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31 October 2013

Dear Friends,

What is sweeter than a newborn baby? Their wrinkled faces and tiny hands and feet?

This week's newsflash focuses on newborns. We have provided a few resources on the importance of skin-to-skin contact within the first moments after birth, and on breastfeeding.

We hope these resources will assist you as you support new families.

Sincerely,

The Firelight Team

*(Resource) Benefits of skin-to-skin contact for newborns*

*(Resource) Fact sheet: Breastfeeding - Starting out Right*

*(Resource) Understanding International Policy on HIV and Breastfeeding: a comprehensive resource*

*(Call for Proposals) Global Fund for Women*

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(Resource) Benefits of skin-to-skin contact for newborns

The World Health Organization has a wealth of resources in their reproductive health library. This link is to a literature review on the benefits of skin-to-skin contact for newborns. WHO found that skin-to-skin contact between the mother and her baby immediately after birth reduces crying, improves mother-infant interaction, keeps the baby warm, and helps the mother to breastfeed successfully. No important negative effects were identified.

Ideally, early skin-to-skin contact (SSC) begins immediately after birth by placing the naked newborn baby prone on the mother's bare chest. This practice based on intimate contact within the first hours of life may facilitate maternal-infant behaviour and interactions through sensory stimuli such as touch, warmth, and odour. Moreover, SSC is considered a critical component for successful breastfeeding initiation.

Each year, new scientific and epidemiological evidence contributes to our knowledge of breastfeeding's role in the survival, growth, and development of a child as well as the health and well-being of a mother. Current breastfeeding patterns are still far from the recommended level and considerable variation exists across regions.

Extra tactile, odour, and thermal cues provided by skin-to-skin contact may stimulate babies to initiate breastfed more successfully. So, this practice should be seen as a beneficial, low cost, and feasible intervention to promote lactation after delivery especially in settings that lack sanitation and safe water where breastfeeding can be life saving. In addition, a recent study conducted in Ghana, demonstrated that the promotion of early initiation of breastfeeding has the potential to make a major contribution to the achievement of the child survival millennium development goal; 16% of neonatal deaths could be saved if all infants were breastfed from day 1 and 22% if breastfeeding started within the first hour.

As neonates tend to be more alert within the first two hours of life, this should be considered a convenient period for initiating successful mother and child interaction.

Link: <http://bit.ly/1d3ZnLB>

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(Resource) Fact sheet: Breastfeeding - Starting out Right

Breastfeeding is the natural and normal way of feeding infants and young children, and human milk is the milk made specifically for human infants. Starting out right helps to ensure breastfeeding is a pleasant experience for both you and your baby. Breastfeeding should be easy and trouble free for most mothers.

The vast majority of mothers are perfectly capable of breastfeeding their babies exclusively for about six months. In fact, most mothers should be able to produce more than enough milk. Unfortunately, outdated hospital policies and routines based on bottle feeding still predominate in too many health care institutions and make breastfeeding difficult, even impossible, for too many mothers and babies. Too frequently also, these mothers blame themselves. For breastfeeding to be well and properly established, getting off to the best start from the first days can make all the difference in the world. Of course, even with a terrible start, many mothers and babies manage. And yes, many mothers just put the baby to the breast and it works just fine.

This fact sheet gives many tips and tricks for new mothers and their helpers as they begin breastfeeding. The link is here: <http://bit.ly/167jGGh>

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(Resource) Understanding International Policy on HIV and Breastfeeding: a comprehensive resource

Intended for use by policy-makers, national breastfeeding committees, breastfeeding advocates, women's health activists and others working for public health in the community, the Resource sets out why breastfeeding in the context of HIV has never been as safe as it is today. Recent research shows that HIV-positive mothers who receive effective ARVs, protecting their own health sufficiently to result in a near-normal life-span, can also expect that the risk of transmission of HIV to their babies during pregnancy, birth, and throughout the recommended period of breastfeeding, can be close to zero. As a consequence, today's HIV-positive mothers are enabled to avoid both the stigma and the risks of formula-feeding because current HIV and infant feeding guidance is once again more closely aligned to WHO recommendations for their uninfected counterparts, in place over the last decade: exclusive breastfeeding for 6 months and continued breastfeeding with the introduction of age-appropriate complementary feeding for up to 2 years or beyond.

Building on current research, the 2010 global HIV and infant feeding guidelines and ARV recommendations for prevention of transmission of vertical HIV show that, for the first time, there is enough evidence to recommend ARVs while breastfeeding. Where ARVs are available, it is recommended that HIV-positive mothers breastfeed until their babies are 12 months of age. Furthermore, updated WHO programmatic advice issued earlier this year for ARVs for pregnant women and prevention of HIV infection in their infants has gone a long way towards clarifying many previously perceived ambiguities. Rather than different ARV regimens being decided on the basis of an individual HIV-positive mother's disease progression, a clear recommendation is now made for provision of ARVs to all HIV positive pregnant women from the time that they are first diagnosed with HIV and continued for life.

With proper treatment, an infected mother's viral load becomes undetectable, not only protecting her own health and survival, but also reducing to virtually zero the risk of her baby acquiring HIV through her breastmilk.

Thus, current guidance has enabled countries as diverse as South Africa and the United Kingdom to develop national recommendations which once again effectively support breastfeeding for all babies. The up-to-date guidelines simultaneously free health workers from having to tailor infant feeding advice to the HIV-status of their clients and lift from HIV-positive mothers the stigma attached to previous advice about formula-feeding. Most importantly, current guidance ensures the greatest likelihood of HIV-free survival for babies exposed to the virus.

Fully referenced throughout, the Resource's six sections clarify many past misconceptions by helping to explain how they came about. They track the impact of HIV on women and their infants, review past and current research on transmission of the virus through breastfeeding, trace the evolution of past guidance, outline current policy and counselling recommendations and list easily accessed informational and training materials.

The Resource clarifies how, in a situation of competing infant feeding risks, breastfeeding can now be safely promoted and supported. It is hoped that this tool will enable all who work with HIV-positive mothers to confidently endorse current HIV and breastfeeding recommendations so that each individual child's chance to survive and thrive can be maximized.

This 12-page resource is available for download here: <http://bit.ly/1dp4l8B>

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### (Call for Proposals) Global Fund for Women

Global Fund for Women invests in women's groups that advance the human rights of women and girls. They strengthen women-led organizations based outside the United States by providing grants ranging from \$500 to \$30,000 for operating and program expenses. They value local expertise and believe that women know best how to determine their needs and propose solutions for lasting change.

The Global Fund for Women is committed to providing support to women's groups throughout the world in a fair and just way. They have application forms available in five languages: Arabic, English, French, Russian and Spanish and have capacity to process applications in other languages. They award grants based on criteria and priorities determined in partnership with women's rights activists working on the ground. In accordance with U.S. law, the Global Fund for Women is required to comply with all U.S. regulations.

Global Fund for Women has refreshed its grantmaking model to ensure greater clarity and transparency in relation to its vision, approach and regional grantmaking priorities. These priorities are intended to align with women's human rights trends and needs and to ensure that the grantmaking informs other programmatic initiatives and advocacy. They are committed to supporting collaboration and partnership by and between grantees in order to strengthen and sustain impact. Their grantmaking strategy reflects three tiers of grants that include:

- Catalyzing new women-led organizations and initiatives
- Strengthening the work of existing grantees
- Assisting long-term grantees to consolidate, accelerate and extend their work, learning and impact

Who Global Fund supports:

- Groups of women working together.
- Organizations that demonstrate a clear commitment to women's equality and women's human rights.
- Organizations that are governed and directed by women.

- Organizations based outside of the United States.

Who Global Fund does NOT support:

- Individuals and Scholarships
- Organizations that do not have a women's human rights focus.
- Organizations headed or managed by men.
- Organizations whose sole activities are income-generation and/or charity.
- Organizations based or working primarily in the United States.
- Organizations in the Global North proposing partnerships in the Global South.
- Government entities, political parties or election campaigns.

The Global Fund for Women recently moved from accepting proposals on a rolling basis to accepting proposals twice a year with defined cycles. For your reference, the key dates for their two-cycle grant application process are listed below:

Cycle One:

- Proposal Intake: beginning September 15 and closing December 15.
- Application review and grant approval process completed by mid-May.
- Applicants notified of award or decline by May 31st.

Cycle Two:

- Proposal Intake: beginning March 15th and closing June 30th.
- Application review and grant approval process completed by mid-November.
- Applicants notified of award or decline by November 30th.

**Deadline for this cycle is December 15, 2013.** To learn more, visit their website: <http://bit.ly/Hi84aL>

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As part of the Firelight Foundation's Capacity Building Program, Firelight provides "Newsflashes" to share relevant resources and information with our active grantee-partners via weekly emails and via post on a monthly basis. We hope that by facilitating access to information for grassroots, community-focused organizations, programming for children and families, as well as organizational development, is enhanced. Past editions of the Firelight Newsflash can be found on our website: <http://www.firelightfoundation.org/resources/newsflash/>.

We welcome your comments, feedback and ideas for upcoming Newsflashes at [newsletter@firelightfoundation.org](mailto:newsletter@firelightfoundation.org).

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