



World Breastfeeding Trends Initiative (WBTi)

**Iniciativa Mundial
sobre Tendencias de la Lactancia Mundial-
WBTi**

Informe Nacional

México

**Organiza
LACMATER**

Coordinación Regional IBFAN LAC
CEFEMINA



in collaboration with
BPNI - IBFAN India



***GBICs Global Breastfeeding Initiative for Child Survival - Iniciativa
Mundial de Lactancia Materna para la Supervivencia Infantil***

2008 (rev 2009)

MEXICO

WBTi report 2008

Part 1: Infant and Young Child Feeding Practices

Indicator 1: Early Initiation of Breastfeeding

Indicator 1	WHO's	IBFAN Asia Guideline for WBTi		
	<i>Key to rating</i>	<i>Scores</i>	<i>Color-rating</i>	<i>Grading</i>
Initiation of Breastfeeding (within 1 hour)				
	50-89%	9	Blue	B

55.40 %

Data Source:

Prácticas de alimentación, estado de nutrición y cuidados a la salud en niños menores de 2 años en México, atendidos por el IMSS, 2004, Editores: Samuel Flores Huerta y Homero Martínez Salgado, Instituto Mexicano del Seguro Social ISBN: 968-824-795-2

Indicator 2: Exclusive breastfeeding for the first six months

Indicator 2	WHO's	IBFAN Asia Guideline for WBTi		
	<i>Key to rating</i>	<i>Scores</i>	<i>Color-rating</i>	<i>Grading</i>
Exclusive Breastfeeding (for first 6 months)	0-11%	3	Red	D

5.5 %

Data Source:

Prácticas de alimentación, estado de nutrición y cuidados a la salud en niños menores de 2 años en México, atendidos por el IMSS, 2004, Editores: Samuel Flores Huerta y Homero Martínez Salgado, Instituto Mexicano del Seguro Social ISBN: 968-824-795-2

Indicator 3: Median duration of breastfeeding

Indicator 3	WHO's	IBFAN Asia Guideline for WBTi		
Median Duration of Breastfeeding	Key to rating	Scores	Color-rating	Grading
	0-17 Months	3	Red	D

9 months

Data Source:

“Segunda Encuesta de Nutrición 1999”, Salud Pública de México/vol.45/suplemento 4 de 2003

Indicator 4: Bottle feeding

Indicator 4	WHO's	IBFAN Asia Guideline for WBTi		
Bottle Feeding (<6 months)	Key to rating	Scores	Color-rating	Grading

Data Source: There is not information

DNA

Indicator 5: Complementary feeding

Indicator 5	WHO's	IBFAN Asia Guideline for WBTi		
Complementary Feeding (6-9 months)	Key to rating	Scores	Color-rating	Grading
	0-59%	3	Red	D

53%

Data Source:

Prácticas de alimentación, estado de nutrición y cuidados a la salud en niños menores de 2 años en México, atendidos por el IMSS, 2004, Editores: Samuel Flores Huerta y Homero Martínez Salgado, Instituto Mexicano del Seguro Social ISBN: 968-824-795-2

Part II: IYCF Policies and Programs

IBFAN Asia Guidelines for WBTi

<i>Scores</i>	<i>Color- rating</i>	<i>Grading</i>
0 - 3	Red	D

Indicator 6: National Policy, Program and Coordination

Information Sources Used: Secretaría de Salud

	Scoring
6.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	2
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	0
6.3) A national plan of action developed with the policy	0
6.4) The plan is adequately funded	0
6.5) There is a National Breastfeeding Committee	0
6.6) The national breastfeeding (infant and young child feeding) committee meets and reviews on a regular basis	0
6.7) The national breastfeeding (infant and young child feeding) committee links with all other sectors like health, nutrition, information etc. effectively	0
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0
Total Score	2/10
	.2
Conclusions and Recommendations	
<p>Fourteen years ago, when Baby Friendly Hospital Initiative was launched in Mexico, was developed a national breastfeeding promotion and protection policy. This policy strongly supported the OMS/UNICEF 10 steps for a successfully breastfeeding, and the Breastfeeding National Committee was officially established.</p> <p>Six years later, when policy makers finished their work period, health programs were reformed and breastfeeding was not as important as in the past, remaining on a second level. Breastfeeding National Committee lost its power, finishing its activities.</p>	

Official norms in Mexico don't establish yet six months as the optimal period for exclusive breastfeeding. This is a great breastfeeding promotion and protection difficulty.

At the preliminary Mexican breastfeeding trends report we made with national health representatives from the public and private sector, we strongly recommend to reactivate the Breastfeeding National Committee and to change the official norms recommendations on exclusive breastfeeding.

Secretaría de Salud agents agree with us about these needs and asseverated they are going to make a general call to reestablish the Breastfeeding National Committee at 2009 beginnings.

They also offer us, as IBFAN members, to participate reviewing the "Official norm for pregnant and healthy new born attention" in order to put six month as the optimal age for exclusive breastfeeding in it.

We think these two measures will positively increase 6 indicator's scoring for our country.

Indicator 7: Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)

Information Sources Used:

Diagnóstico del estado actual de la Lactancia Materna y el cumplimiento del Código de Comercialización de Sucedáneos, en México, IBCLC Paloma Lerma, IBFAN/UNICEF México, 2002

Dra. Aurora Martínez, encargada de Lactancia Materna, Instituto Nacional de Salud y Género, Secretaría de Salud, año 2000 (no more hospitals have been certificated or recercificated since 2000 year)

Indicator 7A

7.1) 791 out of 919 total of PUBLIC hospitals offering maternity services have been designated "Baby Friendly" 86 % (From 1994 to 2000)

Criteria	
0 - 7%	
8 - 49%	
50 - 89%	3
90 - 100%	
Rating on BFHI quantitative achievements:	3/4 _____ 0.75

Indicator 7B

Skilled training input in BFHI program ____ out of ____ BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services.

Criteria	
0-25%	1
26-50%	
51 –75%	
75% and more	
Total Score	1/3.5 ____ 0.28

In some hospitals this was done but there is not available information because people in charge of Baby Friendly Hospitals never made a staff breastfeeding management training trustable record

Indicator 7C

Quality of BFHI program implementation:

Criteria	
7.3) BFHI program relies on training of health workers	.5
7.4) A standard monitoring system is in place	.5
7.5) An assessment system relies on interviews of mothers	
7.6) Reassessment systems have been incorporated in national plans	
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	
Total Score	1/2.5 ____ 0.40

Those are criteria from the past (1994-2000)

Total Score 7A, 7B and 7C	5
Conclusions and Recommendations	
<p>From 1994 to 2000 Baby Friendly Hospital Initiative in Mexico took a great importance, health care workers from all the public facilities with maternity services were trained and more than 90% of those facilities were assessed and certificated.</p> <p>Mexican authorities added another 18 steps related with other important general strategies but not relevant to promote, support and protect breastfeeding. Efforts made to accomplish the 28th steps for accreditation debilitated energy, resources and impact to strengthen breastfeeding program, which was the main goal of Baby Friendly Hospital Initiative.</p> <p>As the time goes by, breastfeeding was falling deep inside of other health strategies, and 10 steps lost their importance for health decision makers.</p>	

Public, private and NGOs people working on reproductive health issues will improve aim of the Initiative:

1. Consolidating the National Breastfeeding Committee
2. Evaluating the current status of each WHO/UNICEF step implementation
3. Training or updating on clinical and political management of breastfeeding all staff counseling, attending and informing pregnant and breastfeeding mothers at hospital and clinical facilities with obstetric and pediatric services
4. Working VERY HARD consolidating breastfeeding support groups to fulfill the ten steps inside and outside of facilities
5. Implementing a national recording system to register every action made in favor of breastfeeding for further following and evaluation
6. Making a BIG EFFORT to train health care workers (medical and administrators ones) on the International Code of Marketing of Breastmilk Substitutes and further relevant WHA recommendations, to accomplish them EVERY DAY in EVERY CASE they apply
7. Monitoring Ten steps accomplishment every six months to evaluate Baby Friendly Hospital Initiative and to develop strategies to improve each one

Indicator 8: Implementation of the International Code

Information Sources Used:

I- Reglamento de la Ley General de Salud en materia de control sanitario de actividades, establecimientos, productos y servicios, México, 18 de enero, 1988, SSA.

II- Norma oficial mexicana, NOM-131-SSA 1-1995, Bienes y Servicios. Alimentos para lactantes de corta edad. Disposiciones y especificaciones sanitarias y nutrimentales.

III- Norma oficial mexicana para la atención de la mujer durante el embarazo, parto y puerperio y del recién nacido. Criterios y procedimientos para la prestación del servicio. NOM 007 SSA 2- 1993. ACTUALIZADA en septiembre de 1999

IV- Norma oficial mexicana NOM-086-SSA 1-1994. Bienes y Servicios. Alimentos y bebidas no alcohólicas con modificaciones en su composición. Especificaciones nutrimentales.

V- Reglamento de la Ley General de Salud en materia de publicidad, SSA, 6 de abril, 2006.

VI- Acuerdo de los Fabricantes y Distribuidores Mexicanos de Sucedáneos de la Leche Materna, 1991, 1995, 2000 y 2007

Criteria	Scoring
8.1) No action taken	
8.2) The best approach is being studied	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	

8.4) National measures (to take into account measures other than law), awaiting final approval	
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	
8.6) Some articles of the Code as a voluntary measure	
8.7) Code as a voluntary measure	
8.8) Some articles of the Code as law	7
8.9) All articles of the Code as law	
8.10) All articles of the Code as law, monitored and enforced	
Total Score:	7/10__7

Conclusions and Recommendations

We have some of the Code recommendations inside of some health norms. These regulations have under their scope: Start infant formulas. **There are not any recommendations about bottles and teats.**

The regulate start infant formula label information very close with International Code of Marketing of Breastmilk substitutes recommendations.

It is necessary to add strong regulation about following formula for babies > 1 year, and to regulate all bottle feeding products marketing.

Mexican laws and regulations aloud publicity of these products when “baby is intolerant to their mother milk, when mother is absent or when mother is no capable to produce milk or for whatever other sanitary well founded reason”

This regulation opens the door to all publicity of infant feeding products because this very subjective definition “when mother is no capable to produce milk”, is quite dangerous. Thinking in the big medical misinformation about milk supply process, who is going to determinate mothers capability to produce enough milk?

This norms and laws establish too:

- **There is not authorization to give free samples of infant formula**
- **It is forbidden to make any promotion or distribution of breastmilk substitutes in health care facilities**
- **Delivery or prescription of breastmilk substitutes to < 4 months old infants has to be made under medical prescription and has to be registered at the medical**

records.

On September 2007, Infant formula manufacturers made an agreement with the Secretaría de Salud to commit themselves, between other things :

- To consider exclusive breastfeeding during the first 6 months and breastfeeding and complementary food beyond the second year of life as the optimal infant feeding way
- To make all breastmilk substitutes marketing according with the International Code and other WHA relevant recommendations
- To avoid any contact with pregnant and breastfeeding mothers and their relatives, to promote their infant feeding products
- To avoid distribution of free samples of any kind of infant formula to mothers and their relatives and to health care workers from public and private health care facilities
- To avoid incentives or founs which were not strictly related with continuous education and with infant formula products, to health care workers
- To avoid promotion of infant formula at any sell point

These compromises sound pretty well in paper, but until today, they continue making very aggressive marketing practices under the closed eyes of health care representatives.

Our recommendation goes on the line of monitoring the accomplishment of this agreement and to share these results with those which can take decisions to sanction violations and with those institutions and organizations involved supporting, promoting and protecting breastfeeding.

Indicator 9: Maternity Protection

Information Sources Used:

Artículo 123 de la Constitución Política de los Estados Unidos Mexicanos

LEY FEDERAL DEL TRABAJO

(Última reforma aplicada 23/01/1998)

Nueva Ley publicada en el Diario Oficial de la Federación el 1 de abril de 1970

Maternity Protection legislation, other policies and practices that protect and support breastfeeding: _____ points

Criteria	Check \checkmark that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks – 0.5 (score) b. 14 to 17weeks – 1 (score) c. 18 to 25 weeks– 1.5 (score) d. 26 weeks or more – 2 (score)	0.5
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break – 0.5 (score) b. Paid break - 1 (score)	1
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	0
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	0
9.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures – 0.5 (score) b. accorded the same protection as women working in the formal sector – 1 (score)	0
9.6) a. Information about maternity protection laws, regulations, or policies is made available to workers. – 0.5 (score) b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.’ – 0.5 (score)	0
9.7) Paternity leave is granted in public sector for at least 3 days.	0
9.8) Paternity leave is granted in the private sector for at least 3 days.	0
9.9) There is legislation providing health protection for pregnant and breastfeeding workers; and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5
Total Score:	3.5/10_0.35

Indicator 10: Health and Nutrition Care Systems

Information Sources Used:

- Plan de estudios de la Facultad de Medicina y de la Escuela Nacional de Enfermería de la Universidad Nacional Autónoma de México
- Programa Nacional de Salud 2007-2012
- Asociación Mexicana de Miembros de Escuelas y facultades de Nutrición

Guidelines

Health provider (pre-service) education: 0.5 points

Criteria	Scoring		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programs in the country indicates that infant and young child feeding curricula or session plans are adequate/inadequate		1	
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.		1	
10.3) There are in-service training programs providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.		1	
10.4) Health workers are trained with responsibility towards Code implementation as a key input.		0.5	
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programs focusing on relevant topics (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)		0.5	
10.6) These in-service training programs are being provided throughout the country.		0.5	
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick		0.5	
Total Score:	5 /10 0.5		

Conclusions and Recommendations

All Schools and Faculties related with Sciences Health Area, promote in some way breastfeeding.

They do it in a very general way, emphasizing advantages such as better quality, savings and availability; but, they agree with formula feeding when mother or baby have any kind of problem, no matter how easy it will be to be resolved... because they don't know that they ignore solutions.

Infant feeding chapters of medicine, nursery and nutrition careers has to be assessed to be updated, not only at theoretical level but at clinical and practical management of breastfeeding at hospital, at community and at home. This review and update has to be made by an expert's panel including health, legislation, advertising, labor and education experts and of course with IBFAN assessors.

These actions have to be hand in hand with changes in laws and norms.

Indicator 11: Mother Support and Community Outreach - Community-based Support for the pregnant and breastfeeding mother

Information Sources Used:

Diagnóstico del estado actual de la Lactancia Materna y el cumplimiento del Código de Comercialización de Sucedáneos, en México, IBCLC Paloma Lerma, IBFAN/UNICEF México, 2002

Community based initiatives: 0.4 points

Criteria	Scoring		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.		1	
11.2) All women have access to support for infant and young child feeding after birth.		1	
11.3) Infant and young child feeding support services have national coverage.			0
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectorial and intra-sectorial).	2		

11.5) Community-based volunteers and health workers possess correct information and are trained in counseling and listening skills for infant and young child feeding.			0
Total Score:	4/10 0.4		
Conclusions and Recommendations			
<p>There is a national health program covering almost all reproductive age women, during pregnancy and labor. And, at urban and big rural areas, during the first months of baby's life.</p> <p>This program emphasize vaccination, mother nutrition, vitamins and minerals supplementation and recommend exclusive breastfeeding (“when mother is capable for it”), around first 4th months of baby's life.</p> <p>Community-based volunteers and health workers need to be trained with correct information to develop adequate counseling and listening skills for infant and young child feeding. Lack of correct information derives in wrong recommendations to the mothers: dangerous in urban areas but extremely dangerous at rural ones.</p> <p>And, once again, laws and norms have to be updated, according with the 6 months of exclusive breastfeeding international recommendation.</p>			

Indicator 12: Information Support

Information Sources Used:

Programa Nacional de Salud 2007-2012

Criteria	Scoring		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.		1	
12.2) IEC programs (eg World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels			0
12.3) Individual counseling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.			0

12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.			0
12.5) A national IEC campaign or program using electronic and print media and activities has channeled messages on infant and young child feeding to targeted audiences in the last 12 months.			0
Total Score:	1/10 0.1		
<p>Conclusions and Recommendations</p> <p>There is not a national IEC addressed to promote breastfeeding, or even to inform anyone about infants and young children adequate nutrition, based on international guidelines.</p> <p>In those days, taking in to account the serious problem of infant obesity, there are some campaigns and efforts addressed to avoid infant intake of sugar food and beverages buy this campaigns doesn't includes infant formula prevention.</p> <p>Once laws and norms will be updated, and we will have a Breastfeeding National Program working, next step will be to develop and to implement a national IEC strategy.</p>			

Indicator 13: Infant Feeding and HIV

Information Sources Used:

Norma Oficial Mexicana NOM-010-SSA2-1993, para la prevención y control de la infección por virus de la inmunodeficiencia humana. - 17/01/1995

Criteria	Scoring		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV		1	
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation			0
13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counseling and support.			0
13.4) Voluntary and Confidential Counseling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1		

13.5) Infant feeding counseling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.		0.5	
13.6) Mothers are supported in making their infant feeding decisions with further counseling and follow-up to make implementation of these decisions as safe as possible.		0.5	
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.			0
13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.			0
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.		0.5	
Total Score:		3.5/10	0.35

Conclusions and Recommendations

The good aspect is the establishment by law of this recommendation: “HIV infected mothers should not breastfeed their babies if they are in position to guarantee breastmilk substitutes. If they don’t, it is recommended to continue with breastfeeding”

The weak aspect of this recommendation is the hospital and community health care workers lack of good information to support breastfeeding.

Once again it is essential to have a strong Breastfeeding National Program coordinating legislation, training, advertising, support and any other activity related with breastfeeding.

People in charge of coordinate these activities has to evaluate periodically impact, results and new strategies.

Indicator 14: Infant Feeding during Emergencies

Information Sources Used:

Programa Nacional de Protección Civil 2008-2012

Criteria	Scoring		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies			0
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed			0
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed			0
14.4) Resources identified for implementation of the plan during emergencies			0
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.			0
Total Score:	0/10 0		

Conclusions and Recommendations

There is not a national compromise to train all people involved on emergency attention (like soldiers, health care workers and volunteers), to adequately management of breastfeeding and infant feeding in general, during natural or human disasters. There is not a regulation about donations to establish what to ask for feed children in risk, how to prepare it, how to protect breastfeeding for breastfeed infants and how to support mothers to keep in good condition their milk supply. And there is not either a regulation which specifies the infant formula risks added when it is used during emergencies with no safe water...

Recommendations go under the same point:

- Set up a well based National Breastfeeding Program with good plans and strategies to support, promote and protect breastfeeding
- Design a good and well supported legal system to protect breastfeeding actions and practices and promulgate them
- Train on optimal infant feeding techniques all people involved directly or indirectly with breastfeeding (health care students and workers, employers, community and rescue volunteers, infant food sellers, mass media reporters; primary, secondary and high school teachers, housewives, parents, etc)
- Monitoring and evaluation of these actions

Indicator 15: Mechanisms of Monitoring and Evaluation System

Information Sources Used:

Criteria	Scoring		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding program activities.			0
15.2) Monitoring or Management Information System (MIS) data are considered by program managers in the integrated management process.			0
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding program activities.			0
15.4) Evaluation results related to major infant and young child feeding program activities are reported to key decision-makers			0
15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.			0
Total Score:	0/10 0		

Conclusions and Recommendations

There is not a national system monitoring and evaluating infant feeding practices.

Cooperatively with national health and educational authorities we have to develop it.

Summary part 1: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 1 Starting Breastfeeding (Initiation)	55.40 %	9
Indicator 2 Exclusive Breastfeeding for first 6 months	5.5%	3
Indicator 3 Median duration of Breastfeeding	9 meses	3
Indicator 4 Bottle-feeding	_____ %	DND
Indicator 5 Complementary Feeding	53 %	3
Score Part 1 (Total)		18

Guideline:

Scores (Total) Part-I	Color-rating	Grading
16 - 30	Yellow	C

Summary of Results and Recommendations

We have good bases:

- A written policy for breastfeeding promotion during pregnancy for women receiving medical care at hospitals and clinics
- A written policy recommending exclusive breastfeeding initiation for healthy babies, during the first 30 minutes after delivery
- Room-in routines for mothers and babies during their hospital stay (mostly at public facilities).

Our needs are:

- Review and updating of laws and norms related with breastfeeding promotion, protection and support
- Review and updating of policies related with hospital breastfeeding management
- Training and updating on breastfeeding issues to all hospital and clinic staff involved with maternal care and counseling
- Physical structure accommodation at hospitals to attend mothers with hospitalized babies
- Routine information addressed to the new mothers about breastfeeding advantages, attachment, milk expression and other adequate breastfeeding techniques; as well as about bottle feeding risks.

- Breastfeeding support group and clinics to care mothers along their lactation, helping them to achieve a successful breastfeeding (exclusive during the first six months and with adequate complementary foods, beyond the second year of babies' life)

The better way to put in practice this recommendations is to reactivate the National Breastfeeding Committee, integrated by nutrition managers and policy makers from health, legislation, marketing, advertising and other related areas, working together with NGOs dedicated to promote and support breastfeeding; and to lunch strong legislation to regulate private and public practices related with infant feeding care and management

Summary Part II: IYCF Polices and Programs

Targets:	Score (Out of 10)
1. National Policy, Program and Coordination	2
2. Baby Friendly Hospital Initiative	5
3. Implementation of the International Code	7
4. Maternity Protection	3.5
5. Health and Nutrition Care	5
6. Community Outreach	4
7. Information Support	1
8. Infant Feeding and HIV	3.5
9. Infant Feeding during Emergencies	0
10. Monitoring and Evaluation	0
Total	31

Summary of Conclusions and Recommendations

We only have a weak program working pro breastfeeding: The Mother and Baby Friendly Hospital which needs to be reevaluated and totally reinforced

The other programs have to be inserted in to a National Policy considering promotion of breastfeeding and other good infant feeding practices as requisite to protect mother and babies rights from the point of view of health, nutrition and labor.

We discuss this points at our meeting with national representatives of Health Secretary and they agree with us, commitment themselves to reactivate the Breastfeeding National

Committee and to make us (as IBFAN members), part of Norms and laws reviewing, to achieve at least the establishment of exclusive breastfeeding during the first six months of babies life, as the optimal period for it.

We commit ourselves to work together with authorities in charge of monitoring the Infant Formula Producers Agreement to sanction the violations against this agreement, to advise them.

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programs (indicators 6-15) are calculated out of 100.

Scores Part II	Color- rating	Grading
31 - 60	Amarillo	C

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programs

Total score of infant and young child feeding **practices; policies and programs (indicators 1-15)** are calculated out of 150. Countries are then graded as:

Scores	Color- rating	Grading
46 – 90	Amarillo	C