
Position Statement

Breastfeeding

Background

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants. It is also an integral part of the reproductive process with important implications for the health of mothers. Breast milk provides all the energy and nutrients that the infant needs for the first months of life. Exclusive breastfeeding for six months followed by breastfeeding and supplementary food thereafter is the optimal way of feeding infants.¹ To enable mothers to establish and sustain exclusive breastfeeding, important actions are initiation of breastfeeding within the first hour of life and support of breastfeeding on demand.

Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. Breastfeeding contributes to the health and well-being of mothers by helping to space births and reducing the risk of ovarian and breast cancer. Indeed, increasing breastfeeding to near-universal levels could prevent 823,000 deaths in children younger than 5 years and 20,000 deaths from breast cancer every year.² It is also a secure way of feeding and is safe for the environment.

Breastfeeding is a natural act, but it is also a learned behaviour. Mothers require active support for establishing and sustaining appropriate breastfeeding practices. While improved maternity services help to increase the initiation of exclusive breastfeeding, consistent education and support throughout the health system is required to help mothers sustain exclusive breastfeeding.³

Women and families have a right to receive accurate information about the benefits of breastfeeding and its management, so that they can make an informed decision on how their newborn will be nourished. And while not explicitly mentioned in the Sustainable Development

¹ Kramer MS, Kakuma R. (2012). Optimal duration of exclusive breastfeeding. Cochrane Database Systematic Review. Retrieved from: http://www.cochrane.org/CD003517/PREG_optimal-duration-of-exclusive-breastfeeding

² Victora CG, Bahl R, Barros A et al. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effects. *The Lancet*, 387:475-490.

Dobbing, J et al. (1994). Warm chain for breastfeeding. *The Lancet*, 344 (8938): 1700-1702.

⁴ Cross-Barnet, C., Augustyn, MC., Gross, S., Resnik, A., and Paige, D. (2012). Long-term breastfeeding support: Failing mothers in need. *Maternal Child Health Journal*, 16: 1926-1932

Goals, multiple sources have linked breastfeeding as a means to help achieve the targets for health, food security, education, equity, development, and the environment.^{4,5}

Position

ICM supports the recommendation of the World Health Organization for exclusive breastfeeding for six months.⁶ Further, the Confederation supports the Convention on the Rights of the Child, in particular, article 24 in its aspirations for the health of children.⁷

Given this, ICM will:

- actively work with other international organisations and government agencies in the promotion and support of breastfeeding
- ensure that the scientific programme for each International Congress contains a component assigned to presentations on breastfeeding, including developments relating to HIV/AIDS
- utilise its communication channels with midwives' associations to keep them informed on developments in breastfeeding and lactation
- ensure that, within any document relating to the provision of care to women and their newborns, there will be an element relating to the role of midwives in protecting, supporting and promoting breastfeeding

Recommendations

Member associations are urged to:

- work with national and international organisations to promote and support breastfeeding
- provide their midwife members with up-to-date evidence on breastfeeding and on the developments relating to HIV/AIDS, and encourage breastfeeding if the mother and baby are on Antiretroviral Therapy (ARVs).
- encourage their midwife members to educate other health professionals in the importance of breastfeeding

⁴ Rollins, NC et al. (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387: 491-504.

⁵ World Alliance for Breastfeeding Action (WABA). (2016). *Breastfeeding: A key to Sustainable Development*. Retrieved from: <http://worldbreastfeedingweek.org/>.

⁶ World Health Organisation. (2011). *Exclusive breastfeeding for six months best for babies everywhere*. Retrieved from: http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/

⁷ UNICEF. (1989). Convention on the Rights of the Child. Retrieved from: <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

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- ensure midwifery education programmes contain adequate provisions for students to gain competency in supporting breastfeeding women
 - encourage their midwife members to accept their unique and vital role in the promotion of breastfeeding at all levels of the communities within which they live
 - prohibit any form of promotion of breast milk substitutes
 - proactively seek government legislation that promotes breastfeeding
 - monitor the compliance of vendors with the International Code of Marketing of Breast-milk Substitutes⁸
 - work with government agencies to support legislations and provision of community support to breastfeeding
 - Positively support breastfeeding in the workplace and public places

Related ICM documents

ICM. 2010. Core Document. Essential Competencies for Basic Midwifery Practice (Amended 2013)

ICM. 2017. Position Statement. Care of the newborn.

ICM. 2014. Position Statement. Exclusive breastfeeding and HIV Infection

ICM. 2017 Position Statement. Mother- and Baby-Friendly Employment Policies for Midwives.

Other Relevant Documents

Dobbing, J et al. (1994). Warm chain for breastfeeding. *The Lancet*, 344 (8938): 1700-1702.

Cross-Barnet, C., Augustyn, MC., Gross, S., Resnik, A., and Paige, D. (2012). Long-term breastfeeding support: Failing mothers in need. *Maternal Child Health Journal*, 16: 1926-1932.

International Pediatric Association (IPA), International Confederation of Midwives (ICM), International Federation of Gynecology and Obstetrics (FIGO). (2010). Joint Statement on Breastfeeding including Breastfeeding by HIV-Infected Mothers. *International Journal of Gynecology and Obstetrics* 114 (2011): 89–90.

⁸ WHO. International Code of Marketing of Breast-milk Substitutes (1981). Retrieved from: http://www.who.int/nutrition/publications/code_english.pdf

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http://www.cochrane.org/CD003517/PREG_optimal-duration-of-exclusive-breastfeeding
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- World Health Assembly. (2001). *WHA Resolution 54.2 Infant and young child nutrition*. Retrieved from: http://www.who.int/nutrition/topics/WHA54.2_ivcn_en.pdf?ua=1.
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http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/
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http://www.who.int/nutrition/publications/infantfeeding/bfhi_trainingcourse/en/
- World Health Organisation, United Nations Children's Fund (UNICEF), International Baby Food Action Network. (2016). *Marketing of Breast-milk Substitutes: National Implementation of the International Code. Status Report 2016*. Geneva: World Health Organisation. Retrieved from:
https://www.unicef.org/lac/20160509_WHO_UNICEF_IBFAN_2016_Code_Status_Report_EN.pdf
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Adopted at Brisbane International Council meeting, 2005

Revised at Toronto International Council meeting, 2017

Due for next review, 2023