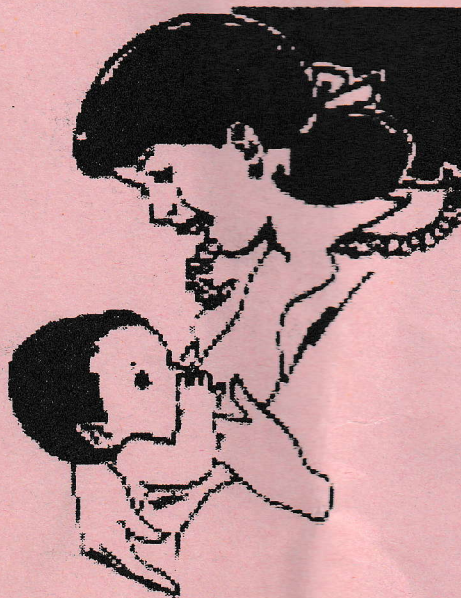


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POLICY  
ON  
BREASTFEEDING  
&  
INFANT FEEDING PRACTICES  
OF  
KIRIBATI





## **GOVERNMENT OF KIRIBATI**

### **BREASTFEEDING POLICY**

#### **AIM:**

The aim of this policy is to protect promote and support breastfeeding in all government and private health care facilities whether located in hospitals, health centres, clinics, baby care centres, communities or children's homes.

"All women should be enabled to practise exclusive breastfeeding and all babies should be fed exclusively on breastmilk from birth to [about 6] months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, up to two years of age or beyond." *(Breastfeeding Management and Promotion in a Baby Friendly Hospital, an 18 hour course for maternity staff, UNICEF/WHO 1993) [ ]: WHO/UNICEF 1997*

#### **IMPLEMENTING AUTHORITY:**

The Breastfeeding Promotion Committee under the Ministry of Health and Family Planning is the authority for implementing and co-ordinating this policy, through government institutions and non governmental organisations.

All health care workers in both government and private health care facilities are responsible for implementing this policy. They will be informed about the government policy and actively involved in its implementation.

The companies who manufacture and distribute products for infant feeding are also responsible for the implementation of this policy.

#### **POLICY DIRECTIVES:**

##### **HEALTH WORKERS:**

##### **1. INFORMATION:**

Those in charge of health and medical services should be responsible for disseminating the content of this policy to all members of their staff. They are also responsible for displaying the Ten Steps to Successful Breastfeeding both in Kiribati and English languages, in all areas of the health care system which serves mothers, infants and children.

## **2. TRAINING:**

Each health institution or service shall provide training to all health care staff, including doctors, nurses, health educators, nutritionists, community based health workers and traditional birth attendants (TBAs), in the skills necessary to implement this policy.

The UNICEF/WHO 18 hour Course for Maternity staff on Breastfeeding Management and promotion in a Baby Friendly Hospital, should be used as a guideline in conducting such training. Also training should be conducted by health care staff who have had adequate training on breastfeeding management and training.

Under no circumstances, should personnel of infant formula manufacturing companies undertake such training or be resource to such training.

## **3. BREASTFEEDING SUPPORT FOR HEALTH EMPLOYEES**

To ensure that health workers set an example to other mothers by becoming role models, the ministry of health and family Planning will support breastfeeding among them by;

- encouraging pregnant health workers to take maternity leave
- allowing babies to be breastfed at workplace, where ever practical;
- giving breastfeeding work breaks to mothers;
- encouraging mothers to express breast milk when they are separated from their babies, when at the work place.

## **PREGNANT WOMEN**

### **INFORMATION**

1. All pregnant mothers and their family members must be informed of the benefits and the management of breastfeeding.
2. Working women must be informed about their rights and other entitlements such as maternity leave, allowances and the nursing breaks during working hours.
3. Education and information activities for pregnant women should be conducted, only by the trained government and community health workers, but not by personnel from infant formula manufacturing companies.



## LACTATING MOTHERS

### 1. INITIATION OF BREASTFEEDING:

#### **(a) Normal Vaginal Delivery**

Within 30 minutes of delivery, give baby to mother to hold (with skin contact), for at least 30 minutes and offer help to initiate breastfeeding. The initial contact should last at least 30 minutes. Late sedation is not recommend.

#### **(b) Caesarean Delivery:**

Within 30 minutes of mother regaining consciousness, give baby to mother to hold (with skin contact), and offer to help initiate breastfeeding. This initial contact should last at least 30 minutes. Spinal anaesthesia is recommended for caesarean deliveries.

## MAINTAINING BREASTFEEDING

### 1. EXCLUSIVE BREASTFEEDING:

(a) Colostrum and breastmilk are the only food a normal infant should receive. Therefore all new born infants should be exclusively breastfed. When in the post natal ward, show mother how to correctly position and attach baby for breastfeeding within 6 hours of delivery. Show also how to frequently express (6 times in 24 hours) breastmilk by hand. Mothers with problems should be attended with special care.

(b) No water, glucose or food to be given to well babies, except breastmilk, unless medically warranted. Infant formula milks are not used, unless medically warranted.

(c) No promotional material for infant foods or drinks except breastmilk, is displayed or distributed in the hospital. Free or low cost supply of breastmilk substitutes including infant formula are not accepted. Group education on the use of infant formula are not allowed.

(d) No pre-lacteal feeds (feeds given shortly after birth before the initiation of breast feeding) either traditional or modern, should be given unless directed by a doctor or a registered nurse.

### 2. ROOMING - IN

Mothers should have full and unrestricted access to infants through rooming-in arrangements from birth, except for hospital procedures of up to one hour, or unless separation is medically indicated.

### 3. DEMAND FEEDING

Mother should be encouraged to breastfeed baby on demand (when the baby is hungry). Wake baby if sleepy or when breasts are over full. There should be no limits on the number or duration of feeds.

### 4. NO BOTTLES, ARTIFICIAL TEATS OR PACIFIERS

Bottles, teats and pacifiers are prohibited in the hospital. No such pacifiers or teats to be given to breastfeeding infants. Such things may decrease the ability and the desire of the infant to suckle at the breast. The use of such devices shall be actively discouraged at all levels, including maternal and child health clinics and at home.

### 5. MOTHER SUPPORT GROUPS

On discharge from hospital each mother shall be referred to the respective public health nursing officer for care and to arrange the community support group to help mother to continue breastfeeding. Also the family should be encouraged to support mother to breastfeed exclusively at home.

## SUSTAINED BREASTFEEDING AND WEANING

Breastfeeding should continue beyond six months, once supplementary foods are introduced into the infant's diet. Mothers should be encouraged to continue breastfeeding for at least two years.

Mothers should be informed of good weaning practices. The supplementary foods should be suitably prepared in accordance with local food availability, and cultural traditions. There should be frequent feeding with adequate energy-dense food. Mothers should always be advised on how to increase the Vitamin A content of the infant's diet and how to give more Vitamin A rich foods to the infants and young child.

## SAMPLE AND SUPPLIES

No free or subsidised supplies of breastmilk substitutes including infant formula and other infant foods should be provided to hospital or any health centre. Such supplies may not be offered to, nor accepted by health services or health workers at any level.

Any such foods required by health institutions must be obtained through the proper food procurement procedure.



## PUBLICITY

No health institution may allow the display of posters or pictures or other promotional material originating from companies which produce breastmilk substitutes, regardless of the message, unless they have the specific approval of the Ministry of Health and Family Planning.

Commercial and promotive activities by representatives and medical delegates of infant formula producers in health institutes are also prohibited.

## USE OF DONOR BREAST MILK

**Use of the breast milk of an infectious mother or of a mother under treatment.**

- (a) Medical advice should always be sought before feeding a baby with expressed breast milk given by another mother even if she is apparently healthy.
- (b) Medical advice also sought before, a mother receiving drugs begins to breastfeed her own baby or gives her breast milk to another baby.
- (c) Relevant information and appropriate counselling should always be provided to the concerned mother and her family on the reasons for and the duration of any restriction.

## MONITORING AND POLICY EVALUATION

### **(a) Breastfeeding records and reports**

(1) **Breastfeeding history:** The breastfeeding history of a pregnant woman should be recorded in her antenatal records. These records should be available to health staff at the time of the delivery. A mother's breastfeeding management while in the maternity ward should also be recorded in her medical records and on the infant's records.

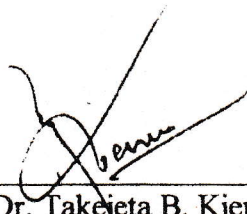
(2) **Breastfeeding reports:** Maternity facilities and community nursing officers should supply a Monthly report on breastfeeding to the Health Information Centre of the ministry. This report should include information on:

- Number of births reported;
- Number exclusively breastfed while in the ward until discharged;
- Number of infants under 6 months who are exclusively breastfed;

- Number of infants 6-9 months of age, receiving breastmilk and complementary food.
- Number of children 1 ½ - 2 years of age on breastfeed.

**(b) Policy evaluation**

1. The implementation of the policy will be evaluated regularly by the Breastfeeding Promotion Committee.
2. The monthly statistics of the Health Information Centre and the Hospital Self Appraisal tool for the BFHI will be used as tools for the evaluation.
3. Any shortfall in the implementation of the policy, the committee will inform the Ministry immediately, and remedial action will be taken.
4. The committee will use the activities planned and implemented during the annual Global Breastfeeding Week as a tool to measure the effectiveness of the Breastfeeding programme in the country.



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Dr. Takeieta B. Kienene  
Secretary  
Ministry of Health & Family  
Planning.

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