WABA Link

World Alliance for Breastfeeding Action (WABA)

Issue 43 • Jan-Mar 2007

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  The Breastfeeding Mother - Yesterday, Today and Tomorrow

WABALink is a current awareness service, with the mission of sharing news and useful key documents with its global network of supporters. The views expressed in the articles, supplements, and other inserts, etc., however, do not necessarily reflect the views, or policies of WABA or its Core Partners.

WABA MOURNS THE PASSING OF ONE OF ITS FOUNDERS -

Patrice Jeliffe

WABA mourns the loss of Patrice Jelliffe, one of our founders and an icon of the global breastfeeding movement. She died peacefully on March 14th in Encino, California. Along with her husband Derrick Jelliffe, Patrice made enormous contributions to the fields of child health and international nutrition. Patrice became an essential voice in raising global awareness for the infant feeding crisis, basing her research in Africa and the Caribbean. She was an educator, a researcher, an active protestor, a prolific writer, and a leader.

As a pioneer of medical-anthropology and the editor of the Journal of Tropical Pediatrics, Patrice made major contributions to the science and to the practice of Mother and Child Health. In 1993, she was awarded the Certificate of Commendation at the White House by President Clinton "for her lifetime work and commitment to the world's children as a public health expert, promoting nutrition education in nursing education, and fostering breastfeeding world wide."

One of the many legacies left behind by Patrice and Derrick is the "WABA Crawl", WABA's Calypso influenced anthem which is still performed at many WABA gatherings. Patrice was an extraordinary person. Wherever she went she radiated wisdom, warmth and willingness to help young professionals, young mothers and young children. She will be greatly missed.

(http://www.waba.org.my/pat_jeliffe.htm)

Overwhelming response to the Infant Feeding Consortium (IFC) /WABA Breastfeeding: Advocacy and Practice Course

Breastfeeding: Advocacy & Practice, A Regional Outreach Course was successfully carried out from 25th February to 10th March 2007 in Penang, Malaysia. The evidence-based course which was specifically aimed at health professionals in the region, received overwhelming response and many applications had to be turned down due to limited places available.

A total of 27 participants from 6 countries, namely Hong Kong, Korea, Thailand, Indonesia, Malaysia and Philippines, participated in the 2-week highly intensive and participatory course. The course was mainly comprised of senior health professionals who are involved in national and local infant feeding programmes as clinicians, trainers, advisers, academicians, programme coordinators and advocates for optimal infant feeding. The course was conducted by Dr Felicity Savage and Sandra Lang from IFC and co-facilitated by Prof. Zulkifli Ahmad and Dr Zaharah Sulaiman from Universiti Sains Malaysia.

"What I find most valuable from this course is that it gives us the most updated knowledge on Breastfeeding management, the latest supporting scientific papers and most importantly conducted by the 2 best lecturers, Sandra and Felix , with their worldwide knowledge and excellent teaching techniques" **– Dr Napaphan Viriyautsahakul, Paediatrician, Regional Health Promotion Center 1, Thailand**

Iraq: 4.5 million children undernourished

According to UNICEF, about one in ten children under five in Iraq are underweight and one in five are short for their age.

"Many Iraqi children may also be suffering from 'hidden hunger' deficiencies in critical vitamins and minerals that are the building blocks of children's physical and intellectual development" said Claire Hajaj, Communication Officer at UNICEF Iraq Support Centre in Aman (ISCA).

Hajaj emphasized the importance of children being properly fed for the first two years of their lives particularly the first six months when breastfeeding is vital. "Iraq's exclusive breastfeeding rates are very low compared to other countries in the region. Only 12 per cent as of the last survey, which took place several years ago".

"Infant formula is still widespread , increasing the risk of illness like diarrhea and pneumonia, which also contribute to undernutrition. Diarrhea is a major risk in the absence of safe water and basic sanitation, a problem now affecting many Iraqi communities," Hajaj said, adding that the first step in preventing undernutrition in children is to ensure proper care for pregnant mothers.

Dr Mayssun Abdel Rahman, a paediatrician at Baghdad's Children Teaching Hospital said that the country's health system is crumbling and it was only UNICEF and WHO that were keeping it afloat. But that much more needs to be done, she said, as hundreds of children are dying from easily cured ailments such as diarrhea and undernutrition.

Nutrition indicators have traditionally been the lowest, three times the national average – in the poor southern of Iraq and generally in rural areas and now because of the violence, these areas suffer greater poverty than ever before.

Source : YubaNet.com 5 March 2007

Breastfeeding may boost social mobility

People who were breastfed as infants climb the social-class ladder more readily as adults than those who were bottle-fed babies, UK researchers report.

Dr Richard M. Martin and colleagues from the University of Bristol found that individuals who had been breastfed were 41 percent more likely to move up at least one social class during their lives.

Breastfeeding has a number of health benefits and may also boost intelligence while reducing the risk of psychiatric problems, Martin and his team note in the Archives of Disease in Childhood. They tested their hypothesis that being breastfed might affect upward social mobility by looking at 1,414 men and women who had participated in a pre-World War II study of diet and health and were followed up 60 years later.

Individuals who had been breastfed were more likely to have completed secondary school, which accounted for some but not all effect of breastfeeding on social mobility.

"The relevance for this finding for contemporary children, therefore is that it provides indirect support for the suggestion that having been breastfed may have long term effects via associations related to social mobility, such as growth, health or IQ, " they added. However, given that other, unknown factors may account for the result's, they conclude, more study is needed.

Source: www.sciam.com 19 February 2007

Leeds launches breastfeeding guide

Mums in Leeds, England will be able to find the best places to breastfeed their babies when a new guide is published later this year.

The "You CAN Do It Here!" guide contains a list of breastfeeding-friendly establishment in Leeds and will be available in time for National Breastfeeding Awareness Week in May. The campaign, run by the city's branch of the National Childbirth Trust (NCT) and Leeds PCT will start on March 1 to identify restaurants, cafés, shops and other public places where mothers are welcome to breastfeed.

Venues that sign up will be given a "Breastfeeding Welcome" sticker to put on their windows or alternatively (NCT) members will award stickers to venues where they experience a breastfeeding-friendly environment.

"The campaign is to help mums feel more confident that they won't be asked to leave if they choose to breastfeed. It is also to make society more aware of the benefits of breastfeeding , which is the most natural thing for mums to do," said Kathryn Holme, Leeds NCT chairman.

Source: Yorkshire Evening Post 21 March 2007

Breastfeeding law passed in Chile

Chile's President Michelle Bachelet passed a new law this week giving working mothers the right to breastfeed their child at work.

"We are guaranteeing tools which both mothers and fathers can use to strengthen family ties and to solidify the bond between mother and child," said Bachelet.

"I believe that it will prove to be a very important law. It represents what the government is seeking to do – defend the Chilean family unit," added Bachelet.

Source: The Santiago Times – January 2007

DEADLINE 30 MAY 2007

SEEDGRANTS

WABA would like to invite groups to apply for the following seedgrants:

1. **World Breastfeeding Week** – especially for groups who are in need of funds to organize WBW 2007 and/or translate, adapt, produce and promote or conduct activities with WBW materials which cater to local audiences.
   - We have about 5-10 seedgrants to be given out, amounting from US$500.00 – US$1000.00 per seedgrant
   - Application Forms and Guidelines can be downloaded at www.worldbreastfeedingweek.org
2. **Community Support** - The seedgrant project aims to establish or strengthen community support worldwide for breastfeeding protection, promotion and support. It focuses on educating and sensitising communities towards the importance of breastfeeding and encouraging them to be more supportive of breastfeeding families or even directly involved in supporting mothers.

   The Community Support for Breastfeeding Seedgrant project should target and enhance existing support measures, groups or activities, or initiate new ones. This project seeks a broad concept of mother support where diverse types of community-based support initiatives can help to bring about an enabling environment for mothers to initiate and sustain exclusive breastfeeding and practice extended breastfeeding after 6 months, with adequate complementary feeding.
   - We have 5-10 seedgrants to be given out amounting to US$1,000 – US$2,000.00 per seedgrant
   - Application forms and Guidelines can be downloaded at www.waba.org.my/csb_seedgrants.htm

All applications should be submitted to waba@streamyx.com by 31 May 2007.

Britain slaps ban on claims made by baby milk makers

Baby milk manufacturers have been ordered to drop nutrition claims that suggest they are a valid alternative to breastfeeding. Claims such as "closer than ever to breastmilk" and "helps growth and the immune system" are banned.

As a result, the packs and marketing material for leading brands such as SMA, Farleys, Cow & Gate and Aptamil will have to change.

The crackdown has been ordered by the British government's Food Standards Agency (FSA) as the government steps up efforts to promote breastfeeding as the best health option. The FSA has told manufacturers to change their packs and marketing or face prosecution, while supermarkets have been ordered not to promote infant formula milk with price cuts.

Typical phrases which will no longer be allowed include:

- "Supports your baby's natural immune system"
- "Prebiotics support natural defences"
- "Beta carotene...to help maintain a healthy immune system"
- "Nucleotides help growth and the immune system"
- "Omega 3 LCPs - long chain polyunsaturated fatty acids for development"

The ban on nutrition claims is a major victory for the. Baby Milk Action campaign. Campaign coordinator said "we have campaigned for a decade for companies to stop making these illegal health and nutrition claims and for authorities to take action. Baby Milk Action is calling for restrictions to be extended to cover "follow-on" formula for older babies."

Source: The New Straits Times, Malaysia – 13 March 2007

Special Announcement from CIMS International
We proudly announce the birth of the International MotherBaby Childbirth Organization (IMBCO). Its purpose is to promote optimal MotherBaby maternity services in countries throughout the world. For continuity and support, one member of the CIMS Leadership Council will have a permanent position on the Board of the IMBCO. We are pleased that Childbirth Connection has agreed to partner with the IMBCO and act as fiscal agent for our new organization.

News from the Secretariat

January 2007

• Santiago Vallone of RUMBA Argentina and Hanns Pop of RUMBA Guatemala leave for home after completing their internship at WABA. • Sabrina Sunderraj joins WABA as Senior Project Officer. • Internal Workplan Assessment and start of the Strategic Planning exercise. • WBW 2007 Calendar announcement is produced and disseminated • WABA YOUth e-newsletter, written and designed by Hanns Pop is launched. • WBW 2007 Photo contest is launched.

February 2007

• Michelle Jambu leaves WABA after 16 years of service. • Cheah Ling Ling and Sita Letchemi join WABA as Graphic Designer and Admininstration & Governance Coordinator respectively. • WABA/IFC Breastfeeding: Advocacy and Practice Course, conducted by Felicity Savage and Sandra Lang, is organized and held in Penang. • Elisabet Helsing represent WABA at SCN in Rome. • Raj Anand attends the 2nd Meeting of South Asia Regional Network on Maternal and Neonatal Mortality/Morbidity Reduction on behalf of WABA. • Beth Styer represents WABA at the CSW. • WABA 16th Anniversary celebrated on 14th February 2007. • Penny Van Esterik represents WABA at the International Conference on Actions to Strengthen Linkages between SRH & HIV/AIDS in India • Chris Mulford arrives to work on the SIDA report.

March 2007

• Brie Abbe from USA joins WABA on an internship programme • WBW 2007 Action Folder is reviewed. • Rebecca Magalhaes (LLLI) arrives to plan for the WABA/LLLI Mother Support Summit to be held in Chicago, USA. • Anwar & Mahmudah Fazal, Harjeet Dhillon, Derchana Devi and Brie Abbe join the International Womens' Day March organized by WCC. WABA Banner wins first prize at the March. • WABA's International Women's Day Press Release written by Sabrina Sunderraj issued and disseminated • Koh Kah Ling and Sita Letchemi attend the National Council for Womens' Organisations (NCWO) meeting in Kuala Lumpur on recommendations for increase in maternity leave from 60 to 90 days • Anwar Fazal, WABA's Chairperson Emeritus, attends a meeting with Consumer International's Executive Board. • Special tribute page for Patrice Jellife, one of WABA's beloved founders who passed away, set-up on the WABA website by the IEC team.

Visitors to the Secretariat

January 2007

• Martha Garrett, Uppsala University, Sweden • Amal Omer-Salim, Women & Work Task Force Co-Coordinator, Sweden.

February 2007

• Richard Leete and Trudi Tan, United Nations Development Fund (UNDP), Malaysia • Felicity Savage, ICH, United Kingdom • Chris Mulford, Co-coordinator, Women and Work Task Force, USA

March 2007

• Wendy Wong, Department of Health, Hong Kong • Patricia Ip, United Christian Hospital, Hong Kong • Utami Roesli, Indonesian Breastfeeding Centre, Indonesia • Lenggang Kentjana, Indonesian Breastfeeding Centre, Indonesia • Anna Winoto, UNICEF, Indonesia • Yoo-Mi Chung, ABM-Korea • Balkees Abdul Majid, Srigim Hospital, Malaysia • Noor Sham Yahya Ludin, Hospital Selayang, Malaysia • Sathiajothy Sathivelusamy, Hospital Selayang, Malaysia • Rohana Zunaidi, Hospital Selayang, Malaysia • Zuraidah Mustafa, Hospital Selayang, Malaysia • Ruslina Abu Hassan, Hospital Selayang, Malaysia • Norsyamlina Che Abdul Rahim, Ministry of Health, Malaysia • Rasadiba Ibrahim@Rahman, Ministry of Health, Malaysia • Aida Azna Abu Hassan, Ministry of Health, Malaysia • Maria Evelyn Roque Lacsina, City of Taguig, Philippines • Vicenta E. Borja, Department of Health, Philippines • Socoro Alma F. Gammad, Nutriton Office MHD, Philippines • Pornpen Pathumwiwaana, Srinagarind Hospital, Thailand • Napaphan Viriyautsahakul, Regional Health Promotion Center 1, Thailand • Yupayong Hangchaovanich, Charoenkrung Pracharak Hospital, Thailand • Isaree Jedprayuk, Ministry of Public Health, Thailand • Watcharee Tantiprabha, Chiang Mai University, Thailand • Pracha Nuntnarumit, Ramathibodi Hospital, Thailand • Quah Kim Cheng, Penang Maternity Hospital, Malaysia • Zaharah Sulaiman, Universiti Sains Malaysia • Zulkifli Bin Ahmad, Universiti Sains Malaysia • Sandra Lang, Infant Feeding Consortium, United Kingdom • Rebecca Magalhaes, LLLI, USA • Brie Abbe, USA.

CALENDAR OF EVENTS 2007

Jan 15-Feb 2	37th Session of CEDAW
Jan 15-28	The 3-in-1 Training Course on IYCF Counselling - (IBFAN Asia Pacific) New Delhi,India
Jan 20-25	7th World Social Forum, Nairobi, Kenya
Feb 4-8	International Conference on Actions to Strengthen Linkages between SRH & HIV/AIDS, Mumbai, India
Feb 14	WABA's 16th Anniversary
Feb 23-25	2nd Indian People's Health Assembly, Bhopal,India
Feb25-Mar10	Breastfeeding: Advocacy & Practice, A Regional Outreach Course, Penang, Malaysia
Feb 26-Mar 2	34th SCN Annual Session, Rome, Italy
Feb 27	Wellstart's 22nd Anniversary
Feb 26–Mar 9	51st Session of CSW, The elimination of all forms of discrimination and violence against the girl child, New York, USA
Mar 7-11	CIMS Forum, Atlanta, USA
Mar 8	International Women's Day
Mar 15	World Consumer Rights Day*
Mar 22	World Water Day*
April 7	World Health Day*
April 22	Earth Day*
April 24-May 3	4th African Conference on Social Aspects of HIV/AIDS Research, Kisumu, Kenya
May 1	International Labour Day*
May 5	International Day of Midwives
May 7-13	World Respected Childbirth Week 2007
May 13	Mothers' Day*
May 15	International Day of Families*
May 15	International AIDS Memorial Day
May 15-18	World Forum on Early Care & Education, Kuala Lumpur, Malaysia
May 23-27	2007 CIVICUS World Assembly, Glasgow, Scotland
May 24-25	Global Youth Forum, Geneva, Switzerland
May 28	International Day of Action for Women's Health
May 31	World No Tobacco Day
June 5	World Environment Day*
June 7-8	2nd Annual African HIV/AIDS Clinical Update and Leadership Development Conference, Nairobi, Kenya
June 10-12	4th International Conference on Children's Health & the Environment, Vienna, Austria
June 17	Fathers' Day
June 18-July 13	Breastfeeding: Practice and Policy Course, London, United Kingdom
June 25-27	Nutrition & Nurture in Infancy and Childhood: Bio- Cultural Perspectives, United Kingdom

[(*) see www.daysofaction.net for links]

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WABALink is produced and edited by the Secretariat of the World Alliance for Breastfeeding Action (WABA). WABA is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. Its core partners are International Baby Action Food Network (IBFAN), La Leche League International (LLLI), International Lactation Consultant Association (ILCA), Wellstart International and Academy of Breastfeeding Medicine (ABM). WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

State of the Art of Mother Support Summit:

The Breastfeeding Mother – Yesterday, Today and Tomorrow

July 18 and 19, 2007 at the Hilton Chicago, Chicago, Illinois USA

Organised by WABA and La Leche League International

(By invitation only)

Support for breastfeeding is a necessary element for women to succeed in their breastfeeding experience. It is important that all of society provide encouragement, practical advice, empathetic listening and basic information in order to establish an enabling environment for breastfeeding. This summit aims to **"EXPAND THE AWARENESS"** of the need for mothers to be supported and to, recognize the capacity of women as providers of knowledge with an essential role in this effort

Given this underlying premise, WABA and LLLI are organising The Mother Support Summit with the following objectives:

- To strengthen the global development of and networking among groups and organisations as we work towards the improvement of Mother Support worldwide
- To give Mother Support the recognition it deserves by showcasing successful Mother Support initiatives and also to highlight valuable lessons learned
- To increase the visibility and value of Mother Support and call for greater commitment of increased resources towards its activities worldwide
- To reinvigorate the Global Initiative for Mother Support (GIMS) by mobilizing the international community towards a single action of solidarity

Support for breastfeeding is a necessary element for any woman, irrespective of her circumstance, to succeed in her breastfeeding experience. Whether she is living in normal conditions or faced with a challenging environment - including emergencies and/or gender unequal situations- this support is necessary and vital for every mother to adequately care for and nurture her children.

Programme Development – E-dialogue

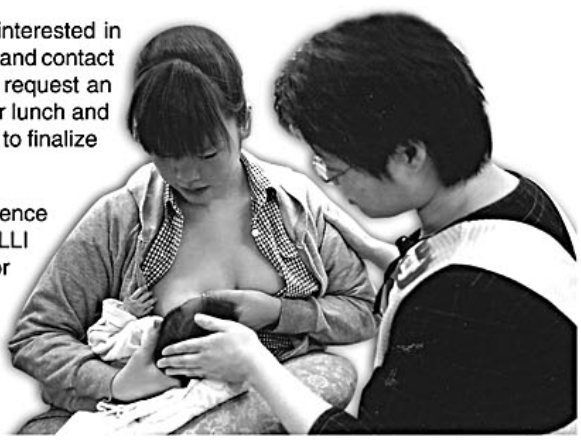
As part of the process in developing the programme for the Summit, there will be an e-dialogue from 1 May – 30 June 2007. The e-dialogue will be facilitated by Paulina Smith, Coordinator of WABA's Mother Support Task Force. All those who are interested are welcome to participate in this dialogue, irrespective of participation at the Summit in July 2007 in Chicago, USA. To be included in the e-dialogue, please write to Paulina Smith **smithpc att.net.mx.**

Summit Registration

If you are interested in participating, or if your organization is interested in sending a representative to this event, please email your name/s and contact information by 27 April 2007 to: WABA, **waba@streamyx.com** to request an invitation. There will be a registration fee of USD$50.00 to cover lunch and refreshments for the two days. WABA and LLLI reserve the right to finalize the list of invitees for attending the Summit.

The Mother Support Summit will be held prior to the LLLI Conference at the same venue. We recommend that you review the LLLI Conference Program at **www.llli.org** and consider registering for this unique and informative conference.

If you have any questions on the Summit, please write to Julianna Lim Abdullah, Coordinator, WABA Mother Support Programme, at **waba@streamyx.com**



Course Announcement

Infant and Young Child Feeding Counseling Specialist

BPNI/IBFAN Asia-Pacific in collaboration with UNICEF is organizing Regional Training Courses on **Infant and Young Child Feeding Counseling: A Training Course – The 3 in 1 Course** (An Integrated Course on Breastfeeding, Complementary Feeding and Infant Feeding & HIV-Counseling) at Delhi, Bangalore, Kolkata and Ranchi during May 2007.

Participants who wish to be certified as Infant and young child feeding counseling specialists, should be either **doctors or nurses, nutrition or other social or health professionals who are involved in care of mothers and children.**

Highlights of the course are:

Duration of the course: 7 days (9 AM to 6 PM.)
Course Fee: Rs. 3, 000/- (includes training materials, lunch and tea).
This course will prepare participants as specialists who will be able to assist mothers to be successful in exclusive breastfeeding and appropriate complementary feeding, in addition to helping HIV positive mothers select feeding options.

After completion of this course, participants will be able to set up independent **IYCF counseling centers**

Training Venues and Dates

1. At Bangalore from 7th to 13th May 2007
2. At Kolkata from 14th to 20th May 2007
3. At Delhi from 7th to 13th May 2007
4. At Ranchi from 29th Sep to 5th Oct 2007

BREASTFEEDING SAVES LIVES
BPNI

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From the desk of Pamela...

Co-coordinator
WABA Breastfeeding and HIV Task Force

A word of warning about formula-feeding for HIV-exposed babies

> *"Here are two estimates. If you choose breastfeeding, you would of course have HIV infection. You would have about 300,000 per year in the world. But if you avoided breastfeeding, the mortality would be about 1.5 million per year. So on the balance of probabilities for poor women in the developing world, there is no other choice than to breastfeed their infants. You shouldn't devise policies for the rich few. There are some but the majority of HIV-infected women are poor."*
>
> Dr Hoosen Coovadia, on the risk of mortality from acquisition of HIV through breastfeeding vs no breastfeeding at all[1]

The question of safe infant feeding was one of the most talked-about topics at the recent 14th Conference on Retroviruses and Opportunistic Infections held in Los Angeles from 25-28 February 2007. Although the WHO HIV and infant feeding recommendations had already been revised in advance of the new data presented during the conference, [2]Theo Smart of AIDSMAP writes that questions remain as to the full implications of the recent reports and how, exactly, programmes in different resource-limited settings should be adapted to best provide support to mothers with HIV. Some experts believe that an individualised approach for each mother's infant feeding decisions is necessary, while others believe that women in most resource-constrained settings should no longer be advised to avoid breastfeeding or wean early.[1]

Dr Tracy Creek of the CDC re-presented her 2006 investigation into the death of 534 infants due to formula feeding in Botswana, where all HIV-positive mothers are advised to formula-feed and provided with free supplies.[3] There had been 3.5 times the usual number of cases of diarrhoea and 25 times the usual number of deaths. In the country's second-largest referral hospital, it was found that no breastfeeding children died, nor was HIV-infection in mother or child a risk factor for death. In fact 35% of the mothers were not infected, showing that spillover is rife. Fifty-two percent of formula-fed babies showed no growth in the previous 3 months, 26% developed kwashiokor or marasmus and malnutrition, especially in HIV-uninfected children, was a significant risk factor for the almost one-quarter of non-breastfed children who died.

In addition, 4 other studies reported on the consequences of early cessation of breastfeeding. In Uganda 11% of uninfected infants no longer breastfeeding by 3 months, in accordance with national guidelines, had serious gastroenteritis and infant deaths rose sharply within 3 months after breastfeeding cessation.[4]

In Malawi mothers were counseled to exclusively breastfeed and then stop all breastfeeding at 6 months. Among HIV-uninfected infants gastroenteritis was increased and mortality was 22% higher than in an earlier trial at the same site where breastfeeding had lasted for a median of 732 days without premature weaning.

HIV-positive mothers receiving HAART in the Kenyan Kisumu Breastfeeding Study (KiBS) were encouraged to exclusively breastfeed for 6 months and then wean rapidly before discontinuing medication. Diarrhoea and hospitalizations for HIV-uninfected infants were compared to an earlier vertical transmission study where infants were breastfed beyond 12 months. Rapid weaning increased the risk of diarrhea, hospitalization and death. It was concluded that these risks should be anticipated during weaning for HIV-exposed infants in resource-poor settings following WHO infant feeding guidelines.[6]

Dr Moses Sinkala, reporting on the Zambian Exclusive Breastfeeding Study found that stopping breastfeeding at 4 months resulted in less than anticipated reduction of HIV transmission, and did not improve HIV-free survival among uninfected

infants at 24 months. There was also a substantial mortality risk for infected babies associated with stopping breastfeeding early. Dr Sinkala suggested that PMTCT programmes should strongly encourage breastfeeding into the 2nd year of life for HIV-infected infants.[7]

Dr Hoosen Coovadia from South Africa described the protective effects of breastmilk, and particularly stressed that exclusive breastfeeding is associated with a low rate of HIV transmission, infant morbidity and mortality compared to mixed breastfeeding.[8]

Dr Marc Bulterys of the CDC in Atlanta asked why we are doing so badly? He said that due to the unviability of safe and acceptable alternatives to breastfeeding for most HIV-infected women, it is critical to identify interventions to maximally reduce postnatal HIV transmission through breast milk. He also identified that while only about 1% of HIV-infected mothers currently receive it, ART for eligible mothers could reduce MTCT in resource-poor settings by over 75%.[9]

A rational policy to protect HIV-exposed infants from inappropriate formula-feeding will enhance overall child survival in resource-poor settings where >95% of pediatric HIV-infection occurs. UNLESS all conditions for fulfilment of safety and sustainability of replacement feeding can be assured, then HIV-positive mothers should receive guidance and assistance to breastfeed their babies

- exclusively for the first six months of life, and
- with the addition of appropriate complementary foods for two years or more.

The new WHO guidelines need to be disseminated urgently to everyone working with HIV-positive mothers. Importantly, full implementation of a more conservative public health approach can only be achieved by updating the existing training course for healthworkers, published in 2000[10] with the current evidence base.

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[1] Smart T, : Infant feeding policy debated at the Conference on Retroviruses and Opportunistic Infections AIDSMAP HATIP #82, 13th March 2007 **http://www.aidsmap.com/en/news/1F9F2D35-099B-42A5-94EA-0FEC977756E6.asp**

[2] WHO HIV and Infant Feeding Technical Consultation, Consensus Statement (Oct 2006 in Geneva) (English and French) **http://www.who.int/child-adolescent-health/publications/NUTRITION/consensus_statement.htm**

[3] Creek T, Arvelo W, Kim A, Lu L, Bowen A, Finkbeiner T, Zaks L, Masunge J, Shaffer N and Davis M. Role of Infant Feeding and HIV in a Severe Outbreak of Diarrhea and Malnutrition among Young Children, Botswana, 2006, Poster session 137, 14th Conference on Retroviruses and Opportunistic infections, **Los Angeles 25-28 February, 2007. http://www.retroconference.org/2007/Abstracts/29305.htm**

[4] Onyango C, Mmiro F, Bagenda D, Mubiro K, Musoke P, Fowler M, Jackson J, Early Breastfeeding Cessation among HIV-exposed Negative Infants and Risk of Serious Gastroenteritis: Findings from a Perinatal Prevention Trial in Kampala, Uganda Poster Session 138, 14th Conference on Retroviruses and Opportunistic Infections, Los Angeles, 25-28 February, 2007 **http://www.retroconference.org/2007/Abstracts/29008.htm**

[5] Kafulafula G, Thigpen M, Hoover D, Li Q, Kumwenda, Mipando L, Taha T, Mofenson L and Fowler M, Post-weaning Gastroenteritis and Mortality in HIV-uninfected African Infants Receiving Antiretroviral Prophylaxis to Prevent MTCT of HIV-1, Poster Session 138, 14th Conference on Retroviral and Opportunistic Infections, Los Angeles, 25-28 February, 2007

[6] Ref: Thomas T, Masaba R, van Eijk A, Ndivo R, Nasokho P, Thigpen M and Fowler M. Rates of Diarrhea Associated with Early Weaning among Infants in Kisumu, Kenya, Poster Session 138, 14th Conference on Retroviruses and Opportunistic Infections, Los Angeles, 25-28 February, 2007 **http://www.retroconference.org/2007/Abstracts/29105.htm**

[7] Sinkala M, Kuhn L, Kankasa C, Kasonde P, Vwalika C, Mwiya M, Scott N, Semrau K, Aldrovandi G, Thea D and Zamba Exclusive Breastfeeding Study Group (ZEBS)No Benefit of Early Cessation of Breastfeeding at 4 Months on HIV-free Survival of Infants Born to HIV-infected Mothers in Zambia: The Zambia Exclusive Breastfeeding Study, Session 136, Poster Session, 14th Conference on Retroviruses and Opportunistic Infections, Los Angeles 25-28 February, 2007 **http://www.retroconference.org/2007/Abstracts/28331.htm**

[8] Coovadia H, Coutsoudis A, Rollins N, Bland R and Newell M. Prevention of HIV Transmission from Breastfeeding, Plenary Session, 14th Converence on Retroviruses and Opportunistic Infections, Los Angeles 25-28 February, 2007. **http://www.retroconference.org/2007/Abstracts/30552.htm**

[9] Bulterys M, PMTCT of HIV in Resource-poor Settings - Why Are We Doing So Badly? Symposium Urgent issues in the DevelopingWorld, 14th Conference on Retroviruses and Opportunistic Infections, Los Angeles 25-28 February, 2007, **http://www.retroconference.org/2007/Abstracts/30585.htm**

[10] WHO, UNICEF, UNAIDS. HIV and infant feeding counselling: a training course. WHO/SCH/CAH/00.4; UNICEF/PD/NUT/(J)00-3; UNAIDS/99.57Eed. Geneva: World Health Organization, 2000. **http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/HIV_Inf_Feeding/Trainers_Guide.pdf**

International Women's Day

Press Release
For Immediate Release:
2, March 2007

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BREASTFEEDING IN THE CONTEXT OF 'ENDING IMPUNITY FOR VIOLENCE AGAINST WOMEN AND GIRLS'

Penang, March 2, 2007- Discrimination and violence against women and the girl child can affect breastfeeding at various points in the life of a female from infancy to old age. Recognizing the inconsistencies and violence that the girl child and women face every day, World Alliance for Breastfeeding Action (WABA) supports and endorses the International Women's Day theme of 'Ending impunity for violence against Women and Girls.' International Women's Day will be celebrated the world over on 8th March, a date designated by the UN since 1975.

The causes and risk factors of violence against women and the responsibilities of the state were clearly enunciated by the Secretary General in the UN Study of 9 October 2006. He noted that violence against women is rooted in structural relationships of inequality between women and men and is not confined to a specific culture, region or country or to particular groups of women within a society. Physical, sexual, psychological and economic forms of violence against women can take place in an intimate relationship, in the family, in the community, within a State set-up, and during and after armed conflicts.

Regarding breastfeeding, violence manifests itself beginning with exclusion through to physical and psychological violence and abuse. As an infant, the girl child may receive inadequate nutrition due to preference for sons, which can lead a mother to cut short the breastfeeding time for her baby girl due to familial and societal pressures, in the hope of quickly starting a new pregnancy that might result in a boy. Additionally, where son preference is strong, girls who have older sisters are more likely to be neglected than boys who have older brothers. Such practices deny the girl-child adequate nutrition and the right to exclusive breastfeeding for six months and complementary feeding up to two years and beyond, which is the global recommendation for infant and young child feeding.

Further, attitudes towards the breast have been shaped by patriarchal constructions of sexuality and have led to harmful practices such as breast augmentation through cosmetic surgery or "breast ironing" as practiced in Cameroon. Community attitudes can affect a girl's self esteem, her understanding of her body, her self-image and how her family, friends and community treat her as a person, often limiting her choice in living a full and active life. When sexually abusive behaviour is directed towards her breasts, a girl may develop a life-long aversion to touch, which can affect her decision to breastfeed and be close to her baby when she becomes a new mother.

Violence and discrimination against women by family, workplace or State do not stop because a woman is pregnant or is a new mother. Such experiences cause deep stress and anxiety which can affect a mother's ability to breastfeed her baby. Prolonged stress can lead to abnormally high or low levels of the hormone cortisol in mothers, which can result in suppressed or delayed milk production. Another barrier to breastfeeding that a woman may encounter is her partner's view that her breasts "belong" to him and not to her or to their baby. A common form of abuse is for a workplace to make no accommodation for mothers' right to breastfeed, expecting mothers to work long hours without regard to their health or the health of their children. Where competition for jobs is keen, factories and businesses may feel they have impunity to deny paid maternity leave and breastfeeding breaks to mothers, to fire women who become pregnant, or even to discriminate in hiring women at all.

Taking into consideration the impact of the different forms of violence on the health of girls and women and women's choice to breastfeed their infants, WABA calls for multi-pronged approach involving the State, civil society, the community and the family. States cannot afford to behave with impunity towards perpetrators of violence against women and girls, for otherwise it gives the message that it is acceptable or normal to deny justice to women. In doing so, they also reinforce the prevailing structural inequalities that face women and girls every day. States must therefore make concrete efforts to secure gender equality and protect women's human rights. They must effectively bridge gaps between international standards and national laws, policies and practices. They must unflinchingly redress violence against women and must exercise leadership towards ending violence against women.

Civil society must engage meaningfully with the State and the community to influence family choices in how they treat women and the girl child. As a community we must care for our young people and make informed efforts towards educating both girls and boys about key life experiences such as birthing, breastfeeding and sexuality. Family members can do simple things for mothers, for instance tell her she is doing a good job as a mother, refrain from using violent and abusive words to her, do household chores while she breastfeeds the baby in a relaxed state of mind.

WABA reiterates its own position that women have the right to breastfeed as enshrined in the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) and that all forms of violence against women affect breastfeeding. Gender equity is therefore basic to the breastfeeding movement.

References:
Ending Violence against Women: From words to action Study of the Secretary General. 9 October 2006
A statement from the UN Breastfeeding Advocacy Team. 2007.

Trade Unions Reaffirm Support for Maternity Protection

Ms.Carmen Solinap, Chairperson of DAWN-TUCP, member of International Confederation of Free Trade Unions (ICFTU) and member of WABA's Women and Work Task Force, shared with WABA an important move made by the International Trade Union Confederation (ITUC) on prioritizing maternity protection and calling for amendment of legislations by governments to ensure that it is applied to women in the informal sector as well. The Maternity Protection Convention (No. 183) guarantees, among other basic rights, the right to one or more breastfeeding breaks that are considered as working time and therefore compensated monetarily. Thus the ITUC Statement is a significant step towards securing women's and children's genuine and essential rights.

8 March 2007
For Maternity Protection

International Trade Union Confederation (ITUC) Statement

Strong standards of maternity protection for all women workers

In recent decades women's participation in both the formal and informal labour markets has risen to 40 per cent. This unprecedented development has changed our societies and the labour market, and through both their visible and invisible work women have become a vital force in the global economy.

It is an accepted fact that today's labour market does not offer equal access to women workers. Globally, women earn 12-60% less than men, women make up 60% of the 550 million working poor and 35.8 million young women (aged 15 – 24) are out of work.

Maternity is one of the areas in which gender discrimination is most blatantly common. Too many women around the world do not enjoy maternity protection. They are subjected to numerous forms of discrimination, ranging from pregnancy tests at the recruitment stage, particularly in the export processing zones, to sackings during pregnancy and loss or withholding of wages that are vitally needed to ensure many households' survival. What is more, pregnant women and their children are exposed to many health risks.

Despite the fact that many countries have legislation providing for paid maternity leave, and many others provide health benefits and employment protection, the gap between law and practice remains huge. Not all women workers enjoy the same coverage and a large majority are excluded owing to their being in atypical employment, such as the informal economy, agriculture, home work, domestic work or part-time work.

A large proportion of women workers around the world are still subjected to unequal treatment in employment owing to their reproductive function. That function has not yet been recognised and correctly valued by society generally, by political leaders and by those who see maternity as an obstacle to profitability and the amassing of wealth.

Fully ensuring maternity protection is a way of recognising the major contribution made by women to the renewal of populations and the work force. Enhancement of this vitally important social function that women fulfil is on the ITUC's list of priorities.

As a trade union organisation, the ITUC is aware that equal opportunities is likely to remain an empty notion if the vital social function of maternity is not explicitly protected and supported by measures promoting an increased involvement of both parents in tasks related to caring for and educating children.

Six years after the adoption of ILO Convention 183 on maternity protection, only a minority of countries have ratified it (13) and the "developed" countries do not form a majority within that group.
The protection provided by the Convention meets the individual needs of mothers whilst fully recognising the vital social function they fulfil.

For all the above-mentioned reasons, and to ensure that the protection guaranteed under Convention 183 and its associated Recommendation 191 does not remain a mere statement of intent, the ITUC:

- reaffirms the vital and crucial importance of strong standards of maternity protection for all women workers.
- calls on governments and all the relevant players to make every effort to ratify and implement ILO Convention 183 on maternity protection and it's associated Recommendation 191 which calls, amongst other things, for 18 weeks of paid maternity leave.
- insists that governments amend their legislation and put in place effective measures to ensure that all women workers are entitled to maternity protection and paid maternity leave. Given the expansion of the informal economy and of jobs in atypical sectors, it is vital that legislation is adapted and that maternity protection is also applied to the women working in those sectors of the economy.
- calls on employers to assume their responsibilities in this area by adopting appropriate policies and practices with respect to health matters, pay and employment. Ensuring that maternity is not a source of discrimination should be the guiding principle of these policies and practices.
- calls on all trade union organisations to prioritise maternity protection by negotiating the application of ILO Convention 183 and its associated Recommendation 191 in collective agreements and labour legislation. In addition to this, they should organise collective activities in their countries to raise awareness among political leaders, employers and society as a whole about the vital importance of maternity protection and paid maternity leave.

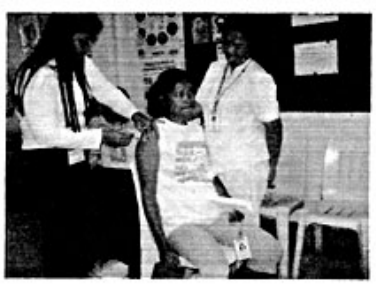
March 2007 a milestone for MX Meritlux (Philippines) and Bisig ng Meritlux Labor Union – PTGWO.

DEVELOPMENT ACTION for WOMEN in TUCP
(DAWN-TUCP)
Trade Union Congress of the Philippines

MATERNITY PROTECTION
for all WOMEN WORKERS

Two important events were jointly initiated by the management and the local union within the project – "Setting-Up Models of Mother and Baby Friendly Workplaces"carried out by the DAWN-TUCP in collaboration with the Department of Health (DOH) and the World Health Organization (WHO).

In March 8, 2007, an immunization of Tetanus Toxoid for pregnant women was arranged with the Rural Health Unit of Barangay Malilit, Sta Rosa, Laguna. A representative from the Laguna Provincial Health Office joined to brief the workers. Eleven pregnant women were immunized with their first dose. This is just the beginning of this program. The next immunization schedule is set after five months for other pregnant women. By then infants and young children will already be included .



MX Meritlux (Philippines) -
an enterprise of Top Form International (Hong Kong), produces underwear distributed in Taiwan, Thailand, Singapore, Hong Kong, Macao, Malaysia, North, America, China and the Philippines The company is a member of Worldwide Responsible Apparel Production (WRAP) and Garments and Textiles Export Board.

In March 10, 2007, a demonstration session for lactating mothers was organized with ARUGAAN (our partner mother-support group). Meritlux Industries, Philippines have agreed to apportion and arrange the company clinic to put up a lactation station for breastfeeding mothers. The nurse and the midwife will take turns to assist the mothers as well as maintain the clinic. Management has agreed to make available a refrigerator. There were eight mothers who returned to work after their maternity leave and continue to breastfeed their babies. They were given the Breastfeeding Starter Kit - to use in expressing and storing their breast milk. More mothers are expected to join especially those who have just given birth and ready to return to work and others who are challenged to re-lactate .

February 24 meeting of the project team with HR Manager Rosalie Biscocho , HR Officer Rowena Cariaga , RH Officer Jessica Dalguntas , Union President Bro. Rolly Licup and Peer Counselor Sis. Lina Ramos to organize the two activities.

We advocate and lobby for maternity protection in labor legislation and negotiate better protection through collective agreements.

The Development Action for Women in TUCP, the women's committee of the Trade Union Congress of the Philippines, takes the lead in this pioneering work of establishing models for mother-baby friendly (breastfeeding friendly and immunization conscious) workplaces.

The project is also an intervention - a response to women who now combine having children while participating as a paid workforce - alongside with the desire of mothers to continue providing optimal care for their infants and young children. The workplace is an important setting to bring up maternity and work to the concern of trade unions and other stakeholders.

This is a workplace advocacy for Breastfeeding breaks, Breastfeeding rooms, Breast milk storage facilities or crèches and day-care centers.

The ultimate goal is that this benefit will be appreciated and understood by management and gets integrated in the workers' collective agreements.

WHO HIV and Infant Feeding Technical Consultation Held on behalf of the Inter-agency Task Team (IATT) on Prevention of HIV Infections in Pregnant Women, Mothers and their Infants Geneva, October 25-27, 2006

CONSENSUS STATEMENT

Researchers, programme implementers, infant feeding experts and representatives of the IATT[1], UN age cies, the WHO Regional Office for Africa and six WHO headquarters departments[2] gathered in Geneva in order to review the substantial body of new evidence and experience regarding HIV and infant feeding that has been accumulating since a previous technical consultation in October 2000[3], and since the Glion[4] and Abuja[5] calls to action on the prevention of mother to child transmission of HIV. The aim was to establish whether it is possible to clarify and refine the existing UN guidance[6], which was based on the recommendations from the previous meeting.

After three days of technical and programmatic presentations and intensive discussion, the group endorsed the general principles underpinning the October 2000 recommendations and, based on the new eviden ce and experience presented, reached consensus regarding a range of issues and their implications. This statement presents a preliminary summary pending publication of the full report.

New evidence on HIV transmission through breastfeeding:

- Exclusive breastfeeding for up to six months was associated with a three to four fold decreased risk of transmission of HIV compared to non-exclusive breastfeeding[7] in three large cohort studies conducted in Côte d'Ivoire, South Africa and Zimbabwe.
- Low maternal CD4+ count, high viral load in breast milk and plasma, maternal seroconversion during breastfeeding and breastfeeding duration were confirmed as important risk factors for postnatal HIV transmission and child mortality.
- There are indications that maternal HAART for treatment-eligible women may reduce postnatal HIV transmission, based on programme data from Botswana, Mozambique and Uganda; follow-up trial data on the safety and efficacy of this approach, and on infant prophylaxis trials, are awaited.

New evidence on morbidity and mortality

- In settings where antiretroviral prophylaxis and free infant formula were provided, the combined risk of HIV infection and death by 18 months of age was similar in infants who were replacement fed from birth and infants breastfed for 3 to 6 months (Botswana and Côte d'Ivoire).
- Early cessation of breastfeeding (before 6 months) was associated with an increased risk of infant morbidity (especially diarrhoea) and mortality in HIV-exposed children[8] in completed (Malawi) and ongoing studies (Kenya, Uganda and Zambia).
- Early breastfeeding cessation at 4 months was associated with reduced HIV transmission but also with increased child mortality from 4 to 24 months in preliminary data presented from a randomized trial in Zambia.
- Breastfeeding of HIV-infected infants beyond 6 months was associated with improved survival compared to stopping breastfeeding in preliminary data presented from Botswana and Zambia.

Improving infant feeding practices

- Improved adherence and longer duration of exclusive breastfeeding up to 6 months were achieved in HIV-infected and HIV-uninfected mothers when they were provided with consistent messages and frequent, high quality counselling in South Africa, Zambia and Zimbabwe.

New programme data

- UN HIV and infant feeding guidance is available and increasingly used in policy-making in countries, but challenges in implementation remain.
- Coverage and quality of the full range[9] of interventions to prevent mother-to-child transmission of HIV, including those related to infant feeding counselling and support, is disturbingly low.
- Weak and poorly organized health services affect the quality of infant feeding counselling and support. Inaccurate, insufficient, or nonexistent infant feeding counselling has led to inappropriate feeding choices by both HIV-infected and HIV-uninfected women.
- Scaling-up quality infant feeding counselling and support and related interventions needs sustained and strong commitment and support from international agencies and donors working in concert with Ministries of Health.
- The sharp increase in deaths from diarrhoea and malnutrition in nonbreastfed infants and young children during a recent diarrhoeal disease outbreak in one country emphasizes the vulnerability of replacementfed infants and young children, and the need for adequate follow-up for all infants.
- Increasing access to early infant diagnosis in the first months of life and to paediatric ARV treatment provides new opportunities for postnatal infant feeding assessment, counselling, and follow-up nutritional support.
- Multidisciplinary research, from basic science through clinical trial and operational research, is still needed on identified priority issues, including ways of making infant feeding options safer for HIVexposed infants.

Recommendations:
The following recommendations for policy-makers and programme managers are intended to supplement, clarify and update existing UN guidance and do not replace it. Based on this consultation, a technical update of the relevant UN guidance will be forthcoming.

- The most appropriate infant feeding option for an HIV-infected mother should continue to depend on her individual circumstances, including her health status and the local situation, but should take greater consideration of the health services available and the counselling and support she is likely to receive.
- Exclusive breastfeeding is recommended for HIV-infected women for the first 6 months of life unless replacement feeding is acc eptable, feasible, affordable, sustainable and safe for them and their infants before that time.
- When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breas feeding by HIV-infected women is recommended.
- At six months, if replacement feeding is still not acceptable, feasible, affordable, sustainable and safe, continuation of breastfeeding with additional complementary foods is recommended, while the mother and baby continue to be regularly assessed. All breastfeeding should stop once a nutritionally adequate and safe diet without breast milk can be provided.
- Whatever the feeding decision, health services should follow-up all HIV-exposed infants, and continue to offer infant feeding counselling and support, particularly at key points when feeding decisions may be reconsidered, such as the time of early infant diagnosis and at six months of age.
- Breastfeeding mothers of infants and young children who are known to be HIV-infected should be stron ly encouraged to continue breastfeeding.
- Governments and other stakeholders should re-vitalize breastfeeding protection, promotion and support in the general population. They should also actively support HIV-infected mothers who choose to exclusively breastfeed, and take measures to make replacement feeding safer for HIV-infected women who choose that option.
- National programmes should provide all HIV-exposed infants and their mothers with a full package of child survival and reproductive health interventions[10] with effective linkages to HIV prevention, treatment and care services. In addition, health services should make special efforts to support primary prevention for women who test negative in antenatal and delivery settings, with particular attention to the breastfeeding period.
- Governments should ensure that the package of interventions referenced above, as well as the conditions described in current guidance[11], are available before any distribution of free commercial infant formula is considered.
- Governments and donors should greatly increase their commitment and resources for impl mentation of the Global Strategy for Infant and Young Child Feeding and the UN HIV and Infant Feeding Framework for Priority Action in order to effectively prevent postnatal HIV infections, improve HIV-free survival and achieve relevant UNGASS goals.

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[1] Academy for Educational Development, Catholic Medical Mission Board, Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, UNAIDS, UNFPA, UNICEF, US Agency for International Development and the US Centers for Disease Control.

[2] Child and Adolescent Health and Development, Nutrition for Health and Development, HIV/AIDS, Reproductive Health Research, Making Pregnancy Safer and Food Safety, Zoonoses and Foodborne Diseases.

[3] WHO. New data on the prevention of mother-to-child transmission of HIV and their policy implications. Conclusions and recommendations. WHO technical consultation on behalf of the UNFPA/UNICEF/WHO/UNAIDS Inter-agency Task Team on mother-to-child transmission of HIV. Geneva, 11-13 October 2000. Geneva, WHO 2001, WHO/RHR/01.28.

[4] UNFPA and WHO. The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children, 3-5 May 2004.

[5] Call to Action: Towards an HIV-free and AIDS-free Generation. Prevention of mother-to-child transmission high-level global partners forum, Abuja, Nigeria, December 3, 2005.

[6] For current guidance, please see documents and tools at http://www.who.int/child-adolescenthealth/ NUTRITION/HIV_infant.htm; and Guidelines for the Safe Preparation, Storage and Handling of Powdered Infant Formula.

[7] In Côte d'Ivoire, non-exclusive breastfeeding included any other liquids or foods; in South Africa, it included non-human milks or other liquids, with or without solids; in Zimbabwe, it included feeding nonbreast milk foods and liquids.

[8] HIV-exposed refers to children born or breastfed by women living with HIV.

[9] The full range of interventions includes: primary prevention of HIV infection in women; prevention of unintended pregnancies in women living with HIV; prevention of transmission from women living with HIV to their infants; and provision of care, treatment and support for women living with HIV and their families.

[10] See: WHO. Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants in resource-limited settings. Geneva, 2006; WHO. The World Health Report: Make every mother and child count. Geneva, 2005.

[11] See http://www.who.int/child-adolescent-health/NUTRITION/HIV_infant.htm.

This document is available for download at
http://www.who.int/child-adolescent-health/publications/NUTRITION/consensus_statement.htm