

## Breastfeeding at maternity hospital and infant mortality in Brazil

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**Introduction:** Breastfeeding should be implemented from birth, as it contributes to the reduction of infant mortality.

**Objective:** To estimate the number of deaths potentially avoided by the Baby-Friendly Hospital Initiative (BFHI) in Brazil, this enables strategies that allow breastfeeding exclusively from birth.

**Methods:** The analysis consisted of: estimating the effectiveness of BFHI in breastfeeding in the first hour of life (BF1h), the exclusive breastfeeding in infants 0-5 months (EBF) and of any breastfeeding. The potential impact of BFHI on the reduction of infant mortality mediated by increased breastfeeding was estimated by subtracting the prevalence of each breastfeeding indicator for both BFH and NBFH born babies. For this purpose, the Population Attributable Fraction (PAF) of breastfeeding was used for the following indicators: late

neonatal mortality mediated by non-breastfeeding in the first hour of life, all-cause mortality in infants less than 6m and mortality due to infection in infants under 6 months; The latter two, mediated by non-breastfeeding. The PAF was obtained for children born in BFH and NBFH, using the prevalence of non-breastfeeding and the estimated relative risks. Finally, it was estimated the number of deaths potentially preventable by the BFHI, considering the data on infant mortality occurred in 2008.

**Results:** The sample consisted of 18,929 children under 6 months of age; Of these 34.1% were born in BFH. The BFHI promoted a statistically significant increase in the 3 indicators of BF: 11.7% in BF1h; 7.9% in EBF and 2.1% in any breastfeeding. If all children were born in BFH, the fraction of mortality attributable to non-breastfeeding (PAF) would be lower, potentially avoiding 4.2% of late neonatal mortality, 3.5% of all-cause mortality, and 4.2% mortality from infection.

**Conclusion:** BFHI improves breastfeeding and contributes to a reduction in mortality.

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