VIEWPOINT

AMERICAN PEDIATRIC SOCIETY

Social and Public Health Perspectives of Promotion of Breastfeeding

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Pediatricians often encounter clinical scenarios in which individual health benefit, public health benefit, and social values intersect. For example, circumcision benefits health for an individual by reducing the risk of urinary tract and sexually transmitted infections and also has public health benefit by reducing overall population risk of sexually transmitted infection. However, some social movements consider circumcision a violation of human rights.[1] Similarly, abstinence can be an effective strategy for some individuals to reduce the risk of pregnancy and sexually transmitted infection and may be preferred to safe sex by some social groups because of their religious and moral beliefs. However, abstinence education may be less effective than safe sex education from a public health perspective.

Breastfeeding is an example of how individual benefits, public health goals, and the goals and priorities of social and religious organizations can align. For individuals, breastfeeding reduces the risks of infectious and allergic diseases throughout infancy and reduces risks of maternal breast and ovarian cancer; from a public health perspective, reducing the incidence of infectious diseases in infancy as well as the maternal risk of breast and ovarian cancer addresses national public health goals; and from an organizational perspective, breastfeeding is promoted by the Muslim and Jewish faiths and endorsed by the anti-commercialist, environmentalist, and feminist movements.[2,3] Despite these important areas of overlap between individual benefit, public health goals, and organizational priorities, however, there may be important areas of incongruence. For example, some religious or cultural traditions strongly encourage breastfeeding beyond 1 year, but individual health benefits in developed countries have been demonstrated only for breastfeeding during the first year of life. It is possible for pediatricians to play multiple roles as clinicians, public health advocates, and social advocates. However, in our roles as clinicians, it is important to understand the areas of potential incongruence or conflict between these roles.

From an individual's perspective, breastfeeding reduces an infant's risk of gastroenteritis, atopic dermatitis, and sudden infant death syndrome, which are major causes of morbidity and mortality during infancy.[4] From a public health perspective, breastfeeding is an important strategy to improve maternal and infant health. As pediatricians, we need to educate parents about the health benefits of breastfeeding for individuals and for the population as a whole. However, it is also important to avoid exaggerating the health advantages of breastfeeding. Breastfeeding does not confer complete protection against any one health outcome, and it is not a panacea. Social organizations or movements that support breastfeeding may emphasize or publicize the subset of scientific studies that support their organizational goals and priorities. However, clinicians should educate parents using the full range of evidence and data. For example, early studies reported that breastfeeding was protective against childhood obesity but a randomized clinical trial did not confirm this relationship.[5] It is important that we provide mothers with accurate, up-to-date information about the documented benefits of breastfeeding so that they can make their own decision about how to feed their baby. Regardless of their decision, mothers should not feel guilty about making well-informed decisions that meet the needs of their family.

Exclusive breastfeeding, without any supplemental formula or water, is a critically important component of global strategies to promote infant health because many women do not have access to clean water,[6] which is needed to prepare infant formula safely. Exclusive breastfeeding has additional global importance as a public health strategy to reduce the burden of human immunodeficiency virus because exclusive breastfeeding reduces human immunodeficiency virus transmission when compared with breastfeeding with formula supplementation.[7] The World Health Organization has defined exclusive breastfeeding as feeding nothing except breast milk, vitamins, minerals, and medications and recommends exclusive breastfeeding for 6 months. However, in countries such as the United States that have near-universal access to clean water, published studies examining health outcomes among exclusively breastfed babies and studies examining health outcomes among breastfed babies who occasionally use infant formula have not reported differences in health benefits.[4] In fact, the vast majority of studies that have examined the effect of breastfeeding on infectious outcomes in developed countries have included the occasional use of infant formula in the definition of "exclusive breastfeeding" and the risk reductions in adverse health outcomes reported by such studies are similar to those reported by studies that used a more restrictive definition of exclusive breastfeeding.[8]

Social movements may oppose the use of very small amounts of infant formula despite the absence of scientific evidence of adverse health effects. For example, environmental groups may discourage formula use because the manufacture of infant formula contributes to pollution. Anti-commercialist movements may advocate against the use of infant formula because of the

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aggressive marketing strategies used by some manufacturers. Many pediatricians are concerned about the impact of environmental issues on human health as well as the influence of large corporations and may share their concerns with their patients. However, while sharing these concerns, it is important to adhere to the scientific evidence and avoid imputing health effects or benefits that are not based on scientific data. When faced with a clinical question or conundrum, systematic reviews from the Cochrane Collaboration can be an excellent source of accurate, updated scientific information to share with patients. In many cases, formula use can be compatible with breastfeeding, and in some cases, it may be true that judicious use of formula can support and even extend breastfeeding duration.[9]

The intersection of breastfeeding promotion with feminism is multifaceted and highlights the potential for both congruity and incongruity between public health and social goals. Breastfeeding improves women's reproductive health, which is a central goal of feminism, and advocacy for workplace accommodations and increased maternity leave may be beneficial for both breastfeeding promotion and feminism. However, social pressures to breastfeed could contribute to women's decisions to abandon paid employment, especially if they have difficulty expressing milk at work. The decision to breastfeed could also assign a disproportionate level of childcare responsibility to the breastfeeding mother and thereby reduce partners' or fathers' engagement in and satisfaction from childcare. Before counseling mothers about the implications of breastfeeding, employment, and childcare responsibilities, pediatricians should elicit the mother's and the partner's perspectives on breastfeeding, child care, employment, and gender roles and then try to offer scientific guidance within the context of the parents' experiences and preferences.

Breastfeeding offers important and unique health benefits for mothers and babies, and it is also an important goal for a variety of public health, social, and religious movements. However, there may be areas where health benefits for the individual differ from public health or social goals. As pediatricians, we often serve in multiple roles as providers, public health advocates, and social advocates. Maintaining the distinction between these roles as we counsel patients is very important. Eliciting parental beliefs and values before providing counseling and using unbiased sources of scientific evidence will ensure that parents receive the information they need to make optimal infant feeding decisions.

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