

## Position Statement

# Breastfeeding and Human Milk

### Background

Breastfeeding and use of human milk are unequalled ways of providing ideal food for the healthy growth and development of infants and young children. It is also an integral part of the reproductive process with important implications for women's health. Breast milk provides all the energy and nutrients that the infant needs for the first months of life. Exclusive breastfeeding for six months and continued breastfeeding for two years with appropriate complementary foods is the optimal way to feed infants and young children<sup>1</sup>. This recommendation includes HIV+ women taking antiviral drugs<sup>2</sup>.

To enable women and gender diverse people to establish and sustain exclusive breastfeeding, important actions include initiation of breastfeeding within the first hour of life and support of breastfeeding on demand.

Breast milk promotes infants' sensory and cognitive development and protects them against infectious and chronic diseases. Breastfeeding contributes to the health and well-being of mothers by helping to space births<sup>3</sup> and reducing the risk of ovarian and breast cancer<sup>4</sup>. Increasing breastfeeding to near-universal levels could prevent 823,000 deaths in children younger than five years.<sup>5</sup> It is also a secure way of feeding and is safe for the environment. Breastfeeding and use of human milk have economic benefits for individuals and countries.<sup>5,6,7</sup>

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<sup>1</sup> WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (<http://apps.who.int/iris/bitstream/10665/260178/1/9789241550215-eng.pdf>).

<sup>2</sup> World Health Organization, United Nations Children's Fund. Guideline: updates on HIV and infant feeding: the duration of breastfeeding, and support from health services to improve feeding practices among mothers living with HIV. Geneva: World Health Organization; 2016.

<sup>3</sup> Key practice: Spacing between pregnancies. UNICEF Uganda. (n.d.). Retrieved March 21, 2023, from <https://www.unicef.org/uganda/key-practice-spacing-between-pregnancies>

<sup>4</sup> Victora CG, Bahl R, Barros A et al. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effects. *The Lancet*, 387:475-490.

<sup>5</sup> Victora CG, Bahl R, Barros A et al. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effects. *The Lancet*, 387:475-490.

<sup>6</sup> Dadhich JP, Smoth J, Iellamo A, Suleiman A. Report on carbon footprints due to milk formula: a study from selected countries of the Asia-Pacific Region. Delhi: BPNI/IBFAN Asia; 2016 (<http://ibfan.org/docs/Carbon-Footprints-Due-to-Milk-Formula.pdf>).

<sup>7</sup> Bartick MC, Schwarz EB, Green BD, Jegier BJ, Reinhold AG, Colaizy TT et al. Suboptimal breastfeeding in the United States: maternal and pediatric health outcomes and costs. *Matern Child Nutr.* 2016;13(1). doi:10.1111/mcn.12366.

Lactation is a natural physiological process, but breastfeeding is a learned behaviour. Active postpartum support is required for establishing and sustaining appropriate breastfeeding practices, especially mothers of premature babies. While improved maternity services help to increase the initiation of exclusive breastfeeding<sup>8</sup>, consistent education and support throughout the health system are required to help mothers sustain exclusive breastfeeding<sup>9</sup>.

In 2023 the Lancet reported formula sales on the rise,<sup>10</sup> emphasising the need for women and families to receive accurate information about the benefits of breastfeeding and use of human milk especially as it pertains to premature babies. This information enables women to make informed decisions as to how their newborn will be nourished.

## Position

ICM supports the recommendation of the World Health Organization for exclusive breastfeeding for six months<sup>11</sup>. Further, ICM supports the Convention on the Rights of the Child, particularly article 24, in its aspirations for children's health<sup>12</sup>.

Given this, ICM will:

- Actively work with other international organisations and government agencies to promote and support breastfeeding and the use of human milk.
- Advocate that HIV-positive, childbearing women have a right to information about infant feeding options to make an informed choice. Women also have a right to receive support to achieve their chosen method of feeding their newborns.
- Utilise its communication channels with midwives' associations to keep them informed on developments in breastfeeding, lactation, and best use of milk banks.
- Ensure that within any document relating to the provision of care to women and their newborns there will be an element about the role of midwives in protecting, supporting, and promoting breastfeeding.

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<sup>8</sup> Victora, C. G., Bahl, R., Barros, A. J., França, G. V., Horton, S., Krasevec, J., Murch, S., Sankar, M. J., Walker, N., & Rollins, N. C. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475–490. [https://doi.org/10.1016/s0140-6736\(15\)01024-7](https://doi.org/10.1016/s0140-6736(15)01024-7)

<sup>9</sup> <https://www.unicef.org/documents/breastfeeding-and-family-friendly-policies>

<sup>10</sup> Baker P, Santos T, Neves PA et al. First-food systems transformations and the ultra-processing of infant and young child diets: the determinants, dynamics and consequences of the global rise in commercial milk formula consumption. *Matern Child Nutr*. 2021; 17:e13097

<sup>11</sup> WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (<http://apps.who.int/iris/bitstream/10665/260178/1/9789241550215-eng.pdf>).

<sup>12</sup> UNICEF. (1989). Convention on the Rights of the Child. Retrieved from: <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

## Recommendations

Member associations are urged to:

- Work with national and international organisations to promote and support breastfeeding, the use of human milk and establishment of milk banks.
- Share with others their experiences of policy and information initiatives and of supporting HIV-positive women in making and carrying out appropriate feeding choice.
- Encourage their midwife members to educate other health professionals on the importance of breastfeeding and human milk.
- Ensure midwifery education programmes contain adequate provisions for students to gain competency in supporting breastfeeding women and the use of human milk.
- 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 vendors' compliance with the International Code of Marketing of Breast-milk Substitutes<sup>13</sup>.
- Work with government agencies to support legislation and provision of community support to breastfeeding.
- Positively support breastfeeding in the workplace and public places.

## Related ICM documents

- o ICM. 2019. Core Document. Essential Competencies for Midwifery Practice
- o ICM. 2017. Position Statement. Care of the newborn.
- o ICM. 2017 Position Statement. Mother- and Baby-Friendly Employment Policies for Midwives.

## Other Relevant Documents

- o 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.

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<sup>13</sup> WHO. International Code of Marketing of Breast-milk Substitutes (1981). Retrieved from:  
[http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)

- o 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](http://www.cochrane.org/CD003517/PREG_optimal-duration-of-exclusive-breastfeeding).
- o The Lancet. (2023). Unveiling the predatory tactics of the formula milk industry. *The Lancet*, 401(10375), 409. [https://doi.org/10.1016/s0140-6736\(23\)00118-6](https://doi.org/10.1016/s0140-6736(23)00118-6)
- o Pérez-Escamilla, R., Tomori, C., Hernández-Cordero, S., & Baker, P. (2023). Breastfeeding: Crucially important, but increasingly challenged in a market-driven world. *The Lancet*, 401(10375), 472–485. [https://doi.org/10.1016/s0140-6736\(22\)01932-8](https://doi.org/10.1016/s0140-6736(22)01932-8)
- o Rollins, NC et al. (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387: 491-504.
- o United Nations Children’s Fund (UNICEF). (1989). Convention on the Rights of the Child. Retrieved from: <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>
- o United Nations Children’s Fund (UNICEF). (2005). Innocenti Declaration 2005 on Infant and Young Child Feeding. Retrieved from: [https://www.unicef-irc.org/publications/pdf/declaration\\_eng\\_p.pdf](https://www.unicef-irc.org/publications/pdf/declaration_eng_p.pdf)
- o Victora CG, Bahl R, Barros A et al. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effects. *The Lancet*, 387:475-490.
- o World Alliance for Breastfeeding Action (WABA). (2016). Breastfeeding: A key to Sustainable Development. Retrieved from: <http://worldbreastfeedingweek.org/>.
- o World Health Assembly. (2001). WHA Resolution 54.2 Infant and young child nutrition. Retrieved from: [http://www.who.int/nutrition/topics/WHA54.2\\_iycn\\_en.pdf?ua=1](http://www.who.int/nutrition/topics/WHA54.2_iycn_en.pdf?ua=1).
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- o World Health Organization, United Nations Children’s Fund (UNICEF). (2009). The Baby Friendly Hospital Initiative. Retrieved from: [http://www.who.int/nutrition/publications/infantfeeding/bfhi\\_trainingcourse/en/](http://www.who.int/nutrition/publications/infantfeeding/bfhi_trainingcourse/en/)
- o 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](https://www.unicef.org/lac/20160509_WHO_UNICEF_IBFAN_2016_Code_Status_Report_EN.pdf)
- o WHO Breastfeeding. [https://www.who.int/healthtopics/breastfeeding#tab=tab\\_1](https://www.who.int/healthtopics/breastfeeding#tab=tab_1) 2021
- o WHO Scope and impact of digital marketing strategies for promoting breastmilk substitutes. World Health Organization, Geneva2022

**Adopted at Brisbane International Council meeting, 2005**

Revised at Bali International Council meeting and merged with *Exclusive breastfeeding and HIV infection* 2023

*Due for next review, 2026*