

A photograph of a woman holding a baby, overlaid with a semi-transparent dark grey filter. The woman is wearing a light-colored top and a ring is visible on her finger. The baby is looking upwards. The text is centered over the image.

# BREASTFEEDING BENEFITS, RISKS, & CONTRAINDICATIONS

Key Components of  
Breastfeeding

# OVERVIEW

- Economic benefits of breastfeeding
- Maternal benefits of breastfeeding
- Infant benefits of breastfeeding
- Maternal risk factors
- Infant risk factors
- Contraindications for breastfeeding

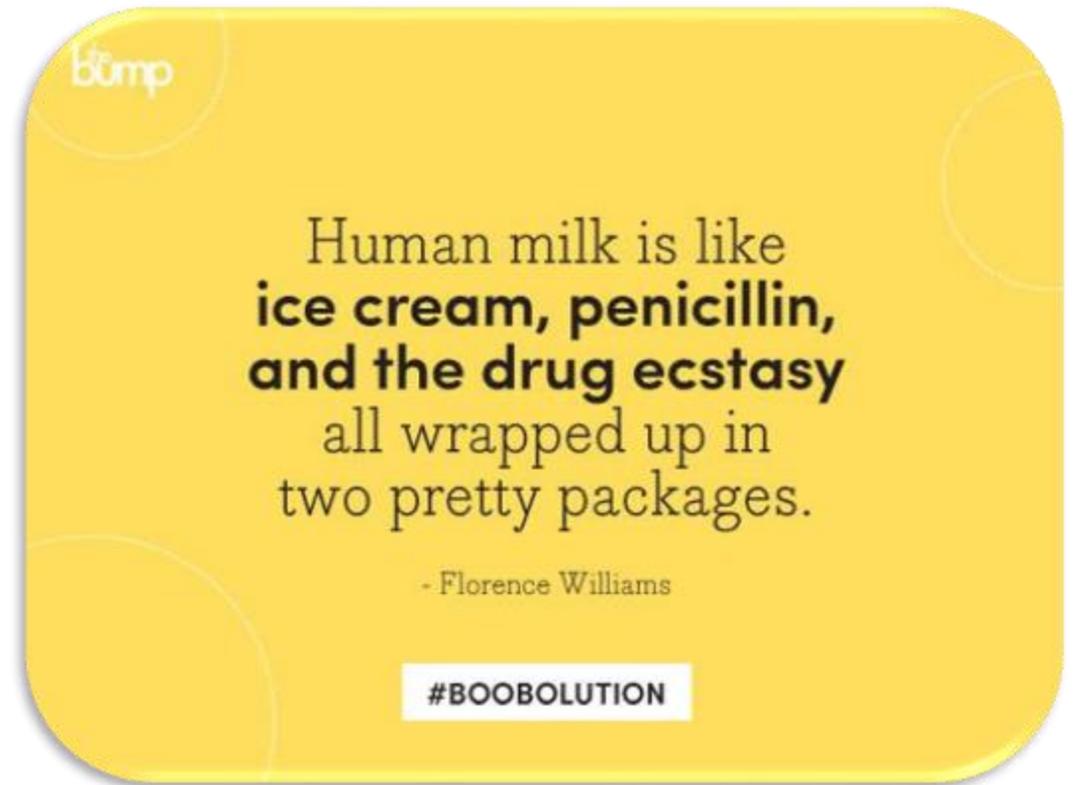


“BREASTFEEDING AND HUMAN MILK ARE THE NORMATIVE STANDARDS FOR INFANT FEEDING AND NUTRITION. THE SHORT- AND LONG-TERM MEDICAL AND NEURODEVELOPMENTAL ADVANTAGES OF BREASTFEEDING MAKE BREASTFEEDING, OR THE PROVISION OF HUMAN MILK, A PUBLIC HEALTH IMPERATIVE. ”

AAP, 2022

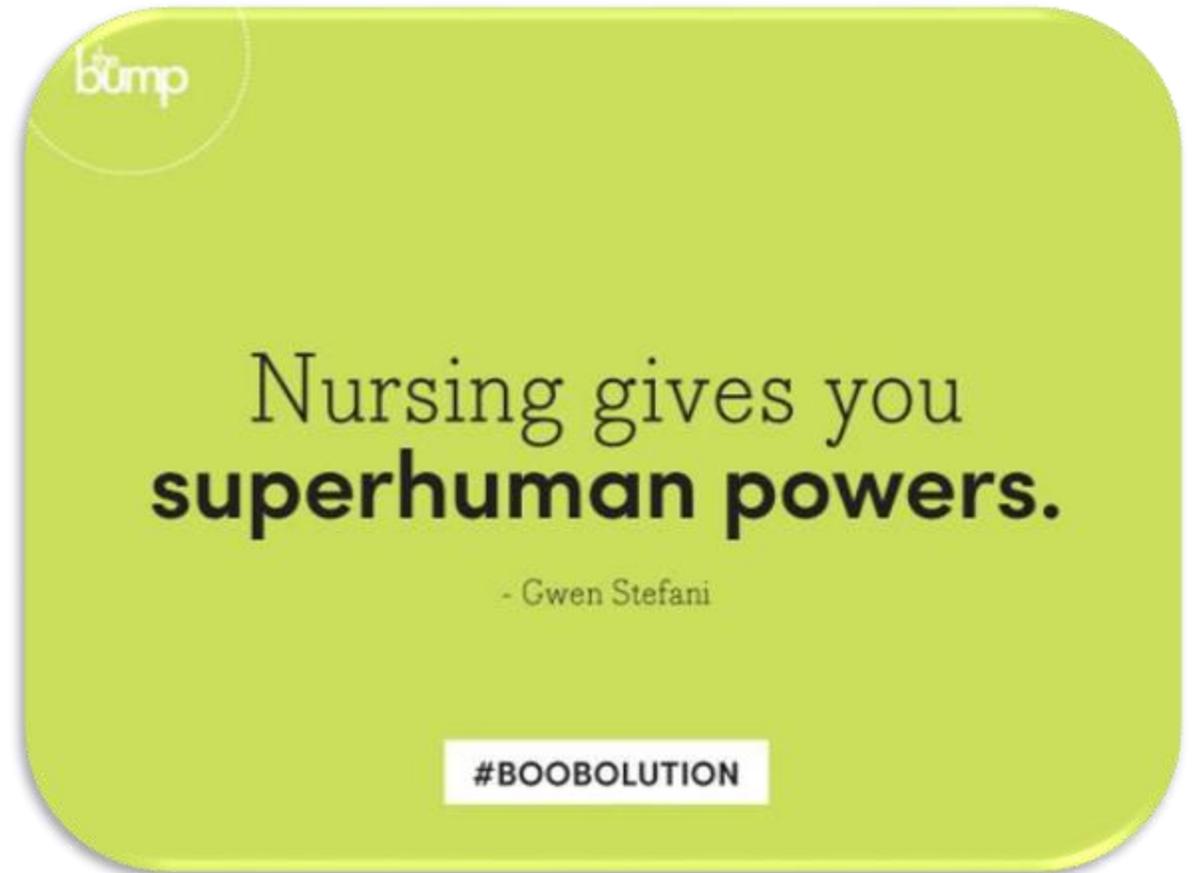
# THERE IS NO EQUAL SUBSTITUTE

“Human milk has a unique composition, with antimicrobial, antiinflammatory, immunoregulatory agents, and living leukocytes, all of which contribute to the developing immune system of the child.”  
AAP, 2022



# MATERNAL BENEFITS

- Psychological Benefits
- Postpartum Recovery
- Health Benefits



# MATERNAL BENEFITS

## Reduced Health Risks of:

- Breast cancer
- Ovarian cancer
- Endometrial cancer
- Thyroid cancer
- Hypertension
- Diabetes

**BreastFeeding:**

**I Make  
Something  
That Kills  
Cancer!**

*The Fresh Quotes*

# INFANT BENEFITS

- Species & Age Specific
- Nutritional Advantages
- Risk Reduction
- Psycho/Social/Cognitive Benefits



# INFANT BENEFITS — SPECIFICITY

## Species Specific:

- Nutrients uniquely tailored to baby
- Constantly changing



(LAWRENCE & LAWRENCE, 2016; USBC, 2020)

PHOTO FROM [HTTPS://WWW.INSTAGRAM.COM/THELEAKYBOOB/](https://www.instagram.com/theleakyboob/)

# INFANT RISK REDUCTION

## SIDS

- 2-4 months – 40%
- 4-6 months – 60%
- >6 months – 64%

## Lower respiratory tract infection

- Exclusive 6 months – 19%

## Otitis media

- Ever – 33%
- Exclusive 6 months – 43%

## Asthma

- Ever – 12%

## Eczema

- Exclusive 3-4 months – 26%

## Crohn's disease

- Ever – 29%
- 12 months – 80%

## Ulcerative colitis

- Ever – 22%
- 12 months – 79%

## Childhood obesity

- Ever – 22%
- <3 months – 10%
- 3-5 months – 12%

- 5-7 months – 17%
- >7 months – 21%

## Childhood leukemia

- Ever – 11%
- 6 months – 19%

## Type 1 diabetes

- 12 months – 58%

## Type 2 diabetes

- Ever – 33%

# INFANT BENEFITS – INFECTION PROTECTION

Leukocytes, antibodies and  
additional antimicrobial  
factors protect against  
infection



# RISK FACTORS

“All concerns with breastfeeding, whether observed by hospital staff or raised by the mother, should be addressed by a lactation consultant, counselor, or health care provider knowledgeable about clinical lactation care before discharge of the mother and newborn.”

# MATERNAL RISK FACTORS FOR DELAYED LACTOGENESIS

- Advanced maternal age
- Maternal diabetes
- Maternal obesity
- Alcohol use during pregnancy
- EPDS  $\geq$  10
- PCOS
- Hypertensive disorders in pregnancy
- Preterm labor
- Cesarean delivery
- Intrapartum/postpartum complications – i.e. blood loss

# REPRODUCTIVE RISK FACTORS

- Primiparity
- Infertility
- Conception by assisted reproductive technology
- Breastfeeding problems
- Low milk supply
- Antenatal administration of betamethasone

# ANATOMY & PHYSIOLOGY RISK FACTORS

- Previous breast surgery – *Always* ask!
- Previous breast abscess
- Lack of noticeable breast enlargement during puberty or pregnancy
- Flat, inverted, or very large nipples
- Variation in breast appearance (marked asymmetry, hypoplastic or tubular)



# INFANT RISK FACTORS

- Ankyloglossia
- Anatomic abnormalities of the oropharynx
- Hypotonia
- Prematurity
- Other medical conditions
- Excessive weight loss before discharge
- Maternal infant separation
- Supplementation
- Early pacifier use in term infants
- Early discharge



# ADDITIONAL INFANT RISK FACTORS

- Low birth weight, SGA, IUGR
- LGA
- Postterm  $\geq 41$  weeks
- Multiples
- Difficulty latching to one or both breasts
- Ineffective or un-sustained suckling
- Persistent sleepiness



# CONTRAINDICATIONS TO BREASTFEEDING

“Physicians should make case-by-case assessments to determine whether a woman’s environmental exposure, her own medical condition, or the medical condition of the infant warrants her to interrupt, stop, or never start breastfeeding.” CDC, 2023



# MATERNAL MEDICATION USE

- Most medications are safe for use during breastfeeding
- Healthcare providers should consult lactation resources for individual medication information
  - [U.S. National Library of Medicine \(Formerly LactMed\)](#)
  - [Home Page - MotherToBaby](#)
  - [Infantrisk.com \(Dr. Thomas Hale\)](#)
- Inappropriate advice may lead to mothers discontinuing breastfeeding unnecessarily
- Weigh the risks of drug exposure through milk and the risk of interrupting or stopping lactation



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