Debate

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Promoting breast-feeding with weak arguments

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There is no doubt that breast-feeding represents the optimal nutrition during early infancy. It is also well known that poor breast-feeding is a reason, or even the major reason for infant mortality due to malnutrition and infection in developing countries. These, and other benefits of breast-feeding are good reasons to encourage breast-feeding in many countries. The arguments are not equally important, however, in affluent countries, with good hygiene and well-informed parents. For many years, some paediatricians, notably allergologists, have claimed that breast-feeding also protects against the development of allergic diseases, while an equal number of studies has failed to support this, or even reported an increased incidence of allergies in breast-fed babies. The fact is that there is little or no support for any major impact of breast-feeding on allergy development. The interpretation of findings seems often to be biased by the desire to prove that breast-feeding is always beneficial and a reluctance to accept that it could be associated with any problems at all.

A recent Swedish study is an example of this (1). A birth cohort was followed up to 4 years of age and it was reported that "exclusive breast-feeding for 4 months or more reduced the risk for eczema at the age of 4 years (OR 0.88; 95% CI 0.72–1.08) although this result was not statistically significant". Therefore, the analyses were done in a different way, by excluding children with eczema and asthma during the period of breast-feeding. By doing this, the authors slightly strengthened their finding, now observing an odds ratio of 0.78 with 95% confidence interval of 0.63–0.96. The authors state that "in no other previous studies has the possibility of disease-related modification of breast-feeding behavior been addressed". By excluding infants who developed symptoms while they were breast-fed and by creating an arbitrary and undefined group of children with "severe allergic disease", they could obtain further support for a protective role of breast-feeding.

The paper is an example of how analyses can be geared to promote a desired outcome. From a public health point of view it is artificial and unreasonable to exclude those infants who manifest eczema or wheezing while breast-fed, and certainly unacceptable to conclude that "breast-feeding for 4 months or more reduces the risk for eczema and onset of the allergy march".

One could perhaps argue that the authors are stretching their data to promote a good thing; but advice given to the general public should be based on adequately analysed good studies of a similar quality, as requested before therapies are recommended. It is simply not true that "breast is best" under all circumstances. The often very strong and sometimes even dogmatic force upon the mother to breast-feed for at least 6 months may prevent her from returning to work if she wished to do so, and cause feelings of guilt if she wished to terminate breast-feeding for various reasons.

Today, in countries such as in Scandinavia, it is not easy to confirm major nutritional or immunological advances of breast-feeding over feeding with modern infant formulae. Without discussing causes or consequences, it can be stated that the prevalence of childhood allergies has tripled in Sweden since the early 1970s, despite the fact that breast-feeding has also tripled during the same period, to 73% breast-feeding up to at least 6 months among Swedish infants born in 2003.

Reference

1. Kull I, Bohme M, Wahlgren CF, Nordvall L, Pershagen G, Wickman M. Breast-feeding reduces the risk for childhood eczema. J Allergy Clin Immunol 2005; 116: 657–61.

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