Committee on Nutrition

Encouraging Breast-Feeding

The Nutrition Committee of the Canadian Pediatric Society and the Committee on Nutrition of the American Academy of Pediatrics have strongly recommended breast-feeding for full-term infants, except in the few instances where specific contraindications exist. Nutritional, immunologic, economic, and psychologic advantages can be derived from this basic human function. In what ways can pediatricians promote and encourage breast-feeding? How do pediatricians overcome some of the social pressures that tend to discourage it?

Pediatricians, obstetricians, family physicians, nurses, nutritionists, and others should arrive at a new consensus on ways for implementing breast-feeding; then they should gain the cooperation of others. To do this, physicians must become more knowledgeable about the physiology and technique of breast-feeding; and they must realize that, although it is a natural function, breast-feeding must be taught and learned.

A positive climate for fostering breast-feeding should begin with the undergraduate curriculum of physicians. Pediatricians should particularly express approval to nursing personnel who have had positive personal experiences with breast-feeding, so they can influence the mothers in their care. Pediatricians should be enthusiastic and positive when a mother asks about breast-feeding but should not cause mothers who may not be able to breast-feed to feel guilty by exerting undue pressure on them.

Whenever possible, the values of breast-feeding should be expressed through public information media.

Pediatricians should urge that information on breast-feeding be included in nutrition and sex education courses in the schools. Boys also should be provided with this information because the husband’s attitude is important when a decision about breast-feeding is made.

Hospitals can provide opportunities for successful lactation, and the physician should ensure that nursing mothers receive appropriate and professional counseling during their hospital stay. Mothers should be taught the details of breast-feeding during prenatal classes as well as in the postpartum period. The personnel responsible for pregnant women or new mothers should be well informed about the preparation of the breasts, lactation, and the management of breast-feeding.

To breast-feed successfully in the hospital, conditions must be favorable. This is particularly important in view of the renewed emphasis on early mother-infant bonding. For example, the mother should not be separated from her infant during the first 24 hours if possible. Studies have shown that offering the breast within the first few hours after delivery contributes to successful breast-feeding. Physical facilities should afford the mother easy access to her infant; rooming-in is ideal. This will permit the more desirable “on-demand” feeding schedule rather than a rigid three- to four-hour regimen. Given adequate instruction, emotional support, and favorable circumstances, 96% of new mothers can breast-feed successfully.

Support for breast-feeding also is necessary after discharge from the hospital. For example, frequent feedings should be advised for the first several weeks after discharge; the use of solid foods should be delayed until suitable ages; and the infant should be examined at about 2 weeks of age. Nursing mother-infant pairs require nutritional support, including nutritional advice given in public nutrition programs for nursing mothers.

Mothers for whom long-term breast-feeding may not be suitable, such as teenagers who must continue their education or mothers who must return to work, should be encouraged to nurse their infants as long as possible.

The feeding of infant formula in hospitals to infants who are being breast-fed should be discouraged since this can be a strong deterrent to successful lactation. Breast-feeding mothers may perceive
the provision of samples of infant formula at discharge as a tacit discouragement of breast-feeding; therefore it is important that the mothers also receive educational material supportive of breast-feeding, and that the physician convey instructions that the formula be used only as a temporary emergency measure or if the pediatrician recommends supplemental feeding because of insufficient weight gain. Practical demonstration and presentation in the hospital of both verbal and written material on the value of breast-feeding and advice relating to lactation are appropriate for most mothers. After discharge from the hospital, the mother should have easy access to qualified health professionals who will be supportive and provide adequate supervision. Mothers should be reminded that, if they must stop breast-feeding, they should use infant formula rather than plain cow’s milk, in accordance with the recommendations of the Committee on Nutrition in 1976.2

CONCLUSION

Physicians, nurses, nursing personnel, and hospitals need to examine their practices and procedures that encourage or discourage breast-feeding. The cultural attitudes and life-styles of today’s world tend to mitigate against breast-feeding. Yet, the benefits of breast-feeding to the neonate and the mother are so numerous that pediatricians must strongly encourage the practice.

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REFERENCES
2. Committee on Nutrition: Commentary on breast-feeding and infant formulas, including proposed standards for formulas. Pediatrics 57:278, 1976

You can prove almost anything with the evidence of a small enough segment of time. How often, in the search for truth, the answer of the minute is positive, the answer of the hour qualified, the answers of the year contradictory!—Edwin Way Teal, 1953

Submitted by Student
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