



NUTRITION MONTH 2011

Isulong ang BREASTFEEDING –
Tama, Sapat at EKsklusibo!



Talking points



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“There is nothing greater than for a mother to nurture her beloved child straight from her bosom.”

- Justice Ma. Alicia Austria-Martinez

TALKING POINTS

1. What is Nutrition Month?

Nutrition Month is an annual event held every July in accordance with Presidential Decree No. 491 known as the Nutrition Act of the Philippines which created the National Nutrition Council (NNC). The NNC coordinates the nationwide celebration. Each year the NNC comes up with a theme to call the nation's attention and action on a particular issue.

2. What is the theme for the 2011 Nutrition Month?

The theme for the 2011 Nutrition Month is "Isulong ang BREASTFEEDING – Tama, Sapat, at EKsklusibo". The theme focuses on key messages to ensure successful breastfeeding practices. The theme supports the Department of Health's campaign on Communication for Behavioral Impact on breastfeeding which is "Breastfeeding TSEK (Tama. Sapat. EKsklusibo)." The objective of this year's Nutrition Month celebration is to encourage all sectors of society to help promote, protect and support correct breastfeeding practices.

3. What does BREASTFEEDING TSEK means?

TSEK or Tama, Sapat at EKsklusibo means:

- "Tama" by immediate skin-to-skin contact between mother and baby after birth, and initiation of breastfeeding within the first hour of life.
- "Sapat" by encouraging and assuring mothers that little breastmilk is enough for the first week and that frequent breastfeeding ensures continuous breastmilk supply to respond to the increasing needs of the baby.
- "EKsklusibo" by giving only breastmilk and no other liquid to the baby for the first six months. Breastmilk has all the water and nutrients that the baby needs for the first six months after which the baby should be given appropriate complementary foods while continuing breastfeeding.

4. What is the importance of BREASTFEEDING TSEK?

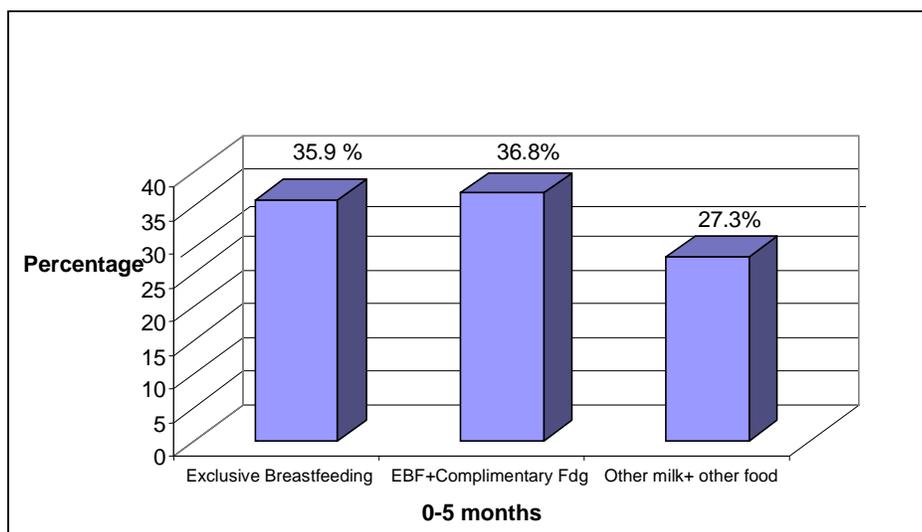
The protection, promotion, and support of breastfeeding rank among the most effective interventions to improve child's survival. According to the World Health Organization (WHO), it is estimated that high coverage of optimal breastfeeding practices could avert 13% of the 10.6 million yearly deaths of children five years old and below. Evidence on the importance of exclusive breastfeeding and early initiation includes:

- Babies who were not breastfed in the first 6 months of their lives are 25 times more likely to die than those who experienced exclusive breastfeeding from the time they were born.
- The timing of initiation of breastfeeding is important as there is a higher risk of death among infants with longer delay in the initiation of breastfeeding.
- Hospitalized low birth weight Infants who were fed with formula milk had 4 times the incidence of serious illness compared to those infants who were breastfed.
- There is a 2-4 fold increase in neonatal mortality rate (NMR) in not receiving colostrum. There is a 5-13% decrease in NMR with exclusive breastfeeding.
- Breastfeeding not only saves babies from death, but also provides long-term benefits. Breastfed babies do better in school cognitive tests by as much as 4.9 points. There is a positive association of breastfeeding with educational attainment.

5. What is the current breastfeeding situation in the country?

The 7th National Nutrition Survey (DOST-FNRI) revealed that among infants 0-5 months old, only 36 out of every 100 were exclusively breastfed; only 37 of every 100 were breastfed at the same time given a complementary food and as many as 27 out of every 100 infants were given other milk and other foods.

Figure 1. Distribution of 0-5 month old Infants by Current Feeding Practice



Source: 7th NNS, FNRI-DOST, 2008

Meanwhile the percentage of exclusive breastfeeding (35.9%) was significantly higher in 2008 compared with 2003 in which 29.7% of 0-5 months old infants were exclusively breastfed. However, the duration of exclusive breastfeeding in 2008 is significantly lower than 2003 with 2.3 and 3 months, respectively.

6. Why is early initiation of breastfeeding very important?

Some babies die after birth because they were not breastfed immediately. Breastfeeding should be initiated at once – about 30 minutes after normal delivery and about 3 - 4 hours after delivery by caesarian section. Providing breastmilk within the first hour after delivery can save up to 22% of infants from death and about 16% when they are breastfed within the first day thus, decreasing the rate of infant mortality significantly. Infants who were given early breastfeeding will have the opportunity to be more successful and sustain exclusive breastfeeding.

In addition, babies who are breastfed immediately can help avoid the risk of hypothermia as the warmth of the mother's breast helps regulate the baby's body temperature and avoiding the risk of death due to cold. Also, babies that were placed on the mother's chest will be calmer as it reduces stress and stabilizes the heartbeat and breathing.

On the other hand, the baby's touch and suckle can help stimulate the production of oxytocin by the mother which causes uterine contractions that help reduce bleeding; stimulates other hormones, which makes the mother calm and relaxed and stimulates the production of breastmilk.

Early initiation of breastfeeding is part of the Essential Newborn Care Protocol adopted by the Department of Health. The four key elements of the protocol are:

- Immediate and thorough drying up of the newborn for 30 seconds to one minute warms the newborn and stimulates breathing.
- Early skin-to-skin contact between newborn and mother and delayed washing for at least 6 hours prevents hypothermia, infection and hypoglycemia.
- Properly timed cord clamping and cutting prevents the newborn from having anemia and protects against brain hemorrhage in premature newborns.
- Continuous non-separation of newborn and mother for early breastfeeding protects newborns from dying due to infections.

7. What are the advantages of exclusive breastfeeding for the mother?

a. Physiological benefits

- Breastfeeding promotes uterine involution, decreases risk of postpartum hemorrhage and increases period of postpartum anovulation (having periods without ovulating).
- Mothers can also practice natural child spacing since breastfeeding delays ovulation. This is called Lactation Amenorrhea Method (LAM). A lactating woman has at least 98% protection from pregnancy for six (6) months when she remains without her period (amenorrheic) and fully or nearly fully breastfeeds.
- Breastfeeding also decreases the risk of breast cancer, ovarian cancer and hip and bone fractures.
- Breastfeeding also makes it easier for night feeds.

b. Psychological Benefit

- Breastfeeding promotes attachment between the mother and child, increases self-esteem to mothers and allows daily rests for mothers. It is important for the optimal health and development of the baby. Breastmilk provides every single essential nutrient in the development of the baby, and the bonding element (mother's thoughts, emotions and vibrations) that helps mother and baby to bond for life.

c. Financial Benefits

- Breastfeeding can save as much as P2000 a month when compared to using other milks.
- Reduces time lost from work. Mothers do not have to absent themselves from work because breastfed babies are less likely to get sick.
- Reduces cost for medicines for sick baby because breastfed infants do not get sick easily.

8. What are the advantages of exclusive breastfeeding for the baby?

The human milk is naturally designed for human consumption. It is nutritionally superior to any alternatives, bacteriologically safe and always fresh. Breastfeeding promotes proper jaw, teeth, and speech development. Suckling at the breast is comforting to fussy, overtired, ill, or hurt baby. It also promotes bonding.

Some of the other benefits of breastfeeding to babies are:

- a. Provides protection against infection. Breastmilk reduces the risk of acute infections such as diarrhea, pneumonia, ear infection, influenza, meningitis and urinary tract infections.
- b. Protects against illnesses. It protects against chronic disease in children such as allergies, diabetes, ulcerative colitis and Chron's disease. Breastfeeding promotes child development and is associated with lower risk factors for cardiovascular diseases including high blood pressure and obesity in later life.
- c. Protects from allergies. Breastfed babies are exposed to fewer allergens in the first hour of life and the first feedings of colostrum literally 'seal the gut' (the porous lining of the intestine), providing a barrier to the absorption of allergy- producing agents. Both colostrum and mother's mature milk are rich in antibodies, providing the baby the benefit of being immune for about 6 months of age.
- d. Enhances intelligence. Human breast milk enhances brain development and improves cognitive development. According to the study by the American Academy of Pediatricians among the extremely low birth weight infants that a 10/ml per day increase in breast milk intake of infants increased the mental developmental index by 0.59 points, the psychomotor developmental index by 0.56 pts and total behavior percentile score by 0.99 points using the Bayley Mental Developmental Score. The risk of rehospitalization of babies from discharge to 30 months decreased by 5%. World Alliance for Breastfeeding Action (WABA) says that the average I.Q. of 7 and 8 year old children who were breastfed as infants was 10 points higher than their bottle-fed counterparts.

9. Why do exclusively breastfed babies need no additional water?

Healthy infants need about 80-100 ml of water per kilogram of body weight in the first week of life and increases to 140-160 ml per kilogram between 3-6 months of age. The water requirements of the infant are all available from breast milk.

Eighty-eight (88) percent of breastmilk is made-up of water. Even though a newborn gets little water in colostrum, no additional water is needed because a baby is born with extra water. The breastmilk with higher water content is usually available in mothers about the third or fourth day from birth.

Breast milk is also low in solutes or dissolved substances such as sodium, potassium, nitrogen and chloride. Thus, less water is needed to flush out these solutes. With less solutes, the baby's kidneys which are still immature are not overworked.

10. How can a pregnant woman prepare for breastfeeding?
- a. During pregnancy, women should eat an extra meal a day for adequate weight gain to support fetal growth and future lactation; and take iron/folate supplements.
 - b. During lactation, women should eat the equivalent of an additional nutritionally-balanced meal a day. She needs also high-dose vitamin A supplements within one month after delivery to build stores and to improve the vitamin A content of breastmilk.
 - c. Pregnant women should prepare their breast and nipples for breastfeeding. For those with inverted nipples, use the Hoffman's maneuver. This is a simple stretching exercise that pulls the skin back and away from the nipple with fingertips. For those with no nipple problems, the expectant mother can prepare her breasts during the last six weeks of pregnancy. She can pull the nipple gently in all directions; grasp the nipples with two fingers and pull and roll them back and forth; and gently massage her breasts.
11. What are facts about breastfeeding?
- a. Practically all mothers can breastfeed. There are only a few true contraindications to breastfeeding. These include galactosemia, in severe maternal conditions such as heart failure, serious kidney, liver or lung disease and rarely from a few maternal drugs including amethopterin, thiouracil and radioactive or chemotherapeutic therapy. Malnutrition among breastfeeding mothers is not a contraindication as a malnourished mother produces the same quality or nutritional content of milk as a well-nourished mother. Mother's breast milk is designed to provide for and protect baby even in times of hardships and famine.
 - b. A mother produces enough breastmilk for her baby. Almost all mothers can produce enough milk as long as they feed the baby as often as needed. The baby's frequent suckling stimulates further the production of breast milk. In industrialized countries, the inability to lactate is closely associated with women who have little or no information about breastfeeding; have little or no experience with its mechanics; lack confidence about their ability to breastfeed; and have no close family member, friend or other means of social support to aid them in overcoming problems they may encounter in initiating breastfeeding. On the other hand, in societies where breastfeeding is widespread, failure to breastfeed is improbable. Thus, it is important to provide the necessary support to the mother for breastfeeding.

- c. A baby needs to be fed on demand. In the first two days of life, babies need only to be fed 2-4 times a day. From about the third day onward, the baby starts to feed more often or about 10-20 feeding in 24 hours. On the second week or so, most babies settle into a routine of their own and feed 5-10 times a day. From the third week onward, the number of feedings decreases to about one feeding every 3-4 hours. A mother should offer her breasts to the baby often.
- d. Babies are content with breastmilk alone. Breastmilk is adequate when the baby:
- is satisfied after 15 - 20 minutes of feeding
 - falls asleep right away after each feeding and sleeps for about 3 - 4 hours
 - gains weight satisfactorily, i.e. about ½ kilogram every month for the first six (6) months such that birth weight will be doubled by about the sixth (6th) month, and tripled by the first year
 - urinates about six (6) times a day (wetness test).
- e. Breastfeeding does not cause the breast to sag. Breasts sag because of poor physical support during pregnancy and lactation. To prevent breasts from sagging, mothers can do breast exercises, and use a firm but comfortable brassiere. A nursing brassiere can be used during breastfeeding.
- f. Breast size is not important in producing breastmilk. The size of breast does not determine the quantity of milk. A mother can store enough milk, even if she has small breasts. Frequent suckling of the baby stimulates milk production.
- g. A mother can breastfeed even when she is sick or tired. It is best and safest to breastfeed an infant even if the mother is sick or tired from work or even after doing house chores. The baby will not suckle her sickness or tiredness. Whenever the mother is exposed to an illness or infection, her body makes the antibodies, and her milk contains antibodies to protect the baby.
- h. Breasts do not produce sour or spoiled milk. Breastmilk is always safe and will never get spoiled in the breast. The quality of the milk is the same in both breasts. Mothers must be reassured of this and encouraged to feed the baby on both breasts during each feeding.
- i. Colostrum is not dirty milk and should not be thrown away. Colostrum is often yellowish in color, but it does not mean it is dirty. It should be given to the baby to protect the baby from getting sick.

- j. Breastmilk is not 'too thin'. It is important for a baby to have both foremilk (breastmilk released at the start of feeding) and hindmilk (milk released towards the end of the feeding) to get a complete meal, which includes all the water that the baby needs. The hindmilk is especially high in fat which helps the baby feel full and satisfied. It is important to let the baby suckle as long as s/he wants.

12. What are some breastfeeding techniques?

These are some techniques that make breastfeeding more effective:

- a. Put the baby to the breast immediately after birth and allow baby to remain with the mother.
- b. Mother could either sit or lie down when breastfeeding. The position while breastfeeding should not make the mother feel tired.
- c. Mother should hold the baby close enough to her body, supporting the baby's neck and shoulder.
- d. Mother could place the nipple on the baby's cheek. This will make the baby turn and look for the nipple and grasp it by the mouth.
- e. Mother could help the baby get enough milk by placing the baby's lower lip toward the base of the areola. This assures that the nipple is at the center of the baby's mouth.
- f. Mother should offer both breasts to the baby one after the other at each feeding time, allowing the baby to suckle on each breast for about 5-15 minutes. For the next feeding time, mother should start feeding on the breast last used by the baby. If the baby is satisfied after feeding from only one breast, mother should express the milk from the other breast. She should start feeding on this breast at the next feeding. This will ensure equal suckling and emptying of both breasts.
- g. Breastfeed frequently, as often as the baby wants, day and night. The signs when the baby is hungry are: when baby turns towards the breast and searches for the nipple, licking movements, flexing arms, clenching fists, tensing body and kicking legs. Crying is the last sign of hunger.
- h. Continue breastfeeding even if the mother or the baby becomes ill. Mothers suffering from headaches, backaches, colds, diarrhea or any other common illness, should continue to breastfeed her baby. Sick mothers need to rest and drink plenty of fluids to help her recover. If the mother does not get better, she should consult a health worker and say that she is breastfeeding. If the baby has diarrhea or fever, the mother should continue to exclusively breastfeed and frequently to avoid dehydration and malnutrition. Breastmilk contains water, sugar and salts in adequate quantities to help the baby

recover quickly. In cases of severe diarrhea, the mother should continue to breastfeed and provide oral rehydration solution using a spoon or cup. Medical help should be sought.

- i. Avoid using bottles, pacifiers (dummies), or other artificial nipples.

13. How can working mothers continue to breastfeed their baby?

Mothers can continue breastfeeding even when they have to return to work. Working mothers can breastfeed her baby before leaving for work, after returning from work, at night and day-off or on weekends.

While at work, mothers can express their milk to relieve pain due to full breasts, to ensure continuous milk production and prevent breasts from drying up. While the mother is away, the expressed breastmilk can be fed to the baby using a clean cup.

14. What are the policies and programs that promote, protect and support breastfeeding?

- a. Executive Order 51 or the “National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements, and Other Related Products, Penalizing Violation Thereof, and for Other Purposes”, otherwise known as the Milk Code. It aims to promote, protect and support breastfeeding through intensified dissemination of information on breastfeeding and the regulation of advertising, marketing and distribution of breastmilk substitutes and other related products, including bottles and teats.
- b. RA 7600 or “The Rooming-In and Breastfeeding Act of 1992”. This law aims to create an environment where basic physical, emotional and psychological needs of mothers and infants are fulfilled after birth through the practice of rooming-in and breastfeeding. Health institutions must provide facilities for rooming-in and breastfeeding expenses incurred, in this regard, it shall be deductible expenses for income tax purposes.
- c. RA 10028 or “Expanded Breastfeeding Promotion Act of 2009”. The law provides for the necessary support services to enable breastfeeding mothers to combine family obligations with work responsibilities. The law provides for the establishment of lactation stations in workplaces, provision of breastfeeding breaks for working breastfeeding mothers, establishment of human milk banks in health institutions, inclusion of breastfeeding in curriculums of schools and declaring August of each year as Breastfeeding Awareness Month.
- d. DOH Administrative Order (AO) 2005-0014- “National Policies on Infant and Young Child Feeding”. The policy provides the guidelines for improving the survival of infants and young children by improving their nutritional status, growth and development through optimal feeding anchored on exclusive breastfeeding, early initiation within one hour after birth, provision of timely,

adequate and safe complementary foods at six months while continuing breastfeeding up to two years and beyond. The AO is supported with the National Plan of Action for Infant and Young Child Feeding.

- e. DOH AO 2007-0026 or the “Revitalization of Mother-Baby Friendly Hospital Initiative in Health Facilities with Maternity and Newborn Care Services”. The AO aims to transform these health institutions into facilities that protect, promote and support rooming-in, breastfeeding and mother-baby friendly practices.
 - f. DOH AO 2009-0025 or “Adopting New Policies and Protocol on Essential Newborn Care”. It provides guidelines on evidence-based essential newborn care for health workers and medical practitioners. The protocol entails four key elements including: 1) immediate and thorough drying of the newborn; 2) early skin-to-skin contact of the newborn to mother’s skin; 3) properly-timed cord clamping and cutting; and 4) non-separation of the newborn from the mother for early breastfeeding initiation and rooming-in.
 - g. Philippine Plan of Action for Nutrition. The country’s framework for nutrition identifies as priority action the promotion, protection and support of breastfeeding and complementary feeding and the other necessary conditions to promote infant and young child feeding practices.
15. What are ways to celebrate Nutrition Month 2011 and promote BREASTFEEDING TSEK?

The promotion, protection and support to breastfeeding to ensure TSEK can be done in various settings:

- a. Families/Communities
 - Report violations of the Milk Code to the Department of Health to prevent unregulated marketing of formula milk which threatens to undermine the practice of breastfeeding. Health and nutrition workers and health facilities must not be used to promote breastmilk substitutes but instead should be strongly promoting breastfeeding. There must be no milk company-supported activities. Remove marketing materials of formula milk in health facilities.
 - Create local media watch to monitor Milk Code violations and report to the Department of Health.
 - Volunteer as breastfeeding peer counselor. Help other mothers to become successful in breastfeeding and in giving appropriate complementary feedings after 6 months. Peer counselors are mothers who have had successful breastfeeding experiences and provide peer-to-peer counseling to other mothers with difficulties in breastfeeding and complementary feeding practices. In some areas,

there are male volunteers who help advocate for breastfeeding as well as provide counseling to mothers, fathers and other family members to create a supportive family environment for appropriate infant and young child feeding practices. Ask your midwife, nutrition action officer and other health and nutrition personnel in your community.

- Form support groups in communities. Mother-to-mother support groups are women, and men too, who want to share their experiences in infant and young child feeding, mutually support each other through their own experiences, strengthen or modify certain attitudes and practices and learn from each other.
- Protect breastfeeding even during emergencies and disasters. Young infants are especially vulnerable during emergencies and disasters particularly to diarrhea, acute respiratory tract infections and malnutrition, Breastfeeding reduces the risk of death up to six times during emergencies. The Milk Code does not allow donation of formula milk during emergencies and disasters because use of formula milk increases the risk to death and disease. There are many dangers of using formula milk - by itself, formula milk is not sterile; unsafe when there is not enough clean water to sterilize feeding bottles and prepare the formula; water used may be contaminated; there may be no equipment, fuel, cooking pots, and water to sterilize feeding bottles; incorrect proportion of formula milk with water which can result to over or under-diluted formula; and formula milk does not protect against infections unlike breastmilk. It is therefore best to be prepared during emergencies by having trained personnel on infant and young child feeding to be able to assist, support and counsel mothers to continue breastfeeding even during emergencies.
- Disseminate correct information about breastfeeding. Conducting seminars and other fora to discuss breastfeeding among mothers and also fathers together with the experts on breastfeeding. Many misconceptions about breastfeeding still exist which prevent mothers and their families to practice breastfeeding. Help correct these misconceptions by increasing awareness on correct breastfeeding practices.
- Family members can support breastfeeding mothers by building her confidence that she can and is able to breastfeed, help care for the baby so the mother can have enough rest; provide nutritious and balance meals; and give practical help. A supportive family and community environment increases the likelihood that the mother will initiate and continue to breastfeed.

- Pass local resolutions and ordinances that enforce the Milk Code, promote infant and young child feeding, establish lactation stations in barangay halls, markets and other places, providing budget for breastfeeding promotion, peer counseling and support groups.

b. Working places

- Establish lactation stations in accordance with the Expanded Breastfeeding Promotion Act (RA 10028) wherein the lactations centers shall be adequately provided with the necessary equipment and facilities, such as: lavatory for handwashing, unless there is an easily-accessible lavatory nearby; refrigeration or appropriate cooling facilities for storing expressed breastmilk; electrical outlets for breast pumps; a small table; comfortable seats; and other items, the standards of which are defined by the Department of Health.
- Provide breastfeeding breaks for working mothers in addition to their regular breaks. The breastfeeding breaks should not be less than 40 minutes for every 8 hours of work.
- Enforce the two-month maternity leave and when possible, allow extended maternity leave or allow work-from-home scheme to enable the mother to continue exclusive breastfeeding.
- Do not allow any direct or indirect marketing, promotion or sales of infant formula or breastmilk substitutes within the work place.

c. Health facility

- Be certified as a Mother-Baby Friendly Hospital (MBFH). Follow the Ten Steps to Successful Breastfeeding. Implement the Essential Newborn Care Protocol. Train health facility staff on lactation management. Contact the Center for Health Development in your region for details on the MBFH certification
- Provide pre- and post-natal services for pregnant and lactating women to support mothers to breastfeed their child.
- Set-up milk banks or milk storage and pasteurization facilities for breastmilk donated by mothers. The milk shall be given to infants in the neonatal intensive care unit whose own mothers are seriously ill.
- Provide continuing education, re-education and training of health workers including doctors, nurses, midwives, nutritionist-dietitians on current and updated lactation management. Health workers must be able to provide correct information and support for breastfeeding.

- Produce and distribute information materials on breastfeeding for distribution to mothers in addition to breastfeeding counseling.
- Refer breastfeeding mothers prior to discharge from the health facility, to breastfeeding support groups in the community to help them continue breastfeeding when they return home.

d. Schools

- Integration of infant and young child feeding in the curriculum. The Department of Education, the Commission on Higher Education and the Technical Education and Skills Development Authority are tasked to integrate in the relevant subjects in the elementary, high school and college levels, especially in the medical and education, the importance, benefits, methods or techniques of breastfeeding and change of societal attitudes towards breastfeeding.
- Enforcement of the Milk Code in schools. Schools must not allow any marketing including sponsorship from milk companies within the school. Schools must not also accept donations of formula milk and breastmilk substitutes as this is against the Milk Code.
- Place posters, brochures and other information about breastfeeding in school-based health centers.
- Establish lactation stations in the school to enable teaching and non-teaching personnel to breastfeed or express and store breastmilk. Schools are also considered workplaces and therefore must comply with the provisions of RA 10028.

e. Industry/manufacturers

- Compliance to the Milk Code by milk companies. Strictly no marketing of products within the scope of the Milk Code.
- Fortify foods that are mandated by RA 8976 or the Food Fortification Law and volunteer to fortify other food products.
- Compliance to the Code of Hygienic Practice for Food for Infants and Children of manufacturers in accordance to the proper handling of foods in the food chain. This will ensure that food products intended for infants and children are safe.

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