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## A Well-Kept Secret Breastfeeding's Benefits to Mothers

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Very few people are unaware of the benefits of breastfeeding for babies, but the many benefits to the mother are often overlooked or even unknown. From the effect of oxytocin on the uterus to the warm emotional gains, breastfeeding gives a mother many reasons to be pleased with her choice. These documented effects are outlined in this excerpt from *Breastfeeding Annual International 2001*, a recently published anthology which was edited by Dia Michels, co-author of the classic breastfeeding advocacy book, *Milk, Money, and Madness*. Both books are available from LLLI.

One of the best-kept secrets about breastfeeding is that it's as healthy for mothers as for babies. Not only does lactation continue the natural physiologic process begun with conception and pregnancy, but it provides many short and long-term health benefits. These issues are rarely emphasized in prenatal counseling by health care professionals and all but ignored in popular parenting literature. Let's look at all the benefits breastfeeding provides mothers and speculate as to why so few are finding out about them.

### Physiologic Effects of Breastfeeding

Immediately after birth, the repeated suckling of the baby releases oxytocin from the mother's pituitary gland. This hormone not only signals the breasts to release milk to the baby (this is known as the milk ejection reflex, or "let-down"), but simultaneously produces contractions in the uterus. The resulting contractions prevent postpartum hemorrhage and promote uterine involution (the return to a nonpregnant state).

Bottle-feeding mothers frequently receive synthetic oxytocin at birth through an intravenous line, but for the next few days, while they are at highest risk of postpartum hemorrhage, they are on their own. As long as a mother breastfeeds without substituting formula, foods, or pacifiers for feedings at the breast, the return of her menstrual periods is delayed (Lawrence and Lawrence 1999). Unlike bottle-feeding mothers, who typically get their periods back within six to eight weeks, breastfeeding mothers can often stay amenorrheic for several months. This condition has the important benefit of conserving iron in the mother's body and often provides natural spacing of pregnancies.

The amount of iron a mother's body uses in milk production is much less than the amount she would lose from menstrual bleeding. The net effect is a decreased risk of iron-deficiency anemia in the breastfeeding mother as compared with her formula-feeding counterpart. The longer the mother nurses and keeps her periods at bay, the stronger this effect (Institute of Medicine 1991).

As for fertility, the lactational amenorrhea method (LAM) is a well-documented contraceptive method, with 98 to 99 percent prevention of pregnancy in the first six months. The natural child-spacing achieved through LAM ensures the optimal survival of each child, and the physical recovery of the mother between pregnancies. In contrast, the bottle-feeding mother needs to start contraception within six weeks of the birth (Kennedy 1989).

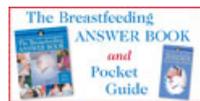
### Long-Term Benefits of Breastfeeding

It is now becoming clear that breastfeeding provides mothers with more than just short-term benefits in the early period after birth.

A number of studies have shown other potential health advantages that mothers can enjoy through breastfeeding. These include optimal metabolic profiles, reduced risk of various cancers, and psychological benefits.

Production of milk is an active metabolic process, requiring the use of 200 to 500 calories per day, on average. To use up this many calories, a bottlefeeding mother would have to swim at least 30 laps in a pool or bicycle uphill for an hour daily. Clearly, breastfeeding mothers have an edge on losing weight gained during pregnancy. Studies have confirmed that nonbreastfeeding mothers lose less weight and don't keep it off as well as breastfeeding mothers (Brewer 1989).

The above finding is particularly important for mothers who have had diabetes during their pregnancies. After birth, mothers with a history of gestational diabetes who breastfeed have lower blood sugars than nonbreastfeeding mothers (Kjos 1993). For these women who are already at increased risk of developing diabetes, the optimal weight loss from breastfeeding may translate into a decreased risk of diabetes in later life.



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Women with Type I diabetes prior to their pregnancies tend to need less insulin while they breastfeed due to their reduced sugar levels. Breastfeeding mothers tend to have a high HDL cholesterol (Oyer 1989). The optimal weight loss, improved blood sugar control, and good cholesterol profile provided by breastfeeding may ultimately pay off with a lower risk of heart problems. This is especially important since heart attacks are the leading cause of death in women.

Another important element used in producing milk is calcium. Because women lose calcium while lactating, some health professionals have mistakenly assumed an increased risk of osteoporosis for women who breastfeed. However, current studies show that after weaning their children, breastfeeding mothers' bone density returns to prepregnancy or even higher levels (Sowers 1995). In the longterm, lactation may actually result in stronger bones and reduced risk of osteoporosis. In fact, recent studies have confirmed that women who did not breastfeed have a higher risk of hip fractures after menopause (Cummings 1993).

Non-breastfeeding mothers have been shown in numerous studies to have a higher risk of reproductive cancers. Ovarian and uterine cancers have been found to be more common in women who did not breastfeed. This may be due to the repeated ovulatory cycles and exposure to higher levels of estrogen from not breastfeeding. Although numerous studies have looked at the relationship between breastfeeding and breast cancer, the results have been conflicting. This is largely due to flaws in study design and lack of uniform definition of breastfeeding, resulting in difficulty comparing the data. (In some studies, breastfeeding has been defined as having breastfed at least once a day, while in others it is defined as exclusive breastfeeding, using no supplements or artificial nipples.) Despite this, it is now estimated that breastfeeding from six to 24 months throughout a mother's reproductive lifetime may reduce the risk of breast cancer by 11 to 25 percent (Lyde 1989; Newcomb 1994). This phenomenon may also be due to suppressed ovulation and low estrogen, but a local effect relating to the normal physiologic function of the breast may also be involved. This was suggested by a study in which mothers who traditionally breastfed on only one side had significantly higher rates of cancer in the unsuckled breast (Ing, Ho, and Petrakis 1977).

In two studies, there appeared to be an increase in flare-ups of rheumatoid arthritis in breastfeeding mothers (Jorgensen 1996; Brenna 1994). However, in another study, overall severity and mortality of rheumatoid arthritis was worse in women who had never breastfed (Brun, Nilson, and Kvale 1995). There have been no other studies showing any detrimental health effects to women from breastfeeding. Bottom line: Breastfeeding reduces risk factors for three of the most serious diseases for women-female cancers, heart disease, and osteoporosis-without any significant health risks.

#### ***Psychological Issues for Breastfeeding Mothers***

How do you measure the peace of mind of having a healthy baby who is developing optimally? Where do you factor in the financial burden of formula prices and increased medical costs?

Public health agencies advocate for breastfeeding because of its well-documented health advantages to babies, but they fail to convey to individual mothers and families the potential emotional impact of this very crucial infant-feeding decision. In Western society, the decision about breast or bottle is still seen very much as a personal choice based on convenience. The potential stress of living with a child with recurrent illnesses, or the loss of the unique bond that comes from breastfeeding, are often omitted from the decision-making process.

There is much more to breastfeeding than the provision of optimal nutrition and protection from disease through mother's milk. Breastfeeding provides a unique interaction between mother and child, an automatic, skin-to-skin closeness and nurturing that bottle-feeding mothers have to work to replicate. The child's suckling at the breast produces a special hormonal milieu for the mother. Prolactin, the milk-making hormone, appears to produce a special calmness in mothers. Breastfeeding mothers have been shown to have a less intense response to adrenaline (Altemus 1995).

This calming effect is hard to measure in a society largely unsupportive of breastfeeding such as the United States, where breastfeeding beyond the early weeks is not the norm. Mothers who try to breastfeed in this climate often experience physical and emotional problems. These problems result from a lack of breastfeeding role models among family and friends, and are compounded by the easy availability of formula and a lack of access to knowledgeable and supportive health care professionals.

Even if a mother overcomes physical problems, she may still encounter negative comments, such as "Are you still nursing?" or "Your milk may not be strong enough-why don't you add formula?" Or her employer may make it impossible for her to continue breastfeeding on returning to work. Or she may be harassed for breastfeeding in public. No wonder that few mothers get to fully experience the relaxing effects of breastfeeding.

New motherhood is a time fraught with emotion. The baby blues are common, often exacerbated by lack of support and a sense of isolation. The role of breastfeeding in postpartum emotional upheavals has not been well studied, but breastfeeding mothers with depression need treatment just as much as any other mother. Such women present a unique challenge to health care professionals. Since medications may pass into breast milk, many physicians believe the safest solution is to wean the child. However, in most cases of depression, women do better if they continue to breastfeed. Unfortunately, too often physicians insist that mothers wean their child in order to take antidepressant medicines.

A review of the literature, however, has demonstrated that several antidepressants pose minimal, if any, risk to the nursing child. A mother who feels that her nursing relationship with her child is the only thing going right in her life can now continue to breastfeed while receiving appropriate medications for her depression.



### **Why Don't More People Know How Good Breastfeeding Is?**

Clearly, breastfeeding is good for mothers both physically and emotionally. And yet, many mothers decide to breastfeed based solely on the benefits to the baby. Breastfeeding in the context of a bottle-feeding society tends to be perceived as inconvenient and uncomfortable.

Often, mothers see breastfeeding as martyrdom to be endured for their baby's health. If they stop early, they may feel guilty about depriving the baby of some health benefits, but their guilt is often soothed by well-meaning people who reassure them that "The baby will do just as well on formula." Perhaps if they knew that continuing to breastfeed is also good for their own health, some mothers might be less likely to quit when they run into problems.

Many mothers are not being told how good breastfeeding is for their health. Whether out of ignorance or due to the influence of the artificial baby milk industry, many health care providers fail to inform mothers of the facts. It's time for this well-kept secret to come out. As word spreads about these little-known facts, more mothers will not merely choose to breastfeed briefly to provide early disease protection for their baby, but will continue to breastfeed, providing optimal outcomes both for their children and for themselves.

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One of the best-kept secrets about breastfeeding is that it's as healthy for mothers as for babies. Not only does lactation continue the natural physiologic process begun with conception and pregnancy, but it provides many short and long-term health benefits. These issues are rarely emphasized in prenatal counseling by health care professionals and all but ignored in popular parenting literature. Let's look at all the benefits breastfeeding provides mothers and speculate as to why so few are finding out about them. Physiologic Effects of Breastfeeding Immediately after birth, the re Breastfeeding Benefits. Choosing whether or not to breastfeed is a very personal choice. There are many who are willing to give you their opinions on the matter. By EveliinaIn babyTagged a well-kept secret breastfeeding benefits to mothers, baby, benefits of breastfeeding, breastfeeding, breastfeeding and benefits, breastfeeding benefits, breastfeeding benefits bonding, breastfeeding benefits facts, breastfeeding benefits for baby, breastfeeding benefits for infants, breastfeeding benefits for mom, breastfeeding benefits for moms, breastfeeding benefits mom, breastfeeding benefits to infant, breastfeeding benefits to mother, breastfeeding benefits to mother and baby, breastfeeding emotional benefits Breastfeeding mothers miss less work, as their infants are sick less often. Employer medical costs also are lower and employee productivity is higher. q Breastfeeding is better for our environment because there is less trash and plastic waste compared to that produced by formula cans and bottle supplies. Text last updated May 2005 The following publications and organizations provide more information on the benefits of breastfeeding: Publications. 1. A Well-Kept Secret- Breastfeeding's Benefits to Mothers (Copyright © LLLI) <http://www.lalecheleague.org/NB/NB.JulAug01p124.html> This publicati

