

Breastfeeding and Breastmilk – A Commitment, Not an Option

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The infant mortality rate (IMR), defined as the probability of dying before one year of age expressed per 1000 live-births, acts as one of the most important indicator of children's health and well-being in a country. These young children, being the future of a nation, are responsible for its social and economic development. Thus, it becomes imperative to provide these children with the best health and nutrition services at an early stage of life, so as to enhance their growth, nutritional status and overall development. National Family Health Survey (NFHS)-4 (2015-16) highlights that in India IMR is 41 per thousand live births with state-wise variation – highest in Uttar Pradesh (64) followed by Chhatisgarh (54), Madhya Pradesh (51), Assam (48) and Bihar (48). The states with the lowest rate of IMR are Kerala (6) followed by Goa (13). The IMR of other states and Union territories varies between 20 and 45 per thousand live births [1].

The first two years of life provide a critical window of opportunity for ensuring children's appropriate growth and development through optimal feeding [2]. Any growth faltering that occurs at this age is irreversible, and cannot be addressed later in life. Breastfeeding a baby within an hour of birth is said to markedly increase the chances of survival as breast milk contains vital nutrients and antibodies that enhance a baby's immunity. Benefits accrue to the mother too; for breastfeeding helps her uterus contract post-delivery, and burn calories and fat accumulated during pregnancy. Evidence supports that intelligence is better among those persons who have been breastfed as infants [3]. Breastfeeding initiated within the first hour of birth and exclusive breastfeeding for six months lower morbidity from gastrointestinal and allergic diseases, which in turn can prevent growth faltering due to such illnesses. After six months of age, to meet all of the child's nutritional requirements, breast milk needs to be complemented by other foods [4]. Proper implementation of recommendations for breastfeeding and complementary feeding will

respectively prevent 13 per cent and 6 per cent (total 19%) deaths in under-five age group, *i.e.*, one-fifth of under-five mortality rate.

Breastmilk is uniquely suited to a human baby. Its nutritional composition, and the many special 'bioactive' factors it contains, have allowed human populations to survive and develop for many generations. It is impossible to make a substitute for breastmilk as its composition is dynamic – that means it is a living substance that changes in composition during feeds and as babies grow and develop. Also, breastmilk is pocket-friendly as it costs a lot less than formula feeding, it is environmentally sustainable and is safely available, at the right temperature, whenever and wherever a baby is ready for a feed. The first and foremost choice of any newborn is its own mother's milk, which should be provided as per demand by the child exclusively up to 6 months of age. But, if there are any inescapable circumstances due to which mother's own milk is not available or available in less quantity, the donor milk can be used for the newborns. WHO and UNICEF made a joint statement in 1980: "where it is not possible for the biological mother to breastfeed, the first alternative, if available, should be the use of human milk from other sources." Human Milk Banks should be made available in appropriate situations [5-7].

According to NFHS-4 data, initiation of breastfeeding within one hour of birth in India is only 41.6 per cent even after a tremendous increase in institutional births from 38.7 per cent (2005-06) to 78.9 per cent (2015-16) [1]. There has not been any remarkable progress as only a small increment has been recorded in exclusive breastfeeding rates amongst infants 0-6 months of age, from 46.3 per cent (2005-06) to 54.9 per cent (2015-16). Moreover, it is really depressing that the timely complementary feeding rates have gone down from 52.6 per cent (2005-06) to 42.7 per cent (2015-16). This shows that even after the rigorous work done over the decades by various stakeholders to promote and enhance optimum

infant and young child feeding (IYCF) practices, there are still certain gaps which restrict achievement of national development goals. These gaps could have resulted from unawareness and lack of knowledge regarding appropriate IYCF practices among those who are directly responsible for implementation of the policies and programs on the ground-level. The Government of India has also enacted IMS Act in 1993 (amended in 2003) in order to protect, promote and support breastfeeding, and to regulate production and promotion of Infant Milk Substitute, feeding bottles and Infant food. Therefore, it is important to carry out IYCF sensitization among the communities so as to achieve the appropriate IYCF practices, and bring down IMR, which in turn will help in building a healthy and prosperous nation.

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