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Academy of Breastfeeding Medicine Position Statement: Breastfeeding As a Basic Human Right

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Abstract

A central goal of the Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient. The Academy of Breastfeeding Medicine recognizes that not all lactating individuals identify as women. Using genderinclusive language, however, is not possible in all languages and all countries and for all readers. The position of the Academy of Breastfeeding Medicine (https://doi.org/10.1089/bfm.2021.29188.abm) is to interpret clinical protocols within the framework of inclusivity of all breastfeeding, chestfeeding, and human milk-feeding individuals.

The core mission of the Academy of Breastfeeding Medicine (ABM) consists of ''medical doctors educating and empowering health professionals to support and manage breastfeeding, lactation and human milk feeding'' with the vision that there will be ''healthier lives worldwide through excellence in the medical care of breastfeeding and lactation.'' As a physician-led organization, the ABM aims to disseminate the knowledge, attitudes, and necessary practices in order for mothers and their children to breastfeed according to recommendations set forth by the World Health Organization (WHO) and in alignment with the 2030 Sustainable Development Goals: exclusively for 6 months and continued with the addition of nutritionally adequate and safe complementary food for at least 2 years of age.[1]

Reproductive rights, justice, and autonomy are basic concepts that require action at multiple levels. Public health policies must uphold the basic reproductive rights of the individual by developing systems of care that are equitable and inclusive. The voices of oppressed or marginalized populations must be elevated in these conversations, especially in the context of racism, sexism, and classism. In populations, disparities and social gradients in health are often present. To ensure that no segment of the population is excluded, protective interventions should be prioritized and followed by support interventions that target disadvantaged communities.[2]

Public policies and laws should be established so that mothers can choose to breastfeed, be supported to breastfeed, and have their choice protected such that they are not denied this right either by laws, coercion, employment practices, or society. However, there is a stark lack of meaningful analysis on and advocacy for breastfeeding in sexual and reproductive health literature, limiting the clinician's ability to provide evidence-based recommendations to guide policies and practice guidelines.[3]

Building on evidence published by the *Lancet* in 2016,[4,5] the WHO and the Office of the United Nations High

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Commissioner for Human Rights joined forces in November of 2016. They issued a statement on the ''Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child in support of increased efforts to promote, support and protect breast-feeding.''[6] This statement declared that breastfeeding is a human rights issue for both the child and the mother.

The ABM asserts that all health care providers, including medical doctors, have an essential role and obligation to implement this global statement. Members of the ABM should be regarded as experts in the field and, therefore, be able to engage public health and policy makers to maintain these rights, develop protections to uphold the right to breastfeed, and work through advocacy efforts to eliminate all forms of discrimination that would otherwise undermine breastfeeding and the provision of human milk.

The ABM asserts that it is a moral imperative to protect the mother's and child's basic rights to breastfeed for their own health and wellness, as well as that of the nations in which they reside. Given the importance of breastfeeding and human milk in reducing infant mortality, governments should include breastfeeding as a leading health indicator and work toward eliminating disparities in breastfeeding outcomes and increasing rates of breastfeeding.

Members of the ABM should work with their colleagues around the globe to implement the International Code of Marketing of Breastmilk Substitutes to protect families from unethical marketing of breast milk substitutes and related products.[7] Furthermore, the ABM supports all facilities in achieving designation by the Baby-Friendly Hospital Initiative using the newly revised evidence-based Ten Steps to Successful Breastfeeding in order for maternity care and breastfeeding access to be truly equitable.[8]

Despite the known risks of not breastfeeding during childhood and through adulthood,[9,10] societal norms and stigmas negatively affect mothers' comfort with and access to breastfeeding. It is imperative for all governments to protect the mother from disease burden by supporting her breastfeeding efforts. In addition, every mother has the right to nourish and nurture her child in the manner of her choice with appropriate information and without discrimination or interference. Those parents who do not experience themselves as mothers but still are able to or desire to lactate, breastfeed, or chestfeed deserve these same rights.

The benefits of human milk are extensive, and children in families whose parents are unable to make milk due to anatomical, physiological, medical, or social reasons also deserve access to human milk. We, therefore, submit the need for more robust research about, investment in, and infrastructural support for safe and accessible human milk banking programs.

The ABM—and its membership—have a role in disseminating knowledge about breastfeeding as a basic human right and collaborating to uphold these human rights. Members of the ABM can work with legislators and public health officials to eliminate discriminatory practices that interfere with breastfeeding. By erasing barriers to health care for all families throughout the prenatal and postpartum period, members of the ABM should provide access to high-quality evidence-based care that is culturally congruent within the communities they serve.

Members can work within their nation's framework for health care delivery to ensure equitable and inclusive access to optimal breastfeeding care to enable mothers to reach their breastfeeding goals, for the government to achieve the WHO goals for optimal breastfeeding, and for all parties to reap the benefits of breastfeeding and avoid the hazards of suboptimal breastfeeding.

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