

Nutrition and Developmental Benefits of Breastfeeding

Pediatricians play a key role in promoting breastfeeding and management. Breast milk is rich in essential nutrients. Colostrum, the first milk secreted after giving birth, helps to protect the infant as it is rich in anti-bodies.

Benefits of Breastfeeding for Infants

- Breast milk provides infants with the appropriate balance of nutrients in the first weeks of life, adjusting with time making it more easily digestible.¹
- Establishes a more diverse gut microbiota.²
- Antibodies in breast milk help protect infants against bacteria, viruses and various other infections. Therefore, by enhancing the immune system, breast milk may reduce the risk of diarrhea and respiratory infections.^{2,3,4}
- May reduce early eczema or atopic dermatitis.⁵
- Promote mouth, teeth and jaw development.^{6,7}
- Lowers risk for chronic diseases, such as type 1 and 2 diabetes, and obesity.⁸

If your patient cannot, or chooses not to breastfeed, you should support and guide them to find the best infant formula. You can also reach out to your registered dietitian for guidance.



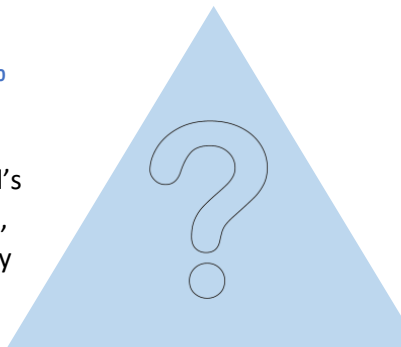
What are the current breastfeeding recommendations?

American Academy of Pediatrics (AAP)⁹

Recommends “exclusive breastfeeding for about 6 months. Complementary solids should be introduced at about 6 months for most infants...An expert panel has advised peanut introduction as early as 4 to 6 months of age for infants at high risk of peanut allergy, but not until 6 months for infants at moderate or low risk.” *American Academy of Pediatrics*

The World Health Organization (WHO)¹⁰

recommends “mothers worldwide to exclusively breastfeed infants for the child’s first 6 months to achieve optimal growth, development and health. Thereafter, they (infants) should be given nutritious complementary foods and continue breastfeeding up to the age of two years or beyond.” *The World Health Organization*



National Institute of Allergy and Infectious Disease (NIAID) Addendum Guidelines for the Prevention of Peanut Allergy¹¹

recommends, “Infants with severe eczema, egg allergy, and/or both have introduction of age-appropriate peanut-containing food as early as 4 to 6 months of age to reduce the risk of peanut allergy.” *National Institute of Allergy and Infectious Diseases*

Early introduction of peanut may seem to contradict the WHO’s recommendations for exclusive breastfeeding through 6 months of age, yet the LEAP Trial indicated that the duration and frequency of breastfeeding were not influenced.¹²

When there is a lack of evidence with conflicting guidelines, shared medical decision making between provider and families is essential. Healthcare providers should consider talking with the families that they serve as there will be flexibility in allergy prevention and maintenance.

Current Recommendations:

A delay in introduction of common food allergens may increase the chance of food allergies. This may be especially seen in children with severe eczema or a previously diagnosed food allergy.

We recommend:

- Beginning complementary feeding alongside breastfeeding as early 4 months of age and no later than 6 months.



Complementary Feeding is defined by the WHO as, “the process starting when breastmilk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breastmilk.”¹³ There are higher energy and nutrient needs that the introduction of complementary feeding will help infants’ meet.

- Early introduction of peanut and other allergens.
 - The NIAID Addendum Guidelines suggest a target age of 4-6 months to introduce peanut containing foods, as this may prevent peanut allergy development in infants.¹¹
 - There is no recommended to delay the introduction of egg or other major allergens beyond 4-6 months of age.¹⁴
- Breastfeeding should continue while solids are being introduced.¹⁵
 - Consider introducing complimentary foods to infants who are formula fed at the same time point as children who are breastfed.
- For infants with food allergies whose mothers are unable or choose not to breastfeed, formulas that are free of *their allergens* are recommended.

Just because the child has a food allergy does not mean mothers cannot breastfeed.

If you have further questions about the introduction of allergen into the maternal or infants’ diet, please contact:

MGHfC Food Allergy Center
MGH Professional Office Building, Suite 530
275 Cambridge Street, Boston, MA 02114
Phone: 617-643-6834

Maternal Diet Breastfeeding



Energy, protein and other essential nutrients that make up breast milk come from the mother’s diet. It is important for women who are breastfeeding to eat a healthy, well-balanced diet and maintain adequate hydration.

Maternal diet directly affects the nutritional composition of breast milk. Eliminating the child’s allergen from the maternal diet may be required. Allergen exposure can occur through breastfeeding as some proteins can be transferred through breastmilk to allergic infants. Preventing infants’ contact to environmental exposures may also be necessary.

Mothers are recommended to consume a variety of foods while pregnant and breastfeeding. No specific foods or allergens should be removed or restricted from their diet during pregnancy or lactation as a means of food allergy prevention in children. Previous recommendations say that allergens should be avoided during pregnancy and lactation, however these recommendations have been retracted.

Promoting good handwashing in your household is essential for the management of food allergies. Always wash hands before and after the following:

- Nursing.
- Preparing your child’s meals.
- Preparing additional meals for yourself or other family members.

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