

10 facts on breastfeeding

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Breastfeeding is one of the most effective ways to ensure child health and survival. A lack of exclusive breastfeeding during the first six months of life contributes to over a million avoidable child deaths each year.

Globally less than 40% of infants under six months of age are exclusively breastfed. Adequate breastfeeding support for mothers and families could save many young lives.

WHO actively promotes breastfeeding as the best source of nourishment for infants and young children. This fact file explores the many benefits of the practice, and how robust help for mothers can increase breastfeeding worldwide.

[Read more about breastfeeding](#)

WHO recommends

WHO strongly recommends exclusive breastfeeding for the first six months of life. At six months, other foods should complement breastfeeding for up to two years or more. In addition:

- breastfeeding should begin within an 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 sustenance.

Benefits for mothers

Breastfeeding also benefits mothers. The practice when done exclusively often induces a lack of menstruation, which is a natural (though not fail-safe) method of birth control. 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. Adults who were breastfed as babies often have lower blood pressure and lower cholesterol, as well as lower rates of overweight, obesity and type-2 diabetes. There is evidence that people who were breastfed perform better in intelligence tests.

Why not infant formula?

Infant formula does not contain the antibodies found in breast milk and is linked to some risks, such as water-borne diseases that arise from mixing powdered formula with unsafe water (many families lack access to clean water). Malnutrition can result from over-diluting formula to "stretch" supplies. Further, frequent feedings maintain the 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

For HIV-positive mothers, WHO recommends exclusive breastfeeding for the first six months unless replacement feeding is:

- acceptable (socially welcome)
- feasible (facilities and help are available to prepare formula)
- affordable (formula can be purchased for six months)
- sustainable (feeding can be sustained for six months)
- safe (formula is prepared with safe water and in hygienic conditions).

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 now more than 20 000 "baby-friendly" facilities in 152 countries thanks to a WHO-UNICEF initiative.

Work and breastfeeding

WHO recommends that a new mother should have at least 16 weeks of absence from work after delivery, to be able to rest and breastfeed her child. Many mothers who go back to work abandon exclusive breastfeeding before the recommended six months because they do not have sufficient time, or an adequate place to breastfeed or express and store their milk at work. Mothers need access to a safe, clean and private place in or near their workplaces to continue the practice.

The next step: phasing in new foods

To meet the growing needs of babies at six months of age, complementary foods should be introduced as they continue to breastfeed. Foods for the baby can be specially prepared or modified from family meals. WHO notes that:

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

Webarchive link <http://www.who.int/features/factfiles/breastfeeding/en/index.html>