

Breast Feeding's Benefits and Challenges

Introduction

Breast feeding is widely recognized as optimal food for newborns and many authorities have strongly endorsed breast feeding. The American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, and the World Health Organization recommend that most women exclusively breast feed their babies for the first six months of life and after that continue to breast feed in combination with other food. The federal government's "Healthy People 2010" health objectives include increasing the number of breast-fed babies as a national health goal.

Despite these recommendations, the United States lags behind other countries in breast feeding. According to the U.S. Centers for Disease Control and Prevention's 2007 outcome indicators, while 73 percent of babies are breast fed at some point, only one in five is still breast fed at a year – and only 11 percent of babies are exclusively breast fed through six months. The Institute for Women's Health's Dr. Erin N. Marcus interviewed Dr. Lourdes Forster, assistant professor of clinical pediatrics, about breast feeding's benefits and challenges. Dr. Forster is a general pediatrician who frequently lectures on lactation.

Institute for Women's Health (IWH):

Thank you, Dr. Forster, for speaking with us. In recent years, there have been many advances in scientists' understanding of breast feeding's advantages. Could you summarize the health benefits to babies of breast feeding?

Dr. Forster:

It's pretty clear from all the evidence over the years that breast milk is the normative model for infant nutrition, for several reasons. In terms of nutritional benefits, it's a dynamic fluid that changes both over a 24 hour period and over the first year of a baby's life to meet the baby's nutritional needs. It also offers many unique nutrients, including taurine and cholesterol. In the past five years the formula makers have been trying to catch up but haven't been able to incorporate all of these nutrients into their products.

Also, some of the nutrients in formula aren't as bio-available as similar nutrients in breast milk. Take iron, for example. There's less of it in breast milk than in formula but the iron that's in the breast milk is more bio-available and is better absorbed by the baby. In terms of immunologic and infection prevention benefits, it's very clear that in the developing world a breast-fed baby's chances of survival are much better than those of a non-breast-fed baby. The immunologic benefits are also seen in babies in the developed world. In developed countries, research indicates breast-fed babies have fewer chances of infection, fewer emergency room visits, fewer diarrheal illnesses, fewer pneumonias, and less severe pneumonias. It's also very protective for otitis media both from an immunologic perspective as well as from a mechanical point of view, because of less blockage of the Eustachian tube while feeding.

Also, from the immunologic perspective, there's pretty good evidence that breast-fed infants will have a lower incidence of allergic disease. In families with a history of allergic conditions such as eczema, I really try to encourage the mother to breast feed.

IWH:

What are some of the maternal health benefits of breast feeding?

Dr. Forster:

One thing that really impresses me about breast feeding is how it empowers women. It really builds a mom's sense of empowerment to feel that she is nursing and giving nutrition to her baby.

For a lot of women, returning to a pre-pregnancy weight more rapidly is also a big benefit.

Plus, there's good evidence that breast feeding reduces the risk of ovarian cancer and, after a year, of breast cancer. A 2002 *Lancet* article concluded that for every 12 month duration of breast feeding, the mother had a 4.3 percent diminished lifetime risk of developing breast cancer.

IWH:

When is breast feeding contraindicated?

Dr. Forster:

Here it gets tricky. In the U.S., being infected with HIV or HTLV-1 or a maternal history of drug abuse are strict contraindications to breast feeding. Also, breast feeding is strictly contraindicated in women who are prescribed certain medications such as radioactive isotopes or lithium.

More commonly, however, women may think they can't breast feed if they have a cold or the flu. These are not contraindications to breast feeding, though I would refer people to a list of medications that are contraindicated in lactating women. In particular, I recommend the book by Thomas Hale, *Medications and Mother's Milk*.

IWH:

Some physicians may be apprehensive about prescribing medications to breastfeeding women. Are there any rules of thumb that doctors should follow when prescribing to lactating women?

Dr. Forster:

I teach my residents that a good rule is: any medication you can safely give a baby is generally OK for a breast feeding mother. If you can't give it to an infant then you may want to avoid giving it to the mom.

You also need to be careful about long-acting or slow-release medications. These medications often require detoxification in the liver. In the baby, liver function is immature and the medication can accumulate and have more of an effect in the baby. Also, it is always important to watch the baby for any signs of unusual sleepiness or fussiness when the mother is on medication. And, you may want to time the dosing so that the mother receives the medication after nursing.

Again, the reference I always use is Thomas Hale's *Medications and Mother's Milk*.

IWH:

Are there any supplements that you recommend for babies who are exclusively breast fed, such as iron or fluoride?

Dr. Forster:

Right now, the American Academy of Pediatrics' (AAP) only recommendation is Vitamin D after two months of life in babies who are exclusively breast fed. The AAP recommends 200 International Units daily, which is the amount that is in a single dosage of most infant vitamin formulas.

IWH:

Should women who are breast feeding take any nutritional supplements?

Dr. Forster:

I recommend a good, balanced, healthy diet. We do watch strict vegetarian moms more carefully. In the case of a vegan mom you would want to supplement with Vitamin B12, 4 mg a day.

Of note, many lactation consultants will make moms stay on prenatal vitamins because often new mothers are so busy that they don't eat right.

IWH:

What are some of the misconceptions people have about breast feeding?

Dr. Forster:

Women often have unrealistic expectations about what it's like to breast-feed. There's often a notion that this is very natural and comes easily and is something you just *do* when the baby is born. Moms get frustrated when they find out it's a lot of work and it requires being very flexible in your daily activities because there is no fixed schedule for a newborn baby. Breast feeding *is* challenging at the beginning, but I find that if the mother can get through the first month it often clicks for them.

Also, many people feel not all women can breast feed. But most moms can breast feed, even if it's not 100 percent exclusive breast feeding. Sometimes moms feel that it's all or nothing and they end up losing the whole breast feeding experience.

From a social standpoint, we have an older generation that comes from the formula era and tells their kids, who are now mothers, 'you got formula and you're fine.' These comments can undermine a mom's determination, and sometimes there's not a lot of social support at home for breast feeding.

IWH:

In your practice, do most mothers intend to breast feed? Why do many women give up?

Dr. Forster:

Breast feeding is something many women would like to do, but they often give up early. I think the intent to breast feed needs to come prenatally. Most moms who decide to nurse make that decision in the second trimester. By the time they see me, the pediatrician, they have often already made their decision. But women often don't receive enough information prenatally regarding not just the benefits, but also the practicalities of nursing.

Research indicates that hospital practices also can undermine a woman's determination to breast feed. It is important to have a nursing staff that's helpful about nursing, as well as rooming in options for the mother and baby, and optimal instruction in the days after delivery. Just giving brochures and showing videos don't seem to be as effective as having somebody one on one who can show a woman how to nurse her baby and share helpful tips. Peer support is also effective.

Another reason many women give up is because of fear of what happens after they go back to work. A lot of moms feel they are not going to be able to pump at work. They may be hesitant to assert their need to take a break, and they don't want to ask because they feel it's going to be too disruptive.

IWH:

The AAP recommends women breast feed exclusively for six months and then continue to breast feed (while supplementing with other food) until 12 months or longer "as mutually desired." When do you recommend women stop breast feeding?

Dr. Forster:

This is interesting because the World Health Organization's recommendation is much later – they recommend waiting to wean until the baby is two years or older.

I like the term "as mutually desired," and I definitely recommend at least a year, because most studies showing a benefit to the mom included breast feeding that lasted a year or longer. I tell women that if it gets to the point after a year where you are not enjoying it, then you can stop. Most of the time, kids wean themselves after a year, or they are nursing so minimally that (getting them to wean) is a non-issue.

IWH:

What can physicians do to promote breast feeding among their patients?

Dr. Forster:

I think the most important thing doctors can do is learn about breast feeding. Up until a few years ago, there was no formal curriculum in lactation, even in specialties where it's very relevant, such a pediatrics and obstetrics and gynecology. While some programs do offer training in this subject, others don't and it's very variable. I find that when I give lectures on this topic, doctors often aren't comfortable with the subject. So, there is definitely a need for more professional education. The AAP is piloting a breast feeding curriculum right now, and this should help.

There is also a need for physicians to be more assertive within the systems and hospitals where they work to make them more baby-friendly. Physicians need to be aware of the hospital system in which they are working. Again, it's clear that it's not just the physician that influences a mother's decision to nurse, but also the entire staff and environment of the hospital. The whole staff needs to change their way of thinking about breast and bottle feeding.

And, doctors really need to start talking to moms earlier. The obstetricians are crucial to this because by the time a pediatrician sees the mom, the decision has often been made.

Doctors also need to know the lactation consultants and resources in their area. A useful Web site is <http://www.ilca.org/>, which is the Web site of the International Lactation Consultant Association.

IWH:

What can our society do to promote breast feeding?

Dr. Forster:

For one, our society needs to change the images we see in the media. Whenever you see a picture of a baby or a baby on TV, it's with a bottle. That's the reference point. We need to make breast feeding, not bottle feeding, be the norm.

And, employers need to give moms more time to be away and more flexibility during the work day to pump. This becomes a legislative issue.

Also, not all insurances pay for breast pumps, nor for lactation consultation. This needs to change.

Resources

Collaborative Group on Hormonal Factors in Breast Cancer. (2002). Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease. *Lancet*. 360(9328):187-95.

Hale, T.W. (2006). *Medications and Mother's Milk*. Amarillo, TX: Hale Publishing, L.P.

International Lactation Consultant Association <http://www.ilca.org>