

Contributing to a gender-just transition by reducing commercial milk formula use and greenhouse gas emissions from maternity services



Anindi Pramono¹, Julie Smith¹, Tuan Nguyen², Bindi Borg¹, Roger Mathisen² | ¹National Centre for Epidemiology and Population Health, ANU ²Alive & Thrive, FHI 360

Background

- Health care systems are an important source of global greenhouse (GHG) emissions including in Australia.
- Formula production and use has a high environmental cost and should be reduced to transition to a healthy and sustainable food system.
- A kilogram of milk formula adds around 7-11 kilograms of GHG emissions to the atmosphere.
- Achieving UN Global Nutrition Targets (GNT) for breastfeeding reduces GHG far more than adjusting formula manufacturing.
- There are equity and justice implications that need to be considered, if milk formula use is to be reduced in maternity care. Not all women and children have equal opportunity to be breastfed or experience the Ten Steps in maternity care.
- The Ten Steps to Successful Breastfeeding, identified by WHO in 1989 and incorporated into the WHO/UNICEF Baby Friendly Hospital Initiative in 1991, provides a possible framework for this transition.

Methods

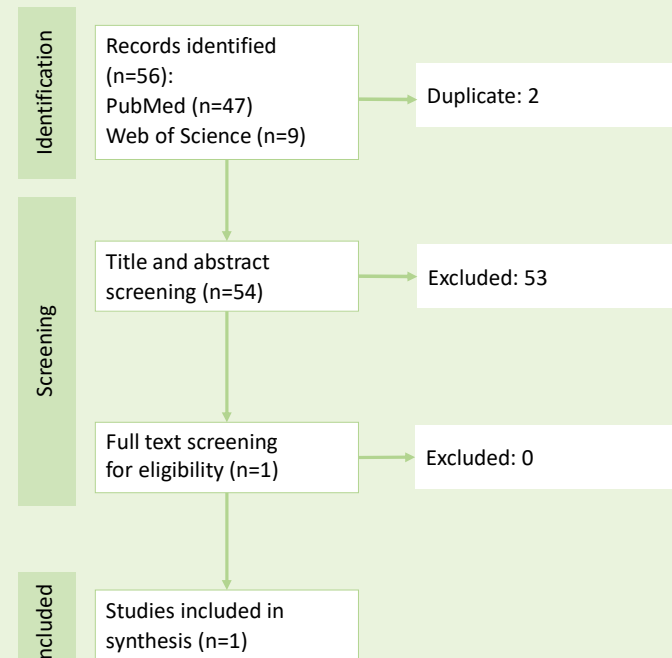
- Scoping review on reducing GHG emissions from maternity services with a gender just transition, through PubMed and Web of Science.
- Keywords included “maternity service”, “obstetric”, “pediatric”, “Ten Steps to Successful Breastfeeding”, and “environmental impact”.
- The search covered three interrelated areas of scholarly literature: a) GHG impacts of infant feeding practices in health systems especially maternity care, b) gender just transitions to sustainable food systems, and c) maternity care impacts on breastfeeding rates at hospital discharge.
- Covidence program was used to remove duplicates, enable title and abstract, full-text screening and data extraction.
- Excluded were grey literature and articles that did not mention GHG emission from maternity services.
- PRISMA guideline was followed for reporting.

Key Findings

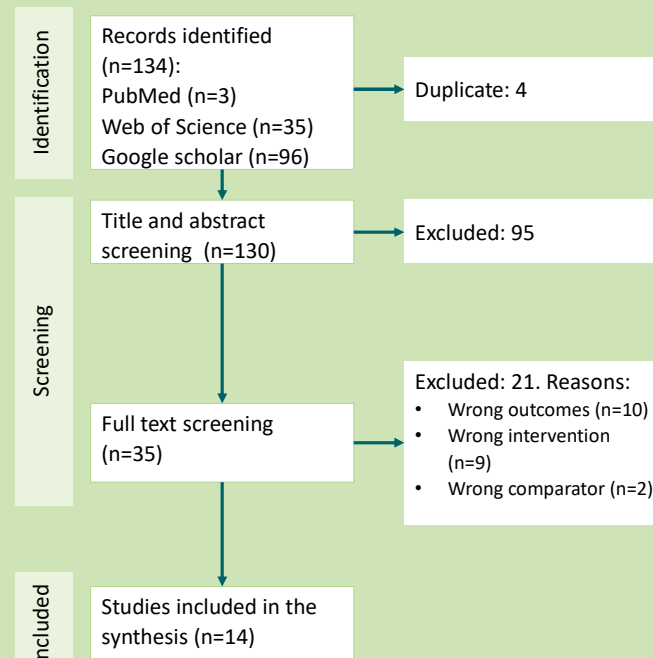
- There is growing research interest in health services' impact on GHG emissions, but limited literature in peer-reviewed journals on maternity services.
- CMF use in maternity services can be reduced by using the Ten Steps framework for audits of GHG emissions.
- Implementing the Ten Steps greatly increases exclusive breastfeeding to 6 months, making it a promising pathway to a gender- just energy transition in health services.

Conclusion

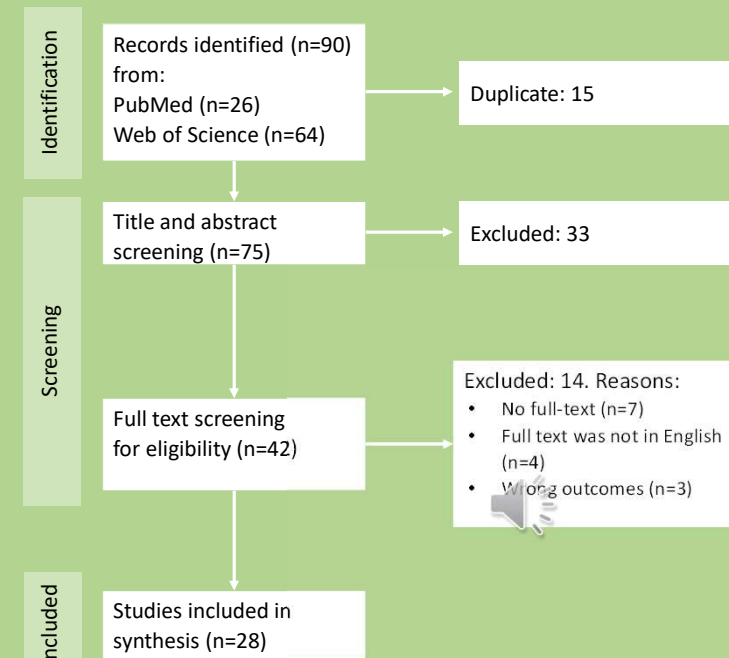
- Reducing medically unnecessary supplementation in maternity care facilities lowers GHG emissions and increases exclusive breastfeeding.
- Two of the WHO/UNICEF Ten Steps directly address overuse of milk formula in maternity care facilities.
- Future research on options to reduce health services' GHG emissions should consider audits using the BFHI Ten Steps framework.



GHG impacts of infant feeding practices in health systems especially maternity care



Gender just transitions to sustainable food systems



Maternity care impacts on breastfeeding rates at hospital discharge