Exclusive, But Not Compulsory, Breastfeeding for Six Months

The Journal has done a commendable service to provide detailed information about the Amended IMS Act, 2003 in the August issue. The promotion and advertisement (in their various forms) of "infant foods" and "infant milk substitutes" have been prohibited. However, the manufacture of such articles and their consumption is NOT banned. Pediatricians would largely share the sentiments expressed by Dr. Tiwari and Dr. Chaturvedi(1). But surely they carry their zeal too far while recommending that "exclusive breast feeding till 6 months is a must for each and every child; in fact it is the right of every child". An educated, well informed mother, fully knowing the advantages of breast milk, may not be able to exclusively breast feed for 6 months (for various reasons) and decide on an alternative. It is the pediatrician's duty to advise and support her in whatever method of feeding she selects. She must not be made to feel guilty of depriving her baby. Practicality and convenience should also be considered and the mother's decision respected. It is very obvious that artificial feeding cannot be just "restricted to orphanages". There are rare situations where breast feeding is contra-indicated. And talking of rights, there are other, equally important "rights" (*e.g.*, immunisations against preventable diseases).

I appreciate Dr. Palmer and Dr. Costello's concern about the health and development of Indian children(2). I wonder how important "commercial capital and marketing manipulation" are as compared to "poverty, pathogens and ignorance" in child health and survival in India. It would be of interest to know what proportion of the global sales of baby foods is in rich countries, and of those in poor countries (like India) what proportion is among the affluent sections. There can be very little doubt that breastfeeding may reduce diarrheal and other infectious diseases among infants in slums and unhygienic habitations. That benefit may not be very significant among the affluent and knowledgeable even in less developed countries.

The question that arises is how does the pediatrician obtain information about alternative methods of feeding and the product to be recommended'? I feel it is our right to receive information (not trinkets and other benefits, which most of us get from many other sources!) from those who manufacture the concerned products.

R.N. Srivastava,
Consultant Pediatric Nephrologist,
487, Mandakini Enclave,
New Delhi-11 0 019, India.

REFERENCES

1. Tiwari SK, Chaturvedi P. The IMS Act 1992: Need for more amendment and publicity. Indian Pediatr 2003; 40: 743-746.
2. Palmer G, Costello A. Political will and promotion of breastfeeding. Indian Pediatr 2003; 40: 701-703.

Reply

We appreciate the sentiments expressed by Dr. Srivastava in response to our article(1). We appreciate that there could be circum-stances when a mother may not be able to provide breast milk to her infant. However, the only point we wish to reiterate is that the Pediatrician, when counseling such mothers not wanting to breast feed their infant, should ascertain that there are compelling reasons for doing so which are justified and not compromise the infant's interest. We are not contesting the fact that pediatrician's need to