

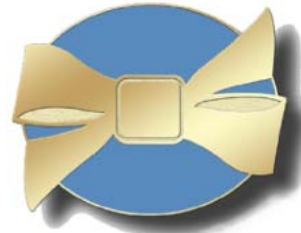


# ISSUES IN THE IMPLEMENTATION AND USE OF THE NEW GROWTH STANDARDS

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# Learning Objectives

## The participant will:



1. Understand the importance of adequate breastfeeding skills and support
2. Be able to list actions needed for full implementation of the new materials into public health and clinical practice
3. Consider approaches to minimize the resources needed for these actions.



# Outline



- **The WHO growth standards and the role of the public health practitioner**
- **Transition to the new standards**
- **Issues to be addressed**



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# Importance of the WHO growth standards



- **The WHO growth standards offer**
  - **an improved rationale,**
  - **technical excellence, and**
  - **the implication of a breastfeeding norm.**



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# The WHO growth standards and the role of the public health practitioner



- The roles of the public health practitioner include:
  - To provide leadership in the programmatic introduction of improved materials so as to best support their use and purpose.
  - To identify sufficient resources as to ensure appropriate use
  - To educate the public
- Where the public health practitioner is also involved in policy/legal and/or clinical concerns, these roles increase.



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# Transition to the new standards



- At least three significant public health imperatives:
  - 1) Development of the public health/clinical/political decision and mandate to introduce the standards
  - 2) Education and training of all public health, healthcare and nutrition personnel in the
    - 1) proper use,
    - 2) appropriate interpretation, and
    - 3) evidence-based and skilled intervention will require public mandate and support;
    - 4) optimally, this would simultaneous with the introduction.
  - 3) Confirmation and monitoring that skills are in place to ensure adequate support for breastfeeding before the new standards are introduced.



Atalah Samur E, Castillo Lancelloti C.

# Growth of exclusively breast-fed Chilean infants in relation to new 1994 WHO Reference Charts.



Arch Latinoam Nutr. 1997 Mar;47(1):29-33.

- Chilean infants, medium-to-low SES, national infant feeding survey: exclusively breastfed for four-six months (939 m, 940 f), charted on a WHO reference, and NCHS/WHO growth standards.
- WAZ of these EBF children at the first month of age was below the WHO reference chart.
- The HAZ results were lower the WHO reference chart throughout the period studied, although improved values noted during the second 6 months.
- Growth pattern of the studied group was more similar to the NCHS/WHO chart than the new chart.
- Conclusion: This could lead to early introduction of complementary foods.



# Colin Binns C. Letter, Lancet 2006;368(25Nov):1868-9



- Most mothers and health professionals are concerned about their infants' growth, particularly for the first 6 months.
- If they believe their infants are not growing adequately, they are more likely to introduce supplementary foods, including “top-ups” with infant formula or even switching to formula completely.
- “Insufficient milk” is the most common reason for the early cessation of breastfeeding and mothers often self-diagnose this on the basis of perceived slower growth.



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# Issues to be addressed



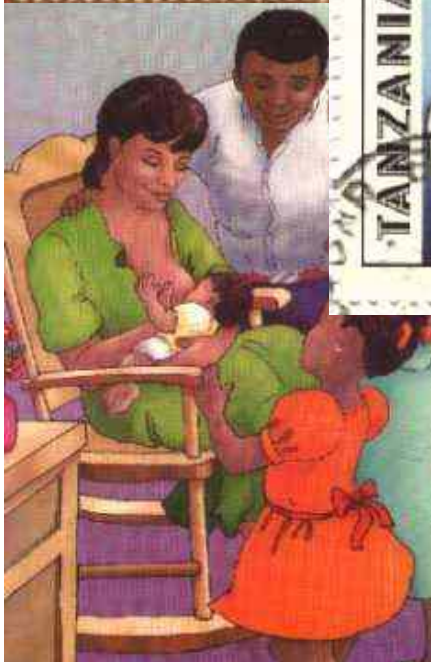
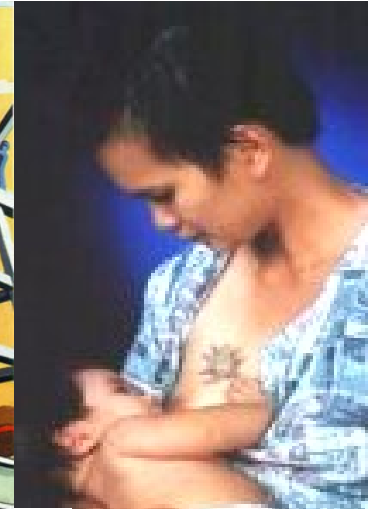
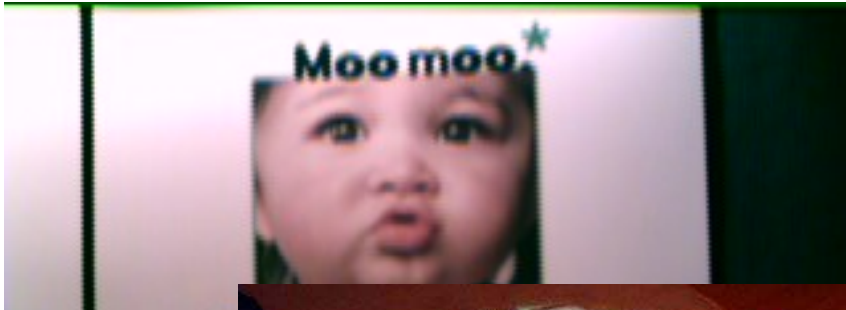
- What are the thoughts about the new Standards expressed by health professionals?
- List-serv comments from physicians, including those with public health, clinical and research backgrounds



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I'VE READ EVERYTHING THERE IS TO KNOW ABOUT BREASTFEEDING. NOW IT'S UP TO YOU!

# Issues and suggested actions to respond to concerns



- Issue 1:
  - The new standards are based on the growth of breastfed children whose mother received breastfeeding support for exclusive breastfeeding.
  - Children whose mothers do not receive adequate support may seem to be growing too slowly on the new standard of how ‘children should grow’.
  - Misinterpretation and lack of necessary breastfeeding support skills will lead to excess supplementation.
  - How do we train all clinicians and dieticians in the proper use with little to no allocated funds?



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# Issues and suggested actions to respond to concerns



- Issue 2:
  - The new standards are based on the children exclusively breastfed for significantly shorter durations than recommended by WHO/UNICEF/AAP/ APHA/etc.
  - Would this standard then be appropriate for optimally fed infants?
  - Several studies have been published – mixed findings.



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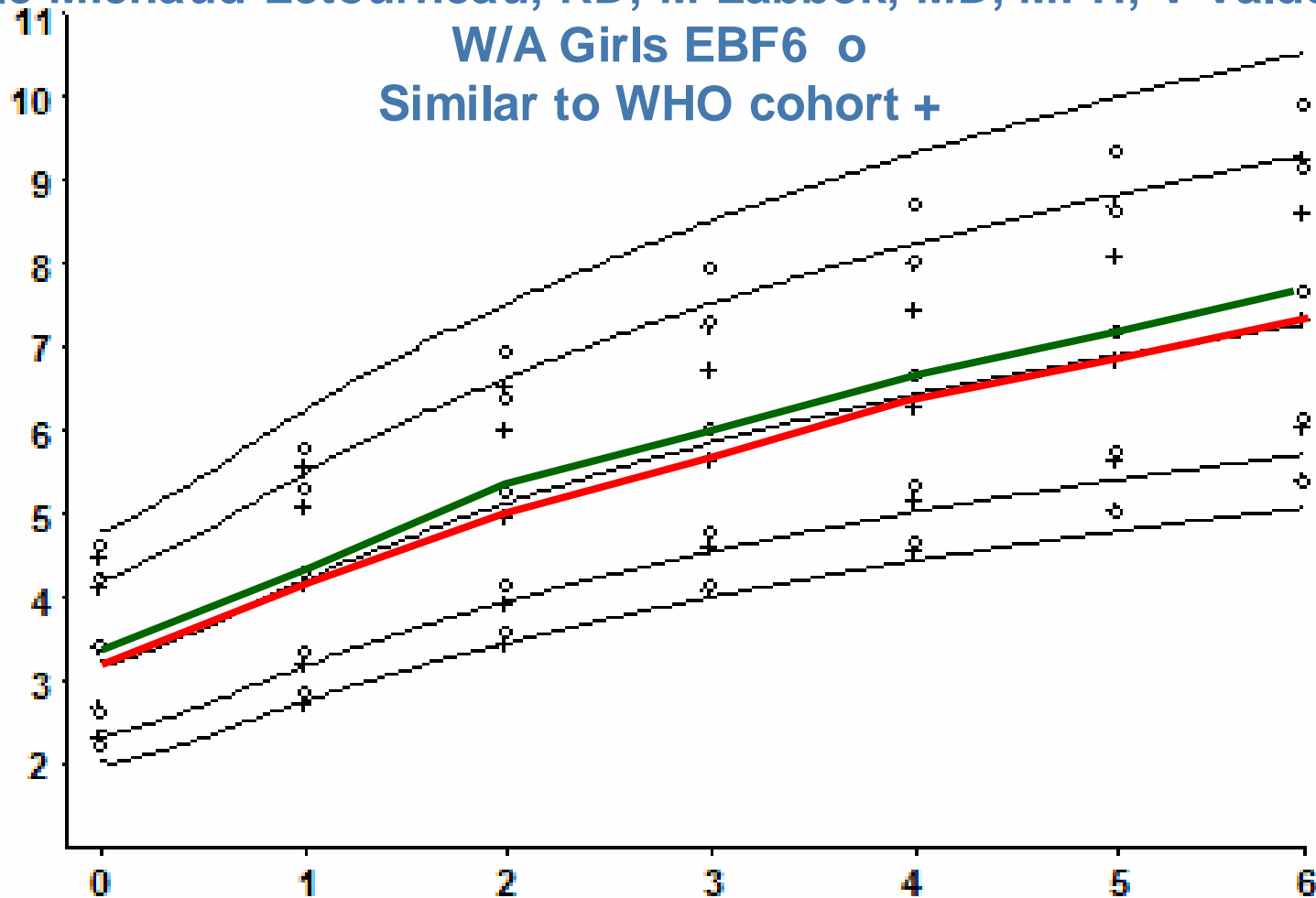
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How well does the WHO Growth Standard apply when children are exclusively breastfed for a full 6 months? Growth of a cohort of Chilean infants

Isabelle Michaud-Letourneau, RD; M Labbok, MD, MPH; V Valdés, MD



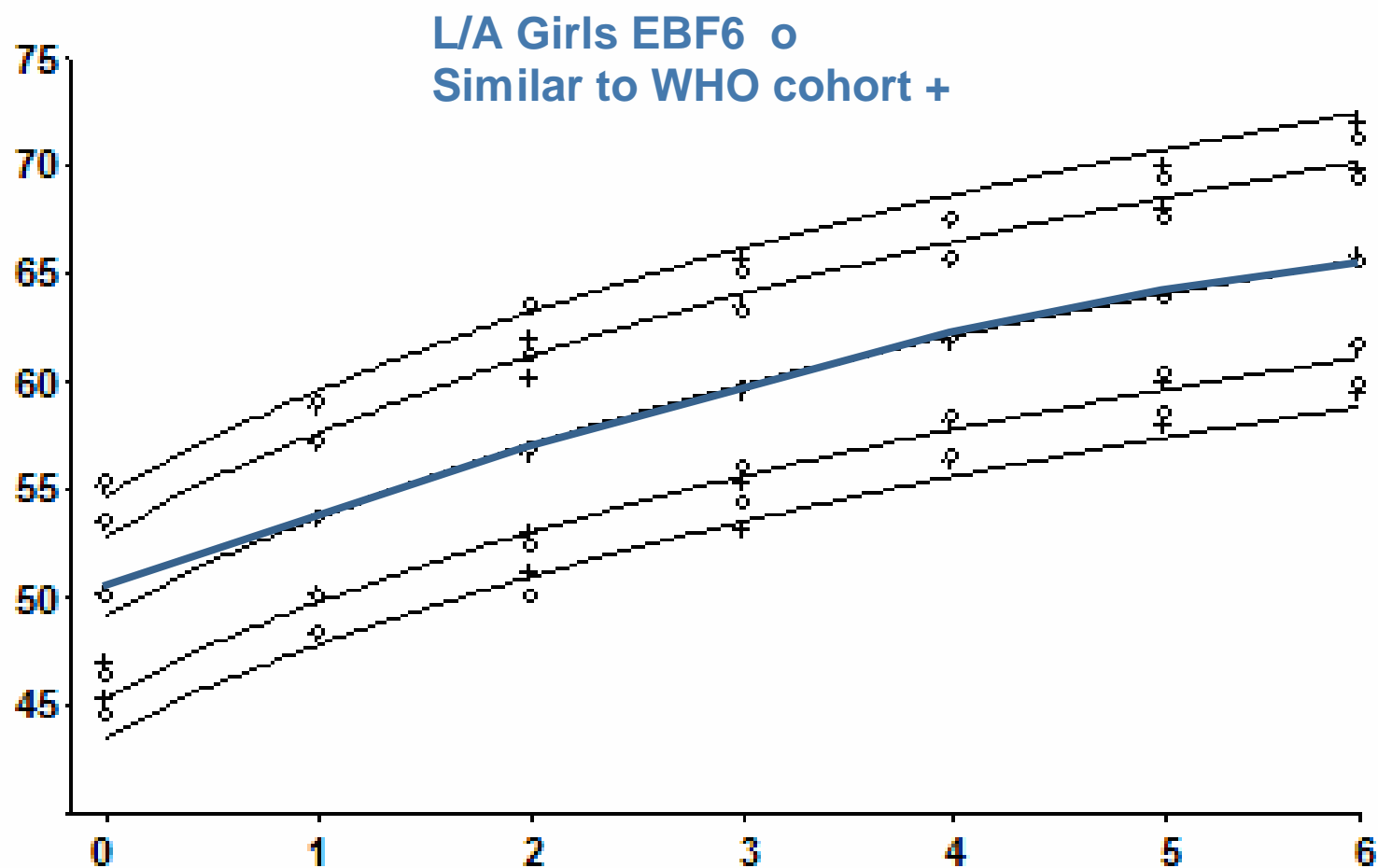


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# Issues and suggested actions to respond to concerns



- Issue 3:
  - Misinterpretation of children's growth and/or growth velocity could lead to inappropriate counseling and care.
  - How could we avoid inappropriate use of the standards?
  - Job-aids, including skills-based algorithms



# Issues and suggested actions to respond to concerns



- Issue 4:
  - Parents are concerned if their child grows “too fat” too early or “too little” too long
  - What can be done to revise parental perceptions?
  - Counseling guides and community education



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# Conclusions (1 of 2)



- The benefits of the new standards warrant worldwide acceptance, AND it is the responsibility of the public health community to ensure an action agenda to create proper breastfeeding support skills and data interpretation in order to avoid misunderstandings that clinicians are already observing.
- It is our responsibility as public health professionals and leaders – at the local, state, national and international levels – to identify the resources necessary to have the skills in breastfeeding support and in the proper use of the charts in place before we introduce the new charts into public use.



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## Conclusions (2 of 2)



- There are proven activity options that could minimize the resources needed include:
  - Universal initiation of BFHI
  - Improved referral systems for breastfeeding support
  - Paid maternity leave and workplace accommodation
  - Job-aids for healthcare professionals
- Every effort should be made to implement these before or during introduction of the standards into practice.
- Thank you



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