



Guidelines for breastfeeding and complementary feeding

This document is a part of BPNI's ongoing efforts to provide accurate information to people, women in particular, especially pregnant women & breastfeeding mothers, on the sound infant feeding practices to ensure proper dietary intake and good state of nutrition in infants and young children. This document also aims to provide information to the health & nutritional professionals, NGOs, and all others concerned, which they can pass on to mothers.

Breastfeeding is exclusive breastfeeding for first 6 months and continued breastfeeding for two years or beyond. Breastfeeding is the best way to feed an infant. It greatly improves quality of life by providing adequate nutrition, resistance to infection, mental and emotional satisfaction. It helps in building healthy relationship between the mother and the child and spacing between two children. Breastfeeding also helps to reduce anemia in the mothers and risk of breast and ovarian cancer.

1. Starting to breastfeed (Initiation of breastfeeding)

After baby is born, baby should be dried and immediately given to the mother in the first half an hour. He/she should be placed "skin- to- skin" with the mother and offered the breast within an hour after birth. The baby should be breastfed before any routine procedure such as bathing is performed. Bath should be given later as this brings down baby's temperature. Starting early to breastfeed is important, because:

- babies are most alert and active during first 30-60 minutes,
- sucking reflex is most active at birth,
- it increases success for exclusive breastfeeding,
- it promotes emotional development between the mother and the child,
- it helps in developing a loving relationship between the mother and the baby,
- it prevents bleeding after child birth (post delivery bleeding), and

- it ensures intake of first milk from the breast which is thick and yellowish in colour (*colostrum*), as the first feed which also provides protection against infection (the **first immunization** of the baby).

2. Exclusive breastfeeding for first six months

Exclusive breastfeeding means the infant receives only breastmilk (from his/her mother) and no other liquids, not even water or complementary foods with the exception of undiluted vitamin/mineral drops or syrups, and medicines.

Babies should be exclusively breastfed for first six months because:

- water supplementation even in hot

weather is unnecessary and leads to reduced desire to suckle and is a dangerous source of infection as well,

- giving other supplements also reduces breastfeeding success,
- babies grow normally for six months with breastmilk alone,
- it contributes to better intelligence development for the baby,
- babies have lesser infections, asthma, allergies and eczema,
- it helps in birth spacing (interval between two children). It provides 98% protection for a woman who meets three conditions: baby is exclusively breastfed, baby is less than six months old, woman's menstrual period has not resumed (This is Lactational Amenorrhea Method (LAM) of family planning), and
- it reduces the risk of breast and ovarian cancer and anemia in the mother.



Celebrating 10 years of protection, promotion and support of breastfeeding

3. Prelacteal feeding (*any thing given to drink or eat before starting to breastfeed*) and pacifiers

Prelacteal feeds or pacifiers should not be given, because:

- giving prelacteal feeds such as sugar water, honey, water or butter etc. lead to sickness in the baby and interfere with breastfeeding success as these reduce baby's desire for feeding, and
- Pacifiers interfere with the success of breastfeeding due to "nipple confusion", as sucking on rubber nipple and breast is quite different.

4. Breastfeeding in the correct position

Body position: The mother should feed her baby in any comfortable position such as lying or sitting with good eye contact. Good and bad body positions are shown in Fig. a & b.

Sucking position: Babies should be fed in correct sucking position at the breast to ensure effective milk supply from the mother to the baby. Signs of correct/good suckling position at the breast include: baby's chin is close to the breast, baby's mouth is wide open and the lower lip turned outwards, much of areola is inside baby's mouth and there is no pain at nipple site while the sucks baby. (Fig. c & d)

It also helps by:

- reducing incidence of sore nipples and swelling in the breast, and

Body Position



Fig. a: Good body position

Face to face attention from the mother

- Baby's head and neck is straight or bent slightly back.
- Baby's body is turned towards the mother.
- Baby's body is close to the mother facing breast.
- Baby's whole body is supported.
- Mother baby eye contact is there.



Fig. b: Bad body position

No mother baby eye contact

- Baby's head and neck not straight.
- Baby's body is turned away from the mother.
- Baby's body is away from the mother.
- Baby's body is not supported
- There is no eye contact between the mother and baby.

Sucking Position

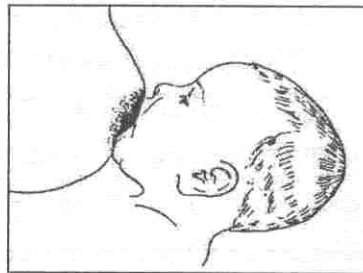


Fig. c: Signs of correct/good attachment:

- Baby's chin is close to the breast,
- Baby's mouth is wide open and the lower lip is turned outwards,
- More areola is visible above the baby's mouth than below it,
- There should be no pain in the nipple area during breastfeeding.

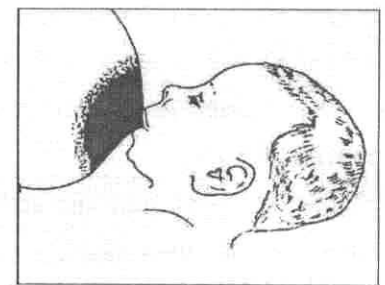


Fig. d: Signs of incorrect/poor attachment:

- Baby sucks only at the nipple,
- Mouth is not wide open, and much of the areola and thus lactiferous sinuses are outside the mouth,
- Chin is away from the breast,
- Suckling in this position way cause pain to the mother.

- ensuring adequate supply of breastmilk to the baby.

5. Frequent breastfeeding and breastfeeding on demand

Baby should be fed on demand from both breasts many times a day (8–10 times or more in 24 hours). Normally breasts are ready for the next feed in one and a half-hour, hence, demand feeding can be done in less than 2 hours interval. Some babies may like to breastfeed less and some more, and those who are reluctant should be encouraged to feed more frequently but not pushed. A mother having twins can provide enough milk through breastfeeding. The mother should practice frequent and demand breastfeeding including night feeds because:

- The more mother breastfeeds, the more will be the production of breastmilk.
- breastfeeding at night is particularly helpful as milk producing hormone, (*prolactin*) is secreted more during night and it provides relaxing effect to the mother.

6. Complementary feeding

Complementary food means any food, whether manufactured or locally prepared, suitable as a complement to mother's milk, when it becomes insufficient to satisfy the growing nutritional requirements of the infant after 6 months of age

6a. Introduction of complementary food

Timely introduction of complementary

food in addition to breastmilk at a right time after a baby is six months old is necessary because:

- nutritional and energy requirements of the baby can not be met with breastmilk alone after the age of 6 months,
- complementary foods given before six months do not result in improved growth, but replace breastmilk,
- health risk especially the risk of loose motions (diarrhoea) is 3 to 13 times higher in those babies who are introduced complementary foods earlier than the age of six months, and
- starting of complementary foods late leads to reduction in available energy and later leads the baby to be under weight.

6b. Frequency of complementary food

Complementary foods should be given 2-3 times a day when babies are 6–9 months old and 3-5 times a day when they are 9-12 months old.

6c. How to feed

Mothers should use spoon and katori/cup to feed the baby. Babies should be allowed to handle spoon themselves at the age of 10-12 months.

7. Appropriate complementary foods

Provide sufficient quantity, nutritionally adequate, hygienically prepared and fresh home-made foods, to infants (six months and above) and young children because:

- children adapt better to the home made food which is from the family diet, and
- thin complementary feeds made of cereals and pulses in watery forms (e.g. *Dal water*) are inadequate source of nutrition and calories.

Initially only one or two semi-solids should be given and gradually the number of feeds can be increased.

Semi-solids which are given to the baby should be easy to digest and have high energy value. Provide nutritious food like suji, dalia, kheer, khichri, ragi, rice preparations mixed with milk. Increase the amount and thickness of food gradually. Cereals with added oil, pulses, meat, eggs and fish and cereals with added milk, have greater caloric value than milk alone. Vegetables and fruits have an energy value similar to or lower than that of milk.

Mixing home-made food with expressed breastmilk in the beginning will help in increasing nutrient value and baby will also accept the taste.

Food should not be pushed into baby's mouth but should be allowed to practice active feeding i.e. allowed to eat himself/herself. Mother should actively encourage and help the child to eat himself/herself. It helps develop better coordination. Parents/care-givers should interact with the children to tell new concepts and words while feeding as this helps in the better mental development.

8. Continued breastfeeding

Continue frequent breastfeeding up to 2 years and beyond along with

appropriate complementary feeding because it:

- increases energy intake,
- lessens the risk of being under weight and reduces the chances of infection, and
- helps in emotional bonding.

9. If the mother works outside home

Mothers working outside home can continue these optimum practices if:

- fully supported by the family and community, and
- if adequate maternity leave, facilities for breastfeeding breaks (for breastfeeding and/or expressing milk) and nearby child care facilities are available

Mothers can combine work with breastfeeding by expressing breastmilk whenever child is not with her and breastfeeding frequently when baby is with her especially during night.

When she joins work after leave:

She should continue to breastfeed

before leaving for work and when she is back home and at night.

When at work she has following options:

- a) She should express her milk at regular intervals and store in a clean container for use by caregivers at home next day. The breastmilk does not get spoiled for 8 hours at room temperature and for 24 hours in the refrigerator. Care-givers should give expressed milk which she has left to feed the baby with the cup and spoon to avoid nipple confusion.
- b) If home is near place of work she should feed her baby during breastfeeding breaks.
- c) If creche or baby care facilities are available at place of work, she should keep the baby there and go and feed during breastfeeding breaks.
- d) If none is possible, she should express milk and discard it for maintaining better milk flow and to relieve engorgement.

10. If mother or baby is sick

Breastfeeding should be continued in commonly encountered illnesses in the mother the baby. It is very useful for babies have diarrhea. Even if the mother is sick, breastfeeding can be safely continued unless advised by the doctor to discontinue.

Most drugs which the mother has to use are safe during breastfeeding.

Breastmilk is particularly important for preterm and low birthweight infants. Expressed breastmilk should be given by cup to the babies who cannot breastfeed by suckling.

11. In special situations

Where mother has expired or a baby is adopted, the caregivers should discuss feeding options with the doctor.

In conclusion, BPNI recommends exclusive breastfeeding for first six months, continued breastfeeding up to two years and beyond and addition of complementary foods after six months of age as optimum infant feeding practices.

These guidelines take into consideration, the recommendations of World Health Organization (WHO), and of World Health Assembly (WHA) Resolution 54.2 (May 18, 2001), and the support to this recommendation by the Department of Women and Child Development (DWCD) and Ministry of Health & Family Welfare (MOHFW), Government of India, United Nations Children's Fund (UNICEF), Association for Consumer Action on Safety and Health (ACASH), Indian Academy of Pediatrics (IAP), Federation of Obstetrics & Gynaecological Societies of India (FOGSI), National Neonatology Forum (NNF), Trained Nurses Association of India (TNAI), CARE-India, LINKAGES, International Baby Food Action Network (IBFAN), World Alliance for Breastfeeding Action (WABA), and American Academy of Pediatrics.

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