

Breastfeeding: Not just a one woman job

Factsheet

Breastfeeding is a critical first step on a child's path to a healthy future: It is a baby's first vaccine and the best source of nutrition. Breastfeeding is a vital part of providing every child with the healthiest start to life.

But breastfeeding is not just a one woman job. Successful breastfeeding practices require skilled instruction, a supportive environment and time. Mothers need assistance and encouragement from their health care providers, families, employers, communities and governments so they can provide their children with the healthiest start to life.

Key messages

Breastfeeding offers every child the healthiest start to life

- Increasing the number of children who are breastfed could save the lives of more than 820,000 children under age 5.¹
- Children who are breastfed for longer periods have lower rates of infectious disease and death than children who are breastfed for shorter periods or who are not breastfed.²
- Longer periods of breastfeeding are associated with a reduction in a child's risk of being overweight or obese.³
- Breastfeeding is associated with an IQ increase of 3 to 4 points.⁴

Successful breastfeeding depends on support – support from families, communities, health care providers, employers and governments.

- Work is one of the leading barriers to breastfeeding and contributes to mother's decision to stop breastfeeding early.⁵
- A study on breastfeeding indicated that interventions such as maternity leave and workplace support of mothers led to a 30 per cent increase in breastfeeding rates.⁶
- Health care professionals influence breastfeeding practices at critical moments, however, many lack the knowledge and skill required to support women who want to breastfeed.⁷
- Community-based interventions such as including group counselling and education increased timely breastfeeding initiation by 86 per cent.⁸

Starting to breastfeed within the first hour of life paves the way for optimal breastfeeding practices and provides every infant with the healthiest start to life.⁹

- 77 million children worldwide – more than half of children worldwide – are not put on their mother’s breast within the first hour of birth, which reduces the chance they will be breastfed later.
- Early initiation of breastfeeding is associated with lower mortality rates.¹⁰
- Infants who are fed formula or non-human milk in the first three days of life are half as likely to be breastfed later as infants given only breast milk.
- With breastfeeding, mothers share elements of their immune system, which provides babies with a protective umbrella as their immune systems develop.

Breastfeeding offers mothers health benefits, too.

- More breastfeeding could also prevent the death of 20,000 women a year from breast cancer.¹¹
- Breastfeeding could also improve birth spacing.¹²
- Breastfeeding is associated with a reduction in a woman’s risk of diabetes.¹³
- Breastfeeding might reduce rates of ovarian cancer.¹⁴

For many mothers, breastfeeding is hindered by a lack of time, space and support – at work, at home and in the community.

- In low-income and middle-income countries, only 43 per cent of children younger than 6 months of age are breastfed exclusively.¹⁵
- With few exceptions, breastfeeding is of shorter duration in high-income countries than in resource-poor countries.¹⁶
- In some places, women face a negative response when they breastfeed in public.¹⁷
- Some employees report feeling uncomfortable when women breastfeed at work.¹⁸

Women who work in formal and informal sectors need support from communities, governments and businesses to provide their children the best nutrition by breastfeeding.

- National policies that guarantee breastfeeding breaks at work until a child is at least 6 months old were associated with higher exclusive breastfeeding rates.¹⁹
- Home- and family-based interventions that provided antenatal and postnatal counselling on breastfeeding improved rates of exclusive, continued and any breastfeeding.²⁰
- The effect of short maternity leave is more likely to end breastfeeding for women who are not managers, who do not have flexible jobs or who experience emotional distress, according to a 2009 study.²¹

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- ¹ Victora, Cesar, G., et al., 'Breastfeeding in the 21st Century: Epidemiology, mechanism and lifelong effect', *The Lancet*, 2016, vol. 387, pp. 475-490.
- ² Victora, Cesar, G., et al., 'Breastfeeding in the 21st Century: Epidemiology, mechanism and lifelong effect', *The Lancet*, 2016, vol. 387, pp. 475-490.
- ³ Victora, Cesar, G., et al., 'Breastfeeding in the 21st Century: Epidemiology, mechanism and lifelong effect', *The Lancet*, 2016, vol. 387, pp. 475-490.
- ⁴ Victora, Cesar, G., et al., 'Breastfeeding in the 21st Century: Epidemiology, mechanism and lifelong effect', *The Lancet*, 2016, vol. 387, pp. 475-490.
- ⁵ Rollins, Nigel, C., et al., 'Why Invest, and What it Will Take to Improve Breastfeeding Practices?', *The Lancet*, 2016, vol. 387, pp. 491-504.
- ⁶ Sinha, Bireswar, et al., 'Interventions to improve breastfeeding outcomes: A systematic review and meta-analysis', *Acta Paediatrica*, no. 104, pp. 114-134. <http://onlinelibrary.wiley.com/doi/10.1111/apa.13127/epdf>
- ⁷ Rollins, Nigel, C., et al., 'Why Invest, and What it Will Take to Improve Breastfeeding Practices?', *The Lancet*, 2016, vol. 387, pp. 491-504.
- ⁸ Rollins, Nigel, C., et al., 'Why Invest, and What it Will Take to Improve Breastfeeding Practices?', *The Lancet*, 2016, vol. 387, pp. 491-504.
- ⁹ United Nations Children's Fund, *Infant and Young Child Feeding Report 2016*, UNICEF, New York, August 2016, p. X.
- ¹⁰ NEOVITA Study Group, 'Timing of Initiation, Patterns of Breastfeeding, and Infant Survival: Prospective analysis of pooled data from three randomised trials', *The Lancet Global Health*, vol. 4, no.4, April 2016, pp. e266–e275. [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)00040-1/fulltext?rss=yes](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)00040-1/fulltext?rss=yes)
- ¹¹ Victora, Cesar, G., et al., 'Breastfeeding in the 21st Century: Epidemiology, mechanism and lifelong effect', *The Lancet*, 2016, vol. 387, pp. 475-490.
- ¹² Victora, Cesar, G., et al., 'Breastfeeding in the 21st Century: Epidemiology, mechanism and lifelong effect', *The Lancet*, 2016, vol. 387, pp. 475-490.
- ¹³ Victora, Cesar, G., et al., 'Breastfeeding in the 21st Century: Epidemiology, mechanism and lifelong effect', *The Lancet*, 2016, vol. 387, pp. 475-490.
- ¹⁴ Victora, Cesar, G., et al., 'Breastfeeding in the 21st Century: Epidemiology, mechanism and lifelong effect', *The Lancet*, 2016, vol. 387, pp. 475-490.
- ¹⁵ UNICEF, Global databases embargoed until 29th July 2016.
- ¹⁶ Victora, Cesar, G., et al., 'Breastfeeding in the 21st Century: Epidemiology, mechanism and lifelong effect', *The Lancet*, 2016, vol. 387, pp. 475-490
- ¹⁷ Rollins, Nigel, C., et al., 'Why Invest, and What it Will Take to Improve Breastfeeding Practices?', *The Lancet*, 2016, vol. 387, pp. 491-504.
- ¹⁸ Rollins, Nigel, C., et al., 'Why Invest, and What it Will Take to Improve Breastfeeding Practices?', *The Lancet*, 2016, vol. 387, pp. 491-504.
- ¹⁹ Heymann, Jody, Amy Raub, Alison Earle, 'Breastfeeding policy: a globally comparative analysis', *Bulletin of the World Health Organization*, 18 April 2013, vol. 91, pp. 398-406. <http://www.who.int/bulletin/volumes/91/6/12-109363.pdf>
- ²⁰ Rollins, Nigel, C., et al., 'Why Invest, and What it Will Take to Improve Breastfeeding Practices?', *The Lancet*, 2016, vol. 387, pp. 491-504.
- ²¹ Guendelman, Sylvia, et al., 'Juggling work and breastfeeding: effects of maternity leave and occupational characteristics', *Pediatrics*, Vol. 123, no. 1, January 2009, pp. 38-46. <http://pediatrics.aappublications.org/content/123/1/e38>