

Embrace Breastfeeding

The Legacy of Persistence

Vol: 1, Issue: 4

Annual Newsletter

August 2023



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Dear Readers,

Welcome back!

We are elated to share our **“Annual Edition”** of our Breastfeeding Newsletter. As we enter into celebration of World Breastfeeding Week, we bring you an essential theme of this year “Enabling Breastfeeding – Making a Difference for working parents”. Balancing the demands of work and the desire to provide the best nutrition for their infants can be a daunting task for many parents. In this issue, we explore the importance of supporting breastfeeding in the workplace and highlight the positive impact it can have on both employees and organizations.

We are sure you will enjoy reading the editorials by Dr. Arvind Sheno and Dr Praveena Sheno. The book review on 'Breastfeeding made simple - Seven natural laws of breastfeeding' by Dr. Anagha is compelling to read the book. Showcase of the exclusive breastfeeding data from various branches will surely motivate you. Our 'Mixed Bag' corner on maternal instinct and Milk Diaries has lot to offer this time. Article of the Quarter and Embrace Breastfeeding Exclusive will give a newer insight. Don't miss reading the Obstetrician's Corner by Dr. Megna and our Guest Article by our very own Dr.Kumuda. We are glad for introducing 2 new corners, obstetricians corner and meme corner.

So, join us as we delve into the ways we can make a difference for working parents and foster a breastfeeding-friendly environment and let's work together to create a breastfeeding-friendly.

Together, we can make a positive impact on the lives of working families.

Wishing you all a harmonious balance between work and breastfeeding! **///**

PS: We thank from the bottom of our heart the Bangalore Cluster of Rainbow Children's Hospital and Birthright for contributing to this edition.



Dr. Arvind Shenoi

Clinical Director - Neonatology and Pediatrics,
Rainbow Children's Hospital
Marathahalli, Bengaluru.



Enabling Breastfeeding: Making a difference for working parents – Appropriate theme for Metros

Breast milk is the life giving nectar for human babies and is the exclusive food for the first six months of life. It provides upto half the nutritional needs in the second half of the first year and upto one third in the second year of life. Breast fed babies tend to be more intelligent have less infections and have less chances of becoming obese¹. Thus it is essential that we must do all that we can to promote, protect and enhance breast feeding.

Bangalore has the highest ratio of women in the workforce compared to any other major Indian city and a large proportion are in the IT and BPO sectors. It is essential that this large number of working women are encouraged to breast feed. The challenges of initiating breast feeding are perhaps the same as the general population but they face greater challenges in sustaining the breast feeding when they return to work.

The steps we have initiated to promote breast feeding in working mothers include promoting work from home as long as possible. The next step is introducing complementary feeding after 6 months in the time the mother spends at work; and encouraging breast feeding out of office hours. Some IT companies have creches attached to offices which offer facilities to breast feed in office hours. Some mothers have also opted for breast milk pumping and feeding the baby expressed milk when work pressures take them away. Our lactation team assists mothers to explore these options. Fathers play an important role in supporting breast feeding by feeding the expressed milk and contributing their time to child care. Highly motivated parents not only breast feed the children for as long as possible but also serve as role models to other parents and often help us collect donor milk for our milk bank.

This issue of Embrace Breast Feeding talks about the challenges faced by working parents in successful breast feeding and the first baby steps the milk bank at RCH, Marathahalli has taken. I congratulate our lactation team as we work together to take our breast feeding initiatives to greater heights.



Praveena Sheno

Clinical Director - Obstetrics and Gynecology
Rainbow Children's Hospital and Birthright
Marathahalli, Bengaluru

Enabling Breastfeeding: Making a difference for working women

As women's empowerment gains impetus in our country many women will bear children when they are part of the workforce. Working women face many additional challenges in both child bearing and rearing. The first problem is they postpone childbearing till they are in their thirties. It is not surprising that the average of primigravidas in our unit is around 30 years. Secondly many of them have diabetes, hypertension, hypothyroidism and some also have other systemic illnesses. All these necessarily affect the obstetric outcome including a higher rate of cesarean section. Many of them require a lot of support in breast feeding.

In order to enhance breast feeding in these women we promote early breast feeding, skin to skin contact after delayed cord clamping, and rooming in for all except the very sick neonates. The lactation team has been primed to provide support and monitor lactation all through the hospital stay and even after discharge home. It is not unusual to see problems of sore nipples or breast engorgement and every effort is made to deal with them expeditiously. With adequate support many women do well and exclusively breast feed the babies.

The next hurdle is faced when she has to return to office. Work from is the convenient option and we strongly support it when available. For those women who don't have the work from home option we work on a safe combination of complementary feeding, breast milk expression along with direct breast feeding.

The results of exclusive breastfeeding followed by complimentary feeding at an appropriate age are extremely gratifying for the mother and the entire Obstetrics team. I congratulate the Lactation team for working with us and the pediatricians to help the parents navigate this important period in the child's life. //

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Do
You
Know ?

Rusty pipe syndrome

is a rare cause of benign, self-limiting bloody nipple discharge during late pregnancy and early lactation.

Awareness of this rare disease by medical professionals would be extremely beneficial for avoiding unneeded examinations and discontinuity of exclusive breastfeeding



Dr. Saravanan R

Consultant - Neonatology and Pediatrics
Rainbow Children Hospital,
Bannerghatta - Bengaluru

Breastfeeding Made Simple:

- Nancy Mohrbacher & Kathleen Kendall-Tackett

Breastfeeding is not always easy, but it should not be difficult.

Breastfeeding Made Simple is a mom-friendly, comprehensive guide to breastfeeding that allows mothers to go back to basics.

By reading this book, mothers can dramatically increase their likelihood of success and make breastfeeding the enjoyable experience it should be.

The seven laws taught in this book are easy for mothers to understand and are sure to help them avoid some of the pitfalls that they might otherwise face.

The seven principles include:

1. Babies Have the Urge to Self-Attach
2. Use the Power of Skin-to-Skin: A Baby's Natural Habitat
3. Breastfeed Ad Lib
4. Reach for the Comfort Zone
5. Expect Cluster Nursing
6. More Milk Out More Milk Made
7. Babies Outgrow Breastfeeding

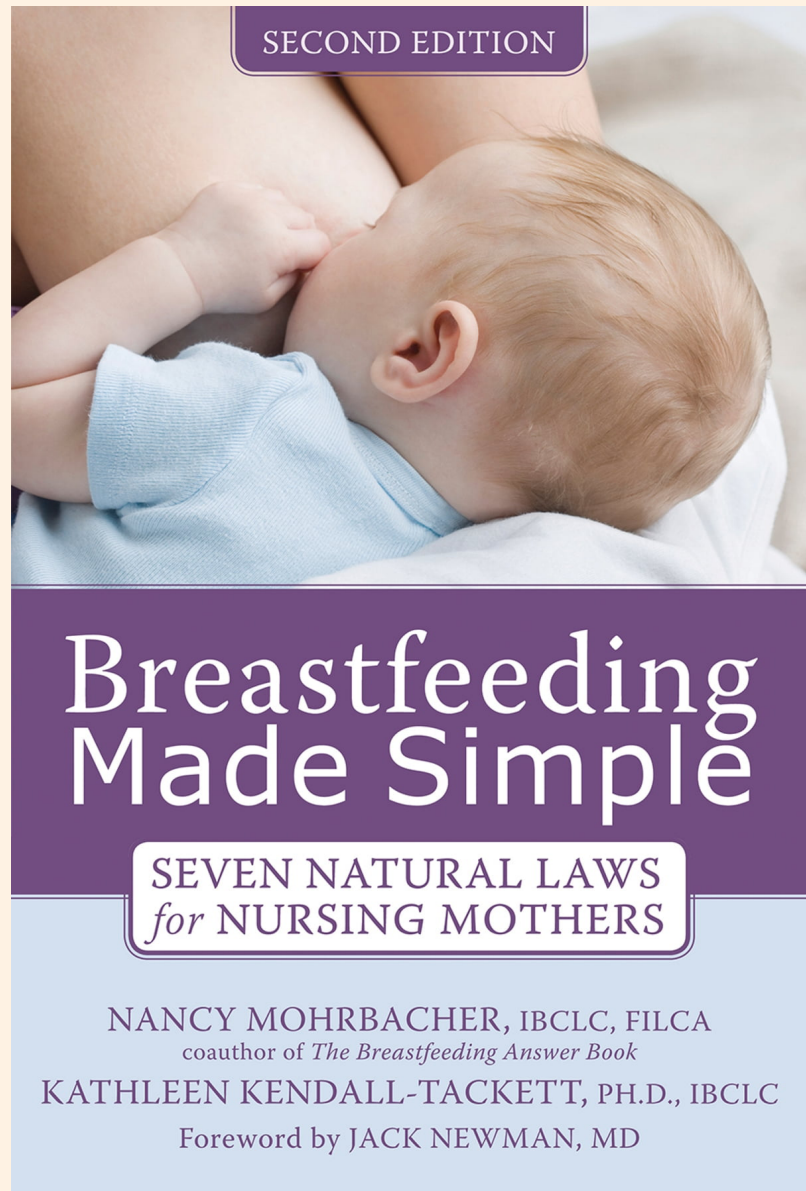
The book also addresses how to solve common problems and deal with special situations such as breast reductions and babies with special needs. The authors describe some of the social, psychological, and cultural situations that can impact on breastfeeding journey.

The authors, Nancy Mohrbacher and Kathleen Kendall-Tackett, are both renowned in their field of expertise and are board-certified lactation consultants. The highlight of this book is the work of Dr. Smillies who describes how calm interaction between the mother and baby will allow the baby's amazing abilities to self latch. The authors have also explained Dr. Bergman's concepts about habitat of human newborns, and the power of skin to skin contact and Kangaroo mother care.

I will recommend this book to every new and expectant mother who is looking forward happy easy and satisfactory breastfeeding journey.

- Dr. Anagha Madhuraj Kulkarni

International Board Certified Lactation Consultant (IBCLC USA)
Maternal Infant Young Child Nutrition Counsellor (MIYCN)

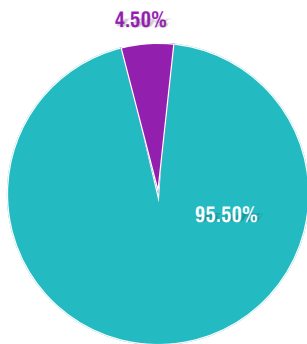


MAA - "Mother's Absolute Affection"
is a nationwide programme of the Ministry of Health and Family Welfare in an attempt to bring undiluted focus on promotion of breastfeeding and provision of counselling services for supporting breastfeeding through health systems.

Do You Know?

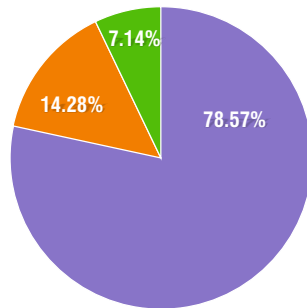
Exclusive Breastfeeding Rates @ Rainbow Children's Hospital, Hebbal, Bangalore

From January 2023 to May 2023



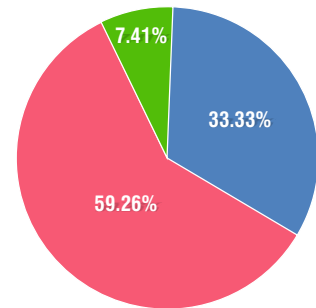
Exclusive Breast Feeding
Formula Feed + EBM

INITIATION OF BREAST FEEDING - NVD



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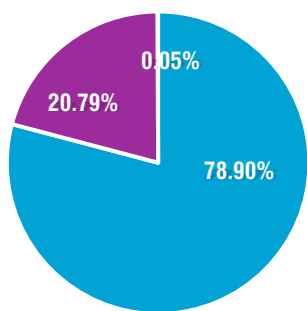
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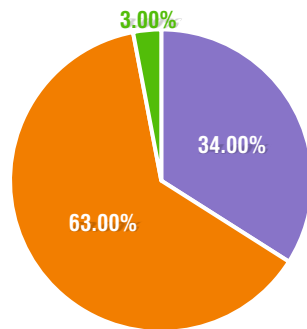
Exclusive Breastfeeding Rates @ Rainbow, Children's Hospital, Bannerghatta, Bengaluru

From March 2022 to May 2023



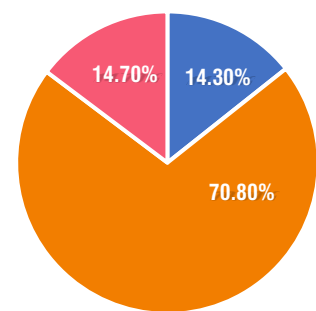
Exclusive Breast Feeding
Mixed Feeding + EBM

INITIATION OF BREAST FEEDING - NVD



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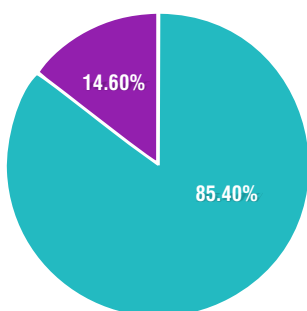
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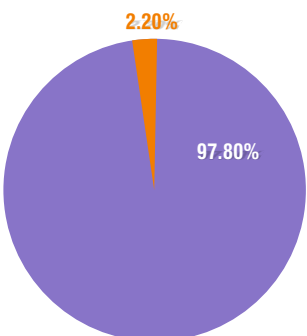
Exclusive Breastfeeding Rates @ Rainbow Children's Hospital, Marathahalli, Bangalore

From April 2023 to June 2023



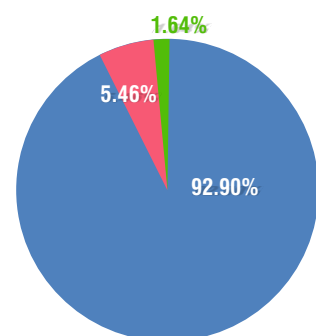
Exclusive Breast Feeding
Mixed Feeding + EBM

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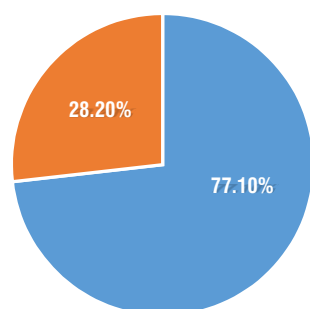
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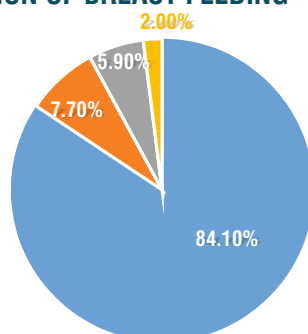
Exclusive Breastfeeding Rates @ Rainbow Children's Hospital, Banjara Hills, Hyderabad

From January 2023 to June 2023



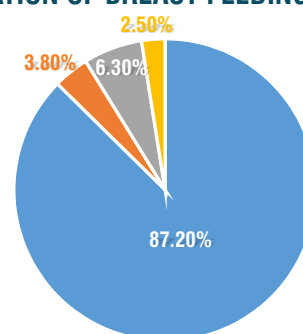
Exclusive Breast Feeding
Formula Feed + EBM

INITIATION OF BREAST FEEDING - NVD



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45 mins
1 hr
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INITIATION OF BREAST FEEDING - LSCS



<30 mins
45 mins
1 hr
>1 hr

Human Milk Bank Data: January 2023 to June 2023

Human Milk Collected (ml)

Branch	Jan	Feb	March	April	May	June
Banjara Hills	66125	53685	30179	73545	47655	43645
Hydernagar	1350	1280	3020	7410	12142	5255
Vikrampur	10150	7380	510	420	5260	1980
Vijayawada	9403	12460	0	0	0	10000
Total	87028	74805	39179	81375	54057	60880

Pasteurized Human Milk Dispensed (ml)

Branch	Jan	Feb	March	April	May	June
Banjara Hills	49684	39870	41351	24875	43251	44590
Vikrampur	3020	8837	4210	5630	4220	14190
Kondapur	0	1080	2018	60	0	0
Hydernagar	10450	13734	15685	2890	780	7095
FD	0	0	2734	740	5204	2360
LB Nagar	0	0	0	1120	1040	880
RCHI	1940	2130	0	80	0	0
Total	65094	65651	65998	35395	54495	69115

Mixed Bag - Maternal Instinct

Tender Story

As an expecting father, I thought that the only two important medical experts one needs are the Gynecologist before the delivery and a Pediatrician after the baby is born. Things like Birthing classes and Lactation consultants are "optional and we can skip it". Especially because our society has never seen these services in formal medical form. At the most, an elder in the family would pass along some sage advice.

As a father, I thought my role was to make sure my wife had everything she needed so that she can focus on the baby. But within first few days, I was overwhelmed by a series of challenges which I never anticipated. An overly sleepy baby who continued to lose weight and wouldn't feed well, a sleep deprived and exhausted wife who was in pain from the delivery as well as the bite marks she developed from the baby, the dilemma and guilt of giving your child Formula supplement when all the advice would say - Mother's feed is best for the child. I felt helpless because I was unable to help my wife and my daughter. Pediatrician recommended us to meet the Lactation Consultant and our very first consult was an eye opener about the different options we could try to get through a never imagined challenge of feeding our new born. Dr Anagha Kulkarni - Lactation consultant showed us techniques to increase milk supply, baby holding positions while feeding, latching angles, expressing the feed and using Paladai to feed expressed feed to the baby. She showed a multi-pronged approach to solve the problem of feeding the baby as well as bring immediate pain relief to my wife. I am especially grateful for the ingenious Paladai technique she taught me which allowed me to feed our baby and thus help my wife with precious few hours of sleep, especially at nights.

Feeding my tiny new born using Paladai has been one of the most satisfying experiences I have had with my daughter and I have Dr. Anagha to thank for it. She coached us meticulously and entertained questions around the clock. A Gynecologist helps the mother, a Pediatrician helps the baby but a Lactation Consultant helps the whole family. I was empowered to fulfill my responsibility as a father and a husband by our Lactation Consultant.

Thank you Dr Anagha Kulkarni.

Forever grateful father - Utsav Somani

"Deliciously Healthy":

- Oats Porridge made by Mother's Own Milk

Oats Porridge

Ingredients

- 1/4 cup rolled Oats powder
- 1 Cup breast milk
- 4 tbsp mango mash
- 2 tbsp peach mash
- 1 tsp dried fruit powder
- Pinch of cinnamon

Instructions

1. Warm breast milk by placing the milk bottle or container in warm water
2. Pour the milk into a feeding bowl and stir in dried fruit powder, cinnamon, and oats. Mix well to ensure the mixture is lump-free.
3. Add mango and peach mash and mix everything well. Feed right away.
4. You can store the porridge in the refrigerator for about a day.



- Ms Meraj Fatima

Senior Dietician and Lactation Consultant
Rainbow Children's Hospital and BirthRight by Rainbow



Meme Mania



- Dr. Sushma Kalyan Achuta
Consultant Pediatrician & Neonatologist
Rainbow Children Hospital,
Hebbal, Bengaluru

Know Your Breast-feeding Accessories

Trending accessories for breast feeding mom at work - Silicon breast pumps:

Every mother dreams and intends to breastfeed her baby as long as possible. A working mother prepares for her breastfeeding journey at the workplace and tries to balance both. These mothers are challenged at workplace for a private space, electric supply and storage area. There are occasions when her pumping time and work schedule coincide which leave her with engorged breast or milk leaks. These are sensitive concerns that can make working mothers breastfeeding journey strained.

A working mom would definitely love a pump that allows her to continue her work and pump milk with no change in her clothing, need for private space, fussy pumps with noise or power cords.

The new single-piece non-fussy silicon breast pumps have made this possible.

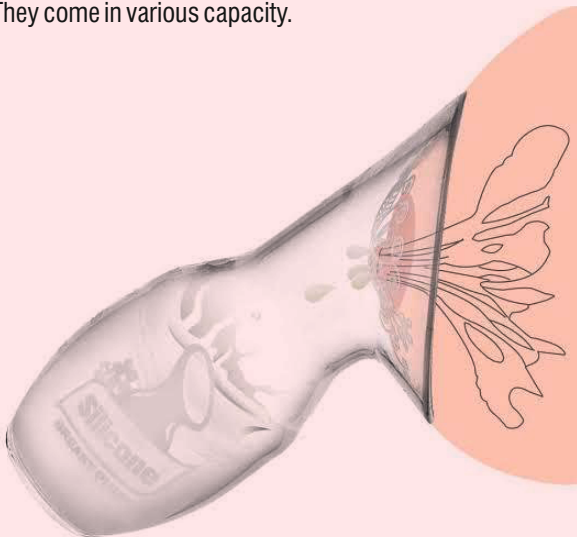
How do these silicon pump work.

The silicon pump work on the principle of suction. The wide mouth of the pump is attached to the breast with a good seal. This starts a suction at the breast. The bottom of the pump is squeezed a bit to start the movement of milk.

Are these pumps effective?

They are very effective to pump milk and are comparable to the other available manual pumps.

They come in various capacity.



How are they beneficial to working mothers?

The pump can be applied to the breast under the brassier and does not need the exposure of the breast or private place. She will have the benefit to continue to work even when the pump is in situ.

They work on suction and hence need no power source. The pumps are very silent and draw no attention. The mother can sleep with the pump at the breast. The pump is very handy .it can be just kept in a small purse. The pump is easy to clean and is dishwasher friendly.

Can these pumps be used in the early month of breastfeeding?

Yes, they can be used as early as needed. They can be used to collect let down milk and relive breast engorgement.

How can the pump milk be fed?

If the pump is a single piece the milk needs to be transferred to a bottle /cup to feed.

The new two-piece pumps have a detachable suction flange that can be replaced with a bottle nipple. It then becomes ready to feed.



What are the problems faced with these pumps?

Silicon can get worn off and will need a new buy. They can slip from the breast leading to spills



Dr Shobana Rajendran

*DNB ped, DNB neo,
Senior Consultant Neonatologist
Rainbow Children's Hospital - Chennai.*

BABY FRIENDLY HOSPITAL INITIATIVE - IMPORTANCE OF ACCREDITATION

- Dr Sandeep R & Dr Sahana S

Consultant Neonatologist - Rainbow Children's Hospital, Marathahalli, Bengaluru

Baby friendly hospital initiative (BFHI) was launched in 1991 by WHO and UNICEF. It is an effort to implement practices that protect, promote and support breastfeeding. It was adopted by Government of India in 1993

In 2016, renewed efforts towards BFHI was initiated by Government of India (GOI) by launching a programme – Mothers Absolute Affection (MAA) to improve breastfeeding rates and promote exclusive breastfeeding in health facilities.

BFHI Accreditation

Breastfeeding promotion network of India (BPNI) is a non Governmental organisation, which is working towards promotion and support of breastfeeding. It is a technical partner with GOI in implementing MAA programme. As MAA program does not reach private health facilities, BPNI along with Association of health care providers of India (AHPI) implemented to improve breastfeeding practices in private hospitals. The project as National Accreditation Centre (NAC) that oversee accreditation process and also provide technical advice and services to willing private hospitals with maternity services.

Rationale for Accreditation

Exclusive breastfeeding helps in reducing infant mortality and also common childhood illness like diarrhoea, pneumonia, otitis media etc. It also reduces obesity and related non communicable diseases. BFHI helps in improving exclusive breastfeeding rates. A study in Brazil showed improved rates of exclusive breastfeeding in accredited hospital compared to non-accredited hospitals.¹

BFHI implementation has also showed decrease in incidence of diarrhoea and allergic dermatitis in infants². The process of accreditation enhances the knowledge of healthcare workers and improves their professional competence.

The hospitals also need to have a policy on infant feeding, accreditation ensures they adhere to the policy. The policy should included practices like skin to skin contact, early initiation of breastfeeding and antenatal counselling.

The accreditation also ensures in implementing IMS act and ensures there is no unnecessary influence of baby food industry on health facilities.

A study at Calvary public hospital, Canberra, Australia showed that BFHI accreditation has social returns of 1,375,000 AUD and there by provide important benefits to Australian health and economy.³

BFHI accredited hospitals are committed to evidence based, best practice in infant nutrition. It shows hospitals commitment to quality care and raises the community's confidence in its services.

Process of Accreditation by BPNI

It has 2 components

1. Self Assessment by hospital that provides answer to key questions and an objective score. If scores are more than 50% then facility is eligible for external assessment. If not, it receives technical advice and support to improve the scores
2. External assessment is done by authorised assessor to verify findings of self assessment, check for competence of staff and observe health facility. Grade 1-5 will be awarded based on performance. Grade 1 hospital will be certified as "Breastfeeding Friendly Hospital".

To conclude, every infant and child has the right to good nutrition according to "United Nations Convention on the Rights of the child". It is responsibility of every health care facility to uphold these rights. BFHI accreditation ensures we are committed towards promoting, protecting breastfeeding.

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2. Fair FJ et al. the Impact of baby friendly initiative accreditation: An overview of systematic reviews. Maternal Child Nutrition.2021 Oct; 17(4): 486-493.
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Dr Sandeep R
Consultant Neonatologist -
Rainbow Children's Hospital,
Marathahalli, Bengaluru



Dr Sahana S
Consultant Neonatologist -
Rainbow Children's Hospital,
Marathahalli, Bengaluru



EARLY CHILDHOOD DENTAL CARIES AND BREASTFEEDING:

Understanding the Role of Breastfeeding :

Introduction

Early childhood dental caries (ECC), commonly referred to as "baby bottle tooth decay" or "nursing caries," is a multi-factorial oral health condition that affects infants and young children. ECC can lead to pain, infection, impaired nutrition, and long-term oral health problems. Breastfeeding is widely acknowledged for its numerous benefits, including optimal nutrition, immune protection, and emotional bonding. However, concerns have arisen regarding its potential association with ECC due to the natural sugars present in breast milk and prolonged night time breastfeeding. This article aims to explore the current scientific understanding of ECC, with a particular focus on the role of breastfeeding in its etiology.

Definition & Incidence of ECC

Early Childhood Caries (ECC) is defined as the presence of one or more decayed (non cavitated or cavitated lesions), missing or filled (due to caries) surfaces, in any primary tooth of a child under six years of age. ECC currently affects more than 600 million children worldwide. Two recent systematic studies from 2019 and 2022 reveal high prevalence of ECC in INDIA of 46.9% and 49.6%. One reported Andhra Pradesh to have the highest prevalence of ECC at 63%, and the lowest prevalence was reported in Sikkim (41.92%).

ECC: A Multi-factorial Disease

ECC is influenced by various factors, including oral bacteria, dietary habits, oral hygiene practices, socio-economic status, and genetic predisposition. *Streptococcus mutans*, a bacterium commonly found in the oral cavity, plays a pivotal role in the development of dental caries. Frequent and prolonged exposure to fermentable carbohydrates, inadequate oral hygiene practices, and compromised saliva flow contribute to the proliferation of cariogenic bacteria and subsequent tooth decay.

Protective Factors of Breastfeeding

Exclusive breastfeeding for first 6 months is an undisputed universal recommendation. Breastfeeding indeed offers certain protective factors against ECC. Breast milk contains immunoglobulins, lysozyme, and other bioactive components that can inhibit the growth of cariogenic bacteria. It promotes proper oral development, including jaw formation and muscle coordination, which can positively influence oral health outcomes. Moreover, the physical act of breastfeeding encourages tongue and jaw movements that facilitate proper oral motor development. It should be clearly understood that it is NOT breastfeeding per se but at-will breastfeeding coupled with plaque accumulation (due to poor oral hygiene) is the primary etiological factor for ECC. Notably, however, dental caries is the only health outcome for which breastfeeding beyond the age of one year, was associated with worse health (greater child tooth decay).

Extended Night-time Breastfeeding and ECC Risk

The practice of extended night-time breastfeeding, which refers to continued breastfeeding at will during the night beyond the first year of life, has been a topic of debate regarding its potential association with ECC. Many studies suggest that prolonged night-time breast feeding or bottle feeding increase the risk of dental caries due to prolonged exposure to breast milk or Formula milk sugars. Several factors may influence, one significant factor is the frequency and duration of breastfeeding sessions during the night. Infants who breastfeed

frequently and for extended periods without receiving appropriate oral hygiene care are more likely to have prolonged exposure to breast milk sugars, potentially increasing their risk of developing dental caries.

Modifying Risk Factors and Promoting Oral Health in Extended Night-time Breastfeeding

To mitigate the potential risk of ECC associated with breastfeeding, a comprehensive approach is necessary. Healthcare professionals should educate parents about the importance of maintaining oral hygiene from the eruption of the first tooth. Regularly cleaning the infant's gums and teeth using a soft cloth or an age-appropriate toothbrush can help remove plaque and reduce the risk of dental caries. It is advisable to avoid allowing the child to fall asleep while breastfeeding to prevent prolonged exposure to breast milk sugars without adequate oral hygiene.

Collaborative Efforts for Oral Health Promotion

To ensure optimal oral health outcomes in children practicing extended night-time breastfeeding, a collaborative effort between healthcare professionals, parents, and caregivers is essential. Pediatricians, dental professionals and lactation consultants should actively engage in oral health promotion by providing evidence-based guidance on breastfeeding practices and oral hygiene. They can educate parents about the potential risks and protective factors associated with extended nighttime breastfeeding and help develop strategies to minimize ECC risk.

The following are the recommendations by Indian Association of Pediatric Dentistry

1. Raise awareness of ECC with parents/caregivers, dentists, dental hygienists, physicians, nurses, health professionals, and other stakeholders.
2. Limit sugar intake in foods and drinks and avoid free sugars for children under 2 years of age.
3. Perform twice daily toothbrushing with fluoridated toothpaste (at least 1000 ppm) in all children, using an age-appropriate amount of paste.
4. Provide preventive guidance within the first year of life by a health professional or community health worker (building on existing programs—eg vaccinations—where possible) and ideally, referral to a dentist for comprehensive continuing care.

Conclusion

Paediatricians play a vital role in the prevention of early childhood dental caries. Through early education, risk assessment, referrals, nutrition counselling, advocacy, and ongoing education, paediatricians can empower parents and caregivers to adopt optimal oral hygiene practices and make informed decisions for their child's oral health. By integrating oral health promotion into routine care, paediatricians contribute significantly to reducing the prevalence of ECC and promoting better overall oral health in children.

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Antenatal Training & Education - Impact on Breastfeeding:

Antenatal breastfeeding education and promotion plays a key role in increasing exclusive breastfeeding rates and duration of breastfeeding.

Start the Conversation Early and Seek Support

It is important to start conversations about feeding plans for your baby early on during prenatal care, ideally in the first trimester. At that time, women should feel comfortable to express their desires, but also be open about potential concerns and obstacles that they feel they may face once the baby is born. Then prior to delivery, it is recommended that mothers-to-be take a prenatal lactation class and have an ongoing conversation with their obstetrician about breastfeeding.

Include Your Partner

Mothers should include their partner in the conversation and work towards a feeding plan together. Remember, there are many ways a partner can support a breastfeeding mom. A husband can be a driving force for breastfeeding success. Couples should work towards a shared goal together. Although he cannot actually feed the baby at the breast, he can maintain schedule, change diapers, do chores. Taking care of baby when mother is not breastfeeding, improves mother's sleep and energy and indirectly successful breastfeeding.

Community Support and Resources

It's important to educate mothers on the benefits of breastfeeding and help them find support should they make that choice. The barriers to breastfeeding are multifactorial and date back to a complex history related to socioeconomic status, education, misperceptions, social norms, and support systems. Some mothers-to-be may not consider breastfeeding because it can be difficult to find support when it is less common in their communities. The lower rate of initiation of breastfeeding is affected by cultural and socioeconomic differences that range from home to the workplace. That's why it's important to build awareness within our communities of how breastfeeding can make a difference in giving babies a healthy start.

There are many community resources that mothers can turn to for education and support for breastfeeding. Beyond their obstetricians, women can seek out child birth educators (trained professionals who provide emotional, physical, and educational support for mothers before, during and/or after childbirth), lactation consultants (specialists trained to help new moms overcome difficulties and reach their breastfeeding goals), home visit providers, as well as breastfeeding support groups. Mothers should also reach out to family, friends, and support groups in the community to build a strong foundation of support for the journey they are about to embark upon.

A Mother's Right to Breastfeed

Women must also understand their right to breastfeed in public and at work. Employers should provide reasonable break times and a private place (not a bathroom) for breastfeeding mothers to express milk for breastfeeding mothers. Empathy from co-workers also plays a vital role.

Overcoming Common Breastfeeding Issues

Breastfeeding is not easy, and there are many deterrents that can lead to discontinuation. However, by being proactive and knowing ahead of time where to turn for help, many women will find they can continue providing nutrition and so much more for their child. Here are some common issues and ways to find support:

Issues with Lactation Supply and Latch:

Talk to your obstetrician or lactation consultant about ways to increase milk supply and improve baby's latch. Continue to work with them as needed and do not be afraid to use additional supplies such as a nipple shield or nipple everter.

Concerns about medications and vaccinations that are safe while breastfeeding:

Much research has gone into determining what medications and vaccinations are compatible with breastfeeding. Most times, a mother can continue a recommended treatment and still feed her child.

Infant struggling with gaining weight and maintaining nutrition:

Speak to the pediatrician about increasing feedings or using supplementation and together determine when is the right time to make adjustments to the baby's feeding schedule.

Feelings of depression or of being overwhelmed:

Breastfeeding success can decrease rates of postpartum depression, yet on the other hand, breastfeeding struggles can increase those rates. Do not be afraid to ask for help from your doctor, or a lactation specialist, or friends who have been through it. Acknowledge the feelings and know that help and resources are abundant.

Widening the Circle of Breastfeeding Education and Support:

Breastfeeding is a labor of love, but it is one of the most rewarding gifts a mother can provide to her child. Find a "group" that best supports the goals you have set and lean on them as you begin your journey. Also remember, each child is different. Give yourself grace to change your plans and expectations to meet the challenges you face each time around. Then, as you contemplate your own experiences with the benefits and challenges of breastfeeding, you can share what you've learned, resources and support with family, friends or members of your community who may not even realize they need them.



Story - 1:

Embarking on my breastfeeding journey proved to be more challenging than I had anticipated, especially in the wake of recovering from childbirth. Despite my initial preparations, I hadn't fully grasped the complexity and pain involved, particularly during the initial few weeks.

Enlisting the aid of a professional lactation consultant was instrumental in overcoming these challenges. Archana Mam provided me with the correct techniques and bolstered my confidence, which was vital in facilitating this bonding experience with my baby.

It's crucial to recognize that breastfeeding—be it direct or expressed—might not come as naturally as one might envision. Navigating its many hurdles can be a tough task. Nevertheless, I believe that if breastfeeding is a personal choice, you must be prepared to seek help, for yourself or for your baby. Your baby might hold some tension in their body, and it may take time for both of you to find a comfortable rhythm. Acknowledging these realities and seeking timely guidance can make a world of difference.

Moreover, it's important to remember that if breastfeeding does not occur naturally, it's perfectly okay. There is no reason to harbor guilt or feel inadequate, because at the end of the day, what matters most is a healthy, well-nourished baby—regardless of the method of feeding chosen.

- Shruthi Ojha IAS
Banjarahills, Hyderabad



Story - 2:

One might think it's your second kid and given that you have breastfed your 1st one it's easier now. But let me tell you it totally wasn't easy. By god s grace I did not have much issues with my 1st kid so I also never actually thought breastfeeding will be an issue the second time. But from poor latch issues to sore and bleeding nipples to mastitis you name it I had it but the zest to breast feed kept me going . I had sleepless nights to days where I couldn't take the pain anymore, many a times I wanted to give up then said to myself let's try for a couple of more days and it did get better. My kid turns one year in a week and I am still able to feed her. There have been ups and downs but the growth of my baby kept me going. I'd like to thank Archana and Meeraj for helping me through all the tough times and always encouraging me.



Dr. Niveditha
Banajara Hills, Hyderabad



Story - 3:

Being a lactating and working mother can certainly come with its own set of challenges, but it can also be a rewarding and empowering experience. Here are some positive aspects of being a lactating and working mother: Bonding with your baby: Breastfeeding is not just about providing nourishment; it's also an opportunity to bond with your baby.



Nursing sessions allow you to spend quality time with your little one, fostering a strong emotional connection between you and your child. Nutritional benefits for your baby: Breast milk is uniquely tailored to meet your baby's nutritional needs. It provides essential nutrients, antibodies, and enzymes that can enhance your baby's immune system and overall health. By continuing to breastfeed while working, you can ensure that your child receives these benefits even when you're apart. Convenience and cost-effectiveness: Breastfeeding can be a convenient option for working mothers. You don't have to worry about preparing bottles, measuring formula, or sterilizing equipment. Breast milk is always ready and at the right temperature, making it easier to manage your baby's feeding routine. Moreover, breastfeeding can save you money by eliminating the need for formula purchases. Health benefits for you: Breastfeeding offers several health benefits for lactating mothers. It helps your body recover from childbirth by shrinking the uterus and reducing postpartum bleeding. It also lowers the risk of certain diseases, such as breast and ovarian cancer, and promotes long-term bone health. The act of nursing can also release hormones that induce relaxation and promote a sense of well-being. Empowerment and independence: Successfully balancing work and breastfeeding can be a source of empowerment for many women. It showcases your ability to manage multiple responsibilities and nurtures a sense of independence. It's a reminder that you can pursue your career goals while still providing the best nutrition for your baby. Support and community: Many workplaces are becoming more supportive of working mothers by providing lactation rooms, flexible schedules, and breastfeeding-friendly policies. These initiatives can help create a supportive community where you can connect with other lactating mothers and share experiences, advice, and encouragement. Remember, every mother's journey is unique, and it's essential to find a balance that works best for you and your family. Whether you choose to exclusively breastfeed, pump milk while working, or supplement with formula, the most important thing is that you and your baby are happy, healthy, and loved.

Sargam Manghnani
Marathali, Bangalore



ROLE OF LATCH SCORE IN ENHANCING THE RATES OF EXCLUSIVE BREAST-FEEDING AT 6 WEEKS OF AGE

- Dr Sowmya Thota, Dr V Vamsi Sivarama Raju, Dr S Ramprasad, Dr BSCP Raju
 Rainbow Children's Hospital, Vijayawada

Background:

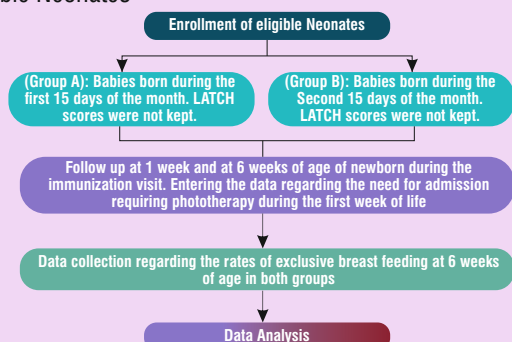
World health organization (WHO) recommends exclusive breastfeeding (EBF) for the first 6 months of life¹. To promote exclusive breast feeding, monitoring of breastfeeding practices is necessary, Latch on assessment would improve breast feeding². To increase breastfeeding rates, a valid and reliable tool is required³.

A clinical audit "LATCH score in enhancing the rates of Exclusive breast feeding in healthy term Neonates" was done in the department of Neonatology at Rainbow children's hospital, Vijayawada in the months of September (without LATCH score) and October 2018 (with LATCH score), the rates of formula prescription came down drastically to 27% in October compared to 65% in September and the rates of exclusive breast feeding at discharge from the hospital have increased from 35% to 73%. Hence, we planned this prospective randomised study of Implementing LATCH score during immediate postnatal period to assess the rates of exclusive breast feeding at 6 weeks age.

Methods:

A prospective Quasi-randomised study was conducted between November 2018 to September 2019. All the mother infant dyads who delivered between November 2018 to September 2019 were included in the study after obtaining written informed consent. The participants were divided into 2 groups. LATCH score was not used for neonates delivered in the first 15 days of every month (Group A) and LATCH score was used for neonates born from 16th till the end of every month (Group B). Total score will range from 0 to 10, staff nurses assessed the LATCH score for each mother-infant dyad in group B. LATCH assessment tool with individual scores were attached to the case sheets. The time points of assessment were- at birth, every 8 hours till 48 hours/discharge (if discharged earlier). Data was collected as per study proforma.

Mothers of both the groups were interviewed with in the first week after discharge and at 6 weeks during the immunization visit by the investigator either on phone or through direct contact during hospital visit to assess for exclusive breastfeeding (Figure:1). The rates of exclusive breastfeeding in mother infant dyads in both the groups were compared and analysed for any statistically significant difference. Enrollment of eligible Neonates



Results:

Out of 968 eligible mother-infant pairs, infants who were exclusively breastfed at 6 weeks age were 708(73.1%), and babies who were on mixed feeds or formula feeds were 260(26.9%). Among babies in group A, 317(64.7%) babies out of 490 were exclusively breastfed at 6 weeks of age and among babies in group B, 391(81.8%) out of 478 were exclusively breastfed at 6 weeks of age. The difference in the rates of exclusive breastfeeding in between the two groups was statistically significant $P < 0.01$ (Table:1).

Table 1: Comparison of exclusive breast-feeding rates at 6 weeks between groups

		Groups		TOTAL	X ² - Value	P - Value	
		Without LS	With LS				
Exclusive Breastfeeding at 6 Weeks	Yes	n	317	391	708	36.037	0.0005
		%	64.7%	81.8%	73.1%		
	No	n	173	87	260		
		%	35.3%	18.2%	26.9%		
Total	n	490	478	968			
	%	100%	100%	100%			

**** Highly Significant at P < 0.01 level**

It was also observed that mothers with flat nipple in the group with LATCH score had better exclusive breastfeeding rates when compared to another group. 15(51.7%) out of 29 babies born to mothers with flat nipple in group B had exclusive breast feeding. Only 3(12%) out of 25 babies born to mothers with flat nipple in group A had exclusive breast feeding at 6 weeks, this difference is statistically significant with $P < 0.01$ (Table:2).

Table 2: Exclusive breast-feeding rates in mothers with flat nipple between the groups

		Groups		TOTAL	P - Value	
		Without LS	With LS			
Exclusive Breastfeeding at 6 Weeks	Yes	count	3	15	18	0.0005**
		%	5.6%	27.8%	33.3%	
	No	count	22	14	36	
		%	40.7%	25.9%	66.7%	
Total	count	25	29	54		
	%	46.3%	53.7%	100%		

**** Highly Statistical Significance at P < 0.01 level**

Conclusions: LATCH score at birth increases the rates of exclusive breastfeeding and decreases the usage of formula feeds. LATCH score helps in increasing the rates of exclusive breastfeeding in special situations like flat nipple. It is beneficial to include LATCH score as a regular checklist to all mothers in the immediate post-natal period as an objective way to assess the breast feeding.

References:

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**Dr J Kumutha**

Prof & HOD Neonatology, Saveetha Medical College, Expert Advisor Child Health, NMH-Tamil Nadu

Breastfeeding Support for Working Women

Introduction:

Breastfeeding plays a crucial role in the holistic development of children, benefiting not only the mothers and families but also society as a whole. Embracing family-friendly policies is essential to grant parents and caregivers the means to give their children the best possible start in life, resulting in healthier, better-educated children and a more skilled workforce, fostering sustainable growth. Breastfeeding is associated with delightful closeness and bonding with the baby, higher productivity, and lower absenteeism among breastfeeding mothers.

The WHO and UNICEF recommend, that infants should be breastfed within the first hour of birth (early initiation of breastfeeding), be exclusively breastfed (fed only breast milk) for the first six months, and continue breastfeeding for 2 years and beyond. They also recommended "enacting imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement" by all the governments.

Exclusive breastfeeding has the potential to prevent 13 percent of under-five deaths globally each year. Early initiation of breastfeeding within the first hour of birth and exclusive breastfeeding can reduce 22% of all newborn deaths.

However, the National Family Health Survey (NFHS-5), 2019–2021, revealed that only about 41% of infants were breastfed within the first hour of birth in our country. The survey also found that only 64% of children less than 6 months of age were exclusively breastfed. A study conducted among working women attending a tertiary care hospital in Karnataka showed that only 42.1% of the working women had initiated breastfeeding within one hour of birth, and 15.9% of the working women had exclusively breastfed their children for six months.

Barriers and facilitators for breastfeeding among working mothers

Employment of mothers outside the home, especially full-time employment, negatively influences the duration of breastfeeding. Why working outside the home shortens breastfeeding duration is unclear, but factors related to the time surrounding return to work appear critical. One study found that those who made plans to return to full-time work before 6 months had 1.34 times the odds of terminating breastfeeding as mothers who did not plan to return to work. Women frequently attribute early weaning to unsupportive work environment like lack of privacy and inadequate time to express breast milk. The duration of maternity leave, provision for milk expression, crèche facilities, and family support emerge as crucial interventions required for facilitating successful breastfeeding among working women.

Professional women have significantly greater success in breastfeeding than women in such occupations as retail sales, clerical posts, and construction trades. Professional women typically have more autonomy, enabling greater privacy to breastfeed and greater freedom to accommodate the timing demands of lactation.

Counselling during pregnancy

In India, the health care provider who can impact pregnant women during antenatal visits is either an obstetrician or an Auxiliary Nurse Midwife (ANM). Opportunities are open during antenatal visits for counselling mothers regarding breastfeeding, and according to NFHS 5, around 84% of pregnant women have been counselled on breastfeeding. This is an optimal time to impart knowledge about the benefits of breastfeeding for mothers and children. Breastfeeding protects infants from infectious diseases and reduces the risk of childhood illnesses while also playing a crucial role in preventing non-communicable diseases like obesity, diabetes, and cardiovascular issues. Additionally, breastfeeding promotes faster post-delivery recovery and lowers the likelihood of chronic diseases such as breast and ovarian cancers, heart disease, and diabetes, all while improving birth spacing in mothers. A discussion on how working women can successfully breastfeed during the AN period would go a long way in supporting breastfeeding.

The support provided for breastfeeding can be of 4 types; Maternity benefit entitlements of the government, employers' voluntary initiatives, support services offered by NGOs and family support

Family support for lactating women who will be working outside home

To support a breastfeeding mother, create a comfortable environment that allows her to breastfeed with emotional ease and psychological comfort. Avoid nit-picking. Instead, assist and support as she learns about baby handling and breastfeeding techniques.

Limit unnecessary visits and calls from relatives or friends to provide the mother with more rest and focus on breastfeeding. Help the mother during breastfeeding by offering adequate fluid, nutrition, and practical help. Assist with household chores, cooking, cleaning, and shopping to alleviate the burden on the breastfeeding mom and allow her time for self-care and bonding with the child. Promote milk expression and storage at home. Give confidence and create faith in herself that she can successfully breastfeed despite pursuing her career.

The key amendments of the Maternity Benefit Act of India (2017)

The maternity Benefit Act with its amendment in 2017 has addressed some of the issues faced by working women. The

provisions of the Act have to be disseminated to all the sectors of the working women group. The key amendments are;

The increase in duration of paid maternity leave available for women employees from 12 weeks to 26 weeks.

For women with two or more surviving children, the duration of paid maternity leave shall be 12 weeks.

·Maternity leave of 12 weeks is to be available to mothers adopting a child below the age of three months, as well as to the "commissioning mothers."

·"Work from home" for women, which may be exercised after the expiry of the 26-week leave period. Depending upon the nature of work, women employees may be able to avail of this benefit on terms mutually agreed with the employer.

·Crèche facility; Crèche facility is mandatory for every establishment employing 50 or more employees. Women employees would be permitted to visit the crèche four times during the day (including rest intervals), and where crèche facilities are not available, women employees are entitled to two one-half-hour rest periods.

The Maternity Benefit Amendment Act makes it mandatory for employers to educate women about the maternity benefits available to them at the time of their appointment.

Organizational support for lactating women workforce

Employers should comply with the existing legislation of the Maternity Benefit Act 2017. The workplace should be made conducive for breastfeeding by providing nursing breaks or reduced work hours. Establish a lactation support policy. Additionally, Organizations must ensure workplace safety, prohibit discrimination based on pregnancy, breastfeeding, and provide training for managers on the advantages of breastfeeding, including improved employee retention and reduced absenteeism.

Establishing a dedicated breastfeeding room which is a well-equipped space for mothers to breastfeed, express, and store milk is necessary to promote breastfeeding among working mothers. A breastfeeding room should be a private and easily accessible space located away from restrooms but close to the workspace. The ideal breastfeeding room should have hand-washing facilities, necessary supplies for expression, and a cold storage system for breast milk, while strictly prohibiting



any promotion of breast-milk substitutes as per the International Code of Marketing. Optional addition could be a library with informative materials on breastfeeding.

Allow gradual transition back to full-time work. Transition options such as part-time work, telecommuting, flexible schedules, or job sharing can be implemented. Allowing access to their children at work through on-site child care and support from management, co-workers, and other mothers who had combined work with breastfeeding successfully, are some of the initiatives that have yielded promising results.

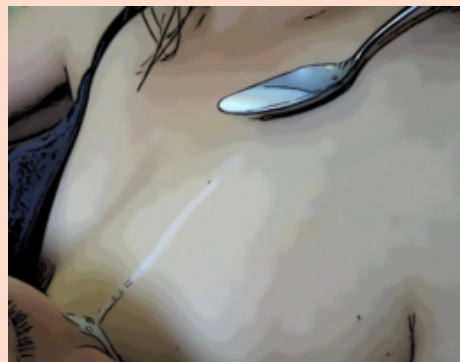
Enhancing the corporate image by demonstrating care for working women leads to reduced leave requests, absences, and maternity-related absenteeism while increasing female worker retention and lowering attrition rates, resulting in cost savings for the company. Offering prenatal classes and postpartum lactation counseling by health professionals as part of work education is one of the new initiatives implemented in some organizations worth emulating.

Conclusion

The evidence from a systematic review conducted by Mireya Vilar-Compte et.al in 2021 suggest that workplace interventions help increase the duration of breastfeeding and prevent the early introduction of breastmilk substitutes. Having a lactation space, breastmilk expression breaks, and organization policies are the key strategies for improving breastfeeding. To achieve equitable work environments and fair nutritional opportunities for infants of working mothers, interventions should focus on three ecological layers- individual, interpersonal and organizational. The review also revealed that interventions at workplace are important in protecting, promoting and supporting breastfeeding among working mothers.

Do
You
Know?

Drip-Drop Feeding encourages babies to suckle at the breast. It helps you produce more milk through breast nipple stimulation and makes moving from bottle to breast easier. Helps in-relactation / induced lactation



Activities @ Bengaluru

Marathahalli

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Milk Bank Inauguration



Milk Bank Inauguration



Breastfeeding Week Celebrations

Bannerghatta



Education and Training



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Certificate of Accreditation

RAINBOW CHILDREN'S HOSPITAL, HEBBAL

BANGALORE, KARNATAKA
(Valid from 14 February 2023 to 13 February 2026)

BREASTFEEDING FRIENDLY HOSPITAL

for implementing WHO's 'Ten Steps to Successful Breastfeeding' and guidance of MAA Programme, Government of India

Dr. Arun Gupta
Central Coordinator, BPNI

Dr. Girdhar Gyani
Director General, AHPI

Date: 14 February, 2023




UPCOMING EVENTS

Celebrations
1st to 7th August 2023
BREASTFEEDING WEEK 2023

Venue:
5th Floor Auditorium, Rainbow Children's Hospital,
Road No.2, Banjara Hills, Hyderabad.

Date	Program	Time	Speakers
01-08-2023	Guest Meet and Reception of Breastfeeding Newsletter	09:00 pm - 09:00 pm	Dr. A. Nandini Lakshmi Dr. Faisal B. NAJIB
02-08-2023	The Basic Lactation Workshop for Nurses and Lactation Professionals in Collaboration with NNF (International)	09:00 pm - 09:00 pm	—
03-08-2023	Wall Womenhood & Breastfeeding Awareness for Future Mothers - A College Talk	12:00 pm - 01:00 pm	—
03-08-2023	Breastfeeding Balance: "Don't You Know?" - Quiz	02:00 pm - 04:00 pm	Dr. Wiyandani Jeyapalan Dr. A. Vijayalakshmi
04-08-2023	Everything About Breastfeeding for Working Parents, an Occupational & Sociological View - A Corporate Talk	02:00 pm - 04:00 pm	—
04-08-2023	20th Lactation Quiz: Culture, Country, Country - A Corporate Quiz	02:00 pm to 04:00 pm	Dr. Nandini Lakshmi Ms. Sangeeta Reddy
05-08-2023	Enabling Breastfeeding: Making a Difference for Working Parents - Poster Making	10:00 pm - 12:00 pm	Dr. P. Anshu Prashtha Dr. Saakshya Kulkarni
07-08-2023	Quiz Competition, Launch of Breastfeeding Guide, Inauguration of Prize Distributor and Reception	02:00 pm - 05:00 pm	—

For Poster & Quiz Presentation Contact: Ms. Sakshya @ 8486077018
For Talent Show Contact: Ms. Shreya @ 8784026238
For Lactation Quiz Competition Contact: Ms. Manvi Fakhre @ 9649416275
For Quiz Contest: Ms. Archana @ 8743700365

Rainbow Children's Hospital
in Association with National Neonatal Forum
cordially invites all the
Nurses & Lactation Professionals
to join the
BASIC LACTATION WORKSHOP

on **2nd August 2023** | 9:00 am onwards
At 5th Floor, Auditorium,
Rainbow Children's Hospital,
Road No.2, Banjara Hills, Hyderabad

Click for
Free Registration

<https://forms.gle/6sQARY3hvHety9om8>

LACTATION NURSE PRACTITIONER COURSE
20+ hours of
Lactation Education Course

Every Thursday and Friday
from 01:00pm to 02:00pm

Lactation Nurse Practitioner Course
20+ Hours of Lactation Education Course
Commencing from 17th August 2023

- Celebration of Breastfeeding Week - 1st - 7th August 2023
- Basic Lactation Workshop in Collaboration with NNF on 2nd August 2023
- Breastfeeding Guide Launch on 7th August 2023



Marathalli Milk Bank Team

Congratulations

to Marathalli Human Milk Bank Team

Update on Marathalli Human Milk Bank
from opening date of Milk Bank
19th May to 19th July 2023

Total Milk Collected:	14,448 ml
Total Milk Dispensed:	6995 ml
Total No of Donors:	16
Total No of Babies benefited:	11

Rainbow Children's Hospital

Log on to: www.rainbowhospitals.in/breastfeedingsupportgroup

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ABOUT OUR
BREASTFEEDING SUPPORT GROUP

