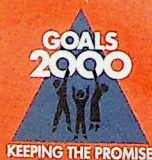


B REASTFEEDING:

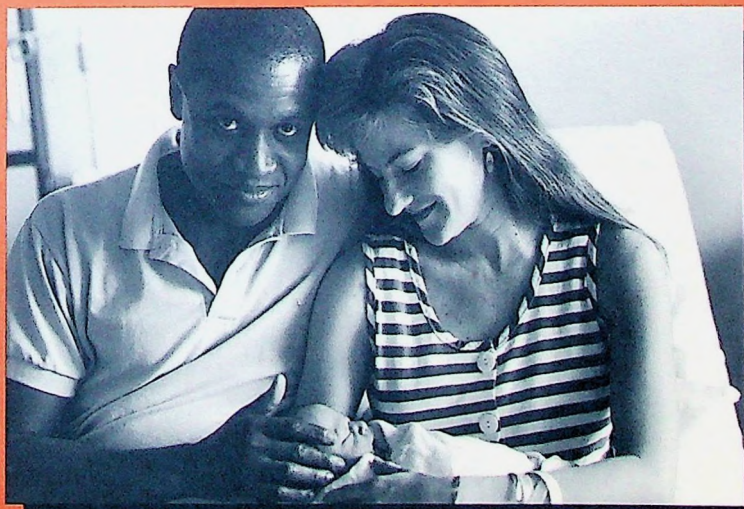
FOUNDATION FOR A HEALTHY FUTURE



UNICEF/92-0384/Lemoline



A family affair:
A father admires
his newborn in a
New York City
hospital, where
the 'rooming-in'
policy encourages
breastfeeding on
demand.



T HE BEST START TO LIFE

If every baby were exclusively breastfed from birth, an estimated 1.5 million lives would be saved each year. And not just saved, but enhanced, because breastmilk is the perfect food for a baby's first six months of life – no manufactured product can equal it.

Virtually all children benefit from breastfeeding, regardless of where they live. Breastmilk has all the nutrients babies need to stay healthy and grow. It protects them from diarrhoea and acute respiratory infections – two leading causes of infant death. It stimulates their immune systems and response to vaccinations. It contains hundreds of health-enhancing antibodies and enzymes. It requires no mixing, sterilization or equipment. And it is always the right temperature.

Children who are breastfed have lower rates of childhood cancers, including leukaemia and lymphoma. They are less susceptible to pneumonia, asthma, allergies, childhood diabetes, gastrointestinal illnesses and infections that can damage their hearing. Studies suggest that breastfeeding is good for neurological development.

And breastfeeding offers a benefit that cannot be measured: a natural opportunity to communicate love at the very beginning of a child's life. Breastfeeding provides hours of closeness and nurturing every day, laying the foundation for a caring and trusting relationship between mother and child.



UNICEF/98-1009/Pirozzi

A mother breastfeeds her child under the protection of a mosquito net in Zambia, where about 43 per cent of children are still breastfeeding at the age of 20 to 23 months.

BREASTFEEDING:

Supports the right to nutrition

Children have a right to good nutrition. The Convention on the Rights of the Child, ratified by all but two nations, specifically calls for informing all segments of society about child health and nutrition, including the advantages of breastfeeding (article 24). The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) specifies that

States parties must ensure "appropriate services in connection with pregnancy, confinement and the post-natal period ... as well as adequate nutrition during pregnancy and lactation" (article 12). As of July 1999, 163 countries had ratified CEDAW.



UNICEF/98.0285/Lemayne

Even in emergencies, children have a right to the good nutrition breastfeeding provides, and maintaining breastfeeding in times of crisis helps babies survive. After fleeing the violence in Kosovo, two women tend their newborns in Albania.

Saves money

Breastfeeding saves money. It eliminates the expense of infant formula and the incalculable cost in money, time, energy and suffering caused by illness and death resulting from artificial feeding. The cost of commercial breastmilk substitutes is unaffordable for the vast majority of families in the developing world:

- ◆ In Uganda, the average annual cost of formula for one child is more than the average annual income of a village family.
- ◆ In Peru, the cost of one year's worth of breastmilk substitutes exceeds the household income of more than half of the country's population.

- ◆ In Viet Nam, the cost of a year's supply of breastmilk substitutes is \$257 – compared to the country's per capita gross national product (GNP) of \$320.

Mothers who breastfeed, however, need only about 500 additional calories a day – the equivalent of a teaspoon of oil, some extra beans and half a banana. And breastfeeding mothers have more time to spend with their children.

Reduces health care spending

The purchase of breastmilk substitutes is especially damaging to the economies of developing countries. Imported breastmilk substitutes are bought with scarce foreign exchange, siphoning it away from vital priorities. In Pakistan, for example, expenditures on imported formula grew from \$4 million in 1982-83 to almost \$44 million by 1995-96.

Breastfeeding helps cut costs for families and countries, by eliminating the expense of infant formula and saving health care and other costs:

- ◆ José Fabella Hospital in the Philippines saved more than \$100,000 – 8 per cent of its annual budget – within one year after initiating promotion of exclusive breastfeeding for newborns.
- ◆ In north-eastern Brazil, administrators at Acari Hospital estimated that, less than two years after initiating breastfeeding promotion, it had saved \$20,000.
- ◆ In the Netherlands, a study by the University of Amsterdam showed that a 5 per cent increase in breastfeeding would save almost \$850,000 annually.



UNICEF/93-0488/Horner

The perfect food for babies, always available — a mother breast-feeds her child in a field in Peru, where the cost of breast-milk substitutes exceeds the household income of half the population.

A RISE IN EXCLUSIVE BREASTFEEDING

Babies should be exclusively breastfed – meaning that they receive nothing but breastmilk, not even water – for about the first six months of life. Except in the rarest cases, no additional foods or fluids are necessary, and they can be harmful – introducing germs, triggering allergies and filling the stomach so that the infant takes less breastmilk.

Breastfeeding should be sustained until the baby is at least two years old, but beginning at about six months breastmilk should be complemented with appropriate solid foods.

Surveys in 35 developing countries reveal that the percentage of infants exclusively breastfed for the first four months of life is on the rise. Rates of exclusive breastfeeding have increased in 21 countries, declined in 6 countries and stayed the same in 8 countries.

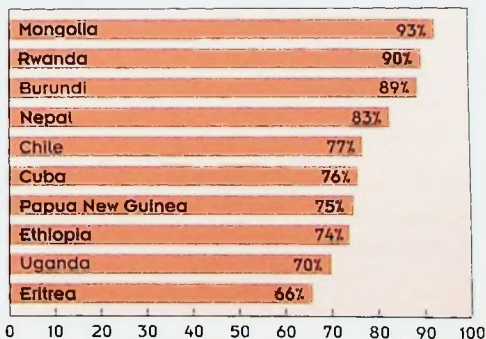
Saves resources

Breastfeeding preserves valuable resources, including safe water, fuel and time. Artificially feeding a baby requires three litres of water per day – one litre to mix with formula and two litres to sterilize the bottles and teats. If water is boiled over a wood fire once a day, more than 73 kg of wood are required during the course of a year. The burden of collecting wood and water and preparing the formula typically falls on women, further cutting into the time available to care for their children and for other activities.

Helps families with child spacing

Acceptable to all religions, exclusive breastfeeding prevents many pregnancies and in some settings is the principal means of child spacing. By delaying the resumption of ovulation after childbirth, frequent and vigorous suckling provides more than 98 per cent protection from pregnancy during the first six months of breastfeeding. The lives of countless children have been saved as a result, because those born soon after a previous birth are at greater risk of dying before the age of five.

Breastfeeding: Top 10 countries*



*Per cent of babies exclusively breastfed (under four months old).

THE BABY-FRIENDLY HOSPITAL INITIATIVE

Hospitals and maternity units set a powerful example. The Baby-Friendly Hospital Initiative (BFHI), launched in 1992, is an effort by UNICEF and the World Health Organization (WHO) to ensure that all hospitals become centres of breastfeeding support.

A hospital is designated 'baby-friendly' when it has agreed not to accept free or low-cost breastmilk substitutes, feeding bottles or teats, and to implement 10 specific steps to support breastfeeding. (*See box, 'Ten Steps to Successful Breastfeeding'.*) Since the Initiative began, nearly 15,000 hospitals in 128 developing and industrialized countries have been awarded baby-friendly status. In many areas where hospitals have been designated baby-friendly, more mothers are breastfeeding their infants, and child health has improved.

- ◆ In Cuba, where 49 of the country's 56 hospitals and maternity facilities are baby-friendly, the rate of exclusive breastfeeding at four months almost tripled in six years – from 25 per cent in 1990 to 72 per cent in 1996.
- ◆ In the first two years of BFHI implementation at the Central Hospital of Libreville in Gabon, officials estimated that cases of neonatal diarrhoea fell by 15 per cent, diarrhoeal dehydration declined by 14 per cent and mortality fell by 8 per cent.
- ◆ In China, which now has more than 6,000 Baby-Friendly Hospitals, exclusive breastfeeding in rural areas rose from 29 per cent in 1992 to 68 per cent in 1994; in urban areas, the increase was from 10 per cent to 48 per cent.



UNICEF/93-1768/Lemayne

Trained with UNICEF assistance, a nurse in Shanghai (China) helps a mother learn breastfeeding technique at the International Peace, Maternity and Child Hospital.

TEN STEPS TO SUCCESSFUL BREASTFEEDING

UNICEF/5479/Lemoigne



Images cut across language barriers. In keeping with the 'Ten Steps', this sign declares a Thai maternity ward to be a 'milk powder-free zone'.

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one half-hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
7. Practise rooming in – that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

A Baby-Friendly Hospital does not accept free or low-cost breastmilk substitutes, feeding bottles or teats, and implements these 'Ten Steps' to support breastfeeding.

PROTECTING BREASTFEEDING

Breastmilk substitutes are an expensive, inferior and often dangerous substitute for breastmilk, but formula manufacturers have nonetheless aggressively advertised and marketed them. Recognizing the need to regulate these practices, in 1981 the World Health Assembly (WHA) adopted the International Code of Marketing of Breast-milk Substitutes. It sets out the responsibilities of companies, health workers, governments and concerned organizations with regard to the marketing of breastmilk substitutes, feeding bottles or teats.

The Code stipulates that there should be absolutely no promotion of breastmilk substitutes, bottles and teats to the general public; neither health facilities nor health professionals should ever have a role in promoting breastmilk substitutes; and free samples should not be provided to pregnant women, new mothers or their families. The Code, along with subsequent WHA resolutions, is considered a minimum standard and is meant to be implemented through national legislation, regulations or other suitable measures. Here are some of the innovative strategies developed to implement the Code:

- ◆ In Iran, the Government has taken control of the import and sale of breastmilk substitutes. Formula is available only by prescription, and the tins must carry a generic label – no brand names, pictures or promotional messages are allowed.
- ◆ In India, legislation requires that tins of infant formula carry a conspicuous warning about the potential harm caused by artificial feeding, placed on the central panel of the label.
- ◆ In Papua New Guinea, the sale of feeding bottles, cups, teats and dummies is strictly controlled, and there is a ban on advertising these products as well as breastmilk substitutes.



UNICEF/95.0252/Davies

Breastfeeding stimulates a child's immune system and response to immunization. A mother breast-feeds her child while a nurse vaccinates him in a UNICEF-assisted health centre in Burundi.

HIV AND INFANT FEEDING

By the turn of the century, scientists estimate that 4 million to 5 million children under 15 will be infected with HIV, most of them in sub-Saharan Africa. About 90 per cent of them will contract the virus through pregnancy, childbirth or breastfeeding.

Studies show that between one quarter and one third of babies born to women who are HIV positive will be infected with the virus. While most will be infected during late pregnancy or delivery, about 1 in 7 infants will contract the virus through breastmilk. But the risk of infection needs to be weighed against the

possibly greater dangers posed by artificial feeding.

Both parents have responsibility for the health and welfare of their children, so mothers and fathers should be encouraged to decide jointly about how to feed their baby. If that is not possible, the baby's mother is the person best qualified to assess the circumstances that will affect her ability to feed and nurture her child. However, in order for her to make a decision, she must have access to voluntary and confidential testing and counselling, so she can find out her HIV status, as well as to information about feeding options and the risks associated with them. These are her rights and they must be supported in every way.

The Joint United Nations Programme on HIV/AIDS (UNAIDS), UNICEF and WHO have issued guidelines on HIV and infant feeding – one set to help decision makers establish national policies, and another to aid health care managers in organizing health care services.

UNICEF/93.1766/Lemaigne



Cup feeding is safer than bottle feeding for babies who cannot breastfeed. In a hospital in China, which has more than 6,000 Baby-Friendly Hospitals, a nurse feeds breastmilk in a cup to a premature infant in an incubator.

TIME OFF FOR PARENTHOOD

- ◆ In Sweden, parental birth leave, which may be shared by mothers and fathers, is 18 months, with 90 per cent of salary paid through national insurance for 15 months.
- ◆ In Norway, the Government provides 42 weeks at full pay (or 52 weeks at 80 per cent pay), which can be divided between mother and father. The mother is required to take off the three weeks before her due date. The first six

weeks post-partum are reserved for the mother and the final four weeks for the father.

- ◆ Brazil ensures four months of maternity leave paid through the social insurance system. In addition, two half-hour feeding breaks per day must be permitted for six months once the mother returns to the workplace.



UNICEF/99-0243700/00011

The immeasurable benefit: Breast-feeding provides a natural opportunity to communicate love at the beginning of a child's life, laying the foundation for a trusting relationship between mother and child.

- ◆ In the Czech Republic, maternity leave of 28 weeks is paid at 69 per cent of the mother's salary. If she already has one or more children or is a single mother, the leave is 37 weeks. The employer must guarantee the mother's original job and salary. For up to three years after the birth, the employer must guarantee employment in the same organization and at the same salary level.

A BLUEPRINT FOR POLICY MAKERS

1. Establish national breastfeeding committees. These committees can help develop countrywide policies and secure funding to implement them.
2. Promote the Baby-Friendly Hospital Initiative. All hospitals and maternity facilities should implement the 'Ten Steps' to becoming baby-friendly and eliminate breastmilk substitutes, except when *medically* necessary.
3. Implement and enforce the Code. Governments must pass and enforce legislation and regulations that fulfil the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions. At the same time, NGOs need support to monitor compliance with the Code's provisions and to report any infractions to the companies and governments concerned.
4. Establish maternity protection. National laws, collective bargaining agreements and company policies must support breastfeeding in the workplace. Guaranteed paid maternity leave and breastfeeding breaks, access to infants during working hours, flexible working hours, job-sharing, safe working conditions and a comfortable, private place to breastfeed and express milk – these are all means of supporting and protecting breastfeeding.
5. Train medical personnel and health workers. Doctors, nurses and other health care workers need to be informed about the superiority of breastfeeding and trained to help and support mothers to breastfeed exclusively for the first six months and to sustain breastfeeding with complementary feeding for two years and beyond.



UNICEF/98-0215/Lemayne

As a thick blanket shields this baby from the cold, breastfeeding offers protection against illnesses and infections that could prove life-threatening.

6. Support exclusive and sustained breastfeeding throughout the community. There are many creative ways for families and communities to support breastfeeding mothers – for instance, by making sure the mother receives extra food during the breastfeeding period; sharing her workload; welcoming breastfeeding at public events, including religious services; providing workplace childcare so babies can be breastfed during the work day; and developing a 'buddy system' that links new mothers with those who have breastfeeding experience.
7. Provide resources for support groups. Mother-to-mother support groups and community-based counsellors help mothers resolve problems and maintain breastfeeding after leaving the hospital.
8. Promote breastfeeding campaigns. Mass media can play a crucial role in creating a social climate that supports breastfeeding. Radio shows, television dramas, plays and puppet shows, bus placards, commercial food packages – these and many other media can disseminate useful information about breastfeeding.
9. Integrate breastfeeding messages into child health activities. Breastfeeding can be promoted in programmes including diarrhoea prevention, growth monitoring and family planning.
10. Improve women's social and economic status.
When the social and economic roles of women are respected, it is easier for them to receive the extra rest and food, household help and emotional support they need after childbirth and throughout the period of breastfeeding. Policies to improve women's social welfare should emphasize women's productive and reproductive roles and the many ways in which these roles are complementary.



This woman in Bogotá carries her baby 'kangaroo' style. In which premature infants are kept skin-to-skin with their mothers, where they stay warm and can breastfeed on demand.

FOUNDATION FOR A HEALTHY FUTURE

Protecting and investing in the physical, mental and emotional development of all children lays the foundation for a better future.

Breastfeeding – available to almost every child – is key to that future. It offers one of the earliest opportunities to ensure that a child will not only survive, but thrive. Promoting breastfeeding is the simplest and wisest investment a nation can make.

But to ensure that all children receive a chance to grow and develop to their fullest potential, it is not enough simply to make breastfeeding possible; it must be vigorously protected and promoted by appropriate public policies and supported by health systems and families.

Then breastfeeding becomes easy, desirable, enjoyable and valued in society. And only then will the conditions exist that make it simple for mothers to offer their infants the best foundation for a healthy future.

A day in the life of a Baby-Friendly Hospital in Tbilisi (Georgia):



UNICEF/97-0616/Lemoyne

A woman in labour grimaces as the midwife listens to the heartbeat of her foetus.



UNICEF/97-0619/Lemoyne

Moments after birth, the midwife places the newborn baby girl on her mother's breast.



UNICEF/97-0621/Lemoyne

Off to a healthy start, the infant has her first meal of breastmilk.



In emergencies, such as the 1994 civil conflict in Rwanda, breastfeeding is a life-saving resource.



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