

Evidencia de efectividad de intervenciones en la promoción de la Lactancia Materna

13o Congreso Argentina de Pediatría Social y Derechos del Niño
8o Congreso Argentino de Lactancia Materna

Buenos Aires, Argentina
12, 13 y 14 de agosto del 2015

Dra Chessa Lutter
Asesora Principal, Nutrición y Alimentación



Esquema

- Entorno para la protección, promoción y apoyo a la lactancia
- Tendencias globales y regionales
- Políticas y programas
- Mensajes claves

La lactancia materna exclusiva es una de las seis metas globales en la nutrición aprobadas por la Asamblea Mundial de Salud en 2012



40% REDUCTION IN THE NUMBER OF CHILDREN UNDER 5 WHO ARE STUNTED



REDUCE AND MAINTAIN CHILDHOOD WASTING TO LESS THAN 5%



50% REDUCTION OF ANAEMIA IN WOMEN OF REPRODUCTIVE AGE



INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING IN THE FIRST 6 MONTHS UP TO AT LEAST 50%.



NO INCREASE ON CHILDHOOD OVERWEIGHT



30% REDUCTION IN LOW BIRTH WEIGHT

Fuente: WHO. Department of Nutrition for Health and Development

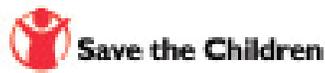
UNICEF/WHO Iniciativa de abogacía de lactancia (Breastfeeding Advocacy Initiative)

Metas y estrategias

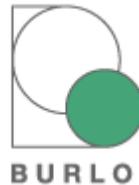
- Promover el liderazgo y alianzas e integrar y comunicar mensajes de lactancia
- Movilizar recursos y promover la rendición de cuentas
- Construir conocimiento y evidencia para aumentar políticas, programas, financiamiento y comunicación



WHO/UNICEF Red de monitoreo y apoyo para la implementación del Código Internacional de Sucédanos de la Leche Materna (NetCode)



METROPOL



IRCCS materno infantile
Burlo Garofolo

BILL & MELINDA
GATES foundation

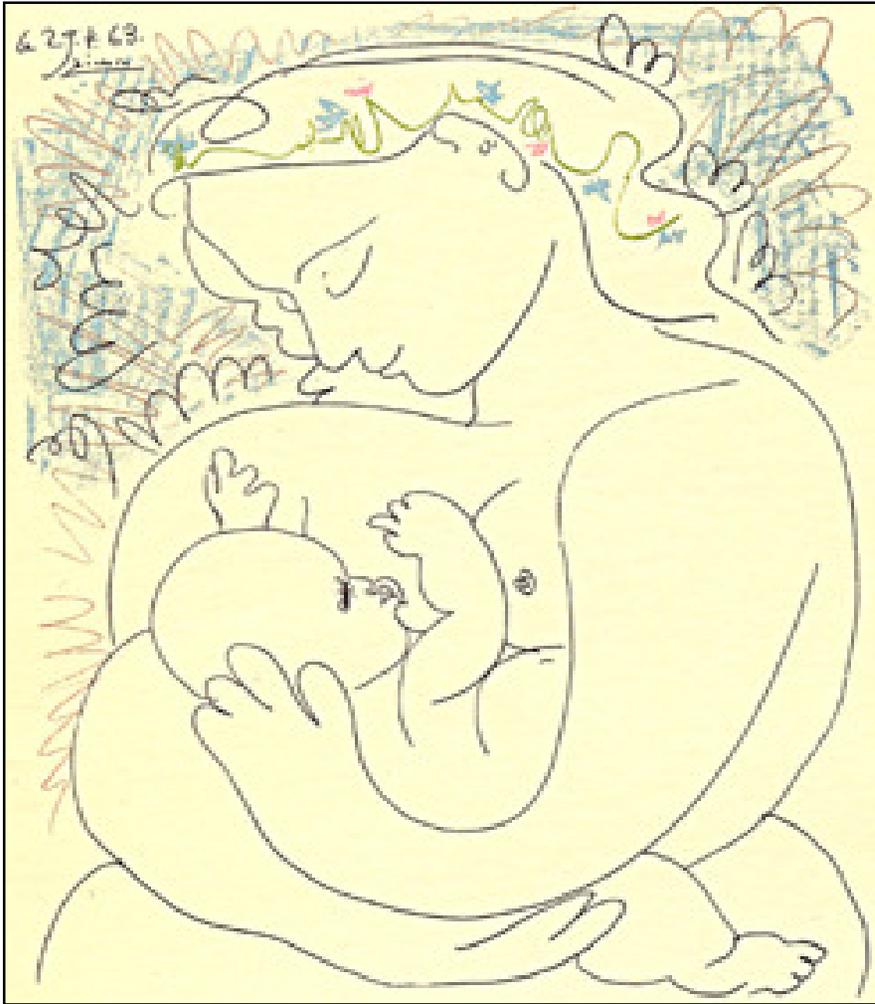
La lactancia subrayada en la Segunda Conferencia Internacional de Nutrición (ICN2) 19-21 Noviembre de 2014, Roma

El Marco de Acción hace una llamada para cinco acciones claves:

- Implementación del Código
- Licencia para la maternidad con goce de sueldo y medidas en el lugar del trabajo para la lactancia
- Mejoras en los servicios de salud, incluyendo la IHAN
- Empoderamiento de la mujer y el involucramiento de los padres

<http://www.fao.org/3/a-mm215e.pdf>

La Iniciativa Hospital Amigo del Niño Revitalizada



"Maternity", 1963, © 2003 Estate of Pablo Picasso/Artists Rights Society (ARS), New York

- Reunión para celebrar el aniversario de plata en septiembre 2016
- Guías nuevas en desarrollo
- La IHAN incluida como indicador para asesorar el progreso hacia las Metas Globales de Nutrición

El Papa Francisco bendice la lactancia

Pope Francis encourages mothers to breastfeed - even in the Sistine Chapel

Pontiff tells families at special papal baptism that they should not stand on ceremony if their children are in need of food

Lizzy Davies in Rome

The Guardian, Sunday 12 January 2014 17.48 EST



Pope Francis baptises a child in the Sistine Chapel on Sunday. Photograph: AP

Lutter. <http://globalhealth.thelancet.com/2014/01/22/pope-francis-blesses-breastfeeding>

La Fundación Gates

“Cuales fueron los errores en su filantropía? Ellos dijeron que empezaron demasiado enfocados en la tecnología. Ahora algunas de las medidas que promueven son completamente “low-tech” — como la lactancia materna que podría prevenir la mortalidad de 800.000 niños en el mundo cada año.”



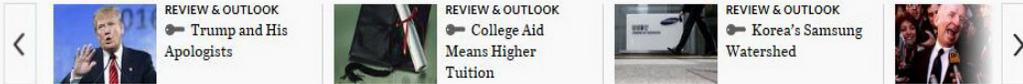
Fuente: Nicholas Kristof, Bill and Melinda Gate’s Pillow Talk. New York Times Sunday Review, July 19, 2015

La Lactancia es beneficiosa para las empresas

THE WALL STREET JOURNAL.

Subscribe Now | Sign In
\$12 FOR 12 WEEKS

Home World U.S. Politics Economy Business Tech Markets **Opinion** Arts Life Real Estate



COMMENTARY

Paid Maternity Leave Is Good for Business

When we increased paid leave at Google to 18 weeks, the rate at which new mothers left fell by 50%.

By **SUSAN WOJICKI**
Dec. 16, 2014 6:49 p.m. ET

I was Google's first employee to go on maternity leave. In 1999, I joined the startup that founders Larry Page and Sergey Brin had recently started in my garage. I was four months pregnant. At the time the company had no revenue and only 15 employees, almost all of whom were male. Joining a startup pregnant with my first child

The Washington Post

Search



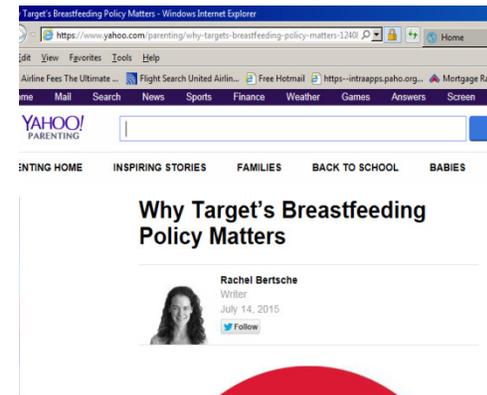
Ad

On Leadership

IBM will make it easy for new moms to ship home breast milk for free while traveling

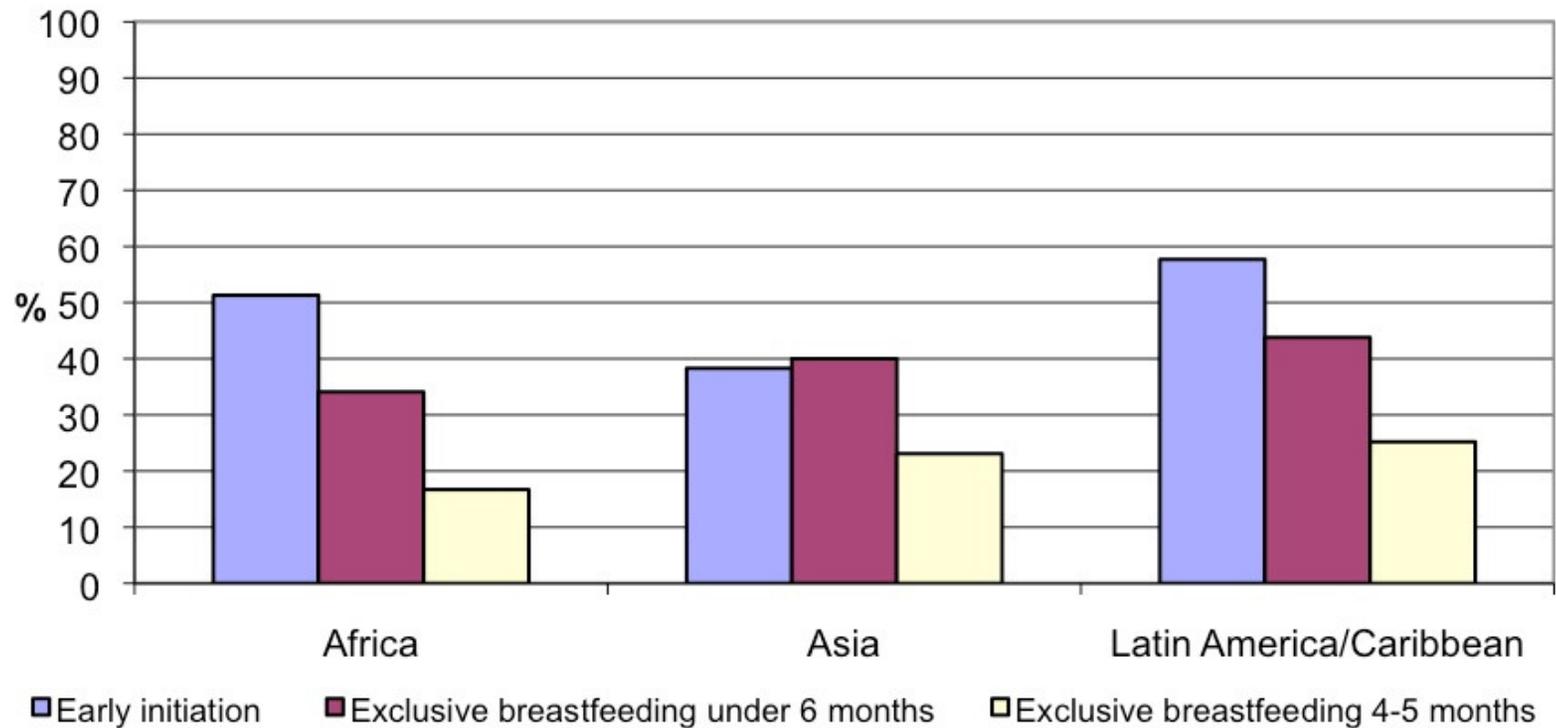


Washington Post, July 19, 2015 (business section)



Yahoo parenting, July 14, 2015

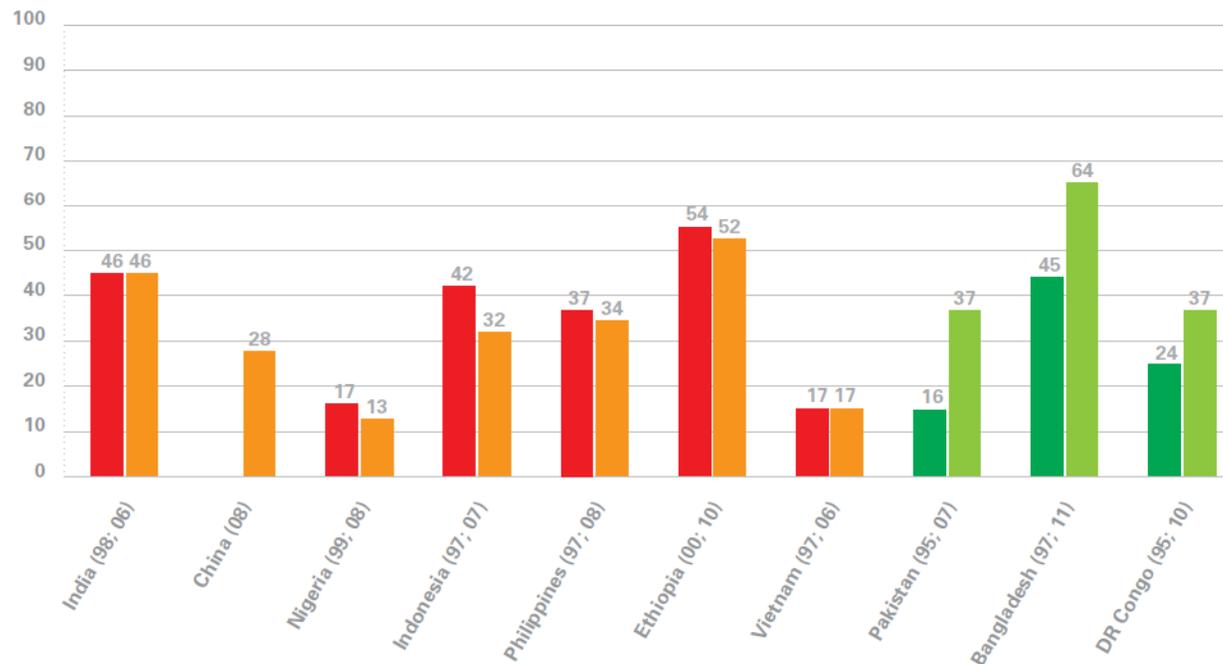
Recomendaciones de la OMS y prácticas globales: 46 encuestas, 2002-2008



Fuente: Lutter y Lutter, Science. 2012;337:1495-99

Tendencias en la Lactancia Materna Exclusiva en infantes < 6 meses en países que representan 2/3 de los infantes no amamantados exclusivamente

FIGURE 2 Trends in exclusive breastfeeding rates among children <6mo in the countries representing two thirds of the burden of non-exclusively breastfed children

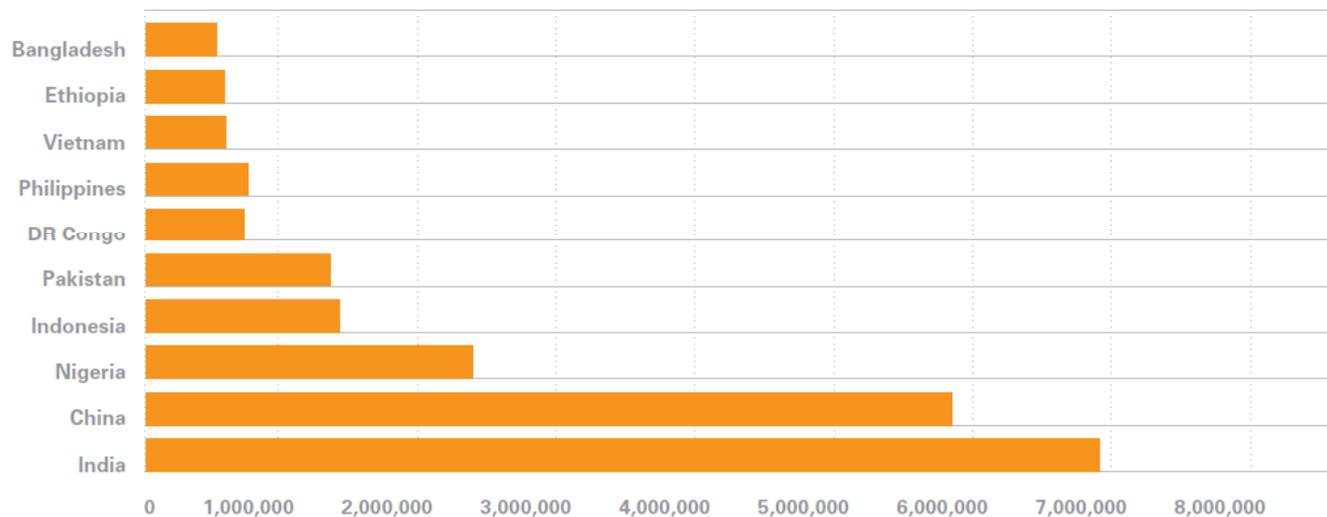


Excluding China for which no trend data is available
Source: UNICEF database for *The State of the World's Children 2012*

Fuente: UNICEF. Breastfeeding on the worldwide agenda, 2013

Los 10 países que tienen 2/3 (>21 millón) de los 34 millón de infantes no amamantados en todos los países en vías de desarrollo

FIGURE 3 Ten large countries have around two-thirds (or over 21 million) of the 34 million non-exclusively breastfed children in all developing countries

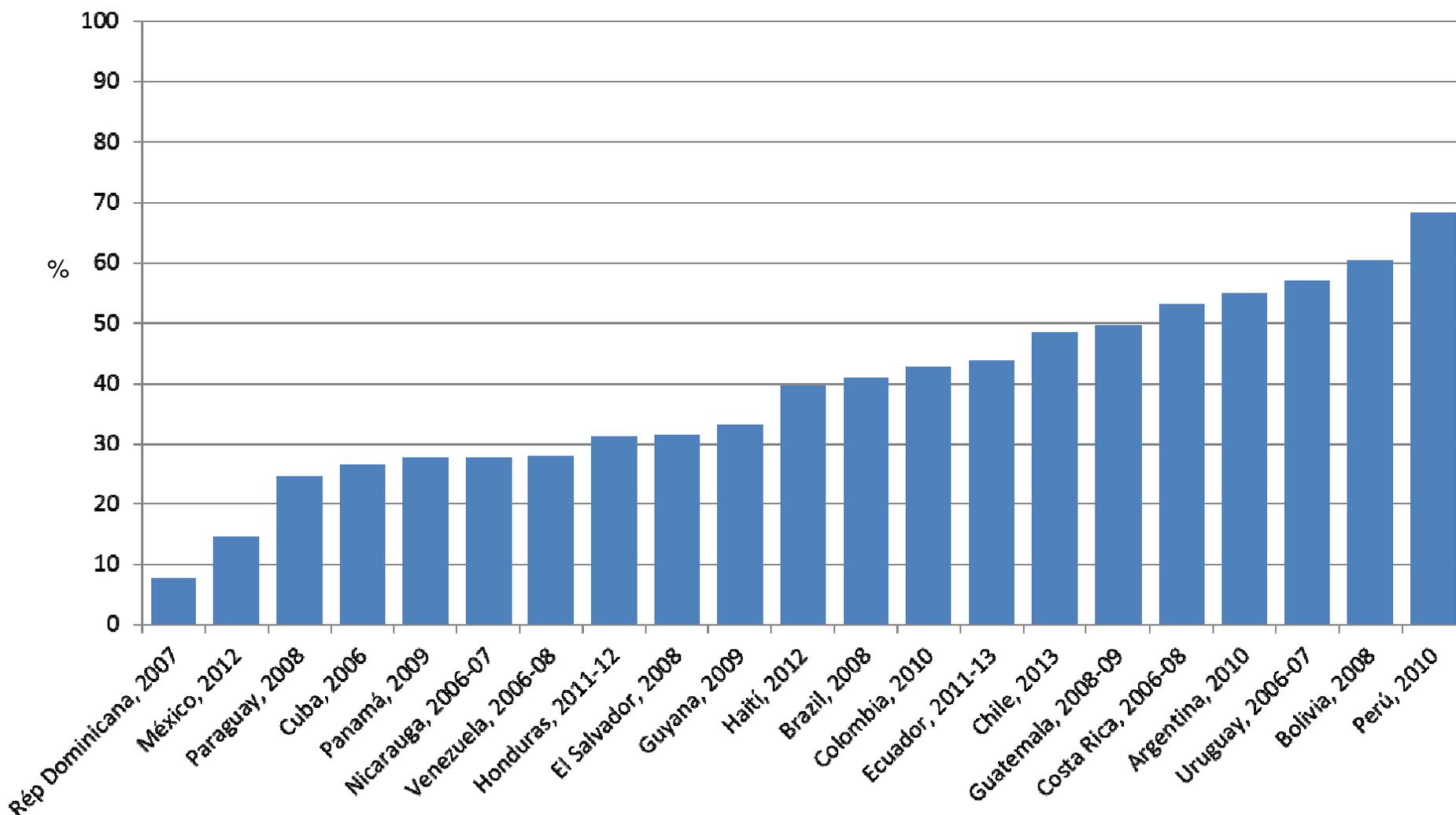


Estimated, approximate numbers of non-exclusively breastfed children

Data sources: most recent exclusive breastfeeding data point from UNICEF database and population figures in *The State of the World's Children 2012*

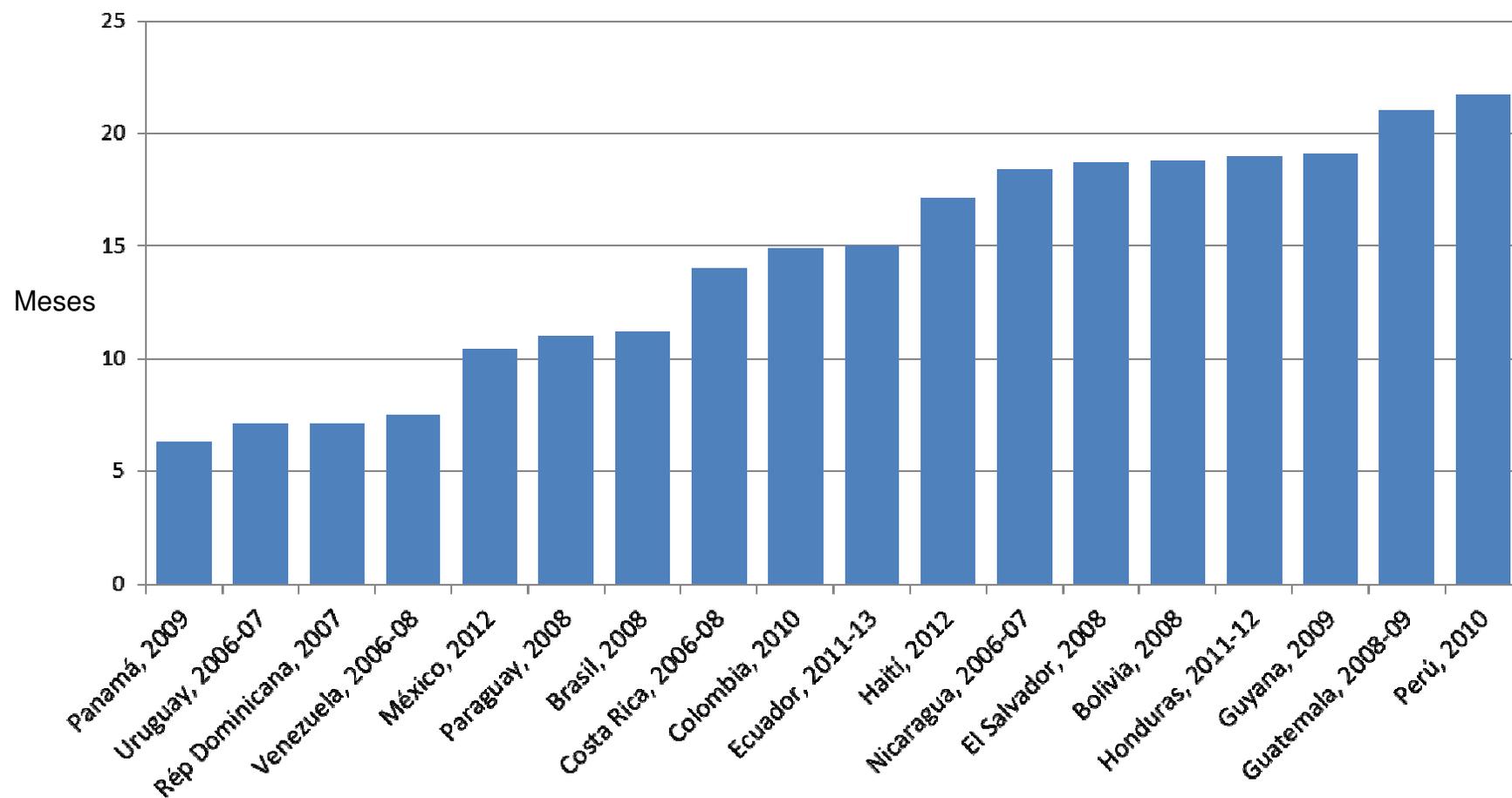
Fuente: UNICEF. Breastfeeding on the worldwide agenda, 2013

Lactancia Materna Exclusiva en niños < 6 meses (%) en América Latina y el Caribe: 2006-2013*



* Nationally representative with the exception of Chile, which is representative of those attending public health services and Brazil, which is representative of capital cities and Brasilia.

Duración de la Lactancia Materna (meses) en América y el Caribe: 2006-2013*



* Nationally representative with the exception of Chile, which is representative of those attending public health services and Brazil, which is representative of capital cities and Brasilia.

Prioridades de la Organización Mundial de la Salud

1. Implementación completa del Código
2. Protección a la maternidad consistente con la OIT
3. Adherencia universal a los 10 pasos
4. Acceso en la prenatal y posparto a consejería y asistencia

WHO/NMH/NHD/14.7

Global Nutrition Targets 2025

Breastfeeding Policy Brief 

TARGET:
Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%



Gates/Jake Lyell

WHAT'S AT STAKE

In 2012, the World Health Assembly Resolution 65.6 endorsed a *Comprehensive implementation plan on maternal, infant and young child nutrition* (1), which specified six global nutrition targets for 2025 (2). This policy brief covers the fifth target: **increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%**. The purpose of this policy brief is to increase attention to, investment in, and action for a set of cost-effective interventions and policies that can help Member States and their partners in improving exclusive breastfeeding rates among infants less than six months.

Exclusive breastfeeding – defined as the practice of only giving an infant breast-milk for the first 6 months of life (no other food or water) – has the single largest potential impact on child mortality of any preventive intervention (3). It is part of optimal breastfeeding practices, which also include initiation within one hour of life and continued breastfeeding for up to 2 years of age or beyond.

Exclusive breastfeeding is a cornerstone of child survival and child health because it provides essential, irreplaceable nutrition for a child's growth and development. It serves as a child's first immunization – providing protection from respiratory infections (4), diarrhoeal disease, and other potentially life-threatening ailments. Exclusive breastfeeding also has a protective effect against obesity and certain noncommunicable diseases later in life (4).

Yet much remains to be done to make exclusive

for infant feeding (see Box 1). Globally, only 38% of infants aged 0 to 6 months are exclusively breastfed (5, 6). Recent analyses indicate that suboptimal breastfeeding practices, including non-exclusive breastfeeding, contribute to 11.6% of mortality in children under 5 years of age. This was equivalent to about 804 000 child deaths in 2011(5).

It is possible to increase levels of exclusive breastfeeding. Between 1985 and 1995, global rates of exclusive breastfeeding increased by 2.4% per year on average (increasing from 14% to 38% over 10 years) but decreased subsequently in most regions. However, 25 countries increased their rates of exclusive breastfeeding by 20 percentage points or more after 1995, a rate that is similar to what is needed to achieve the global target (7, 8). Countries already at or near 50% exclusive breastfeeding should continue to strive for improvements because of the health and economic benefits of exclusive breastfeeding. In these cases, we

Políticas y programas basados en la evidencia

- Política
 - Legislación, monitoreo y aplicación del Código
 - Protección a la maternidad consistente con la OIT
- Sistemas de salud
 - IHAN
 - Desarrollo de capacidades pre servicio y durante el servicio
 - Consejería efectiva y apoyo durante la etapa prenatal, durante el parto y el periodo neonatal
- Comunidad
 - Apoyo en la Comunidad
 - Comunicación para cambios en el comportamiento
 - Medios masivos

Protección, promoción y apoyo y tendencias globales en la lactancia

Protection, Promotion, and Support and Global Trends in Breastfeeding¹⁻³

Chessa K. Lutter^{4*} and Ardythe L. Morrow⁵

⁴Pan American Health Organization/World Health Organization, Washington, DC, and ⁵Center for Interdisciplinary Research in Human Milk and Lactation, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

ABSTRACT

A number of case studies have shown that promotion of breastfeeding (BF) coincides with improved BF and exclusive BF (EBF) practices. We quantify the relationship between BF promotion and changes in BF practices by analyzing the relationship between implementation of the WHO/UNICEF Global Strategy for Infant and Young Child Feeding as measured by the World Breastfeeding Trends Initiative (WBTI) and trends in EBF and BF duration over the past 20 y in 22 countries in Africa, Asia, the Middle East, and Latin America. The median annual increase in EBF was 1.0%/y in countries in the upper 50th percentile of WBTI scores, indicating national policies and programs most consistent with WHO/UNICEF recommendations, whereas the median increase in EBF was only 0.2%/y in countries with the lowest WBTI scores ($P = 0.01$). The median annual increase in BF duration in all countries was $<0.1\%/y$. The annual increase in EBF was not associated with maternal demographic factors, such as urban residence, paid maternal employment, maternal education, or gross national income. Our results show that the association between BF protection, promotion, and support and improved EBF is measurable and strengthened by case studies possibly causal. *Adv. Nutr.* 4: 213–219, 2013.

Introduction

The causal chains of public health interventions are complex, particularly when they involve changes in behavior at multiple levels. In the case of breastfeeding (BF)⁶ protection, promotion, and support, behavioral changes are required among politicians, health care providers, and employers, among others, as part of the causal chain of support to the mothers who ultimately choose whether to put their newborn to their breast at birth and continue breastfeeding. Although a number of case studies have shown that promotion of BF coincides with improved BF and exclusive BF (EBF) practices (1,2), we are unaware of any analysis that quantifies this relationship. The objective of this article is to fill this gap by analyzing the relationship between the

implementation of the WHO/UNICEF Global Strategy for Infant and Young Child Feeding (3) as measured by the World Breastfeeding Trends Initiative (WBTI) (4) and trends in EBF and BF duration over the past 20 y.

Adopted by the World Health Assembly and the UNICEF Executive Board in 2002, the Global Strategy for Infant and Young Child Feeding recognized that "Malnutrition has been responsible directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life. No more than 35% of infants worldwide are exclusively breastfed for the first four months of life; complementary feeding frequently begins too early or too late, and foods are often nutritionally inadequate or unsafe. Malnourished children who survive are more often sick and suffer life-long consequences of impaired development. Because poor feeding practices are a major threat to social and economic development, they are among the most serious obstacles to attain and maintain health that face this age group" (3).

To address these problems, the Global Strategy set forth 9 operational targets related to both BF and complementary

Objetivo

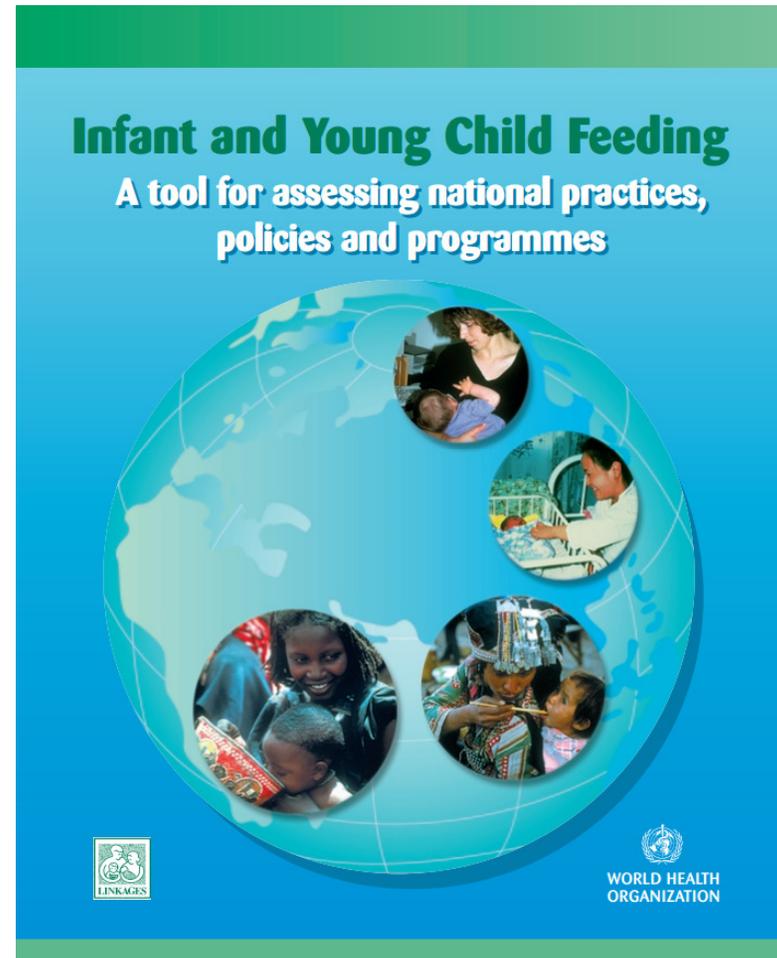
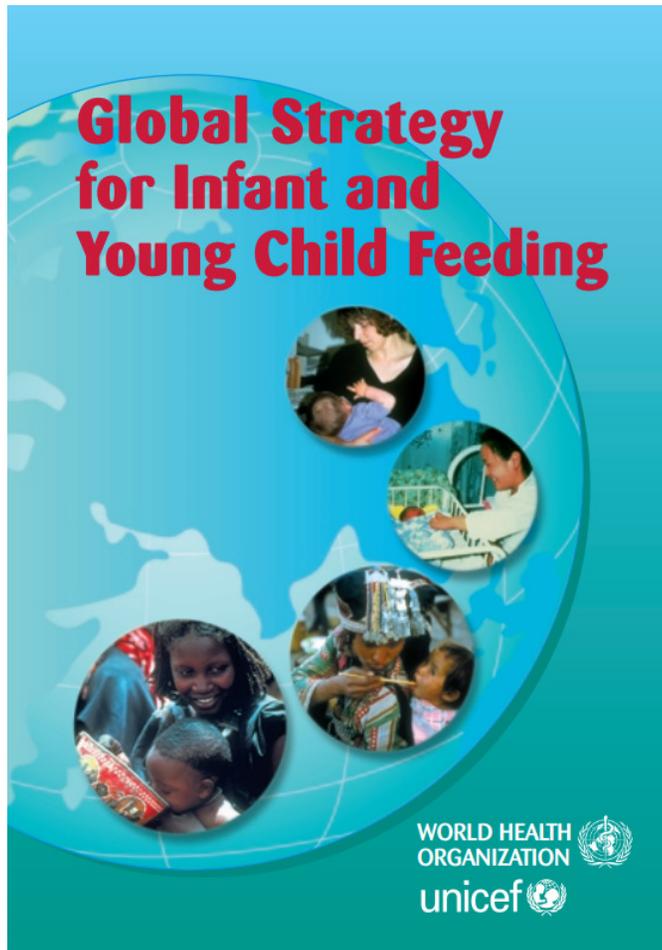
Analizar la relación entre implementación de la Estrategia Global y tendencias en la Lactancia Materna Exclusiva y la duración de la lactancia en los últimos 20 años

¹ Presented at the symposium "Strategic, Global Approaches to Improve Breastfeeding Rates" held April 21, 2012, at the ASN Scientific Sessions and Annual Meeting at Experimental Biology 2012 in San Diego, CA. The symposium was sponsored by the American Society for Nutrition, the Lactation Research Interest Section, and the Society for International Nutrition. It was funded in part by Medela, Inc., and the Bill & Melinda Gates Foundation. A summary of the symposium "Strategic, Global Approaches to Improve Breastfeeding Rates" was published in the September 2012 issue of *Advances in Nutrition*.

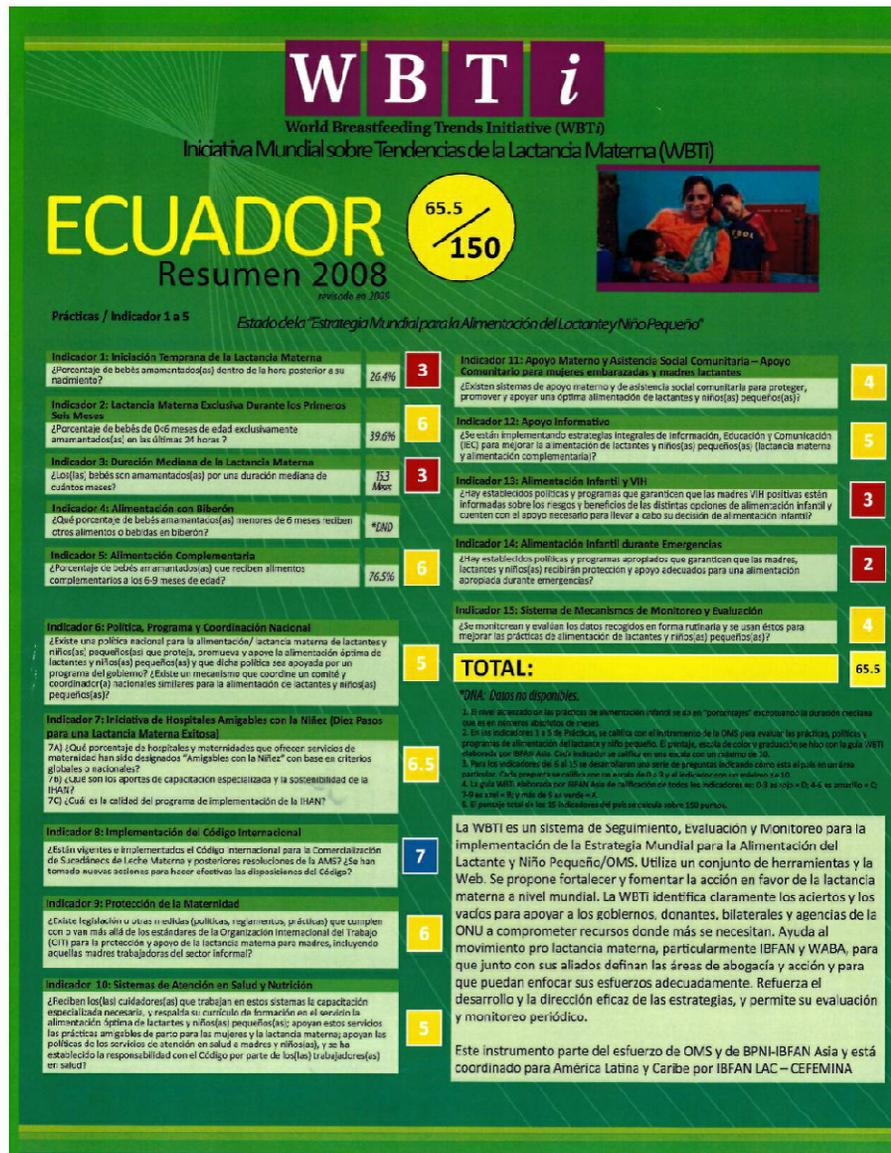
² Supported in part by grant HD 13021 "The role of human milk in infant nutrition and health" from the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

³ Author disclosures: C. K. Lutter and A. L. Morrow, no conflicts of interest.

Estrategia Global para la Alimentación del Infante y Niño Pequeño



Iniciativa Mundial sobre Tendencias de la Lactancia Materna (WBTi)



- Desarrollado por la Red de Promoción de la Lactancia Materna en India (BPNI)
- Basado en la Estrategia Global
- Medidas cuantitativas de 15 indicadores

Iniciativa Mundial sobre Tendencias de la Lactancia Materna (WBTi)

1. - 5 Indicadores de lactancia
6. Políticas, programas y coordinación
7. IHAN
8. Código
9. Protección a la maternidad
10. Desarrollo de capacidad en profesionales de la salud
11. Apoyo en la Comunidad
12. Información, educación y comunicación
13. Alimentación en el contexto de HIV
14. Alimentación durante emergencias
15. Monitoreo y evaluación

Metodología

- Cuestiones múltiples para cada indicador (1 o 2 puntos/cuestión)
- 10 puntos posibles para cada indicador
- Rango de puntajes WBTi de 0 a 150
- WBTi Ajustada (sin los indicadores de prácticas de alimentación) tiene un rango de 0 a 100

Muestra del formato de un indicador

Indicator 6: *Mother Support and Community Outreach*

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

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
		1	
6.2) All women have access to support for infant and young child feeding after birth.	2	1	0
		1	
6.3) Infant and young child feeding support services have national coverage.	2	1	0
		1	
6.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1	0
		1	
6.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
		1	
Total Score:		5/10	

Information and Sources Used:

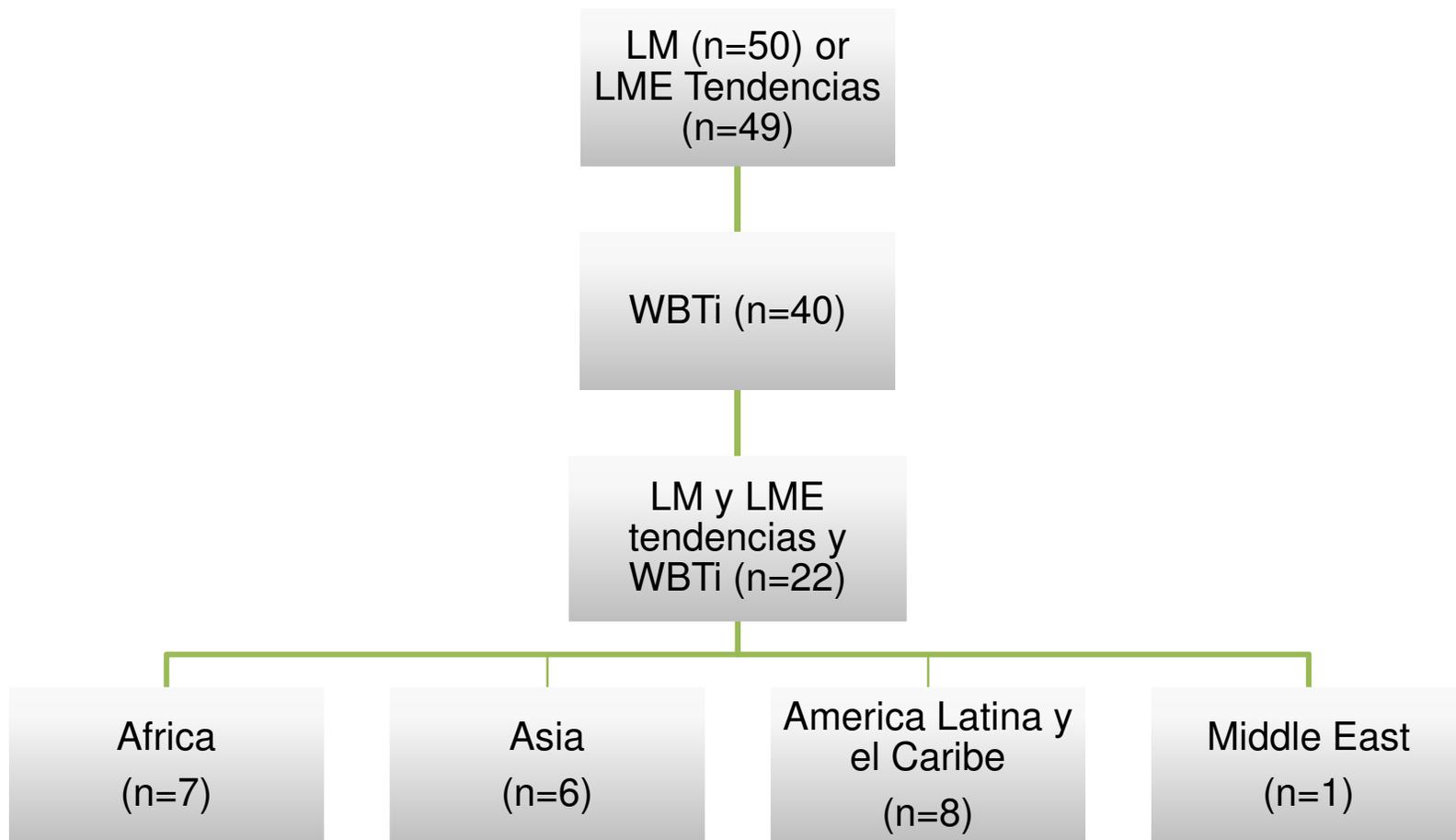
- Community Maternal, Newborn, and child Health (C-MNCH) integrated training manual for Health Extension Workers
- Integrated Refresher Training (IRT) handbook to train Health Development Army
- Health Extension Program implementation manual

Gaps:

- The training for the Community-based volunteers (Health development Army)

Source: www.worldbreastfeedingtrends.org

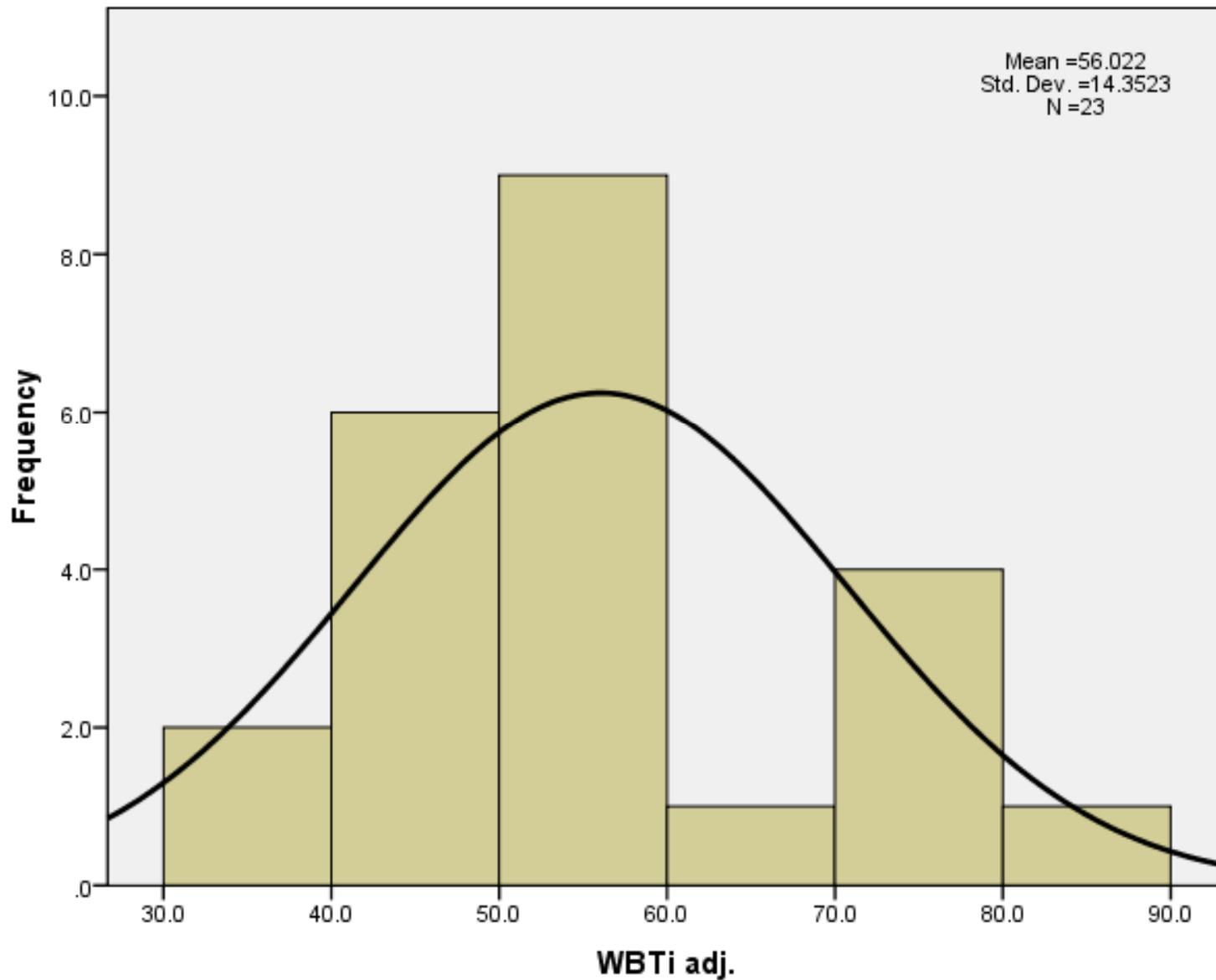
Perfil de datos



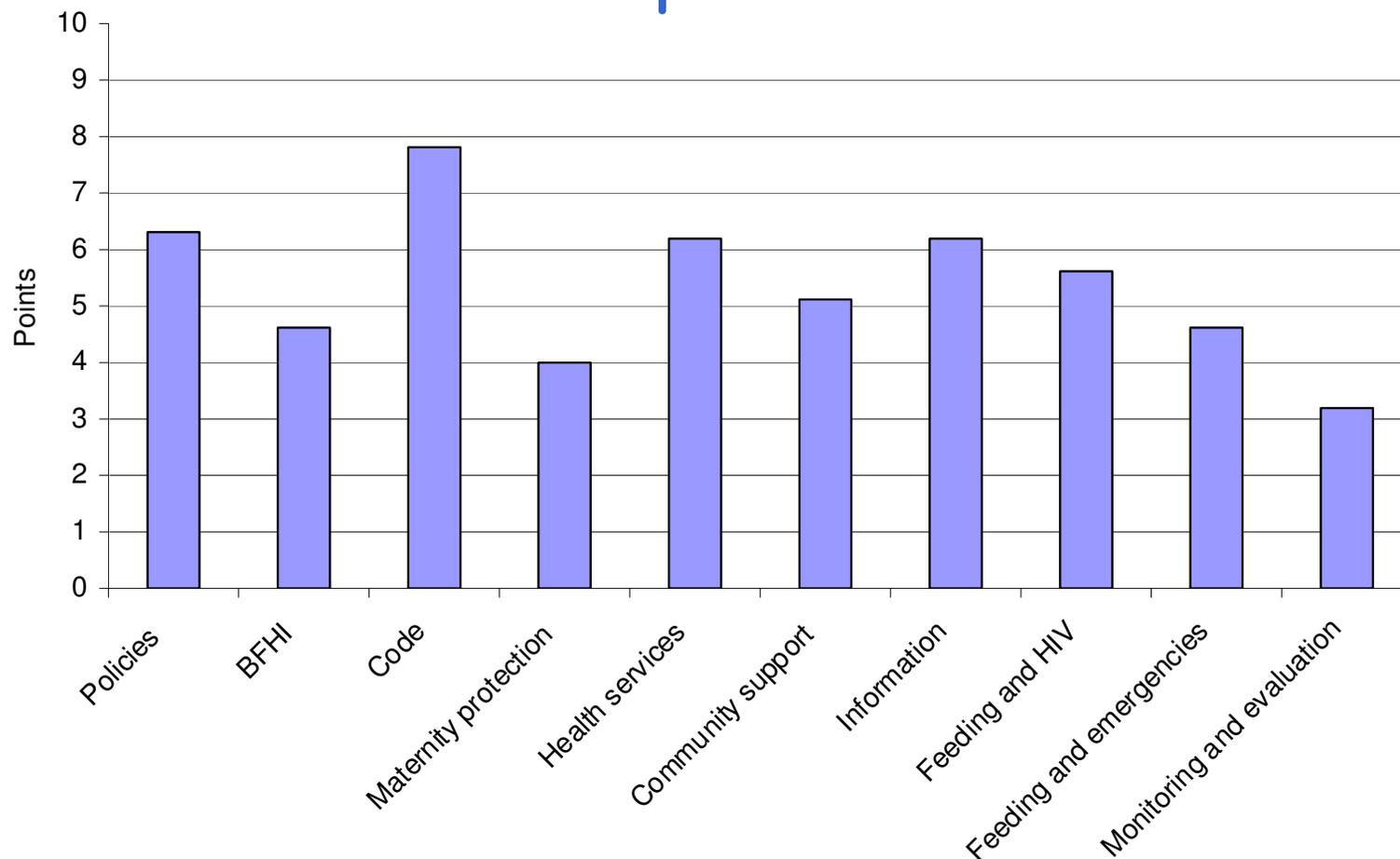
Fuentes adicionales de datos

- Encuestas de demografía y salud (StatComplier) y encuestas representativas en América Latina
 - Tendencias de la lactancia materna (primera y último encuesta)
 - Educación materna, empleo materno, residencia urbana
- Ingreso nacional bruto per cápita PPP (2010 \$): Datos de las Naciones Unidas, Indicadores de Desarrollo Global (Banco Mundial)

Distribución de puntajes ajustados WBTi



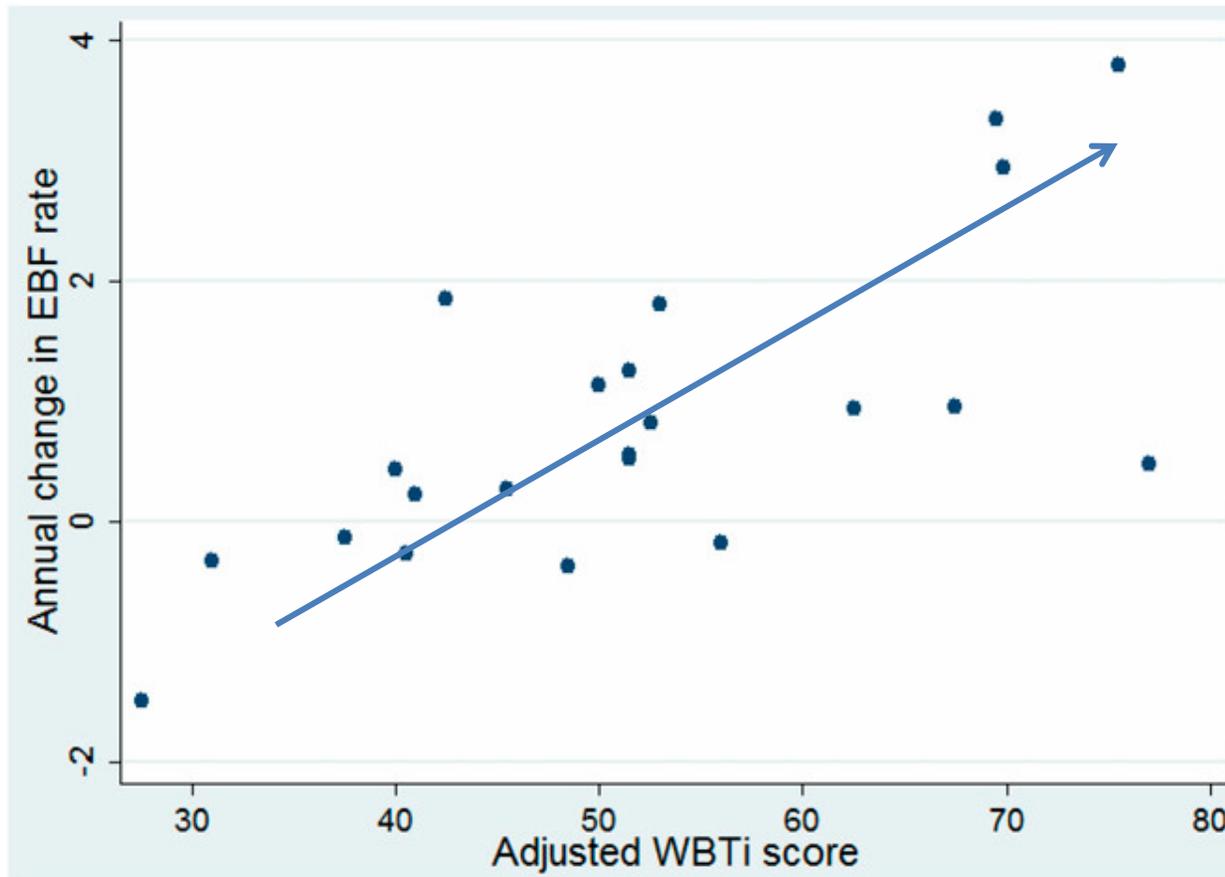
Puntaje de indicadores de WBTi en 22 países



Cambios en tasas nacionales de LME

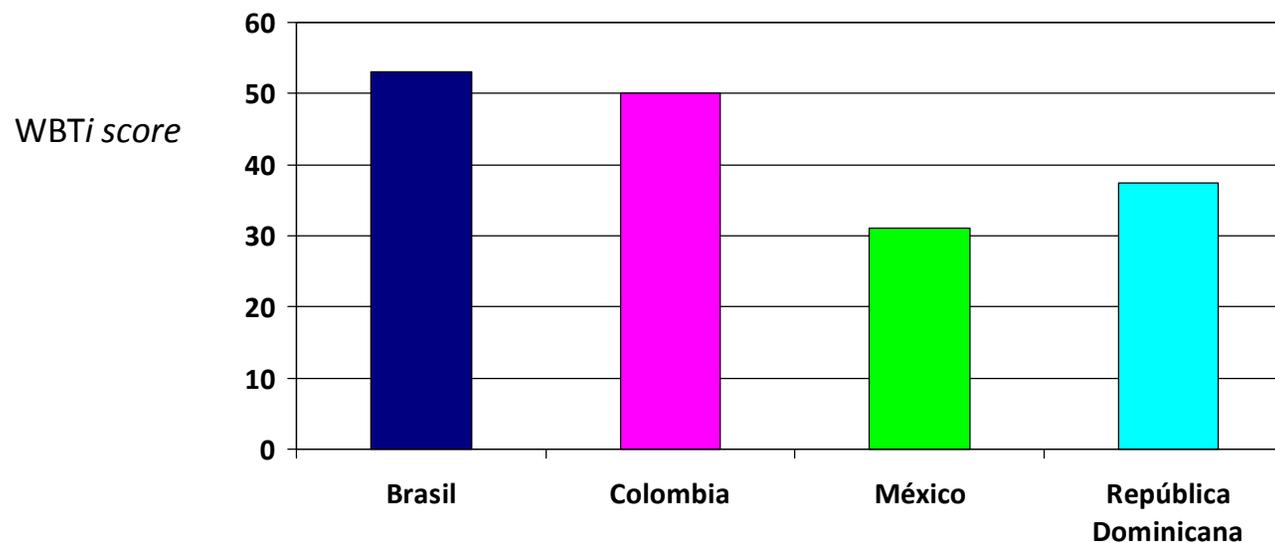
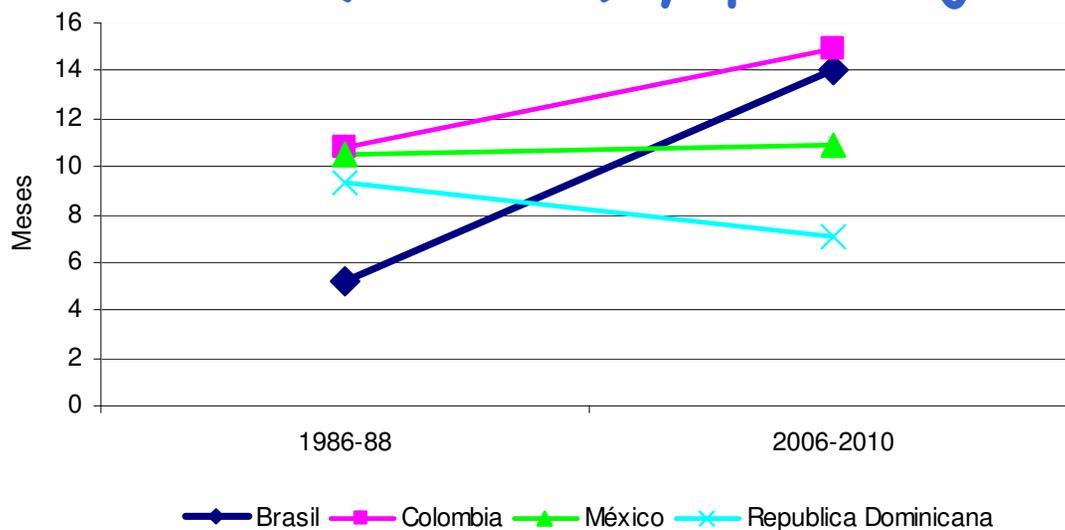
- Número de años entre la primera y segunda encuesta fue de 17.5 años
 - Primera encuesta: 1986 a 1996 (median: 1991)
 - Segunda encuesta: 2004 a 2011 (median 2007)
- LME
 - Línea de base: 2.5 a 74.0% (median: 25.4%)
 - Línea final: 7.7 a 71.4% (median: 42.7%)
- Duración LM
 - Línea de base: 19 meses
 - Línea final: 20 meses

Cambio anual en Lactancia Materna Exclusiva (%) por puntaje WBTi ajustada

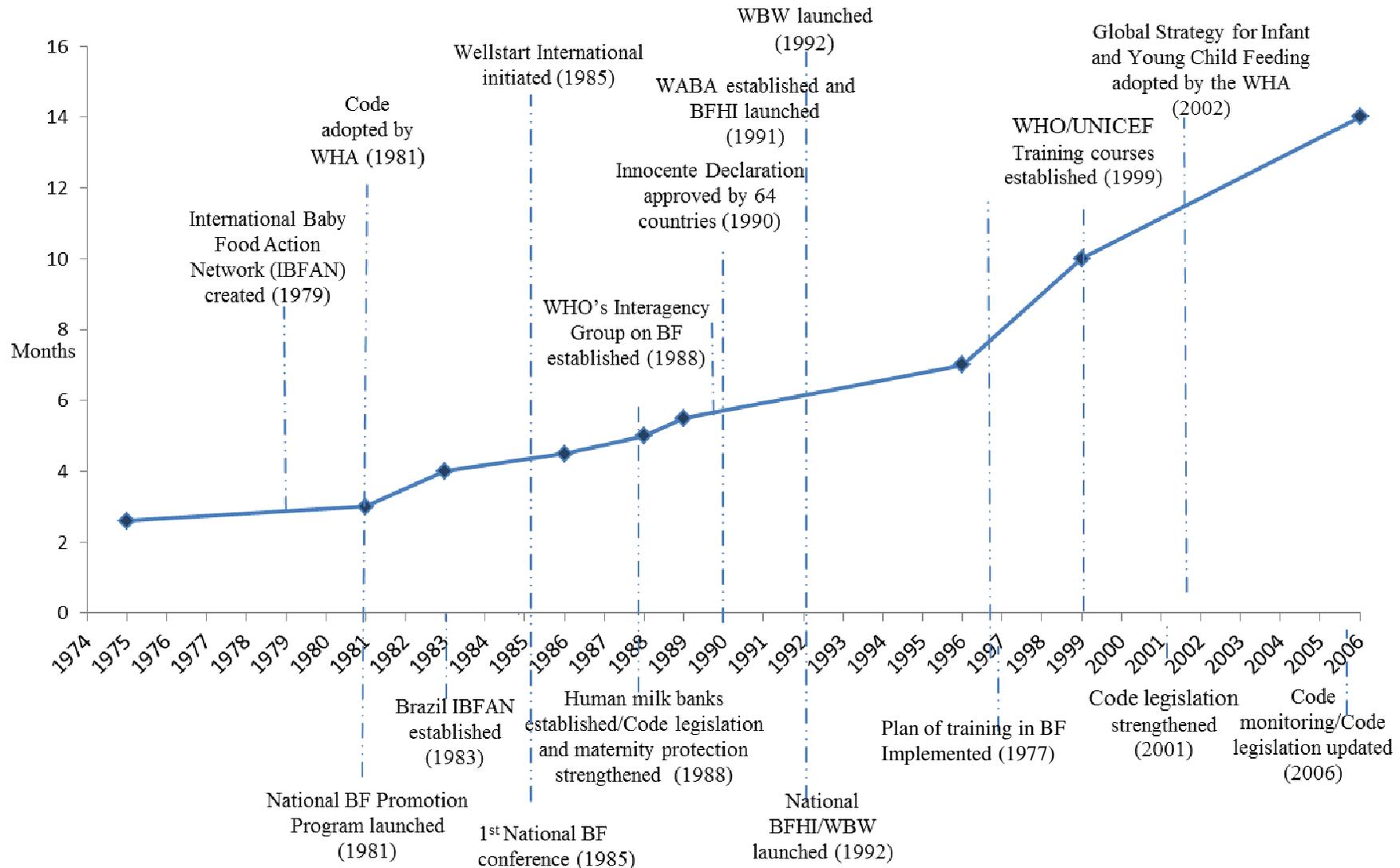


$p=0.012$; Adj $R^2= 62\%$

Cambios en la duración de la Lactancia Materna (meses) y puntaje WBTi



Duración mediana de Lactancia Materna (meses) en Brasil y acciones globales (arriba de la línea) y nacionales (por debajo de la línea)

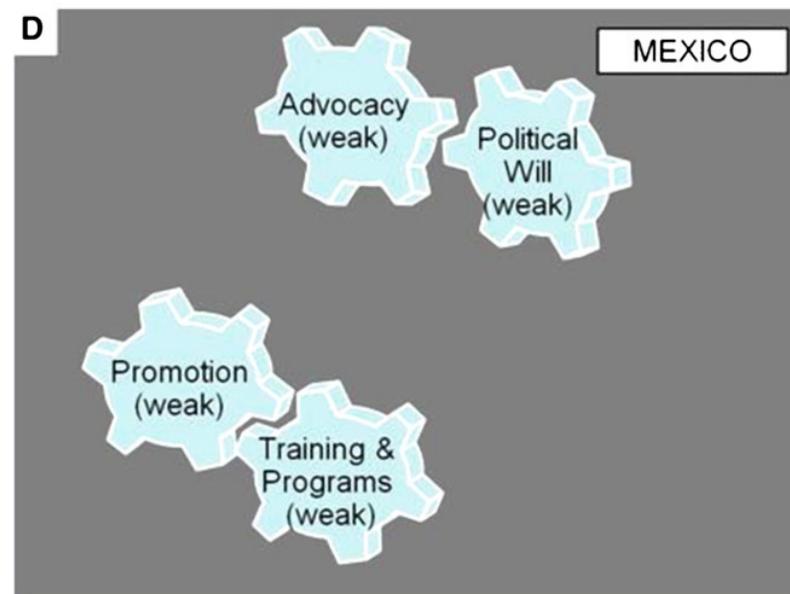
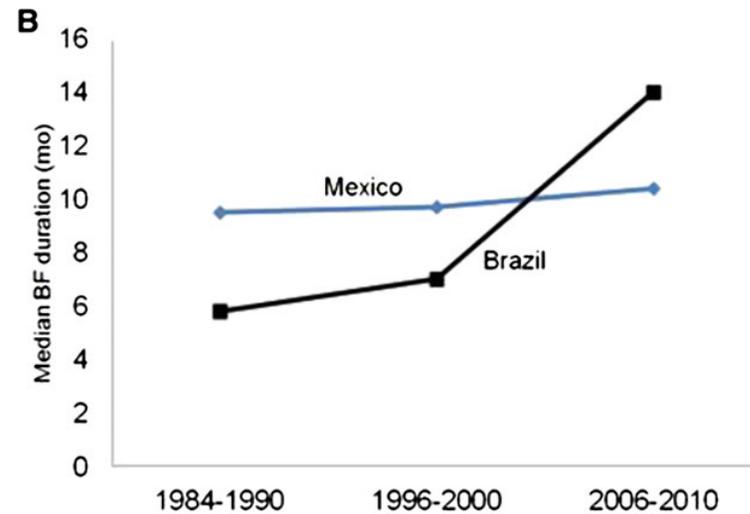
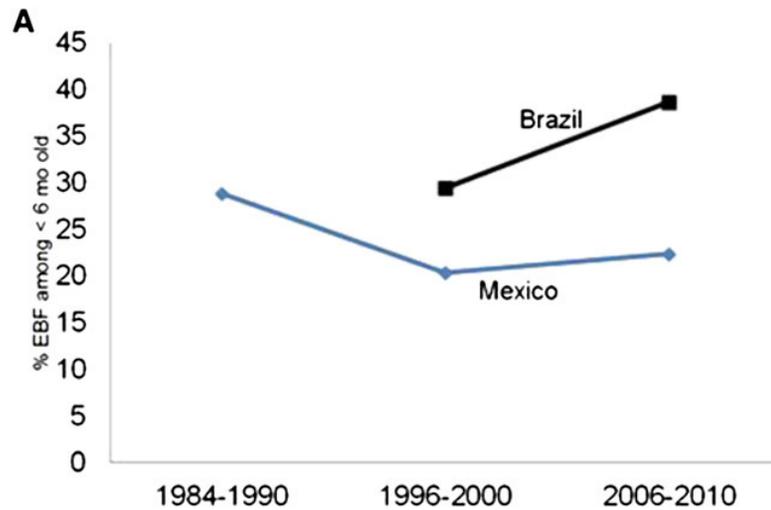


Source: Lutter and Morrow. Protection, promotion and support and global trends in breastfeeding. Advances in Nutrition, 2013.

Acciones claves para el éxito de Brasil

- Actualizaciones continuadas para fortalecer las políticas, programas y el Código
- Mecanismo para monitorear y recertificar la IHAN en hospitales
- Red de bancos de leche humana
- Liderazgo del gobierno y una sociedad civil empoderada

Modelo de engranaje de la lactancia materna



Fuente: Pérez-Escamilla et al., Scaling up of breastfeeding promotion programs in low- and middle-income countries: the “Breastfeeding Gear” Model. *Advances in Nutr.* 2012.

Limitaciones y fortalezas del estudio

- Limitaciones
 - Medida de asociación y no de causalidad
 - Relativamente un número pequeño de países incluidos
- Fortalezas
 - Primer análisis cuantitativo de la relación entre la promoción de la Lactancia Materna y mejoras en las prácticas
 - Representación global

Mensajes claves

- Entorno favorable para la protección, promoción y apoyo a la lactancia
- Intervenciones para promover la lactancia bien documentadas y efectivas
- Un Estudio demuestra que la implementación de la Estrategia Global medido por WBTi es asociada significativamente con tendencias en la Lactancia Materna Exclusiva
- Fortalecido con estudios de caso, el estudio demuestra que la asociación es medible y posiblemente causal

Dra Chessa Lutter

Asesora Principal, Nutrición y Alimentación



**Pan American
Health
Organization**



REGIONAL OFFICE FOR THE

**World Health
Organization**
Americas