

## ICEA Position Paper

# Infant Feeding

## Position

**All expectant mothers should be given evidence-based information about breastfeeding in order to make an informed decision as to how they will feed their infants. Further, we believe that breastfeeding is affected by events in the entire reproductive process and that it is most successful when the mother is given information on initiating breastfeeding and support ongoing breastfeeding. The International Childbirth Education Association (ICEA) supports breastfeeding at all levels; in the childbirth classroom, in the support given by our doulas at births and postpartum, and in the community and from the local to international level.**

## Background

Human milk has been overwhelmingly documented as the superior food for human infants. The American Academy of Pediatrics (AAP) has stated that it is the normative standard for infant feeding and nutrition. The AAP further states that breastfeeding should be considered a public health issue and not just a lifestyle choice. The AAP recommends infants should be fed human milk exclusively for the first six months of life with the introduction of complementary foods after six months, continuing to breastfeed for the first

year of life and as long thereafter as mother and baby desire. The World Health Organization (WHO) recommends the same and also specifies two years as the recommended duration of breastfeeding.

The US Department of Health and Human Services began setting health goals for the nation, including target goals for breastfeeding. Currently the goals for the year 2020 are:

1. Increase the numbers of infants who are ever breastfed to 81.9%
2. Increase the number of infants who are breastfed at 6 months to 60.6%
3. Increase the number of infants breastfeeding at 1 year to 34.1%
4. Increase the number of infants exclusively breastfed at 3 months to 46.2%
5. Increase the number of infants exclusively breastfed at 6 months to 25.5%
6. Increase the proportion of employers offering worksite lactation programs to 38%
7. Reduce the proportion of newborns supplemented with formula in the first 2 days to 14.2%
8. Increase the proportion of live births occurring in facilities who have implemented recommended care practices to 8.1%

ICEA strongly encourages all involved in education and care of childbearing families be well-informed and supportive of breastfeeding for the benefit of mothers, infants, families and communities.

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## Benefits of Breastfeeding

There are numerous benefits of breastfeeding supported by research including:

### For Infants:

1. Reduced risk of lower respiratory infections
2. Reduced severity of RSV bronchitis
3. Reduced incidence of gastrointestinal infections
4. Reduced incidence of Necrotizing Enterocolitis
5. Reduced risk of SIDS (independent of sleep position)
6. Protective effect for clinical asthma, atopic dermatitis and eczema
7. Reduced risk of development of celiac disease and childhood IBS
8. Reduction in the development of childhood and adult obesity
9. Reduced risk of type 1 and type 2 diabetes
10. Higher intelligence scores in infants breastfed for at least 3 months

### For Mothers:

1. Reduced incidence of breast and ovarian cancer
2. Lowered risk of development of osteoporosis
3. Reduced risk of cardiovascular disease including metabolic syndrome, hypertension and hyperlipidemia
4. Reported more frequent reports of positive moods and reduced self-reported anxiety
5. Reduced reports of childhood abuse and neglect in women who breastfeed
6. Improved quality and quantity of sleep

## Contraindications to Breastfeeding

1. In the USA (and other developed countries) HIV is not recommended. In some developing countries where there is no access to clean water and supplies exclusive breastfeeding may be permitted
2. Infants with diagnosed with galactosemia
3. Mothers with untreated, active tuberculosis
4. Mothers who are positive for HTLV type 1 and 2
5. Mothers with untreated brucellosis
6. Mothers using illicit drugs

Always refer to the CDC for the most current recommendations at [CDC.gov/breastfeeding/diseases](http://CDC.gov/breastfeeding/diseases)

## Birth Practices Which May Affect Breastfeeding

1. Some labor medications including some analgesics and/or anesthetics
2. Separation of mother and infant unless there is emergent medical need
3. Unnecessary or convenience formula supplementation
4. Not providing immediate or postpartum skin to skin care

Evidence-based education on these topics is recommended for discussion in prenatal classes

## The Use of Human Milk Donation

The AAP supports only the use of donor milk from a HMBANA (Human Milk Banking Association of North America) or state licensed milk bank which assures proper testing, preparation and storage of human milk. ICEA does not condone or recommend the informal sharing of human milk.

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## The International Code of Marketing of Breastmilk Substitutes

Advertising and free formula giveaways have led some mothers to think the formula is hospital sanctioned and nutritionally equal to human milk. Numerous studies have found the practice of providing new mothers with discharge formula bags when leaving the hospital decreases the duration of exclusive and any breastfeeding. Discouraging breastfeeding can be a negative influence on infant health as recognized by the World Health Organization and UNICEF.

In 1981 the WHO and UNICEF developed a code of ethics for the marketing of breastmilk substitutes including discouraging the idealizing of formula feeding and not implying that any breastmilk substitute is equal to or superior to human milk.

For more information on the Code of Marketing of Breastmilk Substitutes, go to:

[http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)

## The Baby Friendly Hospital Initiative

In 1991 the WHO and UNICEF developed the Baby Friendly Hospital Initiative based on the Ten Steps to Successful Breastfeeding. These steps form the basis of best practices for birthing facilities to support new mothers and families for optimum success.

These steps are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth. (skin to skin immediately after birth)
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give (breastfeeding) infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand. (cue feeding)
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center

## For More Information

[www.bfmed.org](http://www.bfmed.org)

[www.CDC.gov/breastfeeding](http://www.CDC.gov/breastfeeding)

<https://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>  
(The Surgeon General's Call to Action to Support Breastfeeding)

[www.HMBANA.org](http://www.HMBANA.org) (Human Milk Banking)

[www.BabyFriendlyUSA.org](http://www.BabyFriendlyUSA.org)

[www.KangarooMotherCare.com](http://www.KangarooMotherCare.com)

<http://www.who.int/foodsafety/publications/powdered-infant-formula/en/>

[www.CDC.gov/cronobacter/prevention.html](http://www.CDC.gov/cronobacter/prevention.html)

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/guide-to-bottle-feeding/>

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## Implications for Practice

The role of childbirth educators and doulas is education on initiation and continued lactation support for mothers and families. Ongoing support also includes connecting with local community maternal and infant resources as well as being able to offer information on local lactation care providers.

## For Those Families Who Have Made an Informed Decision to Formula Feed

As childbirth educators, doulas and lactation care providers we need to be prepared to non-judgmentally discuss aspects of formula feeding, including answering questions and providing resources as needed.

## References

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