

## ESSOP POSITION STATEMENT

Prepared by Professor Gülbin Gökçay.  
Endorsed by ESSOP Executive Committee.  
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### Breastfeeding

#### Introduction

*If a new vaccine became available that could prevent one million or more child deaths a year, and that was moreover cheap, safe, administered orally, and required no cold chain, it would become an immediate public health imperative. Breastfeeding can do all of this and more, but it requires its own “warm chain” of support<sup>1</sup>*

Poor infant feeding practices are a major contributor to child mortality and morbidity. Healthy eating especially during early infancy can be crucial in preventing many diseases that occur later in adult life. Taking action to improve infant and young child nutrition requires leadership, advocacy, competent health staff and good team work. Health staff working in infant feeding should be able to identify problems, negotiate the solutions and implement programmes of training and support for mothers and communities. They should be equipped with the necessary skills and knowledge to implement and advocate the Global Strategy on Infant and Young Child Feeding launched by WHO and UNICEF in 2002.<sup>2</sup>

#### Breastfeeding and child health-extent and effects

Worldwide, the established recommendations for infant feeding are exclusive breastfeeding for six months followed by complementary feeding and continued breastfeeding long two years or more. Few European countries meet targets for exclusive breastfeeding. Even in countries where breastfeeding is common exclusive breastfeeding for six months is rare. Most young babies are given other foods and fluids as well as breastmilk. Even this mixed feeding doubles the risk of diarrhoea or pneumonia regardless of the developmental level of the country.<sup>3 4 5 6</sup> Mixed feeding also increases the risk of HIV transmission from infected mothers to their babies.<sup>7</sup> The randomised trial of breastfeeding promotion from Belarus showed that an increase of exclusive breastfeeding rate from 6% to 43 % at age 3 months led to significant reduction in gastrointestinal infections and atopic eczema.<sup>8</sup> In a review about the effects of breastfeeding on short- and long-term infant and maternal health outcomes in developed countries it was concluded that a history of breastfeeding

was associated with a reduced risk of many diseases in infants and mothers from these countries.<sup>9</sup> In a study carried out by Akobeng and Heller to assess the population impact of breastfeeding on the rates of three chronic diseases (asthma, obesity and coeliac disease), it was shown that the population burden of low breastfeeding rates in the UK is high with regards to those three diseases.<sup>10</sup> A study carried out by Cattaneo et al. showed that lack of breastfeeding was significantly associated with higher use and costs of health care facilities in Italy.<sup>11</sup>

In addition to child health, low rates and early cessation of breastfeeding have important health and social impacts for women, the community and the environment. This leads to greater expenditure on national health care and to an increase in inequalities.<sup>12</sup> An analysis of the long term benefits of breastfeeding showed that adults who were breastfed as children may be healthier than adults who were not.<sup>13 14</sup>

Breastfeeding is a right of every child. The Convention on the Rights of the Child (CRC) adopted by the United Nations General Assembly in 1989 and ratified so far by all countries except the United States of America and Somalia, in its Article 24 *"States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures ... To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents"*.<sup>15</sup>

Interventions to improve breastfeeding practice have the greatest potential to save and improve lives.<sup>16</sup> Evidence based training on infant feeding should be the first step towards making infant feeding a priority and enabling families to give their children the best start in life. Several studies showed that current undergraduate training and pre-service training does not give health professionals sufficient knowledge and skill to effectively support, protect and promote breastfeeding.<sup>17 18</sup>

National health care systems play the key role for promotion, protection and support of breastfeeding. The WHO/UNICEF Baby-Friendly Hospital Initiative (BFHI) is established in many countries and in process in many others. Studies have shown that this initiative had important impacts on successful breastfeeding.<sup>19 20</sup> The "Ten Steps to Successful Breastfeeding" are the foundation of BFHI. They outline the maternity practices necessary to support breastfeeding.

Although the BFHI is implemented in many European countries, only a few countries have achieved widespread participation.

The International Code of Marketing of Breastmilk Substitutes developed by WHO<sup>21</sup> and all subsequent, relevant World Health Assembly Resolutions, provides detailed guidelines on formula marketing to ensure that it does not hamper breastfeeding patterns according to the recommendations of WHO in the community. The Code applies to: artificial milks (formula) for babies, other products used to feed babies, especially when they are marketed for use in a feeding bottle or to babies under six months of age. Manufacturers and distributors should comply with the Code's provisions even if countries have not adopted laws or other measures.

The 1991 European Union (EU) Directive on *Infant Formula and Follow-on Formula*, which drives marketing legislation within the EU and influences legislation in other countries, was recently up for review and had been replaced by new directives<sup>22, 23</sup>. Member states have to incorporate it into laws by the end of 2007. Although the new directives still fall short of the International Code of Marketing of Breast-Milk Substitutes, this is a critically important opportunity to demand that European infants and their families have the full protection of the International Code. A considerable volume of these products is sold world wide by European Community-based manufacturers. It is very important that marketing practices in these countries should not discourage mothers from breastfeeding. The application of the International Code provides an excellent way to achieve this in these countries. The Community cannot legislate for these countries; whereas it is nevertheless necessary to encourage compliance with the International Code of Marketing of Breast-milk Substitutes when these products are placed on sale in export markets.

There must be some restrictions for the claims on infant formula labels. Claims such as *Omega 3 LCPs for development. Nucleotides help growth and the immune system. Beta-carotene helps the immune system, Prebiotics supporting baby's natural defences, Closer than ever to breast milk* should not be on the infant formula labels. According to a government survey in the UK, 34% of mothers incorrectly believe that formula is the same, or almost the same, as breastmilk (ref: Myths stop mothers giving their babies the best start in life: The survey was undertaken by NOP World, 15 - 25 April 2004 among 1048 women aged 16+, using telephone methodology. Weighting was applied to the data to bring it in line with national profiles.).<sup>24</sup>

The right of working mothers to maintain breastfeeding has been the subject of much discussion and legislative efforts. Advocacy for breastfeeding in the workplace is needed when employers are not supportive. The ILO Maternity Protection Convention Revised no: 183<sup>25</sup> should be taken into account for these activities.

## **Policy implications for child health professionals-towards promoting, protecting and supporting breastfeeding**

- **Advocacy for breastfeeding at individual, local, national and international level:** The Blueprint for Action, prepared by the breastfeeding experts representing all countries in the EU and the relevant groups in the community can be used as a model plan for breastfeeding practices in Europe.<sup>26</sup> The International Code of Marketing of Breast-Milk Substitutes developed by the WHO should be implemented at local, national and international level. Whenever the code is violated, professionals should seek to publicise this and make constructive recommendations for the implementation of the Code. There are two important NGOs (IBFAN-International Baby Food Action Network-[www.ibfan.org](http://www.ibfan.org) and WABA-World Alliance for Breastfeeding Action-[www.waba.org](http://www.waba.org) ) working worldwide on the application of the Code.. Information on their activities can be reached through their websites. An example of one of the controversial questions encountered concerns the situation when a child who is being breastfed is involved in the process of marital separation. Separate visits by the father should be evaluated in light of the health and welfare of the child and the highest priority should be given to the maintenance of breastfeeding, even after the age of one year..<sup>27</sup> Evidence from the review of the randomised controlled trials, with or without blinding, carried out mainly in the USA showed that breastfeeding education for women is effective at increasing breastfeeding initiation rates among women on low incomes.<sup>28</sup> Another review was carried out to evaluate the effectiveness of support for breastfeeding mothers.<sup>29</sup> The authors of the review concluded that additional professional support was effective in prolonging any breastfeeding but its effect was less clear on exclusive breastfeeding and additional lay support was effective in prolonging exclusive breastfeeding but its effect was less clear on any breastfeeding. Therefore it was suggested that further studies in different settings were required to evaluate the impact of both lay and professional support and training for supporters
- **Education and training:** Promotion, protection and support of breastfeeding activities should be an integral part of undergraduate curricula of all health professionals. Postgraduate training for all child health professionals should include breastfeeding counselling. Training on practical skills to actually support a breastfeeding mother should be a priority. Classical Paediatric Textbooks do not encompass up-to-date, evidence-based information on child nutrition, especially on breastfeeding. A good starting point can be the

WHO breastfeeding counselling course training material. This material also needs updating.

- **Health care delivery:** Child health professionals should monitor the implementation of “Ten Steps for Successful Breastfeeding” in the hospitals which already received the baby-friendly certificate. Maintenance of these activities is very important. Baby friendly communities should be developed to implement the steps of BFHI. Re-certification of hospitals that have already received the Baby Friendly Hospital Initiative certificate is essential if achieved standards are to be maintained.
- **Information and research:** All of the above depend on reliable population level breastfeeding status data classified by various socio-economic and demographic factors. Consistent use of standardised breastfeeding categories and appropriate qualitative research methods are needed for the international and national comparison and monitoring of the breastfeeding activities.

#### **Action points for paediatric organizations:**

ESSOP recommends that paediatric organizations:

- Openly state their advocacy function in relation to promoting, protecting and supporting breastfeeding
- Identify a named person or group responsible for advocacy
- Advocate for policies that promote community acceptance of breastfeeding and a positive attitude towards breastfeeding
- Publish advocacy outcomes annually
- Ensure that paediatricians receive training in breastfeeding advocacy skills
- State the competencies required to work for protecting, promoting and supporting breastfeeding activities and include them in the curriculum and examinations
- Develop educational strategies to achieve the above
- Monitor the effectiveness of in-service training
- Develop a policy for participation by parents in planning breastfeeding counselling services.
- Issue the recommendations and practice guidelines based on national policies.

- Monitor both public and private sectors for the implementation of national policies and legislation, including maternity protection laws, relating to breastfeeding.
- Ensure that training materials and courses are not influenced by manufacturers and distributors of products under the scope of the International Code.
- Develop and implement a code of conduct for sponsorship of meetings, research and other activities that excludes companies manufacturing breast milk substitutes.
- Encourage electronic networking amongst breastfeeding specialists in order to increase knowledge and skills.

### Useful materials

- Promotion of breastfeeding in Europe. Protection, promotion and support of breastfeeding in Europe: review of interventions May 2004 It can be downloaded from:  
[http://europa.eu.int/comm/health/ph\\_projects/2002/promotion/promotion\\_2002\\_18\\_en.htm](http://europa.eu.int/comm/health/ph_projects/2002/promotion/promotion_2002_18_en.htm)
- World Health Organization. Evidence for the Ten Steps to Successful Breastfeeding. Geneva 1998.

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<sup>2</sup> World Health Organization. Global Strategy for Infant and Young Child Feeding. World Health Organization, Geneva, 2003.  
[http://www.who.int/child-adolescent-health/New\\_Publications/NUTRITION/gs\\_icycf.pdf](http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/gs_icycf.pdf)

<sup>3</sup> Chen A, Rgan WJ. Breastfeeding and the Risk of Postneonatal Death in the United States. Pediatrics 2004;113:e435-e439.

<sup>4</sup> Brown KH, Black RE, Lopez de Romana G et al. Infant feeding practices and their relationship with diarrheal and other diseases in Huascar (Lima), Peru. Pediatrics 1989;83:31-40.

<sup>5</sup> Lopez-Alarcon M, Villalpando S, Fajardo A. Breastfeeding lowers the frequency and duration of acute respiratory infections and diarrhea in infants under six months of age. J Nutr 1997;12:436-443.

<sup>6</sup> Chantry CJ, Howard CR, Auinger P. Full breastfeeding duration and associated decrease in respiratory tract infection in US children. Pediatrics. 2006 Feb;117(2):425-32.

<sup>7</sup> Coovadia HM et al. Exclusively breast-fed infants of HIV-infected mothers were less likely to be infected at 6 months than were similar infants who consumed solids or nonhuman milk. Lancet 2007 Mar 31; 369:1107-16

<sup>8</sup> Kramer MS, Chalmers B, Hodnett ED, Sevkovskaya Z, Dzikovich I, Shapiro S, Collet JP, Vanilovich I, Mezen I, Ducruet T, Shishko G, Zubovich V, Mknuk D, Gluchanina E, Dombrovskiy V, Ustinovitch A, Kot T, Bogdanovich N, Ovchinnikova L, Helsing E; PROBIT Study Group (Promotion of Breastfeeding Intervention Trial). Promotion of Breastfeeding Intervention Trial (PROBIT): a randomized trial in the Republic of Belarus. JAMA. 2001;285(4):413-20.

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<sup>10</sup> Akobeng AK, Heller RF. Assessing the population impact of low rates of breastfeeding on asthma, coeliac disease and obesity: the use of a new statistical method. Arch Dis Child 2007;92:483-485.

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- <sup>22</sup> [http://eur-lex.europa.eu/LexUriServ/site/en/oj/2006/l\\_339/l\\_33920061206en00160035.pdf](http://eur-lex.europa.eu/LexUriServ/site/en/oj/2006/l_339/l_33920061206en00160035.pdf)
- <sup>23</sup> <http://www.babyfeedinglawgroup.org.uk/pdfs/eudirective06.pdf>
- <sup>24</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Pressreleases/DH\\_4081944](http://www.dh.gov.uk/en/Publicationsandstatistics/Pressreleases/DH_4081944) visited on 21 July 2007
- <sup>25</sup> <http://www.ilo.org/dyn/gender/docs/RES/397/F118853906/Conv%20183%20E.pdf>
- <sup>26</sup> EU Project on Promotion of Breastfeeding in Europe. Protection, promotion and support of breastfeeding in Europe: a blueprint for action. European Commission, Directorate Public Health and Risk Assessment, Luxembourg, 2004. It can be downloaded from: [http://europa.eu.int/comm/health/ph\\_projects/2002/promotion/promotion\\_2002\\_18\\_en.htm](http://europa.eu.int/comm/health/ph_projects/2002/promotion/promotion_2002_18_en.htm)
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