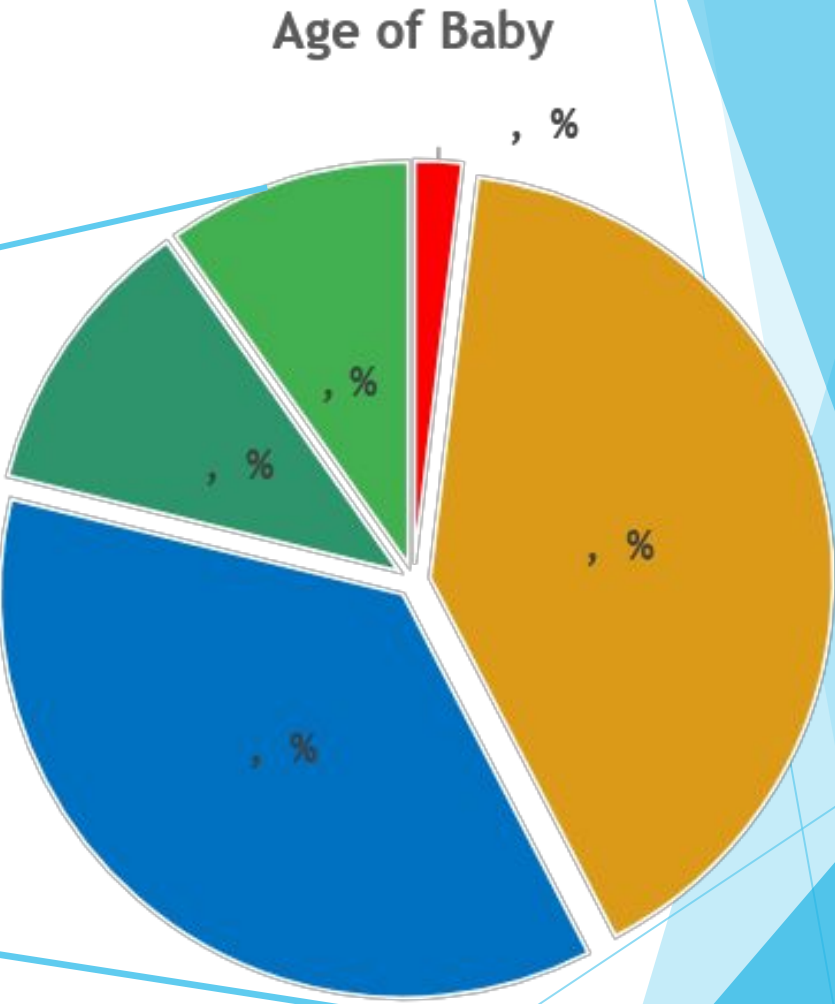
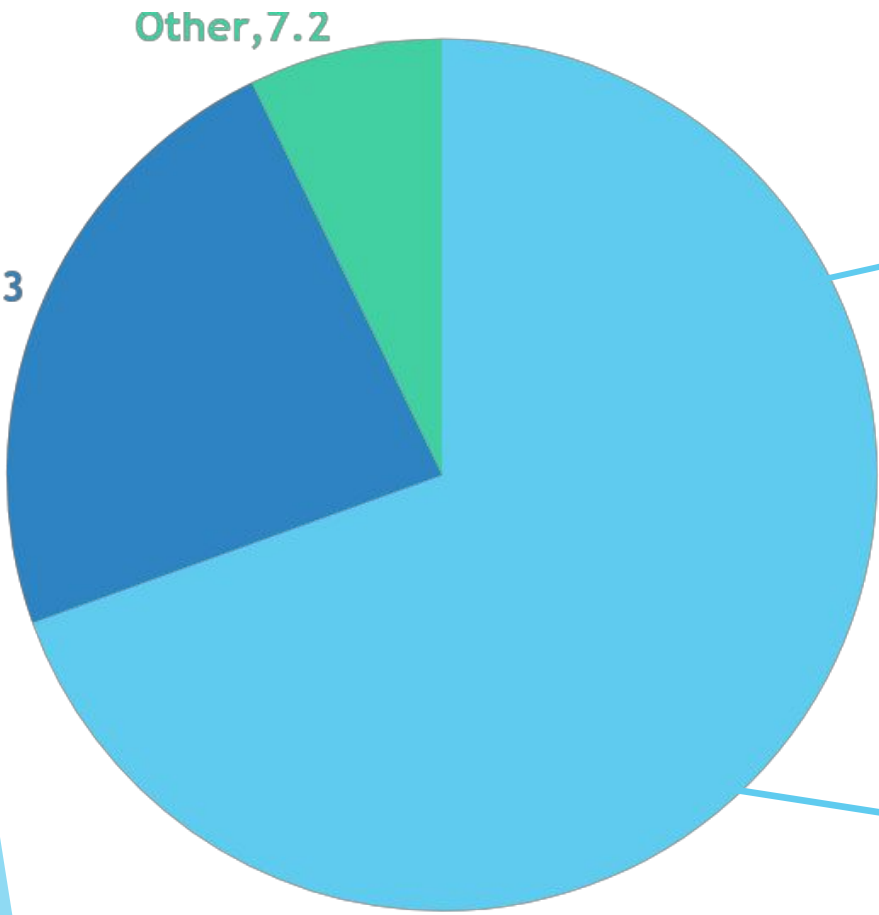
- 52% under 25 years
- 75% of them had completed primary and secondary education
- 0.1% had a tertiary degree
- 20 of them had a PhD



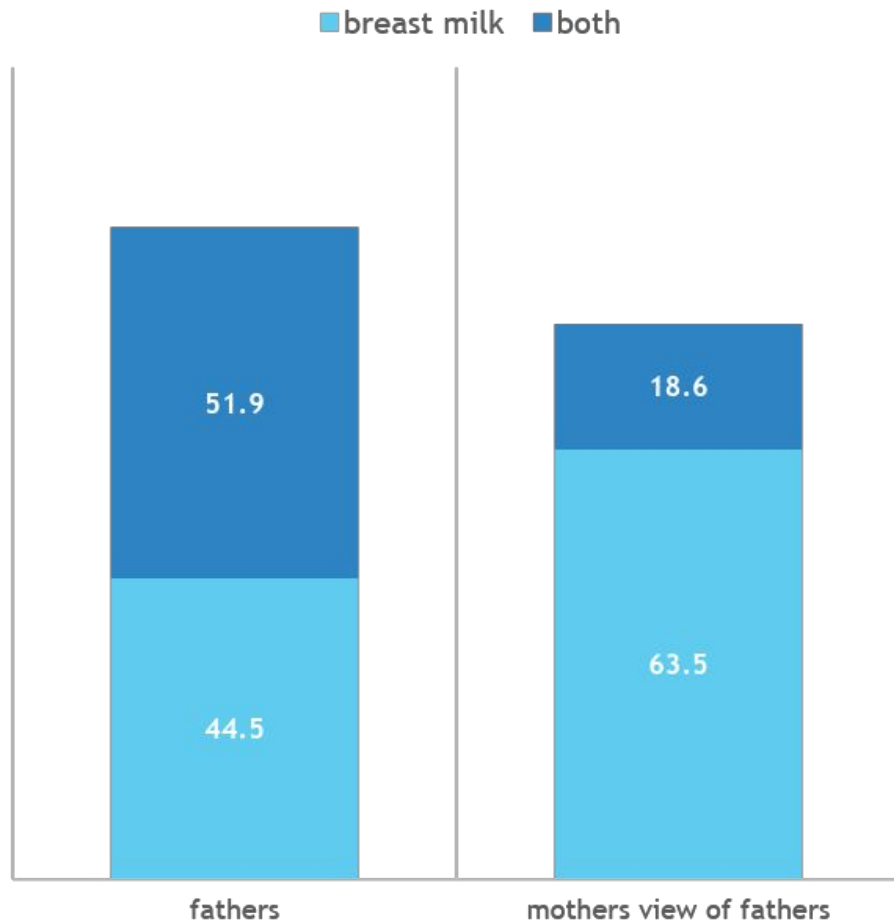
# Mothers who Plan to Breastfeed



# Return to Work - 69%



# Views on Breastfeeding part 1 - Father vs Mother

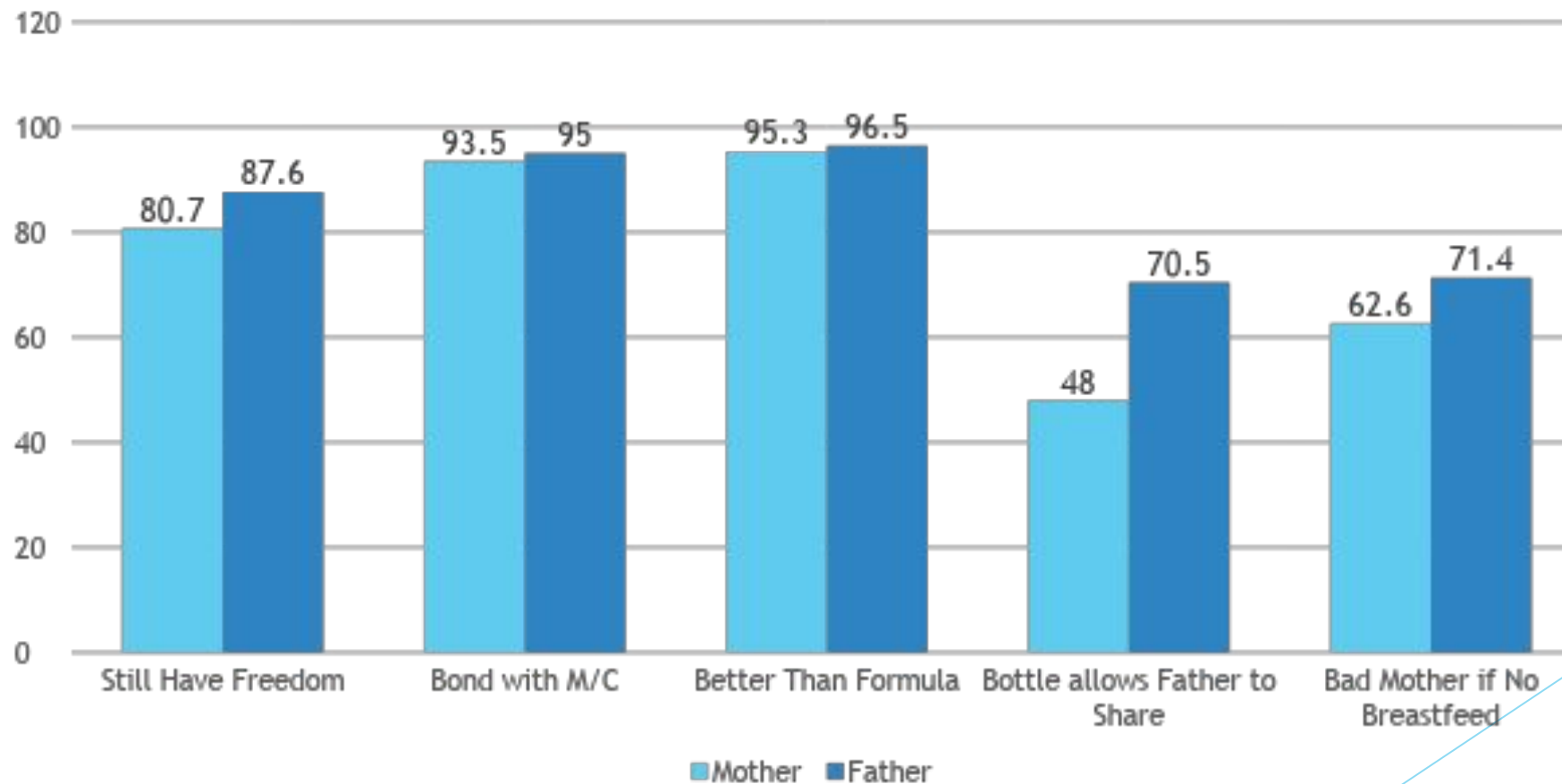


- ▶ 63.5 % of mothers said fathers would prefer baby to be fed breastmilk (44.5% of fathers said they would chose breastmilk)
- ▶ 18.6% of mothers said would say both bottle and breast (51.9% of fathers said both)

\*69% of fathers said breastfeeding almost never made it difficult for fathers to bond with their babies

\*89% of fathers said breastfeeding did not reduce attractiveness

# Views on Breastfeeding Part 2 - Mother vs Father



# Thoughts on Health Care System....

72.8% of the mothers said Nurses gave them information spontaneously

Only 5.3% had to ask

Only 9.2% received no breastfeeding information



Global Goal/National Goal- at least 50% of all infants exclusively breastfed for up to 6 months (Jamaica 23.8%)

Breastfeeding is not a one-woman job

– it requires government leadership and support from families, communities, workplaces and the health system to really make it work.



SDG3 - Ensure healthy lives and promote well-being for all at all ages

3.1

- ▶ By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2

- ▶ By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

## 2 Main Challenges in JA - Cultural practices & Return to work Timeline

- ▶ *JA Kids data shows agreement on BF as simplest, smartest and most cost-effective way to ensure that all children survive and thrive.*

### 1. Cultural Practices:

- *Mixed feeding*
- *Belief that it makes women less attractive*
- *Father preference for bottle*
- *JA Kids Data has shown some cultural practices are not insurmountable BUT we need more actual data of what mothers do vs what they planned to do.*

**The Big ? - What stops mothers from BF between 3 and 6 months...?**

# Main Challenges in JA - contd.

## *2. Return to work:*

- ▶ [https://www.amazon.com/clouddrive/share/3MonGpoqFB0tiGcmfvwAefuiJb9jeZm7YjnyeAtoxju/folder/sFbhrlC0Qr-Kq6gYarGCdA/zY9Rk6YQS4OYd64pTydIIA?encoding=UTF8&\\*Version\\*=1&\\*entries\\*=0&mgh=1](https://www.amazon.com/clouddrive/share/3MonGpoqFB0tiGcmfvwAefuiJb9jeZm7YjnyeAtoxju/folder/sFbhrlC0Qr-Kq6gYarGCdA/zY9Rk6YQS4OYd64pTydIIA?encoding=UTF8&*Version*=1&*entries*=0&mgh=1)

# Return to Work is a bit more complicated...

- Like in many other countries Jamaican mothers need supportive national policies and legislation - *such as longer paid maternity leave and breastfeeding spaces and breaks* - to enable them to continue breastfeeding at work.
- Mothers also need *strong family and community support* to manage the demands of work and breastfeeding their babies.

UNICEF globally and in JA continues to support national governments in making countries friendlier for *all* mothers who wish to breastfeed.

# The Way Forward



- ▶ **Building capacities** (i.e. Finalisation and Implementation of the National IYCF policy, ongoing training for health and community workers to implement integrated IYCF counselling and support)
- ▶ **Pre-Service Training** - Ensuring adequate IYCF content in curricula (HFLE, medical training...)
- ▶ **Mother-Mother Support** groups
- ▶ **Workplace Support** - policy and practice
- ▶ **Effective M & E** to gather critical data to support advocacy and maintenance
- ▶ **BF awareness media campaigns**- ongoing
- ▶ **BFHI**- Baby Friendly Hospital Initiative

# BFHI in JA- Tipping Point

The Baby Friendly Hospital Initiative (BFHI), also known as Baby Friendly Initiative (BFI), is a global World Health Organization and UNICEF programme launched in 1991 following the adoption of the Innocenti Declaration on breastfeeding promotion in 1990.

Currently only 2 Jamaican public hospitals are BFHI certified

\* Poised to change however as and 2 more are close to being ready



# Thank You



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for every child