

BREASTFEEDING

A Mother's Gift, for Every Child

Acknowledgements

This report was prepared by UNICEF's Nutrition Section, Programme Division, Data and Analytics Section, Division of Data, Research and Policy, and Division of Communication.

Report team: Maaïke Arts, Vrinda Mehra, Guy Taylor
Data and analysis: Vrinda Mehra, Julia Krasevec, Chika Hayashi
Policy analysis: France Bégin, Víctor M. Aguayo
Fact checking: Xinyi Ge, Yasmine Hage
Graphic design: Nona Reuter, QUO Global
Advocacy and communications: Kurtis Cooper, Shushan Mebrahtu, Sabrina Sidhu, Guy Taylor, Irum Taqi

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Please contact:

Nutrition Section, Programme Division, UNICEF
3 United Nations Plaza, New York, NY 10017, USA
nutrition@unicef.org

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Breastfeeding: A Mother's Gift, for Every Child

The importance of breastfeeding

Breastfeeding, initiated within the first hour of birth, provided exclusively for six months, and continued up to two years or beyond with the provision of safe and appropriate complementary foods, is one of the most powerful practices for promoting child survival and wellbeing. Improving breastfeeding rates around the world could save the lives of more than 820,000 children under age 5 every year, the majority (87 per cent) under 6 months of age.¹

In addition to improving child survival and protecting against life-threatening and chronic illnesses, breastfeeding promotes healthy growth and boosts early child development. Breastfeeding supports healthy brain development, and is associated with higher performance in intelligence tests among children and adolescents across all income levels.²

But breastfeeding is not just good for babies, it is good for mothers as well. Indeed, breastfeeding has been shown to protect against post-partum haemorrhage, postpartum depression, ovarian and breast cancer, heart disease and type 2 diabetes.³ It is estimated that improving breastfeeding rates could prevent an additional 20,000 maternal deaths from breast cancer.⁴

In short, breastfeeding is among the most effective ways to protect maternal and child health and promote healthy growth and optimal development in early childhood. Empowering and enabling women to breastfeed should be at the heart of countries' efforts to keep every child alive and to build healthy, smart and productive societies.

UNICEF and WHO recommend:

- Initiation of breastfeeding within the first hour of life.
- Exclusive breastfeeding, without any additional food or fluids, not even water, for the first six months.
- Thereafter children should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.
- Breastfeeding on demand – that is as often as the child wants, day and night.

The global picture

Analysis of data from 123 countries (see Annex) shows that around the world most babies are breastfed at some point in their lives, with 95 per cent of babies ever receiving breastmilk.

However, this rate varies widely between low- and middle-income, and high-income countries. In low- and middle-income countries, just 4 per cent, or 1 in 25 babies, are never breastfed. In high-income countries, 21 per cent of babies, or more than 1 in 5, never receive breastmilk.

In high-income countries, more than 1 in 5 babies are never breastfed



In low- and middle-income countries, almost all babies are breastfed



Figure 1
Share of babies that are breastfed in high-, low- and middle-income countries.

Among high-income countries, there are wide variations in the proportions of babies who are breastfed. In some countries, such as Oman, Sweden and Uruguay, almost all babies are breastfed but in others, rates are far lower: In the USA, 74 per cent of babies ever receive breastmilk; in Ireland, just 55 per cent are breastfed.

Such variations are not observed in low- and middle-income countries: Even in countries with the lowest breastfeeding rates nearly 9 in 10 babies are breastfed (see Figure 2). Differences in breastfeeding rates are not only seen between countries with different income levels but also between rich and poor groups *within* countries. Evidence suggests that in high-income countries, it is mothers from poorer households who are less likely to breastfeed. This is in contrast to low- and middle-income countries, where the small percentage of mothers who do not breastfeed come, for the most part, from wealthier households.^{5,6,7}

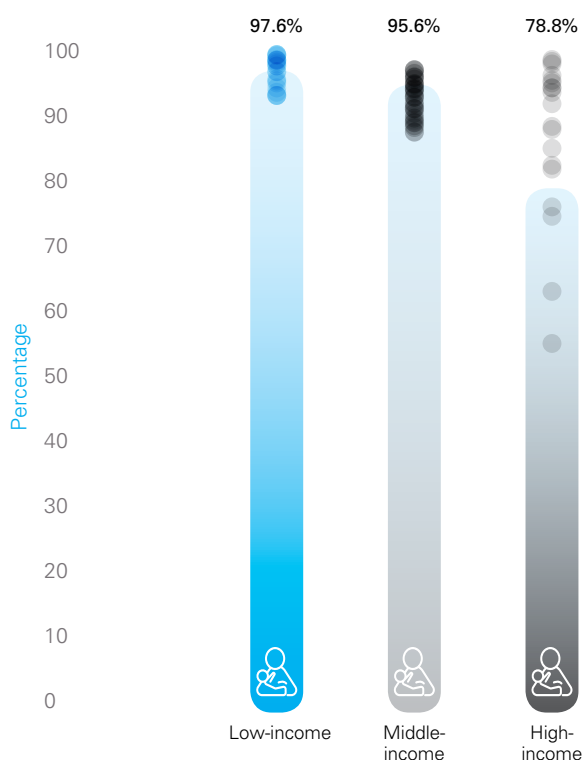


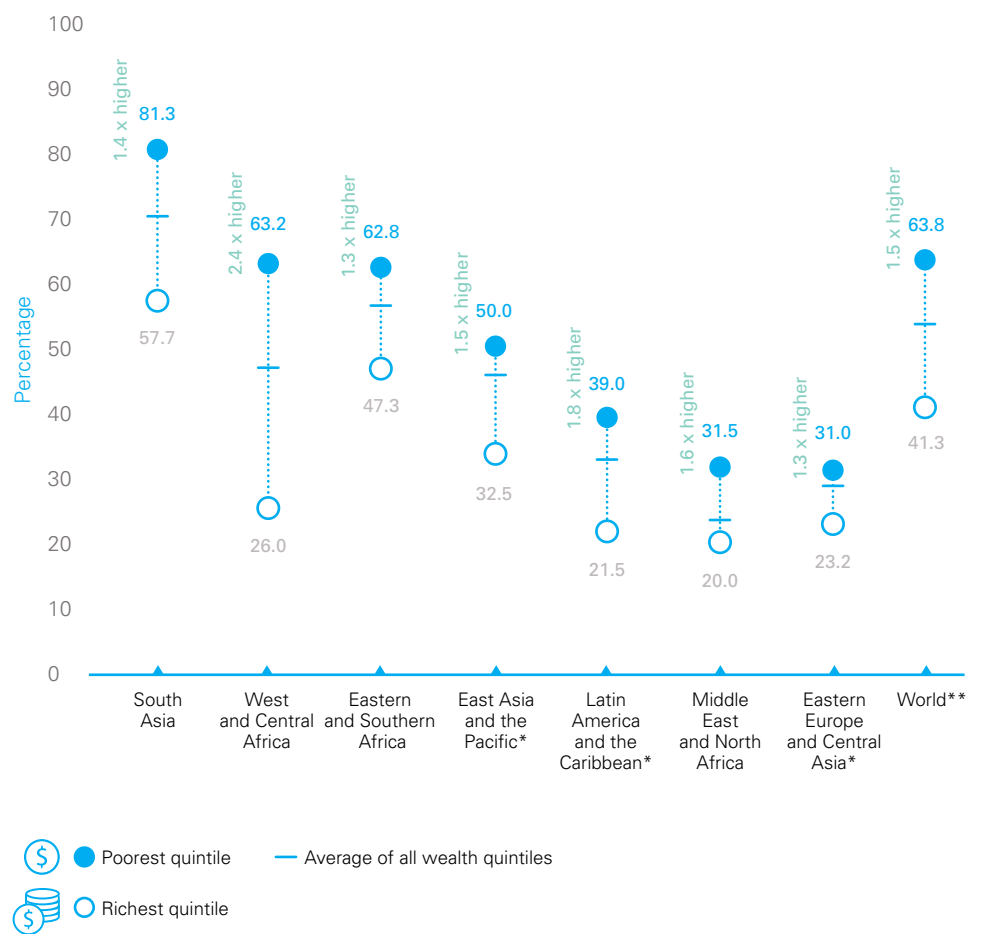
Figure 2
Percentage of newborns ever breastfed, by country income group, 2017.

Note: Each coloured circle represents a country within the income group. The figure presented at the top of each column is a population-weighted average. This means that rates of breastfeeding are affected more by the performance of countries with the largest number of births within that column.

While the proportion of babies receiving at least some breastmilk is high across all low- and middle-income countries, the length of time for which a mother continues to breastfeed her child varies substantially by the wealth status of the household. Among the poorest families, almost two thirds (64 per cent) of babies are still breastfed at age 2, as recommended by UNICEF and WHO, compared to only 41 per cent among the richest families (see Figure 3).

This gap is widest in the West and Central Africa region, where 63 per cent of babies in the poorest families still receive breastmilk at 2 years, compared to only 26 per cent in the richest. The gap between rich and poor groups is smallest in Eastern Europe and Central Asia, where both the wealthiest and poorest families have low rates of breastfeeding at 2 years: 23 and 31 per cent respectively.

Figure 3
Percentage of children in low- and middle-income countries who are breastfed at 2 years, by wealth quintile and region, 2017.



* East Asia and the Pacific excluding China, Latin America and the Caribbean excluding Brazil, Eastern Europe and Central Asia Russian Federation.
** World excluding China, Brazil and Russian Federation.

Note: Analysis is based on a subset of 73 countries with recent (2010–2017) disaggregated data for continued breastfeeding at 2 years. Regional estimates are presented only where adequate population coverage is met (see page 9 for details).

Source: UNICEF Global Databases: Infant and Young Child Feeding, 2018.

Underlying causes

Many factors contribute to creating a positive environment for breastfeeding. At the national level, policies guaranteeing parental leave and the right to breastfeed in the workplace are critical, as are restrictions on the marketing of breastmilk substitutes. Within health facilities, mothers need information and support to breastfeed immediately after birth, and beyond. Positive social norms that support and encourage breastfeeding, including in public spaces, serve to empower mothers to breastfeed. In communities, support from trained counsellors and peers, including other mothers and family members plays a key role. The support of men, husbands and partners cannot be underestimated.

Interventions are most effective when they are implemented in combination, rather than piecemeal or in isolation. Indeed, studies have found that combined implementation of pro-breastfeeding interventions within health systems and the community have the potential to increase exclusive breastfeeding rates by 2.5 times.⁸

In countries like India and Viet Nam,^{9,10} governments have been successful in protecting breastfeeding through implementation of supportive policies guaranteeing six months' paid maternity leave, and have put in place strong legislation regulating the marketing of breastmilk substitutes, bottles and teats.¹¹

In countries such as Sri Lanka and Turkmenistan, the promotion of baby-friendly hospitals, which comply with the Ten Steps to Successful Breastfeeding (see page 5), has been instrumental in increasing rates of breastfeeding. Almost 90 per cent of women in Turkmenistan, and almost all mothers in Sri Lanka give birth in hospitals certified as baby-friendly,¹² and both of the countries have nearly universal rates of breastfeeding.¹³

The Global Breastfeeding Collective, a UNICEF- and WHO-led partnership of 20 international agencies, has established a Breastfeeding Scorecard to present an overview of progress on seven key policy actions and breastfeeding practices for each country in the world. This Scorecard is available at <https://www.unicef.org/breastfeeding/>

Ten Steps to Successful Breastfeeding

WHO and UNICEF launched the Baby-friendly Hospital Initiative (BFHI) to help motivate facilities providing maternity and newborn services worldwide to implement the Ten Steps to Successful Breastfeeding. The guidance, which was recently updated, describes practical steps countries should take to protect, promote and support breastfeeding in facilities providing maternity and newborn services. The implementation guidance can be found at <http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/>

| Critical management procedures |
|---|
| 1a. Comply fully with the <i>International Code of Marketing of Breast-milk Substitutes</i> and relevant World Health Assembly resolutions. |
| 1b. Have a written infant feeding policy that is routinely communicated to staff and parents. |
| 1c. Establish ongoing monitoring and data-management systems. |
| 2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding. |
| Key clinical practices |
| 3. Discuss the importance and management of breastfeeding with pregnant women and their families. |
| 4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth. |
| 5. Support mothers to initiate and maintain breastfeeding and manage common difficulties. |
| 6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated. |
| 7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day. |
| 8. Support mothers to recognize and respond to their infants' cues for feeding. |
| 9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers. |
| 10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care. |

Recommendations

When women are informed, empowered and supported to breastfeed, the benefits extend to their children, to themselves and to society as a whole. The fact that breastfeeding rates remain low in many contexts, with substantial gaps between income groups, suggests that countries are not providing women with sufficient information and support. This is an area that requires urgent attention.

While country contexts vary, there are a number of actions that governments, the private sector, civil society and communities can take that have been shown to achieve positive impact across contexts.

Governments and health authorities can support by taking the following steps. These steps are based on the seven policy asks developed by the Global Breastfeeding Collective:

- Increasing funding and awareness to raise breastfeeding rates from birth through two years.
- Enacting paid family leave and workplace breastfeeding policies, including paid breastfeeding breaks.
- Enacting legal measures to regulate the marketing of infant formula and other breastmilk substitutes, bottles and teats, in line with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
- Developing, implementing and enforcing policies to ensure that mothers receive skilled breastfeeding counselling when they attend health facilities.
- Implementing the Ten Steps to Successful Breastfeeding developed by UNICEF and WHO in all maternity facilities, and providing breastmilk for sick newborns.
- Strengthening links between health facilities and communities, to ensure continued support for breastfeeding.
- Improving monitoring systems to track improvements in policies and programmes, and in breastfeeding practices.

The private sector can support by:

- Supporting and empowering mothers to breastfeed after birth and within the workplace through supportive parental and maternal leave policies, supportive workplace policies and provision of sufficient time and appropriate spaces for breastfeeding or expressing and storing breastmilk.
- Adhering to the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.

Civil society and communities can support by:

- Leading and supporting efforts to raise awareness around the benefits of early and exclusive breastfeeding and generate demand among women, families and communities.
- Promoting the role of partners in supporting women to breastfeed by providing emotional support, taking on additional household and childcare tasks, sensitizing peers, and advocating for women's right to breastfeed in public places.
- Establishing and maintaining community networks that protect, promote and support breastfeeding.

The Every Child ALIVE Campaign

UNICEF's global Every Child ALIVE campaign is an urgent appeal to governments, businesses, health-care providers, communities and individuals to fulfil the promise of universal health coverage (UHC) and keep every child alive. The campaign, which aims to build consensus for the principle that every mother and every baby deserves affordable, quality care, including support for breastfeeding, supports UNICEF and partners as we work together to realize the promise of Place, People, Products and Power in ten focus countries: Bangladesh, Ethiopia, Guinea-Bissau, India, Indonesia, Malawi, Mali, Nigeria, Pakistan and the United Republic of Tanzania. Together, these countries account for more than half of the world's newborn deaths.

You can learn more about the campaign and how you can help by visiting

www.unicef.org/every-child-alive





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Notes on Data

Percentage of children that are breastfed at 2 years

Disaggregated data is available for 78 per cent of the global population (excluding China and Russian Federation). Regional estimates are presented only where adequate population coverage is met. The standard used for minimum population coverage is 50 per cent. The share of population in each region for which data were available is presented in the table below.

| UNICEF region | Population coverage (%) |
|----------------------------------|-------------------------|
| Eastern and Southern Africa | 86 |
| West and Central Africa | 98 |
| Middle East and North Africa | 63 |
| South Asia | 99 |
| East Asia and Pacific* | 78 |
| Latin America and Caribbean* | 65 |
| Eastern Europe and Central Asia* | 70 |

* To meet adequate population coverage, East Asia and the Pacific does not include China, Latin America and the Caribbean does not include Brazil, and Eastern Europe and Central Asia does not include Russian Federation.



Annex

Ever-breastfed rates for high-income countriesⁱ

| World Bank income grouping | Countries and territories | Ever breastfed (%) |
|----------------------------|---------------------------|--------------------|
| High income | Australia | 92.0 |
| High income | Barbados | 93.2* |
| High income | Canada | 89.0 |
| High income | Chile | 95.0 |
| High income | Finland | 92.0 |
| High income | France | 63.0 |
| High income | Germany | 82.0 |
| High income | Ireland | 55.0 |
| High income | Italy | 86.0 |
| High income | Norway | 95.0 |
| High income | Oman | 98.0* |
| High income | Qatar | 94.6* |
| High income | Republic of Korea | 88.0 |
| High income | Singapore | 96.0 |
| High income | Spain | 77.0 |
| High income | Sweden | 98.0 |
| High income | United Kingdom | 81.0 |
| High income | United States | 74.4* |
| High income | Uruguay | 98.7* |

ⁱ Data for high-income countries are from Victora et al., (2016),¹ unless noted by an asterisk*, in which case they are from UNICEF Global databases, 2018.¹³ Only estimates from 2010 or more recent are presented.

Ever-breastfed rates for low- and middle-income countriesⁱⁱ

| World Bank income grouping | Countries and territories | Ever breastfed (%) | World Bank income grouping | Countries and territories | Ever breastfed (%) |
|----------------------------|----------------------------------|--------------------|----------------------------|----------------------------------|--------------------|
| Low income | Afghanistan | 97.8 | Middle income | Djibouti | 91.1 |
| Middle income | Algeria | 89.5 | Middle income | Dominican Republic | 91.2 |
| Middle income | Angola | 94.9 | Middle income | Egypt | 95.7 |
| Middle income | Argentina | 95.8 | Middle income | El Salvador | 96.1 |
| Middle income | Armenia | 96.5 | Low income | Eritrea | 97.9 |
| Middle income | Bangladesh | 96.5 | Low income | Ethiopia | 96.8 |
| Middle income | Belarus | 92.5 | Middle income | Gabon | 89.6 |
| Middle income | Belize | 92.7 | Low income | Gambia | 98.7 |
| Low income | Benin | 97.2 | Middle income | Ghana | 98.4 |
| Middle income | Bhutan | 99.3 | Middle income | Guatemala | 97.2 |
| Middle income | Bolivia (Plurinational State of) | 98.2 | Low income | Guinea | 98.1 |
| Middle income | Bosnia and Herzegovina | 95.3 | Low income | Guinea-Bissau | 98.0 |
| Low income | Burkina Faso | 93.8 | Middle income | Guyana | 89.0 |
| Low income | Burundi | 98.7 | Low income | Haiti | 96.8 |
| Middle income | Cambodia | 96.2 | Middle income | Honduras | 96.3 |
| Middle income | Cameroon | 95.8 | Middle income | India | 95.5 |
| Low income | Central African Republic | 94.8 | Middle income | Indonesia | 95.8 |
| Low income | Chad | 98.1 | Middle income | Iran (Islamic Republic of) | 97.4 |
| Middle income | China | 96.1 | Middle income | Iraq | 92.2 |
| Middle income | Colombia | 96.9 | Middle income | Jamaica | 95.4 |
| Low income | Comoros | 93.0 | Middle income | Jordan | 93.1 |
| Middle income | Congo | 96.5 | Middle income | Kazakhstan | 97.1 |
| Middle income | Costa Rica | 97.0 | Middle income | Kenya | 98.7 |
| Middle income | Côte d'Ivoire | 96.5 | Middle income | Kyrgyzstan | 97.6 |
| Middle income | Cuba | 96.2 | Middle income | Lao People's Democratic Republic | 95.6 |
| Low income | Democratic Republic of the Congo | 98.2 | Middle income | Lesotho | 95.4 |
| | | | Low income | Liberia | 98.0 |

ⁱⁱ Data for low- and middle-income countries are from UNICEF Global databases, 2018;¹³ the most recent estimate between 2010 and 2017 is presented for each country, with the exception of China where the estimate is from 2008.

| World Bank income grouping | Countries and territories | Ever breastfed (%) |
|----------------------------|---------------------------|--------------------|
| Low income | Madagascar | 99.0 |
| Low income | Malawi | 97.7 |
| Low income | Mali | 95.7 |
| Middle income | Mauritania | 96.3 |
| Middle income | Mexico | 94.9 |
| Middle income | Mongolia | 98.3 |
| Middle income | Montenegro | 88.3 |
| Middle income | Morocco | 96.6 |
| Low income | Mozambique | 97.3 |
| Middle income | Myanmar | 98.1 |
| Middle income | Namibia | 95.7 |
| Low income | Nepal | 99.1 |
| Middle income | Nicaragua | 92.3 |
| Low income | Niger | 98.8 |
| Middle income | Nigeria | 95.0 |
| Middle income | Pakistan | 94.4 |
| Middle income | Panama | 96.4 |
| Middle income | Paraguay | 96.6 |
| Middle income | Peru | 98.7 |
| Middle income | Philippines | 93.7 |
| Middle income | Republic of Moldova | 96.7 |
| Middle income | Russian Federation | 92.0 |
| Low income | Rwanda | 98.8 |
| Middle income | Saint Lucia | 95.5 |
| Middle income | Sao Tome and Principe | 97.4 |
| Low income | Senegal | 98.5 |

| World Bank income grouping | Countries and territories | Ever breastfed (%) |
|----------------------------|---|--------------------|
| Middle income | Serbia | 90.4 |
| Low income | Sierra Leone | 97.0 |
| Middle income | Solomon Islands | 97.9 |
| Low income | South Sudan | 92.7 |
| Middle income | Sri Lanka | 99.4 |
| Middle income | State of Palestine | 96.6 |
| Middle income | Sudan | 95.6 |
| Middle income | Suriname | 90.4 |
| Middle income | Swaziland | 92.1 |
| Middle income | Tajikistan | 98.2 |
| Middle income | Thailand | 97.4 |
| Middle income | The former Yugoslav Republic of Macedonia | 93.9 |
| Low income | Togo | 98.0 |
| Middle income | Tonga | 91.4 |
| Middle income | Tunisia | 96.6 |
| Middle income | Turkey | 97.7 |
| Middle income | Turkmenistan | 98.5 |
| Low income | Uganda | 98.2 |
| Middle income | Ukraine | 95.4 |
| Low income | United Republic of Tanzania | 98.3 |
| Middle income | Vanuatu | 94.9 |
| Middle income | Viet Nam | 96.9 |
| Middle income | Yemen | 96.7 |
| Middle income | Zambia | 95.5 |
| Low income | Zimbabwe | 98.1 |

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Nutrition Section, Programme Division, UNICEF
3 United Nations Plaza, New York, NY 10017, USA
nutrition@unicef.org

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