2025 NUTRITION FOR GROWTH SUMMIT

FOUR SMART BREASTFEEDING COMMITMENTS

2025 is a pivotal year for nutrition. With the conclusion of the UN Decade of Action on Nutrition, the renewal of the World Health Assembly nutrition targets, the second UN Food Systems Summit stocktake, and the Paris Nutrition for Growth (N4G) Summit all aligning, there is a unique opportunity to accelerate global progress towards ending malnutrition in all its forms. Accelerating progress towards ensuring infants are exclusively breastfed for six months and continue breastfeeding into the second year of life or beyond is critical to achieving this.

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Breastfeeding, as both the first food system and a child's first vaccine, must be at the heart of these global efforts. It is the single most effective intervention in preventing child deaths under five.[1,2]

Breastfeeding is a 'double-duty action' for preventing both undernutrition and obesity.[3] Protecting breastfeeding is one of the key interventions in the World Health Organization's Essential Nutrition Actions framework. Promoting nutrition across the life cycle[4] must be integrated in healthcare systems and included in global efforts in progressing Universal Health Coverage. Breastfeeding also protects mothers from non-communicable disease, including breast and ovarian cancers.

The **N4G Summit in Paris** offers an unparalleled opportunity to build on the achievements of the Decade of Action and reignite momentum toward extending the WHO Global Nutrition Targets. By prioritising breastfeeding, world leaders can accelerate efforts to combat malnutrition and achieve the target of 60% of infants less than six months of age exclusively breastfed by 2030.

A Call to Action: Four SMART breastfeeding commitments

Building on the $27 billion pledged at Tokyo N4G 2021,[5] the Paris Summit provides a dynamic platform to renew commitments and catalyse action. Exclusive breastfeeding prevalence has risen from 37% in 2012, globally, to 48% in 2022.[6] Based on this current trend, the world is set to achieve and surpass the 50% exclusive breastfeeding target by 2025 — a clear demonstration of what can be achieved with targeted investments and supportive policies. However, more must be done to safeguard these gains and accelerate progress toward the new target of a 60% exclusive breastfeeding rate by 2030.

Failure to invest in breastfeeding costs the world $507 billion annually, which represents 0.6% of global gross national income.[7] These losses stem from increased health system costs, lower productivity, and diminished lifetime earnings due to cognitive impairments.

Every dollar invested in breastfeeding generates a $35 return.[8] Investing in breastfeeding yields unparalleled value and should be prioritised by national governments and the global health community.

The four SMART commitments described in this paper prioritise embedding nutrition within health systems and advancing Universal Health Coverage. Together with the **2021 Nutrition for Growth (N4G) nine SMART breastfeeding pledges**, these commitments are vital in ensuring that, from pregnancy on, every mother receives the support she needs with infant and young child feeding, laying the foundation for a healthier, more equitable world.

1. INTEGRATE THE TEN STEPS TO SUCCESSFUL BREASTFEEDING AS THE STANDARD OF CARE IN ALL MATERNITY FACILITIES

The **Ten Steps to Successful Breastfeeding**, (known as the Baby-friendly Hospital Initiative or BFHI), are the standard for quality care in maternity facilities. A 2016 systematic review of 58 studies from 19 countries concluded that adherence to the Ten Steps significantly increases breastfeeding rates, including early initiation after birth, exclusive breastfeeding, and breastfeeding duration.[9] The review found breastfeeding is more likely when babies are born in hospitals that have implemented the Ten Steps.

Governments must ensure that the Ten Steps are adopted into national hospital quality standards. They must ensure that healthcare facilities are equipped to implement these steps consistently, which includes ensuring breastmilk is available for all sick or vulnerable infants.

2. PROVIDE SKILLED BREASTFEEDING COUNSELLING DURING ANTENATAL CARE AND THROUGHOUT THE FIRST TWO YEARS OF LIFE

Governments must ensure universal access to consistent, high-quality breastfeeding counselling across pregnancy and postpartum periods. WHO recommends providing breastfeeding counselling to all pregnant women and mothers during both the antenatal and postnatal periods. A minimum of six touchpoints between healthcare providers and mothers—spanning antenatal, perinatal, and postpartum phases—provides essential support and guidance for successful breastfeeding.[10] Evidence shows that such counselling significantly increases the likelihood of exclusive breastfeeding at 2–4 weeks and at 6 months.[11] However, only 39.3% of caregivers of children under two years old globally receive counselling on infant and young child feeding (IYCF).

Investing in training of healthcare workers to deliver quality counselling will empower mothers, increase breastfeeding rates, and address common challenges. This intervention not only improves child development

outcomes but also reduces healthcare costs, making it a cost-effective strategy with long-term societal benefits. Just 14% of countries report adequate pre-service IYCF training for healthcare professionals.[12]

3. ELIMINATE PROMOTION OF BREAST-MILK SUBSTITUTES

Aggressive marketing of breastmilk substitutes undermines breastfeeding and jeopardises infant health, particularly in low-resource settings. Evidence shows that exclusive breastfeeding rates are 20 percentage points higher in countries with legislation substantially aligned to the International Code of Marketing of Breast-milk Substitutes than in those without. Moreover, the continuation of breastfeeding into the first two years of life is more than twice as high in countries with robust Code-aligned legislation.[13]

It is the responsibilty of governments to take decisive action to eliminate promotion of breastmilk substitutes, bottles and teats and end inappropriate promotion of other foods for infants and young children by enacting and enforcing legislation to implement the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions. This includes ensuring marketing activities are monitored, restricting online digital marketing in line with WHO guidance,[14] enforcing the Code consistently, especially during emergency responses, and implementing robust enforcement mechanisms to hold violators accountable. By doing so, governments can protect breastfeeding and safeguard mothers from misleading and harmful marketing messages.

This commitment is critical for creating a supportive environment that enables mothers to make informed, unbiased decisions about infant feeding, free from commercial interference.

4. ENACT PAID MATERNITY LEAVE AND FAMILY-FRIENDLY WORKPLACE POLICIES

To enable recommended infant and young child feeding practices and support maternal health, governments must provide all mothers with at least 18 weeks, preferably 26 weeks, of publicly funded, paid maternity leave. This includes mothers who are self-employed or working in the informal sector. Together with requiring employers to create family-friendly workplace environments, paid maternity leave is a key enabler of exclusive breastfeeding. Evidence shows that paid maternity leave enhances maternal health, supports breastfeeding, boosts employee retention, and improves workforce productivity.[15]

Despite this, the International Labour Organisation (ILO) reported in 2021 that while 120 countries provide at least 14 weeks of maternity leave, only 52 countries provide at least the recommended 18 weeks. Alarmingly, 64 countries still provide fewer than 14 weeks.[16] Longer maternity leave is directly linked to improved health outcomes, including a 13% reduction in infant mortality for every additional month of paid leave in low- and middle-income countries.[17] Governments must prioritise this investment to advance both family health and economic growth, ensuring that no parent is forced to choose between economic security and providing the best possible nutrition for their child.

1 **Ten Steps**

2 **Breastfeeding counselling**

3 **The Code**

4 **Maternity leave**

Together, these four SMART breastfeeding commitments offer a clear framework for accelerating progress towards the 2030 global breastfeeding target. To ensure these commitments drive lasting change, they must include commensurate financial commitments, developing strong and effective enforcement, creating robust monitoring systems, and building health workforce capacity. This will ensure that policies are not only implemented but are sustainable and impactful in the long term, creating environments where breastfeeding is universally protected, promoted and supported.

Endnotes

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