

Breastfeeding: a Global & National Position Statement for Child Protection



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for the Prevention of Child Abuse and Neglect ISPCAN, the International Society for Social Pediatrics and Child Health ISSOP, the International Pediatrics Association IPA, the Lebanese Pediatric Society LPS and the Lebanese Order of Physicians LOP, the Faculty of Medicine in Saint Joseph University in Beirut USJ, the Arab Professional Society for the Prevention of Violence on Children APSPVAC and the Lebanese Institute for Child Rights ChildOfLebanon, as child protection and health dedicated institutions, are aware that, on top of many advantages, BF reduces the likelihood of child abuse and neglect.ⁱ

Declaration

In support of World Breastfeeding Week, **ISSOP**ⁱⁱ, **IPA**ⁱⁱⁱ, **ISPCAN**, **APSPVAC** and **ChildOfLebanon** re-affirm their support for Breastfeeding (breast milk feeding) as a key determinant of child health and protection in all countries. We endorse the statement by the International Pediatric Association (IPA), while stressing the importance of the International Code of Marketing of Breastmilk Substitutes^{iv} (ICMBS)^v and elimination of potential conflicts of interest for pediatricians and their societies related to financial support from the formula industry^{vi}. Pediatricians and pediatric societies engage the media and other avenues to disseminate this message. In recognition and respect of World Breastfeeding Week, we call on pediatric societies and individual pediatricians to urgently strengthen support for breastfeeding by exposing violations of the ICMBS and ensuring its implementation in their practice—by avoiding conflicts of interest in their societies, and by advocating for training in breastfeeding counselling at all levels.

Abstract

The World Health Organization recommends that children be breastfed exclusively the first 6 months and continue to be breastfed with complementary feeding until two years or more. For this reason and others, many child protection organizations invite members, country partners and regional resource centres to promote breastfeeding; one of the main reasons for such a position statement is that those child protection societies, such as the International Society

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Background

Breastfeeding holds a central place in helping to ensure that infants have a healthy start to life through the provision of best-designed nutrition, protection against many diseases, and the support of a secure attachment between mother and infant. New evidence continues to emerge of the benefits, to both mother and infant, at short and long term, of breastfeeding during the first years of life, and exclusive breastfeeding in the first six months. Furthermore, based on many studies, BF may indeed enhance maternal responsiveness by stimulating oxytocin release and consequently reduce anxiety and negative mood, with elevated mood and increase maternal-child attachment^{vii}. In fact, a mother's response to both child-related and non-child-related stressors may be an important determinant of child maltreatment^{xi}. Furthermore, several reports show that breastfeeding improves cognitive development later in childhood^{xii} and adolescence^{xiii}. Among other factors, BF may protect against maternally-perpetrated child maltreatment, particularly child neglect. Mothers who do not breastfeed their children are almost four times more likely to neglect or abuse. BF mothers perceive less overall stress and increase bonding, wherein BF duration is significantly related later to adolescent's positive perception of maternal care received in childhood^{xiv}. Finally, simple neonatal procedures which support breastfeeding and mother-infant contact are associated with decreased rates of infant abandonment in developing countries,^{xxvi} suggesting a link between breastfeeding and reduced child neglect. Promoting breastfeeding could be a simple and cost-effective way to prevent child neglect and abuse. Furthermore, the impact of early cessation of BF in increasing health inequities and risk of child neglect only adds to the imperative for child protection interventions to support BF.

Rationale

Despite the life-saving and preserving properties of breastmilk, breastfeeding is under threat across the world and breastfeeding rates are falling in many countries – for example, UNICEF report rates in Thailand, Vietnam and China have decreased to 5%, 20% and 28% respectively. Low breastfeeding rates are the result of lack of support for breastfeeding in the community, especially in work places, and aggressive marketing of infant formula. Breastfeeding rates in Lebanon are very low and most recent figures show that only 14.7% of infants fewer than 6 months are exclusively

breastfed^{xvii}. In addition, the World Breastfeeding Trends Initiatives ranked Lebanon on lower end of the spectrum in terms of successful breastfeeding rates compared to other countries in the region and globally^{xviii}. There is a need to improve breastfeeding rates through interventions that promote, support and protect breastfeeding.

Burden

With the start of the Syria crisis and the increase in the number of refugees in Lebanon, ensuring optimal breastfeeding amongst refugees became even a greater priority given the importance of breastfeeding as a life saving intervention. The rates of breastfeeding amongst the Syrian population are also in general low^{xix} but still higher than those in Lebanon, therefore, there is a concern that the low rates in Lebanon and the lack of a supportive environment will negatively affect and further decrease rates of breastfeeding amongst the Syrian refugees. In fact, according to WFP, although breastfeeding is considered culturally accepted and commonly practiced amongst Syrians, exclusive breastfeeding rates are still low, and breastfeeding decreases considerably by 1 and 2 years of age^{xx}. One of the main barriers for breastfeeding in Lebanon includes the lack of both awareness and supportive environment for breastfeeding^{xxi}.

Action Plan

It is clearly desirable for more women to enter the workforce. However, national policies such as paid and timely maternity leave and workplace allocated spaces for Mother-and-Child are indispensable for working mothers to successfully continue breastfeeding. Pediatricians and pediatric societies should advocate for expanded maternity leave and access to environments in the workplace conducive to pumping and/or nursing. The ICMBS was developed to regulate the baby food industry and to protect mothers from aggressive marketing of infant formula^{xxii}; yet violations of the Code are widely reported in many countries.^{xxiii} Pediatricians have a privileged position of responsibility for tackling conflicts of interest and guiding national pediatric societies and associations in relation with sponsorship from the baby food industry, even for education and research. Pediatricians consequently work with their professional societies to address conflicts of interest and pursue alternatives to formula company sponsorship. In order to improve awareness on the importance of breastfeeding

and contribute to a supportive environment for breastfeeding, media campaigns and clinical activities were implemented for the promotion of breastfeeding on World Breastfeeding Week, with the Ministry of Public Health, IOCC, World Vision, the Lebanese Association for Early Childhood Development, the Orders and Syndicates of Physicians, Hospitals, Pharmacists, Midwives, Nurses, Dieticians, Nurseries, the Lebanese Pediatric Society, the Lebanese OBGYN Society WHO, UNICEF, and many NGOs...

Conclusion

Physicians, especially pediatricians, have an important role in supporting and protecting breastfeeding; examples of success include: curricular education and training in breastfeeding, supporting BFHI, promoting specific counselling, designing health records, setting prenatal visits with pediatricians, building multidisciplinary teams in pediatric and obstetric wards; such measures need to be inadequately aligned with education and practice, in

graduate and post-graduate training. Thus, we advocate for more formal training in breastfeeding for all health professionals caring for infants and their mothers. For all reasons, ISPCAN, ISSOP, IPA, LPS, LOP and other child protection and health dedicated leaders, call for Professionals working with children to promote, protect and uphold BF. For those individuals and organizations involved in child protection, the rights of children, as outlined in the United Nations Convention on the Rights of the Child (UNCRC), provide essential guidance^{xxiv}. The UNCRC supports the proposition that children have rights in relation to breastfeeding. This means that Professionals working with children and authorities have a responsibility to ensure that their interventions support and do not undermine mothers in BF their children. In all child protection intervention, active advocacy allows breastfeeding to continue. The current recommendations are made for policies and training for Professionals working with children and relevant authorities to support the BF rights of children.

Country	Code / Law
KSA <i>Infant formulas trading system</i> 24/09/1425 Hegira	Designed to provide safe and appropriate nutrition for infants, to protect and promote breastfeeding and ensure the proper use of breast milk substitutes when they need it, based on appropriate awareness and through adequate marketing and distribution methods (Labeling restrictions..)
UAE Draftlaw «Wadima»	Draft law “Health Rights” - Chapter 4, - Article 19: children have the right to access health services in accordance with the health care laws and regulations applicable in the state. - Article 20, the state is working on the development of its capabilities in the field of preventive, curative and health counseling of child health, nutrition and protection. - Article 21, the competent authorities are playing an active role in raising awareness in the field of prevention and health guidance, particularly regarding child health, nutrition and the benefits of breastfeeding - prohibition on sponsorships, research grants, etc. - prohibition on communicating medical material related to our products, unless the material is developed by an independent third party - Labeling restrictions
Kuwait Ministerial Decision number (134) - 2014	- The ministry of health advises following the recommendations given by the WHO concerning infants and breastfeeding. - medical detailing can be done in group meetings, not one-on-one - Prohibition on sponsorship of events, competitions, nutrition hotlines and awareness raising campaigns on breastfeeding or infant nutrition. - Labeling restrictions
Lebanon Law No. 47 Issued on 11 December 2008 <i>“Organizing the marketing of infant and newborn feeding products, its means and tools.”</i>	The law aims to: - Provide healthy and safe nutrition of infants and young children by protecting, promoting and supporting breastfeeding, and ensuring the proper usage of infant formula and children supplementary foods when needed. - Provide appropriate education and spread awareness among parents and health workers. - Prohibition on sponsorship of events, competitions, nutrition hotlines and awareness

Country	Code / Law
	raising campaigns on breastfeeding or infant nutrition. - Prohibition on the giving of gifts, donations, financial aid, scholarships, research grants, CME or conferences, to HCPs - Prohibition on the donation and distribution of material on infant and young child nutrition - Labeling restrictions - All products under the scope of the Code must be sold in the Pharmacy channel exclusively (a decree was issued later to freeze this article)
PALESTINE Council of Ministers’ Decision No. (16) - 2011 <i>“The marketing of infant formulas”</i> Released in the city of Ramallah 12/06/2011	This law aims to achieve the following: 1. Ensuresafe and adequatefoodsupply for infants, in order to protect and promote breastfeeding. 2. Ensure the proper and safe usage of infant formulas and food supplements.
YEMEN	Yemen advises following the recommendations given by the WHO concerning infants and breastfeeding. It became one of 37 countries worldwide to turn every recommendation of the code into state law.
JORDAN Law No. (47) 2008 <i>Public Health Law</i>	This law aims to promote breastfeeding for children by Preventing advertising and promoting infant formulas using any means.

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iii- (<http://ipa-world.org/society-resources/code/images/ZW8hxbRk7jO.pdf>),
iv- (<http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/>)
v- *Marketing of breastmilk substitutes: National Implementation of the International Code Status report 2016, WHO*
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