ICEA
International Childbirth Education Association

ICEA Position Paper

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Infant Feeding

Position

All expectant parents should be given evidence-based information about human milk feeding in order to make an informed decision as to how they will feed their infants. Further, we believe that human milk feeding is affected by events in the entire reproductive process and that it is most successful when the parent is given information on initiating breastfeeding or pumping and provided support throughout their human milk feeding journey. The International Childbirth Education Association (ICEA) supports breastfeeding and human milk feeding at all levels; in the childbirth classroom, in the support given by our doulas at births and postpartum, and in the community, locally and internationally.

Background

Human milk has been overwhelmingly document as the superior food for human infants. The American Academy of Pediatrics (AAP) has stated that it is the normative standard for infant feeding and nutrition, and further states that breastfeeding should be considered a public health issue and not just a lifestyle choice. The AAP recommends infants be fed human milk exclusively for the first six months of life with the introduction of complementary foods after six months, continuing to provide breastmilk for the first year of life, and continuing as long thereafter as desired by parent and child. AAP Breastfeeding Policy 2022 statement In addition, the World Health Organization (WHO) recommends the same and also specifies two years as the recommended duration of breastfeeding. WHO Breastfeeding

The US Department of Health and Human Services sets health goals for the United States, and includes target goals for breastfeeding. Currently, the goals for Healthy People 2030 are:

1. That 42.4% of infants born will be exclusively breastfed for six months. The baseline (2015) was 24.9%. As of 2021, the United States is at 27.2%
2. Increase the proportion of infants who are breastfed at one year to 54.1%. The baseline (2015) was 35.9%. As of 2021, the United States is at 39.5%.

The Breastfeeding Advocacy Initiative led by WHO and UNICEF, in collaboration with other partners, calls upon governments, donors, and development partners to: Increase funding to reach the 2025 World Health Assembly Target to raise the rate of exclusive breastfeeding in the first 6 months to at least 50 percent.

ICEA encourages all involved in education and care of childbearing families be well-informed and supportive of breastfeeding and human milk feeding for the benefit of mothers, infants, families and communities.

Risks of NOT Breastfeeding

Use of artificial human milk substitutes can increase the risk of some health outcomes

For Infants:

1. Increased risk of lower respiratory infections
2. Increased severity of RSV bronchitis
3. Increased incidence of gastrointestinal infections
4. Increased risk of Necrotizing Enterocolitis (NEC)
5. Increased risk of Sudden Infant Unexplained Death (SIUD) (independent of sleep position)
6. Decreased protective effect for clinical asthma, atopic dermatitis and eczema
7. Increased risk of development of celiac disease and childhood IBS
8. Increased risk in the development of childhood and adult obesity
9. Increased risk of type I and type 2 diabetes

For Mothers:

1. Increased incidence of breast and ovarian cancer
2. Increased risk of development of osteoporosis
3. Increased risk of cardiovascular disease including metabolic syndrome, hypertension and hyperlipidemia
4. Increased reports of childhood abuse and neglect
5. Reduction in positive moods and self-reported anxiety
6. Reduction in quality and quantity of sleep

Contraindications to Breastfeeding

1. **HIV and breastfeeding** New guidelines for 2024 state that people in the US with HIV should receive evidence-based, patient-centered counseling to support shared decision-making about infant feeding. Counseling about infant feeding should begin prior to conception or as early as possible in pregnancy; information about and plans for infant feeding should be reviewed throughout pregnancy and again after delivery **Infant Feeding for US Individuals with HIV.**

Breastfeeding is contraindicated if the breastfeeding person has HIV and:

- Are not on HIV treatment (antiretroviral therapy or ART), or
- Are on ART but have not achieved sustained viral suppression during pregnancy (at a minimum throughout the third trimester) or at the time of delivery. Women on ART should also not breastfeed if they are unable to maintain sustained viral suppression after giving birth.

If a mother with a detectable viral load chooses to breastfeed, the mother and provider should remain engaged, providing guidance on antiretroviral (ARV) HIV prevention drugs and HIV testing for the infant, and to assist the parent to rapidly regain and maintain viral suppression

In some developing countries where there is no access to clean water and supplies, exclusive breastfeeding may be permitted. Infant feeding for the prevention of mother-child transmission of HIV can be found here. **The WHO guidelines can be found here**

2. **Infants diagnosed with galactosemia**
3. **They are infected with human T-cell lymphotropic virus type I or type II**
4. **They have suspected or confirmed Ebola virus disease**
5. **They are infected with untreated brucellosis.**
6. **They are taking certain medications**
7. **They are undergoing diagnostic imaging with radiopharmaceuticals (drugs that emit radiation).**
8. **They have an active herpes simplex virus (HSV) infection with lesions (sores) present on the breast.3 (Note: Mothers can breastfeed directly from the unaffected breast if lesions on**

the affected breast are covered completely to avoid transmission).

9. **They have mpox virus infection (Note: breastfeeding should be delayed until criteria for discontinuing isolation have been met, including all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed.**
10. **Mothers should temporarily not breastfeed, but can feed expressed breast milk if:**
11. **They have untreated, active tuberculosis.**
12. **Note: The mother may resume breastfeeding once she has been treated appropriately for 2 weeks. In addition, a doctor must document that she is no longer contagious.**
13. **They have an active varicella (chicken pox) infection that developed between 5 days before delivery and 2 days following delivery.**

Birth Practices Which May Impact Breastfeeding

1. Some labor medications including some analgesics and/or anesthetics
2. Separation of mother and infant unless there is emergent medical need
3. Unnecessary or convenience formula supplementation
4. Not providing immediate or postpartum skin-to-skin care

Evidence-based education on these topics is recommended for discussion in prenatal classes and visits or consults.

The Use of Pasteurized Donor Human Milk

The AAP supports only the use of donor milk from a Human Milk Banking Association of North America (HMBANA) or state-licensed milk bank which assures proper testing, preparation and storage of human milk. The WHO supports the use of PDHM. ICEA does not condone or recommend informal milk sharing.

The International Code of Marketing of Breastmilk Substitutes

Advertising and free formula and coupon giveaways have led some parents to think that formula is hospital sanctioned and nutritionally equal to human milk. Numerous studies have found the practice of providing new mothers with formula gift bags at hospital discharge decreases the initiation and duration of exclusive breastfeeding. Discouraging breastfeeding/human milk feeding can be a negative influence on infant health as recognized by the WHO and UNICEF. In 1981, the WHO and UNICEF developed a code of ethics for marketing of breastmilk substitutes including discouraging the idealizing of formula feeding and not implying that any breastmilk substitute is equal or superior to human milk. ICEA adheres to the WHO Code of the Marketing of Breastmilk Subsitutes.

The Baby Friendly Hospital Initiative

In 1991, the WHO and UNICEF developed the Baby Friendly Hospital Initiative based on the Ten Steps to Successful Breastfeeding. These steps form the basis of best practices for birthing facilities to support new mothers and families for optimum success.

These Ten Steps are:

1a. Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.

1b. Have a written infant feeding policy that is routinely communicated to staff and parents.

1c. Establish ongoing monitoring and data-management systems.

2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

3. Discuss the importance and management of breastfeeding with pregnant women and their families.

4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.

6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.

7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.

8. Support mothers to recognize and respond to their infants' cues for feeding.

9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.

10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

There is substantial evidence that implementing the Ten Steps significantly improves breastfeeding rates. A systematic review of 58 studies on maternity and newborn care published in 2016 demonstrated clearly that adherence to the Ten Steps impacts early initiation of breastfeeding immediately after birth, exclusive breastfeeding and total duration of breastfeeding.

Infant and Young Children Feeding in Emergencies

Being prepared to support breastfeeding in an emergency situation can be vital. ICEA Birth Professionals can have a critical role to play in supporting and protecting breastfeeding during a health crisis.

IYCF-e Resources

https://iycfehub.org/document/protectingbreastfeedingemergency/

https://www.ennonline.net/about/iycf-e-repository

Breastfeeding in Emergency Setting

Implications for Practice

The role of childbirth educators and doulas is to provide accurate information on breastfeeding/pumping initiation and continued lactation support for birthing families. Ongoing support also includes connecting with local community maternal and infant resources, as well as referring to local lactation providers when needed.

For those families who have made an informed decision to formula feed

As childbirth educators, doulas and lactation care providers we need to be prepared to non-judgmentally discuss aspects of formula feeding, including answering questions accurately and providing resources as needed.

For More Information

www.bfmed.org

www.CDC.gov/breastfeeding

www.HMBANA.org

www.BabyFriendlyUSA.org

https://www.usbreastfeeding.org/

https://www.cdc.gov/nutrition/downloads/prepare-store-powered-infant-formula-508.pdf

https://www.cdc.gov/cronobacter/prevention/?CDC_AAref_Val=https://www.cdc.gov/cronobacter/infection-and-infants.html

https://www.who.int/health-topics/infant-nutrition#tab=tab_1

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References

American Academy of Pediatrics (AAP, 2022a). Breastfeeding and the use of human milk. Policy Statement. Pediatrics. 2022; e2022057988. https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2022-057988/188347/Breastfeeding-and-the-Use-of-Human-Milk.

Bartick, M. C., Schwarz, E. B., Green, B. D., Jegier, B. J., Reinhold, A. G., Colaizy, T. T., ... & Stuebe, A. M. (2017). Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. *Maternal & child nutrition*, *13*(1), e12366.

Bibbins-Domingo, K., Grossman, D. C., Curry, S. J., Davidson, K. W., Epling, J. W., García, F. A., ... & Mangione, C. M. (2016). Primary care interventions to support breastfeeding: U.S. Preventive Services Task Force recommendation statement. Jama, 316(16), 1688-1693.

CDC. Breastfeeding Report Card – United States, 2022. Available at https://www.cdc.gov/breastfeeding-data/breastfeeding-report-card/index.html

Healthy People 2030. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Increase the proportion of infants who are breastfed exclusively through age 6 months — MICH-15

National Library of Medicine, Drugs and Lactation Database. Available at https://www.ncbi.nlm.nih.gov/books/NBK501922/

Smith ER, Hurt L, Chowdhury R, Sinha B, Fawzi W, Edmond KM, et al. (2017) Delayed breastfeeding initiation and infant survival: A systematic review and meta-analysis. PLoS ONE 12(7): e0180722. https://doi.org/10.1371/journal. pone.018072

United States Breastfeeding Committee, Policies and Resources, Available at https://www.usbreastfeeding.org/breastfeeding-references.html

World Health Organization (WHO). Ten Steps to Successful Breastfeeding. World Health Organization. 2022. Accessed March 2025. Nutrition and Food Safety

World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). The extension of the 2025 maternal, infant and young child nutrition targets to 2030. Discussion Paper 12. 2019. https://data.unicef.org/resources/who-unicef-discussion-paper-nutrition-targets/

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