



International Lactation Consultant Association

Position Paper on Infant Feeding

The International Lactation Consultant Association (ILCA) affirms the right of all women to breastfeed their infants, of all infants to receive human milk, and of all men and women to assist mothers in protecting these rights. Many unnecessary obstacles stand in the way of women who wish to breastfeed. ILCA seeks to draw attention to key findings of recent research and the clinical implications of those findings. References noted below include research with a variety of methodologies ranging from carefully controlled clinical trials to small descriptive studies. ILCA's recommendations are based on rigorous published research wherever possible and on collected experience and wisdom where gaps in research-based knowledge exist. ILCA invites those concerned with the well-being of families to consider these statements and to enter into dialogue with the Association over possible future amendments and additions. ILCA urges all health workers to adopt this position statement as their own, and to work to implement its recommendations as standard practice in their own setting.

1 Research indicates that a woman's knowledge about infant feeding is significantly linked with a decision to breastfeed. Hence, ILCA believes that almost all women would choose to breastfeed their infants if they were fully informed.¹⁻³ ILCA also believes that failure to provide information about the potential risks of artificial feeding⁴ and disproportionate emphasis on the perceived drawbacks of breastfeeding are major reasons for women's decisions not to breastfeed. Other factors include embarrassment, unnecessary rules, fear of feeling tied down, and returning to paid employment.⁵

2 Research indicates that almost all women, regardless of age, parity, ethnicity, breast size, diet, or socioeconomic status, experience lactogenesis following the birth of their infants.⁶ Research also indicates that lactation failure is more often iatrogenic or culturally induced than physiological or inevitable.⁷⁻¹⁰ Hence, ILCA believes that early instruction should emphasize measures to ensure an abundant milk supply.

3 Research indicates that almost all women are physically capable of nourishing their infants on breastmilk alone for the first half-year,¹¹ and that this results in fewer infections and allergies than other patterns of feeding.¹²⁻¹⁴ Hence, ILCA believes that women should be encouraged to give only breastmilk to their infants for the first six months of life.

4 Research indicates that women feel strongly about breastfeeding. ILCA believes that the act of nurturing a child at the breast is a profoundly significant part of a woman's reproductive experience and has consequences for her self-concept and sense of worth.¹⁵⁻¹⁸ The provision of breastmilk alone, while worthwhile, is not as psychologically powerful as the process of suckling. ILCA further believes that breastfeeding affects the infant's later psychological and cognitive functioning.¹⁹⁻²² ILCA calls on psychologists and other behavioral scientists to consider these variables in their research investigations.

5 Research indicates that many women lack knowledge of the basic skills of breastfeeding, an art lost in some cultures during decades of public bottle-feeding. Hence, ILCA believes that to prevent problems, women need sensitive and skilled assistance in learning to breastfeed,²³ and that follow-up care should continue until their infants are breastfeeding effectively.²⁴⁻²⁸

6 Research indicates that optimal positioning is essential to the comfortable establishment of lactation.²⁹⁻³¹ Hence, ILCA believes that it is the professional responsibility of staff entrusted with the care of any mother and baby to be skilled in the basics of positioning and knowledgeable about the early signs of breastfeeding problems. ILCA believes that it is the responsibility of institutions to validate these competencies among their staff and to routinely maintain data on breastfeeding success rates.³²⁻³⁵

7 Research indicates that nipple trauma and engorged breasts occur frequently where women receive inappropriate advice and care³⁶⁻³⁸ ILCA believes that institutions whose clients experience such problems would benefit from reviewing routine procedures and postdischarge care plans for breastfeeding women and providing relevant staff education.

8 Research indicates that pain during breastfeeding is preventable in most circumstances.³⁹⁻⁴² Hence, ILCA believes that breastfeeding should not be painful; when it is, an appropriate investigation will almost always reveal the cause.

9 Research indicates that, with appropriate support, teenage mothers can overcome barriers and breastfeed successfully.⁴³⁻⁴⁶ ILCA believes that adolescents should be encouraged to breastfeed, assisted to establish lactation, and actively supported in continuing to breastfeed after their return to school. Schools should evaluate their facilities with the support of breastfeeding adolescent mothers in mind.

10 Research indicates that almost all infants are born able to suckle the breast but must convert an instinctive behavior into a learned one during the crucial post-birth period.⁴⁷ This includes infants as young as 32 weeks gestational age.⁴⁸⁻⁵⁰ Hence, ILCA believes that women and their infants should be kept in skin-to-skin contact after birth, and that breastfeeding should begin as soon after birth as the baby indicates a desire to breastfeed.

11 Research indicates that obstetric medication and anesthesia interfere with the innate feeding behavior of the infant.⁵¹⁻⁵³ Hence, ILCA believes that all such medication should be used as sparingly as is compatible with maternal and infant health.⁵⁴

12 Research indicates that breastfeeding outcomes are better when infants have unrestricted access to the breast in the postpartum period.⁵⁵⁻⁵⁸ Hence, ILCA believes that, in the immediate postpartum period and beyond, infants should be permitted to suckle for as long and as often as they wish, and that they should not be forced into schedules of any kind, provided suckling is effective.

13 Research indicates that keeping mothers and infants together 24 hours a day in hospital facilitates the establishment of lactation.⁵⁹⁻⁶³ Hence, ILCA believes that this should be the standard of postpartum care in the absence of serious medical contraindications.

14 Research shows that routine supplementation of any kind represents unnecessary risks to the infant,⁶⁴⁻⁷⁰ is detrimental to a woman's self-confidence and her milk supply,^{71,72} and is wasteful and costly.^{73,74} ILCA recommends that all possible avenues of management be explored before the use of breastmilk substitutes is advised.⁷⁵⁻⁸⁰ ILCA believes that parents have a right to know if their infant will be supplemented. Hence, ILCA recommends that the mother's informed consent be sought prior to medically indicated supplementation.⁸¹

15 Research indicates that supplementation of the infant with breastmilk substitutes in the first half year of life is sometimes necessary, but that weight gain should not be the sole criterion

for this decision.⁸²⁻⁸⁷ Hence, ILCA believes that a careful clinical evaluation of each individual case should precede any advice to supplement in the first half-year of life. ILCA calls for more research into medical indications for supplementation of the breastfed infant.

16 Research suggests that elevated bilirubin in newborn infants may be beneficial,⁸⁸ since bilirubin is a powerful antioxidant.⁸⁹ Research indicates that markedly elevated bilirubin levels in the breastfed neonate are often caused by restricted feeding patterns,^{90,91} water supplementation⁹²⁻⁹⁴ or ineffective milk transfer.⁹⁵ Hence, ILCA believes that measures which increase intake of breastmilk are appropriate in such situations. Research indicates that non-pathologic jaundice in the healthy term neonate is not hazardous and necessitates neither interruption of breastfeeding nor supplementation with breastmilk substitutes.⁹⁶⁻⁹⁹ Research also demonstrates that other interventions, such as interrupted breastfeeding and phototherapy, often result in lactation failure and a continued perception of the infant as vulnerable to illness or injury.¹⁰⁰⁻¹⁰² Hence, ILCA believes that institutions with appropriate breastfeeding management policies and practices will reduce their need for costly interventions.¹⁰³⁻¹⁰⁷

17 Research indicates that breastmilk jaundice, although it may persist for many weeks, is a benign condition.¹⁰⁸⁻¹¹² Hence, ILCA believes that interrupting breastfeeding solely to confirm the diagnosis of breast milk jaundice in an otherwise healthy and thriving infant is rarely justified. ILCA believes that such a potentially hazardous intervention must be carefully undertaken after fully informing the mother of the value of continued lactation, the importance of continuing to express her milk, and the potential risks of introducing breastmilk substitutes.

18 Research indicates that the use of donated banked human milk has historically been, and remains, a relatively safe and effective option for infants unable to be breastfed by their mothers.¹¹³⁻¹¹⁸ Hence, ILCA believes that women should be informed about this option and their choice facilitated, regardless of the infant's ability to tolerate breastmilk substitutes. ILCA also believes that human milk banking should be encouraged whenever possible.

19 Research indicates that established lactation may be controlled by a previously unrecognized nonhormonal feedback mechanism in the breast, rather than by hormone secretion.^{119,120} ILCA believes that research which further increases understanding of this complex process and technology that enables the accurate measurement of maternal lactational capacity^{121,122} and infant intake^{123,124} are urgently needed.

20 Research indicates that separation of a mother from her infant imposes severe stresses on both and makes continued lactation more difficult.^{125,126} ILCA believes that whenever a breastfeeding mother and infant must be separated, appropriate facilities for the continuation of breastfeeding should be provided. In addition, ILCA calls on all health care institutions, including hospital psychiatric units,¹²⁷ to take the

lead in making their facilities supportive of continued breastfeeding for hospitalized¹²⁸ or employed women.¹²⁹⁻¹³⁷

21 Research indicates that the gastric emptying time of breast milk is significantly less than that of other foods and the hazards of aspiration considerably reduced.¹³⁸ In addition, depriving sick infants of the comfort of the breast increases their stress.¹³⁹ Hence, ILCA believes that, under normal circumstances, breastfed infants requiring surgery should be permitted to breastfeed until two hours before surgery and as soon thereafter as they are willing.¹⁴⁰

22 Both basic physiology and clinical evidence indicate that the use of pacifiers (dummies),^{141,142} bottle teats (artificial nipples),¹⁴³ or any oral object other than the breast in the first weeks of life can lead to disturbed suckling patterns in some infants.¹⁴⁴⁻¹⁴⁶ Research also indicates that nipple shield use leads to decreased milk supply.¹⁴⁷ Hence, ILCA believes that research into the consequences of oral objects used to feed the neonate should become a priority, and that such objects should not be used until they are proven not to interfere with breastfeeding. ILCA calls on speech pathologists, neurodevelopmental specialists, and others to distinguish clearly between artificially and naturally fed infants in all studies of later speech and orthodontic defects.

23 Research indicates that most breastfeeding problems¹⁴⁸⁻¹⁵² can be solved without the use of expensive medical devices and technology.^{153,154} Therefore, the short and long-term consequences of particular infant feeding products, devices, and techniques should be independently assessed, and health workers should critically evaluate claims about such products. ILCA believes that health workers should use technological solutions only where clearly appropriate and for the shortest time possible. Use should be accompanied by an explanation of risks and benefits, and clear written and verbal instructions.

24 Research indicates that, although there is little evidence of harm from medication given to the breastfeeding mother, most have the potential to affect the infant.¹⁵⁵⁻¹⁵⁷ Hence, ILCA believes that medication should be prescribed only when necessary. Care must be taken both to select the least harmful¹⁵⁸⁻¹⁶² alternative and to educate the mother in its safe use. ILCA also believes that the known risks of not breastfeeding should be taken into consideration when discussing use of possible medication or exposure to one or more environmental contaminants.

25 Research indicates that the abuse of alcohol during lactation may be harmful not only to the mother but also to her infant.^{163,164} Hence ILCA believes that women should be advised of such risks.

26 Research indicates that active or passive smoking during lactation decreases milk supply and is harmful both to the breastfeeding mother¹⁶⁵⁻¹⁶⁹ and to her infant.¹⁷⁰⁻¹⁷⁴ Hence, ILCA believes that women should be advised of such risks. ILCA believes that health workers should play an active role in assisting women to reduce or cease smoking and to reduce the infant's smoke exposure from all sources.

27 Research indicates that breast milk contains many specific and non-specific factors that may protect against HIV infection¹⁷⁵⁻¹⁷⁷ or influence the course of the disease.¹⁷⁸⁻¹⁸² Hence, ILCA calls for more research to evaluate the risk of HIV transmission via breast milk as well as the potential prophylactic or therapeutic uses of human milk. ILCA believes that advice to HIV-positive women should reflect the current state of scientific knowledge.¹⁸³⁻¹⁹¹

28 Research indicates that women who have undergone breast surgery may have difficulties with breast-feeding.¹⁹²⁻¹⁹⁸ ILCA believes that physicians performing such surgery on a young or fertile woman should use the procedure least likely to create later problems, and then only after fully informing the woman of the future potential risk to her ability to breastfeed. ILCA also believes that records of the surgical procedures carried out should remain available to the woman in later years to assist in her care during lactation. ILCA calls upon the medical profession to more fully evaluate the need, the procedures used, the costs (physical and psychological), and the long-term risks of such surgery.

29 Research indicates that women's milk protects infants from infectious,¹⁹⁹⁻²⁰¹ metabolic, allergic²⁰² and inflammatory disease,²⁰³ including but not limited to necrotising enterocolitis,²⁰⁴ nursing bottle caries,²⁰⁵ otitis media,^{206,207} childhood diabetes,^{208,209} celiac disease,²¹⁰ and lymphomas.²¹¹ Hence, ILCA believes that all research into disease patterns should include a careful investigation of the infant feeding history.

30 Research indicates that infants with diarrhea recover faster if human milk is provided.²¹²⁻²¹⁶ Hence, ILCA recommends that breastfeeding or the provision of human milk be routine if diarrhea occurs in the breastfed infant.

31 Research indicates that the duration of human lactation worldwide is two or more years, and that both mothers and their older children benefit from prolonged breastfeeding.^{217,218} Hence, ILCA believes that women should breastfeed for as long as they wish.

32 Research indicates that breastfeeding during pregnancy, tandem breastfeeding, relactation²¹⁹⁻²²² and induced lactation^{223,224} do occur and, indeed, are usual and beneficial in many cultural contexts. Hence, ILCA believes that women have a right to information about these options where relevant.

33 Research indicates that, in general, disease rates are higher in child care institutions than in family homes.²²⁵⁻²³⁰ Hence, ILCA believes that the provision of maternal breastmilk for infants in child care is to be encouraged, and that child care workers should be educated in its value, its care, and its use.

34 Research indicates that social structures, especially parental leave¹³⁶ and job protection provisions,¹³⁷ have a major impact on women's ability to breastfeed. Hence, ILCA believes that breastfeeding women should be protected legally and enabled financially either to stay at home with their infants or to return to paid employment while continuing to breastfeed.

35 Research indicates that women who breastfeed are at less risk of maternal maladjustment,²³¹⁻²³³ osteoporosis,²³⁴⁻²³⁶ breast²³⁷⁻²⁴⁰ and ovarian cancer.^{241,242} Hence ILCA believes that women should be encouraged to breastfeed in order to protect their own health.

36 Research indicates that breastfeeding prevents more births worldwide than all other means of contraception. The woman who is exclusively breastfeeding and amenorrheic is at very small risk of conception in the first six months after birth.²⁴³⁻²⁵⁴ Hence, ILCA believes that women should be informed about the fertility reducing effects of breastfeeding.²⁵⁵ Furthermore, contraceptive methods offered to the lactating mother should be compatible with continued lactation.²⁵⁶

37 Research indicates that women who do not breast feed may be in an abnormal postpartum hormonal state.²⁵⁷ Hence, ILCA calls for research to investigate possible negative postpartum health consequences for women who do not breastfeed.

38 Research indicates that education for health professionals has not dealt adequately with either normal lactation or its problems.²⁵⁸⁻²⁶⁶ Hence, ILCA believes that women needing special assistance with breastfeeding should be referred to an appropriate individual, institution, or agency.²⁶⁷⁻²⁶⁹ ILCA further believes that lactation should be included in the basic curricula of all maternal and child health education programs and should be taught by knowledgeable persons familiar with current research and management practices.

39 Research indicates that the manufacture and use of breast milk substitutes has profound negative effects on the world environment by increasing fertility, consuming energy and resources, and generating pollution.^{270,271} Hence, ILCA believes that those concerned with the future of our planet should become advocates for breastfeeding and the use of human milk rather than that of ruminant animals or plant products.

40 Research indicates that many infant food and equipment companies market their products in ways that affect women's choices about infant feeding.²⁷²⁻²⁷⁶ Hence, ILCA proposes that the International Code of Marketing of Breast-milk Substitutes be considered a minimum standard for assessing industry marketing practice.

41 Research indicates that human milk is a natural resource of unequalled value. Consuming even the poorest quality foods, women can produce an infant food of unrivalled quality which involves very little waste of either maternal or infant energy²⁷⁷⁻²⁸³ and has the potential to reduce costs in the health care sector of every country. Manufacturing a substitute for this food requires a significant diversion of national and international resources, affecting the balance of international trade and the debt burden of poor countries. Hence, ILCA believes that research into the national and international value of women's milk should become a worldwide priority.

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Because of the growing interest in the field of human milk and breastfeeding research, this position paper will be reviewed regularly to maintain its accuracy and relevance. The latest statements of international agencies such as the World Health Organization and UNICEF, which see the promotion of breastfeeding as central to any strategy for improved global health, are recommended for review as well.

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