



**COUNCIL OF INTERNATIONAL NEONATAL
NURSES, Inc. (COINN)**

Position Statement

Position Type	Policy Name	Policy #
PS – Nutrition	Child Health, Poverty and Breastfeeding	PS –0200
Review Frequency	Last Reviewed	Date to Review Policy
Every 3 years	March, 2018	March, 2021

COINN Position

- The Council of International Neonatal Nurses, Inc. (COINN) recognizes the critical contributions made by breastfeeding, breast milk, and mother-baby bonding, to not only enhance developmental outcomes but also child survival. Intergenerational cycles of poverty and health inequalities are also factors linked to not breastfeeding the infant. The highest risk of death is during the neonatal period. Positive survival and health outcomes result from relatively simple and safe measures such as breastfeeding.
- Keeping mothers and infants together as much as possible, providing breastfeeding counselling, assisting mothers to provide breast milk for their preterm unwell babies and supporting breastfeeding initiation, exclusivity and continuance, even in the workplace, are essential components for child survival. Supportive health care practices, such as these, are a prerequisite to reach optimal breastfeeding goals.
- That all infants should be exclusively breastfed for a *minimum* of 6 months.
- Mothers living with HIV should breastfeed for at least 12 months and may continue to breastfeed for 24 months or beyond (similar to the general population) while being fully supported with ART adherence (WHO, 2016).
- Mothers known to be living with HIV should only give commercial infant formula as a replacement to their HIV-uninfected infant or infant who are of unknown HIV status if specific conditions are met: there is assured safe water and sanitation in the household and community; the mother or caregiver can reliably provide sufficient infant formula to support normal growth and development of the infant; the mother or caregiver can prepare the formula cleanly and frequently enough to ensure there is a low risk of diarrhea or malnutrition; the mother or caregiver can give infant formula exclusively for the first 6 months; the family supports the practice; the mother or caregiver can access health care that offers comprehensive child health services (WHO, 2016).
- In situations where the HIV positive mother chooses to give mixed feedings it is recommended that she is on ARV medication and preferable breastfeed exclusively for minimum of 6 months.
- Research appears to indicate that this abrupt weaning even in HIV positive women may lead to adverse neonatal/infant outcomes.
- National and local health authorities should actively coordinate and implement services at health facilities, workplaces, communities and homes to promote and protect that ensure the right of for HIV positive mothers to breastfeed.

- During emergency situations and in the presence of an orphaned infant attempts should be made to administer HIV-negative donor human milk.
- In situations where the mother's own milk is not available, the best option is donor human milk. While pasteurized donor milk from a regulated milk bank is preferred, it is often not available during a disaster. If formula is given, recommend ready-to-feed standard formula. Use concentrated or powdered formula only if bottled or boiled water is available.
- In emergency situations it may be preferable to re-initiate lactation in mothers who have been weaned over artificial feeding with infant formula. (United States Breastfeeding Committee, 2011; WHO Regional Office for Europe, 1997).
- COINN supports the International Code of Marketing of Breastmilk Substitutes and subsequent, relevant World Health Assembly resolution.

Background

"In the battle to eradicate poverty, one small step would be to ensure that every newborn is breastfed. This would provide the best nutrition, the greatest infection protection, the most illness prevention, and the greatest food security and psychological protection for the infant" (Lawrence, 2007)

Recommendations/Key Principles

1. The importance of breastfeeding and use of breast milk to child survival requires global coordinated health efforts to support breastfeeding.
2. Globally neonates (first 28 days of life) have the highest risk of death but a mortality gap exists between developing and developed countries, especially for countries experiencing conflicts or crises.
3. Infants born in less developed countries, who are not breastfed, have a six-fold greater risk of dying from infectious diseases in the first two months of life than those who are breastfed.
4. The Global Strategy on Infant and Young Child Feeding confirms that breastfeeding is a public health priority globally.
5. Initiation and support of breastfeeding are essential components of infant care in all settings including the woman's workplace.
6. Protection and support of mother-baby bonding and breastfeeding, beginning shortly after birth, or as soon after birth as possible, [including situations where babies are born preterm or unwell and admitted to a neonatal or special care unit] are essential components for increased child survival.
7. Breastfeeding and breast milk provide optimal, species specific, nutrition and are an essential component of any program to improve child health.
8. Breastfeeding and breast milk save lives by protecting babies from infection and by modulation of the immature immune systems of babies.
9. The use of any breast milk substitutes in emergencies is a risk factor for neonates and infants due to unhygienic conditions, lack of water or clean water and lack of knowledge about safe preparation of these products.
10. "The world cannot afford to continue to lose one of its most valuable resources - its children."
Carole Kenner (2007)

COINN acknowledges that some countries may not be able to implement the recommendations as written due to limited resources-personnel, financial, and equipment. However, to improve health outcomes all the neonatal community must strive to uphold these recommendations. Determinations must be made within local and national organizations as to what constitutes basic, essential, and advanced care.

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