WORLD BREASTFEEDING TRENDS INITIATIVE

Assessment Report

IBFAN
defending breastfeeding

bpni
putting child nutrition at the forefront of social change

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Assessment Report

United States of America - 2023

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bpni putting child nutrition at the forefront of social change

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The World Breastfeeding Trends Initiative (WBT*i*)

About WBT*i*

The Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN) South Asia and the World Breastfeeding Trends Initiative (WBT*i*) Global Secretariat launched the innovative tool in 2004 at a South Asia Partners Forum.

The WBT*i* assists countries to assess the status and benchmark the progress in implementation of the *Global Strategy for Infant and Young Child Feeding* in a standard way. It is based on the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBT*i* programme calls on countries to conduct their assessment to measure strengths and weaknesses on the ten parameters of policy and programmes that protect, promote and support optimal infant and young child feeding (IYCF) practices. It maintains a Global Data Repository of these policies and programmes in the form of scores, color codes, report and report card for each country The WBT*i* assessment process brings people together and encourages collaboration, networking and local action. Organisations such as government departments, UN, health professionals, academics and other civil society partners (without Conflicts of Interest) participate in the assessment process by forming a core group with an objective to build consensus. With every assessment countries identify gaps and provide recommendations to their policy makers for affirmative action and change. The WBT*i* Global Secretariat encourages countries to conduct a re-assessment every 3-5 years for tracking trends in IYCF policies and programme.

Vision & Mission

The WBT*i* envisages that all countries create an enabling environment for women to be successful in breastfeeding their babies optimally at home, health facilities or at work places. The WBT*i* aspires to be a trusted leader to motivate policy makers and programme managers in countries, to use the global data repository of information on breastfeeding and IYCF policies and programmes. WBT*i* envisions serving as a knowledge platform for programme managers, researchers, policy makers and breastfeeding advocates across the globe. WBT*i*'s mission is to reach all countries to facilitate assessment and tracking of IYCF policies and programmes through mobilising local partnerships without conflicts of interest and building a data repository for advocacy.

Ethical Policy

The WBT*i* works on 7 principles of IBFAN and does not seek or accept funds donation, grants or sponsorship from manufacturers or distributors and the front organisations of breastmilk substitutes, complementary foods, infant and young child feeding related products like breast pumps, or any such organization that has conflicts of interest.

The WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
1. National Policy, Governance and Funding 2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Counselling services for the pregnant and breastfeeding mothers 7. Accurate and Unbiased Information Support 8. Infant Feeding and HIV 9. Infant and Young Child Feeding during Emergencies 10. Monitoring and Evaluation	1. Timely Initiation of Breastfeeding within one hour of birth 2. Exclusive Breastfeeding for the first six months 3. Median duration of Breastfeeding 4. Bottle-Feeding 5. Complementary Feeding-Introduction of solid, semi-solid or soft foods

Each indicator used for assessment has following components;

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria for assessment as subset of questions to be considered in identifying strengths and weaknesses to document gaps.
- Annexes for related information

Part I: Policies and Programmes: The criteria of assessment has been developed for each of the ten indicators, based on the *Global Strategy for Infant and Young Child Feeding* (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005) as well as updated with most recent developments in this field. For each indicator, there is a subset of questions. Answers to these can lead to identification of the gaps in policies and programmes required to implement the *Global Strategy*. Assessment can reveal how a country is performing in a particular area of action on Breastfeeding /Infant and Young Child Feeding. Additional information is also sought in these indicators, which is mostly qualitative. Such information is used in the elaborate report, however, is not taken into account for scoring or colour coding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random national household surveys. These five indicators are based on the WHO's tool for keeping it uniform. However, additional information on some other practice indicators such as 'continued breastfeeding' and 'adequacy of complementary feeding' is also sought.

Scoring and Colour-Coding

Policy and Programmes Indicator 1-10

Once the information on the 'WBT*i* Questionnaire 'is gathered and analysed, it is then entered into the web-tool. The tool provides *scoring* of each individual sub set of questions as per their weightage in the indicators 1-10 (policies and programmes). Each indicator has a maximum score of 10. Total score of ten indicators has a maximum score of 100.

The web tool also assigns *Colour- Coding* (Red/Yellow/Blue/Green) of each indicator as per *the WBTi Guidelines for Colour- Coding* based on the scores achieved.

In the part II (IYCF practices)

Indicators of part II are expressed as percentages or absolute number. Once the data is entered, the tool assigns *Colour coding* as per the *Guidelines.*

The WBT*i* Tool provides details of each indicator in sub-set of questions, and weightage of each.

Global acceptance of the WBT*i*

The WBT*i* met with success South Asia during 2004-2008 and based on this, the WBT*i* was introduced to other regions. By now more than 100 countries have been trained in the use of WBT*i* tools and 97 have completed and reported. Many of them repeated assessments during these years.

WBT*i* has been published as BMJ published a news in the year 2011, when 33 country WBT*i* report was launched[1]. Two peer reviewed publications in the international journals add value to the impact of WBT*i*, in Health Policy and Planning in 2012 when 40 countries had completed[2], and in the Journal of Public Health Policy in 2019[3] when 84 countries completed it.

The WBT*i* has been accepted globally as a credible source of information on IYCF polices and programmes and has been cited in global guidelines and other policy documents e.g WHO National Implementation of BFHI 2017[4] and IFE Core group's Operational Guidance on Infant Feeding in Emergencies, 2017[5].

Accomplishment of the WBT*i* assessment is one of the seven policy asks in the Global Breastfeeding Collective (GBC), a joint initiative by UNICEF & WHO to accelerate progress towards achieving the WHA target of exclusive breastfeeding to 50% by 2030. The Global Breastfeeding Scorecard for

[1] BMJ 2011;342:d18doi: https://doi.org/10.1136/bmj.d18 (Published 04 January 2011)
[2] https://academic.oup.com/heapol/article/28/3/279/553219
[3] https://link.springer.com/article/10.1057/s41271-018-0153-9
[4] https://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/
[5] https://www.ennonline.net/attachments/3028/Ops-Guidance-on-IFE_v3-2018_English.pdf

tracking progress for breastfeeding policies and programmes developed by the Collective has identified a target that at least three-quarters of the countries of the world should be able to conduct a WBT*i* assessment every five years by 2030. [6] The report on implementation of the International Code of Marketing for Breastmilk Substitutes also used WBT*i* as a source. The Global database on the Implementation of Nutrition Action (GINA) of WHO has used WBT*i* as a source.[7] Global researchers have used WBT*i* findings to predict possible increase in exclusive breastfeeding with increasing scores and found it valid for measuring inputs into global strategy. [8] Other than this PhD students have used WBT*i* for their research work, and New Zealand used WBT*i* for developing their National Strategic Plan of Action on breastfeeding 2008-2012.

[6] https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017.pdf?ua=1
[7] https://extranet.who.int/nutrition/gina/
[8] https://academic.oup.com/advances/article/4/2/213/4591629

The WBT*i* Guidelines for Colour-Coding (Part I and II)

Table 1: WBT*i* Guidelines for Colour-Coding for Individual indicators 1-10

Scores	*Colour-coding*
0 – 3.5	**Red**
4 – 6.5	**Yellow**
7 – 9	**Blue**
> 9	**Green**

Table 2: WBT*i* Guidelines for Colour-Coding 1-10 indicators **(**policy and programmes)

Scores	*Colour-coding*
0 – 45.5	**Red**
46 – 90.5	**Yellow**
91 – 135.5	**Blue**
136 – 150	**Green**

Table 3: WBT*i* Guidelines for Colour-Coding Individual indicators 11-15 (Practices)

WBTi Guidelines for Indicator 11 (Initiation of breastfeeding {within 1 hour})

Percentage (WHO's key)	*Colour-coding*
0.1-29%	**Red**
29.1-49%	**Yellow**
49.1%-89%	**Blue**
89.1-100%	**Green**

WBTi Guidelines for Indicator 12 (Exclusive Breastfeeding {for first 6 months})

Percentage (WHO's key)	*Colour-coding*
0.1-11%	**Red**
11.1-49%	**Yellow**
49.1-89%	**Blue**
89.1-100%	**Green**

WBTi Guidelines for Indicator 13 (Median Duration of Breastfeeding)

Months (WHO's key)	*Colour-coding*
0.1-18 months	**Red**
18.1-20 months	**Yellow**
20.1-22 months	**Blue**
22.1-24 months	**Green**

WBTi Guidelines for Indicator 14 (Bottle-feeding {0-12 months})

Percentage (WHO's key)	*Colour-coding*
29.1-100%	**Red**
4.1-29%	**Yellow**
2.1-4%	**Blue**
0.1-2%	**Green**

WBTi Guidelines for Indicator 15 (Complementary Feeding {6-8 months})

Percentage (WHO's key)	*Colour-coding*
0.1-59%	**Red**
59.1-79%	**Yellow**
79.1%-94%	**Blue**
94.1-100%	**Green**

Background

The *Global Strategy for Infant and Young Child Feeding* was developed jointly by WHO and UNICEF and published in its final form in 2003 after being adopted by the World Health Assembly (WHA) and the UNICEF Executive Board. The aim was to "improve - through optimal feeding - the nutritional status, growth and development, health, and thus the very survival of infants and young children."

The Global Strategy's specific objectives are:

- *to raise awareness of the main problems affecting infant and young child feeding, identify approaches to their solution, and provide a framework of essential interventions;*
- *to increase the commitment of governments, international organizations and other concerned parties for optimal feeding practices for infants and young children;*
- *to create an environment that will enable mothers, families and other caregivers in all circumstances to make - and implement - informed choices about optimal feeding practices for infants and young children.*

The *Global Strategy* was designed as a guide for action by identifying proven impact interventions especially those that support mothers and families. The strategy also sets forth the role of governments, civil society and other concerned parties.

The World Breastfeeding Trends Initiative (WBT*i*) was developed by IBFAN Asia in order to provide a platform for the assessment of achievement and progress toward the goals of the *Global Strategy*. The WBT*i* process builds on the GLOPAR (Global Participatory Action) initiative of the 90's in that it encourages careful self-assessment of the strengths and weaknesses of policies and programs toward the goal of "strengthening and stimulating breastfeeding action worldwide." Currently 107 countries have completed their assessment. This draft represents the United States' progress toward submission.

The WBT*i* process has three phases:

1. A National Assessment of the implementation of the *Global Strategy*. In this phase, multiple partners analyze and document the situation in their country and identify gaps according to 15 indicators.
2. The scoring, rating, grading and ranking of each country or region according to the findings of the national assessment.
3. The repetition of the assessment after 3-5 years to analyze trends.

Assessment Process

The National Assessment in the United States has been conducted according to the activities set forth by the WBT*i* Guide Book. Karin Cadwell PhD, Kajsa Brimdyr PhD, Anna Blair, PhD (from the Healthy Children Project) served as Assessment Coordinators. Funding was provided by the Healthy Children Project. After an orientation meeting and training, a work plan was developed. The Expert Panel with representatives from key sectors was assembled and met for 7 days to collect information and draft a preliminary report. The Expert Panel members represented public health policy, academic lactation, health communication, public policy, dietetics, anthropology, research, medical education, nursing education, advanced practice nursing, HIV education, maternal-child health education, medicine, public health education, mother-to-mother support, public health employees, nutrition, nutrition education, counseling.

Part I: IYCF Policies and Programmes

In Part I, each question has possible score of 0-3 and each indicator has a maximum score of 10. Once information about the indicators is entered, the achievement on the particular target indicator is then rated i.e. Red, Yellow, Blue and Green based on the guidelines.

Indicator 1: National Policy, Governance and Funding

Key question/s: *Is there a national breastfeeding/ infant and young child feeding policy that protects, promotes and supports optimal breastfeeding and infant and young child feeding (IYCF) practices? Is the policy supported by a government programme? Is there a plan to implement this policy? Is sufficient funding provided? Is there a mechanism to coordinate like e.g National breastfeeding committee and a coordinator for the committee?*

Criteria for Assessment – Policy and Funding	✓*Check all that apply*	
1.1) A national breastfeeding/infant and young child feeding policy/guideline(stand alone or integrated) has been officially approved by the government	☑ Yes = 1	❑ No=0
1.2) The policy recommends initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	❑ Yes = 1	☑ No=0
1.3) A national plan of action is approved with goals, objectives, indicators and timelines	☑ Yes = 2	❑ No = 0
1.4) The country (government and others) is spending a minimum of per child born on breastfeeding and IYCF interventions[9] a. no funding b. < $1 per birth c. $1-2 in funding per birth d. $2-5 in funding per birth e. at least $5 in donor funding per birth	√ Check one which is applicable ❑ 0 ❑ 0.5 ❑ 1 ☑ 1.5 ❑ 2.0	
Governance		
1.5) There is a National Breastfeeding/IYCF Committee	☑ Yes = 1	❑ No = 0
1.6) The committee meets, monitors and reviews the plans and progress made on a regular basis	☑ Yes = 2	❑ No = 0
1.7) The committee links effectively with all other sectors like finance, health, nutrition, information, labor, disaster management, agriculture, social services etc.	☑ Yes = 0.5	❑ No = 0
1.8) The committee is headed by a coordinator with clear terms of reference, regularly coordinating action at national and sub national level and communicating the policy and plans.	☑ Yes = 0.5	❑ No = 0
Total Score	**8.5/10**	

[9] Enabling Women To Breastfeed Through Better Policies And Programmes – Global Breastfeeding Scorecard, 2018 https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018-methology.pdf?ua=1

Additional useful information

1. *What is the amount of money currently being spent annually on the breastfeeding and IYCF interventions?* $104 billion (2021) (USDA only); see caveat below for what this does not include; $5 billion is specific to WIC (serving children under age 5) WIC served about 6.2 million participants each month in fiscal year 2021, including an estimated 43 percent of all infants in the United States. Federal program costs for WIC totaled $5 billion in fiscal year 2021.
2. *How many babies are born each year?* 2021 births: 3,664,292 (chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf)
3. *Is the food industry/representative a part of the breastfeeding/IYCF committee?* There is not formula or food industry representative on the USBC.

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf
2. https://www.dietaryguidelines.gov/sites/default/files/2021-11/2020-2025_DGA_HealthcareProfessionalsPresentation_InfantsToddlers.pdf
3. https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf
4. https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants
5. https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf
6. https://www.ers.usda.gov/amber-waves/2022/september/pandemic-related-program-changes-continued-to-shape-the-u-s-food-and-nutrition-assistance-landscape-in-fiscal-year-2021/#:~:text=Throughout%20FY%202021%20%28October%201%2C%202020%2C%20to%20September,to%20a%20record%20%24182.5%20billion%20in%20FY%202021.
7. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.brookings.edu/wp-content/uploads/2023/02/20230301_ES_THP_Nutrition-1.pdf
8. https://www.cdc.gov/budget/documents/fy2023/FY-2023-CDC-Operating-Plan.pdf
9. https://www.ers.usda.gov/topics/food-nutrition-assistance/wic-program/#:~:text=WIC%20served%20about%206.2%20million%20participants%20each%20month,WIC%20totaled%20%245%20billion%20in%20fiscal%20year%202021.
10. https://www.usbreastfeeding.org/about-the-usbc.html
11. https://www.usbreastfeeding.org/annual-reports.html
12. https://web.usbreastfeeding.org/search
13. https://www.usbreastfeeding.org/our-team.html
14. https://www.usbreastfeeding.org/board-of-directors.html

Conclusions *(Summarize which aspects of Indicator-1 i.e. IYCF policy, plan and funding are appropriate; which need improvement and why; and any further analysis needed)**:***
1.1: An update from the 2019 WBTi is the official release of the 2020-2025 Dietary Guidelines for Americans (DGA) (https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials). These updated guideline cover 2020 - 2025, and include provision related to infant and young child feeding. The guidelines discussed the importance of human milk, and make recommendations related to human milk feeding and complementary feeds.

1.2: The new DGA does not include recommendations for initiation of breastfeeding within one hour of birth or the guidance on continuing breastfeeding up to 2 years and beyond.

1.3: Healthy People 2023 is the national plan of action that includes goals, objectives, indicators, and timelines. It should be noted that the 6 Maternal Child Health indicators related to breastfeeding and infant feeding has been reduced to 2 for the new iteration of Healthy People 2023. (https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants) Additional the White House released on Blueprint on addressing Maternal Health, which also identify goals related to improving care and addressing breastfeeding support. (https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf)

1.4: Based on data provided in additional information (on annual WIC funding) the US spends over $1000 per birth. Federal spending on USDA's food and nutrition assistance programs totaled $182.5 billion in fiscal year (FY) 2021 (49 percent more than the previous high of $122.8 in FY 2020). Of this $104 billion is specific to children - This calculation includes federal resources to nutrition programs targeted only to children as well as the proportion of SNAP that directly benefits children. (chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.brookings.edu/wp-content/uploads/2023/02/20230301_ES_THP_Nutrition-1.pdf)
Importantly USDA funding does not include funding from other government programs in HRSA (Health Resource and Services Administration) such as those based in CDC, Maternal Child Health Bureau or Office of Women's Health to name a few. It also does not include nutrition related spending from the Center for Medicaid and Medicare Services. Indicator 1.4 is written to include government and 'other' spending (such as through national. regional and state/local organizations such as foodbanks). State level funding for IYCF is not able to be determined (see state reports). Due to the decentralized manner in which child nutrition programs are funded (other than the nutrition assistance programs) it is not possible to determine IYCF or breastfeeding specific financial support.

1.5 - 1.8: The United States Breastfeeding Committee (USBC) functions as the national breastfeeding committee. The USBC meets, monitors and reviews breastfeeding policy on a regular basis and links effectively with all major sectors. The chair of the USBC leads the efforts to regularly communicate national policy to national, regional, district and community entities, however is not a government-appointed national breastfeeding coordinator. State and tribal coalitions are members of the USBC and are charged with communicating back to local coalitions and are seen as a strength to

the public health and breastfeeding infrastructure. The USBC coordinates bi-monthly teleconferences for state and tribal coalitions as a tactic to disseminate important information and to build capacity to influence geographical and culturally specific public policy. The constellation infrastructure of the USBC provides a learning community that facilitates communication and the exchange of ideas and is based on the Collective Impact Model. More information can be found in the annual USBC report reference. (http://www.usbreastfeeding.org)

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. The removal of 4 out of 6 Maternal Child Health indicators for Healthy People 2023 is concerning. Healthy People 2023 serves as the nation's plan of action, and removal of indicators could impact how efforts around infant and young child feeding are prioritized.
2. The Dietary Guidelines for Americans are missing recommendations related to initiation of breastfeeding within one hour of birth and continued breastfeeding up to 2 years and beyond.
3. USBC does not make their By-Laws available, there should be some information regarding roles and positions so that there are clear terms of reference related to the roles associated with heading the committee.

Recommendations *(List actions recommended to bridge the gaps):*

1. *Dietary Guidelines for Americans should include information regarding breastfeeding initiation, duration, and exclusivity.*
2. *USBC should make their by-laws easily accessible. They should more clearly define roles and responsibilities for committees.*

Indicator 2: Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding

Key questions

- *What percentage of hospitals/maternity facilities are designated/ accredited/awarded for implementing the ten steps within the past 5 years?*
- *What is the quality of implementation of BFHI?*

Quantitative Criteria for assessment

*2.1) 604 out of 2700 total hospitals (both public &private) offering maternity services that have been designated/accredited/awarded for implementing10 steps within the past 5 years **22%***

Criteria for assessment	√ **Check one which is applicable**
0	❑ **0**
0.1 – 20%	❑ 1
20.1 – 49%	☑ 2
49.1 – 69%	❑ 3
69.1-89 %	❑ 4
89.1 – 100%	❑ 5
Total score 2.1	**2/5**

Qualitative Criteria for assessment

Criteria for assessment	√ **Check that apply**	
2.2) There is a national coordination body/mechanism for BFHI / to implement Ten Steps with a clearly identified focal person.	☑ Yes = 1	❑ No=0
2.3) The Ten Steps have been integrated into national/ regional/hospital policy and standards for all involved health professionals.	❑ Yes = 0.5	☑ No=0
2.4) An assessment mechanism is used to accreditate/designate/award the health facility.	☑ Yes = 0.5	❑ No=0
2.5) Provision for the reassessment[10] have been incorporated in national plans to implement BFHI/ Ten Steps including a standard monitoring system.	☑ Yes = 0.5	❑ No=0

[10] ***Reassessment*** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other baby friendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside

Criteria for assessment	√ Check that apply	
2.6) The accreditation/designation/awarding process for BFHI/implementing the Ten Steps includes assessment of knowledge and competence of the nursing and medical staff.	☑Yes = 1	❑ No=0
2.7) The assessment process relies on interviews of mothers.	☑ Yes = 0.5	❑ No=0
2.8) The International Code of Marketing of Breastmilk Substitutes is integrated to BFHI / hospital designation programme	☑ Yes = 0.5	❑ No=0
2.9) Training on the Ten Steps and standard of care are included in the pre-service curriculum for nurses, midwives and doctors and other involved health care professionals.	☑ Yes = 0.5	❑ No=0
Total Score (2.2 to 2.9)	**4.5/5**	

Total Score (2.1 to 2.9)	**6.5/10**

Additional information:

In July, 2021, BFUSA released the updated Guidelines and Evaluation Criteria (GEC), 6th edition, for the United States. The release of the updated document represents the culmination of three years of work by BFUSA to bring the GEC for the US fully into alignment with the Implementation Guidance released by WHO and UNICEF in 2018

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. www.babyfriendlyusa.org
2. https://www.babyfriendlyusa.org/for-facilities/designation-process/
3. https://www.babyfriendlyusa.org/for-facilities/designation-process/maintaining-designation/
4. https://www.babyfriendlyusa.org/for-facilities/designation-process/d4-designation/
5. https://www.babyfriendlyusa.org/wp-content/uploads/2021/07/Baby-Friendly-GEC-Final.pdf

Conclusions *(Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed):*

There is a BFHI in the US and great strides have been made to implement the 10 steps. However, with only 27% of hospitals designated, there is still a long way to go.

team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. There is no national policy to support BFHI

Recommendations *(List action recommended to bridge the gaps):*

1. Create a national and or state policy to support and promote the BFHI.
2. Include education about BFHI in all health care professional schools.

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key questions: *Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions in effect and implemented in the country? Has any action been taken to monitor and enforce the above?*

Criteria for Assessment (*Legal Measures that are in Place in the Country***)**	
	Score
3a: Status of the International Code of Marketing √ *Check that applies upto the questions 3.9. If it is more than one, tick the higher one.*	
3.1 No action taken	☑ 0
3.2 The best approach is being considered	❑ 0.5
3.3 Draft measure awaiting approval (for not more than three years)	❑ 1
3.4 Few Code provisions as voluntary measure	❑ 1.5
3.5 All Code provisions as a voluntary measure	❑ 2
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	❑ 3
3.7 Some articles of the Code as law	❑ 4
3.8 All articles of the Code as law	❑ 5
3.9 Relevant provisions of World Health Assembly (WHA) resolutions subsequent to the Code are included in the national legislation[11] **a.** Provisions based on 1 to3 of the WHA resolutions as listed below are included ***b.*** Provisions based on more than 3 of the WHA resolutions as listed below are included	 ❑ 5.5 ❑ 6
Total score 3a	

3b: Implementation of the Code/National legislation *Check that applies. It adds up to the 3a scores.*	
3.10 The measure/law provides for a monitoring system independent from the industry	❑ 1
3.11 The measure provides for penalties and fines to be imposed to violators	❑ 1

[11] Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)
5. Ending inappropriate promotion of foods for infants and young children (WHA 69.9)

3.12The compliance with the measure is monitored and violations reported to concerned agencies	❑ 1
3.13 Violators of the law have been sanctioned during the last three years	❑ 1
Total Score 3b	

Total Score (3a + 3b)	**0/10**

Additional Information

1. *How often you see the violations of the Code or National law?* Violations are seen in many settings since there is no implementation of the Code.
2. *Has your country taken any steps that strengthen the Code implementation?* In addition to doing nothing to implement The Code, the U.S did more damage during the pandemic to create challenges to breastfeeding. For example, the practice of separating moms and babies as birth in hospitals, made breastfeeding and skin-to-skin contact difficult, if not impossible. All of this done on the basis of no evidence. The separation practice created an opening for breastmilk substitution companies to capitalize on the crisis and diminish mothers' confidence in breastfeeding. All to leave families hanging with no support when the world hit a breastmilk substitute product shortage in 2022.
3. *How is the Code information disseminated among the health workers?* There is no code information currently being disseminated among health workers.

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. _____
2. _____
3. _____
4. _____

Conclusions *(Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)* The U.S. fails miserably in this arena and will continue to do so without legal or financial incentives. This country was not built on human compassion- instead on human cruelty and capitalism.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. Science- We need more funded research all over the world, but especially in the U.S.
2. Education- We need to better understand the history of breastfeeding in this country-Black breastmilk built this nation. In effort to suppress the truth about the coercion of wet nurses during slavery, they have also suppressed the basic survival skill on breastfeeding that everyone deserves to know and understand.
3. Lifestyle accommodations need to be made to open to the door to effective and sustainable breastfeeding durations. People will need time to stay home and care for the future of our nation (children). They deserve compensation for their contribution to our country. They deserve paid parental leave to accomplish the goal.

Recommendations *(List action recommended to bridge the gaps):*

1. Marketing- parents are targeted with formula promotion. We recommend a national campaign to normalize and promote breastfeeding as a feeding option that heals our nation. WHO and UNICEF recommend that babies be fed nothing but breast milk for their first 6 months, after which they should continue breastfeeding – as well as eating other nutritious and safe foods – until 2 years of age or beyond.
2. National Public Service Announcements (PSAs) have proven to be effective in smoking cessation and responsible alcohol usage, without ceasing the sale of the profitable product. The same can happen with baby formula.
3. Education-nationalizing breastfeeding basics in school curriculums across all levels (middle school health classes up to college and professional school curriculums)
4. Workforce development- train more lactation professionals and birth workers and hiring them to visit families at home weekly for the first six (6) months post birth.
5. Lactation Support at home- provide weekly support to all families (regardless of feeding style) to provide education and support for child's growth and mother's healing for six (6) months post birth.

Indicator 4: Maternity Protection

Key question: *Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including mothers working in the informal sector?*

Criteria for Assessment	Scores
4.1) Women covered by the national legislation are protected with the following weeks of paid maternity leave: a. Any leave less than 14 weeks b. 14 to 17 weeks c. 18 to 25 weeks d. 26 weeks or more	*Tick one which is applicable* ☑ a=0.5 ❑ b=1 ❑ c=1.5 ❑ d= 2
4.2) Does the national legislation provide at least one breastfeeding break or reduction of work hours? a. Unpaid break b. Paid break	*Tick one which is applicable* ☑ a=0.5 ❑ b=1
4.3) The national legislation obliges private sector employers to a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	*Tick one or both* ❑ a=0.5 ❑ b=0.5
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. a. Space for Breastfeeding/ Breastmilk expression b. Crèche	*Tick one or both* ☑ a=1 ❑ b=0.5
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	*Tick one which is applicable* ❑ a=0.5 ☑ b=1
4.6) a. Accurate and complete information about maternity protection laws, regulations, or policies is made available to workers by their employers on commencement. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	*Tick one or both* ☑ a=0.5 ☑ b=0.5
4.7) Paternity leave is granted in public sector for at least 3 days.	*Tick one which is applicable*

	❑ YES (0.5) ☑ NO (0)
4.8) Paternity leave is granted in the private sector for at least 3 days.	*Tick one which is applicable* ❑ YES (0.5) ☑ NO (0)
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	*Tick one which is applicable* ❑ YES (0.5) ☑ NO (0)
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	*Tick one which is applicable* ☑ YES (1) ❑ NO (0)
Total Score	**5/10**

Any additional information

Please provide information on the current situation regarding paternity leave and its relation to maternity leave. At this time there is no paternity leave.

Does the financial allocation for paternity leave affect the maternity leave? There is no paternity leave.

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. https://www.americanprogress.org/article/the-state-of-paid-family-and-medical-leave-in-the-u-s-in-2023/#:~:text=No%20U.S.%20federal%20law%20provides,Insurance%20Leave%20(FAMILY)%20Act.
2. https://www.congress.gov/bill/117th-congress/senate-bill/248
3. https://www.dol.gov/general/topic/benefits-leave/fmla
4. https://www.dol.gov/agencies/whd/fact-sheets/73-flsa-break-time-nursing-mothers
5. https://www.dol.gov/agencies/whd/pump-at-work
6. https://www.dol.gov/agencies/whd/fact-sheets/21-flsa-recordkeeping
7. https://www.shrm.org/resourcesandtools/legal-and-compliance/employment-law/pages/pregnant-nursing-employee-protections-.aspx
8. https://www.eeoc.gov/laws/guidance/legal-rights-pregnant-workers-under-federal-law
9. https://pregnantatwork.org/workplace-lactation-laws/#:~:text=Reasonable%20accommodations%20for%20lactation%2Fbreastfeeding%20may%20include%20break%20time,can%20enter%20breast%20milk%2C%20or%20other%20work%20modifications.

Conclusions *(Summarize which aspects of the legislation are appropriate, and which aspects need improvement and why. Identify areas needing further analysis)***:**

The US remains a global outlier as the only high-income country that does not guarantee any paid leave following the birth or adoption of a child (https://thewicchub.org/2023-state-of-wic-report/) Although the US established a nationwide unpaid family and medical leave policy in 1993, more than 44% of workers - disproportionately low-income workers and workers of color - are restricted from even accessing this option, and too many others cannot afford to take unpaid time off (2023 state of WIC report). Because of the absence of a national paid family and medical leave policy, there are states that are beginning to pass laws and implement their own paid family and medical leave policy. The White House Blueprint on Hunger Nutrition and Health promotes specific strategies to increase breastfeeding and mentions inadequate access to paid parental leave as a barrier to breastfeeding. The White House also calls out the lack of national paid leave as a barrier to economic security and family health. It is the responsibility of Congress to pass a national paid leave policy. Since 2010 the US has had law to accommodate breastfeeding in the workplace and most recently (December 2022) under the PUMP act these protections have been extended to almost all workers in the US along with remedies for employer violations of the law. Employers are required to provide a private location and unpaid break time for expression of breast milk. At the same time this law was passed the Pregnant Workers Fairness Act was also passed to protect workers who are pregnant so that they may have accommodations for their pregnancy if they work in an unsafe environment as well as prevent workers from retaliation or discrimination from employers. Employers are required to post information about these protections for their employees.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. Lack of a national paid family and medical leave policy. Because of this one-third of working mothers do not take any maternity leave, and the average paternity leave is only one week (https://thousanddays.org/resource/the-first-1000-days-the-case-for-paid-leave-in-america/). Low income workers and workers of color are disproportionately impacted by lack of paid family and medical leave.
2. Breastfeeding accommodation in the workplace - breaks are unpaid, and there is a very small sector of workers (airline employees) who are not covered under the PUMP act (rail employees will be covered in a future year)
3. There is no federal requirement for child care support in the workplace.

Recommendations *(List action recommended to bridge the gaps):*

1. Congress to pass a national paid family and medical leave policy with a length of time to support optimal infant feeding recommendations.
2. Additions should be made to the PUMP act law - cover the remaining workers (e.g. airline) and provide paid break time for workers to express breast milk or feed their infant.
3. The US needs to support childcare in the workplace by passing legislation that requires employers to provide or subsidize child care.

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Key question: *Do care providers in the health and nutrition care systems undergo training in knowledge and skills, and do their pre-service education curricula support optimal infant and young child feeding; do these services support mother-friendly and breastfeeding-friendly birth practices, do the policies of health care services support mothers and children, and are health workers trained on their responsibilities under the Code?*

Criteria for assessment	√ *Check that apply*		
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[12] indicates that IYCF curricula or session plans are adequate/inadequate	(> 20 out of 25 content/skills are included) ☑ 2	(5-20 out of 25 content/ skills are included) ❑ 1	Fewer than 5 content/skills are included) ❑ 0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been disseminated to all facilities and personnel providing maternity care.	(Disseminate to > 50% facilities) ☑ 2	(Disseminate to 20-50% facilities) ❑ 1	No guideline, or disseminated to < 20% facilities ❑ 0
5.3) There are in-service training programmes available providing knowledge and skills related to IYCF for relevant health/nutrition care providers.[13]	Available for all relevant workers ☑ 2	Limited Availability ❑ 1	Not available ❑ 0
5.4) Health workers are trained on their responsibilities under the Code and national regulations, throughout the country.	Throughout the country ❑ 1	Partial Coverage ☑ 0.5	Not trained ❑ 0
5.5) Infant and young child feeding information and skills are integrated, as appropriate, into training programmes not covered in 5.1 but where the care providers may have some contact with families with infants and young children.(Training programmes such as diarrhea control, HIV, NCDs, Women's Health etc.)	Integrated in > 2 training programmes ❑ 1	1-2 training programmes ☑ 0.5	Not integrated ❑ 0

[12] Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

[13] The types of health providers that should receive training may vary from country to country, but should include providers who care for mothers and children in fields such as pediatrics, OB-Gynae, nursing, midwifery, nutrition and public health.

5.6) In-service training programmes referenced in 5.5 are being provided throughout the country.[14]	Throughout the country ❑ 1	Partial Coverage ☑ 0.5	Not provided ❑ 0
5.7) Health policies provide for mothers and babies to stay together when one of them is hospitalised.	Provision for staying together for both ❑ 1	Provision for only to one of them: mothers or babies ☑ 0.5	No provision ❑ 0
Total Score	**8/10**		

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each).*

1. https://www.aap.org/en/learning/breastfeeding-curriculum/
2. https://www.acog.org/programs/breastfeeding
3. https://www.fns.usda.gov/wic/breastfeeding-promotion-wic-current-federal-requirements
4. https://www.aafp.org/about/polices/all/breastfeeding-lactation-medical-trainees.html
5. https://cims.wildapricot.org/Resources/Documents/Making%20the%20Case%20for%20Mother-Friendly%20Birth%20Practices%20(Summary).pdf
6. https://mana.org/about-midwives/mother-friendly-childbirth-initiative
7. https://www.nacpm.org/social-justice
8. http://www.centerforbreastfeeding.org
9. https://www.fns.usda.gov/tn/feeding-infants-child-and-adult-care-food-program
10. https://www.fns.usda.gov/wic/breastfeeding-priority-wic-program
11. https://www.fns.usda.gov/wic/breastfeeding-promotion-wic-current-federal-requirements
12. https://www.cdc.gov/breastfeeding/data/mpinc/index.htm

Conclusions: (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)

Conclusions (Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed):
Core curriculum for health professions in the U.S. include infant and young child feeding at a level to ensure basic knowledge and entry level competency. While the content is included, it is understood that there is significant variation within and between professions regarding the amount of time and the depth of training to apply the knowledge and advance competency. Reviews of medical school education has been completed by the Bipartisan Policy Council; currently, no systematic and continual review process is in place at the institution level. Major professional organizations such as the American Academy of Pediatricians (AAP), American College of Obstetricians and Gynecologists (ACOG), American Academy of Family Physicians (AAFP), American College of

[14] Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction. Partial could mean more than 1 provinces covered.

Nurse Midwifes (ACNM) and others have post-degree breastfeeding curriculum or training recommendations for their members.

Standards and guidelines for mother friendly childbirth procedures have been developed by AWHONN (Association of Women's Health, Obstetric and Neonatal Nurses) and ACOG (American College of Obstetricians and Gynecologists), and are disseminated nationally. Midwives Alliance of North America developed a Mother-Friendly Childbirth Initiative since 1996 and revised in 2015.

Data is collected as part of the evidence-based Maternity Practices in Infant Nutrition and Care (mPINC) monitoring system to all U.S. hospitals providing maternity care. "CDC invites all hospitals with maternity services in the U.S. and territories to participate. In 2020, 2013 of 2810 eligible hospitals participated (75%)" via CDC mPINC website. The reports delineate recommendations for improvement at each level and highlight areas of achievement. This allows hospitals to identify training and resource requirements in order to improve future mPINC scores.

In-service training on the 20-hour course and orientations for new staff have been provided inhospitals awarded the Baby-Friendly USA designation. At a minimum, in-service training programs occur periodically at Baby-Friendly hospitals. There are more than 500 Baby-Friendly designated facilities in the United States. "In 2021 over 1 in 4 babies were born in Baby-Friendly designated hospital." Although the mPINC survey assesses and determines if some elements of the code are followed, there is no mechanism to determine what changes in practice or training occur as a result of participation and there is no report of specific outcomes.

The adoption of The Joint Commission measures by some facilities surrounding breastfeeding and the related guidance documents demonstrates that those facilities that adopt the measures have prioritized infant feeding within their systems.

28 National programs have policies that support breastfeeding and breast milk feeding in childcare and Head Start settings. The Childhood and Adult Care Food Program supports breastfeeding including the education and training of care providers and reimbursement for direct breastfeeding and by the parent and breast milk feeding by the care provider to support the provision of breastmilk in childcare.

In addition to the delivery of primary care, community-based programs such as WIC and Ryan White Comprehensive AIDS Resources Emergency (CARE) Act offer education and training to professionals delivering care. Policies are not in place at a national level to ensure mothers and babies who are sick remain together either in the hospital or post-discharge throughout breastfeeding duration.

Gaps: *(List gaps identified in the implementation of this indicator)*

1. Education and training of clinicians is at a basic competency level and may not include more advanced training in lactation for clinicians that serve pregnant and lactation women.
2. There is inconsistency across federal programs that serve women, infants and children in the type of breastfeeding training offered.
3. There is inconsistency across states related to statewide programs and the support of breastfeeding or breastmilk feeding in child care settings.
4. The Joint Commission has included exclusive breastfeeding in its Perinatal Core Measurement set, however, other healthcare agency accreditors have not recognized breastfeeding outcomes as a quality standard.
5. Health care providers need focused training on racial bias, stigma and cultural humility in order to deliver quality care to populations from different geographical, age and gender classes.

Recommendations: *(List action recommended to bridge the gaps):*

1. Require professional staff in federally funded programs serving mothers and children to meet evidence-based core competencies in breastfeeding care and support as described by the USBC.
2. Increase the complexity and competency levels of education of healthcare providers and include the promotion and management of breastfeeding in health professional coursework and accreditation / licensing exams.
3. Advocate for national sick leave policy and paid family leave.
4. Advocate for a national initiative that would address the need for consistent and required training for Early Care and Education providers regarding breastfeeding and human milk feeding.
5. Encourage all health care agency accreditors include breastfeeding outcome as a quality improvement standard.
6. Revise education and training materials to incorporate content related to reduce racial bias, stigma and other forms of discrimination.

Indicator 6: Counselling Services for the Pregnant and Breastfeeding Mothers

Key question: *Are there counselling services in place to protect, promote and support breastfeeding and optimal infant and young child feeding practices both at facility and community level*

Criteria of assessment	√ *Check that apply*		
6.1) Pregnant women receive counselling services f**or** breastfeeding during ANC.	>90% ❑ 2	50-89% ❑ 1	<50% ☑ 0
6.2) Women receive counselling and support for initiation breastfeeding and skin to contact within an hour birth.	>90% ❑ 2	50-89% ☑ 1	<50% ❑ 0
6.3) Women receive post-natal counselling for exclusive breastfeeding at hospital or home.	>90% ❑ 2	50-89% ☑ 1	<50% ❑ 0
6.4) Women/families receive breastfeeding and infant and young child feeding counselling at community level.	>90% ❑ 2	50-89% ❑ 1	50% ☑ 0
6.5) Community-based health workers are trained in counselling skills for infant and young child feeding.	>50% ❑ 2	<50% ❑ 1	No Training ☑ 0
Total Score:	**2/10**		

Additional Information: *If pre-lacteal feeding is going on, please give examples, share some challenges to providing counselling at community level.*

For the 2020 mPINC report 75% of hospitals offering maternity services participated in survey:

- 75% reported breastfeeding mothers are taught/shown how to recognize/respond to feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipple
- 70% reported breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, as/pacifiers
- 91% reported hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. https://wicbreastfeeding.fns.usda.gov/get-support-wic
2. https://www.cdc.gov/breastfeeding/data/mpinc/national-report.html

Conclusions *(Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis)**:***

We do have some information regarding counseling from the national mPINC report 2020; however, only 75% of all hospitals offering maternity services participate in this survey.
USDA WIC is making efforts to provide breastfeeding and infant/young child feeding counseling to women and families however, national data about these services is not available.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. National data regarding all hospitals offering maternity service is unavailable
2. WIC only offers services to women who meet income requirements.
3. Women and families of all backgrounds are not receiving equitable counseling services regarding breastfeeding and infant/young child feeding

Recommendations *(List action recommended to bridge the gaps):*

1. WIC, State Health Department, CDC, and Title V Block grants should:
   - Track the number of clients receiving prenatal and postnatal (up to a year) of breastfeeding/lactation counseling services.
   - Track number of community-based health workers and hospital staff who are trained in counseling skills for infant and young child feedings.
   - Provide WIC for everyone since WIC is the main source of lactation support in the US.
   - Disaggregate data for number of participants enrolled in WIC who received counseling services for breastfeeding/lactation during pregnancy and number of participants enrolled in pregnancy.
   - Disaggregate data combined for enrollment in WIC between prenatal and postpartum enrollment.
2. Joint Commission to include a measure in the Perinatal Care Measure PC-05 that verifies that each healthcare professional working in maternity services is competent in breastfeeding support and counseling.
3. For organizations creating licensing examinations (RD, RN, OT, PT, MD, DO, CNM, NP, NP, PA, CRNA etc.). All healthcare licensing examinations should contain 5 questions reflecting current evidence about breastfeeding support and clinical management.

Indicator 7: Accurate and Unbiased Information Support

Key question: *Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?*

Criteria for assessment	√ *Check that apply*	
7.1) There is a national IEC strategy for improving infant and young child feeding.	YES ☑ 2	NO ❑ 0
7.2) Messages are communicated to people through different channels and in local context.	YES ☑ 1	No ❑ 0
7.3) IEC strategy, programmes and campaigns like WBW and are free from commercial influence.	YES ❑ 1	No ☑ 0
7.4) Breastfeeding/IYCF IEC materials and messages are objective, consistent and in line with national and/or international recommendations.	YES ❑ 2	No ☑ 0
7.5) IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at national and local level.	YES ☑ 2	No ❑ 0
7.6) IEC materials/messages include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[15]	YES ❑ 2	No ☑ 0
Total Score:	**5/10**	

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. *https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants/increase-proportion-infants-who-are-breastfed-exclusively-through-age-6-months-mich-15*
2. *https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants/increase-proportion-infants-who-are-breastfed-1-year-mich-16*
3. *https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case*
4. *https://www.womenshealth.gov/breastfeeding*
5. *https://www.usbreastfeeding.org/national-breastfeeding-month.html*

[15] To ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula. This is to minimize health hazards. Parents are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately. And where applicable, that this information is conveyed through an explicit warning on packaging.

6. *https://www.womenshealth.gov/breastfeeding*
7. *https://www.fda.gov/consumers/womens-health-topics/national-breastfeeding-month-partner-content*

Conclusions *(Summarize which aspects of the IEC programme are appropriate and which need improvement and why. Identify areas needing further analysis)* **:**

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. In communication and implementation between National programs and supporting Territorial activities

Recommendations *(List action recommended to bridge the gaps):*

1. Maintain and improve collaboration and communication between National agencies.
2. Communicate across agencies to the public about the risks of artificial feeding and the safe preparation and handling of PIF, in alignment with WHO Code.

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that mothers living with HIV are supported to carry out the global/national recommended Infant feeding practice?

Criteria for Assessment[16]	*√ Check that apply*	
8.1) The country has an updated policy on Infant feeding and HIV, which is in line with the international guidelines on infant and young child feeding and HIV[17].	YES ☑ 2	No policy ❑ 0
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation.	YES ❑ 1	No ☑ 0
8.3) Health staff and community workers of HIV programme have received training on HIV and infant feeding counselling in past 5 years.	YES ❑ 1	No ☑ 0
8.4) HIV Testing and Counselling (HTC)/ Provider-Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	YES ❑ 1	No ☑ 0
8.5) The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	YES ☑ 1	No ❑ 0
8.6) Infant feeding counselling is provided to all mothers living with HIV appropriate to national circumstances.	YES ❑ 1	No ☑ 0
8.7) Mothers are supported and followed up in carrying out the recommended national infant feeding	YES ❑ 1	No ☑ 0
8.8) Country is making efforts to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	YES ❑ 1	No ☑ 0
8.9) Research on Infant feeding and HIV is carried out to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	YES ☑ 1	No ❑ 0
Total Score:	**4/10**	

[16] Some of the questions may need discussion among the core group, and based on information sources the Core group may decide about the strengths.

[17] Updated guidance on this issue is available from WHO as of 2016. Countries who may be using the earlier guidance and are on way to use the new guidance if not completely may be included here.

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/hiv.html
2. _____
3. _____

Conclusions *(Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis)* ***:***
The United States has only recently updated its policy on HIV and breastfeeding. Prior to January of 2023, HIV was a contraindication for breastfeeding and was not recommended. Since the policy was only changed in January of 2023, many support systems are not yet in place to carry out the new policy. Hopefully, training for health care providers will begin soon and support systems will be put in place.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. Training on HIV and breastfeeding is needed for health workers
2. Testing and counseling is not routinely offered to pregnant people
3. The US is not currently making efforts to counter misinformation about infant feeding and HIV. In fact, the policy change in January has gone mostly unnoticed and should be promoted in a more substantial manner.

Recommendations *(List action recommended to bridge the gaps):*

1. Support sytems should be put in place to ensure mothers living with HIV are supported in breastfeeding their infants.
2. An strong campaign should be launched to provide accurate information about breastfeeding and HIV and to counter misinformation.
3. Health care workers should be informed of the policy change regarding infant feeding and HIV.

Indicator 9: Infant and Young Child Feeding during Emergencies

Key question: *Are appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies?*

Criteria for assessment	**√ Check that apply**	
9.1) The country has a comprehensive Policy/Strategy/ Guidance on infant and young child feeding during emergencies as per the global recommendations with measurable indicators.	YES ☑ 2	NO ❑ 0
9.2) Person(s) tasked to coordinate and implement the above policy/strategy/guidance have been appointed at the national and sub national levels	YES ❑ 2	NO ☑ 0
9.3) The health and nutrition emergency preparedness and response plan based on the global recommendation includes:		
1. basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately skill trained counsellors, and support for relactation and wet-nursing.	YES ❑ 0.5	NO ☑ 0
2. measures to protect, promote and support appropriate and safe complementary feeding practices	YES ❑ 0.5	NO ☑ 0
3. measures to protect and support the non breast-fed infants	YES ❑ 0.5	NO ☑ 0
4. Safe spaces for IYCF counselling support services.	YES ❑ 0.5	NO ☑ 0
5. measures to minimize the risks of artificial feeding, including an endorsed Joint statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and minimize the risk of formula feeding, procurement management and use of any infant formula and BMS, in accordance with the global recommendations on emergencies	YES ❑ 0.5	NO ☑ 0
6. Indicators, and recording and reporting tools exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children.	YES ❑ 0.5	NO ☑ 0
9.4) Adequate financial and human resources have been allocated for implementation of the emergency preparedness and response plan on IYCF	YES ❑ 2	NO ☑ 0
9.5) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	YES ❑ 0.5	NO ☑ 0

9.6) Orientation and training is taking place as per the national plan on emergency preparedness and response is aligned with the global recommendations (at the national and sub-national levels)	Yes ❑ 0.5	NO ☑ 0
Total Score:	**2/10**	

Additional Information:
Please share any stories of implementing the IFE in your country during a disaster

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. *https://www.fema.gov/assistance/individual/policy-guidance-and-fact-sheets*
2. *https://www.cdc.gov/nccdphp/dnpao/features/disasters-infant-feeding/index.html*
3. *https://underwood.house.gov/media/press-releases/underwood-secures-commitments-fema-make-breastfeeding-equipment-and-support*
4. *https://www.fema.gov/assistance/individual/housing#critical-needs*

Conclusions *(Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis)* **:**

The US does not have a comprehensive infant and young child feeding policy through any government agency. The Centers for Disease Control and Prevention does have infant strategies and guidance for emergencies. A congressional representative introduced legislation in 2022 Delivering Essentials to Mothers Amid Natural Disasters (DEMAND) Act which would help breastfeeding mothers during natural disasters by ensuring that breastfeeding equipment is eligible for FEMA's Individual Assistance program. The program provides financial help and services to communities in the wake of a natural disaster. Also during an Appropriations Homeland Security Subcommittee hearing, the Representative secured commitments from the Federal Emergency Management Agency (FEMA) that will make breastfeeding equipment and support more accessible to nursing parents in alignment with the DEMAND Act. The DEMAND Act remains in Congressional committee. Congressional representatives sent a letter to FEMA urging the agency to update its official policy guidance to include lactation equipment and breastfeeding support and the agency updated its website with information on what financial assistance is available for parents who need to secure a new breast pump or other necessary equipment; the website was updated with this information. Due to this congressional advocacy FEMA committed to improving its guidance to better support nursing families during natural disasters. Commitments included:

- Including breastfeeding equipment and supports in FEMA's Individual Assistance Program and Policy Guide update in 2023 to remove inconsistencies. Inconsistencies in FEMA's guidance can be a roadblock for families receiving financial assistance.
- Making information, including one-pagers, about eligible breastfeeding supports available at disaster recovery centers.

- Providing new trainings for FEMA's disaster survivor assistance team about eligible breastfeeding supports so they can assist survivors one-on-one after an emergency.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. There is no national infant and young child feeding policy.

Recommendations *(List actions recommended to bridge the gaps):*

1. The US needs to develop a national comprehensive infant and young child feeding policy with an identified person tasked to coordinate and implement the policy. The emergency response plan needs to include global recommendation indicators, provide financial resources to implement and ensure that orientation and training of personnel occurs

Indicator 10: Monitoring and Evaluation

Key question: *Are monitoring and evaluation systems in place that routinely or periodically collect, analyse and use data to improve infant and young child feeding practices?*

Criteria for assessment	√ Check that apply	
10.1) Monitoring and evaluation of the IYCF programmes or activities (national and sub national levels) include IYCF indicators (early breastfeeding within an hour, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding and adequacy of complementary feeding)	YES ☑ 2	NO ❑ 0
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investment decisions.	YES ☑ 1	NO ❑ 0
10.3) Data on progress made in implementing IYCF programme and activities are routinely or periodically collected at the sub national and national levels.	YES ☑ 3	NO ❑ 0
10.4) Data/information related to IYCF programme progress are reported to key decision-makers.	YES ☑ 1	NO ❑ 0
10.5) Infant and young child feeding practices data is generated at least annually by the national health and nutrition surveillance system, and/or health information system.	YES ☑ 3	NO ❑ 0
Total Score	**10/10**	

Additional Information

Please share challenges being faced at national level, and solutions offered for monitoring the infant and young child feeding practices.

The Healthy, Hunger-Free Kids Act of 2010, PL 111- 296, requires the Department of Agriculture (USDA) to annually compile and publish breastfeeding performance measurements. The USDA's Food and Nutrition Service uses this data to monitor breastfeeding trends and to help identify exemplary performance of WIC state and local agencies in breastfeeding and make awards to such agencies, e.g., WIC Breastfeeding Performance Bonus Awards.
https://www.fns.usda.gov/wic/wic-breastfeeding-data-local-agency-report

As of 2017 most states are using the 2003 revised birth certificate items. Specific to BF the question is "Is the infant being breastfed at discharge". https://www.cdc.gov/nchs/data/dvs/birth11-03final-ACC.pdf

NHANES (a nationally representative sample of US families) began including early infant feeding items in their 2003 survey. Survey data can be used to assess duration and exclusivity of breastfeeding. There are no routinely published reports summarizing the NHANES data. https://www.cdc.gov/nchs/nhanes/index.htm

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. https://www.cdc.gov/breastfeeding/data/nis_data/data-files/2019/rates-any-exclusive-bf-socio-dem-2019.html
2. https://www.dietaryguidelines.gov/figures-infographics#dietaryintakes
3. http://mchb.hrsa.gov/programs/titlevgrants/index.html
4. https://mchb.tvisdata.hrsa.gov/
5. https://amchp.org/maternal-infant-health/
6. https://stacks.cdc.gov/view/cdc/121318
7. https://www.cdc.gov/breastfeeding/data/mpinc/state_reports.html
8. https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/
9. https://www.ncsl.org/health/breastfeeding-state-laws
10. https://web.sph.harvard.edu/mch-data-connect/?sfid=1730&_sft_database_keyword=breastfeeding&sf_paged=2
11. https://www.usbreastfeeding.org/usbc-news--blogs/join-the-usbc-welcome-congress-campaign
12. https://www.cdc.gov/breastfeeding/data/reportcard.htm
13. https://www.fns.usda.gov/pd/wic-program
14. https://www.cdc.gov/prams/index.htm

Conclusions *(Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis)**:***

1. In 2020 the US established (for the first time) Dietary Guidelines that included birth to 24 months. This is in addition to the federal infant and young child feeding program, the Special Supplemental Nutrition Program for Women, Infants, and Children, referred to as WIC. This program is implemented in all 50 states and the District of Columbia, US territories, tribal lands, and US military installations outside the US through local agencies. WIC provides a prescriptive food package of healthy foods (through an electronic benefit card) to eligible pregnant and lactating women and children up to the age of 5. Eligibility based on poor income or at risk for poor nutritional status. The program supports breastfeeding through classes, individual counseling and support. The latter includes designated breastfeeding peer counselors who are typically former WIC clients who engage with pregnant women to encourage them to intend to breastfeed and postpartum provide support and encouragement to continue breastfeeding.
2. Until the Affordable Care Act, depending on the agency breast pumps were also available through WIC. The redesigned WIC food packages were implemented by 2014 across the US with the

goal to further incentivize women to breastfeed, offering them a more desirable postpartum maternal food and additional baby food starting at month 7 if they breastfed. While the bar for eligibility is relatively low, compared to other state and federal entitlement programs such as Medicaid (health insurance) only about 50-60% of eligible mothers participate in WIC, thus limiting its reach and potential impact on mothers. By contrast, approximately 50% of US born infants receive WIC benefits.

3. Pertinent to this indicator the WIC program collects data from each participant upon enrollment and at subsequent visits (and at reauthorization). Data include demographics, weight and height and breastfeeding outcomes (initiation, duration and exclusivity). These data are collected by local programs, aggregated by states and submitted to the national WIC program. Both state and national level reports are created annually that provide for comparisons overtime.

4. Beginning in 1990 breastfeeding data led to the segregation of breastfeeding funds from other WIC funds to be sure that breastfeeding programs were adequately funded at the state and local levels. This led to a rise in WIC breastfeeding rates in the 1990s such that the major increase in BF in the US was among low income women due to this programmatic funding change. More recent examples of how these data are used include: changes in the nutrition package, funding for BF peer counselors, training and materials and the every five year federal reauthorization of the program. (10.2)

5. Based on data collected to inform the dietary guidelines, complementary food intake among children ages 12-24 months is adequate in the areas of fruits, grains and vegetables but inadequate in vegetable intake. Dairy intake exceeds recommended guidelines as does intake of sodium and sugar. (see above for site)

6. As noted individual data on WIC mothers are routinely and systematically collected at the local/agency level, aggregated at the state (sub-national) level and national level https://fns prod.azureedge.net/sites/default/files/wic/FY%202017%20BFDLA%20Report.pdf. Data from the WIC-IFPS are publically available. Across the WIC, PRAMS and CDC/NIS data, breastfeeding data are collected at least annually (10.3)

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. PRAMS response rates are falling although we are approaching universal survey implementation
2. How breastfeeding is defined varies widely and limits comparisons across data sources; donor milk is not consistently included
3. Difficult to make comparisons between WIC and non-WIC mothers to separate secular trends from WIC program impacts
4. Data are not sufficiently granular at the state or local or program level to develop or evaluate programs that are specific to the local or state or program context including breakdowns by subgroup across key breastfeeding time periods or outcomes
5. Racial and demographic data are not consistently collected or collected in a usable fashion to address disparities and access to care

Recommendations *(List actions recommended to bridge the gaps):*

1. Establish more consistent definitions of breastfeeding to be used across the various data collection platforms.
2. Expand the dissemination of PRAMS to key decision makers in a digestible format; key decision makers to include those who influence policy and funding either directly (as elected or appointed officials or leaders of health care organizations (including insurers) or funders (e.g. WKKF; Gates Foundation) or indirectly as advocacy organizations (American Public Health Association), associations representing public health officials (e.g. NACCHO, APHN or professional organizations (e.g. ANA, AAP).
3. Explore opportunities to link across datasets
4. Link BF peer counselor programs and community outreach programs to outcome measurement.
5. Preserve monitoring even as breastfeeding rates improve in that improvements are uneven across subgroups (e.g. geographic, racial/ethnic, income status).
6. Donor milk should be included as a key IYC feeding practice

Part II – IYCF Practices

In Part II ask for specific numerical data on each infant and young child feeding practice. Those involved in this assessment are advised to use data from a random household survey that is national in scope[18]. The data thus collected is entered into the web- based printed toolkit. The achievement on the particular target indicator is then rated i.e. **Red, Yellow, Blue and Green.** The cut off points for each of these levels of achievement were selected systematically, based on an analysis of past achievements on these indicators in developing countries. These are incorporated from the WHO's tool.

Definition of various quantitative indicators have been taken from "WHO's Indicators for assessing infant and young child feeding practices - 2008" Available at: http://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/

Preferably, data should have been collected in past five years. Most recent data should be used, which is national in scope.

[18] One source of data that is usually high in quality is the Demographic and Health Survey (DHS)(4) conducted in collaboration with Macro International and national research organizations, with support from USAID. If this source of data is used the data are likely to be comparable across countries. Other sources of data include UNICEF's Multiple Indicator Cluster Surveys (MICS) (5) and the WHO Global Data Bank on Breastfeeding (6). In some countries recent national surveys may have been conducted. It is important to assess the scope and quality of any data sources being considered for use.

Indicator 11: Initiation of Breastfeeding (within 1 hour)

Key question: *What is the percentage of newborn babies breastfed within one hour of birth?_83.2%*

Assessment

	Key to rating adapted from WHO tool	*Percentage*	*Colour-rating*
Indicator 11: Initiation of Breastfeeding (within 1 hour)	0.1-29%		**Red**
	29.1-49%		**Yellow**
	49.1-89%	83.2%	**Blue**
	89.1-100%		**Green**

Data Source (including year):

https://www.cdc.gov/breastfeeding/data/nis_data/results.html
https://www.cdc.gov/breastfeeding/data/mpinc/national-report.html
https://www.cdc.gov/nchs/fastats/delivery.htm

Additional Information

Please provide information on use of pre-lacteal feeds, use of formula during stay in health facility, with specific challenges in cesarean section delivery, or any other relevant information you want to share in the report.

Summary Comments:

Indicator 12: Exclusive Breastfeeding under 6 months

Key question: *What is the percentage of infants less than 6 months of age who were exclusively breastfed*[19] *in the last 24 hours?_24.9%*

Assessment

	Key to rating adapted from WHO tool	*Percentage*	*Colour-rating*
Indicator 12: Exclusive Breastfeeding under 6 months	0.1-11%		**Red**
	11.1-49%	24.9%	**Yellow**
	49.1-89%		**Blue**
	89.1-100%		**Green**

Data Source (including year):
https://www.cdc.gov/breastfeeding/data/nis_data/results.html

Additional Information
Please provide information on cultural use supplements during this period, challenges to achieve exclusivity, or any other relevant information you want to share in the report.

No data available for breastfeeding initiation within an hour after birth. Using current data on breastfeeding initiation from CDC. Rates of Any and Exclusive Breastfeeding by Age Among Children Born in 2019, National Immunization Survey, United States

Summary of Comments

There is room for improvement on supporting duration of breastfeeding at the community level. Prioritize workforce development of peer support and skilled support for families at home and policies that support duration.

We need paid family leave, primary care providers that are supportive of lactation. We need workplace policies that support lactation that are enforced, especially in the service industry and agriculture workers.

[19] Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

We also need funding for enforcement of policies that impact breastfeeding/lactation duration. Invest in peer support & lactation skilled support. Other recommendations: Develop a state funding program that pays families who are breastfeeding for as long as they are breastfeeding. Invest in workforce development that support breastfeeding and lactation duration. Support national and state breastfeeding/lactation resolutions. Federal and state funding that incentivize hospitals to pursue Hospital Baby-friendly Initiatives. Establish paid family leave at the federal and state level.

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?*

Assessment

	Key to rating adapted from WHO tool	*Months*	*Colour-rating*
Indicator 13: Median Duration of Breastfeeding	0.1-18 **Months**	**6.9**	**Red**
	18.1-20 ’’		**Yellow**
	20.1-22 ’’		**Blue**
	22.1- 24 or beyond ’’		**Green**

Data Source (including year):

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8099119/ 2021

Additional Information

35.9% are breastfed at 12 months (https://www.cdc.gov/breastfeeding/data/nis_data/results.html)

Summary of comments

Indicator 14: Bottle-feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?* ***Est 30%***

Definition of the indicator: *Proportion of children 0–12 months of age who are fed with a bottle*

Assessment

	Key to rating adapted from WHO tool	***Percentage***	***Colour-rating***
Indicator 14: Bottle-feeding (0-12 months)	29.1-100%	**30**	**Red**
	4.1-29%		**Yellow**
	2.1-4%		**Blue**
	0.1-2%		**Green**

Data Source (including year):

Centers for Disease Control and Prevention. (2012). Infant feeding practices study II and its year 6 follow-up results. Retrieved from table 3.9
http://www.cdc.gov/breastfeeding/data/ifps/results/ch3/table3-22.htm

Summary Comments:

This data is not reported on specifically. We have estimated that 30% of babies are fed from bottles by one year based on latest CDC/FDA Infant Feeding Practices Study (IFPSII)

Indicator 15: Complementary Feeding (6-8 months)

Key question: *Percentage of breastfed babies receiving complementary foods at 6-8 months of age? _91.8%*

Definition of the indicator: *Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods*

Assessment

	Key to rating adapted from WHO tool	***Percentage***	***Colour-rating***
Indicator 15: Complementary Feeding (6-8 months)	0.1-59%		**Red**
	59.1-79%		**Yellow**
	79.1-94%	91.8	**Blue**
	94.1-100%		**Green**

Data Source (including year):
Barrera, Hamner, Perrine, & Scanlon, 2018 (data collected between 2009-2014)

Additional Information

Summary Comments:
In the United States, it is more common that complementary feeding (CF) starts *too early*, rather than too late. Current U.S. recommendations call for the addition of complementary foods at "around 6 months of age as developmentally appropriate" (American Academy of Pediatrics, 2019).

Data from the National Health and Nutrition Examination Survey (NHANES) collected between 2009 and 2014 indicates that 54.6% of infants receive CF prior to 6 months; 37.2% between 6 and <8 months, and 8.2% between 8 and 12 months (Barrera, Hamner, Perrine, & Scanlon, 2018). Thus, 91.8% of US infants have received CF by 6-8 months.

Data from the WIC Infant Toddler Feeding Practices Survey-2 collected data on infants born in 2013 and 2014, finding that 20% received CF before 4 months and that the median age of introduction of first foods (infant cereal) was 4.5 months (May et al., 2017). The manner of presentation of this data does not enable comparison with the formulation of this indicator.

While early CF is more of a challenge in the US than late CF, it is of concern that the 8.2% of US infants receive complementary foods after the recommended time frame (>8 and before 12 months). This parallels the concern raised by Woo et al. (2015), that those infants who receive the greatest proportion of their daily caloric intake as human milk at and after 6 months of age are also the least likely to achieve dietary diversity in the first 12 months, underscoring the need for education and support regarding the importance of appropriate, timely CF along with ongoing breastfeeding.

Summary Part I: IYCF Policies and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Governance and Funding	**8.5**
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding	**6.5**
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	**0**
4. Maternity Protection	**5**
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	**8**
6. Counselling Services for the Pregnant and Breastfeeding Mothers	**2**
7. Accurate and Unbiased Information Support	**5**
8. Infant Feeding and HIV	**4**
9. Infant and Young Child Feeding during Emergencies	**2**
10. Monitoring and Evaluation	**10**
Total Country Score	**51**

Guidelines for WBT*i*

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	**Total Country Score**	**Colour-coding**
0 – 30.9		**Red**
31 – 60.9	**51**	**Yellow**
61 – 90.9		**Blue**
91 – 100		**Green**

Conclusions *(Summarize the achievements on the various programme components, what areas still need further work)*[20] **:**

[20] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Colour-coding
Indicator 11: Initiation of Breastfeeding (within 1 hour)	83.2 %	**Blue**
Indicator 12: Exclusive Breastfeeding under 6 months	24.9 %	**Yellow**
Indicator 13: Median Duration of Breastfeeding	6.9 months	**Red**
Indicator 14: Bottle-feeding (0-12 months)	Est 30%	**Red**
Indicator 15: Complementary Feeding (6-8 months)	91.8%	**Blue**

Conclusions

Summarise the achievement on policy and programme and identify key gaps. Here analyse the gaps with the core group and provide a summary of what needs to be done to bridge the gaps. Also include analysis of the 5 IYCF practices and its colour coding. Summarise which infant and young child feeding practices are good and which need improvement and why, any further analysis needed.

Draw a list of recommendations for your health and nutrition managers and policy makers, keeping in mind the gaps you have on policy & programmes.

Key Gaps

Key Recommendations