



**IYCF  
(INFANT AND  
YOUNG CHILD  
FEEDING)**

# INFANT AND YOUNG CHILD FEEDING

- Infant & young child feeding ( IYCF) is a set of well known & common recommendations for appropriate feeding of a new born & children under 2years of age.

# IYCF PRACTICES

- Early initiation of breast feeding ; immediately after birth , preferably within 1 hour.
- Exclusive breastfeeding for the 1<sup>st</sup> 6 months of life i.e. 180 days ( no other foods or fluids , not even water ; but allows infant to receive ORS , drops, syrups of vitamins , minerals & medicines when required. )
- Timely introduction of complementary foods ( solid , semisolid or soft foods ) after the age of 6 months i.e. 180 days .
- Continued breastfeeding for 2 years or beyond.

## cont'd...

- age appropriate complementary feeding for children 6-23 months, while continuing breastfeeding . Children should receive food from 4 or more food groups :
  - a) grains, roots & tubers , legumes& nuts
  - b) Dairy products ;
  - c) Flesh foods
  - d) Eggs;
  - e) Vitamin –A rich fruits & vegetables
- \* Active feeding for children during & after illness.

# IYCF GUIDELINES

- Breastfeeding
- Complementary feeding
- HIV & infant feeding
- Special situations



# IYCF GUIDELINES

- BREASTFEEDING :
- BREASTFEEDING should be promoted to mothers & other caregivers as the standard feeding option for babies.
- Antenatal counseling individually or in groups organized by maternally facility should contain messages advantages of breastfeeding & dangers of artificial feeding .
- Breastfeeding must be initiated as early as possible after birth for all normal newborns ( including those born by caesarean section)

## Cont'd...

- Colostrum , milk secreted in the 2-3 days, must not be discarded & no prelacteal fluid should be given to the newborn.
- Exclusive breastfeeding should be practiced from birth till 6 months requirements . After completion of 6 months of age, with introduction of optimal complementary feeding. Breastfeeding should be continued for a minimum for 2 years & beyond depending on the choice of mother & the baby. Even during the 2<sup>nd</sup> year of life , the frequency of breastfeeding should be 4-6 times in 24 hours , including night feeds.

## Cont'd...

- At every health visit, the harms of artificial feeding & bottle feeding should be explained to the mothers .
- Inadvertent advertising of infant milk substitute in health facility should be avoided . Artificial feeding is to be practiced only when medically indicated.
- all efforts should be taken to provide appropriate facilities so that mothers can be breastfeed babies with ease even in public places.
- Adoption of latest WHO growth charts is recommended for growth monitoring.



# COMPLEMENTARY FEEDING

- Appropriately thick complementary foods of homogenous consistency made from locally available foods should be introduced at 6 completed months to all babies while continuing breastfeeding along with it. This should be the standard & universal practice . During this period breastfeeding should be actively supported & therefore the term **weaning** should be avoided.

## Cont'd...

- Foods can be enriched by making a fermented porridge, use of germinated or sprouted flour & toasting of grains before grinding.
- Parents must identify the staple homemade food comprising of cereal-pulse mixture( as these are fresh , clean & cheap ) & make them calorie & nutrient rich with locally available products.
- Iron fortified foods, iodized salt, vitamin A enriched foods etc are to be encouraged.

# Cont'd...

- Junk food & commercial foods , ready made , processed food from the market, eg. tinned foods /juices , cold drinks , chocolates , crisps , health drinks , bakery products etc should be avoided.
- Giving drinks with low nutritive value , such as tea , coffee& sugary drinks should also be avoided.
- Hygienic practices are essential for food safety during all the involved steps viz. preparation , storage & feeding.

# Cont'd...

- A skilled help & confidence building is also required for complementary feeding during all health contacts & also at home through home visits by community health workers.
- Consistency of foods should be appropriate to the developmental readiness of the child in munching , chewing & swallowing. Foods which can pose choking hazard are to be avoided . **Introduction of lumpy or granular foods & most tastes should be done by about 9 to 10 months. So use of mixers/ grinders to make food semisolid / should be strongly discouraged.**

# HIV & INFANT FEEDING

- Exclusive breastfeeding is the recommended infant feeding choice in the first 6 months , irrespective of whether mother or infant is provided with ARV drugs for the duration of breastfeeding.
- Mixed feeding should not be practiced.

# SOME SITUATIONS :

- **SITUATION 1: Mother is on ART for her own health , started before/ during pregnancy**
- Maternal antiretroviral therapy significantly reduces the HIV transmission through breastfeeding . Infants born to these mothers are advised 6 weeks of nevirapine (NVP) for breastfeeding infants to reduce the risks of early post natal transmission.

# Cont'd...

- **SITUATION 2 : Mother is not on ART but has been started on ARV prophylaxis during pregnancy that is continued during lactation.**
- For this gp of infants breastfeeding is associated with a reduced risk of HIV transmission by the ongoing ARV prophylaxis & is the feeding option of choice.
- If a women received a three drug regimen during pregnancy, starting from as early as 14 weeks of gestation , a continued regimen of triple therapy is recommended till 1 week after the end of the breastfeeding period.

# Cont'd...

- **Situation 3: when the infant is HIV infected**
- If infants & young children are known to be HIV infected , mothers are strongly encouraged to exclusively breastfeed for the first 6 months of life & continue breastfeed as per as the recommendations for the general population , that is up to 2 years or beyond.
- HIV infected women who opt for replacement feeding or in situations where breast milk is not available for the infants eg. maternal deaths , sickness , twins etc



## Cont'd...

- These babies should be given locally available animal milk . Animal milk ( pre packed processed milk or fresh animal milk ) is easily available , economical & culturally acceptable in comparison to commercial feeding formulas.

# FEEDING IN OTHER SPECIFIC SITUATIONS

- **FEEDING DURING SICKNESS**

- Feeding during sickness is important for recovery & for prevention of under nutrition . Even sick babies mostly continue to breastfeed & the infant can be encouraged to eat small quantities of nutrients rich foods , but more frequently & by offering foods that a child likes to eat . After the illness ( e.g.. diarrhea ) the nutrient intake of child can be easily increased by increasing 1 or 2 meals in the daily diet for a period of about a month .

# Cont'd...

- **INFANT FEEDING IN MATERNAL ILLNESSES**
- Chronic infections like tuberculosis , leprosy or medical conditions like hypothyroidism need treatment of the primary condition & do not warrant discontinuation of breastfeeding.
- Breastfeeding is contraindicated when the mother is receiving certain drugs like antineoplastic agents , immuno suppressants , anti thyroid drugs like thiouracil . Amphetamines , gold , salts etc.

# FEEDING IN PRETERM / LOW BIRTH WEIGHT INFANTS

- All LBW infants including those with VLBW should be fed breast milk.
- LBW infants who are able to breastfed should be put to the breast as soon as possible after birth . If unable to suckle, these babies should be fed with expressed breast milk using a katori & spoon
- LBW infants should be exclusively breastfed until 6 months i.e. 180 days of age.
- LBW infants who cannot breastfed & need to be fed by an alternative oral feeding method should be fed by cup or spoon or as prescribed by the pediatricians .

# Cont'd...

- VLBW infants should be given 10 ml/kg of enteral feeds preferably expressed breast milk , starting from 1<sup>st</sup> day of life with the remaining fluid requirement met by IV fluids.
- LBW infants including those with VLBW who cannot be fed mother's own milk should be fed donor ( non HIV infected ) human milk . ( this recommendation is relevant only to settings where safe & affordable milk banking facilities are available or can be set up such as SNCU).

# IYCF INTERVENTIONS by WHO, UNICEF

- The strengthening of IYCF INTERVENTIONS requires :
- **1) PROTECTION:** By ensuring implementation of the IMS act. i.e- infant milk substitutes feeding bottles and infant foods(1992)
- **2) PROMOTION:** by providing accurate information and skilled counselling to the women , family and community members.
- Country needs plans of action to be promoted at national, health centre and community levels by adoption and implementation of policies.
- In developed countries , programmes like baby friendly hospital initiative have been promoted to improve the care quality of feeding care in maternity services.
- **3) SUPPORT:** By providing support measures for sustained appropriate feeding through maternity protection.

# CONCLUSION

- It is a well known fact that 0-2 years period in a child's life is critical for preventing malnutrition. Many developing countries are struggling to resolve this issue.
- Efficient governance will make programme delivery more efficient in order to make IYCF program effective.
- Under Article 24 of the convention on the rights of child , to ensure that all sectors of society know about the benefits of breastfeeding.

**THANK  
YOU**

