

# Infant and young child feeding

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## Key facts

- Every infant and child has the right to good nutrition according to the Convention on the Rights of the Child.
  - Undernutrition is associated with 35% of the disease burden in children under five.
  - Globally, 30% (or 186 million) of children under five are estimated to be stunted and 18% (or 115 million) have low weight-for-height, mostly as a consequence of poor feeding and repeated infections, while 43 million are overweight.
  - On average about 35% of infants 0 to 6 months old are exclusively breastfed.
  - Few children receive nutritionally adequate and safe complementary foods; in many countries only a third of breastfed infants 6-23 months of age meet the criteria of dietary diversity and feeding frequency that are appropriate for their age.
  - Optimal breastfeeding and complementary feeding practices can save the lives of 1.5 million children under five every year.
  - Recommendations address the needs of HIV-infected mothers and their infants.
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## Overview

Undernutrition is associated with 35% of the disease burden for children under five. Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. The first two years of a child's life are particularly important, as optimal nutrition during this period will lead to reduced morbidity and mortality, to reduced risk of chronic diseases and to overall better development. In fact, optimal breastfeeding and complementary feeding practices are so critical that they can save the lives of 1.5 million children under five every year. WHO and UNICEF recommendations for optimal infant and young child feeding are:

- early initiation of breastfeeding with one hour of birth;

- exclusive breastfeeding for the first six months of life; and
- the introduction of nutritionally adequate and safe complementary foods at six months together with continued breastfeeding up to two years and beyond.

However many infants and children do not receive optimal feeding; for example, on average only around 35% of infants 0 to 6 months old are exclusively breastfed.

Recommendations have been refined to address the needs for infants born to HIV-infected mothers. Antiretroviral drug interventions now allow these children to exclusively breastfeed until six months old and continue breastfeeding until at least 12 months of age with a significantly reduced risk of HIV transmission.

### **Breastfeeding**

Exclusive breastfeeding for six months has many benefits for the infant and the mother. Chief among these is protection against gastro-intestinal infections which is observed not only in developing but also in industrialized countries. Early initiation of breastfeeding, within one hour of birth, protects the newborn from acquiring infections and reduces newborn mortality. The risk of mortality due to diarrhoea and other infections can increase in infants who are either partially breastfed or not breastfed at all.

Breast milk is also an important source of energy and nutrients in children 6 to 23 months of age. It can provide one half or more of a child's energy needs between 6 and 12 months of age, and one third of energy needs between 12 and 24 months. Breast milk is also a critical source of energy and nutrients during illness and reduces mortality among children who are malnourished.

Adults who were breastfed as babies often have lower blood pressure and lower cholesterol, as well as lower rates of overweight, obesity and type-2 diabetes. Breastfeeding also contributes to the health and well-being of mothers; it reduces the risk of ovarian and breast cancer and helps space pregnancies -- exclusive breastfeeding of babies under six months has a hormonal effect which often induces a lack of menstruation. This is a natural (though not fail-safe) method of birth control known as the Lactation Amenorrhoea Method.

Mothers and families need to be supported for their children to be optimally breastfed. Actions that help protect, promote and support breastfeeding include:

- adoption of policies such as the ILO Maternity Protection Convention 183 and the International Code of Marketing of Breast-milk Substitutes;
- implementation of the Ten Steps to successful breastfeeding specified in the Baby-friendly Hospital Initiative, including:
  - Skin-to-skin contact between mother and baby immediately after birth and initiation of breastfeeding within the first hour of life
  - Breastfeeding on demand (that is, as often as the child wants, day and night)
  - Rooming-in (allowing mothers and infants to remain together 24 hours a day)
  - Babies should not be given additional food or drink, not even water;
- supportive health services providing infant and young child feeding counselling during all contacts with caregivers and young children, such as during antenatal and postnatal care, well-child and sick child visits, and immunization; and;
- community support including mother support groups and community-based health promotion and education activities.

### **Complementary feeding**

Around the age of six months, an infant's need for energy and nutrients starts to exceed what is provided by breast milk and complementary foods are necessary to meet those needs. At about six months of age, an infant is also developmentally ready for other foods. If complementary foods are not introduced when a child has reached six months, or if they are given inappropriately, an infant's growth may falter. Guiding principles for appropriate complementary feeding are:

- continue frequent, on demand breastfeeding until two years old or beyond;
- practise responsive feeding (e.g. feed infants directly and assist older children. Feed slowly and patiently, encourage them to eat but do not force them, talk to the child and maintain eye contact);
- practise good hygiene and proper food handling;
- start at six months with small amounts of foods and increase gradually as the child gets older;
- gradually increase food consistency and variety;
- increase the number of times that the child is fed, 2-3 meals per day for infants 6-8 months of age, and 3-4 meals per day for infants 9-23 months of age, with 1-2 additional snacks as required;
- feed a variety of nutrient rich foods;

- use fortified complementary foods or vitamin-mineral supplements, as needed; and
- increase fluid intake during illness, including more breastfeeding, and offer soft, favourite foods.

### **Feeding in exceptionally difficult circumstances**

Families and children in difficult circumstances require special attention and practical support. Wherever possible, mothers and babies should remain together and be provided with the support they need to exercise the most appropriate feeding option available. Breastfeeding remains the preferred mode of infant feeding in almost all difficult situations for instance:

- low-birth-weight or premature infants;
- HIV-infected mothers;
- adolescent mothers;
- infants and young children who are malnourished;
- families suffering the consequences of complex emergencies; and
- children living in special circumstances such as foster care, or with mothers who have physical or mental disabilities, or children whose mothers are in prison or are affected by drug or alcohol abuse.

### **HIV and infant feeding**

Breastfeeding, and especially early and exclusive breastfeeding, is one of the most significant ways to improve infant survival rates. However, a woman infected with HIV, can transmit the virus to her child during pregnancy, labour or delivery, and also through breast milk. In the past, the challenge was to balance the risk of infants acquiring HIV through breastfeeding versus the higher risk of death from causes other than HIV, in particular malnutrition and serious illnesses such as diarrhoea and pneumonia, when infants were not breastfed.

The evidence on HIV and infant feeding shows that giving antiretroviral drugs (ARVs) to either the HIV-infected mother or the HIV-exposed infant can significantly reduce the risk of transmitting HIV through breastfeeding. This enables HIV-infected mothers to breastfeed with a low risk of transmission (1-2%). These mothers can therefore offer their infants the same protection against the most common causes of child mortality and the benefits associated with breastfeeding.

Even when ARVs are not available, mothers should be counselled to exclusively breastfeed in the first six months of life and continue breastfeeding thereafter unless environmental and social circumstances are safe for, and supportive of, replacement feeding.

## **WHO's response**

The *Global Strategy for Infant and Young Child Feeding*, endorsed by WHO Member States and the UNICEF Executive Board in 2002, aims to protect, promote and support appropriate infant and young child feeding. The Strategy is the framework through which WHO prioritizes research and development work in the area of infant and young child feeding, and provides technical support to countries to facilitate implementation.

WHO and UNICEF developed the 40-hour *Breastfeeding Counselling: A Training Course* and more recently the five-day *Infant and Young Child Feeding Counselling: An Integrated Course* to train health workers to provide skilled support to breastfeeding mothers and help them overcome problems. Basic breastfeeding support skills are also part of the *Integrated Management of Childhood Illness* training course for health workers.

In 2010, WHO released revised guidelines on infant feeding in the context of HIV. At the same time, new recommendations were also released on antiretroviral therapy for preventing mother-to-child transmission of HIV. Together, the recommendations provide simple, coherent and feasible guidance to countries for promoting and supporting improved infant feeding by HIV-infected mothers.

**For more information contact:**

WHO Media centre

Telephone: +41 22 791 2222

E-mail: [mediainquiries@who.int](mailto:mediainquiries@who.int)