# Enhancing Breastfeeding: Global and National Policies and Programs

#### **Eman Badran**

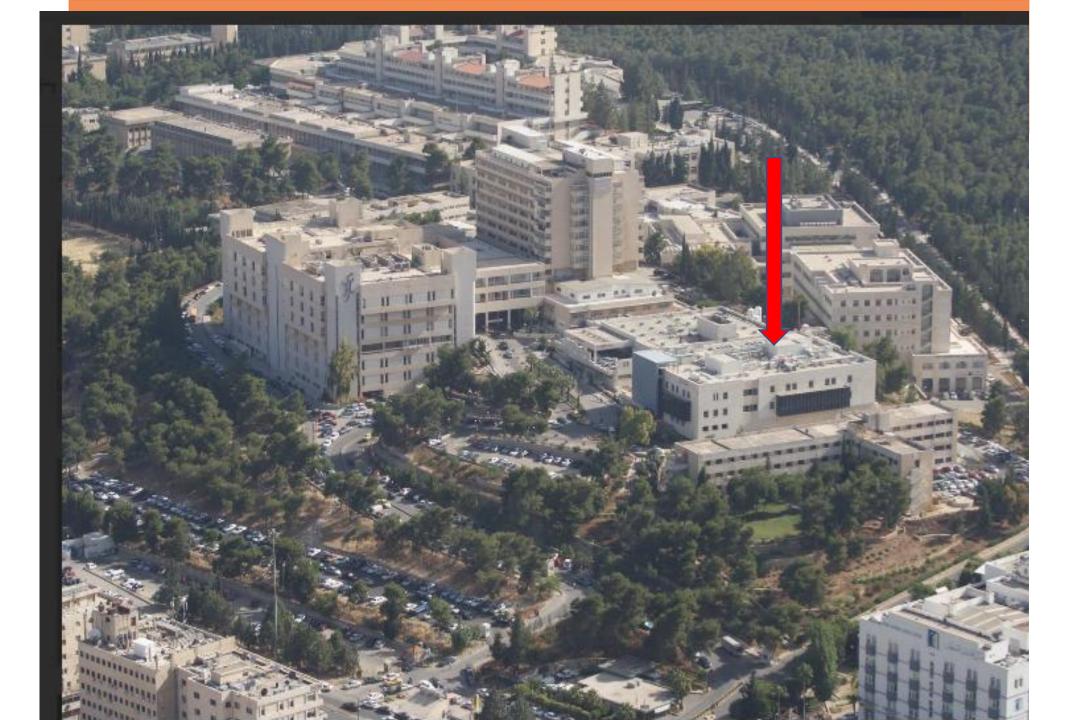
Professor of Pediatrics

Director of neonatal –perinatal Division

Director of the Neonatal-Perinatal fellowship program .

University of Jordan





#### **Acredited Neonatal** Felowship program













# Support Nutrition 30 Bed NICU



BFH (Accredited three times ) Pending 4<sup>th</sup> (last week of October 2025)

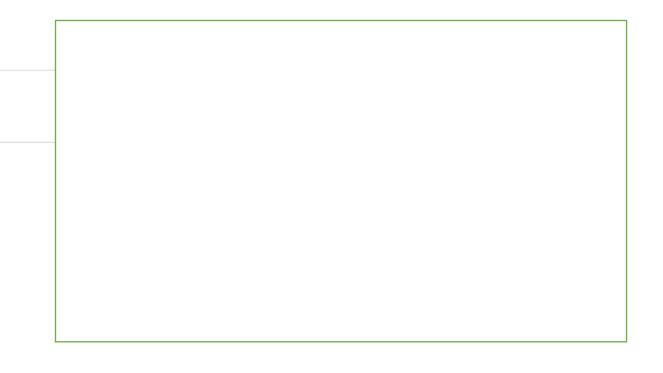






# Breast feeding Counselors

12 certified trained Breastfeeding counselor At JUH





#### **Objectives**

Infant and Young Child Feeding Situation in Jordan

Why? What influence caregiver's infant feeding practices?

Relevant National breastfeeding policies and programs

Health facility practices: Implementing the Baby-Friendly Hospital Initiative (BFHI)

Why breastfeeding is important

Normal growth and nutritional needs of breastfeeding infants

- Components of Breast Milk

#### **Section 1**

Infant and Young Child Feeding Situation in Jordan

## Breast feeding trend In Jordan

# Percentages of surviving children breast-fed at various ages in Jordan 1976-1980

BREAST-FEEDING PATTERNS AND DETERMINANTS IN JORDAN

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Telephone: (919) 966-2155

- National sample of women
- Surveyed by the government of Jordan WFP
- Collect data only for last 2 birth)
- > Sample **3212** child
  - Born 4 years preceding the interview.
  - 1976-1980)

#### Place of residence

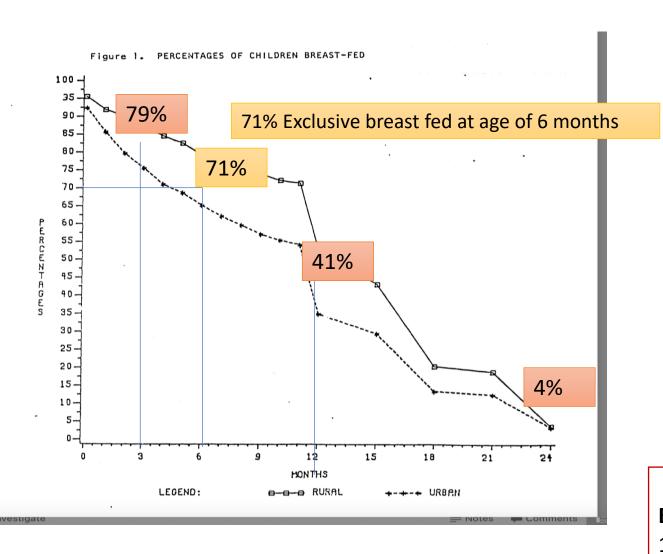
There was significant difference in the percentage of children even breast-fed in urban and rural areas after first months (

Akin JS, Bilsborrow RE, Guilkev DK, Popkin BM.

Breast-feeding patterns and determinants in Jordan
1984

Breast feeding trend In Jordan

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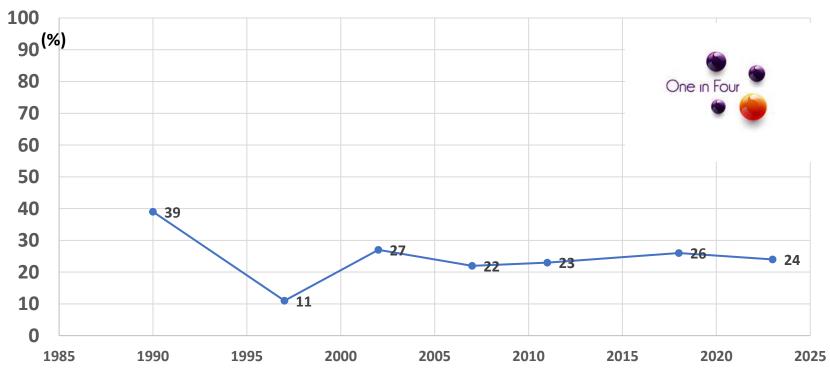
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Breast-feeding patterns and determinants in Jordan
1984

#### **Exclusive Breastfeeding**

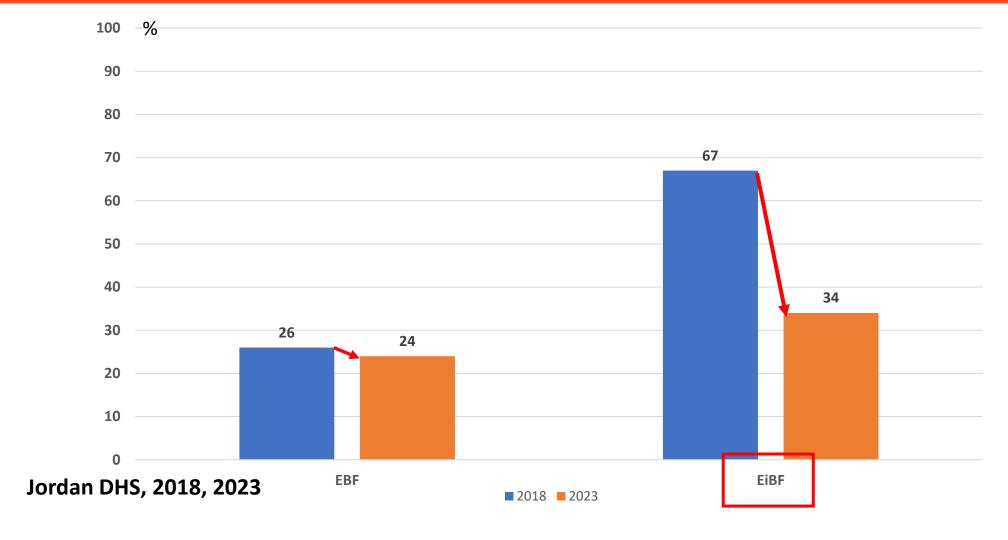
• National prevalence 24%.

#### EBF(%) 1990 to 2023

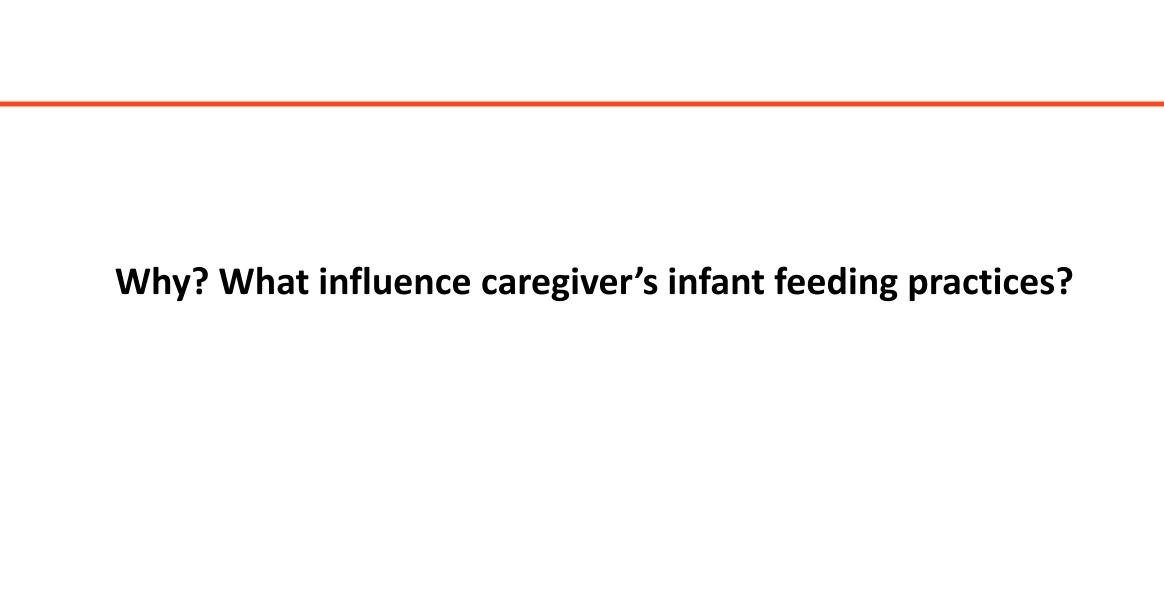


Jordan DHS,2023

### **Breastfeeding practices in Jordan (2023 vs.2018)**



EiBF: Early Initiation of Breastfeeding, EBF: Exclusive Breastfeeding



# Breastfeeding Islamic Practices

According to the Qur'an. (Islam's holy book)

# ISLAM RELIGION VIEW OF BREASTFEEDING



Muslims see breastfeeding as the God (Allah) **given right of the child** according to the rules of Shariah (Islamic Law).



بنيهم أنش أتزخع أتزجيه

﴿ وَالْوَالِدَاتُ يُرْضِعْنَ أَوْلَادَهُنَّ حَوْلَيْنِ كَامِلَيْنِ لِمَنْ أَرَادَ أَنْ يُتِمَّ الرَّضَاعَةَ ﴾

"صدق الله العظيم"

منظمة الصحة العالمية

توصى منظمة الصحة العالمية

ن منظمة الصحة العلمية توصى بالإرضاع المقتصر على اللدي طيلة الأشهر لسنة الأولى من الحياة. وبعد الشهر السادس، ينبغي إنخال المعمة صلية، مثل لغواكث والخضروات المهروسة، لإتمام الإرضاع من اللذي لمدة تصل إلى للكن أو اكثر

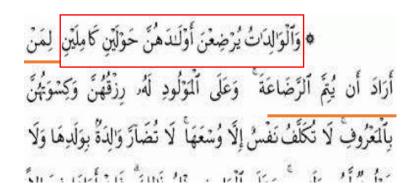
# Breastfeeding Islamic Practices

#### **DURATION OF BREASTFEEDING**

Mothers often aim to breastfeed their babies until the age of two years

it is not mandatory to breastfeed a child for two years

Starting complementary feeding of the child is allowed.



# Breastfeeding Islamic Practices

#### WET NURSING AND ADOPTION

Wet nursing is known practice in Islam

Mother and the father can mutually agree to let a wet nurse feed the child.

#### milk-siblings

Children who have been regularly breastfed (three to five or mor times) by the same woman are considered milk-siblings"

"they are prohibited from marrying each other



This demonstrate feeding the bak substitutes) as m



بِنَ اللهُ الرَّادُ الرَّحْنِ الرَّادُ الرَّحْنِ الرَّحْنِ الرَّحْنِ الرَّحْنِ الرَّحْنِ الرَّحْنِ الرَّحْنِ ال

إِتَّقُو اللهَ وَاعْكُمُواْ أَنَّ اللهَ بِمَاتَعْمَلُونَ بَصِيرُ ١

حُرِّمَتُ عَلَيْكُمْ أُمُهَاتُكُمْ وَبَنَاتُكُمْ وَأَخَوَاتُكُمْ وَأَخَوَاتُكُمْ وَعَمَّاتُكُمْ وَخَالاَتُكُمْ وَبَنَاتُ الأَخِ وَبَنَاتُ الأَخْتِ وَمَنَاتُ الأَخْتِ وَأَمِّهَاتُكُمْ اللَّتِي أَرْضَعْنَكُمْ وَأَخَوَاتُكُم مِّنَ الرَّضَاعَةِ وَأُمْهَاتُ بِسَآئِكُمْ اللَّتِي فِي خُجُورِكُم مُن فَأَمْهَاتُ بِسَآئِكُمْ اللَّتِي فِي خُجُورِكُم مُن نُسَآئِكُمُ اللَّتِي فِي خُجُورِكُم مُن نُسَآئِكُمُ اللَّتِي فَي خُجُورِكُم مِن فَسَآئِكُمُ اللَّتِي فَي خُجُورِكُم مِن فَسَآئِكُمُ اللَّتِي وَخُلْتُم بِهِنَ فَلاَ جُنَاحَ عَلَيْكُمْ وَحَلاَئِلُ أَبْنَائِكُمُ الَّذِينَ مِنْ أَصْلاَبِكُمْ فَلاَ جُنَاحَ عَلَيْكُمْ وَحَلاَئِلُ أَبْنَائِكُمُ الَّذِينَ مِنْ أَصْلاَبِكُمْ فَلاَ جُنَاحَ عَلَيْكُمْ وَحَلاَئِلُ أَبْنَائِكُمُ الَّذِينَ مِنْ أَصْلاَبِكُمْ وَاللَّهُ عَلَيْ اللَّغْتَيْنِ إِلاَّ مَا قَدْ سَلَفَ وَالْ يَغْفُوراً رُحِيماً [النساء: ٣٣]

# Breastfeeding Islamic Practices

#### THE ISLAMIC FATHER'S ROLE

The give support (father) to provides moral support and encouragement

calls on sponsor (fathers ) to support the child's nursing by providing food and clothing for the child's mother for two years,



#### لِينْ وَالرَّحْمَزُ الرَّحْمَزُ الرَّحْمَةِ الرَّحْمَزُ الرَّحِينَ مِ

\* وَالْوَلِلَاتُ يُرْضِعَنَ أَوْلَدَهُنَّ حَوْلَيْنِ كَامِلَيْنِ لِمَنْ أَرَاد أَن يُتِمَّ الرَّضَاعَةَ وَعَلَى الْمَعْرُوفِ لَا الرَّضَاعَةَ وَعَلَى الْمَعْرُوفِ لَا الرَّضَاعَةَ وَعَلَى الْمَعْرُوفِ لَا الرَّضَارَ وَالِدَةُ الْبُولَدِهَا وَلَا مَوْلُودٌ لَكَ الْمُعَلَّافُ نَفْسُ إِلَّا وَسَعَهَا لَا نُضَارَ وَالِدَةُ الْبُولَدِهَا وَلَا مَوْلُودٌ لَكَ اللَّهُ فَإِنْ أَرَادا فِصَالًا عَن تَرَاضِ لَلَّهُ مَا وَلَدَ فَي الْوَارِثِ مِثْلُ ذَالِكُ فَإِنْ أَرَادا فِصَالًا عَن تَرَاضِ فَوْلُودُ فَي اللَّهُ مَا وَتَشَاوُرِ فَلَا جُنَاحَ عَلَيْهِمَا وَإِنْ أَرَدتُم أَن تَسْتَرْضِعُواْ وَلَادَكُمُ فَلَاجُنَاحَ عَلَيْهُمَا وَإِنْ اللّهُ مَا اللّهَ عَلَى اللّهُ اللّهُ اللّهُ وَاللّهُ اللّهُ الللّهُ اللّهُ اللّهُ الللّهُ اللّهُ الللّهُ اللللّهُ الللّهُ الللّهُ الللّهُ الللّهُ الللّهُ الللّهُ اللللّهُ اللّهُ اللللللّهُ الللّهُ الللّهُ الللللّهُ اللّهُ الللللّهُ الللللّهُ اللللللّهُ الللّهُ اللللّهُ اللل

nsation

HE (father)must find an **alternative milk source** and <mark>pay the compensation in</mark> kindness (لتعويض بالمعروف) if the baby's mother does not breastfeed.

تعويض عادل،

يتم بروح من الاحترام والإنصاف

ويتماشى مع العرف الاجتماعي والظروف القائمة.



DO BREASTFEEDING MOTHERS NEED TO FAST DURING RAMADAN

Those with sound excuses are exempt from fasting

# Why? What influence caregiver's infant feeding practices?

1- Knowledge, Attitude, and Practice of mothers towered Breastfeeding

# 1. Knowledge, Attitude, and Practice of Breastfeeding Among Working Mothers in South Jordan A 2017 creation

A 2017 cross sectional survey conducted among 344 working mothers in South Jordan(.

#### **Knowledge, Attitude:**

working mothers have satisfactory knowledge of and positive attitudes toward breastfeeding

#### **Practice:**

For 30% of respondents, work-related factors were the cause of premature cessation

1.Altamimi E, Al Nsour R, Al Dalaen D, Almajali N. Knowledge, Attitude, and Practice of Breastfeeding Among Working Mothers in South Jordan. Workplace health & safety. 2017;65(5):210-218.

#### 2. Traditional practices related to breastfeeding and infant care

A qualitative study of mothers and grandmothers in Amman, Zarqa, Salt, and Karak,

Colostrum is insufficient to meet newborn's needs

Avoided breastfeeding in the first 2 days

Honey and fenugreek at first feed

Milk insufficiency
or
"milk expiry or

impurity"

**Anise and water** 

Herbal remedies
Traditional massage
Foods

2. Arabiat DH, Whitehead L, Al Jabery MA, Darawad M, Geraghty S, Halasa S. Newborn Care Practices of Mothers in Arab Societies: Implication for Infant Welfare. Journal of transcultural nursing: official journal of the Transcultural Nursing Society. 2019;30(3):260-267.

3. Arabiat DH, Whitehead L, Al Jabery M, Towell-Barnard A, Shields L, Abu Sabah E. Traditional methods for managing illness in newborns and infants in an Arab society. International nursing review. 2019;66(3):329-337.

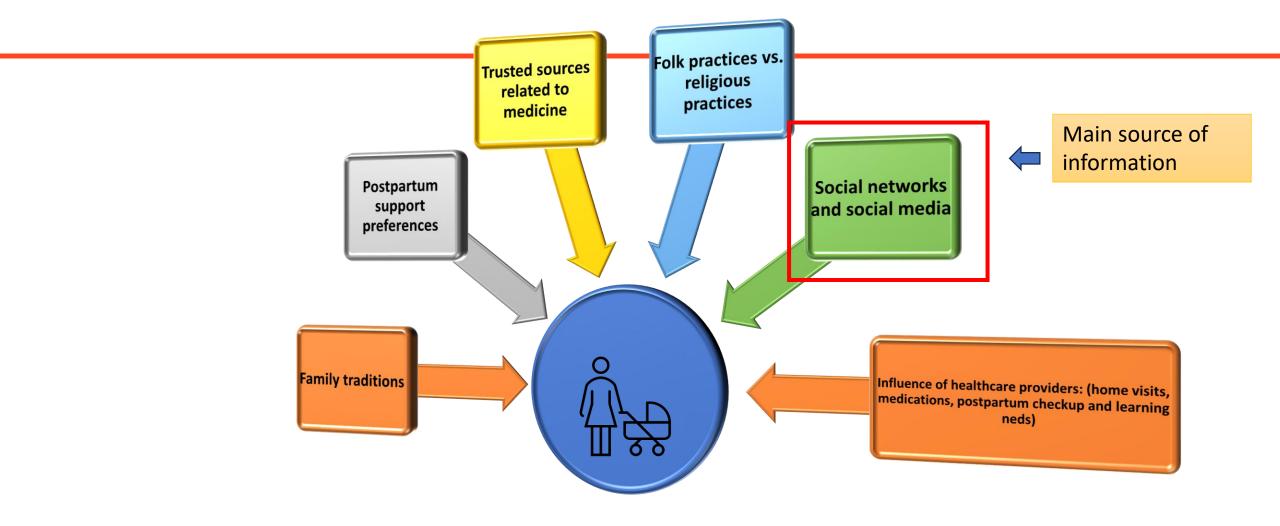
## 1. Knowledge, Attitude, and Practice of Breastfeeding Among Working Mothers in South Jordan (why cessation of Breast feeding?)

Social **Personal** factors -2017 Workplace factors **Pro-formula Family factors** factors **Others** - cross ?factors Mothers who sectional Community formula feed miss Breastfeeding a good Working Health professionals survey one of the great joys encourages way to reduce family environments are not Formula feeding encourage of motherhood. breastfeeding. convenient for expenses easier than breastfeeding ?other report formula breastfeeding breastfeeding -Commercials -344 working better choice Maternity Leave discourage mothers breast feed -South Jordan -in private and

1.Altamimi E, Al Nsour R, Al Dalaen D, Almajali N. Knowledge, Attitude, and Practice of Breastfeeding Among Working Mothers in South Jordan. Workplace health & safety. 2017;65(5):210-218.

government

#### 3. Sources of infant feeding information



Arabiat DH, Whitehead L, Al Jabery MA, Darawad M, Geraghty S, Halasa S. Newborn Care Practices of Mothers in Arab Societies: Implication for Infant Welfare. Journal of transcultural nursing: official journal of the Transcultural Nursing Society. 2019;30(3):260-267.

Arabiat DH, Whitehead L, Al Jabery M, Towell-Barnard A, Shields L, Abu Sabah E. Traditional methods for managing illness in newborns and infants in an Arab society. International nursing review. 2019;66(3):329-337. Shaban IA, Al-Awamreh K, Mohammad K, Gharaibeh H. Postnatal women's perspectives on the feasibility of introducing postpartum home visits: a Jordanian study. Home health care services quarterly. 2018;37(3):247-258.

Al-Sawalha NA, Tahaineh L, Sawalha A, Almomani BA. Medication Use in Breastfeeding Women: A National Study. Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine. 2016;11:386-391.

Almalik MM. Understanding maternal postpartum needs: A descriptive survey of current maternal health services. Journal of clinical nursing. 2017;26(23-24):4654-4663.

#### **Objectives**

**Infant and Young Child Feeding Situation in Jordan** 

Why? What influence caregiver's infant feeding practices?

Relevant National breastfeeding policies and programs

Health facility practices: Implementing the Baby-Friendly Hospital Initiative (BFHI)

Why breastfeeding is important

Normal growth and nutritional needs of breastfeeding infants

- Components of Breast Milk

#### **Section 2**

# Relevant National breastfeeding policies and programs

#### Relevant National breastfeeding policies and programs

Area	Instrum ent	Article	Highlights
Maternity Leave	Labor	67	Unpaid leave for a period <b>not exceeding one y</b> ear
Maternity Leave	Civil Service Bureau ديوان الخدمة المدنية 2025	11	Maternity leave for a period of 90 consecutive days of fully paid maternity leave, with at least six weeks (42 days) following childbirth.

#### **Continued... Relevant National breastfeeding policies and programs**

Area	Instrument	Article	Highlights
Breastfeeding Break (sum or divided)	Labor	70	Obtain within a year of the date of delivery, a period or periods not exceeding one hour in total per day with pay for the purpose of nursing her newborn
Role of the Ministry of Health in preventing the marketing of infant formula	Public health law (2008) قانون الصحة العامة	4	Encouraging and promoting breastfeeding for children
BMS Code	62/2015 انون تسويق بدائل حليب الأم		Regulating the promotion of BMS in Jordan



Just to Know about it

#### International Breast Milk Substitutes (BMS) Code

What is the Code of Marketing of Breastmilk Substitutes?

- The Code is a code of *marketing*.
- The code **aims to protect and promote breastfeeding by** ensuring appropriate marketing and distribution of breastmilk substitutes .
- Code **applies to breastmilk substitutes**, when marketed or otherwise represented as a partial or total replacement for breastmilk.

#### المادة 1

يسمى هذا النظام (نظام ضبط تسويق بدائل حليب الأم لسنة 2015) ويعمل به من تاريخ نشره في الجريدة الرسمية.

#### المادة 2

يكون للكلمات والعبارات التالية حيثما وردت في هذا النظام المعاني المخصصة لها أدناه، ما لم تدل القرينة على غير ذلك:

- الوزارة: وزارة الصحة
  - الوزير: وزير الصحة
- بدائل حليب الأم: الحليب أو المنتج الغذائي الذي يسوق أو يعرض بأي شكل على أنه بديل جزئي أو كلي لحليب الأم للطفل الرضيع دون السنة وتشمل المنتجات المنصوص عليها في المادة (3) من هذا النظام.

#### تتمة ... المادة 2

- التسويق: استعمال أي وسيلة اعلان مرئية أو مسموعة أو مقروءة، أو أي مجسم أو اي وسيلة لعرض المذكرات أو الأرشادات أو بطاقات التعريف أو صفائح العرض أو الصور أو الأفلام أو البضائع بأي صورة للإعلان عن بدائل حليب الأم أو الترويج لها أو توزيعها أو بيعها بطريقة مباشرة أو غير مباشرة لتشجيع الشخص على شراء هذه البدائل أو استعمالها.
  - اللجنة الفنية: اللجنة المشكلة وفقاً لاحكام المادة (12) من هذا النظام.
  - لجنة المتابعة: اللجنة المشكلة وفقاً لاحكام المادة (13) من هذا النظام.
  - الموزع: الشخص الطبيعي أو المعنوي الذي يسوق أو يوزع بدائل حليب الأم.
- بطاقة التعريف: البطاقة أو السمة أو العلامة أو الصورة أو المادة الوصفية أو المكتوبة أو المطبوعة أو الملصقة أو المعلقة لأي من بدائل حليب الأم.

#### المادة 3

- أ- تعتبر أي من بدائل حليب الأم أي من المنتجات التالية :-
  - 1- تركيبة حليب الرضع.
    - 2- أغذية الرضع.
  - 3- حليب المتابعة للرضع.
  - 4- التركيبة الخاصة لتغذية الرضع.
    - 5- الأغذية التكميلية للرضع.
- ب- للوزير بناءً على تنسيب اللجنة الفنية إضافة أي منتج الى المنتجات المنصوص عليها في الفقرة (أ) من هذه المادة.

#### المادة 4

أ- مع مراعاة ما ورد في المادة (35) من قانون الدواء والصيدلة والتشريعات ذات العلاقة يحظر القيام بأي مما يلي:-1- التسويق لأي من بدائل حليب الأم في أي مكان بما في ذلك الجهات التي تهتم أو تعمل بصورة مباشرة أو غير مباشرة بالرعاية الصحية للأمهات والرضع والحوامل والمنظمات والجمعيات ودور الحضانة ومؤسسات رعاية الأطفال والمؤسسات الصيدلانية والمحلات التجارية والمستشفيات والمراكز الصحية.

2- استخدام مراكز البيع لتوزيع عينات، أو كوبونات خصم أو جوائز أو هدايا أو عروض بيع خاصة لأي من المنتجات.

ب- يحظر على المنتجين والموزعين لأي من بدائل حليب الأم تقديم أية هدايا أو مواد أو أدوات أو عينات مجانية الى الحوامل أو أمهات الرضع وصغار الأطفال أو لأي من العاملين في المجال الصحي أو أعضاء أسرهم لغايات تسويق منتجاتهم.

ج- للوزير بناء على تنسيب اللجنة الفنية منع أي وسيلة إعلان أو تسويق لم يرد النص عليه في هذا النظام.

#### المادة 5

- يجب أن تحتوي مواد الإعلام والتثقيف والتي يقصد منها أن تصل إلى الحوامل وأمهات الرضع وصغار الأطفال على المعلومات التالية:-
  - أ- فوائد الرضاعة الطبيعية ومزاياها مقارنة بالرضاعة غير الطبيعية.
  - ب- أهمية تغذية الأمهات وتشجيعهن على الرضاعة الطبيعية والاستمرار فيها.
    - ج- الآثار السلبية لتغذية الرضع التكميلية مقارنة مع الرضاعة الطبيعية
  - د- الاستعمال الصحيح لأغذية الرضع سواء كانت مصنعة أو محضرة منزليا عند الحاجة لها.
- ه- المخاطر الصحية الناجمة عن الأغذية أو أساليب التغذية غير الملائمة وعن الاستعمال غير السليم أو غير الضروري لأي من بدائل حليب الأم.
  - و- الآثار الاجتماعية والمالية المترتبة على استعمال أي من بدائل حليب الأم.

#### المادة 6

• يجوز في حالات خاصة ومبررة وبموافقة الوزير بناء على تنسيب اللجنة الفنية قبول الهبات أو المعدات أو المنتجات بأسعار مخفضة لأي من بدائل حليب الأم من المنتجين أو الموزعين، بشريطة أن يتم توزيعها بإشراف الوزارة.

#### المادة 7

• يجب الحصول على الموافقة المسبقة من الوزير المستندة إلى تنسيب لجنة المتابعة لأي مادة إعلانية أو تثقيفية يقدمها المنتجون أو الموزعون لأي عامل في المجال الصحي لأي من بدائل حليب الأم بحيث تتفق مع الحقائق العلمية والعملية الموثقة لها.

#### المادة 8

• يحظر على العاملين في التسويق بصفتهم الوظيفية القيام بأي اتصال مباشر أو غير مباشر ومهما كان نوعه بالحوامل أو أمهات الرضع وصنغار الأطفال.

#### المادة 9

• يجب أن يحصل العامل في المجال الصحي على موافقة الوزير لحضور أي نشاط يعرض عليه من شركة، أو منتج، أو موزع، أو غيره لأي من المواد والمنتجات التي يستلمها هذا النظام مثل حضور مؤتمرات وغيرها.

#### المادة 10

• في الحالات التي يجوز فيها استعمال أي من بدائل حليب الأم، على العاملين في المجال الصحي والمدربين شرح طريقة الاستعمال السليم للأمهات لأي من بدائل حليب الأم على أن يتضمن هذا الشرح مخاطر الاستعمال غير السليم لها.

#### المادة 11

يجب أن تحتوي كل عبوة لأي من بدائل حليب الأم على:

أ. بطاقة تعريف واضحة ومقروءة ومفهومة ومطبوعة باللغة العربية وفي مكان يتطابق مع المواصفات القياسية الأردنية

ب اشارة الى الفوائد الطبيعية

#### نظام ضبط تسويق بدائل حليب الأم لسنة 2015

#### المادة 14

• يعاقب كل من يخالف أحكام هذا النظام بالعقوبات المنصوص عليها في قانون الصحة العامة.

#### <u>المادة 15</u>

• للوزير تفويض أي من صلاحياته المنصوص عليها في هذا النظام لأمين عام الوزارة أو اي من موظفي الوزارة المختصين على أن يكون التفويض خطيا ومحدداً.

#### <u>المادة 16</u>

• يصدر الوزير التعليمات اللازمة لتنفيذ أحكام هذا النظام.

#### International Breast Milk Substitutes (BMS) Code

#### **Summary of the Main Points of the International Code – 1**

- No advertising of breastmilk substitutes and other products to the public.
- No free samples to mothers.
- No promotion in healthcare facilities, including no free or low-cost supplies.
- No company personnel to contact mothers.
- No gifts or personal samples to health workers. Health workers should never pass samples on to mothers.



#### **Summary of the Main Points of the International Code – 2**

- No pictures of infants, or other words or pictures idealising artificial feeding, on the labels of the products.
- Information to health workers should be restricted to scientific and factual matters.
- Information on artificial feeding should explain the benefits and superiority of breastfeeding and the costs and dangers associated with artificial feeding.
- Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.









#### **Objectives**

**Infant and Young Child Feeding Situation in Jordan** 

Why? What influence caregiver's infant feeding practices?

Relevant National breastfeeding policies and programs

Health facility practices: Implementing the Baby-Friendly Hospital Initiative (BFHI)

Why breastfeeding is important

Normal growth and nutritional needs of breastfeeding infants

- Components of Breast Milk

## Health facility practices: Implementing the Baby-Friendly Hospital Initiative (BFHI)





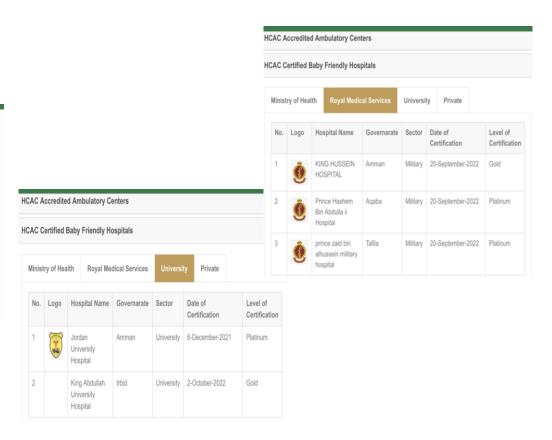


Accreditation

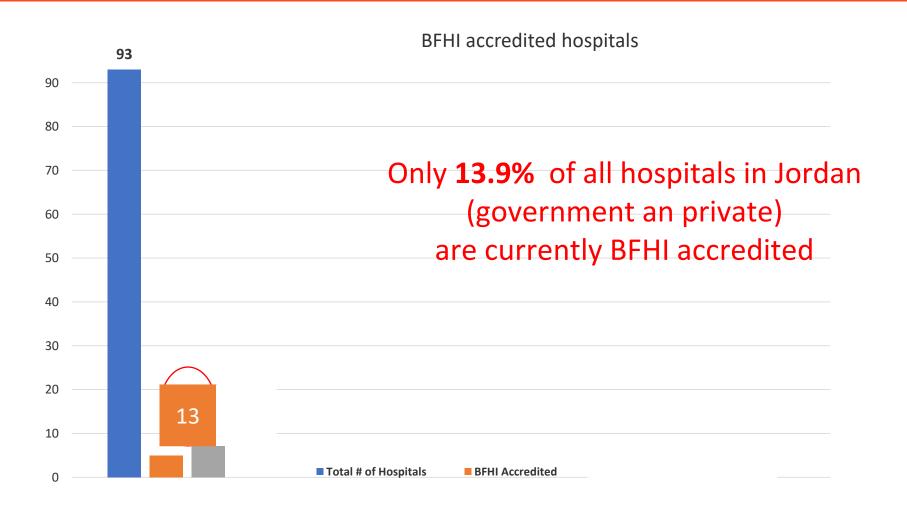




#### 2024: 13 health facility are **Baby friendly Hospitals**



#### The Baby Friendly Hospital Initiative in Jordan (2024)



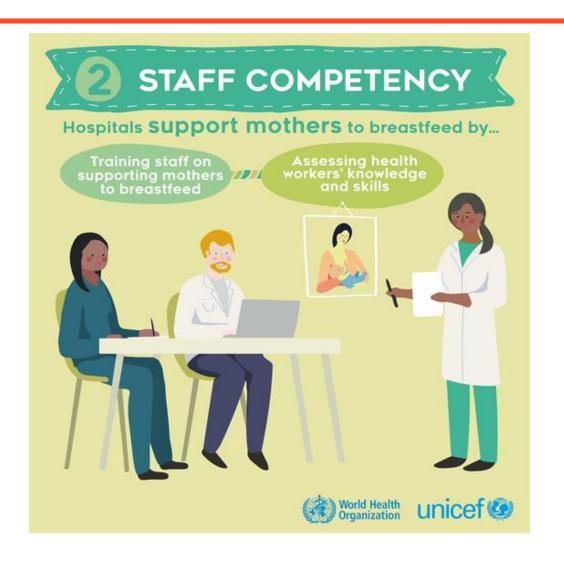


#### Step 1 (applied to be BFH)



This is not just for hospitals, but it should apply to all health facilities including lactation/breastfeeding counseling clinics and areas

#### Step 2 (applied to be BFH)



All staff providing breastfeeding and lactation counseling services should receive appropriate and frequent training to support pregnant women and mothers of children under 2 years of age

#### **Step 3 Antenatal counseling**



#### Step3 cont...

Antenatal Care (ANC) topic: Importance and management of

breastfeeding

- Counsel all pregnant women and show you want to help them
- Counsel young women or those having first baby
- Counsel all women at least twice antenatally about breastfeeding
- Remember: Antenatal breast preparation is not necessary



#### Step 3 (applied to be BFH)

#### Step 4 (applied to be BFH)





#### **Early Initiation of Breastfeeding: Benefits**

skin-to-skin contact after delivery provides benefits:

- 1. regulate the body temperature of newborns
- 2. Allows their bodies to be populated with **beneficial bacteria** from their mother's skin.
- 3. is strongly predictive of future exclusive breastfeeding. (only breast feeding first 6 months)

#### Step 5 (applied to be BFH)

#### Step 6 (applied to be BFH)





#### Step 7 (applied to be BFH)

#### Step 8 (applied to be BFH)





#### Step 9 (applied to be BFH)

#### Step 10 (applied to be BFH)





#### **References:**

- The International Code of Marketing of Breast-milk Substitutes: Frequently Asked Questions (2017 Update), Geneva, Switzerland, World Health Organization; 2017. License: CC BY-NCSA 3.0 IGO.
- نظام ضبط تسويق بدائل حليب الام/قانون الصحة العامة (47) سنة (2008)
- 3. Baby-friendly Hospital Initiative training course for maternity staff: trainer's guide. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. License: CC BY-NC-SA 3.0 IGO
- 4. WHO/UNICEF Baby Friendly Hospital Initiative, infographics. Available from: <a href="https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding">https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding</a>

#### Objectives

Infant and Young Child Feeding Situation in Jordan

Why? What influence caregiver's infant feeding practices?

Relevant National breastfeeding policies and programs

Health facility practices: Implementing the Baby-Friendly Hospital Initiative (BFHI)

Why breastfeeding is important

Normal growth and nutritional needs of breastfeeding infants

- Components of Breast Milk

#### Why breastfeeding is important

#### "Human breastmilk is thus

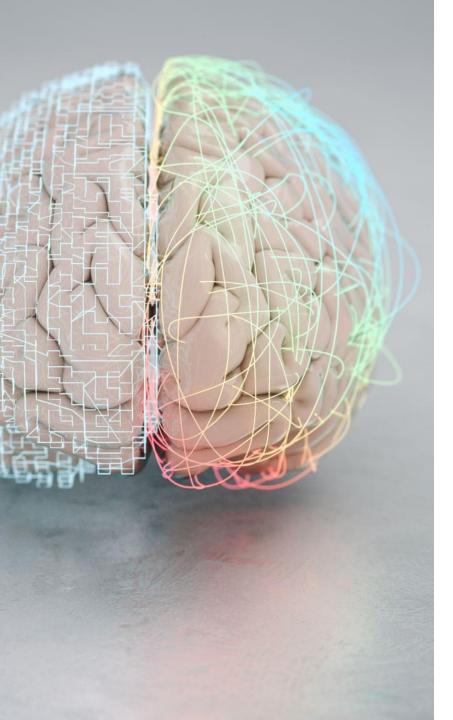
- **❖** A <u>perfectly</u> adapted nutritional supply for the infant
- specific personalized medicine

Lancet series 2016(Simon Murch)

## Maternal Advantages of Breastfeeding as determined by the AHRQ\*

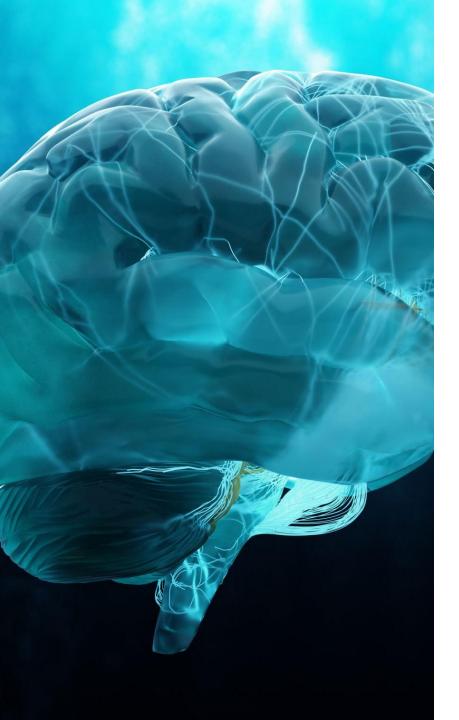
Mother Outcomes	Reduction in Relative Risk
Return to pre-pregnancy weight	Yes, but not clear value
Maternal type 2 diabetes	2%-12%
Osteoporosis	Unclear
Postpartum depression	Too few studies
Breast cancer	28% for 12 or more months (4.3% for each year of breastfeeding)
Ovarian cancer	21%

<sup>\*</sup>AHRQ- Agency for Healthcare Research and Quality



#### Cognitive Development

- Rapid brain growth in the first 1000 days of life.
- Breastfed infants score higher on cognitive and intelligence tests.
- Has Long-term benefits on IQ, educational attainment, and income.



#### Mechanisms of Cognitive Benefits

- Essential Fatty Acids in Breast Milk: DHA and arachidonic acid support brain structure and function.
- Sphingolipids in Breast Milk: Support axonal maturation and brain network development.
- Sialic Acid in Breast Milk: Facilitates cellto-cell interactions, neuronal growth, and memory formation.
- Maternal-infant interaction :
  - higher scores in memory function

#### The economic case for investing in breastfeeding

**Economic gains**: US\$302 billion/year

(0.47% of global GNI)

Due to **increased productivity**associated with **higher intelligence** 

Estimated health benefits: Reduced annual healthcare costs totaling nearly \$400 million in the U.S., UK, Brazil and urban China

	Estimated percentage loss in gross national income	Estimated loss in 2012 US\$
Eastern and southern Africa	0.04%	\$0·1 billion
West and central Africa	0.06%	\$0·3 billion
Middle East and north Africa	0.97%	\$11.8 billion
South Asia	0.05%	\$1.0 billion
East Asia and Pacific	0.31%	\$28-1 billion
Latin America and the Caribbean	0.39%	\$12·1 billion
Eastern Europe and central Asia	0.75%	\$17.6 billion
Subtotal (low-income and middle-income countries)	0-39%	\$70.9 billion
High-income countries	0.53%	\$231-4 billion
World	0.49%*	\$302.0 billion (total estimated loss)

Estimates are based on data for 96 countries (of 197 countries in the UNICEF's 2014 database). 91 For details about data and included countries, and country-level results, see appendix pp 115–16. \*Global average, weighted by gross national income.

Table 2: Estimated economic losses from cognitive deficits associated with regional infant feeding practices compared with every infant breastfeeding until at least 6 months of age.

**Lancet**, 2016

#### Duration of Breast feeding

**Promotion:** Exclusive breastfeeding for the first six months.

Continued breastfeeding with solid foods until at least 24 months.

## Section 4 Normal growth and nutritional needs of breastfeeding infants

#### **Continued... Normal Growth (2)**

1. Bottle-fed infants gain more rapidly in weight and length during the first months of life than do breastfed infants.

1. These differences were attributed to caloric intake rather than the difference in composition of the diet.

.

Lawrence, Breastfeeding: A guide for medical professionals,2021

## What is the daily expected weight increase for a normal child?

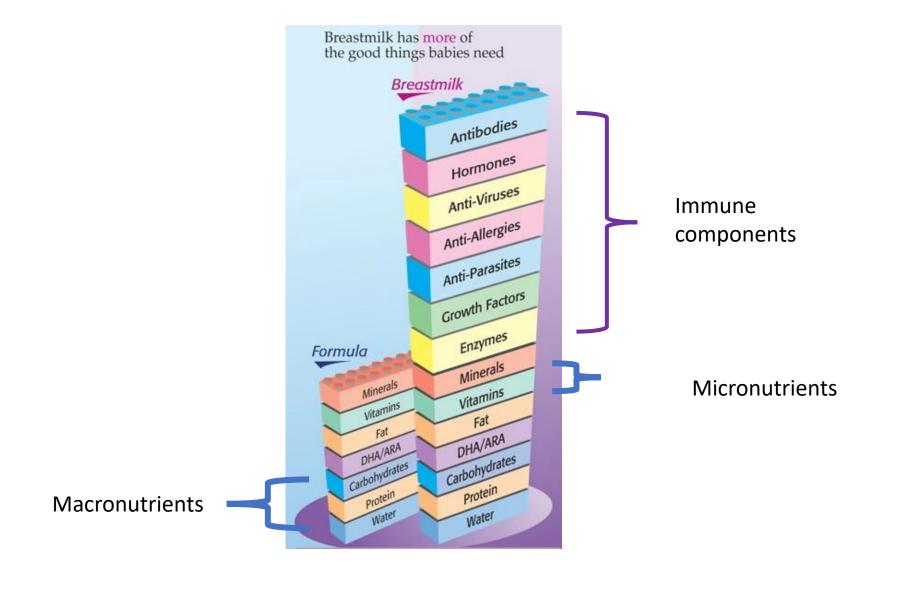
#### **Daily Weight Gain and Recommended Allowances**

Age (mo)	Median Daily Weight Gain (g)	Recommended Daily Allowance (kcal/kg/day)
0-3	26-31	108
3-6	17-18	108
6-9	12-13	98
9-12	9	98

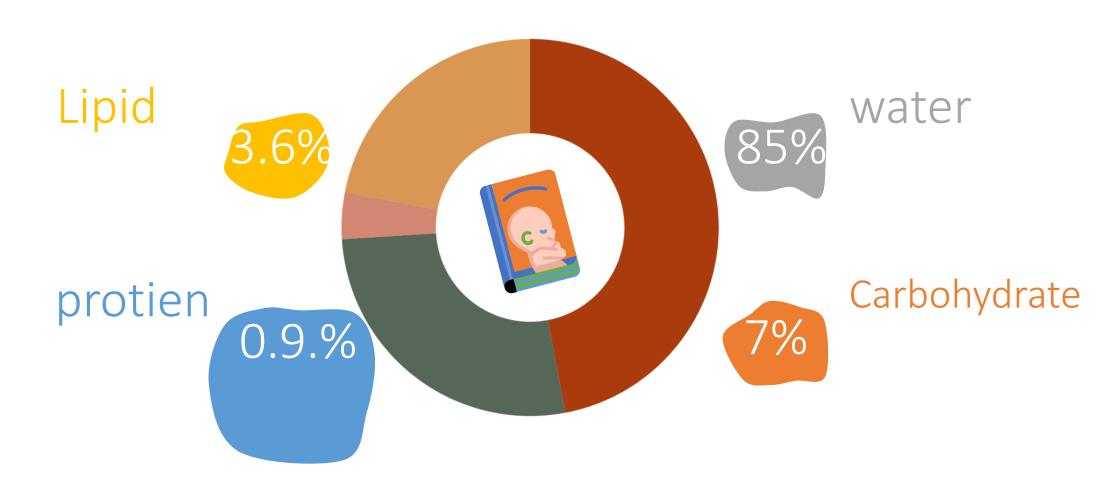
National Research Council, Food and Nutrition Board, National Academy of Sciences: *Recommended dietary allowances*, ed 10, Washington, D.C., 1989, US Government Printing Office

#### **Section 5**

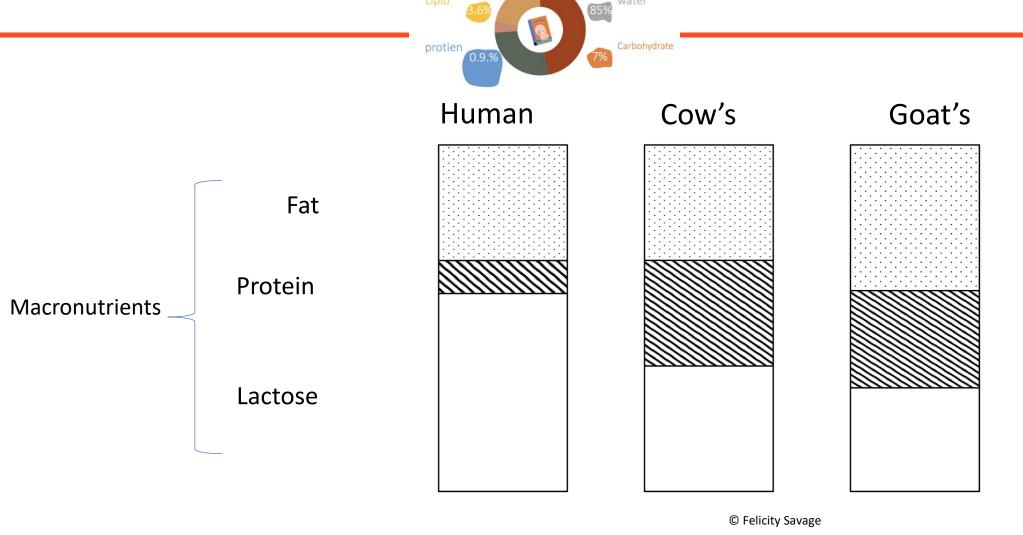
**Components of Breast Milk** 



#### Human milk Macronutrient . (Gm/100ml)



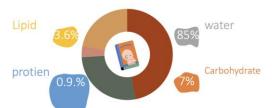
### What are the Macronutrients in human and animal milk Human milk Macronutrient . (Gm/100ml)



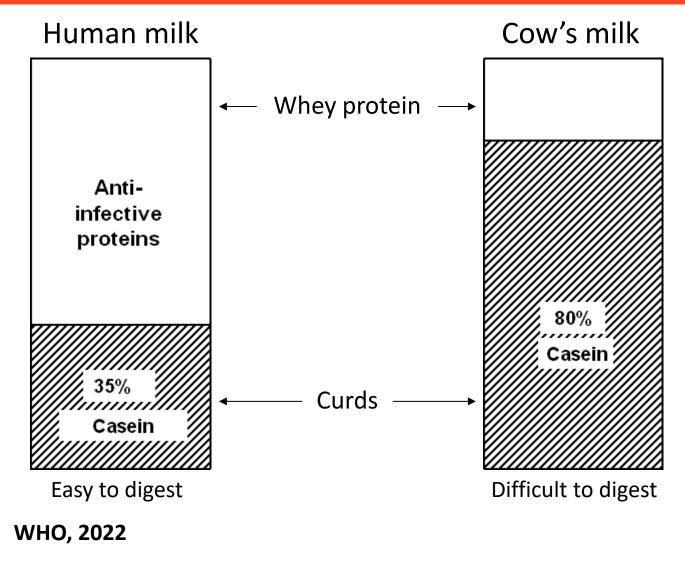
### Composition of Milks Macronutrients obtained from different mammals and growth rate of their offspring

		Content of Milk (%)			
Species	Days Required to Double Birth Weight	Fat	Protein	Lactose	Ash
Human	180	3.8	0.9	7.0	0.2
Horse	60	1.9	2.5	6.2	0.5
Cow	47	3.7	3.4	4.8	0.7
Reindeer	30	16.9	11.5	2.8	_
Goat	19	4.5	2.9	4.1	0.8
Sheep	10	7.4	5.5	4.8	1.0
Rat	6	15.0	12.0	3.0	2.0

Source: Hambraeus L, Proprietary milk versus human breast milk in infant feeding: a critical appraisal from the nutritional point of view, *Pediatr Clin North Am* 24:17, 1977.



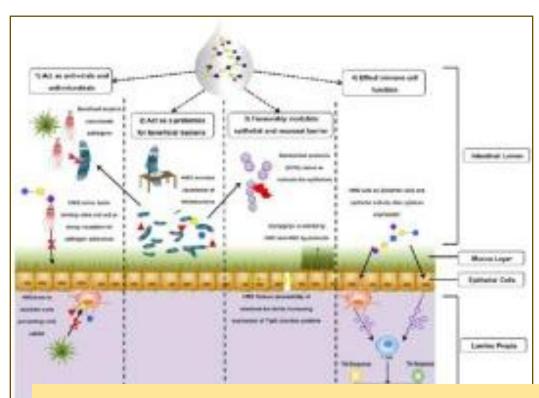
## 1- Protein Macronutrient: Quality of proteins in different milk (human vs Cow's)



# 2. Carbohydrate components in human milk

- Lactose.
- nucleotide sugars.
- Glycoprotein.
- glycolipids.
- non-digestible milk oligosaccharides.

### Human Oligosaccharides. (HMOS)



Promote the growth of beneficial bacteria in the gut.

Prevent harmful bacteria from adhering to the gastrointestinal mucosal surfaces

stimulate maturation of the intestinal epithelial surface.

serve **as prebiotics** that support the growth of beneficial gut microbiota, such as Bifidobacteria.

# Human Milk: Lactose content(dynamic)

In colostrum

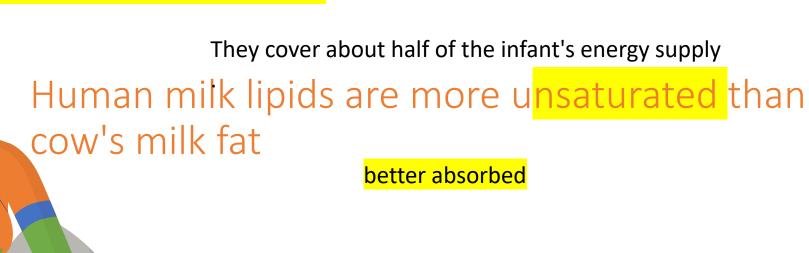
5 g per 100 ml

In mature milk

7 g per 100 ml

## 3. Lipid

Lipids are the major energy source in human milk.



Fatty acids.









Polyunsaturated FA

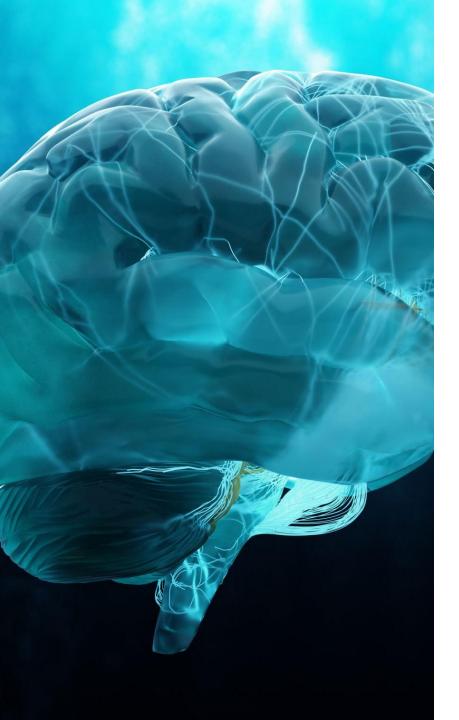
occur in cis and trans isomeric forms

omega-6 and omega-3 series are essential because our body cannot produce them. Therefore, humans depend on their supply through the diet.

DHA AA







## Mechanisms of Cognitive Benefits

- Essential Fatty Acids in Breast Milk: DHA and arachidonic acid support brain structure and function.
- Sphingolipids in Breast Milk: Support axonal maturation and brain network development.
- Sialic Acid in Breast Milk: Facilitates cellto-cell interactions, neuronal growth, and memory formation.
- Maternal-infant interaction :
  - higher scores in memory function

4. Immune components of breastmilk and protection of infant health

# Immune components Bioactive molecules IN BREAST MILK

1

Content:Cells: Including white blood cells (B cells and T cells).

2

#### **Anti-infectious agents:**

- immunoglobulin A (IgA),
- -Lactoferrin

l-ysozyme.



Anti-inflammatory agents: Help reduce inflammation and protect the infant.

# These cells provide both passive and active immunity.

macrophages phagocytose pathogens,.

neutrophils provide first-line defense against infections.

White blood cells (B cells and T cells) protect against infections.

Macrophages in breast milk destroy pathogens.

Regulatory cells,

monocytes/

neutrophils

natural killer cells

B cells produce antibodies,
T cells regulate immune responses,

## Cytokines

Regulate immune responses, including inflammation and cell signaling.

Breast milk contains various cytokines and chemokines such as IL-1, IL-6, TNF- $\alpha$ , TGF- $\beta$ , which are involved in:

#### **Function:**

- Immune regulation
- Development of IgA-producing cells
- Maturation of the infant's immune system.

breast Milk immunoglobulin A (IgA)

IGA Found in high concentrations in colostrum

Critical for **antiviral** /anti bacterial defense.

Coats the lining of the infant's intestines, preventing germ leakage.

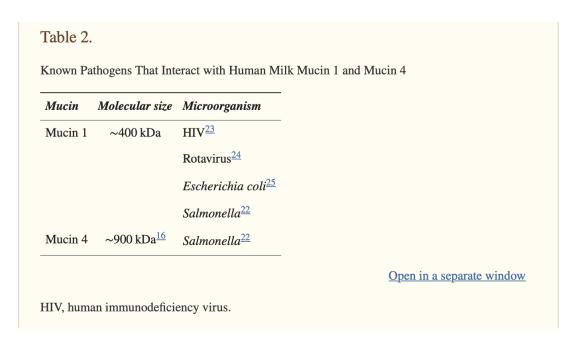
Found in **high** concentrations in **colostrum**.

Also Breast milk contain IgG and IgM

## Other immune components Human milk glycoproteins

- More than 400 proteins, most of which are glycosylated,
- Protect infants against pathogens.

Aucins	200-2,000	$729\pm75^{6}$
IgA	160	$200-6,200^{7}$
Kanthine dehydrogenase/oxidase	146	Not reported
BSSL	120–140	$100-200^{8}$
Lactoferrin	80	1,000-7,000 <sup>9</sup>
actoperoxidase	77.5	$0.77 \pm 0.38^{10}$
Butyrophilin	66	$41\pm3^{6}$
Lactadherin	46	$93\pm10^{6}$
Adiponectin	30	$4-88^{11}$
β-Casein	24	$4,670\pm890^{12}$
c-Casein	19	$100-4,600^{7}$
eptin	16	$0.003^{13}$
Lysozyme	14.4	$21\pm13^{14}$





## Lysozyme

- Provides antimicrobial protection
  - . (breaking down bacterial cell walls)
- Effective against gram-positive bacteria.

breast Milk immunoglobulin A (IgA)

IGA Found in high concentrations in colostrum

#### Table 3. Antipathogen Activities of Human Milk Secretory Immunoglobulin A Clostridium difficile<sup>33</sup> Escherichia coli<sup>36</sup> Haemophilus influenzae<sup>38</sup> *Mycobacterium tuberculosis*<sup>40</sup> Salmonella typhimurium<sup>42</sup> Shigellae<sup>44</sup> Staphylococcus aureus 46 Helicobacter pylori<sup>47</sup> *Vibrio cholerae*<sup>29</sup> Coxsackie B4 virus<sup>31</sup> Viruses

Norovirus<sup>34</sup>

# Also Breast milk contain

#### IoG and IoM

## Immune function of Zinc and fatty acid

 Breast milk contains zinc and fatty acids that help strengthen the immune system

## 6. Extracellular Vesicles (EV)

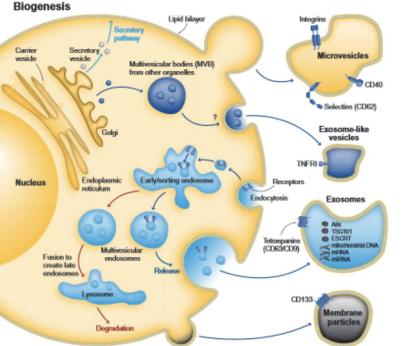
Extracellular vesicles: these are diverse group of membrane-bound particles that play a role in cell-to-cell communication.

> Exosomes are a specific type of FV

- -They play roles in gut health
- Reducing inflammation
- enhancing the infant's immune system.

#### Secreted Extracellular Vesicles





#### Types/Characteristics

#### Microvesicles Size: 100-1000nm

Shape: Irregular Markers: Intergins, selectins, CD40 ligand

Lipids: Phosphalidylserine Origin: Plasma membrane

#### Exosome-like vesicles

Size: 20-50nm Shape: Irregular Markers: TNFRI

Lipids: No lipid rafts Origin: MVB from other organelles?

#### Exosomes

Stze: 50-100nm

Shape: Cup shaped Markers: Totraspanins (CD63/CD9).

Allx. TSG101, ESCRT Lipids: Cholesterol, sphingomyelin, ceramide, lipid raffs,

phosphalidylserine Multivesicular endosomes

#### Membrane particles

Stze: 50-80nm Shape: Round Markers: CD133, no CD63 Lipids: Unknown

Origin: Plasma membrane

#### **Functions**

Various secreted extracellular vesicles are present in urine, amniotic fluid, bronchoalveolar lavage fluid, breast milk, saliva and blood.

#### Cellular uptake mechanisms

- Ligand/receptor interactions
- Attachment and fusion via integrins and cell adhesion molecules
- Transcytosis

#### Physiological functions

- Inter-cellular communication
- · Disposal of defective or effete proteins
- Formation of morphogen gradients
- for tissue patterning during development
- Antigen presentation to T cells

#### Pathological functions

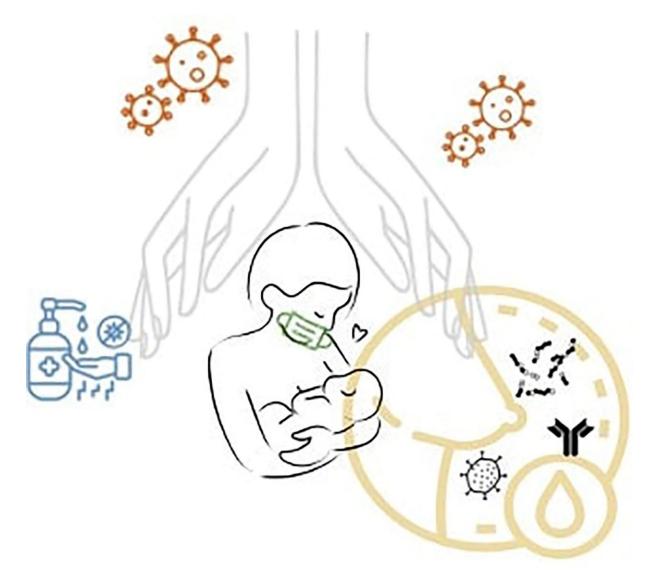
- · Transmission of viruses, prions and β-amyloid in Alzheimer's disease
- Tumor pathogenesis

Discover more at abcam.com

#### Why Immune components:

Protective Benefits of Breastfeeding

- protect against
- Infection
- Inflammation
- Contribute to immune maturation
- Organ development
- Healthy microbial colonization.



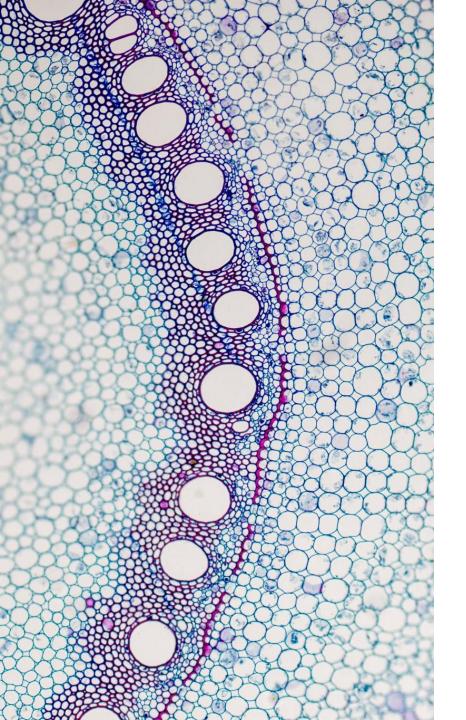
## 5. Microbiota

Breast milk microbiota includes:

Beneficial bacteria like Lactobacillus and Bifidobacterium,

which help in establishing a healthy gut microbiome in the infant,

 protecting against infections and promoting immune development.



## Stem Cells

- Stem cells from breast milk
- can cross the infant's gastrointestinal tract,
   enter the circulatory system
- populate distant organs
- contributing to the development and repair of the infant's tissues and organs.

### Exclusive breast feeding: Long term benefits

- Protection Against Chronic Diseases
  - - Obesity: Breastfeeding reduces the risk of obesity later in life
  - - Type 2 Diabetes: Linked to lower risk due to reduced obesity.
  - Immune-Mediated Diseases: Enhances immune responses and reduces risk of conditions like type 1 diabetes and inflammatory bowel diseases (Ulcerative colitis and Crohn's)
  - Atopic Diseases (Eczema, Food Allergy, Allergic Rhinitis)

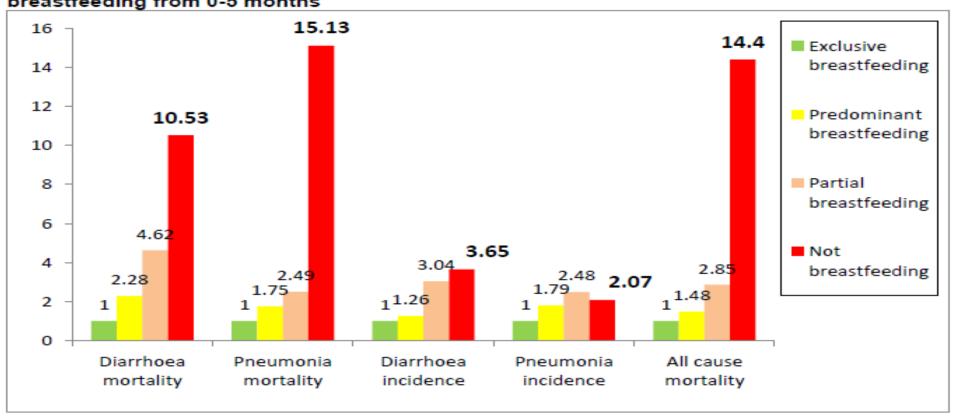
#### Due to

- Better immune maturation
- Better Organ development
- Healthy microbial colonization

### **Higher RISKS for non-breastfed children**

## BENEFETS OF BREAST FEEDING : LESS INFECTION

Figure 2: Relative risk of not breastfeeding for infections and mortality compared to exclusive breastfeeding from 0-5 months



Source: Lancet 2008 [3].

Protection
Against Ear
Infections
(Otitis
Media)

# Breastfeeding Infant Health Benefits

- Allergies, eczema
- Urinary tract infections
- Inflammatory bowel disease
- Diabetes, type 1
- Gastroenteritis
- Hodgkin's lymphoma
- Otitis media
- Haemophilus influenzae meningitis
- Necrotizing enterocolitis.

- Pneumonia/lower respiratory tract infection
- Respiratory syncytial virus infection
- Sepsis
- Sudden infant death syndreme.
- Provides immunologic protection while the infant's immune system is maturing
  - Antimicrobial agents
  - Anti-inflammatory agents
  - Immunomodulating agents

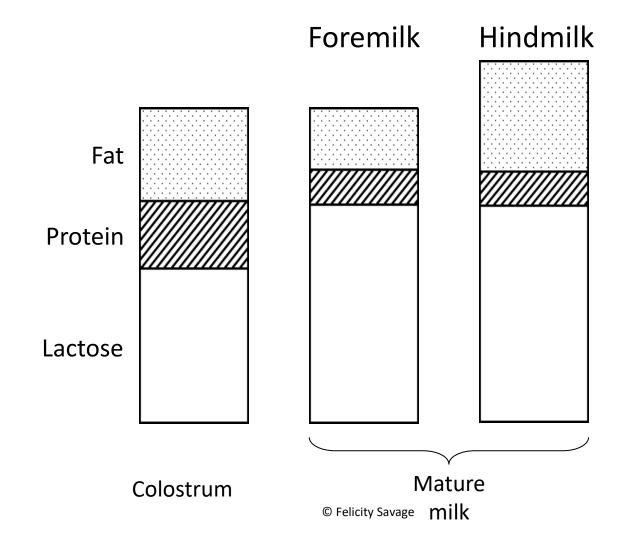
## Breast Milk Is dynamic



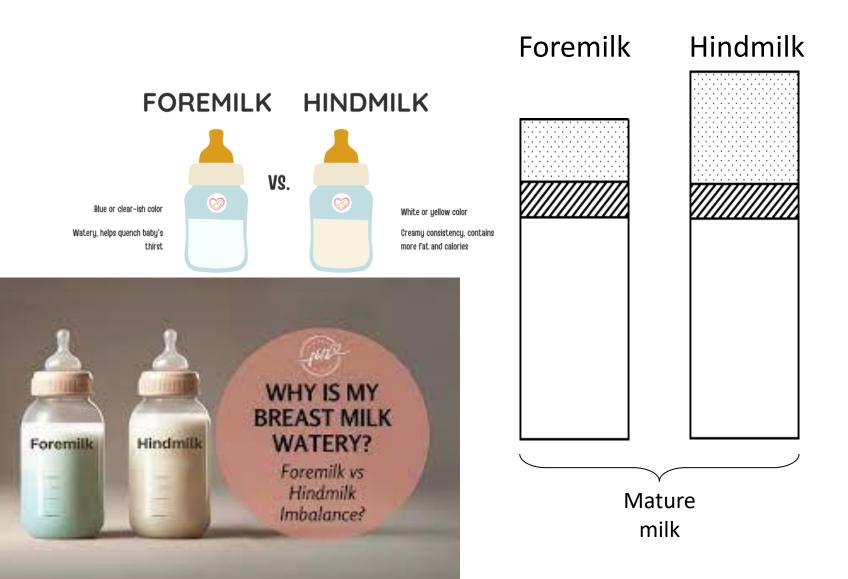
#### Differences between colostrum and mature milk

#### Colostrum

- 1. can be secreted prenatally and for several days after birth.
- 2. A **thick**, sticky, rich-looking substance,
- 3. it comes in a range of colors and viscosity—from clear and thin, to orange.
- 4. The high concentration of **protein** to promote the rapid growth of the newborn and protect **from infection** and **inflammatio**n
- 5. Colostrum has a laxative effect that eliminates meconium from the infant's bowels..



### Milk Dynamicity



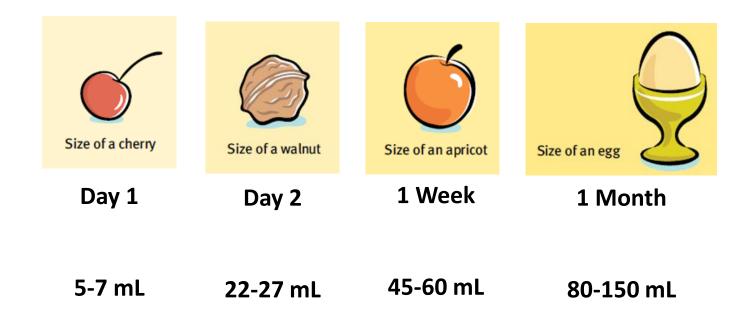
What are the nutritional needs during the first weeks of a newborn?

#### First weeks of newborn's life

- Day 1-3
  - Baby gets colostrum
  - Breasts feel soft
- Day 3-4
  - Milk "comes in", changes
  - Volume produced increases
  - Breasts feel full

- Day 6-7
  - Baby loses weight
  - Fluid and glucose needs covered by extra in the infant's body from before birth
  - Once breastfeeding is established, weight increases
- Day 10-14
  - Infant regains birth weight

#### **Newborn stomach: Size and volume**



Bergman NJ. Neonatal stomach volume and physiology. Acta Paediatrica. 2013;102:773–7.

Zangen S, DiLorenzo C, Zangen T, Mertz H, Schwankovsky L, Hyman PE. Rapid maturation of gastric relaxation in newborn infants. Pediatr Res. 2001;50:629–32.

Best Start Resource Centre: Ontario's Maternal Newborn and Early Child Development Resource Centre

#### **References:**

- 1. Lawrence et al, Chapter 11, Normal Growth, Failure to Thrive page s 338 to 340,2021
- 2. WHO/UNICEF IYCF counseling Training Package, 2021. Available from: <a href="https://www.who.int/publications/i/item/9789240032408">https://www.who.int/publications/i/item/9789240032408</a>
- 3. WHO/UNICEF BFHI Training counseling, Package, 2021. Available from: <a href="https://www.who.int/publications/i/item/9789240008915">https://www.who.int/publications/i/item/9789240008915</a>
- 4. WHO/UNICEF Combines course on Growth Assessment and IYCF counseling Training Package. Available from: <a href="https://apps.who.int/iris/bitstream/handle/10665/77944/9789241504812">https://apps.who.int/iris/bitstream/handle/10665/77944/9789241504812</a> Particip ants manual eng.pdf?sequence=4

Back to the module outline



# Session 7 Assessing and Observing Breastfeeding

### **Breastfeeding positions**

• Breastfeeding positions video: Global Health Media, Breastfeeding positions. Available from: <a href="https://globalhealthmedia.org/videos/breastfeeding-positions/">https://globalhealthmedia.org/videos/breastfeeding-positions/</a>

# Session 8 Counseling Skills

### Signs and symptoms: Newborn not getting enough milk (actual)

- 1. Clinical evidence of significant dehydration not improved after assessment and management of breastfeeding
- 2. Weight loss 8–10% by day five (120 hours) or weight loss >75<sup>th</sup> percentile for age
- Delayed bowel movements, fewer than four stools on day four, or delayed transition from meconium to transitional stools (by 120 hours)
- 4. A small amount of concentrated urine: less than 6 times per day

Adapted from: Kellams A, Harrel C, Omage S, Gregory C, Rosen-Carole C. Academy of Breastfeeding Medicine. ABM Clinical Protocol #3: Supplementary feedings in the healthy term breastfed neonate, revised 2017. Breastfeed Med. 2017;12:188–98. doi:10.1089/bfm.2017.29038.ajk.

## Counseling skills: Listening and learning





# Section 7 expressing breastmilk and storage



## Human Milk Storage Guidelines (CDC).

	Storage Location and Temperatures			
Type of Breast Milk	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40°F (4°C)	Freezer 0°F (-18°C) or colder	
Freshly Expressed or Pumped	Up to <b>4 Hours</b>	Up to <b>4 Days</b>	Within <b>6 months</b> is best Up to <b>12 months</b> is acceptable	
Thawed, Previously Frozen	1–2 Hours	Up to <b>1 Day</b> (24 hours)	NEVER refreeze human milk after it has been thawed	
Leftover from a Feeding (baby did not finish the feed)	Use within 2 hours <a href="https://www.cdc.gov/breastfee">https://www.cdc.gov/breastfee</a>	·		

#### Show and discuss the videos

Expressing and storing breast milk:

https://globalhealthmedia.org/videos/expressing-and-storing-breastmilk/

## END