How we can work together

Engage governments, United Nations and development partners, civil society, professional associations, academe and media to create breastfeeding-friendly environments as the norm.

- Ensure stakeholders are fully informed about the International Code on Marketing of Breast-milk Substitutes and other relevant standards.
- Generate evidence to support data-driven policymaking.
- Review legislation, regulations, enforcement, financing and progress towards protection, promotion and support of breastfeeding.
- Convene forums for wide participation in policy dialogue and planning.
- Foster coordination between agencies to monitor and enforce the Code.
- Call for civil society to re-position breastfeeding as the cultural norm and aspirational practice.

Together we can make a difference

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References:
1. UNICEF. State of the World’s Children 2013

Breastfeeding Support: Close to Mothers
Issues and challenges

Formula-fed infants have twice the risk of death of those exclusively breastfed for the first six months of life. Delayed initiation of breastfeeding further increases the risk of death as does termination of breastfeeding before at least two years of age. Replacing breast milk with infant formula has directly or indirectly contributed to 220,000 deaths of children under five years of age annually and many times more illnesses. Unfortunately, few infants and young children receive the full benefits of breastfeeding. 1

WHO recommends

1. Initiation of breastfeeding within one hour of birth;
2. Exclusive breastfeeding for the first six months of life;
3. Continued breastfeeding for two years and beyond; and
4. Introduction of adequate and appropriate complementary foods from the age of six months onwards

Low birth weight and premature infants fed with breast milk have much lower rates of illness and death. Breastfeeding even prevents breast and ovarian cancer for the mother, and leukemia, diabetes, hypertension, obesity, asthma and many other diseases for the baby on growing up.

Economically, breastfeeding could save families and governments in the WHO Western Pacific Region billions of dollars by reducing healthcare costs and purchases of infant formula. 2

Why we need to act

Mothers who receive support in hospitals, 3 in the community by peers and at workplaces are more likely to breastfeed. 4

Unfortunately, aggressive marketing of infant formula in the Region has confused mothers and health workers. Myths and misconceptions about breastfeeding still prevails, like not having enough milk or the breast milk is not sufficient to satisfy the needs of the baby. Often health workers do not know they are violating the International Code of Marketing of Breast-milk Substitutes.

What we can do

Support countries to:

- Invest in national infant and young child feeding policies, plans and supportive systems.
- Align national legislation with the International Code of Marketing of Breast-milk Substitutes and all subsequent World Health Assembly resolutions. Ensure the national codes are enforced and monitored.
- Eliminate conflicts of interest between industry and health professionals. Leaders in ministries of health, professional associations and academe need to recognize and eliminate such entanglements and enlist their memberships to do the same.
- Integrate Baby-Friendly Hospital Initiative standards and enforcement into health financing plans to ensure sustainability and nationwide coverage.
- Ensure all working women (formal and informal sector) have paid maternity leave and breastfeeding breaks aligned with International Labor Organization’s Maternity Protection Convention.
- Establish peer-support systems in communities and work places.