



Support women in your community to breastfeed their babies

Breastfeeding from the first hour and exclusive breastfeeding for six months leads to healthier babies.

Exclusive breastfeeding means giving only breast milk, and no other food or drink, including water, with the exception of oral rehydration salts, drops and syrups.¹

Summary of WHO and UNICEF recommendations on breastfeeding²

- All infants should be put to the breast within an hour of birth (known as *early initiation*);
- All infants should be exclusively breastfed for the first six months of life. *Exclusive breastfeeding* means that the infant receives only breast milk, and no other food or drink, including water, with the exception of oral rehydration salts (ORS), drops and syrups (vitamins, minerals and medicines).
- From six months, infants and young children should be given nutritionally adequate and safe foods that complement breastfeeding.
- Breastfeeding should continue for up to two years of age or beyond.

- Though rare, if a mother finds that she is unable to breastfeed her child, WHO and UNICEF recommend making a choice from the following alternatives: expressed breast milk from an infant's own mother; breast milk from a wet-nurse or from a human milk bank; or a breast-milk substitute fed with a cup, which is a safer method than using a feeding bottle and teat.

Support for mothers

- Support to mothers from trained peer counsellors** can contribute to an increase in uptake of breastfeeding. For example, a study conducted in rural Malawi discovered that in areas where there were volunteer peer counsellors supporting mothers in breastfeeding and infant care, there was a higher uptake of exclusive breastfeeding for the first 6 months. This contributed towards improved health outcomes for babies.³
- Interventions to support mothers through promotion of recommended breastfeeding practices* and education on complementary feeding, could save more than 200,000 child lives every year.⁴

* Early and exclusive breastfeeding for 6 months and continued breastfeeding for up to 24 months.

** Peer counsellors were literate female volunteers between 23-50 years with breastfeeding experience, trained over 5 days with continued support and refresher training.



Health benefits in the first year of life:

An estimated 22% of newborns could be saved if breastfeeding started within the first hour of birth, and 16% if breastfeeding started within the first day of birth. ⁵

Health benefits among under fives:

- More than 800,000 child lives could be saved every year if every child was breastfed within an hour of birth, given only breast milk for the first six months of life, and continued breast-feeding for up to two years. ⁶
- An infant breastfed within the first hour of birth is up to 3 times more likely to survive than those who have their first breastfeed a day later. ⁷
- Breastfeeding can help to space births (although it cannot be relied upon as an effective contraceptive method). Birth spacing until 36 months after birth, can prevent an estimated 1.8 million deaths of children under five a year globally. ⁸

Reduced risk of exposure to life-threatening diseases:

- Exclusive breastfeeding will greatly reduce the risk of a baby being exposed to life-threatening infectious diseases from the feeding of foods and other liquids. ²

- Breastmilk contains special components called antibodies that protect a baby from life-threatening infections such as pneumonia and diarrhoea. ⁹
- For the first six months of life, those infants not breastfed are 15 times more likely to die from pneumonia and 11 times more likely to die from diarrhoea compared to those infants who are breastfed exclusively. ¹⁰

Why not infant formula?

- Infant formula does not contain the antibodies that are found in breast milk. ¹¹
- When formula is not properly prepared, there are greater risks from the use of unsafe water, unsterilized water, and presence of bacteria in powdered formula. ¹¹
- Malnutrition can occur if the formula is diluted in order to stretch supplies. ¹¹
- If there is a situation when formula is used but becomes unavailable, it may not be possible to return to breastfeeding as a mothers' breast milk production may have diminished. ¹¹



Long term benefits for children

- Children who were breastfed score more highly in intelligence tests than those who were not breastfed, and there may be some protection against obesity-overweight and diabetes in later life.¹²

HIV and breastfeeding

- If a mother is HIV-infected she can pass on the infection to her infant during pregnancy, delivery, and breastfeeding.¹¹
- The risk of transmission is reduced if the mother or the HIV-exposed infant is given Antiretroviral (ARV) drugs.¹¹
- Follow country specific recommendations for infant feeding in the context of HIV.¹³
- WHO recommends that when HIV infected mothers breastfeed, they should be given ARVs and follow WHO guidance on infant feeding (see guidelines below).¹³

Benefits for the mother

- Putting the baby to its mother's breast to feed immediately after birth releases a hormone called oxytocin. This hormone produces contractions in the mother's uterus that can help to prevent postpartum haemorrhage.²

- The risk of breast cancer is estimated to be reduced by up to 25% if the mother breastfeeds for six to 24 months throughout her reproductive lifetime.^{13,14}

Regulation of breast milk substitutes

In 1981 an international code to regulate the marketing of breast-milk substitutes was adopted. It states:¹¹

- All formula labels and information must state the benefits of breastfeeding and the health risks associated with substitutes.¹¹
- No promotion of breast-milk substitutes;
- No free samples of substitutes given to pregnant women, mothers, their families, health workers or facilities.

Recommended documents / website

- WHO's ten facts on breastfeeding: www.who.int/features/factfiles/breastfeeding/facts/en/index.html
- Mason et al (2013). Superfood for Babies: How overcoming barriers to breastfeeding will save children's lives. London: The Save the Children Fund. www.savethechildren.org.uk/sites/default/files/docs/Superfood_for_Babies_UK_version.pdf

- Black et al (2013) Maternal and child under-nutrition and overweight in low-income and middle-income countries. The Lancet 2013. DOI: 10.1016/S0140-6736(13)60937-X. Available at: [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60937-X/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60937-X/abstract)

- Horta & Victora (2013) Long-term effects of breastfeeding: a systematic review. World Health Organisation. http://apps.who.int/iris/bitstream/10665/79198/1/9789241505307_eng.pdf

Guidance (technical and other)

- WHO webpage: Documents on infant feeding/breastfeeding. www.who.int/maternal_child_adolescent/documents/infant_feeding/en/index.html
- WHO (2013). Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition. Geneva: World Health Organization. http://apps.who.int/iris/bitstream/10665/84409/1/9789241505550_eng.pdf
- WHO (2010). Guidelines on HIV and infant feeding 2010. www.mamaye.org/evidence/infant-feeding-and-hiv-%E2%80%93-who-guidelines-updated-framework-priority-action



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