

# Healthcare professionals and breastfeeding: To practise or to preach?



By common consensus, human breastmilk is not only the right food for optimal nutrition and growth for a newborn baby, but also a biological messenger system that influences future health. Breastmilk affects gut maturation, immunity and nutritional programming, and the maternal act of breastfeeding contributes to infant emotional bonding and sense of security. Rightly, therefore, the World Health Organization has repeatedly stressed the importance of breastfeeding as an essential requirement for child health, and it is an almost automatic expectation that all healthcare practitioners (doctors, nurses, dieticians, etc.) support and promote healthy breastfeeding.

Unfortunately, marketplace choices, misguided public information, workplace pressures and observed behaviour patterns of women in dominant or aspirational positions have resulted in alarmingly low breastfeeding rates, particularly in the developing world. In a large study in sub-Saharan Africa, Tylleskär *et al.*<sup>[1]</sup> for the PROMISE-EBF Study Group found an exclusive breastfeeding (EBF) rate of only 10% by week 12 in the South African sites, even after peer counselling. This is similar to the 6% EBF rate found in the study by Goosen, *et al.*<sup>[2]</sup> in this *SAJCH* issue.

In another article, Anyanwu *et al.*<sup>[3]</sup> explored the actual breastfeeding practices of female healthcare workers in Nigeria. They found that only 3% had practised EBF for all their children. While more than 60% attributed early weaning to work-related factors, the authors found 13.3% of their sample to be ignorant of the benefits of breastfeeding, and recommended training and retraining for healthcare workers.

Similar findings were obtained by Sattari *et al.*<sup>[4]</sup> in Florida, who noted that the main concerns of physician mothers who weaned their infants earlier than originally planned were work related. Since they found that only 20% and 30% of their study sample received breastfeeding education in medical school or during residency training, respectively, and in view of the fact that one of the strongest predictors of clinical breastfeeding advocacy among physicians was their personal or spousal breastfeeding behaviour, the authors urged training interventions focused on promoting breastfeeding among physicians and their spouses.

Breastfeeding, therefore, ranks with other primary health-promotion behaviours for which behaviour-influencing counselling skills should actively be taught. With regard to the so-called 'lifestyle diseases', evidence shows that physician behaviour change counselling should be taught and can help patients to change their lifestyles.<sup>[5]</sup>

Does training on breastfeeding improve breastfeeding care among medical students and junior doctors? Feldman-Winter *et al.*<sup>[6]</sup> utilised an American Academy of Pediatrics (AAP) curriculum in a multi-institutional, multispecialty group of primary care residents, and

found not only improved knowledge and confidence in managing breastfeeding among the trained residents, but also that infants born at the intervention sites were more likely (odds ratio 4.1; confidence interval 1.8 - 9.7) to breastfeed exclusively 6 months after intervention than at the control sites.

The facts are clear: Too few babies are receiving adequate breastfeeding. Too few doctors and nurses practise EBF for long enough. Too few practitioners are trained and motivated to promote, manage and support breastfeeding.

While current curricula certainly contain information about the benefits of breastfeeding, this is not equivalent to breastfeeding training or breastfeeding advocacy. Mothers often find it difficult to combine breastfeeding with returning to work. The workplace itself, more often than not, does not accommodate the needs of breastfeeding mothers, and even though the state has adopted a policy of breastfeeding for 6 months, breastfeeding mothers and their infants are not yet protected by workplace and public institution legislation.



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## References

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Warmest congratulations to the Journal's Dr Melissa Raemaekers on the birth of her baby.