



FROM THE FIRST HOUR OF LIFE

Making the case for improved
infant and young child feeding
everywhere

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Please contact:
UNICEF
Data and Analytics, Division of Data, Research and Policy and
Nutrition Section, Programme Division
3 United Nations Plaza
New York, NY 10017, USA
email: data@unicef.org

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REPORT TEAM

Authors

Nutrition Section, Programme Division:

France Bégin, Maaïke Arts, Jessica White, David Clark, Tin Tin Sint, Irum Taqi, Diane Holland

Data and Analytics Section, Division of Data, Research and Policy: Julia Krasevec, Richard Kumapley, Vrinda Mehra

Data analysis

Data and Analytics Section, Division of Data, Research, and Policy: Julia Krasevec, Richard Kumapley, Vrinda Mehra, Xiaoyi An, Yadigar Coskun, Colleen Murray, Ivana Bjelic

Editorial Support

Design: Nona Reuter; **Writing:** Julia D'Aloisio; **Copy-editing:** Natalie Leston

Policy and communication advice and support were provided by

Justin Forsyth, Deputy Executive Director; Maria Calivis, Deputy Executive Director; Ted Chaiban, Director, Programme Division; Jeffrey O'Malley, Director, Division of Data, Research, and Policy; Paloma Escudero, Director, Division of Communication; Victor Aguayo, Associate Director of Nutrition, Programme Division

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Division of Data, Research, and Policy: Attila Hancioglu, Priscilla Idele, Tom Slaymaker, Karoline Hassfurter, Anshana Arora, Robert Bain, Danzhen You, Lucia Hug, Agbessi Amouzou, Liliana Carvajal, Khin Wityee Oo, Sasmira Matta, Rachel Riegelhaupt, Melinda Murray, Ariel Garfinkel; **Programme Division:** Pia Britto, Ana Nieto, Ruth Situma, Sanda Hlaing, Aashima Garg, Nabila Zaka; **and the Division of Communication:** Tamara Kummer, Tara Dooley, Milena Mikael Debass and Samantha Wauchope

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LIST OF ABBREVIATIONS

ART	Antiretroviral Therapy
BFHI	Baby-friendly Hospital Initiative
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
DHS	Demographic and Health Survey
HIV	Human Immunodeficiency Virus
ILO	International Labor Organization
IQ	Intelligence Quotient
MICS	Multiple Indicator Cluster Survey
MNPs	Micronutrient Powders
SDG	Sustainable Development Goals
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

FOREWORD

The drive to eat and to find the best food for our young is a primal instinct. Mothers and fathers around the world try their best to provide nourishing food for their children with the knowledge and resources available to them. This is not always an easy task – and, more often than not, it is an incredibly challenging one.

Some families find themselves in emergencies where the usual food sources are scarce, and disaster or conflict forces them to flee their homes. In many more cases, the challenges are mundane, every-day struggles. It could be a young mother who cannot continue to exclusively breastfeed because she must return to a 10-hour-a-day factory job when her newborn is only a few days old. Or it might be a young child who eats rice porridge or root vegetables for most of his meals because protein-rich foods, needed for healthy growth and development, are not locally available or affordable to his family.

These families are not alone in their struggles. Similar stories can be found in almost every country in the world – and they have devastating consequences for children. Acute malnutrition, or wasting, threatens the lives of 50 million children around the world, and 156 million children suffer from chronic malnutrition or stunting.¹ Stunted children are not just shorter than they might have been; their brains

are also robbed of the ability to develop to their full potential. This means that these children are more likely to fall behind in school and earn less as adults, and that they will face lifelong barriers to participating fully in their societies. We have come a long way in reducing chronic malnutrition: there are 42 million fewer stunted children in the world than there were 15 years ago.¹ But the sheer numbers that remain should shock us all into further action.

To start, we need to know more about how children are being fed across all regions and how these feeding practices match up to the recommended guidelines on infant and young child feeding. This global report, *'From the First Hour of Life: Making the case for improved infant and young child feeding everywhere'*, aims to do just that, by providing a global mapping of indicators on infant and young child feeding practices. These indicators tell a story about how children are being fed, what obstacles stand in their way, and where and how we can urgently do better.

We have our work cut out for us. Despite the ever-growing body of evidence that breastfeeding saves lives, the report reveals that fewer than half of all newborns are put to the breast within the first hour of life, and only two out of five infants are exclusively breastfed for the first 6 months of life. In low- and middle-income countries, only one in six

children receives enough of the right foods to ensure that they grow and develop to their full potential. With better understanding of the barriers blocking progress, governments, supported by UNICEF and partners, will be better placed to target programming to help those most in need, wherever they are.

To truly change this story, we need greater recognition that good nutrition in the earliest days of life matters deeply. We already know that it matters to families, who are struggling to put food in the mouths of their babies. But too often we think of feeding children as a private matter within families, and the sole responsibility of mothers and fathers. In reality, ensuring that children get the food they need requires the commitment of communities, societies and nations. This report calls for an acceptance that good nutrition in the earliest years is a collective responsibility, and commitments and investments from governments are needed to make it a reality for all children.



Ted Chaiban
Director of Programmes

EXECUTIVE SUMMARY: FOCUS ON BREASTFEEDING

Breastfeeding is not a one-woman job. Women who choose to breastfeed need support from their governments, health systems, workplaces, communities and families to make it work.

While the evidence on the power of breastfeeding for lifelong health and prosperity is stronger than ever, there is much work to be done in improving breastfeeding practices worldwide. Part I of this global report, *From the First Hour of Life: Making the case for improved infant and young child feeding everywhere*, paints a troubling picture about the state of breastfeeding practices around the world.

This report reviews the most recent evidence on breastfeeding and provides updated global and regional estimates on early initiation of breastfeeding, exclusive breastfeeding and continued breastfeeding. The report concludes with recommendations to guide policy and programme action on breastfeeding at the national level.

Improve early initiation rates has been slow over the past 15 years, with global rates increasing by just 14 percentage points overall.

In a subset of countries studied, nearly two out of five breastfed newborns were found to receive foods or liquids other than breastmilk in the earliest days of life. This is concerning because feeding newborns anything other than breastmilk has the potential to delay initiation of breastfeeding – and the evidence is clear that the longer the delay, the greater the risk of death.

Globally, the majority of births are now delivered with the help of a skilled attendant. Despite the potential of skilled birth attendants to support mothers in initiating breastfeeding immediately after birth, in most regions studied, early initiation was not facilitated by the presence of a doctor, nurse or midwife.

From birth to six months: Exclusive

been little progress over the past 15 years. Five out of seven regions with trend data have current rates around 30 per cent, and all of them have improved very little, if at all, in more than a decade.

From 6 months to age 2 and beyond:

Continued breastfeeding – which covers breastfeeding during the period between 6 months and 2 years of age or beyond – improves cognitive ability, translating into improved school performance, better long-term earnings and enhanced productivity. Globally, less than half of all children are still being breastfed at 2 years, and this rate has remained relatively unchanged since 2000. Continued breastfeeding rates drop from 74 per cent at 1 year to 46 per cent at 2 years. In nearly all regions, continued breastfeeding rates are highest among women from the poorest households.

Government leadership is needed to adopt

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