

THE BREASTFEEDING MOVEMENT IN THAILAND: PROMISING A BRIGHTER FUTURE

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Edu.

M.D. : Siriraj Medical School , Mahidol University

Ped : Children Hospital, DMS, MOPH

- **Cert. Lactation Management Education (Wellstart USA.)**
- **Cert. Breastfeeding: Practice and Policy (International Institution of Child Health UK.)**
- **Cert. : Hubert H. Humphrey Fellowship Program, Emory U. USA. (1994-1995)**

Past Head Social Pediatrics Section, QSNICH

GP : Mukdaharn Hospital

Ped. : Mahasarakham , Yasothon and Nakornsawan Hospital

Board member : Pediatric Society of Thailand

Secretary General : Thai Breastfeeding Center

Present

- **Director Queen Sirikit National Institute of Child Health**
- **Vice President Thai Breastfeeding Center Foundation**
- **Vice Prsident Thai Medical Women Association of Thailand**
- **Board Committee Child Health Social Communication, the Royal College of Pediatrician of Thailand**
- **Board Committee Fulbright Alumni**

- **Started working as a pediatrician in 1985, queuing formula in the nursery ward for an exchange of donation for medical equipment was accepted.** Therefore, a lot of free formula sample both in the hospital and private practice were popular.
- **After realizing breastfeeding has much impact to child health, since 1992, free formula was banned except for some special cases. And turned herself support breastfeeding in various ranges of hospitals and communities ,along with colleagues and breastfeeding friends with the confidence of**

Smart Breastfeeding Smart Citizen

Outline

- **Background**
- **Objective**
- **Method**
- **Result**
- **Conclusion**



Background

The Breastfed baby

Immune system: the response to immunization is better. Risk of developing leukaemia is 19% less than those with formula feeding.

Ear: Risk of middle ear infection is 50% less than in formula-fed infant

Bladder: Less risk of urinary tract infection. Secretory IgA in breast milk help strengthening mucosal epithelium

Kidney: Breast milk has proper amount of salt and protein, therefore, reduce kidney load of waste product

Joint and muscle: Less risk of arthritis in adulthood

Appendix: Less risk of appendicitis, Antil stre Pay

Dige
thos
prote
Cons

Brain: Higher IQ score from 2-3 up to 8-10 point due to proper amount of fat content which is easily digested and thus optimally utilized. In addition to the less frequent illness and closer bond between infant and mother.

Endocrine: 30% less risk of DM

Vision: DHA in breast milk enhances retina development thus fosters infant's learning process due to better visual acuity (since 2 months of age).

Oral cavity: Less risk of receive orthodontic treatment. Sucking mechanism help strengthen the lower jaw and thus less risk of dental mal-alignment. Less risk of snoring, and SIDS

Respiratory system: 63-72% less risk of RS infection e.g. common cold, pharyngitis, pneumonia.



**The best nutrition ,
The critical to infant growth & development ,
Present and future**



Thailand Child Health Indicators

		year report
Population (million)	64.6	2013⁽¹⁾
Newly born Baby	761,689	2011⁽²⁾
Total health expenditure as % of GDP	4.06	2011
Life Expectancy at birth, total population (years)	74	2011
Neonatal mortality rate (per 1000 live births)	8	2009
Infant mortality rates (per 1000 live births)	12	2009
Under 5 mortality rates (per 1000 live births)	14	2009
Maternal mortality rate (per 100,000 live births)	48	2012⁽³⁾

1. Mahidol Population Gazette 2013
2. Department of Provincial Administration, Ministry of Interior
3. CIA Central Intelligence Agency, The World Facebook 2012
Others from UNICEF, State of the World's children 2011

ECBF 6 months and continue with appropriate complementary food up to 2 years or beyond



Global target :

Increase by 50% by the year 2025

Thailand ECBF Rate 1993-2005

	1993 ⁽¹⁾	1995 ⁽²⁾	1998 ⁽³⁾	2000 ⁽⁴⁾	2002 ⁽⁵⁾	2005 ⁽⁶⁾
ECBF 4 mo.	1.30	3.60	2.08	2.92	13.80	20.70
Predominant BF 4 mo.	18.70	31.40	30.00	36.00	28.40	26.50
ECBF 6 mo.						14.50

(1) Family Health Division 1994

(2) Nutrition Division 1996

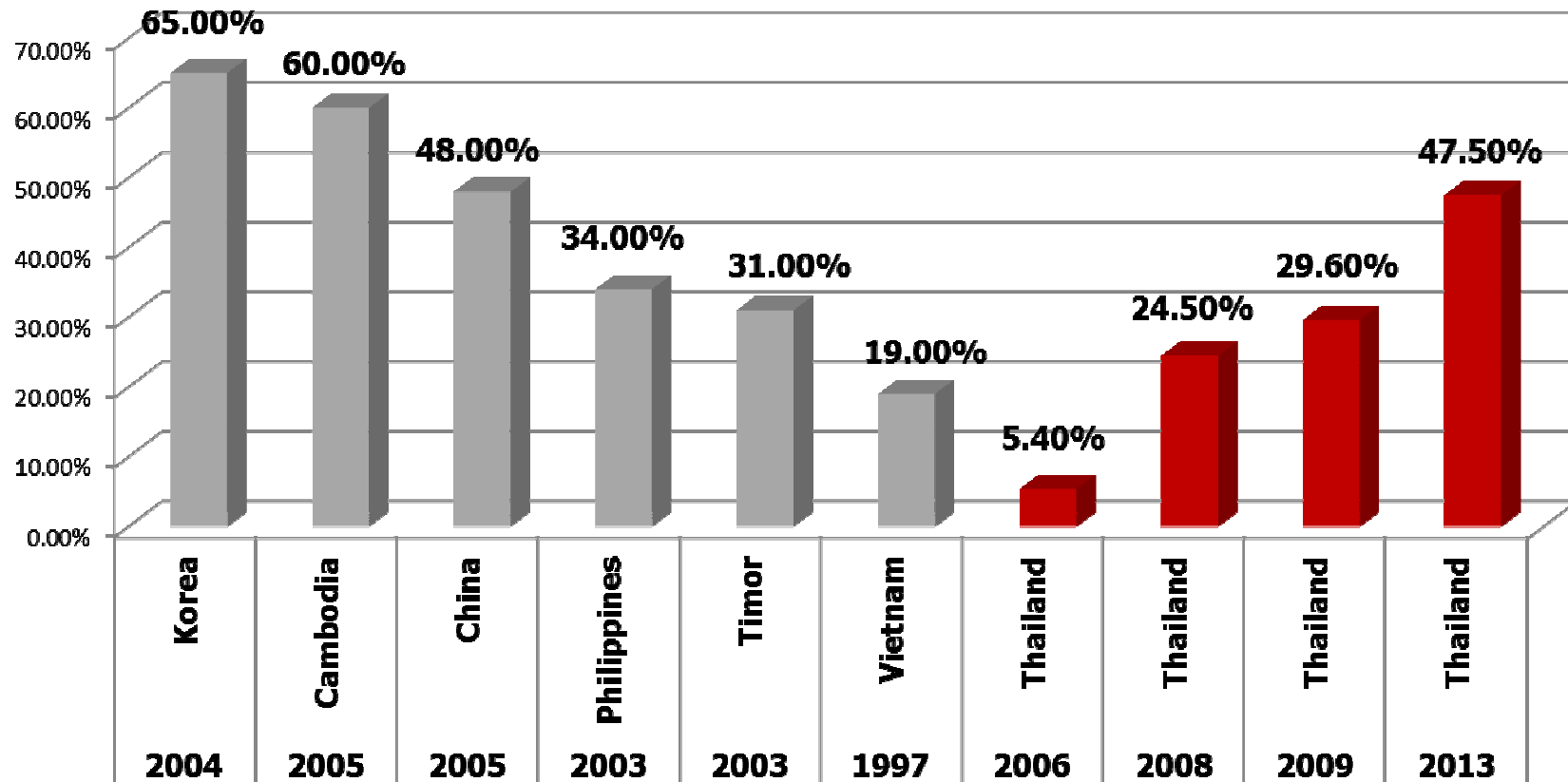
(3) Durongdej 1998

(4),(5),(6) Department of Health 2000, 2002, 2005





Thailand ECBF 6 mo Rate 2006-2013



MICS (The Multiple Indicator Cluster Survey) 2006
Survey 43,400 Thai households

Data from Family
Bonding with Love
Hospital project



ECBF 6 mo. in 6 special implemented areas 2007 vs 2008

	2007	2008
• Nakornrachasema ¹	84.4 (119/141)	
• Khonkaen ²		43.04 (760/1,390)
• Chiangmai		54.50 (45/82)
• Chanthaburi	88.6% (70/79)	88.6% (47/53)
• Nakhonsrithammarat	92%	
• Mahasarakam	44.6% (1,398/3,134)	55.79% (795/1,425)

¹ Bulletin of the Department of Medical Service Vol.32 No.2 April-June 2007
TBC Annual Report 2007 & 2008

² Bulletin of the Department of Medical Service Vol.32 No.2 April-June 2007 P.156



Objective

What are the critical factors contributing to this figures





Method

Reviews

- **Milestone of activities**
- **Documentary**
- **Network participation activities**

Analyses



Result



Milestones of activities (1970-2005)

Recognition the risk of breastmilk substitutes

1970

◆ BF pr

◆ The C

◆ The c

◆ Natio

1981

Code move

WHA 38.22

◆ Mate

◆ The C

◆ Most

◆ Moth

1992

1993

1995

BFHI

End formula donation to the hospital

Paid Maternity Leave

◆ Initiation of health center support group

◆ BF bo

◆ Reco

◆ Initia

◆ Thai

2001

2005

Ped society of Thailand

Thai Breastfeeding Center (TBC)

◆ Initiation of National Breastfeeding Conference

2005



Milestones of activities (2005-2013)

- ◆ **Initiation of BF** 2005
- ◆ **One million BF** 2006
- ◆ **Family Bonding with Love Royal** 2006
- ◆ **System of BF** 2006
- ◆ **Thai BF Medical Curriculum** 2007
- ◆ **BF literature** 2007
- ◆ **BF digital** 2010
- ◆ **Thai Breastfeeding Association** 2010
- ◆ **Paternal Leave Legislation** 2012
- ◆ **BF Curriculum** 2012
- ◆ **BF by Social Media** 2013
- ◆ **BF literature** 2013
- ◆ **Initiation of BF Sick Baby Project** 2013

The Royal Project " Sai Yai Ruk" (Family Bonding with Love Royal)

**Saiyairuk Hospital Initiatives ,
BF in work place ,
Documents & literature reviews**

**Paid Paternal Leave
BF Medical Curriculum
More Social Media Support**

Documentary

2005



2006



2007



2008



2009



2010



2011



2012



2013



Network Participation activities

2005

2006

2007

2008

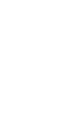
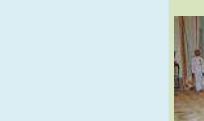
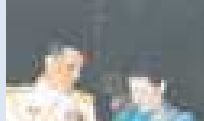
2009

2010

2011

2012

2013



- **Hospital... ..Family Bond with Love Hospital Initiatives , lactation clinic etc.**
- **Home.....Call center , mother support gr.**
- **Community.... BF subdistrict support group**
- **Workplace.....BF corner**
- **PublicBF social communication**
- **Health personnel ...BF literature review
....BF medical curriculum**
- **LawPaid maternal and paternal leave etc.**





Co operation !!!!!

MOPH keeps working with the multipartners and networks

- **Hospital... ..Family Bond with Love Hospital Initiatives , lactation clinic etc.**
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.....BF medical curriculum**
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etc.**

**Anyway!! violation of the Code of Marketing,
still the big obstacle**



Discussion

How comes ?

To be noted



**Our little prince was born in 2005 , he received ECBF to nearly 6 mos.
Special “One million newborn gift set” was launched
TBC team took this opportunity to approach the royal family
The two historic books were released**

Family bonding with love project

“สายใยรักแห่งครอบครัว”



“ผมแม่คือหยดน้ำของสายใยรักแห่งครอบครัว”



คำขวัญพระราชทานจาก

สมเด็จพระบรมโอรสาธิราชฯ สยามมกุฎราชกุมาร

**His Royal Highness Prince
Vachiralongkorn hand writing
endorsement**

นมแม่ คือ หยอดแรกของสายใยรักแห่งครอบครัว

นมแม่
ดีที่สุดหนึ่งเดียว



โดยได้รับพระราชทานพระวชิราวุฒาถุญาดเผยแพร่เพื่อโครงการสายใยรักแห่งครอบครัว
ในวโรกาสวันคล้ายวันประสูติ พระเจ้าวรวงศ์เธอ พระองค์เจ้าศรัศมิ์ พระวรชายา
ในสมเด็จพระบรมโอรสาธิราชฯ สยามมกุฎราชกุมาร
ศูนย์นมแม่แห่งประเทศไทย อาคารสถานีฯ ชั้น 11 www.thaibreastfeeding.com
สถาบันสุขภาพเด็กแห่งชาติมหาราชินี 420/8 ถ.ราชวิถี เขตราชเทวี กทม. 10400
โทรศัพท์ 02-354-8404, 02-354-8333 ต่อ 5220 โทรสาร 02-354-8409



The huge billboard signs illustrating the little prince **signifying the value of Breastfeeding** are installed at the front gate , most of the hospitals in Thailand



**Multipartners, multi networks
are involved**





The Royal Project

Quality approach

**: focus on small model villages in each provinces
(5 in 2005 to 26 in 2008 and 48 in 2013)**

: self help concept

: promote local occupation.

: Follow-up by the royal team.

: BF + other important child raring

: playing , story telling, hugging

: day care, BF corner in the workplace



Main partners in the royal project

6 Ministries 3 Agencies

- **Ministry of Public Health**
- **Ministry of Agricultural and Cooperatives**
- **Ministry of Education**
- **Ministry of Social Development and Human Security**
- **Ministry of Interior**
- **Ministry of Natural Resources and Environment**
- **Kasetsart University**
- **Thai Breastfeeding Center Foundation**
- **Rajabhat University**



The Factors Critical to Success

Strongly support by the royal project

- 1. Persistent policy and continuous movement by Department of Health (MOPH)**
- 2. The role of partners : Unicef , WHO Thailand etc.**
- 3. Establishment of Thai Health Fund
Thai Breastfeeding Center.**
- 4. Approaching various specific targets**
- 5. Strategies working through networks , with
integration and innovation**

“Every Woman, Every Child” EWEC

Supports MDGs to reduce maternal and infant mortality rate

- Service quality of maternal and infant during pregnancy and after delivery
- **Increase the rate of giving ECBF 6 months** from 20% to 60%
- Reduce the low birth weight rate from 8.7% to 7% under “Family Bonding with Love” Project”

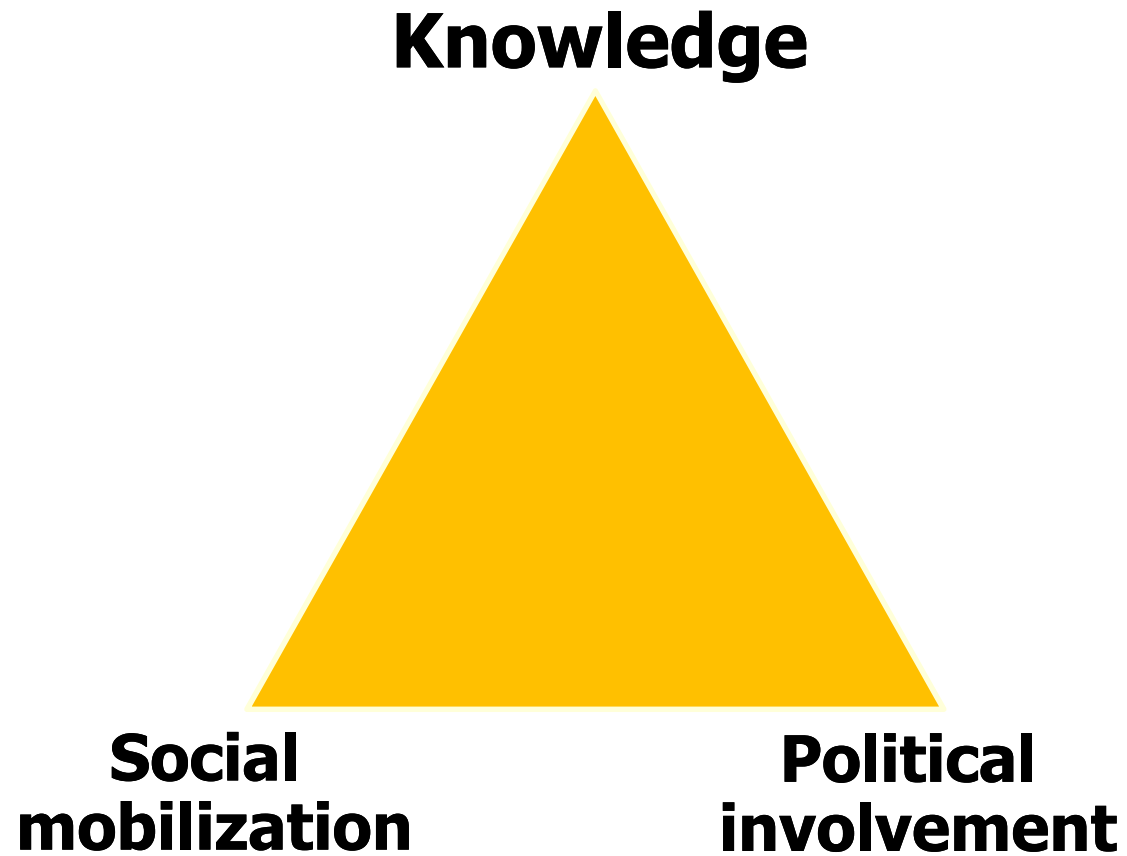
“Good Child Health by THREE” Project

Supports by 8 ministries and UNICEF

Guidelines

- Take care of the mother and the baby during pregnancy up to post delivery
- Provide information for parents
- **ECBF 6 months**
- Early check up dysfunction for early prevention & rehabilitation
- Improve day care center to foster good child development care up to 20 000 centers.

“Triangle That Moves the Mountain”



Prawase Wasi, M.D.



Conclusion



Conclusion

BF achievement is associated with many factors :

at the hospital, home, working place , public places
by the health care workers, family member,
community member, working place member,
people in the society

under the tense socio-economic situation and some
misconception in culture , believes

Needs strategies and innovation to move ,

policy , knowledge, social awareness



Promising by

The strong policy both at global and national level
The continuous work of the main responsible host ,
DH- MOPH

The support from the most influential people

The well co operation !!!! from multi partners/NGO

The approach strategies

scope with **the triangle to move the mountain**
emphasizing on **various specific targets and**
network , integration , innovation
recognition of **the power of PEOPLE**

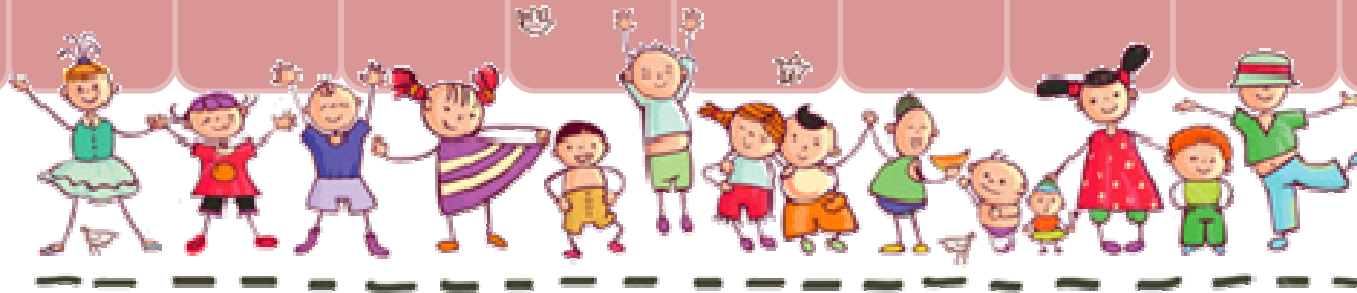
Acknowledgement

1. Department of Health, MOPH
2. Unicef Thailand , WHO Thailand
3. Thai Health Fund
4. The Ped Society of Thailand, the Royal college of Ped, the Royal college of OB GYN, Thailand Nursing and Midwifery Council ,etc
5. All the ministries involves in Saiyairuk project
6. **All Thai Breastfeeding Committee**
7. Yupayong Hangchaovanich, Nipunporn Voramongkol, Breastfeeding Promotion in Thailand, J Med Assoc Thai 2006;89 (suppl 4):S173-7
8. Warunee Punpanich, M.D.
9. **Siriluck Thavornwattana ,Sutthirat Tivaratkul , Vichitra**





THANK YOU



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VThai Breastfeeding Center
www.thaibreastfeeding.org