

## LANCET BREASTFEEDING SERIES

### *Key Messages*

**Though mothers have been breastfeeding for centuries, we have only recently begun to fully understand its vital role in health and development. In every country of the world, breastfeeding has a multitude of benefits for women and children.**

- Every child, no matter their location or circumstance, benefits from optimal breastfeeding.
  - Exclusively breastfed infants show only 7 percent of the risk of deaths than those who were not breastfed.
  - Nearly half of all diarrhea episodes and one-third of all respiratory infections would be prevented with breastfeeding.
  - In high-income countries, breastfeeding lowers deaths due to intestinal illness (necrotizing enterocolitis) in pre-term babies and sudden infant death syndrome.
  - Breastfeeding reduces the risk of non-communicable diseases, and there is growing evidence that breastfeeding decreases the prevalence of overweight and/or obesity.
  - Beyond the health benefits, breastfeeding boosts cognitive development, improves academic performance, and increases IQ scores.
  - More than 800,000 (823,000) child deaths could be saved each year if we scale up breastfeeding.
- Any breastfeeding to 6 months of age is associated with a 2.6 point increase in IQ; greater benefits are achieved with longer duration of breastfeeding, which translates into greater income in life.
- Breastfeeding also has significant health benefits for women, particularly in reducing breast and ovarian cancer risk.
  - Each year a mother breastfeeds, her risk of developing invasive breast cancer decreases by 4.3 percent.
  - More than 20,000 cancer deaths for women could be prevented with breastfeeding each year.
  - Breastfeeding reduces the risks of ovarian cancer by up to 30 percent.
  - Breastfeeding's benefits to mothers and children also translate into substantial economic savings for countries when calculating the long term cost due to cognitive loss, which impacts the workforce's earning potential and contribution to productivity. Globally, losses associated with not breastfeeding amount to \$302 billion annually due to loss of cognition (0.49 percent of global Gross National Income, or GNI). [Not related to health treatment cost]
  - Low- and middle-income countries lose more than \$70 billion annually (0.39 percent of GNI).
  - High-income countries lose more than \$230 billion annually (0.53 percent of GNI).

**Despite this growing body of evidence, women in the 21<sup>st</sup> century – in rich and poor countries alike – do not have the support they need to breastfeed and face daily barriers in doing so.**

- Limited or nonexistent maternity leave prevents many women from breastfeeding.
  - Short maternity leave (6 weeks) increases fourfold the odds of not breastfeeding or stopping early.
  - Only half (53 percent) of countries meet the International Labor Organization's 14 week minimum for maternity leave, and only 23 percent meet or exceed the recommended 18 weeks.
- Family and community also have a strong influence on women's breastfeeding decisions, as does personnel in healthcare facilities; gaps in knowledge and skills to support breastfeeding are reported at all levels of the healthcare system and family and community practices and experiences can reduce incidence and duration.
- Marketing by the large and growing breastmilk substitute industry also undermines breastfeeding.
  - In 2014, global BMS sales were \$44.8 billion; by 2019, sales are expected to reach \$70.6 billion.

- The Middle East and Africa and Asia are the regions where growth is expected to be the highest – reaching 7 and 11 percent, respectively.

**Global rates of breastfeeding have not substantially increased in the past two decades, and most countries – rich and poor alike – are off track to meet global targets.**

- Globally, more than 80 percent of newborns are breastfed, yet only about half benefit from early initiation and exclusive breastfeeding.
- Low levels of breastfeeding are an issue for both rich and poor countries.
  - Breastfeeding is one of the few health and nutrition indicators for which poor countries are closer to international recommendations than rich ones.
  - In low- and middle-income countries, less than 40 percent of children under 6 months are exclusively breastfed; only two-thirds of children between 6 months and two years receive any breast milk.
  - An estimated fewer than one in five children in high-income countries are breastfed for the first 12 months.
  - Except for early initiation, breastfeeding at all levels decreases with national wealth.
- We know very little about trends in high-income countries because of limited data – reflecting a lack of priority on the issue.
  - Less than 50 percent of high-income countries report data on breastfeeding rates.

**Mothers are 2.5 times more likely to breastfeed in countries where breastfeeding is protected, promoted, and supported through a combination of policies and programs.**

- There is no single silver bullet when it comes to increasing breastfeeding rates. A package of interventions, policies and programs – aimed to support mothers at health facilities, at home, and at work – is shown to have the greatest impact. We must:
  - **Disseminate the evidence** so the value of breastfeeding as powerful intervention for health and development, benefitting both children and women is fully realized.
  - **Foster positive societal attitudes towards breastfeeding** and reinforce a breastfeeding culture.
  - **Demonstrate political will for** breastfeeding promotion, which saves lives and money.
  - **Regulate the BMS industry** utilizing the International Code; greater political commitment and enforcement is needed.
  - **Scale up and monitor breastfeeding interventions** and trends in breastfeeding practices.
  - **Enact policy interventions** to ensure that maternity protection and workplace interventions are implemented and that all maternity health services comply with the Code and are breastfeeding friendly.

**Commitment and active investments to protect, promote and support breastfeeding will bring global targets within reach and drive progress toward other health and development goals.**

- To reach the global target of increasing exclusive breastfeeding rates to at least 50 percent by 2025, annual increases in current rates of exclusive breastfeeding must double—from 0.5 to 1 percentage point per year—in low- and middle-income countries.
- Through its role in improving nutrition, child health, maternal health and education, breastfeeding will be a fundamental driver in achieving the Sustainable Development Goals by 2030.
- Low and middle-income countries are at a cross roads. Proactive steps to invest in breastfeeding now could avoid the declining trends observed in high-income societies over the last decade.