



Infant feeding and child survival - have we done enough?

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Abstract

Interventions to promote optimal breastfeeding and complementary feeding practices are two out of the three most effective preventive interventions available to prevent child mortality. These interventions are also essential to achievement of the Millennium Development Goals related to child survival, the eradication of hunger, prevention of HIV/AIDS, and educational attainment.

There is no better way than breastfeeding to make sure that a child gets the best start in life. Breastfeeding alone provides the ideal nourishment for infants for the first six months of life as it provides all the nutrients, antibodies, hormones, immune factors and antioxidants an infant needs to thrive. It protects babies from diarrhoea and acute respiratory infections and stimulates their immune systems. .

Virtually all mothers can breastfeed provided they have accurate information, and support within their families and communities and from the health care system.

Lack of breastfeeding – and especially lack of exclusive breastfeeding during the first half-year of life – are important risk factors for infant and childhood morbidity and mortality. These risk factors are compounded by inappropriate complementary feeding as infants grow.

Exclusive breastfeeding in the first half-year of life and continued breastfeeding coupled with appropriate foods could reduce the number of children under five who die from malnutrition. Malnutrition is associated with more than 50% of deaths among children under five.

Currently, no more than 35 percent of infants worldwide are exclusively breastfed during even the first four months of life. Complementary feeding frequently begins too early or too late, and foods are often nutritionally inadequate and unsafe. Malnourished children who survive are more frequently sick and suffer the life-long consequences of impaired development.

The long-term impact of poor feeding practices in infancy and early childhood include poor school performance, reduced productivity and impaired intellectual and social development.

Stressing the link between the health and nutritional status of mothers and children, child survival efforts should include the challenges of feeding in exceptionally difficult circumstances, such as natural or man-made emergencies. Roughly, about 2.6million children who are born to HIV-infected women each year. The absolute risk of HIV transmission through breastfeeding – globally is between 5 percent and 20 percent– needs to be balanced against the increased risk of morbidity and mortality when infants are not breastfed. All HIV-infected mothers should receive information about the risks and benefits of various options and guidance in choosing the most suitable option.

To revitalize world attention to the impact that feeding practices have on the survival of infants and young children, WHO and its partners jointly developed the Global Strategy for Infant and Young Child Feeding. It was endorsed by Member States at the fifty-fifth World Health Assembly in May 2002 (WHA55.24). The Director-General of WHO requested Member States to implement it, as appropriate to national circumstances, in order to promote optimal feeding for all infants and young children. In addition, WHO has recently completed a multi-center growth reference study and developed a new international growth standard for children, based on breastfed children living in optimal conditions.

Effective interventions and resource materials are available together with the evidence. This leaves us no escape options but to act.....and now.