BREASTFEEDING IS ESSENTIAL FOR THE NORMAL DEVELOPMENT OF INFANTS AND YOUNG CHILDREN

As a public health measure, the World Health Assembly (WHA) recommends that infants should be exclusively breastfed for the first six months of life, followed by continued breastfeeding alongside nutritionally adequate and safe complementary foods for up to two years or beyond.

The International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions (The International Code) and the Global Strategy for Infant and Young Child Feeding aim to protect and support optimal breastfeeding and support children's health programmes. In 2010 the WHA also adopted an action plan to address noncommunicable diseases such as heart disease, diabetes, and cancer which are linked to malnutrition, formula feeding and inappropriate young child health programmes.

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The recommendations call for restrictions on the marketing of junk foods to children, including in schools, and in hospitals and in the workplace.

DECREASED ABILITY TO SELF-REGULATE MILK INTAKE

Formula-fed infants develop poorer control of their milk intake than breastfed infants.

ABSENCE OF VARIABILITY IN FORMULA MILK NUTRITION

Formula-fed infants are not exposed to the changes in the content, taste and smell that breastfed infants experience, as may be programmed to narrower food selections and dietary habits in later life.

LACK OF BIOACTIVE FACTORS IN FORMULA MILK

Formula feeding is associated with lower levels of the appetite-regulating hormone leptin.

FORMULA-FED INFANTS CONSUME MORE MILK AND GAIN WEIGHT MORE RAPIDLY THAN BREASTFED INFANTS AND MAY RECEIVE AN OVERRUN OF ENERGY OF 72-151 DAILY KCAL.

EQUIVALENT TO 70-145 CHOCOLATE BARS IN 8 MONTHS.

FORMULA-FED INFANTS ARE LEANER THAN FORMULA-FED BABIES.

The seven-year multicentre growth reference study carried out by WHO shows that babies exclusively breastfed for six months are leaner than formula-fed babies.

FORMULA FEEDING IS IMPORTANT IN OBESITY PREVENTION

WHO’s evidence on the long-term effects of breastfeeding: systematic reviews and meta-analysis

Evidence suggests that breastfeeding may have a protective effect on the prevalence of obesity even when confounding factors are taken into account. The effect seems greater against obesity than overweight.

EARLY-LIFE DETERMINANTS OF OVERWEIGHT AND OBESITY: A REVIEW OF SYSTEMATIC REVIEWS

Breastfeeding appears to protect against later overweight and obesity. While the association may be weak, acting on small attributable but highly prevalent risks, such as high formula feeding rates, can have large effects on outcomes in populations.

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Breastfeeding appears to protect against later overweight and obesity. While the association may be weak, acting on small attributable but highly prevalent risks, such as high formula feeding rates, can have large effects on outcomes in populations.

Observational studies can always be questioned because of confounding factors. However, when all the available evidence from these studies is taken into account, policy makers consider formula milk feeding to be an important determinant of later obesity. The only evidence from a controlled study showing no association between formula feeding and later obesity was not designed to measure this effect.