



ADVOCACY BRIEF

SKILLED BREASTFEEDING COUNSELLING

Breastfeeding is a pillar of child health, survival and development, and has positive health effects for women. Policies that protect, promote, and support breastfeeding can improve health and cognitive development for infants and young children, leading to better learning, educational attainment and productivity, increased household wages, and economic benefits.¹ Increasing breastfeeding worldwide to recommended levels would prevent 820,000 child deaths. Long-term health benefits for children are also considerable as breastfeeding help reduce child and adult risk of overweight, obesity and type 2 diabetes.²

Babies should be put immediately in skin-to-skin contact to enable breastfeeding within the first hour of life, breastfeed exclusively for the first six months and continue breastfeeding up to two years or beyond. Recent estimates suggest that only 49 per cent of babies start breastfeeding in the first hour of life.³ About 44 per cent of infants less than 6 months of age are exclusively breastfed, and the rate of continued breastfeeding at 2 years of age is also 44 per cent.⁴

Skilled breastfeeding counselling is key to improving breastfeeding rates. The World Health Organization has developed a set of guidelines that define the expected services and staff competencies required to deliver high-quality breastfeeding counselling.⁵ The Global Breastfeeding Scorecard^a indicates that the coverage of skilled breastfeeding counselling is suboptimal. Countries must do better to provide quality skilled breastfeeding counselling to all families to ensure equitable care and improved outcomes.

WHAT IS BREASTFEEDING COUNSELLING?

Breastfeeding counselling is a conversation where someone with appropriate training listens and responds to a woman's thoughts and feelings related to breastfeeding while respecting her personal situation and wishes. Breastfeeding counselling should:

- Provide education, reassurance, skilled practical help and problem solving, and anticipatory guidance in the antenatal, birth and postpartum periods through to the first two years of an infant's life;
- Be accessible, available and provided to all breastfeeding mothers even during emergencies and humanitarian crises;
- Be consistent in quality or quantity, regardless of individual characteristics such as geographic location, ethnicity, gender or ability to pay.

Skilled breastfeeding counselling significantly improves breastfeeding rates. We urge government leaders, policy makers, implementers and funders to invest in providing access to skilled breastfeeding counselling for mothers — at least six times between pregnancy and the child's first two years — with no additional cost to the families.

KEY MESSAGES

Investments in scaling up breastfeeding counselling programmes are critical to boosting human capital and strengthening economies around the world.

At the same time, the costs of inaction are immense: globally, the total annual economic loss due to not breastfeeding according to recommendations is estimated to be between US\$257 billion and US\$341 billion. On the other hand, it is estimated that it will cost \$653 million annually to scale up breastfeeding counselling interventions in 34 countries.⁶

Skilled breastfeeding counselling is one of the most effective strategies for improving breastfeeding: it provides information, answers common questions and helps overcome challenges.

Mothers deserve correct and up-to-date information to make informed decisions about infant feeding, as well as ongoing skilled support after breastfeeding has been initiated. Skilled breastfeeding counselling builds breastfeeding knowledge and confidence, improves breastfeeding technique, and provides trouble shooting for common challenges and more complex issues. Along with supportive social environments and policies,^b skilled counselling is the most effective way to improve breastfeeding rates.

Access to quality skilled breastfeeding counselling (at least six contacts) is important during pregnancy, immediately postpartum, and throughout the first two years of an infant's life or longer.

Education and anticipatory guidance about breastfeeding, along with evidence-based information about early initiation and continued breastfeeding, maintaining milk supply, and overcoming common challenges, help to achieve optimal breastfeeding outcomes. All hospitals should be well-equipped to provide skilled breastfeeding counselling as part of evidence-based care.

Breastfeeding counselling must be integrated in the services provided by a wide variety of perinatal and postpartum care providers, from peer supporters to lactation consultants to midwives and physicians.

Nurses, midwives, and physicians should receive training in breastfeeding counselling. Ensuring that all antenatal, birth, and postpartum healthcare providers have accurate up-to-date knowledge in breastfeeding counselling can help increase breastfeeding success.

Front-line health workers should be connected to a broad network of providers with specialized breastfeeding skills for referrals.

Some women face severe breastfeeding challenges that require specialized support from providers with more training in lactation. When illness, prematurity, or other complex clinical circumstances make breastfeeding more difficult, problem solving with a specialized provider may be needed to effectively support breastfeeding.



A female nurse shows a woman how to properly hold her new born infant while breastfeeding at the Zamin Maternity Home Zamin District. Jazzakh Region.

Uzbekistan.

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KEY FACTS

- In 2019, only around half of countries had incorporated infant and young child feeding counselling into at least three-quarters of their primary healthcare facilities. Two-thirds had community programmes that included counselling in at least three-quarters of all districts.⁷
- In health systems, healthcare providers influence and support feeding decisions at key moments before and after birth to maintain exclusive and continued breastfeeding. Yet, substantial gaps in knowledge, skills and competencies to assist breastfeeding are reported at all levels of healthcare staff, and many health facilities and professionals are not delivering effective breastfeeding counselling to mothers, families, and infants.⁸
- Providing antenatal and postnatal breastfeeding counselling to mothers, and other family members by community health workers, peer-to-peer counsellors, counselling by a nurse, a midwife, lactation counsellor, or other health provider, can increase exclusive breastfeeding by 48 per cent.⁹
- Breastfeeding counselling delivered by skilled personnel, contributed to reduce the risk of not initiating breastfeeding within the first hour by 42 per cent.¹⁰

CALL TO ACTION

Investing in quality, skilled breastfeeding counselling and providing it to all mothers, antenatally and through the first two years of a baby's life, significantly improves breastfeeding rates.

We invite government leaders, policy makers, and funders to:

- Provide skilled breastfeeding counselling on a scheduled basis six or more times to all mothers as part of routine health coverage, without extra costs. The counselling should be provided antenatally and throughout at least the first two years of life; it should be provided primarily face-to-face, using telephone and other technologies as needed.
- Include basic breastfeeding education as a regular part of all basic curricula in the training of physicians, midwives, nurses, nutritionists, and dietitians. Enhanced education is needed to ensure that all healthcare

providers who are interacting with breastfeeding families are appropriately trained.

- Ensure that training for skilled breastfeeding counselling gives trainees the competencies to anticipate and address important breastfeeding challenges in varying contexts.
- Ensure that at-risk mothers and infants, such as premature and sick newborns, those in under-represented communities, and those in emergency situations, receive equitable provision of skilled breastfeeding counselling and specialized care to adequately address their special needs.
- Support implementation of the Baby-friendly Hospital Initiative's 'Ten Steps to Successful Breastfeeding'^c in all maternity facilities as an important first step in supporting the initiation of breastfeeding.

Greater investments are needed to support these goals. Specifically:

- Funding must be provided to support training in breastfeeding counselling for healthcare professionals, including physicians, nurses, midwives, dietitians, lactation consultants and community-based peer and lay counsellors.
- Policies must be implemented, and funding must be provided to give mothers access to skilled breastfeeding counselling (antenatally and through the first two years) in all situations and among all populations, at no additional cost to families.

^a The Global Breastfeeding Scorecard was first introduced by the Collective in 2017. It examines breastfeeding indicators at the national and global levels. The Scorecard is designed to encourage and document progress on policy actions for the protection, promotion and support of breastfeeding.

^b Family-friendly policies — such as paid maternity leave, access to quality childcare, breastfeeding breaks and dedicated nursing spaces — provide mothers and babies with the time to recover from birth, bond with their babies and breastfeed in the critical early weeks and months of life. These policies are particularly important for working mothers, for whom returning to paid or unpaid work is one of the greatest barriers to breastfeeding.

^c Ten Steps summarize a package of policies and procedures that facilities providing maternity and newborn services should implement to support breastfeeding.

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- ¹⁰ Idem, 9.



After the delivery, a nurse counsels a mother on proper techniques of breastfeed a newborn in recovery room at UNICEF supported Al Quseya Central Hospital, Assuit governorate, Egypt.
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