

Reviewing the Benefits of Breastfeeding and of Providing Support for New Families

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Saving babies. Supporting families.

First Candle's efforts to support families during their most difficult times and provide new answers to help other families avoid the tragedy of the loss of their baby are without parallel.

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The [World Alliance for Breastfeeding Action](#) (WABA), the global network that organizes World Breastfeeding Week, sees breastfeeding as a public health issue requiring support from health systems, workplaces, and communities, and this perspective is shared by the organizers of Black Breastfeeding Week, including [The Black Mothers' Breastfeeding Association](#).

The American Academy of Pediatrics (AAP) recommends breastfeeding as the exclusive source of nutrition for the infant's first six months of life, then complemented by other food sources and continued for one year or longer, as desired. The resulting health benefits include nutrition, a level of protection against common childhood infections, and a reduced risk of Sudden Infant Death Syndrome (SIDS) (1), as well as the infant physical stabilization and maternal-infant bonding effects of skin-to-skin contact.

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Breastfeeding and Public Health Ramifications

The public health imperatives of breastfeeding become obvious when examining racial disparities in breastfeeding and infant mortality. According to the Centers for Disease Control and Pre-

vention (CDC), fewer Black infants (73.7%) are ever breastfed compared with Asian (90%), White (86.7%), and Hispanic infants (84.1%). (2)

This must be looked at as a contributing factor to the fact that infant mortality in the United States is 10.8 per 1,000 live births for Blacks and 4.6 for Whites. (3) Black infants are disproportionately born “too small, too sick or too soon,” as maternal and infant health advocate [Kimberly Seals Allers](#) notes, and research confirms, (4) they need the immunizing and nutritional benefits of breast milk. This means Black families must have access to health care, and there should be diversity among lactation health care providers.

Breastfeeding and the New Family

These are the macro concerns we face, but in our work and discussions with health care providers, we have also anecdotally heard of the everyday concerns of new parents, which, if not shared and discussed, can prompt decisions to end breastfeeding before the optimal time. Offering support to families can include reassurances about interpreting infant behaviors in the early days after birth. Providers may find it helpful to discuss with expectant and new families:

- Joining a local breastfeeding support group before the baby is born for educational preparation and a sense of community.
- That after the birth, the baby will go to the breast first and may feed for a long period, up to 45 minutes or so.
- The baby should then return to the breast every two to three hours, the timing of which may be driven by feeding cues: lip-smacking, fist-chewing, or moving around. The last cue is crying, but feeding should begin before that stage to reduce stress for both mother and child.
- In general, Day One will be a sleeping day for the infant; Day Two may be a generally fussy day not necessarily due to hunger, and Day Three will be a heavy feeding day.
- Mothers may later notice heavier feeding at certain intervals due to growth spurts. Common growth spurts are the first few days; a week to 10 days; three weeks; three months; six weeks; six and nine months. During this time, infants may become fussy and clingy, with some disruption in sleep habits.

There are also several benefits to breastfeeding mothers themselves:

- Breastfeeding promotes a faster and easier recovery from childbirth. The release of the “feel-good” endorphin oxytocin during breastfeeding acts to return the uterus to its normal size and may reduce postpartum bleeding.
- Breastfeeding also triggers the release of prolactin, which promotes milk production as well as maternal feelings of relaxation and wellbeing, contributing to the bonding experience.
- Studies have also shown that women who have breastfed are at lower risk for breast and ovarian cancer later in life. (5)

Providers can also help ensure that fathers are proactively included in preparation discussions and a hands-on post-natal role, supporting the mother and establishing a direct tactile and voice relationship through skin-to-skin contact and talking to the infant.

Partners can also help the mother have a proper diet, hydration, rest, get her comfortable, and bring the baby to her for breastfeeding.

Regarding COVID-19 and breastfeeding, the CDC continues to update its guidelines, including continued support for breastfeeding for its nutritional and immunizing benefits. (6) These include:

- Those who do not have suspected or confirmed COVID-19 and have not been in close contact with someone who has or have been vaccinated need no special precautions when breastfeeding or expressing milk.
- A breastfeeding individual not fully vaccinated should protect themselves and the infant when either of them has suspected or confirmed COVID-19. This could include isolation, quarantine, masking, and sanitation practices.
- Any healthy caregiver, preferably fully vaccinated and not at increased risk for severe illness from COVID-19, may feed expressed breast milk. If not vaccinated and co-habiting and in contact with the breastfeeding person, they should wear a mask during feeding during the lactating parent’s time of isolation and their quarantine thereafter.

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References:

1. American Academy of Pediatrics. (2012). *Breastfeeding and the use of human milk*. *Pediatrics*, 129(3), e827–e841. <https://pediatrics.aappublications.org/content/129/3/e827>
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3. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm#mortality>
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5. *Asian Pac J Cancer Prev*. 2014;15(12):4829-37 *Breastfeeding and ovarian cancer risk: a systematic review and meta-analysis of 40 epidemiological studies*. Da-Peng Li et al.
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Disclosure: The author is an International Board Certified Lacta-

tion Consultant, Certified Doula, and the Director of Education and Bereavement Services of First Candle, Inc., a Connecticut-based not for profit 501(c)3 corporation.

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About First Candle

First Candle, based in New Canaan, CT, is a 501c (3) committed to eliminating Sudden Infant Death Syndrome and other sleep-related infant deaths while providing bereavement support for families who have suffered a loss. Sudden unexpected infant death (SUID), which includes SIDS and accidental suffocation and strangulation in bed (ASSB), remains the leading cause of death for babies one month to one year of age, resulting in 3,600 infant deaths nationwide per year.