



Core Breastfeeding Information

- Breastmilk alone is the best possible food and drink for a baby. WHO/UNICEF recommends that all infants be fed exclusively* on breastmilk from birth to six months of age, and breastmilk together with complementary food for two years and beyond.
- Virtually every mother can breastfeed her baby. It is helpful to have support and assistance from family, friends, health workers and employers.
- Babies should start to breastfeed as soon as possible after birth. Baby should be breastfed whenever he or she wants to.
- Frequent suckling at breast is normal, satisfies and comforts the baby, and causes more milk to be made. The time between feedings gradually lengthens as the baby gets older.
- Breastfeeding helps babies grow normally and protects them from getting sick. Other baby foods do not give protection, and can cause illness if not made up and fed properly.
- When a child reaches six months old, a variety of other foods can be introduced, but breastfeeding should continue well into the second year of a child's life and for longer if possible.
- Mothers working/employed outside the home can continue breastfeeding by expressing milk or breastfeeding during the workday. Adequate maternity leave, breastfeeding breaks, facilities, and nearby childcare are helpful.

To help a mother's milk ejection, be kind and supportive. Help her not to worry. Reassure her that she can breastfeed.

Helping Mothers to Breastfeed - Felicity Savage King

* Note: exclusive breastfeeding means that no other drink or food is given to the infant; the infant should feed frequently and for unrestricted periods. (Adapted from Facts for Life: Breastfeeding, UNICEF; www.unicef.org/ffi/bf.htm)

Communicating Breastfeeding

The most essential communications about breastfeeding continue to be the personal contact between the mother and others: baby, family, friends, and health workers. Whether individually or in groups, talking about breastfeeding and sharing experiences help mothers make conscious decisions. Overlaying the interpersonal communications can be many other modes of communication. These can involve mass communications like television, radio, print, and the Internet. They can be passive, like posters, buttons, or T-shirts, or active, like games, contests, parades, and parties. Rewards or gifts, like bags, soaps, pencils, or cups, remind audiences of the message. Communications can use celebrities or 'ordinary' mothers, fathers, grandmothers, health workers, or other spokespeople.

Whatever mix of channels, messages, images and spokespersons are used, they must be chosen with care. Planners must determine the issues surrounding infant feeding that are important to their target audience, and create a communication strategy that will reach the audiences with a message they can believe in. Above is a list of core breastfeeding information necessary for promoting optimal breastfeeding practices. Additional background



information on these topics can be found at the Resources section.

Ready for Rapid Responses

'Damage Control' is a frequent necessity in communications. Be ready to address issues that arise that belittle or attack breastfeeding. Know the background of the issue, the report or the incident that sparked the issue. Then, use research-based, state-of-the-art information to accurately, appropriately and calmly stand up for breastfeeding.

Choose a media outlet to deliver the message that will suit who you are trying to reach: a news conference may work better with policy makers, a letter to the Editor may work better with the general public. It is important to continue to stress the suitability of breastfeeding for the vast majority of families, even when talking about exceptional cases.

Communicating in Special Circumstances

Some families within your target audiences will have special needs or challenges in getting your information. Low literacy in other languages can be a barrier to the effectiveness of written materials. Language differences and lack of translators or multi-lingual skills can deter interpersonal communications. Blind or deaf mothers may need different accommodations, as well as mothers with physical limitations. Some brochures are available in Braille. Special telephone services for deaf people are also helpful.

