



# IFMSA

International Federation of  
Medical Students' Associations

## IFMSA Policy Document Breastfeeding

**Proposed by Team of Officials**

**Presented to the IFMSA General Assembly March Meeting 2017 in Budva, Montenegro**

### Policy Statement

#### Introduction

Breastfeeding is described by the UNICEF and the World Health Organization as “a cornerstone of children’s survival, nutrition and early development”. According to the World Health Organization, “If every child was breastfed within an hour of birth, given only breast milk for their first six months of life, and continued breastfeeding up to the age of two years, about 800 000 child lives would be saved every year.” Thus, it is an incomparable source of nutrition for the health of infants, affording a range of benefits to both mother and child, in addition to its contribution to environmental sustainability. Despite its many positive impacts, the worldwide rates of breastfeeding are far from ideal. Globally, rates of exclusive breastfeeding to six months vary regionally, from as high as 44% in South Asia, to as low as 20% in Central and Eastern Europe. This is due to many barriers women face from cultural, to social, political and medical as well as private sector influence. It is also directly linked to critical gender equality issues.

#### IFMSA Position

The IFMSA affirms its commitment and belief that breastfeeding is an unparalleled source of nutrition for the growth and development of infants, that it is a basic right for women to be informed about breastfeeding benefits, conditions and practices, and to make well-informed choices related to breastfeeding. The IFMSA believes that action should be taken to support and promote breastfeeding practices globally.

#### Call to Action

Therefore, IFMSA calls on:

1. Members and National Member Organizations to:
  - a. Contribute to preserving and re-establishing a breastfeeding culture by promoting a positive attitude towards breastfeeding in society as a whole.
  - b. Increase the Understanding among their members and medical students that breastfeeding is one of the most important determinants for child and maternal health and relevant action should be taken to support its importance within member nations.
  - c. Advocate and carry out campaigns to raise awareness in the general population and health care professionals around the benefits of breastfeeding, the role of the industry, and the barriers women face including social barriers.
  - d. Positively influence medical schools to ensure a complete inclusion of issues surrounding breastfeeding in the medical curriculum, always ensuring an intersectional approach.
2. Medical Schools to:
  - a. Provide medical students with education on the benefits of breastfeeding and its management. In addition, encourage them to support the vital role played by other healthcare professionals such as nurses, community health workers and midwives.
  - b. Ensure that medical students appreciate the potential complexities of an inability to breastfeed, and are able to provide women with the right information to make their



- choices. Provide medical students with the understanding that problems related to breastfeeding have different origins, from medical to social, which are often beyond the control of the individual and include the social determinants of health and wellbeing.
- c. Incorporate basic training of proper breastfeeding into the curriculum, where appropriate, in addition to all the needed knowledge about breastfeeding mothers' support, the medical conditions, both maternal and neonatal, that may prevent it as first choice and the most appropriate breast milk substitutes.
3. Health Sector Professionals to:
- a. Advocate for greater awareness of the health benefits of breastfeeding within the wider community and support all efforts for its advancement. In addition, work with community leaders in rural areas to help develop community based strategies and campaigns that will encourage women in rural settings to breastfeed.
  - b. Stop supporting the advertisement of breast milk substitutes by pharmaceutical companies.
  - c. Ensure that mothers and expectant mothers are fully informed about the health and nutritional benefits of breastfeeding, as well as the nutritional requirements of breastfeeding mother, the medical conditions preventing breastfeeding, and the best alternatives to breastfeeding. Information should be given in a non-judgmental manner, in order not to risk making them feel alienated if they choose not to breastfeed or stop breastfeeding early.
  - d. Ensure new mothers receive support during the breastfeeding process, including but not limited to: Demonstrations and assistance with breastfeeding methods and techniques.
  - e. Facilitate close contact between mother and infant after birth, enabling mothers to feed on demand.
  - f. Stop allowing companies that produce breast milk substitutes to fund scientific conferences.
4. Governments to:
- a. Monitor national levels of breastfeeding.
  - b. Develop public education initiatives regarding the benefits of breastfeeding.
  - c. Mandate compliance with the International Code on Marketing of Breastmilk Substitutes.
  - d. Review national laws that restrict breastfeeding for women in order to create a breastfeeding friendly environment for women
  - e. Guarantee the period of 6 months as minimum maternity leave, ensuring the possibility of exclusive breastfeeding during the first 6 months
  - f. Ensure public funding for research on breastfeeding
  - g. Create and strengthen Human Milk Banks in order to support breastfeeding practice and human milk donation
5. NGOs and International Agencies to:
- a. Provide guidance and counseling opportunities for mothers on appropriate care and feeding practices. In addition to nutrition education to improve complementary feeding and breastfeeding best alternatives.
  - b. Advocate for national laws to protect breastfeeding and stop infant formula companies from using unethical marketing practices.
  - c. Work with governments to develop and enforce policies that provide time, space and support for women to breastfeed.



## Position Paper

### Introduction

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### Background

#### Proved Benefits of Breastfeeding

Breastfeeding provides a wide range of proven benefits, on both child and mother’s health.

#### *Benefits of breastfeeding on the child:*

The child’s development, health, survival and nutrition are positively impacted by breastfeeding, as breast milk can provide all the infant’s needs in nutrients, vitamins, and minerals for growth in the first six months with no other liquid or food needed. It helps maintaining the maternal-fetal immunological link after birth, providing potentially life-saving immunological protection and reducing the risk of gastrointestinal infections and non-enteric infections by providing an antimicrobial activity against several viruses, bacteria, and protozoa.

That subsequently entails a fivefold reduction in hospitalization in the first year of life due to gastroenteritis or respiratory illness, and a protection from diarrhea and pneumonia which are, both prevalent childhood illnesses that are collectively the primary global causes of child mortality are also part of breastfeeding benefits on the child.

In addition to the short term benefits of breastfeeding, long-term benefits are found such as a reduced risk of developing high blood pressure, high cholesterol and type-2 Diabetes, a decreased risk of obesity and an enhanced performance in intelligence tests, [1].

#### *Benefits of breastfeeding on the mother:*

The repeated suckling of the baby releases oxytocin from the mother’s pituitary gland, which, in addition to its signals for breasts to release milk, produces contractions in the uterus, which prevent postpartum hemorrhage and promote uterine involution.

Women who breastfeed have reduced risk of breast, uterine and ovarian cancer, due to lower levels of estrogens during lactation. It also lessens osteoporosis, reduces hip fractures in postmenopausal years. It promotes postpartum weight loss with an earlier return to their pre-pregnant weight as the production of milk is an active metabolic process requiring high energy [2].

The World Health Organization emphasizes the importance of promoting and maintaining breastfeeding practices, and provides recommendations for breastfeeding that support the optimum growth, development and health of the child. In the first six months of an infant’s life, exclusive breastfeeding is recommended. Following this, a combination of breast milk and nutritionally balanced complementary foods is recommended up to two years of age or more. Thus, there are still a number of avenues of research into the benefits of breastfeeding which are yet to be fully explored, for which the World Health Organization recommends a commitment from governments to fund public health research into breastfeeding [3].



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## Formula as a Substitute for Breastfeeding

In addition, breast milk is a complex living nutritional fluids. It contains biological cells, enzymes, antibodies, long chain fatty acids and hormones, which cannot be added to formula. And formula, at its best, only cover the nutritional components of human-milk [4].

## Role of marketing and Pharmaceutical Companies

A major factor in early breastfeeding cessation is the early introduction of breast-milk substitutes, due to societal and commercial pressure, which includes marketing and promotion by formula producers, in addition to the inaccuracy of the medical advice from health workers who lack the skills and training in breastfeeding support. The introduction of substitutes early in an infant's life has been found to significantly increase the likelihood that a woman will discontinue breastfeeding within 60 days, even if she had previously expressed a desire to breastfeed [5]. The World Health Organization provides guidelines on the marketing and provision of breastmilk substitutes to ensure their proper use and appropriate methods of marketing. Under the Code, it is specified that no health care system should promote the use of infant formula; that health authorities should make health workers of their responsibilities under the Code; and that health workers should encourage and protect breast-feeding practices. Further, it is specified that there should be no promotion of breastmilk substitutes, and no samples of substitutes distributed to pregnant women, mothers or their families. These factors represent opportunities to better enable women to breastfeed in order to facilitate a global rise in breastfeeding practices [6].

## Barriers to Breastfeeding

A number of prevalent factors pose barriers to optimum breastfeeding practices. Lack of education about breastfeeding, inflexible work arrangements including insufficient maternity leave and lack of an environment conducive to breastfeeding can all contribute to the early cessation of breastfeeding.

### *Social Barriers: A Part of the Fight for Women's Right*

Breastfeeding is one of the areas affected by gender inequities as women lack support by family, worksites and communities. In a male dominated society, women's breasts are being objectified and sexualized, and public breastfeeding is being stigmatized, limiting women's mobility in public spaces, which can prompt the choice to bottle feeding as substitute [7].

In returning to work, many mothers cease breastfeeding or begin mix feeding due to a lack of time, a lack of privacy, or an environment that is not conducive to continuing breastfeeding in addition to other employers' perception of the presence of infants in the workplace and work regulations and rules which bar children from the workplace. Consequently, paid maternity leave, the option to work part time, breastfeeding breaks, on-site crèches and facilities for expressing and storing breast milk have been identified as factors protective of continuing breastfeeding [8].

A lack of education about breastfeeding is one of the main social barriers to breastfeeding. With public awareness lacking about breastfeeding, especially to new mothers who need it, women tend to refer to a pediatrician, general practitioner or obstetrician, and with little training given to healthcare professionals on breastfeeding, no elaborated information is provided to women, to help them to make the best choice. In addition, few healthcare professionals seek information about the topic, which is not considered as priority, and many of them do not present a supportive attitude toward breastfeeding [9]. In addition, higher rates of breastfeeding have been found in families with a high education level in general, and in non-vulnerable population, in comparison with families with low socio-economical and education level, and vulnerable population respectively [10].

### *Medical Barriers: Mother's Medical Condition*

Though Breastfeeding gives the complete nutritional requirement needed by the Infant most especially within the first 6 months of life and also confers benefit to the Mother, they are some medical indications however that may serves as barrier to breastfeeding.



The American Academy of Pediatrics and the Canadian Pediatric Society gave the following as definitive contraindications to breastfeeding: Maternal Infectious Disease - Cytomegalovirus, Herpes, HIV, Human T-Lymphotropic Virus type 1 or 2 infection, Tuberculosis (if not contagious or may resume feeding after two weeks of treatment) and some Maternal Drugs such as Chemotherapy agents, Drugs of abuse, Primaquine and Quinine (contraindicated if either infant or mother has Glucose 6 phosphate deficiency), Metronidazole, Sulfa drugs, Radioactive isotope and so on [11].

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