

## CO1.5: Breastfeeding rates

### *Definitions and methodology*

This indicator presents the proportion of children who were breastfed at least once and those who were exclusively breastfed for 3, 4 and 6 months. The definitions used here are the following: *ever breastfed* refers to those infants who have been put to the breast, even if only once; and *exclusive breastfeeding* concerns infants who have only received breast milk during a specified period of time. The cut-off points regarding the duration of exclusive-breastfeeding – 3, 4 and 6 months – are in line with past and current WHO guidelines. Nowadays, the WHO recommends an exclusive breastfeeding period for the first six months of life, with the introduction of solid foods thereafter and continued breastfeeding until age two or more. However, many mothers cannot or choose not to breastfeed.

### *Key findings*

Breastfeeding has numerous benefits both for infants and mothers. It provides all the nutrients infants need for a healthy development; it protects them from common childhood illnesses, for example, diarrhea, asthma (CO1.6), lower respiratory infections, ear infections, among others (Baker and Milligan, 2007) and it is positively associated with children's cognitive development (Caspi, *et al*, 2007 and Kramer, *et al*, 2008). Breastfeeding also benefits mothers by reducing risks of breast and ovarian cancer (American Institute of Cancer Research, 2008), lowering risks of obesity and cutting back on household expenses.

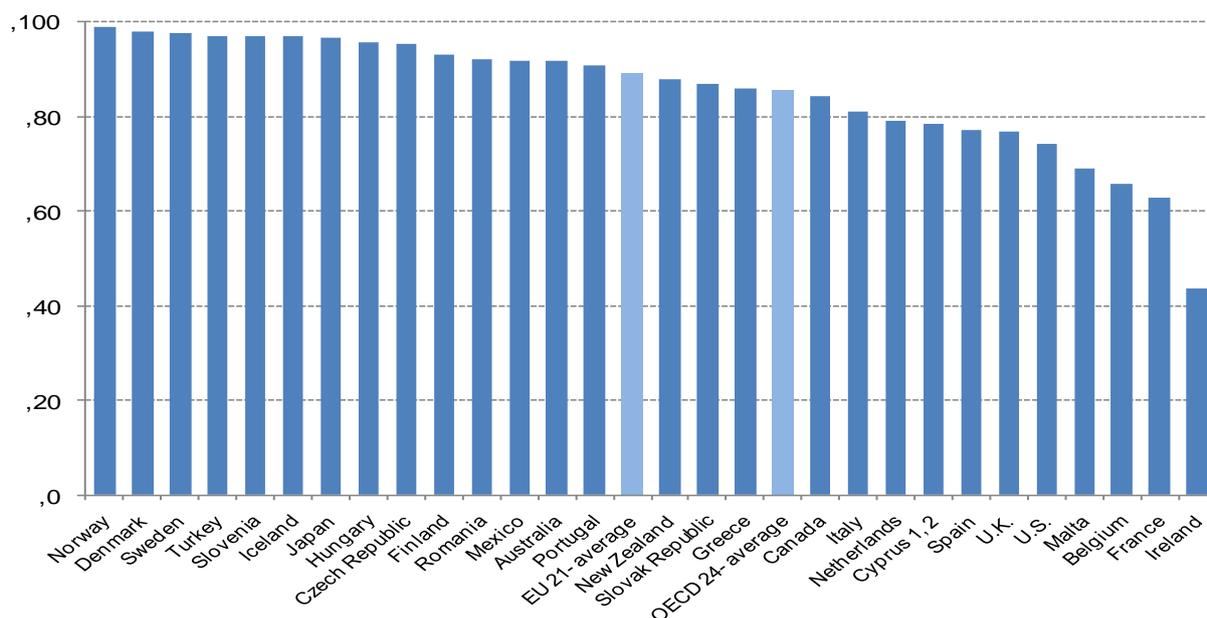
Around 2005, the proportion of children who were ever-breastfed varied widely across OECD countries, ranging from less than 70% in Ireland and France, up to almost 100% in Denmark, Sweden and Norway (Chart CO1.5.A).

Although subject to considerable cross-national variation, the proportion of children being breastfed declines with age everywhere (Chart CO1.5.B). On average, almost half of all infants 3 months of age are being exclusively breastfed. However, by the time infants are 6 months old, less than 25% are exclusively breastfed.

The return to work is one of the reasons why mothers never start breastfeeding, or only do so for short durations (Baker and Milligan, 2007). The incidence of exclusive breastfeeding and its duration tends to be higher/longer in countries with long periods of maternity/parental leave (see PF2.1), such as the Nordic countries, Hungary and the Czech Republic, but the relationship does not always hold as British and Irish experiences illustrate. Other determinants of breastfeeding include infant characteristics and cultural attitudes towards breastfeeding (Tarrant and Kearney, 2008).

Other relevant indicators: PF2.1 Key characteristics of parental leave systems; CO1.1: Infant mortality; CO1.3: Low birth weight; CO1.6: Disease-based indicators: Prevalence of diabetes and asthma among children; and, CO1.7: Obesity among children aged 10.

**Chart CO1.5.A: Proportion of children who were “ever breastfed”, around 2005**



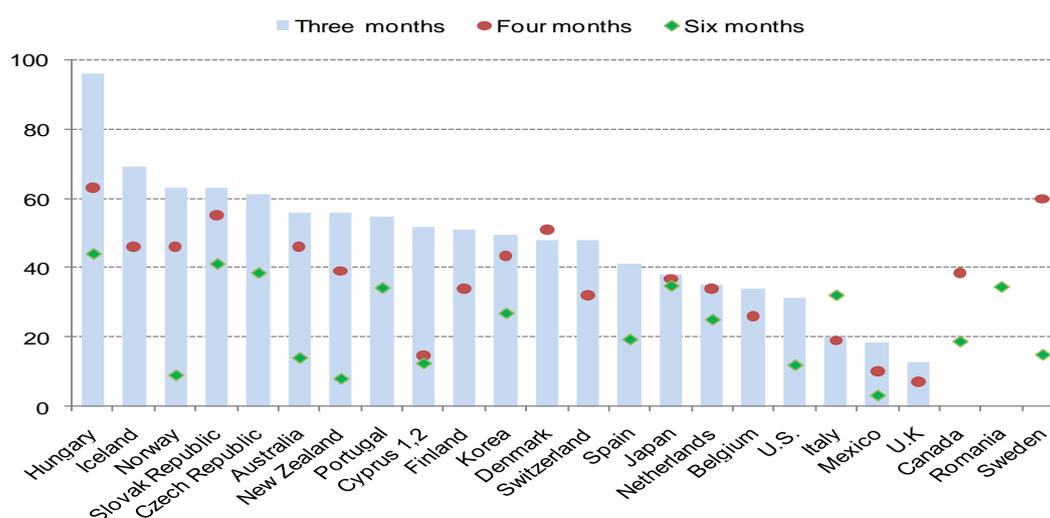
Source: National surveys (see section on data and comparability issues).

Notes: Data refer to 2000 for Iceland; 2001 for Denmark and Greece; 2003 for Canada, France and Portugal; 2004 for Australia; 2006 for Cyprus, Mexico, Norway, Spain and Sweden; 2007 for Belgium, the Czech Republic, Hungary, Malta, New Zealand, the Slovak Republic, Slovenia, and the US.

1) Footnote by Turkey: The information in this document with reference to “Cyprus” relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognizes the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of United Nations, Turkey shall preserve its position concerning the “Cyprus issue”.

2) Footnote by all the European Union Member States of the OECD and the European Commission: The Republic of Cyprus is recognized by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

**Chart CO1.5.B: Proportion of children who were exclusively breastfed at 3, 4 and 6 months, around 2005**



Source: National surveys (see section on data and comparability issues).

Notes: Data refer to 2000 for Iceland; 2001 for Denmark and Greece; 2003 for Canada, France and Portugal; 2004 for Australia; 2006 for Cyprus, Mexico, Norway, Spain and Sweden; 2007 for Belgium, Czech Republic, Hungary, Malta, New Zealand, Slovak Republic and Slovenia US. 1) and 2) see notes 1) and 2) to Chart CO1.5.A

### *Comparability and data issues*

Data on breastfeeding rates are sourced from national health institutes or surveys, Australia: Growing up in Australia Waves 1 and 2; Belgium 2007 : data reported by "Kind en Gezin" for the Flemish-speaking community and the "Office de la Naissance et de l'Enfance", for the French-speaking community; Canada: Statistics Canada, Breastfeeding practices, females aged 15 to 55 who had a baby in the previous five years; Cyprus (2003): Child Immunization Survey (2006); the Czech Republic: The Institute of Health Information and Statistics; Finland: Infant feeding in Finland (2005); France: Enquête Nationale Périnatale (2003); Hungary: National Centre for Healthcare Audit and Inspection; Italy: Gravidanza parto e allattamento al seno (2006); Japan: Nutrition Survey on Infants (2005); Korea: The Survey on The National Fertility, Family and Welfare (2006); Mexico: National Health and Nutrition Survey (2006); the Netherlands: TNO-report (2005); New Zealand: New Zealand Health Survey (2006/07); Norway: National Dietary Survey among 6-month-old infants (2006); Portugal: Prevalence and determinant factors- Hospital Santa Maria, Medical University of Lisbon (2007); Spain: Encuesta Nacional de Salud (2006); Sweden: The national board of health and welfare; UK: NHS website; and, US: CDC website.

Country-coverage for this indicator has been limited to countries for which data were available from 200 onwards.

Sources and further reading: American Institute of Cancer Research (2008) ([www.aicr.org/site/News2?abbr=pr\\_&page=NewsArticle&id=13057&news\\_iv\\_ctrl=1102](http://www.aicr.org/site/News2?abbr=pr_&page=NewsArticle&id=13057&news_iv_ctrl=1102)); Baker, M. and K.S. Milligan (2007) *Maternal employment, breastfeeding, and health: Evidence from maternity leave mandates*, NBER Working Papers 13188, National Bureau of Economic Research, Inc.; Caspi, A., B. Williams and T. Moffit. (2007) *Moderation of breastfeeding effects on the IQ by genetic variation in fatty acid metabolism*, PNAS 104 (47): 18860-18865; Kramer and PROBIT study group (2008). *Breastfeeding and Child Cognitive Development: New Evidence From a Large Randomized Trial*. Arch Gen Psychiatry, 65(5):578-584; Tarrant R.C. and J.M. Kearney (2008). Session 1: *Public health nutrition Breast-feeding practices in Ireland*. Proceedings of the Nutrition Society, 67, pp 371-380.