



**e - Newsletter on
Breast Feeding**

March 2021

BREAST COMMITTEE OF FOGSI



Editors



Dr. Laxmi Shrikhande
ICOG Chair Designate



Dr. Archana Verma
VP Elect FOGSI 2021



Coordinators



Dr. Mangala Wani

President- Breast feeding Promotion network of India, Maharashtra. (BPNI, Mah)



Dr. Shashibala Bhonsale

Secretary Gwalior Obstetrics and Gynaecology Society 20-21
West Zone coordinator Breast Committee FOGSI 19 -21



Dear FOGSIANS

Breastfeeding is a mother's gift to herself, her baby, and the earth." Pamela Wiggins.

Breast milk has always been the first food a baby receives, and for many centuries, it was the only food available to an infant. No one ever questioned its amount, its nutritional content, or its availability. But with the advent of milk formulas and other such replacement products, the importance of breastfeeding was diluted for many decades. Now however, it is slowly but surely taking center stage again. Doctors as well as patients alike have understood the importance of exclusive breastfeeding. We all know how it helps the babies: there is a reduced risk of infections and allergies, reduced chances of constipation and colic, helps in development of healthy gut bacteria, strengthens the immune system.



Breastfeeding provides health benefits for mothers: emotional satisfaction and bonding, faster recovery from childbirth, natural contraception, reduced rates of breast and ovarian cancer in later life. Some studies have found that breastfeeding may reduce the risk of developing type 2 diabetes, rheumatoid arthritis, and cardiovascular disease, including high blood pressure and high cholesterol.

Understanding these benefits, and, the commitment of our obstetricians towards breastfeeding is clearly visible today, with lactation consultants available on demand, baby-friendly hospitals and promotion and encouragement of exclusive breastfeeding.

Communicating these benefits and measures to the doctors as well as patient community is the need of the hour.

I applaud the Breast committee, FOGSI and its chairperson Dr. Sneha Bhuyar for taking up this important cause, and wish you success in promoting this vital message across the country.

Dr. Alpesh Gandhi
President FOGSI 2020





Dear Dr. Sneha S Bhuyar

It is my proud privilege to be in charge of breast committee and to be associated with you, a dynamic, dedicated person with out of the box thinking.

Your present endeavors are really needed and with you at helm of affairs, I know they will be of great help to all readers.

I wish you very best.

I am with you at each step.

Many many congratulations for this launch.

Thanks

**Dr. Ragini Agrawal
Vice President FOGSI 2020 &
Incharge Breast Committee**





My Dear Fellow FOGSIAN'S, It is a pleasure and privilege to write this message.

It is sometimes surprising that what is considered to be an instinctive or "natural" act could have so many questions, barriers and myths surrounding it.

Breastfeeding promotion was the first ever annual theme adopted by FOGSI more than two decades ago under the Presidentship of the Late Dr D K Tank.

Great progress has been made since then, but much more needs to be done. An element of nuance and realism also is the need of the hour.

I am delighted that the Breast Committee led by Dr Sneha Bhuyar, Editors- Dr Laxmi Shrikhande, Dr Archana Varma and Coordinators- Dr Mangala Wani, Dr Shashibala Bhonsle and the authors have produced this informative and timely newsletter.

It will act as both a resource and an advocacy tool for physicians and other stakeholders at large.

Congratulations are due to all those who have worked hard for the newsletter.

Warm regards,

Dr. Jaydeep Tank
Secretary General FOGSI(2018 - 2021).





Editor's desk

Breastfeeding is one of the most effective ways to ensure child health and survival. However, nearly 2 out of 3 infants are not exclusively breastfed for the recommended 6 months—a rate that has not improved in 2 decades.

It gives us immense pleasure to present this dedicated newsletter towards achieving this goal. The entire gamut of breast feeding, right from physiology to pathology, has been presented in a crisp, concise manner.



All the authors have taken great efforts to provide you with up-to-date and clinically relevant information.

Our sincere thanks to FOGSI President Dr Alpesh Gandhi for his Dedication towards promoting Breast feeding. Thanks to Dr Jaydeep Tank (Secretary General FOGSI) for his guidance from time to time. Special thanks to Dr Sneha Bhuyar for her vision of having this newsletter in the capacity of Chairperson Breast Feeding Committee FOGSI and also for entrusting us with this responsibility.

Our endeavour will be worthwhile if everyone incorporates these changes in their daily practice as-

“Change is the end result of all true learning.” —Leo Buscaglia

Dr. Laxmi Shrikhande
ICOG Chair Designate





Editor's desk

Warm Greetings from our enthusiastic team of Breast Committee FOGSI!!

We have come out with a e newsletter for a novel and noble cause.

Breast feeding every woman's dream and every child's right.

Dr. Sneha Bhuyar's dream turning into reality!!



Breast feeding is a miracle of God but proper breast feeding needs deliberations.

This issue tells you all.

From basics to roadblocks every thing is covered.

All topics help you to understand the nuances.

A good and great guide for new Moms and its at your fingertips.

Learning never goes waste and this will mould you to be a great Mom

Happy Being Mommy Days!!!

Dr. Archana Verma
VP Elect FOGSI 2021





FOGSI Breast Feeding Week Celebrations

August 2019 - August 2020



WABA | WORLD BREASTFEEDING WEEK 2019



WABA | WORLD BREASTFEEDING WEEK 2020

LACTACON 2019 Pune



Nagpur Society August 2019



Yavatmal Society August 2019



ICOG - FOGSI - Breast Committee Certificate Course for Breast Feeding - 31st May to 2nd June 2020



ICOG - FOGSI - BREAST COMMITTEE
 CERTIFICATE COURSE FOR BREASTFEEDING
 In collaboration with
 BPNI Maharashtra | IVCF Chapter of IAP

An update on Breastfeeding

31st May – 2nd June, 2020 4:00 – 6:00 PM

31st May, Sunday: Breastfeeding during COVID 19 Pandemic

1st June, Monday: Baby Friendly Hospital Initiative

2nd June, Tuesday: Breastfeeding Challenges

Registration is compulsory and certificate will be issued immediately after the exam.

>>> To register click here <<<

ICOG-FOGSI CERTIFICATE COURSE ON BREAST DISEASES

<p>Day 1 - Breast Feeding during COVID Pandemic Sunday 31st May 2020 4.00- 6.00 pm</p> <p>4.00 pm Welcome</p> <p>Chairpersons - Mandakini Megh and Sanjay Gupta</p> <p>4.10 pm: Breast feeding in COVID positive mothers - Sneha Bhuyar</p> <p>4.30 pm: Practical difficulties and experience - Pradnya Supe</p> <p>4.50 pm: Global policies - Sebanti Ghosh</p> <p>5.10 pm IMS act, its relevance to COVID 19 - Satish Tiwari</p> <p>5.30 pm: Provision of human milk banking during COVID - 19 - Ketan Bharadva</p> <p>5.50 pm: Q & A</p>	<p>Day 2 - Breast Feeding Friendly Hospital Initiative Monday 1st June 2020 4.00- 6.00 pm</p> <p>Session 1 :Chairpersons Parag Biniwale and Sheela Mane</p> <p>4.00 pm: Risks of non breast Feeding - Sudhir Mishra</p> <p>4.20 pm: Initiation of breast feeding - Mangala Wani</p> <p>4.40 pm: Promoting and protecting breastfeeding in 1st 48 hours - Alka Kuthe</p> <p>5.00 pm: Q & A</p> <p>Session 2 :Chairpersons P.K. Shah and Agarkhedkar</p> <p>5.10 pm: Baby friendly hospital certification - Prashant Gogoi</p> <p>5.30 pm: Devices and technologies that make breast feeding easier-Deepti Shah</p> <p>5.50 pm: Q & A</p>	<p>Day 3 - Microbes in Breast Feeding Tuesday 2nd June 2020 5.00- 7.00 pm</p> <p>Session 1 :Chairpersons Hiremath M.G., Rajendrasingh Pardeshi and Pranjal Sharma</p> <p>4.00 pm: Milk and Gut Microbes - Sanjay Prabhu</p> <p>4.20 pm: Bottle Feeding to breastfeeding- Manisha Gogri</p> <p>4.40 pm: Breast feeding in late pre-term infants - Banapurmath</p> <p>5.00 pm: Q & A</p> <p>5.10 pm Session 2: Panel discussion -Breastfeeding challenges Chairpersons - Archana Verma and Rashmi Kahar</p> <p>Moderator- Sneha Bhuyar Expert- Mangala Wani</p> <p>Panelists: Kanchan Mada, Shyju Nair, Varsha Lahade, Charu Modi, Prerana Kashan, Manisha Ghate, Nitu Keshwani.</p>
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**ICOG - FOGSI - Breast
Committee Certificate Course
for Breast Feeding - 31st May
to 2nd June 2020**



**ICOG - FOGSI - Breast Committee
Certificate Course for Breast Feeding -
1800 viewers**

FOGSI Breast Week celebrations 1st August - 7th August 2020






BREAST COMMITTEE FOGSI ANNOUNCES
BREAST FEEDING WEEK CELEBRATIONS

Slogan/ Video / Poster Competition on BREASTFEEDING

Each society can send 1 slogan &/or video &/or Poster on Breast Feeding Promotion in Hindi/English

EXCITING PRIZES TO BE WON – WINNERS & RUNNERS UP IN EACH CATEGORY

Send your entries to the following emailid
breastfeedingwk2020@gmail.com

Last date for entries – 27th July, 2020, Monday, 8 pm
<https://m.facebook.com/events/904296546747799>



Dr. Alpesh Gandhi
President-FOGSI



Dr. PK Shah
Ex President-FOGSI
Judge



Dr. Suchitra Pandit
Ex President-FOGSI
Judge



Dr. Charulata Bapaye
National Co-ordinator



Dr. Jaydeep Tank
Secretary General-FOGSI



Dr. Ragini Agrawal
VP-FOGSI
Incharge-Breast Committee



Dr. Prashant Gangal
Lactation Consultant
Judge



Dr. Shehla Jamal
National Co-ordinator



Dr. Archana Verma
VP Elect-FOGSI
Convener



Dr. Sneha Bhuyar
Chairperson-FOGSI Breast
Committee



Dr. Kawita Bapat
VP Elect-FOGSI
Convener





FOGSI BREAST FEEDING WEEK 2020
1 to 7 August 2020

BREAST FEEDING
ELIXIR OF LIFE






JUDGES





NATIONAL CONVENORS




Theme : BREAST FEEDING

SLOGAN	VIDEO	POSTER / PICTURE
Max - 20 words A4- Size No pictures allowed.	Max - 1 minute Message on Breast Feeding No links allowed.	Handmade Painting For poster- Printed as well A3 Size

Language : HINDI & ENGLISH

Last date of entry :
Monday 27th July 2020

Send your entries to : breastfeeding2020@gmail.com

Mail should mention the name of society
One entry per category from one society.




Please contact for any query : 8527686529 & 9822065034



Webinar By Pune Obstetric & Gynaecological Society (POGS)

1st August 2020



POGS
PUNE OBSTETRIC & GYNAECOLOGICAL SOCIETY



Dr. Harshad Parasnis
President POGS



Dr. Ashwini Kale
Secretary POGS

CONVENORS



Dr. Chaitanya Ganapule



Dr. Mangala Wani

Register to the program now
1 ICOG point on attendance



WORLD BREASTFEEDING WEEK

In association with FOGSI Perinatology Committee & FOGSI Breast Committee

EXPERTS SPEAK

TOPIC

SUPPORT BREASTFEEDING: FOR A HEALTHIER PLANET

DATE: 01ST AUG 2020, TIME: 04:00 PM TO 06:15 PM



Dr. Sneha Bhuyar
Chairperson of Breast Committee FOGSI



Dr. Pramod Jog
Prof. of Pediatrics, D.Y. Patil Medical college & Private Medical Practitioner, Pune



Dr. Bakul Parekh
President Indian Association of Pediatrics - IAP



Dr. Uma Wankhede
Associate Professor BJ Medical College



Dr. Prashant Gangal
Founder BPNI

Time	Speaker	Topic
4:00-4:15 pm	Dr. Sneha Bhuyar	Best Breastfeeding Recommendations
4:15-4:30 pm	Dr. Pramod Jog	Breastfeeding Friendly Maternity Homes
4:30-4:45 pm	Dr. Bakul Parekh	Infant Milk Substitutes - Boon or Bane?
4.45-5.00 pm	Dr. Uma Wankhede	Breastfeeding in Special Situations
5:00-5.15 pm	Dr. Prashant Gangal	Breastpumps & Breastfeeding Devices

5.15-5.30 PM - E INAUGURATION

PANEL DISCUSSION

TOPIC

PRACTICE PEARLS FOR SUCCESSFUL LACTATION

TIME: 05:30 PM TO 06:15 PM

MODERATORS



Dr. Mangala Wani
President BPNI, Maharashtra



Dr. Zinal Unadkat Shah
Paediatrician & Lactation Consultant, Mumbai

PANELISTS

Dr. Neeraja Pauranik
Dr. Kalyan Baramade
Dr. Sanjay Natu
Dr. Sangeeta Jadhav

Dr. Meenakshi Deshpande
Dr. Shalaja Mane
Dr. Sumedha Dabke
Dr. Charu Bapaye



Mega Scientific Session - PAN INDIA 2nd August 2020



**WORLD BREASTFEEDING WEEK
CELEBRATIONS 2020
BREAST COMMITTEE FOGSI**

Sunday | 2nd August 2020 | 10:30 to 1:30 PM




Dr Alpesh Gandhi
President, FOGSI


Dr Ragini Agrawal
VP- FOGSI, In charge Breast Committee


Dr Jaydeep Tank
Secretary General, FOGSI


Dr Sneha Bhuyar
Chairperson, Breast Committee, FOGSI


Dr Sanjay Gupte
Past President, FOGSI


Dr Hrishikesh Pal
President Elect 2022


Dr P K Shah
Past President, FOGSI


Dr Suchitra Pandit
Past President, FOGSI


Dr Jaldeep Malhotra
Past President, FOGSI

► **Inaugural Session**

WELCOME ADDRESS

Dr Sneha Bhuyar, Chairperson, Breast Committee, FOGSI
 "Release of Breast Committee Video – ELIXIR OF LIFE"

INAUGURATION

Speech – Dr Alpesh Gandhi, President FOGSI
 Chief Guest – Dr Sanjay Gupte, Past President, FOGSI
 Guest of Honour – Dr Hrishikesh Pal, President Elect 2022
 Masters of Ceremony – Dr Charulata Bapaye & Dr Shehla Jamal
 Words of Wisdom – By all Guests

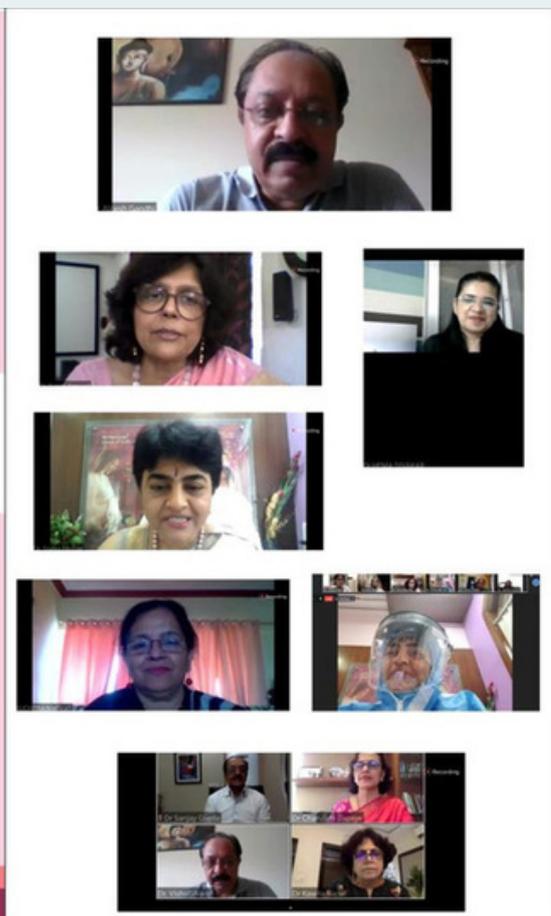
Prize Declaration

Vote of Thanks – Dr Charulata Bapaye

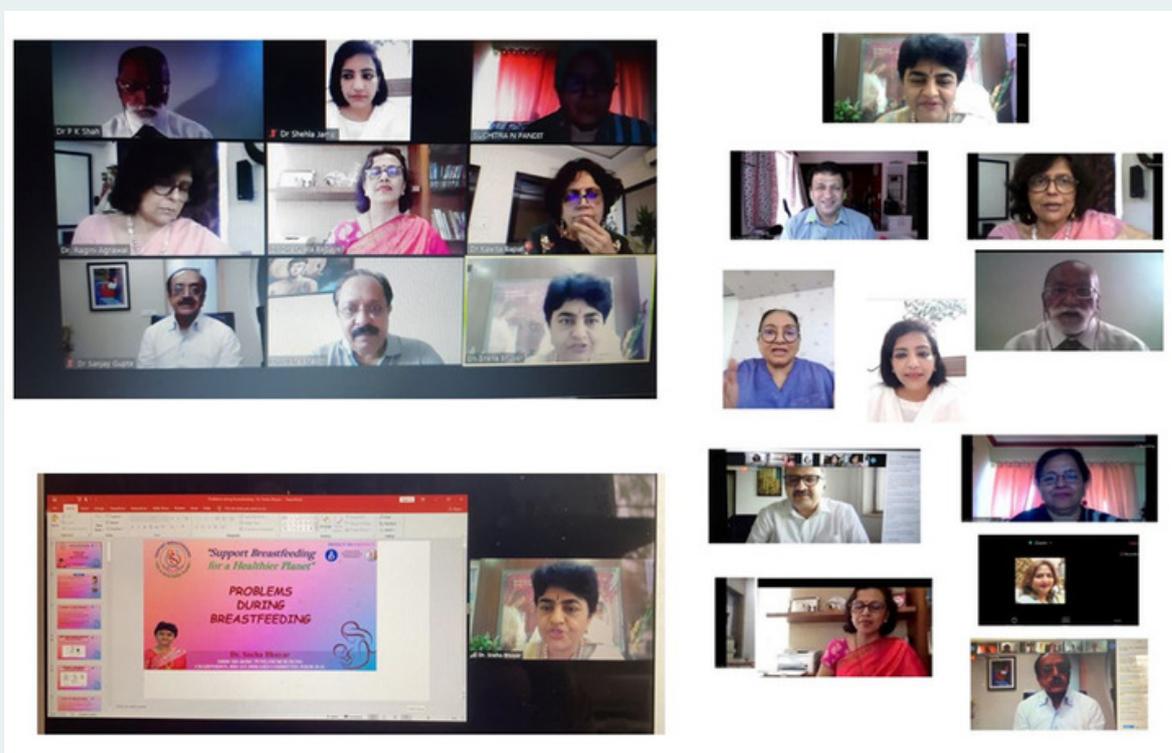
To register for webinar please click here. https://zoom.us/join/register?WN_N3cQMmvs2tFOIP2dnQ

► **Scientific Session**

- 1 Initiation of Breast Feeding & Good Breast Feeding**
 Speaker: Dr P. K. Shah, Past President, FOGSI
 Chairpersons: Dr Mandakini Megh, Chairperson ICOG
 Dr Kavita Bapat, VP Elect, FOGSI
- 2 Problems During Breast Feeding**
 Speaker: Dr Sneha Bhuyar, Chairperson, Breast Committee, FOGSI
 Chairpersons: Dr Jaydeep Tank, Sec. General, FOGSI
 Dr Ragini Agrawal, VP FOGSI
- 3 Inflammatory Breast Cancer**
 Speaker: Dr Suchitra Pandit, Past President FOGSI
 Chairpersons: Dr Hema Divakar, Past President, FOGSI
 Dr Nandita Palshetkar, Past President, FOGSI
- 4 Diet during Lactation**
 Speaker: Dr Jaldeep Malhotra, Past President, FOGSI
 Chairpersons: Dr Parag Binivale, Secretary ICOG
 Dr Archana Verma, VP Elect, FOGSI



Mega Scientific Session - PAN INDIA 2nd August 2020



Interactive Webinar By Perinthalmanna Ob/Gyn Society (POGS) 4th August 2020



Dr. Alpesh Ganeshi
President - FOGSI-2020



Dr. Jaydeep Tank
Secretary General, FOGSI



Dr. Sneha Bhuyar
Chairperson,
Breast Committee FOGSI (2019-2021)



Dr. Ragini Agarwal
Vice President Incharge

 **Breast Committee**
FOGSI-2020





WABA | WORLD BREASTFEEDING WEEK 2020



4th August 2020
2.00pm

World Breastfeeding Week 2020
"Support breastfeeding for a healthier planet"

Interactive webinar
Organised by
Perinthalmanna Ob/Gyn Society
National Neonatology Forum - Malappuram,
ARMC AEGIS Hospital, Perinthalmanna

Zoom ID:
817 5102 7431
Password:
467172



Dr. Kunjimoideen
PRESIDENT, POGS



Dr. Abdul Yahaab
SECRETARY, POGS

Moderator:
Dr Nilar Mohammed
Chairman, IMA Malappuram District Committee



How to get Self prepared and address issues during breastfeeding:
Dr Aswathy Govind, Consultant Gynaecologist, ARMC AEGIS Hospital, Perinthalmanna



Importance of exclusive breastfeeding & What's special in COVID scenario: Dr P Priya, Consultant Neonatologist, ARMC AEGIS Hospital, Perinthalmanna

Webinar On Breast Feeding By Breast Committee - FOGSI 4th August 2020

  **BREAST COMMITTEE FOGSI – WEBINAR ON BREAST FEEDING** 

TUESDAY, 4TH AUG, 2020. TIME 4PM-6PM


Dr. Alpesh Gandhi
 President-FOGSI


Dr. Jaydeep Tank
 Secretary General-FOGSI


Dr. Ragini Agrawal
 VP-FOGSI
 Incharge-Breast Committee


Dr. Sneha Bhuyar
 Chairperson-FOGSI Breast Committee


Dr. Laxmi Shrikhande
 Advisor
 Chief Guest


Dr. Girija Wagh
 Professor, Bharati Vidyapeeth Med College, Chief Guest

- Welcome Address – Dr Sneha Bhuyar, Fogs Breast Committee Chairperson
- Address by Dr Laxmi Shrikhande , EX VP FOGSI
- Address by Dr Girija Wagh, Professor Ob Gy, Bharati Vidyapeeth Med College, Pune

Scientific Session

- Cost of NOT Breast feeding – Dr Sebanti Ghosh**, Country Program Director, Alive & Thrive
 Chairperson – Dr Bhasker Pal, Secretary, IAGE 10min
- Mother & Baby Friendly health Systems – Dr Shailesh Jagtap**, Sr Tech & Program Advisor, Alive & Thrive
 Chairperson – Dr Arun Baruah, Sr Consultant, Assam 10min
- Challenges in Breast feeding the Preterm Infant – Dr Charulata Bapaye**, West Zone Coordinator, Breast Committee
 Chairperson – Dr Mitra Saxena, North Zone Coordinator 10 min
- Relactation & Induction of Lactation – Dr Mangala Wani**, Director, Hirkani Gynecology & Breastfeeding Medicine Clinic, Pune
 Chairperson – Dr Rajat Mohanty, EX VP, Fogs 10min
- Drugs during Lactation – Dr Vidya Thobbi**, Chairperson, Food & Drug Committee
 Chairperson – Dr Varsha Lahade, Breast Committee Member 10 min
- Problems During Breast feeding – Dr Ragini Agarwal** 40min

Experts – Dr M C Patel, VP FOGSI
 Dr R Pardeshi, VP AMOGS & EX VP FOGSI

Panelists

Dr Anita Rajhoria, Dr Shashi Kabra, Dr Indrani Roy, Dr Charu Modi, Dr Vijay Prabha, Dr Anju Turiol, Dr Kanchan Madar, Dr Neerja Puranik

 **Girija Wagh**
 20 h • 🌐

Wonderful CME on lactation by BreastCommittee FOGSI

 **Anita Rajhoria** is with **Mangala Wani** and **6 others**.
 1 d • 👥



Webinar By Gwalior Obstetrics And Gynaecology Society 5th August 2020

GWALIOR OBSTETRICS AND GYNAECOLOGY SOCIETY
In Association with
FOGSI BREAST COMMITTEE

DETECT TO PROTECT

**WORLD BREAST FEEDING
WEEK CELEBRATIONS -2020**

**Invites You For a Community Connect Program on
5th August Wednesday | 4 Pm - 5.30 Pm**

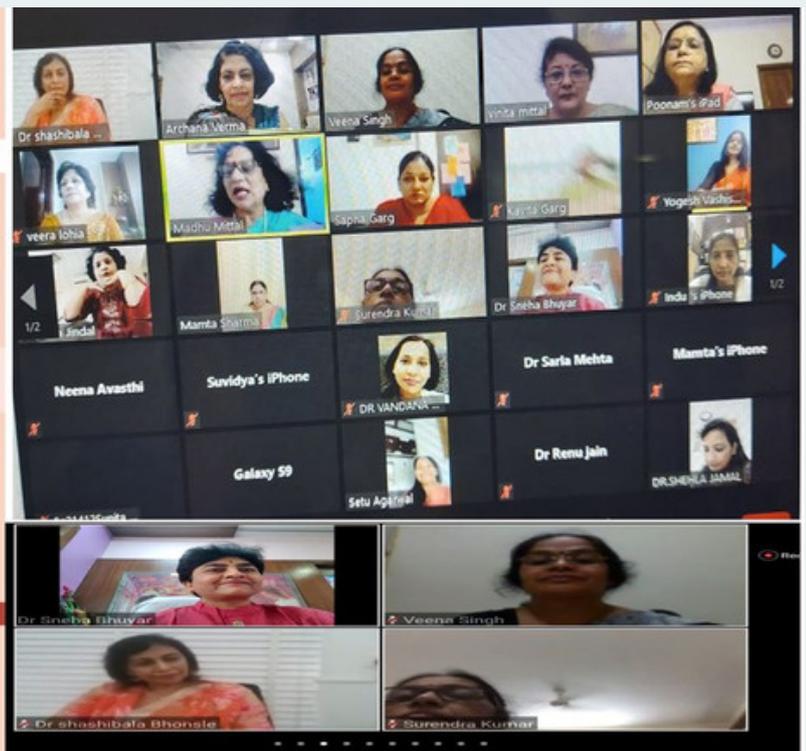
Chief Guest
Dr. Archana Verma
VP Elect Fogs-2021 North Zone

Guest Of Honour

 Dr. Sneha Bhatnagar Chairperson Breast Committee Fogs	 Smt. Madhu Mittal Women Co-ordinator, Ghaziabad	 Smt. Yogesh Vashishth Regional Member North Zone (Fogswest-2021)
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Experts

 Dr. Shikha Jaiswal Senior Lecturer	 Dr. Veena Mittal S.T. Lecturer	 Dr. Sneha Kalyan Sgt. Lecturer	 Dr. Veena Singh Sgt. Lecturer	 Dr. Alpa Bansal Sgt. Lecturer
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Webinar By Gwalior Obstetrics And Gynaecology Society 5th August 2020

HOSTED BY:

DEFECT TO PROTECT
A Family Based
Prevention Strategy

CASE BASED CHALLENGING SITUATIONS IN BREASTFEEDING
A WEBINAR ON THE OCCASION OF WORLD BREASTFEEDING WEEK 2020

Organized by Departments of Obstetrics & Gynaecology and Pediatrics, YMMC & Safdarjung Hospital
Under aegis of Safe Motherhood Committee AOGC, MABOH India, Breast Committee FOGC

Wednesday, 5 August | 4:30-6:00 pm

CHIEF GUEST
Dr. Mala Srivastava
President AOGC

ANNOUNCEMENT OF RESULTS OF SKIDMAN AND POSTER COMPETITION
JUDGES

MODERATORS
Dr. Anjali Dubral
Dr. Yamini Sarwal

PANEL DISCUSSION
PANELISTS

MASTER OF CEREMONY & A SESSION

VOTE OF THANKS Dr. Yamini Sarwal

brought to you by:



THE OBSTETRICS & GYNAECOLOGICAL SOCIETY, AMRAVATI
Association with
INDIAN ACADEMY OF PAEDIATRICS
WEBINAR

Training program on breast feeding for private nursing staff

- Speakers -

Dr. Karan Morley | Dr. Ranhee Kumar | Dr. Sandeep Dinkhule | Dr. Pooja Belkar | Dr. Pradya Choudhary

Wednesday, 5th August 2020 | Time 5:00 to 6:00 pm

Dr. Neelima Arank Thakare President, OBGY Society, Amravati
Dr. Poonam Belkar Secretary, OBGY Society, Amravati
Dr. Bhupesh Bhand President, I.A.P., Amravati
Dr. Shriniket Tike Secretary, I.A.P., Amravati

6th August 2020

SOCIETY OF MENSTRUAL DISORDERS & HYGIENE MANAGEMENT
in collaboration with
BAREILLY OBSTETRICS & GYNECOLOGICAL SOCIETY
organizes a

QUIZ BASED AWARENESS SESSION

ON
BREAST FEEDING WEEK

Thursday 6 August 2020 at 04:00 to 04:40 pm

GUEST OF HONOR

Dr. ARCHANA YADAV
Senior Consultant
Vice President West North Zone, FOGG

Dr. SMRITA BHUYAR
Outpatient, Breast Consultant FOGG

Dr. SMRITI SARAN
President - BGGG

Dr. MEENAKSHI GOEL
Secretary - BGGG

Dr. SEEMA MITTAL
President, Breast Clin. and Eye Society

Dr. SHEELA JAMAL
President - SBGGG

MODERATORS

Dr. NAIMA AFREEN
Secretary - SBGGG

Dr. KHUSHBOO JUNEJA
Executive Member - SBGGG

CO-ORDINATOR

Dr. DEEPAJI RANGA
South Eastern Coordinator, SBGGG

CONVENER

Dr. APPORVIA ASTHANA
President - SBGGG

Registration Link: <https://bit.ly/3014429547ywd> TG/whatsapp: [S12D6464542M0Q79F](https://t.me/S12D6464542M0Q79F)
Meeting ID: 730 0144 3954 | Passcode: 029624

Bareilly Obstetrics & Gynecological Society Quiz Based Awareness Session

6th August 2020

Ob-Gyn Societies of
Ajmer, Alwar, Bharatpur, Bikaner, Hanumangarh, Jaipur, Jodhpur, Kota, Pondicherry, Sriganaganar, Udaipur, Yavatmal
invite you for webinar on

Date: 6th August 2020 **Unlocking Updates in Obstetrics & Gynaecology - 6** Time: 3 PM to 5 PM

Click to Register
<https://tinyurl.com/y5idcwi5>
Contact no: +91-8291978368, +91-9834744484

Welcome Address by Guest of Honour
Time: 3:00 PM

Topic: Misoprostol in IOL
Time: 3:15 to 3:30 PM
Speaker: Dr. Kiranmai Devihani

Topic: Whats new in treatment of CIN
Time: 3:30 to 3:45 PM
Speaker: Dr. Saritha Shamsunder

Panel Discussion: Annullusid screening - Challenges in different health care systems
Time: 3:45 to 4:45 PM
Moderator: Dr. Chinmayee Ratha

Expert Discussants

SMART SCOPE® TEST DIGITAL CERVICAL EXAMINATION with immediate results
Beat cervical infections and cancer with regular screening!

- ✓ Accurate results in 7 minutes
- ✓ Non-invasive OPD procedure
- ✓ Detects simple infections also
- ✓ Affordable

Inserts just 7 minutes a year for great health, and for lifetime love. Ask your doctor for a Smart Scope® test today!

NOGS 1911-22
ACHHE DIN AAYENGE BUTTON DABAO

THE POLL
NOGS PRESENTS
DIGI-O-GYAN
THURSDAY 6th AUGUST at 5:00 PM

Magic of Mumma's Milk

Dr. Swati Manerkar
International Breast Lactation Consultant
LET THE GOODNESS FLOW!

Dr. Sneha Bhuyar
Chairperson, FOGG Breast Feeding Committee
DIET FOR LACTATING MOTHERS

Meeting ID/link: PW in the text below
Dr. Valdehi Marathe, President, NOGS
Dr. Rajasi Kane Sengupta, Secretary, NOGS

Webinar By Various OB-GYN Societies all over India

FOGSI Breast Committee with iMumz App Public Awareness Session 7th August 2020



DETECT TO PROTECT
A Breast Breast Awareness Campaign (BACA) initiative

FOGSI **iMumz App**

SAFE MOTHERHOOD COMMITTEE FOGSI

FOGSI & Breast committee with iMumz App Presents

Supported by: Safe Motherhood Committee, Practical Obstetrics committee, Medical Disorders committee, Perinatology committee, Public Awareness committee

FOGSI's E-Conclave on
BreastFeeding: My right, My child's right
Friday | 7th August | 1:30 - 4:30 PM

Compeers
Dr. Shruti Malavi, Dr. Archana Dwivedi, Dr. Kirtan Vyas, Dr. Apurva Dutta

 Dr. Alpesh Gandhi PRESIDENT FOGSI	 Dr. Jaydeep Tank SECRETARY GENERAL	 Dr. Nandita Palshetkar IMMEDIATE PAST PRESIDENT FOGSI	 Dr. S. Shantha Kumari PRESIDENT ELECT FOGSI	 Dr. Jaideep Malhotra PAST PRESIDENT FOGSI
 Dr. Anita Singh VP - FOGSI	 Dr. Atul Ganatra VP - FOGSI	 Dr. Ragini Agrawal VP - FOGSI	 Dr. Ramani Devi VP - FOGSI	 Dr. Archana Basar VP - FOGSI
 Dr. Sneha Bhuyar Chairperson Social Committee FOGSI	 Dr. Priti Kumar Chairperson Safe Motherhood Committee FOGSI	 Dr. Komal Chavan Chairperson Medical disorders committee	 Dr. Sajay Des Chairperson Practical obstetrics committee, FOGSI	 Dr. Vajubhai Chaudhan Chairperson Perinatology committee FOGSI
 Dr. Kalyan Barmade Chairman Public awareness committee				

1:30pm **Prayer**

1:35pm **Welcome and Presidential Message**
Dr. Alpesh Gandhi

1:40pm **Vice President's message**
Dr. Ragini Agarwal & Dr. Atul Ganatra

SESSION 1
Chairpersons: Dr. Ramani devi, Dr. Madhuri Patel
Dr. Komal Chavan

1:45pm **Correct Techniques of Breast Feeding**
Dr. Neerja Puranik (13min + 2min)

2:00pm **Golden rules of breastfeeding, benefits of breastfeeding to baby**
Dr. Kavita Bhatti (13min + 2min)

2:15pm **Benefits of breastfeeding to Mother, do's, and dont's of breastfeeding**
Dr. Manju Puri (13min + 2min)

SESSION 2

Chairpersons: Dr. Priti kumar, Dr. Gracy Thomas
Dr. Sanjay Das

- 2:30pm **Problem of bottle feeding**
Dr. Meera Lakhtaria (13min + 2min)
- 2:45pm **Breast Engogement, What to do?**
Dr. Manpreet Kaur (13min + 2min)
- 3:00pm **No milk secretion, What to do?**
Dr. Deepa, Trichy (13min + 2min)

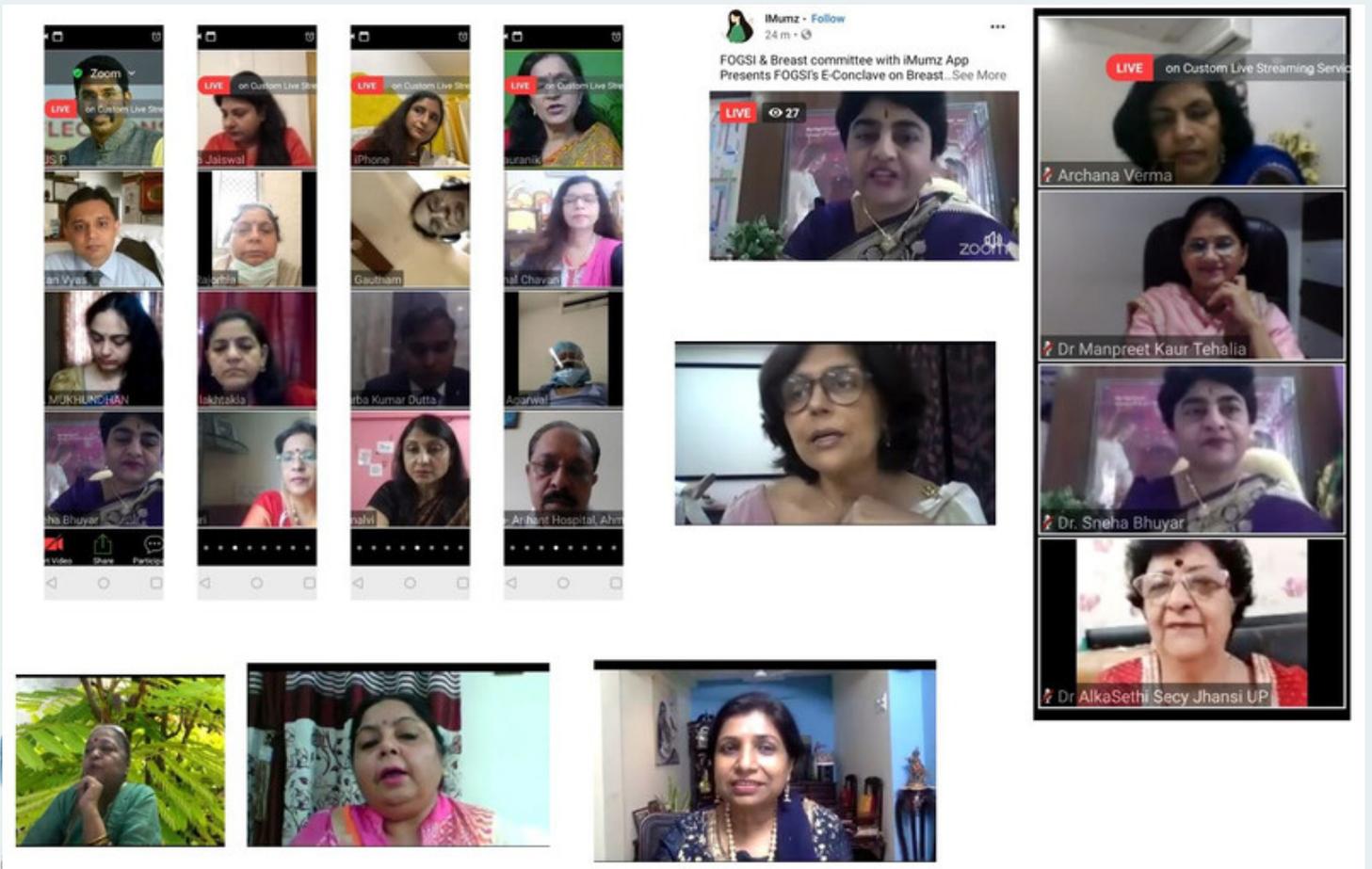
SESSION 3

Chairpersons: Dr. Kavita Bapat, Dr. Jaideep tank,
Dr. Vaishali Chavan

- 3:15pm **Early skin to skin contact, breast crawl, zero seperation and KMC**
Dr. Shashi Vani (13min + 2min)
- 3:30pm **Diet During Lactation**
Dr. Jaideep Malhotra (13min + 2min)
- 3:45pm **Panel Discussion on**
to 4:30pm **Barriers and enablers for breastfeeding, complementary feeding and growth monitoring**
- Moderator: **Dr. Sneha Bhuyar**
- Dr. Archana Verma, Dr. Supriya jaiswal,
Dr. Dasari Papa, Dr. Asha Bhatt, Paediatrician,
Nutrition Specialist.
- 4:30pm **Vote of Thanks**
Dr. Kalyan Barmade and Dr. Sunil Shah



FOGSI Breast Committee with iMumz App Public Awareness Session 7th August 2020



**7th August 2020 Session was a big
success with 58,200 viewers**



FOGSI Breast Committee with iMumz App Public Awareness Session 7th August 2020



The screenshot shows a Zoom meeting in progress. The top portion of the screen is a grid of 20 small video feeds of participants, each with their name at the bottom. The names include: Dr. Anju Turlor, Dr. Charulata Bapat, Dr. Neeraj Paurani, Dr. Anita Kaphoria, Dr. Kirtan Vyas, Dr. Sneha Bhuyar, Dr. Ragini Agrawal, Dr. Arun Baruah, Dr. R. Pandey, Dr. M. C. Patel, Dr. Vijaya Prabha, Dr. Chani Modi, Dr. Vidya Thobbi, Dr. Indrani Roy, Dr. Girija Wagh, Dr. Mitra Saxena, Dr. Shalish Jagtap, Dr. Deepa Mukhundan, and Dr. Manpreet Kaur Tehalia. Below the grid, there are three larger video feeds: 'Alive & Thrive (A&T)', 'Dr. Anju Turlor', and 'Dr. Vishal Shastri'. The bottom portion of the screen is dominated by a presentation slide with a teal background. The slide text reads: 'ROLE OF FOGSI IN STRENGTHENING PUBLIC & PVT HOSPITALS TOWARDS BHF1', 'DR BINAL D SHAH', and 'FOGSI representative from BOGS'. A large video feed of Dr. Binal Shah is visible in the bottom right corner of the meeting window.



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Early Initiation of breastfeeding “Well begun is half done”



Dr. Neerja Pauranik, MS, DGO

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Motherhood Hospital, Indore

Introduction

- The physiological aspects of the initiation of breastfeeding related to hypothalamus, pituitary and overall hormonal control are not being discussed herein. I will restrict myself to clinical aspects only which will be covered in two parts.
- 1. **Why** early initiation of Breastfeeding is important
- 2. **How** to ensure early initiation.
- Who does not support immediate initiation of breastfeeding? Including WHO, I think no one. Everybody agrees, believes and support this concept. Yet unfortunately actions betray hypocrisy. Baring a few, it is most of the time merely a lip service.

Why Early Initiation of Breast feeding is Important

- Immediate initiation of breastfeeding is comparable to a miracle vaccine, which can prevent millions of infant deaths per year. A vaccine which is freely available, can be administered orally, does not need cold chain, has no side effects and is very safe. The vaccine imparts many benefits other than immunity like, Nutrition, Brain development, Bonding, Antimicrobial protection and is available everywhere, every time at right temperature.

- This vaccine does not need a cold chain but needs a warm chain of support. The above-mentioned analogy was given in an editorial of Lancet (1994), The statement still holds true even after 25 years.[1]

Advantages of immediate breast feeding

- The benefits of immediate initiation of breastfeeding are tremendous and innumerable, and need to be remembered and hammered repeatedly.
- 1. Utilization of strong sucking reflex which lasts for first 40 to 60 minutes only and re-appear after 24 hours
- 2. Release of oxytocin, which in turns contracts uterus and reduces the risk of PPH(Postpartum haemorrhage) and expels the placenta
- 3. Intensity of Jaundice is found to be less in early fed babies.
- 4. Weight loss of newborns occurs within physiological limits
- 5. Skin to skin contact is important for bonding between mother baby duo.
- 6. It stabilizes the temperature of baby & prevents hypothermia

Benefits of Colostrum

- The greatest reason for emphasis on early initiation of breastfeeding is to ensure that babies do not miss out benefits of colostrum. Initial few drops of colostrum paints the sterile, permeable new born gut mucosa and prevents entry of infections in to the gut of infant. Baby passes meconium because of the laxative action of colostrum. Colostrum is higher in Protein, Sodium, Chloride & Potassium, Vitamins such as A & E and three times higher than mature milk.
- Carotenoids & secretory Iga are 10 times higher. Colostrum is low in sugar, fat & lactose. It is rich in antioxidant, antibodies, immunoglobulins rich in Interforone having strong antiviral activity.
- Colostrum contains PSTI (Pancreatic secretory trypsin inhibitor) 7 times higher than mature milk, which protects & repair delicate intestine of new born.
- Leucocytes are maximum on day 1 and 2 (10,000 per cumm) and drops down to minimum 1000 per cumm later on.

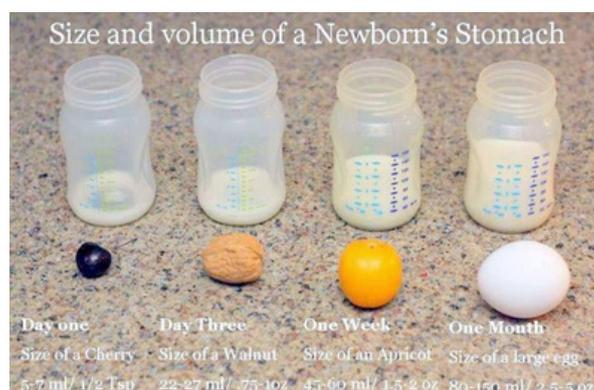
How to Ensure Early Initiation

- Lack of knowledge and motivation is the main obstacle, which is seen not only in obstetrician, pediatrician, but also in mothers family members, primary health care workers, labour room and operation theatre staff. Many of them lack the true knowledge harbour a variety of myths and are not passionate enough, towards the goal of early & optimum breast feeding.
- The most difficult time in breastfeeding journey is first week; of the baby and mother, and mother dyad which can be over come to a great extent by supporting mothers, preparing them mentally during antenatal period, educating husband and family members (specially mother-in-law), about myths and misconceptions related to breastfeeding.

- Initiation of breastfeeding should be as early as possible. According to WHO recommendation it should be within first one hour. We should not wait till 59th minute. Obstacle which come in the way of early initiation are bathing and cleaning the baby, giving injections of Vitamin K, or vaccinating for Hepatitis B, putting honey into baby's mouth, weighing the baby and many other unnecessary rituals.
- Best time to figure out mother and baby duo to learn latching, co-ordinated sucking swallowing and breathing is immediately after birth and first three days .

To ensure early initiation of breast feeding it is essential to dispel many myths.

- Adequacy of colostrum is many times questioned and mother get false advises.



- The above picture depicts that the requirement of a new born baby is very small in first week. Gradually increases day by day. Colostrum comes in right quantity, drops by drops People should not expect free flow right from the day one.
- Capacity of the newborn stomach on 1st day is only 5 to 7 ml. which is exactly the amount of colostrum secreted by the mother. For the initial 36 hours, a full term baby needs only colostrum which is coming drop by drop. Newborn carries contents extra 20% calories in stores at the time of birth gifted by nature which is used as buffer for baby and mother to figure things out.

- Educating mother as well as relatives about normal physiology, correct techniques can boost her confidence and can prevent use of formula feeds.
- Clinical situations where evaluation is necessary but supplementation is not indicated.
- 1. The healthy term, appropriate for gestational age infant with bilirubin level less than 18 mg% after 72 hours of age when baby is feeding well and stooling adequately and weight loss is less than 7%.
- 2. The infant who is fussy at night or constantly feeding for several hours.
- 3. The sleepy infant with fewer than 8 to 12 feedings in first 24 to 48 hours with less than 7% weight loss and no signs of illness. Newborns are normally sleepy after 2 hours alert period after birth.



- Dry the baby and cover them on mother to keep warm. There is no need to force the baby to suckle immediately. But most babies are ready to try within about an hour

Cesarean Delivery

- Unfortunately breastfeeding is commonly not started till two days. Immediate breastfeeding should be the norm in cesarean delivery also. Mother can feed their babies in laid back or lying down position

Laid Back position



Side lying position



Breast feeding technique

- It is not a rocket science; Babies may feed very irregularly at first, they may feed only a few times in first day or two, then they may feed very often for several days. Rhythm settles down after a week or two.[2]
- Frequent unrestricted suckling from soon after birth stimulates production of Prolactin which helps the breast milk to establish earlier and helps to prevent breast engorgement.
- As soon as the baby is born, let the mother hold him close, against her bare chest so that they may have skin to skin contact.[3]

Baby Crawl

- Many obstetricians recommended Breast crawl. The neonate has instinctive reflexes to crawl and search for areola when placed prone on the chest of the mother

Some Recommendations

- A general rule in the first week is that an awake baby is a hungry baby.
- Increased skin to skin time can encourage more frequent feeding.

- Healthy infants should be put skin to skin with mother immediately after birth to facilitate breastfeeding. [4-6]
- Antenatal education and in hospital support can significantly improve rate of exclusive breastfeeding.
- Healthy newborns do not need supplemental feeding for poor feeding.
- Delay in time between birth and initiation of the first breastfeed is a strong predictor of formula use.[7,8]

The concerns about weight loss : How grave?

- Healthy term infant have sufficient body water to meet their needs even in hot climates.[9-15], Insensible loss of fluid is managed by breast milk alone. Newborns lose weight because of physiologic diuresis of extracellular fluid[16]. Between 48 to 72 hours after birth there is weight loss ranging maximally between 5 to 6.6 %, which is regained in 6-8 days. Weight loss needs close monitoring, majority of breastfeed infants will not require supplementation.

Fear of neonatal Hypoglycemia : How Common? How serious?

- Apart from weight loss hypoglycemia is newborn is unnecessarily feared of by pediatricians. Definition of hypoglycemia, its clinical significance & management remain controversial. Blood glucose level in the first hours of life are typically lower than normal values of older children or adults in healthy infants blood glucose level can often be maintained in the appropriate range by initiating feeding soon after birth. Most cases of hypoglycemia are transient.
- As soon as the umbilical cord is cut there is abrupt interruption of supply of glucose and hence the peptic stones are utilized and glycogenesis, gluconeogenesis occurs plus

nutrients from feeding maintain adequate glucose level. During this normal transition newborn glucose levels fall to a low point (nadir) in first 1 to 2 hour of life as low as 30 mg% then increased to 45 mg %.

- Before labeling, diagnosing and treating, hypoglycemia in a newborn baby it is necessary to know exact gestational age, large for date or small for date, infants of diabetic mother, history of birth asphyxias and many more.

Conclusion

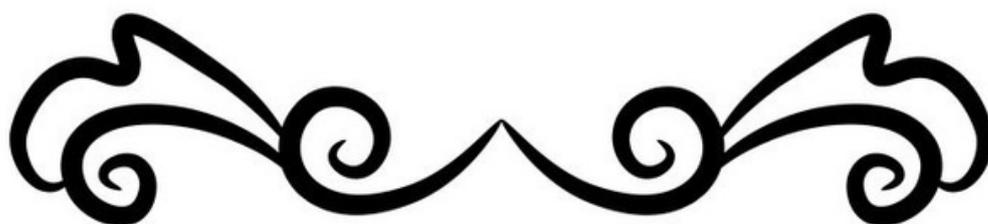
- All the above mentioned facts strongly recommend initiation of breastfeeding as early as possible. Healthy infants should be put skin to skin to facilitate this because the delay in time (Golden Hours) is a strong predictor of formula use.
- Antenatal education and in hospital support can significantly improve rates of exclusive breastfeeding.[17]
- Hospitals should strongly consider instituting a 'policy' regarding supplemental feedings to require a physician's order and formula consent of mother when supplement are not medically indicated.

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Breast Feeding Promotion



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- Breastfeeding promotion refers to coordinated activities and policies to promote health among women, newborns and infants through breastfeeding. The World Health Organization (WHO) recommends infants should be exclusively breastfed for the first six months of life to achieve optimal health and development, followed by complementary foods while continuing breastfeeding for up to two years or beyond. However, currently fewer than 40% of infants under six months of age are exclusively breastfed worldwide.
- Public health awareness events such as World Breastfeeding Week, as well as training of health professionals and planning, aim to increase this number. World Breastfeeding Week is an international initiative of the World Alliance for Breastfeeding Action that seeks to promote exclusive breastfeeding. Since 1992, it has been held each year from August 1 through August 7.
- Effective support techniques for breastfeeding include support given by nurses, physicians, and midwives during and after pregnancy, regular scheduled visits, and support that is directed towards specific groups of people. Support has been shown to be effective when offered by both professional ,peers, or a combination. Providing

face-to-face support has been shown to be more likely to be successful for women who are breastfeeding exclusively. It is essential that healthcare providers receive high quality training in clinical lactation to provide skilled and timely support to breastfeeding families.



Lactation consultants

- Lactation consultants are health care professionals whose primary goal is to promote breastfeeding and assist mothers with breastfeeding on an individualized or group basis. The majority of lactation consultants hold a certification

Social marketing and media

- Social marketing has been shown to influence women's decision to breastfeed their children.
- The growth of the Internet's influence has also influenced women's choices in infant feeding. The Internet has served as both a vector for formula advertisement and a means by which

women can connect with other mothers to gain support and share experiences from breastfeeding. In addition, social media is a category of advertising that did not exist when the International Code of Marketing of Breast-milk Substitutes was published; thus, while some advertising practices undertaken by formula companies on the Internet violated the Code, they did so in ways that could not have been anticipated.

- One social medium used to promote breastfeeding is video. These videos are often independently filmed and produced by lactation consultants who seek a new way to reach clients. While the efficacy of these videos has not been formally studied, they are a relatively new medium of conveying messages about breastfeeding.



Supporting breastfeeding among working mothers

- It is desirable for the employer to provide break time to accommodate employees to express breast milk for the employee's infant child, breast-feed an infant child or address other needs related to breast-feeding. This amendment also

requires public schools to provide similar facility to the lactating students.

- On a global scale, recommendations have been made to educate school age children using curriculum that promotes healthy nutrition which includes breastfeeding. The World Health Organization's Global Strategy for Infant and Young Child Feeding recommend education authorities help form positive attitudes through the promotion of evidence-based science regarding the benefits of breastfeeding and other nutrition programmer in Women.
- On a global scale, recommendations have been made to educate school age children using curriculum that promotes healthy nutrition which includes breastfeeding. The World Health Organization's Global Strategy for Infant and Young Child Feeding recommend education authorities help form positive attitudes through the promotion of evidence-based science regarding the benefits of breastfeeding and other nutrition programmer in Women.
- The Baby Friendly Hospital Initiative (BFHI) is an initiative of the World Health Organization and UNICEF that seeks to encourage initiation of breastfeeding among mothers who give birth to their children in hospitals. Facilities that achieve its "Ten Steps to Successful Breastfeeding" and implement the International code of Marketing Breast-milk Substitutes can be recognised as a Baby-Friendly facility by the BFHI. In the United States, accreditation by the BFHI allows facilities to approach the Healthy People 2020 breastfeeding initiation goals. Worldwide, facilities that fulfill the requirements of the BFHI have been able to greatly increase their breastfeeding initiation rates among patients.

- The Government of India initiated the nation-wide breastfeeding programme: MAA- Mother's Absolute Affection, in August 2016. Initiation of breastfeeding within the first hour of birth and exclusive breastfeeding for at least six months are the two main goals of the MAA programme



Counselling of lady starts from Antenatal period BY all strata of HEALTH CARE PROVIDER with the help of Banner, Poster and Role Play

- Health promotion messages rarely work when they simply tell people what to do. We all know what a healthy diet looks like, yet that knowledge doesn't prevent us from ordering another takeaway. The same is true for breastfeeding.
- Rather than focusing on telling women to breastfeed, all the stakeholders must recognize their wider public health responsibility, and work to create an environment that actually supports breastfeeding. It shouldn't be left to charities and volunteers alone. Support should be part and parcel of society – and implementing a new strategy is not as difficult as it appears

1. Education and support

- Good quality education, rather than simply a list of reasons why women should breastfeed, is key to success here. Before the birth, mothers should be offered information on how breastfeeding works, challenges that might arise and who they can get support from. Peer supporter schemes are a highly valued source of practical and emotional help for new mothers, but in many places are absent or have had their funding cut.

- But this is not just about teaching mothers, ongoing breastfeeding education is crucial for all who support them, including GPs and childcare staff, so that women get consistent, high quality advice. However, this education is not much use unless staff are also given the time to work with mothers after birth.



2. Public acceptance

- Breastfeeding promotion should not just target mothers, but the wider population. A mother may want to breastfeed but if those close to her do not understand why, or how to help, her experience will be more challenging.
- Counselling for the parents and other active family member (Grand Mother) // SAAS:BAHU SAMMELAN: Involving them in decision making and explaining about the benefits of mother's milk. Involving the family has a positive impact on the women's mental status which is helpful in adequate secretion of breast milk.
- The public need to know why it is important to support breastfeeding, and that it has legal protection too. Breastfeeding Welcome schemes – participating organisations display signs saying they are supportive of breastfeeding – can play an important role here to reassure mothers, and also send a strong signal to potential critics. Public acceptance is not just an issue for adults: children should also learn about the breast, and its role in nutrition, health and reproduction, just as they would any other body part. Doing this would mean that the next generation would not even think to question breastfeeding.



3. Maternal legal rights

- Countries, like Sweden, that have longer, well-paid maternity leave and flexible working rights also have the highest breastfeeding rates. However, in the UK for example, statutory maternity pay drops to just £140 (R2368.36) a week after six weeks, and in the US it is non-existent – meaning many mothers return to work weeks after the birth. When they return, many struggle to continue breastfeeding due to poor facilities – despite research showing that when women have private, paid breaks to express, this leads to continued breastfeeding and happier staff. Some simple changes here would not only enable women to breastfeed for longer, but show that society values mothering.



SLOGAN & PAINTING COMPETITION

4. Mental health

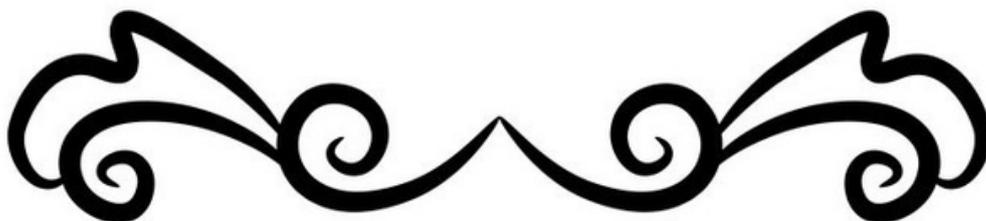
- Caring for a baby invariably leaves new mothers feeling exhausted. In many cultures, childcare is

not down to one mother, but a whole village. However, in the West, new mothers are often isolated, lonely and exhausted, which can make breastfeeding feel insurmountable.

- In the absence of a village, professional support is again vital. Research has shown that enabling health visitors to spend more time with new mothers, even just to simply talk about they are feeling, can help mothers' mental health immensely. Community support networks are also vital, to reduce feelings of isolation.

5. Formula control

- Formula milk is lifesaving for babies who cannot be breastfed but advertising these products is simply not necessary. Many of the claims made have already been challenged by health bodies as misleading or unnecessary.
- In countries that have implemented these five elements, there have been clear increases in breastfeeding rates. In Norway, for example, both mothers and fathers have extended, well-paid leave after the birth, while laws are upheld, and adverts for infant formula are regulated. Brazil has had success too, following similar changes and investing in over 200 **BREAST MILK BANKS**. This concept is being gradually incorporated in Indian context as well



Nutrition of breast-feeding mother



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Introduction

- Breast milk is the Gold standard for infant nutrition and is rightly called 'Liquid Gold'. For the production of this liquid Gold, the lactating mother needs special nutrition. Nutrition can be defined as the food required for proper functioning of the body. Scientifically, it is the energy or nourishment that is obtained from the food consumed. When it comes to nutrition of a breastfeeding mother, importance of proper nutrition increases several folds. The breastfeeding mother has to share the dual responsibility of nourishing herself & her baby. The breastfeeding mother should follow proper guidelines & recommendations made for their proper nutrition. These mothers need extra nutrition to nourish their babies through their breast milk. Any inadequacy in mother's diet can influence both the quality and quantity of her breast milk. If her diet is inadequate, the body reserves would be depleted affecting her own health and well-being.

Calorie requirement during breastfeeding

- It has been documented that about 85 Kilo-calories (Kcal) are required to produce 100 ml of breast milk. During first six months of lactation, mothers require an additional 640 Kilo-calories per day, considering that average daily milk production is around 750 ml.

- The Food and Nutrition Board has suggested an extra 500 Kilo-calories per day for first six months. Around 400 additional Kilo-calories are required for the next 6 months.

Constituents of additional nutrition

- The additional nutrition requirement should be in the form of
 - 1) Proteins
 - 2) Fats
 - 3) Minerals
 - 4) Omega-3 Fatty acids
 - 5) Water and other nutrients

1) Proteins

- Proteins are the principle and the most important constituent in food for the breast-feeding mothers. As the milk contains 1.15 gm of proteins / 100 ml, the requirement should be 75 gm of proteins/ day for first six months of lactation and 68 grams/ day for the subsequent 6 months. The mother should take locally available and affordable Protein rich foods like:

- 1) Milk and milk products like paneer and cheese
- 2) Legumes, beans and lentils
- 3) Whole grain and pulses
- 4) Soya products
- 5) Nuts and seeds
- 6) Eggs and meat
- 7) Fruits and vegetables.

2) Fats

- The amount of fat in the breast milk is a reflection of her dietary fat intake, but it does not affect the quantity of milk produced. A calorie-rich diet should have fat sufficient to meet the demand.

3) Minerals

- Calcium, Iron and Vitamin D supplements are encouraged.

a) Calcium

- Approximately 200 mg of Calcium is transferred per day to baby through breast-milk. ICMR has recommended an additional intake of 600 to 1200 mg of Calcium per day. Sources are Milk and milk products, green leafy vegetables, juices, cereals, soya- milk, soya- yoghurt and fish etc.

b) Iron

- Mother's milk is 'not' a good source of iron. Therefore, to compensate for a very small transfer of 0.5- 0.7mg/day, an additional 15-25mg Iron per day is recommended. The sources of Iron include lentils, enriched and fortified cereals, green leafy vegetables, peas and dry-fruits. Vitamin C intake in form of citrus fruits is highly recommended for better Iron absorption.

C) Vitamin D

- It is present in minimal amount in breast milk, therefore the mother should take a sufficient amount of Vitamin D.

4) Omega-3 fatty acids

- Docosahexaenoic Acid (DHA) is an essential long chain Omega -3 Fatty acid which is important for the development of brain, skin and eyes of the baby. Low intake of DHA by mother is reflected in breast milk. DHA intake reduces behavioral and

cognitive issues in baby. Sources are oats, nuts, rice, carrots, garlic, ginger, fennel, yoghurt, spinach, sesame, flax seeds, butter, papaya and oil.

5) Vitamins

- Vitamins in breast milk depend on dietary intake by mother. Breast milk contains both water soluble Vitamins C, B1,B6, B12 and Folate and fat soluble vitamins A,D and K. The prenatal vitamin supplementation must continue in lactation as maternal vitamin deficiency is reflected in breast milk. Essential vitamins required are discussed below

VITAMINS		
Vitamins	In Breast Milk	Requirement
Vitamin A	250 ug	900 ug/d
Vitamin B6	0.3 mg	2.5 mg/d
Vitamin B12	0.3 ug	1.5 mg/d
Folic Acid	In Breast Milk	150 ug/d
Vitamin C	10ug	25 mg/d
Thiamine	0.2 mg	0.2-0.3 mg Addi.
Vitamin	0.8-1.2 mg	1-4 mg Addi.

The sources of vitamins

VITAL VITAMINS

- Vitamin B1 (Thiamine): Fish, pork, seeds, nuts and bread.
- Vitamin B2 (Riboflavin): Cheese, almonds, nuts, red meat, oily fish and eggs.
- Vitamin B6: Seeds, nuts, fish, poultry, pork, bananas and dried fruit.
- Vitamin B12: Shellfish, liver, oily fish, crab and shrimp.
- Choline: Eggs, beef liver, chicken liver, fish and peanuts.
- Vitamin A: Sweet potatoes, carrots, dark leafy greens, organ meats and eggs.
- Vitamin D: Cod liver oil, oily fish, some mushrooms and fortified foods.
- Selenium: Brazil nuts, seafood, fish, whole wheat and seeds.
- Iodine: Dried seaweed, cod, milk and iodized salt.

- Eating a variety of food while Breastfeeding changes the flavor of breast milk. This will expose the babies to different tastes, which helps them to accept solid food while weaning

Water

- Water intake should be adequate and at least 8-10 glasses per day are recommended as breastfeeding mothers feel thirsty due to

increased oxytocin levels. It should be remembered that Prolactin is responsible for milk production and oxytocin is involved in milk ejection from breast.

Alcohol and Caffeine

- These should be avoided during breast-feeding as they are secreted in breast milk. Excessive intake of caffeine such as coffee, tea, soda, energy drinks and chocolates can make the infants irritable and may interfere with their sleep. The biggest concern is addiction of the mother and the baby, hence should be avoided.

Key Messages

- Mothers should have 3 regular meals with 2 to 3 light snacks in a day as part of their lactation dietary allowance. Dieting should be avoided during breastfeeding as it may reduce the quantity and quality of milk. If the gained pregnancy weight needs to be lost, limit the intake of foods that are high in fat and sugar. Moderate exercises must be advised. Special dietary allowances are made for lactating mothers who are obese, breast-feeding twins or triplets, have undergone bariatric surgery, are following vegan or ovo-lactovegetarian diet. Undernourished and anemic mothers need special dietary counselling. Avoid smoking or use of any drug without doctor's prescription.
- Counselling needs to be done for stress, anxiety and eating disorders. Help of nutritionists and dieticians may be required.

Conclusion

- A good nutrition during pregnancy and lactation is required for healthy mother and baby. We must raise awareness regarding a 'healthy balanced nutritional diet' in all pregnant and lactating mothers.

- An individualized approach in the form of nutritional counselling is required depending on her age, body-mass Index, socio-demographic profile, access to food, prevalent food fads, food preferences etc.

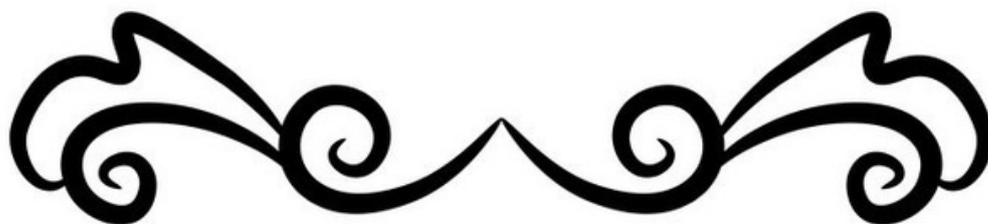
A SAMPLE DIET CHART FOR NURSING MOTHERS

Meal	What to Eat	Meal	What to Eat
Breakfast	1 cup of 2% fat milk, 1 slice of whole grain toast, 1 banana, 1/2 cup of fruit.	Breakfast	1 slice of whole grain toast, 1/2 cup of fruit, 1 cup of 2% fat milk.
Mid-Morning	1 cup of 2% fat milk, 1 slice of whole grain toast, 1 banana, 1/2 cup of fruit.	Mid-Morning	1 cup of 2% fat milk, 1 slice of whole grain toast, 1 banana, 1/2 cup of fruit.
Lunch	1 cup of 2% fat milk, 1 slice of whole grain toast, 1 banana, 1/2 cup of fruit.	Lunch	1 cup of 2% fat milk, 1 slice of whole grain toast, 1 banana, 1/2 cup of fruit.
Afternoon	1 cup of 2% fat milk, 1 slice of whole grain toast, 1 banana, 1/2 cup of fruit.	Afternoon	1 cup of 2% fat milk, 1 slice of whole grain toast, 1 banana, 1/2 cup of fruit.
Dinner	1 cup of 2% fat milk, 1 slice of whole grain toast, 1 banana, 1/2 cup of fruit.	Dinner	1 cup of 2% fat milk, 1 slice of whole grain toast, 1 banana, 1/2 cup of fruit.
Bed Time	1 cup of 2% fat milk, 1 slice of whole grain toast, 1 banana, 1/2 cup of fruit.	Bed Time	1 cup of 2% fat milk, 1 slice of whole grain toast, 1 banana, 1/2 cup of fruit.

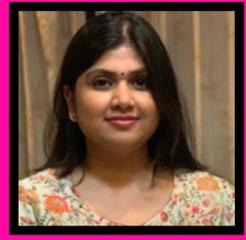
NOTE: This chart is a sample and should be modified according to the individual needs of the mother and her baby. Always consult with your doctor before following this chart.

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Difficulties in breast feeding



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Introduction

- Breast feeding is the best gift any mother can give to her new born. After all, a new born has got only three demands, i.e., warmth in the arms of the mother, food from her breast and security by the way of her presence. All the three can be achieved by simple breastfeeding as said by, **Grantly Dick Read[1]**.
- This write-up throws light on various aspects of difficulties in breast feeding like difficulty in initiation, insufficient milk secretion, difficulty in latching, problems in the breast, problems associated with the nipple, breast infections such as mastitis and breast abscess and leaking of milk or slow flow of milk.

Factors associated with the mother

- 25% do not initiate breast feeding within 1 hour of birth, 50% discard colostrum and 75% give pre lacteal feeds like sugar syrup or formula feeds as they feel that they do not have milk. Some have reluctance or dislike for breast feeding. Anxiety and stress following operative delivery could also be a vital reason. Breast ailments occasionally give problems to the mother.

Factors associated with infants

- This includes low birth weight, temporary illness, over-distension of the stomach with swallowed air and congenital malformation of palate and the mouth.

Breast Feeding Initiation

- The alert, healthy newborn can latch on to the breast within the first hour of life. If the infant is placed skin-to-skin immediately after the birth, the baby can often reach the breast and latch on with little or no assistance [2]. If the mother has received medications that sedate the baby, then he or she may need more assistance. The newborn baby may be dried, have Apgar scores assigned, and be assessed while on the mother's abdomen or chest. Thus, the mother helps to aid in newborn thermoregulation. Delaying weights, measures, bathing, vitamin K injection, and eye prophylaxis will encourage effective latch and maternal and newborn attachment. Unless there are unusual circumstances, the infant should remain with the mother throughout the recovery period.
- Labor and delivery personnel should be trained and knowledgeable in breastfeeding support. Lactation specialists, such as nurses or and

expertise or International Board-Certified Lactation Consultants (IBCLCs), should be available for consultation for special circumstances.

Milk Production

- Generally mature milk begins within 72 hours. Mother feels that the breast is heavier and fuller. Occasionally, some mothers experience delayed onset of milk production. Causes could be over hydration with fluids and retained placental fragments.
- In case of delayed onset of milk production, it is necessary to review the hydration status of the baby, weight, neo natal jaundice and suggest solutions to the mother[3].
- Frequent nursing once in 2 hours or more depending on the baby's need may be advised. Massaging of the breast while nursing may be suggested. Pumping should be done after nursing to stimulate the breast. Herbal secretagogues (fenugreek), medications (Domperidone 10mg TDS) administered orally may also help to combat delayed onset of milk production.

Inadequate milk secretion

- Causes for inadequate milk secretion are incorrect methods of breastfeeding, engorgement of breast, associated illness, painful conditions of the breast, maternal stress, insufficient sleep and lack of prolactin and oxytocin secretion. We can advise the mother to take sufficient rest, ensure adequate fluid intake, feed baby on demand and create the confidence of the mother[3].

Management of a baby who does not suckle

- When a baby does not suckle avoidance of artificial food or water, provision of expressed breast milk only, placement of nipple slightly upwards towards the roof of the baby's mouth

and keeping the baby's nose free during breast feeding may be of help.

Problems with Breast

- Eating a variety of food while Breastfeeding changes the flavor of breast milk. This will expose the babies to different tastes, which helps them to accept solid food while weaning



- Retracted and inverted nipples bring about difficulty in latching. Improper suckling may in turn lead to sore and excoriated nipple. Treatment with manual eversion or with plastic syringe may be beneficial in such cases.



- Sore nipple may be caused by improper latching, frequent washing with soap and water or pulling of baby while still suckling. It can be a source of infection. Treatment includes proper positioning and latching, maintenance of local hygiene, exposure to air, application of breast milk or lanolin and use of nipple shield and breast shells.

Breast Engorgement



- Breast engorgement is usually caused by delayed or infrequent feeding, improper latching and positioning. Engorged breasts are swollen, hard, warm and painful. Prevention can be through early and frequent feeds and correct attachment. Treatment includes warm water packs, breast massage, analgesics, milk expression to soften breast and fomentation with ice bags.

Mastitis



- One of the most serious complications of breast feeding includes a breast infection, otherwise known as mastitis. Mastitis can be caused by a staphylococcus. Baby is the source of infection and through cracked nipples it ascends. Therapy includes administration of antibiotics, continuation of breast feeding, provision of adequate breast support and expression of milk from the infected side.

Breast Abscess



- Breast abscess is yet another complication that is found to arise in breast feeding mothers. Chief causes are engorged breast, cracked nipple and mastitis. It clinically manifests as high-grade fever with raised blood count. Treatment includes administration of analgesics and antibiotics, incision and drainage or aspiration of the pus. Continuation of breast feeding and expression of breast milk from the infected side should also be done.

Latching of the baby -difficulties faced

- Latching the baby can be done by cradle, football, clutch and by lying down position.
- Difficulties in latching may be because of women who do not have a previous experience in breast feeding, infants with micrognathia, tongue tie, protruding tongue, tongue suckling and also be

due to preference to bottle teat because of the breasts that are filled.[4,5]. This can be managed by expressing milk before feeding or by applying ice to the breast before feeding or by good positioning.

- Other reasons for difficult latching are nipple issues such as flat nipple, dimpled nipple and inverted nipple. Poor latching may inadvertently lead to nipple soreness.
- Solutions include nursing within 2 hours of birth as baby tend to latch better, getting help to position the baby for nursing, avoiding artificial teats in the first few days and pumping for a short while before nursing as it can help to pull nipple out for better nursing.
- Help of the family members is essential in the early hours of post-natal period.



Flow of Milk

- There can be difficulty in letting down, probably stimulus by suckling will improve that. Mother should be encouraged to be relaxed and concentrate fully on breast feeding and sometimes the problem of latching and suckling may reduce the milk supply. Some of the mothers do have excess milk which leaks and they need to be advised to use a breast pad[3].

Recommended Breastfeeding Practices

- The American Academy of Pediatrics (AAP) policy statement recommends certain breast-feeding practices. Routine use of supplementary feeding should be avoided in exceptional medical indications where the physician has to order. Pacifiers should be avoided till the breast feeding is established very well [6].

Feeding Pattern

- AAP recommends the following feeding pattern. Encourage at least 8 to 12 feeds per day alternating the breast, the infant should be nursed in one breast till it is totally empty then feeding could be pursued in the next breast.
- The formal evaluation of breastfeeding technique and practices throughout the hospital stay, including documentation in the mother's and infant's charts, and again at 3–5 days of age are essential to promote successful breastfeeding. Close follow-up helps to provide a safety net to guard against the breastfeeding newborn developing significant dehydration or breast milk jaundice. The infant should be observed at the breast and assessed for weight pattern, jaundice, hydration status, patterns of breastfeeding and infant elimination pattern.
- Water, juice, formula feeds and solids are not necessary in the first 6 months for breastfed infants.
- All breastfed infants and children should receive 400 IU of Vitamin D daily as human milk does not contain sufficient Vitamin D to prevent rickets and supplementation of iron by 6 months.
- AAP does not recommend introduction of whole cow's milk prior to the first birthday. Mothers who are not breastfeeding exclusively or who choose to wean their infants from the breast prior to the first birthday should feed iron-fortified infant formula.

Milk Expression

- If a mother is separated from her infant because of premature birth, maternal or infant illness, or her return to work or school, she should be taught to express her milk so that she can maintain milk supply and continue to provide milk for her infant. Hand expression or a manual pump is effective for expression of milk.



Conclusion

- Breastfeeding should be initiated within 1 hour after birth. Supplementation is rarely indicated and interferes with successful lactation. Good breastfeeding practice helps to prevent breastfeeding problems. One of the most frequent reasons for mothers to stop breastfeeding or start supplementation is their perception that they do not have "enough milk." Close follow-up and good education should help to minimize concerns about lack of milk. All breastfed infants need an office visit by 3-5 days of life, or about 48-72 hours after hospital discharge.

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Breast feeding Friendly Hospital Initiative

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- Although breastfeeding is associated with many health benefits in children and mothers, and World Health Organization (WHO) recommends exclusive breastfeeding until 6 months of age and continued breastfeeding until 2 years of age, overall breastfeeding rates remain low.
- Recent analyses have documented that increasing rates of breastfeeding could add US\$ 300 billion to the global economy annually.



- WHO and UNICEF launched the Baby-friendly Hospital Initiative (BFHI) to help motivate facilities providing maternity and newborn services worldwide to implement the Ten Steps to Successful Breastfeeding. The Ten Steps summarize a package of policies and procedures that facilities providing maternity and newborn services should implement to support breastfeeding. WHO has called upon all facilities providing maternity and newborn services worldwide to implement the Ten Steps.
- BFHI was started in India in 1993. These hospitals are assessed and certified as baby

friendly if they adopt the “Ten Steps” and follow these practices. BFHI is progressing in the country and about 1300 hospitals have been declared as Baby Friendly.

- Substantial evidence has accumulated that the BFHI has the potential to significantly influence success with breastfeeding. In Belarus, a group-randomized trial undertaken at the end of the 1990s increased the rate of exclusive breastfeeding at 3 months to 43% in hospitals that implemented the Ten Steps, compared to only 6% in the hospitals that did not receive the intervention.[1] A systematic review of 58 studies published in 2016 demonstrated clearly that adherence to the Ten Steps impacts rates of breastfeeding.[2] One study found that adherence to six of the specific maternity- care practices could reduce the odds of early termination of breastfeeding 13-fold [see Fig. 1].[3]

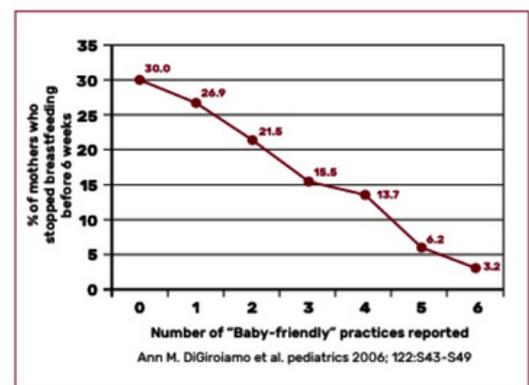


Fig. 1. Among women who initiated breastfeeding and intended to breastfeed for >2 months, the percentage who stopped breastfeeding before 6 weeks, according to the number of Baby- friendly hospital practices they experienced (43)

- The core purpose of the BFHI is to ensure that mothers and newborns receive timely and appropriate care before and during their stay in a facility providing maternity and newborn services.
- Revision of the Ten Steps to Successful Breastfeeding is done by WHO in 2018.[4]

Ten steps for successful breastfeeding



Step 1: Facility policies

- **Step 1a: Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.**
- The facility should have a policy that describes how it abides by the Code, including procurement of breast-milk substitutes, not accepting support or gifts from producers or distributors of products covered by the Code and not giving samples of breast-milk substitutes, feeding bottles or teats to mothers.
- **Step 1b: Have a written infant feeding policy that is routinely communicated to staff and parents.**
- Written policies are the vehicle for ensuring patients receive consistent, evidence-based care, and are an essential tool for staff accountability. Policies help to sustain practices over time and communicate a standard set of expectations for

all health workers. The health facility should have a written infant feeding policy that addresses the implementation of all eight key clinical practices of the Ten Steps, Code implementation, and regular competency assessment.

- Observations in the facility confirm that a summary of the policy is visible to pregnant women, mothers and their families.
- **Step 1c: Establish ongoing monitoring and data-management systems.**
- Two of the indicators, early initiation of breastfeeding and exclusive breastfeeding, are considered “sentinel indicators”. Recording of information on these sentinel indicators should be incorporated into the medical charts and collated into relevant registers. The group or committee that coordinates the BFHI-related activities within a facility needs to review progress monthly to start with and then every 6 months. If the targets are not met, implement corrective actions.

Step 2: Staff competency

- **Step 2: Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.**
- Timely and appropriate care for breastfeeding mothers can only be accomplished if staffs have the knowledge, competence and skills to carry it out. Training of health staff enables them to develop effective skills, give consistent messages, and implement policy standards. Staff cannot be expected to implement a practice or educate a patient on a topic for which they have received no training. It is important to focus not on a specific curriculum but on the knowledge and skills obtained. To increase skills of health workers in breastfeeding management, current experience seems to confirm that 18 hours (3 days) training is an appropriate minimum length of training, while longer courses (e.g. 5-6 full time days) with daily clinical sessions are more

- desirable. Training must be compulsory for all staff including seniors. There is also a need to change attitudes, which create barriers to breastfeeding promotion.

Step 3: Antenatal information

- **Step 3: Discuss the importance and management of breastfeeding with pregnant women and their families.**
- All pregnant women must have basic information about breastfeeding, in order to make informed decisions. A review of 18 qualitative studies indicated that mothers generally feel that infant feeding is not discussed enough in the antenatal period and that there is not enough discussion of what to expect with breastfeeding.[2] Mothers want more practical information about breastfeeding. Pregnancy is a key time to inform women about the importance of breastfeeding, support their decision-making and pave the way for their understanding of the maternity care practices that facilitate its success.
- Breastfeeding education should include information on the importance of breastfeeding and the risks of giving formula or other breast-milk substitutes, along with national recommendations for infant feeding. Practical skills such as positioning and attachment, on-demand feeding, early feeding cues, and possible challenges are a necessary component of antenatal counselling.

Step 4: Immediate postnatal care

- **Step 4: Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.**
- Early contact positively influences the mother as regards breastfeeding and increased its duration, as it establishes an increase in oxytocin levels and determines increased sucking competency by

the baby during the first breastfeeding. This practice represented one of the factors positively associated with exclusive breastfeeding.[5]

Step 5: Support with breast feeding

- **Step 5: Support mothers to initiate and maintain breastfeeding and manage common difficulties.**
- Mothers should receive practical support to enable them to initiate and maintain breastfeeding and manage common breastfeeding difficulties. It is essential to demonstrate good positioning and attachment at the breast, which are crucial for stimulating the production of breast milk and ensuring that the infant receives enough milk. Mothers should be coached on how to express breast milk as a means of maintaining lactation in the event of their being separated temporarily from their infants.





- **The correct latch-** Max possible areola in baby's mouth
- Mouth wide open
- Lower lip turned outward
- Chin touches the breast

Step 6: Supplementation

- **Step 6: Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.**
- Giving newborns any foods or fluids other than breast milk in the first few days after birth interferes with the establishment of breast-milk production. Mothers should be discouraged from giving any food or fluids other than breast milk, unless medically indicated. Infants should be assessed for signs of inadequate milk intake and supplemented when indicated, but routine supplementation is rarely necessary in the first few days of life.

Step 7: Rooming-in

- **Step 7: Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.**
- Rooming-in involves keeping mothers and infants together in the same room. Babies should only be separated from their mothers for justifiable medical and safety reasons.

Step 8: Responsive feeding

- **Step 8: Support mothers to recognize and respond to their infants' cues for feeding.**
- Breastfeeding involves recognizing and responding to the infant's display of hunger and feeding cues and readiness to feed. Mothers are advised to breastfeed whenever the infant is hungry or as often as the infant wants. Schedule of feeds is not recommended.

Step 9: Feeding bottles, teats and pacifiers

- **Step 9: Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.**
- If expressed milk or other feeds are medically indicated for term infants, feeding methods such as cups, spoons or feeding bottles and teats can be used during their stay at the facility. However, it is important that staff do not become reliant on teats as an easy response to suckling difficulties instead of counseling mothers and enabling them to attach babies properly and suckle effectively.

Step 10: Care at discharge

- **Step 10: Coordinate discharge so that parents and their infants have timely access to ongoing support and care.**
- Breastfeeding support is especially critical in the succeeding days and weeks after discharge, to identify and address early breastfeeding challenges that occur. Community resources include primary health-care centres, community health workers, home visitors, breastfeeding clinics, lactation consultants, peer counselors and mother-to-mother support groups. The facility should maintain contact with the groups and individuals providing the support as much as possible. In Pune, Hirkani clinic is the first

breastfeeding clinic by IBCLC in India. Mother to mother support group classes are being held regularly over there. Breast feeding club India has a whatsapp group where mothers discuss their breastfeeding problems with other moms under the guidance of lactation consultant.



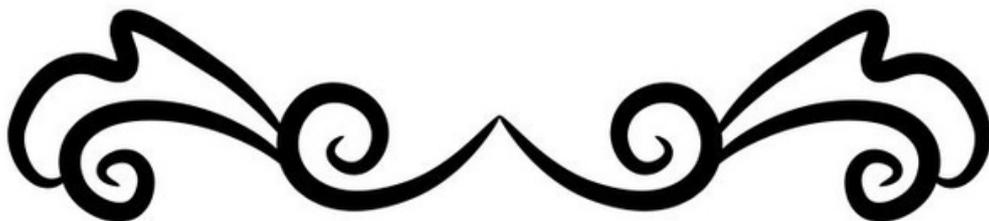
Obstetricians and Gynaecologists are primary healthcare providers for mothers before, during and after delivery. They can play an active role in breastfeeding support and enable mothers to achieve their infant feeding goals

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Coordination in India

- Breastfeeding Promotion network of India, Maharashtra (BPNI Maharashtra) is designated to serve as the BFHI coordinating organization in collaboration with Unicef in Maharashtra. We do training of the hospital staff, external assessment, correction of inappropriate practices and certification. In other states of the India, BPNI, Mah. does training of the hospital staff and correction of inappropriate practices, and for certification, the hospital has to contact the local government and Unicef.





Human Milk Banking



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Ma, at whose breast humanity is nourished and civilization is cultured

- It is universally accepted that breast milk is the optimum exclusive source of nutrition for the first six months and continues to be the significant part of the healthy infant diet for two years and beyond. Human breast milk provides a bioactive matrix of benefits that cannot be replicated by any other source of infant nutrition. According to a joint statement made by the WHO and UNICEF, "where it is not possible for the biological mother to breastfeed, the first alternative, if available, should be the use of human milk from another healthy mother. Human milk banks should be made available in appropriate situations." The cost to benefit of establishing human milk banks has been well proven, and thus this intervention is seen in a continuum of efforts towards achieving exclusive breastfeeding up to six months of age and continuing breastfeeding beyond.
- According to the medical journal of Lancet, suboptimal breastfeeding results in more than 800000 child deaths annually. Suboptimal breastfeeding was estimated to be responsible for 1.4 million child deaths and 44 million DALYs.

- It is estimated that 13% of the under-five deaths can be prevented by breastfeeding which means 1 in 8 of the young lives lost each year could be prevented through breastfeeding alone, making it one of the most effective ways to prevent diseases and malnutrition that results in child death. When mother's own milk is unavailable for the sick, hospitalized newborn, pasteurized human donor breast milk should be made available as an alternative feeding choice.

History of Human milk banking

- Wet nursing began as early as 2000BC and extended until the 20th century. As the availability of wet nurses dwindled, breast milk banks were introduced early in the 20th century. The first official milk bank was opened in Vienna at the outset of 20th century. In 1911, another milk bank was started in Boston. The first milk bank in U.K was started at Queen Charlotte's hospital in London in 1937. In the U.S., mother's milk bank of Wilmington Delaware, was started in 1947. With the emergence of infant formula, extensive advertising of formula products, there were only 3 functional milk banks existing in the early 70's. However, extensive research supporting the nutritional and immunological superiority of the breast milk, re-established the undeniable importance of breast milk over

formula. This increased the demand for donated human milk and human milk bank regained its popularity. The American Academy of Pediatrics was the first to publish guidelines for milk bank operations in 1943. To address the growing practice of milk banking, the Human Milk Banking Association of Northern America (HMBANA) was established in 1985. Asia's first human milk bank was established at SION hospital, Mumbai on the 27th November 1989 under the eminent guidance of Dr. Armida Fernandez, the pioneer of milk banking in India. Currently there are over 550 milk banks approximately all over the world including approximately 80 milk banks only in India. In 2019, the Human Milk Bank Association of India was formed. It is a network of medical practitioners who work in the field of human milk banking and related areas including child nutrition, infant feeding, and maternal health in India in order to develop scientific and evidence-based practices and recommendations in the field of human milk banking.

Human milk banks around the world

Region	Number of human milk banks
Brazil	217
Europe	223
North America	16
South Africa	20
Australia	5
Singapore	1
India	80
Myanmar	2
Cuba	7
Columbia	5
Taiwan	1

Milk banking in India

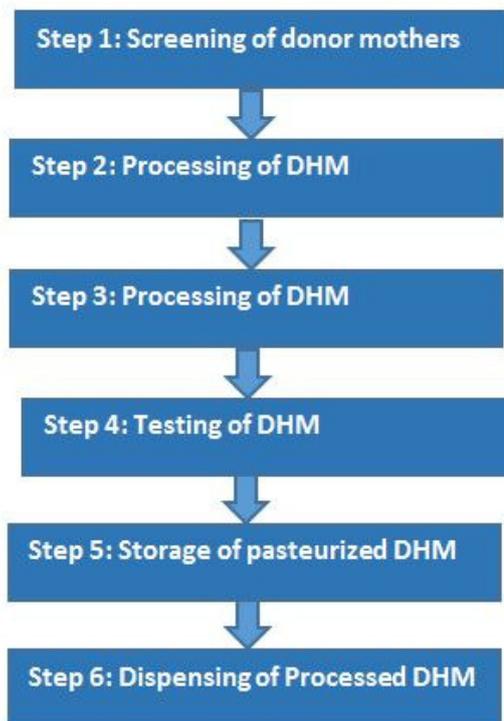
- As per the "National Guidelines on Establishment of Lactation Management Centres in Public Health Facilities", Breast milk banks in India are known as Comprehensive Lactation Management Centres (CLMC) and Lactation Management Unit (LMU) depending on the level of health facilities where these units are established. The foremost endeavor of the health care providers in a health centre is to promote and conserve the natural act of breastfeeding.

- Lactation management centres are intended to emphasize the importance of breastfeeding. The primary function of such centres is to make sure that every child receives breast milk. In case of insufficiency or unavailability of mother's own milk, Donor Human Milk (DHM) is the next best alternative to bridge the gap, thereby improving exclusive breastfeeding rates. The Government has set a target of ensuring 70 percent infants to have access to breast milk by the year 2025. Target will be subsequently increased to 100 percent.
- There is currently a limited supply of donor breast milk in India and it should be prioritized to sick, hospitalized neonates who are the most vulnerable and most likely to benefit from exclusive human milk feeding.

Definition of CLMC and LMU

- Comprehensive Lactation Management Centre (CLMC) is an elaborate set up established for the purpose of collecting, screening, processing, storing and distributing donor human milk (DHM). CLMCs are established at Government Medical Colleges or District Hospitals with high delivery load and availability of newborn treatment units such as NICU/SNCUs. It serves as ancillary support to the baby friendly hospital practices of promoting and supporting breastfeeding. It is a non-profit set up.
- Lactation Management Unit (LMU) would be established in District hospitals/ Sub district hospitals. This unit should be established in the vicinity of SNCU. No screening of mother is required as babies are fed by milk expressed by their own mothers. The expressed breast milk using electric/manual pumps are carefully labelled and dispensed. There is no requirement for pasteurization or culture tests on the expressed breast milk.

The processes in CLMC have six basic steps



- 1. Milk collection room



- 2. Electric breast pump



- 3. Deep Freezer

Who can donate?

- Any healthy lactating mother can volunteer (no incentives) to donate milk to CLMC after signing an informed consent form and going through a medical check fulfilling the eligibility criteria and serological tests (HIV, HBsAg, VDRL).

Who is to receive DHM

- Donor milk is given to babies only on prescription on priority basis. The highest priority is the most vulnerable group of neonates who are admitted in the NICU due to complications at birth such as prematurity, low birth weight, sepsis.

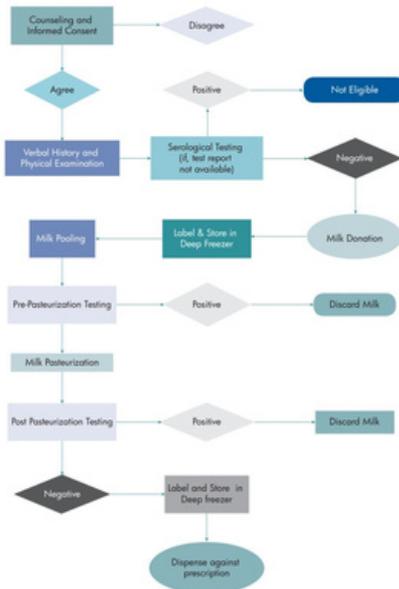
The milk bank at B.J.Govt. Medical College, NICU



4. Refrigerator and hot air oven



5. Pasteurizer



- The donation of milk is a non-incentivized process and remains a completely voluntary activity. Quality assurance of the entire process are extensively detailed in the guidelines and adhered to in the milk banking process

Mobile Milk Collection Unit

- A state of art Human Milk Collection Unit, the first in the country was inaugurated at B.J.Govt.Medical College and Sassoon General Hospital, Pune in collaboration with Rotary Club of Poona, on August 1, 2016 which is the first day of the World Breastfeeding Week. The idea of having a milk van for human milk collection was a unique innovation, **conceptualized by Dr. Sandhya Khadse** and the total implementation including designing was done by her team comprising of Dr. Chhaya Valvi, Dr. Rajesh Kulkarni and Dr.Uday Rajput. It is the **one and only of its kind** in the country. **This unique idea**

received **BMJ award in 2018 for the best innovation for strengthening maternal and child care practices**. The milk collection van includes a refrigerator, an air conditioner, specially designed chairs, baby cradle and an inverter. The van will now go to the residences of the voluntary donor mothers and collect the excess milk which will be delivered at the human milk bank. After pasteurization, it is utilized for the preterm, sick babies in the NICU. This concept of human milk collection should be widely adapted and it will help in improving donation rates and will ensure the successful running of milk banks in any place.



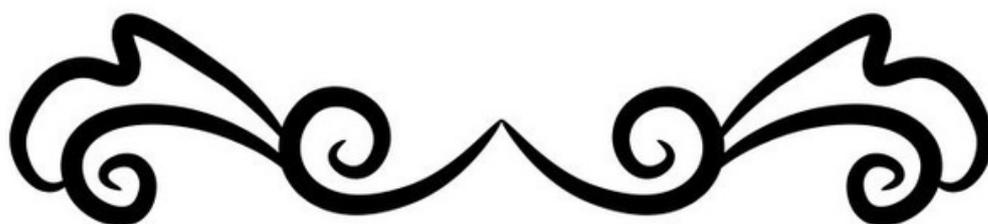
Impact of the COVID19 pandemic on milk banking

- The Indian guidelines for the current COVID-19 pandemic regarding breastfeeding is to

- continue breastfeeding with precautions and expressed breast milk if isolation of the mother is possible. The ongoing pandemic warrants for extra precautions to ensure safe and secure functioning of human milks. This includes
- 1. Screening of mothers for symptoms of flu-like illness, history of travel, history of contact with COVID-19 positive
- 2. Adherence to social distancing ,hand hygiene and wearing face masks by the mothers and health care professionals
- 3. Limiting the number of mothers and health care professionals in the expression room at any given time.
- 4. PPEs to be provided for lactation counsellors for assisting a COVID-19 suspect or positive mother during pumping.
- 5. Autoclaved closed containers are supplied to the milk bank from the NICU and mothers carry their expressed milk in those closed containers to the NICU.
- **Every newborn brings with it a hope that God is not yet disappointed with man!**
- **Breast milk gives a very beautiful healthy life to the baby!**
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Marketing of breast milk substitutes: IMS Act

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Introduction

- Breastfeeding is best feeding. It is natural, instinctive, physiological & Species Specific.
- **"If breastfeeding did not already exist, someone who invented it today, would deserve a dual Nobel Prize in medicine and economics"**
- Keith Hansen, World Bank
- The lines are so precious and meaningful and if they were followed in true sense, there would not have been need of any enactment.
- In fact breastfeeding is our culture. But we, Indians blindly followed western culture. Aggressive marketing & promotion by manufacturers of breast - milk substitutes, infant foods and feeding bottles, made them easily available for public, in show-cases, in shops & markets. Free samples and gifts were given to mothers/ parents along with discount coupons. Retailers received inducement. Information brochures were totally biased, incomplete & unscientific. Health Workers received attractive posters, calendars , information materials along with free gifts, pens, growth charts with company logo. Companies gave Advertisements in medical journals, sponsored medicos meetings, conferences trips etc. donated funds, grants for research activities. It resulted in to rampant rise in use of bottles, breast- milk substitute and infant food/formula.
- In 1939'S whole world noticed horrific results of Artificial Food. There was Global concern for this in between 1950-1970. In 1970, there was 1st global meeting in which there was lot of concern regarding commercial marketing of breast-milk substitute, infant food and feeding bottles. UNICEF and WHO recognized need of controlling this commercial marketing as they undermine breastfeeding. In 1981 World Health Assembly adopted International Code of marketing breast-milk substitutes. To protect infant health, India became one of the few countries in Asia to fully implement the International Code of Marketing of Breast-milk Substitutes with the enactment of the **Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (41 of 1992) (hereinafter referred to as "the IMS Act) which was amended in 2003** to strengthen certain provisions and close any loopholes infant formula companies had found.
- The statement of objectives presented in Parliament during the enactment of the IMS Act clearly stated: **"Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in our children. Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more extensive and pervasive than the dissemination of information concerning the advantages of mother's milk and**

breast feeding and contributes to decline in breastfeeding. In the absence of strong interventions designed to protect, promote and support breastfeeding, this decline can assume dangerous proportions subjecting millions of infants to greater risks of infections, malnutrition and death....."

- Thus, the IMS Act had a clear intent; the saving of millions of children's lives and improving their nutritional status by preventing the baby food industry from enticing mothers and the health system to give infants breast-milk substitutes. The IMS Act comprehensively bans all forms of promotion of foods marketed to children up to two years of age and sponsorship to health care professionals and health organizations by infant formula companies

Objectives of IMS Act

- Protection and promotion of breastfeeding and ensuring the proper use of infant foods and for matters connected therewith or incidental thereto. (It extends to the whole of India.)
- Ensures proper breastfeeding education of pregnant and lactating mothers through accurate information.
- Defines role of government, health care system to support mothers and remain clear of baby food.
- Controls marketing & ensures proper labeling of baby food.

Main Components

- The IMS Act extends to all of India and stipulates that no person shall:
- Advertise for the distribution, sale or supply of infant milk substitutes feeding bottles or infant foods.
- Give an impression or create a belief in any

- manner that feeding of infant milk substitutes and infant foods are equivalent to, or better than, mother's milk
- Promote infant milk substitutes, feeding bottles or infant foods to health staff.
- Supply or distribute free samples of infant milk substitutes or feeding bottles or infant foods gifts of utensils or other articles except to orphanages.
- Contact any pregnant woman or the mother of an infant to offer inducement of any of the above.
- In addition, infant milk substitute or infant food containers must indicate in a clear, conspicuous and in an easily readable and understandable manner, the words "important notice" in capital letters with the following **"MOTHER'S MILK IS THE BEST FOR YOUR BABY"**, a warning that formula is not the sole source of nourishment for infants, instructions for safe and clean preparation, and the composition, among other particulars. In addition to this
- Printed Information should be unbiased, scientific.
- No Information like "humanized milk"
- No linking of remuneration with sale
- No Any inducement to retailer/health workers Conferences, meetings sponsorship should be avoided.
- The containers and labels are not allowed to have pictures of women and infants.
- Likewise, advertisements and promotional material for formula must include the benefits and superiority of breastfeeding, the health hazards of improper preparation and use of formula, among other stipulations .

- Thus the IMS Act strictly bans promotion or distribution of formula materials in any health care system. Finally, the IMS Act reiterates strict standards of the formula nutritional composition established by previous laws, establishes the right to confiscation of inappropriate formula, establishes monitoring rights of government-approved NGOs, food safety officials, and other government officials.

Section 2 of the Act gives some definitions like

- (c) **“feeding bottle”** means any bottle or receptacle used for the purpose of feeding infant milk substitutes, and includes a teat and a valve attached or capable of being attached to such bottle or receptacle;
- (f) **“Infant food”** means any food (by whatever name called) being marketed or otherwise represented as a complement to mother's milk to meet the growing nutritional needs of the infant after the age of six months and up to the age of two years;
- (g) **“infant milk substitute”** means any food being marketed or otherwise represented as a partial or total replacement for mother's milk, for infant up to the age of two years

Section 20 mentions about punishment in case one breaks the law as follows

- Any person who contravenes the provisions of Section 3,4,5,7,8,9,10 or sub-section (2) of section 11 and the rules made under section 26 of the Act shall be punishable with imprisonment for a term which may extend to three years, or with fine which may extend to five thousand rupees, or with both.
- In June 2003, following increasing information on the benefits of exclusive breastfeeding and the subtle promotional techniques adopted by

some manufacturers to circumvent the IMS Act, the Act was amended to include complementary foods and banned all forms of promotion of baby foods.

- **Key Provisions** of the IMS Act, 1992 as Amended in 2003 to control marketing,
- **Bans advertising:** By print media, electronic media or any other method
- **No Gifts and Free Samples can be distributed to parents /health workers**
- **Donation of Products, Educational Materials or Equipments Not Allowed**
- **Picture of Mother, Baby, Cartoons on Labels and Tins not allowed**
- **Use of Educational Materials or Advertisements for Giving Incorrect or Incomplete Information Prohibited**
- **Display of Posters, Calendars or Other Promotional Materials in Hospital, Chemist Shop Banned**
- **No Sponsoring and giving payments to Healthcare Workers and Their Associations**
- **Prohibits All forms of Promotion of Baby Foods for Babies Under the Age of Two Years**
- **Prohibits Providing Commission to Company Staff to Increase Sales**

Limitations of the Act

- **General Stores not included**
- **Orphanages exempted**
- **Production of artificial food/formula continues**
- **No control over acceptance of sponsorships/ gifts**

- It was also suggested to include **Promotion Support and Protect Breastfeeding** in the title of the Act
- The united efforts saved the IMS Act as amended in 2003 from being repealed through the modern "**Food Safety and Standards Bill 2005**".
- In spite of the specific legislation, Companies continue to break the law. Therefore is law the only answer? Of-course no as there are many **Loop-holes in the law.**
- Therefore its our duty to
- **PROMOTE BREASTFEEDING BY POSITIVE RE-ENFORCEMENT**
- Breastfeeding is **NOT A MATTER OF TRIAL & ERROR but it's INVESTMENT FOR LIFE.**
- Health providers definitely have important role as it's Battle against Bottle/Formula. Lot of health education, awareness programs and counseling is required

What obstetrician can do?

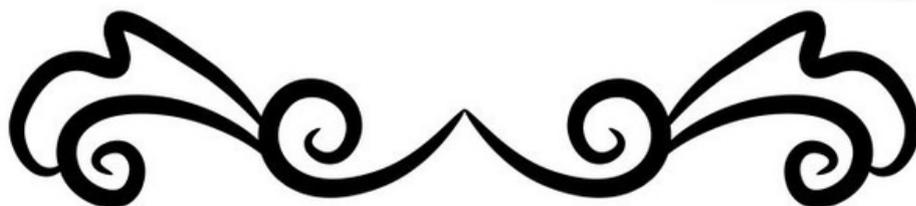
- 1.Educate people about the IMS Act
- 2.Reach grass-root level
- 3.Hold public meetings, seminars, radio show, TV show
- 4.Establish links & spread the word
- 5 .Monitor marketing & report violations
- 6.Resist commercial promotion
- 7.Remove ads with brand names, logos
- 8.Refuse growth charts, literature ---,,----
- 9.Refuse free gifts & samples
- 10.Resist sponsorship from IMS/IMF companies
- 11. Resist any other way of promotion
- 12.Resist use of formula for orphanages etc.

Where to report violations?

- 1. Breast feeding promotion network of India (BPNI)
- 2. Association of Consumer Action on Safety and Health (ACASH)
- 3.Indian Council for Child Welfare (ICCW)
- 4. Central Social Welfare Board (CSWB)
- 5. Civil Surgeon 6.Health Officer Municipal Corporation

Conclusion

- The IMS act was passed after a lot of thinking. We are not only legally bound by it, but it is also our moral responsibility to see that the act works. Most of our colleagues are unaware of the provisions and importance of this act. Don't let the formula companies to use loopholes of the Law to allow breaking the law in spirit if not in letter. If we don't act now then there is every possibility that this act may become one of the historical legal documents. Hence it is time for all of us to become an activist or counselor for BREASTFEEDING.
- **BREASTFEEDING WAS THE BEST, IS THE BEST & WILL REMAIN THE BEST FOR INFANT FEEDING**
WE PLEDGE TO PROMOTE, SUPPORT & PROTECT BREASTFEEDING



Breast Abscess



Dr. Milind Shah

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Vice President of FOGSI (2011)



- The Breast has always been symbol of womanhood and ultimate fertility. Therefore, any disease or surgery evokes fear in mind of women of losing its beauty, shape or femininity. Many of them feel it as like mutilation. Breast abscess is one of the condition that occurs at younger age when this feeling is at its intense. Many of these women approach their obstetrician whenever they get mastitis or breast abscess.

Predisposing Factors for Mastitis

- Damaged Nipples
- Primiparity

- Previous history of mastitis
- Maternal or neonatal illness
- Maternal Stress
- Work outside home
- Trauma
- Genetic



Classification

- Infectious
- Non Infectious
- Milk Stasis
- Abscess Formation

- Breast infection can occur in non-lactating women as well due to tuberculous or fungal infection. It could be periductal infection with or without perialevolar infection.
- Lactational breast abscesses are most often caused by **Staphylococcus aureus** and **Streptococcal** species, Methicillin-resistant **S. aureus** is becoming increasingly common. Typically, non-lactational breast abscesses are a result of a mixed flora with **S. aureus**, **Streptococcus**, and anaerobic bacteria.

Pathophysiology

- The breast contains breast lobules, each of which drains to a lactiferous duct, which in turn empties to the surface of the nipple. There are lactiferous sinuses which are reservoirs for milk during lactation. The lactiferous ducts undergo epidermalization where keratin production may cause the duct to become obstructed, and in turn, can result in abscess formation. Abscesses associated with lactation usually begin with an abrasion or tissue at the nipple, providing an entry point for bacteria.

Abscess Formation



- It is seen in 5-11% cases of mastitis.
- Most common in first six weeks. It can affect future lactation in 10% of cases. It is found that there is no difference between groups by age, parity localization of infection, cracked nipples or related to milk culture. There is no specific

duration between appearance of symptoms and development of abscess. In cellulitis stage breast as a whole becomes red and is extremely painful. Whereas when the abscess develops, redness becomes limited to area of abscess formation. In breastfeeding women with light mastitis, massage and application of heat prior to feeding can help as this may aid unblocking the ducts. However in more severe cases of mastitis heat or massage make the symptoms worse and cold compresses are better suited to control the inflammation. Its clinical acumen of OBGYN to advice accordingly to very commonly asked question by mothers whether they should apply heat or cold when they get mastitis.

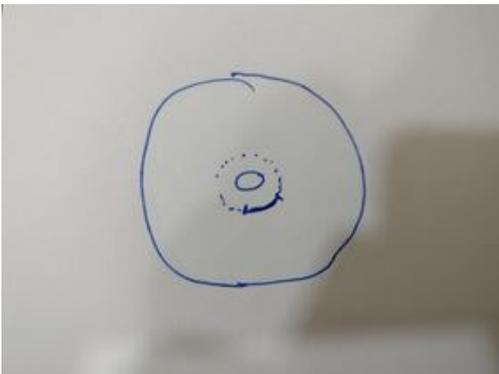
- Effective milk removal in early stages is again a challenge for obstetrician or nurse. Proper breastfeeding techniques, Frequent feeding and expressing excessive milk by hand towards nipple can control further progression of infection.
- As in most cases its Staphylococcus Aureus infection, suitable antibiotics need to be administered with anti-inflammatory agents and analgesics. Choice of antibiotics are,
 1. Dicloxacillin 250 mg BD
 2. Amoxicillin Clavulanic acid 875 mg BD
 3. Cephalexin 500 mg QID
 4. In MRSA infection that is methicillin resistant cases Trimethoprim-Sulphamethoxazole 180/800 mg BD
 5. Clindamycin or Tetracycline depending on situation if no breastfeeding is advised.
- In advanced cases, injectable antibiotics are needed with need of further investigation and surgical intervention.
- Complete blood count, CRP and Ultrasound with higher frequency probes helps for management. Pus C/S either by needle aspiration or while doing incision and drainage is important. Rarely blood

C/S is required. On USG, abscess presents as a hypoechoic fluid collection in the tissue with the absence of vascular signals.



Surgical Techniques

- It depends on abscess size. In smaller abscess of less than 5 cm, daily aspiration with 18-19 gauge needle may help to avoid scar on breast. It can be optimized under USG guidance. However, in larger abscesses or in cases where aspiration fails, incision and drainage is required. It is very essential to give cosmetic scar as breast is one of the beautiful organ and women are very cautious about it. Hiding scar in perialevolar circle where black and white areas meet gives good cosmetic appearance. However many surgeons differ on it and insist on radial incision to avoid injury to ducts. In partially treated cases, chances of developing mammary duct fistula are very high.



- Breast-feeding can be continued in early mastitis. However, it is avoided in in infected breast if abscess present.

Preventive Methods

- Keep the breasts clean by washing them daily with mild soap and water.
- Wipe of dried secretions and gently dry the breast with clean towel.
- Wipe the nipples and areolae with sterilized cotton dipped in boiled and cooled water.
- Apply lanolin cream daily to the nipples and areolae to prevent them from cracking.
- Apply warm and moist compresses to the affected area several times a day.

Potential Complication of Breast Abscess



- Chronic Infection leading to sinus formation
- Chronic Pain
- Disfigurement and scarring
- Lactation failure
- Sepsis leading to life threatening bacterial blood infection
- It is very important to address this problem of mastitis and breast abscess by every obstetrician with utmost care and humanity taking into consideration cosmetic outcome.





Care of breasts during breast feeding: gynecologist's perspective



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20-21
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ABCs of Breastfeeding

- **A = Awareness.** Watch for baby's signs of hunger, and breastfeed whenever baby is hungry. This is called "on demand" feeding. The first few weeks, nursing is required eight to 12 times every 24 hours. Hungry infants move their hands toward their mouths, make sucking noises or mouth movements, or move toward breast. Don't wait for baby to cry.
- **B = Be patient.** Breastfeed as long as baby wants to nurse each time. Don't hurry the infant through feedings. Infants typically breastfeed for 10 to 20 minutes on each breast.
- **C = Comfort.** This is key. Relax while breastfeeding, and milk from breast is more likely to "let down" and flow. Positions should be comfortable with pillows as needed to support arms, head, and neck, and a footrest to support feet and legs before one begin to breastfeed.

- **Cradle position:** The mother rest the side of baby's head in the crook of elbow with his whole body facing her. her other, "free" arm can wraps around to support baby's head and neck.
- **Football position:** The mother Lines baby's back along forearm to hold baby like a football, supporting baby's head and neck in her palm. It is also a good position when recovering from a cesarean birth .
- **Side-lying position:** This position is good for night feedings in bed. Side-lying also works well while the mother is recovering from an episiotomy, the mother uses her free hand to lift breast and nipple into the baby's mouth.



Best Positions for Breastfeeding

- The best position is where mother and baby are both comfortable and relaxed, and don't have to strain to hold the position or keep nursing. Here are some common positions for breastfeeding baby:

Common Challenges With Breastfeeding

- **Cracked/Sore/ damaged nipples.** You can expect some soreness in the first weeks of

breastfeeding. Causes are :

- **Improper latch on**
- **Fungal infection**
- **Tight frenulum**
- Improper position
- Frequent washing of nipple and areola with soap and water



Management

- Good latching technique
- Proper breast feeding position
- Routine once a day cleaning of breast with water
- Treat fungal infection in mother as well as in baby
- Surgical correction of tongue tie
- Use one finger to break the suction of babies mouth after each feeding to prevent sore nipples. Keep nipples dry between feedings.
- Cold compression
- Using cotton bra pads.

Retracted and Inverted nipples.

- The pulling back of the nipple may be harmless (majority) or malignant (breast cancer). The retracted nipple appears flat and broad and cannot be pulled outwards. An inverted nipple can be pulled out and mother should be taught during antenatal care visits about inverted nipple. Syringe method can be tried in few mothers.



Breast engorgement.

- Breast engorgement means the blood vessels in breast have become congested. This traps fluid in your breasts and makes them feel hard, painful, and swollen. Alternate heat and cold, for instance using ice packs and hot showers, to relieve mild symptoms. It can also help to release milk by hand or use a breast pump.

Blocked ducts

- A single sore spot on breast, which may be red and hot, can signal a plugged milk duct. This can often be relieved by warm compresses and gentle massage over the area to release the blockage. More frequent nursing can also help.



- **Breast infection (mastitis).** It is preventable but common problem and occurs due to :
 - Milk stasis
 - Hyperlactation
 - Cracked nipple
 - Insufficient milk removal.
 - Maternal stress
 - Use of nipple creams
- Breast feeding information and education, adequate rest, good nutrition, psychological support, proper hand washing, warm moist packs or cold. Cabbage compresses between feeds. Proper antibiotic therapy.

- **Breast abscess:** if mastitis is not treated, it may progress to breast abscess. The baby should be allowed to continue breast feed and abscess can be treated with aspiration technique.
- **Galactocele:** a benign cyst which should not interrupt feeding breast.
- Duct ectasia also called as granulomatous mastitis. Can be aggravated by lactation.
- Dermatitis involving breast nipple and areola. Herpes simplex with active oozing nipple and areola are contraindication for the breast feeding till the lesions heal.



- Insufficient milk supply: mother should be taught about normal physiological breast feeding about 8-12 or more times in 24 hours, feeding at night and not to decrease the frequency of breast feeding to let the breast fill. One breast should be fully drained before offering the second one. Mother should constantly be supported and encouraged by teaching different positions of breast feeding.

How to Care for Breasts while Breastfeeding

- Here are some tips to help care for nursing mothers and prevent some of the common problems of breastfeeding.
- **1. Practice good hygiene.** Wash hands before touching breasts. Keep breasts and nipples clean by washing them each day with warm water in the shower or bath. Avoid using soap on breasts since it can cause dry, cracked, and irritated skin. It can also remove the natural oils produced by the Montgomery glands located on the dark area surrounding nipples. These oils help to keep the nipples and areola clean and moisturized.
- **2. Wear a supportive bra. Nursing mothers should** Choose a nursing bra or a regular bra that fits well, but is not too tight. Cotton is an excellent choice of fabric since it allows skin to breathe.
- Good latching technique, and nursing very often – at least every 2 to 3 hours – can help prevent the development of painful breast problems such as sore nipples, breast engorgement, plugged milk ducts, and mastitis.
- Proper position of breast feeding as shown above.
- **3. Changing breast pads often.** If mother is using breast pads or cotton squares inside bra to soak up the breast milk from leaking breasts, she should change them when they become wet. Clean, dry nursing pads can help to prevent sore nipples, thrush, or mastitis from occurring.
- **1. Moisturize nipples with breast milk.** After nursing baby, rub some of breast milk on nipples and areola then let them air dry.
- **2. Remove child from breast correctly.** When mother is ready to take baby off of the breast, avoid pulling the baby. Instead, place one finger in the corner of her mouth to break the suction between baby's mouth and breast.
- **3. Discuss sore nipples with doctor.** If mother has sore nipples, she should talk to a lactation consultant about using purified lanolin or hydrogel pads to help soothe breasts.
- **4. Treat breast engorgement.** If then breasts become painfully overfull, hard, and swollen, cold cabbage leaves or cold compresses to reduce inflammation and relieve pain can be used.

- **5. Feeding the baby before it becomes too hungry.**
- Continue to perform monthly breast self-examination. In nursing mothers also, it's important to check breasts each month. While it's normal for breasts to feel lumpy when they're full of milk, the lumps should go away with breastfeeding, pumping, or massaging the breasts.

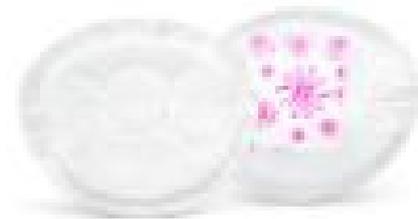
Caring for Breasts to Suppress Lactation

- It could take a few weeks or months to dry up the breast milk in breasts. Here are some tips for caring for breasts if in case breast feeding has to be stopped. The following has to be taught to mothers,
- Wear a bra that is supportive but not tight.
- Use breast pads or a cotton cloth to soak up leaks.
- Place a cold compress or cold cabbage leaves on your breasts to help relieve swelling and discomfort.
- If breasts are painfully full, pump or hand express a little bit of breast milk to relieve some of the pressure. Pumps are better avoided.
- Try not to touch nipples or breasts. Regular stimulation of the breasts and nipples tells body to keep producing milk.
- Medicines for pain relief can be given.

Useful nipple care products

- **Nipple cream** made from ultra-pure lanolin – a natural product obtained from sheep's wool. This moisturises and supports healing. It's harmless for baby, so there's no need to wash off lanolin before breastfeeding.

- **Hydrogel pads** can be placed on sore nipples to offer instant breastfeeding pain relief, as well as creating ideal conditions for healing.
- **Breast shells** fit inside bra. They're good for stopping clothing rubbing against sore nipples, and have holes in so air can still get to nipples to help them heal.
- **Nursing bras** made from either a breathable material like cotton, or a fabric that dries quickly and wicks excess moisture away from damaged nipples.
- **Nipple shields** are silicone covers that fit over nipples, with small holes for breast milk to flow through as you breastfeed. They protect the skin underneath and can give a baby with a poor latch something firmer to attach to. In general nipple shields should be considered a short-term solution. If problems or pain occur, consult lactation consultant or breastfeeding specialist.



- **Safe & Dry™ Ultra thin nursingpads**



- **Purelan™ 100 lanolin cream**



- **Contact™ nipple shields**



- **Safe & Dry™ Washable bra pads**
- **Safe & Dry™ Disposable nursing pads**
- **Milk collection shells**



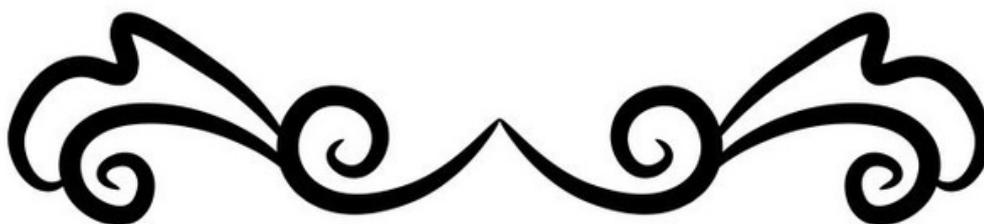
- **Hydrogel pads**
- If you're breastfeeding and have sore or cracked nipples, Medela hydrogel pads support ...



- **Breast shells**

Conclusion

- The breastfeeding is important for both mother and child and it needs proper counseling, guidance, education and support at all levels to overcome troubles which occur during pregnancy, lactation till weaning. As gynecologists it is our first and foremost duty to teach all the mothers about proper techniques of breast feeding and develop self confidence in them. Every child should get the benefit of mothers milk so as to reduce the complications during infancy. so let the every mother enjoy her motherhood and every child blossom with pure love in the form of mothers milk.



Chairperson's Message



Breastfeeding is a natural instinct & is the Dream of every Mother.

That's the very reason, I believe, providing adequate & appropriate information on Breastfeeding will definitely improve the percentage of Breastfeeding in the women across India.

We as Health care Providers definitely have a major role to play as far as the support is concerned.

At the same time we can counsel & Train the Family members especially the Husband to support & actively enjoy Parenting.

We should try to help them if at all any problems in Breastfeeding. Breastfeeding should be a pleasure & not a Painful Experience.

Let's all pledge to Promote & Support Breastfeeding.

Thanks to President FOGSI Dr. Alpesh Gandhi, VP Incharge Dr. Ragini Agrawal, Secretary General Dr. Jaydeep Tank, Editors Dr. Laxmi Shrikhande, Dr. Archana Varma, Contributors & All my Committee Advisors , Coordinators & Members.

Dr. Sneha S Bhuyar

Chairperson Breast Committee FOGSI 2019 - 2021



Thank you

Designed by S. Kalpana