

Breastfeeding Beyond Infancy: Information for Clinicians

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How long should a child be breastfed?

AAP (2005): Breastfeed for **at least** a year, and as long as mutually desired by mother and baby. There are no negative consequences known for nursing into the third year and beyond.

AAFP (2004): Breastfeed for **at least** a year. Physicians should support mothers who wish to nurse beyond infancy, nurse during pregnancy, and/or tandem nurse.

WHO (2002): Breastfeed for a minimum of two years.

Dettwyler (1995) Based on a comparison with other primates, the biological age of weaning in humans is between 2-1/2-7 years

What are the medical benefits of breastfeeding beyond the first year?

Human milk is a healthy food for toddlers:

- A significant source of protein, fats and most vitamins (Dewey 2001)
- The fat and calorie content of breastmilk increases as duration of lactation increases (Mandel et al. 2005).

Nursing Toddlers are Healthier:

- Nursing toddlers between 18-36 months of age have fewer and shorter illnesses than their non-nursing counterparts (Gulick 1986).
- Antibodies and immune factors in milk increase in the second year (Harnosh et al 1991; Goldman 1983).

Health benefits to the child have been shown to be dose-dependent, including:

- decreased risk of childhood leukemia (Tripathy et al. 2004; Guise et al. 2005)
- improved adult cardiovascular health for women nursed as babies (Williams et al. 2006).
- improved IQ scores and cognitive development (Slykerman et al. 2005; Angelsen et al. 2001)
- decreased risk of childhood and adult obesity (Singhal 2007; Harder et al. 2005; Arenz et al. 2004)
- reduced risk of childhood type 1 diabetes (Sadauskaite-Kuehene et al. 2004)
- reduced environmental allergies (Obihara et al. 2005).
- reduced rates of malocclusion (Labbok & Hendershot 1987)

Health benefits to the mother are also dose-dependent, including:

- Lowered risk for breast cancer (Collaborative Group on Hormonal Factors in Breast Cancer, 2002; Freund et al., 2005), particularly for carriers of the BRCA-1 mutation (Jernstrom et al., 2004)
- Lowered risk for ovarian cancer (Wiltemore, 1994; Gwinn et al., 1990).
- Lowered risk for rheumatoid arthritis (Karlson et al., 2004)
- Lowered risk for endometrial cancer (Rosenblatt & Thomas, 1995).
- Increased maternal weight loss (Kac et al., 2004; Akkus et al., 2005).
- Lowered risk of future osteoporosis and hip fractures (Cumming & Klineberg, 1993; Huo et al., 2003).
- Reduced risk of Type II Diabetes (Steube et al., 2005).
- Reduced risk of metabolic syndrome in midlife (Ram et al., 2008)

What about breastfeeding toddlers who are falling on the growth charts?

There is no research that supports the clinical recommendation to discontinue breastfeeding due to slowed growth (e.g. Gonzalez 2005), particularly given the health benefits for continued nursing (see above).

- The growth charts are not based on breastfeeding toddlers, and in fact we don't really know what normal growth patterns are for these children (Huffman 1985).
- In matched cohort studies, breastfeeding toddlers are taller and healthier than their weaned counterparts (Prentice, 1994; Castillo et al., 1996; Marquis et al., 1997; Onyango et al., 1999).
- When differences are seen between the growth of nursing and non-nursing toddlers, they disappear by the end of the second year (Habich, 2000).

Does extended breastfeeding cause dental decay?

- The American Academy of Pediatric Dentistry says maybe, and recommends limiting nursing at night and on demand once teeth emerge. However, not all research supports this recommendation.
- Humans are the only mammals whose young suffer from dental decay, and prehistoric human skulls—before the introduction of a more processed diet—show no incidence of dental caries (Palmer 2000).
- Studies that demonstrate a link between dental caries and extended breastfeeding often fail to control for confounding factors such as oral hygiene (e.g. Yonezu et al 2006).
- In populations with dental caries, exclusively breastfed children are rare (Hunter et al., 1997).
- The relationship between risk factors and caries development is complex, and multiple population based-studies do not support a relationship between extended breastfeeding and early childhood caries (Hallonsten et al., 1995; Weeheim, 1998; Slavkin, 1999; Valaitis et al., 2000; Hallett & O'Rourke, 2002;).
- The cariogenicity of human milk is somewhat open to debate (Erickson, 1999; Peres et al., 2002; Bowen & Lawrence, 2005), but researchers and clinicians agree that good oral hygiene is important for all children.

Breastfeeding families need encouragement from their clinicians!

- As the age of their child increases, more mothers perceive a social stigma for breastfeeding: 44% at 12 months, 61% at 24 months (Kendall-Tackett and Sugarman, 1995)
- Women nursing past a year are in a minority: about 18% at 12 months, and only 5% at 18 months (Ryan et al, 2002; CDC, 2004). They may feel isolated.
- Many women nursing into toddlerhood may be facing pressure to wean from friends or family (Lawrence & Lawrence, 1999).
- Positive attitudes and encouragement from health care providers have a strong influence on whether or not a woman continues to breastfeed (Losch et al., 1995).

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