IDENTIFYING THE REAL BENEFITS OF **BREASTFEEDING**

Breastfeeding is good for mother and baby, but it is not likely to help curb the obesity epidemic, according to unique research coming out of the research team of Michael S. Kramer, MD, at the Montreal Children's Hospital.

r. Kramer and his collaborators designed and implemented the Promotion of Breastfeeding Intervention Trial (PROBIT). This is the first time that potential long-term benefits of breastfeeding are being assessed in a randomized trial. The data generated have been considered by Health Canada in their development of breastfeeding guidelines, says Jennifer McCrea, Nutrition Advisor at the Office of Nutrition Policy and Promotion.

For PROBIT, more than 17,000 children born in 31 maternity hospitals in Belarus and their affiliated outpatient clinics were randomly assigned to receive either a breastfeeding promotion intervention or to continue their usual practices. The breastfeeding promotion intervention was based on the Baby-Friendly Hospital Initiative developed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) and was shown to be highly effective at encouraging both longer durations of breastfeeding and more exclusive breastfeeding during the first year of life in those infant randomized to the intervention group. More than 14,000 continue to be followed up regularly to help determine which health and development outcomes are affected by the breastfeeding intervention.

NOT A SOLUTION TO OBESITY

A follow-up of the children at 11.5 years of age to assess effects on obesity was disappointing. It appears that encouraging breastfeeding will not help curb the obesity epidemic. These results "disagree with a large number of mostly smaller observations studies that were subject to confounding elements like differences in lifestyle and home environment," says Dr. Kramer, "Those differences are virtually impossible to control for. They include things like TV watching, physical activity level



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of the family, and diet over the long term." The randomized trial evenly distributes those confounders and prevents experts from barking up the wrong tree by trying to prevent obesity with breastfeeding, which is not likely to be effective, instead of developing more promising prevention or treatment strategies.

For instance, Health Canada has recently updated its Nutrition for Healthy Term Infants guidelines, which include such important recommendations as promoting infant-led breastfeeding, respecting babies' hunger and satiety cues, and encouraging self-feeding as infants grow into toddlers. "The one thing that remains constant with age is that children should always be in charge of the amount that they eat at any eating occasion and whether they choose to eat at all," says McCrea. "The parent is responsible for providing nutritious food."

MANY BENEFITS, NO DRAWBACKS

It is important to recognize that while this particular study did not demonstrate a benefit of promoting breastfeeding with regards to obesity, PROBIT has shown many other benefits. These include reduced rates of eczema and diarrhea in the first year of life, improved cognitive functioning at age 6.5 years, and improved eating attitudes at age 11. Observational studies have shown that breastfeeding also helps lower the risk that babies will develop ear infections and respiratory tract infections or succumb to sudden infant death syndrome (SIDS). Mothers who breastfeed longer appear to lose their baby weight more quickly and have a delayed return of their menses, which can be important for family planning in the developing world. Importantly, there are no demonstrated adverse health effects of breastfeeding, either for the mother or her child. **

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Ref.: Martin RM, Patel R, Kramer MS, Guthrie L, Vilchuck K, Bogdanovich N, Sergeichick N, Gusina N, Foo Y, Palmer T, Rifas-Shiman SL, Gillman MW, Smith GD, Oken E. Effects of promoting longer-term and exclusive breastfeeding on adiposity and insulin-like growth factor-I at age 11.5 years: A randomized trial. JAMA-Journal of the American Medical Association 2013;309(10):1005-1013. doi:10.1001/jama.2013.167.