

Breastfeeding

Bernard van Leer  FOUNDATION



Photo: Anahí Clemens/Bernard van Leer Foundation

▷ In brief

Breastfeeding gives infants the vital nutrients and protection they need in early life, improving long-term outcomes in health and brain development. With a lack of sufficient support for mothers, breastfeeding rates around the world are very low, costing hundreds of thousands of lives and billions to the global economy. A comprehensive set of policies, however, including training health workers and increasing maternity leave, can turn things around.

3 THINGS TO REMEMBER

- ▷ Breastfeeding protects infants from infection and disease, enhances the mother-child relationship, and boosts cognitive development
- ▷ Not breastfeeding costs lives and prosperity, and rates are low in all countries – rich and poor
- ▷ Mothers need support from all parts of society, from health workers and family to policymakers and employers

► What do we know?

Breastfeeding straight after birth provides essential nutrients for infants, helping them grow and remain healthy. It protects babies from several infections and chronic diseases, including respiratory tract illnesses and diarrhoea, and also significantly decreases the risk of sudden infant death syndrome (cot death).¹

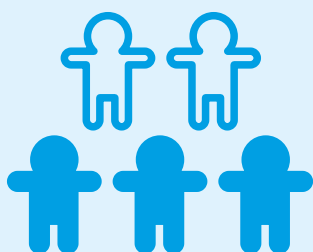
In the long-term, it reduces the risk of issues like obesity and diabetes and, though the evidence is in its early stages, has even been linked to improved cognitive development.² For mothers, meanwhile, breastfeeding helps to prevent heavy bleeding after birth and accelerates contraction of the uterus.³ It also has a number of long-term health benefits, including lowering the risk of ovarian and breast cancer.⁴

Informed by several years of science, the World Health Organization (WHO) and UNICEF have recommendations for breastfeeding, used as a benchmark around the world. This includes breastfeeding within the first hour after birth, and exclusive breastfeeding for the first six months of life. After that, babies should receive complementary foods with continued breastfeeding up to two years of age.⁵



Photo: Dhiraj Singhy/Bernard van Leer Foundation

► In numbers



3 in 5

babies are not breastfed within an hour of birth⁶



820,000

lives of children under 5 globally could be saved by breastfeeding each year⁷



USD 1 billion/day

what breastfeeding could save the global economy⁸

▷ Why does it matter?

Despite our extensive knowledge of its benefits, breastfeeding rates around the world are still very low – in both rich and poor countries. Only 40% of children under six months old around the world are exclusively breastfed as recommended.⁹

This has significant consequences. An exclusively breastfed child is 14 times less likely to die in their first six months than a non-breastfed child.¹⁰ If breastfeeding were scaled to recommended levels, it's estimated the lives of 820,000 children under five could be saved every year, and 20,000 cases of breast cancer could be prevented.¹¹

This is especially important in developing countries, where the high burden of disease and poor sanitation increases the risk of infant mortality to illnesses like pneumonia and diarrhoea.¹²

Infant mortality is one of many repercussions from the low levels of breastfeeding, which has a significant cost to the global economy.

New research has found that the cost of not breastfeeding amounts to around USD 341 billion, or nearly USD 1 billion every day, caused by healthcare costs and lost economic productivity due to premature mortality.¹³ Breast milk, therefore, is an incredibly valuable resource which needs investment.

KEY ISSUES

- ▷ Health coverage
- ▷ Infant mortality
- ▷ Maternal mental health
- ▷ Parental leave



Photo: Jon Spaully/Bernard van Leer Foundation

▷ What can policymakers do?

The good news is there are several evidence-based interventions which can improve rates of exclusive breastfeeding. They stem from the key lesson, as the WHO puts it, that “while breastfeeding is a natural act, it is also a learned behaviour.”¹⁴ That means mothers require active support, from information and coaching to time and space to breastfeed.

Here are some of the ways to help:

▷ **TRAIN HEALTH WORKERS** to support breastfeeding mothers and their partners or family, helping them initiate it straight after birth.¹⁵ The WHO’s Baby-friendly Hospital Initiative (BFHI) provides tools and guidance to implement this globally.¹⁶



In New Zealand’s Bay of Plenty Region, Toi Te Ora Public Health have introduced the **Breastfeeding Friendly Spaces Accreditation** initiative to normalise breastfeeding in public spaces. Their team provides support including breastfeeding policy development, staff training and breastfeeding signage.¹⁷ Launched in 2011, 261 public spaces have been accredited so far, including early childhood education services, healthcare providers, cafes and other spaces.

▷ Extend and guarantee **PARENTAL LEAVE BENEFITS**, which substantially increase the chances of mothers following recommended breastfeeding practices.¹⁸

▷ Make workplaces **MORE BREASTFEEDING FRIENDLY**, such as by offering (paid) breastfeeding breaks and denoting a space for breastfeeding.



In Brazil, **milk banks** are used to feed infants when a mother is unable to breastfeed, especially after premature birth. Using innovative methods to affordably pasteurise and store the milk, and public awareness campaigns to boost donations, the Brazilian Milk Bank Network feeds around 150,000 babies per year and is credited with helping to cut infant mortality by two-thirds.¹⁹ Several countries have followed Brazil’s example, including South Africa, India and Canada.

▷ Designate more breastfeeding locations in **PUBLIC SPACES**, such as park benches and ‘lactation rooms,’ and normalise breastfeeding in public through education.

▷ Clamp down on **PREDATORY MARKETING** of breast-milk substitutes – which is often illegal – with strong legislation and implementation, to boost rates of exclusive breastfeeding.²⁰

These interventions all point to the fact that mothers need support from all walks of society to help them breastfeed. From health professionals and close family through to workplaces, policymakers and members of the public, it is not just mothers who have the potential to save infants’ lives and improve their futures.



Promoting breastfeeding in Cambodia

▷ EXCLUSIVE BREASTFEEDING HAS SURGED, BUT IS NOW UNDER THREAT

THE PROBLEM:

Cambodia had extremely low levels of breastfeeding and a high under-five mortality rate.

THE SOLUTION:

A comprehensive behaviour change intervention including the engagement of health workers, community leaders and mass media.

THE IMPACT:

From 2000 to 2010, rates of exclusive breastfeeding from 0-6 months increased from 11% to 74%.²¹

HOW DOES IT WORK? Cambodia has boosted breastfeeding rates by aggressively promoting its benefits to mothers, their families and the community. The intervention has used a number of contact points including health workers before and during delivery, a broader communication strategy to tackle major cultural barriers, and outreach to families and communities.

“

"We need the business sector to be an ally to child health"

- Selamawit Negash,
Nutrition Specialist at UNICEF Cambodia

In 2000, only 11% of infants from zero to six months were exclusively breastfeeding,²² and the under-five mortality rate – which is impacted by a lack of breastfeeding²³ – was 107 deaths per 1,000 births.²⁴ In response, the Cambodian Ministry of Health worked with international partners to launch an intensive breastfeeding promotion campaign in 2004.

The first contact point has been health workers in antenatal care, who counsel mothers about the benefits of breastfeeding. After birth, they support mothers to initiate breastfeeding within the vital first hour. This has been combined with outreach programmes, including educational sessions from community health workers and peer support groups helping mothers breastfeed at the village level.²⁵

Meanwhile, informed by formative research to understand cultural barriers to breastfeeding in Cambodia, an intensive communications campaign was launched. This has included incorporating breastfeeding messages into popular TV and radio shows, training journalists on key messages, and launching national-level advocacy campaigns like World Breastfeeding Week.²⁶



Photo: © UNICEF Cambodia/2015/P. Ito zzi

Thanks to these efforts, by 2010 exclusive breastfeeding of infants from zero to six months increased dramatically to 74%.²⁷ However, the latest survey in 2014 showed that the rate had fallen to 65%.²⁸

One of the reasons is that breast-milk substitutes have been surging in popularity, and enforcement of laws prohibiting them have not been strong enough. Also, especially in cities – which have the worst rates of breastfeeding in Cambodia²⁹ – workplaces haven't been sufficiently supportive of mothers, who have increasingly been joining the workforce.

[READ MORE](#)

Alive & Thrive

The cost of not breastfeeding

<https://www.aliveandthrive.org/cost-of-not-breastfeeding/>

- ▶ For: a new tool showing the cost of not breastfeeding in 34 countries

Early Childhood Matters

Scaling up breastfeeding in Vietnam

<https://earlychildhoodmatters.online/2019-7>

- ▶ For: understanding how an intervention was successfully scaled up to promote breastfeeding

International Labour Organization (ILO)

Breastfeeding in the workplace

https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_218710/lang-en/index.htm

- ▶ For: how and why to make the workplace more breastfeeding-friendly

International Breastfeeding Journal

<https://internationalbreastfeedingjournal.biomedcentral.com>

- ▶ For: some of the latest multi-disciplinary research on breastfeeding

WHO & UNICEF

Ten steps to successful breastfeeding

<https://www.who.int/nutrition/bfhi/ten-steps/en/>

- ▶ For: a package of policies for health facilities to promote breastfeeding

REFERENCES

- 1-2 The American Academy of Pediatrics (2012) Breastfeeding and the Use of Human Milk. *Paediatrics*, 129(3):827-841. Available at: <https://pediatrics.aappublications.org/content/129/3/e827>.
- 3 UNICEF (2019) The State of the World's Children 2019. Available at: <https://www.unicef.org/media/60806/file/SOWC-2019.pdf>.
- 4 The American Academy of Pediatrics (2012) Breastfeeding and the Use of Human Milk. *Paediatrics*, 129(3):827-841. Available at: <https://pediatrics.aappublications.org/content/129/3/e827>.
- 5 World Health Organization: Breastfeeding. Available at: https://www.who.int/nutrition/topics/exclusive_breastfeeding/en/ (accessed September 2019).
- 6 UNICEF, World Health Organization (2018) Capture the Moment – Early initiation of breastfeeding: The best start for every newborn. Available at: <https://www.who.int/nutrition/publications/infantfeeding/capture-moment-early-initiation-bf/en/>.
- 7 UNICEF (2019) Breastfeeding and Family-Friendly Policies – An evidence brief. Available at: <https://www.unicef.org/sites/default/files/2019-07/UNICEF-Breastfeeding-Family-Friendly%20Policies-2019.pdf>.
- 8 Alive and Thrive: The Cost of Not Breastfeeding. Available at: <https://www.aliveandthrive.org/cost-of-not-breastfeeding/> (accessed August 2019).
- 9 UNICEF (2019) Breastfeeding and Family-Friendly Policies – An evidence brief. Available at: <https://www.unicef.org/sites/default/files/2019-07/UNICEF-Breastfeeding-Family-Friendly%20Policies-2019.pdf>.
- 10 UNICEF: Breastfeeding. Available at: https://www.unicef.org/nutrition/index_24824.html (accessed September 2019).
- 11 UNICEF (2019) Breastfeeding and Family-Friendly Policies – An evidence brief. Available at: <https://www.unicef.org/sites/default/files/2019-07/UNICEF-Breastfeeding-Family-Friendly%20Policies-2019.pdf>.
- 12 UNICEF: Breastfeeding. Available at: https://www.unicef.org/nutrition/index_24824.html (Accessed September 2019).
- 13 Alive and Thrive: The Cost of Not Breastfeeding. Available at: <https://www.aliveandthrive.org/cost-of-not-breastfeeding/> (accessed August 2019).
- 14 World Health Organization: Breastfeeding. Available at: https://www.who.int/nutrition/topics/exclusive_breastfeeding/en/ (accessed September 2019).
- 15 Wouk, K. et al. (2016) Systematic Review of Evidence for Baby-Friendly Hospital Initiative Step 3: Prenatal Breastfeeding Education. *Journal of Human Lactation*, 33(1). <https://journals.sagepub.com/doi/10.1177/0890334416679618>.
- 16 World Health Organization: Baby-friendly Hospital Initiative. Available at: <https://www.who.int/nutrition/bfhi/en/> (accessed August 2019).
- 17 Toi Te Ora Public Health: Breastfeeding Friendly Spaces Accreditation. Available at: https://www.toiteora.govt.nz/breastfeeding_friendly (accessed September 2019).
- 18 Mirkovic, K. R. et al. (2016) Paid Maternity Leave and Breastfeeding Outcomes. *Birth*, 43(3):233-9. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/26991788>.
- 19 Barchfield, J. (4 September 2014) NBC News: Brazil's Maternal Milk Banks A Global Model. Available at: <https://www.nbcnews.com/news/latino/brazils-maternal-milk-banks-global-model-n195406>.
- 20 Kavle, J.A. et al. (2017) Addressing barriers to exclusive breast-feeding in low- and middle-income countries: a systematic review and programmatic implications. *Public Health Nutr.*, 20(17):3120-3134. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/28965508>.
- 21-22 World Health Organization, UNICEF (2014) Global Nutrition Targets 2025: Breastfeeding policy brief. Available at: https://www.who.int/nutrition/topics/globaltargets_breastfeeding_policybrief.pdf.
- 23 UNICEF: Research on Infant Mortality. Available at: <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-infant-mortality/> (accessed September 2019).
- 24 UNICEF Data: Cambodia. Available at: <https://data.unicef.org/country/khm/> (accessed September 2019).
- 25-26 UNICEF (2010) Webinar Series: Improving Exclusive Breastfeeding Practices. Available at https://www.unicef.org/nutrition/files/C4D_in_EBF_manual_6_15_2010_final.pdf.
- 27 World Health Organization, UNICEF (2014) Global Nutrition Targets 2025: Breastfeeding policy brief. Available at: https://www.who.int/nutrition/topics/globaltargets_breastfeeding_policybrief.pdf.
- 28 Helen Keller International (2015) Cambodian Mothers Influenced by Promotion of Breast-milk Substitutes: Research Findings and Recommendations for Policymakers. Available at: <https://archnutrition.org/wp-content/uploads/2015/01/HKI-Cambodian-Mothers-English-5-20-2015.pdf>.
- 29 Mallick, L. et al. (2016) Trends in Maternal and Child Health in Cambodia, 2000-2014. Available at: <https://dhsprogram.com/pubs/pdf/FA106/FA106.pdf>.