

Breastfeeding

Public Health Brief



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Making the Decision

Breastfeeding is considered the optimal start for a mother and her infant, with benefits that last a lifetime. It is recommended that infants be exclusively breastfed for about the first 6 months with continued breastfeeding alongside introduction of complementary foods for at least 1 year.*

Benefits to breastfeeding:*

- **Breastfeeding saves money:** Breastmilk is free and formula and feeding supplies can cost thousands of dollars during a baby's first year of life.
- **Provides a special bond between mother and infant:** Skin-to-skin contact helps boost the hormone oxytocin which helps the flow of breastmilk and calms the mother. Breastfeeding also gives the infant a sense of security, warmth, and comfort.
- **Cells, hormones, and antibodies in breastmilk help protect from illness:** Research shows that breastfed infants have lower risks of asthma, leukemia, obesity (during childhood), ear infections, eczema, diarrhea and vomiting, lower respiratory infections, sudden infant death syndrome (SIDS), and type 2 diabetes.
- **Improve mother's health:** Mothers who breastfeed have a decreased risk of breast and ovarian cancers.

Learning to Breastfeed

The Harford County Health Department Women, Infants, and Children (WIC) program offers many services to the pregnant and postpartum women of Harford County including: supplemental foods, high-risk nutrition counseling, participant centered education, and breastfeeding education, promotion and support.

WIC breastfeeding support provides:

- **Peer Counselors:** Successful breastfeeding mothers trained to support basic breastfeeding.
- **Lactation Consultants:** Trained for more complex breastfeeding issues.
- **Breast pumps:** Available as needed.
- **Increased food packages for both mom and baby.**
- **Individual appointments:** Meet with the peer counselor or lactation consultant for personal help with breastfeeding concerns.
- **Education:** Classes and personalized information on breastfeeding.

HARFORD COUNTY MONTHLY DATA*

# of Pregnant Women	473
# of Postpartum Women	693
# of Infants	1342
# of Women Breastfeeding	333
% of Women Breastfeeding	48%
# of Breastfed Infants	400

Spotlight: Breastfeeding and Substance Use*

A critical challenge facing public health today is the lack of research leading to evidence-based guidelines for women who wish to breastfeed and have a substance use disorder. Several comprehensive reviews of breastfeeding have been conducted and concluded that breastfeeding is generally contraindicated in mothers who use illegal drugs. Methadone (full agonist drug) and buprenorphine (partial agonist drug) are both preferred treatments used for pregnant and postpartum women who experience substance use disorder. In contrast to other substances, both treatments have been studied (with stable doses) and have shown low concentrations in human milk. About 70% of infants born to women who are prescribed to a methadone treatment will experience neonatal abstinence syndrome (NAS), but a reduction in the severity and duration of treatment of NAS will occur when mothers on methadone maintenance therapy breastfeed. The same occurs for breastfed infants whose mothers are undergoing buprenorphine treatment compared to formula feeding.

Working Moms

Federal laws support women who still wish to continue breastfeeding when they return to work after maternity leave. Employers are required to provide (unpaid) time and a non-bathroom space for mothers to pump in privacy. Speak with your local WIC provider today about options for breast pumps. It is best to start pumping preparations about 7-10 days before returning to work or school.



*Sources:

Office on Women's Health, Breastfeeding <https://www.womenshealth.gov/breastfeeding>
 American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk. *Pediatrics*; 129(3): e827-e841.
 Harford County Health Department WIC Monthly Data

ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015 <https://www.liebertpub.com/doi/pdfplus/10.1089/bfm.2015.9992>