



The Global Strategy for Infant and Young Child Feeding



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The Global Strategy for Infant and Young Child Feeding, unanimously adopted at the 55th World Health Assembly in 2002, is an international guideline which aims to improve infant and young child health by increasing both the exclusive and duration rates of breastfeeding. Although it may seem bizarre that the promotion and protection of breastfeeding - an act so normal and so vital - needs yet another global thrust to become the world's normal means to nourish infants, children in both developed and developing countries continue to suffer health consequences related to insufficient breastfeeding.

Central to the challenges taken up by the Global Strategy is the continuous and often needless crisis of malnutrition and death when infants are not breastfed or do not receive enough breastfeeding.

According to the Global Strategy:

"Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life. No more than 35% of infants worldwide are exclusively breastfed during the first four months of life; complementary feeding frequently begins too early or too late..."

In Brazil, risk associated with diarrheal death was lowest for exclusively breastfed infants, partial breastfeeding was associated with a 4.2 times risk of death and no breastfeeding with a 14.2 times risk of death compared to exclusive breastfeeding.

Victora CG et al. Evidence for the protection by breastfeeding against infant deaths from infectious diseases in Brazil. *Lancet* 2: 319-322, 1987

In Latin American and Caribbean countries, exclusive breastfeeding for the first three months of life and partial breastfeeding throughout the first year of life, prevented 55 per cent of infant deaths related to diarrheal disease and acute respiratory infections.

Betram AP et al. Ecological study of effect of breastfeeding on infant mortality in Latin America. *BMJ* 323:1-5, 2001

In Bangladesh, infants who were partially breastfed or not breastfed at all had a risk of death due to diarrheal disease 4 times greater than those exclusively breastfed. Similarly, those partially or not breastfed had a risk of acute respiratory infection death 2.4 times greater than exclusively breastfed infants.

Arifeen S. et al. Exclusive breastfeeding reduces acute respiratory infection and diarrheal disease deaths among infants in Dhaka slums. *Pediatr* 180: e67, 2001

"In the first six months, the risk of morbidity and death from diarrhea is respectively 15 and 25 times higher for children not receiving breastmilk, compared to those who have the immunological protection of an exclusive breastmilk diet."

UNICEF State of the World's Children

The Global Strategy notes that in industrialized countries as well, little breastfeeding or no breastfeeding has consequences related to infant and child health. It notes in particular the problem of obesity and over-nutrition related to formula feeding and the consumption of commercially prepared foods.

"Rising incidences of overweight and obesity in children are also a matter of serious concern. Because poor feeding practices are a major treat to social and economic development, they are among the most serious obstacles to attaining and maintaining health that face this age group."

A large Scottish study to determine the impact of infant feeding on childhood obesity looked at the body-mass index of 32,000 children aged 39 to 42 months. After eliminating confounding factors, the authors concluded that breastfeeding is associated with reduction in obesity.

Armstrong J. et al. Breastfeeding and lowering the risk of childhood obesity. Lancet 359: 2003-2004, 2002

In Germany as well, children who had been exclusively breastfed for three to five months had a 35 per cent reduction in obesity at the ages of five to six years.

Von Krieg R. et al. Breastfeeding and obesity: cross-sectional study. BMJ 319: 147-150, 1999

In the US also, children who had been breastfed exclusively for nearly six months had a 22 per cent reduced rate of becoming overweight as adolescents.

Gilman, MW et al. Risk of overweight among adolescents who were breastfed as infants. JAMA 285: 2461-2467, 2001

"Why are one billion people dying of hunger, while another billion are dying of excess?"

Adbusters no. 44, Nov/Dec 2002

Reducing malnutrition - *implementing the Global Strategy*

Canada's government has endorsed the Global Strategy and therefore should take responsibility and initiative to support its implementation for mothers and babies. The following are some of the key policy strategies determined to be effective in improving breastfeeding rates.

Protection of breastfeeding

- Ensuring adequate maternity entitlements for women working outside the home. Canada's current maternity benefits are a great improvement, as mothers are now able to have 12 months maternity leave with financial support and job security.
- Ensuring that commercially prepared complementary foods are not marketed to undermine breastfeeding and are safe, culturally appropriate and nutritionally adequate. In Canada, commercial baby cereals and jarred baby foods need to be labelled for consumption after 6 months of age.
- Putting in place measures to protect breastfeeding through the implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant resolutions of the World Health Assembly and strengthening them or adopting additional measures. Canada does little to legislate the protection of breastfeeding. Much more must be done to remove commercial pressures to formula feed.

Promotion of breastfeeding

Ensuring that all who are responsible for communicating with the public on infant and young child feeding, provide accurate and complete information. These responsibilities lie with governments and public health departments. In Canada much information is conveyed by the infant foods industries and is misleading and not factual.

Support through the health care system

- Ensuring supportive hospital practices through the implementation of the Baby-Friendly Hospital Initiative.
- Improving birthing practices to support breastfeeding and provide adequate and accessible prenatal and postnatal care.
- Promoting good nutrition for pregnant and breastfeeding women.
- Monitor the growth and development of infants and young children as a part of national health surveillance programmes.
- Enabling mothers to remain with their hospitalized children to ensure continued breastfeeding and conversely, where feasible, allow breastfeeding infants to remain with their hospitalized mothers.
- Ensure that all health care providers have appropriate information on infant and young child feeding.

Support in the community

- Promote and support community based support systems such as mother-to-mother support groups
- Ensure that community based support networks are welcome in the health care system and can participate in the planning and provision of services.