The importance of maternal lactation education to encourage, begin, and maintain breastfeeding

*Bárbara Gabriela Cárdenas del Castillo**

Department of Pediatrics, "Dr. José Eleuterio González" University Hospital, Universidad Autónoma de Nuevo León, Monterrey, Nuevo Leon, Mexico

The World Health Organization (WHO) and UNICEF recommendations for optimal child nutrition are established in their "Global Strategy" and are basically the following: exclusively breastfeeding during the first 6 months of the baby's life, after this period begin proper and safe complementary feeding, continuing with breastfeeding until the baby is 2 years old, or even longer.

Breastfeeding's superiority and advantages over artificial milks have been widely proven^{1,2}. Low compliance and early abandonment of breastfeeding result in adverse health, social and economic effects³. Promoting breastfeeding during the 1st h of life is considered an important mechanism for health, and it's an excellent indicator of breastfeeding. Nevertheless, the commitment to the early onset of breastfeeding, which corresponds to the 1st h after birth, is reported to be 17% in Eastern Europe and 50% in Latin American countries^{3,4}.

There are several references to the benefits breastfeeding offers in short-term and long-term health for newborns and mothers. Early benefits in the newborn include a mortality decrease in the premature, a decrease in infantile morbidity due to gastrointestinal, respiratory, urinary, and middle ear infections, and a lower incidence of allergic diseases⁵. Long-term benefits include a protector effect against the development of chronic diseases such as insulin-dependent diabetes mellitus, cardiovascular diseases in the adult, obesity, and other atopic diseases. Feeding with maternal

lactation is also linked to higher values in cognitive development scales⁵.

Regarding the benefits that breastfeeding brings to the mothers, in the short term, these include the facilitation of weight loss, a decrease in the risk of anemia, hypertension, and postpartum depression. In the long term, it contributes to lowering the risk of osteoporosis and the development of breast and ovarian cancers⁶.

In addition, breastfeeding offers social benefits. For example, it reduces infantile morbidity-mortality, contributes to a healthy infantile population, and promotes the mother-child bond, reducing violence^{7,8}.

Breastfeeding onset and maintenance are vulnerable processes and one that is influenced by multiple external factors which can help its success or failure. Among the factors that help to breastfeed are maternal age, previous experience breastfeeding, education level, having taken a solid decision before the birth, maternal education on the benefits of breastfeeding, and a favorable hospital environment.

On the other hand, among the unfavorable factors are smoking, the mother's return to work, lack of hospital programs that support breastfeeding, early offering of feeding bottles, C-sections, maternal or neonatal diseases, prematurity, and low weight at birth⁹⁻¹². The article presented in this issue of "*Medicina Universitaria*" by Mancera Navarro et al. shows some of the problems which procuring breastfeeding brings nowadays, and the changes in lifestyle and habits, since only 18.1% of the women admit their desire to breastfeed properly.

Correspondence:

*Bárbara G. Cárdenas del Castillo
E-mail bgcardenas8@gmail.com

Date of reception: 15-10-2021

Date of acceptance: 26-10-2021

DOI: 10.24875/RMU.M21000062

Available online: 01-12-2021

Medicina Universitaria. 2021;23(4):110-111

www.medicinauniversitaria.org

1665-5796/© 2021 Universidad Autónoma de Nuevo León. Published by Permanyer. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Clinical practice guidelines on prenatal care (National Institute for Health and Care Excellence) recommend conducting an education plan for the pregnant women's health prior to week 10 of gestation and including the topic of breastfeeding in prenatal education before week 36 of gestation. Furthermore, it recommends the participation of pregnant women in groups where breastfeeding is practiced and continuing with support groups in the postnatal stage¹³. There are reports stressing the importance of the support and information from health personnel in the early stages of pregnancy as an influencing factor in the decision and motivation to begin breastfeeding¹⁴.

The Center for Control and Prevention of Diseases (CCPEEU by its Spanish acronym) recommends prenatal education on breastfeeding since it constitutes the most effective intervention to accomplish success in both the beginning and the maintenance of breastfeeding, especially when this is performed within a multicomponent program, with support from the family, the hospital and subsequently in work centers¹⁵.

It is the responsibility of all healthcare personnel, especially those directly involved in the care and attention of pregnant women and the newborn, to encourage breastfeeding and promote the education of the general population to create a favorable social environment.

Funding

The authors declare not to have received any sponsorship to conduct this article.

Conflicts of interest

The authors declare not to have any conflicts of interest.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

References

1. World Health Organization. The Global Criteria for the WHO/UNICEF Baby-Friendly Hospital Initiative. Geneva: World Health Organization and UNICEF; 2009.
2. World Health Organization. Infant and Young Child Nutrition. Global Strategy on Infant and Young Child Feeding. Geneva: World Health Organization; 2002.
3. Martín AM, Alonso JE, Costa MG, Alonso AT, Red Centinela Sanitaria de Castilla y León. Situación actual y factores que condicionan la lactancia materna en Castilla y León. *Rev Pediatr Aten Primaria*. 2011;13:33-46.
4. Jana AK. Intervenciones Para Promover el Inicio de la Lactancia: Comentario de la BSR. Ginebra: Biblioteca de Salud Reproductiva, Organización Mundial de la Salud; 2009. Available from: <http://bit.ly/2ebYawe> [Last accessed on 2016 Mar 17].
5. World Health Organization. Nutrition Data Banks, Global Data Bank on Breastfeeding. Geneva: World Health Organization; 2016. Available from: http://www.who.int/nut/d_b_bfd.htm [Last accessed on 2016 Mar 15].
6. Galiano JM, Rodríguez MD. El inicio precoz de la lactancia materna se ve favorecido por la realización de la educación maternal. *Rev Assoc Med Bras*. 2013;59:254-7.
7. Parra GO, Delgado SP. Conocimientos, Saberes y Prácticas Sobre Lactancia Materna. Estudio de línea de base. Bogotá: DABS; 2003.
8. Sesma ML, Vicastillo VP, Fleita EI. La influencia del profesional sanitario en la lactancia materna. *Med Natur*. 2009;3:77-85.
9. Suarez P, Alonso J, López A, Martín D, Martínez M. Prevalence and duration of breastfeeding in Asturias. *Gac Sanit*. 2001;15:104-10.
10. Dubois L, Girard M. Social determinants of initiation, duration and exclusivity of breastfeeding at the population level: the results of the longitudinal study of child development in Quebec (ELDEQ) 1998-2002. *Can J Public Health*. 2003;94:300-5.
11. Merten S, Dratva J, Ackermann-Liebrich U. Do baby-friendly hospitals influence breastfeeding duration on a national level? *Pediatrics*. 2005;116:e702-8.
12. Hernández MT. Epidemiología de la lactancia materna. Prevalencia y tendencias de la lactancia materna en el mundo y en España. En: *Lactancia materna: guía para profesionales*. Comité de la Lactancia Materna de la AEP. Monografías de la AEP n.º5. Madrid: Ergón; 2004.
13. Rodríguez JE, Ramírez JA, Domínguez BR, et al. Intervención educativa sobre lactancia materna. *AMC*. 2010;14:15.
14. Nnebe-Agumadu UH, Racine EF, Laditka SB, Coffman MJ. Associations between perceived value of exclusive breastfeeding among pregnant women in the United States and exclusive breastfeeding to three and six months postpartum: a prospective study. *Int Breastfeed J*. 2016;11:8.
15. Division of Nutrition, Physical Activity, and Obesity. Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/nccdphp/dnpao/index.html>