



World Breastfeeding Week 2018

Breastfeeding: Foundation of Life

Breastfeeding: proper nutrition

Breastfeeding gives all human beings the opportunity for a fair start in life. Breast milk is the best food and the safest option to ensure good health and growth of young children. There is strong evidence demonstrating the multiple benefits of breastfeeding for the mother, the child, and society as a whole.

Breast milk is designed to meet all of a young child's nutritional and immunological needs. It is well known that universal practice of optimal breastfeeding could prevent 823,000 deaths a year in children under 5 and 20,000 deaths a year in women due to breast cancer.^{1,2} Breastfeeding has a short- and long-term protective effect on children: in the short term, it reduces the risk of disease and death from diarrhea, respiratory infections, otitis media, and sudden infant death syndrome; in the long term, it reduces the risk of dental malocclusion, overweight/obesity, and diabetes mellitus.³ In women, it reduces the risk of invasive breast cancer, ovarian cancer, overweight/obesity, and diabetes.¹⁴ Exclusive or predominant breastfeeding is associated with longer periods of postpartum amenorrhea, thus helping to space pregnancies.¹

It is demonstrated that breastfeeding over longer periods contributes to cognitive development: breastfed children have an average intelligence quotient (I.Q.) 2.6 points higher than children who were not breastfed, thereby enhancing children's educational potential, the development of human capital, and very likely, income in adulthood.¹ In addition, the financial cost of low cognition is estimated at US\$ 302 billion annually, especially affecting high-income countries.²

By protecting, promoting, and supporting breastfeeding, especially in crisis situations, we can ensure that young children have access to a proper diet at all times, as well as preventing many diseases and deaths.

Breastfeeding in the Americas

Worldwide, only 45% of children begin breastfeeding within the first hour after birth; two out of five children under 6 months receive exclusive breastfeeding, and only 45% of young children continue breastfeeding during their first two years of life.⁵ The breastfeeding situation in the Region of the Americas is not very different: 54% of children begin breastfeeding within the first hour of life, 38% are breastfed exclusively until 6 months of age, and 32% continue breastfeeding for two years.⁵

Unfortunately, a lack of data remains a problem in some countries of the Region, making it difficult to effectively monitor progress toward achieving global nutrition objectives.

National survey results show that in the Region of the Americas (see Table 1):

- ✓ Early onset of breastfeeding (within the first hour of life) ranges from 38.1% in the Dominican Republic to 76.5% in Uruguay. In most of the countries that report data, about half of children are breastfed in the first hour of life.
- ✓ Exclusive breastfeeding for six months ranges from 2.8% in Suriname to 68.4% in Peru. Only three other countries reported that at least 50% of children received exclusive breastfeeding from age 0 to 5 months.
- ✓ Three of 23 countries with data reported children receiving prolonged breastfeeding (average 21 months).

Strategies to protect, promote, and support breastfeeding

This year, during World Breastfeeding Week, the Pan American Health Organization is calling on governments to continue their efforts to strengthen measures already taken to protect, promote, and support the right to breastfeeding. These regulatory measures include the adoption and monitoring of the International Code of Marketing of Breast-milk Substitutes (the Code) and subsequent relevant resolutions of the World Health Assembly (WHA), implementation of the Baby-friendly Hospital Initiative (BFHI), and implementation of a maternity rights policy compatible with the Maternity Protection Convention and Recommendations of the International Labor Organization (ILO), as well as providing specialized assistance and advice on feeding infants and young children. However, these measures have not been implemented consistently at the national level, resulting in stagnant breastfeeding rates (or very small increases) and the risk that the countries of the Region will not reach the global breastfeeding target for 2025 (increasing exclusive breastfeeding in the first six months to at least 50%).

Brief summary of the Code of Marketing of Breast-milk Substitutes

The Code is a set of recommendations to regulate the marketing of breast-milk substitutes, feeding bottles, and teats; its purpose is to stop aggressive, improper marketing of breast-milk substitutes. The Code was adopted by the 34th WHA in 1981 as the minimum requirement to protect and promote an adequate diet in infants and young children. The Code protects breastfeeding from commercial advertising and other promotional tactics, it protects children who are artificially fed by ensuring that labels include adequate instructions

Table 1. Breastfeeding indicators

Breastfeeding Indicators (latest available data)				
Countries	Year	Early onset of breastfeeding: children breastfed within one hour after birth (%)	Exclusive breastfeeding before 6 months: children 0 to 5 months old fed exclusively with breast milk (%)	Duration of breastfeeding: average duration of breastfeeding in children under 36 months old (months)
Antigua and Barbuda	...	...	...	...
Argentina	2015	53.0	54.0	13.4
Bahamas	...	...	...	...
Barbados	2012	40.3	19.7	8.5
Belize	2016	68.3	33.2	17.2
Bolivia	2016	55.0	58.3	15.0
Brazil	2006	42.9	38.6	14.0
Chile	...	...	...	...
Colombia	2010	56.6	42.8	14.9
Costa Rica	2011	59.6	32.5	14.0
Cuba	2014	47.9	33.2	10.5
Dominica	...	...	...	...
Dominican Republic	2014	38.1	4.7	7.3
Ecuador	2012	54.6	43.8	15.0
El Salvador	2014	42.0	46.7	20.6
Grenada	...	...	...	...
Guatemala	2015	63.1	53.1	21.7
Guyana	2014	49.2	23.3	14.1
Haiti	2012	46.7	39.7	17.0
Honduras	2012	63.8	31.2	17.6
Jamaica	2011	64.7	23.8	12.5
Mexico	2015	51.0	30.8	10.9
Nicaragua	2006	54.0	31.7	18.4
Panama	2013	47.0	21.5	14.4
Paraguay	2016	49.5	29.6	13.4
Peru	2014	55.1	68.4	20.8
Saint Kitts and Nevis	...	...	...	...
Saint Lucia	2012	49.6	3.5	12.6
Saint Vincent and the Grenadines	...	...	...	...
Surinam	2010	44.7	2.8	8.0
Trinidad and Tobago	2006	41.2	12.8	...
Uruguay	2013	76.5	...	...
Venezuela	...	...	...	...

Source: PAHO authors - 2017 (unpublished data)

and warnings, and it ensures that parents have complete information about the benefits of breastfeeding and the risks of artificial feeding (including the intrinsic contamination of powdered infant formula). However, it does NOT prohibit the sale or availability of breast-milk substitutes or restrict freedom of choice.⁶

Several subsequent WHA resolutions have clarified and expanded on issues covered in the Code. WHA Resolution 69.9 (2016) on ending inappropriate promotion of foods for infants and young children urges Member States, manufacturers and distributors of food for infants and young children, health care professionals, and the media to establish new WHO guidance recommendations containing several points related to the Code, such as clarifying that “follow-up formula” and “growing-up milk” are covered by the Code and should not be promoted.⁷ These recommendations include the following: that messages related to food supplements should always include a declaration of the need to continue breastfeeding until a child is 2 years old or beyond and that food supplements should not be given before 6 months of age; that labels and designs of products other than breast-milk substitutes should be differentiated to avoid ‘cross-advertising’; recognition that any donation by industry to the health system represents a conflict of interest and is not permitted; and that industry should not be allowed to sponsor meetings of health professionals or scientific meetings.⁸

When mothers cannot breastfeed or when they make an informed decision not to breastfeed, they should receive guidance about how to use artificial formulas while observing hygiene standards, and how to prepare and give formula for the best health and growth outcomes for their child.

Status of implementation of the Code and subsequent relevant WHA resolutions in the Americas

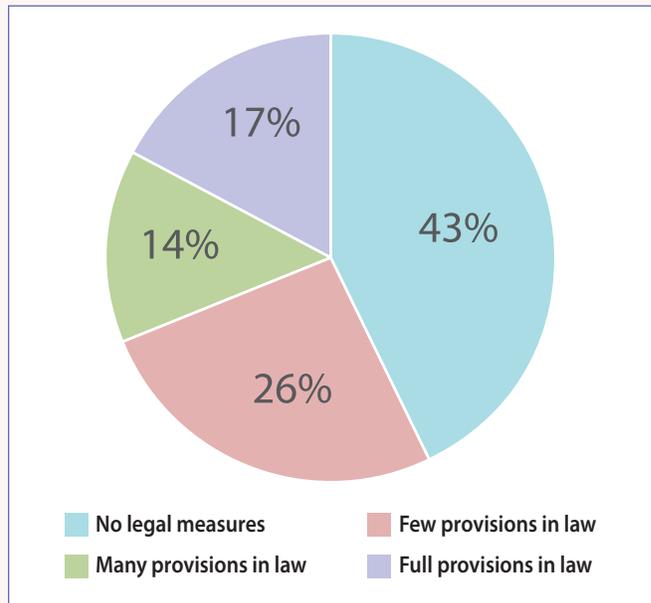
According to the latest WHO report (April 2018), 136 of 194 countries worldwide have some type of legislation that covers all, several, or some provisions of the Code.

Since the Code was adopted in 1981, very few countries have implemented strong, comprehensive measures to end the inappropriate promotion of breast-milk substitutes and food supplements for infants and young children, including advertising aimed at the general public and other forms of promotion in health facilities.⁹

In the Region of the Americas, 43% of countries (15) still do not have any legislation that includes any of the Code’s provisions; 19 countries have some legislation; 15 have specific legislation respecting the Code; and four have provisions related to the Code, but incorporated in other legislation. It should be emphasized that only six countries in the Region include all the provisions of the Code. (Figure 1)

This indicates that there is still a lot of work to be done in the Region, especially with the countries that have still not made progress on legislation with respect to the Code. It is important to underscore the importance of strengthening the regulatory capacity of the ministries of health and promoting multisectoral work aimed at ensuring that countries have strong, coherent regulations. It is also important to continue making progress in countries that already have some legislation in place, especially in terms of proper implementation of the Code and compliance monitoring.

Figure 1. Legal status of the International Code of Marketing of Breast-milk Substitutes in the Americas



Source: *Marketing of breast-milk substitutes: National Implementation of the International Code, status report 2018*. Geneva: World Health Organization; 2018.

Figure 2 shows the number of countries whose legislation contains key provisions. For example, only 12 countries in the Region include authorization to impose penalties for noncompliance with the Code; eight countries prohibit the provision of free or low-cost supplies to health workers; and only one covers dairy products up to the age of 36 months. (Figure 2)

NetCode

The Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent Relevant World Health Assembly Resolutions (NetCode) has developed tools to revitalize and strengthen the continuous monitoring and periodic evaluation of the Code and national laws, by providing protocols, guidance, and tools. To make the Code effective in the protection of breastfeeding it is of vital importance that governments monitor compliance with the Code and, if violations are detected, that they impose the penalties established in national legislation.¹⁰

One of these tools is the *Netcode Protocol for Ongoing Monitoring Systems*, which enables governments to establish a system (ideally, integrated in existing regulatory and monitoring systems) to monitor compliance with the Code on an ongoing, systematic, and sustainable basis, with a view to taking immediate action. Ongoing monitoring helps to: detect violations of national laws and/or the Code; document and report violations; investigate reported activities and determine whether they are actually violations; activate a monitoring mechanism to reduce and prevent violations; place responsibility on producers, distributors, vendors, and the health system for any violation of national laws and/or the Code.¹¹

Figure 2. Key provisions covered in countries that have some legal measure (n=19)



Fuente: *Marketing of breast-milk substitutes: national implementation of the international code, status report 2018*. Geneva: World Health Organization; 2018.

Another tool is the *Netcode Protocol for Periodic Assessment*, which is used to quantify the level of compliance with national laws and the Code at a specific point in time. It is applied every 3-5 years to identify gaps and problems that need to be corrected through regulations, legislation, planning, and investment.¹²

Baby-friendly Hospitals Initiative (BFHI)

As was mentioned above, the BFHI is another measure that helps protect, promote, and support breastfeeding through the implementation of “Ten Steps to Successful Breastfeeding” in health facilities that have maternity services. These Ten Steps have been reviewed and updated,¹³⁻¹⁴ and an operational guide for implementing the initiative has been published, with emphasis on monitoring to maintain achievements and bring down barriers.¹⁵

Key messages:

- Universal breastfeeding would save US\$ 302 billion a year globally through increased I.Q. in the population.
- Breastfeeding protects the health of mothers and children, with a lower incidence of chronic problems such as overweight/obesity and diabetes, and reduced risk of disease and death in children; in addition, studies have shown that breastfed children have a higher I.Q.
- Strong legislation is needed for proper implementation and monitoring of the Code and to ensure that parents and caregivers are protected from inappropriate and misleading information. In this regard, only six countries in the Region have legislation that covers all the provisions of the Code.

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