Should we be paying women to breastfeed?

Leith Greenslade
Unite for Sight, 2014
Does this question make you uncomfortable?
Me too

Paying mothers for their own “family work” is taboo everywhere
But like a lot of taboos

this one is worth probing
So what’s all the fuss about breastfeeding?

**GROWTH**
excellent source of nutrition

**HEALTH**
protects against sickness (diarrhea, pneumonia, jaundice, sepsis, ear infections, Sudden Infant Death Syndrome)

**LIFE**
lowers risk of death

*In the first 6 months of life non-breastfed children were more than 14 times more likely to die from all causes, 10 times more likely to die from diarrhea and 15 times more likely to die from pneumonia.* (Lancet, 2008)
And what about Mom?

**POST-DELIVERY RECOVERY**
uterine recovery, delayed fertility

**FINANCIAL**
breast milk is cheaper than alternatives, lower health costs due to healthier babies

**HEALTH**
Some evidence of reduced risk of breast and ovarian cancers later in life
A more lifesaving intervention to prevent child death is hard to find…

New studies showing that breastfeeding in the first 24 hours after birth can reduce newborn deaths by 20 - 45 percent!

Lancet Nutrition Series, 2008 and 2013
Not surprisingly, health authorities everywhere recommend breastfeeding

**AMERICAN ACADEMY OF PEDIATRICS**
(1997)
“Exclusive breastfeeding for about the first six months of a baby’s life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby.”

**WORLD HEALTH ORGANIZATION**
(2001)
“Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.”
All we need to do is make sure all new mothers breastfeed exclusively for 6 months and continuously for up to 2 years and we will be well on our way to capturing all of these health benefits…

Hallelujah, Right?
Wrong!
A majority of new mothers (60%) do NOT breastfeed their babies exclusively for the first 6 months.
And this hasn’t changed much since the mid 1990s...

Percentage of Babies 0-6 Months Exclusively Breastfed

UNICEF, 2013 and 2014
Moms in some countries are going strong…

Rates of Exclusive Breastfeeding in the Highest Population Countries
(highest per capita income to lowest)

UNICEF, 2014
Applause for the All Stars…

Increases in the % of Babies Exclusively Breastfed to 6 months (1995-2012)

- Pakistan
- Bangladesh
- Zambia
- Niger
- DRC
- Tanzania
- Malawi

UNICEF, 2013 and 2014
In others, not so much…

% of UK Women Exclusively Breastfeeding

NHS Infant Feeding Survey, 2010
But so what?

✓ Most women still breastfeed, just not exclusively: 75% are still doing it at year 1 year and 60% are hanging in there at year 2 year.

✓ We have managed to halve global child mortality without big increases in breastfeeding: 

Child deaths fell from 12.6 million to 6.5 million since 1990.

✓ And countries are achieving Millennium Development Goal 4 (reducing child mortality) without high breastfeeding rates:

China, Thailand, Saudi Arabia, Iran.
But what about that group of very poor countries with phenomenal child survival performance and high exclusive breastfeeding rates?

Bangladesh, Nepal, Cambodia, Malawi, Rwanda, Ethiopia, Niger...
What if breastfeeding is critical for poor country achievement of child health goals?
New Global Breastfeeding Priority

Make breastfeeding easier for mothers in low income countries with extremely high numbers of child deaths and below average rates of exclusive breastfeeding.
How can we make breastfeeding really attractive to these mothers?

Rx

Promote the benefits of breastfeeding for children and dramatically reduce the costs to mothers.
Top 12 reasons why women don’t breastfeed

All Moms (USA, UK, Brazil, China, India, South Africa, Egypt)

- Perception of not enough milk
- Baby rejecting milk
- Too painful
- No time to nurse
- Return to work
- Awkward in public
- No time to pump
- Wanted to fall pregnant
- Couldn’t lose weight
- Non-supportive spouse
- Reduced spousal intimacy
- Wanted to drink alcohol

Not all Moms are the same…

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<th>China Moms</th>
<th>South Africa Moms</th>
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We need policies that aggressively target each of these “costs”

**SUPPLY, FUSSINESS, PAIN, SPOUSE ISSUES**
- Education and counseling, breastfeeding support – individual and group, home based, including Dad
- Breast pump innovations, breast milk storage banks, new methods of pain relief

**TIME/WORK ISSUES**
- Paid Maternity Leave, breast pumps and storage, workplace breastfeeding rooms and storage, time off to breastfeed
- Conditional cash transfers for exclusive breastfeeding for specific groups of women

**PUBLIC EMBARRASSMENT**
- Legislation, public spaces for breastfeeding, public awareness campaigns
- Awards for cities and towns with the best breastfeeding spaces
And what if we paid women to breastfeed?

Day 1 - both Mom and facility receive $ for breastfeeding in first hour of birth

Week 1 - Mom receives $ for breastfeeding exclusively for first week when trained health worker visits

Week 2 - Mom receives $ for breastfeeding exclusively for 2 weeks when trained health worker visits

Month 1 - Mom receives monthly visits and payments from now on during which time her baby’s nutritional growth is recorded and breastfeeding status validated

Month 6 - Mom receives the final installment of cash for completing 6 months of exclusive breastfeeding and has the option of becoming a paid consultant to advise other women in her community

Payments should at least offset the costs of lost wages for women choosing to take 6 months break from work
Women respond well to conditional cash and in kind transfers

- Attend school & health services (Opportunidades, Mexico)
- Increase vaccination rates (Banerjee, Duflo & Glennerster, 2010)
- Stop young girls engaging in “transactional sex” with older men (World Bank, 2011)
- Increase number of pregnant women who deliver in hospitals (Janani Suraksha Yojana, India)
But who’s going to pay?

Moms* receive $ to exclusively breastfeed for 6 months

Babies are healthier and more survive infancy

Governments pay Moms to breastfeed, with/without subsidies from global donors

Governments benefit from the collection of higher taxes

Employers offer breastfeeding supportive policies at work

Employers benefit from a healthier and more productive workforce

Government saves on healthcare costs

*Cash payment targeted to Moms most at risk of losing a child
The UK is trialing a program right now

Sheffield University is paying 130 Mums in two low income areas where bottle feeding is the norm a £200 shopping voucher (in 5 intervals) for breastfeeding exclusively for 6 months. Mum will sign a declaration that she is breastfeeding and then the health visitor, midwife or breastfeeding counselor will sign another validating the Mum’s claim before payment is made.

It is a way of acknowledging both the value of breastfeeding to babies, mothers and society, Dr Clare Relton.
Need to say goodbye to a few bad ideas…

✗ Breastfeeding is easy
✗ Breastfeeding is free
✗ Women are in full control of whether they do it or not
✗ Only exclusive breastfeeding is good
✗ Breast pumps are a problem
✗ Infant formula is the enemy

Breastfeeding is free only if a woman’s time is worth nothing, Hanna Rosin
What role for the United Nations and its agencies?

• Only ask women to do what the health evidence suggests – no more
• Make sure the evidence is really good
• Report on rates of breastfeeding, not just exclusive
• Prioritize breastfeeding support in economic agenda of all nations
• Prioritize breastfeeding support in health agenda of nations with large burdens of child mortality
• Welcome partnerships with the private sector (e.g. breast pump manufacturers, advertising agencies, large employers)
A final thought on the root of the problem

“Our biggest challenge...is interrupting the connection between care-giving and economic vulnerability.”
Professor Joan Williams