

10 facts on breastfeeding



WHO recommends

WHO recommends exclusive breastfeeding for the first six months of life. At six months, solid foods, such as mashed fruits and vegetables, should be introduced to complement breastfeeding for up to two years or more. In addition:

- breastfeeding should begin within one hour of birth
- breastfeeding should be "on demand", as often as the child wants day and night; and
- bottles or pacifiers should be avoided.



Health benefits for infants

Breast milk is the ideal food for newborns and infants. It gives infants all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate nutrition.



Benefits for mothers

Breastfeeding also benefits mothers. Exclusive breastfeeding is associated with a natural (though not fail-safe) method of birth control (98% protection in the first six months after birth). It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.



Long-term benefits for children

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adolescents and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to have type-2 diabetes and perform better in intelligence tests.



Why not infant formula?

Infant formula does not contain the antibodies found in breast milk. When infant formula is not properly prepared, there are risks arising from the use of unsafe water and unsterilized equipment or the potential presence of bacteria in powdered formula. Malnutrition can result from over-diluting formula to "stretch" supplies. While frequent feeding maintains breast milk supply, if formula is used but becomes unavailable, a return to breastfeeding may not be an option due to diminished breast milk production.



HIV and breastfeeding

An HIV-infected mother can pass the infection to her infant during pregnancy, delivery and through breastfeeding. Antiretroviral (ARV) drugs given to either the mother or HIV-exposed infant reduces the risk of transmission. Together, breastfeeding and ARVs have the potential to significantly improve infants' chances of surviving while remaining HIV uninfected. WHO recommends that when HIV-infected mothers breastfeed, they should receive ARVs and follow WHO guidance for infant feeding.



Regulating breast-milk substitutes

An international code to regulate the marketing of breast-milk substitutes was adopted in 1981. It calls for:

- all formula labels and information to state the benefits of breastfeeding and the health risks of substitutes;
- no promotion of breast-milk substitutes;
- no free samples of substitutes to be given to pregnant women, mothers or their families; and
- no distribution of free or subsidized substitutes to health workers or facilities.



Support for mothers is essential

Breastfeeding has to be learned and many women encounter difficulties at the beginning. Nipple pain, and fear that there is not enough milk to sustain the baby are common. Health facilities that support breastfeeding—by making trained breastfeeding counsellors available to new mothers—encourage higher rates of the practice. To provide this support and improve care for mothers and newborns, there are "baby-friendly" facilities in about 152 countries thanks to the WHO-UNICEF Baby-friendly Hospital initiative.



Work and breastfeeding

Many mothers who return to work abandon breastfeeding partially or completely because they do not have sufficient time, or a place to breastfeed, express and store their milk. Mothers need a safe, clean and private place in or near their workplace to continue breastfeeding. Enabling conditions at work, such as paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks, can help.



The next step: phasing in solid foods

To meet the growing needs of babies at six months of age, mashed solid foods should be introduced as a complement to continued breastfeeding. Foods for the baby can be specially prepared or modified from family meals. WHO notes that:

- breastfeeding should not be decreased when starting on solids;
- food should be given with a spoon or cup, not in a bottle;
- food should be clean, safe and locally available; and
 - ample time is needed for young children to learn to eat solid foods.