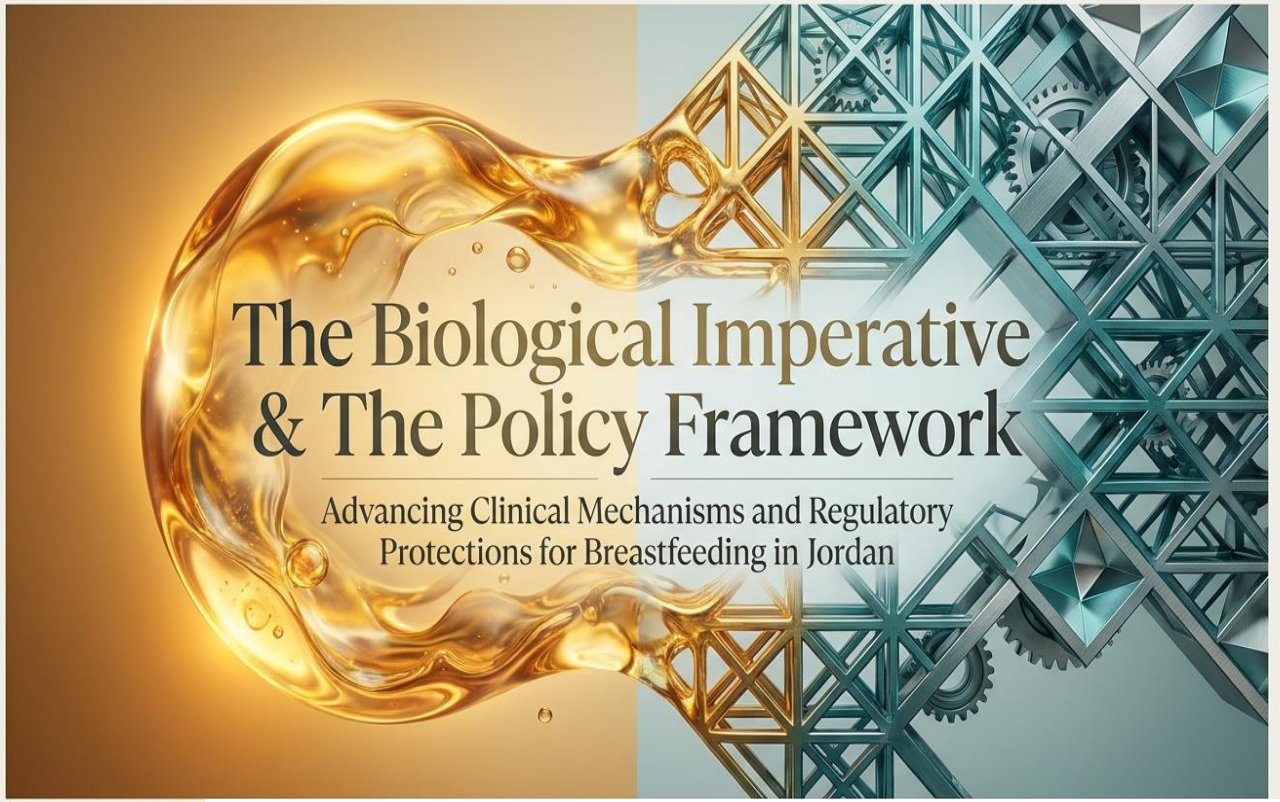
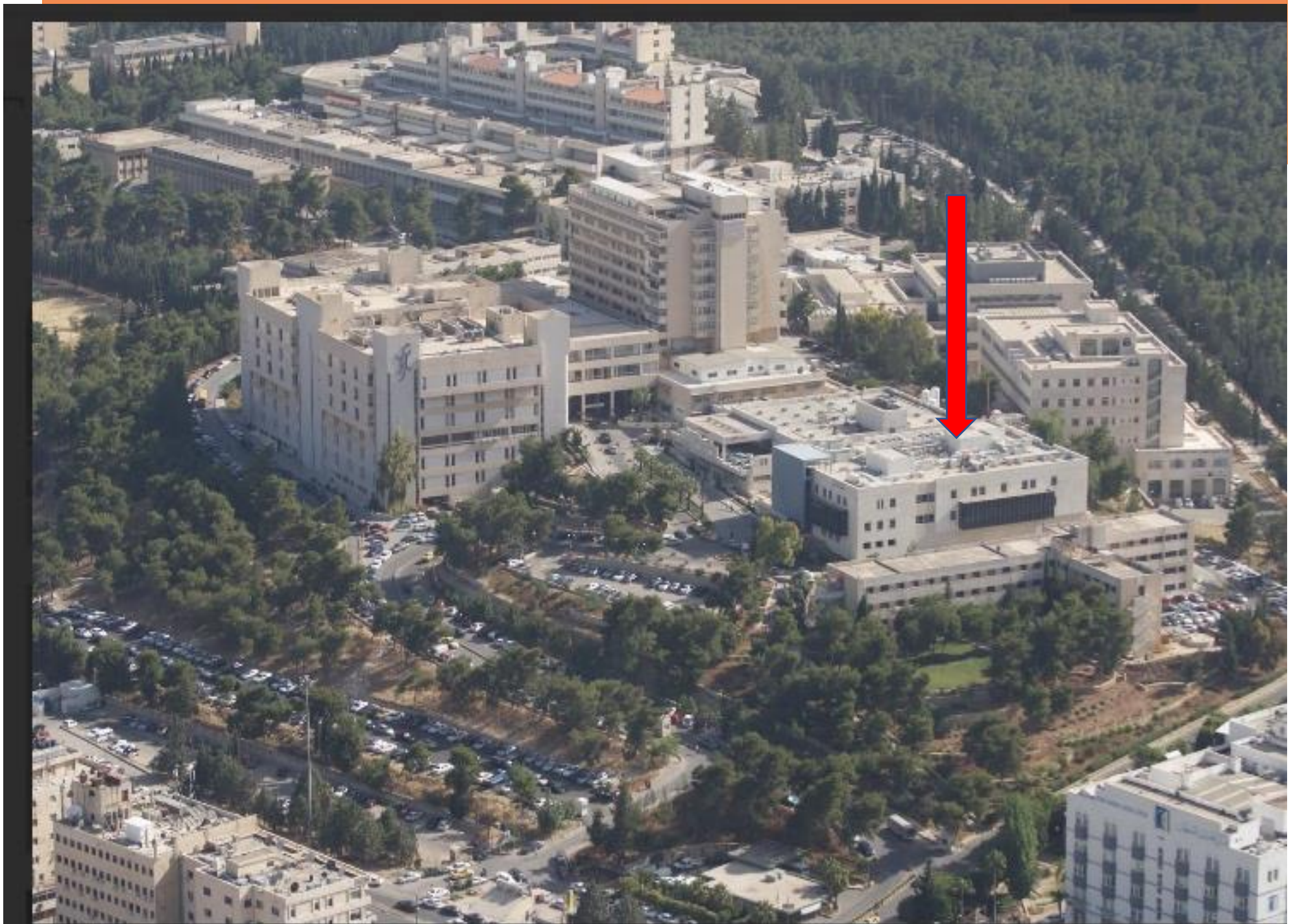
الضرورة البيولوجية والإطار التنظيمي: تعزيز الدعم السريري والحماية القانونية للرضاعة الطبيعية في الأردن

Eman Badran

Professor of Pediatrics
Director of neonatal – perinatal Division
University of Jordan
Director of Neonatal Fellowship program .
University of Jordan





Acredited Neonatal Felowship program

ACCREDITED

ACCREDITED NEONATAL FELLOWSHIP PROGRAM

3-YEAR PROGRAM AFTER PEDIATRIC RESIDENCY

PEDIATRIC RESIDENCY → 3-YEAR NEONATAL FELLOWSHIP → ACCREDITED SPECIALIST TRAINING

- CLINICAL NICU TRAINING
- TEACHING & MENTORSHIP
- ULTRASOUND & PROCEDURES
- RESEARCH & LEADERSHIP

THE UNIVERSITY OF JORDAN
الجامعة الأردنية

JORDAN UNIVERSITY HOSPITAL
مستشفى الجامعة الأردنية

Training Today's Fellows for Tomorrow's Leaders in Neonatal Care

Objectives

Breast feeding land scape in Jordan

Components and benefits of Breast Feeding

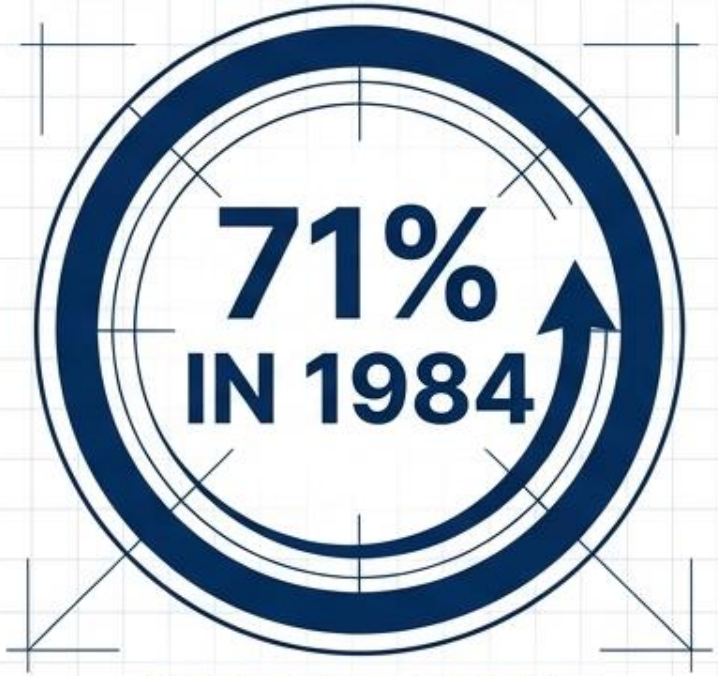
Dynamic paradigm of breast Milk
Barriers towered initiation and exclusive Breast feeding
Maternity Protection gaps (support and barriers)

Normal growth and nutritional needs of breastfeeding infants

- Components of Breast Milk

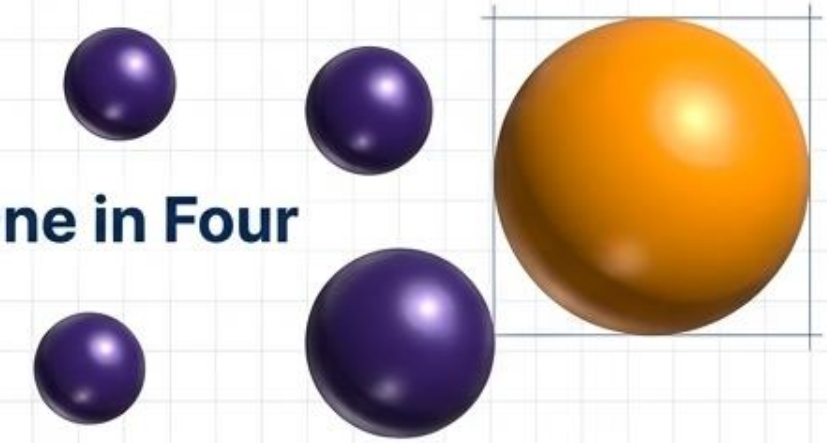
THE BREASTFEEDING LANDSCAPE IN JORDAN

GLOBAL STANDARD: Early initiation within 1 hour; exclusive breastfeeding for 6 months.



HISTORIC NORMS

CURRENT REALITY (JORDAN)



One in Four

34% Early Initiation rate.

24% Exclusive Breastfeeding under 6 months.

Clinical Synthesis: These low metrics are not mere personal choices; they signal systemic failures in early postnatal hospital support, leading to profound missed opportunities in infant health.

Reference: UNICEF Jordan Health and Nutrition Data; Jordan DHS, 2023; Akin et al., 1984.

Breast feeding trend In Jordan

Percentages of surviving children breast-fed at various ages in Jordan **1976-1980**

BREAST-FEEDING PATTERNS AND DETERMINANTS IN JORDAN

John S. Akin*
Richard E. Bilsborrow**
David K. Guilkey*
Barry M. Popkin#

*Professor, Department of Economics
**Research Associate Professor, Department of Biostatistics
#Associate Professor, Department of Nutrition, School of Public Health

All are Fellows of the Carolina Population Center

Mailing Address:

Carolina Population Center
University of North Carolina
University Square 300A
Chapel Hill, North Carolina 27514

Telephone: (919) 966-2155

September 7, 1984

- National sample of women
- Surveyed by the government of Jordan WFP
- Collect data only for last 2 birth)
- Sample **3212** child
  - Born 4 years preceding the interview.
  - 1976-1980)

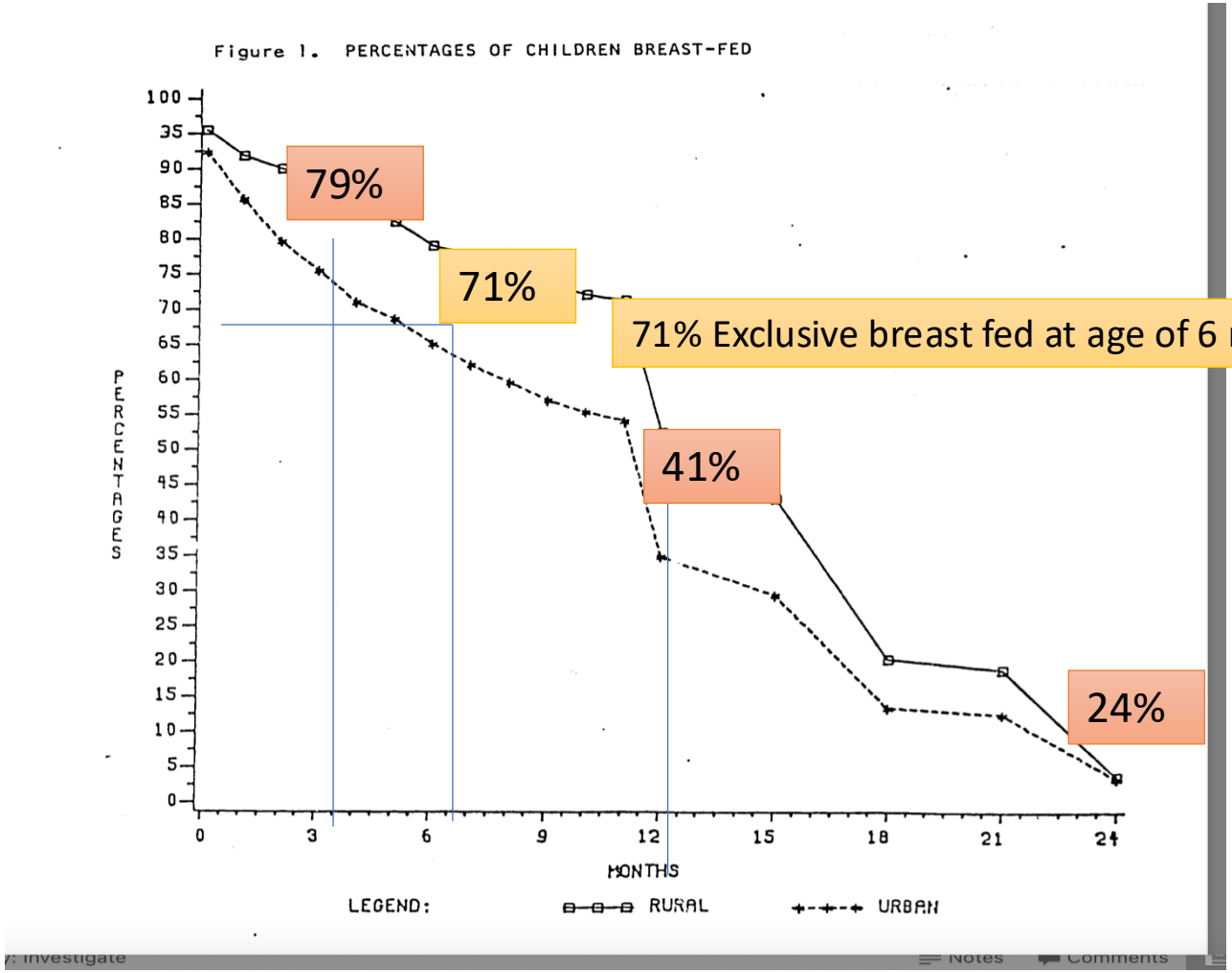
Place of residence

There was significant difference in the percentage of children even breast-fed in urban and rural areas after first months (

Akin JS, Bilsborrow RE, Guilkev DK, Popkin BM.
Breast-feeding patterns and determinants in Jordan
1984

Breast feeding trend In Jordan

Percentages of surviving children breast-fed at various ages in Jordan **1976-1980**



71% Exclusive breast fed at age of 6 months

- National sample of women
- Surveyed by the government of Jordan WFP
- Collect data only for last 2 birth)
- Sample 3212 child
  - Born 4 years preceding the interview.
  - 1976-1980)

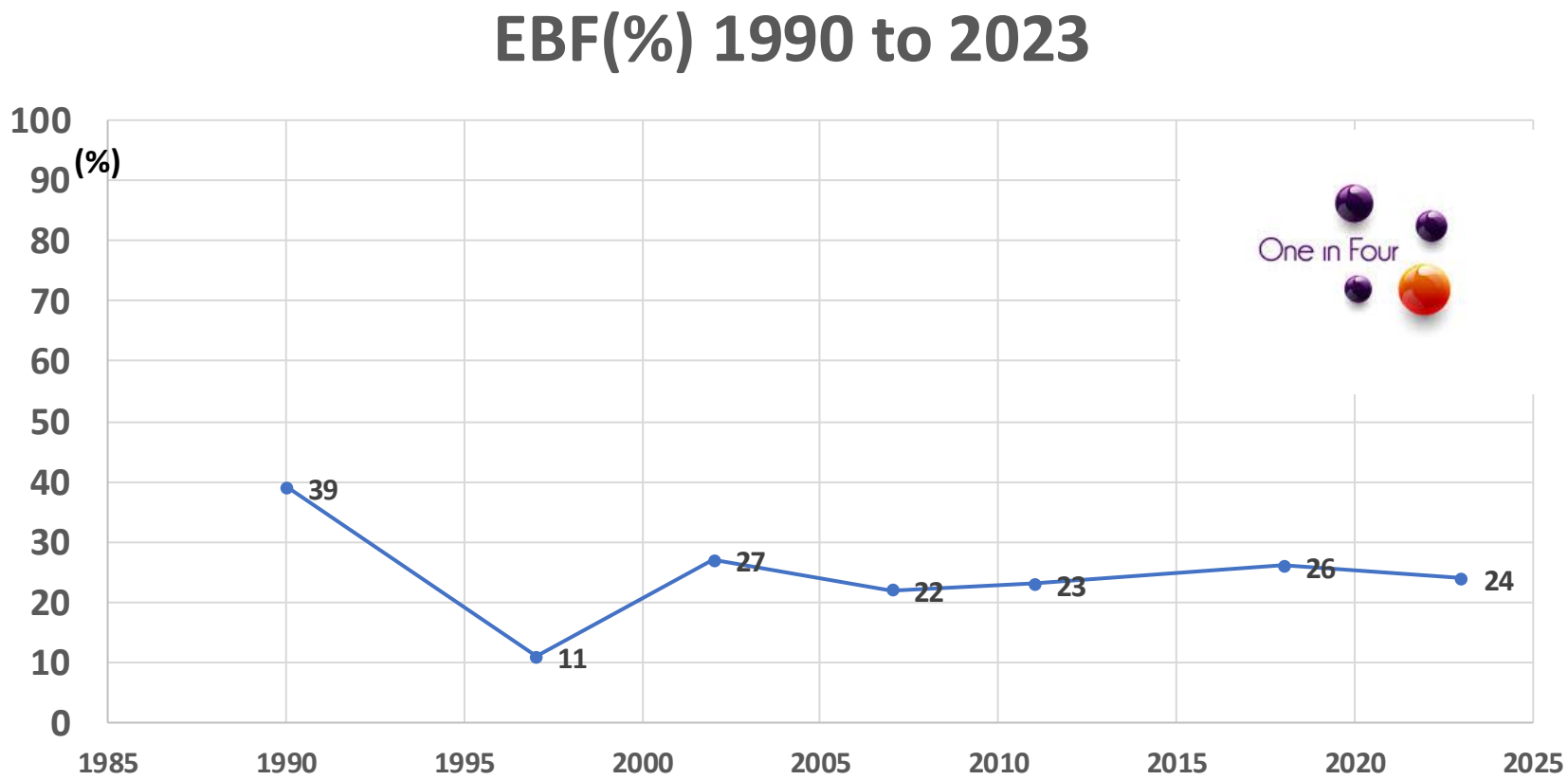
Place of residence

There was significant difference in the percentage of children ever breast-fed in urban and rural areas after first months (

Akin JS, Bilsborrow RE, Guilkev DK, Popkin BM. **Breast-feeding patterns and determinants in Jordan** 1984

Reslity of Exclusive Breastfeeding in Jordan

- National prevalence 24%.



Jordan DHS,2023

Components and benefits of Breast Feeding

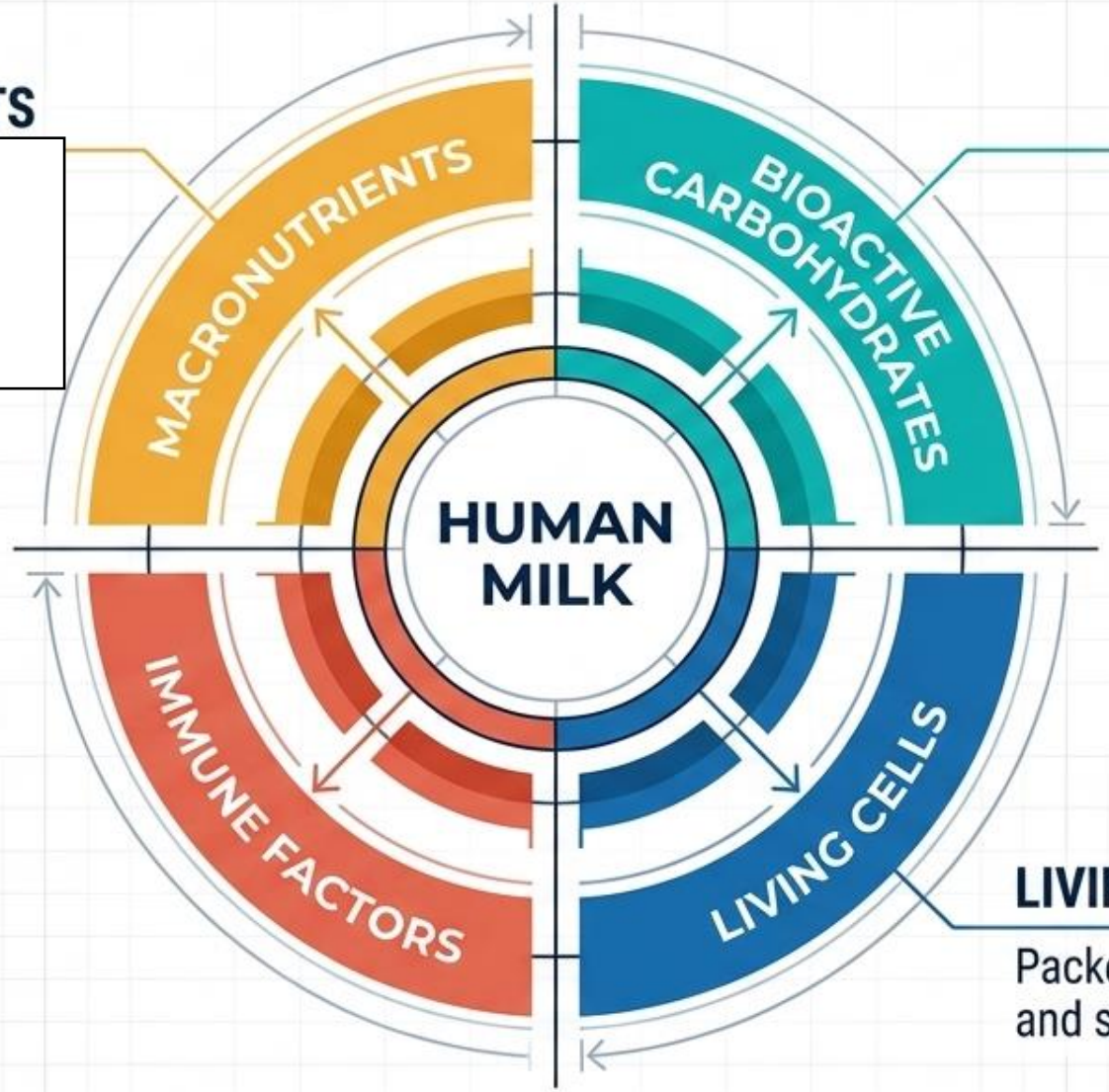
HUMAN MILK: A DYNAMIC BIOLOGIC SYSTEM

MACRONUTRIENTS

Water:	85%
Carb:	7%
Lipid:	3.6%
Protein:	0.9%

CONCEPTUAL SHIFT

Human milk is dynamic, personalized medicine, not static food.



CLINICAL REALITY

Infant formula provides necessary caloric energy, but it cannot replicate this biologic complexity, adaptive immunity, or dynamic composition.

LIVING CELLS

Packed with living cells and signaling factors

Reference: Lawrence & Lawrence, *Breastfeeding: A Guide for the Medical Profession*, 9th ed., 2021.

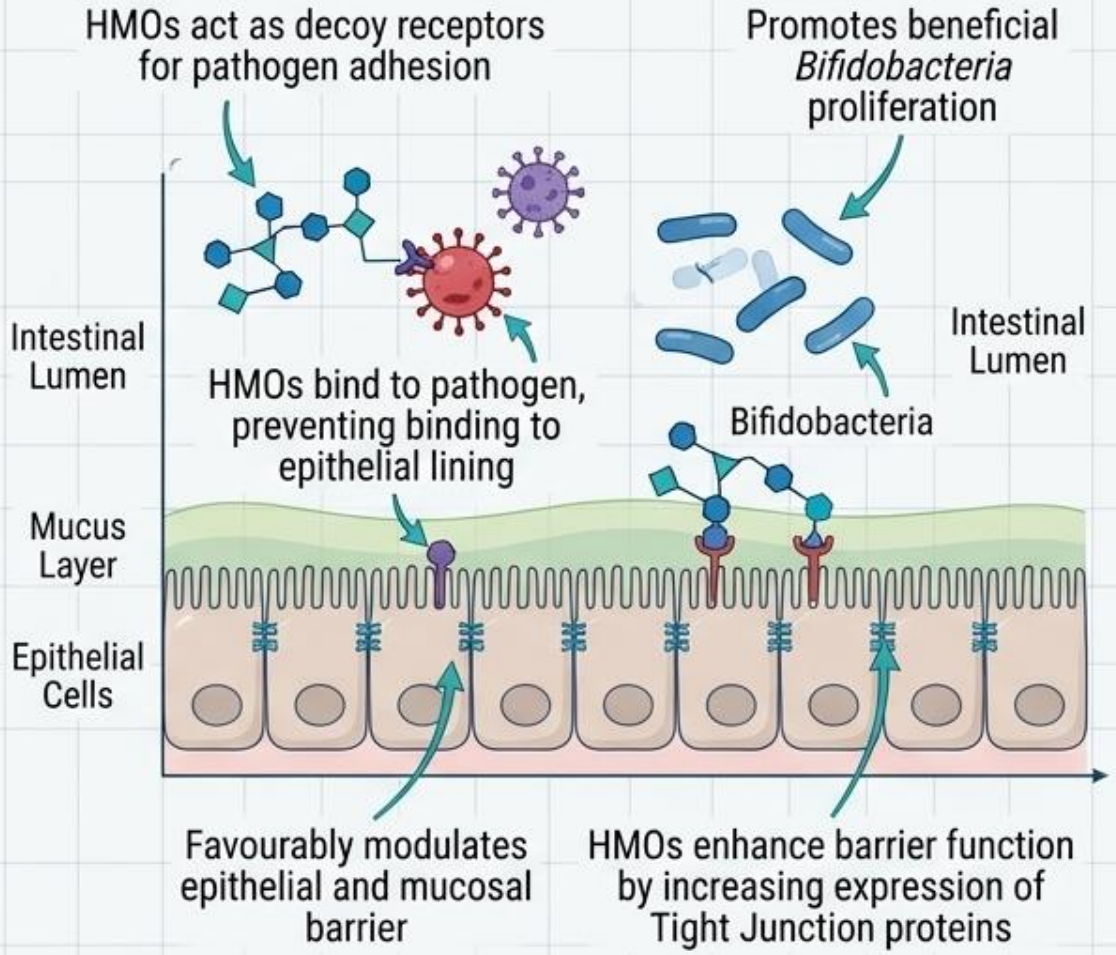
BREAST MILK COMPONENTS (1/5): HYDRATION & ENERGY BASE

COMPONENT	MAIN FUNCTION	CLINICAL BENEFIT
Water Water: 85%	Primary solvent and hydration source.	Meets 100% of infant fluid needs for the first 6 months; no supplemental water required.
Lipids (Triglycerides & Cholesterol) 3.6%	Major energy source, providing ~50% of the infant's energy supply.	Drives rapid somatic growth and provides crucial satiety.
LCPUFAs (DHA, Arachidonic Acid)	Essential building blocks for neural membranes and retinal structures.	Directly supports long-term neurodevelopment, vision, and higher memory function scores.

Reference: Lawrence 2021; WHO Infant Feeding Educational Materials.

BREAST MILK COMPONENTS (2/5): CARBOHYDRATES & GUT HEALTH

COMPONENT	MAIN FUNCTION	CLINICAL BENEFIT
Lactose (Digestible Carbohydrate)	Primary **energy source**; facilitates calcium absorption.	Fuels rapid **brain growth** and critical bone mineralization.
HMOs (Non-Digestible Prebiotics)	Bioactive prebiotics and structural pathogen decoys.	Promotes beneficial *Bifidobacteria* proliferation, prevents pathogen attachment to the epithelial lining, and significantly **lowers diarrheal infection risk**.



Reference: Victora et al., Lancet 2016; Lawrence 2021.

Carbohydrate : 7%

BREAST MILK COMPONENTS (3/5): **PROTEINS & ANTIMICROBIALS**

COMPONENT	MAIN FUNCTION	CLINICAL BENEFIT
 **Whey-rich Proteins**	Highly **bioavailable** source of essential **amino acids**.	Forms **softer curds** in the stomach, ensuring vastly superior gastrointestinal tolerance compared to cow's milk.
 **Lactoferrin** (Antimicrobial)	Aggressively **binds** and sequesters **free iron** in the gut.	Starves and **inhibits** the growth of iron-dependent pathogenic bacteria.
 **Lysozyme** (Enzyme)	Enzymatically **cleaves** the cell **walls** of gram-positive bacteria.	Provides direct **antimicrobial action**, drastically reducing infectious morbidity.

Reference: Lawrence 2021; WHO Breastfeeding Overview.

BREAST MILK COMPONENTS (4/5): THE ADAPTIVE IMMUNE SYSTEM

COMPONENT	MAIN FUNCTION	CLINICAL BENEFIT
Secretory IgA (sIgA)	Primary mucosal immunoglobulin, highly concentrated in colostrum.	**Coats infant mucosal surfaces,** blocking pathogen attachment and providing **targeted passive immunity**.
Macrophages (Living Cells)	**Phagocytose** pathogens and secrete immunomodulators.	Acts as an **active, mobile defense force** directly inside the infant's GI tract.
Lymphocytes (T-cells, B-cells)	Produce active antibodies and regulate immune responses.	Actively **trains and matures the infant's nascent immune system**.

KEY PATHOGENS TARGETED BY HUMAN MILK sIgA

- *Clostridium difficile*
- *Escherichia coli*
- *Haemophilus influenzae*
- *Salmonella typhimurium*
- Norovirus

Reference: Lawrence 2021; Victora et al., Lancet 2016.

BREAST MILK COMPONENTS (5/5): SIGNALING & SYSTEM MATURATION

COMPONENT	MAIN FUNCTION	CLINICAL BENEFIT
 **Cytokines & Growth Factors Factors** (e.g., TGF-β, IL-1, IL-6)	Regulates **inflammation** and **tissue development.**	Accelerates **deep gut closure** and **protects** against **immune-mediated diseases** (e.g., Type 1 Diabetes, Inflammatory Bowel Disease).
 **Extracellular Vesicles** (Exosomes)	Membrane-bound particles for **cell-to-cell communication.**	Modulates **deep gut health** and **reduces systemic inflammation.**
 **Stem Cells**	Pluripotent cells capable of crossing the GI tract.	Populates distant infant organs, actively contributing to **deep** to **tissue development** and **cellular repair.**

Reference: Lawrence 2021; WHO Infant Feeding Educational Materials.

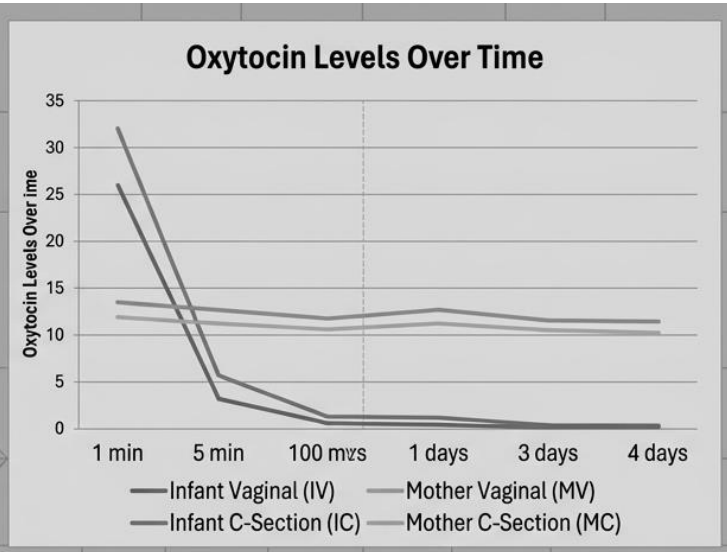
Reference

Benefits of Breast milk

Maternal Benefits

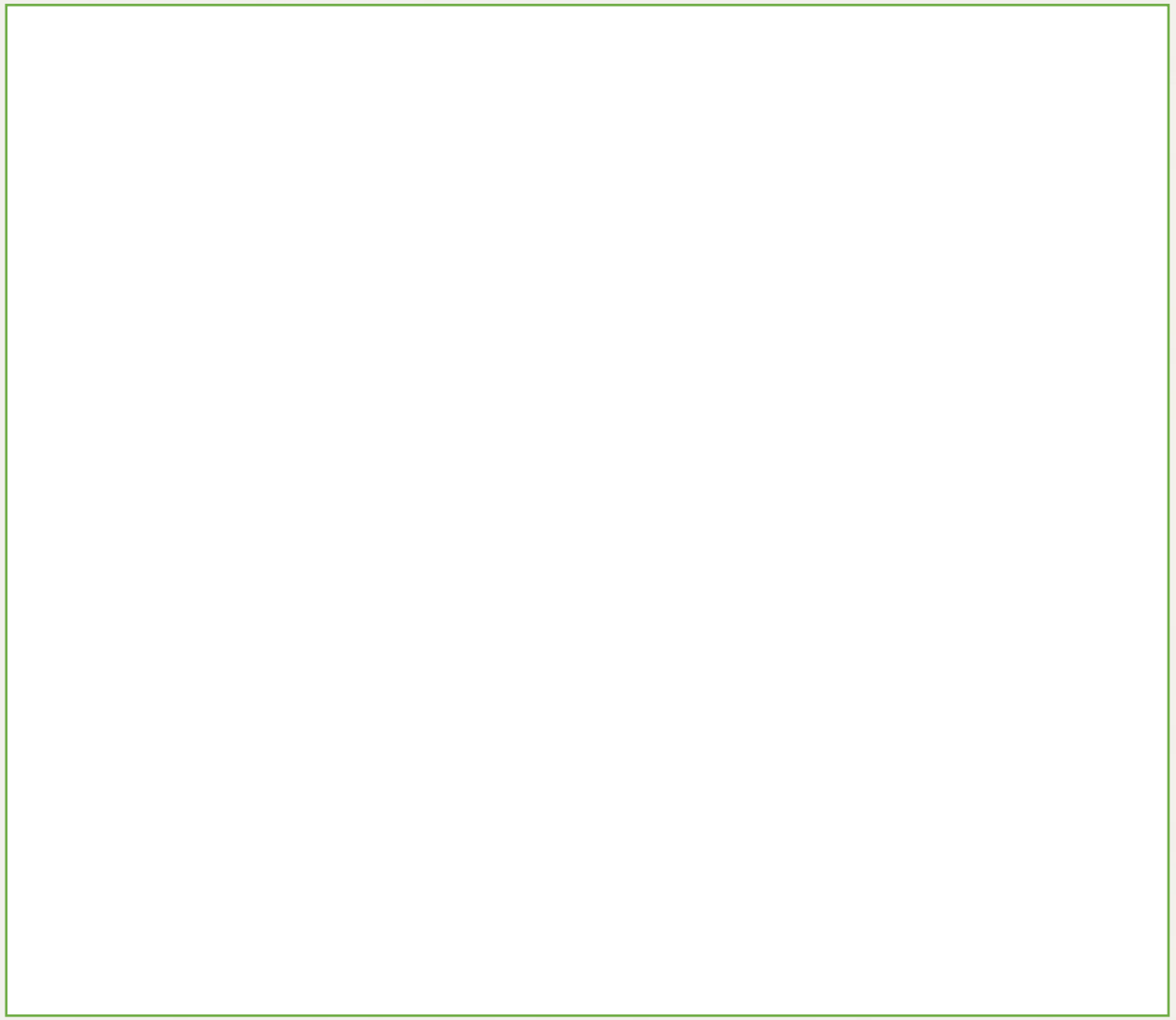
Immediate Recovery: Oxytocin release stimulates uterine contractions, accelerating involution and reducing postpartum blood loss.

Metabolic Reset: Lactation enhances lipid and glucose metabolism, resetting cardiovascular risk markers.



Life-Course Protection	
1	**Cardiovascular:** 11% lower overall CVD risk (14% lower Coronary Heart Disease, 12% lower stroke).
2	**Oncology:** Reduced rates of breast and ovarian cancer.
3	**Metabolic:** Lower long-term rates of hypertension and Type 2 diabetes.

The Clinical Cost of Disruption: Relative Risk



Maternal Protection

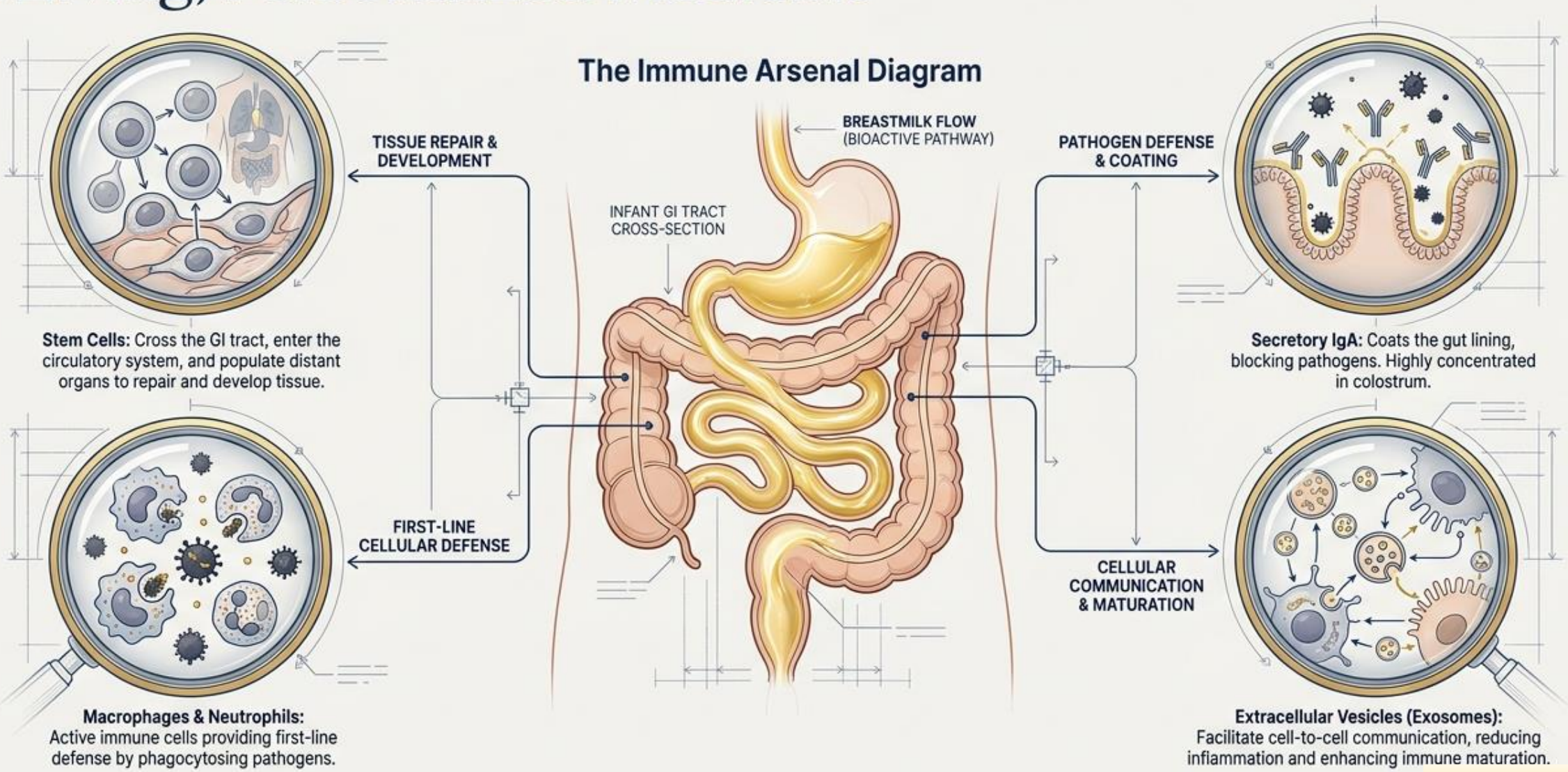
Breast Cancer: 28% risk reduction for 12+ months of breastfeeding (4.3% drop per year).

Ovarian Cancer: 21% risk reduction.

Metabolic: 2-12% reduction in Type 2 Diabetes risk.

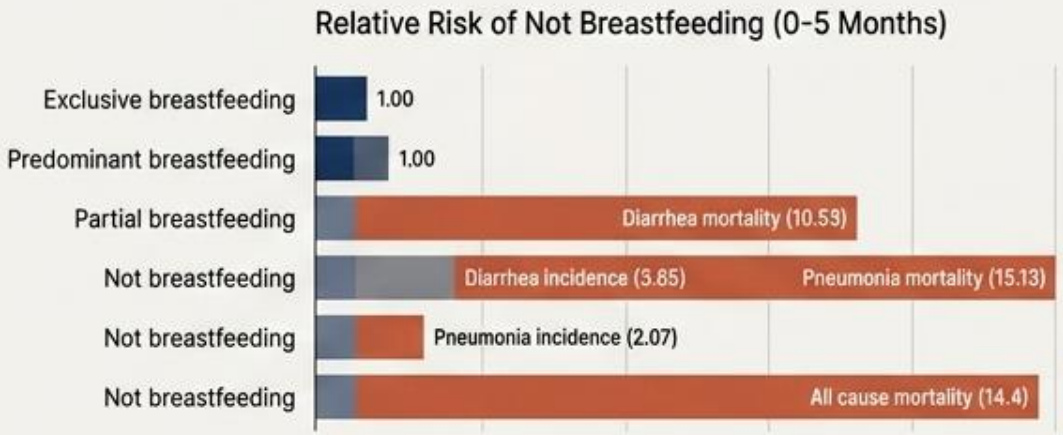
Benefit to the Baby

More Than Nutrition: A Living, Personalized Medicine



The Clinical Cost of Disruption: Relative Risk

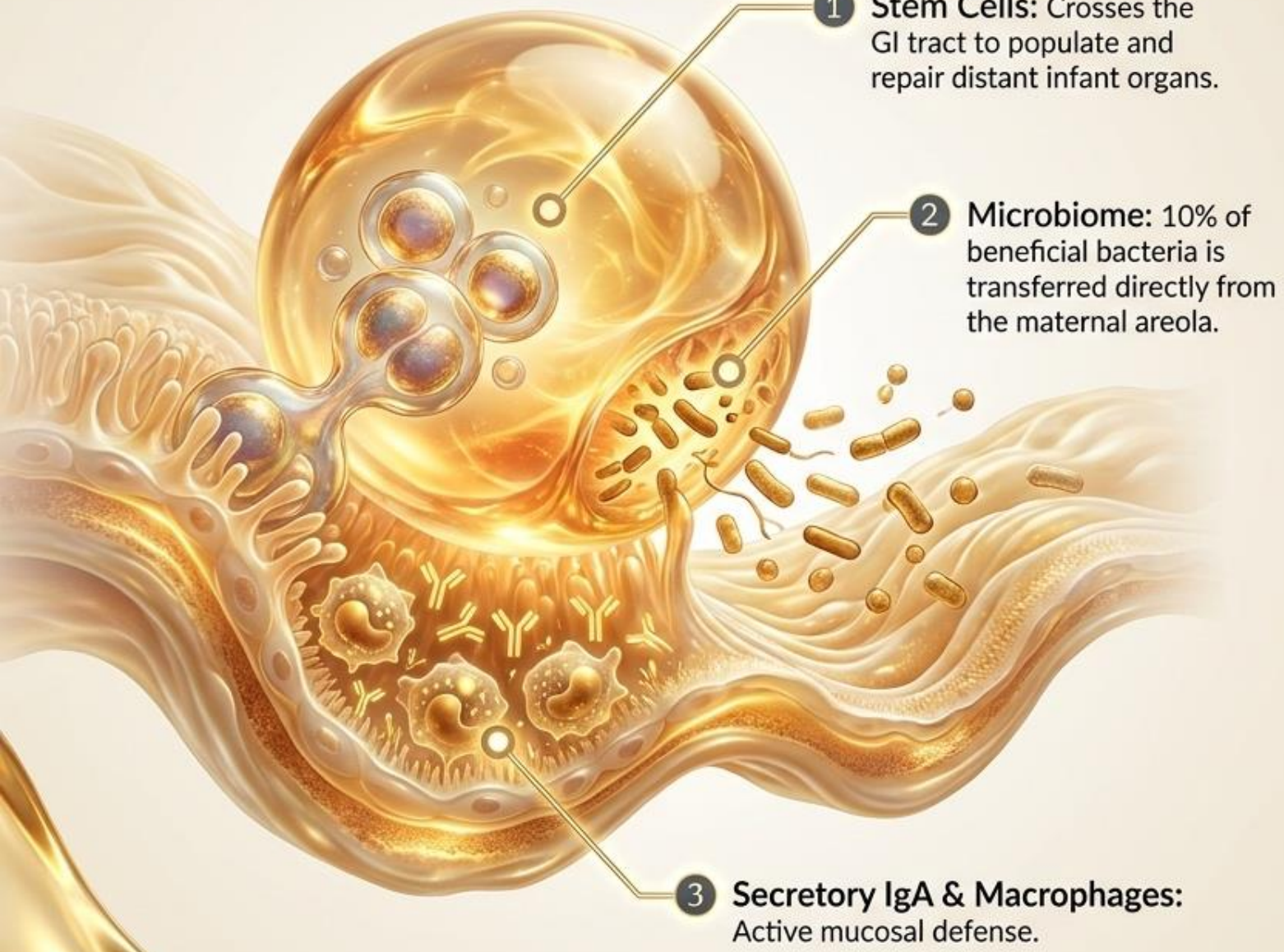
Infant Morbidity & Mortality



Pneumonia Mortality: 15.13x higher risk for non-breastfed infants (0-5 months).

Diarrhea Mortality: 10.53x higher risk for non-breastfed infants.

Higher lifelong risks for Obesity, Type 1 & 2 Diabetes, and Atopic diseases (Eczema, Asthma).

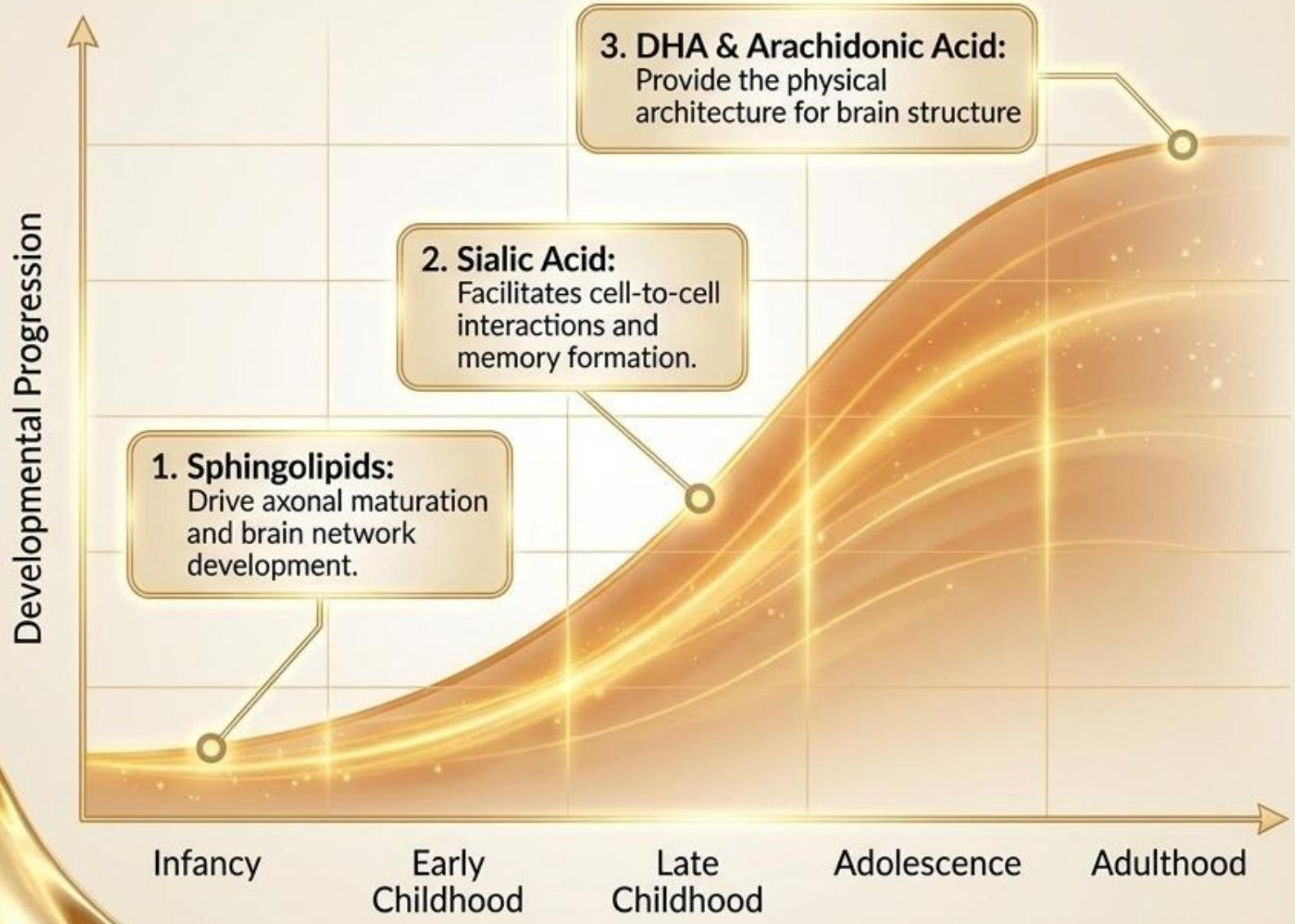


1. **Stem Cells:** Crosses the GI tract to populate and repair distant infant organs.
2. **Microbiome:** 10% of beneficial bacteria is transferred directly from the maternal areola.
3. **Secretory IgA & Macrophages:** Active mucosal defense.

Diagnostic Table: Acute Protection

Necrotizing Enterocolitis (NEC)	Life-saving intervention for preterm infants.
Otitis Media & Respiratory Infection	Significant reduction in severe lower respiratory diseases.

Temporal Growth Chart: Developmental Milestones



The Chronic Disease Shield

Significant early-programming risk reductions for:

- Childhood Asthma & Allergic Rhinitis
- Obesity (rapid weight gain prevention)
- Type 1 & Type 2 Diabetes

The Cognitive and Economic Flywheel

$302 BILLION

Step 1: Cellular Input

Essential Fatty Acids (DHA/AA) build brain structure; **Sphingolipids** mature axons; Sialic Acid facilitates memory formation.

Step 2: Cognitive Output

Rapid brain growth in the first **1,000** days yields higher scores in memory function, long-term IQ, and educational attainment.

Step 3: Economic Return

These cognitive deficits in non-breastfed populations cost the global economy $302 billion per year (0.47% of global GNI) in lost productivity.

Dynamic paradigm of breast Milk

THE DYNAMIC SHIFTS: COLOSTRUM VS. MATURE MILK

COLOSTRUM (Days 1-5)

Low volume, high viscosity. Exceptionally high concentration of sIgA and protein. Acts as a vital physiological laxative to clear meconium and adapt the newborn gut.

TRANSITIONAL/MATURE MILK

Volume increases dramatically; protein concentration drops while fat and lactose rise to meet caloric demands.

WITHIN-FEED DYNAMICS

Foremilk is thinner and higher in water/lactose; Hindmilk is higher in fat, providing essential caloric density and satiety.

Reference: WHO Breastfeeding Counseling Materials; Lawrence 2021.

Reference

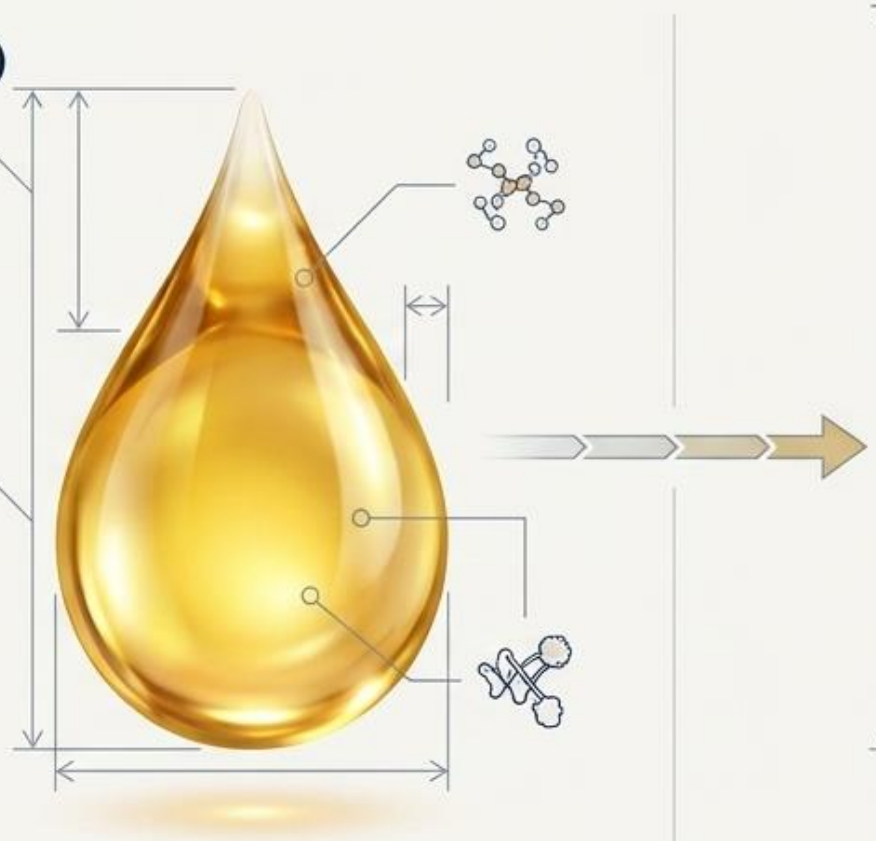
Milk Dynamicity: Adapting to the Infant's Timeline

Colostrum (Days 1-3)

Volume: Low volume, thick, sticky (clear to orange).

Profile: Ultra-high protein concentration; 7g/100ml Lactose.

Function: Promotes rapid growth, provides intense infection/inflammation protection, and acts as a laxative to eliminate meconium.

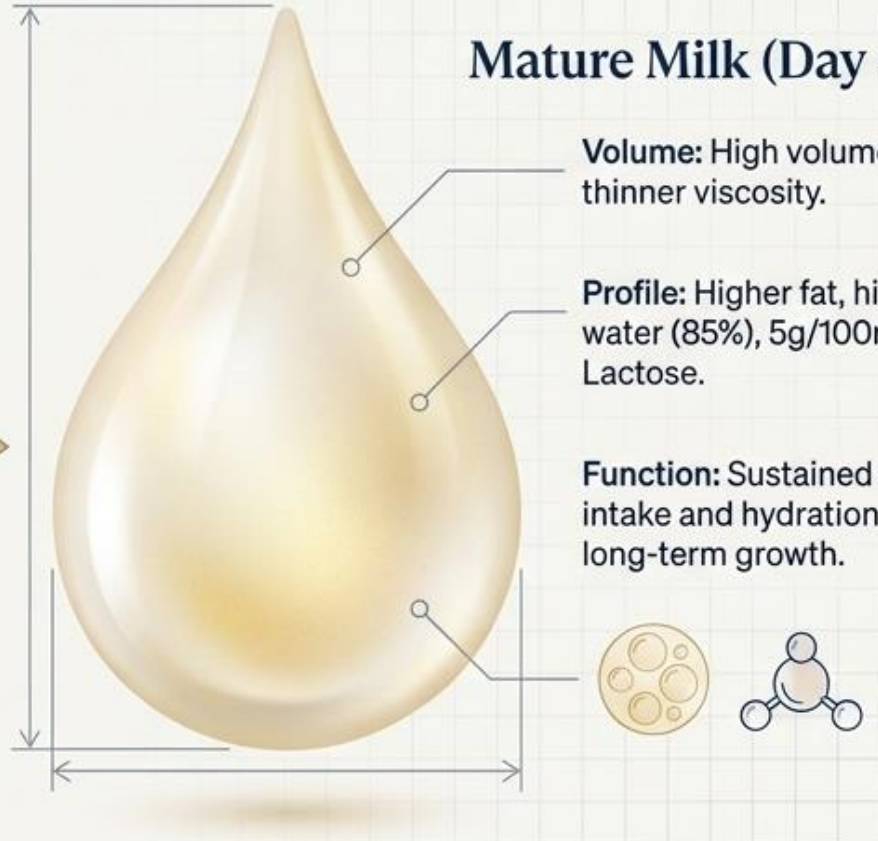


Mature Milk (Day 4+)

Volume: High volume, thinner viscosity.

Profile: Higher fat, higher water (85%), 5g/100ml Lactose.

Function: Sustained caloric intake and hydration for long-term growth.



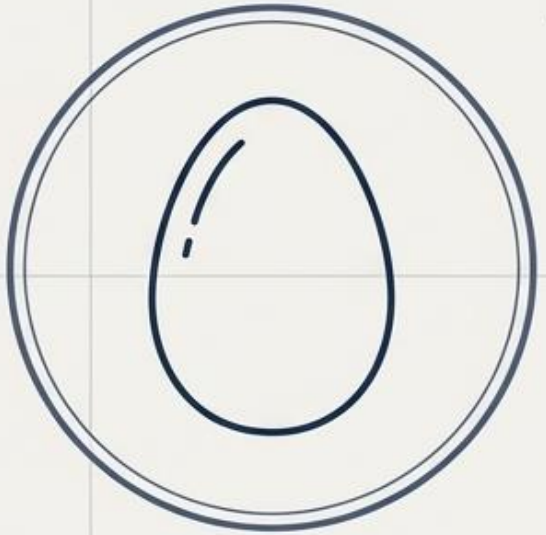
Clinical Reality: Newborn Stomach Capacity

Context: A primary cause of unwarranted formula supplementation is a misunderstanding of newborn gastric capacity. The volume is naturally low to match the high-protein, low-volume profile of colostrum.

Day 1 (The Cherry)
5-7 mL per feed.

Day 2 (The Walnut)
22-27 mL per feed.

1 Week (The Apricot)
45-60 mL per feed.



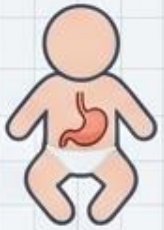
1 Month (The Large Egg)
80-150 mL per feed.

Clinical Signs of Inadequate Intake: Weight loss > 8-10% by day 5), delayed bowel movements, or concentrated urine (<6 times/day).

NORMAL NEWBORN FEEDING & PHYSIOLOGY

CAPACITY

Day 1
Stomach
(5-7ml)



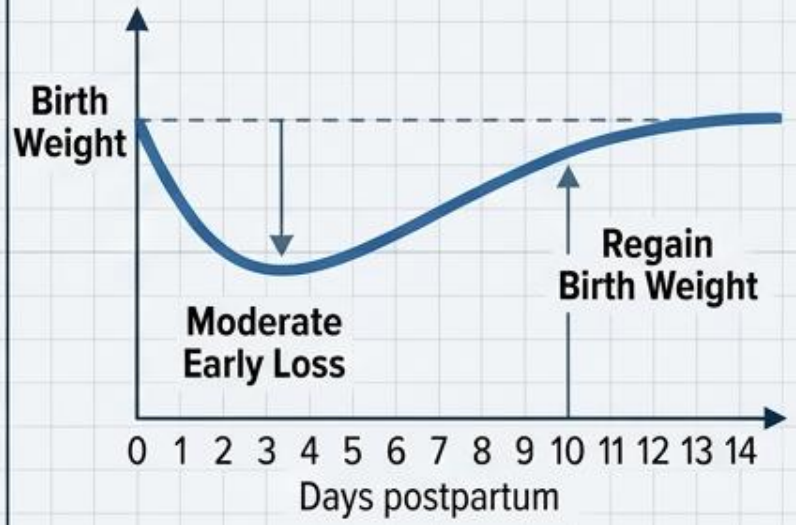
Day 1 stomach is extremely small (cherry size, 5-7ml capacity); tiny colostrum volumes are perfectly aligned with infant physiology.

FREQUENCY

8–12 feeds per 24 hours is the normal baseline.

Cluster feeding is an expected, necessary behavior to establish milk supply.

WEIGHT TRAJECTORY



Moderate early weight loss is expected. Healthy term infants should regain birth weight by days 10–14.

CLINICAL RULE: Do not misinterpret normal, frequent, low-volume early feeding as insufficient milk.

Reference: ABM Clinical Protocol #3; Lawrence 2021.

Reference

CONTRAINDICATIONS TO BREASTFEEDING

ABSOLUTE INFANT CONTRAINDICATION

Classic Galactosemia (requires specialized metabolic formula).

TEMPORARY MATERNAL INTERRUPTION

- Active, untreated tuberculosis.
- Administration of specific diagnostic/therapeutic radioactive isotopes.
- Active herpes simplex lesions located directly on the breast.

MEDICATIONS (GENERALLY SAFE)

The vast majority of common medications are safe. Decisions must be individualized using a primary reference (e.g., LactMed, ABM guidelines).

KEY TAKEAWAY: True absolute contraindications are exceptionally rare. Over-restriction due to maternal illness harms infants.

Reference: CDC Contraindications to Breastfeeding (Updated 2025); ABM Clinical Protocols.

Reference

Sustaining the Blueprint: Human Milk Storage Standards

Milk Preservation Architecture			
	Countertop (Up to 25°C)	Refrigerator (4°C)	Freezer (-18°C or colder)
Freshly Expressed	Up to 4 Hours	Up to 4 Days	6 months best, 12 months acceptable
Thawed (Previously Frozen)	1-2 Hours	Up to 1 Day / 24 hrs	NEVER refreeze
Leftovers: Use within 2 hours after the baby has finished feeding.			

CLINICAL ASSESSMENT OF EFFECTIVE BREASTFEEDING

MATERNAL SIGNS

- Comfortable, pain-free latch.
- Observable softening of the breast tissue post-feed.

INFANT SIGNS

- Rhythmic suck-swallow-breathe pattern.
- Audible swallowing.
- Relaxed hands and body posture following the feed.

OUTPUT MARKERS

- Adequate wet diapers (scaling up to 6+ by day 4).
- Crucial transition of stool from black, sticky meconium to yellow/seedy transitional stool by day 4-5.

MANDATORY ACTION: Direct, physical observation of a feed by a clinician is mandatory before prescribing any supplementation.

Reference: WHO IYCF Counseling Materials; ABM Protocol #3.

Reference

RED FLAGS: INSUFFICIENT MILK & POOR TRANSFER

CRITICAL WARNING SIGNS	
WEIGHT	**Excessive weight loss** (>8-10% by day 5, >75th percentile for age) or **failure to regain birth weight by 14 days.**
OUTPUT	**Scant, concentrated urine** (<6 times/day past day 3); **delayed bowel movements** or **failure to transition from meconium by 120 hours.**
CLINICAL PRESENTATION	Significant **clinical dehydration not improving with support; persistent lethargy; wholly ineffective latch.**

MANAGEMENT INTERVENTION
Intervention must protect maternal supply (initiate pumping). Supplementation must be medically indicated, calculated, and individualized.

Reference: ABM Clinical Protocol #3: Supplementary Feedings in the Healthy Term Neonate.

Reference

EXPRESSING AND STORING BREAST MILK

Purpose: Hand expression and pumping are mandatory clinical skills when mother and baby are separated.

ROOM TEMPERATURE (FRESH)	REFRIGERATOR (FRESH)	DEEP FREEZER
Up to 4 hours.	Up to 4 days.	Within 6 months is optimal; up to 12 months is acceptable.

HANDLING RULES

- Leftover milk from a completed feeding must be discarded within 2 hours.
- Never refreeze thawed milk.
- Strictly label all containers with date/time.

Reference: *CDC Breast Milk Storage and Preparation Guidance (Updated 2026); ABM Protocol #8.*

Reference

Maternity Protection Gap

- The Islamic Paradigm of Breastfeeding
- Laws
- Breast Milk substitute Code

Barriers towered initiation and exclusive Breast feeding

The Islamic Paradigm of Breastfeeding

بِسْمِ ٱللَّهِ ٱلرَّحْمَٰنِ ٱلرَّحِيمِ

۞ وَٱلْوَٰلِدَٰتُ يُرْضِعْنَ أَوْلَٰدَهُنَّ حَوْلَيْنِ كَامِلَيْنِ ۖ لِمَنْ أَرَادَ أَن يُتِمَّ
ٱلرَّضَاعَةَ ۚ وَعَلَى ٱلْمَوْلُودِ لَهُۥ رِزْقُهُنَّ وَكِسْوَتُهُنَّ بِٱلْمَعْرُوفِ ۚ لَا
تُكَلَّفُ نَفْسٌ إِلَّا وُسْعَهَا ۚ لَا تُضَآرَّ وَٰلِدَةٌۢ بِوَلَدِهَا وَلَا مَوْلُودٌ
لَّهُۥ بِوَلَدِهِۦ ۚ وَعَلَى ٱلْوَارِثِ مِثْلُ ذَٰلِكَ ۗ فَإِنْ أَرَادَا فِصَالًا عَن تَرَاضٍ
مِّنْهُمَا وَتَشَاوُرٍ فَلَا جُنَاحَ عَلَيْهِمَا ۗ وَإِنْ أَرَدتُّمْ أَن تَسْتَرْضِعُوٓا۟
أَوْلَٰدَكُمْ فَلَا جُنَاحَ عَلَيْكُمْ إِذَا سَلَّمْتُم مَّآ ءَاتَيْتُم بِٱلْمَعْرُوفِ ۗ

The Child's Right: Seen as a God-given right of the child under Shariah Law, with a target duration of up to two years.

The Father's Duty: The sponsor (father) must provide moral support, food, and clothing for the mother for two years. If breastfeeding is not possible, he must find an alternative and pay fair compensation in kindness.

Wet Nursing & Milk-Siblings: Islam strongly prefers human milk over substitutes, officially recognizing wet-nursing. Regular feeding (3-5+ times) creates milk-siblings, a bond so profound it legally prohibits marriage between them.

Ramadan: Mothers with valid health concerns for themselves or their infants are explicitly exempt

The Maternity Protection Gap

Standard / Sector	Leave Duration	Details
Global ILO Standard	**14 weeks**	International baseline target.
Jordan Civil Service (Public)	**90 days**	Fully paid consecutive leave.
Jordan Labor Law No. 8 (Private)	**70 days** (10 weeks)	Covers rest periods before and after delivery.

Key Insight

The 70-day private sector leave forces mothers to return to work when infants are roughly 2.5 months old, directly correlating with the steep drop in exclusive breastfeeding rates.

Workplace Protections: Labor Law Article 70 guarantees a 1-hour paid nursing break daily for one year.

THE POLICY FRAMEWORK & THE BMS CODE

NATIONAL POLICY (JORDAN)

- **Labor Law 67/70** guarantees 1-hour paid nursing breaks and unpaid leave up to a year.
- **Civil Service Bureau** grants 90 days paid maternity leave.
- **Public Health Law** (2008) legally mandates breastfeeding promotion.

THE BMS CODE (WHO 62/2015)

A global public-health protection mechanism.

WHAT IT IS:

- Prohibits advertising, free samples to mothers, and gifts to healthcare workers.

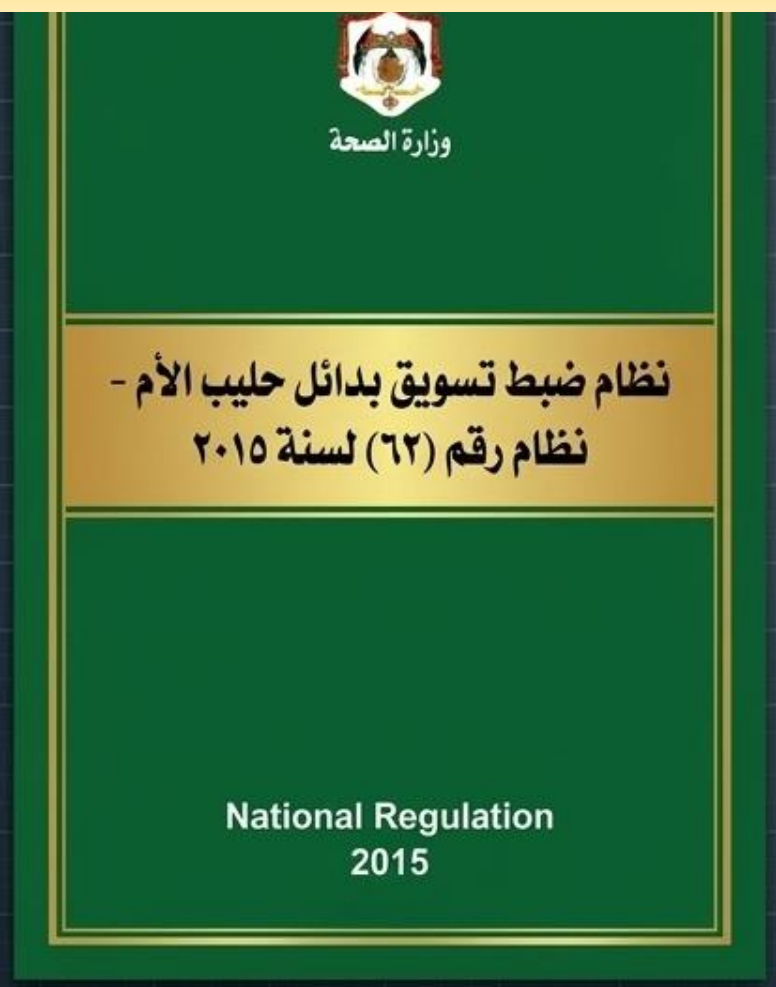
WHAT IT IS NOT:

- It is not a ban on clinically indicated formula. Health professionals must ensure non-promotional, evidence-based care.

Reference: Jordan Labour Law No. 8; WHO International Code of Marketing of Breast-milk Substitutes.

Just for references and your Knowledge
slide 39-49

rcial Influence: The BMS Code



Current Standard vs. Loopholes

Legal Framework	Regulation No. 62/2015 enforces the WHO International Code. Enforced by MoH and Jordan FDA.
Retail & Healthcare	Bans free formula donations to hospitals, direct retail promotion, and public distribution of samples.
Labeling	Mandates clear warnings on pathogenic contamination and bans idealizing text/images (must state breastfeeding superiority).
The Loophole	Digital marketing and social media campaigns often bypass traditional enforcement, and industry-sponsored seminars act as indirect promotion.

Just for references and your Knowledge
slide 40-50

نظام ضبط تسويق بدائل حليب الأم لسنة 2015

المادة1

يسمى هذا النظام (نظام ضبط تسويق بدائل حليب الأم لسنة 2015) ويعمل به من تاريخ نشره في الجريدة الرسمية.

المادة 2

يكون للكلمات والعبارات التالية حيثما وردت في هذا النظام المعاني المخصصة لها أدناه، ما لم تدل القرينة على غير ذلك:-

- **الوزارة**: وزارة الصحة.
- **الوزير**: وزير الصحة.
- **بدائل حليب الأم**: الحليب أو المنتج الغذائي الذي يسوق أو يعرض بأي شكل على أنه بديل جزئي أو كلي لحليب الأم للطفل الرضيع دون السنة وتشمل المنتجات المنصوص عليها في المادة (3) من هذا النظام.

International Breast Milk Substitutes (BMS) Code

What is the Code of Marketing of Breastmilk Substitutes ?

- The Code is a code of ***marketing***.
- The code **aims to protect and promote breastfeeding by** ensuring appropriate marketing and distribution of breastmilk substitutes .
- Code **applies to breastmilk substitutes**, when marketed or otherwise represented as a partial or total replacement for breastmilk.

Market Regulation: The BMS Marketing Code (62/2015)

The Purpose: To protect breastfeeding by legally regulating the promotion of Breastmilk Substitutes (formula, follow-up milk, complementary infant foods).

No Free Samples: Prohibition on giving free samples, coupons, or gifts to pregnant women, mothers, or health workers.

No Public Advertising: Total ban on marketing BMS directly to the public or in healthcare facilities.

No Direct Contact: Company personnel cannot contact mothers directly.

نظام ضبط تسويق بدائل حليب الأم لسنة 2015

Mandatory Labeling: All packaging must have clear Arabic labels stating the superior benefits of breastfeeding and warning of the health/financial risks of artificial feeding.

نظام ضبط تسويق بدائل حليب الأم لسنة 2015

تتمة ... المادة 2

- **التسويق:** استعمال أي وسيلة اعلان مرئية أو مسموعة أو مقروءة، أو أي مجسم أو اي وسيلة لعرض المذكرات أو الأرشادات أو بطاقات التعريف أو صفائح العرض أو الصور أو الأفلام أو البضائع بأي صورة للإعلان عن بدائل حليب الأم أو الترويج لها أو توزيعها أو بيعها بطريقة مباشرة أو غير مباشرة لتشجيع الشخص على شراء هذه البدائل أو استعمالها
- .
- **اللجنة الفنية**: اللجنة المشكلة وفقاً لاحكام المادة (12) من هذا النظام.
- **لجنة المتابعة**: اللجنة المشكلة وفقاً لاحكام المادة (13) من هذا النظام.
- الموزع: الشخص الطبيعي أو المعنوي الذي يسوق أو يوزع بدائل حليب الأم.
- بطاقة التعريف: البطاقة أو السمة أو العلامة أو الصورة أو المادة الوصفية أو المكتوبة أو المطبوعة أو الملصقة أو المعلقة لأي من بدائل حليب الأم.

نظام ضبط تسويق بدائل حليب الأم لسنة 2015

المادة 3

أ- تعتبر أي من بدائل حليب الأم أي من المنتجات التالية :-

1- تركيبة حليب الرضع.

2- أغذية الرضع.

3- حليب المتابعة للرضع.

4- التركيبة الخاصة لتغذية الرضع.

5- الأغذية التكميلية للرضع.

ب- للوزير بناءً على تنسيب اللجنة الفنية إضافة أي منتج الى المنتجات المنصوص عليها في الفقرة (أ) من هذه المادة.

نظام ضبط تسويق بدائل حليب الأم لسنة 2015

المادة 4

أ- مع مراعاة ما ورد في المادة (35) من قانون الدواء والصيدلة والتشريعات ذات العلاقة يحظر القيام بأي مما يلي:-

1- التسويق لأي من بدائل حليب الأم في أي مكان بما في ذلك الجهات التي تهتم أو تعمل بصورة مباشرة أو غير مباشرة بالرعاية الصحية للأمهات والرضع والحوامل والمنظمات والجمعيات ودور الحضانة ومؤسسات رعاية الأطفال والمؤسسات الصيدلانية والمحلات التجارية والمستشفيات والمراكز الصحية.

2- استخدام مراكز البيع لتوزيع عينات، أو كوبونات خصم أو جوائز أو هدايا أو عروض بيع خاصة لأي من المنتجات.

ب- **يحظر على المنتجين والموزعين لأي من بدائل حليب الأم تقديم أية هدايا أو مواد أو أدوات أو عينات مجانية** الى الحوامل أو أمهات الرضع وصغار الأطفال أو لأي من العاملين في المجال الصحي أو أعضاء أسرهم لغايات تسويق منتجاتهم.

ج- للوزير بناء على تنسيب اللجنة الفنية منع أي وسيلة إعلان أو تسويق لم يرد النص عليه في هذا النظام.

نظام ضبط تسويق بدائل حليب الأم لسنة 2015

المادة 5

- يجب أن تحتوي مواد الإعلام والتثقيف والتي يقصد منها أن تصل إلى الحوامل وأمهات الرضع وصغار الأطفال على المعلومات التالية:-

أ- فوائد الرضاعة الطبيعية ومزاياها مقارنة بالرضاعة غير الطبيعية.

ب- أهمية تغذية الأمهات وتشجيعهن على الرضاعة الطبيعية والاستمرار فيها.

ج- الآثار السلبية لتغذية الرضع التكميلية مقارنة مع الرضاعة الطبيعية.

د- الاستعمال الصحيح لأغذية الرضع سواء كانت مصنعة أو محضرة منزليا عند الحاجة لها.

ه- المخاطر الصحية الناجمة عن الأغذية أو أساليب التغذية غير الملائمة وعن الاستعمال غير السليم أو غير الضروري لأي من بدائل حليب الأم.

و- الآثار الاجتماعية والمالية المترتبة على استعمال أي من بدائل حليب الأم.

نظام ضبط تسويق بدائل حليب الأم لسنة 2015

المادة 6

- يجوز في حالات خاصة ومبررة وبموافقة الوزير بناء على تنسيب اللجنة الفنية قبول الهبات أو المعدات أو المنتجات بأسعار مخفضة لأي من بدائل حليب الأم من المنتجين أو الموزعين، بشريطة أن يتم توزيعها بإشراف الوزارة.

المادة 7

- يجب الحصول على الموافقة المسبقة من الوزير المستندة إلى تنسيب لجنة المتابعة لأي مادة إعلانية أو تثقيفية يقدمها المنتجون أو الموزعون لأي عامل في المجال الصحي لأي من بدائل حليب الأم بحيث تتفق مع الحقائق العلمية والعملية الموثقة لها.

نظام ضبط تسويق بدائل حليب الأم لسنة 2015

المادة 8

- يحظر على العاملين في التسويق بصفتهم الوظيفية القيام بأي اتصال مباشر أو غير مباشر ومهما كان نوعه بالحوامل أو أمهات الرضع وصغار الأطفال.

المادة 9

- يجب أن يحصل العامل في المجال الصحي على موافقة الوزير لحضور أي نشاط يعرض عليه من شركة، أو منتج، أو موزع، أو غيره لأي من المواد والمنتجات التي يستلمها هذا النظام مثل حضور مؤتمرات وغيرها.

المادة 10

- في الحالات التي يجوز فيها استعمال أي من بدائل حليب الأم، على العاملين في المجال الصحي والمدربين شرح طريقة الاستعمال السليم للأمهات لأي من بدائل حليب الأم على أن يتضمن هذا الشرح مخاطر الاستعمال غير السليم لها.

نظام ضبط تسويق بدائل حليب الأم لسنة 2015

المادة 11

يجب أن تحتوي كل عبوة لأي من بدائل حليب الأم على:

أ. بطاقة تعريف واضحة ومقروءة ومفهومة ومطبوعة باللغة العربية وفي مكان يتطابق مع المواصفات القياسية الأردنية.

ب. اشارة الى الفوائد الطبيعية.

نظام ضبط تسويق بدائل حليب الأم لسنة 2015

المادة 14

- يعاقب كل من يخالف أحكام هذا النظام بالعقوبات المنصوص عليها في قانون الصحة العامة.

المادة 15

- للوزير تفويض أي من صلاحياته المنصوص عليها في هذا النظام لأمين عام الوزارة أو اي من موظفي الوزارة المختصين على أن يكون التفويض خطيا ومحدداً.

المادة 16

- يصدر الوزير التعليمات اللازمة لتنفيذ أحكام هذا النظام.

Barriers towered initiation and exclusive Breast feeding

2. Traditional practices related to breastfeeding and infant care

A qualitative study of mothers and grandmothers in Amman, Zarqa, Salt, and Karak,

Colostrum is insufficient to meet newborn's needs

Avoided breastfeeding in the first 2 days

Honey and fenugreek at first feed

Milk insufficiency

or

"milk expiry or impurity"

Anise and water

Herbal remedies

Traditional massage

Foods

2.Arabiat DH, Whitehead L, Al Jabery MA, Darawad M, Geraghty S, Halasa S. Newborn Care Practices of Mothers in Arab Societies: Implication for Infant Welfare. Journal of transcultural nursing : official journal of the Transcultural Nursing Society. 2019;30(3):260-267.

3.Arabiat DH, Whitehead L, Al Jabery M, Towell-Barnard A, Shields L, Abu Sabah E. Traditional methods for managing illness in newborns and infants in an Arab society. International nursing review. 2019;66(3):329-337.

1. Knowledge, Attitude, and Practice of Breastfeeding Among Working Mothers in South Jordan

A 2017 cross sectional survey conducted among 344 working mothers in South Jordan(.

Knowledge, Attitude :

working mothers **have satisfactory knowledge of and positive attitudes toward breastfeeding**

Practice :

For 30% of respondents, work-related factors were the cause of premature cessation

1.Altamimi E, Al Nsour R, Al Dalaen D, Almajali N. Knowledge, Attitude, and Practice of Breastfeeding Among Working Mothers in South Jordan. Workplace health & safety. 2017;65(5):210-218.

1. Knowledge, Attitude, and Practice of Breastfeeding Among Working Mothers in South Jordan (why cessation of Breast feeding?)

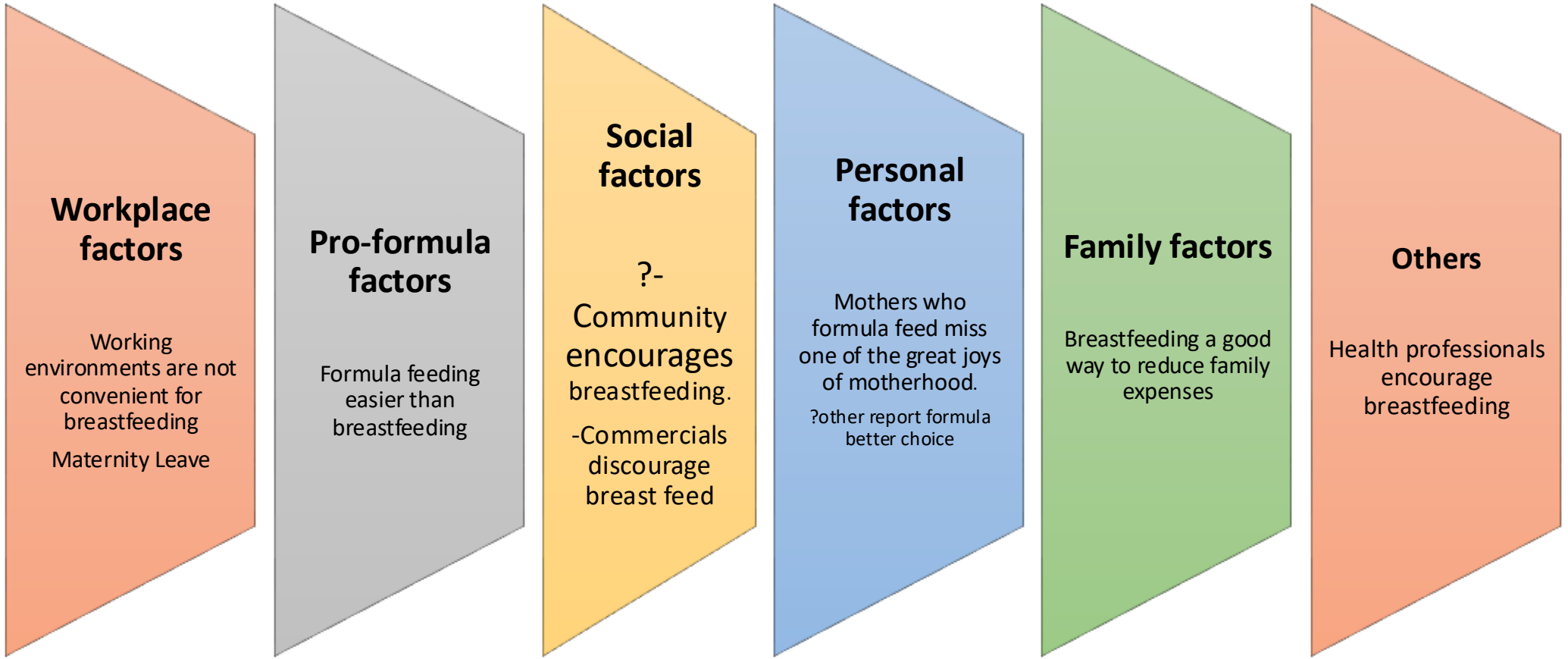
-2017

- cross sectional survey

-344 working mothers

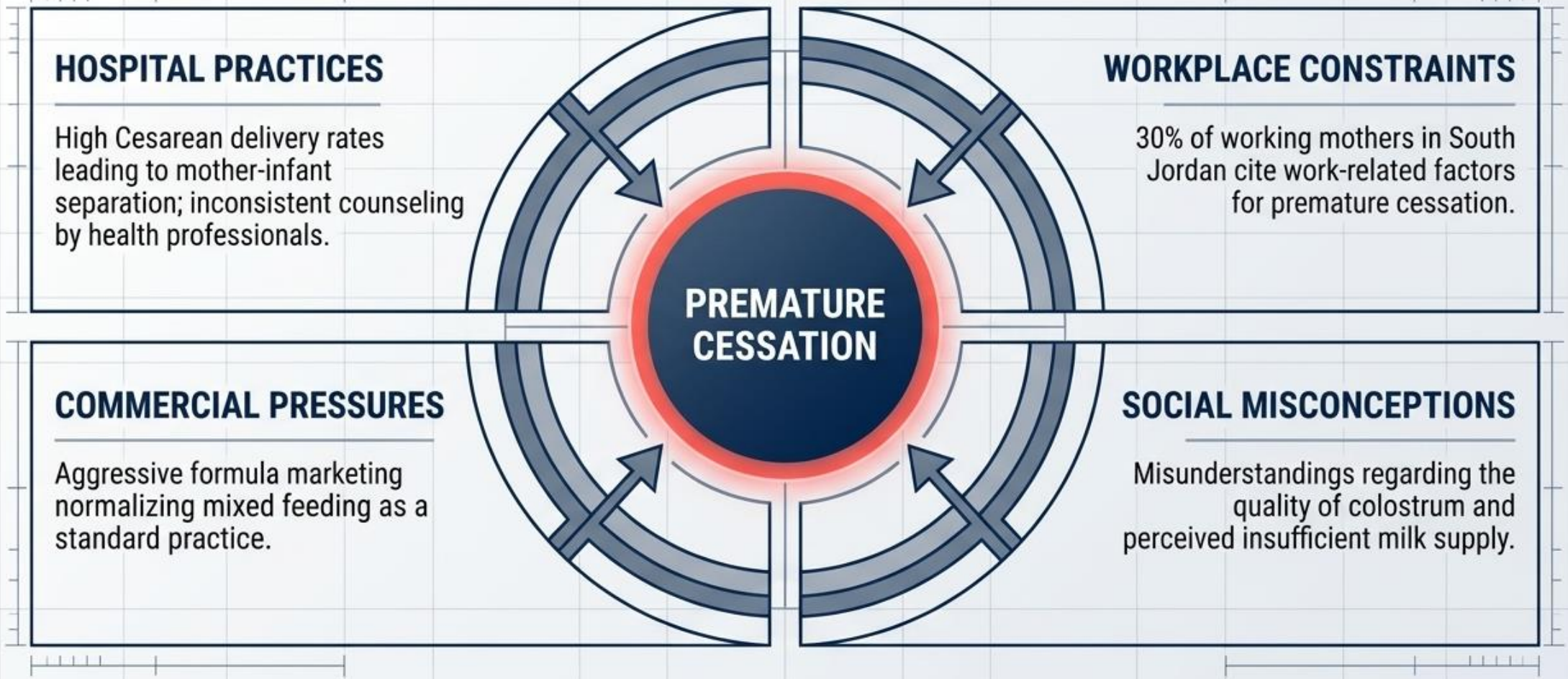
-South Jordan

-in private and government



1.Altamimi E, Al Nsour R, Al Dalaen D, Almajali N. Knowledge, Attitude, and Practice of Breastfeeding Among Working Mothers in South Jordan. Workplace health & safety. 2017;65(5):210-218.

SYSTEMIC AND SOCIAL BARRIERS TO EXCLUSIVITY



Reference: Altamimi et al., 2017 (Workplace Health & Safety).

The Ultimate Obligation

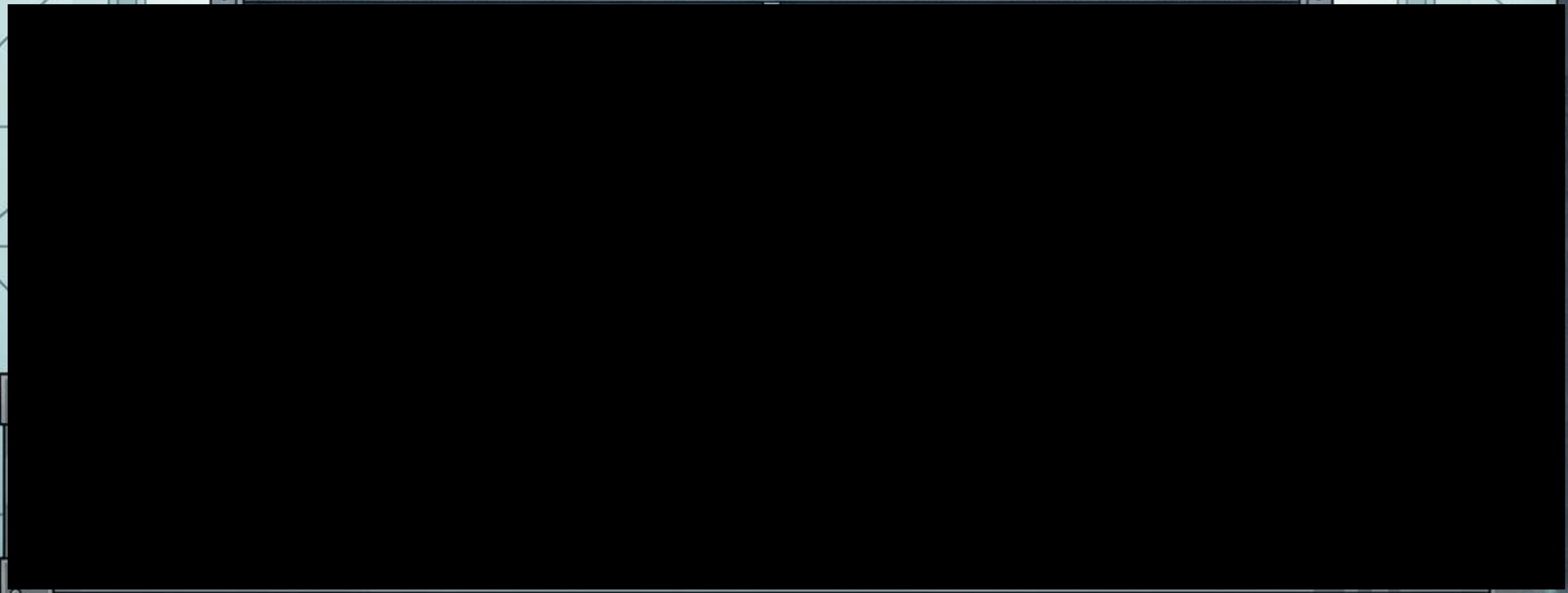
> “Human breastmilk is a perfectly adapted, specific personalized medicine.”
>
> (Lancet, 2016)

Call to Action: Protecting the living blueprint of breastmilk requires more than a mother’s willpower. It demands our absolute commitment to enforcing clinical standards (BFHI), upholding legal protections (BMS Code & Labor Laws), and fostering cultural empathy.

Framework to Bridge the Gap

Clinical Execution: The Baby-Friendly Hospital Initiative

The Framework:
BFHI institutionalized in Jordan via HCAC national standards.



What is the Baby-Friendly Hospital Initiative (BFHI) & Accreditation?

What is BFHI?

The Baby-Friendly Hospital Initiative is a global quality-improvement framework for maternity facilities, explicitly designed to prevent commercial interference and standardise care.
standardise care.

WHO/UNICEF
(Global Standard)

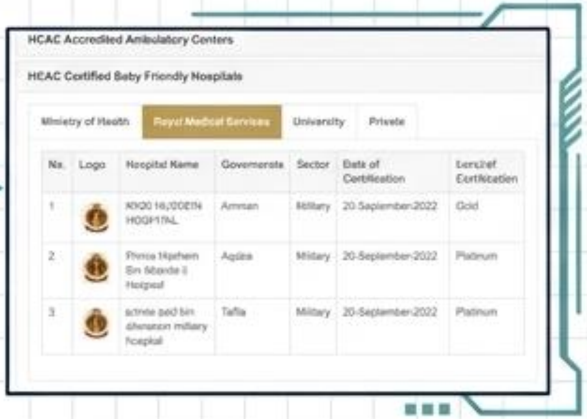
Hospital Policy

HCAC Accreditation
(Jordan)

Quality Monitoring and re-evaluation

What is Accreditation?

It is not a self-declared title.
It requires formal, external assessment (via HCAC in Jordan) against rigorous, unyielding standards (staff competency, clinical routines, written policies).



Current Status:

As of 2024, 13 health facilities in Jordan have achieved this accredited Baby-Friendly status.

Reference: WHO/UNICEF BFHI Implementation Guidance; HCAC Jordan Certified Baby Friendly Hospitals.

What Are The 10 steps of BFH

The Ten Steps in Clinical Practice

WHO
UNICEF

Antenatal

System Foundation
(Steps 1-2)
Enforce written policies; ensure continuous staff competency and training.

Labor & Delivery

Prenatal/Birth
(Steps 3-4)
Antenatal counseling; mandate immediate, uninterrupted skin-to-skin contact, and protect early initiation.

Labor & Delivery

Postpartum Ward

Postpartum Care
(Steps 5-9)
Hands-on latch assistance; strict avoidance of non-medically indicated supplements; 24-hour rooming-in; cue-based feeding; counseling on the risks of bottles/pacifiers.

Discharge

Transition
(Step 10)
Coordinated community support upon discharge.

Discharge

Clinical Execution: The Baby-Friendly Hospital Initiative

The Framework:
BFHI institutionalized in Jordan via HCAC national standards.

The Standard	The Reality
Step 4 requires immediate, uninterrupted skin-to-skin contact to regulate temperature, populate the infant with maternal bacteria, and predict future exclusivity.	⚠ Only **34%** of infants in Jordan initiate breastfeeding within the first hour of life.

Key Insight

Policy without clinical pathway adherence fails. Professional counseling and strict BFHI compliance are required to overcome misconceptions (e.g., colostrum myths, post-cesarean feeding).

Synthesis: Breastfeeding as Systemic Infrastructure

Insight Statement: Breastmilk is not merely a personal lifestyle choice or an alternative feeding method. It is a foundational public health infrastructure.

The Mandate: Because it functions as personalized medicine, a driver of national GDP, and a shield against chronic disease, its protection cannot be left solely to individual mothers. It demands robust cultural, legal, and clinical defenses.

Clinical Synthesis & Key Takeaways

Biology is Not Replaceable

Human milk provides dynamic cellular defense and systemic maturation that formula cannot replicate. Breastfeeding is core clinical care, not a lifestyle choice.

Protect the First Hours

Skin-to-skin, rooming-in, and early initiation are non-negotiable physiologic requirements to establish supply.

Assess, Don't Assume

Master the clinical observation of feeding. Distinguish normal newborn physiology from true red flags before supplementing.

Systems Drive Success

Individual medical efforts fail without structural support. Adhering to BFHI standards and the BMS Code protects families from misinformation and standardizes excellence.

Reference: Synthesized from Victora et al., Lancet 2016; WHO/UNICEF BFHI Guidance.

A Unified Strategy for Jordanian Public Health

Breastfeeding is not just a clinical choice; it is an economic and biological imperative that requires rigid structural protection.

Show and discuss the videos

Expressing and storing breast milk:
https://globalhealthmedia.org/videos/expressing-and-storing-breastmilk/

- Thank You

emanfbadran@gmail.com

e.badran@ju.edu.jo