

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Breastfeeding and Maternal Smoking

Jennifer J. Phillips

Pediatrics 2012;130:e461

DOI: 10.1542/peds.2012-1647A

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/130/2/e461.1.full.html>

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2012 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Breastfeeding and Maternal Smoking

I wish to address the statement regarding maternal smoking and breastfeeding. In your article, it states, "Maternal smoking is not an absolute contraindication to breastfeeding but should be strongly discouraged, because it is associated with an increased incidence in infant respiratory allergy." After this false information, you have cited reference 102. I scrolled down to the references to find this information and see that it was taken from *Pediatric Allergy and Immunology* 2009;20(1):30–34. However, the content of this reference must have been misunderstood. It states, "Exposure to maternal smoking in the first year of life interferes in breast-feeding protective effect against the onset of respiratory allergy from birth to 5 yr." This being true, it states nothing of the fact that it "increases incidence" of infant respiratory allergies but that it lessens the protective effect against it. A mother who is smoking while nursing, most likely was a mother who was smoking while pregnant, which means the baby has already been exposed to nicotine. Encouraging a smoking mother not to breastfeed can cause the newborn to go through nicotine withdrawal after birth. Also, the protective effects in the mother's milk far outweigh the small amount of nicotine that passes through the breast milk. The infant is going to be exposed to smoking in any case because of maternal use of cigarettes, and therefore the benefits of breast milk to that infant would actually prove more important than to an infant in a non-smoking household. Please reconsider the wording in your article. Many physicians are already severely uninformed regarding the benefits of continued breastfeeding, and giving this false information to them only

compounds the problem. Thank you for your time and understanding.

Jennifer J. Phillips
Women, Infant, and Children (WIC) Breastfeeding
Peer Counselor
Central Michigan District Health Department

REFERENCES

1. Mohrbacher N. *Breastfeeding Answers Made Simple*. Amarillo, TX: 2010:536–540
2. Guedes, HTV, Souza, LSF. Exposure to maternal smoking in the first year of life interferes in breast-feeding protective effect against the onset of respiratory allergy from birth to 5 yr. *Pediatr Allergy Immunol*. 2009;20(1):30–34

doi:10.1542/peds.2012-1647A

Breastfeeding and Atopic Dermatitis

I recently read the policy statement on breastfeeding and found it disappointing. The 1997 (updated 2005) statement was a well-researched, thorough document that appeared to take all research into account.

Concerning and breastfeeding and atopic dermatitis, the new statement reads: "There is a protective effect of exclusive breastfeeding for 3 to 4 months in reducing the incidence of clinical asthma, atopic dermatitis, and eczema by 27% in a low-risk population and up to 42% in infants with positive family history."

The studies cited are a 2007 ARHQ report (Ip, Chung et al) on breastfeeding, and a 2008 (Greer et al) analysis to support its claim that breastfeeding aids in prevention of eczema.

The 2007 AHRQ report (which cites no studies on this subject published after 2002) concludes: "Available evidence from one well-performed systematic review/meta-analysis on full term infants in developed countries suggests that exclusive breastfeeding for at least 3 months was associated with a reduction in the risk of atopic dermatitis in those subjects with a family history of atopy."¹

The 2008 analysis (Greer et al, which cites no research post 2005) on infant feeding and allergic disease, made these conclusions: "In summary, for infants at high risk of developing atopy, there is evidence that exclusive breastfeeding for at least 4 months or breastfeeding with supplements of hydrolyzed infant formulas decreases the risk of atopic dermatitis compared with breastfeeding with supplements of standard cow milk-based formulas. On the basis of currently available evidence, this is less likely to apply to infants who are not at risk of developing atopy, and exclusive breastfeeding beyond 3 to 4 months does not seem to lead to any additional benefit in the incidence of atopic eczema."²

I would like to know where the 27% and 42% numbers come from.

There have been at least 5 studies in the past few years that have not found breastfeeding protective for atopic dermatitis, some of which find an increase with breastfeeding.^{3–7}

The rest of this policy statement is not much better. In Table 2, dose responses for reductions in obesity, diabetes, cancer, and asthma are given, when recent research is mixed at best as to whether breast milk is preventative.

I feel that this policy statement is a poor example of an analysis of available research and information. I hope the American Academy of Pediatrics will look at this report with a critical eye and rework it, taking all available research into account.

Anne C. Risch, RN

REFERENCES

1. Ip S, Chung M, Raman G, et al.; Tufts-New England Medical Center Evidence-based Practice Center. Breastfeeding and maternal and infant health outcomes in developed countries. *Evid Rep Technol Assess (Full Rep)*. 2007; April(153):1–186
2. Greer FR, Sicherer SH, Burks AW; American Academy of Pediatrics Committee on Nutrition;

Breastfeeding and Maternal Smoking

Jennifer J. Phillips

Pediatrics 2012;130:e461

DOI: 10.1542/peds.2012-1647A

Updated Information & Services	including high resolution figures, can be found at: http://pediatrics.aappublications.org/content/130/2/e461.1.full.html
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): Nutrition http://pediatrics.aappublications.org/cgi/collection/nutrition_sub Breastfeeding http://pediatrics.aappublications.org/cgi/collection/breastfeeding_sub Substance Abuse http://pediatrics.aappublications.org/cgi/collection/substance_abuse_sub Smoking http://pediatrics.aappublications.org/cgi/collection/smoking_sub
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://pediatrics.aappublications.org/site/misc/Permissions.xhtml
Reprints	Information about ordering reprints can be found online: http://pediatrics.aappublications.org/site/misc/reprints.xhtml

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2012 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

