

## 2.9 Breastfeeding

### ***Ensure a breastfeeding-friendly environment, emphasizing workplaces, health systems and community settings, with proven effective interventions and adequate investment***

#### **What problem is your solution addressing?**

Only 42.2% of the infants under 6 months are exclusively breastfed; yet optimal breastfeeding can save 820,000 children's lives a year. Formula feeding is a maladaptive practice in the face of global environmental and population health challenges.<sup>1</sup> The carbon footprint from resourcing, producing and packaging of baby formula is massive (only in the US more than 32 million kW of energy is used every year for processing, packaging and transporting formula and 550 million cans, 86,000 tons of metal and 364,000 tons of paper are added to landfills every year).<sup>2</sup> Benefits of breastfeeding for child and mother are many but often ignored or undermined. Breastfed children are shown to have a higher IQ, educational attainment, and income later in life; it protects against metabolic syndrome and against diabetes in adulthood.<sup>3</sup> Food flavors and preferences are shaped early in life with consequences to dietary patterns, food choices, culture and social norms.<sup>4</sup> Breastfeeding empowers women as it reduces a mother's economic and medical dependence and confirms a woman's power to control her own body and unique ability to care for her infant in the best way possible; it challenges the view of breasts as merely sex objects.<sup>5</sup> Breastfeeding support warrants the right to healthy eating and supports sexual and reproduction rights. Breastfeeding women return to pre-pregnancy weight faster (reducing overweight and obesity risk and burden), breastfeeding reduces the risk for breast and ovarian cancer; reduces the risk for diabetes; and helps in birth spacing.<sup>6,7</sup> Actions to ensure a - breastfeeding-friendly environment are not prioritized and often poorly executed, yet they help reduce health inequalities.<sup>8</sup> Actions needs to be adapted to local context as countries are experiencing different breastfeeding issues. Males are often forgotten as a care giver, though they play an important part in supporting the mother both socially and emotionally.

The promotion of breast-milk substitutes and some commercial foods for infants and young children undermines progress in optimal feeding. The advertising and promotion of breast-milk substitutes—including aggressive promotional tactics such as the provision of gifts or incentives to health workers, donations of infant formula to new mothers—led to an increase in their use and a dramatic decline in breastfeeding rates.<sup>9,10</sup> Monitoring systems to ensure

---

<sup>1</sup> Smith (2019) <https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-019-0243-8>

<sup>2</sup> Linnekar A, Gupta A, Dadhich JP, Bidla N. Formula for disaster. Weighting the impact of formula feeding vs. breastfeeding on environment. IBFAN, BPNI Asia, 2014. ISBN No.: 978-81-88950-43-0

<sup>3</sup> Victora CG, Horta BL, Loret de Mola C, Quevedo L, Pinheiro RT, Gigante DP, et al. Association between breastfeeding and intelligence, educational attainment and income at 30 years of age: a prospective birth cohort study from Brazil. *Lancet Glob Health*. 2015;3(4):e199-205. doi: 10.1016/S2214-109X(15)70002-1

<sup>4</sup> Savage J, Orlet Fisher J, Birch L, Parental influence on eating behavior *J Law Med Ethics*. 2007; 35(1): 22–34.

<sup>5</sup> In 1995 the theme of World Breastfeeding Week was Breastfeeding: Empowering women.

<sup>6</sup> Chowdhury R, Sinha B, Sankar MJ, et al. Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. *Acta Paediatr. Suppl* 2015; 104: 96–113. doi: 10.1111/apa.13102

<sup>7</sup> Aune D, Norat T, Romundstad P, Vatten LJ. Breastfeeding and the maternal risk of type 2 diabetes: a systematic review and dose-response meta-analysis of cohort studies. *Nutr Metab Cardiovasc Dis*. 2014; 24(2): 107–15. doi: 10.1016/j.numecd.2013.10.028

<sup>8</sup> Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest , and what it will take to improve breastfeeding practices? *Lancet*. 2016;387(10017):491–504. doi:10.1016/S0140-6736(15)01044-2

<sup>9</sup> Brady JP. Marketing breast milk substitutes: problems and perils throughout the world. *Arch Dis Child* 2012 97 (6):529-532.

<sup>10</sup> Piwoz EG, Huffiman SL. The impact of marketing of breast-milk substitutes on WHO-recommended breastfeeding practices. *Food and Nutrition Bulletin*. 2015. 36 (4):373-386.

compliance with the International Code of Marketing of Breast-milk Substitutes<sup>11</sup> (BMS) are absent or weak, and no regulations on digital marketing currently exist. BMS are sometimes seen as better options for the infants, and cultural and social barriers still exists.

Health workers lack adequate training to counsel mothers on breastfeeding and healthy and sustainable nutrition for their babies. While almost every country in the world mandates paid maternity leave (97%), only 115 countries legally guarantee 14 weeks or more of paid leave for mothers. Women working in the informal sectors lack maternity protection. Studies show that adequate maternity leave can lead to lower infant mortality rates, health benefits for the mother, higher female labor force participation and increased breastfeeding rates.<sup>12</sup>

### How does your solution address the problem?

#### *Public health rationale:*

- Research has consistently shown an association between breastfeeding with healthy and sustainable short and long-term benefits, including reduced mortality.<sup>13,14,15,16,17</sup>
- Non-compliance with the Code has negative impact in breastfeeding practices.<sup>18,19,20</sup>
- Commercial data suggest that Code implementation affects breast-milk substitute sales.<sup>21</sup>
- Marketing of BMS impacts breastfeeding behaviours, influences social norms, and negatively impacts breastfeeding.<sup>22</sup>
- Environmentally-friendly in its production, consumption and disposal, breastfeeding is a natural and renewable resource.
- Supporting breastfeeding in the workplace has significant human and economic benefits. Breastfeeding reduces maternity-related absenteeism as it can translate in 30-70% fewer absences<sup>23</sup>.

---

<sup>11</sup> World Health Organization. International Code of Marketing of Breast-milk Substitutes. Update 2017. Geneva: WHO, 2017.

<sup>12</sup> <https://blogs.worldbank.org/health/breastfeeding-foundational-investment-human-capital>

<sup>13</sup> Miniello VL, Colasanto A, Cristofori F, Diaferio L, Ficele L, Lieggi MS, et al. Gut microbiota biomodulators, when the stork comes by the scalpel. Clin Chim Acta. 2015;451:88–96.

<sup>14</sup> Lifschitz C. Early life factors influencing the risk of obesity. Pediatr Gastroenterol Hepatol Nutr. 2015;18:217–23.

<sup>15</sup> Khan J, Vesel L, Bahl R. Timing of breastfeeding initiation and exclusivity of breastfeeding during the first month of life: effects on neonatal mortality and morbidity--a systematic review and meta-analysis. Matern Child Health J. 2015;19(3):468-479. PMID 24894730.

<sup>16</sup> Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, et al., Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet. 2016;387(10017):475-90.

<sup>17</sup> Victora CG, Horta BL, Loret de Mola C, Quevedo L, Pinheiro RT, Gigante DP, et al. Association between breastfeeding and intelligence, educational attainment and income at 30 years of age: a prospective birth cohort study from Brazil. Lancet Glob Health. 2015;3(4):e199-205.

<sup>18</sup> Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest , and what it will take to improve breastfeeding practices? Lancet. 2016;387(10017):491–504.

<sup>19</sup> Barenñños H, Empis G, Quang TD, Sengkhomyong K, Phasavath P, Harimanana A et al. Breast-Milk Substitutes: A New Old-Threat for Breastfeeding Policy in Developing Countries. A Case Study in a Traditionally High Breastfeeding Country. Wiley AS, editor. PLoS One. 2011;7(2):e30634.

<sup>20</sup> Piwoz EG, Huffman SL. The impact of marketing of Breast-milk substitutes on WHO-Recommended Breastfeeding Practices. Food Nutr Bull. 2015;36(4):373-386.

<sup>21</sup> UNICEF/WHO. Advocacy Brief: Breastfeeding and the International Code of Marketing of Breastmilk Substitutes. 2017.

<sup>22</sup> Piwoz EG, Huffman SL. The impact of marketing of Breast-milk substitutes on WHO-Recommended Breastfeeding Practices. Food Nutr Bull. 2015;36(4):373-386.

<sup>23</sup> UNICEF. Breastfeeding support in the workplace. 2020 <https://www.unicef.org/media/73206/file/Breastfeeding-room-guide.pdf>

Breastfeeding protection, support and promotion helps to safeguard planetary and human health by minimizing environmental harm. To ensure successful breastfeeding, children should be breastfed within the first hour of birth and a breastfeeding-friendly environment needs to be built around the mother. Regardless of whether a mother works in the formal or informal sector, she should be provided adequate nutrition, breastfeeding support (including from the father and other males in her life) and information to ensure her ability to breastfeed and provide nurturing care. Health workers need to be adequately trained on breastfeeding counselling;<sup>24,25</sup> compliance with the Code, monitoring and digital regulations and sanctions should be implemented. All workplaces should promote and protect breastfeeding through maternity and paternity leave and allowing breastfeeding time and space at work. In 2021, the world will celebrate the 40<sup>th</sup> anniversary of the International Code on the Marketing of Breast-Milk Substitutes, so it is high time that the marketing and labelling restrictions following the Code should be enforced. Plain packaging on BMS can be used, as it has proven to be effective for tobacco cessation and to a lesser extent to reduce the purchase of sugar-sweetened beverages.<sup>26,27</sup>

Interventions to increase breastfeeding are context specific, so countries should tailor a package of actions that best adapts to their environment and include all stakeholders: the public, companies and government each have a role to play. Actions include: 1) education and behaviour change communication to the general public to inform about breastfeeding benefits and reduce cultural barriers and establish breastfeeding as the norm; 2) monitoring and addressing sanctions to non-compliance with the Code; 3) training of health workers on breastfeeding; 4) facilitating access to healthy diets for pregnant and lactating women, 5) reviewing and enforcing maternity and paternity leave laws; 6) ensuring public places (including hospitals) as well as companies are baby-friendly; 7).

Breastfeeding can help reduce undernutrition, obesity, poverty and inequality and many NCDs later in life,<sup>28,29</sup> reduces contamination, use of plastics, water use, and reduces the risks for oral diseases and tooth decay. Exclusive breastfeeding for 6 months reduces the risk for infections<sup>30</sup>. Breastfed children have the potential to demand healthier sustainable foods later in life as they develop a greater flavour experience, may have better attainment in school and may increase their income to continue education, maintain healthy dietary patterns, impact their communities and their sustainable practices. It is estimated that

---

<sup>24</sup> World Health Organization. Guideline: counselling of women to improve breastfeeding practices. Geneva: WHO; 2018

<sup>25</sup> Bonvecchio A, Perichart O, Reyes H, Rodríguez L. Comunicación para cambios de comportamientos y promoción de estilos de vida saludables para la prevención del sobrepeso y la obesidad infantil. En: La obesidad en México. Estado de la política pública y recomendaciones para su prevención y control. Dommarco-Rivera JA, Colchero, MA, Fuentes ML, González de Cosío T, Aguilar-Salinas C, Hernández G, Barquera S. eds. Cuernavaca: Instituto Nacional de Salud Pública, 2018. ISBN: 9786075111797.

<sup>26</sup> Lilic N, Stretton M, Prakash M. How effective is the plain packaging of tobacco policy on rates of intention to quit smoking and changing attitudes to smoking. ANZ J Surg 2018;88(9):825-830.

<sup>27</sup> Bollard T, Maubach N, Walker N, Mhurchu CN. Effects of plain packaging, warning labels, and taxes on young people's predicted sugar-sweetened beverage preferences: an experimental study. Int J Behav Nutr Phys Act 2016 Sep 1;13(1):95.

<sup>28</sup> Pradeilles R, Baye K, Holdsworth M. Addressing malnutrition in low- and middle-income countries with double-duty actions. Proc Nutr Soc 2019;78(3):388-397.

<sup>29</sup> WHO. *Double-duty Actions*. Policy brief. Geneva: World Health Organization, 2017. Available at <http://www.who.int/utritio/ublication/ouble-duty-actions-nutrition-policybrie/n/>

<sup>30</sup> [Optimal duration of exclusive breastfeeding.](#)

Kramer MS, Kakuma R. Cochrane Database Syst Rev. 2012 Aug 15;2012(8):CD003517. doi: 10.1002/14651858.CD003517.pub2.

universal breastfeeding could generate economic savings of US\$300 billion<sup>31</sup> and ‘the economic benefits for countries of promoting breastfeeding are likely to be substantial.’<sup>32</sup>

WHO and UNICEF recommend that children are exclusively breastfed for the first 6 months of life. From the age of 6 months infants should begin eating safe and adequate complementary foods while continuing to breastfeed for up to two years or more.<sup>33</sup>

### **Is this a new solution or an existing solution that needs scaling?**

Existing solution in need of scaling

### **Which organization/s, institution/s or group of individuals are associated with the solution?**

World Health Organization: <https://www.who.int/publications/i/item/9241562218>,  
<https://www.who.int/nutrition/publications/infantfeeding/9241541601/en/>  
<https://www.who.int/nutrition/bfhi/en/>  
<https://apps.who.int/iris/bitstream/handle/10665/277444/9789243513188-spa.pdf?ua=1>

UNICEF: <https://www.globalbreastfeedingcollective.org/about-collective>  
<https://www.k4health.org/toolkits/breastfeeding-advocacy-toolkit>

Instituto Nacional de Salud Pública, Mexico, Mexico’s Ministry of health

United Nations: PAHO, FAO, UNESCO; IBFAN

Faith-based organizations

Alive and Thrive Initiative

### **If selected as a game-changing solution, how will you leverage the UN Food Systems Summit to scale your solution?**

Breastfeeding is the most sustainable, equitable, human-rights based, healthy, and safe first food system: it could be central in the Food Systems Summit and used as a great example of a sustainable and healthy food system. Ensuring commitment of member states, international and national organizations and private sector to implement, strengthen, scale up, monitor and evaluate the proposed package of actions to realize a friendly-breastfeeding environment everywhere. Show case exemplary countries with strong enforcement of marketing and workplace regulations and high coverage of counselling in MCH services, rising breastfeeding trends; and companies who have made a commitment to adhering to the Code of marketing. Publicly identifying companies that are not following the Code and highlighting private partnerships with media companies willing to co-sponsor breastfeeding media campaigns to make breastfeeding the natural and “cool” thing to do. Present the cost of “not breastfeeding” analysis on health impacts, country success stories, AT evaluations in a scientific forum. The UN Food Summit represents a great opportunity to share among countries their communication campaigns, results and lessons learned.

---

<sup>31</sup> Hansen K. Breastfeeding: A smart investment in people and in economies. *The Lancet*, 2016, 387(10017):416. ([http://dx.doi.org/10.1016/S0140-6736\(16\)00012-X](http://dx.doi.org/10.1016/S0140-6736(16)00012-X)).

<sup>32</sup> Rollins NC et al. Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 2016, 387(10017):491–504. ([http://dx.doi.org/10.1016/S0140-6736\(15\)01044-2](http://dx.doi.org/10.1016/S0140-6736(15)01044-2)).

<sup>33</sup> World Health Organization. Global Strategy for infant and young child feeding. Geneva: WHO; 2003.

Facilitating networks between countries to exchange ideas on communication campaigns on sustainable and healthy eating with a life cycle focus.

**Is this idea applicable to a particular geography, demography, landscape or other type of setting (e.g. high- or low-income countries, aquaculture)? If so, please specify.**

It is applicable for all types of settings.

**Who are the main actors that would put this action into place?**

Policymakers (government), Private sector, UN agencies, Public Health Authorities

#### **Source and process**

- Anabelle Bonvecchio Arenas; Rocío Alvarado-Casas; Florence L. Théodore; Ana Lilia Lozada; Mishel Unar, Instituto Nacional de Salud Pública México, through public survey
- Tina G. Sanghvi, Alive and Thrive Initiative, WS2 member
- Delhi Trejo, UNICEF Mexico, through public survey