

Nutrition and breastfeeding - expert testimony and discussion NICE PDG meeting, 9th October 2006

Background

The PDG have expressed concern that the practice of giving advice about healthy eating specifically to women who are breastfeeding may actually discourage women, particularly those from low income groups from breastfeeding.

National data (NDNS, Infant Feeding Surveys, Health Surveys for England) consistently show that disadvantaged groups have poorer diets, are more likely to be overweight or obese, and that women from disadvantaged groups are less likely to breast-feed their infants – all concerns that have featured in a number of Government reports. Many initiatives are underway or have already demonstrated improvements in diet or in breastfeeding rates.

Anecdotally when talking to or writing for mothers and health professionals they are usually relieved and surprised that with very few exceptions dietary advice and guidelines are the same for breastfeeding women as for other women whether postpartum or not, and indeed other population groups (men, children etc).

Possible points for discussion:

It is possible that well-meaning but misplaced advice from health professionals and maybe misinterpretation of healthy eating guidelines for breastfeeding women may actually discourage initiation or maintenance of breast feeding. For example women being concerned or told that if their diet is not 'perfect' (i.e. meets all the recommendations) then their breast milk will not be nutritionally adequate for their babies. However, 'having a poor diet' or 'not eating well enough' have not been indicated as reasons for not initiating or continuing breast feeding in the National Feeding Surveys. Women may also be discouraged because of not losing weight after a previous pregnancy – despite breastfeeding. Again this is not given as a reason in the Infant feeding Surveys. However, such comments may simply not have been reported or the appropriate questions asked.

In essence all the information about healthy eating for breastfeeding is contained in the FSA's 'Eating for Breastfeeding leaflet', but it is possible that if these are interpreted too literally the implication is that in order to successfully breast feed *all* the recommendations must be met on a *daily* or *weekly* basis. Thus, being more pragmatic and emphasising that having a healthy diet is not a prerequisite for breastfeeding is important. But the potential for mixed messages - perceived or real - is huge. The wording of any guidance and the training of health professionals in appropriate implementation is crucial and needs to be very carefully considered.

Those best placed to develop initiatives and policy for improving breastfeeding rates and duration are unlikely to be those who are best placed to develop initiatives and policy for healthy diets. Therefore recognition of this, not attempting to deal with both issues at a population level, but having an awareness within and across disciplines would be sensible.

There is much scientific evidence with respect to maternal nutrition (intake, status, body composition, weight change, exercise) and breast milk volume and composition. This, together with issues raised by PDG can be summarized in an expanded Briefing Paper if PDG wish.

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