**BACKGROUND**

Although 98% of infants are ever breastfed in Nepal (MOHP et al., 2016), the rate of exclusive breastfeeding is low primarily due to predominance of pre-lacteal feeding.

A recent study in Kathmandu Valley showed that 57% mothers (n = 304) provided a pre-lacteal feed to their newborn within 3 days of birth; almost always with infant formula (Pries et al., 2016).

Interestingly, half of the mothers (48%) reported that the infant formula was recommended by health workers in hospitals.

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Pre-lacteal feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation by health professionals</td>
<td>16.7 times more likely</td>
</tr>
<tr>
<td>Delivery via C-section</td>
<td>8.8 times more likely</td>
</tr>
</tbody>
</table>

**CONCERNS**

37% of infants start breastfeeding within 24 hours.
57% exclusively breastfeed within 6 months.

**LACTATION MANAGEMENT**

1. Teaches all expectant mothers how to successfully breastfeed and sustain it up to 2 years or more.
2. Trains all staff who come in contact with mothers and infants to promote, protect and support breastfeeding.
3. Heightens community awareness of the importance of breastfeeding.
4. BMS Act Orientation

**CURRICULUM DEVELOPMENT**

A team of experts from the government and non-governmental partners, designed and developed Lactation Management Curriculum

- Why Breastfeeding matters
- Composition of breast milk
- Good attachment and positioning
- Difficulties and how to overcome them

**TRAINING VENUES**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>No. of Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMS Act Orientation</td>
<td>500</td>
</tr>
<tr>
<td>Lactation Management Training</td>
<td>1349</td>
</tr>
</tbody>
</table>

**FOCUSED AREAS**

- Skin to skin contact immediately after birth
- Early initiation of breastfeeding within one hour of birth
- Good attachment and positioning
- Exclusive breastfeeding for 6 months
- Breast massage for MER
- Rubbing mother's back for oxytocin reflex

**IMPROVING BREASTFEEDING**

**Pre-training Assessment** | **Post-training Assessment**
--- | ---
Negligible health worker awareness of the BMS Act | Increased awareness of the Act amongst the health workers
Infant formula could be given without prescription, by nurses also, in most hospitals | Infant formula given only with pediatrician’s prescription
No early initiation of breastfeeding for c/s births | As far as possible breastfeeding initiated in OT or recovery room in most of the hospitals
Misperception of health workers about milk supply (no or inadequate secretion) Crying babies | Removal of misperception

**SOME IMPROVED CASES**

**PROVISION OF PENALTY IN THE ACT**

“The provision of penalty in the Act has led us to be more vigilant; we encourage BF and do not recommend formula milk unless medically necessary” – Nurse (Private Hospital)

**PRESCRIPTION OF FORMULA**

“Before we used to prescribe Lactogen but now, it is prescribed only by doctor in written form. Doctors write infant formula in Kardex” – Nurse, NICU (Private Hospital)

**INITIATION OF BF IN OPERATION THEATER**

“Before breastfeeding was not initiated in OT (Operation Theatre), now with the support of MO (Medical Officer) and nursing staff, breastfeeding is initiated in the OT” – Pediatrician (Private Hospital)

**CONCLUSION**

LMT increases
1. Awareness on BMS Act, which is important to discourage inappropriate use of infant formula
2. Involvement of hospital management that supports environment in the hospital where breastfeeding is encouraged and formula feeds are discouraged.
3. Convincing health workers to correct their misconceptions about breastfeeding and promote optimal breastfeeding practices is highly important

**REFERENCES**

