

Protecting and supporting breastfeeding: a matter of social justice

Protección y apoyo a la lactancia: una cuestión de justicia social

Proteção e apoio ao aleitamento Materno: um assunto de justiça social

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Introduction

Breastfeeding is essential for the health and well-being of children, women, society, and the environment. However, its promotion, protection, and support are deeply related to issues of social justice. This summary explores the importance of breastfeeding, the inequalities that exist in its access and support, as well as the policies and practices that can be improved to ensure that all people who wish to breastfeed can do so regardless of their circumstances^(1,2).

Importance of breastfeeding

Breastfeeding provides numerous health benefits for the infant. It is the ideal source of nutrition during the first 6 months of life and continues to maintain its nutritional properties beyond the first year, promoting optimal growth. It plays a fundamental role in preventing infections and diseases (acting as a key immunological modulator) and therefore contributes to reducing infant morbidity and mortality. It contributes to the cognitive (global intelligence and executive functions), emotional, and psychological development of children. It is a protective factor against child abuse. In the long term, these children have a lower risk of developing chronic non-communicable diseases in adulthood. For women, breastfeeding also aids in postpartum recovery and reduces the risk of diseases such as breast and ovarian cancer. It serves as a protective factor for maternal mental health. Globally, the promotion and protection of breastfeeding can save thousands of lives each year. Human milk is a sustainable food that contributes to environmental sustainability and food security. For all the reasons mentioned above, breastfeeding is also associated with direct and indirect economic benefits, generating savings in healthcare and food costs for both families and the state^(3,4).

Sociodemographic context

In Uruguay, there has been a significant decline in the birth rate; in 2023, there were 31,381 births, the lowest number since 2016, representing 920 fewer births than in 2022. This decrease in births is occurring in a context of growing inequality. In 2022, 17.4% of children and adolescents lived in households below the poverty line, compared to 2% of older adults. Child poverty is disproportionately high compared to older adults, with a gap that is much wider than in other countries in the region.

In addition, the feminization and infantilization of poverty are evident: two-thirds of poor households are headed by women, and a significant proportion of these households are single-parent. Women in these households face greater economic and labor challenges, with significantly lower workforce participation and earnings compared to men^(5,6).

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Unpublished work.

We declare that we have no conflicts of interest.

This work has been unanimously approved by the Editorial Committee.

Date received: November 5, 2024.

Date approved: May 22, 2025.

Policies and practices to support breastfeeding in Uruguay

Data on breastfeeding support in Uruguay show that 52.2% of women received guidance during pregnancy, although the percentage is lower in the public sector outside the capital. Regarding breastfeeding support groups, only 45.8% of women were informed of their existence. During hospitalization, 71.0% of mothers received breastfeeding counseling, highlighting the need to improve both the accessibility and quality of support.

Early initiation of breastfeeding, defined as starting within the first hour of life, is associated with a higher prevalence of exclusive breastfeeding at 3 and 6 months. Data show that 71.8% of children who were exclusively breastfed at 3 months were breastfed within the first hour of life, compared to 44.8% of those who were not exclusively breastfed.

The average duration of breastfeeding is 14.6 months, with a median of 16 months. Breastfeeding duration is shorter among children in the public sector, mothers under 35 years of age, those with lower educational levels, and households with low socioeconomic status.

In our country, the likelihood of receiving breastfeeding is strongly linked to the place of birth, which widens the gap between children from poorer households or with mothers of lower educational levels compared to those from middle- and upper-class households. Additionally, there is a marked difference in the support provided by the healthcare system to people who wish to breastfeed, depending on whether their children are born in the public or private sector, and even on whether they do so in the capital or in other regions of the country.

There is a marked inequity in the laws protecting breastfeeding. Workers enjoy different benefits depending on whether they work in the private or public sector in our country, and even within each sector, they vary according to the improvements secured by each union negotiation table for its subsector, which further increases these differences.

Special mention should be made of workers who are outside the formal labor system, those from the poorest households in our country, and, in most cases, heads of single-parent households without financial support from the other parent. These workers have no legal protection for breastfeeding.

Investing in the promotion and support of breastfeeding should be a priority as a public and state policy. Breastfeeding is a key protective factor for childhood, with significant impacts on neurodevelopment, thereby improving the future opportunities of children.

This, in turn, helps reduce the social and economic inequality gap. Protecting and promoting breastfeeding is essential at all levels, but it is especially critical in the most disadvantaged populations, where the impact can be even greater. This population should be prioritized when implementing public policies that facilitate access to breastfeeding.

We must not forget that investments in breastfeeding are quickly recovered in the short and medium term, as these children and breastfeeding individuals experience less illness and mortality, resulting in savings in healthcare costs. Human milk, as the ideal food, also generates savings in family and state food expenses (including the cost of the food itself, the utensils needed to administer it, and drinking water, among others).

The protection and support of breastfeeding should be considered a fundamental human right, not only to ensure the health of children and mothers but also to address social and economic inequalities. This should be a priority in a country where birth rates are declining, and child and female poverty are increasing. Improving public policies, healthcare system support in the workplace, and breastfeeding education are crucial steps to ensure that all women have the opportunity to breastfeed successfully. We should aim for all pregnant women to have access to high-quality information that allows them to understand the benefits of breastfeeding and their rights as women and as breastfeeding workers. We must advocate for an equitable healthcare system that provides, at every birth, proper skin-to-skin contact, breastfeeding within the first hour of life, and trained staff in maternity wards and, subsequently, at child health check-ups, who can guide families and address the most common breastfeeding challenges. Families also need to be properly informed about available support groups. We must demand improvements to the laws protecting maternity and breastfeeding, ensuring they are the same for all workers. Protective legislation should also be created for informal workers. We need personnel working in the field with the most disadvantaged families. Far from being an expense, all these interventions are a step toward the equity we aspire to for Uruguayan children⁽⁷⁻⁹⁾.

Conclusions

To achieve greater social justice in breastfeeding support, it is necessary to address existing inequalities and improve access to guidance and support. Through inclusive policies and a focus on equity, breastfeeding rates can be improved, ultimately enhancing the health and well-being of all families.

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Data availability

The dataset supporting the results of this study is NOT available in open-access repositories.

Author contributions

All authors of this manuscript contributed to the conception and critical review and approved the final version for publication. Each author declares their approval for the publication of this work.

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