

Born to be Breastfed

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A Government's Response

In January 2006, more than 275 representatives from various health agencies convened in the Washington D.C. area to figure out how to sell the idea that mothers should breastfeed their babies. Efforts to increase breastfeeding rates by extolling the merits of breastfeeding have not worked. The rate and duration of breastfeeding continue to be poor while formula-feeding is still much too common. The new federal campaign, "All babies are born to be breastfed," has taken a new twist by stressing the negative in the hope that the seriousness of the message will come through. The new message is this: "Your baby is at risk if you do not breastfeed."

The Norm for Mother and Baby

When a mother accepts her natural role of mothering, she uses primarily her own body to satisfy the needs of her baby. With her arms and her breasts, she offers her baby comfort, nutrition, and sleep. She meets her baby's needs easily throughout the 24-hour day without the use of bottles or pacifiers.

In 1969 my husband and I coined the term "ecological" breastfeeding to designate this form of child care. Some today call it eco-breastfeeding. For details on this type of breastfeeding, see "The Seven Standards of Ecological Breastfeeding" in Part III of the online manual at www.nfpandmore.org. Ecology is concerned with the relationships between two organisms and how each affects the other. Ecological breastfeeding is the form of nursing in which the mother fulfills her baby's needs for frequent suckling and her full-time presence and in which the child's frequent suckling postpones the return of the mother's fertility. With ecological breastfeeding, the nursing is frequent and the milk supply is ample. The more frequently a mother nurses and the longer she nurses, the stronger the benefits for both mother and baby. This is basic physiology, but even more importantly it is God's plan for mother and baby.

How long should a mother nurse?

The American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) both recommend that a mother nurse for at least one year. The AAFP goes further and discourages weaning before two years because "the child is at increased risk of illness if weaned." The World Health Organization and UNICEF recommend that a mother nurse for two years or beyond. In 1995, the late Pope John Paul II supported this recommendation.

Almost all medical and breastfeeding organizations agree that the preferred method of infant feeding is exclusive breastfeeding for the first six months of life. Exclusive breastfeeding means that the baby is receiving only mother's milk for his nutrition. According to the AAP, sometime between 6 to 8 months of age, the mother should begin to introduce other foods to the child's diet while continuing to breastfeed.

This is not new, but what is unprecedented is the emphasis given to exclusive breastfeeding for the first six months by the federal government and state governments as well. When then-Governor Bob Taft of Ohio proclaimed August 2006 as Breastfeeding Awareness Month, in his short pronouncement he mentioned three times exclusive breastfeeding for six months.

Does it really matter if a mother exclusively breastfeeds for six months? Why not exclusively breastfeed for just four months? Do two more months make a difference? The research says, "Yes." For example, babies who were exclusively breastfed for only four or five months had four times the risk of pneumonia and two times the risk of recurrent middle ear infections compared to those babies exclusively breastfed for six months, according to a February 2006 issue of *Pediatrics*.

The studies coming out in favor of breastfeeding are fascinating. For example, one study found that a mother reduced her own risk of getting type-2 diabetes by 15% for each year of nursing. If she nursed two babies, each for a year, she had a 30% risk reduction for this disease, and whatever reduction she received remained in effect for 15 years after the birth of her last baby! (*JAMA*, November 23, 2005) Another study showed that breastfeeding decreased the risk of bedwetting. (*Pediatrics*, July 2006)

Most parents are concerned about doing what's best for their children. One easy answer is to breastfeed. It's a great beginning. It's the best start for baby as well as the best start for a mother. As the World Health Organization stated on the 25th anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes:

Breastfeeding remains the single most effective preventive intervention for improving the survival and health of children. WHO estimates that over 1 million deaths in children under the age of five could be prevented every year by improving breastfeeding practices (June 29, 2006).

A Possible Informed Consent Form?

Not long ago my husband recently signed an informed consent and release form in preparation for glaucoma surgery. Listed in bullets and bold type on the consent form for that particular surgery were 24 possible side-effects, all serious. Since the foreseeable consequence without the surgery was probably blindness, he chose to do the surgery after re-consulting with his two eye doctors.

In the future, a similar scenario might occur with formula-feeding. There may come a time when parents will have to sign a consent form that lists the various illnesses a baby is at greater risk of experiencing due to formula-feeding. Informed consent may have to be given before a hospital, WIC, or any medical or governmental agent could offer or recommend formula to an infant.

What are those increased risks to the baby who is not breastfed? If a mother chooses not to breastfeed, she is exposing her baby to increased risks of over 20 adverse consequences:

- **leukemia**
- **obesity**
- **allergies**
- **asthma**
- **bacterial meningitis**
- **botulism**
- **Crohn's disease**
- **lymphoma**
- **diarrhea**
- **ear infections**
- **eczema**
- **multiple sclerosis**
- **gastroenteritis**
- **ulcerative colitis**
- **type 1 diabetes**
- **type 2 diabetes**
- **respiratory tract infections**
- **urinary tract infections**
- **inflammatory bowel disease**
- **necrotizing enterocolitis**
- **autoimmune thyroid disease**
- **sudden infant death syndrome**

In addition, breastfed children, compared to those who are not breastfed:

- score higher on cognitive and IQ tests at school age,
- score higher on visual acuity tests,
- have fewer sick days,
- stay in the hospital fewer days as premature infants,
- have a more mature infant intestinal tract, and
- have a better immune system and a better response to vaccinations.

An informed consent policy would also have to describe the risks to the mother's health if she chooses not to breastfeed. The mother who does not breastfeed may have an increased risk for the following diseases:

- breast cancer
- thyroid cancer
- endometrial cancer
- ovarian cancer
- anemia
- rheumatoid arthritis
- lupus
- osteoporosis (increased chance of a hip fracture)

Notice that the unfortunate side effects of not breastfeeding involve diseases that can occur years later when the child is no longer a baby and even when the mother is 15 to 30 years older. These risks of not breastfeeding are stated at the websites of the AAP, (aap.org), the AAFP, (aafp.org), and the United States Breastfeeding Committee, (usbreastfeeding.org). See USBC's "The Benefits of Breastfeeding" and "The Economics of Breastfeeding."

What can we do?

We all can encourage mothers to breastfeed and offer them support as needed. Unfortunately many mothers stop nursing during the first few weeks after childbirth mainly due to lack of support. Many of us belong to women's groups, school associations, faith communities, employment groups, and it is in these groups where we can be most helpful. For example, we can support the oneness of mother and baby by welcoming the breastfeeding "couple" at our meetings. We can encourage mothers to remain with their infants and little ones during the early years, and we can offer support to those nursing mothers who must work. Can the mother find a caregiver near her work so she can nurse the baby during breaks or lunchtime? Could she work at home or choose part-time work? And what kind of support is needed by a stay-at-home nursing mother who may feel quite lonely? As many moms have told me, they feel so alone doing eco-breastfeeding. None of their friends choose to mother their baby this way. These mothers also need support. Many mothers have found this support through a local La Leche League chapter. I was one of them years ago. As advocates get the word out about the many benefits of breastfeeding and the wonderful relationship a mother experiences with her baby, more and more nursing mothers will appreciate whatever support they receive.

The Catholic Church should be an example of support to the breastfeeding mother. Wouldn't it be wonderful if Catholics were known to be statistically healthier than average because of the Church's encouragement for mothers to breastfeed their infants? The Church can be at the forefront in promoting the most natural of natural family planning—spacing babies naturally with the Seven Standards of eco-breastfeeding. Mothers should be told about all the acceptable moral options for planning one's family, and certainly breastfeeding is a natural child spacer. Many mothers would delight in not having their periods for one or two years following childbirth. In addition, no periodic abstinence is needed. Mothers only have to meet the needs of their babies for lots of mother-baby contact and togetherness. The Seven Standards provide the frequent suckling that is necessary to have this natural spacing. This benefit isn't Catholic birth control; people of all faiths should be informed about this part of God's plan for families.

Those involved in missionary or medical work in other nations should consider their obligation to encourage mothers to breastfeed. Do the medical or missionary organizations you support encourage breastfeeding? We might begin to ask such questions. In UNICEF's "Breastfeeding: Foundation for a Healthy Future" (free at their website), the booklet shows the benefits of breastfeeding in foreign lands. The first paragraph states: "If every baby were exclusively breastfed from birth, an estimated 1.5 million lives would be saved each year." The U. K. Department of International Development stated in March 2006 that four million babies in developing nations die each year. If mothers began breastfeeding within one hour of birth, 22% or almost one million of those babies would be saved each year. "The likelihood of death increases significantly each day the start of breastfeeding is further delayed." Breastfeeding is a life-saver for many babies in many parts of the world, and it certainly enhances the life of mother and child in developed countries as well.

Too often in our society breastfeeding is culturally unacceptable as the baby gets older. The bottle has become the norm. That needs to change. It's important that we get back to breastfeeding, not only for the newborn, but for the baby who is six months old and older. I think the first step is to teach the importance of exclusive breastfeeding for the first six months. That goal will lead to other victories for the older breastfed baby. After all, babies are born to be breastfed.

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