

Breastfeeding is Associated with Lower Risks of Various Health Conditions Including Respiratory Infections

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Abstract

Breastfeeding is a critical aspect of infant nutrition and maternal health, providing numerous benefits for both mother and baby. The practice of breastfeeding involves feeding an infant with milk directly from the mother's breast, and it is recommended as the exclusive source of nutrition for the first six months of life by organizations like the World Health Organization (WHO) and the American Academy of Pediatrics (AAP). Breast milk is uniquely tailored to meet the nutritional needs of the infant, containing the right balance of proteins, fats, vitamins, and minerals essential for healthy growth and development. Additionally, it provides antibodies and other immunological factors that help protect the infant from infections and diseases.

Keywords: Breastfeeding; Cardiovascular disease; Genetic predisposition; Obesity; Fat distribution

Introduction

Despite these benefits, breastfeeding rates vary globally and can be influenced by factors such as socioeconomic status, maternal education, and workplace policies. Effective support systems, including healthcare guidance, parental leave, and breastfeeding-friendly environments, are crucial in promoting and sustaining breastfeeding practices. For mothers, breastfeeding offers several advantages, such as a reduced risk of breast and ovarian cancers, quicker postpartum recovery, and improved bonding with the infant. It also promotes maternal-infant attachment and can be more cost-effective compared to formula feeding. Overall, breastfeeding represents a fundamental aspect of public health, with extensive implications for the well-being of individuals and communities.

Discussion

Breastfeeding is a fundamental and natural practice that plays a pivotal role in the health and development of infants. It involves providing a newborn with milk directly from the mother's breast, a method that has been source of nutrition for the first six months of life, breast milk is uniquely formulated to meet the evolving needs of the growing infant, offering a perfect balance of nutrients and bioactive components that support optimal growth, immune defense, and overall well-being. In addition to its nutritional advantages, breastfeeding fosters a strong bond between mother and child and supports maternal health by reducing the risks of certain cancers and promoting postpartum recovery. Despite its benefits, breastfeeding practices can be influenced by various factors, including cultural norms, socioeconomic conditions, and access to support resources. Promoting and supporting breastfeeding through public health initiatives, education, and accessible healthcare services is crucial to ensuring that all infants receive the best start in life. Breast milk is often described as the gold standard of infant nutrition. It provides all the essential nutrients in the right proportions, including proteins, fats, vitamins, and minerals. Unlike formula, which is a manufactured product, breast milk adapts to the changing needs of the growing baby. It also contains live cells, hormones, and antibodies that are crucial for the baby's immune system, helping to protect against infections and illnesses. breastfeeding stands as one of the most effective and beneficial practices for ensuring the health and well-being of both infants and mothers. All major health organizations recommend breastfeeding as the optimal

source of infant nutrition, with exclusive breastfeeding recommended for the first six months of life. After six months, complementary foods may be introduced. Most organizations recommend breastfeeding for at least one year, and the World Health Organization recommends a minimum of two years. Maternal benefits of breastfeeding include decreased risk of breast cancer, ovarian cancer, postpartum depression, hypertension, cardiovascular disease, and type 2 diabetes mellitus. Infants who are breastfed have a decreased risk of atopic dermatitis and gastroenteritis, and have a higher IQ later in life. Additional benefits in infants have been noted in observational studies [1-4].

The nutritional superiority of breast milk provides infants with a unique blend of essential nutrients and immunological protections that significantly enhance their growth, development, and resistance to diseases. For mothers, breastfeeding supports postpartum recovery, reduces the risk of certain cancers, and fosters a profound emotional bond with their child. However, despite its clear advantages, many women face barriers that can impede successful breastfeeding. Addressing these challenges requires a multifaceted approach that includes improved education, better support systems, and supportive policies. Ensuring that all mothers have access to the resources and assistance they need is crucial for promoting breastfeeding and optimizing public health outcomes. Ultimately, breastfeeding is not just a personal choice but a public health imperative. By fostering a supportive environment and implementing effective strategies to overcome obstacles, society can enhance the well-being of both current and future generations, ensuring that every infant has the best possible start in life. The United Kingdom (UK) has some of the lowest breastfeeding rates in the world, and Stoke-on-Trent has some of the lowest breastfeeding rates and highest infant mortality rates in the UK. Vicarious experience of formula feeding, formula feeding culture, and a lack of physical environments to support breastfeeding are known

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Received: 2-Apr-2024, Manuscript No. nnp-24-147617; **Editor assigned:** 4-Apr-2024, Pre-QC No. nnp-24-147617 (PQ); **Reviewed:** 18-Apr-2024, QC No. nnp-24-147617; **Revised:** 23-Apr-2024, Manuscript No. nnp-24-147617 (R); **Published:** 30-Apr-2024, DOI: 10.4172/2572-4983.1000406

Citation: Misav M (2024) Breastfeeding is Associated with Lower Risks of Various Health Conditions Including Respiratory Infections. Neonat Pediatr Med 10: 406.

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barriers to uptake and maintenance. Improving physical environments and increasing the visibility of breastfeeding in public would help to challenge these barriers. This research employs a participatory approach to understand the facilitators and barriers to breastfeeding in public. Nine breastfeeding peer supporters were recruited as co-researcher for a photovoice study [5-7].

More education about breastfeeding friendly spaces and resources for putting this information into practice are needed for environment owners, managers, and policy makers. Childhood obesity represents a pressing global public health concern due to its widespread prevalence and its close connection to early-life exposure to risk factors. The onset of obesity is contingent upon the interplay of genetic composition, lifestyle choices, and environmental as well as nutritional elements encountered during both fetal development and early childhood. This paper critically examines research discoveries in this area and concisely outlines the influence of breastfeeding on genetic predispositions associated with childhood obesity. Studies have demonstrated that breastfeeding has the potential to reduce childhood obesity by impacting anthropometric indicators. Moreover, the duration of breastfeeding is directly correlated with the degree to which it alters the risk of childhood obesity. Current explorations into the link between genetic factors transmitted through breast milk and childhood obesity predominantly focus on genes like FTO, Leptin, RXRa, PPAR- γ , and others. Numerous research endeavors have suggested that an extended period of exclusive breastfeeding is tied to a diminished likelihood of childhood obesity, particularly if sustained during the initial six months. The duration of breastfeeding also correlates with gene methylation, which could serve as the epigenetic mechanism underpinning breastfeeding's preventative influence against obesity. In summary, the thorough evaluation presented in this review underscores the intricate nature of the association between breastfeeding, genetic factors, and childhood obesity, providing valuable insights for future research efforts and policy formulation.

Conclusion

This cross-sectional survey was conducted on mothers with children aged 0–6 months, who visited one of the participating referral hospitals. Participants were divided into the EBF group if they fed their infant only breast milk, or the non-EBF group if their infant was fed other liquids or solids in addition to breast milk. The nutrition-related knowledge, attitude, and practice questionnaire; the Iowa infant feeding attitude scale; and the Breastfeeding Self-Efficacy Scale - Short Form were used to assess breastfeeding practices. Exclusive breastfeeding (EBF) is critical for infants during the first six months of life. A recent study was conducted in Guilan, Iran, to determine the effectiveness of a smartphone-based educational intervention in improving new mothers' breastfeeding for infants until six months of age.

References

1. Hussain, Walid A, Jeremy D (2019) Approaches to Noninvasive Respiratory Support in Preterm Infants: From CPAP to NAVA. *Neo Reviews* 20: 213–221.
2. Bordessoule, Alice (2012) Neurally Adjusted Ventilatory Assist Improves Patient–Ventilator Interaction in Infants as Compared with Conventional Ventilation. *Pediatric Research* 72:194–202.
3. Chiew, Yeong Shiong (2013) Effects of Neurally Adjusted Ventilatory Assist [NAVA] Levels in Non-Invasive Ventilated Patients: Titrating NAVA Levels with Electric Diaphragmatic Activity and Tidal Volume Matching. *BioMedical Engineering OnLine* 12: 456-564.
4. Moorhead, Katherine T (2011) Patient-Ventilator Synchrony and Tidal Volume Variability Using NAVA and Pressure Support Mechanical Ventilation Modes. *IFAC Proceedings* 44: 569–574.
5. Carteaux, Guillaume (2012) Patient-Ventilator Asynchrony during Noninvasive Ventilation. *Chest*. 142: 367–376.
6. Branson R. D (2013). Asynchrony and Dyspnea. *Respiratory Care* 58: 973–989.
7. Van Kaam, Anton (2011) Lung-Protective Ventilation in Neonatology. *Neonatology* 99: 338–341.