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Ministry of Health  
Republic of Guyana

# National Policy



## On Breastfeeding

# National Policy on Breastfeeding

*Produced by:*

**The National Breastfeeding Committee**

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## FOREWORD

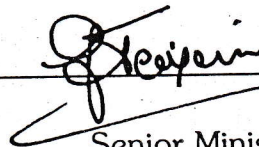
Breastfeeding is one of the most rewarding experiences shared by mother and child. But sadly enough, most women lack the information, encouragement and expertise needed for successful breastfeeding.

Over the last few decades, families, work places, hospitals and various other sectors of the society, have failed to provide tangible support and protection to mothers who may have preferred to breastfeed their babies. This situation in conjunction with the aggressive advertisement of infant formulas, has caused many well intentioned mothers to discard the most precious gift that they can give their children. Judging from studies conducted in other countries, this situation is undoubtedly one of the contributory factors to the high infant mortality and morbidity rates seen in Guyana.

Recognizing the many benefits of breastfeeding and convinced that this natural commodity is irreplaceable, this Policy Document has been compiled as a guide to restoring our breastfeeding culture. This document sets forth ideas, suggestions and directives amassed from a series of consultations and workshops, and has been approved by the Cabinet of Guyana as our National Breastfeeding Policy. All agencies addressed in the document are therefore encouraged to implement it in its entirety.

Permit me to express sincere gratitude to the National Breastfeeding Committee, CFNI/PAHO, UNICEF and other relevant agencies for their indomitable commitment to this initiative, and their invaluable efforts and contributions towards the creation of this document.

Finally, on behalf of the Government of Guyana, congratulations and best wishes to those who have already started to implement the ideas embodied in this document as we seek to promote the health of mothers and babies in our country.

A handwritten signature in black ink, appearing to read 'G. Teixeira', is written over a horizontal line.

Gail Teixeira  
Senior Minister of Health

## **INTRODUCTION**

Breastfeeding has been recognized globally as being unequalled in providing an ideal food for the healthy growth and development of infants. There is an overwhelming body of evidence to support this notion and to attest to the superiority of breast milk over infant formulas and other breastmilk substitutes. This is in addition to the influence it has on the biological and emotional health of both mother and child. Hence a healthy start for the infant is assured when the mother breastfeeds.

Some of the benefits of breastfeeding to the child, mother and the society as a whole can be summarized as follows:

- Provides ideal nutrition for infants and contributes to their healthy growth and development.
- Reduces the incidence and severity of malnutrition and infectious diseases, e.g. diarrhoea and acute respiratory infections, thereby lowering infant morbidity and mortality.
- Contributes to women's health by reducing the risk of breast and ovarian cancer, and by increasing the spacing between pregnancies.
- Promotes emotional stability and bonding between mother and child.

- Provides social and economic benefits to the family and the nation.

In addition, recent research has found that the effects of these benefits are greater when infants are **exclusively** breastfed during the first four to six months of life. Further, continued breastfeeding throughout the first two years of infancy constitutes an important source of nourishment to the growing infant and promotes healthy child growth and development.

It is in recognition of both the uniqueness and importance of breast milk, and in support of the WHO/UNICEF declarations on breastfeeding that this policy document has been formulated. It aims to protect, promote and support breastfeeding throughout the Republic of Guyana.

This Policy is particularly addressed to:

- Health workers throughout the country.
- Persons involved in carrying out education and public information services.
- Persons involved in social support services for women and children.
- Manufacturers and distributors of breast milk substitutes.

## DEFINITIONS

To fully articulate the concepts of this document, the following words and their meanings will be utilised.

- Artificial Feeding — The feeding of breastmilk substitutes.
- Breastmilk substitute — Any food, whether manufactured or prepared at home, which is used as a partial or total replacement for breastmilk, regardless of its suitability as an infant food e.g. infant formula, other milk products, bush teas, cereals, thin porridges.
- Comforter — A rubber nipple that a child sucks in an attempt to get comfort. These nipples are also known as pacifiers or dummies.
- Container — Any form of packaging used for products that are sold as a normal retail unit.
- Exclusive Breastfeeding — The feeding of an infant with **only** breastmilk. No other food (solid or liquid) or water is given.
- Distributor — A person, corporation or any other entity in the public or private sector engaged (directly or indirectly) in the business of marketing at

the wholesale or retail level. A primary distributor is a manufacturer's sales agent, representative, national distributor or broker.

**Health Care System** — Governmental, non governmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions.

**Health Worker** — A person working in a component of a health care system, whether professional or non professional, including voluntary unpaid workers.

**Importer** — Any person whether owner, consignee, agent or broker who brings goods in commercial quantities into Guyana from another country.

**Infant Formula** — A breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards to satisfy the normal nutritional requirements of infants up to four and to six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at

home in which case it is described as "home prepared".

- Label** — Any tag, brand mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any breastmilk substitute.
- Manufacturer** — A corporation or other entity in the public or private sector engaged in the business or function of manufacturing breastmilk substitutes (whether directly or through an entity controlled by or under contract with it).
- Marketing** — Product promotion, distribution, selling, advertising, product public relations, and information services.
- Mother Support Group** — A community group that provides support for breastfeeding mothers. The main function of such a group is to counsel and educate pregnant and lactating mothers and family members on matters related to breastfeeding.
- Prelacteal feeds** — Feeds given before the initiation of breastfeeding.

- Samples — Single or small quantities of a product provided without cost.
- Supplies — Quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.
- Complementary Food — Any food, whether manufactured or home prepared, which is given in addition to breastmilk. Such food may also be called “weaning food” or “supplementary food”.

## **1. Health Care System**

Breastfeeding education, support and management should be an integral part of efforts to provide optimal health care to mothers and children.

All categories of health workers at each level of the health system are expected to actively promote and support the adoption and maintenance of successful breastfeeding practices. Full attention should be given to breastfeeding as an essential element for ensuring infant survival and adequate birth spacing.

Health workers should exercise leadership in breastfeeding promotion by:

- (i) Providing accurate breastfeeding education to women, their families and community members to increase awareness of the benefits of breastfeeding and techniques of lactation management.
- (ii) Ensuring regulations and practices in all health facilities, encourage the successful initiation and maintenance of breastfeeding.
- (iii) Encouraging and supporting women in the initiation and management of breastfeeding and weaning.

In carrying out their role as promoters of breastfeeding it is expected that health workers will adhere to the following directives.

**1.1. EDUCATION FOR MOTHERS, FAMILIES AND COMMUNITY MEMBERS**

Mothers attending prenatal clinics at public and private hospitals, health centers and other health facilities should be informed of the benefits of breastfeeding. They should also be given the relevant knowledge and skills to successfully initiate and maintain breastfeeding. Family members should be similarly educated to provide the relevant support.

Following delivery, at the postpartum and other post natal checkups, mothers should be encouraged to continue breastfeeding and they should be given the relevant support to do so.

The use of infant formulas or any other breastmilk substitute should be discouraged. Artificial feeding should only be demonstrated to mothers or family members who need to use it. The information given should include a clear explanation of the hazards of improper use.

Efforts should be made to reach the wider community through the organisation of community outreach programmes or the inclusion of breastfeeding promotional activities in ongoing programmes.

## **1.2. HOSPITAL AND HEALTH CARE PRACTICES**

### **1.2.1. Initiation of Breastfeeding**

Mothers should be helped to initiate breastfeeding immediately after delivery. In hospitals, breastfeeding should be initiated in the delivery room.

Mothers with neonates who are unable to suckle, should be assisted in expressing and feeding breastmilk to their babies. Instructions on the administration and storage of expressed breastmilk should be prominently displayed at each delivery and neonatal unit. Storage facilities for same should be available in these units.

### **1.2.2. Prelacteal Feeds**

The use of prelacteal feeds at health facilities and at home should be discouraged. The offering of prelacteal feeds hinders the effective establishment of lactation.

### **1.2.3. Rooming-in**

Mothers who deliver in hospitals or other health care institutions should have full and unrestricted access to healthy full term infants through rooming-in arrangements from birth. Sick mothers and mothers with sick or high risk infants should have access to their infants as early and as often as possible with the encouragement and support of the health team.

#### **1.2.4. Demand Feeding**

Mothers should be supported and actively encouraged to breastfeed their infants both day and night, **whenever their infants are hungry**. Maternity ward timetables should be arranged to suit the needs of mothers and their infants. In cases where infants younger than six months are hospitalized, mothers should be encouraged to stay with them and breastfeed on demand.

#### **1. 2.5. Drug Therapy**

A list of drugs and other chemical agents that are restricted during breastfeeding should be available in all health care facilities. Efforts should be made to update this information annually.

### **1.3. INFANT FEEDING GUIDELINES**

#### **1.3.1. Exclusive and Sustained Breastfeeding**

Mothers should be persuaded and supported in their efforts to breastfeed their infants exclusively for the first four to six months of life. No water, other fluid or food should be offered during this period. The intake of water and supplementary foods by infants is associated with an increased risk of disease and the shortening of the duration of breastfeeding.

Mothers who have to return to work before their infants are four to six months of age, should be motivated and encouraged to continue breastfeeding at home and to arrange for the feeding of expressed breastmilk to their infants while they are away. Working mothers should be encouraged to seek the advice and support of health workers in making decisions about the most appropriate feeding pattern based on their needs and the needs of their infants.

Mothers should be encouraged to continue breastfeeding into the second year of the infant's life even though solid foods have been introduced.

### **1.3.2. Introduction of Complementary Foods**

When the infant is between the ages of four to six months of age, mothers should be advised to begin the introduction of other foods, while continuing to breastfeed. It is recommended that fruits/fruit juices, thick porridge made with milk, and smooth, sieved or strained foods be the first weaning foods. Over the following months, mashed and softened foods from the family pot should be introduced. By the second year, the child should be eating most items from the family table. Even then, breastfeeding should be encouraged.

To avoid nipple confusion, complementary foods should be fed with a cup and spoon.

#### **1.4. ADVICE TO HIV INFECTED MOTHERS**

In view of the importance of breastfeeding in reducing infant mortality caused by malnutrition and infectious diseases, breastfeeding should remain the standard advice to HIV infected mothers, more so those whose living conditions and income make it difficult for them to feed their infants adequately and effectively on breastmilk substitutes. It is believed that the infant's risk of HIV infection through breastmilk is likely to be lower than its risk of dying of other causes if deprived of breastmilk.

HIV-infected mothers for whom artificial feeding is a safe and affordable option, should be advised of the proper use of this alternative feeding method. As more information on the risk of HIV transmission through breastmilk becomes available, these guidelines will be updated.

Health workers at every level of the health care system should educate both men and woman on how to avoid HIV infection for their own safety and for that of their children. Health workers should also provide other supportive services which will help women in their effort to remain uninfected and comfort those who are victims of this infection.

## **1.5. TRAINING OF HEALTH WORKERS AND SUPPORT STAFF**

A module on breastfeeding promotion and management should be included in the curriculum of basic training programmes for all categories of health workers (including auxiliary workers) and should be updated through continuing education programmes. The objectives of this module should be:

- (a) to develop positive attitudes towards breastfeeding; and
- (b) to equip health staff with essential knowledge and skills for the promotion, initiation, establishment and maintenance of successful breastfeeding.

Content material should include the following information:

- (a) the benefits of breastfeeding;
- (b) preparation for and maintenance of breastfeeding (including clinical sessions on attachment, positioning, expression of breastmilk and identification and management of breastfeeding problems);
- (c) the adverse effects of bottlefeeding (including partial bottlefeeding) on breastfeeding;
- (d) the proper use of infant formulas and the hazards of inappropriate use;

- (e) medical, administrative and other practices that hinder breastfeeding and those that encourage it;
- (f) drugs and other chemical agents that are contra-indicated during breastfeeding.

#### **1.6. MOTHER SUPPORT GROUPS**

Health workers should promote and support the establishment of breastfeeding support groups. Mothers should be referred to these groups during pregnancy and as early as possible after delivery. If possible, health workers should also inform support groups of pregnant and new mothers within their communities.

#### **1.7. AVAILABILITY OF BREASTMILK SUBSTITUTES AND BOTTLE FEEDING EQUIPMENT**

Supplies of breastmilk substitutes should not be provided on maternity, neonatal and paediatric units of hospitals except by the physician's written orders.

#### **1.8. DISTRIBUTION OF SAMPLES AND SALE OF BREASTMILK SUBSTITUTES AND BOTTLE-FEEDING EQUIPMENT.**

Samples of breastmilk substitutes, bottlefeeding equipment and "comforters" should not be accepted by health workers or distributed by them to pregnant women, mothers of infants and young children or members of their families.

The sale of breastmilk substitutes or bottle feeding equipment should not be allowed at any health care facility.

### **1.9. PUBLICITY/PROMOTION OF BREASTMILK SUBSTITUTES**

No health facility should be used for the purpose of promoting breastmilk substitutes. Manufacturers, importers, distributors and their representatives should not be allowed to visit health facilities for purpose of marketing breastmilk substitutes. The display or distribution of such products and materials in health facilities is prohibited.

## 2. Education and Public Information Services

The commitment of education and information agencies to the **continuous** promotion of breastfeeding is viewed as an essential element of the national strategy to sustain and increase the prevalence and duration of breastfeeding. Studies show that a mix of media and a breastfeeding education programme that spans from nursery to university can produce outstanding results.

The mass media should participate in reinforcing a positive image of breastfeeding. This can be realized by increasing public awareness of the importance of breastfeeding and by mobilizing public opinion in support of policies and measures that encourage successful breastfeeding.

Schools, and non-formal institutions of learning including social groups should actively promote and communicate information on the benefits and management of breastfeeding and discourage the early introduction of unnecessary supplements.

In carrying out their role as breastfeeding promoters, it is expected that education and information agencies will adhere to the following recommendations:

## **2.1. PROGRAMMES THROUGH THE EDUCATION SYSTEM**

Schools and other formal institutions of learning should utilize every available opportunity to instill in the minds of students, the concept that breastfeeding is the most healthy method of infant feeding. Efforts should also be made to extend this initiative to the community.

### **2.1.1. Curriculum Content**

The curricula of nursery, primary, secondary and tertiary institutions of learning should include the following information in a form appropriate for the student's level of learning.

- (i) The unique qualities of breastfeeding.
- (ii) The dangers of artificial feeding.
- (iii) Correction of misconceptions associated with breastfeeding.
- (iv) Factors that promote/inhibit breastfeeding

### **2.1.2. Educational Activities and Materials**

Teachers and Parent Teachers' Associations (PTA) should seek to promote breastfeeding through the organisation of and/or participation in community outreach activities e.g open day activities and PTA meetings.

Education materials (pictorial, audio or written) should be censored wherever possible for information that may idealize artificial feeding or in any way discourage breastfeeding during the first two years of the child's life.

## **2.2. PUBLIC EDUCATION PROGRAMMES**

### **2.2.1. Information Dissemination**

Persons working in the media should design long-term promotional strategies that are both interesting and innovative. These programmes should target all sectors of the public — policy makers, community groups and leaders, hospital administrators, health professionals, employers, social services, importers of formulas, families and mothers.

The media must therefore address specific issues such as:

- (i) The benefits of breastfeeding.
- (ii) The dangers of artificial feeding.
- (iii) Misconceptions associated with breastfeeding.
- (iv) Factors that promote/inhibit breastfeeding.
- (v) Skills required for breastfeeding.
- (vi) Support for the breastfeeding mother.

The public should also be informed of benefit schemes and other programmes that facilitate breastfeeding as this information will empower women to make intelligent choices and educated demands.

#### **2.2.2. Programmes and Materials**

In designing or importing programmes and/or educational materials, care should be taken not to undermine the effectiveness of breastfeeding promotional efforts.

#### **2.2.3. Publicity**

Breastfeeding success stories and efforts that facilitate breastfeeding should be fully publicized.

#### **2.2.4. Advertising**

Advertisements for breastmilk substitutes should not have pictures of infants nor should they idealize formulas, discourage breastfeeding nor seek to create the impression that formulas are equivalent to breast milk.

### **2.3. DONATIONS**

Donations of infant feeding information or materials, by manufacturers and distributors of breastmilk substitutes should not be accepted.

### **3. Social Support Services**

Whether or not breastfeeding is embraced as the ideal infant feeding practice depends to a large extent on the social support that breastfeeding mothers receive. The role of social support systems in the promotion, protection and support of breastfeeding is therefore that of creating an environment that facilitates, fosters and rewards breastfeeding.

The ILO Conventions No 3 (1919) and No 103 (1952) provide a core of standards on maternity protection for women workers by focusing on basic rights and benefits needed to help protect the maternal and reproductive health of the mother during and after pregnancy. In addition they sought to provide her with job security during the maternity period.

As facilitators of breastfeeding, social agencies operating in Guyana are expected to enlist and provide support for mothers by observing the following recommendations.

#### **3.1. BENEFITS AND LEGISLATION**

##### **3.1.1. NIS Benefits**

Working mothers should be adequately informed of the benefits due to them through the Maternity Benefits Act of the National Insurance Scheme. This information will allow women

at all levels to make informed decisions and demands concerning important work-related matters.

Working mothers and employers should be encouraged to defer pre-confinement leave to the post delivery period whenever this is approved by a medical practitioner. This gives mothers the opportunity to practice exclusive breastfeeding for a longer period.

### **3.1.2. Union and Labour Laws**

At present there is no legislation governing maternity benefits. Efforts should be made to revise Union and Labour laws to allow for at least four months maternity leave to facilitate and encourage four months of exclusive breastfeeding.

### **3.1.3. Donations**

Social assistance and other donor agencies should seek the advice and guidance of the relevant authorities whenever food subsidies and other donations are to be offered to infants and pregnant and lactating mothers.

## **3.2. SUPPORT FOR WORKING WOMEN**

Most working mothers resume duties during the period recommended for exclusive breastfeeding, therefore:

- (a) Employers should be encouraged to provide nursing breaks and facilities for breastfeeding, expressing and storing breastmilk.
- (b) Social support services and organisations which employ a large number of women should be encouraged to provide work-site nurseries wherever possible for babies who are being exclusively breastfed. These should be manned by trained health care workers.
- (c) Existing day care centres should encourage and facilitate the maintenance of breastfeeding.

### **3.3. EDUCATION AND SUPPORT**

Non-governmental organisations (NGOs) including service organisations, community groups and women's groups should, through a variety of programmes and approaches initiate and support actions that protect, promote and support breastfeeding. In this respect, NGOs should play an advocacy role in enlisting family, community and political support in enhancing the health and nutrition of women of child bearing age, especially expectant mothers and mothers with new born infants. They should also pioneer and support the implementation of education and counselling programmes which will help women to make the choice to breastfeed and to do so successfully.

## **4. Manufacturers, Importers and Distributors**

In this section of the policy, particular attention is paid to the role of manufacturers, importers and distributors in the marketing and distribution of breastmilk substitutes. It has been recognized that the selection of appropriate marketing practices will help to:

- (i) Prevent the undermining of efforts aimed at protecting, promoting and supporting breastfeeding.
- (ii) Ensure the proper use of breastmilk substitutes when they are necessary.

The directives listed below are based on the International Code of Marketing of Breastmilk Substitutes, drawn up in 1981 under the auspices of WHO/UNICEF and of which Guyana is a signatory. Breastfeeding protection and promotion is a central feature of this Code as breastmilk has been recognized as the safest and most adequate form of nutrition for infants. The Code also aims to contribute to the adequate nutrition of infants by ensuring the proper use of breastmilk substitutes, when they are necessary, on the basis of adequate information and through appropriate marketing and distribution.

#### **4.1. IMPORTATION OF BREASTMILK SUBSTITUTES**

Any firm or company desirous of importing breastmilk substitutes must first obtain a permit of importation. In order to obtain this, the following must be submitted to the Ministry of Health:

- (i) A note of compliance from the Regulatory Authority of the country of origin.
- (ii) A batch certificate of analysis from the suppliers.
- (iii) A note from the manufacturers indicating their compliance with the International Code of Marketing of Breastmilk Substitutes.

#### **4.2. PROMOTION OF BREASTMILK SUBSTITUTES**

##### **4.2.1. General Public**

- (i) There should be no advertising, distribution of samples or gifts, or any other form of promotion of breastmilk substitutes, feeding equipment or comforters to the public. Artificial feeding and the use of comforters have been associated with increased risk of diarrhoeal disease and a reduction in the duration of breastfeeding and its benefits.

- (ii) In conformity with (i) above, there should be no distribution of samples and gifts or use of other strategies to induce sales at retail level or promote the use of breastmilk substitutes as an infant food by pregnant women, mothers or members of their families.

#### **4.2.2. Health Care System**

- (i) No samples or supplies of infant formula, feeding equipment or comforters should be offered to health facilities or health workers. Neither should posters, pictures and other educational or informational materials promoting breastmilk substitutes be distributed to these facilities.
- (ii) No gifts or financial inducement should be offered to health facilities, health workers or their families.

Donations of equipment and materials by manufacturers and distributors should be made only at the request of institutions and with the written approval of the Ministry of Health.

- (iii) Visits should not be made to health facilities for the purpose of promoting breastmilk substitutes.

#### **4.3. LABELLING OF BREASTMILK SUBSTITUTES**

Breastmilk substitutes should have labels designed to provide the necessary information about the appropriate use of the product and should be stated so as not to discourage breastfeeding. The information on labels should not imply or create the impression that bottlefeeding is equivalent to breastfeeding. The terms "humanized", "maternalized" or similar terms should not be used.

The container or the label should not have pictures of infants nor should they have pictures that idealize the use of infant formula.

Manufacturers and distributors of breastmilk substitutes should ensure that containers carry a message which includes the following points:

- (a) A statement of the superiority of breastmilk.
- (b) Instructions for appropriate preparation.
- (c) A warning against the health hazards of inappropriate preparation.

All labels must meet the requirements as outlined in the Food and Drugs Act 1971 chapter 34:03.

Manufacturers and primary distributors of breastmilk substitutes should inform each member of their marketing division of this policy and should regard themselves as being responsible for its dissemination.

### **REPORTS OF VIOLATION**

**Anyone who notes continuous disregard of the policy instructions should report such violations to the Maternal and Child Health Unit of the Ministry of Health.**



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