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.

Exclusively breastfed children are less susceptible to diarrhoea and pneumonia – they are 14 times more likely to survive those illnesses than non-breastfed children.

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.

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

Key Facts

Breastmilk Composition*

- Free water proteins
- Fats
  - including essential fatty acids and long-chain polyunsaturated fatty acids
- Carbohydrates
  - principally lactose
- Minerals
- Vitamins
- Trace elements

Introduction

Breastfeeding around the world

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

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 (%)

Target five of the World Health Assembly (WHA) global targets for 2025 is to increase the rate of exclusive breastfeeding up to at least 50%. More support for mothers in healthcare, home and workplace settings is needed to improve rates of breastfeeding.

“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). Member of GAIN’s Partnership Council

The International Code of Marketing of Breastmilk Substitutes

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.
Breastfeeding in GAIN countries

GAIN works at different points in the food system to encourage better rates of breastfeeding. Moreover, our work on complementary food is sensitive to the need to avoid displacing breast-milk in young child diets. GAIN refrains from working with any company or business that lead harmful marketing of breast-milk substitutes, in breach of the International Code of Marketing of Breast-Milk Substitutes.

Exclusive breastfeeding in most GAIN countries has been trending up, although progress has been faster in some places than others. Kenya shows the fastest improvements, rapidly turning around a falling trend from 1989 to 2003, to rise an astonishing 49 percentage points from 2003 to 2014. Mozambique is also showing a similar acceleration. However, Indonesia seems to be a particular case where we saw high rates of breastfeeding in the late 1980s but fell considerably before increasing again.

Figure 3: Trends in rates of exclusive breastfeeding in GAIN countries

![Graph showing trends in breastfeeding](image)
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

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).
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 members11, 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 work12.
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 year¹⁴. In line with the guidelines and recommendations of the WHO and Unicef, here are some key areas to work on:

**Recommendations**

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.

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

2. www.unicef.org/nutrition/index_breastfeeding.html
4. Starting within one hour of birth, exclusive breastfeeding (no additional foods or liquids, including water) for the first 6 months of life, and continued breastfeeding until age 2 or longer.
7. In 2012, the World Health Assembly endorsed a plan on maternal, infant and young child nutrition, specifying six global nutrition targets to be met by 2025
10. Source: Data from DHS Statcompiler. Note: where surveys span >1 calendar year, last year shown
13. www.who.int/topics/breastfeeding/en/

Contact
Global Alliance for Improved Nutrition (GAIN)
Rue de Varembé
1202 Geneva
Switzerland
T: +41 22 749 18 50
E: info@gainhealth.org
www.gainhealth.org