Commentary
Neonatology

THE IMPORTANCE OF LACTATION IN INFANTS

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Breast milk is essential for optimal growth, physical and psychological development, and immunity of the baby. It is economical, practical, and clean. Moreover, whatever the mother's socioeconomic status is, or wherever she lives, in Ethiopia or in Sweden, the milk contains sufficient amount of nutrients for the baby (1). It is associated with decreased risk for a large number of acute and chronic diseases including diarrhea, respiratory infections, necrotizing enterocolitis, allergic diseases, inflammatory bowel diseases, *etc.* (2). Therefore, every effort should be undertaken to maintain breast-feeding the infants exclusively in the first 6 months, and up to 24 months or beyond with the addition of complementary foods.

Unfortunately in developed countries, approximately 50% of mothers continue nursing up to 6 months after delivery and discontinue after that (3). Inadequate milk intake or the perception of inadequate milk production is the most common factor for terminating breast-feeding. It may be secondary to impaired production of milk or impaired extraction by the infant. Milk production by the mother is affected by many factors including proper latching, frequency of feeding, use of supplemental formula, poor emptying of breasts, as well as organic disorders including mastitis, endocrine abnormalities, psychological disorders, and others. Prematurity and, less commonly, motor and neurological disorders of the infants may also result in lactation failure. Initial management is planned on the cause of inadequate milk supply. Therefore, determining the etiology of lactation failure is essential. In this issue of Medical Journal of Islamic World Academy of Sciences, Sultana et al. comprehensively reviewed the etiological factors, assessment, diagnosis, and treatment of lactation failure in the light of the pertinent literature (4).

The first prerequisite of breast-feeding is education and preparation of the mother during pregnancy and after birth. Particularly, the immediate period after delivery is essential. In a recent review by Moore et al., early skin-to-skin contact was shown to have statistically significant positive effect on breast-feeding at 1-2 months post birth, increasing breast-feeding duration and resulted in better cardiorespiratory stability in late preterm infants (5). Early breast-feed also increases milk supply and reduces the risk of discontinuation. Many mothers, particularly primiparas, worry because they presume that the baby is not getting enough milk, and they try unnecessary supplementation as it is more comfortable and can be easily measured. However, unncessary supplementation deteriorates breast-feeding outcomes. Therefore, reassurance and encouragement of the "novice" mother by hospital staff, family members, and other caregivers is crucial to increase the rate of exclusive breast-feeding. If the mother and the infant are separated for any medical or

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social reason early or later after birth, the mother's own milk should be given to the infant by using breast pumps. Hyperbilirubinemia and mild to moderate hypoglycemia are not obstacles to breast-feeding after appropriate measures are taken.

Birthweight, gestational age, medications, oral anatomic deformities, and neurological disorders may all result in infant failure to latch effectively. A number of diseases affecting the mother (diabetes, obesity, older age) and the infant may cause delayed lactogenesis and lactation failure, all of which are discussed in detail by Sultana *et al.* in their review (4). Appropriate treatments thereof should be given. However, we should be aware that supportive maternity care provided by the family and health care professionals is the most vital component of breast-feeding.

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