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The Obesity Society Position Statement: Breastfeeding and Obesity

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The Obesity Society Position Statement: Breastfeeding and Obesity

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Newswise — Silver Spring, MD: In accordance with the World Health Organization recommendation of optimal infant feeding practices, and as interpreted in policy documents of the American Academy of Pediatrics, American College of Obstetrics and Gynecology, Academy of Breastfeeding Medicine, Academy of Nutrition and Dietetics, it is the position of The Obesity Society (TOS) that women should be encouraged and supported to exclusively breastfeed for approximately the first six months of an infant's life with continued breastfeeding through the infant's first year and beyond as age-appropriate complementary foods are introduced and as mutually desired by the mother and child.

Breastfeeding rates in the US have steadily increased over the past decade but still remain well below targets. The 2016 report of the National Immunization Survey indicated that 21.9% of mothers were exclusively breastfeeding at six months postpartum and 29.2% were breastfeeding at one year. In comparison to normal weight women, breastfeeding is 14% less likely to be initiated in overweight women and 46% less likely in obese women.

Women who have breastfed are observed to have lower risks of visceral adiposity, hypertension, hyperlipidemia, diabetes, and subclinical cardiovascular disease, as well as cardiovascular morbidity and mortality, perhaps through mechanisms independent of any effect on adiposity. As compared to infants never breastfed, breastfed infants have a 12 to 24% reduction in the future risk of overweight/obesity. Because information on duration and intensity of breastfeeding is not always reported, it is unclear if there is an optimal duration and/or intensity of breastfeeding that is necessary to confer a reduced risk in offspring adiposity. Furthermore, differences in overweight/obesity risk in breastfed versus non-breastfed infants are also likely influenced by differences in parental feeding styles and patterns of feeding self-regulation.

In mothers who breastfeed, immediate health effects include a more rapid recovery from childbirth and protection from postpartum depression. Breastfeeding may also provide longer-term benefits for mothers including protection from breast and ovarian cancers. For children, the benefits include reduced mortality and morbidity due to infectious, allergic and gastrointestinal diseases.

Mothers with obesity are less likely to initiate and maintain breastfeeding, even after adjusting for psycho-social and demographic factors. Higher rates of cesarean delivery and difficulty in positioning

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the infant at the breast may contribute to this risk. Obesity is a strong risk factor for hyperinsulinemia and prediabetes, yet the role of insulin during breastfeeding is still emerging.

Similarly, obesity-induced inflammation has recently been shown to compromise breastfeeding. There is concern among some clinicians that energy restriction may impair breastfeeding performance; however, studies indicate that weight loss can be safe during breastfeeding. An energy deficit achieved by a combination of calorie restriction and increased physical activity to promote a weight loss, beginning after breastfeeding has been established. Social and health care support should be provided for women with overweight and obesity who desire to breastfeed their infants, Once, breastfeeding is established, women with overweight or obesity can be supported to reduce energy intake and increase energy expenditure with a goal weight loss rate of one pound per week until the desired weight is achieved.

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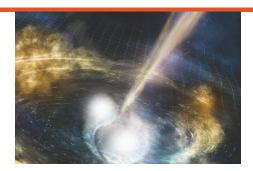
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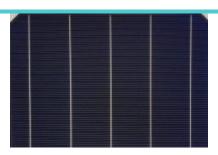
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