



EDITORIAL

## Promotion of Breastfeeding: Fed by Breastmilk is Best

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### ABSTRACT

Breastmilk feeding has numerous evidence-based benefits to the health of the baby and the breastfeeding parent as well as economic benefits to the family and society. Positive support for breastfeeding prior to birth and at each stage post-birth must include patient and family education and resources. Identifying negative approaches and barriers to breastfeeding support will help to improve breastfeeding rates to elevate health of the breastfeeding parent and baby. Movements such as Fed Is Best encourage new parents having concerns or difficulties with breastfeeding to resort to formula either as a supplement or exclusively, rather than continue exclusive breastfeeding while seeking and receiving lactation assistance, which often ends their breastfeeding intentions with potential for adverse health implications. The intent of this article is to outline how to promote health through breastfeeding and provision of appropriate structures and processes to strengthen social determinants of health (SDOH) for breastfeeding success.

Health promotion is the process of enabling people to increase control over, and to improve their health. According to The World Health Organization, "This is accomplished by building healthy public policies, creating supportive environments, and strengthening community action and personal skills."<sup>1</sup> Social determinants of health are the nonmedical factors that influence health outcomes. Social conditions may include income; availability of healthcare; social support networks; education. Structural conditions may include public policies, culture and societal values, and governmental values. War or pandemics can overlap social and structural conditions that are SDOH.

According to Dr. Ruth Petersen, director of The Center for Disease Control's (CDC) Division of Nutrition, Physical Activity, and Obesity, "Breastfeeding is the clinical gold standard for infant feeding and nutrition. We must do more to create supportive and safe environments for mothers who choose to breastfeed."<sup>2</sup>

## Health Benefits of Exclusive or Any Breastfeeding

Breastfeeding is an important aspect of health promotion. Exclusive breastmilk feeding for the baby's first six months and then continued to two years or beyond after the addition of food, is advocated by AAP,<sup>3</sup> and WHO,<sup>4</sup> These guidelines are based on research that has shown many health benefits for the baby including decreased incidence of middle ear and respiratory infections<sup>5</sup>, necrotizing enterocolitis,<sup>6</sup> autoimmune diseases,<sup>7</sup> childhood leukemia,<sup>8</sup> obesity<sup>9</sup> and more. According to WHO's Global Nutrition Targets 2025: Breastfeeding Policy Briefs, exclusive breastfeeding for the first six months of life has the single largest potential impact on child mortality of any preventive intervention.<sup>10</sup> The systematic review by Alotiby,<sup>7</sup> included 28 studies exploring diabetes mellitus, rheumatoid arthritis, Celiac Disease, allergic/ asthma/wheezing conditions neonatal lupus erythematosus and colitis. They found that breastfeeding appears to be a protective factor against the development of autoimmune disease for the breastfed baby.

Demonstrated health benefits of breastfeeding for the mother include decreased rates of breast cancer, ovarian cancer,<sup>11</sup> and cardiovascular disease and strokes. In a meta-analysis of international studies exploring health records of almost 1.2 million women, those who breastfed at some time in their lives were less likely to develop heart disease or stroke and had a lower risk of dying

### CDC National Immunization Survey-Child 2019<sup>2</sup>

State/Territory	Ever breastfed	Breastfeeding at 6 months	Breastfeeding at 12 months	Exclusive breastfeeding through 3 months	Exclusive breastfeeding through 6 months
US National %	83.2	55.8	35.9	45.3	24.9
California %	89.9	62.3	43.6	51.6	27.3

Note the decrease at 6 months and 12 months and the low rate of exclusive breastfeeding through 3 months with almost 20% of breastfed infants receiving formula before 2 days of age. What message does this give to new mothers?

According to WHO, globally, only 38% of infants aged 0 to 6 months are exclusively breastfed, although the WHO goal is at least 50%. "Recent analyses indicate that suboptimal breastfeeding practices, including non-exclusive breastfeeding, contribute to 11.6% of mortality in children under 5 years of age. This was equivalent to about 804 000 child deaths in 2011".<sup>10</sup>

Determination of why the rate of breastfeeding initiation is so low and why discontinuing exclusive or any breastfeeding before six months as recommended is so high, is critically important in the promotion of health through breastfeeding.

## Fed Is Best: Movement That Minimizes Health Promotion Through Breastfeeding

A recent group chat on a Facebook nursing group site discussed the issue of women who have trouble breastfeeding and the nurse's personal/professional support for Fed is Best. The contributors were nurses that were strongly in favor of Fed is Best. This has been a term

from cardiovascular disease compared to women who did not breastfeed. Over an average follow-up period of 10 years, women who breastfed at some time in their life were 14% less likely to develop coronary heart disease; 12% less likely to suffer strokes; and 17% less likely to die from cardiovascular disease.<sup>12</sup> An additional benefit of breastfeeding is the decreased rate of postpartum depression in the breastfeeding parent.<sup>13</sup>

There are economic benefits to breastfeeding families, and to society. One economic benefit to families is saving money on the purchase of formula. A study in Spain, which has a low rate of exclusive or any breastfeeding initiation, looked at reduction of treatment costs with an increase in exclusive breastfeeding for the first six months and found potential for a savings to their health service of 5.6 million pounds with each 1% increase in exclusive breastfeeding rates.<sup>14</sup> According to the CDC, "low rates of breastfeeding add more than \$3 billion a year to U.S. medical costs for the mother and child".<sup>2</sup>

Why are so many families failing to meet their plan for breastfeeding? Sixty percent of Mothers stop breastfeeding sooner than they planned. This has been found to be due to hospital practices, lack of education and encouragement, lack of access to community support and lack of policies or support in the workplace. The U.S. National rate for ever breastfed is high and California is very high. However, this may mean only a few breast feedings for an individual baby.

used to support families that choose not to exclusively or do any breastfeeding for various reasons. There is currently a non-profit in the U.S. that supports this concept after a family experienced a newborn loss.<sup>15</sup> Although the safety of the baby is paramount in provision of care and parent autonomy in the decision how to feed their baby is important, it appears that there is a void in understanding the immediate and long-term health impacts of not initiating or early cessation of breastmilk feeding. The first responsibility of all maternal-child caregivers is to provide education that is evidence-based with support for breastfeeding. If the parents have appropriate education on the importance of breastmilk for the baby and choose not to breastfeed, that decision should be respected. If the parent's plan was for the baby to be breastfed and difficulties arise it is the responsibility of the care team to provide appropriate support to meet the parent's plan, rather than taking the easy way of providing formula and encouraging discontinuation of breastmilk feeding.

As a mother of four (now adults) I personally faced these obstacles and was encouraged to supplement with formula for issues such as slow weight gain in a full-term newborn and hyperbilirubinemia in a late preterm baby. I chose not to supplement and remained in constant contact while my baby was under phototherapy at home

to nurse as often as possible. As a Lactation Consultant I have seen the fear that has been instilled in new parents about not enough milk or other issues that discourage breastfeeding as opposed to providing education, positive support, helping with positioning, and other breastfeeding techniques. New parents in my community were told last week by their pediatrician that because their full-term baby had lost 4% of his weight at 5 days of age, they would need to supplement breastfeeding with formula. This is contrary to any guidelines regarding supplementation recommendations for newborn weight loss.

## Responsibility of Maternal Child Caregivers to Promote Health

There is no doubt that it is easier for physicians and nurses if the baby is formula fed. However, doesn't this violate our code of ethics? What is our responsibility to our patients and to public health? Many aspects of the Nursing Code of Ethics are important as applies to breastfeeding, including, "Provision 3: The nurse promotes, advocates for, and strives to protect the health, safety and rights of the patient."<sup>16</sup>

## Pathways to Breastfeeding Success

This responsibility begins with an appropriate level and scope of education on lactation for all caregivers. A scoping review by Campbell, et al. found a modest increase for caregivers in knowledge, attitude and support skills with a lower increase in self-confidence. Additionally, they found a gap in consistency of education across disciplines.<sup>17</sup>

It is critical to understand the parent's plan for feeding their baby. If the parents choose not to breastfeed, have they been educated on the health benefits of breastfeeding? What are the pathways for helping new

families to successfully breastfeed their babies. This begins with caregivers knowing the knowledge level of the family about breastfeeding and providing information and support.<sup>18,19</sup> Additionally, routinely providing best practices such as immediate skin-to-skin care for mother and baby, rooming in, and ensuring educated and supportive physicians, nurses, and ancillary personnel increases breastfeeding initiation success.<sup>20</sup> One study from WHO demonstrated the benefit of Mother Kangaroo Care (MKC) in lowering rates of newborn sepsis for low weight and preterm infants.<sup>21</sup> Mother Kangaroo Care is most likely to be advocated in the NICU when the plan is for the baby to be breastfed. Provision of Lactation Consultants at an appropriate ratio in the hospital and appropriate referrals post-discharge decrease unnecessary supplementation due to misunderstanding the newborn's needs and cues and helping to mitigate issues with nipple pain, milk expression, milk volume, etc. that may lead to early discontinuation of breastfeeding.

## Conclusion:

As a society, and particularly as healthcare professionals in Maternal-Child areas, we can do better to promote health through educated, compassionate support of new families with an emphasis on breastfeeding. Fed With Breastmilk is Best!

## Conflicts of Interest:

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