Breastfeeding has substantial benefits for women and children in high- and low-income countries alike, and the evidence now is stronger than ever.

- Breastfeeding saves lives and improves health.
  - As a perfectly adapted nutritional supply, breastmilk is the ultimate personalized medicine.
  - Improving breastfeeding practices could save about 820,000 lives a year, 87% of them infants under 6 months of age.
  - Nearly half of all diarrhea episodes and one-third of all respiratory infections would be prevented with increased breastfeeding in low- and middle-income countries.
  - There is growing evidence that breastfeeding decreases the prevalence of overweight/obesity and diabetes later in life.

- Breastfeeding helps prepare children for a prosperous future.
  - Longer breastfeeding is associated with higher performance on intelligence tests among children and adolescents (3 points on average), controlling for maternal IQ.
  - Some studies show that increased intelligence as a result of breastfeeding translates to improved academic performance, increased long-term earnings and productivity.
  - Globally, estimated costs of lower cognitive ability associated with not breastfeeding amount to about $300 billion annually (representing 0.49% of global gross national income, or GNI).
    - High-income countries lose more than $230 billion annually (0.53% of GNI) due to low rates of breastfeeding.
    - Low- and middle-income countries lose more than $70 billion annually (0.39% of GNI) due to low rates of breastfeeding.

- Breastfeeding also benefits mothers’ health.
  - For each year a mother breastfeeds, her risk of developing invasive breast cancer decreases by 6%. Breastfeeding also reduces the risk of ovarian cancer.
  - Current rates of breastfeeding prevent almost 20,000 deaths from breast cancer each year, and another 20,000 deaths could be prevented by improving breastfeeding practices.

- In addition to economic gains, the estimated health benefits of breastfeeding translate to reduced annual healthcare costs totaling $312 million in the US, $48 million in the UK, $6 million in Brazil and $30.3 million in urban China.
Despite this growing body of evidence, women worldwide do not have the support they need to breastfeed.

- Limited or nonexistent maternity protection policies prevent many women from optimally breastfeeding.
  - Short maternity leave (6 weeks) increases the odds of not breastfeeding or stopping early by 400%.
  - Less than one quarter (23%) of countries meet or exceed the International Labor Organization’s recommended 18 weeks for maternity leave.

- Gaps in knowledge and skills among healthcare providers often leave women without access to accurate information or support.

- Family, community and cultural traditions also have a strong influence on women’s breastfeeding decisions. We must create a new normal where women are supported in their decisions to breastfeed – at home, work and in the community.

- Marketing by the large and growing breast-milk substitute industry also undermines breastfeeding.
  - Between 2014 and 2019, global breast-milk substitute sales are projected to increase from $45 billion to $71 billion.
  - The Middle East, Africa and the Asia-Pacific region are the areas where growth is expected to be the highest, increasing by a projected 7% and 11%, respectively.

Rates of breastfeeding have not substantially increased in the past two decades, and most countries are off track to meet the global target.

- All infants under 6 months should be exclusively breastfed, yet only 37% currently meet this goal. The global target is to increase the rate of exclusive breastfeeding for the first 6 months to at least 50%.

- Low levels of optimal breastfeeding affect both high- and low-income countries. Breastfeeding is one of the few health and nutrition indicators for which low-income countries are closer to international recommendations than high-income ones.
  - For each doubling in national GDP per capita, breastfeeding prevalence at 12 months decreases by 10 percentage points.
  - Fewer than 20% of children in high-income countries are breastfed for 12 months.
  - In low- and middle-income countries, less than 40% of infants under 6 months are exclusively breastfed, and only two-thirds of children between 6 months and 2 years receive any breast milk.

Mothers are 2.5 times more likely to breastfeed where breastfeeding is protected, promoted and supported.

- Supportive programs include one-on-one counselling or group education, breastfeeding support at delivery, and lactation training for health staff.

- Breastfeeding rates can be dramatically improved in a very short time. A package of actions, policies, and programs to support mothers at health facilities, at home, and at work is shown to have the greatest impact. We must:
  - Disseminate accurate information on the value of breastfeeding as a powerful intervention for health and development, benefitting both children and women.
  - Foster positive social attitudes toward breastfeeding and reinforce a breastfeeding culture.
  - Demonstrate political will to support breastfeeding.
  - Regulate the breast-milk substitute industry by implementing, monitoring and enforcing the International Code of Marketing of Breastmilk Substitutes.
  - Scale up and monitor breastfeeding interventions and trends in breastfeeding practices.
commitment and investments for women’s and children’s health—including breastfeeding—will bring the global target within reach and drive progress toward other health and development goals.

- Investing and scaling up the quality and coverage of care for women and their newborns will yield a triple return on investment, preventing 54% of maternal deaths, 71% of newborn deaths and 33% of stillbirths.
- The health of women, children and adolescents is intrinsically linked to bringing about the transformative change needed to shape a more prosperous and sustainable future for all.
- Tremendous progress has been made in the last 15 years and continued progress in reproductive, maternal, newborn, child and adolescent health (RMNCAH) is critical to advancing the Global Strategy for Women’s, Children’s and Adolescents’ Health and its objectives of Survive, Thrive and Transform which underpin the Every Woman Every Child movement. The survival, health and well-being of women, children and adolescents are essential to ending extreme poverty, promoting development and resilience and on delivering on the new Sustainable Development Goals.
- This year The Lancet will produce a set of new evidence focusing on key topics highlighted by the Global Strategy for Women’s, Children’s and Adolescents’ Health. This includes the launch of dedicated Series on Stillbirths (January), Breastfeeding (January), a report by The Lancet Commission on Adolescent Health and Wellbeing (May), and future Series on Maternal Health, Early Childhood Development, Women’s Health and Maternal and Child Survival. Every Woman Every Child will bring this evidence to the attention of countries and partners in support of the implementation of the Global Strategy.