World Breastfeeding Trends Initiative (WBT*i*)

Report

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The World Breastfeeding Trends Initiative (WBT*i*)

Kingdom of Saudi Arabia

2015

Introduction

The Kingdom of Saudi Arabia KSA is the largest country in the Arabian Peninsula, spread over 2,150,000 square kilometers (830,000 square miles), occupying almost 80 percent of the Arabian Peninsula. Located in the southwest corner of Asia, the Kingdom is at the crossroads of Europe, Asia and Africa. It is surrounded by the Red Sea on the West, by Yemen and Oman on the South, the Arabian Gulf and the United Arab Emirates and Qatar on the East, and Jordan, Iraq and Kuwait on the North. Saudi Arabia's Red Sea coastline stretches about 1,760 kilometers (1,100 miles) while its Arabian Gulf coastline is roughly 560 kilometers (350 miles) long.

Desert covers more than half the total area of Saudi Arabia. A narrow coastal plain runs through the Kingdom's western coast while a range of mountains run parallel to the coastal plain along the Red Sea.

The total Saudi population as of 2015 is estimated to be 20,654,212 million citizens with 9 million additional foreigners. It is also reported to have 2 million more undocumented immigrants. Thus a total populations of a little over 32 million people. The population has been rising significantly over the years. By some estimates done in 2013, it was reported that Saudi Arabia has the 80th highest growth rate in the world. (www.worldpopulationreview.com) About 51% of the population is under the age of 25 (as of Feb 2012).[2] Until the 1960s, most of the population was nomadic or seminomadic; due to rapid economic and urban growth, more than 95% of the population is now settled. 80% of Saudis live in three major urban centers—Riyadh, Jeddah, and Dammam. [3] Some cities and oases have densities of more than 1,000 people per square kilometer (2,600/mile²). Thus, Saudi Arabia's population is characterized by rapid growth and a large cohort of youths.What had been traditionally a breastfeeding culture, was disrupted with the great influx of oil weatth in the 1970's and 1980's. Saudi Arabia became a target for breatmilk substitues. This coupled with the advancements in socioeconomic status has caused considerable change in the original pattern of breastfeeding in recent decades.

The recommendation for optimal breastfeeding duration of two years in the Kingdom of Saudi Arabia (KSA),is based firstly on the Holy Quran,then the World Health Organization (WHO) and United Nations Children's Funds (UNICEF).

About WBT*i*

Background

The World Breastfeeding Trends Initiative (WBT*i*) is an innovative initiative developed by IBFAN Asia. Its purpose is to assess the status and progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national levels.The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBT*i* is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
1. National Policy, Programme and Coordination 2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Mother Support and Community Outreach 7. Information Support 8. Infant Feeding and HIV 9. Infant Feeding during Emergencies 10. Mechanisms of Monitoring and Evaluation System	11. Early Initiation of Breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBT*i* web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components;

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and

Young Child Feeding . This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the ' WBT*i* Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBT*i***

Background

The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that every infant should be exclusively breastfed for the first six months of life, with breastfeeding continuing for up to two years of age or beyond. Exclusive breastfeeding is defined as feeding the infant only breast milk, with no supplemental liquids or solids except for liquid medicine and vitamin/mineral supplements . Breastfeeding is an important public health strategy for improving infant and children health and mortality, improving maternal morbidity, and helping to control health care costs and chronic disease prevention. Breastfeeding is associated with a reduced risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis, obesity, and hypertension. Variables that may influence breastfeeding include race, maternal age, maternal employment, level of education of parents, socio-economic status, insufficient milk supply, infant health problems, maternal obesity, smoking, parity, method of delivery, maternal interest .

Breastfeeding in Saudi Arabia had been customary; its duration used to exceed the age of 24 months, and solid food used be introduced as late as 12–18 months complementary to breastfeeding. Today there is insufficient data available on breastfeeding in Saudi Arabia to monitor progress and develop promotion programs. The World Health Organization does not report any breastfeeding data in the country profile because there is no national data on breastfeeding presently available.

In some sectors, it has been reported that Saudi Arabia is a country with a high breastfeeding initiation rate, which implies the willingness of Saudi women to breastfeed (Al-Jassir et al., 2003; Mouzan et al., 2009). Due to the fact that only 7% of Saudi hospitals have every achieved Baby Friendly Hospital Initiative designation, it would appear that hospital practices have not supported mothers to achieve the ability to sustain breastfeeding.

The exclusive breastfeeding rate could not be accurately determined as rates range from 0.8% to 43.9% among studies due to the lack of clear definitions and the nature of study design. The partial (mixed) feeding method was common and the category of 'any breastfeeding' has generally high rates. The mean duration of breastfeeding has showed a progressive decline over time from 13.4 months in 1987 to 8.5 months in 2010. Factors associated with a high prevalence of breastfeeding and longer duration include increased maternal age, low educational levels, rural residence, low income, multiparity and avoiding contraceptives. The most common reason for breastfeeding cessation was noted as insufficient breast milk. Other reasons include sickness, new pregnancy and breastfeeding problems.

The easy and wide spread availability of formula milk is indicated as a limiting factor to breastfeeding by almost half of interviewed participants. Saudi mothers are bombarded with the availability of more than 20 brands of formula feeds in the market. This open market policy could have given a false impression to mothers that formula feeding is an acceptable alternative to

breastfeeding. This competitive atmosphere among formula companies has also resulted in some unethical practices including providing ready to feed formula free of charge to postnatal wards, handing out advertisements to mothers in public areas and doctor's offices and readily participating in sponsorship of information printing and events. There is a clear gap between government policy regarding breastfeeding support, marketing of breast milk substitutes and actual practice which may be playing an important role in limiting exclusive breast feeding in our society.

In Saudi Arabia the proposed policies to promote breastfeeding may include expanding awareness of the benefits of breastfeeding to include a larger sample of the community through social centers, inclusion into the curricula of high schools and universities, emphasis during antenatal visits and through social media channels. Breastfeeding awareness needs to be supported via peer counseling at the crucial period during breastfeeding along with allocating comfortable rooms for mothers to breastfeed in private and to support breastfeeding in public, especially at work places, hospitals, and other facilities; this may improve social acceptance of breastfeeding. Other important aspects include serious support to new mothers at the postnatal wards with education and psychological support.

Maternity leave needs to be reconsidered as women's participation in the Saudi workforce is increasing and longer maternity leave might give working mothers more time to spend with her young infant to establish breastfeeding. There is a better chance of sustaining breastfeeding when mothers have had the time needed to established it.

Finally, a tax on or an increase in the price of formula milk would lead to an increase in breastfeeding by ensuring it as a feasible option. Breastfeeding appears to have become a lost art in many parts of the world and even in some sections of the population in the kingdom, partly due to the commercial propaganda and partly due to the lack of awareness of mothers and amongst the medical professions.

The full implementation of the 10 steps of the Baby Friendly Hospital Initiative is needed to promote timely breastfeeding initiation. All women should be encouraged to support those women at higher risk of not initiating timely breastfeeding.

Assessment process followed by the country:

After the launch of gBICS in the Arab World, IBFAN Arab World organized a workshop with the support of BPNI/India. Arun Gupta and JP Dadhich were the resource persons. The training was hosted by Al Ain Hospital on 15-16 November 2009. Over the months following the workshop Mrs Al Bandary Abonayan ,Mrs Anne Batterjee , Dr Ghada Sayed and Dr Modia Batterjee prepared the first report in 2012.

In 2014 the second regional WBTi Training Workshop was held by IBFAN Asia in collaboration with International Baby Food Action Network (IBFAN) Arab World in the premises of World

Health Organization (WHO) , Regional Office for the Eastern Mediterranean (EMRO) in Cairo and attended by Mrs Al Bandary Abonayan ,Dr Ghada Sayed, Dr Nora Alkharji and Dr Sabah Ammar 19 th to 21 st September 2014 . A revision of the first report was prepared according to the new template and revised by all of the workshop attendants.

A national orientation workshop was held in the Ministry of Health office organized by the National Breastfeeding Advisory Committee. A presentation was given about the 2012 WBTi Saudi report followed by a discussion. The main aim was to inform the higher authorities about the unsatisfactory current situation of Saudi Arabia regarding infant and young child feeding and to gain active support to get from national decision makers support to link all the indicators with the Central Department of statistics & information (http://www.cdsi.gov.sa/).Two meetings were held in Jeddah and Riyadh in December to get a concensus and finalize the report.

List of the partners for the assessment process

- **Ms Anne Batterjee:**

Member of Saudi Arabian Breastfeeding Advisory Committee of the Ministry of Health (MOH).
Member La Leche League Board of Directors
La Leche League Leader and Peer Counselor Program Administrator
IBFAN Arab World Co-Founder and member of the Advisory Board
Member of the World Alliance for Breastfeeding Action (WABA) Steering Committee
CEO AMB Group and Al Bidayah Women's Health and Breastfeeding Resource Center
Jeddah, Saudi Arabia,

- **Dr Fayza Al Jaafar:**

Obstetrics & Gynecology Specialist
Coordinator of Breastfeeding at Health Care Centers King Abdul Aziz Medical City, Ryiadh
International Board Cerified Lactation consultant (IBCLC),
Member of the International Assessors of Baby-Friendly Hospitals KSA

- **Dr Ghada Sayed:**

IBFAN Arab World Regional Coordinator and Chair of the Advisory Board
International Board Certified Lactation Consultant
Consultant of Pediatrics, Nasr City Health Insurance Hospital, Cairo , Egypt.

- **Ms. Maryam Alshanqiti:**

Consultant to the Assistant Deputy for Medical Assistant Services, MOH, Saudi Arabia
Community Health Senior-Specialist (Nursing)
Active member of Saudi Arabia Breastfeeding Advisory Committee of MOH
Reviewer and coordinator of national committee of breastfeeding policy.

- **Dr Nora Alkharji :**

Pediatrics Consultant
International Board Cerified Lactation consultant (IBCLC)

Assistant Professor at King Saud bin Abdualaziz University for Health Science National Guard , Ryiadh
Pioneer excutive leader from INSEAD
Supervisor of Baby-Friendly in ambulatory care Ministry of National Guard
Local Coordinator of International Board Lactation Certified Examination IBLCE in Saudi Arabia
Member of Saudi Arabia Breastfeeding Advisory Committee of the Ministry of Health (MOH).

- **Dr Sabah Ammar :**

Pediatrician,
International Board Cerified Lactation Consultant (IBCLC),
Director of AL Madinah Administration for Breastfeeding Support
Trainer in WHO/UNICEF breastfeeding counselling training courses, and World Breastfeeding Trends Initiatives WBTI assessments tools
Coordinator of Saudi Arabia Breastfeeding Advisory Committee of Ministry of Health (MOH).

Assessment Findings

Indicator 1: National Policy, Programme and Coordination

Key question: *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee ?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** ✓ ***Check any one***
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	
1.4) The plan is adequately funded	2	
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	✓
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	✓
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	✓
Total Score		**6**

Information Sources Used: National breastfeeding strategy written by qualified members of the consultary committee MOH and approved by the Assistant Deputy Minister of Medical Assistant Services in 2015. The strategy was then distributed to all directorates of breastfeeding support with instructions to start its implementation.

Conclusions : The newly developed national breastfeeding strategy and its dissemination will positively impact the promotion of Breastfeeding

Gaps **:** None for the present time.

Recommendations*:* Adequate funding of the national strategy needs to be arranged.

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding[1])

Key questions:

- *What percentage of hospitals and maternity facilities that provide maternity services have been designated as "Baby Friendly" based on the global or national criteria?*
- *What is the quality of BFHI program implementation?*

Guidelines – Quantitative Criteria

2.1) 26 out of 415 total hospitals (both public & private) maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly"in the last 5 years 6.2% hospital

Guidelines for scoring		
Criteria	**Scoring**	**Results** √ **Check only one which is applicable**
0	**0**	
0.1 - 20%	1	✓
20.1 - 49%	2	
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
Total rating	**1/ 5**	**1**

[1] **The Ten Steps To Successful Breastfeeding:**The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

Guidelines for scoring		
Criteria	**Scoring**	**Results** √ **Check that apply**
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme[2]	1.0	✓
2.3) A standard monitoring[3] system is in place	0.5	✓
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	✓
2.5) An assessment system relies on interviews of mothers.	0.5	✓
2.6) Reassessment[4] systems have been incorporated in national plans with a time bound implementation	1.0	✓
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	✓
2.8) HIV is integrated to BFHI programme	0.5	✓
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	✓
Total Score	**5/5**	**5**
Total Score	**6/10**	**6**

Information Sources Used :

1. Central Department of statistics & information http://www.stats.gov.sa/en/3341
1. Breastfeeding Advisory Committee of Ministry of Health
2. 60 Baby Friendly celebraring World Breastfeeding Week 2015 .Health Care facilities http://enayh.com/news/general/20458-87485.html (Oct.2015)

Conclusions **:** National BFH program needs a staged approach

Gaps :

1. Lack of inter sectorial cooperation and support.
2. Lack of National BF Progress Plan.

[2] IYCF training programmes such as IBFAN Asia's '4 in1' IYCF counseling training programme, WHO's Breastfeeding counseling course etc. may be used.

[3] ***Monitoring*** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers' feeding practices.

[4] ***Reassessment*** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team.Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

***Recommendations**:*

1. A Breastfeeding culture should be encouraged with community involvement.
2. The program should be one of the Health Care Institutes Quality indicators.
3. The National Breastfeeding Strategy should be implemented in all health facilities.
4. Incorporate the 20 hour Breastfeeding training course into curriculum of all undergraduate Medical , paramedical and nursing schools and Postgraduate studies
5. Alloccate an annual budget to be submitted to higher authorities for funding
6. Allocate a central office and manpower to coordinate the program nationally
7. Establish a national Assessors group

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key question: *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

Guidelines for scoring		
Criteria(*Legal Measures that are in Place in the Country***)**	**Scoring**	**Results**
3a: Status of the International Code of Marketing		
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	
3.8 All articles of the Code as law	5	✓
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation[5] a) Provisions based on at least 2 of the WHA resolutions as listed below are included b) Provisions based on all 4 of the WHA resolutions as listed below are included	 5.5 6	
3b: Implementation of the Code/National legislation		✓ ***Check that apply***
3.10 The measure/law provides for a monitoring system	1	
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	✓
3.13 Violators of the law have been sanctioned during the last three years	1	✓
Total Score (3a + 3b)	**8 /10**	8

Information Sources Used:

1. In November 2004 (21/9/1425 H) a Royal decree (decision number **م/49**) was signed and approved that created regulations to control marketing of breastmilk substitutes . http://www.moh.gov.sa/Ministry/Rules/Documents/012.pdf
2. A bylaw was issued by a Ministerial decree number 12/1/77185 in 2007 (14/8/1428 H) http://www.seoudi-law.com/forums/showthread.php?t=1862

[5] Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

3. The National Code committee was formed in 2011. https://translate.google.com.eg/translate?hl=en&sl=ar&u=http://www.moh.gov.sa/depts/Nutrition/Pages/achievements.aspx&prev=search
4. The National Code Penalties Committee to deal with violations was reactivated in 2012. http://www.alriyadh.com/756513
5. A committee to identify acceptable medical indications of Breast milk Substitutes for the Kingdom was formed in 2015 (as a part of the national breastfeeding program).

Conclusions: The national Saudi Code needs updating and some revisions.

Gaps:

1. A National Monitoring system is not yet established.
2. Some articles of the Code need to be changed.

Recommendations: A comphrenhensive monitoring system for the Code is needed.

1. More effort is needed to increase awareness and implementation of the Code.
2. Emphasis on the requirement that formula should be purchased by hospitals and not taken for free needs to be pressed.

Indicator 4: Maternity Protection

Key question: *Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?*

Guidelines for scoring		
Criteria	**Scoring**	**Results**
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	 0.5 1 1.5 2	✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	 0.5 1	 ✓
4.3) Legislation obliges private sector employers of women in the country to *(more than one may be applicable)* a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	 0.5 0.5	 ✓ ✓
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. *(more than one may be applicable)* a. Space for Breastfeeding/Breastmilk expression b. Crèche	 1 0.5	 ✓
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	 0.5 1	
4.6) *(more than one may be applicable)* a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	 0.5 0.5	 ✓ ✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: 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	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
Total Score:	**6.5/10**	**6.5**

Information Sources Used:

1. Labor law:

- Royal Decree No. M/46 of 05/06/1436
- Royal Decree No. M/51 23 Shaban 1426 / 27 September 2005
- Amendments were published in the official gazette No. 4563 dated 24 April 2015.

2. Law of civil services
3. Report on commitment to Discrimination against women: Saudi Arabia abide by the United nation's law against discrimination of women(180/34) in 1979.

Conclusions: Maternity leave is short and needs to be lengthened to be at least 14 weeks.

Gaps **:** No Breastfeeding rooms in public spaces.

Recommendations

1. Extending Maternity leaves to 6 months in governmental, private and informal sector
2. Raising awareness of mothers about their rights
3. Ensure that employers provide lactation rooms by adding a statement condition in the national policy as a right of working BF mothers.

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Key question: *Do care providers in these systems undergo* skills training, *and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place*?

Guidelines for scoring			
	Scoring √ *Check that apply*		
Criteria	**Adequate**	**Inadequate**	**No Reference**
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[6] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. *(See Annex 5b Example of criteria for mother-friendly care)*	2	1	0
			✓
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[7]	2	1	0
			✓
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
			✓
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	1	0.5	0
			✓
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country.[8]	1	0.5	0
			✓
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
	✓		
Total Score:	**2/10**		

6 Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

7 The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

8 Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Information Sources:

1. Ministry of Education
2. National Breastfeeding Advisory Committee MOH
3. Ministry of Labour
4. Ministry of Civil Services

***Conclusions*:** There is still gap in implementation of IYCF

Gaps: :

1. Lack of Strategic Plans for national implementation of IYCF.

2. Lack of the use of IYCF courses (Integrated Management of Childhood Illness (IMCI) and Infant and Young Child Feeding Counselling; Intergrated Course.)

Recommendations:

- Increase training courses for Health Care Workers in Lactation Management skills.
- Include breastfeeding awareness courses in schools and in both under and post graduate medical and nursing school's curriculum.
- Increase community-based educational programs for mothers and families to dispel the myths and misconceptions about breastfeeding.
- Popularize breastfeeding in social media to counter aggressive advertisement of infant formulas.

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

Key question: *Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding .*

Guidelines for scoring			
Criteria	**Scoring** √ *Check that apply*		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
		✓	
6.2) All women recieve support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
		✓	
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
		✓	
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
			✓
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	**4/10**		

Information Sources Used: **N**ational Advisory committee MOH

Conclusions **:** Mother Support and Community Outreach programs are inadequate

Gaps**:** Lack of community based support centers easily accessbile to mothers throughout Saudi Arabia.

Recommendations *:*

1. More training for Health workers and volunteers on counseling skills giving correct information on optimal infant and young child feeding.
2. Arabic speaking support groups should be formed and peer counselor training encouraged.
3. Expand the role of Community Service Centers to include Community-based support for the pregnant and breastfeeding mother

Indicator 7: Information Support

Key question: *Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?*

Guidelines for scoring			
Criteria	**Scoring** √ ***Check that apply***		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	0
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
		✓	
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
		✓	
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
			✓
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
	✓		
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[9]	2	0	0
			✓
Total Score:	**3/10**		

Information Sources Used **:** National Advisory Committee (2015)

Conclusions: Lack of a national IEC strategy

Gaps : Absent of data on national IEC strategy

Recommendations *:* Establish a national IEC strategy

[9] to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

Guidelines for scoring			
Criteria	**Results**		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
	✓		
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
	✓		
8.3) 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 counselling and support.	1	0.5	0
	✓		
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
	✓		
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
	✓		
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
	✓		
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
	✓		
8.8) 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.	1	0.5	0
	✓		
8.9) 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.	1	0.5	0
	✓		
Total Score:	**10/10**		

Information Sources Used:

1. Saudi Charity Association for Aids Patients , National Breastfeeding Advisory Committee
2. President: Sanaa Felembaum is the national spokes person on anything related to HIV Aids, Ministry of Health

Conclusions **:** HIV and infant feeding programming are appropriate

Recommendations *:* Build coordinating team to establish the link between IYCF consultant group and HIV prevention program in MOH.

Indicator 9: Infant and Young Child Feeding during Emergencies

Key question: *Are appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies?*

Guidelines for scoring			
Criteria	**Scoring**		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0
	✓		
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
	✓		
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: a) basic and technical interventions to create an enabling environement for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, protected spaces for breastfeeding b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsollicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	0 ✓
	1	0.5	0
	✓		
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
	✓		
9.5) a) Appropriate orientation and training 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. b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
			✓
	1	0.5	0
		✓	
Total Score:	**7.5/10**		

Information Sources Used : Ministry of Health Employee
Conclusions *:*Emergency preparedness and response are appropriate
Gaps : Lack of IYCF during Emergencies courses
Recommendations

1. Specialized spaces during crises to support lactating mothers.

2. Policies and programmes should ensure that mothers, infants and children will be provided adequate support in times of emergency inclusive of the Hadj time.
3. Organize IYCF during Emergencies Courses

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: *Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?*

Guidelines for scoring			
Criteria	**Scoring**		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
	✓		
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
			✓
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		✓	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
			✓
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
			✓
Total Score:	**3/10**		

Information Sources Used :

1. Monitoring and evaluation is a part of Assistant Deputy for Medical Assistance Services task, Ministry of Health.
2. Nutrition surveillance program is in the process of being created.

Conclusions*:* There is a need to improve mechanisms of a national monitoring and evaluation system.

Gaps: There is presently an absence of a comprehensive surveillance system that shares and compliles data nationally.

Recommendations *:*

1. A comprehensive base line database needs to be established.
2. Establish an accepted E-health platform for the entire nation.

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth 11.4%*

Guideline:

Indicator 11	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
		Scores	***Colour-rating***
Initiation of Breastfeeding (within 1 hour)	0.1-29%	3	**Red**
	29.1-49%	6	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	**Green**

Data Source :

- Amin T, Hablas H, Al Qader AA. Determinants of initiation and exclusivity of breastfeeding in Al Hassa, Saudi Arabia. Breastfeed Med. 2011;6:59–68.
- El-Gilany A, Shady E, Helal R. Exclusive breastfeeding in Al-Hassa, Saudi Arabia. Breastfeed Med. 2011;6:209–213
- Serenius F, Swailem AR, Edressee AW, Hofvander Y. Patterns of breastfeeding and weaning in Saudi-Arabia. Acta Paediatr Scand Suppl. 1988;346:121–129

Summary Comments :

Regarding initiation of breastfeeding.

Initiation rates were above 90% in almost all of the identified studies. One study found a considerable difference between urban and rural communities in initiation rates (90% for rural versus 76% for urban groups). El-Gilany et al. reported that only 11.4% of mothers started breastfeeding within the first hour after delivery while Amin et al.found that 77.8% of studied mothers had initiated breastfeeding within 24 hours postpartum.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?* 32 %

Guideline:

Indicator 12	*Key to rating adapted from WHO tool* (see Annex 11.1)	IBFAN Asia Guideline for WBT*i*	
		Scores	*Colour-rating*
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	Red
	11.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source :

- Al-Hreashy FA, Tamim HM, Al-Baz N, Al-Kharji NH, Al-Amer A, Al-Ajmi H, Eldemerdash AA. Patterns of breastfeeding practice during the first 6 months of life in Saudi Arabia. Saudi Med J. 2008;29:427–431.
- Al-Jassir MS, El-Bashir BM, Moizuddin SK. Surveillance of infant feeding practices in Riyadh city. Ann Saudi Med.
- Al-Mazrou YY, Aziz KMS, Khalil M. Breast-feeding and weaning practices in Saudi-Arabia. J Trop Pediatr. 1994;40:267–271
- Al-Othaimeen AI, Villanueva BP, Devol EB. The present trend in infant feeding practices in Saudi Arabia. Food Nutr Bull. 1987;9:62–68.
- Al-Shehri SN, Farag MK, Baldo MH, Al-Mazrou YY, Aziz KMS. Overview on breastfeeding patterns in Saudi Arabia. J Trop Pediatr. 1995;41:38–44
- El-Gilany A, Shady E, Helal R. Exclusive breastfeeding in Al-Hassa, Saudi Arabia. Breastfeed Med. 2011;6:209–213.
- Khattab MS. Cross-sectional study of a child health care programme at one family practice centre in Saudi Arabia. East Mediterr Health J. 2000;6:246–259
- Kordy MN, Ibrahim MA, El-Gamal FM, Bahnassy AA. Factors affecting the duration of breastfeeding in a rural population of Saudi Arabia. Asia Pac J Public Health. 1992;6:35–39.
- Madani KA, Al-Nowaisser AA, Khashoggi RH. Breast feeding patterns in Saudi Arabia. Ecol Food Nutr. 1994;31:239–245.

Summary Comments :

The exclusive breastfeeding rate could not be accurately determined as the vast majority of identified studies were of cross-sectional design and did not provide a standard definition for 'exclusive breastfeeding'. However, those studies which used the WHO definition reported that the 'exclusive breastfeeding' rate at six months of age ranged from 1.7% to 24.4% . Other studies found low rates of 'exclusive breastfeeding' at six months after birth: 0.8% ; 8.9% and 5.6% . On the other hand, two national surveys recorded relatively high rates of 'exclusive breastfeeding' at six months of age of 33% and 38%, respectively . Also, two other studies found that this rate was 37% in children under 24 months , and 43.9% in infants less than 12 months of age.

Therefore, the prevalence of 'exclusive breastfeeding' in the KSA is inconsistently reported and comparisons with the WHO and other international organisations' recommendations cannot be made because of the weakness of study design used in these investigations. Thus, we have decided to choose the national surveillance system data done in 2013 as a reliable and updated source of information.

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* ***8.6 months***

Guideline:

Indicator 13	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
Median Duration of Breastfeeding		***Scores***	***Colour-rating***
	0.1-18 **Months**	3	**Red**
	18.1-20 ’’	6	Yellow
	20.1-22 ’’	9	**Blue**
	22.1- 24 or beyond ’’	10	Green

Data Source:

- Assisstance Deputy for Medical assisstance Services
- Al-Jassir MS, El-Bashir BM, Moizuddin SK. Surveillance of infant feeding practices in Riyadh city. Ann Saudi Med. 2004;24:136–140.
- Al-Mazrou YY, Aziz KMS, Khalil M. Breast-feeding and weaning practices in Saudi-Arabia. J Trop Pediatr. 1994;40:267–271.
- Al-Shehri SN, Farag MK, Baldo MH, Al-Mazrou YY, Aziz KMS. Overview on breastfeeding patterns in Saudi Arabia. J Trop Pediatr. 1995;41:38–44.
- Amin T, Hablas H, Al Qader AA. Determinants of initiation and exclusivity of breastfeeding in Al Hassa, Saudi Arabia. Breastfeed Med. 2011;6:59–68.
- Eldeek BS, Tayeb SO, Habiballah SB. Knowledge, attitudes and practice of mothers toward breast feeding at Well Baby Clinic, King Abdulaziz University Hospital. J American Sci. 2012;8:157–162.
- Juaid, D. and Binns, C. and Giglia, R. 2014. Breastfeeding in Saudi Arabia: A review. International Breastfeeding Journal. 9 (1): pp. 1-9.
- Khattab MS. Cross-sectional study of a child health care programme at one family practice centre in Saudi Arabia. East Mediterr Health J. 2000;6:246–259.
- Kordy MN, Ibrahim MA, El-Gamal FM, Bahnassy AA. Factors affecting the duration of breastfeeding in a rural population of Saudi Arabia. Asia Pac J Public Health. 1992;6:35–39.

Summary Comments :

Breastfeeding duration appears to have declined over the past 25 years. While the ‘mean breastfeeding duration’ was as high as 13.4 months in 1987, it has dropped to only 6.8 months in 1999 and 8.5 months in 2010. These findings, however, can be considered only indicative because of the variation in the study samples and locations between included studies.

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?* ***56%***

Guideline:

Indicator 14	*Key to rating adapted from WHO tool* (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Bottle Feeding (0-12 months)	29.1-100%	3	Red
	4.1-29%	6	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

Data Source **:**

Al-Jassir M, Moizuddin SK, Al-Bashir B. A review of some statistics on breastfeeding in Saudi Arabia. Nutr Health. 2003;17:123–130.

Al-Jassir MS, El-Bashir BM, Moizuddin SK, Abu-Nayan AAR. Infant feeding in Saudi Arabia: mothers' attitudes and practices. East Mediterr Health J. 2006;12:6–13.

Al-Mazrou YY, Aziz KMS, Khalil M. Breast-feeding and weaning practices in Saudi-Arabia. J Trop Pediatr. 1994;40:267–271.

Al-Othaimeen AI, Villanueva BP, Devol EB. The present trend in infant feeding practices in Saudi Arabia. Food Nutr Bull. 1987;9:62–68.

Al-Shehri SN, Farag MK, Baldo MH, Al-Mazrou YY, Aziz KMS. Overview on breastfeeding patterns in Saudi Arabia. J Trop Pediatr. 1995;41:38–44.

Amin T, Hablas H, Al Qader AA. Determinants of initiation and exclusivity of breastfeeding in Al Hassa, Saudi Arabia. Breastfeed Med. 2011;6:59–68

El Mouzan MI, Al Omar AA, Al Salloum AA, Al Herbish AS, Qurachi MM. Trends in infant nutrition in Saudi Arabia: compliance with WHO recommendations. Ann Saudi Med. 2009;29:20–23.

Juaid, D. and Binns, C. and Giglia, R. 2014. Breastfeeding in Saudi Arabia: A review. International Breastfeeding Journal. 9 (1): pp. 1-9.

Nutrition Surveillance 2013

Summary Comments :

Mixed (partial) feeding (breastfeeding combined with bottle feeding) has been very common among the Saudi mothers compared to other feeding methods as reported in many of the studies . For instance, Al-Othaimeen et al. documented that 57.9% of infants and children under 18 months had received breastfeeding along with artificial infant formula by bottle and glass while only 21.5% and 20.6% of these subjects were exclusively breastfed or bottle-fed, respectively. The 'mixed breastfeeding' rates reported by other studies were 88.6% at birth , 49.8% at six months after birth and 56% of all infants and children less than two years old .However, Al-Shehri et al. found that 44% of studied infants and children (under five years, n = 4773) were bottle-fed only and 28% were breastfed only whereas only 16% of them were on breast and bottle together and 12% were weaned.

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?* ***78.4. %***

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
	Key to rating	***Scores***	***Colour-rating***
Complementary Feeding (6-8 months)	0.1-59%	3	**Red**
	59.1-79%	6	Yellow
	79.1-94%	9	**Blue**
	94.1-100%	10	Green

Data Source :

- El Mouzan MI, Al Omar AA, Al Salloum AA, Al Herbish AS, Qurachi MM. Trends in infant nutrition in Saudi Arabia: compliance with WHO recommendations. Ann Saudi Med. 2009;29:20–23.
- Juaid, D. and Binns, C. and Giglia, R. 2014. Breastfeeding in Saudi Arabia: A review. International Breastfeeding Journal. 9 (1): pp. 1-9.
- Nutrition Surveillance 2013

Summary Comments :Nearly 80% and 90% of the infants were started on bottle milk formula by 4 and 6 months, respectively. "Solid" food other than milk was introduced to 81.5% of infants between 4 to 6 months of age. Finally, about 40% of the infants younger than 12 months of age were fed whole milk.

Summary Part I: IYCF Policies and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Programme and Coordination	**6**
2. Baby Friendly Hospital Initiative	**6**
3. Implementation of the International Code	**8**
4. Maternity Protection	**6.5**
5. Health and Nutrition Care Systems	**2**
6. Mother Support and Community Outreach	**4**
7. Information Support	**3**
8. Infant Feeding and HIV	**10**
9. Infant Feeding during Emergencies	**7.5**
10. Monitoring and Evaluation	**3**
Total Score	**56**

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	**Colour- rating**
0 – 30.9	**Red**
31 – 60.9	**Yellow**
61 – 90.9	**Blue**
91 – 100	**Green**

Conclusions *:*

- Newly developed national breastfeeding strategy and its dissemination will positively impact the promotion of Breastfeeding.
- National BFH program needs a staged approach **.**
- The national Saudi Code needs updating.
- Maternity leave is short and needs to be longer to be at least 14 weeks.
- There is still a gap in implementation of IYCF.
- Mother Support and Community Outreach programs are inadequate.
- Lack of a national IEC strategy.
- HIV and infant feeding programming are appropriate.
- Emergency preparedness and response are appropriate .
- There is a need to improve mechanisms of monitoring and an evaluation system.

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	11.4%	3
Indicator 12 Exclusive Breastfeeding for first 6 months	32 %	6
Indicator 13 Median duration of Breastfeeding	8.6 months	3
Indicator 14 Bottle-feeding	56%	3
Indicator 15 Complementary Feeding	78.4. %	6
Score Part II (Total)		21

IBFAN Asia Guidelines for WBT*i*
Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	**Red**
16 - 30	**Yellow**
31 - 45	**Blue**
46 – 50	**Green**

Conclusions[10] ***:***
More studies are needed for determining the Breastfeeding indicators and hence follow up to evaluate the effectiveness of the current Breastfeeding programs.

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

Score Part I (Total)	56
Score Part II (Total)	21
Total Score	77

Scores	Colour- rating
0 – 45.5	**Red**
46 – 90.5	**Yellow**
91 – 135.5	**Blue**
136 – 150	**Green**

[10] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Key Gaps:

- Lack of intersectorial cooperation and support in the implementation of BFHI.
- Lack of a national BF progress plan for the revival of the BFHI program.
- A national monitoring system has not yet been established.
- Some articles of the Code need to be changed.
- There are no breastfeeding rooms in workplaces or public spaces.
- Lack of strategic plans for the implementation of an IYCF program.
- Lack of other IYCF courses (IMCI, Integrated, IYCF during Emergencies, safe preparation. These courses need to be organized and carried out.
- Lack of community support centers.
- Absent of data on national IEC strategy.
- Absence of sharing of Surveillance system nationally, regionally and globally
- Lack of Breastfeeding Training courses for health Care staff
- No Lactation Management clinics
- No medical association for Lactation Consultants

Key Recommendations

- Adequate funding of the national strategy is needed.
- The return to a Breastfeeding culture should be encouraged with community involvement.
- The Breastfeeding program should be one of the Health Care Institutes Quality indicators.
- A standard policy should be implemented in all health facilities.
- Incorporate the 20 hour Breastfeeding training course into curriculum of all undergraduate Medical , paramedical and nursing schools and Postgraduate studies.
- Allocate an annual budget to be submitted to higher authorities for funding.
- Allocate a central office and manpower to coordinate the program.
- Establish a national Assessors group.
- Improve and expand the Code Monitoring system for the Code.
- Increase awareness and implementation of the Code.
- Emphasize the necessity of that formula should be purchased by hospitals and not taken for free.
- Extending Maternity leave to 6 months in governmental, private and informal sector.
- Raising awareness of mothers about their rights to breastfeed.
- Ensure that employers provide lactation rooms by adding a condition in the national policy as a right of working BF mothers.
- Increase Lactation Management training courses for all Health Care staff .
- Include breastfeeding awareness courses in schools and in under and post graduate medical and nursing schools curriculum.
- Encourage the formation of Arabic speaking peer counselor support groups.
- Expand the role of Community Service Centers to include Community-based support for the pregnant and breastfeeding mother.
- Establish a national IEC strategy.
- Build coordinating team to establish a link between IYCF consultant group and HIV prevention program in MOH.
- Seek approval of Saudi Medical Council for health specialities to acknowledge the Specialty of lactation consultants.
- Form a Medical association for lactation