



Position Statement

Breastfeeding

ICN Position:

The International Council of Nurses (ICN) supports the World Health Organization recommendation for infants to be exclusively breastfed for six months with continued breastfeeding along with appropriate complementary foods up to two years of age and beyond.¹

ICN supports efforts to promote adoption of the Baby Friendly Initiative (BHI) to ensure that all centres providing maternal child health services become centres of breastfeeding support.²

Regarding HIV positive mothers and breastfeeding, ICN supports the UNICEF/UNAIDS/UNFPA/WHO 2010 guidelines which recommend that national or sub-national health authorities need to determine whether health services will counsel and support mothers who are HIV-infected to either:

- breastfeed and receive antiretroviral (ARV) interventions; or
- avoid all breastfeeding to give their infants the greatest chance of HIV free survival.³

The health authorities should consider the socio-economic and cultural contexts, availability and quality of health services; local epidemiology including HIV prevalence among pregnant women; and the main causes of maternal and child under-nutrition and infant and child mortality when making this recommendation.⁴

Furthermore, ICN supports the revised International Labour Organization (ILO) Convention 183 on maternity protection. ICN concurs that it is the right of all working women, including those in the informal sector, to have paid daily breaks or a daily reduction of hours of work when breastfeeding a child, and to have access to hygienic facilities to breastfeed and store breast milk at or near the workplace.⁵

Background

Breastfed children have at least six times greater chance of survival in the early months than non-breastfed children. Infants who are breastfed have fewer serious illnesses and are better nourished than those who are fed other drinks and foods. Of all preventative interventions, breastfeeding has the greatest potential impact on child survival, with the potential to prevent 1.4 million deaths in children under five in the developing world.⁶

While a mother with HIV and not on ARVs who is breastfeeding may increase the risk of HIV-transmission to the child by 5-20% with the risk of transmission being reduced to 1-2% when ARVs are provided, babies who are not

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breastfed have a more than 14 times greater chance to die from infectious diseases such as diarrhoea, malnutrition or respiratory infections than babies who are exclusively breastfed in the first six months.⁷

Breastfeeding also reduces the risk of acute infections such as diarrhoea, pneumonia, ear infection, Haemophilus, influenza, meningitis and urinary tract infection and also protects against chronic conditions in the future such as type I diabetes, ulcerative colitis, and Crohn's disease. Breastfeeding during infancy is associated with lower mean blood pressure and total serum cholesterol, and with lower prevalence of type-2 diabetes, overweight and obesity during adolescence and adult life.⁸

Breastfeeding also delays the return of a woman's fertility and reduces the risks of post-partum haemorrhage, pre-menopausal breast cancer and ovarian cancer.⁹

In addition, breastfeeding is affordable for most families while the safe preparation and provision of breast milk substitutes may not be. If parents cannot afford sufficient appropriate breast milk substitutes and/or do not have access to safe water to reconstitute the formula, the use of breast milk substitutes, such as infant formula or animal's milk, pose significant threats to infants.

Finally, women today spend a greater portion of their lives in paid employment as their participation in the labour market has increased in recent decades. Increasingly, countries are seeing that when breastfeeding is supported by employers, the health benefits of breastfeeding for infants and mothers are matched by economic returns at the national workplace level.

Adopted in 2004

Reviewed and revised in 2013

Related ICN Positions:

- Distribution and use of breast milk substitutes
- Women's health
- Rights of children

The International Council of Nurses is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

¹ World Health Organization, Nutrition: Exclusive Breastfeeding, Accessed at www.who.int/nutrition/topics/exclusive_breastfeeding/en/index.html in July 2013.

² United Nations Children's Fund, The Baby-Friendly Hospital Initiative, Accessed at www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/Ten-Steps-to-Successful-Breastfeeding/ in July 2013.

³ United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), World Health Organization (WHO), Guidelines on HIV and Infant Feeding 2010. WHO, Geneva 2010.

⁴ United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), World Health Organization (WHO) (2010). Guidelines on HIV and Infant Feeding 2010. WHO, Geneva 2010

⁵ International Labour Organization, Convention 183. Convention Concerning the Revision of the Maternity Protection Convention (Revised), 1952, Adopted by the Conference at its Eighty-Eighth Session, Geneva, 2000.

⁶ United Nations Children's Fund, Nutrition: Breastfeeding, Accessed at www.unicef.org/nutrition/index_24824.html in July 2013.

⁷ United Nations Children's Fund, Nutrition: HIV and Infant Feeding, Accessed at www.unicef.org/nutrition/index_24827.html in July 2013.

⁸ World Health Organization / United Nations Children's Fund (2009). Acceptable medical reasons for use of breast-milk substitutes. WHO, Geneva

⁹ World Health Organization / United Nations Children's Fund (2009). Acceptable medical reasons for use of breast-milk substitutes. WHO, Geneva