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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.

CELEBRATING World BREASTFEEDING WEEK 2006



Code Watch

25 Years Of Protecting Breastfeeding

In conjunction with World Breastfeeding Week (WBW) 2006, WABA has launched a new website:

www.worldbreastfeedingweek.org

To help promote the wonderful work of groups all over the world celebrating World Breastfeeding Week, WABA is allocating a webpage for each group or organisation in this new website. Groups are encouraged to seize this opportunity to highlight the WBW celebration plans and at the same time promote and introduce their group to an international audience.

Sharing your wonderful work will strengthen the links and solidarity with the global WBW campaign. All you need to do is to contact the WABA Secretariat at waba@streamyx.com with the relevant information. We would be happy to hear from you & give you some space for your efforts in promoting, protecting and supporting breastfeeding!

3738 mothers in Philippines break Guinness breastfeeding record

3738 mothers in Manila, Philippines along with their babies have set a new world record for simultaneous breastfeeding. It easily beats the previous Guinness World Record set by 1,135 women in Berkeley, California.



In February 2005, UNICEF Country Representative Dr. Nicholas Alipui overheard Sec. Ignacio Bunye over the radio that the number one consumer commodity in Metro Manila was formula milk. Aware of the deaths and diseases associated with bottle-feeding, he issued a plea to concerned citizens to avert this trend and called the formula milk menace a "death sentence to Filipino children".

Dr Alipuli said " the malnutrition situation in the Philippines is devastating. The situation can be reversed with simple but effective measures. The effort to break the Guinness World record is one such measure".

According to WHO Philippines, annually, 16,000 Filipino children die because of bottle-feeding and many others suffer from allergies and long-term or serious illnesses like juvenile hypertension, heart disease, diabetes, cancer and premature puberty because of the formula milk menace.

The event which required participants to breastfeed their babies for one minute was organised by the City of Manila, Children for Breastfeeding (an organisation that promotes family support for pregnant and breastfeeding mothers and the Department of Health with support from UNICEF.

UK's Chancellor supports campaign to outlaw harassment of mothers who breastfeed in public

United Kingdom's Chancellor Gordon Brown is supporting a campaign to outlaw harassment of mothers who breastfeed their babies in public.

Brown has endorsed a petition which is to be presented to Prime Minister, Tony Blair. The campaign petition is to make it an offence for anyone to try to prevent a baby from being breastfed. Similar legislation was introduced in Scotland last year.

The call for change follows reports that up to 50% of breastfeeding women say they are made to feel uncomfortable in public. In some cases, passers-by have called the police.

Brown's wife Sarah, expecting a child in less than two months said she had breastfed their son John until he was six months old and "thoroughly enjoyed" the experience.

Source: Times Online, May 2006.

We have the whole system worked out. It's the "B and B" - she does the breastfeeding and I do the burping and changing the diapers. It's teamwork. It's fun.

Tom Cruise, actor, on the sharing of parental duties with his wife on the birth of his daughter.

World Health Organisation releases new Child Growth Standards

As a departure from previous growth reference charts used to measure babies and children, the new WHO Child Growth Standards are based on the premise that the breastfed baby is the norm for healthy growth among infants.

The growth of an infant is strongly linked to how he or she is fed. The nutritional, immunological and growth benefits of breastfeeding have been proven and so the breastfed baby is the natural standard for physiological growth. The adequacy of human milk to support not only healthy growth but cognitive development and long term health provided a clear rationale for basing the new Standards on breastfed infants.

Previous growth charts have undermined breastfeeding because they are based on growth patterns of formula fed babies. Growth patterns of formula fed infants will show the breastfed babies to be underweight.



Research has shown that formula babies gain excessive weight.

Because breastfed babies are lean babies, the shape of the curve in the new Growth Standards differs from these earlier references, particularly the first six months of life when growth is rapid.

International Pediatric Association (IPA) has urged all its members from countries and regions throughout the world to adopt and use these standards in the best interest of all children and to advocate that these standards be adopted by their governments.

For more information, visit:

http://http://www.who.int/nutrition/media_page/en/

Cosmetic surgery may harm breastfeeding

Cosmetic surgery may affect women's ability to breastfeed their babies in later years, according to a new research.

Ultrasound technology has revealed that there are far fewer milk ducts in the breast than previously thought. As a result, experts believe the loss of only a few ducts in cosmetic surgery can seriously affect the capacity to breastfeed.

The current model of the breast used by surgeons, obstetricians, doctors and midwives around the world is still based on the anatomical dissections published by Sir Astley Cooper in 1840.

Professor Peter Hartman at the University of Western Australia's Human Lactation Research Group investigated the lactating breast in order to better understand the way they work.

He found the glandular tissue in concentrated nearer the nipple, not evenly distributed in the breast. The findings could change the surgical strategies for women who want their breasts either enhanced or reduced, as tissue is often taken from near the nipple area.

Source : <http://observer.guardian.co.uk> - May 2006

Obesity prevention starts with breastfeeding

Obesity prevention starts with breastfeeding not having to compete with unethical marketing of infant formula.

In New Zealand, companies such as Heinz Wattie's, Nutricia and Wyeth break the International Code of Marketing of Breastmilk Substitutes daily.

A new group, formed to educate the public and urge the New Zealand government to fully implement the International Code will be formally launched in Wellington in May.

The group, Infant Feeding Association of New Zealand (IFANZ) believes the formula industry must be challenged and has done this by publishing an independent report of Code compliance in New Zealand.

"The 11 action points of the New Zealand Ministry of Health's Code Review (2004) are insufficient to guard against unethical marketing practices in this country". IFANZ urges the Government to fully implement the International Code and subsequent World Health Assembly resolutions and to legislate for their compliance by all sectors, said Marcia Annandale, Coordinator of IFANZ.

Source : <http://www.scoop.co.nz> - May 2006

Rally for gender equity and child survival in combating pediatric HIV!

WABA and York University jointly organised the conference on Gender, Child Survival and HIV/AIDS: From Evidence to Policy held at Founders College, York University, Toronto, Canada 7-9 May 2006. The Conference brought together about 100 people from 14 countries to share perspectives and experiences. The goals of the conference to create a safe space for discussions and to promote understanding among participants from various interest groups were achieved. Participants comprised of representative from HIV & AIDS, women, children, human rights, faith-based, reproductive health and breastfeeding groups, networks and institutions. As many as 23 NGOs and institutions worked together to find ways towards greater gender equality and child survival in the context of HIV, culminating in the Joint Statement on Gender, Breastfeeding and HIV. Proceedings and other outcomes of the Conference will be posted on the WABA website: www.waba.org.my/hiv/conference2006.htm.

- The **Joint Statement** will be ready for endorsement in June 2006! Look out for it on the website. The Statement will be adopted by Conference participants and other network partners, and used as a basis for advocacy for the upcoming International AIDS Conference in August 2006. If you are planning to attend the conference, do contact us!

Other important documents include:

- **The Barcelona Bill of Rights** aims to advance the recognition, protection, and fulfillment of women's and girls' human rights as a fundamental component of policies and programmes to address HIV/AIDS. Read it on the Athena Network website: www.athenanetwork.org/barcelona_bill_eng.html
- **The Blueprint for Action on Women and Girls and HIV/AIDS** calls for action on areas that fuel this epidemic globally for women including: stigma, discrimination, treatment and research challenges. Read it on the Positive Women's Network website: www.pwn.bc.ca/cms/page_1496.cfm



NEW

Advocacy Tools For Maternity Protection Campaign



1. **"Creche at Workplace"** - a useful presentation on a win-win situation between employers and employees at the workplace. You can download it from <http://www.waba.org.my/womenwork/wwork.html> and adapt it for your country situation.

2. **"Status of Maternity Protection by Country"** - pdf version available at <http://www.waba.org.my/womenwork/mpstatus.html>.

A big thank you for all those who participated in updating the information in this chart.



News from the Secretariat, Penang, Malaysia

Secretariat News, Project Development and Outreach

March • Susan Siew together with WABA IAC Co-Chair Michael Latham and WABA Steering Committee member Audrey Naylor, attended the 33rd Session of the SCN in Geneva, Switzerland • Michael Latham launched the new edition of Dr Cicely William's book entitled *Common Sense, Creativity and Care* at the SCN • A new website specially dedicated to World Breastfeeding Week launched • The Annual report to SIDA submitted • Renovation works conducted at the new WABA Secretariat office premises • WABA's Press Release on International Women's Day, written by Lakshmi Menon, disseminated • WBW Calendar Announcement distributed • WBW Calendar Announcement in French and Spanish produced • WABA Secretariat participated in the Relay for Life - charity cancer run event.

April • WABA Secretariat moved to its new premises. • Annual report to DGIS submitted • WBW Seedgrant announced • WABA's World Health Day Press Release written by Miriam Labbok, disseminated • WBW Banners produced •

May WABA's International Labour Day Press Release, written by Chris Mulford, disseminated • Mother's Love II, art exhibition and postcard series launched. Event is jointly organised together with Galeri Art Point. Julianna Lim Abdullah gave a speech on behalf of WABA • Maternity Protection Chart updated and printed • Liew Mun Tip, Susan Siew and Sarah Amin participated in the Gender, Child Survival & HIV AIDS: From Evidence to Policy conference, Toronto, Canada jointly organised by York University and WABA • Julianna Lim Abdullah & Harjeet Dhillon attended the launching ceremony of Penang Adventist Hospital's BFHI status • Writing, design and production of WABALink by Julianna Lim Abdullah • WBW Action folder is printed • Steering Committee Election nominations process in progress •

Visitors to the Secretariat

• **March** • Chris Mulford, WABA Women and Work, Co-coordinator, USA • Pamela Morrison, WABA HIV Task Force Co-coordinator, UK • **April** • Beth Styer, WABA Chairperson, USA • **May** • Jean-Pierre Allain, WABA IAC, Thailand • Annelies Allain, IBFAN-ICDC, Penang • Francoise Guigne, York University, Canada

2006

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|--------------|---|
| Jan 15-31 | ■ 1st International Training Course on Infant & Young Child Feeding Counselling - A Training Course, The 3 in 1 Course, New Delhi, India |
| Feb 14 | ■ WABA 15th Anniversary |
| Feb 23-5 | ■ CIMS 2006 Inter Birth Practices Forum, Boston, USA |
| Feb 27 | ■ Wellstart 21st Birthday |
| March 8 | ■ International Women's Day* |
| March 13-17 | ■ 33rd Session of the SCN, Nutrition and the Double Burden of Disease: A Global Challenge, Geneva, Switzerland |
| March 14-18 | ■ Global Summit on HIV/AIDS, Traditional Medicine & Indigenous Knowledge, Accra, Ghana |
| March 15 | ■ World Consumer Rights Day* |
| March 22 | ■ World Water Day* |
| March 24-29 | ■ 6th World Social Forum, Karachi, Pakistan (Asia) (www.wsf2006karachi.org) |
| April 7 | ■ World Health Day - "Working Together For Health" |
| April 22 | ■ Earth Day |
| May 5 | ■ HIV Management 2006: The New York Course, USA |
| May 7-9 | ■ Gender, Child Survival & HIV/AIDS: From Evidence to Policy, York University, Toronto, Canada |
| May 15 | ■ International Day of Families* |
| May 15 | ■ International AIDS Memorial Day* |
| May 21 | ■ 25th Anniversary of the International Code of Marketing of Breastmilk Substitutes |
| May 30 | ■ New Standards of Growth for Infants and Young Children - Report findings with UN University Food and Nutrition Program, Ithaca, New York, USA |
| May 31 | ■ World No Tobacco Day* |
| June 5 | ■ World Environment Day* |
| June 11-13 | ■ CIMS Technical Advisory Group Meeting, Geneva, Switzerland |
| June 21-23 | ■ 14th International Symposium in HIV & Emerging Infections in Toulon, France. |
| June 21-25 | ■ 6th CIVICUS - World Assembly Acting Together for a Just World. Glasgow, Scotland |
| July 11 | ■ World Population Day |
| July 12 - 16 | ■ ILCA International Conference; Interdisciplinary Breastfeeding Practice - Integration through Innovation, Philadelphia, USA
ILCA 21st Birthday |
| July 24-26 | ■ LLLI 34th Physicians Seminar on Breastfeeding; "Breastfeeding Research into Practice". San Diego, USA |

August 1-7 ■ World Breastfeeding Week

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|--------------|---|
| August 4-5 | ■ New South Wales Lactation College Conference/ WBW, Sydney, Australia |
| August 4-14 | ■ Campaign to value Fatherhood in Brazil :Fatherhood: Enjoy it!" www.aleitamento.com |
| August 12 | ■ International Youth Day |
| August 13-18 | ■ 16th International AIDS Conference, Toronto, Canada www.aids2006.org |
| August 21-25 | ■ 11th World Congress on Public Health and 8th Brazilian Congress on Collective Health, Rio De Janeiro, Brazil |
| August 26-30 | ■ TUNZA International Children's Conference for the Environment, Putrajaya, Malaysia. |

[(*) 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 Innocent Declaration, 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 (LLL), International Lactation Consultant Association (ILCA), Wellstart International, Academy of Breastfeeding Medicine (ABM) and LINKAGES. 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).



WABA Annual Summary Report for 2005

World Alliance for Breastfeeding Action

May 2006

Nurturing the Future : Social Mobilisation For Better Infant Health

WABA's 2005 Annual Report covers the following eight programme areas:

- * Social Mobilisation/World Breastfeeding Week
- * Advocacy: Outreach and Representation
- * Information and Networking
- * Development and Governance
- * HIV and Infant Feeding
- * Maternity Protection/Women & Work
- * Gender
- * Mother, Father & Community-Based Support

Major Achievements in 2005

- Engaging and working closely with its Core Partners, WABA helped to facilitate one of the most significant events for the breastfeeding movement in 2005 – the **15th anniversary of the Innocenti Declaration**. The two-day event held in Florence, Italy, 21 – 22 Nov. 2005, highlighted the achievements as well as the challenges of the breastfeeding movement over the past 15 years. It culminated in the adoption of a **new Innocenti Declaration** which calls on Member States, international partners, professional groups and communities to fulfil their obligations and responsibilities articulated in the Global Strategy for Infant and Young Child Feeding (GSIYCF) and to create an environment that enables and supports mothers and families to make informed choices about optimal and infant feeding. The new Declaration provides ample opportunity to revitalise global interest and action both around the GSIYCF as well as the new and larger challenges of working women in the informal sector, gender inequality and poverty, issues which WABA helped to incorporate in the document.
- Our **advocacy work expanded in 2005** with WABA making a presence in over 30 global, regional and national events, including the UN Standing Committee on Nutrition (SCN), two international AIDS conferences, three major women's conferences, the People's Health Assembly 2, events of the humane birthing movement, Save the Children and of WABA's Core Partners, as well as national WBW celebrations, among others. Initial groundwork has also started on **youth outreach**.
- The annual World Breastfeeding Week (WBW) 2005 campaign was organised globally on the theme Breastfeeding and Family Foods: Loving and Healthy - Feeding other foods while breastfeeding is continued - an important component of the GSIYCF following 6 months of exclusive breastfeeding. Fifty-eight countries reported activities during the Week, 47% more than in 2004. For the first time in WABA's history, we received letters of support from the Food and Agriculture Organisation (FAO), PAHO and the International Pediatric Association, in addition to UNICEF and WHO.
- A **new WBW seedgrant project** was introduced in 2005. It generated great interest among the network and has led to a number of significant national initiatives. Also for the first time, **a total of 32 language translations and adaptations of the WBW 2005 action folder** were produced by WABA and network partners; of which 20 resulted from the WBW seedgrants.
- **Better coordination with WABA's Regional Focal Points and Core Partners** has increased synergy among partners and enhanced the outcomes in all programme areas.
- A joint **Symposium on HIV and Breastfeeding** organised by WABA and LLLI in July 2005 resulted in concrete actions and key messages to support breastfeeding in the context of HIV/AIDS. It was also the first time that **gender issues** were raised, which has led to expanding WABA's analysis and discussions on HIV and infant feeding to include a gender perspective.
- 2005 was a phenomenal year for the **gender programme**, with three gender training sessions, three new publications, advocacy at three international/regional women's conferences and networking with over a hundred representatives of women's organisations.
- The **maternity protection programme** made some inroads with new trade union contacts, while maintaining its pace with the seedgrants project which has helped to initiate action on supporting working women in 10 countries.
- Networking around **mother and father support** has been enhanced mostly through the **electronic newsletter, increasing its circulation from 8000 to 10,000 contacts**. Work on men's involvement is also gradually growing, albeit with some delays.

SOCIAL MOBILISATION: WORLD BREASTFEEDING WEEK

1. The Golden Bow – a WABA-UNICEF Initiative continued to be extremely popular in 2005 and a much sought after product. Compared to 2004 (10,000 bows), more than 23,000 bows were ordered and distributed to country level WBW celebrants.

2. The distribution of World Breastfeeding Week (WBW) materials, such as the English, Spanish and French action folders, have **increased** by 80%, 39% and 18% respectively from 2004. The number of recipients of WBW materials have also increased for English and French speakers by 59% and 73% each.

3. Through the new seedgrants project, WABA has linked with another **6 new groups** now organising WBW. In total, 18 groups from 17 countries received WBW seedgrants valued between \$500 to \$1000 each.

4. The number of hits on WBW 2005 via Google totals 2.4 million. If we were to take a very conservative figure of 0.1% of the hits as actual celebrations, we would have a total minimum of **2400 activities** taking place worldwide

5. WABA's website is now in the top 20, with a placing of 16 out of 20 million searches on breastfeeding.

6. The WBW web-section is the main draw of the WABA website. It receives an average of 3651 visitors monthly. A total of 40,166 visitors visited the section in 2005.

ADVOCACY: OUTREACH & REPRESENTATION

7. Collaboration with the Coalition for Maternity Services (CIMS) – WABA's key liaison with the humane birthing movement – in 2005 took the form of dialogue/input into the development of the *Mother-Baby Friendly Childbirth Initiative* (MBFCI) and the survey, as well as doing a feasibility study on venues in Malaysia for a **Global Mother-Baby Friendly Summit** scheduled for 2008.

8. On behalf of the Core Partners, UNICEF and WHO, WABA facilitated the production of two key products for the Innocenti + 15 event:

- a) the **Key Messages** document and
- b) the **new Innocenti Declaration**.

We also contributed substantially to the joint report entitled "*1990-2005 Celebrating the Innocenti Declaration: past achievements, present challenges and the way forward for infant and young child feeding*" produced for the 15th Anniversary.

9. Advocacy with UNICEF during an NGO consultation on UNICEF's draft Mid-Term Strategic Plan, 2006-2009, together with the UN Breastfeeding Advocacy Team (UNBAT) was critical in ensuring that IYCF remained on UNICEF's agenda. In conjunction with this, UNBAT, WABA and its core partners also helped to secure the position of the legal adviser (on The Code) at UNICEF Headquarters for another year to December 2006. The position was to be terminated in December 2005.

INFORMATION AND NETWORKING

10. There is more than a doubling of the total number of communications compared to 2004 (8,685 for 2005; 3,259 for 2004), indicating **increased inter-activity with the network** - sharing information and responding to information request, etc.

11. Three issues of WABALINK were produced with a circulation of 639 in 2005. The WABALINK survey responses, though few, indicate generally positive feedback.

12. With the re-organisation and computerisation improvements in the Resource Centre (RC) system since 2004, the activities have also increased. In 2005, the RC had 110 acquisitions mainly in terms of books and e-books and sent out 19 major mailings of selected information packages. It is now finalising a mailing list database, also known as the Contact Management System (CMS), for more effective networking.

13. New information and monitoring systems, especially the Correspondence Log, were finalised and fully operational in 2005.

DEVELOPMENT AND GOVERNANCE

14. The fourth Global Breastfeeding Partners Meeting (GBPM IV) was held for the first time in Penang, preceding the 2005 WABA Steering Committee meeting in September, and resulted in a set of recommendations agreed to by all the Partners.

15. Four existing Regional Focal Points (RFPs) were strengthened with a new grant and commitment to collaborative guidelines; while a **new RFP for East Asia** – the Citizens' Alliance for Consumer Protection of Korea - was appointed.

16. WABA has once again ensured consultations with the General Assembly particularly with respect to the Innocenti + 15 events, the revision of WABA's Working Principles -

mainly concerning the Country Contact Points - the SC election and official appointments. The Secretariat also ensured the **renewal** of all the five Regional Focal Points and a group of the International Advisory Council members, and **appointed new coordinators** for the HIV and Infant Feeding (IF), Research and Health Care Practices Task Forces.

17. Since October 2005, the **Secretariat has been strengthened** with the appointment of two co-directors: Susan Siew and Sarah Amin, and a deputy director, Liew Mun Tip. A management team of five was also formed.

HIV AND INFANT FEEDING (IF)

18. WABA ensured a **presence at two key international HIV events**:

- a) Seventh ICAAP International: Conference on AIDS in Asia Pacific, Japan, 1-5 July
- b) 3rd International AIDS Society Conference, Brazil, 24-28 July

At both of these events, WABA representatives networked with researchers and advocates from predominantly HIV and AIDS groups, and **distributed HIV and IF literature**. These materials were also shared with participants at eight other non-IV conferences in 2005

19. WABA commissioned IBFAN Asia Pacific to conduct a **situation analysis in 5 South Asian and South East Asian countries** (Afghanistan, Bangladesh, Indonesia, Malaysia and Nepal). The aim was to facilitate discussion among relevant stakeholders, to find out about the situation of HIV and IF in the country and how it is being addressed in the national PMTCT programmes. The roundtable discussions had opened up communication between breastfeeding advocates, Ministries of Health and HIV groups.

20. WABA has been collaborating with the International Lactation Consultants Association (ILCA) in writing a **scientific review on HIV and infant feeding** for the *Journal of Human Lactation*.

21. The HIV and IF issue is increasingly a **new entry point to dialogue** with women's health and sexual and reproductive rights groups. This was visible in all three women's events where WABA representatives participated and needs urgent follow-up.

MATERNITY PROTECTION

22. **Eleven groups from 10 countries have participated in the Seedgrants project** with the aim of improving maternity protection (MP) and/or advocating for a mother/parent-friendly workplace (MPFW). The projects reflect a diversity of

activities, new partners from non-breastfeeding groups and new countries. Although the projects were predominantly focused on the formal sector, seven had a partial focus on the informal sector and one (Youth in Costa Rica) was fully targeting the informal sector.

23. Two new countries (Macedonia and Egypt/Middle East) have begun to **foster national alliances** on MP, with Costa Rica continuing from the previous year, and with a new focus involving the youth sector.

24. **New contacts were made with trade unions (TU) in Asia**, particularly in India, through the liaison work of new Women and Work Task Force (TF) member, Carmen Solinap, Chair of the Women's Committee of the Trade Union Congress of the Philippines. Initial meetings have laid the ground work for a planned MP training workshop for TUs in New Delhi in 2006, and country level networking for BPNI (Breastfeeding Promotion Network of India) with local workers groups.

25. **Active networking with TUs, women's health, occupational health and safety, and workers groups, and researchers** was fostered at the *4th International Congress on Women, Work and Health* (WWH, New Delhi, Sept. 2005). It resulted in the important inclusion of breastfeeding, crèches and maternity protection in the final recommendation.

26. **Outreach and collaboration with the child care community** was once again ensured through the active participation of the Women and Work TF at the *World Forum on Early Child Care and Education* (WoFo, Montreal, May 2005). The issue of breastfeeding and its importance in early child care was highlighted at a workshop presentation to 80 and one-to-one networking. WABA has been invited to the next WoFo in 2007, and to contribute articles to their newsletter.

GENDER

27. A total of 74 participants from three continents (Africa, Latin America and North America) have received **training orientation on gender sensitisation and mainstreaming**. Two of the three trainings were organised by the WABA Secretariat in collaboration with IBFAN Africa, also a WABA Regional Focal Point (RFP) and La Leche League International (LLLI), while the third was organised by IBFAN Latin America (also headed by the WABA Gender WG coordinator). These events went beyond our expectation, as only one training was planned and budgeted for. All three trainings/orientations were also in response to requests by key network partners (IBFAN and LLLI) – a clear sign of increasing interest in gender issues.

28. A new feature in the Latin American training was the **inclusion of youth**, who made up half the participants. They have been a dynamic group and are already engaging in follow-up activities taking on breastfeeding, gender and sexual and reproductive health issues in their work.

29. The trainings also helped to gender sensitise **19 men**, all from Africa and Latin America.

30. Small meetings of the **Men's Working Group** (WG), also known as the **GIFS** (Global Initiative for Father Support) WG, took place during the gender trainings and at a workshop for fathers organised at the LLLI Conference, in July. Both meetings have helped to further promote the role of men in supporting breastfeeding and child care and expand the list of contacts for men's involvement.

31. **Three major publications** were produced in 2005 with the intent of educating the WABA network and outreach partners, mainly women's and workers' organisations, on the issue of breastfeeding and gender. The books focus on women's reproductive health and women's work. The titles are:

- a) *Breastfeeding: a Reproductive Health and Rights Issue*;
- b) *Against all Odds: Gendered Challenges to Breastfeeding*, and
- c) *Grinding Realities: Women and Breastfeeding in the Informal Sector*.

The third book is a result of a literature review on women's work in the informal sector. It provides breastfeeding advocates with an understanding of the informal sector and makes suggestions for doing gender sensitive breastfeeding promotion in such a context.

32. Outreach and collaboration was sought with the women's movement, and the women's health

movement, through advocacy and networking at three major international and regional conferences.

- a) *10th International Women's Health Meeting* (IWHM), New Delhi, September 2005 (over 800 participants)
- b) *10th AWID International Forum*, Bangkok, October, 2005 (over 1800 participants); and
- c) *3rd Asia-Pacific Conference on Reproductive and Sexual Health*, Kuala Lumpur, November 2005 (about 1200 participants)

33. At all these events, breastfeeding and related issues (HIV/IF, women's work, nutrition, the Code, etc.) were highlighted mainly through visual displays, exhibits and banners, and through mime performance. Over a hundred contacts were made in all three events with at least one third who are potentially responsive/useful contacts.

MOTHER, FATHER & COMMUNITY-BASED SUPPORT NETWORKS

34. The **quarterly e-newsletter on mother support** has increased its readership from 8000 to about 10,000 and is now available in a fourth language, Portuguese, in addition to English, French and Spanish. The newsletter has not only helped to link diverse mother support groups worldwide, but has also become a channel for increasing awareness on **father support**. Each issue has included stories/news on father support activities, as well as a regular column on unique mother support experiences (eg. support in tsunami affected areas, couples' group) from countries around the world.

35. Four groups (from Pakistan, Indonesia, Sri Lanka and Paraguay) received **seedgrants in 2005 to start up father support groups and to raise awareness on men's role** in supporting women in breastfeeding and childcare. The 2004 report reflect very interesting developments and show signs that involving men can enhance breastfeeding practice and result in improved women's and children's welfare.

Acknowledgements : WABA would like to thank its Core Partners, the Regional Focal Points, IAC members and the coordinators of the various Task Forces and Working Groups for their active involvement, commitment and largely voluntary contributions to the advancement of WABA's project activities and goals. WABA also wishes to thank its two primary donors: the Dutch Ministry of Foreign Affairs (DGIS) and the Swedish International Development Cooperation Agency (Sida) for their substantial support to the above programmes.



The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. Its core partners IBFAN, LLLI, ILCA, Wellstart International, ABM and LINKAGES. 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).

Attitudes Can Change: Supporting Mothers and Their Babies in Public Nursing

Editorial - April 2006, SearchMothers.com

*By Chris Mulford, RN,
International Board Certified Lactation Consultant,
(IBCLC), Co-coordinator, Women & Work Task Force,
World Alliance for Breastfeeding Action (WABA)*



Eleanor Colburn



Over the last few years many words have been spoken and written about nursing in public. I think this is good. Better to work out this problem of competing rights through civil dialogue and not in confrontations between a stressed mother whose child is crying and an embarrassed lifeguard, flight attendant, or store manager.

In the basic "public nursing" problem scenario there are three roles: a child, the child's breastfeeding mother, and an observer. The child indicates a need. The mother responds to the need by giving the child her breast to suck. The observer complains.

Variations on the basic scenario are endless. The child might be any age from newborn to a pre-schooler in cowboy boots. The mother might be showing a little skin, a lot of skin, or no skin at all; the baby may be partly or completely covered as well. The location might be a beach, pool, park, restaurant, airplane, sports event, shopping mall, coffee shop, school, waiting room, library, store, parked car, professional office, or meeting room. The observer may ask the mother to cover up, to go somewhere else (the bathroom, usually), or to stop breastfeeding. Sometimes the observer scolds, expresses disgust, or professes to be speaking on someone else's behalf. "Another customer is offended." "I don't want my children to see that." "Breastfeeding is against our policy." These incidents have become common enough that 35 states have passed laws clarifying a woman's right to breastfeed her baby in public.

The debate is not about whether mothers should breastfeed. That is now a widely accepted public health recommendation. At issue is where and when, and how this affects other people.

Things have changed in just a few decades. In the 50s and 60s, U.S. breastfeeding rates were so low that there just weren't that many nursing mothers around to go out in public. Now, breastfeeding mothers are more common. In 2003, over 70% of mothers breastfed their newborns. About 20% of five-month-old children got nothing but human milk, and almost 6% were still nursing at 18 months of age.

I think there are a lot of us who don't want to see a woman forced to stay home, in a "private" place, just because she has chosen to care for her baby in the way that is recommended by public health bodies, health care professionals, most of the major religions, and taxpayer-supported government programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Women have things to do in public, even when they have babies. Women have business to transact, they have contributions to make, they have work to do, and they might even want to have some fun. It is inconceivable that all these women should be confined to their homes or segregated in public places just because a few onlookers might be uncomfortable about breastfeeding. Surely, in the hierarchy of human needs, protecting the right of a woman to care for her child as she goes about her business takes priority over respecting the preference of a spectator not to witness something he or she finds disconcerting.

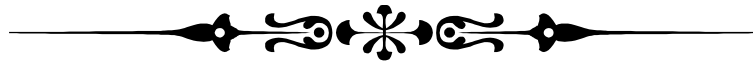
Babies are unpredictable. This is one reason breastfeeding protection laws have to get specific about what

body parts can be exposed. Despite a woman's best efforts, there could be a flash of nipple. If the mother is trying to be discreet, then let the spectators reciprocate by trying to be polite. If they are afraid of what they might see, they don't have to watch.

It's a hard job being a mother, and even with the best of pre-planning, many a mum finds herself needing to feed or comfort her nursling when she's away from home. A typical situation is an outing with an older child or children. Just as they get settled at the library story hour or in a booth at the burger place, the baby starts to fuss. This is NOT a good time for a mother to be told to pack everybody up and move to a more discreet location. This is a time when she should be able to do just what a bottle-feeding or pacifier-using parent would do: provide the baby's favorite consolation and spare everyone within earshot the sound of her baby in distress. Does it take a law to ensure her right to do this? Then let's have the law.

If it comes down to a choice between having rights and having manners, I'll go for rights...but I think we can aim for having both.

Instead of expecting a woman to check out of public life for a year or two when she has a child, let's put our heads together as a culture and decide to welcome and support her and her baby. This might mean that people sometimes see a baby at the breast. And I bet the more they see it, the less of a problem it will be. When my mother was young, it was considered improper for a pregnant woman to appear in public. When I was young, you rarely saw disabled people in public. But attitudes have changed, and attitudes toward nursing babies can change too. We just need to keep the conversation going.



About the Author

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Ms. Mulford is an active breastfeeding advocate, who has liasoned with various U.S. organizations to bring this breastfeeding issue to the forefront. She is also the mother of two grown children.



Announcement

Breastfeeding Advocacy and Practice

**A Regional Outreach Course
by the Infant Feeding Consortium,
From the Institute of Child Health, London, and
the World Alliance for Breastfeeding Action (WABA)**

**26 February to 9 March 2007
City Bayview Hotel
Penang, Malaysia**

In response to repeated requests for in-depth training on breastfeeding and related aspects of young child feeding to be made available regionally, WABA and the Infant Feeding Consortium are introducing a 2-week course in Penang. Short practical courses are widely used and successful, but the need for more advanced training for doctors and other senior health professionals has not been met.

The course is specially designed for doctors and other senior health professionals from the region who are responsible nationally or locally for:

- clinical care of mothers and infants
- teaching short courses
- pre-service curricula for health professionals
- advocacy and policy development
- implementation of programmes such as the BFHI.

The Infant Feeding Consortium directs the 4-week course *Breastfeeding: Practice and Policy* at the Institute of Child Health, London, and they will be responsible for organising the Penang course in collaboration with WABA. Teaching will be conducted mainly in English, with some use of the Malay language. The cost, including accommodation (twin-share basis) and meals (excluding dinner) for the two week duration and essential materials will be US\$2,450. This does not cover travel costs.

If you or your colleagues might be interested in applying, or would like to know more about the course, please send your name, professional position, and contact details to WABA at waba@streamyx.com. More details will be made available shortly.



FROM THE DESK OF TED GREINER,

WABA RESEARCH TASK FORCE COORDINATOR



Truly “new findings” : Impact of delayed breastfeeding initiation

Some research principles

The “golden standard” of research is the double blind placebo controlled trial. Something is tested on subjects who are randomly assigned to either the experimental or control groups and neither the scientists nor the subjects know which group they are in. This controls for the “placebo effect,” something found to be rather high in much research on breastfeeding.

But “blinding” and even randomization often are impossible for logistical and ethical reasons. We will never know the impact of sustained breastfeeding on human health because it is unethical to assign mothers to breastfeed for various lengths of time and when we observe the apparent impact of mothers who do so in natural settings, despite efforts at statistical manipulation, it is impossible to remove the impact of “confounders” on what we are viewing.

For example, in high-income settings, more educated mothers tend to breastfeed for longer while in low-income settings, the opposite used to be true. That can be “controlled for” statistically. But how about the fact that many mothers tend to decide when to stop breastfeeding according to some developmental milestone (say when teeth come, when the child can walk) and to prolong breastfeeding for children who seem to be sickly?

In one of the most complex and remarkable studies I have ever read, Marquis et al (Marquis GS, Habicht JP, Lanata CF, Black RE, Rasmussen KM. Association of breastfeeding and stunting in Peruvian toddlers: an example of reverse causality. *Int J Epidemiol.* 1997 Apr;26(2):349-56) figured out that in their sample the reason that more breastfeeding was associated with greater levels of nutritional stunting (a common finding in low-income settings) was exactly this. Babies who for many possible reasons happen to be sicker tend to be breastfed for longer.

Infant feeding decisions are based on complex motivations and these are difficult to obtain accurate information on. One researcher (who did publish the results) found three levels of complexity in response to the question “Why did you stop breastfeeding?” based on responses from the same women to (a) a simple questionnaire, (b) an hours long discussion and in-depth interview, and (c) weeks of visiting and getting to know each other better and discussing complex issues surrounding how infant feeding and other infant care decisions were made. The simplistic responses she got in (a) were only a very small part of the complex web of issues on which mothers actually based their decisions, as revealed in (c).

If we repeated the same study leading to a single finding or outcome 1000 times, the results would rarely always come out exactly the same. Assuming there was no bias acting over time, if we plotted the results on a graph, it would take the form of a bell curve, with the result we got most often (the mode) in the middle, identical to the mean and median if it was a so-called “normal distribution” of findings. The extent of the errors encountered (there are ALWAYS errors in research—statistics gives us a regulated and controlled way of dealing with them) would determine how widely spread the findings were, that is how large the standard deviation was.

Keeping this in mind, we need to always be careful in how we interpret the findings of a single study because we cannot know where on that bell curve it landed. Is it an “outlier,” suggesting there’s a much bigger or smaller impact than the overall bell curve would justify—if only we knew the shape of that bell curve?

Sadly, journals tend more often to accept, and authors tend more often to do the huge amount of work required to publish their findings, when a study leads to positive findings. This leads to a so-called “publication bias.” This means that the first time a study is published on a given issue it is more likely to fall on the right side of the 1000-study curve mentioned above. If it is exciting or important, others will repeat it. The more studies are done, the more the shape of the curve becomes apparent. Frustratingly, we often find that the curve centers close to zero, that is, no effect. That first published study fooled us. We who treated it as “Truth” end up with a bit of egg on our face.





That's why multiply chastened researchers—and the World Health Assembly for that matter—hesitate to shout “eureka” and promote the results of single studies. The more distant a study is from the “golden standard” in its research design, the more subject it is to a plethora of errors and the riskier it is to assume it has uncovered “the truth.”

And this is why yours truly, despite being honored with the title “Coordinator” of the WABA Research Task Force, rarely presents studies in the WABALink or anywhere else as “new findings.”

Truly “new findings”

I've been asked to make an exception with regard to a study by Edmond et al which was just published a few weeks ago when this goes to press. (Edmond KM, Zandoh C, Quigley MA, Amenga-Etego S, Owusu-Agyei S, Kirkwood BR. **Delayed breastfeeding initiation increases risk of neonatal mortality.** Pediatrics. 2006 Mar;117(3):e380-6.) Three cheers for the journal Pediatrics. You can, at least for now, download the full text PDF file for free at <http://pediatrics.aappublications.org/cgi/reprint/117/3/e380>.

This is one of those rare studies that even people like me who have been following the literature for 3 decades sit up and take notice of as something truly “new.” It is an observational study based on an analysis of secondary findings from a randomized controlled trial of weekly vitamin A supplementation on maternal mortality. That means the sample size is large (not just a plus—you can't examine the impact of anything on mortality without a huge and thus rarely obtained sample size) and it is prospective, that is, following outcomes over time (another plus). It examined the impact of delayed initiation of breastfeeding on neonatal mortality rates. But for that outcome, no randomization was done (an ethical plus but a methodological minus).

It was conducted in four adjacent rural districts in central Ghana. The mothers of nearly 11,000 newborns were visited within four weeks of giving birth and asked about the time of initiation of breastfeeding. Time of initiation of breastfeeding was compared between infants who died between 2-28 days of birth and those who survived.

When breastfeeding initiation took place later than one hour after birth but in the first day of life, neonatal death was 1.5 times more likely to occur (NS = not statistically significantly different from 0); if initiation occurred on day 2 or later, death was about three times more likely to occur and this was statistically significant. Babies who received prelacteal feeds consisting of non-milk fluids (ie were “predominantly breastfed” according to WHO definitions) were 1.4 times more likely to die (NS) and those who received milk or solids were 4 times more likely to die between 2-28 dies after birth and that was significant.

Another way of looking at the findings is that a remarkable 41% of all neonatal deaths would have been avoided if all babies had been exclusively breastfed at birth, with breastfeeding initiated during the first hour of birth. But if we assume breastfeeding had no impact on deaths that occurred in the first day of life (which in many if most cases was probably the case—many of these babies had problems that breastfeeding could not impact on), that figure would drop to 22%. Most of this impact (16%) is captured by starting breastfeeding in the first day of life.

Still, where else could we find an intervention that costs nothing and that health workers or traditional birth attendants can so easily have an impact on that could reduce neonatal death rates by 22%?

How does this compare with findings of previous studies? As far as I know, only one study has previously examined this issue, based on data from Guinea Bissau, but it had too small of a sample size to examine neonatal death rates and thus looked at impact of timing of initiation of breastfeeding on postneonatal death rates at 28 days up to age 3 years. Not surprisingly, it found no impact, since so many other factors could be expected to enter in and “dilute” the impact during such a long period of follow up. (Gunnlaugsson G, da Silva MC, Smedman L. Age at breast feeding start and postneonatal growth and survival. Arch Dis Child. 1993 Jul;69(1):134-7.)

Is Edmond's finding likely to fall on the right or left side of the bell curve? We have no way of knowing. Personally, given the low cost involved and the low risk of there being any negative “side effects”, I'd rather err on the side of caution and suggest that we in the breastfeeding movement pull out all the stops and advocate to the “birthing community” that initiation of breastfeeding within the first hour of life (barring rare circumstances where this is impossible) be considered a part of standard service delivery. Anything less ought to be considered not just a breach of professional standards, but of the rights of the child.

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