BREAST-MILK:

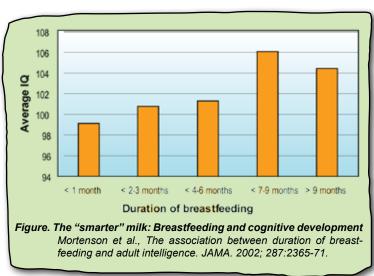
First food of champions!





Breastfeeding promotes child survival, health, and brain and motor skill development. While breastfeeding has lifelong benefits for both the mother and child,¹ the risks of not breastfeeding are particularly pronounced early in life. Early initiation of breastfeeding and exclusive breastfeeding for the first six months of life prevent neonatal and infant deaths largely by reducing the risk of infectious diseases. Children breastfed for seven to nine months have on average an intelligence quotient (IQ) about six points higher than children breastfed for less than a month (Figure). This robust finding has caused some to call breast-milk the "smarter milk."

Because breast-milk is so essential for child health and development, it truly is the first food of champions!



Starting early — can prevent neonatal death

Breast-milk, the first food of champions, can prevent neonatal deaths as the risk of death increases with increasing delays in breastfeeding initiation.²⁻³ Approximately one-fifth of all neonatal deaths could be avoided if all newborns initiated breastfeeding within the first hour of life. The benefits of early initiation of breastfeeding are particularly pronounced for preterm and low-birth-weight infants.

In the Americas, there is ample room for improvement in early initiation of breastfeeding. Although nearly all newborns, including those born by cesarean section, can be put to the breast within the first hour of life, in nearly half the countries this happens with fewer than 50% of newborns. Exclusive breastfeeding is also low in many countries, ranging from only 8% to 64%. Urgent action is needed to ensure that virtually all infants are put to the breast within the first hour of life and exclusively breastfed for a full six months.

WHO recommendations for breastfeeding

- Early initiation of breastfeeding within one hour after birth.
- · Exclusive breastfeeding for six months (180 days).
- Continued breastfeeding for two years or beyond with the addition of timely, adequate, safe and properly fed complementary foods.

Risks of not breastfeeding

Breastfeeding confers benefits on both mother and child, regardless of wealth or power. But these benefits are particularly important for babies who are already at higher risk of death or illness. *Not* breastfeeding presents both short- and long-term risks for mothers and children:

For the child

- · Increased risk of mortality
- Increased risk of acute illness, such as diarrhea, ear infections and respiratory infections
- Increased risk of chronic illness, including Type 2 diabetes
- Reduced intelligence

For the mother

- Increased risk of breast and ovarian cancer
- · Increased risk of Type 2 diabetes
- Reduced postpartum weight loss
- Reduced birth intervals in the absence of modern contraceptives and increased risk of anemia

Effective actions

Breastfeeding promotion is a public health "best buy." It has a large effect in reducing infant illness and death and also responds to public health intervention. Research has shown that individual maternal behaviors are amenable to change and that changes in individual behaviors collectively contribute to positive national trends in breastfeeding.⁴

To ensure that virtually all newborns benefit from breastmilk, the first food of champions, a concerted effort by governments, health systems, employers and infant food companies is needed.⁵ Actions are also needed by nongovernmental organizations and communities to ensure that every mother lives and works in an environment where the decision to breastfeed can be easily carried out. Needed action in key arenas:

Governments

- Develop and implement a comprehensive strategy on infant and young child feeding.
- Implement and regularly monitor the WHO International Code of Marketing of Breast-milk Substitutes. Sanction violations.
- Legislate maternity protection to facilitate breastfeeding and work.

Health systems

- Revitalize breastfeeding promotion, protection and support in all relevant aspects of primary health care.
- Revitalize the Baby Friendly Hospital Initiative (BFHI) through a systematic recertification and monitoring process covering both public and private hospitals.
- Develop capacity in breastfeeding knowledge and skills, including how to counsel mothers, manage common breastfeeding problems and health worker responsibilities under the Code.
- Monitor and evaluate coverage of key breastfeeding promotion interventions and trends in breastfeeding.

Employers

References

- Comply with legislation on maternity protection and inform employees of their rights under this protection.
- Provide on-site child care and/or breastfeeding rooms where mothers can privately express and safely store their breast-milk.

Infant food companies

 Comply with the WHO International Code of Marketing of Breast-milk Substitutes and related World Health Assembly Resolutions and national Code legislation.

Human milk banks and feeding at-risk newborns

Breast-milk can make a champion of even the smallest and most at-risk newborns! A multicenter randomized prospective study of feeding of preterm infants and necrotizing entercolitis showed that formula-fed infants were 10 times more likely to contract the disease than infants fed human milk.⁶ Human milk banks that pasteurize donor milk can play an important role in feeding at-risk newborns. Led by the Government of Brazil and in collaboration with PAHO, the Latin American Network of Human Milk Banks is expanding. These banks provide vitally needed human milk for at-risk newborns and also serve as centers for breastfeeding promotion, protection and support as well as training of health workers.

TWO GREAT PASSIONS: Soccer and breastfeeding

Let's celebrate the 2010 World Cup by putting mothers and babies first! Promote, protect and support

breastfeeding, the first food of champions!





The use of the cartoon is authorized by the artist, Mr. Fernando Sendra of Argentina

- 1. Horta et al., Evidence on the long-term effects of breastfeeding. Systematic reviews and meta-analysis. Geneva: WHO; 2007.
- 2. Edmond et al., Delayed breastfeeding initiation increases risk of neonatal mortality. Pediatrics. 2006;117:380-6.
- 3. Mullany et al., Breast-feeding patterns, time to initiation, and mortality risk among newborns in Southern Nepal. J Nutr. 2008;138:599-603.
- 4. Chaparro and Lutter. Increases in breastfeeding duration observed in Latin America and the Caribbean and the role of maternal demographic and health care characteristics. Food and Nutrition Bulletin. 2010;31(2).
- 5. WHO. Global Strategy for Infant and Young Child Feeding. Geneva: WHO; 2003.
- 6. Lucas and Cole. Breast milk and neonatal necrotizing entercolitis. Lancet. 1990;336:1519-23.

This information bulletin is abstracted from the Fact Sheet "Early initiation of breastfeeding: the key to survival and beyond" available at www.paho.org. For more information, please contact the Project on Healthy Life Course, Family and Community Health, Pan American Health Organization, Washington DC.

PAHO greatfully acknowledges the Spanish Ministry of External Relations for their support.





