



# Exclusive Breastfeeding

## Provides the Best Possible Beginnings for Lifelong Health

### BACKGROUND

In order to enable all children to attain and sustain optimal health and developmental potential, one of the Ontario Public Health Standards societal outcomes is to have increased rates of exclusive and sustained breastfeeding for all children.<sup>1</sup> (References are listed on the back) The World Health Organization and Health Canada recommend that infants be exclusively breastfed until six months of age with breastfeeding continued up to two years and beyond.<sup>2,3</sup> Breastfeeding provides a strong foundation for lifelong health and is associated with a significant reduction in the incidence of several illnesses in infancy, childhood and adulthood.<sup>4,5,6,7</sup>

### THE PROBLEM : Exclusive breastfeeding rates are POOR in Canada

Studies in Canada and Toronto identified a significant shortfall in exclusive and sustained breastfeeding for all infants:

- ❖ In 2004, a Canadian study showed that 88% of mothers initiated breastfeeding but only 15.8% were breastfeeding exclusively at six months.<sup>3</sup>
- ❖ In a 2008 Canadian study, analysis of Ontario data shows that the breastfeeding initiation rate increased from 87% to 88% between 2003 and 2005 and the rate of exclusive breastfeeding at six months increased from 15% to 16%, a rate which continues to fall short of the objectives set out by Health Canada and WHO.<sup>8</sup>
- ❖ In 2010, a Toronto Public Health study found that while 97% of infants were breastfeeding at the time of hospital discharge, only 63% of these were breastfeeding exclusively. The number of infants who were breastfed exclusively decreased to 54% two weeks after birth. Although 73% of infants whose mothers initiated breastfeeding in hospital continued to be breastfed six months after birth, only 17.5% were breastfed exclusively.<sup>9</sup>

### FACT #1

Breastfeeding **IMPROVES** the health of the population

- ❖ Breastfeeding is the optimal feeding practice for infants and young children; it ranks as one of the most effective interventions to improve the survival and health of children.<sup>2</sup>
- ❖ Breastfeeding provides the best nutritional, immunological and emotional benefits for the growth and development of infants and young children.<sup>3</sup>
- ❖ Breastfeeding is associated with a significant reduction in the incidence of acute otitis media, non-specific gastroenteritis, severe lower respiratory tract infections, atopic dermatitis, obesity, type 1 diabetes, type 2 diabetes, childhood leukemia, sudden infant death syndrome and necrotizing enterocolitis.<sup>10</sup>
- ❖ There is an association between breastfeeding and a reduction in maternal breast and ovarian cancer.<sup>11</sup>

### FACT #2

Not breastfeeding **INCREASES** health care costs and poor child health outcomes

- ❖ A recent U.S. cost analysis concluded that if 90% of families breastfed exclusively for six months, annual health care costs would be reduced by \$13 billion.<sup>12</sup>
- ❖ Early weaning from breastfeeding is associated with significant hospital costs for treatment of gastrointestinal illness, respiratory illness, otitis media, eczema and necrotizing enterocolitis.<sup>13</sup>
- ❖ In a 2006 Italian study of three month olds in which 56% were breastfed exclusively, 17% were complementary fed (breastmilk and formula) and 27% were not breastfed, differences were found in the number of episodes of illness requiring ambulatory care and hospital admissions.<sup>14</sup>

	Exclusively Breastfed	Complementary Fed/ Not Breastfed
Episodes of Illness Requiring Ambulatory Care per Infant/Year	4.90	6.0
Episodes of Illness Requiring Hospital Admission per Infant/Year	0.10	0.17