Breastfeeding for Sick Babies
Policy Keynote

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Scope

1. The Miracles 1000 Days policy
2. Breastfeeding Sick Babies
3. Breastfeeding Preterm Babies
4. Expand it together
5. What’s next
1. The 1000 Days Miracles policy
“The 1000 Days Miracles” is one of Thailand's key policies to address Maternal and Child Nutrition, Growth and Development to lay down the foundation of health, well-being, learning and productivity to nurture our people for the next generation.
Breastfeeding: the right nutrition

BREASTFEEDING: FOUNDATION OF LIFE
Breastfeeding & SDGs (1, 2, 3, 4, 5, 8, 10 & 12)
Health Goals and targets

Goal: Ensure healthy lives and promote well-being for all at all ages

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all

3.1: Reduce maternal mortality
3.2: End preventable newborn and child deaths
3.3: End the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, waterborne and other communicable diseases
3.4: Reduce mortality from NCD and promote mental health
3.5: Strengthen prevention and treatment of substance abuse
3.6: Halve global deaths and injuries from road traffic accidents
3.7: Ensure universal access to sexual and reproductive health-care services
3.8: Reduce deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
3.9: Strengthen implementation of framework convention on tobacco control
3.a: Provide access to medicines and vaccines for all, support research and development of vaccines and medicines
3.b: Increase health financing and health workforce in developing countries
3.c: Strengthen capacity for early warning, risk reduction and management of health risks
3.d: Support health system planning, management and strengthening

Interactions with economic and other social and environmental SDGs and SDG 17 on means of implementation
“The 1000 Days Miracles” is one of Thailand key polices to address Maternal and Child Nutrition, Growth and Development to lay down the foundation of health, well-being, learning and productivity to nurture our people for the next generation.
2 Breastfeeding Sick Babies
WHO UNICEF

Recommend that breastfeeding **be initiated** within the first hour after birth, **continued exclusively** for the first 6 months of life and continued, with safe and adequate complementary foods, **up to 2 years or beyond**

UNICEF Data: Monitoring the Situation of Children and Women

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<td>1</td>
<td>44%</td>
<td>Be initiated 1 hr.</td>
<td>39.90%</td>
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<tr>
<td>6</td>
<td>40%</td>
<td>Continued ECBF 6 month</td>
<td>23.10%</td>
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<td>2</td>
<td>45%</td>
<td>Continued with safe and adequate complementary food</td>
<td>15.60%</td>
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MICS 2015-2016
Situation & progress

1. Half a decade, BF movement is focused on healthy children

2. Childhood national target is to decrease neonatal death rate

3. BF, the medical intervention for sick babies

4. There are great models on the support (some not nationwide)
Way forward
Sick babies, not only the newborns

• Sick babies include **all children got sick from any causes during their period of breastfeeding**, need attention from various professions and specialties
• Sick or not sick babies should receive breastfeeding
Sick Baby

By Age
birth- 2 years

By Diagnosis
prematurity
respiratory distress, sepsis etc.
pneumonia, diarrhea, leukemia
tumor, birth defects, disabilities

By Investigation
imaging: MRI, CT

By Treatment
C/S, operation, chemotherapy, etc.

By Places
OPD, IPD, at home

Varieties of person, departments, specialties are involved
Breastfeeding Preterm Babies
Preterm: concept need to be changed

These tiny babies with a small mouth and low sucking energy, they MUST receive breastfeeding.
U-5 MR can be reduced by 13 % with ECBF for 6 months.

1st **ONE** hour initiation cuts 22% of all neonatal deaths (0-28 days)

*Pediatrics 2006;117:380-386*

- **Infants who are not breastfed have a 11 times and 15 times** higher risk of dying from diarrhea and pneumonia.

  *Premature and sick babies benefit much more.*

*Pediatrics 2006; 117:380-386  the Lancet series in 2003 Black and others 2008*
Expand it together
Common understand the benefit of supporting breastfeeding sick babies

MDGs and SDGs still focus on the reduction of the under-five mortality rate,

Of which the neonatal mortality rate account the most as the cause of death.
Causes of under five deaths
44% are from neonatal causes

3 main killers to address:
1. Preterm birth
2. Birth complications
3. Neonatal infections

Two-thirds of neonatal deaths are preventable

There is now evidence proving that a large proportion of newborn death and disease can be reduced by implementing simple, low-cost interventions during delivery and in the vulnerable days and week post-partum.

These essential interventions include drying the newborn and keeping the baby warm; initiating breastfeeding as soon as possible after delivery and supporting the mother to breastfeed exclusively; giving special care to low-birth weight infants; and diagnosing and treating newborn problems like asphyxia and sepsis.
Expanding methodology

1. Collaboration with partners
2. Using the strategy of learning exchange through knowledge management
3. Integration into national health system reform project-service plan NB
4. Regional move
### 38 hospitals implementation (2013-2016)

#### 2013; 6 Hospitals
1. Queen Sirikit Institute of Child Health
2. Charoenkrung Pracharak Hospital
3. Srinagarind Hospital
4. Maharaj Nakorn Chiang Mai Hospital
5. Maharaj Nakhonsithammarat Hospital
6. Phrapokklao Hospital Medical Education Center

#### 2014; 10 Hospitals
1. Mahasarakham Hospital
2. Somdet Phrasangkharat 17th Hospital Suphan Buri
3. Pattani Hospital
4. Phramongkutklao Hospital
5. Somdech Phra Debaratana Medical Center
6. Phra Na Khon Sri Ayutthaya Hospital
7. Saraburi Hospital
8. Surin Hospital
9. Thammasat University Hospital
10. BMA General Hospital

#### 2015; 9 Hospitals
1. Chonburi Hospital
2. Panyananthaphikkhu, Panyananthaphikkhu chonprathan Medical Center Srinakharinwirot University
3. Sakon Nakhon Hospital
4. Prachanukroh Rai Hospital
5. Somdej Phra Pin Klao Hospital
6. Vachira Phuket Hospital
7. Fort Surasinghanart Hospital
8. Songkhanagarind Hospital
9. Angthong Hospital

#### 2016; 13 Hospitals
1. King Narai Hospital
2. Sapphasitthiprasong Hospital
3. Lamphun Hospital
4. Kalasin hospital
5. Khon Kaen Hospital
6. Queen Savang Vadhana Memorial Hospital
7. Hat Yai Hospital
8. Uttaradit Hospital
9. Phuttha Chinnarat Hospital
10. Phanhon Phon Phayuha Sena Hospital
11. Pathum Thani Hospital
12. Rayong Hospital
13. Police General Hospital
Proposed National KPI

1st Draft
1st meeting
Hosp.
2013
Jan
Man

2nd Draft
2nd meeting
Hosp.
2014
2015

3rd Draft
3rd meeting
Hosp.
2016
2017

Final Guidance
4th meeting
Hosp.
2018
2019
2020

Ampawa meeting

Current success
What’s next
The 1st International Conference on Breastfeeding Sick Babies (Jan 22-24, 2013)
Expanding methodology

1. Collaboration with partners
2. Using the strategy of learning exchange through knowledge management
3. Integration into national health system reform project- service plan NB
4. Regional move
Proposed methodology

• Say no to (previous) success, say yes to goal setting
• Review technical strength => optimum policy advocacy through NB service plan
• Build up appropriate core team; good composition of technical and administrative strengths
• Client approaches; regional approaches
• Suitable M&E system
• Appropriate review
ประชาชนสุขภาพดี เจ้าหน้าที่มีความสุข ระบบสุขภาพยั่งยืน
How to work with international commitments?

- IO (WHO, etc.)
- MOPH
- DMS, DOH
- BF community

Up-linked the best to the most Thai and global medical services

Down-linked resolution to service plan
“Hard work doesn’t guarantee success, but improves its chances.”

B.J. Gupta
Thank you