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E-Newsletter

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Volume 1/Issue 8

August 2012

From the Desk of Director



Dear Readers,

Greetings from SIHFW, Rajasthan!

World Breastfeeding Week was celebrated from 1 to 7 August, for the first time, 20 years ago, by the World Alliance for Breastfeeding Action (WABA). So much has happened in these 20 years, it is time to celebrate but also to look back, understand what has happened and why. Then plan what can be done to support all women to be able to optimally feed and care for their infants and young children.

The present issue of e-newsletter addresses to breastfeeding and exchanges information on breastfeeding. This is one way of protecting, promoting and supporting breastfeeding. Communication is the key to attain progress, and our e-newsletter is an attempt in the direction towards doing more to unleash the full benefits of optimal breastfeeding for children's and women's health.

Director

Health Days in August, 2012

World Breastfeeding Week 1-7 August
World Humanitarian Day 19 August

World Breastfeeding Week

World Breastfeeding Week is celebrated every year from 1st to 7th of August in more than 170 countries to encourage breastfeeding and improve the health of babies around the world. It commemorates the declaration made by WHO and UNICEF in August 1990 to protect, promote and support breastfeeding.

Breastfeeding is the normal way of providing nutrients to young infants needed for their healthy growth and development. Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth.

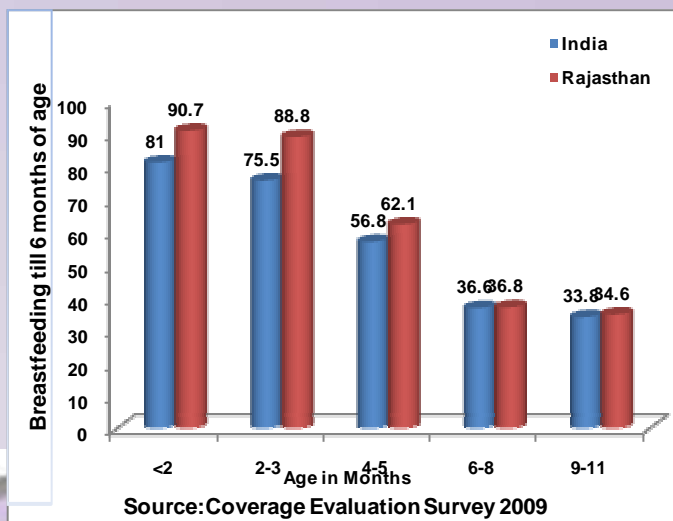
Global

- 58% do not receive exclusive breastfeeding during the crucial first 4 months of life- Lancet Child Survival Report 2003
- 13 % of under 5 deaths prevented by exclusive breastfeeding & adequate complementary feeding - Lancet Child Survival report 2003
- Infants who were given breast milk and formula had a 4.2 times greater risk of death from diarrhoea and 1.6 times greater risk of death from respiratory infections- Lancet Child Survival report 2003

- Breastfeeding is a child survival intervention. 16% of neonatal deaths could be saved if all infants were breastfed from day 1 and 22% if breastfeeding started within the first hour .UNICEF
- 5,500 children die every day as a result, one-fifth of all child deaths. And millions more are left to face a childhood of chronic illness and lost opportunities. UNICEF
- Breastfeeding (including exclusive breastfeeding for the first 6 months and continued breastfeeding for the next six months) was universalized & it will serve as the single most effective preventive intervention cutting down about 15% of all child deaths.
- Non-breastfed children have a 250% higher risk of being hospitalized for pneumonia or asthma -IYCF report-2012

Facts: India

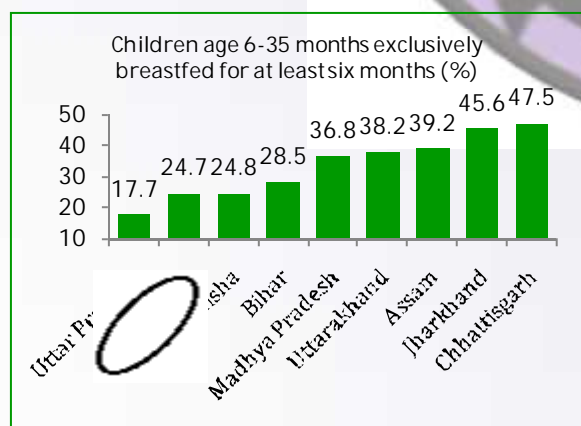
- In India only 20% women are able to practice exclusive breastfeeding for six months.
- Extending coverage of exclusive breastfeeding and complementary feeding could save over 450,000 child deaths each year in India.-IYCF report-2012
- Instead of promoting exclusive breastfeeding immediately after birth, there are various hindrance which prevent such practice in India .i.e. 48.1% mothers does feed because they feel that milk is not available, 39.6% followed family traditional advices,10.4% mothers were uncomfortable in feeding & others were not advised by hospitals staff due to C-section delivery-**HUNGaMA Survey Report 2012**
- 51 % mothers did not give colostrum to the newborn and 58 % mothers fed water to their infants before 6 months **HUNGaMA Survey Report 2012**



Status of Child Health in India

IMR(SRS,2011)	47
Underweight (NFHS2005-6)	42.5 % in children < 5 years of age
LBW (NFHS 2005-06)	22 %
Initiation of breastfeeding within an hour of birth (DLHS survey 2007-08)	40.5 %

Facts: Rajasthan



Source: AHS, 2010-11

Initiation of Breastfeeding within 1hour in Rajasthan			
5-Best Performing districts in Rajasthan	Percentage	5-Worst Performing district	Percentage
Dausa	78 %	Banswara	27.7%
Nagaur	74.4 %	Sirohi	29.3 %
Jhalawar	71.1 %	Jaisalmer	35.7 %
Jaipur	62.9 %	Pali	37.6 %
Chittorgarh	59.6 %	Bikaner	38.7 %

Source: AHS, 2010-11

Manpower trained to promote Breastfeeding in Rajasthan

- 20 staff is trained till date in Infant & young children feeding (IYCF) for the counseling to all pregnant & lactating mothers.
- IYCF training will be given to frontline workers and counseling for exclusive breastfeeding of all pregnant and lactating mothers will be ensured

Source: Review meeting by PD child health dated: 3 august 2012

Exclusive Breastfeeding:

Exclusive breastfeeding is defined as giving no other food or drink – not even water – except breast milk. It is recommended that the baby should be exclusively breast fed till the age of 6 months; after that complementary feeding should be introduced gradually.

Breastfeeding after Caesarean section:

Breastfeeding can be initiated and continued normally even after C-section as soon as the effect of anaesthetic agents wears off. But if

infections occur and antibiotics are needed then breastfeeding needs to be delayed.

When to initiate:

Breastfeeding should be initiated within half an hour of delivery of the child

Frequency:

- The baby should be fed, whenever hungry. Before offering the second breast to the baby, it should be ensured that the baby sucks the fat rich hind milk from the first breast.
- Newborn babies want to feed on demand, usually 8 to 12 times in a 24 hour period for the first two to four weeks.
- For sleepy babies, wake the baby every three hours for feedings until your baby has regained his/her birth weight.
- In one go, the baby should be fed till content; this usually takes around 20-30 minutes in new born children.

How to breast feed:

Breastfeeding should be done in a comfortable environment with the women sitting



upright with support behind her back, holding the child in her arms for proper attachment. The child should be on its side facing towards the mother. The child should be encouraged to feed equally from both breasts.

Signs that the baby is in a good position for breastfeeding are:

- Baby's head and body are in line
- Baby is close to the mother's body
- Baby's whole body is turned towards the mother
- Baby is relaxed, happy and suckling.

Signs that the baby is well attached

- More of the dark skin around the mother's nipple can be seen above the baby's mouth than below it.
- The baby's mouth is wide open.
- The baby's lower lip is turned outward.
- The baby's chin is touching the mother's breast

Holding the baby in a poor position can cause difficulties such as: sore and cracked nipples, baby does not receive enough milk, & baby refuses to feed.

Mechanism of breast milk secretion

When a baby sucks on the nipple, the stimulation is transmitted to the pituitary gland and hormones called prolactin and oxytocin are produced. Prolactin conveys commands to change blood into breast milk, and oxytocin operates to push out the breast milk that accumulates in the breast ducts. Breast milk is released when the baby sucks on the nipple.

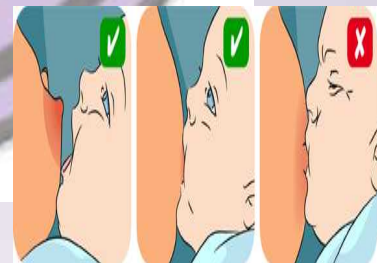
Different stages of lactation

Colostrum

Colostrum is the secretion produced during the first few days (1-7 days) after birth and differs from both transitional and mature milk. It contains a higher amount of protein, less fat and a number of immunizing factors for the newborn.

Transitional milk

It is the transition from colostrum to mature milk, where lactation is established and production of milk begins in the breast tissue. Transitional milk is produced from approximately day 8 – 20.



Mature milk

Mature milk is produced from 20 days after birth onwards. It can vary in and



between individuals and the energy can vary between 270 and 315 kJ per 100mL. This is largely due to the variation in the fat content, as the fat of the milk received by the infant increases as the feed progresses. Mature milk continues to provide immune factors and other important non-nutritional components to the infant.

Nutrients in breast milk

Breast milk includes

- 75% includes : Proteins, fats, carbohydrates, Secretory IgA – Predominant immunoglobulin, Bioactive cytokines – Including transforming growth factor- β (TGF- β) 1 and 2 and interleukin-10 (IL-10)]
- Others – leukocytes, oligosaccharides, lysozyme, lactoferrin, adiponectin, interferon- γ , epidermal growth factor (EGF) and insulin-like growth factor (IGF)
- Remaining amount is covered with water

Benefits for infants

- Breast milk is the ideal food for newborns and infants.
- It gives infants all the nutrients they need for healthy development.
- It is safe and contains antibodies that help protect infants from common childhood illnesses - such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide
- Emotional Bonding

Benefits for mother

The practice when done exclusively is associated with a natural (though not fail-safe) method of birth control (98% of protection in the first 6 months after birth). It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity. The emotional bonding between the baby and mother is strengthened & gives a feeling of satisfaction. While the woman is breast feeding, she develops lactation amenorrhea, which prevents further pregnancy and thus aids in spacing of birth.

Situations when mother cannot feed:

- If mother is HIV +ve
- If mother have active untreated TB
- If mother receiving any type of Chemotherapy
- Baby born with Galactosemia

HIV and breastfeeding

An HIV-infected mother can pass the infection to her infant during pregnancy, delivery and through breastfeeding. Antiretroviral (ARV) drug interventions to either the mother or HIV-exposed infant reduces the risk of transmission of HIV through breastfeeding. Together, breastfeeding and ARV interventions have the

potential to significantly improve infants' chances of surviving while remaining HIV uninfected.



Why not infant formula?

Infant formula does not contain the antibodies found in breast milk. When infant formula is not properly prepared, there are some risks arising from the use of unsafe water and unsterilized equipment or the potential presence of bacteria in powdered formula. Malnutrition can result from over-diluting formula to "stretch" supplies. If formula is used but becomes unavailable, a return to breastfeeding may not be an option due to diminished breast milk production.

Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003

- This act came in force since August 1, 1993. The Government of India enacted a law in 1992 that was further strengthened in June 2003.
- Promotion of infant milk substitutes and related products like feeding bottles and teats constitute a health hazard & also contribute in decline in breastfeeding.
- In the absence of strong interventions designed to protect, promote and support breastfeeding control the marketing practices of baby food manufacturers.

Myths & Misconception

- Colostrum considered as a waste product.
- There is no (not enough) milk in the mother's breast for the first 3 or 4 days after birth.

- In hot weather, a breastfed baby needs water additionally.
- Breastfeeding babies need additional vitamin D.
- A mother needs to wash her nipples before breastfeeding, every time.
- If the baby is suffering from diarrhoea or vomiting, the mother should not breastfeed him/her.
- After 6 month of breastfeeding baby find difficulty in adopting complementary feeding

Global Strategy for Infant and Young Child Feeding

IYCF was endorsed in 2002 by World health assembly & UNICEF with a aim to improve the nutritional status, growth and development, through optimal feeding. It supports exclusive breastfeeding for 6 months, followed by timely, adequate, safe and appropriate complementary feeding, while continuing breastfeeding for two years and beyond. It also supports maternal nutrition, and social and community support. It does not replace but builds upon existing programme including baby friendly hospital initiatives.

Baby-friendly Hospital Initiative

The BFHI is a global initiative of the WHO and UNICEF that aims to give every baby the best start in life by creating a health care environment that supports breastfeeding as the norm. The Initiative was launched in 1999 with the aim to implement the ten steps to successful breastfeeding and to end the distribution of free and low-cost supplies of breast milk substitutes to health facilities. The BFHI provides a framework for enabling mothers to acquire the skills they need to breastfeed exclusively for six months and continue breastfeeding with the

addition complementary foods for 2 years or beyond.

*** Kerala is the world's first 'baby friendly state** Source:TOI 1 Aug 2002

The WHO Global Data Bank on Infant and Young Child Feeding-WHO

WHO began the Global Data Bank on Breastfeeding in 1991 as part of its monitoring and surveillance activities. It pools information mainly from national and regional surveys, and studies dealing specifically with the prevalence and duration of breastfeeding and complementary feeding.

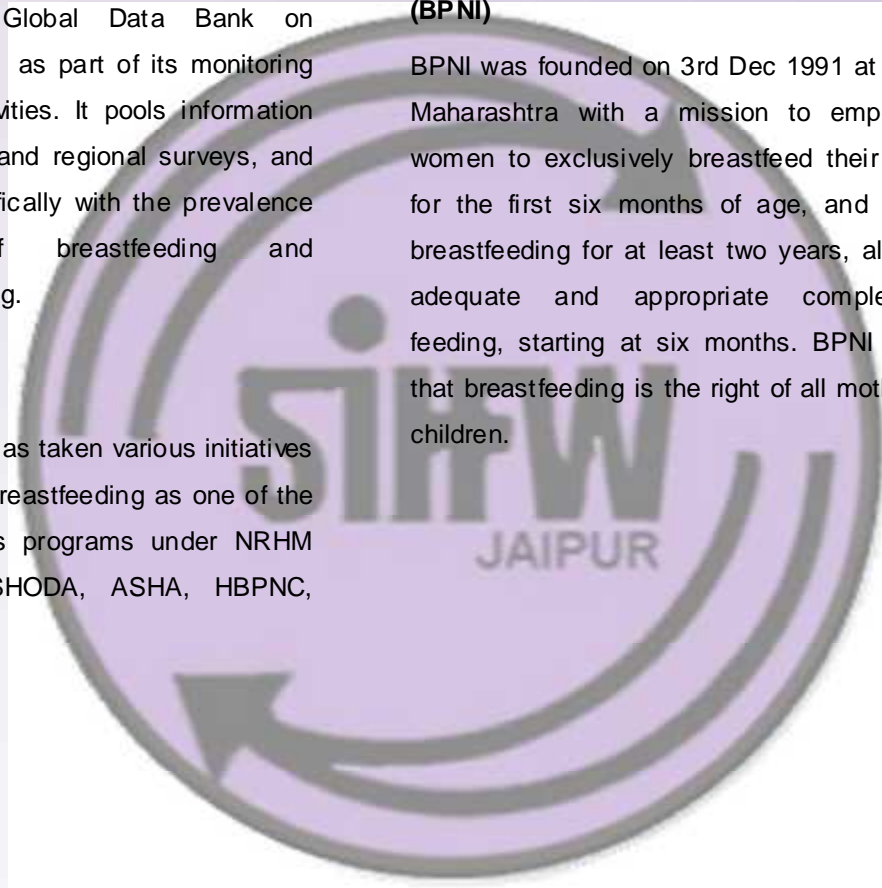
Initiatives in India

Government of India has taken various initiatives by adding exclusive breastfeeding as one of the component in various programs under NRHM such as JSY, YASHODA, ASHA, HBPNC, IMNCI.

Initially Yashodas were placed in three NIPI districts (Alwar,Bharatpur and Dusa)of Rajasthan .Today 556 Yashodas are working in Rajasthan .Based on the data of NIPI Distrcits ,there is a visible increase in early breast feeding parctices (Increased up to 82%)

Breastfeeding Promotion Network of India (BPNI)

BPNI was founded on 3rd Dec 1991 at Wardha, Maharashtra with a mission to empower all women to exclusively breastfeed their children for the first six months of age, and continue breastfeeding for at least two years, along with adequate and appropriate complementary feeding, starting at six months. BPNI believes that breastfeeding is the right of all mothers and children.



SIHFW in Action

(1.) Trainings/Workshops:

S. No.	Date	Title	Total Participants	Sponsoring Agency
1.	3 July	Orientation training for follow up for PPTCT services in 4 districts	10 (Consultant/Coordinators)	PPTCT Cell
2.	3-5, 10-12, 17-19, 24-26 July	Routine Immunization (4 batches)	84 (MO/MOI/c)	RCH
3.	5-6 July	19th National Quarterly Workshop on "Convergence for Inclusive Education and Literacy"	79 (Programme Officers, Consultants)	Department of School Education & Literacy, Ministry of Human Resource Development, Govt. of India
4.	9, 12, 13 and 14 July	ToT on SNCU Plus & Gender Mainstreaming (4 batches)	114 (BPM/LHV/MO/MO/IC)	NIPi
5.	9-10 July	IEC Workshop of RSCPCR Plan	35 (NGOs, Consultants funding agencies and Government secretaries)	Urmul
6.	10-13 July	Residential training on LEHAR KRP	31 (Lecturers, KRP Consultants)	UNICEF
7.	26-27 July	TOT on Measles Catch-up	43 (BCMO, RCHO, CMHO, MO)	RCH & WHO
8.	30 July	Debriefing workshop on PPTCT	10 (consultants)	UNICEF
9.	30-31 July	Review workshop on Appreciative Enquiry	18 (AI specialists, consultants)	UNICEF
10.	20 June-28 August 2012 (continuing)	IV Professional Development Course	15	NIHFW

(2.) Monitoring / Field Visits / Studies:

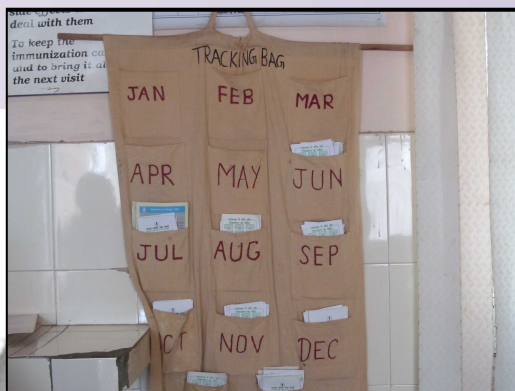
Appreciative Enquiry:

Five members of SIHFW are involved in this UNICEF supported endeavor. Ms Poonam yadav visited CHC Bassi on 26th July 2012 for coordinating AI workshop. Ms. Nirmala Pater visited SDH Sujangarh, Churu, for the AI workshop on 26th and 27th July 2012. Dr Mamta Chauhan visited CHC Behror on 17 & 19 and 26 & 28 July 2012. Nokha CHC, Bikaner was visited for AI by Ms. Richa Chabra on 23-25th July.

PDC visit:

The PDC IV Batch participants made a visit to Panchkula, under supervision of Ms. Nirmla Pater and Mr. Hemant Yadav of SIHFW. They were given an overview on SIHFW-Haryana, and various training programmes being conducted there such as Maternal

Health, Child health trainings and the ilk. The team later visited CHC Kalka, PHC Pinjour, Sub Centres of Ramgarh and Nadasahib at District Hospital Panchkula. Participants were also briefed about IEC and BCC activities in



Haryanahealth Sector by Dr Jasjeet Kaur. Some innovations in tracking bag and Citizen's charter were observed during visits to the health centres at Panchkula. This visit was made during 1 to 7 July 2012.

Workshop at PHFI:

Dr. Akhilesh Bhargava, Director SIHFW with Ms. Diya Seth, participated at "Teaching curriculum workshop: Case study method for innovation in maternal and child health". It was organized by PHFI on 30-21 July at IIPH Gurgaon.

Capacity Building

CME session on 'Personal Effectiveness' was delivered by Ms. Nishanka Chauhan on 7th July 2012.

Planned Training/Workshop/Meeting/ Visits

- RI training.
- Integrated training for freshly recruited Medical Officers.
- RCH Review meeting, 3rd August 2012 under Chairmanship of Hon'ble Minister
- Family Planning Workshop on 7-8 August by UNFPA
- SNCU Plus and Gender mainstreaming ToT on 6th August, 2012.

Other Highlights

Birthday Celebration

Birthday of Ms. Diya and Mr. Prathvi was celebrated on 3rd July
Birthday of Dr. Mamta Chauhan and Mr. Ezaj was celebrated together on 21st July 2012 at SIHFW office.



The Guest reactions

- Most liked-Great ambience, friendly teaching staff-Dr. Ashish Vyas, PHC Alod, RI training.
- Most liked-Neatness and Discipline of the Institute-Dr Rajendra Prasad, RI
- The facilities of the institution are very good, the method of training, trainers' behavior and overall management is best.-Dr. PC. Meena, CHC Mandawar, Dausa.
- PDC training is developing various qualities in us and skill improvement about various issues regarding medical and health and Day to day spending-Dr B.S Chauhan, PDC course.

Health in news

Global

International AIDS Conference in Washington

The International AIDS Conference opened on 22nd July with a call for the World's governments not to let tight budgets slow the fight against the disease.

San Francisco AIDS specialist Dr. Diane Havir told delegates to the conference in Washington, D.C. that the world has a chance to 'start to end AIDS.' She said it would be an extraordinary failure of global will and conscience of financial cutbacks blocked that chance. The United Nations says 34 million people lived with HIV/AIDS and 1.7 million died from the disease in 2011. This year's conference, called 'Turning the Tide Together', attracted more than 20,000 people. High-profile guests included former U.S. President Bill Clinton, former first lady Laura Bush, singer Elton John and actress Whoopi Goldberg.

More than 1,000 people marched through downtown Washington to call attention to HIV/AIDS. The biennial conference was held in the United States for the first time in 22 years, after President Barack Obama lifted the U.S. ban on HIV infected travelers entering the United States.

Source: <http://www.voanews.com>

India

India harbours over 55 percent of fresh global leprosy cases.

After declaring the country free of leprosy in 2005, the Central government is now grappling with fresh cases of the stigmatized disease that have surfaced in the country, accounting for a staggering 55.5 per cent of the new global infections.

Of the 2,28,474 new leprosy cases detected in the world in 2012, the figure for India stood at 1,26,800, which accounts for an alarming 55.5 per cent, according to S.D. Gokhale, President, International Leprosy Union (ILU India). "If the Union and state governments do not take serious note of this fact and initiative effective steps to eradicate leprosy, the problem would become more acute," he said.

To address the problems being faced by Leprosy Affected patients (LAP), the ILU has decided to constitute "LAP's human Rights Cell" to take their collective and individual grievances to the Human Rights Commission. The ILU has prepared a memorandum enlisting 14 demands to redress their grievances. The demands pending with the Union and State governments include formulation of a comprehensive socio-economic rehabilitation policy for empowerment of LAPs, uniform pension and its enhancement to Rs 2000 per month per LAP, and provision of civic amenities to self-settled colonies of LAPs. One of the demands made by ILU is removal of VAT imposed on products produced by LAPs. It has also called for suitable revision of the land records of self-settled LAP colonies and provision of higher educational facilities and scholarships for children of LAPs.

The WHO has already alerted the Indian government on the situation concerning LAPs in the country and there pressing need for conducting a fresh all India survey to assess increase of leprosy and its eradication.

Source: The Indian Express, 28 July 2012

Rajasthan

Rajasthan becomes fifth state to ban gutka

Rajasthan banned the production, sales and storage of gutka (tobacco-laced paan masala), the fifth state in the country to do so, and Chief Minister Ashok Gehlot warned of strong action to enforce it. Violators will be fined between Rs 25,000 to Rs. 10 lakh, he said. The decision to this effect was taken at the cabinet meeting headed by Shri Gehlot. Rajasthan has become fifth state in the country after Madhya Pradesh, Bihar, Maharashtra and Himachal Pradesh. "We will take strong steps and action to enforce the ban," the chief minister told reporters. "However, he admitted that the ban will not solve the problem completely. It requires the cooperation of the public," he said. He added that the decision is expected to cause a revenue loss of around Rs 125 crore to the state exchequer. The chief minister said that violation of ban would attract a fine ranging from Rs 25,000 to Rs. 10 lakh.

Source: IANS, 19 July

We solicit your feedback:

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