



FROM THE FIRST HOUR OF LIFE

Making the case for improved infant and
young child feeding everywhere

Key Findings
2016

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THE IMPORTANCE OF INFANT AND YOUNG CHILD NUTRITION

UNICEF's global report, *From the First Hour of Life: Making the case for improved infant and young child feeding everywhere* provides information on how infants and young children are being fed and how these feeding practices match up to the recommended guidelines on infant and young child feeding. This report tells a story about how children are being fed, what obstacles stand in their way, and where and how we can urgently do better. Read the full report at: uni.cf/iycfreport2016

What, when and how children are fed, particularly in the first two years of life, is critical to health, development and survival. Across the world families invest time, money, and care towards feeding their children, but despite their best efforts, they face immense challenges.

The importance of breastfeeding

Breastmilk is more than just food – it is also a potent medicine that is tailored to the needs of each child.¹

Exclusive breastfeeding, feeding infants nothing but breastmilk for the first six months of life, is the safest and healthiest option for children everywhere and has great potential to save lives. In low- and middle-income countries, infants who received foods and liquids in addition to breastmilk

before 6 months were up to 2.8 times more likely to die than their exclusively breastfed peers; the risk of dying was 14-fold higher among those not breastfed at all.² In rich and poor countries alike, long periods of breastfeeding are associated with higher intelligence scores, and there is evidence that this translates into improved academic performance and long-term earnings.

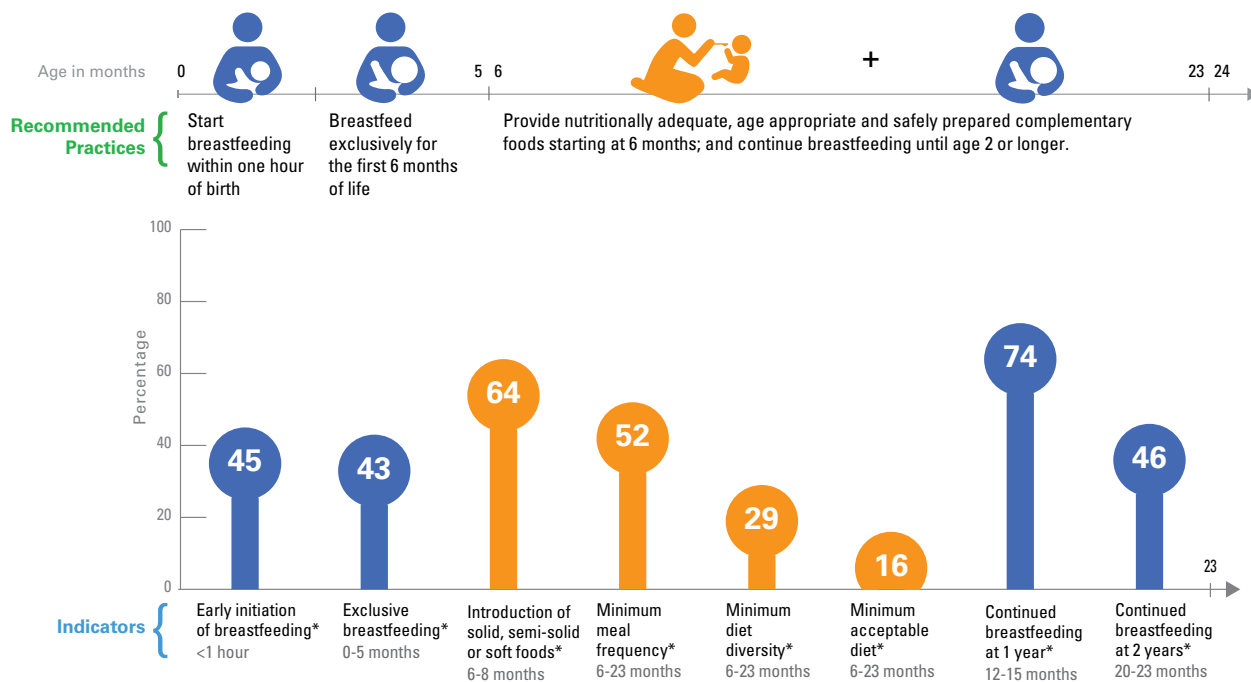
There is growing evidence that breastfeeding may also reduce the incidence of overweight, obesity and chronic diseases later in life.¹ Low rates of breastfeeding are responsible for losses of more than \$230 billion annually in high-income countries, and \$70 billion annually in low- and middle-income countries.³

The importance of appropriate complementary feeding

Starting at 6 months of age, children's nutrient needs are greater than what breastmilk alone can provide. Feeding children solid, semi-solid or soft foods from 6 months of age is key to prevent deficiencies that could result in undernutrition.⁴ Diets that meet at least minimum frequency and diversity standards are essential to preventing micronutrient deficiencies, stunting and wasting.

If appropriate complementary feeding practices were scaled-up to nearly universal levels, approximately 100,000 deaths in children under five could be averted each year.⁵

If the world was issued a scorecard for the way its infants and young children were fed it would receive a failing grade



Per cent of children: put to the breast within one hour of birth, exclusively breastfed (0-5 months); introduced to solid, semi-solid or soft foods (6-8 months), with a minimum meal frequency, minimum diet diversity and minimum acceptable diet (6-23 months) and continued breastfeeding at 1 year (12-15 months) and 2 years (20-23 months), 2015.

WOMEN AND FAMILIES CANNOT DO IT ALONE

The first two years of life are a critical opportunity to enhance a child's future – but a heavy burden to place on the shoulders of mothers and families alone. Good nutrition in the earliest years is a collective responsibility. Government leadership and contributions from key sectors – including health, agriculture, water and sanitation, social protection and education – as well as the private sector, workplaces and families and communities, are needed to support mothers and families to provide their children with the nutrition they need.

Breastfeeding is not a one-woman job

– it requires government leadership and support from families, communities, workplaces and the health system to really make it work.



Children's diets are a shared responsibility – no single household can do it alone.

All sectors of society need to contribute to guarantee that nutritious food for children is available, affordable, safe and provided with care.



1. Victora, C.G., et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*, 2016. 387(10017): p. 475-90.
2. Sankar, M.J., et al. Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. *Acta Paediatr*, 2015. 104(467): p. 3-13.
3. Rollins, N., et al. Lancet Breastfeeding Series Group., Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 2016. 387(10017): p. 491-504.
4. WHO Programme of Nutrition. Complementary feeding of young children in developing countries: a review of current scientific knowledge. 1998, Geneva: World Health Organization.
5. Bhutta, Z.A., et al. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *Lancet*, 2013. 382(9890): p. 452-77.

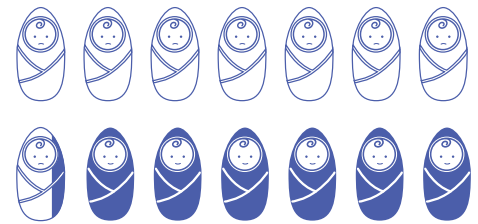
Children should be put to the breast immediately after birth, be breastfed exclusively for the first 6 months of life and continue to be breastfed after solid foods are introduced from 6 months to 2 years and beyond.

Key Findings

- Globally, less than half of all newborns are put to the breast *within an hour of birth*.
- While there is enormous potential for skilled birth attendants to better support women in initiating breastfeeding immediately after birth – this is not happening everywhere. In the Middle East and North Africa, for example, fewer newborns delivered with the assistance of a skilled attendant were put to the breast within an hour of birth than newborns delivered by unskilled attendants.
- While the case of *exclusive breastfeeding* is sound and compelling, less than half of children under 6 months of age receive nothing but breastmilk for the first 6 months of life. Progress on exclusive breastfeeding is also slow – with only South Asia making notable strides the past 15 years.
- The *International Code of Marketing of Breastmilk Substitutes* is crucial to protect and promote breastfeeding by prohibiting the promotion of breastmilk substitutes such as infant formula. However, the strength and comprehensiveness of these measures vary widely across countries. More than half of countries in Latin American and the Caribbean, East Asia and the Pacific and CEE/CIS have only minimal or no legislation in place.
- Globally, *continued breastfeeding* rates drop between children’s ages of 12 and 23 months – from 74 per cent to 46 per cent.

Of the 140 million live births in 2015,

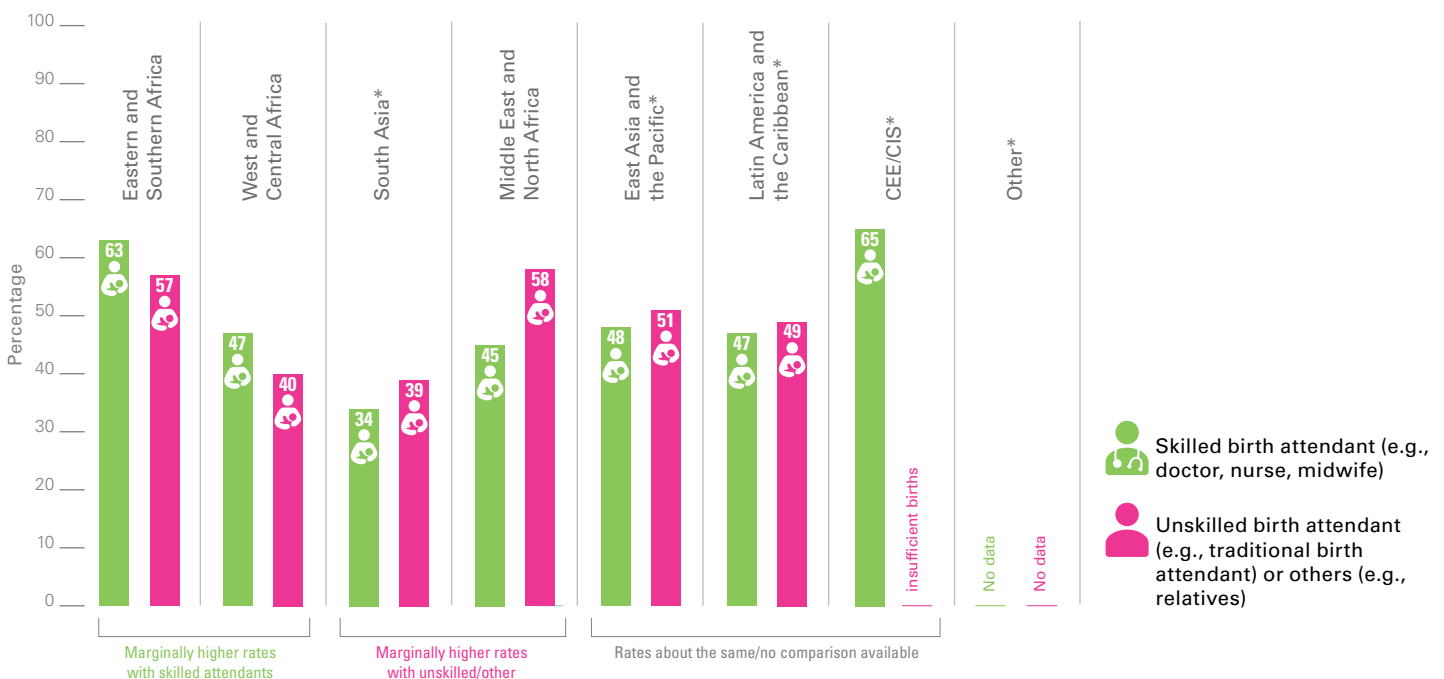
77 million newborns had to wait **too long** to be put to the breast.



Only 45 per cent of newborns were put to the breast within the first hour of life.

= 10 million newborns

While there is enormous potential for skilled birth attendants to better support women in initiating breastfeeding immediately after birth – this is not happening everywhere.



Per cent of newborns put to the breast within one hour of birth by type of birth delivery attendant, by region, 2015

Source: UNICEF global databases, 2016, based on MICS, DHS and other nationally representative sources. * See full report at <uni.cf/iycfreport2016> for notes on the data.

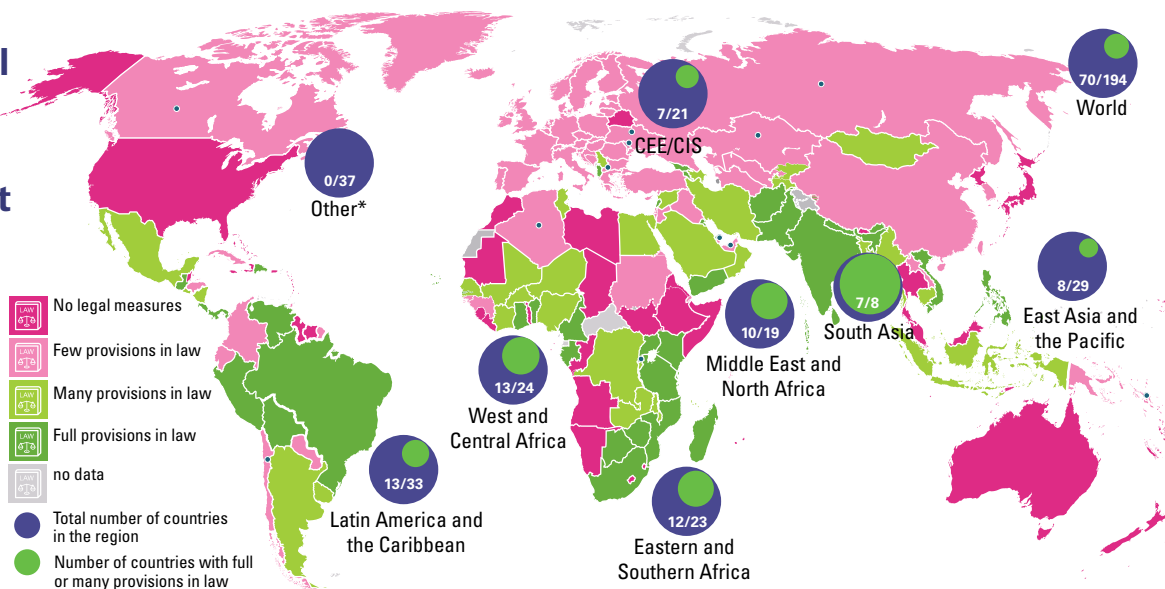
Global progress on exclusive breastfeeding rates has been slow, but progress is possible – South Asia has made the greatest strides of all regions



Trends in per cent of infants aged 0-5 months exclusively breastfed, by region, around 2000 and around 2015

Source: UNICEF global databases, 2016, based on MICS, DHS and other nationally representative sources. *See full report at <uni.cf/iycfreport2016> for notes on the data.

135 countries have some legal measures in line with the Code – yet most of these need to be further strengthened



Status of national measures on the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions, by country and by region*, 2016

Source: WHO, UNICEF, IBFAN. Marketing of Breast-milk Substitutes: National Implementation of the International Code. Status Report 2016. Geneva: World Health Organization; 2016. (• denotes countries have no dedicated Code legislation, but have Code-related provisions incorporated in other legal measures.) See full report at <uni.cf/iycfreport2016> for notes on the data.



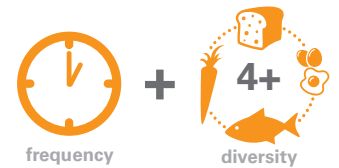
FOCUS ON COMPLEMENTARY FEEDING

Starting at 6 months, children need to be fed with nutritionally adequate, age appropriate and safely prepared solid foods in addition to breastmilk.

Key Findings

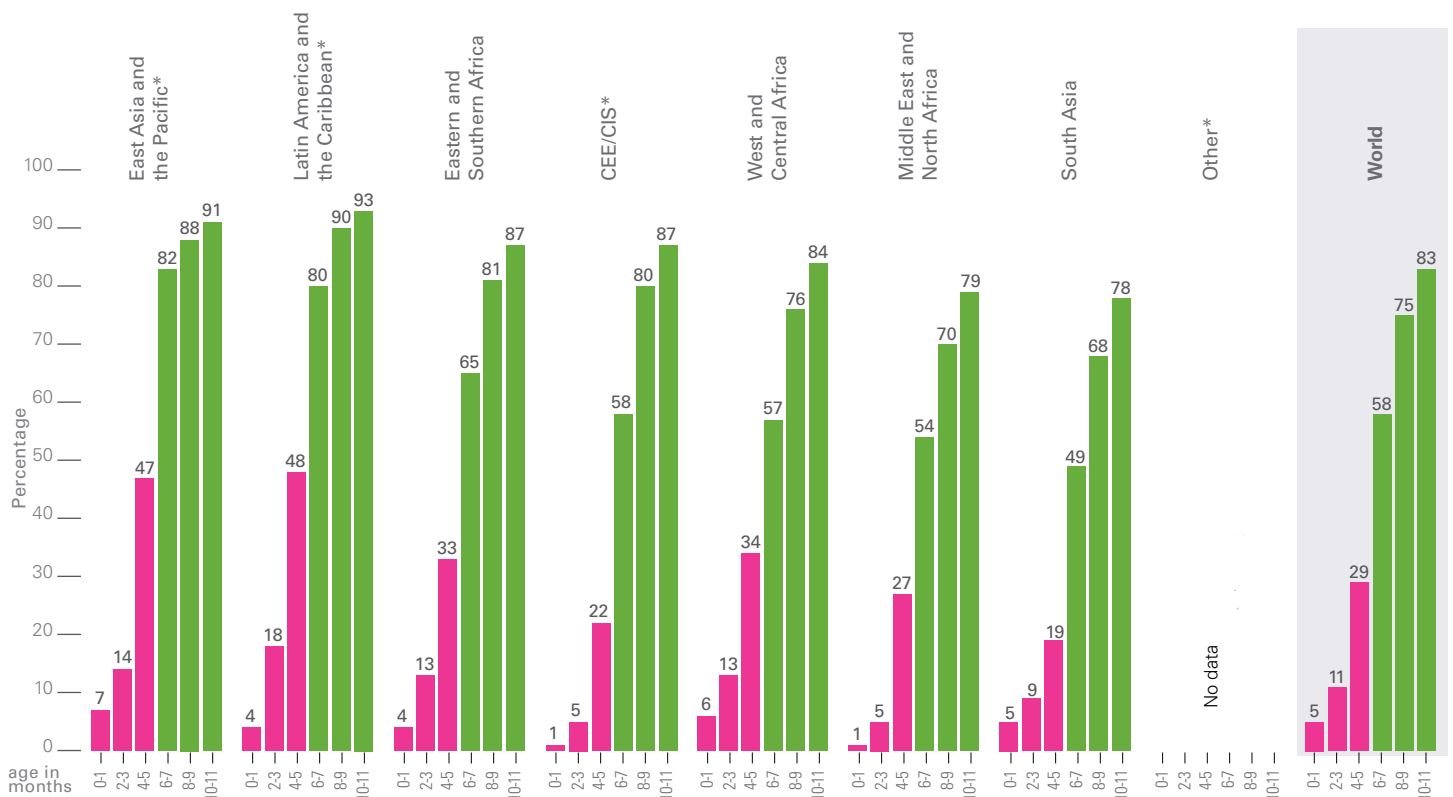
- The late *introduction of solid, semi-solid or soft foods* poses a threat to growth and development; this is worrying since about one third of infants 6–8 months old are not yet eating solid foods. Early introduction of solid foods is also of concern, and globally, more than one quarter of infants between 4 and 5 months of age are already consuming solid foods.
- Children need to eat frequently throughout the day to meet their energy needs, but globally half of all children 6-23 months of age are not being fed even the recommended *minimum number of meals* a day. The regions where stunting rates are highest, namely South Asia and sub-Saharan Africa, have the lowest rates of minimum meal frequency of all.
- Eating a diverse diet helps ensure children consume all of the essential nutrients their growing bodies demand, but less than one third of the world's infants and young children are receiving a diet with the recommended *minimum variety of foods* (food from at least four food groups). In South Asia and sub-Saharan Africa, the situation is dire: only one in five children aged 6–23 months is eating a minimally diverse diet.
- Alarmingly, only 1 out of every 6 children age 6-23 months is receiving a *minimum acceptable diet*, which refers to meeting both the minimum number of meals and minimum diet diversity.

Globally, only **1 in every 6** children is receiving a minimum acceptable diet.



The minimum acceptable diet refers to meeting both the minimum meal frequency and minimum diet diversity.

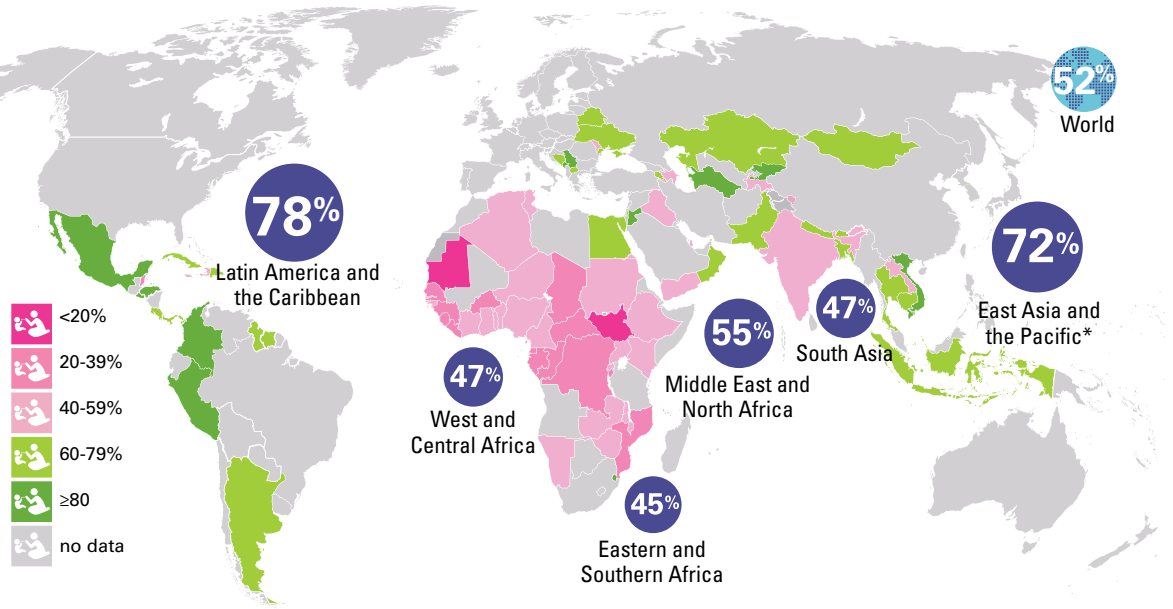
More than one-third of infants are receiving their first foods too early, and far too many are receiving their first foods too late



Per cent of children fed solid, semi-solid or soft foods, by age and by region, 2015

Source: UNICEF global databases, 2016, based on MICS, DHS and other nationally representative sources. *See full report at <uni.cf/iycfreport2016> for notes on the data.

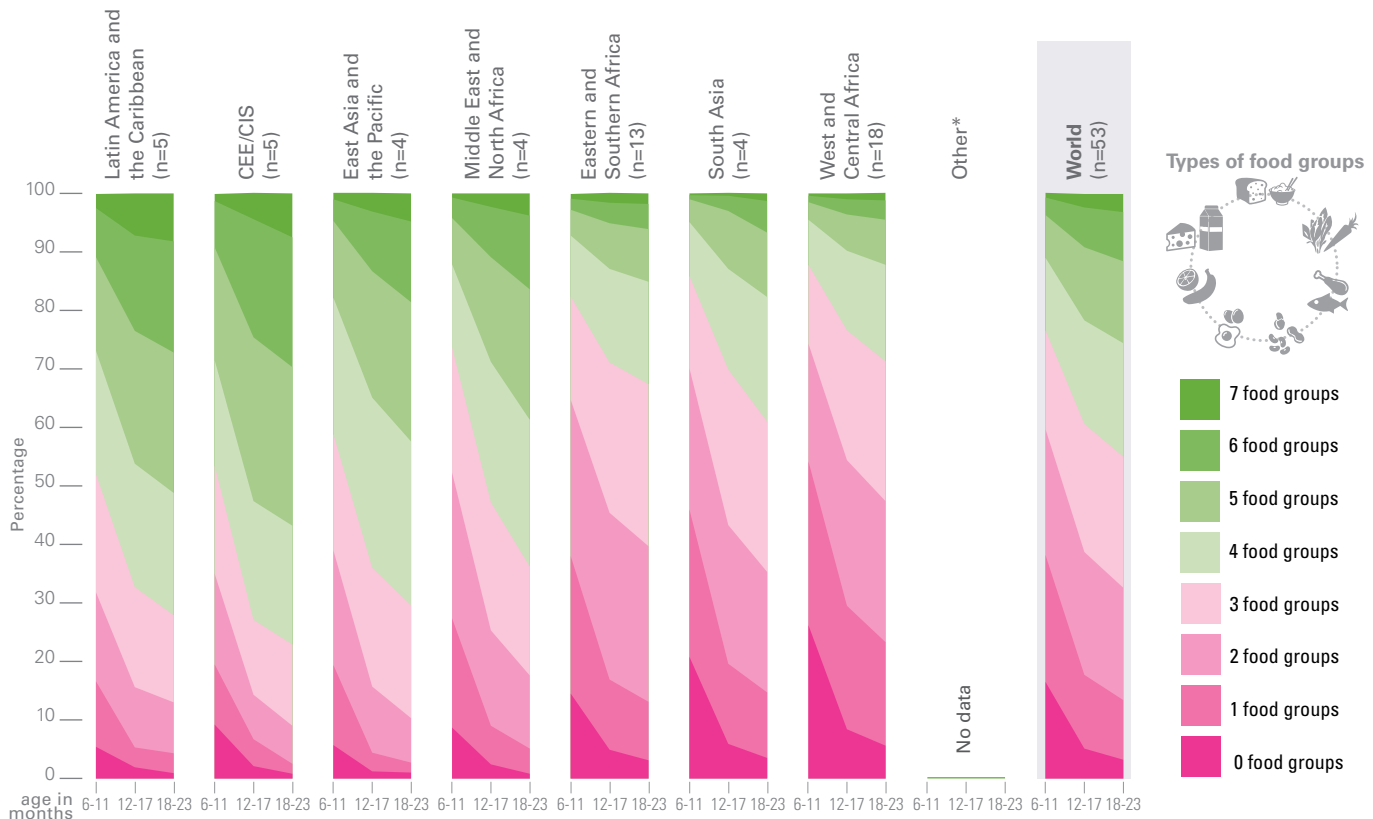
Half of all children are not receiving a minimum meal frequency



Per cent of children 6-23 months of age with minimum meal frequency, 2015

Source: UNICEF global databases, 2016, based on MICS, DHS and other nationally representative sources, 2010-2016. *See full report at <uni.cf/iycfreport2016> for notes on the data.

Less than a third of children 6-23 months of age receive a minimum diet diversity, and rates are lowest among infants 6-11 months old



Per cent (unweighted) of children 6-23 months of age in each food group category, by age and by region, 2015

Source: UNICEF global databases, 2016, based on MICS, DHS and other nationally representative sources. *See full report at <uni.cf/iycfreport2016> for notes on the data.

THE WAY FORWARD

What do we need to do better to support breastfeeding?

- Fully implement the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions through strong legal measures that are enforced and independently monitored by organizations free from conflicts of interest.
- Enact family leave and workplace breastfeeding policies, building on the International Labour Organization's maternity protection guidelines as a minimum requirement, including provisions for the informal sector.
- Implement the Ten Steps to Successful Breastfeeding in maternity facilities, including providing breastmilk for sick and vulnerable newborns.
- Improve access to skilled lactation counselling as part of comprehensive breastfeeding policies and programmes in health facilities.
- Strengthen links between health facilities and communities, and encourage community networks that protect, promote, and support breastfeeding.
- Create monitoring systems that track the progress of policies, programmes, and funding towards achieving both national and global breastfeeding targets.

What do we need to do better to support complementary feeding?

- Enact legislation and adopt policies in line with the Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children to prohibit the inappropriate promotion of all commercially produced food or beverage products marketed as suitable for children up to 3 years of age.
- Select and combine multiple strategies and interventions that are evidence-based and informed by adequate situation analyses.
- Create a healthy and nurturing feeding environment within households and communities. Early childhood development interventions that stimulate and encourage responsive feeding should be integral to child nutrition programmes.
- Coordinate actions among key government sectors, including health, agriculture, water and sanitation, social protection and education.
- Harness the potential of the private sector to create food solutions and hold them accountable for complying with food production, labelling and marketing regulations.
- Create monitoring systems to track progress effectively. Governments need to collect credible and comprehensive data on infant and young child feeding, aligned with the standard global indicators.

To truly change this story, we need greater recognition that good nutrition in the earliest days of life matters deeply; this should translate to greater investment for infant and young child nutrition.

Improved infant and young child nutrition is fundamental to guaranteeing children a brighter and more equitable future. We all have a responsibility to make it happen.

Let's start now.

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For the full report please visit:
<http://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>

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