



# Benefits of Breastfeeding

The American Academy of Pediatrics Section on Breastfeeding created a Policy Statement titled “Breastfeeding and the Use of Human Milk,” published in “Pediatrics” in March 2012 (Vol 129, Issue 3) <http://pediatrics.aappublications.org/content/129/3/e827.full?sid=62be6fa8-d66a-4c2c-916f-9a0b5176b8fe#T2>. Below is a summary of the research and meta-analysis presented, which reveals that breastfeeding benefits both mother and baby. The benefits for the baby are shown to be “dose related,” such that exclusive breastfeeding for closer to 6 months offers the most benefits. However, there are benefits if the baby gets ANY breastmilk.

## The Big Picture

- If 90% of mothers in the United States exclusively breastfed for 6 months, more than 900 infant lives per year may be saved and there would be a savings of 13 billion dollars per year.
- There are 42 developing countries in which 90% of the world’s childhood deaths occur. Exclusive breastfeeding for 6 months and weaning after 1 year of age is the most effective intervention to prevent infant deaths, with the potential of preventing over 1 million infant deaths per year. This is equal to preventing 13% of the world’s childhood mortality.

## Exclusive breastfeeding (drinks ONLY breastmilk) has many significant benefits

- Studies show a 63% reduction in serious colds, ear and throat infections if a baby exclusively breastfeeds for 6 months.
- If exclusively breastfed for more than 4 months, there was a 72% reduction in the risk for hospitalization for lung infections in the first year and a 74% decrease in the severity of RSV bronchiolitis.
- There was a 50% reduction in the risk of ear infections with exclusive breastmilk for more than 3 months. (23% reduction with just any breastmilk)
- There was a 27% reduction in asthma and eczema in a low risk population and up to 42% reduction in infants with a family history, if baby exclusively breastfeeds for 3-4 months.
- If exclusively breastfed for 3 months, there was a 30% reduction in the incidence of juvenile diabetes.
- Higher intelligence scores and teacher ratings were noted in infants who exclusively breastfed for 3 months or longer.

## Any breastfeeding decreases obesity rates

- National campaigns to prevent obesity begin with breastfeeding support, because rates of obesity are significantly lower in breastfed infants.
- There was a 15-30% reduction in teen and adult obesity rates if any breastfeeding occurred in infancy.
- There was a relationship of breastfeeding and low BMI and higher HDL in adults.
- Breastfed siblings weighed 14 pounds less than siblings fed formula, and they were less likely to become obese.
- Each month of breastfeeding was associated with a 4% reduction in risk of becoming over weight.
- There was a 40% reduction in the incidence of Type 2 diabetes, possibly related to less obesity.

## Less pneumonia risk

- There was a 4 fold increase in the risk of pneumonia if a baby was breastfed for 4-6 months instead of more than 6 months.

## Any breastfeeding improves the intestinal tract

- Any breastfeeding showed a 64% reduction in the incidence of gastroenteritis, and this effect lasts for 2 months after breastfeeding is stopped.
- There was a 31% reduction in the risk of childhood inflammatory bowel disease.
- There was a 52% reduction in the risk of developing celiac disease if baby was breastfeeding at the time of gluten exposure.
- There was an association between increased duration of breastfeeding and a reduced risk of celiac disease.
- There was a 58% or 77% reduction in the incidence of necrotizing enterocolitis (NEC) if premature babies were fed breastmilk (part of intestine dies).
- Premature babies fed breastmilk showed faster and improved feeding tolerance.

## Childhood Leukemia and Lymphoma

- There was a 20% reduction in the risk of ALL and a 15% reduction in the risk of AML if babies were breastfed for 6 months or more.

## SIDS

- There was a 36% reduction in the risk of sudden infant death syndrome if a baby was breastfed.

## Significant Benefits for Premature Babies who Consume at least some Breastmilk

- There were lower rates of sepsis infections, necrotizing enterocolitis, retinopathy of prematurity (visual loss), and fewer hospital readmissions for illness.
  - There was significantly improved neuro-developmental outcomes, such that all premature babies, especially under 1.5kg, should get breastmilk.
  - Such outcomes are associated with predominant and not necessarily exclusive breastmilk feeding.
    - Micro-premies who got the greatest proportion of breastmilk had significantly greater mental, motor, and behavior rating scores at 18 and 30 months old.
    - Babies had greater intelligence test results, white matter and total brain volumes.

## Benefits for Mothers who Breastfeed

- Breastfeeding mothers had less post-partum blood loss, faster shrinking of uterus, increased child spacing and less post-partum depression.
- A lifetime history of breastfeeding a total of 12-23 months showed a significant reduction in diabetes, hypertension, hyperlipidemia and heart disease.
- Moms who exclusively breastfed more than 6 months weighed 1.38kg less than those who didn't breastfeed.
- For each year of breastfeeding, there was a 4-12% decreased risk of Type 2 diabetes (if no gestational diabetes) and a 4.3% reduction in breast cancer.
- Breastfeeding for more than 12 months showed a 28% decrease in breast and ovarian cancer.
- Longer total time of breastfeeding is related to a decreased risk of developing rheumatoid arthritis.

## Contraindications to Breastfeeding

- Do not put baby to the breast, however expressed breastmilk CAN be given to the baby**
- Maternal active tuberculosis (Resume breastfeeding after mom has been treated for 2 weeks and is thus no longer contagious).
  - Maternal active Herpes Simplex Virus on breast
  - If a Mom develops varicella 5 days before through 2 days after delivery, she should be separated from her infant until no longer contagious.

### No breastfeeding and no expressed breastmilk

- Infant galactosemia
- Maternal HTLV I or II
- Maternal untreated brucellosis
- Maternal HIV in industrialized countries, because the risk of the baby acquiring HIV from breastmilk is considered greater than the overall benefit of breastmilk when formula is readily available as a source of adequate nutrition.

### Maternal HIV in the Developing World

- Benefits of breastfeeding outweighs the risk of the baby acquiring HIV from breastmilk, as formula is not available as a nutrition source.
- Six months of **exclusive** breastfeeding PLUS 6 months of antiretroviral drugs significantly decreases the risk of the baby acquiring HIV via breastmilk.
- It is critical that baby receives **ONLY** breastmilk if her mother is infected with HIV. Supplemental formula, cow's milk or other food will break down the protective infant gut lining created by the breastmilk, thus allowing the HIV virus in breastmilk to readily pass through the baby's gut wall into baby's system.