

ACTA SCIENTIFIC MEDICAL SCIENCES

Volume 2 Issue 8 November 2018

Editorial

Exclusive Breastfeeding- Mothers Absolute Affection

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Received: August 31, 2018; Published: September 28, 2018

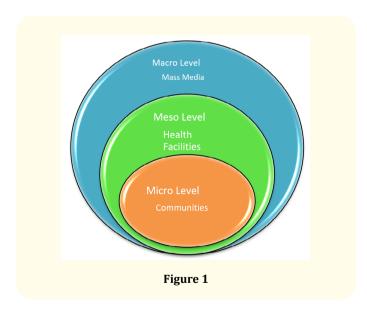
Under nutrition is direct cause of mortality, and a major factor preventing children from reaching their full developmental potential in developing world. It is associated with at least 35 percent of the near to 10 million under five deaths seen each year in developing regions of the world leave alone the cognitive impairments [1]. There is overwhelming evidence that Exclusive Breastfeeding is an important child survival intervention. Breastfeeding within an hour of birth could prevent 20% of newborn deaths. Infants who are not breastfed are 15 times more likely to die from pneumonia and 11 times more likely to die from diarrhea than children who are exclusively breastfed [1,2].

In India, only 49.5% of mothers delivering in institutions initiate breastfeeding within one hour of birth. Also, only 57.2% of babies are exclusively breastfed during the first six months and only 50.5% of babies between 6 - 8 months are given complementary foods [3,4]. The scientific evidences heavily suggest that Promotion, protection and support of breastfeeding is an important activity of the health systems. The Government of India intensified efforts to promote optimal infant and young child feeding practices, with a focus on breastfeeding through MAA programme (Mothers Absolute Affection) in the month of August 2016. Currently the campaign is targeting to cover around 3.9 crore pregnant and lactating mothers at 1.5 lakhs Sub-centers and 17,000 Delivery Points involving 8.8 lakh ASHAs and other health staff country wide. The tag line of the campaign - Stanpaan Vikalp Nahin, Sankalp Hai (Breastfeeding is not an option but a commitment) truly tries to reflect the need of time.

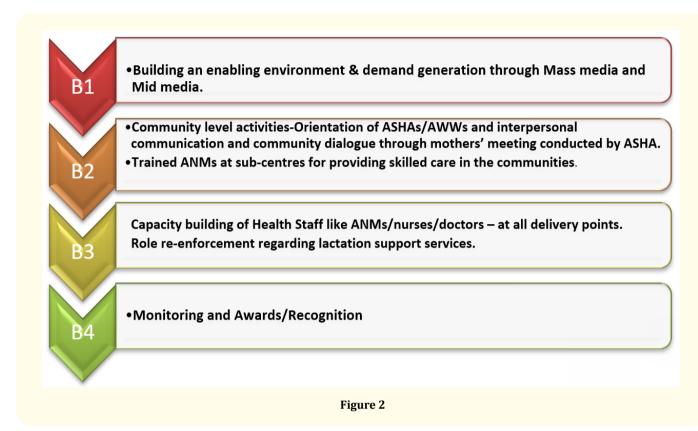
The goal of the 'MAA' Programme is to revitalize efforts towards promotion, protection and support of breastfeeding practices

through health systems to achieve higher breastfeeding rates. The objectives of the Programme in order to achieve the above mentioned goal are: a) Build an enabling environment for breastfeeding through awareness generation activities, targeting pregnant and lactating mothers, family members and society in order to promote optimal breastfeeding practices. Breastfeeding to be positioned as an important intervention for child survival and development. b) Reinforce lactation support services at public health facilities through trained healthcare providers and through skilled community health workers. c) To incentivize and recognize those health facilities that show high rates of breastfeeding along with processes in place for lactation management [5].

The Programme is being implemented at three levels



The components of the Programme are



Involving private sector is important as large proportion of deliveries take place in private facilities. Advocacy meetings may be planned with professional bodies of private sector professional bodies such as Indian Medical Association/Indian Academy of Pediatrics/Federation of Obstetric and Gynaecological Societies of India (IMA/IAP/FOGSI) may show the path ahead. Inter-sectoral involvement with line ministries, such as Women and Child Development, Tribal Welfare, Panchayati Raj and Urban Development, is required for a multiplier effect to reach pregnant and lactating mothers. Involvement of all development partners for focused implementation in High Priority Districts is essential. Public meetings/workshops may be organized for advocacy at State, District, Block levels involving leaders, actors, social activists, religious leaders, ANM school's/ nursing schools, Panchayat leaders, religious heads, teachers, or other potential influencers.

If continued in the right mood and commitment the program will surely hit the right chord with the general public alike. Stressing upon the need to find the issues that need to be addressed and their customized solutions at various levels will certainly impact the program in long run.

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