

A POST-2015 WORLD FIT FOR CHILDREN

ISSUE BRIEF: Breastfeeding



Why Breastfeeding is a Critical Component of the Post-2015 Development Agenda

Breastfeeding is a cornerstone of child survival, nutrition and early childhood development. Breastfeeding not only provides children with the best start in life, it also benefits maternal health, protects against non-communicable diseases and contributes to environmental sustainability. Yet the world has made slow progress in raising the global breastfeeding rate since 1990. Improvements in breastfeeding rates are critical to the attainment of the Sustainable Development Goals and require urgent action.

Breastfeeding protects against childhood illness, death and non-communicable disease

Breastfeeding prevents malnutrition and gives children the best start in life whether the child is born in a high-income or low-income country, and to a rich family or a poor one. Suboptimum breastfeeding results in more than 800,000 child deaths annually.¹ Breastfeeding in the first hour of life reduces the risk of dying in the first month by almost 20 per cent.^{2,3} Breastfeeding also improves long-term health, decreasing the risk of non-communicable diseases, including asthma, obesity, diabetes and heart disease.^{4,5,6}

Breastfeeding is essential for early childhood development

It supports healthy brain development which is especially vital in the first years of life considering that neurons form new connections at the astounding rate of 700-1000 per second, a pace that is not repeated again.⁷ Breastfeeding supports long term education benefits as well, including increased I.Q. scores and better school performance.^{8,9}

Breastfeeding protects maternal health

Breastfeeding improves birth spacing and reduces the risk of postpartum hemorrhage.¹⁰ Women who breastfeed have a decreased risk of breast and ovarian cancers^{11,12} and some cardiovascular diseases.¹³

Breastfeeding contributes to environmental sustainability

Breastfeeding is a natural and renewable food that involves no packaging, transportation or fuel to prepare and therefore contributes to environmental sustainability.^{14,15}

Breastfeeding reduces inequities

Breastfeeding interventions can reach populations with limited access to health systems and infrastructure, thus mitigating inequities in access to health services.¹⁶

The majority of infants are not optimally breastfed

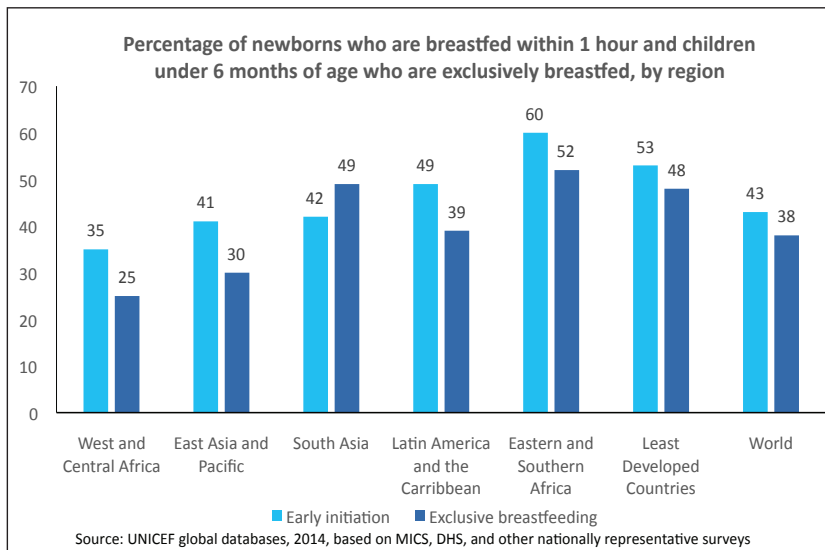
Despite the importance of breastfeeding, only 43% of the world's newborns are put to the breast within one hour of birth. And **globally, less than 40 per cent of children under six months of age are exclusively breastfed**—that is, fed only breastmilk with no additional foods or liquids, including water. Rapid progress is possible however, and as shown in Figure 2, some countries have dramatically raised breastfeeding rates, even in the poorest communities. Mothers and families should be empowered, enabled and supported to optimally breastfeed their children.

Recommended targets

The World Health Assembly target for breastfeeding* is:

- Increase the rate of exclusive breastfeeding in the first 6 months to at least 50% by 2025. For 2030, a further aspirational and ambitious breastfeeding target should be set.

Figure 1: Early initiation and exclusive breastfeeding: much more can be done



Percentage of infants under the age of six months who are exclusively breastfed at two points in time in selected countries

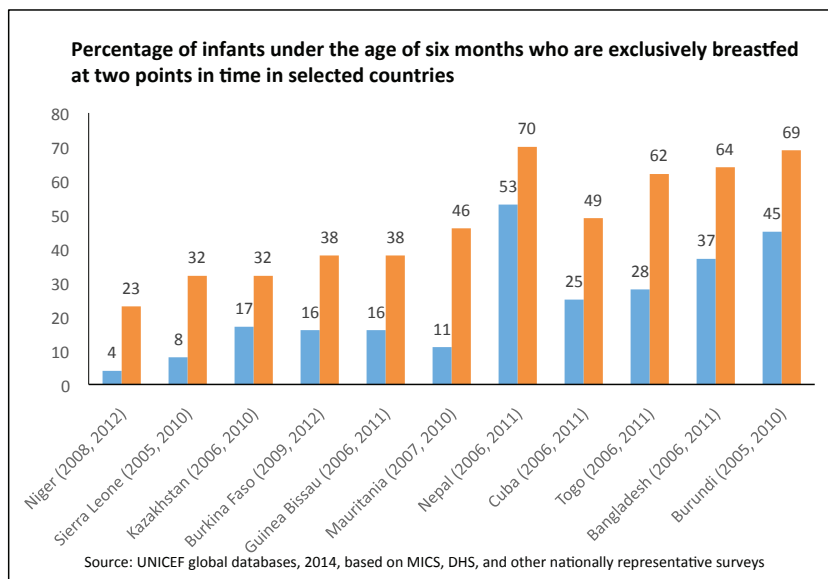


Figure 2: Examples of countries making rapid and significant progress in exclusive breastfeeding rates during five consecutive years

For more information on Post-2015

Please see UNICEF's webpage on Children and the Post-2015 Development Agenda: <http://www.unicef.org/post2015/>

* There are six World Health Assembly targets for maternal, infant and child nutrition which are, by 2025: 1) 40% reduction in the number of children under 5 who are stunted; 2) 50% reduction of anemia in woman of reproductive age; 3) 40% reduction in low birth weight; 4) No increase in child overweight; 5) Increase the rate of exclusive breastfeeding in the first six months up to at least 50%; and 6) Reduce and maintain child wasting to less than 5%.

¹ Black et al., 'Maternal and Child Undernutrition and Overweight in LICs and MICs.' *Lancet*, 2013.

² Edmond et al., 'Delayed Breastfeeding...Increases Risk of Neonatal Mortality.' *Pediatrics*, 2006.

³ Debes et al., '... Initiation of Breastfeeding and Neonatal Mortality and Morbidity.' *BMC Public Health*, 2013.

⁴ Grummer-Strawn, L., & Mei, Z., 'Does Breastfeeding Protect Against Pediatric Overweight...?' *Pediatrics*, 2004.

⁵ Jones et al., 'Pre-natal and Early Life Risk Factors for Childhood Onset Diabetes ...' *Int J Epidemiol*, 1998.

⁶ Janet et al., 'Breastfeeding during Infancy and...Cardiovascular Disease in Adulthood,' *Epidemiology*, 2004.

⁷ Knudsen, E.J. (2004). Sensitive periods in the development of the brain and behavior. *Journal of Cognitive Neuroscience*, 16, 1412-1425.

⁸ Eidelman et al., 'Positive Effect of Human Milk on...Development of Premature Infants, 2004.

⁹ Heikkilä et al., 'Breastfeeding and Educational Achievement at Age 5.' *Maternal and Child Nutrition*, 2014.

¹⁰ Sobhy S.I., et al. Egypt Public Health Association, 2004.

¹¹ Whittemore et al. 'Collaborative Ovarian Cancer Group...' *American Journal of Epidemiology*, 1992.

¹² Collaborative Group on Hormonal Factors in Breast Cancer, *Lancet*, 2002.

¹³ Labbok, 'Effects of Breastfeeding on the Mother.' *Pediatric Clinic North America*, 2001.

¹⁴ La Leche League International, 'The Womanly Art of Breastfeeding,' 1995.

¹⁵ World Alliance for Breastfeeding Action/International Baby Food Action Network, WABA/IBFAN, 2012.

¹⁶ Roberts et al. 'Can Breastfeeding promote child equity?' *BMC Medicine*, 2013.