Exclusive Breastfeeding: the Gold Standard
Safe, Sound, Sustainable

Exclusive breastfeeding is the safe, sound, and sustainable way to feed an infant for the first six months of life. But breastfeeding is important for more than six months. WHO and UNICEF recommend that breastfeeding should continue with appropriate complementary foods up to two years or beyond[1]. Babies grow and develop best when they are fed in this way. Mothers can achieve both exclusive and continued breastfeeding when they know how valuable it is, when they know how to do it, and when they are given the necessary support.

Experts now agree that breastmilk can provide all that a baby normally needs for the first six months and no extra drinks or feeds are needed during this period[2,3]. *Exclusive breastfeeding means that the infant receives only breastmilk, from his or her mother or a wet nurse, or expressed breastmilk, and no other foods or drinks*[4].

Many mothers find that exclusive breastfeeding for the first six months is quite simple. They do not need to worry whether the baby is getting enough to eat or drink or whether it is the right thing and there is none of the inconvenience or expense of preparing other unnecessary feeds.

Unfortunately, in many countries, exclusive breastfeeding is rare. So this year's World Breastfeeding Week aims to help everyone to understand about exclusive breastfeeding, to believe in its benefits, and to find ways to support and encourage mothers to do it.

The Golden Bow
The Golden Bow is a symbol for the "Gold Standard", that is the ideal, of exclusive and continued breastfeeding.

One loop represents the mother and the other represents the child. The knot symbolises the father, family and society which support them. One of the ends is for timely complementary food after six months, the other is for the use of family planning to space births three to five years apart.

The Golden Bow is a joint outreach initiative of UNICEF and WABA. Wear it proudly and tell others of its many meanings.

For more information, visit http://www.unicef.org/programme/breastfeeding/bow.htm and http://www.waba.org.my/forum2/goldenbow.html

The Global Strategy
In 2002, WHO and UNICEF launched the *Global Strategy for Infant and Young Child Feeding*[1] which calls upon all governments and others *"to ensure that all health and other relevant sectors protect promote and support exclusive breastfeeding for six months, and continued breastfeeding up to two years of age or beyond, while providing women access to the support that they require – in the family, the community and the workplace – to achieve this goal"*.

Exclusive Breastfeeding… it's safe
Breastmilk is so much more than a food. It is a live tissue with many immune factors which give a baby *continuous, active protection* against infections, when the baby's body cannot yet protect itself[5]. For the first few days after birth, a mother provides the ideal immunization for her baby with *colostrum* which is very rich in antibodies. The amount of colostrum is small, but it is exactly what a baby needs at this time. Exclusively breastfed children are much healthier. Artificially fed and mixed-fed infants are sick more often with diarrhoea, pneumonia and other infections[6].

Exclusive breastfeeding… it's sound

Breastmilk contains just the right *amount* of energy, protein, vitamins and other nutrients for a baby for the first six months of life[7], and all the water that a baby needs too[8]. The nutrients are of perfect *quality* for a baby, and they are more easily and completely digested than any other milk or food. When they are older, breastfed babies are less likely to be overweight than artificially fed babies; they have fewer allergies and higher scores on intelligence tests[6].

Exclusive breastfeeding… it's sustainable
A mother can ensure continuity of good milk from any mixture of foods that she eats, however simple. There is no need to worry about the cost of formula or other milk. The cost of extra food for her is small.

Exclusive breastfeeding… is important for the mother too
Exclusive breastfeeding can prevent a new pregnancy in the first six months, provided her periods have not started again[9], and it can help her to lose any extra weight that she gained in pregnancy. She has less risk of cancer of the breast and ovary, and possibly of osteoporosis[6].

Why are so many babies not breastfed exclusively?

- Because mothers, health professionals, family and community members do not understand what exclusive breastfeeding is, or that it makes a difference. They do not know enough about how breastfeeding works best, how to start it, and what to do when a mother has difficulties. So they are not able to provide the advice and support that she needs.
- Because mothers, health professionals, family and community members do not believe that exclusive breastfeeding for six months is possible or that mothers have enough milk. They do not appreciate that any additional foods or fluids can actually be harmful to the baby.
- Because mothers have to return to work before six months, either in or out of the home.
- Because commercial advertising conveys the message that breast plus formula is even better than just breast milk.

Achieving the Gold Standard – Exclusive Breastfeeding as the Social Norm
To be able to breastfeed exclusively, and to resist the pressure and temptation to give other feeds, mothers need accurate knowledge and a supportive environment. This is possible when everyone including health professionals, family and community members are accurately informed and when exclusive breastfeeding is the social norm.

Breastfeeding works best

- *When* a mother and baby have skin-to-skin contact immediately after delivery and the baby starts breastfeeding within an hour or so[10]. This stimulates breast milk production and the baby gets colostrum.
- *When* the baby is *properly attached* at the breast and can *suckle effectively*, with slow deep sucks[11].
- *When* the baby can suckle whenever he or she wants – day and night. This is called demand feeding or baby-led feeding. This is easiest if the baby is near the mother, in her bed or in a sling.
- *When* the baby may continue suckling for as long as he or she wants at each feed and is allowed to decide if he or she wants one breast or two.
- *When* the baby does not have a pacifier (or dummy), which make him or her less interested in suckling at the breast.

If a baby breastfeeds in this way, there is plenty of milk, and the baby is more contented and grows well. He or she passes urine at least 6 times a day, and soft abundant stools – though after the first week or so there is nothing to worry about if stools are not passed every day.

Breastfeeding in this way also promotes emotional bonding between the mother and baby, which helps her to enjoy mothering, and improves her self-esteem.

Good Attachment Helps Exclusive Breastfeeding
- more areola visible above baby's mouth than below
- baby's mouth wide open
- lower lip turned out
- chin touching breast

Effective Suckling
- slow deep sucks, sometimes pausing

Good Position
- baby's body straight (not bent or twisted)
- baby facing breast, start with nose to nipple (looking up at mother's eyes)
- baby's body close to mother's body
- baby's whole body supported (not just the head, or the bottom)

Less than the Gold Standard
If other foods or fluids are given during the first six months, they replace breastmilk, and feeding is less than the Gold Standard. The baby suckles less, and milk stays in the breasts, which may become engorged and swollen. Then the breasts produce less milk and the mother may think that she does not have enough. Babies do not grow as well as infants fed exclusively on breastmilk, and they have more illnesses.

Similarly, a poorly attached baby may suckle often but not be satisfied, and the mother may conclude that she does not have enough milk, and give other feeds. Good attachment can prevent this, and also problems such as sore nipples and mastitis.

Work need not be an obstacle
Exclusive breastfeeding for six months may be achievable for women who need not return to work immediately or who can be with their babies most of the time. It is more challenging if a mother has to return to work soon after delivery. She may consider expressing breastmilk and letting somebody else feed the baby while she is away. Breastmilk expression does not need extensive facilities, but a mother-friendly workplace that provides privacy and convenience to express milk, and which helps her to feel confident.

A caring environment
A mother needs support and reassurance before, during and after delivery, and while breastfeeding. Supportive companionship during labour and reducing stress during childbirth helps her to be prepared to breastfeed immediately after delivery[12]. Health professionals, family and community, and mother support groups, can help by listening to her worries, and giving her confidence that she can breastfeed exclusively. A woman may also need help to reduce other stresses such as having too much housework or caring for other family members.

IDEAS FOR ACTION

Researchers
Conduct rapid assessments of the extent of exclusive breastfeeding and of the main obstacles to it in your country.

The Government
Incorporate the Global Strategy and six-months exclusive breastfeeding into policy and programmes. Specifically:
- Improve breastfeeding training for health workers and offer to arrange a talk or discussion for relevant groups.
- Take action for Maternity Leave legislation that facilitates exclusive breastfeeding.

- Take action to adopt and implement the Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions.
- Ask if there are any statistics available about rates of exclusive breastfeeding in part or all of the country, or any research studies (check the resources listed and the internet).
- Support the Baby-Friendly Hospital Initiative (BFHI).
- Support the development and sustainable funding of a national authority to provide oversight and quality assurance for national activities.

Health Professionals

- Re-examine and update your knowledge, practical skills and attitudes to provide the leadership and technical support needed to make exclusive breastfeeding possible. Make sure that your hospital is Baby-Friendly and practises the *Ten Steps to Successful Breastfeeding*[10]. Do not use posters or "educational" material from manufacturers or distributors of breastmilk substitutes.
- Have your colleagues heard about the Global Strategy? How can it be implemented in their work? Hold a discussion with hospital staff including from Special Baby Care Units, outpatient clinics, and workers such as cleaners who may talk to mothers and influence them.
- Approach traditional birth attendants and midwives and help them to include in the training or updates ideas about exclusive breastfeeding, early initiation of breastfeeding, attachment and positioning.
- Ask mothers in your care how they feed their babies, and how they fed earlier ones – did they breastfeed exclusively, mix feed, or feed artificially? Try to learn why.
- Compare exclusive breastfeeding rates from baby-friendly and non-baby-friendly hospitals.
- Discuss exclusive breastfeeding at antenatal or postnatal classes and clinics. Explain to mothers how they can do it, and how they can have more breastmilk.

Employed women:

- Make contact with pregnant and breastfeeding women and supportive men at your workplace and community. Ask them for their experiences, what were their choices, successes and difficulties with their own children and expressing breastmilk.
- Raise the issue of exclusive breastfeeding with your human resources manager, and discuss alternative means of support such as breastfeeding breaks, crèches, and breastfeeding rooms. Try to establish a breastfeeding policy.

Community groups, mother support groups, and organisations:

- Exchange views with men, fathers and grandparents. Develop parent-to-parent and grandparent-to-grandparent support groups and enhance their skills so that they can find ways to better support mothers to exclusively breastfeed.
- "Rate" the maternal and child care facilities in your locality, including lactation consultants, with respect to their support of exclusive breastfeeding. Publicise the facilities that provide good support.
- Organise public awareness campaigns and exhibitions about your group and exclusive breastfeeding. Plan an entertainment to promote exclusive breastfeeding: either songs, skits, or a dances.
- Arrange graduation ceremonies for babies who breastfed exclusively for 6 months. Showcase examples of families who successfully breastfeed exclusively for six months, even for tandem nursing.
- Notice if there are advertisements for breastmilk substitutes on the mass media or in your local health centres. Find out if there is a law to regulate this.
- Ask women what kind of support they had and would like from the baby's father, other family members, friends, the community, and how this affected their decisions.
- Share information through the internet and create an online discussion group.

Educators and teachers:

- Inspire health and biology teachers to teach about exclusive breastfeeding. Give them a copy of this action folder.
- Talk to students, employees, religious groups and women's groups. Take a mother and baby along to show them breastfeeding and discuss the value and the practicalities of exclusive breastfeeding.
- Involve staff and students in designing posters and handouts to promote exclusive breastfeeding. Display and distribute them in your college, school or other learning institutions.

6 MONTHS EXCLUSIVE BREASTFEEDING – OF COURSE WE CAN DO IT!

Women have repeatedly shown that they can breastfeed exclusively, when they understand what it means, and when they get support. Mother support groups see this all the time among women who attend the groups.

Here are some of the different ways in which support from the community, from peer counsellors, from primary care workers, and from health workers in hospitals have empowered and helped more mothers to breastfeed exclusively.

In Gambia, Village Support Groups, for example parent-to-parent support groups were trained to give accurate information and help with correct breastfeeding technique. More mothers started to breastfeed within an hour of delivery, and 99.5% breastfed exclusively for 4 months instead of only 1.3% at baseline. Over 200 communities in the Gambia are now Baby-Friendly Communities.
Semega Janneh IJ et al, Health Policy and Planning, 2001(2) pages 199-205

In Ghana several different methods of communication, workshops, and training were used to reach the wider community – including grandmothers, fathers, and the media, and mother support groups were formed. Within 2 years, the number of mothers breastfeeding exclusively at 5 months had increased from 44% to 78%.
LINKAGES project Country Activities Report http://www.linkagesproject.org/country/ghana.php

In Ghana Village Banks made small loans to women to help them to become economically active. The women were also given education on health and child feeding. The average duration of exclusive breastfeeding increased from 1.7 months to 4.2 months, and the nutrition of the children at one year improved.
MkNelly B and Dunford C. Freedom from Hunger Research Paper 4, 1998

In India health and nutrition workers learned to counsel mothers on breastfeeding while they were doing their other primary care work. At six months, 42% of mothers who were counselled breastfed exclusively, but only 4% of the mothers who were not counselled did so.
Nita Bhandari et al. The Lancet 2003; vol 361: pages 1418-23

In Bangladesh mothers from the community were trained as peer counsellors for breastfeeding. They visited women during pregnancy and for five months after delivery, making a total of 15 visits. Counselled mothers started breastfeeding earlier, and 70% of them breastfed exclusively for 5 months, compared with only 6% of the other mothers.
Haider R et al. Lancet 2000; 356: 1643-1647

In Mexico mothers from the community were trained to counsel about breastfeeding during home visits. 12% of mothers who were not visited breastfed exclusively; and the rate increased to 50% for mothers who were visited 3 times, and 67% for mothers who were visited six times.
Ardythe Morrow et al. The Lancet 1999. Vol 353 pages 1226-31

In Belarus 43% of the mothers who delivered in the 16 baby-friendly hospitals breastfed exclusively at three months, but only 6% of mothers who delivered in the 15 hospitals which are not baby-friendly.
Kramer MS, et al. Journal of the American Medical Association 2001; vol 285:pages 413-20

In Bolivia, Guinea, India and Nicaragua NGOs such as Save the Children and CARE mobilised the community by training health and community workers, involving grandmothers and fathers, men's groups and mother support groups. Exclusive breastfeeding rates increased from 11% to 44% in Guinea; 41% to 71% in India and 10% to 50% in Nicaragua. In Bolivia, diarrhoea rates were halved and exclusive breastfeeding of infants under six months increased to over 75% when support groups were integrated into community activities in low-income neighborhoods in La Paz.
Save the Children final evaluation, Mandiana Prefecture, Guinea. CARE India, Nicaragua and Bolivia, Final Evaluation of Child Survival Projects, 2002 and 2003.

In the Philippines baby-friendly crèches were formed to cater to working women. Mothers can drop in anytime to breastfeed, leave their expressed breastmilk, or avail themselves of the services of a wet nurse. Solid foods to complement breastmilk for babies above six months were made of natural and indigenous ingredients.
(See http://www.waba.org.my/womenwork/seedgrants/arugaan.htm*)*

In Norway and Sweden breastfeeding rates are much higher than in other parts of Europe. This is partly because health authorities consulted mothers' organisations. Their advice and criticisms are listened to, respected and followed more than in most countries.
The breastfeeding investigation in year 2000. Eide I, et al. Report submitted to the Board of Health, Norway, May 2003.

Exclusive Breastfeeding in Special Situations

Exclusive breastfeeding and HIV. 10-20% of infants of HIV positive mothers may become infected through breastfeeding. However, if women choose not to breastfeed, their infants run all the risks of artificial feeding, which are particularly serious when the safe preparation of artificial feeds is difficult, or if the level of infectious diseases is high.

Mothers who are HIV positive need counselling to help them to decide the best method of infant feeding in their particular situation. They then need skilled help to carry out their chosen method as safely as possible[13]. Methods recommended to reduce the risk of transmission include:

- breastfeed exclusively from the breast;
- breastfeed with a good technique to prevent mastitis and sore nipples;
- stop breastfeeding early, as soon as replacement feeding is accessible, feasible, affordable, sustainable and safe, or at about six months.

Mothers who do not know their HIV status should breastfeed according to the "Gold Standard".

Low birth weight (LBW) babies grow well and are healthier when they are fed breastmilk exclusively. Other forms of nutrition support may be needed in the early days before the baby's condition is stable[14]. Supplements such as calcium and phosphate, if needed, can be given with breastmilk. The iron stores that they get before birth from their mothers are smaller than normal, so iron supplements may be needed from about eight weeks of age[2].

Premature babies who are eight weeks premature can start suckling at the breast. Babies who are 4 weeks premature can feed themselves entirely at the breast. Feeds may need to be more frequent and take longer than with larger babies. If an infant cannot take all its feeds from the breast, the mother can express breastmilk and cup feed. Mothers who have learned how to express and cup feed are often very good at teaching and helping others.

Babies who are not exposed to sunlight may benefit from being given vitamin D to prevent rickets (weakened bones)[3].

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[14] Hypoglycaemia of the newborn: A review of the literature. World Health Organization, Division of Child Health and Development. WHO/CHD/97.1 <www.who.int/chd/publications/imici/bf/hypoglyc/htm>

Resources for health workers, community and mother support - where to get help

- WHO/UNICEF Breastfeeding Counselling: a training course. WHO/CDR/93.3-6
- World Health Organization training course materials and technical documents http://www.who.int/child-adolescent-health and http://www.who.int/nut
- LINKAGES ToT for mother support groups http://www.linkagesproject.org/media/publications/Training Modules/MTMSG.pdfLa Leche League International: useful information on many practical aspects of breastfeeding http://www.lalecheleague.org/
- Breastfeeding Women at Work http://www.waba.org.my/womenwork/resources.html

Acknowledgements

Key writer: Felicity Savage. *Co-writers*: Judy Canahuati and Jairo Osorno. *Many thanks to reviewers*: Jean Pierre Allain, Stina Almroth, Denise Arcoverde, Anwar Fazal, Els Flies, Ted Greiner, Arun Gupta, Elisabet Helsing, Antonieta Hernandez, Hiroko Hongo, Pauline Kisanga, Mary Kroeger, Miriam Labbok, Michael Latham, Banyana Madi, Rebecca Magalhaes, Chris Mulford, Elaine Petitat-Cote, Quan Le Nga, Nathalie Roques, Dien Sanyoto Besar, Shaheen Sultana, Betty Sterken, Beth Styer, Virginia Thorley, Penny Van Esterik and Liew Mun Tip. *Illustrations*: Viera Larsson. *Production*: Liew Mun Tip, Susan Siew and C-Square Sdn. Bhd.

WABA does not accept funds or gifts from manufacturers or distributors of breastmilk substitutes, related equipment, commercial foods for breastfeeding mothers, or commercial complementary foods. WABA encourages all participants of World Breastfeeding Week to respect and follow this ethical position.

This project is funded by the Dutch Ministry of Foreign Affairs (DGIS) and supported by the United Nations Children's Fund (UNICEF). Statements in this publication do not necessarily reflect the policies or viewpoint of either.

UNICEF: Contact your local UNICEF Country Office or National Committee for further information and support for exclusive breastfeeding. Contact details are available at UNICEF's website http://www.unicef.org/infobycountry/index.html. Information on breastfeeding is also available at http://www.unicef.org/nutrition/index_action.html.

The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, support and promotion of breastfeeding. WABA action is based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the Global Strategy for Infant & Young Child Feeding. Its core partners are International Baby Food Action Network (IBFAN), La Leche League International (LLLI), International Lactation Consultant Association (ILCA), Wellstart International, Academy of Breastfeeding Medicine (ABM) and LINKAGES. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

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