Breastfeeding's "Unimpressive" Record

2011 Was a Bad Year for Breastfeeding Critics

Editorial

In the space of a week, I had two interesting encounters concerning breastfeeding. The first was via a post on a prominent postpartum depression blog criticizing an article I'd written—and me for having the temerity to write it. The article summarized recent research on breastfeeding and sleep in new mothers. Several recent studies have found that breastfeeding mothers actually get more sleep than their mixed- or formula-feeding counterparts. The current orthodoxy in much of the PPD world, however, recommends that mothers avoid nighttime breastfeeding in order to prevent depression. Given these recent findings, it seemed reasonable to challenge that advice. The blog post raised three main points. 1) "I asked other people and they've never heard of this." 2) "I slept better when I stopped breastfeeding." And 3) the breastfeeding world was once again trying to make mothers feel guilty.

The second incident took place a couple of days later. A practitioner new to the postpartum depression field was shocked at the negative attitudes that several of her colleagues, and unfortunately some of her supervisors, had about breastfeeding. (I hasten to add that this does *not* reflect the attitude of the PPD field as a whole.) One supervisor said she was "unimpressed" by the evidence on breastfeeding. This poor practitioner was caught in the middle. Was it true that breastfeeding has such a negligible effect?

My two interactions made me stop and ponder how best to address these critiques. Some of the answer is found in how we review and present research. I've found that many of the most vocal critics of breastfeeding do not know how to read and synthesize research results. Because of this, they may misinterpret, and therefore misrepresent, the state of the evidence.

In a typical week, I spend a lot of my time reviewing research articles. In addition to editing *Clinical Lactation,* I am also an associate editor for the journal *Psychological Trauma.* I've been on the editorial boards for five other journals and I review for many more. Because I spend so much time reviewing research, I think I've assumed that it was "easy" to weigh evidence. I'm discovering that that is not the case. So here are some suggestions that might help you address the concerns critics raise.

1. **Find out what they mean when they say "breastfeeding."** This question by itself can often clear up misperceptions. In many cases, when critics say "breastfeeding," what they really mean is "breast milk" independent of its delivery method; they do not mean the entire package that is breastfeeding. Breast milk obviously shines when compared to any of its substitutes. But when the independent effects of the milk are teased away from the act of breastfeeding, the differences seem smaller. And that is precisely the point—it's the milk and the method of delivery that make the difference for both mother and baby.

2. **Watch for seismic shifts in research.** I have the advantage of working in a couple of different fields, which allows me to step back and take a broader view. Seismic shifts happen with some regularity. I often write articles or book chapters summarizing research on various topics. For a lot of topics, updating articles means adding a few new references. However, there are times when researchers discover something so fundamental that it changes the field. From now on, what we know needs to be filtered through that new lens. That's what happened in the area of maternal sleep. Like many in my field, I assumed that breastfeeding mothers got less sleep, which turned out to be completely wrong. Advice that stems from the older research is going to be flawed. Sleep cannot be discussed without somehow acknowledging these new findings. Seismic shifts are going to be found when discussing other topics as well. One of the great challenges of clinical work is keeping track of these shifts. (I hope that *Clinical Lactation* can be helpful in that regard.)

   When speaking with critics, try to get a sense of how current their information is. They may have missed some important new developments, and as a result, their knowledge about breastfeeding may be out of date. That might have been the case for the supervisor who was unimpressed by breastfeeding; her information might not be current.

3. **Remember that anecdotal data is interesting, but it's not evidence.** Personal experience is highly compelling. However, "I tried it and it worked" is not evidence. It may lead to evidence in that it encourages research. But when faced with anecdotes and nothing else, we must tread with caution. This is going to be especially the case when there are potentially negative effects of following the proffered advice. For example, telling mothers to avoid nighttime breastfeeding for eight hours may "work," but what has it been compared to? In other words, have they accounted for the placebo effect? Could a shorter interval of "protected sleep" be as effective —

or more so? And more concerning, to what extent is this practice causing breastfeeding to fail? The higher the risk of a possible intervention, the higher the standard has to be demonstrating efficacy.

2011 has proven to be a rather unfortunate year for the critics of breastfeeding. Not only has our knowledge base continued to grow at an exponential rate, but now we have a wide range of health organizations on-board including the U.S. Surgeon General, the Institute of Medicine, the Centers for Disease Control and Prevention, and the American Academy of Pediatrics. Moreover, breastfeeding is recommended as a strategy for addressing everything from obesity in childhood to heart disease and diabetes in mothers. For the people who are "unimpressed" by breastfeeding, I have to frankly wonder what *would* impress them. We can't do anything for someone who refuses to look at the evidence. But we *can* stand firm in the knowledge that breastfeeding is worth promoting, protecting, and supporting.

Thank you for fighting the good fight. Wishing you a happy and healthy 2012.

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The Institute of Medicine Includes Breastfeeding in its Report on Preventive Services for Women

The Institute of Medicine (IOM) released a report recommending eight preventive health services for women. These services will be added to the services that health plans will cover at no cost to patients under the Patient Protection and Affordable Care Act of 2010 (ACA). At the request of the U.S. Department of Health and Human Services (HHS), the IOM's Preventive Services for Women Committee identified critical gaps in preventive services for women as well as measures that will further ensure women's health and well-being. The proposed recommendations contribute significantly to state efforts to improve women's health overall, and support efforts to promote preconception and inter-conception care for women of childbearing age.

The IOM recommends that HHS require health insurance plans cover the following preventive services for women with no cost sharing:

- Screening for gestational diabetes
- Human papillomavirus (HPV) testing as part of cervical cancer screening for women over 30
- Counseling on sexually transmitted infections
- Counseling and screening for HIV
- Contraceptive methods and counseling to prevent unintended pregnancies
- Lactation counseling and equipment to promote breastfeeding
- Screening and counseling to detect and prevent interpersonal and domestic violence
- Yearly well-woman preventive care visits to obtain recommended preventive services

AMCHP Chief Executive Officer Michael Fraser, PhD, CAE, stated, "I am pleased that these IOM recommendations recognize the unique health needs of women and strongly support their widespread adoption. AMCHP urges the Department of Health and Human Services to implement these scientifically based recommendations and develop the guidelines necessary to afford women access to comprehensive preventive services."

For a copy of the report, click here (http://www.iom.edu/~/media/Files/Report%20Files/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps/Preventive%20Services%20Women%202011%20Report%20Brief.pdf).