Accelerating Improvements in Breastfeeding at Scale: Insights from Bangladesh

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Background

Since its inception in 2009, Alive & Thrive, managed by FHI Solutions and funded by the Bill & Melinda Gates Foundation, Irish Aid, and others, has focused on increasing early initiation, exclusive and continued breastfeeding as part of its efforts to strengthen maternal, newborn, and child health and wellness. The initiative includes country-specific programs in Bangladesh, Burkina Faso, Ethiopia, India, Madagascar, Nigeria, and regional programs in Southeast Asia and francophone West Africa. Alive & Thrive partners with national and sub-national stakeholders at various levels to strengthen breastfeeding awareness and support within health systems and policy environments, and to introduce and scale up data-driven social behavior change approaches that address breastfeeding barriers. In this brief, we discuss the benefits of breastfeeding, global breastfeeding recommendations, and key takeaways on Alive & Thrive's implementation experience in Bangladesh.

Overview of Breastfeeding and Global Recommendations:

Exclusive breastfeeding, or feeding babies only breastmilk for the first six months of life, is one of the most effective interventions to ensure adequate newborn and infant nutrition, development, and survival. Adopting breastfeeding practices could avert preventable deaths of over 800,000 children under five, and 20,000 deaths of women related to breast cancer. [1] Breastfeeding decreases common causes of mortality in children under five years of age, including diarrhea, pneumonia, undernutrition, and other infections.[2,3,4] In addition, breastfeeding improves child growth and development; those who were breastfed have improved cognitive capacity and school attendance. [5] Breastfeeding benefits women as well; women who breastfeed have lower risks of breast and ovarian cancer. [5] Importantly, successful, supported breastfeeding can also promote bonding between women and their babies, and, in settings and situations ranging from highly developed to less developed countries, breastfeeding is considered a cost-effective intervention.[6] (see Alive & Thrive The Cost of Not Breastfeeding Tool)

WHO and UNICEF recommend early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life, and continued breastfeeding up to at least 24 months. However, during 2010-2018, global prevalence was estimated at 52% for early initiation of breastfeeding, 46% for exclusive breastfeeding under 6 months, 83% for continued breastfeeding at 1 year, and 56% for continued breastfeeding at 2 years.[7] This highlights a need to better understand contextualized breastfeeding perceptions, and the breastfeeding challenges and barriers women, families, and communities face. Global evidence suggests that factors that contribute to suboptimal rates include social and cultural beliefs; policies governing the workplace, marketplace and health services that often do not support breastfeeding; lack of skilled breastfeeding support; and lack of knowledge.[1] To address some of these challenges, Infant and Young Child Feeding (IYCF) counselling programs have been introduced to increase women's knowledge and confidence, build skills to address breastfeeding barriers, improve the policy environment, and empower families to make decisions regarding infant feeding practices.[8]

Learn more how Alive & Thrive worked to scale up evidence based IYCF interventions in Bangladesh.

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[1] Victora CG, et al. Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet. 2016 Jan 30;387(10017):475-90. doi: 10.1016/S0140-6736(15)01024-7. PMID: 26869575.

[2] Horta BL, Victora CG. Short- term effects of breastfeeding: a systematic review on the benefits of breastfeeding on diarrhoea and pneumonia mortality. WHO, Geneva, 2013.

[3] Lamberti LM, et al. 'Breastfeeding for reducing the risk of pneumonia morbidity and mortality in children under two: a systematic literature review and meta-analysis', BMC Public Health. vol. 13. no. 3, 2013 pp. S18.

[4] WHO. (2021). *Infant and young child feeding* [fact sheet]. Retrieved from https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding

[5] Chowdhury R, et al. 'Breastfeeding and maternal health outcomes: a systematic review and meta-analysis', Acta Paediatrica. vol. 104. no. S467, 2015 pp. 96- 113.

[6] Dylan D Walters, Linh T H Phan, Roger Mathisen, The cost of not breastfeeding: global results from a new tool, *Health Policy and Planning*, Volume 34, Issue 6, July 2019, Pages 407–417, https://doi.org/10.1093/heapol/czz050

[7] Zong, X, et al. Global prevalence of WHO infant feeding practices in 57 LMICs in 2010-2018 and time trends since 2000 for 44 LMICs. Lancet. 2021 Jul 1.Vol 37, 100971. doi: https://doi.org/10.1016/j.eclinm.2021.100971

Developing a Breastfeeding Program: Insights from a Bangladesh Case Study

From 2010-2014, Alive & Thrive scaled up infant and young child feeding inverventions in Bangladesh in response to implementation research that showed that women will almost universally breastfeed as recommended if they recieve consistent and timely support. A rigorous external evaluation showed exclusive breastfeeding in intervention areas increased from 51% in 2010, to 88% in 2014. [8]

Alive & Thrive's Bangladesh program started with a 'proof of concept' implementation research on improving breastfeeding and complementary feeding practices on a large scale and then developed a model for integrating maternal nutrition interventions into ANC services as part of Bangladesh's National Nutrition Services Operational Plan (NNS-OP). The interventions were based on the socio-ecological model of social and behavior change and used harmonized messaging and materials endorsed by the national Instutite of Public Health Nutrition (IPHN), see box 1 below. [9]

Box 1: **Alive & Thrive program components for developing a breastfeeding program in Bangladesh:**

- **Interpersonal counselling and community mobilization**
  - Counsel women on breastfeeding, complementary feeding, and handwashing before feeding at home visits and community meetings.
  - Engage opinion leaders e.g., religious and local government leaders, development workers and doctors that shifted social norms on infant feeding practices.
- **Mass media**
  - Create and show TV and radio dramas focused on early initiation of breastfeeding, exclusive breastfeeding for six months, and continued breastfeeding with complementary feeding for two years.
  - Conduct interactive community events, village theatre, video screenings, and quiz shows in rural communities.
- **Advocacy to scale up programs**
  - Engage journalists, as well as local, regional, and national decision makers and stakeholders, through branded materials, advocacy videos, talk shows, and newspaper supplements, to strengthen government policies on health services, workplace conditions, and marketplace conditions to enable women to breastfeed optimally.

[8] Menon P et al. 2016. Results of Cluster-Randomized Program Evaluations in Bangladesh and Viet Nam. PLoS Med 13(10): e1002159. doi:10.1371/ journal.pmed.1002159

[9] Sanghvi T et al. 2016. Achieving behaviour change at scale: Alive & Thrive's infant and young child feeding programme in Bangladesh. Matern Child Nutr. 2016 May;12 Suppl 1(Suppl 1):141-54. doi: 10.1111/mcn.12277.

Overall Lessons Learned and Recommendations:

The interventions discussed here led to significant improvements in practices for breastfeeding and complementary feeding in project-supported areas in Bangladesh, generating important insights and lessons about what it takes to improve breastfeeding initiation within the first hour after delivery, to increase exclusive breastfeeding to six months, and to continue breastfeeding for up to 24 months. These lessons learned include:

Successful Interventions to Improve Breastfeeding Within First Hour After Birth:

- Counsel pregnant women on the critical importance of immediate breastfeeding during ANC visits.
- Correctly position and attach newborns to mothers' breasts immediately after birth.
- Provide families with continued support to protect exclusive breastfeeding from the first hour of life, encourage families not to give anything except breastmilk in the first few days and for the first six months.
- Train birth attendants to place newborns skin-to-skin immediately after birth, to position babies on the breast comfortably, and to observe attachment and babies' ability to swallow breastmilk.
- Instruct health providers to initiate breastfeeding early following c-section births, for small and sick newborns, and for sick mothers, if they are able.

Successful Interventions to Increase Exclusive Breastfeeding to Six Months and Continue to 24 Months:

- Support health workers to counsel women/families at all health contacts, starting from antenatal care up to two years after birth (including at postnatal care, immunization, and well and sick baby visits). Counseling should cover the critical importance of feeding only breastmilk exclusively for six months, correct skills and techniques, and preventing and managing difficulties. [10]
- Conduct education during home visits by community health workers and volunteers, and during group education in the community.
- Employ mass media and social media to spread awareness among persons who influence feeding practices as well as mothers and families, to include messaging on the importance of exclusive breastfeeding for the first six months, and continued breastfeeding to 24 months, with the introduction of complementary (solid) foods after six months.
- Enact and enforce globally aligned legislation (WHO's Code of Marketing of Breastmilk Substitutes or BMS Code) to prevent commercial interests from undermining breastfeeding efforts through aggressive promotion of breastmilk substitutes, and provider incentives.
- Enact workplace policies and regulations to support women to exclusively breastfeeding for six months and continue for 24 months.

[10] UNICEF/WHO 8/21. Implementation guidance on counselling women to improve breastfeeding practices. Implementation guidance on counselling women to improve breastfeeding practices .

Overall What Worked in Bangladesh:

- Deliver consistent and frequent messaging and actions through existing multiple channels
- Engage key audiences who influence social norms.
- Support health providers to partner with families and focus on individualized problem solving.
- Scale up direct support, including face-to-face individual and group counseling, home visits, community outreach, and facility contact.
- Advocate to remove barriers (including promoting policy change) and set specific standards for health services to support breastfeeding.
- Mobilize communities, and leverage mass media.
- Use routine data not only to fill service delivery gaps, but also to monitor service quality (e.g., comprehension of messages by women/families) and breastfeeding trends.
- Stop misinformation and enforce the breastfeeding substitutes (BMS) Marketing Code.
- Support regulations for working women to breastfeed.

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