

Breastfeeding and diarrhea

Background

Increasing the duration and exclusivity of breastfeeding could save an estimated 1.5 million infant lives each year. In fact, up to 55 percent of infant deaths from diarrheal disease and acute respiratory infections may result from inappropriate feeding practices. Initiation of breastfeeding within the first hour of life, exclusive breastfeeding for the first six months, timely and adequate complementary feeding, and continued breastfeeding for two years and beyond are some of the key feeding practices that can improve children's health, especially in developing countries.

Breast milk is the ideal food for an infant's first six months of life. In addition to providing ideal nourishment, breastfeeding provides infants with protection from many infections, including diarrheal diseases. Breastfeeding also stimulates the development of the infant's own immune system, improves response to vaccinations, and provides many health-enhancing molecules, enzymes, proteins, and hormones.¹

Breastfeeding to prevent and treat diarrhea

Infants are at greatest risk of diarrheal disease when foods other than breast milk are given. Alternatives to breast milk, such as animal milk or commercially made formula, carry risks of additional illness and death, particularly in areas where infectious disease levels and the potential for improper preparation and storage practices are high. These breast milk substitutes are also unaffordable for many families in low-resource countries.

Infants older than six months need to receive a small (200 kcal/day) but gradually increasing amount of high-quality, complementary food in addition to breast milk in order to grow well. Breastfeeding frequency should be maintained for a year or more after adding food to the infant diet to reduce the risk of diarrhea that may have

serious consequences to health, nutritional status, and survival. When breastfeeding stops, infants are exposed to food-borne germs and lose the protection of breast milk's anti-infective properties. Health workers and parents need to understand the importance of food hygiene and safety before and during the introduction of complementary foods, and ensure that infants receive sufficient nutrition to maintain their resistance to infections like those that cause diarrhea.

When infants do experience diarrhea, severe dehydration can occur quickly. Continued breastfeeding during diarrhea, as well as increased feeding after an episode, significantly reduces risk of dehydration, mitigates loss of weight, and promotes increased weight gain. Breastfeeding can also reduce the severity, duration, and negative nutritional consequences of diarrhea.

Integrating interventions

Breastfeeding infants, providing access to clean water, and improving hygiene practices are proven interventions for reducing diarrheal disease. An integrated strategy that includes these practices along with new tools like zinc treatment, improved oral rehydration solution, and rotavirus vaccines form a comprehensive package of tools to reduce childhood diarrheal disease, particularly in developing countries. Educating policymakers, health workers, parents, and other key stakeholders about these new and proven prevention and treatment options can help achieve a remarkable, sustainable impact on childhood mortality.

For additional information about breastfeeding and other diarrheal disease control interventions, please visit the Enhanced Diarrheal Disease Control Initiative website at www.eddcontrol.org.

¹ UNICEF. *Breastfeeding: Foundation for a Healthy Future*. New York: UNICEF; 1999. Available at: www.unicef.org/publications/4308.html.