European Code Against Cancer, 5th Edition

14 ways you can help prevent cancer

Policy Brief

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Recommendation 7 for Policy-makers on Breastfeeding

- **Ensure compliance with the International Code of Marketing of Breast-Milk Substitutes, adopting and enforcing regulation to protect breastfeeding from inappropriate marketing of food products that compete with breastfeeding. Breast-milk substitutes should be available when needed but should not be promoted.**
- **Establish and enforce policies that ensure a sufficient duration of parental leave, as well as flexible working arrangements to enable working mothers to exclusively breastfeed their infants for six months and to continue thereafter.**
- **Enact policies and introduce incentives for employers to provide breastfeeding-friendly environments.**
- **Encourage breastfeeding-friendly policies and facilities in public areas, and protect the right of women to breastfeed whenever and wherever they need to.**
- **Establish breastfeeding support networks. Train healthcare professionals to support new mothers in breastfeeding, and make breastfeeding consultations accessible for all mothers.**
- **Complementing the above policy measures, implement regular public health campaigns to raise awareness of breastfeeding and its health benefits for both the baby and the mother.**

Executive summary

Breastfeeding refers to the process by which the mother produces milk to feed her baby. This can be done directly or by expressing or pumping breast milk. Exclusive breastfeeding means that no other food or drink, not even water, except breast milk is offered to the baby (with the exception of vitamins, minerals, and medicines). Breastfeeding offers substantial health benefits for both the mother and the baby.

Breast cancer is the most commonly diagnosed cancer and the most common cause of cancer death for women in the European Union (EU). There is strong evidence that mothers who breastfeed have a lower risk of developing breast cancer. The greater the number of months of breastfeeding, the greater the protection against breast cancer. Breastfed babies have lower risks of developing type 2 diabetes, overweight, and obesity later in life.

Despite its benefits, breastfeeding rates and duration vary significantly across the EU, and most Member States fall short of the World Health Organization (WHO) recommendation of 6 months of exclusive breastfeeding, followed by continued breastfeeding with complementary foods for up to 2 years or beyond.

Several barriers prevent women from breastfeeding for extended periods, including work-related issues, social and cultural factors, inadequate lactation support, provision and promotion of infant formula. Policy-makers could play a role by introducing integrated policy actions targeting marketing, parental leave, incentives for employers and breastfeeding-friendly environments, to facilitate prolonged breastfeeding, which could lead to significant benefits for public health. This policy brief describes international policies and guidelines that support policy-makers and other stakeholders to implement the European Code Against Cancer, 5th edition (ECAC5) policy recommendation to support women to breastfeed and the protection against breast cancer.

Key policy actions to promote breastfeeding

- **Ensure compliance with the International Code of Marketing of Breast-Milk Substitutes, adopting and enforcing regulation to protect breastfeeding from inappropriate marketing of food products that compete with breastfeeding. Breast-milk substitutes should be available when needed but should not be promoted.**

- **Establish and enforce policies that ensure a sufficient duration of parental leave, as well as flexible working arrangements to enable working mothers to exclusively breastfeed their infants for six months and to continue thereafter.**
  - Provide paid maternity leave for at least 6 months and additional incentives for continued breastfeeding. Encourage flexible working conditions and parental leave policies to allow either parent to take time off work for childcare and to support breastfeeding. ...

- **Enact policies and introduce incentives for employers to provide breastfeeding-friendly environments.**
  - Breastfeeding policies should include mandatory breaks for breastfeeding, and require employers to allow breastfeeding mothers to have time during the working day to express milk. All workplaces should provide a private, clean, and comfortable room where mothers can pump breast milk.
- **Encourage breastfeeding-friendly policies and facilities in public areas, and protect the right of women to breastfeed whenever and wherever they need to.**
  - Promote the implementation of measures to develop designated breastfeeding areas in all public spaces, enforcing and protecting the right to breastfeed in public.
- **Establish breastfeeding support networks. Train health-care professionals to support new mothers in breastfeeding, and make breastfeeding consultations accessible for all mothers.**
  - Specialized consultants can support breastfeeding by giving advice to mothers to help them with any issues related to breastfeeding.
- **Complement the above policy measures, implement public health campaigns to raise awareness of breastfeeding and its health benefits for both the baby and the mother.**
  - Organize public health campaigns offering evidence-based information about the positive health effects of breastfeeding and prolonged breastfeeding for the mother and the baby. Using engaging audiovisual methods to disseminate information can increase public engagement, familiarization with breastfeeding and cultural acceptance. Such efforts should aim and focus also on more vulnerable population groups.

Risk of cancer

- 1 in 11 women in the EU will develop breast cancer before the age of 74 years.
- Breastfeeding decreases the risk of breast cancer in the mother. The greater the number of months that women continue breastfeeding, the greater the protection that they have against breast cancer.

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Monitoring progress

EU Member States should develop a harmonized system to track breastfeeding rates and duration, to allow for tailored policy adjustments and targeted interventions. Publicly funded research should be conducted to assess the long-term impact of breastfeeding promotion policies on cancer and other health outcomes.

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