

Queen Sirikit National Institute of Child Health
www.childrenhospital.go.th



Breastfeeding Situation & Movement in Thailand



**Siraporn Sawasdivorn M.D.,
Precongress meeting : Breast Massage
The 5 th Thai National Breastfeeding Conference
Sep 1, 2015, Monthien Riverside**

Siraporn Sawasdivorn M.D., Ped.



Edu.

**M.D. : Siriraj Medical School,
Mahidol University**

Ped : Children Hospital, DMS, MOPH

- **Cert. Lactation Management Education (Well start 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, Yasothorn 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 President Thai Medical Women Association of Thailand**
- **Board Sub-Committee car injury prevention, the Royal College of Pediatrician of Thailand**
- **Board Committee Thalassemia Foundation**
- **Board Committee Children Hospital Foundation**
- **Board Committee Fulbright Alumni**
- **Member of Technical Advisory Group (SEAR-TAG)
for women's & children's health in the South-East Asia Region**

- **Started working as a pediatrician in 1985, queuing formula in the nursery ward for an exchange of donation for medical equipment . At that time, free formula both in the hospital and private practice were popular .**
- **After realizing breastfeeding has much impact to child health, since 1992, free formula was banned from my practice. And turned to support breastfeeding in various ranges of hospitals and communities ,along with colleagues and breastfeeding networks with the confidence of**

Smart Breastfeeding Smart Citizen



Breastfeeding Movement in Thailand



Sep 1, 2015

Milestones of Activities (1)

Recognition benefit of BF

1970

-
- ◆ **BF promotion** 1979
 - ◆ **The Code of Marketing 1** 1981 **WHA 38.22**
 - ◆ **The code of Marketing 2** 1984
 - ◆ **National BF project- BFHI** 1992
 - ◆ **End donation infant formula in all government hospitals** 1993
 - ◆ **Maternal leave to 90 days** 1995
 - ◆ **The Code of Marketing 3** 1995
 - ◆ **Most of the government hospitals are BFHI 98.4% (792/)** 1997
 - ◆ **Mother support group** 1997
 - ◆ **Initiation of health center support group** 1997
 - ◆ **BF book for health personnel by Ped. society** 2001
 - ◆ **Recommendation of ECBF 6 mo** 2003
 - ◆ **Initiation of lactation clinic** 2003
 - ◆ **Thai Breastfeeding Center (TBC)** 2004
 - ◆ **Initiation of Breastfeeding corner** 2005
 - ◆ **One million BF book (Brain Base Learning Project)** 2005
 - ◆ **Family love bonding Royal project** 2005
 - ◆ **Initiation of National Breastfeeding Conference** 2005

Milestones of Activities (2)

- ◆ **Initiate systematic Sub-District Breastfeeding support** 2006
- ◆ **Thai Breastfeeding Website** 2006
- ◆ **Breastfeeding Literature Review** 2007
- ◆ **Breastfeeding Digital Library** 2010
- ◆ **Strong Online Mother Support Group** 2010
- ◆ **Thai Breastfeeding Atlas** 2012
- ◆ **Paternal Leave Legislation** 2012
- ◆ **Breastfeeding Curriculum for Medical School** 2012
- ◆ **Breastfeeding by SMS** 2013
- ◆ **Launch Result Research " Health Outcome ECFB 6 mo"** 2013
- ◆ **Initiation of Breastfeeding Sick Baby Project** 2013
- ◆ **Promising BF Social Network Communication** 2014
- ◆ **Promising Code Move to Law** 2014
- ◆ **Promising BF Support in Workplace** 2015

1970

**recognition
human milk substitutes
increases morbidity & mortality**

**1979
1981
1992
2001**

**ECBF 4 month
BF promotion/Code move
Baby Friendly-Hospital
ECBF 6 month**

2005

**Family Bonding with Love
Royal Project**

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Family bonding with love project 2005-2008



Documentary

2005



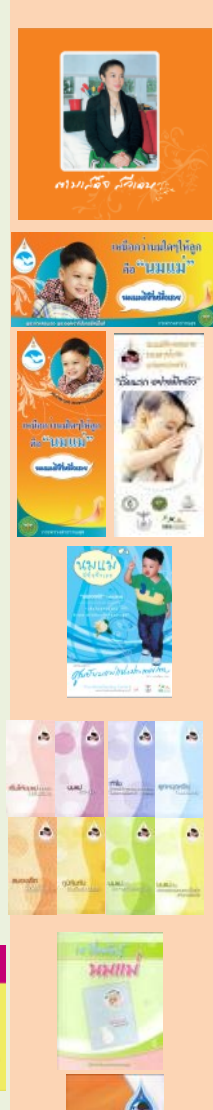
2006



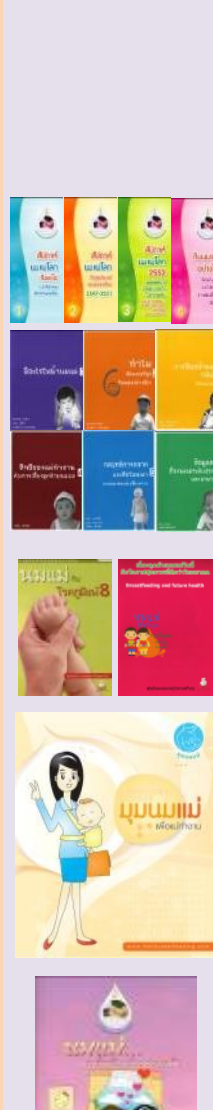
2007



2008



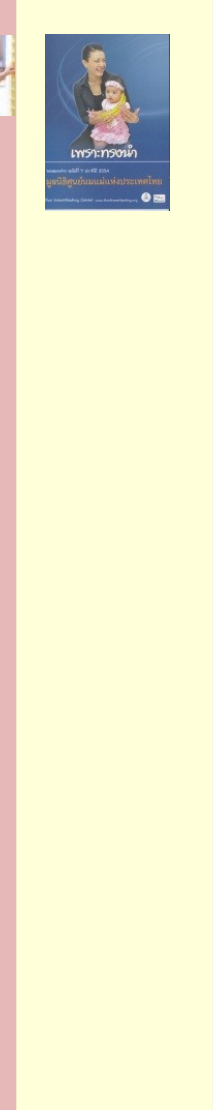
2009



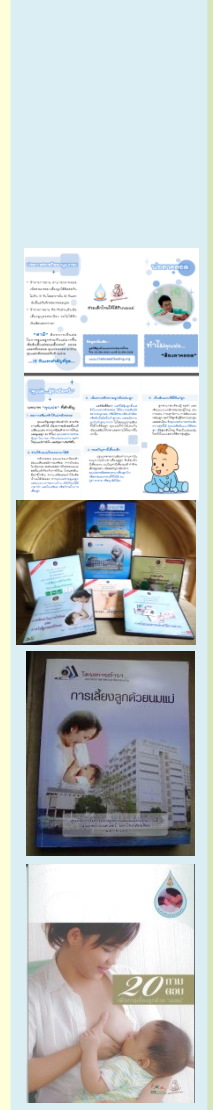
2010



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



The First Thai Breastfeeding Atlas

สถาบัน จัดทำร่วมกับเครือข่าย ศูนย์นมแม่แห่งประเทศไทย

Sep 1, 2015

Co operation !!!!!

MOPH keeps working with the multipartners and networks

- **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.**

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

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BF rate , past to present



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Reports (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

ECBF 4 mo 1979

Initiate BFHI 1982

ECBF 6 mo 2001

30% by

9 th NHDP



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Breastfeeding indicators in 2006

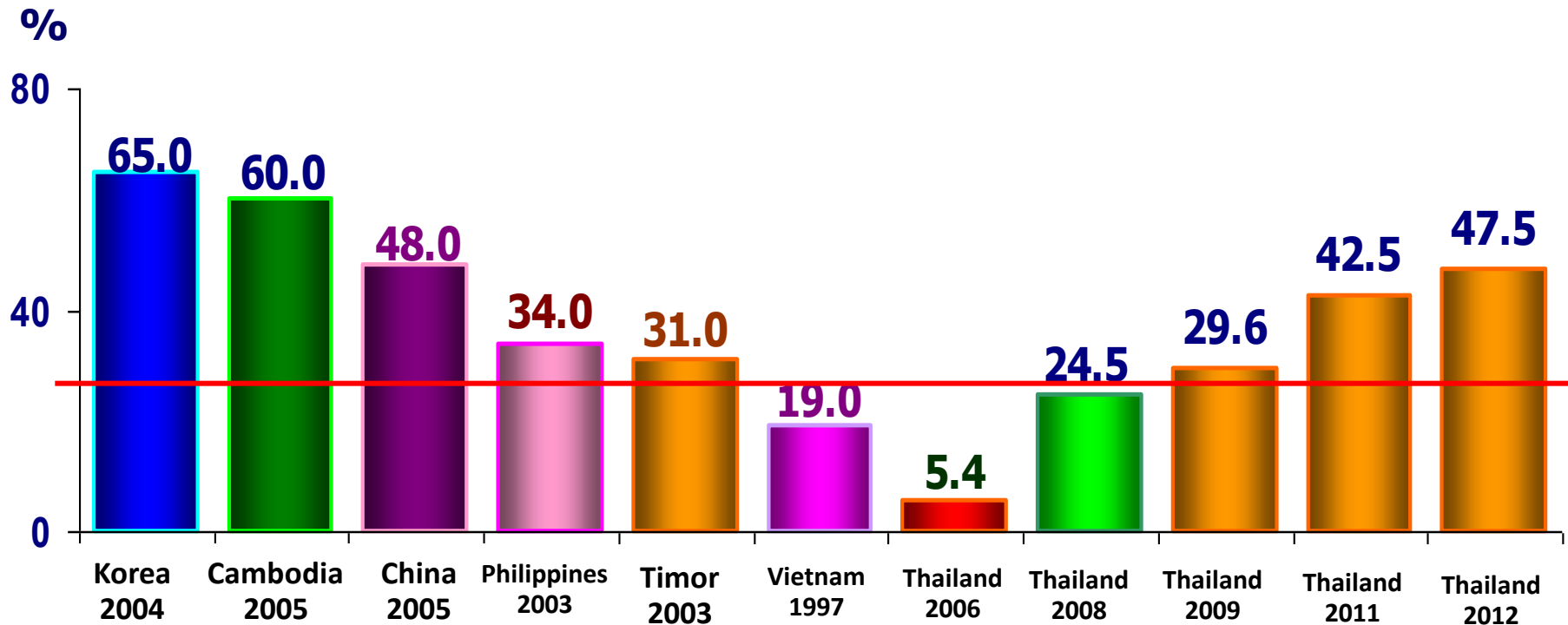
Data 2006 (MICS)

# Birth	809,400
% not breastfed ever	15.0
(% ever breastfed	85.0 ????)
% fully breastfed at 1 mo	11.0
% fully breastfed at 3 mo.	7.6
% fully breastfed at 6 mo.	5.4
% partially breastfed at 6-9 mo.	43.6
% partially breastfed at 12-15 mo.	31.6
% partially breastfed at 20-23 mo.	18.7



National ECBF at 6 mo. rate

2004-2012



2008-2012

Data from Family bonding with love project

MICS (The Multiple Indicator Cluster Survey) Dec.2005- Feb.2006

Survey 43,400 Thai households

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ECBF 6 mo.rate in 6 special implemented areas

2007-2008

	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)

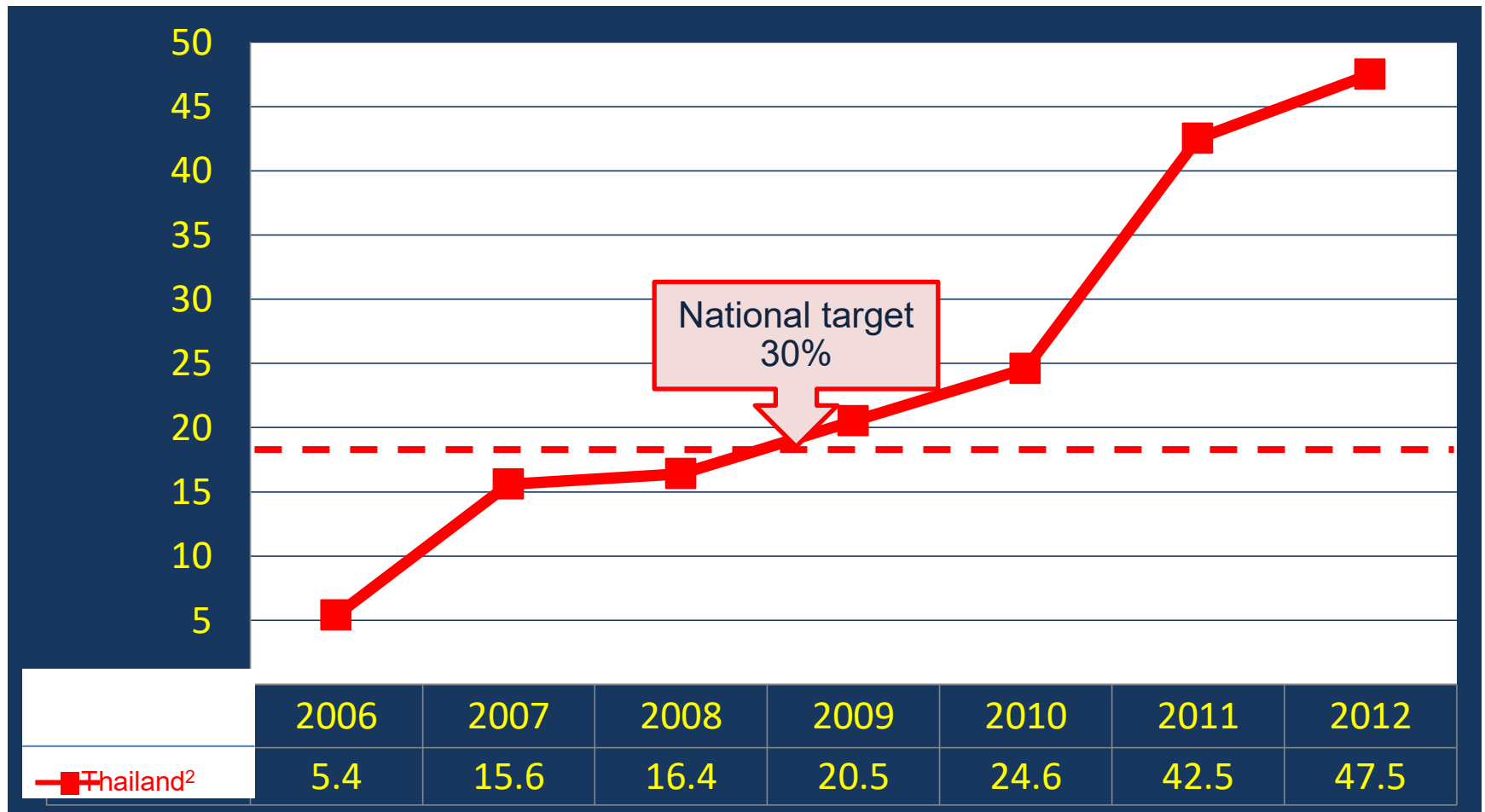
Possible if appropriate approach according to the contexts

**Different areas
Different Strategies**

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

Percent Exclusive Breastfeeding 6 Months (2006-2012)



Source . Family Love Bonding Hospital Project.DOH,2013

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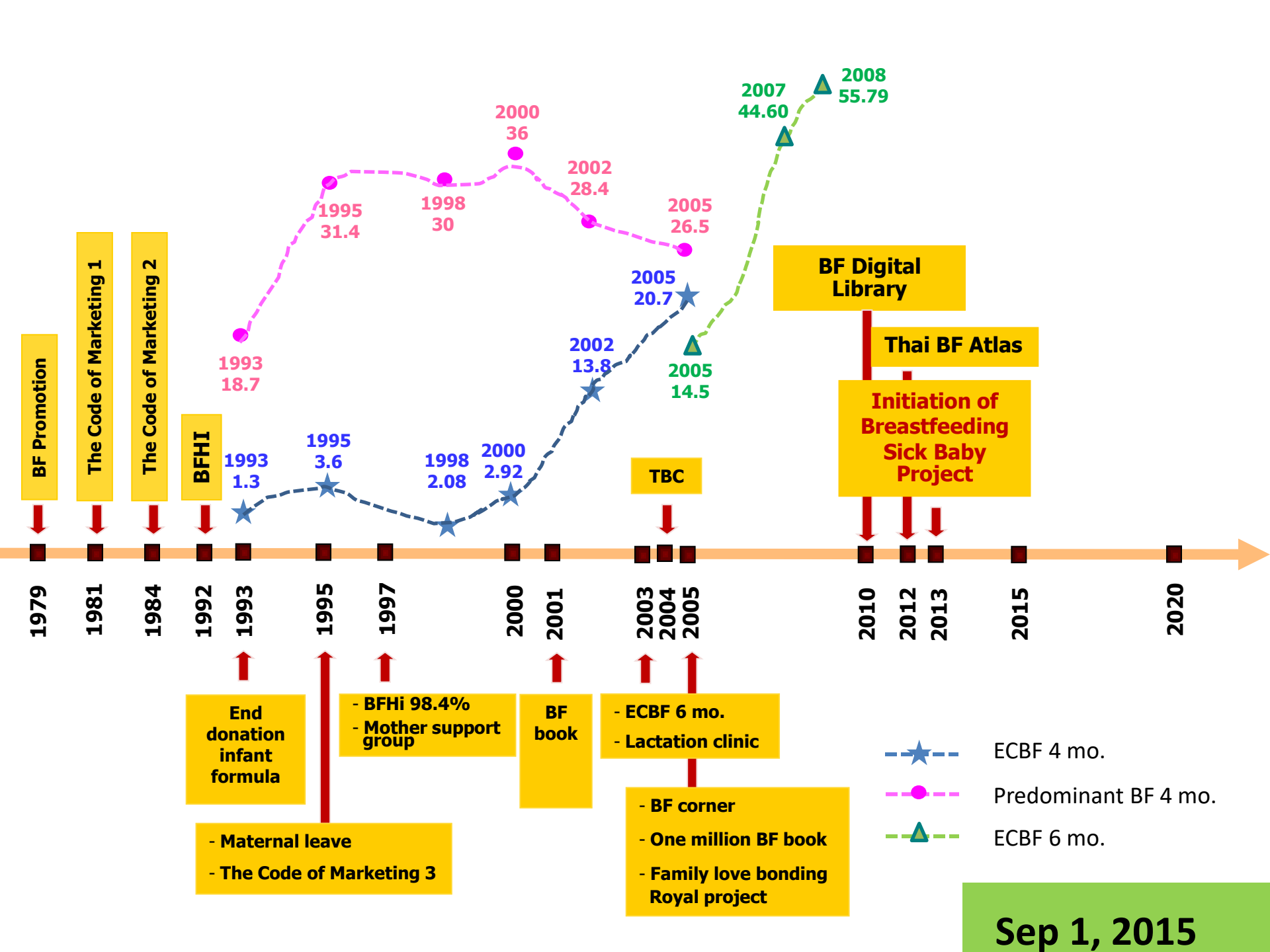
ECBF 6 mo.rate in 5 Hospitals

2010-2011

Percentage

- **Mahasarakham Hospital** **71.1**
- **Health Center Region 6 , Khonkan** **54.8**
- **Maharaj Nakhonsrithammarat Hosp.** **49.4**
- **Health Center Region 10, Chiangmai** **45.7**
- **Srinakharindh Hosp., Khonkan U.** **38.3**

5 by 11 Hospitals involved in Kusuma Chusilp, M.D. et al. Health Outcome of Exclusive Breastfeeding among Thai Children : the First Cohort Study . 2010-2011



Summary list of Breastfeeding Indicators

Core indicators

Early initiation of breastfeeding

Exclusive breastfeeding under 6 months

Continued breastfeeding at 1 year

Optional indicators

Predominant breastfeeding under 6 months

Children ever breastfed

Continued breastfeeding at 2 years

Age-appropriate breastfeeding

Duration of breastfeeding

Bottle feeding

NE
AN ACTION
PREVEN



THAILAND

ADDRESSING THE GAPS

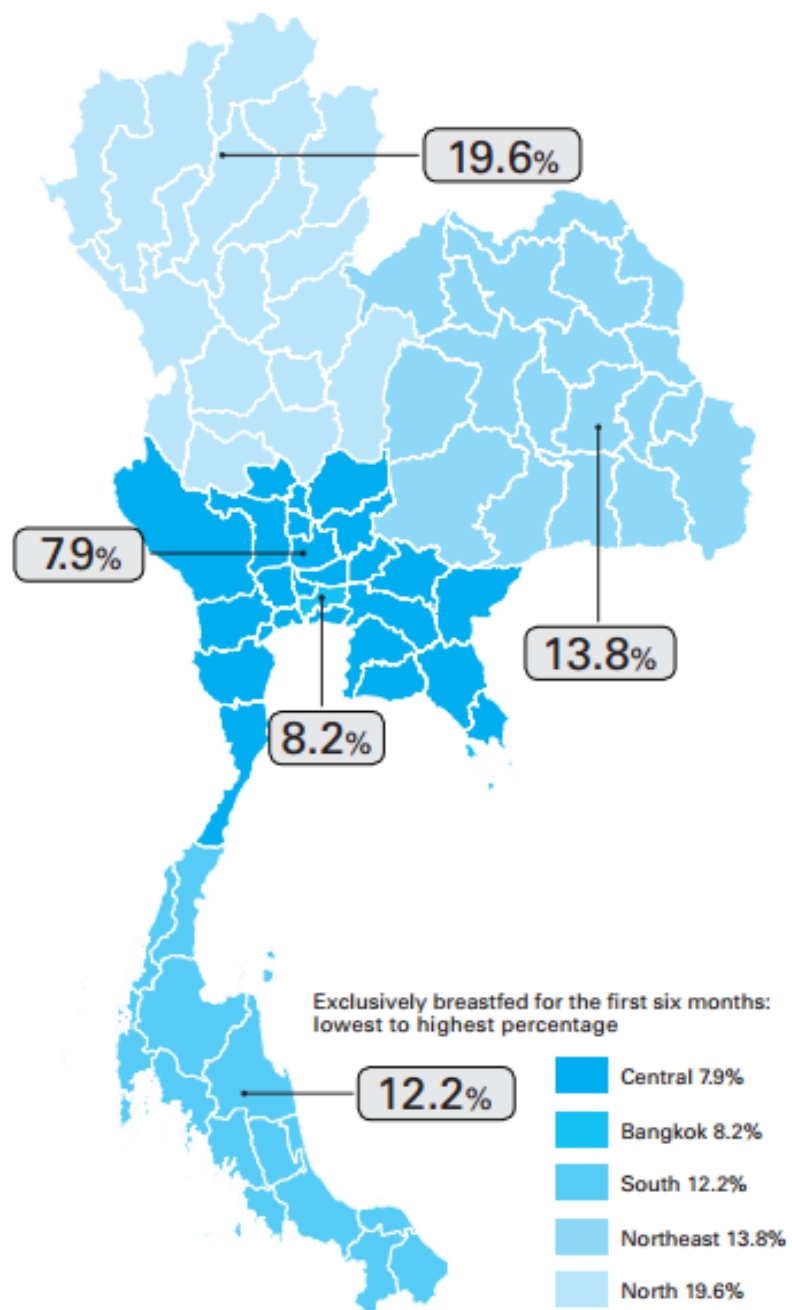
Key Results from the Multiple
Indicator Cluster Survey 2012

unite for
children

unicef 



Percentage of children who were exclusively breastfed for the first six months by region





Only 12.3% of children are exclusively breastfed for the first six months of life

Exclusive breastfeeding for the first six months of life



15.8%
Poorest
quintile



8.6%
Richest
quintile



Children breastfed within one hour and one day of birth

South



60.9%



90.7%

North



49.6%



86.5%

Northeast



47.0%



87.6%

Central



40.9%



85.7%

Bangkok



29.2%



65.8%

Comparison of MICS 2005 and 2012 data

Percentage of children exclusively breastfed for the first six months of life





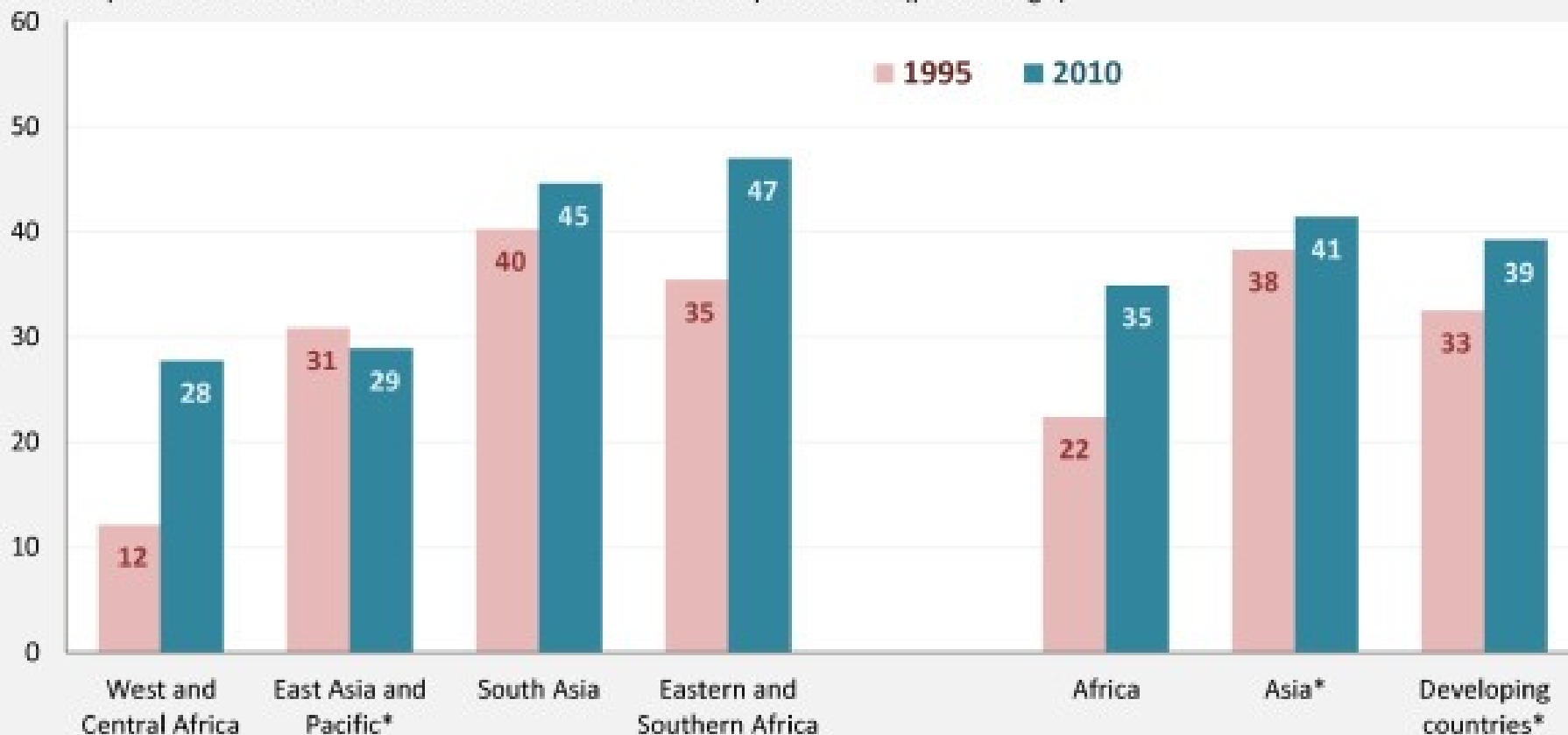
Global Exclusive Breastfeeding Rate



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Global trends in exclusive BF

Proportion of infants 0-5 months who were exclusively breastfed (percentage)



Int Breastfeed J. 2012; 7: 12. Published online 2012 September 28 PMID: PMC3512504

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ECBF 6 months increase by 50%

by the year 2025



Currently the global
rate is 37%, 26
countries already
achieved
WHA
Report in 65 the

Sep 1, 2015

Millennium Development Goals (MDGs)

เป้าหมายการพัฒนาแห่งสหัสวรรษ ให้ประชาชนในโลก อยู่ร่วมกันโดยสันติสุข

เป็น เป้าหมายร่วมสมาชิกสหประชาชาติ ประกาศเจตนาร่วมกัน
เมื่อ คศ 2000 (พ.ศ.2543) กำหนด บรรลุเป้าหมาย พ.ศ. 2015 (พ.ศ. 2558)

มี 8 เป้าหมาย

- 1) การขจัดความยากจนและและคามหิวโหย
- 3) การส่งเสริมความเท่าเทียมกันทางเพศ
- 4) การลดอัตราการตายของเด็ก
- 5) การพัฒนาสุขภาพของสตรีมีครรภ์
- 6) การป้องกันโรคเอดส์ มาลาเรียและโรคติดต่ออื่นๆ
- 7) การรักษาสิ่งแวดล้อมอย่างยั่งยืน
- 8) การส่งเสริมการเป็นหุ้นส่วนในการพัฒนา

Health Related MDG's คือ เป้าหมาย 4-5-6

4 vital statistics to be concerned

1 maternal mortality rate

2 under five mortality rate

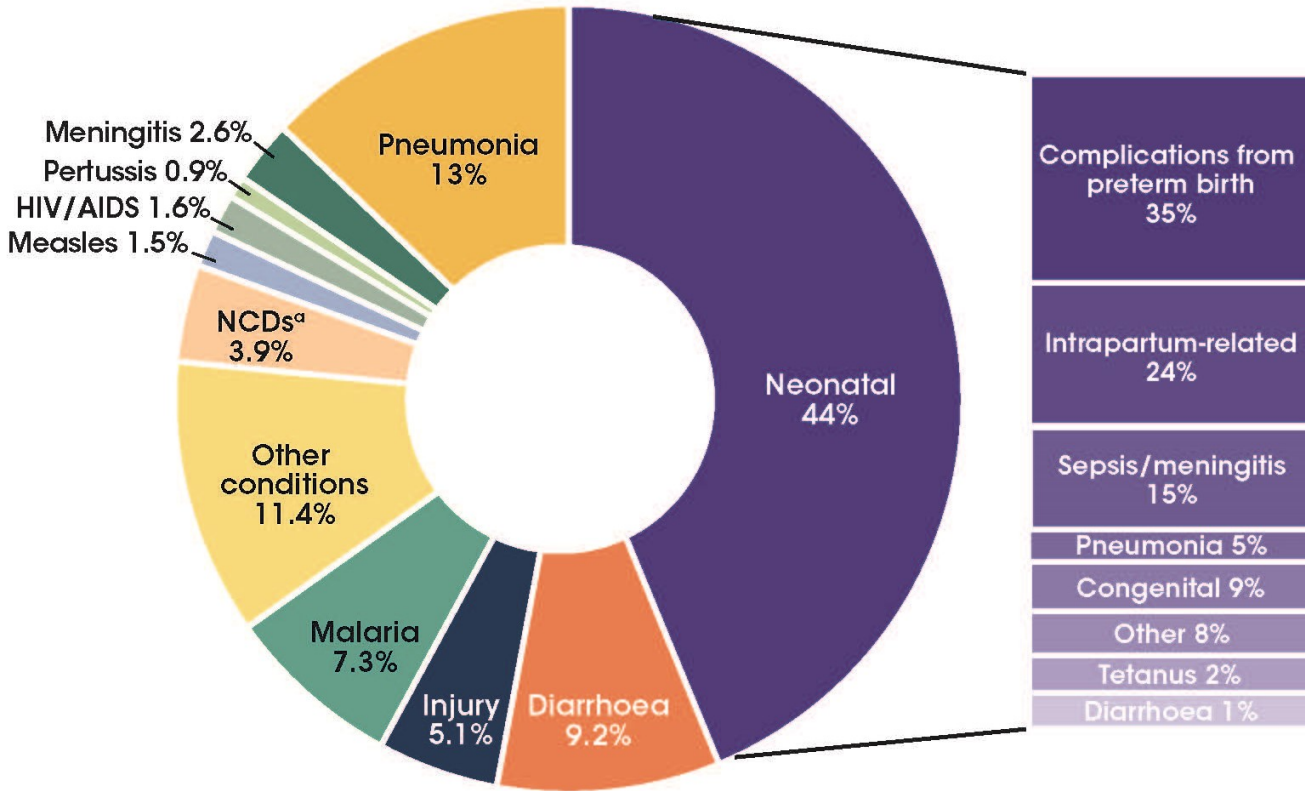
3 infant mortality rate

4 neonatal mortality rate

Causes of under five deaths

44% are from neonatal causes

. A child is about 500 times more likely to die from neonatal causes



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

Two-thirds of neonatal deaths are preventable

Nutrition is underline 44%

Data source: Cause of death - WHO. Global Health Observatory http://www.who.int/gho/child_health/en/index.html); Child deaths - UN Inter-agency Group for Child Mortality Estimates. Levels and Trends in Child Mortality. Report 2013; Stillbirths - Lawn et al *The Lancet* stillbirth series 2011. 377 (9775) p1448– 1463

Since

Nutrition is 44 % underlining the cause of death children under five

Neonate is the main cause of death both for the under five and the infant mortality rate

Improve nutrition should be somehow impact the target to decrease those three important child health indicator

Close to 50 % of all NB deaths occurring within 24 hrs of delivery,

Up to 75 % in the first week post partum,

- **It is a myth to assume that high cost neonatal care hospital units is the only way to treat sick newborns.**
- **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.**

The Breastfed baby

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.

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

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).

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

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

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
stres
Paye

Diges
form
durin
enco

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

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

For
less



Other Supporting Move



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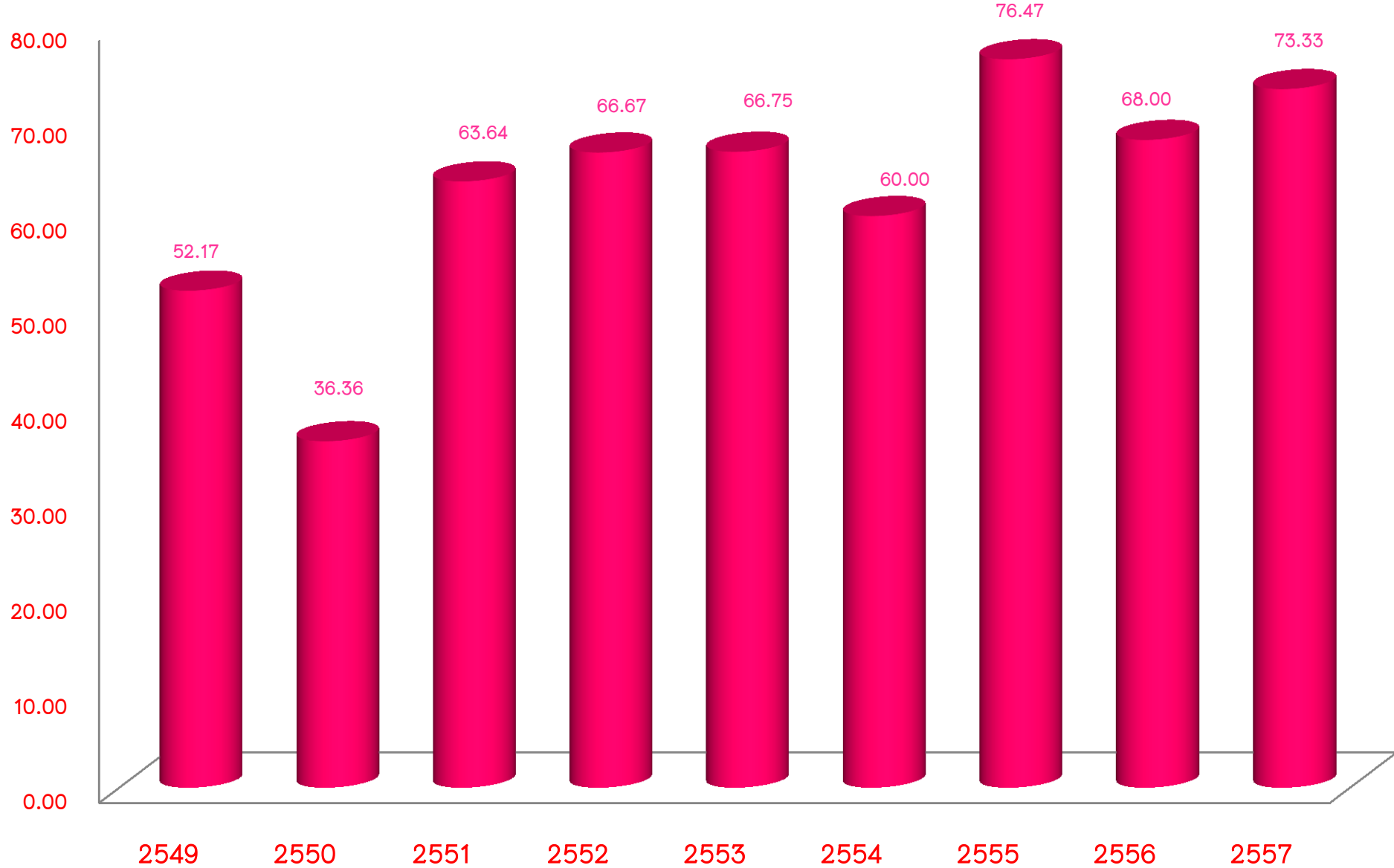
Quality of Hospitals

Project	Health Promotion Centers (12)		Regional Hospitals (25)		Provincial Hospitals (73)		Community Hospitals (730)	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Safe Motherhood hospitals	11	91.7	25	100	69	98.6	623	85.3
Baby Friendly Hospital Initiatives	11	91.7	25	100	73	100	674	93
Parental Schools	10	83.3	11	44	42	60	281	38.5
Health promoting Hospitals	12	100	20	80	58	82.9	620	84.9
Lactation Clinics	8	66.6	15	60	40	57.1	232	31.8

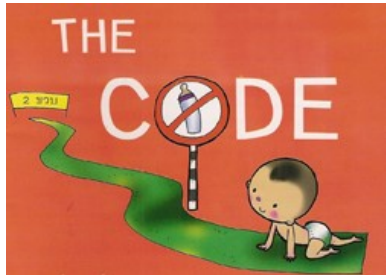
Source : Bureau of Health Promotion, DOH 2008

Sep 1, 2015

The effect of supporting program for the hospital personnel on the exclusive breastfeeding practice for 6 months



ประกาศกระทรวงสาธารณสุขหลักเกณฑ์ว่าด้วยการตลาดอาหารสำหรับทารกและเด็กเล็กและผลิตภัณฑ์ที่เกี่ยวข้อง (1 ก.ย. 2551)



- ห้ามโฆษณาประชาสัมพันธ์อาหารทารกและเด็กเล็ก
 - ห้ามแจกตัวอย่างสินค้าและของขวัญฟรีแก่แม่ทั้งทางตรงและทางอ้อม
 - ห้ามพนักงานการตลาดติดต่อหญิงตั้งครรภ์ แม่ และครอบครัว
 - ห้ามใช้สถานบริการสาธารณสุขเป็นที่โฆษณาประชาสัมพันธ์ ห้ามบริจาคสินค้าฟรี หรือจำหน่ายราคาถูก
- ห้ามให้ของขวัญหรือตัวอย่างสินค้าแก่บุคลากรสาธารณสุข
 - การให้ข้อมูลเกี่ยวกับความต้องการอาหารทารก ต้องได้รับอนุญาตจากกรมอนามัย
 - ข้อมูลที่ให้แก่บุคลากรสาธารณสุขต้องมีหลักฐานทางวิทยาศาสตร์และเป็นจริง
 - ฉลากต้องแสดงรูปภาพของทารกหรือข้อความชักจูงให้ใช้สินค้า





Currently move- BF Sick Baby

Human milk is the preferred feeding for all babies in any settings especially the premature and sick newborns

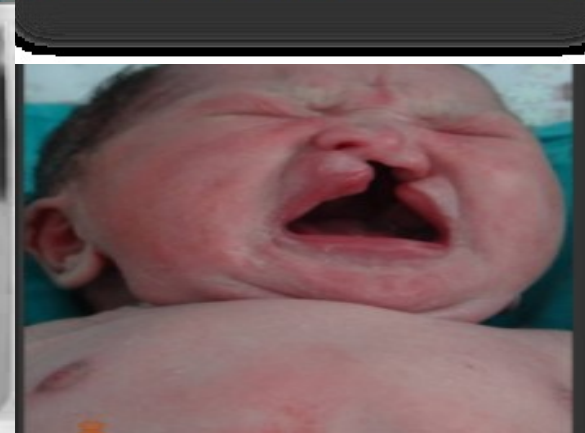
With rare exceptions





Although the ECBF rate is increasing

The sick babies were in the group of lost opportunity to breastfeed.





Sick Baby

Varieties of person, departments, specialties are involved

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 Where

OPD IPD at home





Suppose 20 % of babies below 2 years are breastfed ☹ (Thailand)

Children under 2 year of age 1.5 million
So about 300,000
children are breastfed in any breastfeeding

Guess!!!!

If these group of children has a chance to get
“the so called sick” for approximately 10 %

So annually around 30,000 breastfed child will have
an experience of sick either admit or OPD cases or
at home



THESE ARE RISK TO DISCONTINUE OR STOP BF



Child Mortality-Thailand

- **Major proportion of neonatal deaths (70%) occurred in early neonatal period and 43% of which occurred within the first two days of life. (J Med Assoc Thai. 2012 Jul;95 Supply 7:S17-23.)**
- **Although there has been much improvement in child mortality and neonatal mortality, we still have the problems of preventable deaths like prematurity, birth asphyxia and infection, especially during the first month of life.**
- **Therefore, more effort has to be done to end preventable deaths. And BF has been scientifically proved to have this power in saving lives.**
—especially the premature and sick babies.



2nd International Conference on BF Sick Babies(March,12-14, 2014)

The 2nd International Conference on
Breastfeeding Sick Babies
March 12 - 14, 2014

Breastfeeding Protection, Promotion and Support in
Preterm and Sick Babies

Allied Movement in Thailand



Ten steps for promoting and protecting breastfeeding in vulnerable populations
(Spatz, 2004)

- Step 1: Informed decision
- Step 2: Establishment and maintenance of milk supply
- Step 3: Human milk management
- Step 4: Feeding of breast milk: Oral care and initiation of enteral feeds
- Step 5: Skin-to-skin care
- Step 6: Non-nutritive sucking at the breast
- Step 7: Transition to breast
- Step 8: Measuring milk transfer
- Step 9: Preparation for discharge
- Step 10: Appropriate follow-up



Ten Steps for Promoting and Protecting Breastfeeding in Sick Babies.

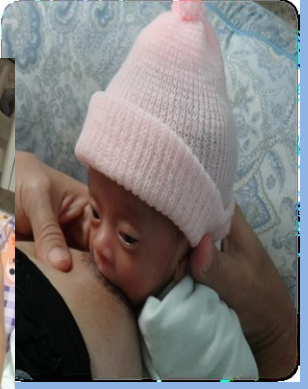
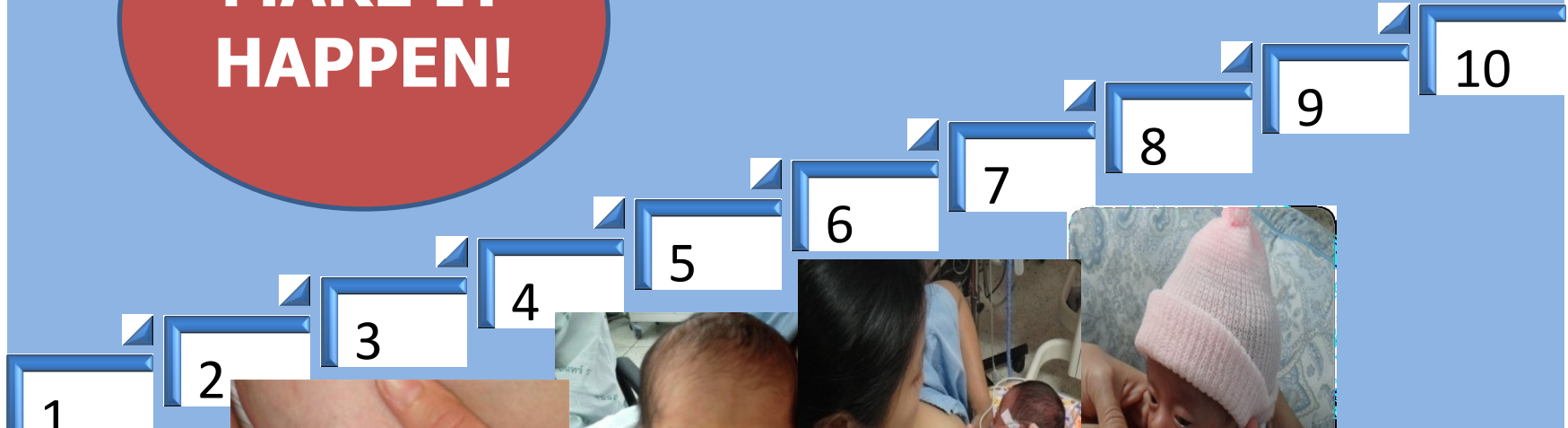


2nd International Conference on BF Sick Babies(March,12-14, 2014)



Breastfeeding Sick Babies Initiative in Thailand

MAKE IT HAPPEN!



6+10+9 Hospitals as the pioneer

2013
6 Hospitals

ปี 2556 จำนวน 6 โรงพยาบาล

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. Phrapokkiao Hospital Medical Education Center

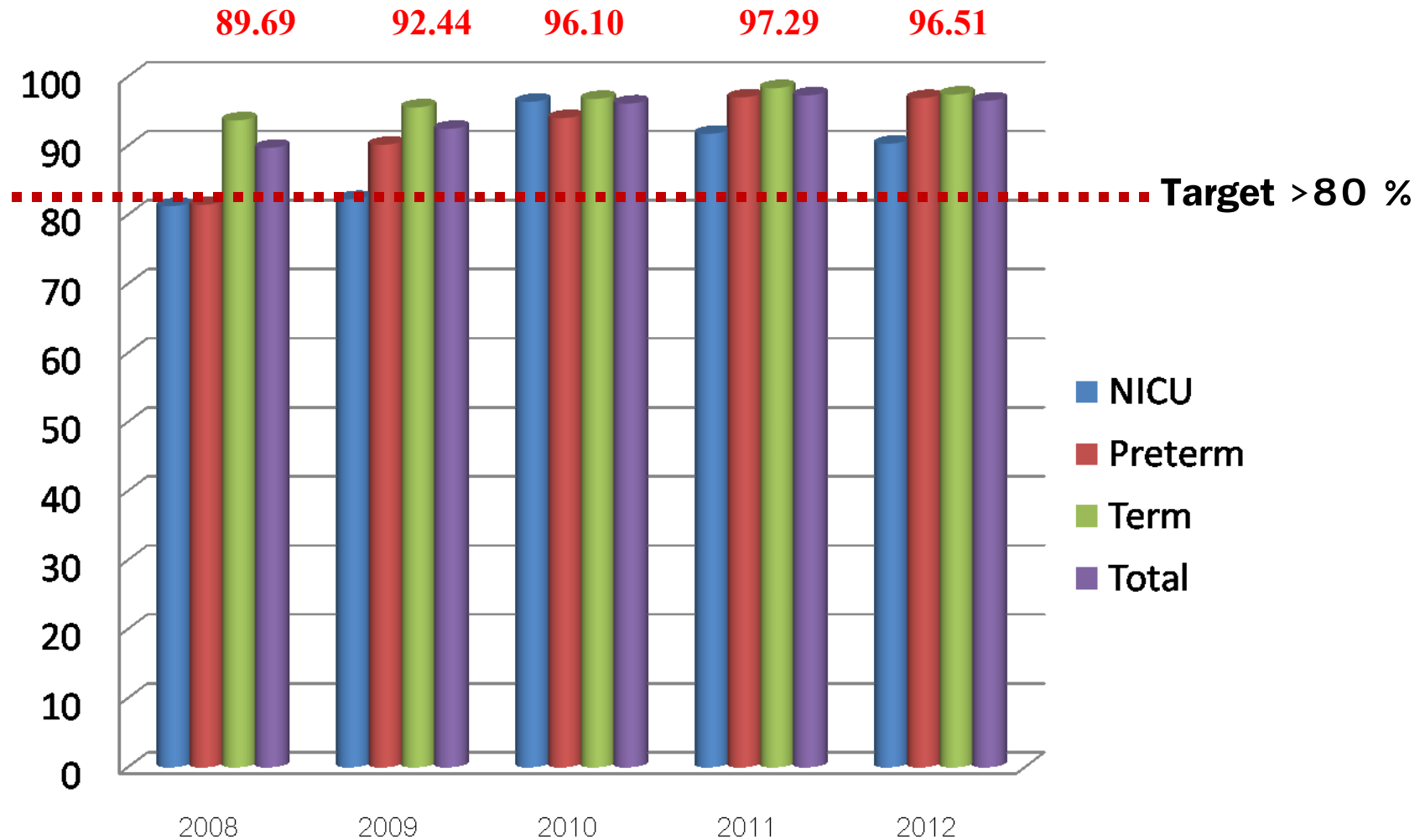
17 โรงพยาบาลชลบุรี 18 โรงพยาบาลชลประทาน 19 โรงพยาบาลเชียงใหม่ประชานุเคราะห์
20 โรงพยาบาลศิริราช 21 โรงพยาบาลอ่างทอง 22 โรงพยาบาลสงขลา 23 โรงพยาบาลค่ายประจักษ์ฯ
24 โรงพยาบาลสมเด็จพระปิ่นเกล้า 25 โรงพยาบาล สกลนคร

2014
10
Hospitals

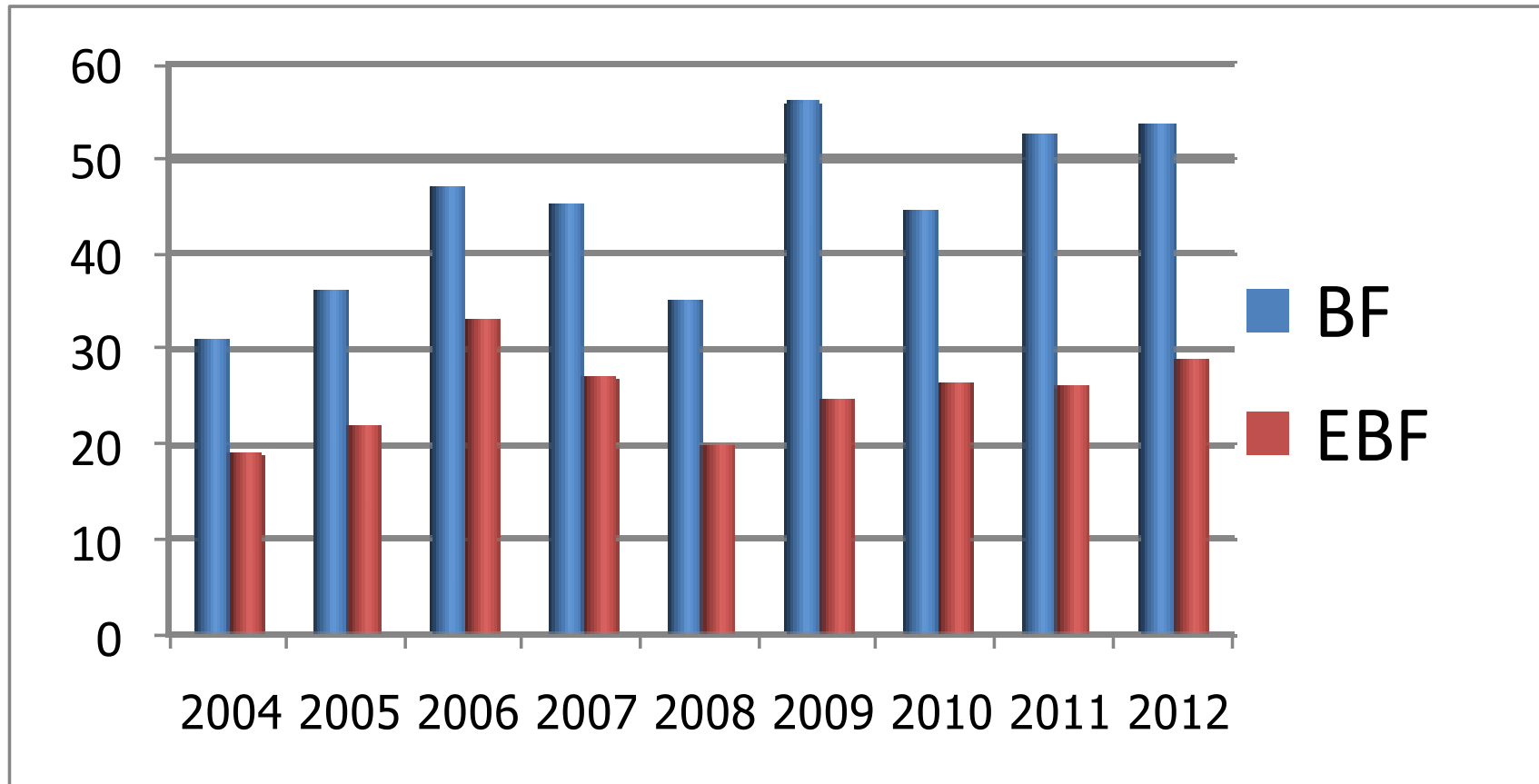
ปี 2557 จำนวน 10 รพ.

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. Phrapokkiao Hospital Medical Education Center
7. Mahasarakham Hospital
8. Somdet Phrasangkharat 17th Hospital Suphan Buri
9. Pattani Hospital
10. Phramongkutkiao Hospital
11. Somdech Phra Debaratana Medical Center
12. Phra Na Khon Sri Ayutthaya Hospital
13. Saraburi Hospital
14. Surin Hospital
15. Thammasat University Hospital
16. BMA General Hospital

Breast milk in Sick Baby 2008-2012



Breastfeeding and ECBF rate at age 4-6 m. (2004-2010)





Get Along with the National Policy and Strategy



Thai Government Policy

“the developmental plan through life cycle

Focus on 5 age group

Pregnant women and the babies

School age

Teen age

Working age

Senior and Disabilities

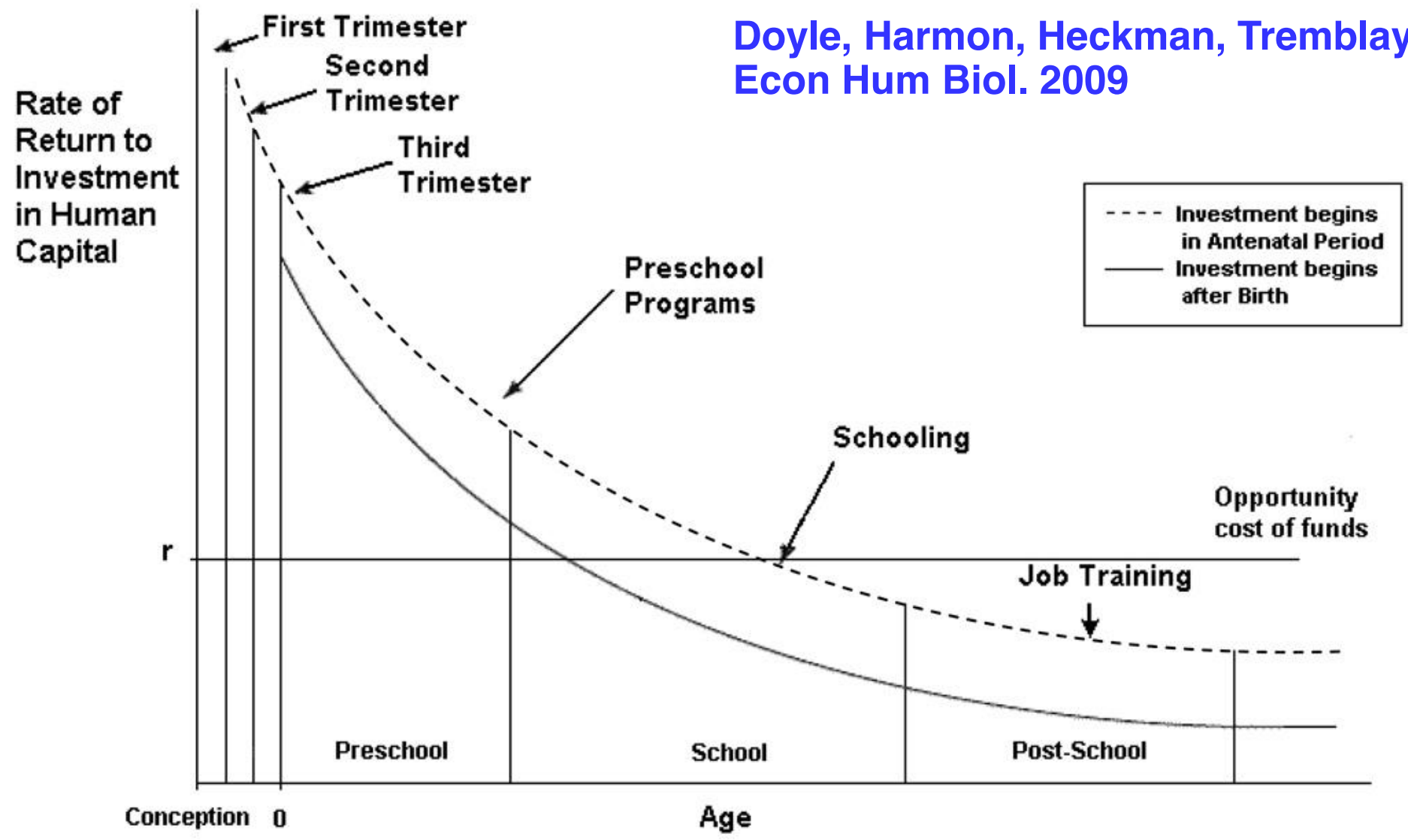
DMS take responsibility to all the age group

QSNICH is designated to cover the pregnant and the babies

Figure 2b

**Rates of Return to Human Capital Investment Setting
Investment to be Equal across all Ages**

**Doyle, Harmon, Heckman, Tremblay
Econ Hum Biol. 2009**



Rates of return to human capital investment setting investment to be equal across all ages

สถานการณ์ด้านโภชนาการแม่ ทารก และเด็กเล็ก

- แม่เจริญพันธุ์
- แม่ตั้งครรภ์
- แม่ให้นมลูก

เป้าหมาย ปี 2568

ตัวชี้วัด	เป้าหมาย 2568	ข้อมูล 2557	แหล่งสนับสนุน
1. ภาวะเตี้ยของเด็ก อายุต่ำกว่า 5 ปี	ลดลง 40%	11.9% 16.3%	MICS 3 (2548-2549) MICS 4 (2555)
2. อัตราภาวะโลหิตจาง ของหญิงวัยเจริญพันธุ์	ลดลง 50%	25.3% 24.5%	สำรวจสุขภาพ ปชช. (2551)
3. อัตราภาวะโลหิตจางของ หญิงตั้งครรภ์	ลดลง 50%	30.7%	สนย. รายงานทุก 1 ปี
4. อัตราทารกแรกเกิดน้ำหนักน้อย	ลดลง 30%	9.6%	สนย. รายงานทุก 1 ปี
5. ภาวะน้ำหนักเกิน	ไม่เพิ่มขึ้น	6.9% 10.9%	MICS 3 (2548-2549) MICS 4 (2555)
6. อัตรากินนมแม่ใน 6 เดือนแรก	50%	5.4% 12.3%	MICS 3 (2548-2549) MICS 4 (2555)
7. ลดอัตราเด็กพอม	ต่ำกว่า 5%	4.1% 6.7%	MICS 3 (2548-2549) MICS 4 (2555)

MOPH keeps working with the multipartners and networks

- **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.**

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

Sep 1, 2015



**Multipartners, multi networks
are involved**





Conclusion

Breastfeeding situation and movement in Thailand

- Exclusive breastfeeding rate for 6 mo. varies from 12.3% to 92%
- BF database management is a crucial need
- BF is an important supporting activity in decreasing neonatal and infant mortality rate
- National Breastfeeding Project began in 1989.
- **Main activities** : **the BFHI 1992**, legislation on maternity leave, the Code of Marketing of Breast milk Substitutes, and the MCH services.
- **Currently** a lot of key projects have been implemented with very promising achievement for instance the medical and nurses breastfeeding curriculum, the support for working mother, the online support and so on ..

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

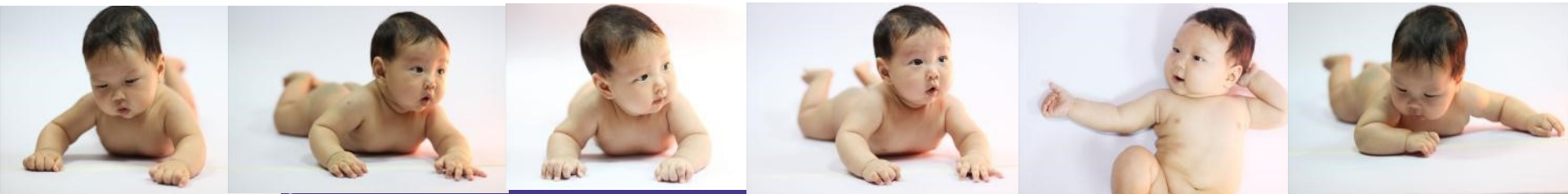
The well collaborations &co operations !!!! from mult
partners/NGOs

The approach strategies

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

Acknowledgement

1. Department of Health, MOPH
2. Department of Medical Services, MOPH
3. Unicef Thailand , WHO Thailand
4. Thai Health Fund
5. The Ped Society of Thailand, the Royal College of Ped, the Royal college of OB GYN, Thailand Nursing and Midwifery Council ,etc
6. All the ministries involves in Saiyairuk project
7. **Thai Breastfeeding Committee and members**
8. **All Mother Support Groups**
9. Yupayong Hangchaovanich, Nipunporn Voramongkol, Breastfeeding Promotion in Thailand, J Med Assoc Thai 2006;89 (suppl 4):S173-7
10. **Siriluck Thavornwattana ,Sutthirat Tivaratkul ,Jiraporn Wongsawetch Vichitra Suvanna-ard for their patience in collecting the data**



THANK YOU



Sep 1, 2015