Sound Advice

This is an edited transcript of a telephone interview recorded in August 2010.

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Q: Dr. Lawrence, what are the key health benefits that breastfeeding confers on children?

Dr. Lawrence: It really begins from the first moments and the first colostrum they get because we say that colostrum is the first immunization. It has a lot of antibodies and infection-protection qualities, and so infection protection is one of the very strong, persistent benefits of breastfeeding. In addition, of course, it’s the perfect nutrition. The needs of the growing child—but most importantly, the growing brain—are fulfilled by the nutrients in human milk. And then it goes on from there because we know it protects against chronic diseases such as diabetes, celiac disease. It protects against allergy as well. So there are many, many benefits that last—really last a lifetime. We even know that individuals who have been breastfed are much less likely to have hypertension and cardiac disease in later life.

Q: Does breastfeeding reduce the risk of overweight and obesity?

Dr. Lawrence: That has received a lot of attention lately, and yes it does. There have been some very interesting studies in that regard. Dr. Kathy Dewey in Sacramento did an interesting study where she had mothers pump after every feeding. The babies were about three months old, breastfeeding was stable. They pumped after every feeding. They increased their milk supply and at the end of the month the babies didn’t take any more milk than they were taking before, suggesting you can’t over feed a breastfed baby.

Now we’ve confirmed that conclusion very recently with more studies on the enzymes and the hormones in human milk that help control appetite. And then just about a month ago, an article was published showing that they took a group of year-old babies and those babies who had been breastfed, breastfed at the breast, did not finish this overfull bottle of fluid, whereas the bottle-fed babies chug-a-lugged it down right away. And those babies who had received human milk but from a bottle didn’t quite finish it, but they were not as controlled as those who had nursed at the breast. So yes, breastfeeding does protect against obesity.

Q: Does that seem to imply that breastfed babies are better at regulating their food intake? Is that what those studies concluded?

Dr. Lawrence: Exactly. All of them do in one way or another suggest that is part of it. Looking at the reverse, what happens to a bottle-fed baby? In the hospital we hand the mother a bottle with four ounces in it. Their stomach can only take a tablespoon, but we push it and mothers go home with the idea they should finish the bottle. And the mindset for feeding a formula-fed baby
is finish the bottle. And so they are forced to over feed from the very beginning so it is not surprising that there is such a dramatic difference between the two systems.

**Q:** Doctor, I’d like to talk a little bit about the health care reform that passed in 2010 and the provisions it included to make it easier for women to breastfeed, especially working mothers. Can you explain what the changes are?

**Dr. Lawrence:** It’s very encouraging that the health care reform did indeed facilitate breastfeeding and it actually mentions it by name. It includes making provisions in the workplace for mothers to be able to either feed or pump their milk in a clean, comfortable place that is not a bathroom. It also provides that mothers should be able to do that without any penalty in terms of their job or their promotion or anything else.

**Q:** Do all states have laws permitting breastfeeding in public?

**Dr. Lawrence:** Almost all of them do. The last tally was about 38 of our 50 states have written laws. They often tack it on to previous laws and it’s rather interesting that they’re tacked on to laws about lewdness. In other words you have a law in the state that says you shall not not indecently expose yourself, and then it says, except for breastfeeding mothers, which is a very strange way to articulate it because it is not lewd to breastfeed, and women who breastfeed don’t expose their breast, they’re very discreet, and besides the baby keeps keeps things pretty well covered up. But there is written law state by state, so that women should -- no matter where they are in the United States -- be able to breastfeed.

And there is federal legislation that Representative Mahoney is on her third year of trying to get to assure that women can breastfeed anywhere and that they can breastfeed and pump at work.

**Q:** Doctor, I’ve read that about 75 percent of mothers start breastfeeding when their baby is born. By the time the baby is 6 months old only 40 percent are still breastfeeding. Can you talk about what factors are preventing women from breastfeeding longer? And do you have any practical advice for moms to overcome some of those obstacles?

**Dr. Lawrence:** You’re right about the statistics. We have exceeded in many places the goal of 75 percent starting in the hospital. But first of all, we send moms and babies home so quickly, their milk hasn’t really come in. Mother may not have experienced the real let-down yet. And all of a sudden she’s home and on her own.

Unless she has a good support system at home, the probability of discontinuing breastfeeding within a couple of weeks is extremely high, and that’s where the first drop off comes in the first couple of weeks. So, what a mother can do to prevent that from happening is, before she delivers get in touch with the local La Leche League, or find a friend who successfully breastfed, or a relative, or maybe she has the good fortune of having a mother who breastfed. But, in any event, talk to this person; get some kind of personal information about it.
Have somebody there when you come home that can help you breastfeed. Not interfere with it, but help you if things don’t go seem to be going right or you’re afraid your baby is not getting enough milk. Somebody should be able to help you, whether it’s a neighbor, a friend, a cousin, a mother, or a health care professional. There are lots of board-certified lactation consultants available across the country now and you can usually find them in the phone book. Or your hospital ought to be able to tell a mom what resources are available in her community.

Go home prepared to find help if you need it. It’s kind of scary. The baby cries in the middle of the night and you’re sure it’s your fault when it probably has nothing to do with how the breastfeeding is going.

Q: Doctor, does breastfeeding for a shorter period of time, or breastfeeding and supplementing with formula still give some health benefits to the baby?

Dr. Lawrence: Any amount of breastfeeding is worthwhile and valuable. One or two feedings—that early colostrum—it’s always a benefit to the child and should not be underestimated. However, we do try to discourage women from doing both. They’ve gotten the idea that there’s some benefits to formula because of all the advertising. None of those benefits have been proven to be any good to the baby, point number one. But those things exist in human milk, and the more mother’s milk the baby gets the better it’ll be.

So, yes, whatever time mother can spend. Sometimes a mother is going to have a procedure or is leaving town or can’t breastfeed for more than a few weeks. It’s still beneficial.

Q: You mentioned some women can only breastfeed for a few weeks. Some women have such a hard time and cannot breastfeed at all, for a variety of reasons and then they go on to feel kind of guilty about it. Can you address that?

Dr. Lawrence: Guilt has always been a big issue. If a mother makes an informed decision, and gets the facts, and chooses to use formula, those moms don’t feel guilty, and your telling them the facts does not make them feel guilty.

On the other hand, a mother who chooses to breastfeed and then doesn’t do very well and stops, or in some women’s mind it seems like fails, or her body failed her, or her breasts failed her, they are very distressed. Many of these moms are angry. Angry when people remind them how good it is to breastfeed because they tried.

There are very few women who anatomically or physiologically cannot breastfeed. But there are a lot of women who do not succeed because they didn’t have the proper help they needed. And oftentimes if they have a second baby and get the help they need, they’ll succeed beautifully with the second child.

Q: If women want help breastfeeding, what are some good resources?
**Dr. Lawrence:** I always like to remind mothers that this is not a medical issue. You really don’t need medical help. The medical profession has had to step in because of an absence in our culture of family support. Years ago young families lived with the previous generation. Everybody breastfed, everybody helped, and it was a kind of mother-to-mother program.

La Leche League, which is now 50 years old, they started years ago, a group of women, 7 women at a picnic. They started helping each other and then they started helping their neighbors, and they have helped mothers around the world for 50 years. It’s a mother-to-mother program. It’s just one mom saying to another, “Yes, I know how that feels. I know you think your baby is hungry because they feed every two hours, but that’s what babies do in the first month of life,” and do all this reassurance and support.

And so that’s why I suggest that a mother set up that support system. You can hire a lactation consultant. That’s another resource, which is a professional resource. Or you can call the local La Leche League. You can call their 800 number and it’s 1-800-La Leche. Ask who in your geographic area can I call? Where is the mother-to-mother support?

**Q:** Dr. Lawrence, do you have any final thoughts?

**Dr. Lawrence:** I think that breastfeeding is being recognized at all levels of our culture today as being essential to good health for the baby. Something we didn’t mention was the benefits to mother. It’s all so much healthier physiologically to breastfeed when you deliver because the body expects to breastfeed. It also reduces the potential for long-range obesity following delivery. It reduces the probability of maternal diabetes and other chronic diseases, so it’s good for mom, too.