



World Health
Organization

Ministry of Health and Wellness



NATIONAL ACTION PLAN ON BREASTFEEDING

2022 - 2027



FOREWORD



Breastfeeding is the biologically normal feeding method for neonates, infants and young children and ensures optimum growth and development. The World Health Organisation recommends that all children are exclusively breastfed up to six months of age. Mothers are recommended to start appropriate complementary foods and continue breastfeeding up to two years of age or beyond.

A survey done locally in 2017 showed that among 480 mothers, only 20% succeeded to exclusively breastfeed their babies for the first 6 months.

Breastfeeding contributes to improved health outcomes for both mothers and babies with reduced rates of cancer in mothers. It contains antibodies that help babies fight off viruses and bacteria and it lowers a baby's risk of having asthma or allergies, with fewer hospitalisations. Moreover, babies who are breastfed exclusively for the first 6 months, without any formula, have fewer ear infections, respiratory illnesses, and bouts of diarrhea.

The closeness and comfort of breastfeeding helps a mother bond with her baby. It promotes mental and physical welfare of babies and also helps in building a secure and loving relationship. Breastfed babies tend to become more trusting and confident as they grow older.

All women should be offered support to breastfeed their babies to increase the duration and exclusivity of breastfeeding. Healthcare settings should provide such trained support, as health care providers and support groups to promote breastfeeding.

In line with the vision of Government to empower women while ensuring that their overall health is maintained, my Ministry has come up with the National Breastfeeding Action Plan 2022 – 2027. The plan sets out the priority areas to be addressed over the next 5 years, to improve breastfeeding supports, enable more mothers to breastfeed and to improve health outcomes for mothers and children in Mauritius.

The Action plan outlines the actions needed to enhance breastfeeding rates and provide skilled support to mothers, through our maternity services, hospitals, primary care services and in partnership with voluntary breastfeeding organisations and other stakeholders.

The actions include the implementation of policies at hospital and community level, investment in breastfeeding training and skills development for healthcare staff, the provision of lactation specialist posts (breastfeeding counsellors), research, monitoring and evaluation and partnership working to promote a culture that accepts and supports breastfeeding.

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List of Abbreviations

WHO	World Health Organisation
UNICEF	United Nations Children’s Fund
ILO	International Labour Organisation
MIH	Mauritius Institute of Health
HIEC	Health Information Education and Communication
MOHW	Ministry of Health and Wellness
NGO	Non-Governmental Organisation
NEF	National Empowerment Foundation
CHCO	Community Health Care Officers

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Executive Summary

Breast milk has been recognised as the ideal food for new-borns and its benefits for both mothers and children are unquestionable. With an increasing working women population, the “bottle-feeding” culture is becoming more prevalent, attributable to its practicability and relative effortlessness.

As per available data only 20% of Mauritian mothers breastfeed their babies for the first 3 to 4 months which is well below the World Health Organisation (WHO) and UNICEF’s global target of reaching 50% of exclusive breastfeeding for the first six months of life of a baby by 2025.

This Action Plan has been devised with the overarching goal to meet global targets by gradually increasing exclusive breastfeeding for the first six months of life of babies.

The Plan is based on six major strategic areas:

- i. Consolidation of existing policies to enhance breastfeeding environments
- ii. New policies to regulate the marketing of breast milk substitutes
- iii. Review of relevant legislation
- iv. Enhancing community action and participation in breastfeeding initiatives
- v. Capacity building of health professionals involved in breastfeeding
- vi. Monitoring and Evaluation of policies and actions

These six major action areas will be developed to plan, promote, support and protect breastfeeding. Best practices, evidenced-based documentation and other key components such as feasibility, cultural acceptance of breastfeeding practices, contextual subtleties and relevance have been taken into consideration.

Goal

To increase the exclusive breastfeeding rate from 20% to 50% by 2027.

Objectives

- i. To build healthy public policies to enhance breastfeeding supportive environments;
- ii. To introduce policies to regulate the marketing of breast milk substitutes;
- iii. To review breastfeeding legislation;
- iv. To mobilise community action and participation in breastfeeding initiatives through the development of strategies for the promotion and support of the breastfeeding at community level;
- v. To conducting capacity building through training of all health professionals in breastfeeding; and
- vi. To set targets, implement and monitor policies.

Methodology

The National Breastfeeding Action Plan 2022 - 2027 has used a qualitative method of analysis, based on observations at various places where breastfeeding is encouraged such as Ante Natal Clinics (ANC), Pre-Natal wards and Post Natal wards.

Desk reviews have been conducted.

One to one interview with midwives and new mothers were also conducted so as to gauge their opinions, beliefs, apprehensions and factors that may influence or deter them from breastfeeding.

Following several consultative meetings and workshops, the suggestions of stakeholders have also been included, where feasible, in this Action Plan.

1.0 Background

1.1 Introduction

1.1.1 Breastfeeding is a fundamental pillar of child nutrition, with important implications for the health welfare due to its impact on morbidity and mortality, especially among children under 1 year of age. Therefore, there is consensus among different organisations dedicated to the health of children about the importance of breast milk as a food of choice during the first 6 months of life, and it is considered a fundamental public health policy.

1.1.2 The World Health Organization (WHO) recommends early initiation of breastfeeding within the first hour after birth and exclusive breastfeeding during the first 6 months of life [1]. WHO defined the 2025 Global Nutrition Targets aimed at improving maternal, infant, and young child nutrition. Among these, breastfeeding has been prioritized in the fifth target: “increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%” [2].

1.1.3 Furthermore, the American Academy of Pediatrics reaffirms the recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as they introduce complementary foods, for 1 year or more, as mutually desired by the mother and baby, with medical contraindications to breastfeeding being rare [3]. Additionally, in their last policy statement regarding breastfeeding, they recognized that the decision to breastfeed should not be conceived by the mother, doctor, or society as a lifestyle option but as a basic and critical health decision that affects the welfare of the baby and the mother and therefore should be considered regardless of the parenting style or as a simple nutritional problem. They also emphasized that professionals must go beyond the maternal–infant binomial and incorporate new principles and concepts in daily activities to be true advocates and supporters of breastfeeding [4,5].

1.2 Benefits of Breastfeeding

1.2.1 The United Nations Children’s Fund (UNICEF) describes breastfeeding as an important indicator, noting that “Breastmilk alone is the perfect food for all infants in the first six months of life.” In addition to being an ideal nutritional source for infants, exclusive breastfeeding is associated with a lower chance of dying from diarrhoea and acute respiratory infections and strengthens the infant immune system. It also protects against chronic diseases such as obesity and diabetes [6]. UNICEF recently communicated that many countries continue to

underestimate the benefits of breastfeeding even when the evidence supports its short and long-term effects such as protective role against childhood infections, an increased intelligence, and lower prevalence of diabetes and being overweight [7].

1.2.2 In lower income countries, breastfeeding is associated with a significant reduction in infant mortality and disease, and it is estimated that a high degree of protection, promotion, and support for breastfeeding can potentially prevent 1.3 million child deaths per year [8]. It has been estimated that if children under 1 year of age were breastfed for at least 4 months, 56.4% of hospital admissions for infection of nonperinatal origin could be prevented [9]. In addition, there is evidence that breastfeeding decreases the incidence and severity of digestive, respiratory, urinary, and middle ear infections, as well as atopic diseases; producing a lower incidence of sepsis and necrotizing enterocolitis in preterm infants [10]. In the long term, breastfeeding has beneficial effects on cardiovascular risk factors, reduces the risk of obesity during childhood, and improves cognitive development. Additionally, breastfeeding women have a lower risk of developing breast cancer, better spacing of births, and lower risk of diabetes and ovarian cancer compared to women who have never breastfed [11].

Table 1: Benefits of breastfeeding

Benefits of Breastfeeding		
Child	Mother	
<ul style="list-style-type: none"> • Colostrum: essential nutrition along with antibodies from mom to baby • Builds baby’s immune system and fewer episodes of illness • Increased IQ • Breastfed babies: lower risk of sudden infant death syndrome • Decreased risks of food allergies. • Decreased risks of developing asthma • Lower risk for ear, throat and nose infections • Lower risk for childhood leukaemia and other cancers • Reduced risk of hypertension, obesity, diabetes, asthma. 	<ul style="list-style-type: none"> • Emotional support and bonding • Promotes postpartum emotional health and postpartum weight loss • Reduces risk of breast cancer, type 2 diabetes and osteoporosis • Reduces the risk of uterine and ovarian cancer • Economic as it is easily available and cheapest source of nutrition 	
	Environment	
		<ul style="list-style-type: none"> • Reduction in environmental costs as a result of the reduction in packaging, transport costs and wasteful by-products of both the production and use of artificial feeding

1.3 Exclusive Breastfeeding

1.3.1 The WHO defines exclusive breastfeeding as “*feeding only on breast milk for the first six months of life*”. No other liquids or solids are given, not even water, with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines.

The WHO and UNICEF have both stressed on the benefits of exclusive breastfeeding and they recommend the following: -

- i. initiation of breastfeeding within the first hour of life;
- ii. exclusive breastfeeding whereby the infant only receives breast milk without any additional food or drink, not even water, up to six months of age;
- iii. breastfeeding on demand, that is, as often as the child wants, day and night; and
- iv. no use of bottles, teats or pacifiers.

1.4 Latch Score

1.4.1 The latch score is used to assess and monitor the progress of breastfeeding among mothers during the postpartum period. It provides an indication, to the immediate health care worker, on the amount of assistance the mother will require to successfully breastfeed her baby.

1.4.2 It is assessed twice over a period of 24 hours after birth of the baby. Ideally, it should be assessed by two different healthcare providers and documented for follow up of how well the mother is comfortable to hold on to breastfeeding without help. However, if it is observed that the comfort of the mother has worsened over time, this signifies that the mother needs help and further follow up.

1.4.3 LATCH score: each letter of the acronym refers to an area of assessment:

“L” denotes how well the baby latches onto the breast

“A” denotes the amount of audible swallowing

“T” denotes the nipple type of mother

“C” denotes comfortable breast

“H” denotes the amount of help needed by the mother to HOLD her baby to her breast.

1.4.4 The total latch score ranges from 0 to 10. A high latch score denotes more chances of successful breastfeeding. A score of 0 to 3 is considered as poor, 4 to 7 as moderate and 8 to 10 as good (see Table 2).

1.4.5 The collaboration between the mother and the immediate health care providers ensures a consistent measure of the progress of breastfeeding. It also helps provide guidance to the mother acquiring the needed skills to breastfeed. This score can be used as a training tool for midwives and other healthcare providers.

Table 2: The Latch Score

	0	1	2
L: Latch	No latch achieved	Repeated attempts Hold nipple in mouth Stimulate to suck	Grasps breast Tongue down Lips flanged Rhythmic sucking
A: Audible swallowing	None	A few with stimulation	Spontaneous and intermittent <24 hours' old Spontaneous and frequent >24 hours old
T: Type of nipple	Inverted	Flat	Everted (after stimulation)
C: Comfort (breast/nipple)	Engorged Cracked, bleeding, large blisters or bruises Severe discomfort	Filing Reddened /small blisters or bruises Mild/moderate discomfort	Soft Non tender
H: Hold (positioning)	Full assist (staff holds infant at breast)	Minimal assist (i.e. elevate of bed, place pillows for support) Teach one side, mother does other Staff holds then mother takes over	No assist from staff Mother able to position/hold infant

1.5 International Code of Marketing of Breastmilk Substitutes

1.5.1 The International Code of Marketing of Breastmilk Substitutes (the Code) is an international health policy framework to regulate the marketing of breast milk substitutes in order to protect breastfeeding. The Code was published by the WHO in 1981, and is an internationally agreed voluntary code of practice which has also been adopted by Mauritius.

1.5.2 The Code regulates the marketing of breast milk substitutes which includes infant formulas, follow-on formulas and any other food or drink, together with feeding bottles and teats, intended for babies and young children. It also sets standards for the labelling and quality of products and on how the law should be implemented and monitored within countries.

1.5.3 Restricting marketing does not mean that the products cannot be sold, or that factual and scientific information about them cannot be made available. Neither does it restrict the choice of parents. It simply aims to make sure that their choices are made based on full, impartial information, rather than on the basis of misleading, inaccurate or biased marketing claims.

1.5.4 Accordingly, health workers are required to ensure that there is/are:

- i. no advertising for infant feeding products anywhere within public services;
- ii. no contact between company personnel and pregnant women or mothers;
- iii. no items bearing company logos on public service premises or used by its staff. Examples include stationery, pens, gestational / age in weeks' calculators;
- iv. no free samples to health professionals or mothers; and
- v. only scientific and factual information, free from commercial bias, used in the care of babies and their parents.

1.6 Global Nutrition Targets 2025: Breastfeeding

1.6.1 In 2012, the World Health Assembly Resolution 65.6 endorsed a comprehensive implementation plan on maternal, infant and young child nutrition (12), which specified six global nutrition targets for 2025 (13). The fifth target is to:

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

1.6.2 Increasing rates of exclusive breastfeeding can help drive progress against other global nutrition targets (stunting, anaemia in women of reproductive age, low birth weight, childhood overweight and wasting) and is one of the most powerful tools policy-makers have at their disposal to improve the health of their people and their economies.

1.7 Global Breastfeeding Collective

1.7.1 The Global Breastfeeding Collective, led by UNICEF and WHO, brings together implementers and donors from governments, philanthropies, international organizations, civil society.

1.7.2 The Collective's vision is a world in which all mothers have the technical, financial, emotional and public support they need to start breastfeeding within an hour of a child's birth, to breastfeed exclusively for six months, and to continue breastfeeding — with complementary foods — for two years or beyond. The Initiative's mission is to rally political, legal, financial and public support, so rates of breastfeeding increase, which will benefit mothers, children, and society.

1.7.3 The Collective advocates for:



1. Increase funding to raise breastfeeding rates from birth through two years.



2. Fully implement the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions through strong legal measures that are enforced and independently monitored by organizations free from conflicts of interest.



3. Enact paid family leave and workplace breastfeeding policies, building on the International Labour Organization's (ILO) maternity protection guidelines as a minimum requirement, including provisions for the informal sector.



4. Implement the Ten Steps to Successful Breastfeeding in maternity facilities, including providing breastmilk for sick and vulnerable new-borns.



5. Improve access to skilled breastfeeding counselling as part of comprehensive breastfeeding policies and programmes in health facilities.



6. Strengthen links between health facilities and communities, and encourage community networks that protect, promote, and support breastfeeding.



7. Strengthen monitoring systems that track the progress of policies, programmes, and funding towards achieving both national and global breastfeeding targets.

1.8 Ten Steps to Successful Breastfeeding

1.8.1 In April 2018, the WHO and UNICEF published a revised ten-step program to support, promote and protect breast feeding practices.

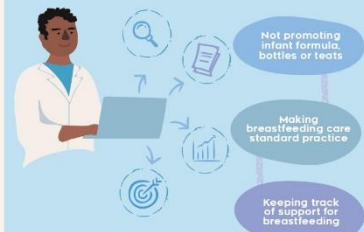
Table 3: Components of ten-step program

Clinical Management Procedures	
1	(a) Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions. (b) Have a written infant feeding policy that is routinely communicated to staff and parents. (c) Establish a monitoring and data-management systems.
2	Ensure that staff has sufficient knowledge, competence and skills to support breastfeeding.
Key Clinical Practices	
3	Discuss the importance and management of breastfeeding with pregnant women and their families.
4	Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5	Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6	Do not provide breastfed new-born any food or fluids other than breast milk, unless medically indicated.
7	Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.
8	Support mothers to recognize and respond to their infants' cues for feeding.
9	Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10	Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

The TEN STEPS to Successful Breastfeeding

1 HOSPITAL POLICIES

Hospitals support mothers to breastfeed by...



2 STAFF COMPETENCY

Hospitals support mothers to breastfeed by...



3 ANTENATAL CARE

Hospitals support mothers to breastfeed by...



4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to breastfeed by...



5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...



6 SUPPLEMENTING

Hospitals support mothers to breastfeed by...



7 ROOMING-IN

Hospitals support mothers to breastfeed by...



8 RESPONSIVE FEEDING

Hospitals support mothers to breastfeed by...



9 BOTTLES, TEATS AND PACIFIERS

Hospitals support mothers to breastfeed by...



10 DISCHARGE

Hospitals support mothers to breastfeed by...



Figure 1. Ten Steps to successful breastfeeding

2.0 Situational Analysis

2.1 Global Situation

2.1.1 Globally, only 44 % of new-borns are breastfed within the first hour of birth, and only two in five infants less than 6 months of age are exclusively breastfed (14).

2.1.2 In October 2019, the UNICEF published global statistical data comparing breastfeeding rates in individual countries showing, that Eastern and Southern Africa topped the breastfeeding list, with a percentage of 55 % infants aged between 0–5 months being exclusively breastfed, whereas the global breastfeeding rate, for this particular age group was 42%.

2.1.3 Based on various researches conducted by the WHO and UNICEF, a close response relationship has been demonstrated between breastfeeding and babies, and the following breastfeeding patterns have been considered optimal:

- i. exclusively breastfeeding in the first 6 months (15); and
- ii. extending the duration of breastfeeding into the second year.

2.1.4 As per the UNICEF “If all babies were fed only breastmilk for the first six months of life, the lives of an estimated 1.5 million infants would be saved every year and the health and development of millions of others would be greatly improved”.

2.1.5 According to a press release by UNICEF in February 2022, more than half of parents and pregnant women exposed to prominent and aggressive marketing strategies related to formula milk. It is mentioned that exploitative practices employed amounts to \$55 billion formula industry, compromising child nutrition, violating international commitments.

2.1.6 A more detailed and comprehensive situational analysis was documented in the Global Breastfeeding Scorecard, 2018 as it has reviewed global figures and aligned them with respect to global goals and targets of actions initiated in that line (16), as per Figure 2 below.

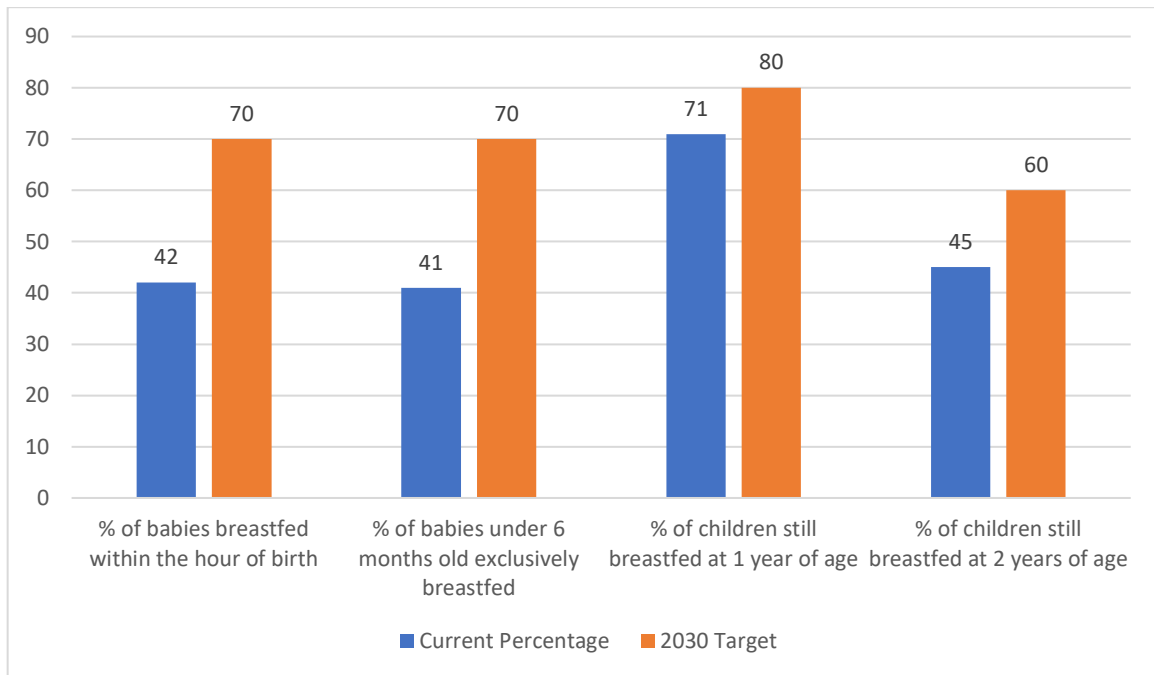


Figure 2: Global goals and current breastfeeding percentages

2.1.7 The discrepancy between what has been achieved and what needs to be achieved has greatly questioned health systems across the world on the current pattern of breastfeeding practices. The need for prompt intervention is mandatory, to the point that breastfeeding is now considered as the responsibility of one and all. A need for a coordinated approach involving all stakeholders, to identify best practices and devise new policies in order to protect the right to breastfeeding of the coming generations, for an optimum nutrition right from the start of their life, is required.

2.2 Situation in Mauritius

2.2.1 Proper breastfeeding practices are effective ways for reducing childhood morbidity and mortality. While many mothers understand the importance of breastfeeding, others are less knowledgeable on the benefits of breastfeeding and weaning. Several studies have been conducted in Mauritius on the breastfeeding practices. Information on barriers to breastfeeding has been obtained through interviews with mothers and other stakeholders. Statistics from the Health Statistics Report are available on Caesarean section rates.

2.2.2 In a report published in 2002 by the World Bank (17), Mauritius was ranked 117 out of 142 countries in the world concerning exclusive breastfeeding which was reported at 21%.

2.2.3 A study conducted by the Mauritius Institute of Health (MIH) entitled “An Assessment of the Breastfeeding Practices and Infant Feeding Pattern among Mothers in Mauritius” in 2013 (18) has shown that only 17.9% of mothers have breastfed their children exclusively for the first 6 months, with the mean duration of exclusive breastfeeding being 2.1 months.

2.2.4 Furthermore, the Contraception Prevalence Survey, conducted in 2014 by MIH (19), revealed that breastfeeding is almost universal in Mauritius, and 96.6% of mothers stated that their last live born child, born two years preceding the survey, was breastfed. However, the mean duration of any breastfeeding was 12.6 months and the mean duration of exclusive breastfeeding was 4.4 months among last live born children born in the five years preceding the survey.

2.2.5 This has been attributed to various factors such as, mode of delivery, false beliefs about milk insufficiency, unwillingness of child to suck, lack of time, close spacing of birth, early resumption of work and medical complications in both mother and new-born which have also contributed to the “bottle feeding culture” being embraced by Mauritian women.

2.2.6 Another survey on lactation conducted by the MIH in 2017 (20), has revealed the following figures:

- i. 98% of mothers declared to have ever breastfed their babies;
- ii. 76% of mothers who ever breastfed did so after one hour following childbirth;
- iii. 24% initiated breastfeeding within one hour after giving birth;
- iv. 60% of mothers were assisted to start breastfeeding;

- v. 39% of the 480 babies covered by the study were exclusively breastfed during the four-month period after birth;
- vi. 25% of the 480 babies were breastfed during the first six months of life;
- vii. 77% of mothers received information on breastfeeding, mostly in postnatal wards out of which 96% were informed on the benefits of exclusive breastfeeding and 89% were advised on the benefits of colostrum; and
- viii. 94% of all mothers were aware that breast milk protects babies against diseases.

2.3 Factors hindering breastfeeding in Mauritius

2.3.1 Several factors have been identified as barriers to breastfeeding through interviews of nursing mothers and consultation with stakeholders involved in breastfeeding.

i. Lactational Factors

It was observed that early cessation of breastfeeding is most common amongst new mothers. The following barriers encountered by mothers were:

- a. difficulty in initiating sucking or latching or sore and cracked nipples;
- b. breast engorgement;
- c. breastfeeding being viewed as a painful process;
- d. false beliefs on breastfeeding; and
- e. improper latching (latch refers to how the baby fastens onto the breast while breastfeeding) a series of negative events that undermine breastfeeding, including nipple pain, ineffective milk transfer, and insufficient milk production.

ii. Psychosocial Factors

It has been observed that many mothers consider breastfeeding as a painstaking, cumbersome and time-consuming process which demotivate them to breastfeed their babies. Furthermore, the inability for mothers to maintain the normal schedule for breastfeeding, resumption of work after their maternity leaves and poor support from family members, resulted in lack of perseverance into exclusive breastfeeding for the first 6 months of the life of the baby.

iii. Nutritional Factors

It has also been noted that preconceived beliefs about not having enough milk, fear of not meeting satiety levels of new-born, hence, inadequately supplying them with nutrients and weight-gain issues for both the baby and the mother were deterring factors for continuation of breastfeeding.

iv. Lifestyle factor

The lifestyles of mothers are also factors that were found to contribute to early discontinuation of breastfeeding and even at times refusing to breastfeed their baby. It was observed that many mothers want to resume work earlier to fulfil their aspirations for promotion; others want to resume smoking and/or drink alcohol, or engage in crash diets to revert back to their original weight, while others want to have their menses on a regular monthly basis, among others.

v. Babies' behaviours

It has also been observed that premature weaning practices and dental eruption were other factors in babies' behaviours that affect continuation of breastfeeding.

2.4 Mode of delivery and Breastfeeding

2.4.1 The mode of delivery greatly influences the success rate of breastfeeding. Babies born by normal delivery have greater chances of being initiated to breastfeeding and thereafter, continued for a longer period.

2.4.2 However, mothers who undergo caesarean section (c-section) under general anaesthesia, face many challenges to breastfeed their babies. The effects of anaesthetic medication and sedation, as well as the administration of intravenous fluids and post-operative pain contribute to delay in initiation to breastfeeding. Besides, delays in maternal to infant skin to skin contact, reduced suckling ability, decreased infant receptivity and insufficient milk supply, and are predictive of shortened breastfeeding duration (21).

2.4.3 Nonetheless, mothers who have undergone a caesarean section can be initiated to breastfeeding after four hours post caesarean. This will allow more chances for successful, exclusive breastfeeding, for a minimum period of six months.

2.4.4 In Mauritius, c-section is conducted in around 50% of all deliveries (see Figure 3). Research has demonstrated that c-sections are associated with more breastfeeding difficulties, greater use of resources, and shorter breastfeeding duration compared to vaginal deliveries (22).

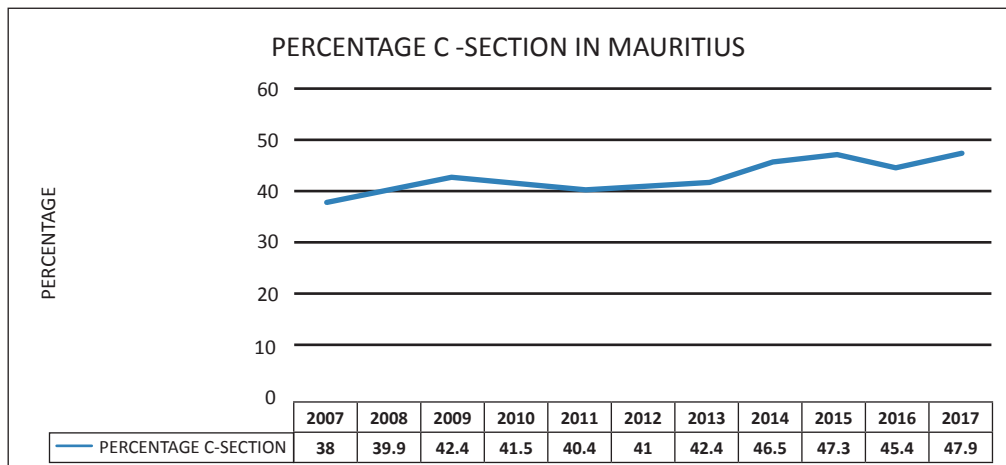


Figure 3: C section rates over the years

2.5 Other factors hindering breastfeeding

2.5.1 It has been observed that soon after birth, babies in labour wards are not put to breast for many reasons, mainly lack of staff in labour wards and increasing number of c-sections. This delays initiation to breastfeeding. There is also no weighing machine in certain labour wards due to which babies are sent to the nursery and are taken back to the mother after over one hour.

2.5.2 After spinal anaesthesia, mothers are advised to lie flat for the next 24 hours and their babies are kept in the nursery. Therefore, during this period babies are bottle fed, which deprive them of breastfeeding. Babies born by c-section are routinely given formula milk, for over 24 hours, which also hinders breastfeeding.

2.5.3 Babies born from diabetic mothers are admitted in nursery rather than in post-natal ward for monitoring of blood sugar level or temperature every 4 to 6 hours. Such monitoring could have been done in the post-natal ward itself which would improve the success rate of breastfeeding.

2.5.4 In certain hospitals there is lack of necessary infrastructures, space and proper breastfeeding corner. Rooming-in is difficult as no space is available to place a cot near the mother's bed.

2.5.5 There is also an absence of dedicated personnel in maternity and post-natal wards to encourage and support mothers to exclusively breastfeed their babies. In post-natal wards, babies are cup fed by midwives.

2.6 Breastfeeding Initiatives in Mauritius

2.6.1 In Mauritius, breastfeeding advice is being dispensed in antenatal, maternity and postnatal units by midwives and female nurses. Furthermore, all new mothers are initiated to breastfeeding by midwives in postnatal wards, soon after delivery of their baby.

2.6.2 The Health Information, Education and Communication (HIEC) Unit of the Ministry of Health and Wellness (MOHW) produces pamphlets, flyers and posters amongst others on the benefits of breastmilk. These are distributed to pregnant ladies, irrespective of the stage of conception they present themselves, in ante-natal clinics, postnatal wards, well baby clinics as well as to the general public.

2.7 Food Act and Food Regulations

2.7.1 Marketing of infant formula and breastmilk substitutes are governed by the Food Act and Food Regulations.

2.7.2 Pre-market approval is done by the Food Import Unit of the Ministry of Health and Wellness. Infant formula should comply with Food Regulation 174 to Regulation 177, along with Regulation 3 of the Food Regulations 1999 prior to importation.

2.7.3 Regulation 176 on Infant formula and breast milk make the following provision:

No person shall –

(a) advertise or cause to be advertised any infant formula with any claim to the effect that the infant formula is superior to breast milk; and

(b) import, pack, store, offer for sale or sell any infant formula which bears a label claiming that the infant formula is superior to breast milk.

2.8 Workers' Rights Act 2019

2.8.1 Legal provision currently in place according to Workers' Rights Act 2019:

- 14 weeks' maternity leave on **FULL PAY**, irrespective of the length of service the working mother reckons with her employer
(International Labour Organisation, Maternity Protection Convention, 2000, Section 183 Article 4: *On production of a medical certificate or other appropriate certification, as determined by national law and practice, stating the presumed date of childbirth, a woman to whom this Convention applies shall be entitled to a period of maternity leave of not less than 14 weeks.*)
- **One Hour or 2 Breaks of Half Hour for breastfeeding on a daily basis** for a period of 6 months as from the date of confinement or such longer period as recommended by a medical practitioner. The periods of break shall not be deducted from the number of hours of work of the worker;
- Protection against termination of employment to a female worker who is **nursing her unweaned child or who is on maternity leave**. Any female worker who has lost her employment on such ground may report a dispute for reinstatement under section 64 of the Employment Relations Act.
- Where, following a complaint made by, or representation received by or on behalf, of a worker, the supervising officer is of the opinion that no adequate arrangements have been made to nurse the unweaned child of a worker, the supervising officer may, after consultation with a medical practitioner, give such directions by written notice to the employer as he thinks fit.
- *Flexitime working arrangement*
The Workers' Rights Act 2019, under Part V – GENERAL CONDITIONS OF EMPLOYMENT, Sub-Part I – Hours of Work and Basic Hourly Rate and Section A – Hours of work, make provision whereby a worker can request for flexitime arrangement.

2.8.2 In spite of these, the percentage of mothers exclusively breastfeeding their babies remains low in Mauritius. Therefore, this Action Plan will elaborate on measures to increase the exclusive breastfeeding rate for the first 6 months of life

3.0 Rationale

- 3.1 The Rationale for the National Breastfeeding Action Plan 2022 – 2027 is as follows:
- i. Breastfeeding is a component of maternal-child health care and has consequently been linked to infant mortality rates, which reflects on the health service delivery levels of individual states;
 - ii. The benefit of breastfeeding and its direct correlation to disease risk reduction in both mothers and children, has made it an important determinant of maternal and child health care;
 - iii. From available data, the percentage of mothers exclusively breastfeeding their babies is 24 % which is well below the targeted rate of 50%;
 - iv. Poor multisectoral involvement in the encouragement of breastfeeding practices;
 - v. Lack of adequate sensitization campaigns on the benefit of breastfeeding to the mother and child;
 - vi. Inadequacy of breastfeeding corners in public and private buildings and site of work;
 - vii. Inadequate legislative provision to promote and sustain breastfeeding;
 - viii. Absence of legislation to control the manufacture of breast milk substitutes; and
 - ix. Absence of established guideline for breastfeeding practices.

4.0 Strategic Actions Areas

4.1 Building healthy public policies to enhance breastfeeding supportive environments

4.1.1 Breastfeeding needs to be recognised as a national health priority as it is very much linked to indicators of progress in the domain of health of future generations. It plays an important role in disease prevention during the early years of an individual life and prevention of NCDs in later years. NCDs are a major cause of concern for the country as they account for nearly 81% of all deaths and 85% of the disease burden.

4.1.2 Therefore, allocating funds and dedicating specialized workforce to encourage, promote and support breastfeeding will play a pivotal role in initiating and sustaining more mothers to breastfeed their babies exclusively for the first six months of the baby's life.

4.1.3 There is a need for the introduction of breastfeeding clinics run by trained personnel at hospitals and Primary Health Care (PHC) levels. These personnel will promote, protect, and support breastfeeding among new mothers, for the first six months of their baby's life and even beyond that. This service will provide a continuum of care to breastfeeding mothers, from the hospital setup to the mother's home, and in working environments as well.

4.1.4 The working women population in Mauritius is increasing day by day. Therefore, there is a pressing need for the creation of supportive environment in the form of breastfeeding corners, to facilitate breastfeeding in public places, site of work and in all health institutions.

4.1.5 These breastfeeding corners should provide a conducive environment for breastfeeding in privacy and a relaxed atmosphere. The setting up of such corners across the island will provide incentive and motivation for mothers to breastfeed their babies on demand at any time and at any place.

4.1.6 In Mauritius the well-baby clinics conducted in primary health care centres represent an excellent opportunity for encouraging, supporting and assisting breastfeeding in the community. The services in these clinics should be reinforced through the introduction of breastfeeding counsellors.

4.2 Regulating the marketing of breast milk substitutes

4.2.1 The manufacturers of breast milk substitute use every form of marketing strategies to lure mothers to use their products. This has led to a decline in breastfeeding rates in developed countries, from over 70% to 14% in the 1970. However, the benefits of breastfeeding to both the mother and the baby are unquestionable. Government must introduce legislation to be in line with the International Code of Marketing of Breast Milk Substitutes.

4.2.2 The marketing strategies of manufacturers of breast milk substitutes should be continuously monitored. There should be more aggressive sensitisation campaigns on breastfeeding, so as to empower more women to adopt a positive attitude towards breastfeeding.

4.2.3 Breastfeeding should be the concern of the family, society, local community, employers and Government. They must all collaborate to promote, support, and protect breastfeeding among mothers so as to counter the aggressive marketing strategies of manufactures of breast milk substitutes.

4.2.4 Breastfeeding must be considered as a natural process that benefits not only the mother and child, but the entire community. The MOHW should setup a multi-sectoral agency to promote and monitor the progress rate of breastfeeding in Mauritius

4.3 Reviewing breastfeeding legislation

4.3.1 In Mauritius, Government provides working mothers with paid maternity leave of 14 weeks and thereafter one hour paid time off daily for breastfeeding until the baby reaches six months of age.

4.3.2 There is also the need to pass legislation to be in line with the Code of Marketing of Breastmilk substitute.

4.3.3 As per WHO and UNICEF's recommendations, maternity should ideally be of 26 weeks duration.

4.3.4 Nursing mothers should also be given the opportunity to opt for flexitime in their employment and the possibility to work from home, where applicable.

4.4 Mobilizing community action and participation in breastfeeding initiatives through, the development of strategies for the promotion and support of the breastfeeding at community level.

4.4.1 The involvement of the community to encourage mothers to initiate and sustain breastfeeding for at least the first six months of baby's life and even beyond, will provide the impetus for progress on breastfeeding.

4.4.2 There is a need for sustained actions to mobilise the community to promote, protect and support breastfeeding.

4.4.3 Community leaders must be engaged in the cause of breastfeeding. They should be taken on board in every sensitisation campaign involving breastfeeding. Therefore, the community must be imparted with all the necessary information on the benefits of breastfeeding for both mother and child as well as on the negative aspects of breast milk substitutes.

4.4.4 Breastfeeding services are presently being offered at the ANC, Post-Natal wards and in Well Baby clinics. These services must be enhanced and expanded to reach more mothers in their home setup as well in the community.

4.4.5 The need for partnering breastfeeding with midwives, antenatal nurses, breastfeeding counsellors and the fathers, together with members of the civil society and the Government should become the norm.

4.4.6 These services will be able to provide a continuum of care to breastfeeding mothers and also reach those belonging to vulnerable groups such as first-time mothers and single parent families, among others.

4.4.7 The involvement of Non-Governmental Organisations (NGOs) in the empowerment and sensitization of the community as a whole will be a great support to the MOHW in promoting breastfeeding in Mauritius and Rodrigues.

4.4.8 Breastfeeding is an "on-demand" process and there are limited dedicated areas in public places reserved for breastfeeding, as a result of which, many women develop a negative attitude of being marginalized by society.

4.4.9 Other myths surrounding breastfeeding arises from the false belief of inadequate nutrition being given to babies through breast milk. In a study entitled Women's views and experiences of breast feeding: positive, negative or just good for the baby? by Forster and Mclachlan in 2010, women have qualified breastfeeding as being 'traumatic', 'exposing', 'paranoid', 'fearful', 'ashamed' and 'hated'. The need for a change in societal attitudes through a paradigm shift is needed at this stage of promoting breastfeeding in societies.

4.5 Capacity building through training of all health professionals on breastfeeding

4.5.1 Breastfeeding is a natural process. However, there are many impediments to successful initiation and continuation of breastfeeding. Therefore, all health personnel involved in maternal and child health should be trained on all aspect of breastfeeding, so as to be well versed to promote, protect and support breastfeeding.

4.5.2 There should be trained breastfeeding counsellors to ensure that mothers are supported and encouraged to exclusively breastfeed their babies for the first six months of babies' life and even beyond that. Their responsibility would start, from the moment the baby is born and continued up to the mother's home and working environment, for at least the first six months of baby's life.

4.5.3 As a starting point, the Latch score should be introduced as part of maternal and child health care package. All the midwives and nursing staff of maternity and post-natal wards should be trained to work out the Latch Score so as to promote, protect and support exclusive breastfeeding for the first six months of baby's life and even beyond this period.

4.6 Setting targets, Monitoring and Evaluation, implementing policies and monitoring outcomes

4.6.1 Reviewing strategies implemented through a panel of childcare experts to gauge the effectiveness of interventions is needed to make progress. The scrutiny period should be done on a regular basis with positive criticism and should encourage a systematic and standardized reporting mechanism of indicators concerning breastfeeding. This will consequently help in monitoring the success rate of breastfeeding and progress made with respect to global targets.

5.0 Implementation Plan 2022 - 2027

Strategic Area 1: Building healthy public policies to enhance breastfeeding supportive environments

Strategic Actions	Outcome	Target	Collaborating Bodies	Time Frame (Financial Year)	Estimated Cost (Rs)
Develop and implement breastfeeding and infant feeding guidelines in all health centres (to include breastfeeding practices in mothers who underwent regional or general anesthesia)	Guidelines to provide standard care to breastfeeding mothers and to promote breastfeeding practices in health centres	All health professionals	MOHW RHDs Pediatricians Gynaecologists	2022 – 2023	Nil
Implement the recommendations of WHO/UNICEF on breastfeeding practices	Increased initiation and maintenance rate of breastfeeding	CIC paediatrician/ Obstetrics and gynaecology	MOHW RHDs Pediatricians Gynaecologists	2022 – 2023	Nil
Provide supportive breastfeeding environments through staff education, and the implementation of policies which support best practice and training.	Training of medical and paramedical staff on breastfeeding and dissemination of policies	150 participants per year 1-day training 3 sessions of 50 participants each per year	MOHW RHDs Pediatricians	2022 – 2027	1,125,000
Provide information and education to pregnant women, mothers, fathers, birth partners, family members, to facilitate knowledge and understanding to enable informed decision making about infant feeding.	Sensitisation sessions to couples and family members	Four sessions per year, 2 hours each, 30 participants per session	MOHW RHDs Pediatricians Gynaecologists	2022 - 2027	75,000
Breast-feeding Pods in health institutions across the island (Shielded and hygienic, exclusively meant for breastfeeding and should be clearly visible).	Incentives for mothers to breastfeed as and when required.	1 per health institution, at worksite and public places 30 breastfeeding corners	MOHW RHDs RPHS Pediatricians	2022 - 2024	1,625,000

Awareness campaigns on the availability of breastfeeding-friendly environments worksites as recommended as per the Workers' Right Act 2019.	Provision of privacy to facilitate breastfeeding and breastmilk expression.	Through pamphlets and short videos	MOHW	2022 - 2027	Nil
To introduce breastfeeding clinics integrated with postnatal care	Provision of services related to breastfeeding, care of new-born, postpartum care.	Postnatal/ breastfeeding clinics in all primary health centres	MOHW RHIDs Pediatricians Gynaecologists	2022 - 2023	Nil
To introduce Kangaroo Mother Care Units for preterm babies	Skin to skin contact between mother and baby, increased initiation rate and breastfeeding among preterm babies	1 unit in each hospital	MOHW RHIDs Pediatricians	2022 - 2023	Nil
To recruit lactation counsellors to encourage and support breastfeeding, to address technical barriers faced by mother and to provide emotional support to mothers 1 st stage: payment of allowance 2 nd stage: recruitment as per PRB	Promotion, protection and support of breastfeeding as from birth of the baby Breastfeeding counsellors to be posted permanently in labour ward and postnatal ward on a shift basis	At least 8 breastfeeding counsellors per regional hospitals Total: 40	MOHW	2022 - 2027	4,581,200
Setting up of peer-to-peer support groups: <ul style="list-style-type: none"> To support and encourage breastfeeding To improve breastfeeding techniques To share experiences 	Strengthened mother-to-mother support. Extension of breastfeeding services at home and at worksite among new mothers.	2 support groups per health region in welfare centres during working hours (midwives/NGOs) Home visit by NGOs and midwives	MOHW RHIDs Pediatricians NGOs Chief Midwives	2022 - 2023	Nil

To introduce the concept of 1000 days in the public health sector	Advocacy for the importance of proper feeding techniques, including breastfeeding to mothers as early as possible as from conception	Pregnant women and new mothers	MOHW RHIDs Pediatricians Gynaecologists	2022 - 2023	Nil
Setting up of a Breastmilk Bank	Provision of alternatives to formula milk to vulnerable infants	1 National Breastmilk Bank	MOHW RHIDs Pediatricians	2026 - 2027	

Strategic Area 2: Policies regulating the marketing of breast milk substitutes

Strategic Actions	Outcome	Target	Facilitators	Time Frame	Estimated Cost/ year (Rs)
New regulations on Breastmilk substitutes (Implement the WHO International Marketing Code of Breastmilk Substitutes) in Food Act					
Prohibit completely the advertisement of breast-milk substitutes to the public through mass media such as television, magazine, billboards	Decreased impact of aggressive marketing of breastmilk substitutes on mothers, directing them to choose breastfeeding, thus resulting in a decreased child morbidity and mortality.	The population	MOHW SLO	2022 - 2027	Nil
Prohibit the marketing of breastmilk substitutes on social media (online platforms, whatsapp, facebook, smartapps) and websites.	Existing legislations amended				
Prohibit contact of mothers with company representatives thus prohibiting promotion of breastmilk substitutes in health institutions.					
Prohibit the distribution of discount coupons, gift packs/ hampers or incentives in exchange of formula milk bought.					
Health workers must not accept samples of breastmilk substitute for its promotion.	Promotion of breastfeeding initiatives in healthcare facilities.	All healthcare professionals		2022 - 2027	Nil
Samples of infant formula or other products should not be provided to health workers for promotion of bottle-feeding	Health workers being considered as advocates of breastfeeding	All healthcare professionals		2022 - 2027	Nil

Manufacturers and distributors of products should disclose components of their products with no intent of falsely informing the public	Well-regulated market of breast milk-substitutes	All manufacturers and distributors	2022 - 2027	Nil
Manufacturers and distributors should provide key messages on the benefits of breastfeeding on boxes of formula milk products	Key messages are meant to inform parents about the importance of breastmilk	All manufacturers and distributors	2022 - 2027	Nil
Informational and educational materials should clearly state the benefits and superiority of breastfeeding, the social as well as financial costs of using infant formula, the health hazards associated with artificial feeding and instructions for the proper use of infant formula.		The population	2022 - 2022	Nil
Information provided by manufacturers and distributors to health professionals regarding products should be restricted to scientific and factual matters.		All manufacturers and distributors Health Professionals	2022 - 2027	Nil
Dissemination on legislations regulating the use of milk substitutes	Awareness in the population about legislations so that they get discouraged to use milk substitutes	Production of 25,000 pamphlets and 3 short videos	2022- 2027	155,000
To ensure that Health Inspectors act enforcement officers.	Regulations are strictly adhered to, compliance to legislations are monitored and violations of legislations are reported.		2022 - 2027	Nil

Food Act and Regulations 1999 amendments					
Section 180 (1) (b) on Special labelling requirements for canned food for an infant and a child, the words should be changed from "NOT TO BE GIVEN TO INFANTS UNDER 4 MONTHS OF AGE" to "NOT TO BE GIVEN TO INFANTS UNDER 6 MONTHS OF AGE"	Promotion of exclusive breastfeeding upto age of 6 months	All manufacturers and distributors The population	MOHW SLO	2022– 2027	Nil
Section 183 (1) (a) on Special labelling requirements for cereal-based food, the words should be changed from "NOT TO BE GIVEN TO AN INFANT UNDER 4 MONTHS OF AGE" to "NOT TO BE GIVEN TO AN INFANT UNDER 6 MONTHS OF AGE"	Promote of exclusive breastfeeding upto age of 6 months	All manufacturers and distributors The population	MOHW SLO	2022 - 2027	Nil

Strategic Area 3: Reviewing breastfeeding legislation

Strategic Actions	Outcome	Target	Collaborating Bodies	Time Frame	Estimated Cost/ year (Rs)
Advocate for Breastfeeding Legislation	Promotion, protection and support of breastfeeding, to destigmatise and emphasize the importance of breastfeeding	1 piece of legislation to include sections pertaining to breastfeeding	MOHW Law Reform Commission	2022 - 2024	Nil
Introducing the parental leave of 30 days as per the Government Programme 2024	Through parental leaves: <ul style="list-style-type: none"> • Either the mother is able to continue exclusive breastfeeding beyond 14 weeks of maternity leave • Or father is present to support mothers in breastfeeding their child 	Parental leave introduced	MLHRDT MOHW	2022 - 2024	Nil
Advocacy dialogue to discuss feasibility of extending maternity leave upto 26 weeks as per the recommendations of WHO	Mothers are exclusively breastfeeding their child as well as maintaining breastfeeding	Worker's representatives Employers Government representatives	MOHW	2025 - 2027	Nil
Legislation to protect mothers breastfeeding in a public place	Support and protection of breastfeeding mothers and destigmatisation of the act of breastfeeding	Public	MOHW SLO	2022 - 2027	Nil
Breastfeeding corners compulsory in public places and commercial spaces	Promotion of breastfeeding and to encourage to breastfeed in private conditions.	Public	MOHW SLO	2022 - 2027	NIL

Strategic Area 4: Mobilizing community action and participation in breastfeeding initiatives through the development of strategies for the promotion and support of breastfeeding at community level.

Strategic Actions	Outcome	Target	Collaborating Bodies	Time Frame	Estimated Cost/ year (Rs)
Training of community workers on the benefits of breastfeeding for both mothers and babies.	<p>Information on breastfeeding can reach the public on a larger scale, thus increasing breastfeeding rate and sustain breastfeeding for minimum 6 months and beyond.</p> <p>Community leaders are provided with the required information to support, protect and promote breastfeeding in the community.</p>	<p>150 community workers per year 3 sessions of 50 persons Session: 1 full day working session</p>	<p>MOHW MGEFW NEF NGOs</p>	2022-2027	1,125,000
Training and involvement of community leaders/ public figures/ political figures to become ambassador of breastfeeding	<p>Promotion, protection and support breastfeeding by involving public figures help to value and emphasise the importance of breastfeeding</p>	<p>1 day training session per year 50 participants from all over the country</p>	MOHW	2022-2027	375,000
Introducing breastfeeding as part of school curriculum at secondary level.	<p>Young people are informed of the importance of breastfeeding, the importance of breast, not as a sex organ, but as a means to feed a child.</p> <p>Young teenagers are aware about the importance of breastfeeding and to remove myths on breastfeeding such as breasts lose their shape during breastfeeding.</p>	Adolescents of secondary schools	MOHW MOE	2024-2025	Nil

Community talks on breastfeeding in community centres, women wellness centres	The population is sensitised on the importance of breastfeeding	Mothers, couple, family members 30 people per session 2 sessions per month 24 sessions per year	MOHW NGOs	2022-2027	1,080,00
Training of members of NEF, NGOs, CSOs and force vivres on breastfeeding	Population is sensitised on the importance of breastfeeding	4 training sessions per year 30 participants per session	MOHW NEF NGOs	2022 - 2027	900,000
Production of HIEC materials <ul style="list-style-type: none"> Series of pamphlets on breastfeeding Series of short videos on breastfeeding Teaching posters on breastfeeding 	Sensitisation and awareness on the importance of breastfeeding (benefits to mother, child, society, economy and environment)	100,000 pamphlets 10 short videos 2000 posters	MOHW	2022 - 2023	Rs 208,000 Rs 368,000 Rs 38,000
Radio/ TV programs on breastfeeding	Sensitisation on the importance of breastfeeding	MBC/ Private Radios Daily radio/ tv spots on breastfeeding during peak time on breastfeeding	MOHW MBC Private Radios	2022-2023	nil

Strategic Area 5: Capacity building through training of all health professionals in breastfeeding

Strategic Actions	Outcome	Target	Collaborating Bodies	Time Frame	Estimated Cost/ year (Rs)
Training of lactation consultants in collaboration of MIE and WHO Training will be certified.	Support to new mothers to initiate and maintain breastfeeding.	50 Health Care Assistants who will be permanently posted in these units	MOHW MIE WHO	2022 - 2023	2,250,0
To train midwives on Baby Friendly Hospital Initiatives in collaboration with WHO/UNICEF and MIH	Women are enabled to establish and maintain breastfeeding	1 session of 5 days training 40 participants per session / 6 sessions	MOHW MIH WHO	2022– 2023	360,000
To set up networking/ forums amongst breastfeeding counsellors	Skills, knowledge and techniques of breastfeeding are disseminated to other health professionals.		MOHW	2024-2027	Nil
To provide discharge ticket to all mothers, for follow up of breastfeeding at primary health care level.	Early contact with mothers is established and necessary assistance are provided to them.	Visit on Day 3 and 4 th week post-delivery	MOHW Pediatricians Gynaecologist	2022 - 2027	Nil
Home visits by midwives in the community.	Necessary assistance is given to mothers post-delivery to sustain breastfeeding.	Mothers in post-delivery period	Chief Midwife	2022-2027	
Capacity building of health professionals on breastfeeding	Health professionals are empowered to advocate for exclusive breastfeeding	Nurses, doctors, CHCOs 2 sessions/ year 35 participants per session		2022 - 2023	105,000

Strategic Area 6: Setting targets, implementing policies and monitoring outcomes

Strategic Actions	Outcome	Target	Time Frame	Estimated Cost/ year (Rs)
Set up a National Breastfeeding Committee and Regional Breastfeeding subcommittees.	A midterm and final review of progress on implementation of the action plan and on progress against the milestones that will be set out in the action plan		2024, 2027	Nil
To establish baseline measures for each of the activities mentioned	Based on these baseline measures, progress will then be measured and reported from these baselines		2025	Nil
Determine parameters to be assessed during monitoring and evaluation <ul style="list-style-type: none"> • Early initiation of breastfeeding (LATCH Score); • The percentage of mothers exclusively breastfeeding for the first 6 months of life; • The percentage of drop-outs before six months; • The time of introduction of solid, semi-solid or soft foods/ weaning practice; • Minimum meal frequency registered from 6 months to 2 years; • Continued exclusive breastfeeding duration; and • The percentage of mothers not breastfeeding at all. 	Parameters to be assessed		2026	Nil

Develop data collection tool	This tool will allow to collection of data from health facilities	2023	Nil
To collect comprehensive, timely and accurate data on breastfeeding rates and practices, using standard agreed definitions and methods, for use in planning, monitoring, evaluation and operational research	Data collected through postnatal wards and postnatal clinics by lactation consultants and midwives and fed to the Health Information and Management System	2023	NIL
To gather, in addition to breastfeeding rates, linked information on maternal age, education and socio-economic status to help identify the extent and nature of inequalities in the prevalence of breastfeeding	Data collection	2023	NIL
To assess breastfeeding knowledge, attitudes and behaviour at societal level so as to take a more informed approach to effectively promote, support and protect breastfeeding	Research in collaboration with MIH/ UOM	2023	Nil
Regular assessment of hospital and primary health care practices, based on standard best practice criteria as developed for the BFHI	Implementation of BFHI	2023	Nil
Patient/client feedback through audit and satisfaction surveys	To determine the quality of the breastfeeding information and support provided by maternity and paediatric service providers and primary health care practices.	2026	Nil

5.0 Summary of Costed Action Plan

Activities	Financial year 2022- 2023 (Rs)	Financial Year 2023 – 2024 (Rs)	Financial year 2024 –2025 (Rs)	Financial year 2025 – 2026 (Rs)	Financial year 2026 –2027 (Rs)	Total
Supportive Breastfeeding environments	225,000	225,000	225,000	225,000	225,000	1,125,000
Sensitisation sessions on infant feeding	15,000	15,000	15,000	15,000	15,000	75,000
Breast-feeding Pods	250,000	300,000	385,000	330,000	360,000	1,625,000
Recruitment of lactation consultants		1,145,300	1,145,300	1,145,300	1,145,300	4,581,200
Dissemination on legislations	155,000	0	0	0	0	155,000
Training of community workers	225,000	225,000	225,000	225,000	225,000	1,125,000
Training of Public figures	75,000	75,000	75,000	75,000	75,000	375,000
Community talks	216,000	216,000	216,000	216,000	216,000	1,080,000
Training of stakeholders from other Ministries	180,000	180,000	180,000	180,000	180,000	900,000
Training of 50 lactation consultants	2,250,000	0	0	0	0	2,250,000
Production of HIEC materials	116,000	116,000	124,000	124,000	134,000	614,000
Training of midwives	360,000	0	0	0	0	360,000
Capacity building of Health professionals	105,000	105,000	105,000	105,000	105,000	525,000
Grand total	4,172,000	2,602,300	2,695,300	2,640,300	2,680,300	14,790,200

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