

# Key Facts and Figures on Breastfeeding

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<sup>1</sup>.

**SUPPORT WOMEN IN YOUR COMMUNITY TO  
BREASTFEED THEIR BABIES**

**READ THIS FACTSHEET TO LEARN WHY**



## WHO and UNICEF recommendations on breastfeeding<sup>2</sup>

- @ 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
- @ 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
- @ In the rare cases where a mother is **unable** to breastfeed her child, it is recommended to choose from the following alternatives:
  - @ expressed breast milk from an infant's own mother
  - @ mother's milk given from a cup
  - @ breast milk from a wet nurse or from a human milk bank
  - @ a breast milk substitute fed from a cup, which is a safer method than using a feeding bottle and teat



## Health benefits in the first month of life

- Ⓒ During the first hours and days of a baby's life, their mother's produce the first milk called colostrum which has antibodies to help enhance the baby's immune system<sup>3</sup>.
- Ⓒ These first few hours and days of breastfeeding are crucial to saving the lives of newborn babies and minimising the risk of life threatening illnesses:
  - Ⓒ Newborn babies who are not breastfed within the first hour of life are twice as likely to die in their first month of life compared to those babies who were breastfed within their first hour<sup>4</sup>.
  - Ⓒ Newborn babies who are breast fed within their first day of life are 44% less at risk of dying compared to those not breastfed within their first day of life<sup>5</sup>.
  - Ⓒ Newborn babies breastfed within their first day of life have a 45% lower risk of dying from an infection, compared to those newborns not breastfed within their first day of life<sup>5</sup>.
  - Ⓒ In comparison to newborns babies exclusively breastfed, newborns who are only partially breastfed are more than three times at greater risk of sepsis or other infections, 69% greater risk of respiratory infections, and nearly three times at greater risk of having diarrhoea<sup>4</sup>.

## 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 breastfeeding for up to two years<sup>6</sup>.
- Ⓒ Birth spacing until 36 months after birth, can prevent an estimated 1.8 million deaths of children under five globally each year<sup>7</sup>. A contraceptive method based on the natural effects of breastfeeding on fertility, known as lactational amenorrhoea method (LAM), can help to space births effectively for the first six months after childbirth if the mother's bleeding has not returned and the baby is breastfed fully or nearly fully (at least three-quarters of all feeds from breast milk) and often, day and night<sup>8</sup>. After six months, alternative methods of contraception are recommended.
- Ⓒ 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<sup>2</sup>. 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<sup>9</sup>.



## Long term benefits for children

- Ⓒ Children who were breastfed score more highly in intelligence tests than those who were not breastfed<sup>10</sup>.
- Ⓒ Being breastfed may offer some protection against obesity or being overweight as well as diabetes in later life<sup>10</sup>.

## HIV and breastfeeding

- Ⓒ If a mother is HIV-infected she can pass on the infection to her infant during pregnancy, delivery, and breastfeeding<sup>11</sup>.
- Ⓒ The risk of transmission is reduced if the mother or the HIV-exposed infant is given antiretroviral (ARV) drugs<sup>11</sup>.
- Ⓒ Follow country specific recommendations for infant feeding in the context of HIV<sup>12</sup>.



## Health benefits for mothers

- Ⓒ Putting the baby to its mother's breast immediately after birth releases a hormone called oxytocin. This hormone produces contractions in the mother's uterus that can help to prevent postpartum haemorrhage (severe loss of blood)<sup>2</sup>.
- Ⓒ There is evidence to suggest that breastfeeding for at least six months can significantly reduce the mother's risk of breast cancer<sup>13,14</sup>.
- Ⓒ There is evidence to suggest that breastfeeding can significantly reduce the mother's risk of ovarian cancer<sup>15</sup>.

## Why not infant formula?

- Ⓒ Infant formula does not contain the antibodies that are found in breast milk<sup>11</sup> and mothers and babies both miss out on the health and long term benefits of breastfeeding.
- Ⓒ When formula is not properly prepared, there are greater risks from the use of unsafe water, unsterilized water, and of bacteria in powdered formula<sup>11</sup>.
- Ⓒ Malnutrition can occur if the formula is diluted in order to "stretch" supplies<sup>11</sup>.
- Ⓒ If there is a situation when formula is used but becomes unavailable, it may not be possible to return to breastfeeding as breast milk production may have diminished<sup>11</sup>.

## Regulation of breast milk substitutes

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

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

# 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<sup>16</sup>

## What mothers can do<sup>17</sup>

- @ Get information about breastfeeding before your baby is born
- @ Once the baby is born, try to breastfeed your newborn within the first hour
- @ Don't be worried about asking for help with breastfeeding
- @ Ensure that you get lots of food, water and rest

## How can we support mothers?

### Peer counsellors<sup>18</sup>:

- @ Support to mothers from trained peer counsellors\*\* is effective in increasing uptake of breastfeeding
- @ 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 six months. This, in turn, contributed towards improved health outcomes for babies.

### Fathers<sup>19</sup>:

- @ Reduce the stress of your partner e.g. by helping around the house and making sure she gets enough rest
- @ Burp the baby after they have been fed
- @ Help support your partner care for the baby e.g. change its nappy or give it baths

### Family and friends<sup>20</sup>:

- @ Support the mother and her partner by providing emotional and practical support e.g. buy food and help to clean the home
- @ Help to take care of the new baby's siblings
- @ Listen and be supportive to the mother to help boost her confidence





## WHO and UNICEF's ten steps to successful breastfeeding<sup>21</sup>

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 a half-hour of birth
5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants
6. Give newborn infants no food or drink other than breast milk unless medically indicated
7. Practice rooming-in (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



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## Notes

\*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.

Facts and Figures updated in July 2014