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Editorial

Over the past couple of months, I've received a number of emails from colleagues asking about a wide range of breastfeeding topics. On the surface, these questions differed in content, but what they all had in common was the question of whether partial breastfeeding would be OK in some situations. Of course, given a choice between partial breastfeeding and no breastfeeding, partial always wins. But these questions also raised another: namely, is partial breastfeeding a "good enough" alternative? If so, should we continue to seek exclusive breastfeeding as a national goal? It's an important question for us to consider, for the barriers that impede exclusive breastfeeding are often at the community and societal level, and as such, require a systemic response.

Babies certainly lose out when they are fed with anything other than human milk. But the health influences of breastfeeding do not stop there. Mothers also benefit, particularly when they exclusively breastfeed, and these effects last for the rest of their lives (Groer & Kendall-Tackett, 2011). For example, Schwartz and colleagues (2009) found that women who had breastfed for at least 12 months had significantly lower risk of cardiovascular disease, diabetes, and hyperlipidemia in late midlife. In the SWAN study, a study of women's cardiovascular health at midlife, researchers found that breastfeeding duration was inversely correlated with the symptoms of metabolic syndrome. Specifically, the longer women breastfed, the lower their BMI, blood pressure, triglycerides, waist circumference, and LDL cholesterol (Ram et al., 2008). Stuebe and colleagues (Stuebe, Rich-Edwards, Willett, Manson, & Michels, 2005) also found that longer duration of lactation lowered risk of type-2 diabetes in the Nurses' Health Study. The greatest reduction in risk was for women who exclusively breastfed. Considering that cardiovascular disease is the number one killer of American women, these are not trivial findings.

Mothers also immediately benefit when they breastfeed exclusively. They get more sleep and have a lower risk of depression (Doan, Gardiner, Gay, & Lee, 2007; Dorheim, Bondevik, Eberhard-Gran, & Bjorvatn, 2009). As we seek to help new mothers cope with their transition to motherhood, these are important effects as well.

Unfortunately, exclusive breastfeeding remains an elusive goal for the majority of new mothers. As increasing exclusive breastfeeding continues to be a national priority, practitioners have opportunities to support mothers in a variety of ways, from dealing with unhelpful advice to overcoming workplace barriers—and that is the focus of this issue of *Clinical Lactation.* We have two helpful articles on using the new WHO Growth Charts. In an excerpt from the longer full report, Larry Grummer-Strawn and colleagues describe the rationale for using the WHO Growth Charts for infants less than 24 months of age. These charts were developed with the assumption that breastfeeding is the optimal way to feed a baby, and may help practitioners avoid unnecessary supplementation when babies are on the low end of weight gain. Susan Burger and Sara Newman describe some limitations of using the new growth charts, and some specific ways lactation consultants can use them in practice.

When mothers return to work and are not able to pump while at work, breastfeeding duration can also be affected. Kori Martin describes new federal legislation that protects new mothers' right to pump in the workplace. Mothers at risk for postpartum depression are often pressured to supplement or wean in the early weeks so that they can get more sleep. Zhen Cong, Tom Hale and I present new findings from the Survey of Mothers' Sleep and Fatigue that turn this advice on its head. Breastfeeding mothers actually report more sleep, better well-being, and lower rates of depression. In the face of pressure from friends and family, you can be a key source of support for new mothers to help them avoid those extra bottles designed to "give them a break." While I'm all in favor of giving mothers a break, a bottle, in this case, will likely prove counterproductive.

Low milk supply can also lead to supplementation and non-exclusive breastfeeding if not managed well. Kathie Marinelli describes the new Academy of Breastfeeding Medicine's protocol on galactogogues. Jeanette Panuchula describes a California website with many helpful resources for lactation specialists and parents, including a protocol to help avoid unnecessary supplementation in the hospital. Finally, Kay Hoover offers a useful resource for lactation specialists to share

with providers when mothers need diagnostic procedures that require radio contrast dyes.

In summary, by helping mothers avoid unnecessary supplementation, we move closer to the goal of exclusive breastfeeding. There are many barriers mothers and practitioners must overcome. Fortunately, there are many tools available--and even recent policy changes--that can help. Exclusive breastfeeding is definitely worth the bother. And with your help, it can become a reality for the new mothers you serve.

Wishing you great success in your work with mothers and babies.

Kathleen Kendall-Tackett, Ph.D., IBCLC, RLC, FAPA
Editor-in-Chief

References

Doan, T., Gardiner, A., Gay, C. L., & Lee, K. A. (2007). Breastfeeding increases sleep duration of new parents. *Journal of Perinatal & Neonatal Nursing, 21*(3), 200-206.

Dorheim, S. K., Bondevik, G. T., Eberhard-Gran, M., & Bjorvatn, B. (2009). Sleep and depression in postpartum women: A population-based study. *Sleep, 32*(7), 847-855.

Groer, M. W., & Kendall-Tackett, K. A. (2011). *How breastfeeding protects women's health throughout the lifespan: The psychoneuroimmunology of human lactation*. Amarillo, TX: Hale Publishing.

Ram, K. T., Bobby, P., Hailpern, S. M., Lo, J. C., Schocken, M., Skurnick, J., & Santoro, N. (2008). Duration of lactation is associated with lower prevalence of the metabolic syndrome in midlife--SWAN, the Study of Women's Health across the Nation. *American Journal of Obstetrics and Gynecology, 198*(3), e1-6.

Schwartz, E. B., Ray, R. M., Stuebe, A. M., Allison, M. A., Ness, R. B., Freiberg, M. S., & Cauley, J. A. (2009). Duration of lactation and risk factors for maternal cardiovascular disease. *Obstetrics & Gynecology, 113*(5), 974-982.

Stuebe, A. M., Rich-Edwards, J. W., Willett, W. C., Manson, J. E., & Michels, K. B. (2005). Duration of lactation and incidence of type-2 diabetes. *Journal of the American Medical Association, 294*(20), 2601-2610.

Letters to the Editor

Dear Editor:

I can't wait to read the next issue. I just love this new lactation journal. It is very easy to read and fun to have hyperlinks within the text. Thank you for putting together such a valuable resource for IBCLCs.

Ghislaine Reid, IBCLC
Montreal, Quebec, Canada

Dear Editor:

I cannot stress enough how useful this journal is—even for the experienced IBCLC! It's like a conference in your mailbox—email or hard copy—although I like the e-copy better due to the extensive links! THANK YOU for such a great journal meeting the needs of the "direct service" IBCLC!

Jeanette Panchula, RN, PHN, IBCLC
Vacaville, CA

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