

# Supporting Women's Right to Breastfeed

## Joint Statement to the Commission on the Status of Women 59

### March 9-20, 2015

*From ABM, CGBI, ILCA, 1000 Days and WABA Steering Committee*

The twentieth anniversary of the Fourth World Conference on Women is an opportunity to re-examine the Beijing Platform for Action and determine the progress made and gaps remaining in areas of critical concern in achieving women's full equality and empowerment, including the right to optimal health for mothers and children. While breastfeeding is recognized as fundamental to child survival, nutrition and development, its importance to maternal health, protection against non-communicable diseases and contribution to environmental sustainability is not as well known. It contributes to birth spacing, and reduces the risk of postpartum hemorrhage, breast and ovarian cancers, diabetes and cardiovascular diseases<sup>1</sup>. It fosters mother-infant emotional bonds and a sense of security. It is a natural and renewable food that involves no packaging, transportation or fuel. Yet in many countries breastfeeding is neglected, known supportive interventions are under-resourced and aggressive marketing of breastmilk substitutes continues unchecked. Research shows that most women want to breastfeed, but face obstacles that often interfere with breastfeeding. Only 44% of mothers achieve timely initiation of breastfeeding, and only 38% of infants under the age of 6 months are exclusively breastfed<sup>2</sup>.

***Promoting, protecting and supporting breastfeeding is consistent with the Strategic Objectives of the Beijing Platform for Action 1995:***

- (c.1)** Increasing women's access to quality health care and accurate information empowers them to make informed decisions regarding breastfeeding and family nutrition and health. Breastfeeding is fundamental to the right to attain the highest standards of health for mothers and children. Providing legal, economic, practical and emotional support enables mothers to breastfeed optimally for as long as they desire. Fully implementing the International Code of Marketing of Breast-milk Substitutes will empower women by diminishing the ability of industry to provide misinformation and manipulate public opinion on breastfeeding.
- (c.2)** Strengthening preventive programmes that promote women's health will support and enable women to improve self-esteem, acquire knowledge, make decisions on and take responsibility for their own health and the health of their children. Women and health care workers need training and accurate information on breastfeeding including its impact on improving birth spacing and maternal and child health.
- (c.3)** Undertaking gender-sensitive initiatives that address sexual and reproductive health issues should include women in decision making and give women and health workers education about breastfeeding and the Lactational Amenorrhea Method as an effective way to prevent pregnancy for 6 months postpartum or beyond under certain conditions .
- (c.4)** Researching and disseminating information on women's health will promote women-centered research, treatment and technology, making accurate information available to women to assist them make informed and responsible decisions about their and their families' health and nutrition.
- (f.6)** Promoting harmonization of work and family responsibilities for women and men ensured through legislation offers opportunities for women and men to take job protected parental leave and supports breastfeeding for working mothers.

***Breastfeeding IS a human right:*** Breastfeeding as a right of both the mother and the child is upheld in various Human Rights Declarations, Conventions and instruments' including the following: International Covenant on Economic, Social and Cultural Rights (CESCR), 1966; Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979; Convention on the Rights of the Child (CRC), 1989; International Labour Organization (ILO) Maternity Protection Convention, 2000 (C183); and Food and Agriculture Organization Right to Food Guideline, 2004.

***Promoting, protecting and supporting breastfeeding is consistent with the Sustainable Development Goals of ending hunger, achieving food security and improving nutrition:*** Nutrition sets the foundation for health and sustainable development, yet levels of malnutrition remain unacceptably high. There is broad consensus that the SDG framework should include at a minimum, indicators measuring all six global nutrition targets that were endorsed as priorities by the 65<sup>th</sup> World Health Assembly<sup>3</sup>. Increasing to at least 50 percent the proportion of children less than 6 months old who are exclusively breastfed will contribute to reducing the risk of wasting, stunting and obesity in children and anaemia in women of reproductive age<sup>4,5,6</sup>.

**Effective interventions exist:** Substantial evidence shows that implementing comprehensive policies that promote, protect and support breastfeeding can increase breastfeeding rates. Twenty-three countries have increased exclusive breastfeeding rates by over 20% after adopting national policies which include Code implementation, maternity protection, supportive delivery practices, increased health worker capacity for breastfeeding counseling, and communication strategies<sup>7</sup>. Breastfeeding interventions can reach populations with limited access to health systems thus reducing inequities.

### **Call to Action**

We have an opportunity and a responsibility to ensure that promotion, protection and support of optimal breastfeeding become universal public health policy. We call upon all governments, relevant UN agencies and NGOs to work towards:

1. Ensuring that “At least 50% Exclusive Breastfeeding in the first 6 months” is included as a target indicator in the post 2015 agenda and in national policies. Other indicators of optimal infant and young child feeding should similarly be included. The World Health Organization recommends that infants start breastfeeding within one hour of life, are exclusively breastfed for six months, with timely introduction of adequate, safe and properly fed complementary foods while continuing breastfeeding for up to two years of age or beyond.
2. Ensuring that all maternity facilities implement Baby-friendly best practices.
3. Ensuring that all mothers have access to skilled breastfeeding counseling and support, at both health facility and community levels.
4. Implementing, regulating and enforcing maternity protection legislation using the ILO Maternity Protection Convention C183 as a minimum standard.
5. Enacting legal provisions that fully implement the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
6. Strengthening emergency preparedness policies and plans to include Safe Infant Feeding in Emergencies with emergency responder training and regulation of artificial feeding donation and distribution.
7. Ensuring that the productive and economic contribution of nurturing and breastfeeding are considered by nations as part of the GNP, and considered as part of the economic contribution of women.

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### References:

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