

Current breastfeeding status , supportive policies, strategies and implementation environment in South Africa

World Breastfeeding Week (1-7 August) Commemoration 2024

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Child, Youth and School Health
National Department of Health
Date: 01 August 2024



Tshwane declaration 2011:



THE NATIONAL DEPARTMENT OF HEALTH
WILL HOST A NATIONAL BREASTFEEDING
CONSULTATIVE MEETING, 22-23 AUGUST 2011
VENUE: ST GEORGE HOTEL AND CONFERENCE
CENTRE, GAUTENG



A long and Healthy Life for All South Africans

News: The Tshwane declaration of support for breastfeeding in South Africa

The Tshwane declaration of support for breastfeeding in South Africa

We, the participants of the national breastfeeding consultative meeting, including Minister of Health, Deputy Minister of Health, members of executive council (MECs), director generals (DGs), heads of departments (HODs), health managers and workers, experts, academics, traditional leaders and traditional health practitioners, non-governmental organisations (NGOs), civil society, The United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), held at the St George Hotel, Gauteng, on 22-23 August 2011, are concerned that:

- Infant and child mortality rates in South Africa remain unacceptably high, and the Millennium Development Goals' (MDG) target of reducing the rate of under-five mortality by two-thirds may not be achieved;
- Breastfeeding rates in South Africa, and especially exclusive breastfeeding rates, remain very low;
- Breastfeeding practices have been undermined by the aggressive promotion and marketing of formula feeds, social and cultural perceptions, and the distribution of formula milk in the past to prevent mother-to-child transmission (MTCT) of human immunodeficiency virus (HIV);
- Formula feeding, which is very frequently practiced by mothers in South Africa, increases the risk of death from diarrhoea, pneumonia and malnutrition;

and noting that:

- Reducing child mortality is a priority of the Government of South Africa;
- Promoting, protecting and supporting breastfeeding will reduce child mortality and improve the health and development of young children and their mothers;
- Overwhelming scientific evidence demonstrates the benefits of exclusive breastfeeding and continued breastfeeding for all children, including those who are HIV exposed and HIV positive;
- The WHO and other international agencies acknowledge the research evidence that antiretroviral drugs very significantly reduce the risk of HIV transmission through breastfeeding, and improve HIV-free survival of HIV-exposed infants. These data transform the landscape for decision making about infant feeding practices in the context of HIV;
- Promotion, protection and support of breastfeeding requires commitment and action from all stakeholders, including government and legislators, community leaders, traditional leaders and traditional healers, civil society, healthcare workers and managers, researchers, the private sector, employers, the women's sector, the media and every citizen;
- Government initiatives aim to achieve universal coverage of essential health services, including maternal, newborn and child health, through initiatives such as the introduction of the National Health Insurance System;
- The primary health care re-engineering initiative by government provides an excellent opportunity to support breastfeeding through strengthening of the district health system, the reintroduction of a school health programme, and the establishment of ward-based health teams and experts;

and therefore commit ourselves and call on all stakeholders to support and strengthen efforts to promote breastfeeding.

We specifically resolve that:

- South Africa declares itself as a country that actively promotes, protects and supports exclusive breastfeeding, and takes actions to demonstrate this commitment. This includes further mainstreaming of breastfeeding in all relevant policies, legislation, strategies and protocols;
- South Africa adopts the 2010 WHO guidelines on HIV and infant feeding, and recommend that all HIV-infected mothers should breastfeed their infants and receive antiretroviral drugs to prevent HIV transmission. Antiretroviral drugs to prevent HIV through breastfeeding, and to improve the health and survival of HIV-infected mothers, should be scaled up and sustained;
- National regulations on the International Code on Marketing of Breast Milk substitutes are finalised, adopted into legislation within 12 months, fully implemented and the outcomes monitored;
- Resources are committed by government and other relevant bilaterals, partners and funders (but excluding the formula industry) to promote, protect and support breastfeeding, and should include updated guidelines on HIV and infant feeding;
- Legislation regarding maternity among working mothers is reviewed in order to protect and extend maternity leave, and for measures to be implemented to ensure that all workers, including domestic and farm workers, benefit from maternity protection, and to include an enabling workplace;
- Comprehensive services are provided to ensure that all mothers are supported to exclusively breastfeed their infants for six months, and thereafter to give appropriate complementary foods, and continue breastfeeding up to two years of age and beyond. Mothers with HIV should breastfeed for 12 months according to national guidelines. This will require skilled support by health workers at all levels of the public and private health services, including hospitals, primary healthcare facilities and community-based services;
- Human milk banks are promoted and supported as an effective approach, especially in post-natal wards and neonatal intensive care units, to reduce early neonatal and post-natal morbidity and mortality for babies who cannot breastfeed;
- Implementation of the Baby Friendly Health Initiative (BFHI) and Kangaroo Mother Care (KMC) are mandated such that:
- All public hospitals and health facilities are BFHI-accredited by 2015;
- All private hospitals and health facilities are partnered to be BFHI-accredited by 2015;
- Communities are supported to be "Baby Friendly";
- Community-based interventions and support are implemented as part of the continuum of care, with facility-based services to promote, protect and support breastfeeding;
- Continued research, monitoring and evaluation should inform policy development and strengthen implementation;
- Formula feeds will no longer be provided at public health facilities, with the following exceptions:
- Nutritional supplements, including formula feeds, will be available on prescription by appropriate healthcare professionals for mothers, infants and children with approved medical conditions.

Office, E. (2011). The Tshwane declaration of support for breastfeeding in South Africa. *South African Journal of Clinical Nutrition*, 24(4), 214. Retrieved from <http://sajcn.co.za/index.php/SAJCN/article/view/586>



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Improving EBF rates- 1 of 6 global nutrition targets



- In 2012, the WHA resolution 65.6 endorsed a comprehensive implementation plan on maternal, infant and young child nutrition which specified 6 global nutrition targets for 2025
- The fifth target- increasing exclusive breastfeeding rates in the first six months to at least 50%.

WHO. Global nutrition targets 2025: policy brief series (WHO/NMH/NHD/14.2). Geneva: World Health Organization; 2014



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WHO/NMH/NHD/14.2

Global Nutrition Targets 2025 Policy Brief Series



BACKGROUND

Recognizing that accelerated global action is needed to address the pervasive and corrosive problem of the double burden of malnutrition, in 2012 the World Health Assembly Resolution 65.6 endorsed a *Comprehensive implementation plan on maternal, infant and young child nutrition (1)*, which specified a set of six global nutrition targets (2) that by 2025 aim to:

- 1 achieve a 40% reduction in the number of children under-5 who are stunted;
- 2 achieve a 50% reduction of anaemia in women of reproductive age;
- 3 achieve a 30% reduction in low birth weight;
- 4 ensure that there is no increase in childhood overweight;
- 5 increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%;
- 6 reduce and maintain childhood wasting to less than 5%.

Current rates of breastfeeding globally



Figure 1. Trends in the global prevalence of exclusive breastfeeding at 0–5 months of age.

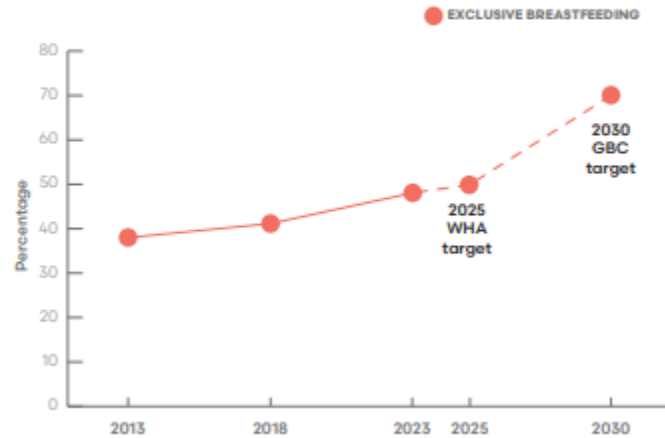


Figure 2. Current rates of breastfeeding against global targets

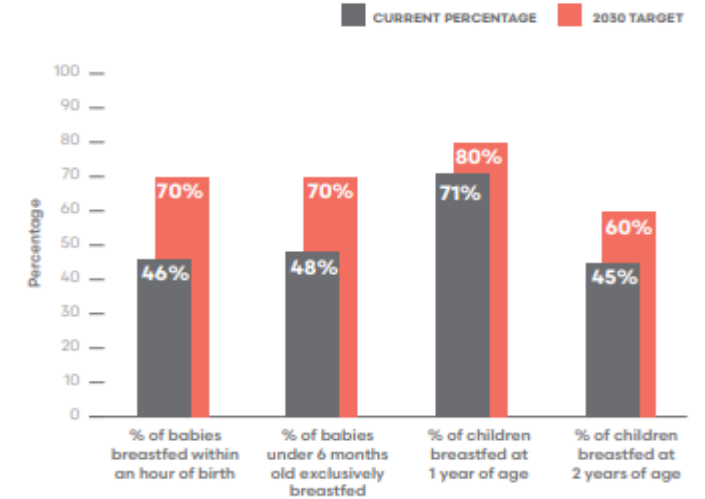
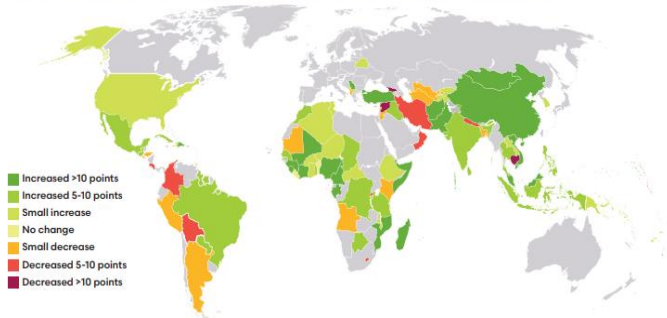


Figure 3a. Map showing change in rates of exclusive breastfeeding between 2017 and 2023 reports



10 % Increase in rates of exclusive breastfeeding Globally (48%)in the first six months of life by 2023

Many countries in Africa, Asia Europe and Oceania reporting increases > 10% in 22 countries since 2017

Current rates of breastfeeding in South Africa

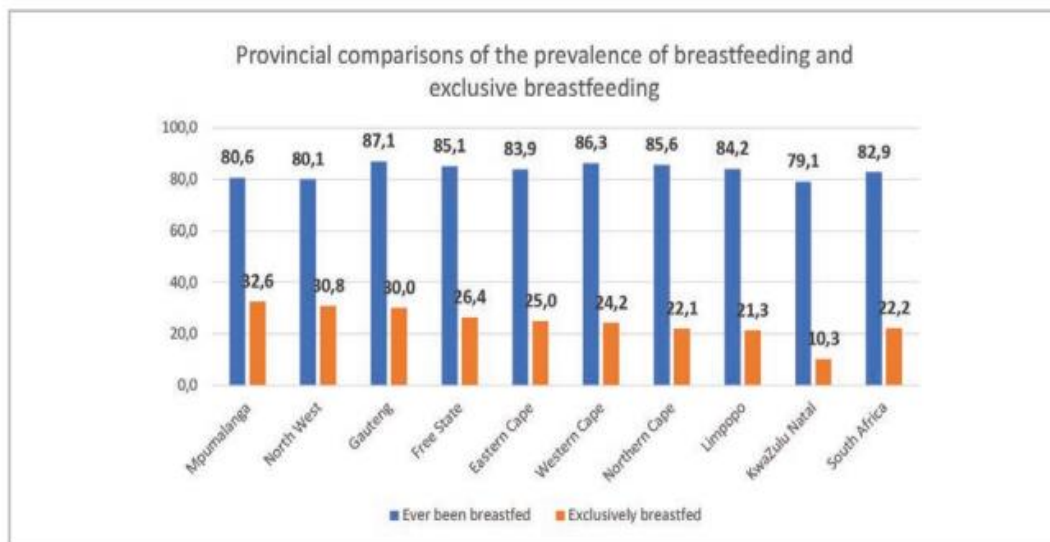
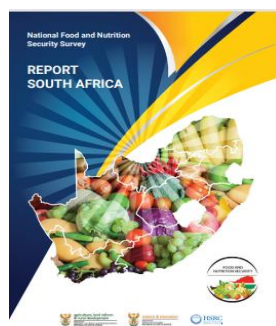


Figure 54: Provincial comparisons of the prevalence of breastfeeding and exclusive breastfeeding among infants aged 0-24 months in South Africa

Table 45: Breastfeeding status among infants aged 0-24 months in South Africa

	Ever been breastfed			Currently breastfed ¹			Exclusively breastfed (0-6 months)		
	%	95% CI	N	%	95% CI	n	%	95% CI	n
Age									
0-11 months	84.0	[79.1-87.9]	1,469	77.7	[68.9-84.6]	1,213	22.2	[14.2-33.0]	543
12-24 months	82.0	[75.8-86.8]	1,679	46.5	[38.6-54.7]	1,315			
Gender									
Male	81.1	[74.8-86.1]	1,613	65.3	[58.1-71.8]	1,285	11.1	[5.4-21.6]	277
Female	85.2	[80.4-89.0]	1,528	57.0	[48.5-65.1]	1,238	34.3	[20.5-51.4]	265
Province									
Western Cape	86.3	[74.0-93.3]	332	74.8	[51.6-89.2]	280	24.2	[4.7-67.3]	62
Eastern Cape	83.9	[68.7-92.5]	503	62.7	[46.9-76.2]	407	25.0	[13.2-42.3]	82
Northern Cape	85.6	[80.8-89.4]	334	69.2	[56.4-79.6]	279	22.1	[9.9-42.3]	58
Free State	85.1	[75.7-91.3]	210	62.7	[50.6-73.5]	177	26.4	[10.2-53.0]	39
KwaZulu-Natal	79.1	[68.5-86.8]	934	54.4	[44.9-63.7]	692	10.3	[2.9-30.6]	149
North West	80.1	[68.6-88.1]	221	60.2	[46.6-72.3]	184	30.8	[6.3-74.5]	38
Gauteng	87.1	[78.6-92.6]	241	52.0	[36.2-67.4]	198	30.0	[10.0-62.4]	40
Mpumalanga	80.6	[64.8-90.4]	180	75.1	[62.9-84.3]	144	32.6	[15.1-56.9]	32
Limpopo	84.2	[72.9-91.3]	193	63.5	[47.7-76.8]	167	21.3	[6.5-51.1]	43
Total	82.9	[79.0-86.3]	3,148	61.4	[55.8-66.7]	2,528	22.2	[14.2-33.0]	543

Simelane et al 2024. National Food and Nutrition Security Survey: National Report: HSRC: Pretoria.

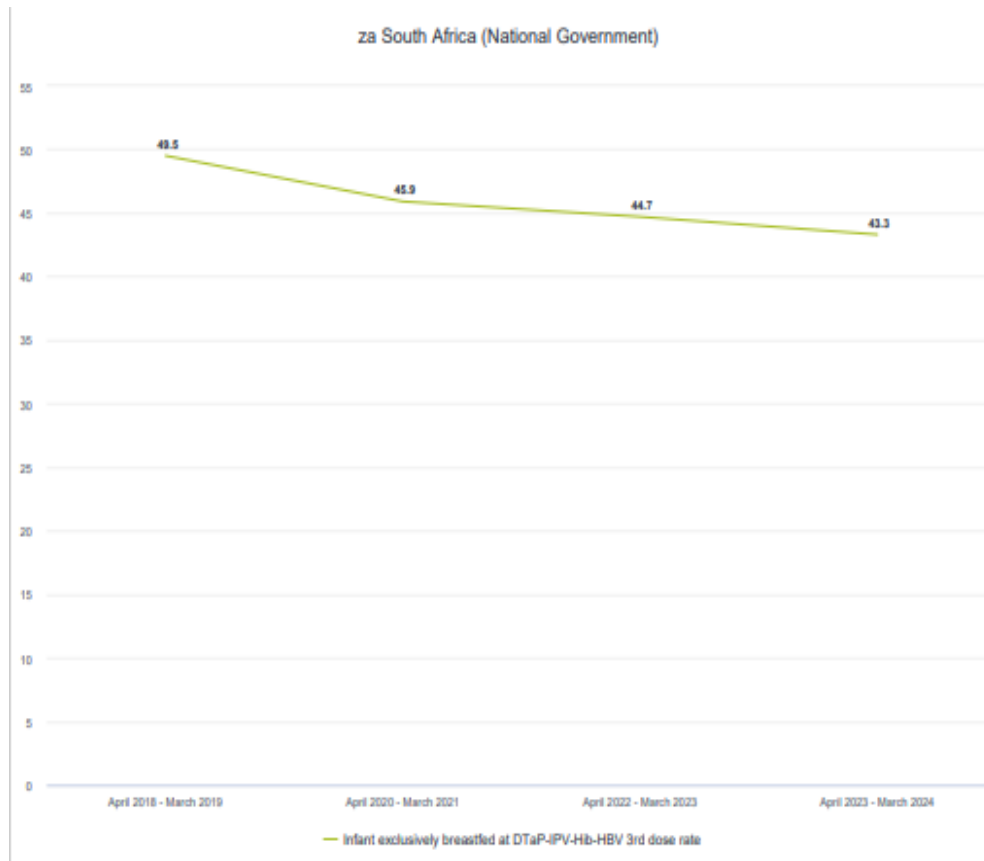


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Current rates of breastfeeding in South Africa



☐ COVID-19 impact on BF rates for the following reason

- Redeployment of staff to focus on COVID -19
- Interrupted routine BF counselling and support
- Separation of mothers & babies despite WHO strong recommendations for continued skin-to skin contact and rooming in
- Misconceptions around BF & covid-19 (some mothers with Covid 19 choosing not to BF)



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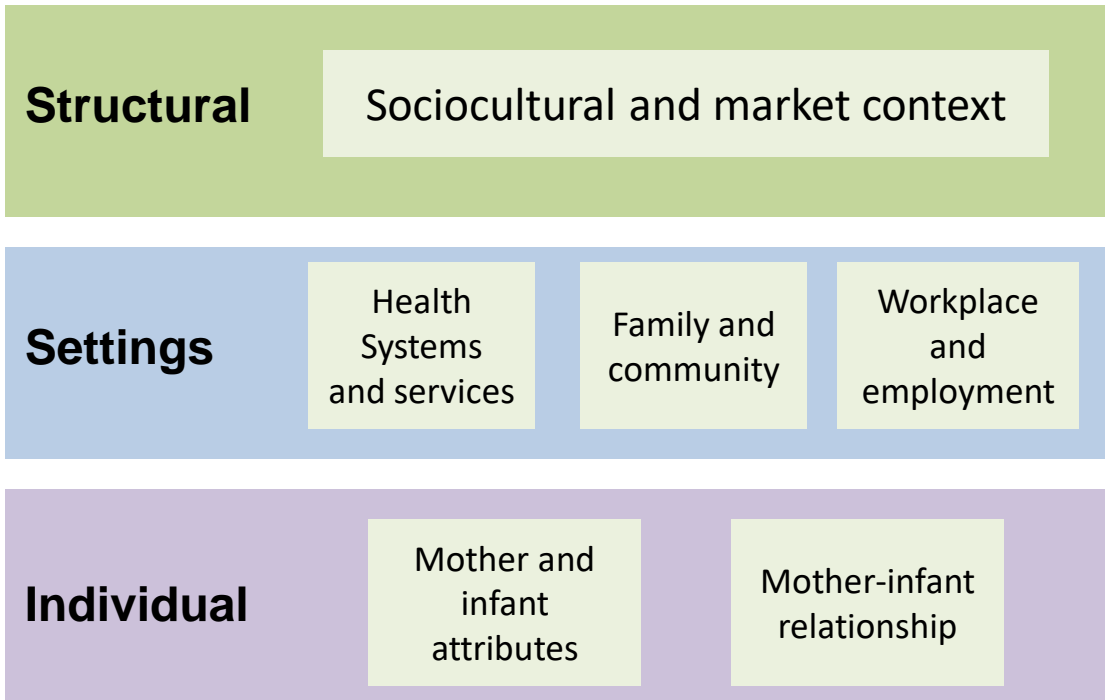
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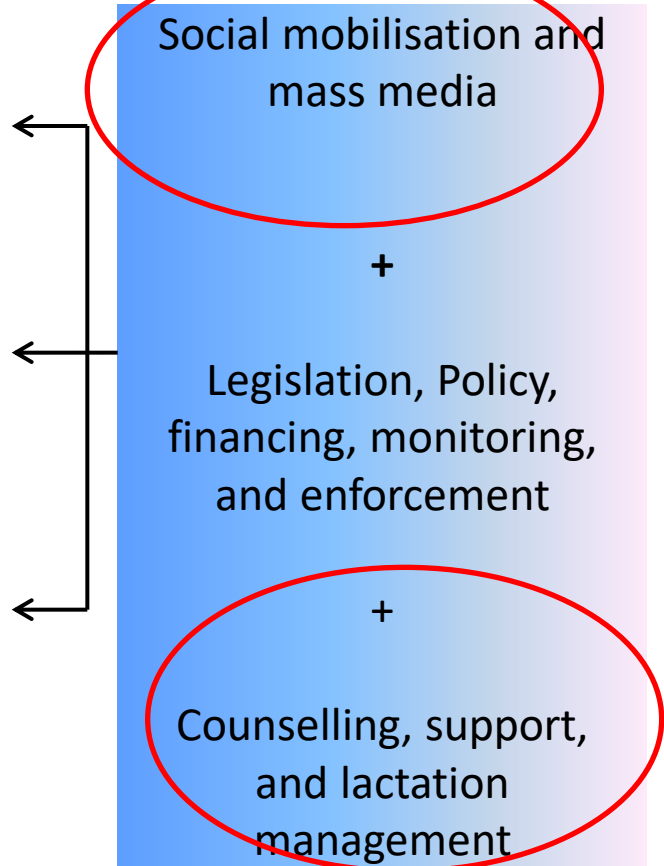
Components of enabling environment for Breastfeeding-a conceptual model



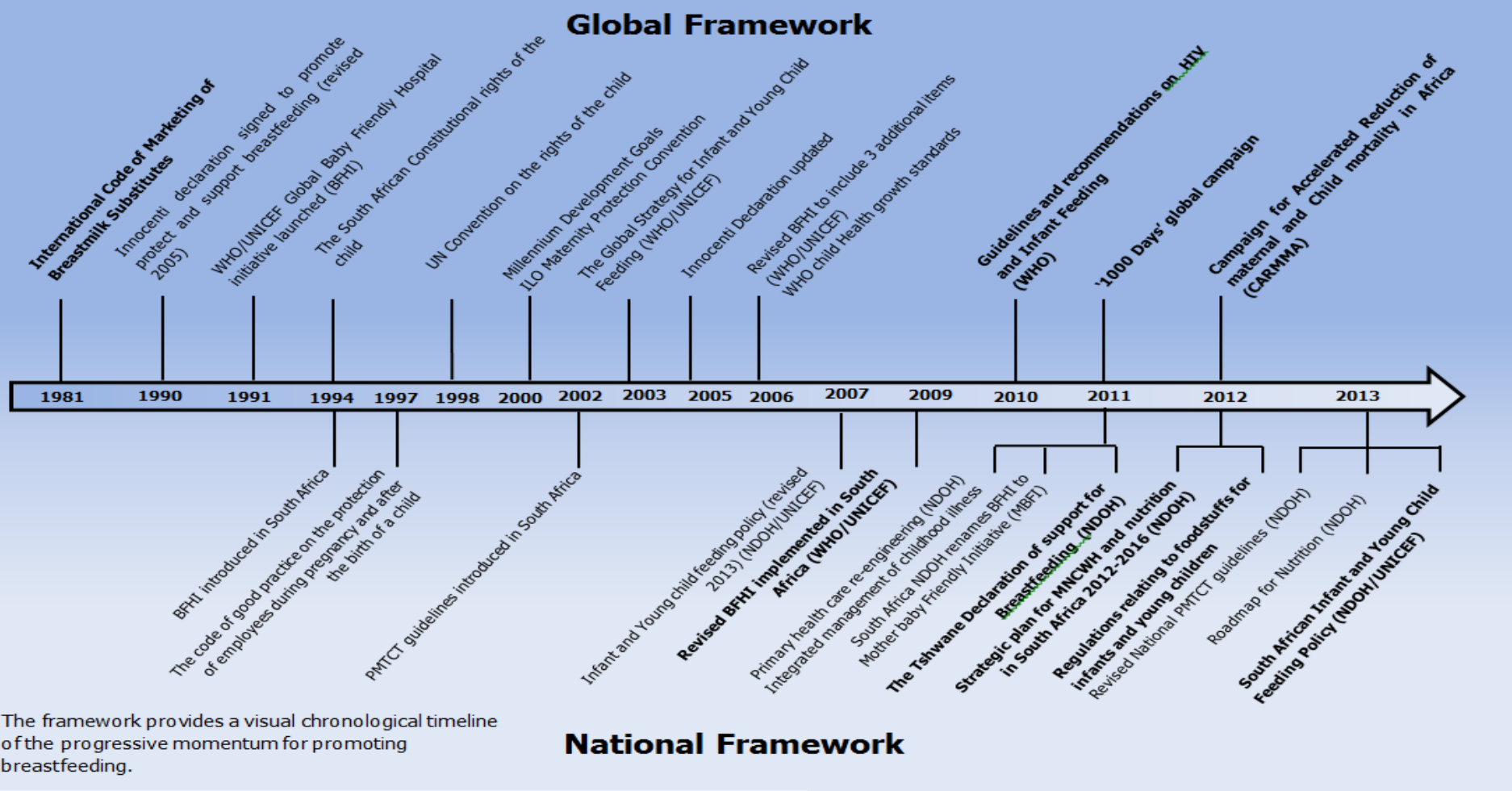
Determinants



Interventions

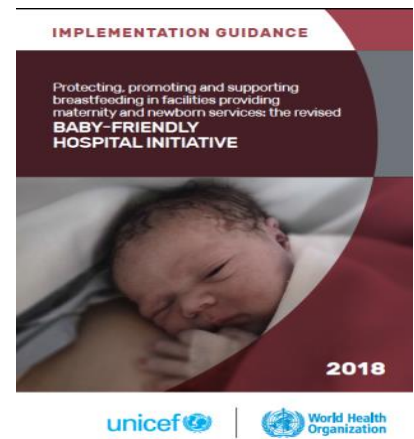
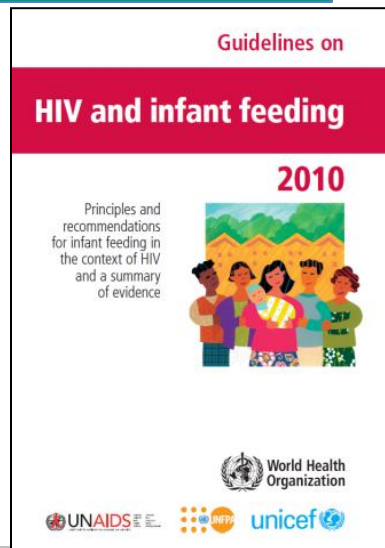
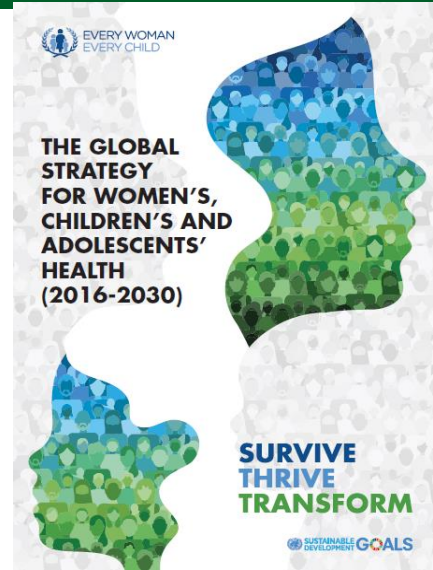
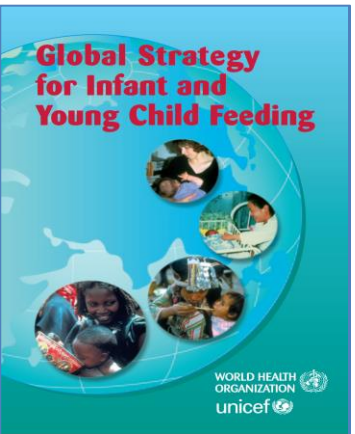


Existing global & National Policies, strategies that support breastfeeding in South Africa



The framework provides a visual chronological timeline of the progressive momentum for promoting breastfeeding.

Existing global Policies, strategies that promote, protect & support breastfeeding



Key strategies: The Mother –Baby-Friendly Initiative



- **Revitalization & strengthening the Mother Baby Friendly Initiative (10 steps to successful breastfeeding)**
- Recognize key role of maternity staff in Protecting, promoting & supporting Breastfeeding
- Policy shift: Accreditation to Implementation as a standard of care
- Integrated monitoring within Maternal & neonatal & newborn quality improvement and assurance
- Developed implementation framework



Lubbe et al. *International Breastfeeding Journal* (2024) 19:28
<https://doi.org/10.1186/s13006-024-00634-z> International Breastfeeding Journal

RESEARCH Open Access

Revival of the mother-baby friendly initiative (MBFI) in South Africa: towards a quality improvement project

Weima Lubbe^{1*}, Zandile Kubeka², Ann Behr³, Gilbert Tshitaudzi⁴, Sithembile Dlamini-Nqeketo⁵ and Jessica Botha¹

Abstract

Background The discontinuation of “Mother-Baby Friendly” accreditation, coupled with the impact of the COVID-19 pandemic, has contributed to reduced breastfeeding rates observed in parts of South Africa. Consequently, the Child, Youth and School Health cluster of the National Department of Health, with support from the World Health Organization and United Nations Children’s Fund, organised a Mother-Baby Friendly initiative revitalisation workshop.

Methods Held in Johannesburg, South Africa, on June 29–30, 2022, the workshop brought together local and international breastfeeding promotion experts to engage on issues related to the revitalisation of the Mother-Baby Friendly Initiative. The workshop included presentations and group sessions aimed at setting expectations, evaluating the Ten Steps to Successful Breastfeeding, and developing actionable revitalisation strategies.

Results Inadequate monitoring of the Mother-Baby Friendly Initiative implementation and adherence to the Ten Steps was identified as a major implementation bottleneck. Participants identified steps ten (coordinating discharge so that parents and their infants have timely access to ongoing support and care), five (supporting mothers to initiate and maintain breastfeeding and manage common difficulties), and two (ensuring that staff have sufficient knowledge, competence, and skills to support breastfeeding) of the Baby-Friendly Hospital Initiative as the most difficult to implement. Step seven (enabling mothers and their infants to remain together and to practise rooming-in 24 h a day) was the least difficult to implement. Workshop participants identified the following proposed solutions to revitalise breastfeeding promotion: strengthening capacity building and mentorship, improving monitoring and accountability measures, and certification of facilities meeting the initiative’s standards.

Conclusion Current breastfeeding policies and practices must be evaluated by the National Department of Health in collaboration with provincial and private representatives of the initiative to effectively revitalise the Mother-Baby Friendly Initiative. Moreover, an integrative monitoring framework must be developed through stakeholder engagement, role clarification, and ownership. While collaboration between the private and public sectors is required to promote training and communication within healthcare facilities and communities.

Keywords Breastfeeding, Mother-Baby friendly initiative, Quality improvement project, Revitalisation, South Africa



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Human Milk Banking



“Human milk banks to be promoted and supported as an effective approach, especially in post natal wards and neonatal intensive care units, to reduce early neonatal and postnatal morbidity and mortality for babies who cannot breastfeed.”

Dr Aaron Motsoaledi , **Tshwane Declaration** 2011



About 43 human milk banks are operational, 34 in the public sector and 9 operated by NPOs and the private sector



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REGULATIONS RELATING TO FOODSTUFFS FOR INFANTS, YOUNG CHILDREN AND CHILDREN

Published under Government Notice No. R. 1130 of 8 June
1984

As amended by:

Government Notice No. R. 2542 of 15 November 1985
(with effect from: 15 May 1986)

- Aims to remove commercial pressures from the infant feeding arena,
- To ensure that all parents receive independent and objective information and
- To ensure that all mothers who wish to breastfeed are supported to do so.



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The National Food & Nutrition security plan 2018-2023

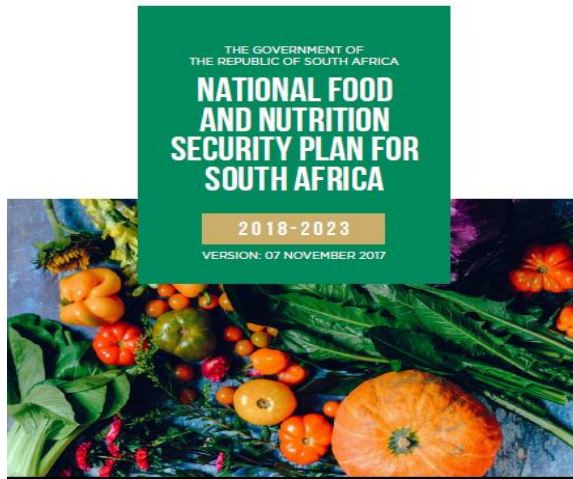
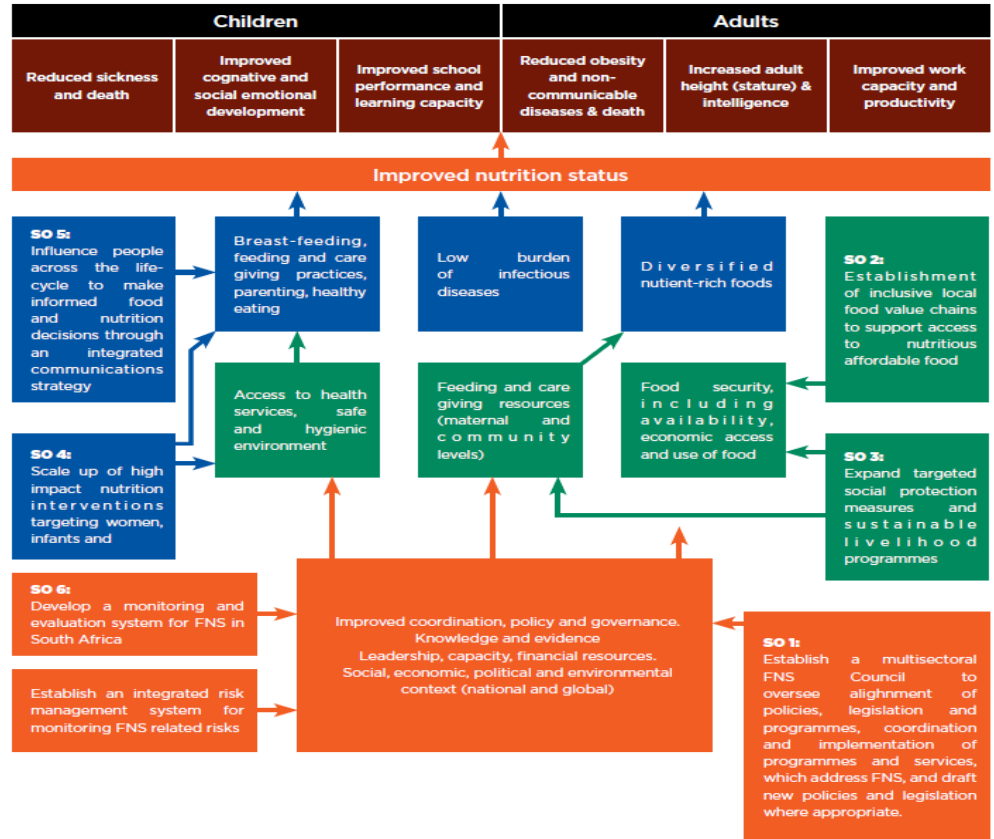


Figure 1: Logical framework of the NFNSP 2018-2023, showing the 6 Strategic Objectives, outcomes and impacts on children and adults



- ❑ Multisectoral plan to address, food insecurity, hunger and malnutrition
- ❑ 7 strategic objectives led by different sectors
- ❑ To address both nutrition specific and nutrition sensitive intervention collectively by all relevant government departments



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Integrated management of Childhood Illnesses



Integrated Management of Childhood Illness 2019



- 
Nutrition
- 
Love
- 
Protection
- 
Healthcare
- 
Extra Care



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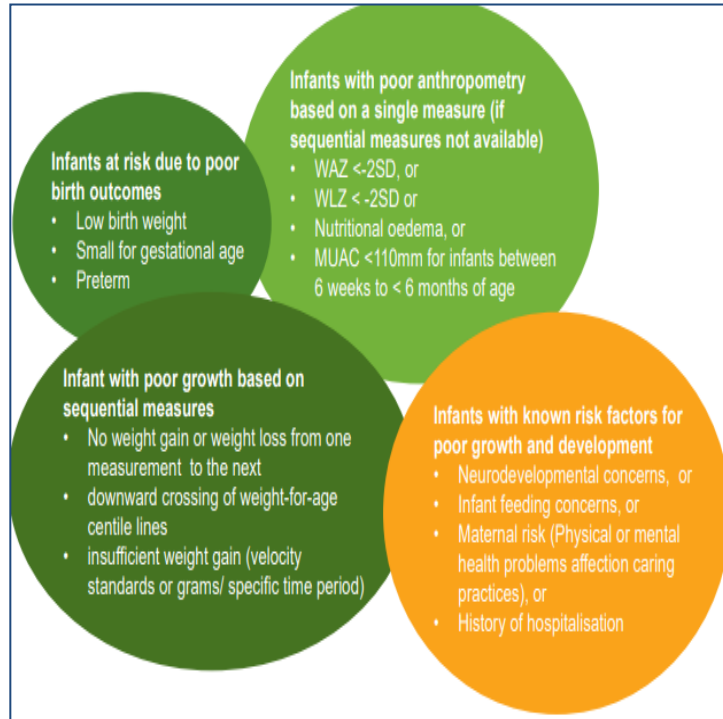
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Guidelines for prevention & management of acute malnutrition



- Prevention strategies
- **Prevention & management of children 0-6 months at risk of poor growth & development**
- Strengthen case detection rates
- Strengthen case management
- Therapeutic feeds
- Follow-up Care after discharge
- Monitoring and Evaluation



The Law supports breastfeeding...



- **The code states.....**
- “Arrangements should be made for employees who are breastfeeding to **have breaks of 30 minutes twice per day** for breastfeeding or milk expression each working day for the first 6 months of the child’s life”.
- This is consistent with the recommendations provided by the International Labour Organisation (ILO) in its Maternity Protection Convention of 2000.

Government Gazette

Vol. 401, No. 19453, 13 November 1998

Regulation Gazette, No. 6342

No. R. 1441

GOVERNMENT NOTICE

BASIC CONDITIONS OF EMPLOYMENT ACT, 1997

**CODE OF GOOD PRACTICE ON THE PROTECTION OF
EMPLOYEES DURING PREGNANCY AND AFTER THE
BIRTH OF A CHILD**

Notice is hereby given in terms of section 87(2) of the Basic Conditions of Employment Act, 1997, that the Minister of Labour, after consulting NEDLAC, has issued under section 87(1)(b) of that Act, a Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of a Child as set out in the Schedule.

SCHEDULE

**CODE OF GOOD PRACTICE ON THE PROTECTION OF
EMPLOYEES DURING PREGNANCY AND AFTER THE
BIRTH OF A CHILD**



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*EMPLOYEE HEALTH AND WELLNESS
STRATEGIC FRAMEWORK FOR THE PUBLIC
SERVICE
November 2012*

1



NOVEMBER 2012

**Guideline for childcare
facilities in the public service**

1



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**Policy,
Guidelines
Regulations**

**Health Care
Practices**

**Advocacy
and social
mobilisation**

**Capacity
building
and
training**

**Community
participation
/ workplace**

**Scaling up
Milk banks**

**Monitoring
and
Evaluation**

BREAST MILK IS BEST FOR ALL BABIES

The Department of Health is promoting exclusive breastfeeding for the first six months as it is the best and healthiest feeding option for babies, irrespective of the mother's HIV status. Breast milk contains all the water, food and nutrients that protect the baby from common infections such as diarrhoea.

Exclusive breastfeeding means giving the baby no water, no solids or any other fluid, including gripe water, for the first six months. Solid foods should only be introduced to babies from six months.

If a mother is living with HIV, the mother or the baby should take antiretrovirals (ARVs) throughout the breastfeeding period to reduce the risk of transmission of HIV from the mother to the baby.

Mothers should continue breastfeeding for two years or beyond. HIV positive mothers can breastfeed up to 12 months whilst taking ARVs.

It is possible for mothers to continue breastfeeding when returning to

work by expressing their milk and feeding the baby using a cup and not a bottle.

From April 2012, the Department of Health will no longer supply formula milk for feeding of newborn babies unless medically indicated.

In its effort to promote exclusive breastfeeding, the Department of Health is:

- Building capacity and improving the skills of health workers and community health workers to support mothers to breastfeed successfully.
- Increasing health education on the benefits of breastfeeding to mothers.

The Department of Health has published regulations that will protect mothers from inappropriate promotion of breast milk substitutes.

Social Marketing Campaign

Are mothers in SA given an enabling environment to breastfeed?



WOMEN ARE 2.5 TIMES
MORE LIKELY TO BREASTFEED WHERE IT IS


PROTECTED


PROMOTED


SUPPORTED



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Sisonke Mom

Pregnant?
momconnect is here to help!

You'll get weekly messages to help with your pregnancy, and answers to all your questions. Join our community - it's completely free and we're here to support you.

Your friends and family can also join MomConnect by dialing *134*550#

*Remember to tell them to stop by a clinic to complete their registration.



It is my dream to register all pregnant women in the country - and help you have the healthiest possible pregnancy.

DR. AARON MOTSOALEDI, MINISTER OF HEALTH

How to register:



How to opt-out:

You can opt-out by simply dialling *134*550*1#. Please tell us why you don't want to receive messages anymore so that we can support you further and improve our service.

What happens when you have your baby:

If you've had your baby, congratulations on being a mother! Reply "baby" to this SMS for SMSs about caring for your baby. They will last until your baby is 1.

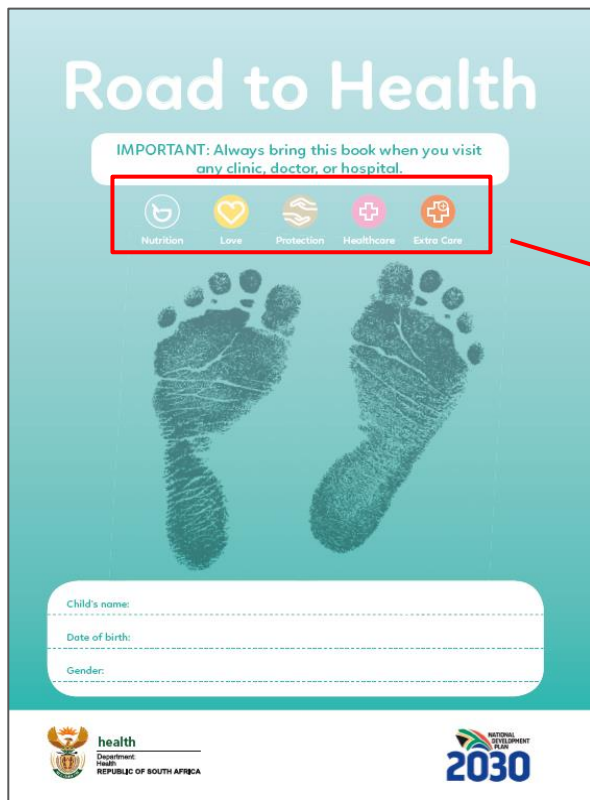


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THE NEW ROAD TO HEALTH BOOK & the under 5 campaign: WHAT'S DIFFERENT?



The content is arranged in a more logical way around five themes:



- These themes speak to the **needs of children** (as opposed to the services delivered by the health system).
- The themes cover **all aspects of early childhood development**.
- Household and PHC child visits will be structured around these themes.



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GOOD NUTRITION TO GROW AND BE HEALTHY

This chapter has two icons:



breastfeeding



general nutrition

The chapter starts with detailed breastfeeding instructions. More children are being exclusively breastfed, but exclusive breastfeeding rates remain low at 32%*.

The global breastfeeding target, increase the rate of exclusive breastfeeding in the first six months up to at least 50% by 2025.

1. Good nutrition to grow and be healthy

Your child needs the right foods to be healthy and grow well. Ask the health worker if your child is growing well and tell them if you are worried about anything.

Birth to 6 months

- Breastfeeding is the best way to feed your baby. It is the ideal food for your baby to grow, develop and be healthy.
- Give your baby **ONLY** breast milk for the first six months of life. Do not give porridge, water or any other liquids. Do not give any other home or traditional medicines or remedies. Only give your baby medicines they receive from the clinic or hospital.
- Breastfeed as often as your baby wants, both day and night.
- Breastfeed your baby at least 8 times in 24 hours. The more your baby feeds the more milk you will produce. Almost all mothers will produce enough milk for their baby not to need anything else for the first six months.
- You can express breastmilk for other carers to give to your baby while you are away. They should use a clean cup, rather than a bottle. Store expressed breastmilk in a clean glass or plastic cup with a lid. Defrost in a fridge or at room temperature over 12 hours or by standing in water. Do not boil or microwave.
- It is best not to use bottles or artificial teats (dummies). Some babies find it difficult to suckle at the breast after using a dummy. Bottles are also difficult to clean and may have germs that can make your baby sick.
- If you are HIV-positive, remember to always take your HIV or antiretroviral treatment. This makes breastfeeding safe.
- Breastfeeding mothers should eat healthy food. They must not drink alcohol, smoke or take other harmful drugs.

How long to store expressed breastmilk?

Temperature	Duration
Room temperature	Up to 8 hours
Fridge	Up to 6 days
Ice box freezer in fridge	3 months
Deep freezer (-18°C)	3-6 months

Remember: Before you make the decision not to breastfeed, discuss the matter with a health worker. If you are really unable to breastfeed, you will need to learn how to use formula safely.

Why should I give only breastmilk during the first six months of life?

- Breastmilk contains all the nutrients your baby needs for the first 6 months of life.
- Baby's tummy (intestine/gut) is not yet ready for any other foods, water or other liquids before 6 months.
- Babies may get diarrhoea, constipation, infections and allergies if other foods, or other liquids – including water – are given before the baby is 6 months old.
- Breastmilk contains enough water to quench your baby's thirst during the first 6 months of life, even in hot weather.
- Breastmilk contains special properties that keep your baby healthy. Breastfeeding reduces the chance of your baby getting pneumonia and diarrhoea.
- Giving other foods before six months will cause you to produce less breastmilk and your baby will not get all the nutrients they need to grow and develop well.

For Health Workers...

- Babies only need breastmilk and nothing else during the first six months of life. This is called exclusive breastfeeding.
- Mothers need help to start breastfeeding immediately after birth.
- Mothers need support to continue breastfeeding successfully. Help them to get their baby to attach properly.
- Mothers who are not breastfeeding must be counselled on correct replacement feeding.

Breastfeeding icon

b Let your baby's head tip back a little so their top lip can brush against your nipple.

c Wait until your baby opens their mouth really wide with their tongue down. You can encourage them by gently stroking their top lip. Your baby needs to get a big mouthful of breast.

Detailed breastfeeding diagrams to aid you in supporting breastfeeding mothers.



Challenges & opportunities

- Threat of Emergency context & disaster
- New tactics in marketing of breastmilk substitutes- including online marketing
- Health workers attitude, professional & ethical behaviour
- Role of all stakeholders
- Capacity building gap
- Behaviour change communication
- Supportive workplace environment

Key priorities:

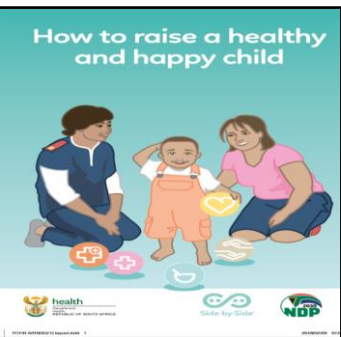
- Revision of the National breastfeeding action plan & resources mobilisation
- Strengthening health workforce capacity building including pre-service training
- Revitalization of the Mother Baby friendly initiative as a standard of care
- Finalization of revision of the IYCF policy guidelines & IYCF in Emergency guide
- Finalization of Regulation (R991) revision



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Radio drama series



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