

National Policy Maternal, Infant and Young Child Nutrition

Summary Statement

Every facility providing Maternal and Child Health (MCH) services shall:

- (1) Comply fully with the Breast Milk Substitutes (Regulation and Control) Act, 2012, International Code of Marketing of Breast Milk Substitutes and the relevant World Health Assembly resolutions;
- (2) Adhere to the national policy on Maternal Infant and Young Child Nutrition (MIYCN), which should be routinely communicated to health staff, parents and strategically displayed in a language mothers/caregivers can understand;
- (3) Strengthen on-going monitoring and data management systems of the BMS Act, 2012 and MIYCN policy;
- (4) Provide a lactation station for breastfeeding mothers;
- (5) Capacity build health care staff to ensure that they have sufficient knowledge, skills and competence to support breastfeeding;
- (6) Promote optimal maternal nutrition before conception, during pregnancy and lactation;
- (7) Discuss with pregnant and lactating women and their families the importance and management of breastfeeding and the risks of not breastfeeding;
- (8) Facilitate immediate and uninterrupted skin-to-skin contact for at least one hour after birth and support mothers to initiate breastfeeding;
- (9) Support mothers to initiate and maintain breastfeeding and promptly seek help from a health worker when they encounter difficulties/barriers;
- (10) Demonstrate correct positioning and attachment of the baby to the breast for effective suckling;
- (11) Demonstrate and educate all mothers how to express, store, warm and use expressed breast milk;
- (12) Not provide new-born infants any food or fluids other than breastmilk unless medically indicated;
- (13) Counsel on avoidance and the risks of mixed feeding within the first six months of life;
- (14) Enable mothers and their infants to remain together and practice rooming-in 24 hours a day for effective breastfeeding;
- (15) Support mothers to recognize and respond to their infants' cues for feeding;
- (16) Counsel mothers and their families on the risks of using feeding bottles, teats, pacifiers, cups with spouts and provide information on cup feeding;
- (17) Provide information and demonstrate to mothers how to introduce and prepare appropriate, adequate and safe complementary foods for their infants at six months with continued breastfeeding for 2 years or beyond;
- (18) Monitor and promote weight gain of pregnant women and the growth & development of infants and young children upto the age of 59 months;
- (19) Coordinate appropriate linkage and referral of the mother, infant and the family upon discharge from health facility to community services for on-going support and care.

NB: Every facility to establish and maintain a responsive mother/caregiver support program for optimal infant and young child nutrition including phone calls, home visits and text messages during pregnancy and breastfeeding period

INFANT FEEDING AND HIV GUIDELINES

ALL PARENTS/CAREGIVERS SHOULD BE GIVEN INFORMATION ON:

- Benefits of exclusive breastfeeding for the first 6 months and continued breastfeeding for 2 years or beyond¹
- Importance of HIV counseling and testing to prevent mother-to-child transmission of HIV and importance of partner testing
- Prevention and management of breast conditions
- Proper breastfeeding techniques – positioning, attachment and effective suckling
- Timely, appropriate, adequate and safe complementary feeding
- Optimal maternal nutrition and care
- Importance of micronutrients
- Child spacing
- Prompt treatment of infections
- Essential hygiene actions

HIV TESTING SERVICES

HIV NEGATIVE MOTHERS

- Reinforce HIV risk reduction.
- Conduct HIV testing during 1st trimester/1st contact, 3rd trimester, during labour and delivery, 6 weeks post-delivery, and every six months until complete cessation of breastfeeding.
- Continue to offer partner testing.

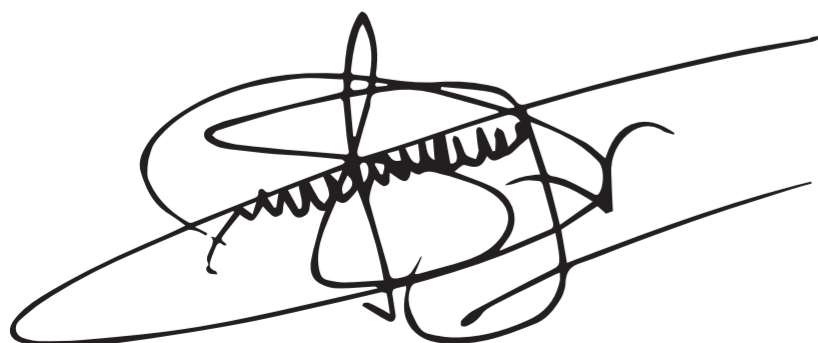
HIV POSITIVE MOTHERS AND THEIR BABIES

- Provide the mother with ART to achieve optimal viral suppression while the infant receives ARV prophylaxis in line with the current national guidelines.
- Support adherence to ART for the mother, prophylaxis for the infant and support optimal feeding practices.
- Link infant to timely HIV-exposed infant (HEI) interventions and early infant diagnosis (EID) at 6 weeks, 6 months and 12 months. Conduct an antibody test at 18 months and every six months until cessation of breastfeeding.
- Give information on prevention and management of breast conditions.
- For infants confirmed to be HIV positive, initiate ART and support drug adherence to achieve optimal viral suppression.
- Support mothers to continue with exclusive breastfeeding for the first six months, introduce timely, appropriate, adequate and safe complementary foods with continued breastfeeding for 2 years or beyond².
- Focus on retention in care for both mother and baby.

MOTHERS WITH UNKNOWN STATUS

- Repeat offer of HIV testing at every subsequent contact
- Reinforce HIV risk reduction

1. Counsel the mother on risks associated with mixed feeding. For infants who cannot access breast milk, give information on safe preparation, storage and appropriate feeding techniques chosen for replacement feeds. Ensure adherence to the breastmilk Substitutes (Regulation and Control) Act, 2012
2. All mothers should be supported to breastfeed for 2 years or beyond regardless of their HIV status.



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