



Fact Sheet

Early and Exclusive Breastfeeding: Saving Children's Lives by Supporting Mothers

How Can We Make a Difference?

The Innocenti Declaration of 1990, hosted by the Swedish International Development Agency, UNICEF, USAID, and WHO and signed by 30 countries, affirmed that improved breastfeeding practices can fulfill a **child's right to the highest standard of health**. It called on governments to:

1. Establish **national breastfeeding coordinators and committees**
2. Ensure health worker skills and appropriate maternity services to support optimal breastfeeding: **the Baby-Friendly Hospital Initiative**
3. Strengthen efforts to enforce the **International Code of Marketing of Breast-milk Substitutes**
4. Enact imaginative legislation protecting the **breastfeeding rights of working women**

UN Member States reaffirmed these targets in the WHO/UNICEF Global Strategy for Infant and Young Child Feeding, which was adopted by the World Health Assembly in May 2002 and called for urgent action on these four targets plus five additional ones:

- **Comprehensive government policies** on infant and young child feeding and community mobilization
- **Full support from health and other sectors for two years** of breastfeeding or more
- Promotion of timely, adequate, safe, and appropriate **complementary feeding**
- **Guidance on infant and young child feeding in especially difficult circumstances**, and related support for families and caregivers
- **Legislation or suitable measures** giving effect to the International Code of Marketing of Breast-milk Substitutes

In 2005, the Innocenti + 15 Declaration urged that programming for all of these areas be increased.

Promotion of breastfeeding is one of the least expensive and most cost-effective interventions for saving children's lives.¹ Estimates show that exclusive breastfeeding for six months and continued breastfeeding for the first year of life could avert 13 percent of the more than 10 million deaths among children under 5 every year.² This means that one intervention could prevent more than 3,500 deaths every day.

The vast majority of women can successfully exclusively breastfeed their infants if they have support and guidance about correct breastfeeding practices, and are supported to breastfeed correctly. However, many women experience difficulties with breastfeeding from poor infant attachment, which can cause discomfort; or infrequent nursing, which can reduce milk supply. Mothers should also be counseled to increase their intake and variety of food to protect their own health while breastfeeding.

Promotion of optimal breastfeeding practices should be **integrated with other proven cost-effective health interventions**, such as Community Integrated Management of Childhood Illness (C-IMCI), education of health workers, and programming in primary health. Including breastfeeding support with age-appropriate, responsive complementary feeding and vitamin A and zinc supplementation, which is known as the Essential Nutrition Actions (ENA) approach, could help prevent about 25 percent of all child deaths.³

ENA, which has been established as an effective package of nutrition interventions, also encourages appropriate nutritional care for sick and malnourished children, improved maternal nutrition, control of anemia and malaria, supplementation for iron deficiency, and control of iodine deficiency.

Why is exclusive breastfeeding so important?

Formula feeding raises risk of illness and death by depriving infants of the protection offered by the many **essential infection-fighting components of human milk** and the nutrients tailored by the mother's biology to meet the precise needs of her infant. Bottle feeding of any

kind carries increased risks of illness and death because of possible contamination of water and formula, especially where bottles are not sterilized, or where the costs of formula are too high for families and lead them to dilute the feedings and cut back on food for the rest of the family. In areas with a high level of infectious disease and unsafe water, an infant who is not breastfed during the first 2 months of life is up to 23 times more likely to die from diarrhea.⁴ These conditions exist for the majority of families living in the 60 countries where 90 percent of all deaths to children under 5 occur.

In addition to saving lives, breastfeeding reduces suffering in children and their mothers by reducing the risk of pneumonia, diabetes, under- and over-nutrition, high blood pressure and high cholesterol, cancers, and lowered intelligence.⁵ Immediate breastfeeding (within one hour of birth) may be protective as well. It reduces the risk of hypothermia, a major threat to neonatal survival, and increases the likelihood that mothers will live by helping prevent post-partum hemorrhage. One study suggests that timely initiation of breastfeeding could prevent nearly a million neonatal deaths a year.⁷

Exclusive breastfeeding is also recommended for all mothers in HIV-endemic areas, including HIV-positive mothers where alternatives to human milk are not acceptable, feasible, affordable, sustainable, and safe for mothers and their infants.⁸ This applies to much of sub-Saharan Africa and South Asia, among other places. **Exclusive breastfeeding is associated with two to four times lower rates of mother to child transmission of HIV compared to non-exclusive breastfeeding**, and helps foster reduced illness and death among infants of HIV-positive mothers. Mixed feeding carries higher risks of transmission and less protection from disease, and is often associated with the highest rate of mortality, compared to formula or exclusive breastfeeding.⁹

Exclusive breastfeeding is also good for mothers. Where no family planning is available, exclusive breastfeeding contributes significantly to birth spacing. The Lactational Amenorrhea Method (LAM), which is based on frequent breastfeeding both day and night and no return of a monthly period, is a reliable method of family planning and encourages optimal breastfeeding.¹⁰ The hormones of breastfeeding also support the mother's nurturing behaviors by promoting calm and bonding, and reduce her risk of



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Breastfeeding within one hour of birth **increases the likelihood that mothers will live** by helping prevent post-partum hemorrhage. It also reduces the risk of infant hypothermia.

breast and ovarian cancers. **Mothers who do not breastfeed have increased risks of breast cancer, Type 2 diabetes, postpartum depression, and other diseases.**¹¹

Sub-optimal breastfeeding and poor complementary feeding practices lead to malnutrition, which is the single biggest contributor to child mortality and the underlying cause of more than half of all deaths among children 6-59 months.¹² An astonishing one-third of all children in the developing world are underweight or stunted.¹³ Preventing malnutrition and improving child survival in such settings requires six months of exclusive breastfeeding followed by continued high frequency of breastfeeding along with the introduction of adequate frequency and quantity of nutrient-dense complementary feedings. Maternal health and nutrition are also fundamental: evidence suggests that the conditions for malnutrition begin during gestation,¹⁴ while children who have lost their mothers are many times less likely to survive childhood.

How can we enable women to practice these optimal behaviors?

A comprehensive approach to enable all women to breastfeed has been available since 1990, was strengthened in 2002, and reconfirmed by the WHA and NGOs. Innocenti+15 and WHO documents give step-by-step guidance for implementing these actions (see the sidebar on page 1). The approach includes: government support for breastfeeding, with a national authority for oversight; health workers and health care systems fully supportive of optimal feeding practices; protection against misleading advertising by manufacturers of breastfeeding substitutes; and legislation ensuring maternity leave and workplace accommodation of breastfeeding.

Where have these approaches worked?

Over a ten-year period, Madagascar, Peru, and Philippines have significantly increased exclusive breastfeeding rates among mothers at a national level,¹⁶ using the phased introduction of all elements of the proven, comprehensive approach outlined in the sidebar on page 1 combined with:

- A defined budget line to support the strategy at the national level
- Pre-service training to develop enhanced skills among health workers

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- Integration with other nutrition efforts such as ENA, and/or other reproductive health and family planning, and/or other child survival efforts including C-IMCI to bring breastfeeding support into the community and into social networks

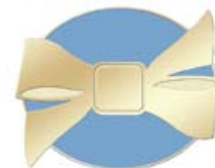
These elements increased exclusive breastfeeding rates nationwide: from 38 to 67 percent in Madagascar, from 33 to 64 percent in Peru, and from 26 to 35 percent in the Philippines. Essential Nutrition Actions, family planning support for LAM, and growth charting with feeding support also contributed to the results in Madagascar and Jordan. In Bolivia, Ethiopia, Ghana, and Zambia, adding ENA to other nutrition and child survival interventions with ongoing comprehensive breastfeeding efforts yielded rapid increases in breastfeeding.¹⁷

Applying the new WHO Child Growth Standards, which establish exclusive breastfeeding as the norm to define how children grow, also should contribute to the momentum. These proven approaches must be replicated as soon as possible wherever mothers and children are at risk.

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Center for Infant and Young Child Feeding and Care



--Supporting the Mother/Child Dyad--
University of North Carolina

The Center was established in 2006 to further state-wide, national, and global health and the understanding and support of infant and young child feeding for optimal infant and young child feeding in relation to maternal and child health.



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