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Global Infant and Young Child Feeding Practices

135 MILLION
Not optimally fed

83 MILLION
Optimally fed

52 MILLION

Initiation within 1st hour
Exclusive breastfeeding during first six months
Continued breastfeeding up to 2 years
Introduction of complementary foods between 6-8 months


Negligible progress - rapid increase in formula feeding in Asia
Why invest in breastfeeding?

1. Health care system sustainability
2. Massive food production value
3. High rate of social and economic rate of return
4. Effective and fair
5. Because who else will?
The health cost implications of cross (species) nursing are large…

Many people do not understand that formula is cow’s milk - designed for a calf
1. Investing in breastfeeding is cost saving for health systems

Each dollar spent on formula adds a dollar or more to health system costs of treating acute illness

- Australian hospital system costs of premature weaning were estimated at $60-120m pa for just 4 conditions (gastrointestinal illness, respiratory illness, eczema & NEC)

- US study showing avoidable health treatment costs including chronic illness of $10.5 billion p.a. from poor US breastfeeding rates


- US study calculates the maternal health, morbidity and mortality costs of suboptimal breastfeeding to be more than $17 billion
- UK study estimates health care system saving from increasing breastfeeding of £40 million per year including reductions in the costs of maternal breast cancer
- In Australia, around 8-24% of current chronic disease cases are from high formula feeding in previous generations

Can countries afford this avoidable burden on their health system? How will they afford to provide universal health care?


Human milk is economically valuable
2. Prices for mothers’ milk show a high market value

<table>
<thead>
<tr>
<th>Online milk sharing¹</th>
<th>Internet trading¹</th>
<th>Wet nurse</th>
<th>Human milk banks</th>
<th>Commercial human milk products⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA, UK, AU</td>
<td>USA</td>
<td>UK</td>
<td>USA</td>
<td>HMBANA</td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td>$28 - $85</td>
<td>$57-$227</td>
<td>$71 - $286²</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$121²,³</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$85 - $128</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$100⁴</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,183</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$6,250</td>
</tr>
</tbody>
</table>

¹Purchase price varies depending on quantity, packaging, and shipping distance; offered at prices of $1-3 per oz. in the US and $2-8 per oz. in the UK (excluding shipping costs).
²based on an assumed 700mL daily intake.
³2008 price.
⁴Milk banks in Norway pay donors a US$20 per L expenses allowance.
⁵For in-hospital use only, charged to hospitals or medical insurance and distributed through a ‘co-promotion’ with a major formula manufacturer.
<table>
<thead>
<tr>
<th>Country</th>
<th>Actual milk production value US$ million</th>
<th>Potential milk production value (optimal IYCF) US$ million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norway</td>
<td>907</td>
<td>1,505</td>
</tr>
<tr>
<td>Australia</td>
<td>3,584</td>
<td>7,601</td>
</tr>
<tr>
<td>United States</td>
<td>44,774</td>
<td>107,887</td>
</tr>
<tr>
<td>Philippines</td>
<td>39,701</td>
<td>58,797</td>
</tr>
<tr>
<td>UK</td>
<td>3,980</td>
<td>18,989</td>
</tr>
<tr>
<td>China</td>
<td>303,961</td>
<td>413,538</td>
</tr>
<tr>
<td>World</td>
<td>1,982,942</td>
<td>3,380,192</td>
</tr>
</tbody>
</table>

The lifetime gift of optimal breastfeeding

The World Health Organisation Gold Standard
Breastfeeding a toddler

Market value
$50,812

If your child weans when she is ready, you can feel confident that you have met your baby's physical and emotional needs in a very normal, healthy way. In cultures where there is no pressure to wean, children tend to breastfeed for at least two years. The World Health Organisation and UNICEF strongly encourage breastfeeding through toddlerhood: 'Breastmilk is an important source of energy and protein, and helps to protect against disease during the child’s second year of life.'

3. The returns are high...

Productivity gains of human milk for human babies

Breastfeeding exclusively to 4 months adds 3-7 points to IQ compared to exclusive breastfeeding for 3 months or less.

It is akin to the impact of low level lead exposure on child development.


4. Investing in breastfeeding improves justice and equity

- As the value of mothers milk is invisible in economic statistics such as Gross Domestic Product (GDP), and in measures of national food security, policy priorities are biased away from breastfeeding.
- If the economic value of breastfeeding were better measured and given due importance by governments and agencies, women would be better appreciated and more supported to breastfeed.
- Measuring, valuing and prioritising breastfeeding brings focus to addressing the human and maternity protection rights of women, and children.

Breastfeeding is a universally available, integrated food, care and health package...

The lactating mother is an exceptional national resource, for not only does she process coarse cheap foods to produce a unique and valuable infant food, but also the production process (lactation) provides measurable benefits to health and contributes to nationally declared goals of fertility reduction. In contrast to virtually all processing industries, the lactating woman requires no capital outlays and the direct benefits are enjoyed uniquely and fully by the producer and her child. Mother milk production is the ultimate in economic equity, with “right-to-work” enjoyed by all, direct and immediate value to the producer, and far reaching benefits affecting all of society.

Lancet review team (2013) concludes that evidence based strategies to promote exclusive breastfeeding exist and are highly cost effective in reducing malnutrition.

Evidence for effectiveness of complementary feeding strategies is insufficient.

Global progress on increasing optimal infant and young child feeding especially breastfeeding is uneven and suboptimal.

Potential for scaling up,
- including community based programs for mass implementation and conditional cash transfer programs
- Need to address breastfeeding among underprivileged working women

Such strategies have wider benefits in addressing economic justice for women and the rights of children to health and care.
There is a deficit of dollars to protect, promote and support breastfeeding.
Mothers invest in breastfeeding by giving their time, skill and effort.

Time is money!

Mothers who invest in breastfeeding are less likely to be employed, and get less help from others with feeding of baby.

<table>
<thead>
<tr>
<th>mean weekly hours</th>
<th>EBF</th>
<th>Not EBF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk feeding*</td>
<td>18.2</td>
<td>11.6</td>
</tr>
<tr>
<td>Solids feeding**</td>
<td>0.1</td>
<td>2.5</td>
</tr>
<tr>
<td>Preparing feeds*</td>
<td>0.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>18.7</td>
<td>15.4</td>
</tr>
</tbody>
</table>

Companies invest in reducing breastfeeding - promoting formula and baby food – their marketing expenditures probably exceed $3.5 billion annually.

Companies also invest in advocating ‘cures’ on problems arising from lack of breastfeeding.

- For example, many cost effectiveness studies exist to advocate for funding of specialised infant formulas with components purported to reduce allergy or heart disease risk, NEC or sepsis, or for vaccination against rotovirus, etc.

BUT: there is no ‘Mothers Milk Incorporated’ to invest in and advocate for funding of initiatives to support breastfeeding, which addresses these and multiple other health issues.
Increasing breastfeeding is more complex than distributing a food product or a pharmaceutical.

It’s not just about ‘educating’ women to ‘do the right thing’

Governments and agencies must also invest substantially to address the structural barriers which stop women breastfeeding optimally, if we are to gain its benefits for society.

Governments’ and international agencies can make ‘co-contributions’ of “Power” AND “Money”:

- Invest in effective regulation and legislation to provide the right incentives, as well as contribute $$$$
Australia, 1904 to modern day

Historically hospital based systems of maternity care have provided a system through which formula feeding can be systematically and aggressively marketed to all women.
(Evidence based ways to prevent breastfeeding):

1. medicated birth
2. separation of mother and infant
3. routine supplementation with formula or other fluids
4. dummies
5. scheduled feeds
6. restricted number and duration of feeds
7. test weighing
8. early introduction of solids and juices
9. weight charts based on formula fed infants
10. lack of skilled, sensitive support

The ‘Ten Steps to Unsuccessful Breastfeeding’ are widely implemented in maternity care facilities, creating difficulties for breastfeeding. This then normalises formula feeding and make the companies marketing job even easier.

“Trends in Baby Food New Product Development”

“With an increasing number of mothers returning to work after giving birth, products that help babies sleep better could have a wide appeal.”

Source: Euromonitor International

Translating as “Sleep Well Milk”, Milupa claims this helps babies sleep
‘Sweet Dreams’ formula

“Breastmilk substitute from birth for hungry and sleepless infants”

Bayer
“Premium products targeted at middle- and upper-class consumers will struggle if they lack a compelling health and wellness play. Being simply “Recommended by Paediatricians” is no longer sufficient, even in less mature markets like Latin America.”

Marketing advice from Euromonitor

Novolac ‘Sweet Dreams’ for “babies at risk of overfeeding ... provides a longer-lasting feeling of fullness in infants who wake often due to hunger.”

Karicare Aptamil gold+: Immunocare, nutritionally supporting your baby’s immune system

Novolac AR formula specifically for babies with ‘reflux’: ‘can help manage infant reflux, protecting the oesophagus from acidity’

Nestle NAN Comfort 1: “nutritionally complete... helps support your infant’s digestive system...”

Nestle NAN H.A. 1 Gold: “support your infant’s digestive and immune system... contains Bifidus BL, a beneficial (probiotic) bacteria for healthy infants from birth”.

Misleading health claims undermine breastfeeding
What are governments investing in?

- $110,000 to Bellamy’s Organic Farms, based in Longford, Tasmania to commercialise a range of organic, dry baby foods made solely from certified Australian ingredients.

Governments subsidise companies baby food production and marketing. Examples are Australia and China.
Can we afford to not invest in breastfeeding?

Norway 1858-1998

Australia 1904-2000

MASS MAMMARY MALFUNCTION, 1900-2000?

New Zealand 1920-2000

USA 1965-1995
What to do?

Policy, Plan and Coordination

Communication and Information

Health, Nutrition care System

Mother support, community outreach

BFHI

IYCF in difficult circumstances

Maternity Protection

International Code, WHA

Where to invest?

Protection

Promotion

Support
Global costings needed for action...

<table>
<thead>
<tr>
<th>Action Area</th>
<th>USD in billions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Entitlement</td>
<td>12.6</td>
</tr>
<tr>
<td>BFHI Implementation</td>
<td>2.0</td>
</tr>
<tr>
<td>Community support/HW training</td>
<td>1.6</td>
</tr>
<tr>
<td>International Code Implementation</td>
<td>0.5</td>
</tr>
<tr>
<td>Media Promotion</td>
<td>0.7</td>
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</table>
“Management is not agreeable to breaks being taken to express so I have been not expressing at work. This has led to mastitis and pain due to engorgement of my breasts and a reduction in the amount of milk I am able to produce. In essence, I am limited in my access to breaks and facilities which has led to detrimental health issues and a reduction in my ability to breastfeed my child.”

Australia 2011
Stop inappropriate marketing strategies including through health systems

Ensure community support, including for ‘eating out’

We must also act on several fronts so that mothers do not suffer discrimination and are supported to breastfeed by all in their community.

INFACT Canada, ‘Breastfeeding in public is not a crime’
We must ensure that breastfeeding is protected and supported through coordinated, integrated strategies.

Coordinated actions improve breastfeeding practices

Exclusive breastfeeding among < 6 mo

Median Breastfeeding Duration - months
Breastfeeding is not free, but it is worth it!