

Mother's Milk Still Best—and We Must Do Better

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At the risk of sounding like a broken record, it bears repeating that a mother's milk is best for her child. Yet, in Cuba and around the world, this advice is not always taken to heart, or parents don't receive it, or breastfeeding messages miss their mark.

WHO recommends breastfeeding exclusively through the first six months of life, and combined with other foods, through 24 months. Why? Not only because early breastfeeding provides protection against infection, but also because infancy is a period critical to growth and to development of future habits that contribute to healthy living. Excessive weight gain in the first six months of life—brought on by supplementing breast milk—is a predictor of an overweight child and adult. Similarly, overweight youngsters aged three to six years are at higher risk for obesity in later life.

Thus, the most potent influences, positive and negative, come early in life, when physiopathological mechanisms are developed that will be determining factors over the entire life cycle; in particular, obesity is now considered the main risk factor for cardiometabolic disorders. Yet health professionals do not always counsel their patients sufficiently or accurately, nor are nutritional guides always given enough publicity. Most importantly, expectant couples do not necessarily receive the preparation they need to make sure their children are exclusively breastfed through the first six months—a practice that could prevent 15% to 20% of excessive weight gain and obesity.[1]

To address this issue, UNICEF launched its Baby-Friendly Hospital initiative in 1991 and established criteria—including percentage of mothers breastfeeding on discharge—for maternity hospitals. Some 57 Cuban hospitals have been designated baby friendly under the initiative (known in Cuba as mother and baby friendly).[2] This has been important in helping mothers turn to themselves rather than formula to help protect their children, but the proportion of breastfeeding exclusively through six months is far from satisfactory, in 2010–2011 49%; and only 17% continued any breastfeeding through 20 to 23 months.[3]

Additional evidence shows that early introduction of formula increases risk and severity of necrotic enterocolitis in newborns; sudden infant death syndrome; respiratory and digestive problems; and atypical dermatitis and asthma when allergy history is present. When infants receive no breast milk, the digestive and systemic immune systems are not stimulated through anti-idiotypic antibodies, putting the child at greater risk for later development of celiac disease, autoimmune diseases, inflammatory bowel syndrome, diabetes mellitus, some types of cancer, and multiple sclerosis. Furthermore, introducing formula or other foods earlier than recommended contributes to metabolic alterations that begin with excessive weight gain, but can lead to non-alcoholic fatty liver disease and metabolic syndrome.[4] All these factors contribute to the global epidemic of chronic noncommunicable diseases that threaten the health and economies of developing countries, especially.

A recent study on childhood development in Cuba showed increasing trends of excess weight gain and obesity from 1970

through 2005, indicating an urgent need for effective monitoring and intersectoral measures to achieve better nutrition in childhood.[5] Abandonment of breastfeeding, and sociocultural habits that favor fried foods, refined sugars, sugar-rich soda and juices over fresh fruits and vegetables are largely to blame. In response, Cuba's Ministry of Public Health and Nutrition and Food Hygiene Institute have proposed multisector actions, including development and distribution of early childhood nutrition guides; television and radio spots; and community activities. Although knowledge, appropriate health guidance and individual will are indispensable for satisfactory breastfeeding, there are external factors that can adversely affect breastfeeding opportunity and feasibility, and these also need to be identified and managed to enable mothers to make the healthiest choices.

There is much more to be done, and it requires leadership from the health sector. These efforts will be hampered if health professionals are not fully trained to give precise, accurate advice to parents and families about adequate nutrition, particularly in the first months of life, and about the benefits of breastfeeding exclusively through the sixth month and through two years complemented by other foods. This without in the least underestimating the importance of workplace and community factors that constrain individual choices.

Primary health care facilities throughout Cuba are the ideal context for emphasizing breastfeeding's importance, and we should be training community nurses, who build relationships with women before and during pregnancy, to raise awareness about breastfeeding's feasibility and health advantages. This training should not stop with community nurses, however, but extend to all health workers so that women, children and families understand breastfeeding's benefits, how to manage it, and the possible future health risks without it. These professionals are best able to convey to pregnant women and their families that they have the power to influence their children's health from the beginning. 

1. Faith MS, Van Horn L, Appel LJ, LE Burke, JA Carson, HA Franch, et al. Evaluating parents and adult caregivers as "agents of change" for treating obese children: evidence for parent behavior change strategies and research gaps. *Circulation* [Internet]. 2012 Mar 6 [cited 2012 Apr 17];125(9):1186–207. Available from: <http://circ.ahajournals.org/content/125/9/1186.long>
2. UNICEF [Internet]. New York: The United Nations Children's Fund; c2012. UNICEF in action. The Baby-Friendly Hospital Initiative; [cited 2012 Dec 23]; [about 1 screen]. Available from: <http://www.unicef.org/programme/breastfeeding/baby.htm>
3. Ministry of Public Health (CU). Encuesta de indicadores múltiples por conglomerados (2010/11). Havana: National Health Statistics and Medical Records Division (CU); UNICEF; 2012. Spanish.
4. Emanuela F, Grazia M, Marco de R, Maria Paola L, Giorgio F, Marco B. Inflammation as a link between obesity and metabolic syndrome. *J Nutr Metab* [Internet]. 2012 Mar 1 [cited 2012 Apr 17]; 2012:476380. doi: 10.1155/2012/476380. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3317136/?tool=pubmed>
5. Esquivel M, González C. Excess weight and adiposity in children and adolescents in Havana, Cuba: prevalence and trends, 1972 to 2005. *MEDICC Rev* [Internet]. 2010 Apr [cited 2011 Jan 15];12(2):13–8. Available from: <http://www.medicc.org/mediccreview/index.php?issue=12&id=140&a=va>

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