

Making exclusive breastfeeding for 6 months possible – for the health of children and mothers

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WHO, UNICEF and leading professional associations globally demand to enable and encourage exclusive breastfeeding for six months. In Germany, mothers often are prevented from reaching this goal - also by the recommendations of “Gesund ins Leben - Netzwerk Junge Familie” (“Healthy Start - Young Family Network”) and the way these recommendations are implemented.

International as well as German (Rebhan et al 2009) studies and expert committees come to the same conclusion again and again: Six months exclusive breastfeeding is a sensible recommendation (AAP 2012, ESPGHAN 2017, Kramer et al 2012, NHS UK 2018, Smith et al 2016, WHO 2017 u.a.). The nutrients in breastmilk are sufficient for this period (Butte et al 2002). Starting earlier with complementary feeding increases the risks of infection, even in industrialised countries (Chantry et al 2006, Ladomenou et al 2010, WHO 2017 u.a.).

Around the age of six months, most babies are developmentally ready to start with solids. This is a developmental milestone like learning to walk. Infant general and oral motor development and eye-hand-coordination are visible signs of readiness to discontinue exclusive breastfeeding. There is probable convergence of such readiness across the several relevant developmental processes including the immune system and gastrointestinal system. Only few children reach all these milestones before six months, many a little later. (Cattaneo et al 2011, Naylor et al 2001).

Exclusive and longer breastfeeding is also of benefit to the health of the mother (Victoria et al 2016, Farland et al 2017 u.a.).

Allergies

It is often claimed that introduction of complementary feeding before the age of six months would reduce the incidence of allergies. In the case of celiac disease, this

has been disproven (Silano et al 2016). Concerning peanuts, maternal peanut consumption while breastfeeding paired with infant peanut consumption <12 months was associated with the lowest risk of peanut sensitization (Pitt et al 2017). There were insufficient data to demonstrate that the introduction of peanut or hen's egg into the infant diet between four and six months of age reduced the risk of developing food allergy to any greater extent than introduction from around six months (SACN). The German recommendations state: “All in all, introduction of solids before the beginning of the 7th months of life might be beneficial for the prevention of allergies but this is not proven” (Koletzko et al 2016).

Prevention of allergies is no reason to start solids before six months.

Starting Solids in the recommendations of “Healthy Start”

In spite of this, infants in Germany are supposed to start with solids earlier. The recommendations declare: “Complementary feeding should start at the beginning of the 5th month of life at the earliest and at the beginning of the 7th month of life at the latest” (Koletzko et al 2016). The implementation of this recommendation focuses on “the beginning of the 5th month of life”: The accompanying graphic “pap-schedule” shows unmistakably the first pap at the beginning of the 5th month and at the beginning of the 7th months already three paps with only little breastfeeding (Gesund ins Leben 2018). This way, the start with complementary feeding is visually placed as the norm. To breastfeed exclusively in a relaxed way is systematically discouraged and impeded.

On top of it, the recommendations reduce complementary feeding (“Beikost”) to pap feeding (“Breikost”) and the infants are portrayed with a spoon in their mouth. Immersion blender and spoons are relatively new inventions. They can be helpful, but they are not necessary for complementary feeding. For millions of years, families have

successfully managed the transition from breastfeeding to family food, with many different forms of nutrition and without spoons (Palmer 2009).

Just as healthy newborns are able to find the breast by themselves right after birth and to regulate their milk intake, they can go on to use their abilities when it comes to eating complementary foods (Rapley et al 2015). There is no evidence that babies who have been spoon fed from the 5th month will be any healthier and have any better eating habits as teenagers and adults than babies who have started to eat complementary foods by themselves around the age of 6 months when they were developmentally ready. The risk of aspiration is no different either (Fangupo et al 2016). The recommendations of "Healthy Start" should drop their fixation on pap and spoon.

In the last twenty years, the average duration of breastfeeding (by those mothers who ever breastfed) remained unchanged at 7,5 months (vdLippe et al 2014). The recommendations by "Healthy Start" on complementary feeding favors early reduction of breastfeeding and thus a shorter duration of breastfeeding.

Commercial complementary foods as economic factor

For the baby food industry, it makes a noticeable difference whether solids are started at the beginning of the 5th month or after half a year. At the beginning of the 5th month, the food has to be mashed - and that usually means ready-to-eat paps in glass containers. If solids start after six months, many parents don't bother to buy those paps. Experience shows that those who start complementary feeding earlier usually stop breastfeeding earlier - this boosts the sale of follow-on formula. With about 700.000 newborns per year and about 1 € per pap-glass per day, the 60 days between the beginning of the 5th month and the beginning of the 7. month allow for 40 million € in sales. Add another maybe 40 million € for the sale of pap-glasses in the following four months to that perhaps half of families that would not have bought any pap-glasses had they started solids later. Maybe one third of the

infants would get follow-on formula for two additional months. Two bottles per day with about 28 gram powder per bottle and a price between 8 € and 24 € for one kilogram powder mean sales worth about 15 million €. As a rough estimate, the additional sales per year add up to more than 90 Million Euros.

There is a strong financial motive to influence the recommendations on breastfeeding. The interests of industry stand in opposition to the health interests. For this reason, these two spheres of interest should be separated. A person who receives payments from the baby food industry or their "institutes" (for example the "Nestlé Nutrition Institute") in the form of contracts or sponsoring should not be a member of committees that decide on general recommendations on breastfeeding (see also Lempert et al 2015, Lieb et al 2011).

Conclusion

Recommending and enabling six months of exclusive breastfeeding, taking developmental readiness into account for the start with solids, being open for different ways to start solids, support continuing breastfeeding together with appropriate complementary feeding up to two years or beyond: All this together benefits the health of children and mothers and takes away pressure from the families (and this also supports health).

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