

The Role of Breastfeeding in Reducing the Impact of Poverty

OPHA Breastfeeding Promotion Workgroup

June 2008

“Breastfeeding is a natural safety net against the worst effects of poverty”, according to the Executive Director of the United Nations Children’s Fund (UNICEF).

Lack of breastfeeding, *especially the lack of exclusive breastfeeding in the first six months of life*, is an important risk factor for infant and child morbidity and mortality that are only compounded by inappropriate complementary feeding (Feldman & Frati, 2005; WHO, 2003). When mothers do not breastfeed they generally use a breastmilk substitute (eg., a commercial infant formula or an evaporated milk formula). The WHO’s *International Code of Marketing of Breastmilk Substitutes* (1981) was developed “to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution” (WHO 1981). Among other things, the Code requires that parents be informed about the ‘health hazards’ of unnecessary or improper use of infant formula and other breastmilk substitutes. While the health and nutritional benefits of breastfeeding are well documented, there is increasing evidence of cost savings to families, communities and the health system when infants are breastfed. Families save by not having to maintain the high cost of infant formula and complementary foods. The health care system saves with a reduction in expenditures as a result of fewer hospital admissions, physician visits and prescriptions for medications for childhood illnesses, such as, otitis media and gastroenteritis. Evidence also demonstrates that lack of breastfeeding is associated with poor school performance, reduced productivity, and impaired intellectual and social development (WHO, 2003). To put these findings in perspective, in 2001 it was estimated that a minimum of \$3.6 billion US could be saved if the national prevalence of exclusive breastfeeding increased to Health Canada’s current recommendations (Breastfeeding Committee for Canada, 2005, p1).

In summary, there is little doubt that an investment in breastfeeding is a cost-effective strategy as it helps to ensure children develop to their full potential and reduces the risks associated with compromised nutritional status, emotional development, and related preventable illnesses.

To counter the damaging effects of poverty on Ontario’s children:

Establish a provincial breastfeeding policy and strategy to protect, promote and support breastfeeding in Ontario that advances Health Canada’s breastfeeding recommendations (2004), the WHO’s *Global Strategy for Infant and Young Child Feeding* (2003) and requires implementation of the *Baby Friendly Initiative* in the province.

Appoint a person with the appropriate authority to coordinate the development and implementation of a provincial breastfeeding strategy

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in collaboration with the health sector, other sectors (e.g., education system, private industry, voluntary organizations) and government departments and agencies (e.g. justice, human resources, labour and employment; health information)

Dedicate financial resources to the development and implementation of a provincial strategy designed to protect, promote, and support breastfeeding

Establish a provincial system to monitor breastfeeding initiation and duration rates.