Practical Tips From the AAP

"Breastfeeding and the Use of Human Milk"

Objectives:

- To understand the child and maternal benefits of Breastfeeding.
- To know which conditions are contraindications, and which conditions are not contraindications to Breastfeeding.
- To learn the recommendations for Breastfeeding healthy newborn infants.

Child Health Benefits

- Human milk is species-specific, and all substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding.
- Exclusive breastfeeding is the reference, or normative model against which all alternative feeding methods must be measured with regard to growth, health, development, and all other short- and long-term outcomes.

Infectious Diseases

- Research in developed and developing countries of the word, provides strong evidence that human milk feeding decreases the incidence and/or severity of a wide range of infectious diseases including:

- Bacterial Meningitis
- Bacteremia
- Diarrhea
- Respiratory Tract Infections
- Necrotizing Enterocolitis
- Otitis Media
- Urinary Tract Infections
- Late-onset Sepsis in preterm infants
- Postneonatal infant mortality rates in the United States are reduced by 21%

Other Health Outcomes

- Some studies suggest decreased rates of:
  - Sudden Infant Death in the first year of life
  - Reduction in incidence of Type 1 and Type 2 Diabetes
  - Lymphoma, Leukemia, and Hodgkin Disease
  - Overweight and Obesity
  - Hypercholesterolemia
  - Asthma

Neurodevelopment

- Breastfeeding has been associated with slightly enhanced performance on tests of cognitive development.
- Breastfeeding during a painful procedure such as heel-stick for newborn screening provides analgesia to infants.

Maternal Health Benefits

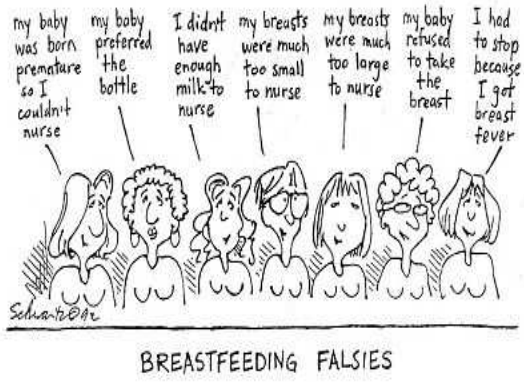
- Decreased postpartum bleeding and more rapid uterine involution (oxytocin).
- Decreased menstrual blood loss and increased child spacing (lactational amenorrhea).
- Earlier return to prepregnancy weight.
- Decreased risk of breast and ovarian cancers.
- Possibly decreased risk of hip fractures and osteoporosis in the postmenopausal period.

Community Benefits

- Economic
- Family
- Environmental

It ain't what you don't know that gets you into trouble. It's what you know for sure that just ain't so.

Mark Twain



Contraindications-Infant

- Classic Galactosemia (galactose 1-phosphate uridyltransferase deficiency.

Contraindications-Mother

- Untreated tuberculosis
- HTLV typeI or II positive
- Diagnostic or therapeutic radioactive isotopes or have had exposure to radioactive materials (for as long as there is radioactivity in the milk)
- Antimetabolites or chemotherapeutic agents
- A small number of other medications until they clear the milk

- Drugs of abuse
- Herpes Simplex lesions on a breast (infant may nurse from other breast if clear of lesions)
- Appropriate information about infection-control measures should be provided to mothers with infectious diseases

Maternal HIV

- US: contraindication to Breastfeeding
- In developing areas of the world with populations at increased risk of other infectious diseases and nutritional deficiencies resulting in increased infant death rates, the mortality risks associated with artificial feeding may outweigh the possible risks of acquiring HIV infection

Not Contraindications-Maternal

- Hepatitis B surface antigen-positive
- Hepatitis C virus (hepatitis C virus antibody or hepatitis C virus-RNA-positive blood)
- Mothers who are febrile
- Exposure to low-level environmental chemical agents
- Seropositive carriers of CMV (not recent converters if infant is term)
- Special consideration for infants <1500g

- Tobacco
- Alcohol: is concentrated in breastmilk and can inhibit milk production. A small drink is acceptable, but avoid breastfeeding for two hours.

Not Contraindications-Infant

- Jaundice and Hyperbilirubinemia!

Recommendations on Breastfeeding for Healthy Term Infants

- Recommend human milk for all infants.
- Provide parents with complete, current information on the benefits and techniques of breastfeeding to ensure their feeding decision is a fully informed one.

- Peripartum policies and practices that optimize breastfeeding initiation and maintenance should be encouraged.

- Healthy infants should be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished.

- Supplements (water, glucose water, formula, and other fluids) should not be given to breastfeeding newborn infants unless ordered by a physician when a medical indication exists.

- Pacifier use is best avoided during the initiation of breastfeeding and used only after breastfeeding is well established.

- During the early weeks of breastfeeding, mothers should be encouraged to have 8 to 12 feedings at the breast every 24 hours, offering the breast whenever the infant shows early signs of hunger such as increased alertness, physical activity, mouthing or rooting.

- Formal evaluation of breastfeeding, including observation of position, latch, and milk transfer, should be undertaken by trained caregivers at least twice daily and fully documented in the record during each day in the hospital after birth.

- All breastfeeding newborn infants should be seen by a pediatrician or other knowledgeable and experienced healthcare professional at 3 to 5 days of age as recommended by the AAP.

- Breastfeeding infants should have a second ambulatory visit at 2 to 3 weeks of age so that the healthcare professional can monitor weight gain and provide additional support and encouragement to the mother during this critical period.

- Pediatricians and parents should be aware that exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first 6 months of life.
- Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child.

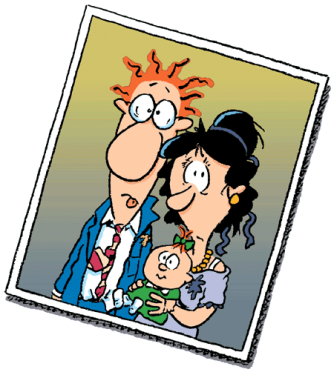
- All breastfed infants should receive 1.0mg of vitamin K1 oxide intramuscularly after the first feeding is completed and within the first 6 hours of life.

- Supplementary fluoride should not be provided during the first 6 months of life.

- Mother and infant should sleep in proximity to each other to facilitate breastfeeding.

- Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding, preferably directly, or pumping the breasts and feeding expressed milk if necessary.

Conclusions

- Although economic, cultural, and political pressures often confound decisions about infant feeding, the AAP firmly adheres to the position that breastfeeding ensures the best possible health as well as the best developmental and psychosocial outcomes for the infant.

- Enthusiastic support and involvement of pediatricians in the promotion and practice of breastfeeding is essential to the achievement of optimal infant and child health, growth, and development.