



Second International Conference on Nutrition, 19-21 November 2014

Statement from the World Alliance for Breastfeeding Action (WABA)
Endorsed by ABM, IBFAN, ILCA, LLLI and Wellstart; and CGBI, ICM, ISSOP, PHM¹

The World Alliance for Breastfeeding Action (WABA) recognises that the scope of the 2nd International Conference on Nutrition (ICN2) aims to respond to nutrition challenges especially in developing countries. The focus on all forms of malnutrition, the nutrition transition and the need to improve nutrition throughout the life cycle are timely. WABA believes that focusing on the poorest and most vulnerable households; and on women, infants and young children in deprived, vulnerable and emergency contexts is critical. In light of development of the Post 2015 agenda, WABA asserts that the Protection, Promotion and Support of Breastfeeding as a human right, is a vital component of any concrete response.

Yet in most countries breastfeeding is neglected, known supportive interventions are under-resourced and aggressive marketing of breastmilk substitutes in violation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions continues unchecked. Most women want to breastfeed, but many find they cannot as social, cultural and economic barriers to the establishment of successful and sustained breastfeeding interfere.

ICN2 has an opportunity and a responsibility to ensure that the protection, promotion and support of breastfeeding become universally endorsed as public health policy, and implemented as the foundation of good nutrition and healthy child development in all populations.

Not breastfeeding and decreasing breastfeeding rates worldwide can have hazardous outcomes:

Risks and Consequences of Artificial Feeding:

Undernutrition and stunting; overnutrition and obesity.

Prevention of stunting has been identified as a top nutrition priority, for which improved infant and young child feeding in the first 1000 days of life is essential⁽¹⁾. A major component of this is optimal breastfeeding, which is initiated in the first hour of life, practised exclusively for six months, and continued with complementary feeding for 2 years or beyond. Yet only 42% of mothers achieve timely initiation of breastfeeding, and only 39% do so exclusively for 6 months⁽²⁾. With breastfeeding, the quantity of milk consumed adjusts naturally to the infant's needs, but with artificial feeding the quantity is often too little or too much, resulting in undernutrition and stunting or overnutrition which contributes to the spreading obesity epidemic among young people⁽³⁾.

Infection, impaired immunity, increased neonatal and infant mortality

It is beyond question that feeding infants with breastmilk substitutes (BMS) can cause diarrhoea, pneumonia and other infections in all populations, impairing nutrition and growth. Worldwide over 800,000 children die as a result⁽⁴⁾. Not only are breastmilk substitutes readily contaminated, but they lack the numerous anti-infective properties of breastmilk which give immune protection for the first 2 years of life while the child's own immune system is developing. Concentrated anti-infective factors in the first milk, colostrum, provide the infant's first immunization, crucial for vulnerable newborns. Feeding breastmilk substitutes also increases the risk of allergies, and other chronic illnesses such as diabetes that may have an immunological basis⁽³⁾. A formula feeding infant is also more vulnerable under emergency conditions.

¹ This statement has been endorsed as of 10 November 2014 by WABA Core Partners, and Allies: Academy of Breastfeeding Medicine (ABM), International Baby Food Action Network (IBFAN), International Lactation Consultant Association (ILCA), La Leche League International (LLL) and Wellstart International; and the Carolina Global Breastfeeding Institute (CGBI- University of North Carolina), the International Confederation of Midwives (ICM), the International Society of Social Pediatrics and Child Health (ISSOP), and the People's Health Movement (PHM) – as well as other endorsers noted at the end of this document.

Lower intelligence and mental health

Human milk contains nutrients and micronutrients, perfectly adapted for the human baby. The nutrients in breastmilk substitutes are biochemically different, and can affect the body adversely, for example development of the nervous system. Artificial feeding also interrupts the close contact between mother and child, interfering with their hormonal responses, emotional bonding, and the general sense of wellbeing and satisfaction that accompanies successful breastfeeding. For a combination of these reasons, artificially fed children have lower scores on tests of intelligence⁽⁴⁾ and behaviour⁽⁵⁾, and their mothers have a two-fold risk of puerperal depression.

Threats to Women's Health and Nutrition

Women who do not breastfeed also have an increased risk of breast and ovarian cancer. Furthermore, there is a risk of earlier return of fertility, leading to shorter birth intervals which can undermine their nutrition and the increase the risk of premature birth in subsequent pregnancies.

These hazardous outcomes are of public health importance:

Effective interventions exist:

There is now substantial evidence of interventions that can increase optimal breastfeeding rates. Much of this evidence has been obtained at project level, but there is also evidence at country level where appropriate policies have been put in place.

Evidence of the effectiveness of breastfeeding promotion by itself, or of the protection of breastfeeding through implementation of the Code, or adequate maternity protection for working women in the absence of other measures is limited. There is more evidence of the effectiveness of support of mothers in health services and the community, by professional health workers and lay counsellors⁽⁶⁾. What is most effective is the combination of protection, promotion and support of breastfeeding together, achieved by implementation of comprehensive policies covering all aspects of breastfeeding simultaneously, which has been achieved in some countries. UNICEF in 2010 found that 23 countries had over the course of 5 -10 years achieved increases in exclusive breastfeeding rates of over 20% with national policies which included Code implementation, maternity protection, supportive delivery practices, increased health worker capacity for breastfeeding counselling, and communication strategies⁽⁷⁾. This is what we must strive for everywhere.

These measures were set out in the *Innocenti Declaration* of 1990, and reaffirmed and elaborated in the WHO/UNICEF *Global Strategy for Infant and Young Child Feeding* in 2002. In turn, implementation of the Global Strategy was further emphasised by the WHO Comprehensive Implementation Plan on Maternal, Infant and young child nutrition in 2010. That comprehensive breastfeeding policies have not been widely adopted and implemented has been due to a lack of political will and a reluctance to make resources available combined with the continued interference of the infant food manufacturers on setting health policy.

Breastfeeding as a human right:

Specifically addressed in the Convention on the Rights of the Child (Article 24 (2) e CRC) and included in the broad scope of the International Covenant on Economic, Social and Cultural Rights and the Convention on the Elimination of All Forms of Discrimination against Women, breastfeeding constitutes a right of both the mother and the child. It forms an integral part of their right to health (Articles 12 CEDAW, Article 12 CESC), and is included in the child's right to adequate food and nutrition (Article 24 (2) c CRC) as well as in the woman's right to work (Article 11 CEDAW). In 2013, the CRC General Comment No. 15 (2013) on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (art. 24)⁽⁸⁾ and General Comment No. 16 (2013) on State Obligations Regarding the Impact of the Business Sector on Children's Rights⁽⁹⁾ included strengthening the legal basis of States' obligations to implement and enforce the Code and the obligation of baby food companies to comply with the International Code in all contexts has been re-affirmed.

Costs of action and inaction:

There is an undoubted cost of taking action to ensure that protection, promotion and support of breastfeeding reaches every woman and baby⁽¹⁰⁾. Yet national estimates of the costs of suboptimal breastfeeding, for treating unnecessary illness (both short and long term), and purchase of breastmilk substitutes and other commodities, indicate that the cost of inaction may well be greater. Women's own investment in breastfeeding, and of the many volunteers who help them, must be recognised as national assets. Breastfeeding is a nutrition system of unique value, contributing to food security for children, and irreplaceable in its role for the wellbeing of families and society.

Call for Action

World Alliance for Breastfeeding Action (WABA), its Core Partners and Allies, and the Endorsers of this Statement urge the Second International Conference on Nutrition (ICN2) to ensure that the protection, promotion and support of breastfeeding become universally endorsed as public health policy, and implemented as the foundation of good, gender-just, sustainable nutrition in all populations.

ICN2 aims to build upon existing global political processes and initiatives to contribute to the post-2015 UN development agenda. This includes identifying priority areas, nutrition development goals as well as the policies that are required to achieve measure and account for them.

Therefore we call upon all governments and relevant UN agencies to work towards:

- Ensuring that “At least 50% Exclusive Breastfeeding (EBF) in the first 6 months”⁽¹¹⁾, is included as a target indicator in the post 2015 agenda, and in relevant national policy on nutrition and health.
- Ensuring that all facilities or hospitals where babies are born should implement Baby-friendly best practice standards.
- Ensuring that all mothers have access to skilled breastfeeding counselling and support, both at health facility level and community level.
- Implementing maternity protection legislation with the ILO Maternity Protection Convention C183 as a minimum standard.
- Enacting Legal provisions that fully implement the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions.
- Strengthening of national emergency preparedness policies and plans to include Infant Feeding in Emergencies (IFE) with regulation of donations and of untargeted distribution of breast-milk substitutes, and of ready-to-use foods (RUFs).

References:

1. Lancet Series on Maternal and Child Nutrition 2013. Executive Summary 6th June 2013.
2. UNICEF State of the World’s Children 2013.
3. Horta B Evidence on the long term effects of breastfeeding. Systematic Reviews and meta-analysis. WHO 2007.
4. Black R et al. Maternal and Child undernutrition and overweight in low-income and middle-income countries . maternal and Child Nutrition 1. Lancet 2013;382:427-51
5. Oddy W et al. The long term effects of breastfeeding on child and adolescent mental health: a pregnancy cohort followed for 14 years. J Pediatr 2010;156:568-74.
6. Renfrew M et al. Support for healthy breastfeeding mothers with healthy term babies. Cochrane Review 2012.
7. UNICEF 2010 Childinfo.org. Further elaborated in the Consolidated Report of Six-country review of breastfeeding programmes. UNICEF, AED 2010.
8. General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24). See: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f15&Lang=en
9. General comment No. 16 (2013) on State obligations regarding the impact of the business sector on children’s rights. See: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f16&Lang=en
10. IBFAN 2013. The Need to Invest in Babies. See: <http://ibfan.org/launch-of-the-need-to-invest-in-babies>
11. As per the WHO’s proposed Global targets 2025. See: http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/



WABA, PO Box 1200, 10850 Penang, Malaysia
Tel: 60-4-658 4816 Fax: 60-4-657 2655
Email: waba@waba.org.my
Web: <http://www.waba.org.my/>

The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide. WABA action is based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the Global Strategy for Infant and Young Child Feeding. WABA is in consultative status with UNICEF & an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

Additional List of Endorsers to the WABA Statement to ICN2

1. Club Solo Mamá, San Lucas Maternidad, **Argentina**
2. ELACTA European Lactation Consultants Association, **Austria**
3. Körpergarten, **Austria**
4. La Leche Liga Österreich, **Austria**
5. Eminence, **Bangladesh**
6. La Leche League Belgium-Flanders asbl, **Belgium**
7. USP - Public Health-Nutrition, **Brazil**
8. Universiti Brunei Darussalam, **Brunei**
9. Prime Lactation Center Cameroon, **Cameroon**
10. No Limit For Women Project, **Cameroon**
11. Alberta Breastfeeding Committee, **Canada**
12. Allaitement Québec, **Canada**
13. Breastfeeding Community of Practice, Nova Scotia, **Canada**
14. Breastfeeding Action Committee of Edmonton (BACE), Edmonton, **Canada**
15. Calgary Breastfeeding Matters Group, **Canada**
16. Clark County Breastfeeding Coalition, Vancouver, **Canada**
17. From the Roots Holistic, Ontario, **Canada**
18. Nurtured Products for Parenting, Nova Scotia, **Canada**
19. Entraide Naturo-Lait, Quebec, **Canada**
20. Public Health Department, Quebec, **Canada**
21. Réseau Québécois d'Accompagnantes à la Naissance (RQAN), Quebec, **Canada**
22. Baby Friendly Hospital Initiative Hong Kong Association, HK, **China**
23. Catholic Messengers of Green Consciousness, HK, **China**
24. Hong Kong Breastfeeding Mothers' Association, HK, **China**
25. Hong Kong Catholic Breastfeeding Association, HK, **China**
26. Peanuts' Family, Hong Kong, **China**
27. Croatian Association of Lactation Consultants, **Croatia**
28. Sveti Duh Clinical Hospital, **Croatia**
29. Grupo de Promoción y Apoyo a la Lactancia Materna, **Cuba**
30. Marchalot, **France**
31. La Leche League **France**
32. La Leche League, Nice, **France**
33. Pediatricians and Family Physicians Association CLARITAS XXI, **Georgia**
34. German Midwives Association, **Germany**
35. Bapuji Child Health Institute, Karnataka State, **India**
36. Breastfeeding Promotion Network of **India**
37. DMC & Hospital, Ludhiana, **India**
38. D/O Community Medicine. Jawaharlal Nehru Medical College, **India**
39. Government District hospital, Andhra Pradesh, **India**
40. Indian Institute for Development Initiative, Rajasthan, **India**
41. Integrated Development in Education, Agriculture and Health, Andhra Pradesh, **India**
42. Krishna Institute of Medical, Maharashtra, **India**
43. M.S. Ramaiah Institute of Nursing Education and Research, Karnataka State, **India**
44. IBFAN **Ireland**
45. La Leche League of Ireland, **Ireland**
46. La Leche League Italia, **Italy**
47. Safe Healthcare Africa, **Kenya**
48. Initiativ Liewensufank, **Luxemburg**
49. CSO Lulka, **Macedonia**
50. The Breastfeeding Advocates Network, **Malaysia**
51. BIB Malaysia, **Malaysia**
52. Malaysian Breastfeeding Peer Counselor Association, **Malaysia**
53. NGO Azafady, **Madagascar**
54. Centro-re, **Mexico D.F.**
55. Un Kilo de Ayuda A. C., **México D. F.**
56. Nepalgunj Medical College Teaching Hospital, **Nepal**
57. Borstvoedingorganisatie La LecheLeague, **Netherlands**
58. Maternity Services Consumer Council, **New Zealand**
59. New Zealand College of Midwives, **New Zealand**
60. The Nurture Centre, New Plymouth, **New Zealand**
61. Dieticians Association Of Nigeria, **Nigeria**
62. Blue Veins, **Pakistan**
63. National Integrated Development Association (NIDA-Pakistan), **Pakistan**
64. Society for Human & Environmental Development (SHED), Peshawar, **Pakistan**
65. PARHUPAR, **Paraguay**
66. Центр грудного вскармливания, **Russia**
67. Info centar (Info centre), **Serbia**
68. IHAN (BFI-SPAIN), Madrid, **Spain**
69. La Liga de la Leche de Navarra, **Spain**
70. La Leche League **Spain**
71. Natural Beginnings Society, **Slovenia**
72. National breastfeeding promotion committee, **Slovenia**
73. Human Milk Bank Association of **South Africa**
74. Breastfeeding committee in NGH, Riyadh, **Saudia Arabia**
75. Swaziland Infant Nutrition Action Network, **Swaziland**
76. La Leche League Schweiz, **Switzerland**
77. COUNSENUTH, **Tanzania**
78. Baylor College of Medicine Children's Foundation, **Tanzania**
79. Kavische International Consultancy Services, **Tanzania**
80. Association of Breastfeeding Mothers, **United Kingdom**
81. Breastfeeding LENS Limited, Derbyshire, **United Kingdom**
82. Lactation Consultants of Great Britain, **United Kingdom**
83. La Leche League, of Great Britain, **United Kingdom**
84. Mammias, **United Kingdom**
85. Arizona Breastfeeding Action Committee, **USA**
86. Arizona Breastfeeding Center, **USA**
87. Arizona Breastfeeding Coalition, **USA**
88. Best for Babes Foundation, LLC, **USA**
89. Birth Network of Santa Cruz County, **USA**
90. Breastfeeding Coalition of Oregon, **USA**
91. Breastfeeding Coalition of Washington **USA**
92. California Breastfeeding Coalition, **USA**
93. Georgia Breastfeeding Coalition, Dalton, Georgia, **USA**
94. Healthy Children Project, Massachusetts, **USA**
95. Kindred Mother Care, Oregon, **USA**
96. Lamaze International, Washington **USA**
97. Luna Lactation and Wellness, Oregon, **USA**
98. Mid-Hudson Lactation Consortium, NY, **USA**
99. NICU Department MDMC, Texas, **USA**
100. North Carolina Breastfeeding Coalition, **USA**
101. Oregon Washington Lactation Assn, **USA**
102. Pratt Area Breastfeeding Coalition; Beautiful Bond Breastfeeding Services, Kansas, **USA**
103. Raphael Center for Integrative Education, NJ, **USA**
104. Southeastern Lactation Consultants Association, Cleveland, Georgia, **USA**
105. St. Mary's Medical Center, Florida, **USA**
106. St. Louis Breastfeeding Coalition, St. Louis, **USA**
107. IBFAN-Sumy, **Ukraine**
108. VietWise JSC (Betibuti), **Vietnam**
109. Breastfeeding Association of **Zambia**