

# Breastmilk

THE BEST INFANT FOOD



Advocacy brief

# Key Facts

- Breastmilk is the normal and best infant food, containing all essential nutrients, antibodies, and other factors important for healthy growth and development. Breastmilk substitutes cannot replicate the unique superiority of breastmilk

- Breastmilk is safe and affordable. It requires no preparation or equipment, is available even in environments with poor sanitation and unsafe drinking water, and at the right temperature

- Breastfeeding benefits to mothers include: reduced risk of post-partum haemorrhage, breast cancer, and ovarian cancer, and better ability to space pregnancies<sup>1</sup>

- Exclusively breastfed children are less susceptible to diarrhoea and pneumonia – they are 14 times more likely to survive those illnesses than non-breastfed children<sup>1</sup>

## Breastmilk Composition\*

### Free water proteins

### Fats

including essential fatty acids and long-chain polyunsaturated fatty acids

### Carbohydrates

principally lactose

### Minerals

### Vitamins

### Trace elements

\* Black, R. et al., 'Maternal and child undernutrition and overweight in low-income and middle-income countries', The Lancet, vol.382, no. 9890, 3 August 2013, pp.427-451.

- Breastfeeding is a low-tech, high-impact investment: one of the most cost-effective solutions for saving babies' lives globally

- Breastfeeding also supports healthy brain development, higher educational achievement, and lowers the risk of obesity and other chronic diseases<sup>2</sup>

Breastfeeding is a central part of the 2030 Agenda for Sustainable Development and is linked to many of the Sustainable Development Goals (SDGs)<sup>3</sup>.

Contributing  
to the SDGs



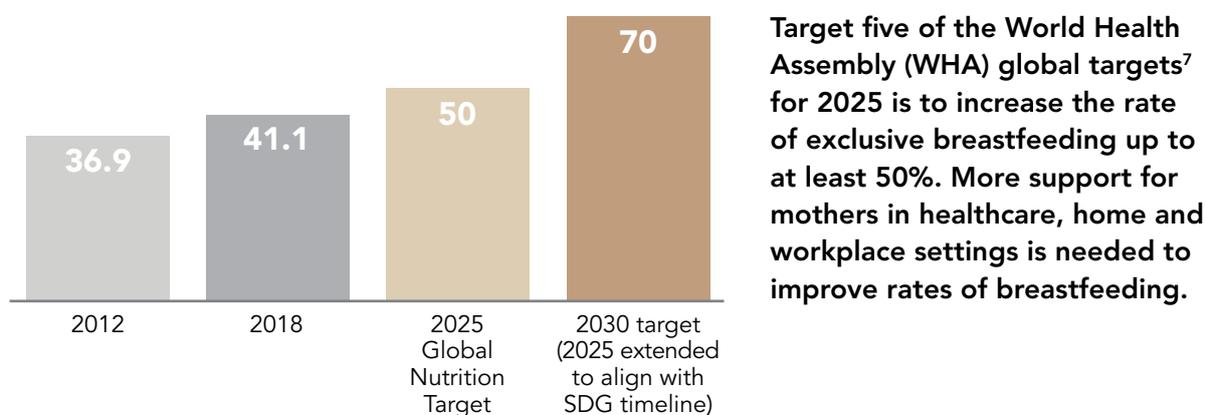
# Introduction

## Breastfeeding around the world

Experts estimate that in low- and middle-income countries, optimal breastfeeding<sup>4</sup> has the potential to prevent more than 800,000 deaths in children under age 5 and 20,000 deaths in women every year<sup>5</sup>.

Despite this, breastfeeding remains underexploited globally (Figure 2). While the progress seen is positive, there is still a long way to go to achieve global nutrition targets.

**Figure 2: Global rates and targets for exclusive breastfeeding of children under 6 months of age (%)<sup>6</sup>**



**“ The aggressive marketing of breast-milk substitutes, especially through health professionals that parents trust for nutrition and health advice, is a major barrier to improving newborn and child health worldwide. Health care systems must act to boost parent’s confidence in breastfeeding without industry influence so that children don’t miss out on its lifesaving benefits.”**

Dr Francesco Branca, Director, Department of Nutrition and Food Safety, World Health Organization (WHO)<sup>8</sup>. Member of GAIN’s Partnership Council

## The International Code of Marketing of Breastmilk Substitutes<sup>9</sup>

This Code bans all forms of promotion of breast-milk substitutes, it includes all sorts of advertising, gifts and distribution of free samples. According to the code, labels cannot make nutritional and health claims or portray misleading images that idealise infant formula. On the contrary, the messaging needs express the superiority of breastfeeding over formula and clearly state the risks of not breastfeeding.

The aggressive marketing of breastmilk substitutes in violation of the International Code of Marketing of Breast-Milk Substitutes needs to be driven to stop – by private companies, appropriate public regulation and enforcement.



# GAIN case studies

## 1. Boosting rates of exclusive breastfeeding in Indonesia

In 2013, GAIN, together with partners, initiated the first phase of the Baduta programme in Indonesia's East Java Province. Baduta combined behaviour change interventions with other strategies to strengthen health systems and improve water, sanitation, and hygiene practices. One of the most original elements of Baduta was the use of emotional demonstrations – emo-demos – at health centres; interactive, emotive and surprising games designed for pregnant and lactating women.

Figure 4: One of the emo-demo games developed under Baduta

Preparation
Instruction



### CREATING A BOND

RUMPI SEHAT DEMO 10

<b>GAME OBJECTIVES</b>	Mothers learn that breastfeeding provides pleasant time for a mother and her child to bond.
<b>TARGET PARTICIPANTS</b>	Pregnant women and mothers of children under two years old.
<b>DURATION</b>	15 Minutes
<b>KEY MESSAGES</b>	Breastfeeding provides pleasant time for a mother and her child to bond.

TOOLS



Got It Wrong/  
Get It Right Card



2 Empty Bottles

could be replaced by any object as a connecting medium, such as cups, pen, straw, etc.

GREETINGS

Rumpi Sehat Greetings! Let's first do our Rumpi Sehat cheer to energize ourselves! Let's begin!

Come! Come! Come Join Rumpi Sehat!  
Pregnant Women: let's [do] ATIKA! Exclusive breast milk is a must!  
Children's meals must be balanced! Snacks must be healthy!  
Got it Wrong? Get it Right!

STEPS

- 1 Prepare the tools and ask the mothers' condition and feelings today.  
Example:  
"How are you feeling today? Today, we will play a game about the bond between a mother and her child."
- 2 Game mechanics.
  - a. Ask the participants to pair up. Give the connecting medium item to each pair.
  - b. Ask one woman of each pair to introduce herself (where she lives, the number and age of her children, how far along she is in her pregnancy) by shaking their hands but using the item as a medium.
- 3 Discuss the game.  
After every pair finishes, continue with a discussion together about the differences experienced by the mothers when they introduced themselves. Then connect it to how their babies feel if they experience the same thing.  
Example:  
"Do you feel comfortable shaking hands with a connecting item? Why? What did you feel when you shake hands directly?"  
"This is the same to your babies. In your opinion, how do your babies feel if they are given milk from a bottle? Why? What about babies who breastfeed directly from you? How do you think they feel? Why?"
- 4 Game Conclusion.  
Use the Got It Wrong/Get It Right Card.  
Example:  
"Therefore, in your opinion, which one is the best for our baby? Breastfeeding or feeding them with a bottle? If you got it wrong, then get it right!"




CONCLUSION

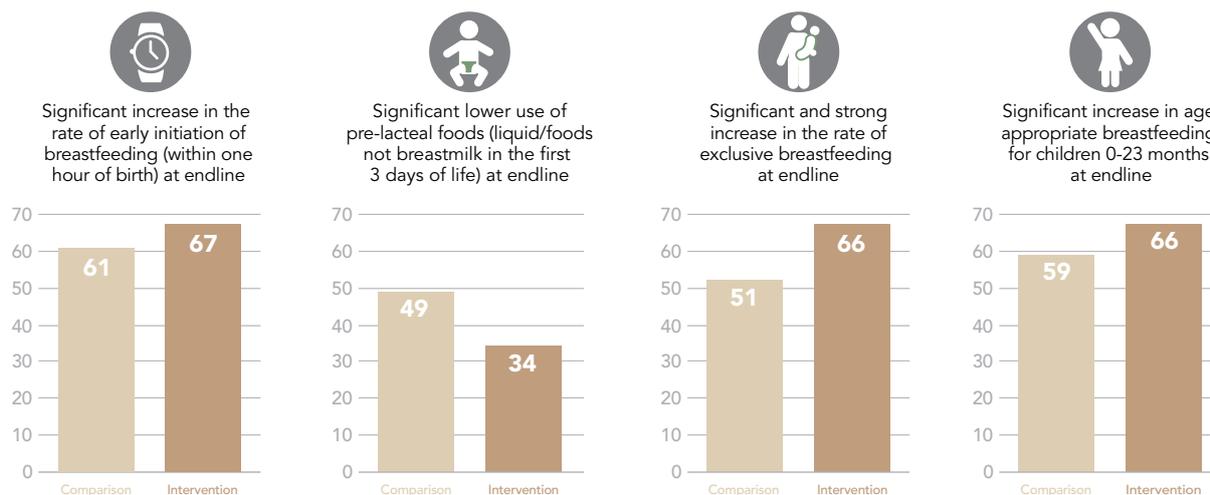
Breastfeeding will create and strengthen emotional bond between a mother and her baby because there is eye contact and physical touch, which is important for the baby's development.

⚠️ ALL questions about nutrition MUST be referred to a Community Health Volunteer (Cadres), Midwife, or trained Health Workers.




In just two years, Baduta led to an increase in early initiation of breastfeeding, a decrease in use of pre-lacteal foods, a strong increase in the rate of exclusive breastfeeding of infants less than 6 months old, as well as an increase in age – appropriate breastfeeding for under-twos (Figure 4).

**Figure 5: Some significant improvements driven by GAIN's Baduta programme**



Mother's knowledge also improved markedly, with:

- **84%** of mothers in the intervention group correctly identifying six months as the recommended duration of exclusive breastfeeding, compared to **69%** of mothers in the comparison group; and
- **80%** of mothers in the intervention group reporting two years as the recommended duration of breastfeeding, compared to **68%** in the comparison group.



Considerable scope exists for replication and expansion of innovative behaviour change techniques, like those used in Baduta, across Indonesia and beyond.

## 2. Better breastfeeding support for mothers in the workforce

Enabling pro-breastfeeding interventions and policies for working women is a positive step towards supporting their role as both mothers and workers. The SUN Business Network (SBN), co-chaired by GAIN and World Food Programme (WFP) introduced a new principle of engagement for all its global members in mid-2018: "Businesses should support workforce nutrition commitments (including breastfeeding support)". The principle was adopted in order to strengthen private sector engagement around workforce nutrition by leveraging the global reach of its 23 members who have a combined workforce of more than 1.1 million worldwide.

In September 2019, SBN collected examples of workforce nutrition programmes from its global members<sup>11</sup>, including 7 examples of actions to support breastfeeding among its members.

GAIN's Workforce Nutrition programme has supported garment factories in Bangladesh to support breastfeeding mothers, and recently developed an evidence brief on breastfeeding support at work<sup>12</sup>.





**“ Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large.”**

World Health Organization (WHO)<sup>13</sup>

## Recommendations

Throughout this brief, we have seen the importance of breastfeeding and the colossal effects its absence can have on young children’s lives. Optimal breastfeeding is so crucial that it could save over 820,000 children under the age of 5, each year<sup>14</sup>. In line with the guidelines and recommendations of the WHO and Unicef, here are some key areas to work on:

Mothers and caregivers should be supported and enabled to follow WHO’s recommendation to continue breastfeeding alongside appropriate complementary foods from age six months to two years and beyond. Moreover, colostrum, the yellowish breastmilk produced at the end of pregnancy is highly recommended by the WHO as the perfect food for newborns, and feeding should be initiated within the first hour after birth.

Mothers and caregivers should be supported and enabled to follow WHO’s recommendation to ensure exclusive breastfeeding up to 6 months of age.

The private sector should provide safe, nutritious, affordable and desirable complementary foods aligned with the Codex Alimentarius.

Since breastfeeding alone cannot meet all the baby’s nutritional needs after six months of age, national regulations should support the promotion of complementary foods which meet the criteria described in international guidelines (PAHO, 2003)

# References

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