THAILAND

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Assessment of Bangkok Breastfeeding Promotion Project after fifteen months collaboration.

by

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Introduction

For the past fifteen months the International Nutrition Communication Service has collaborated with Mahidol University’s School of Public Health in the implementation of the Bangkok Breastfeeding Promotion Project. The project is designed to change hospital practices at nine major hospitals in Bangkok where 78% of all births in Bangkok take place.

The project was developed in response to a three-year (1979-1983) A.I.D.-sponsored study of the determinants of infant feeding practices in Bangkok, which unearthed a trend away from breastfeeding towards early and often inappropriate weaning. The study pinpointed hospital practices and health professionals' KAP (knowledge, attitudes, behavior) as a major causal factor influencing breastfeeding trends.

The current Bangkok Breastfeeding Promotion Project had three specific goals: (1) to increase the knowledge, attitudes, and skills related to infant feeding among health professionals in Bangkok; (2) to increase the incidence of rooming-in and other supportive practices for mothers who want to breastfeed in Bangkok’s nine major hospitals; (3) to improve infant feeding behaviors among low-income mothers in Bangkok; and (4) to institutionalize public sector support for breastfeeding promotion activities. During the course of the project, Goal #3 was further defined to refer to a sought-after increase in the percentage of mothers initiating breastfeeding and practicing exclusive breastfeeding during their hospital stay.

The project strategy focused on a series of action-oriented training seminars for health professionals from the nine participating hospitals. Initially a four-member Thai health professional team was trained at an INCS-sponsored lactation management training seminar in San Diego, California. This core team, along with faculty from Mahidol and Siriraj Hospital, became the principal trainers at three week-long large workshops for approximately 75 health professionals from the nine participating hospitals.

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1. See Appendix I for description of each of the nine participating hospitals.
At the training sessions, staff from each hospital were asked to serve as lactation management trainers for colleagues who did not attend and to develop goals for improving infant feeding practices at their hospitals. Staff from the Mahidol-based project office provided organizational support and encouragement to efforts that took place at individual hospitals. In addition, LINTAS, a local advertising agency, developed two posters promoting rooming-in which were widely displayed on the walls of maternity wards and hospital corridors. In addition, a breastfeeding "passport" was distributed to mothers at ante-natal clinics.

The purpose of my visit was to assess what progress had been made under the project and to plan for a project evaluation which will take place from June to September, 1985.

Observations

Most of my time was spent visiting six of the nine participating hospitals (Vachira, Phramongkutklao, Siriraj, Somdejprapinklao, Ramathibodi, and Rajavithi). Each appeared to be making progress on many levels simultaneously:

**Vachira Hospital:** (A Government Hospital under the responsibility of the Bangkok Metropolitan Administration [BMA], utilized mainly by a low and medium socio-economic level population: 7,755 deliveries [1984])

Observed accomplishments:

- have abolished new-born unit (except for babies with complications);
- no formula or pre-lacteal feeds are given out;
- large staff now fully trained in lactation management (affiliated with a school of nursing);
- assignment of specific nurses just to promote breastfeeding.
four- to six-hour separation of mother and infant

have established a rotating breastmilk bank

Phramongkutklao: (A Government Hospital under the responsibility of the Medical Department of the Royal Thai Army, Ministry of Defense. Utilized mainly by a low and medium socio-economic population: 4,246 deliveries [1982])

Observed accomplishments:

- initiated a new policy of returning baby to mother six hours or sooner after delivery
- report that more rigorous promotion of breastfeeding by hospital staff has resulted in an estimated savings of 700 formula bottles per day
- have organized an outpatient baby contest for breastfed babies

Siriraj Hospital: (Large Government Hospital under the responsibility of the State University Bureau. It is one of the nation's seven medical schools with affiliated teaching hospitals; has been a pioneer in hospital-based breastfeeding promotion and contributed trainers to project's lactation workshops for health professionals from other hospitals; utilized mainly by a low and medium socio-economic population; 19,817 deliveries [1982])

Observed accomplishments:

- rooming-in after 4-6 hour separation
- no formula or pre-lacteal feeds given
- no water bottles
- patients not allowed to bring own bottles
active training program for large medical staff 9500 doctors; 2000 nurses have established creche for nurses with newborns)

Somdejphrapinklao Hospital: (Government Hospital under responsibility of Naval Medical Department, Ministry of Defense; utilized mainly by low and medium socio-economic population groups; 6,196 deliveries [1983])

Observed accomplishments:

- very dramatic turn-around from pre-project infant feeding practices
- total rooming-in
- mother takes baby to breast immediately after delivery
- no pre-lacteal feeds or formula
- ante-natal instruction on lactation management instituted
- lactation clinic for new mothers set up
- hospital-based breastfeeding promotion video produced

Rajavithi Hospital: (Government Hospital under responsibility of Ministry of Public Health; well known for midwifery services and utilized mainly by low and medium socio-economic population, including civil servants; hospital breastfeeding practices impeded by a shortage of beds and trained staff; 22,403 deliveries [1983])

Observed accomplishments:

- Director of Gynecology has issued an order to stop pre-lacteal feeds and shorten the separation time
- Staff are organizing a lactation training center for nearby hospitals
- a lactation component has been built into the hospital's well baby clinic
- all day lactation management workshop for hospital staff scheduled for May
- initiated a new program to conduct breast examination of each new mother, counsel her, and correct any physiological problems that may impair breastfeeding

**Ramathibodi Hospital:** (Government Hospital under responsibility of the State University Bureau; utilized mainly by government officers in the medium and high socio-economic level; one of the nation's seven medical schools with affiliated teaching hospitals; 6,630 deliveries [1983])

Observed accomplishments:

This is the slowest hospital to change in the project; much of the staff was trained in the West 15-20 years ago and sees a high technology birthing support system as the norm; mothers are routinely sedated after birth and separated from their infants for 24 hours. The project has been a catalyst for junior-level pediatric and obstetric staff members who have initiated lactation management workshops into their teaching courses and are attempting to negotiate changes in hospital infant feeding practices with department heads and hospital administrators.

**Summary of Observations:**

It appears as if the Bangkok Breastfeeding Promotion Project is having a major impact on hospital breastfeeding procedures. Five years ago Bangkok was at the heart of the infant formula controversy. Examples of inappropriate breastmilk substitute marketing practices, e.g., the use of milk nurses, distribution of free take home packets of infant formula to new mothers, were often drawn from Thai experience. Now it appears that the situation is changing, that the $50,000 which sustained this project was well worth the investment by INCS. From what I was able to observe, the project has some very real accomplishments to its credit:
80% of the staffs from the 9 participating hospitals have been (or will shortly be) trained in hospital-based lactation management skills. This in itself is a major accomplishment, because the major impediment to hospital-based breastfeeding promotion is to get health professionals to view breastfeeding management as a serious medical discipline with attendant skills and services.

Infant feeding practices themselves have changed (to a greater or lesser extent) in each participating hospital. Some (e.g., Phramongkutklao) which did not have rooming-in are taking steps to adapt policies and institute rooming-in facilities. All are attempting to shorten the separation time between initial mother-infant contact, which in many hospitals used to be as long as 24-48 hours. One hospital (Somdejphrapinklao) now has a policy of putting the baby to the breast immediately after delivery. Most hospitals have also adopted procedures to abolish the routine use of formula or pre-lacteal feeds in maternity wards. Most still allow the use of sterilized water bottles, but only after breastfeeding has been completed. A major problem remains concerning what to do about women who insist on bringing in their own formula or powdered milk supply (Siriraj Hospital forbids this practice).

The adoption of a Ministerial Order on Hospital and Clinic Practices Related to Infant Feeding should be viewed as another major project accomplishment. The Code, originally suggested in draft by project staff, was issued last year by the Ministry of Public Health in the form of recommended standards for all public health hospitals and clinics including:

- "no water, glucose, or other food should be given to breastfeeding infants in the absence of medical advice"

- "All public health hospitals should take immediate steps to institute rooming-in facilities to insure that mother and infant are not separated after delivery"
"hospital facilities should insure that mothers are able to breastfeed continuously on demand"

"the advertising of milk and food products for infants and the distribution of breastmilk substitutes discharge packs should be prohibited in all public health hospitals and clinics."

Although such a decree does not have the force of law in Thai society, it can (and in this case does) serve as a catalyst to galvanize hospitals in the public health system into action.

It should be noted that the Ministry has been an active supporter of the project since its outset and has recently expressed interest in funding the project for a second phase which would expand the current training activities, and build on project experiences to set up a breastfeeding promotion unit within the Ministry itself. Should this proposed second phase become reality, it would help meet the project goal related to institutionalizing public sectors support for breastfeeding promotion.

Finally the project appears to be succeeding in creating a **snowball effect among non-participating institutions**. Several non-participating hospitals have sent observer/participants to the lactation management workshops. The air force hospital has become interested in what the navy and army hospitals are doing. A major effort to improve infant feeding practices is taking place at Maharaj Hospital, a large public health hospital in the North. Hospital-based breastfeeding is becoming "au courant" in Thailand.

In addition, the project's posters and other support materials are being disseminated beyond the borders of the nine participating hospitals. The recently adopted Thai Code governing the marketing of breastmilk substitutes uses one of the project posters as its cover.
Next Steps

What remains now is to try to quantify what has happened, particularly in relation to the breastfeeding practices of mothers delivering at all nine hospitals. During my visit I collaborated with Dr. Somchai Durongdej, the able Director of the Bangkok Breastfeeding Promotion Project, on an evaluation design. The goals of the evaluation will be to measure the impact of the project on health professionals' KAP at the nine participating hospitals, on infant feeding practices of mothers delivering at the nine hospitals, on hospital practices related to rooming-in and infant feeding, and on relevant cost savings (e.g., related to bottle and formula use, staff time, etc.).

To reach these objectives Dr. Somchai and his staff will carry out the following tasks:

(1) a survey of the knowledge, attitudes, and skills related to infant feeding among health professionals at the nine hospitals

(2) a survey of breastfeeding knowledge, attitudes, and practices of mothers at the nine hospitals

(3) observation of changes in hospital-related infant feeding practices and procedures

(4) assessment of cost savings information related to material, equipment, and hospital staff time.

For baseline information Dr. Durongdej and his staff will use data that they collected on initiation of breastfeeding and exclusive breastfeeding at discharge at the nine hospitals² information on health professionals' KAP collected (but yet to be analyzed) from health professionals who participated at the training workshops; and information on hospital practices which the project staff has compiled.

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2. See Appendix II.
Unfortunately, at this time funds are not available to support follow-up studies that would track post-hospital infant feeding practices of mothers who deliver at the nine hospitals. This information would help shed some light on the degree to which changes in hospital practices influence subsequent infant feeding behavior and the extent to which supplemental educational interventions are needed. However, it is hoped that the evaluation will support the observations I was able to make that the project indeed is having a very immediate impact on hospital-based breastfeeding behavior in Bangkok, and those of us who have been involved in nutrition education in Thailand agree that this is the base from which we must start.
SIRIRAJ HOSPITAL

Location: Prannok Road, Bangkoknoi District, Bangkok 10700
Tel. 411-0241-9

Type of Agency: Government hospital under responsibility of the State University Bureau.
Siriraj hospital is one of the nation's seven medical schools with affiliated teaching hospitals.
Utilized mainly by the low and medium socio-economic groups of population.

Maternity Service: Personnel: Ob-Gyn. specialist Total 48 (full-time)
Pediatrician " 36 (" "")
No. of delivery bed: Total 12 (regular)
5 (private)
No. of delivery per year: Total 19,817 (1982)

Hospital Policy: Strong determination in promoting both rooming-in and breastfeeding.

Hospital Practices: ANC: Normal check-up / Educational classes for prenatal mothers everyday at 10.00 a.m.
Rooming-in: 6 hrs. after delivery
The babies stay with mothers until the end of hospitalization.
Nursery: Nothing per oral for 6 hrs. then start feeding glucose water and breastfeeding after 8 hrs.
Formula Supply: For some cases but no free formula samples given.
Hospital Store: Bangkok Cooperative Store selling several brands of formula.
Discharge Kit: No distribution
PHRAMONGKUTKLAO HOSPITAL

Location: Rajvithi Road, Phyathai District, Bangkok 10400
Tel. 282-8181-99

Type of Agency: Government hospital under responsibility of Medical Department of Royal Thai Army, Ministry of Defence. Utilized mainly by the low and medium socio-economic groups of population.

Maternity Service: Personnel: Ob-Gyn. specialist Total 16 (full-time)
Pediatrician " 16 ( " " )
No. of delivery bed: Total 5
No. of delivery per year: Total 4,246 (1982)

Hospital Policy: No definite policy to follow.
The concerned units will manage any practice according to appropriate consideration and facilities available in the hospital.

Hospital Practices: ANC: Normal check-up / No educational class available.
Rooming-in: 24 hrs. after delivery
Babies will stay with mothers until the end of hospitalization.
Nursery: Nothing per oral for 4-6 hrs.
Glucose fed 2 times and either breast fed or bottle fed after 12-16 hrs.
Formula Supply: Free of charge at feeding time.
Hospital Store: No
Discharge Kit: Educational classes for post partum mothers every Tuesday & Thursday at 10.00 a.m. but inadequate materials for distribution. Generally with the compliments of BMA.
SOMDEJPHRAPINKLAD HOSPITAL

Location: 1028 Taksin Road, Thonburi District, Bangkok 10600  
Tel. 468-1116-20

Type of Agency: Government hospital under responsibility of Naval  
Medical Department, Ministry of Defence.  
Utilized mainly by the low and medium socio-economic  
groups of population.

Maternity Service:  
Personnel: Ob-Gyn. specialist Total 8 (full-time)  
Pediatrician " 8 ( " " )  
No. of delivery bed: Total 6  
No. of delivery per year: Total 6,196 (1983)

Hospital Policy: No literal regulation to follow.  
In Ob-Gyn. and Ped. units will settle suitable objectives  
and methods for practice with the main concept which is  
'both mother and child must be in good health conditions'

Hospital Practices:  
ANC: Normal check-up / Educational classes  
for mothers available every Tuesday &  
Thursday at 9.00 a.m.  
Rooming-in: 8 hrs. after delivery and after 24 hrs.  
babies are taken to stay with mothers  
until the end of hospitalization.  
Nursery: Nothing per oral for 6 hrs. then test  
feeding glucose and formula or breast  
fed after 12 hrs.  
Formula Supply: No  
Hospital Store: Yes, various brands of formula on sale.  
Discharge Kit: Educational classes for post partum  
mother but no materials distributed.
TAKSIN HOSPITAL

Location: Somdejchaophya Road, Klongsan District, Bangkok 10600
Tel. 466-1700

Type of Agency: Government hospital under responsibility of the Bangkok Metropolitan Administration (BMA).
Utilized mainly by the low and medium socio-economic groups of population.

Maternity Service:
Personnel: Ob-Gyn. specialist Total 9 (full-time)
Pediatrician " 7 (""")
No. of delivery bed: Total 6
No. of Delivery per year: Total 4,411 (1983)

Hospital Policy: No literal policy / regulation to follow.
The concerned units will provide maternity service according to appropriate consideration and facilities available in the hospital.

Hospital Practices: ANC: Normal check-up / No educational class available
Rooming-in: 8 hrs. after delivery, babies are taken to stay with mothers until the end of hospitalization.
Nursery: Nothing per oral for 8 hrs. then start feeding glucose water and formulas.
Formula Supply: Free of charge at feeding time
Hospital Store: No
Discharge Kit: Educational materials given to mothers at discharge time mainly with the compliments of BMA's Office of Health and Ministry of Public Health.
VACHIRA HOSPITAL

Location: Samsen Road, Dusit District, Bangkok 10300
Tel. 241-2401-9

Type of Agency: Government hospital under responsibility of the Bangkok Metropolitan Administration (BMA). Utilized mainly by the low and medium socio-economic groups of population.

Maternity Service: Personnel: Ob-Gyn. specialist Total 22 (full-time)
Pediatrician " 11 ( " " )
No. of delivery bed: Total 7 (regular)
" 4 (private)
No. of delivery per year: Total 7,755 (1983)

Hospital Policy: No definite policy to follow.
The hospital is active in promoting breastfeeding.

Hospital Practices: ANC: Normal check-up / Educational classes available but not conducted regularly.
Rooming-in: 8 hrs. after delivery
Babies are taken to be with mothers until the end of hospitalization.
Nursery: Nothing per oral for 6 hrs. then start feeding glucose water and breastfeeding after 8 hrs.
Formula Supply: Free of charge for some cases
No free samples given
Hospital Store: No
Discharge Kit: Educational classes for post partum mothers everyday at 10.30 a.m. but no materials distributed.
BANGKOK CHRISTIAN HOSPITAL

Location: 124 Silom Road, Bangrak District, Bangkok 10500
Tel. 233-6981-9

Type of Agency: Private hospital providing health care services for medium and high socio-economic groups of population. The hospital is registered as the property of religious body named "The Church of Christ in Thailand".

Maternity Service: Personnel: Ob-Gyn. specialist Total 16 (full-time)
Pediatrician 18 (""")
No. of delivery bed: Total 3
No. of delivery per year: Total 4,443 (1983)

Hospital Policy: Follow the Worldwide Christian Mission's policy on primary health care which includes breastfeeding promotion as one major part.

Hospital Practices: ANC: Normal check-up / Educational classes available.
Rooming-in: 12 hrs. after delivery
(partly) Mothers will nurse their babies only at feeding time.
Nursery: Nothing per oral for 6 hrs. start feeding glucose water and bottlemilk after 12 hrs. until mothers are able to breastfeed.
Formula Supply: At feeding time / Sale of formula at discharge time.
Hospital Store: Yes, various brands of formula on shelves.
Discharge Kit: Educational materials distributed to mothers during practice classes on infant feeding, mainly with the compliments of infant food and health care product companies.
RAJAVITHI HOSPITAL

Location: Rajvithi Road, Phyahtai District, Bangkok 10400
Tel. 281-1533

Type of Agency: Government hospital under responsibility of Ministry of Public Health.
The hospital is well-known for midwifery service and utilized mainly by the low and medium socio-economic groups of population including government officers.

Maternity Service: Personnel: Ob-Gyn. specialist Total 33 (full-time)
Pediatricians are from Children Hospital
No. of delivery bed: Total 16
No. of delivery per year: Total 22,403 (1983)

Hospital Policy: No definite regulations to follow
The hospital's Ob-Gyn. Unit has to provide full service though the facilities are limited comparing to the number of patients.

Hospital Practices: ANC: Normal check-up / Educational classes available but not conducted regularly.
Rooming-in: 24-36 hrs. after delivery, babies stay with mothers till the end of hospitalization.
Remark: In the months of high-rate in delivery, rooming-in cannot be done; thus no breastfeeding encouragement in the hospital at all.
Nursery: Nothing per oral for 4-5 hrs. start feeding water and formula after 10 hrs.
Formula Supply: Yes, but no free sample given.
Hospital Store: Yes, many brands of formula on sale.
Discharge Kit: Educational classes for post partum mothers conducted everyday also materials prepared by the hospital distributed.
HUACHIEW GENERAL HOSPITAL

Location: 665 Bamrungmuang Road, Yosse, Bangkok 10100
Tel. 223-1350-70

Type of Agency: Private hospital providing health care services for medium and high socio-economic groups of population. The hospital, registered as the property of Chinese Non-profit Foundation named "Hua Chiew Po Tek Siang Toeng", is well-known for midwifery service since 1938.

Maternity Service: Personnel: Ob-Gyn. specialist Total 15 (full-time)
Pediatrician " 10 ( " " )
No. of delivery bed: Total 12
No. of delivery per year: Total 8,022 (1983)

Hospital Policy: No literal policy to follow; however promotional programs on breastfeeding are recently initiated.

Hospital Practices: ANC: Normal check-up / No educational class available at the moment.

Roaming-in:
12 hrs. after delivery
(partly) Mothers will nurse their babies only at feeding time either breast-fed or bottle-fed. Hospital's Breastmilk Team will also encourage mothers to breastfeed.

Nursery:
Nothing per oral for 4 hrs. then start feeding sterilized water and bottlemilk after 8 hrs.

Formula Supply: At feeding time but no free samples given.

Hospital Store: Yes, several brands of formula on sale.

Discharge Kit: Educational materials prepared by the hospital are distributed.
RAMATHIBODI HOSPITAL

Location: Rama VI Road, Phayathai District, Bangkok 10400
Tel. 281-3030

Type of Agency: Government hospital under responsibility of the State University Bureau.
Utilized mainly by government officers at the medium and high socio-economic level.
The hospital is one of the nation's seven medical schools with affiliated teaching hospitals.

Maternity Service:
Personnel: Ob-Gyn. specialist Total 25 (full-time)
Pediatrician " 30 ( " " )
No. of delivery bed: Total 8
No. of delivery per year: Total 6,630 (1983)

Hospital Policy: Strict regulations on maternity service as to suit the facilities available in the hospital.
Limit the number of delivery service per month (approx. 500 cases) and prenatal check-up must be made at the hospital only.

Hospital Practices: ANC: Strictly follow the regulations / Educational classes conducted everyday for prenatal mothers.
Rooming-in: 12 hrs. after delivery, babies stay with mothers till the end of hospitalization.
Nursery: Nothing per oral for 8 hrs. then start glucose water and bottle-fed after 12 hrs.
Formula Supply: Yes, mothers choose to breastfeed or formula-feed.
Hospital Store: Yes, many brands of formula on sale.
Discharge Kit: Educational classes for post partum mothers are conducted every morning and materials which prepared by the hospital are also distributed.
## Base-line data for hospital evaluation

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>Sample ( % )</th>
<th>% Initiation of breastfeeding $\bar{x} \pm SD$</th>
<th>% exclusive breastfeeding at discharge</th>
</tr>
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<tbody>
<tr>
<td>01 Rajavithi</td>
<td>28</td>
<td>92 ± 26</td>
<td>59</td>
</tr>
<tr>
<td>02 Ramathibodi</td>
<td>7</td>
<td>94 ± 22</td>
<td>34</td>
</tr>
<tr>
<td>03 Siriraj</td>
<td>21</td>
<td>93 ± 24</td>
<td>56</td>
</tr>
<tr>
<td>04 Pramongkutklao (07)</td>
<td>6</td>
<td>87 ± 33</td>
<td>61</td>
</tr>
<tr>
<td>05 Somdejphrapinklao</td>
<td>6</td>
<td>96 ± 19</td>
<td>56</td>
</tr>
<tr>
<td>06 Taksin (06)</td>
<td>7</td>
<td>90 ± 29</td>
<td>53</td>
</tr>
<tr>
<td>07 Vachira (01)</td>
<td>11</td>
<td>90 ± 29</td>
<td>60</td>
</tr>
<tr>
<td>08 Bangkok Christian (08)</td>
<td>4</td>
<td>85 ± 36</td>
<td>22</td>
</tr>
<tr>
<td>09 Huachiew</td>
<td>10</td>
<td>84 ± 36</td>
<td>34</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>91 ± 28</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
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KEYS PERSONS CONTACTED

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Former Chief
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Managing Director
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Dean, Faculty of Public Health
Mahidol University
Ministerial Order on Hospital and Clinic Practices Related to Infant Feeding

In view of the crucial role of the health service delivery system in the establishment and maintenance of breastfeeding and appropriate supplementation practices, all public health hospitals and clinics are required to take the following steps as soon as possible.

1. ESTABLISH STANDARDS OF ANTE-NATAL AND POST NATA L CARE:

The following steps should be taken by hospital and clinic administrators, physicians and nurses.

1.1.1 Ante-natal care;

a. Increase interest about breastfeeding when the mother is aware of her pregnancy.

b. Provide information to mothers in ante natal clinics to encourage and promote breastfeeding.

c. Provide ante-natal care and give advice on food, care of the breast and provide suitable information about infant feeding.

d. Provide suitable educational materials to mothers while waiting for a medical examination during her pregnancy in hospital and health service centers.

1.1.2 Post-natal care;

a. Speed up the close contact of mother & infant.

b. No water, formula, glucose or other food should be given to breastfeeding infants in the absence of medical advice.
c. Doctors should not administer hormonal injections that inhibit lactation to patients; on the contrary they should encourage mothers to breastfeed their infants.
d. All public health hospitals should take immediate steps to institute rooming-in facilities to ensure that mother and infant are not separated after delivery.
e. Hospital facilities should ensure that the mother is able to continuously breastfeed her infant on demand.
f. Continuous information about feeding infants should be given after delivery, and special care should be given when problems arise in order to increase the mother's self confidence to breast-feed her infant.
g. Information should be provided about contraceptives and the variety that exist so that the mother will not choose the kind that interfere with milk production.
h. Full efforts should be made in giving information to the mothers who think they are not producing enough milk before any substitute food is given to the baby. Mothers should be informed that generally there is enough mother's milk to feed the infants until they reach 4 or 6 months.
1.1.3 After delivery and on leaving the hospital.
   a. Continuous information should be provided on breastfeeding to the mothers by various methods such as home visits of public health nurses or by student nurses who have received training.
   b. Mother Support Groups of volunteers, who will help with the dissemination of information on breastfeeding, should be organized.
   c. Information about breastfeeding should be provided at well-baby clinics.
   d. At the weaning stage, mothers should be advised to wean the infants gradually with appropriate supplementary food while continuing to breastfeed.
   e. Supplementary food should start when the babies are about 4 months old and mother's milk should be given simultaneously as long as possible.

2. ADOPT PROCEDURES TO REGULATE HOSPITAL AND CLINIC MARKETING AND PROMOTION OF BREASTMILK SUBSTITUTE.

2.1 The advertising of milk and food products for infants and the distribution of breastmilk substitutes discharge packs should be prohibited in all public health hospitals and health clinics.

2.2 The advertising and selling of breastmilk substitutes and other associated food stuffs by health professionals or hospitals to mothers is prohibited.
2.3 The selling of breastmilk substitutes in hospital stores should be prohibited, unless authorized by medical emergency.

3. THE PROVISION OF INFORMATION, EDUCATION AND COMMUNICATION SUPPORT FOR HOSPITAL AND CLINIC BREASTFEEDING PROGRAMS.

3.1 A National Lactation Management Training Centre will be developed by the Faculty of Public Health Mahidol University in association with Siriraj Hospital. The Centre will be supported by the Minister of Public Health. The Center will provide in-service training in lactation management to health professionals of all levels as well as to medical students.

3.2 The Centre will develop manuals and other support materials on lactation management for health professionals as well as educational materials on breastfeeding for mothers.

3.3 Public health hospital and clinic administrators are urged to coordinate the breastfeeding related activities of their various Working Units with the health and nutrition related programs of other government and non-government agencies.
BANGKOK BREASTFEEDING
PROMOTION PROJECT LOGO