

BREASTFEEDING: THE FIRST FOOD SYSTEM

First 1000 Days, Benefits, and the CMF Industry

The First 1000 Days: Maternal Nutrition and the Global Infant and Young Child Feeding (IYCF) Strategy'

The first 1000 days of each child's life comprise a critical window of opportunity for optimal growth and development. This 1000 day period spans conception to birth (270 days), through the first six months of exclusive breastfeeding (180 days) and thereafter the next 550 days of complementary feeding of safe, nutritious, locally available solids while breastfeeding continues up to two years (550 days) or beyond. While maturation of the human brain continues throughout life, the most rapid period of brain growth and its period of highest plasticity is during pregnancy and the first two years of life.¹

As such, optimizing maternal nutrition with adequate diets and prenatal supplements, and optimizing health of the pregnancy through quality antenatal care are imperative. Birth plans should include plans for breastfeeding and for quality care during labor/delivery and the immediate newborn period through provision of services for Early Essential Newborn Care.² Infant and Young Child Feeding (IYCF) practices should be optimized.³ States should invest in evidence-based direct (nutrition-specific) and indirect (nutrition-sensitive) programs^{4,5} not only in humanitarian but more importantly so under normal times.

Benefits of breastfeeding on social and economic development

Breast milk, unlike breast milk substitutes, provides all the nutrients and energy a baby needs for the first 6 months of life and a significant proportion of a child's needs until 2 years of age. After 6 months of age, breastfeeding continues to provide half or more of the child's nutritional needs from 6-12 months or at least one-third of the child's nutritional needs from 12-24 months. It confers protection against many illnesses and closeness and contact with the mother which helps the child's psychological development.

Breastfeeding provides short term and long-term benefits for both the mother and child. It is the most potent and cost-effective public health intervention.

¹ UNICEF. The first 1,000 days of life: The brain's window of opportunity. 2013. Available at: <https://www.unicef-irc.org/article/958-the-first-1000-days-of-life-the-brains-window-of-opportunity.html>

² WHO Western Pacific Regional Office. Early Essential Newborn Care. The First Embrace. Available here: <http://www.thefirstembrace.org/>

³ UNICEF. Infant and young child feeding September 2021. Available at: <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>

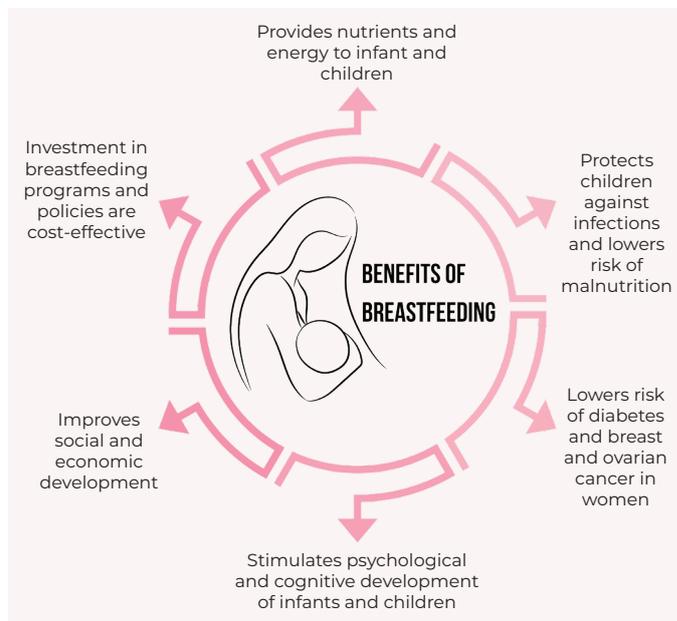
⁴ Abdullahi, L.H., Rithaa, G.K., Muthomi, B. et al. Best practices and opportunities for integrating nutrition specific into nutrition sensitive interventions in fragile contexts: a systematic review. BMC Nutr 7, 46 (2021). <https://doi.org/10.1186/s40795-021-00443-1>

⁵ Ruel MT, Alderman H. The Maternal and Child Nutrition Study Group. Nutrition-sensitive interventions and programmes: how can they help accelerate progress in improving maternal and child nutrition? The Lancet. 382 (9891). [http://doi.org/10.1016/S0140-6736\(13\)60843-0](http://doi.org/10.1016/S0140-6736(13)60843-0)

Exclusive breastfeeding when initiated appropriately within the first hour saves both newborn and mother's lives i.e. more than 820,000 children under age 5. Global evidence has shown that Children who are breastfed for longer periods have lower rates of infectious disease and death than formula fed children.

Breastfeeding reduces rates of childhood overweight and obesity. It lowers the risks of diabetes, breast and ovarian cancers in women.⁶

Breastfeeding directly contributes to improved social and economic development, stimulating cognitive development and resulting in improved intelligence, education attainment, and income, ultimately translating at a national level to greater economic productivity.⁷ At the national level, investments in breastfeeding practices through programs and policies are cost-effective, as every dollar invested is estimated to result in a US \$35 economic return.⁸ Conversely, the economic costs of poor breastfeeding practices are profound.^{9,10}



Breastmilk and breastfeeding within the HLPE framework and how the CMF industry and regulatory practices influence breastfeeding and the first-food system

Developed in 2017 by a high level panel of experts (HLPE), the food systems framework articulates the relationship between food supply chains, the food environment, consumer behaviors, diets, and, ultimately, nutrition and health outcomes.

It is imperative that all future food systems frameworks should highlight the first food – breast milk. Breastmilk should be the centerpiece, the so-called piece de resistance of a young child's diet. It should be the only food for infants under six months. The WHO/UNICEF Global Infant and Young Child Feeding or IYCF recommends that infants be exclusively breastfed for six months, including initiation within the first hour of life, and that they continue to breastfeed for up to two years or beyond.

The negative impact of marketing practices by the commercial milk formula (CMF) industry and other social, cultural, political, and economic impediments to breastfeeding should continue to be called out.

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⁶ UNICEF. The first 1,000 days of life: The brain's window of opportunity. 2013. Available at: <https://www.unicef-irc.org/article/958-the-first-1000-days-of-life-the-brains-window-of-opportunity.html>

⁷ Victora CG, et al., Breastfeeding in the 21st Century: Epidemiology, mechanism and lifelong effect' The Lancet, 2016, vol. 387, pp. 475-490.

⁸ Walters et al. 2017.

⁹ Walters D. et al. 2016. The cost of not breastfeeding in Southeast Asia.', Health policy and planning, 31(8). doi:10.1093/heapol/czw044.

¹⁰ Ibid.