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EDITORIAL

# A warm chain for breastfeeding

Immunisation is preventive medicine par excellence. If a new vaccine became available that could prevent 1 million or more child deaths a year, and that was moreover cheap, safe, administered orally, and required no cold chain, it would become an immediate public health imperative. Breastfeeding could do all this and more,[1,2] but it requires its own "warm chain" of support—that is, skilled care for mothers to build their confidence and show them what to do, and protection from harmful practices. If this warm chain has been lost from the culture, or is faulty, then it must be made good by health serv ces.

Breastfeeding helps to limit fertility and prevent ovarian and premenopausal breast cancer. It helps to prevent sepsis in newborn babies, and gut, chest, ear, and urinary tract infections in all young children, and is valuable in the management of both acute and persistent diarrhoea. In countries with a moderate or high infant mortality rate, artificially fed infants are at least 14 times more likely to die from diarrhoea than are breastfed children, and 4 times more likely to die from pneumonia. Even in countries where infant mortality is low, artificially fed infants require hospital treatment up to 5 times more often than those who are fully or partly breastfed.[3] In France, the cost of these extra admissions is conservatively estimated to be over 71 million francs (about US$12 million, £8 million),[4] with the cost of outpatient and other treatments making a total of 1116 million francs (US$ 199 million). In the UK, hospital costs are said to be as much or more. While exclusive breastfeeding for at least 4 and if possible 6 months (as recommended by WHO[12]) is optimal, even breastfeeding for a few weeks, or partially, is beneficial and has definite advantages over not breastfeeding at all.

There is a growing list of conditions associated with artificial feeding,[2] including insulin-dependent diabetes mellitus and multiple sclerosis. In New Zealand and the USA, sudden infant death syndrome (SIDS) is commoner in bottle-fed infants, although recent reports of British studies did not identify bottle-feeding as a risk factor.[5] Premature babies fed on formula are more likely to die from necrotising enterocolitis than those fed on breast milk. Intolerance and allergy to cow's milk products affect as many as 7·5% of children, including some supposedly fully breastfed infants who were given prelacteal formula in the maternity ward.[6] Bottle feeding contributes to dental decay and malocclusion. Several studies have shown that the intellectual development of breastfed children is slightly but significantly better than that of children fed artificially.[7] This difference has been linked to the absence from non-human milks and