

Breastfeeding management
FACT SHEET
 for health professionals

Breastfeeding and health outcomes

Breastfeeding is a valuable, health-promoting behaviour with implications for both the short- and long-term health of mothers and babies. There is increasing evidence of the important role of breastfeeding in assisting to protect against some childhood infections and reducing the risk of some chronic diseases and cancers in both mother and child (Victora et al., 2016).

In recognition of the importance of breastfeeding for the health and wellbeing of both mothers and babies, the Australian Breastfeeding Association recommends that babies be breastfed exclusively for the first 6 months, followed by continued breastfeeding to 2 years and beyond, alongside the introduction of appropriate family foods. Reputable authorities including the World Health Organization (WHO) and the Australian National Health and Medical Research Council (NHMRC) make similar recommendations (see Resources).

Exclusive breastfeeding to 6 months, and a longer total duration of breastfeeding, supports the optimal growth and development of babies and confers the greatest health outcomes (World Health Organization & United Nations Children's Fund (UNICEF), 2003). Exclusive breastfeeding means that the baby receives only breastmilk. No other liquids or solids are given, not even water, with the exception of an oral rehydration solution, or drops/syrups of vitamins, minerals or medicines (World Health Organization, 2019).

Breastfeeding is the biologically normal way to feed babies, so any other way of feeding a baby, and the subsequent change in health outcomes, must be compared to breastfeeding. This means there are no 'benefits' of breastfeeding and breastmilk, rather there are risks of not breastfeeding or breastfeeding for shorter durations.

For the child, not being breastfed or being breastfed for a shorter duration increases the risk of:

- sudden infant death syndrome (SIDS) (Hauck et al., 2011; Thompson et al., 2017)
- gastrointestinal and lower respiratory tract infections (Duijts et al., 2009, 2010)
- otitis media (Bowatte et al., 2015)
- necrotising enterocolitis and sepsis in premature babies (Miller et al., 2018)
- dental malocclusions (Doğramacı et al., 2017)
- impaired cognitive development (Horta et al., 2015a; Kramer et al., 2008)
- obesity (Horta et al., 2015b; Yan et al., 2014)
- type 2 diabetes (Horta et al., 2015b; Horta & de Lima, 2019)
- leukaemia (Amitay & Keinan-Boker, 2015; Güngör et al., 2019; Su et al., 2021).



**Australian
Breastfeeding
Association**

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Resources

Australian Breastfeeding Association (ABA) Position Statement on Breastfeeding (2013) breastfeeding.asn.au/policy/statement-breastfeeding

The World Health Organization (WHO) Breastfeeding Recommendations https://www.who.int/health-topics/breastfeeding#tab=tab_2

National Health and Medical Research Council (NHMRC) Infant Feeding Guidelines: Summary (2013) https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/170131_n56_infant_feeding_guidelines_summary.pdf

Brodribb, W. (Ed.) (2019). The importance of breastfeeding. In *Breastfeeding Management in Australia* (5th ed., pp. 18–57). Australian Breastfeeding Association.

For mothers, not breastfeeding or breastfeeding for a shorter duration increases the risk of:

- breast cancer (Collaborative Group on Hormonal Factors in Breast Cancer, 2002; Unar-Munguía et al., 2017)
- ovarian cancer (Babic et al., 2020)
- type 2 diabetes and hypertension (Rameez et al., 2019).

In addition to the physical health outcomes, it is recognised that breastfeeding influences maternal mood and stress, contributes to the cognitive and emotional development of the infant, and may support a secure attachment with the mother (Brodribb, 2019).

References

References are available at aba.asn.au/health



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