



PROTECTING HEALTH AND SAVING LIVES: A CALL TO ACTION



INTRODUCTION

In the UK breastfeeding is viewed by many as difficult to achieve and largely unnecessary because formula milk is seen as a close second best. Additionally, it is a highly emotive subject because so many families have not breastfed, or have experienced the trauma of trying very hard to breastfeed and not succeeding.

The pain felt by so many parents at any implication that they have not done the best for their child can close down conversation and lead to accusations that health workers put too much pressure on women to breastfeed. Whilst no parent should have to feel such pain, and well-meaning efforts to promote breastfeeding have at times been insensitive, the UK context has become so fraught that mothers, midwives and doctors who advocate for breastfeeding risk being vilified by the public and in the media.^{1, 2, 3, 4}

However, powerful new evidence provides a compelling case to alter prevailing attitudes and practices. In close succession, three new major studies funded by the Gates Foundation have been published. These deliver extensive and resounding evidence that breastfeeding saves lives, improves health and cuts costs in every country worldwide. This new research should prompt a fundamental shift in policy thinking and the public discourse around breastfeeding.^{5, 6, 7} It is time to stop laying the blame for a major public health issue in the laps of individual women and acknowledge the collective responsibility of us all. It is time to change the conversation.

Unicef UK urges the **UK and devolved governments** to implement **four key actions** and create a supportive, enabling environment for women who want to breastfeed.

UNICEF UK CALLS ON THE UK AND ALL DEVOLVED GOVERNMENTS TO:

1. Develop a **National Infant Feeding Strategy Board** in each of the four nations, which includes members from across all relevant government departments. Task the board with developing a comprehensive **National Infant Feeding Strategy** and implementation plan.⁸
2. Include actions to **promote, protect and support breastfeeding in all policy areas** where breastfeeding has an impact. This includes: obesity, diabetes and cancer reduction; emotional attachment and subsequent school readiness; improved maternal and child mental health; wellbeing in the workplace; and environmental sustainability.⁹
3. Implement evidence-based initiatives that support breastfeeding, including the **Unicef UK Baby Friendly Initiative**, across all maternity, health visiting, neonatal and children's centre services.^{10, 11, 12, 13}
4. Protect the public from harmful commercial interests by **adopting, in full, the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions** ("the Code").¹⁴

THE EVIDENCE: THREE NEW STUDIES

1 THE LANCET

(2016) two-part series on breastfeeding.

“This Series is an in-depth, comprehensive review of breastfeeding health and economic benefits. Genuine and urgent commitment is needed from governments and health authorities to establish a new normal: where every woman can expect to breastfeed, and to receive every support she needs to do so.”
Lancet, 2016

MAIN FINDINGS:

- The Series confirms the benefits of breastfeeding for children and women, regardless of whether they live in high- or low-income nations, and that countries are not doing enough to support breastfeeding.
- A lack of breastfeeding costs the global economy \$300bn annually in reduced cognitive development.
- Women are not getting the support they need to breastfeed. Success in breastfeeding is the collective responsibility of society, not the sole responsibility of a woman.
- The Baby Friendly Initiative is demonstrated to be highly effective in improving breastfeeding practices.
- Aggressive marketing and promotion of breastmilk substitutes (BMS) by formula companies continues to be a significant barrier to breastfeeding. The UK has the 11th largest BMS market in the world, with sales projected to reach \$907m by 2019.

2 ACTA PAEDIATRICA

(2015) special issue on the impact of breastfeeding on maternal and child health.

MAIN FINDINGS:

- The health benefits of breastfeeding are substantial, lasting well beyond the period of breastfeeding and affecting high- and low-income populations alike.
- The Baby Friendly Initiative is demonstrated to be highly effective in improving breastfeeding rates.
- For success, interventions should be delivered in a combination of settings by involving health systems, home and family and the community environment concurrently.

3 ACCESS TO NUTRITION INDEX

(2016) published a supplement on BMS, looking at how far companies are complying – or not – with the Code.

MAIN FINDINGS:

- All six companies in the report (Abbott, Danone, FrieslandCampina, Heinz, Mead Johnson and Nestlé) fall well short of the recommendations set out in the Code, which are designed to protect and support breastfeeding and ensure the proper composition and use of all breastmilk substitutes.
- The most any company managed was 36% compliance with the Code.

THE SITUATION IN THE UK

THE UK HAS SOME OF THE LOWEST BREASTFEEDING RATES IN THE WORLD.

Whilst the number of women starting to breastfeed has been increasing, there are large social and demographic variations. Only 1% of women maintain exclusive breastfeeding to six months as recommended by WHO/UNICEF and the UK Health Departments.^{16, 17, 18, 19, 20}

In the UK only 34% of babies are receiving any breastmilk by six months compared to 49% in the US and 71% in Norway.²¹

WHY ARE UK WOMEN NOT BREASTFEEDING?

We know that eight out of ten women stop breastfeeding before they want to.²² The reasons include:

- Cultural norms that discourage longer-term breastfeeding.
- A widespread misconception, by almost everyone, that formula milk can replace breastmilk without any harm.
- A lack of postnatal care and trained support to help women get breastfeeding off to a good start.
- Formula company marketing that normalises bottle feeding and undermines breastfeeding.

What is rarely admitted or discussed in the UK is that improving breastfeeding rates is not the responsibility of individual women struggling alone in a culture that is often hostile towards breastfeeding – rather that this is a public health imperative for which government, policy makers, communities and families all share responsibility.

WHY TAKE ACTION NOW?

Children who are breastfed for longer periods have higher intelligence, fewer infections, fewer dental problems, reduced morbidity and mortality, and are less likely to be overweight or diabetic in later life.

For women, breastfeeding protects against breast and ovarian cancer and diabetes.

Breastfeeding protection is important in rich and poor countries alike and helps to narrow the health inequalities gap.

The cost to the NHS every year of treating just five illnesses resulting from formula feeding is £48 million.¹⁵

The UK formula industry is the 11th largest in the world and predicted to be worth \$907m by 2019.

The scaling up of breastfeeding across the world can prevent an estimated 823,000 child deaths and 20,000 breast cancer deaths every year.

Lancet, 2016



CHANGING UK POLICY DIRECTION

“There is a widespread misconception that breastmilk can be replaced with artificial products without detrimental consequences and that the benefits of breastfeeding only relate to poor countries. Nothing could be further from the truth. The importance of tackling this global issue is greater now than ever before.”

PROFESSOR CÉSAR VICTORA, *LANCET* AUTHOR, 2016

Together, we can build a society that protects and nurtures breastfeeding, to improve the life chances and health and wellbeing of children in the UK.

For more information please visit unicef.org.uk/babyfriendly or email bfi@unicef.org.uk twitter [@babyfriendly](https://twitter.com/babyfriendly)

REFERENCES

- Daily Mail* (2014) www.dailymail.co.uk/femail/article-2730109/The-babies-starved-women-brainwashed-BREASTAPO-How-anti-formula-milk-fanatics-putting-babies-health-danger.html
- Telegraph* (2014) www.telegraph.co.uk/women/mother-tongue/10911177/Breastfeeding-wars-is-breast-really-best.html
- Guardian* (2015) www.theguardian.com/commentisfree/2015/mar/27/im-not-a-nipple-nazi-im-a-breastfeeding-counsellor
- Sun* (2011) www.thesun.co.uk/sol/homepage/woman/parenting/3653807/Myleene-Klass-I-wont-be-bullied-by-Breastapo.html
- Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krusevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*, Volume 387, No. 10017, pp.475–490, 30 January
- Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, Piwoz EG, Richter LM, Victora CG (2016) Why invest, and what it will take to improve breastfeeding practices? *Lancet*, Volume 387, No. 10017, pp. 491–504, 30 January
- Acta Paediatrica* (2015) Special Issue: Impact of Breastfeeding on Maternal and Child Health, December, Volume 104, Issue Supplement S467, pp. 1–134
- WHO (2003) Global Strategy for Infant and Young Child Feeding, Geneva, WHO/Unicef
- Palmer, G (2009) *The Politics of Breastfeeding: When Breasts are Bad for Business*. Pinter & Martin
- NICE (2016) Antenatal care for uncomplicated pregnancies. (CG62), Issue date: March 2008, Updated March 2016, www.nice.org.uk/Guidance/CG62
- NICE (2014) NICE Public Health Guidance 11: Improving the nutrition of pregnant and breastfeeding women and children in low-income households. Issued March 2008, updated September 2014, www.nice.org.uk/guidance/ph11
- NICE (2015) Postnatal Care up to 8 weeks after birth. (CG37). Issued July 2006, updated July 2013 and January 2015, www.nice.org.uk/guidance/cg37/history
- Unicef UK (2012) The evidence and rationale for the Unicef UK Baby Friendly Initiative standards, www.unicef.org.uk/Documents/Baby-Friendly/Research/baby_friendly_evidence_rationale.pdf
- WHO (1981) International Code of Marketing of Breast-milk Substitutes. Geneva, WHO. www.who.int/nutrition/publications/infantfeeding/9241541601/en/
- Renfrew MJ, Pokhrel S, Quigley M, McCormick F, Fox-Rushby J, Dodds R, Duffy S, Trueman P, Williams T (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, Unicef UK Baby Friendly Initiative
- McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ (2012) Infant Feeding Survey 2010, Health and Social Care Information Centre
- Healthy Child Programme: Rapid Evidence Review, 2015, www.gov.uk
- A strategic vision for maternity Services in Wales, 2013, www.gov.wales/topics/health/publications/health/strategies/maternity/?lang=en
- Improving Maternal and Infant Nutrition: A Framework for Action in Scotland, 2011, www.gov.scot/Publications/2011/01/13095228/0
- Breastfeeding – A Great Start: A Strategy for Northern Ireland (2013–23) www.dhsspsni.gov.uk/articles/breastfeeding
- Lancet* (2016) Webappendix 4: *Lancet* Breastfeeding Series paper 1, Data Sources and estimates: countries without standardized surveys, p.17, www.thelancet.com/cms/attachment/2047468706/2057986218/mmc1.pdf
- McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ (2012) Infant Feeding Survey 2010, Health and Social Care Information Centre, pp. 111–112

All weblinks were correct at the time of publication. Unicef takes no responsibility for the content of external sites.