

ADVOCACY GUIDANCE AND TOOLS

6. STRENGTHENING LINKS BETWEEN HEALTH FACILITIES AND COMMUNITIES TO SUPPORT BREASTFEEDING

Providing breastfeeding support to mothers in health facilities and the community is critical for improving breastfeeding practices and giving all children the healthiest start in life. Strengthening two-way dialogue, referrals, and support between the health facility and community, especially in the initial days and weeks following childbirth, can give mothers the support they need to exclusively breastfeed for six months and continue breastfeeding for at least two years. Working with existing community networks that provide lactation support is crucial to ensure mothers and families have access to ongoing and sustained lactation support beyond the first few weeks of life.



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

Breastfeeding support often ends at the health facility. At discharge, many mothers, families, and babies are not connected with community breastfeeding networks, such as breastfeeding support groups and peer counselors, leaving them with little sustained support.

Health facilities often lack the staff, time or mandate to extend lactation support and outreach to the community level. In addition, breastfeeding promotion, counselling, and support are often not included in the services of existing community-level networks or support groups¹.

THE SOLUTION

Strengthening linkages between the facility and community and incorporating breastfeeding counselling and support into community-level initiatives can increase rates of breastfeeding.

Initiatives to increase breastfeeding rates are more effective when both health facility- and community-level interventions are provided, and community-based support should start during pregnancy. A recent analysis revealed that community-based interventions, including group counselling, can increase breastfeeding initiation by 86 per cent and exclusive breastfeeding by 20 per cent².

As part of comprehensive breastfeeding policies and programmes, mothers should receive lactation support beyond the health facility. Ongoing lactation support can help mothers and families troubleshoot breastfeeding difficulties and provide information on the risks of introducing breast milk substitutes and other liquids and foods prior to 6 months of age. Such support should be integrated into pre-existing community structures, such as community care groups, mother/father support groups, and community volunteer home visits. Health facilities

should improve referrals to incorporate community health workers and volunteers into the follow-up process in the community.

TOOLS AND RESOURCES TO ADVOCATE FOR STRENGTHENING THE LINKS BETWEEN HEALTH FACILITIES AND COMMUNITIES TO SUPPORT BREASTFEEDING

On integrating breastfeeding education into trainings for community health workers and establishing breastfeeding support groups to build capacity at the community level:

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

This training course with 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.

[UNICEF Community Infant and Young Child Feeding Package](#)

This set of resources provides community health workers, programmers, and health directors with tools and guidance to strengthen breastfeeding counseling and promotion at the community level.

On incorporating breastfeeding support within existing community structures to sustainably link the facility and community:

[UNICEF From the First Hour of Life](#)

This report describes the importance of family and community support and the role of women-to-women support structures and other forms of social support.

On home, family-based and community interventions in comprehensive breastfeeding policies, programmes and funding to improve breastfeeding outcomes:

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

An analysis of evidence, this resource shows that home- and family-based interventions were effective at improving exclusive breastfeeding and continued breastfeeding.

[The Global Breastfeeding Collective Case for Investment](#)

This tool overviews the cost-effectiveness of breastfeeding and includes key statistics and graphics that can be adopted for advocacy messages.

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

Helping mothers gain access to breastfeeding support at the community level will require strong alliances between government, civil society and community-based organizations. Together, we can ensure that health facilities and communities are equipped to provide every newborn with the healthiest 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 Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what will it take to improve breastfeeding interventions? *Lancet* 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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