

MEDIA RELEASE
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More KZN Health facilities to offer Human Milk Banking, says KZN Health MEC Dr Sibongiseni Dhlomo

MORE KwaZulu-Natal health facilities are set to offer human milk banking services as the Department seeks ways to reduce under-5 child mortality in the province.

Breastfeeding is a natural act that enables a woman to nourish her child and provides protection against certain infections.

It remains an important child survival intervention as it benefits infants, mothers and society as a whole. The reported benefits of breastmilk to infants include defence against child infections, malocclusion (imperfect positioning of the teeth when the jaws are closed); and an increase in intellect of children, as well as a decrease in the risk of becoming overweight and obese.

Research shows that adults who were breastfed as children have a lower risk of contracting chronic diseases such as obesity, coronary heart disease and type 2 diabetes.

Infant formula increases the amount of waste produced globally which harms both marine and terrestrial organisms, inevitably affecting the health of the human race. Additionally, not opting for the infant formula is simply economically friendly, especially for lower income households.

Breastfeeding women have also been found to lose their pregnancy weight quicker than their non-breastfeeding counterparts—provided they adhere to a healthy eating plan. Besides the superficial and aesthetic reasons for gradually losing excess weight, the chances of acquiring medical complications such as hypertension (high blood pressure) and type 2 diabetes can be reduced.

Maternal benefits of breastfeeding also includes decreased risk to developing cancer (breast and ovarian).

Among the government hospitals that are in the process of attaining Human Milk Banks within the current 2016/2017 financial year are Ladysmith, Bethesda, Dundee and Prince Mshiyeni Memorial Hospitals.

This will be in addition to Greys', Stanger, Edendale, Newcastle, Lower Umfolozi War Memorial Regional Hospital and Port Shepstone Regional Hospitals, which already offer this service. Human milk banking is also available at six satellite Human Milk Banking sites, which are: Murchison, GJ Crookes, RK Khan, Addington, King Edward VIII and Mahatma Gandhi Memorial Hospitals.

This announcement comes as the province commemorates World Breastfeeding Week, which

runs from 01-07 August 2016.

In 2010, the KwaZulu-Natal Department of Health unveiled a revised policy on Infant and Child Feeding whereby it would stop providing formula milk to mothers in public hospitals, while encourage them to exclusively breastfeed infants for the first six months to achieve optimal growth, development and health. Thereafter, the babies could be given nutritious complementary foods and continue breastfeeding up to the age of two years or beyond.

The policy review came after a World health Organisation (WHO) finding that suggested that exclusive breastfeeding of infants with only breast milk, and no other foods or liquids, for six months has several advantages over mixed breastfeeding.

These advantages include a lower risk of gastrointestinal infection for the baby.

MEC Dhlomo says that in a bid to reduce child mortality in children under the age of five, the Department has implemented a number of initiatives to promote, protect and support breastfeeding.

These include establishing the milk banks and promoting, at public health facilities, the Mother-Baby Friendly Initiative (MBFI), the KwaZulu-Natal Initiative for Newborn Care (KINC), Kangaroo Mother Care (KMC) well as the Made by Mom project.

The Human Breast Milk is donated to the milk banks by volunteers who live a healthy lifestyle, and are not narcotic users. They are screened for diseases such as HIV, Syphilis, TB and Hepatitis B.

The donated human milk is then pasteurized, frozen and offered to vulnerable babies when needed. Vulnerable babies are those who are born prematurely, ill or weigh less than the healthy birth weight expected or either have no mother or a mother struggling to express milk to breastfeed her baby.

The Department continues to train nurses, doctors, dietitians, nutrition advisors, and community care givers on breastfeeding advocacy.

MEC Dhlomo says: “As this is Women’s Month, we wish to draw public attention to the many health and economic benefits of exclusive breastfeeding. We also wish to thank all our generous volunteers who donate milk, through the Human Milk Banks. We would also like to call on the public to support women who are breastfeeding and to help lessen the discomfort experienced by some in the workplace and in public. If you see a woman breastfeeding, do not simply stare or make rude remarks. Rather understand that this is a natural act whereby a woman is just nourishing her child,” says MEC Dhlomo.

HIV AND BREASTFEEDING:

Recent evidence shows that mothers who are HIV-positive should breastfeed exclusively because of the many health benefits to the baby and his/her survival. Because of the availability of antiretroviral treatment for all HIV infected women as well as HIV Prophylaxis, mother who are HIV positive can safely breastfeed their babies.

The research shows that when antiretroviral treatment or prophylaxis is used by either the mother or baby, HIV transmission through breastfeeding is significantly reduced.

Exclusively breastfed babies whose mothers are HIV-positive are at less risk of dying from diarrheal diseases and malnutrition than mixed-fed babies.

The likelihood of HIV transmission increases when there is a higher viral load in the mother's blood or breast milk. Antiretroviral treatment or prophylaxis lowers the viral loads in the blood and in breast milk.

This reduces the likelihood of mother-to-child transmission of HIV. It is therefore critical that HIV infected mothers adhere to their treatment and do not miss taking their medication.

If a baby is HIV-positive, the mother should definitely continue breastfeeding for as long as possible. Continued breastfeeding will provide protection against many infections and help the baby grow healthily.

The mother should have her own health checked and the HIV-infected baby should be referred for care and treatment.

To significantly reduce the chances of HIV being transmitted to the baby, either the mother or the baby should be on antiretroviral treatment or prophylaxis.

If a mother is already on lifelong antiretroviral treatment (ART), she must continue taking the treatment as normal throughout the breastfeeding period. In addition, the baby must receive antiretroviral prophylaxis daily for six weeks after birth. All HIV positive mothers will receive lifelong treatment as soon as they are diagnosed.

“Mothers who are HIV positive do not have to be prohibited from feeding their own children,” says MEC Dhlomo.

“Admittedly, breastfeeding with HIV is slightly complex but is still recommended when handled well.”

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