

ADVOCACY GUIDANCE AND TOOLS

5. IMPROVING ACCESS TO SKILLED BREASTFEEDING COUNSELLING

A mother's access to skilled breastfeeding counselling is critical to establishing adequate breastfeeding practices. Mothers need to be informed and sensitized about breastfeeding during pregnancy, and breastfeeding counselling should be provided by trained health workers or lactation consultants within the first hour of life and during the initial months following childbirth to facilitate early and exclusive breastfeeding and promptly address breastfeeding challenges. Access to skilled counselling helps prevent feeding practices that can interfere with breastfeeding, such as the provision of unnecessary liquids, foods, and breastmilk substitutes to infants and young children¹.



Led by UNICEF and WHO, the Global Breastfeeding Collective (the Collective) is a partnership of more than 20 international organizations with the goal of increasing investment and policy change to support breastfeeding worldwide, which requires advocacy at the global, national, and sub-national levels.

Developed by the Collective, this document is one of seven briefs that provide guidance and resources to stakeholders on how to advocate for adoption of these policy actions with government ministries, health care workers and managers, employers, donors, and other key decision-makers.

**GLOBAL BREASTFEEDING
COLLECTIVE**



THE PROBLEM

Many health facilities and professionals are not delivering optimal breastfeeding counselling and support to mothers, families, and infants.

Health care professionals are important influencers of decisions about breastfeeding and play a critical role in providing support. However, many health professionals have limited skills to support breastfeeding and facilitate early skin-to-skin contact. Often, breastfeeding counselling is not included in routine contacts with pregnant women and mothers of children under 2 years of age. Furthermore, the unnecessary provision of supplemental food or liquids, including breastmilk substitutes, to newborns and infants—whether in the hospital or at home—can derail a mother’s efforts to breastfeed².

THE SOLUTION

Strengthening health providers’ skills in breastfeeding counselling and incorporating breastfeeding counselling into all perinatal and critical child health contacts can increase rates of recommended breastfeeding practices and improve health, social, and economic outcomes.

Improving breastfeeding counselling can increase exclusive breastfeeding rates by 90 per cent³. All health providers in maternity, newborn, and child health facilities should be equipped with the knowledge and skills to enable recommended breastfeeding practices. Building the capacities of health workers in breastfeeding counselling and promotion is therefore essential. Mothers who decide they do not wish to breastfeed must be taught about safe preparation and storage of breastmilk substitutes and how to respond adequately to their child’s feeding cues.

Mothers and families should receive comprehensive breastfeeding support in the facility and community during pregnancy, at delivery, and postpartum to equip them with the guidance and skills needed to optimally nourish their babies. To increase access to quality support, countries should explore a variety of key actions, including task shifting, incentivizing health care workers to provide counselling, increasing the number of specialized providers, incorporating breastfeeding counseling into pre-service training curricula for health providers, and developing nutrition resource centers in the community and facility.

TOOLS AND RESOURCES TO SUPPORT ADVOCACY FOR ACCESS TO SKILLED BREASTFEEDING COUNSELLING

On integrating breastfeeding education and promotion into trainings for health providers in facilities and the community:

[WHO Infant and Young Child Feeding Counselling: An Integrated Course](#)

This training course includes comprehensive guides for health workers and lay counselors on building counselling skills around recommended feeding practices for infants and children 0–24 months of age.

On incorporating breastfeeding counselling and support into all antenatal and postnatal care visits to improve women’s access to skilled breastfeeding counselling:

[Alive & Thrive Pre-lacteal Feeding Practices in Viet Nam: Challenges and Associated Factors](#)

Alive & Thrive’s case study describes the roles of trained health workers in decreasing pre-lacteal feeding among newborn children in Vietnam.

[Alive & Thrive IYCF Counselling Centres in Bihar: A Program Brief to Inform Start-Up](#)

This brief details India's efforts to increase access to skilled breastfeeding counselling through infant and young child feeding (IYCF) counselling centres.

[Global Media Breastfeeding videos](#)

These videos provide education on breastfeeding counselling to health workers and volunteers.

On including breastfeeding counselling and support in all clinical care guidelines and national maternal, newborn, and child health policies:

[Lancet Why Invest and What Will It Take to Improve Breastfeeding Practices?](#)

This systematic review details evidence on factors critical to improving breastfeeding and includes examples of country policies that have improved health workers' capacities to counsel new mothers.

Additional tools for creating an advocacy strategy:

[UNICEF Advocacy Toolkit: A guide to influencing decisions that improve children's lives](#)

This toolkit provides practical tools for country leaders for building and carrying out an advocacy strategy.

[Alive & Thrive Guide for Public Health Advocacy: Tools and Lessons Learned from Successful IYCF Advocacy in Southeast Asia](#)

This guide can be used to develop a nutrition advocacy strategy through a four-step process for policy change.

[Global Breastfeeding Scorecard](#)

This tool reviews national progress in implementing key breastfeeding interventions to encourage countries to support breastfeeding.

CONCLUSION

Enabling mothers to access quality breastfeeding counselling will require strong alliances between government, civil society, and health profession associations. Together, we can ensure that health workers have the skills to give every newborn the healthiest possible start in life.

SOURCES

- ¹ From the first hour of life: Making the case for infant and young child feeding everywhere. New York: UNICEF, 2016.
- ² Nguyen PH, Keithly SC, Nguyen NT et al. Prolactal feeding practices in Viet Nam: Challenges and associated factors. *BMC Public Health* 2013; 13: 492.
- ³ Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what will it take to improve breastfeeding interventions? 2016; 387: 491-504.

FOR MORE INFORMATION PLEASE VISIT:

www.k4health.org/toolkits/breastfeeding-advocacy-toolkit to view the Breastfeeding Advocacy Toolkit

and www.unicef.org/breastfeeding for more information about the Global Breastfeeding Collective

Global Breastfeeding Collective Partners: 1000 Days | Academy of Breastfeeding Medicine | Action Against Hunger | Alive and Thrive | Bill and Melinda Gates Foundation | CARE | Carolina Global Breastfeeding Institute | Center for Women's Health and Wellness | Centers for Disease Control and Prevention | Concern Worldwide | Helen Keller International | International Baby Food Action Network | International Lactation Consultant Association | La Leche League International | New Partnership for Africa's Development | Nutrition International | PATH | Save the Children | UNICEF | United States Agency for International Development | WHO | World Alliance for Breastfeeding Action | World Bank | World Vision International

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