

# Short- and Long-Term Outcomes of Breastfeeding on Children's Mental and Physical Health

Taylor S. Mewhiney<sup>1\*</sup>

<sup>1</sup>Geisinger Commonwealth School of Medicine, Scranton, PA 18509

\*Master of Biomedical Sciences Program

Correspondence: tmewhiney@som.geisinger.edu

## Abstract

Breast milk is a perfectly evolved substance that fits the dietary needs of the average infant to ensure it thrives during growth and development. Breastfeeding significantly impacts children's lives as it works to maintain their health from the minute they are born until the mother chooses to cease lactation. Research has shown that after being fed breast milk, children had stronger immunity and their fatality rates were decreased compared to babies who were not breastfed. Breastfed children have higher IQs, healthier BMIs, decreased obesity and blood pressure, and reduced risk of rhinitis allergies, asthma, and skin conditions. A breastfeeding mother is also provided with health benefits, as her risk for ovarian and breast cancer, diabetes, and postpartum depression is reduced. When given proper instruction to feed her infant, a mother can better herself and her baby well into their future. For the first 6 months of a child's life, breastfeeding is strongly encouraged to give the child its greatest source of nutrition. The purpose of this review is to enhance perspectives on breastfeeding and to increase awareness on the long-term and short-term outcomes of breastfeeding.

## Introduction

Breast milk is produced through the process of lactation in the mammary glands. During pregnancy, the hormones in a woman's body begin to significantly fluctuate. Halfway through the pregnancy, lactation begins. There are two phases of lactation: lactogenesis I and II. Lactogenesis begins while the baby is in utero, and the mammary glands begin to produce colostrum (1). Colostrum is a discharge-like fluid produced in small quantities, as progesterone prohibits the mother from full lactation until lactogenesis II. The second phase of lactogenesis begins following delivery of the placenta. The hormones cortisol, prolactin, and insulin spike, causing milk production. During this time there is a major decrease in estrogen and progesterone. The endocrine system then drives the volume of milk production to rapidly increase from less than 100 mL to 500 mL 4 days after birth. About a week postpartum, the mother produces around 650 mL (1). The newborn begins to adjust to eating during its first days postpartum, as it is naturally equipped to suckle. During this stage of the newborn's life, it is provided with a rare variety of nutrients it cannot obtain elsewhere. This is the most essential time in a child's growth since exposure to the world outside the womb, and breast milk gives the infant plenty of benefits.

The general composition of breast milk is rich in macronutrients. The largest component of breast milk is water, which counts for 87% of its structure. Fat makes up 3.8%, and lactose accounts for 7%. Protein makes up 1% of breast milk as either whey or

casein, which have fluctuating ratios depending on the stage. However, during the entirety of lactation, the content of whey is higher than casein (2). Considering breast milk has a unique microbiome, it has the potential to transfer healthy species from mother to child, which can positively impact the baby (1). Bacterial species are also introduced to the infant through breast milk; these are probiotic bacteria that promote digestive health. Breast milk also contains vitamins, minerals, enzymes, and hormones essential for growth and development. These provide diversification for the infant immune responses and help colonization of upward of 90% of the infant biome (2).

Production of colostrum begins during lactogenesis I, but measurable quantities are released from the mammary gland within the first few days post-birth. It is yellow in color and produced in minimal volume. Colostrum intake is essential, as it begins to build immunity in the newborn and acts as a barrier in the digestive tract. Colostrum also helps the newborn produce their first bowel movement. Beginning between days 4 and 5 postpartum, transitional milk is formed. This is a light-yellow substance that provides the infant with more nutrition than colostrum. Transitional milk production varies from colostrum production because it increases in quantity. The more the newborn feeds, the higher the production rate (3). Anywhere from 4 to 6 weeks postpartum is when milk is considered mature. Mature milk is white and opaque and will remain in this phase until the mother ends lactation. Mature milk is recommended to be consumed until the infant is 6 months to a year old, considering its high nutrient content (4).

During a feeding session, the composition of milk transitions from foremilk to hindmilk. Foremilk is released first upon suckling. It is thin and rich in lactose and satisfies the newborn's thirst. Hindmilk is expressed following foremilk. Hindmilk has a high-fat content and is denser than foremilk, further satisfying the baby's nutritional necessities (2). The composition, texture, smell, and amount of breast milk vary upon the day and nursing session. Mothers can generally expect to produce enough to fulfill the baby's daily intake; however, some days a mother may produce more or less than others. This is natural during the process of lactation, as a set amount of milk is not expected.

For a child to get the necessary amount of milk, it is best if the mother is relaxed and allows for the newborn's instincts to kick in. Optimal positioning includes the mother sitting straight with support for her back while supporting the newborn's body in her arms facing her breast. For proper attachment to the nipple, it is best if the newborn has their chin touching the breast with the head slightly tilted back, and the mouth open with the lower lip turned outward. By gently brushing the nipple between the upper lip and nose (not between upper and lower lip), the baby should naturally latch (5).

Within the first year of a child's life, a healthy infant will grow to be triple its weight from birth. During this time, the baby needs to obtain proper nourishment through food. Over the duration of the first 6 months of life it is highly recommended that the infant is given breast milk, as it is a foundational source of protection for the child. Even if a mother herself lacks adequate nutrition, breast milk can still sufficiently provide a newborn with all the nutrients it needs to grow (2). Breast milk has evolved to perfectly suit a baby as it adapts through the earliest stages of life. It contains all the essentials a child needs, whereas formula lacks the microbiome that is provided solely from the mother. With that being said, most mothers today are faced with the choice between breast and bottle feeding. While both have their positives and negatives, breast milk by far provides both mother and child a myriad of lifetime benefits that go beyond formula. Children who gain their nutrition through breastfeeding will have long-lasting positive effects shown in several studies following the beneficial aspects of breast milk and growth and development in a child.

## Discussion

### Infant mortality rates

Often in the developing world, mothers do not have the resources that can teach them to properly breastfeed their babies. When proper breastfeeding technique is instilled in a mother, the immunity of the child increases, along with the prevention of infection (4). Upon properly receiving breast milk children had lower mortality rates than those who weren't breastfed. The children who did not receive breast milk also had an increased risk of infections (4). Measured rates of infection along with measured mortality rates provide an accurate assessment of the ways children obtain their nutrients and its effect on them. The study compared exclusive breastfeeding to partial breastfeeding and bottle-fed children. It took place in India, which classifies as an underdeveloped country. Infants from developing countries are 6 to 10 times more likely to die during the first stages of life if they are not breastfed (5).

Patterns in the developing world continue to show a higher mortality rate in formula-fed children. In 2010, more than 7.7 million children passed away before their fifth birthday, with 98% of these children coming from developing countries (6). A common factor with these children was that they lived in areas with low percentages of breastfeeding. Research done in Libya reported how mothers attempted to feed and compared them to a list with criteria providing the best ways to feed a baby. A mother with less access to maternal guidance was far more likely to improperly feed her child, and it was recommended that first-time mothers should be monitored for the infant's positioning and attachment to the breast (5). With the upkeep of suitable breastfeeding techniques, a contribution to a lower child mortality rate in developing countries is achievable and strongly urged (6). Following Roberts' study in 2016, Victora et al. observed that if children were universally breastfed, 823,000 lives had the potential to be saved (7). By switching to exclusive breastfeeding, a significant number of babies would have the potential to make it past their first birthday in the developing world.

### General statistics of breastfeeding

Globally, 38% of infants are breastfed exclusively, meaning there is no outside source of formula introduced to the diet. Some mothers choose to provide both for their child to ensure there is always food available; however, not all mothers are fortunate enough to interchange between the two. While the World Health Organization (WHO) recommends breastfeeding for a minimum of 6 months, formula is the more widely used choice (2). Especially in low-income areas and underdeveloped countries where breastfeeding may be the only option available. But why is it that formula is more heavily used if breast milk is significantly cheaper? Even in low and middle-income countries, the rate stayed the same for exclusive feeding (7). In one study that surveyed 650 mothers averaging age 27 on exclusive breastfeeding, the rate of breastfeeding was higher than 92%. However, after 5 days, it declined to 82%, then 44% by the end of the first month (8). This study had a higher rate of mothers who engaged in exclusive breastfeeding at 44% compared to the global statistic of 38%. The reason is that the study did not focus on socioeconomic status or diverse background, as all of the women were from the same small city in Iran.

Socioeconomics plays a major role in the reason behind choosing breastfeeding or bottle feeding. For most mothers, breast milk is easier to obtain than formula, regardless of income statistics, because it is continually and naturally produced. For many, it is their only option. It is generally known that formula is expensive in most areas of the world, where breast milk costs virtually nothing. Both mother and baby benefit from breast milk, whereas only the child can benefit from the formula. Considering the financial benefits of breast milk, this may appeal more to mothers who cannot afford a luxury item such as formula, which can save potentially thousands of dollars a year that can be put towards her nutrition which doubly benefits her child. Breastfeeding is considered one of the most cost-effective health interventions for children urged (6).

There is a general trend that finds a correlation between high-income areas and high percentages of breastfeeding and low-income areas with minimal breastfeeding. In a study that examined babies born in Avon, England (considered high income), and babies from Pelotas, Brazil (middle and low income), most of the children from England were raised on breast milk while in Brazil studied there were no ties between social class and breastfeeding (9). This can be considered an outlier because as mentioned in Roberts' study, primarily focused on multiple low-income areas of Africa, exclusive breastfeeding was as low as 3% (6). Depending on the area where a woman lives, she may be persuaded into deciding how her baby should be fed. Low-income areas are often affiliated with a lack of resources and therefore little to no knowledge of the benefits of breastfeeding. Culture seemed to also be a heavy influence on their choice in feeding methods. Organizations such as the WHO and United Nations International Children's Emergency Fund (UNICEF) have implemented education for mothers with children and have found that the sooner they educate the mother postpartum, the more likely she is to maintain breastfeeding (6). With that being said, high-income areas are provided with more opportunities for breast and bottle education, considering most births take place in a hospital which is most often abundant in designated resources to guide a person through breastfeeding.

## Benefits for a breastfed child

Infection and disease prevention are two of the main reasons why mothers choose to breastfeed. A common disease that is prevented through breastfeeding is diarrhea. This can be prevented in the early stages by promoting healthy gut flora, which follows a baby from infancy into their adult lives. Diarrhea can be deadly in young children, as it causes around 1.34 million deaths yearly between the ages of 0 and 59 months (10). It is the second leading cause of death for this age group, considering it causes dehydration which leads to fatality. Children who were breastfed were less likely to have diarrhea (1). This is due to the antibodies provided from the milk which actively decrease gastric and intestinal problems. Breast milk has been shown to inoculate the infant gut with protective bacteria, which is useful when protecting a child from diarrhea (1). With a 6-month minimum feeding, the chances of contracting diarrhea decrease, and if the mother continues to breastfeed for more than 6 months, the chances are still reduced (10).

Lodge and colleagues (11) demonstrated that asthma and allergies are also less likely to be observed in a breastfed child. Children between the ages of 5 and 18 years were screened for both food and seasonal allergies which cause rhinitis and asthma while categorizing the children based on the method in which they were fed as children (either breast- or bottle-fed). The study found small correlations between rhinitis allergy decline and asthma decline in breastfed children compared to those who were formula-fed (11). It was also discovered that breastfed children were less likely to have eczema, suggesting that breast milk may prevent rashes. Food allergies were found to have no association with breastfeeding (11).

Obesity and blood pressure have a strong correlation to breastfeeding. Following the study that was broken into high and low-income observances; in England (a high-income affiliate), children had healthy ranges of BMI, and their blood pressure levels were sufficient as well (9). There was little to no correlation between BMI and low-income breastfed children (Pelota, Brazil); however, many of the children were born with low birth weights. These children mainly had healthy blood pressure levels, although the levels were comparable in the children that were breastfed compared to those who were not (9).

Mental health and intelligence are two areas of study that have been tested in breastfed children. As shown in Brion's study (9), in both low-income and high-income breastfed children, the intelligence quotient (IQ) average increased the longer the duration of feeding. IQ was higher among the children who were exclusively breastfed as babies, even in low-income areas. This is unique, considering wealthier families typically have greater access to tools to enhance and foster their children's learning compared to those living in poverty who do not have the funding to boost and strengthen their intelligence. In a separate study run in 2015, high IQs in children fed breast milk were also shown. It was observed that children with higher IQs have a long-term, high-performance streak during testing, which lasted through adolescence into adulthood (12). This is due to the presence of long-chain polyunsaturated fatty acids which are found in breast milk. These fatty acids are beneficial in brain development. Seventeen separate studies were analyzed, and

all 17 studies showed that IQ was higher in children who were breastfed as babies. The average score was 3.44 points higher than in bottle-fed babies (12).

## Maternal benefits

Breastfeeding benefits in the mother are often overshadowed by the importance of the health and well-being of the baby. Mothers strongly benefit both long-term and short-term, which is why many mothers choose to continue lactating past the recommended 6-month period. Inhibiting lactation can take days to months depending on the duration of the feeding period. Many mothers form stronger bonds with their babies as skin-on-skin contact is beneficial to parent and child.

Many long-term health benefits arise from breastfeeding within the first year of the child's life. This may suggest why women choose to breastfeed children they have after the first child they chose to breastfeed. Short-term benefits include a decrease in postpartum depression, which is caused by the dramatic drop of progesterone and estrogen. On average, 1 in every 7 women who give birth suffers from postpartum depression within the first year of her baby's life. Chowdhury (13) suggests that breastfeeding may decrease the chances of postpartum depression symptoms, but it is not always the case. Postpartum depression symptoms vary among women, and they are not always consistent in timing. Some women see symptoms days after delivery, whereas with others, it may take months for symptoms to surface (13). Chowdhury's study also found that women were having fewer postpartum weight fluctuations upon breastfeeding; however, there were minor inconsistencies in the data that led to the conclusion that further research had to be conducted. However, many women who did breastfeed had stability rather than fluctuation. It is unknown whether women who intentionally try to lose weight after pregnancy can do so by breastfeeding (13).

Another short-term benefit of lactating is the absence of menstruation, known as lactational amenorrhea. This lasts, on average, anywhere from 3 to 6 months, and it can take up to a year to regulate menstruation. This is due to the suppression of ovarian activity, as breastfeeding frequently can allow for an infant to properly suckle. Upon doing so, gonadotropin-releasing hormone is inhibited along with follicle-stimulating and luteinizing hormone. Gonadotropin secretes both follicle-stimulating and luteinizing hormone. Follicle-stimulating hormone and luteinizing hormone typically trigger ovulation when not inhibited. This decreases the chance of pregnancy during the first few months of the newborn's life; however, it is not completely preventive of pregnancy. Women can still become pregnant while nursing (13).

Chowdhury's study from 2015 showed that breast cancer was reduced by 26% in women breastfeeding their child for more than a year, compared to those who bottle-fed their children. Women who have at least one pregnancy in their lifetime are already at a decreased risk for breast cancer compared to women who do not have children at all in their lifetimes. For every 12 months of breastfeeding, the risk of breast cancer decreased by 4.3% (13). If all children globally were breastfed exclusively, it is estimated that 20,000 annual deaths due to breast cancer in mothers would be prevented (7). Chowdhury et al. (13) also showed that breastfeeding decreased the risk of

ovarian cancer. There was a 35% reduction in ovarian cancer in women who breastfed compared to women who did not breastfeed (13).

In America, more than 100 million people have Type II diabetes or are pre-diabetic, meaning they are at an increased risk of contracting Type II diabetes due to varying lifestyle habits such as diet and inadequate physical activity. Women who breastfeed reduce their risk for Type II diabetes by 32% if otherwise healthy. Each year that they continue to breastfeed reduces their risk by 9% (13). Type II diabetes is one of the leading causes of death for adult Americans. By nursing a child for a year, a woman can significantly lower her chances of becoming diabetic.

### Negative aspects of breastfeeding

While the benefits of breastfeeding outweigh the costs, certain factors may increase risk for the newborn and the mother. Environmental aspects may cause a woman to bottle feed her baby along with her diet. Although the diet a woman must follow while nursing has fewer restrictions than a diet followed while pregnant, some women want to return to their regular eating habits. An example of a remaining limitation carried over from pregnancy is seafood and shellfish. Women must avoid eating seafood due to mercury causing problems with the baby's nervous system. Caffeine intake, while not eliminated, should be reduced. Alcohol intake is extremely harmful to the newborn, as trace amounts can contaminate the breast milk. If a woman wants to drink alcohol, it is best to refrain from providing her child with breast milk. Children who were breastfed while the mother drank postpartum showed lower verbal IQ scores and weighed less due to duct blockages in the mammary gland due to alcohol (14).

If a mother is a recreational drug user, it is also extremely dangerous to take drugs while nursing. Studies have shown that if a mother consumes marijuana 1 month postpartum, there is a risk of a decreased motor development in the infant (15). While for many it is common knowledge to avoid substance use, some mothers may be inclined to continue, leaving the baby to suffer from the consequences in the long run.

Smoking while breastfeeding increases the risk of secondhand smoke exposure to the child. While it is common knowledge that smoking is a severe health hazard for the consumer, it can also be dangerous for the child by exposing them to secondhand smoke and nicotine. Studies have shown that nicotine levels are triple the amount in breast milk than in plasma. Smoking has also been shown to reduce the concentration levels of the milk and to reduce the lactation period for the mother. A mother may have to choose to quit smoking, but many who quit for their pregnancy pick it up in the months following the end of their gestational period, which introduces secondhand smoke into the environment that the mother and her child share (16).

Many women choose not to breastfeed due mainly to personal disadvantages. One study suggests timing was a major factor as to why women choose bottle feeding from the start. While most women breastfeed through the transitions from colostrum to mature milk, many stop during the early stages. Only 13% of women across the United States follow the recommended guideline of 6 months of exclusive breastfeeding (2).

A study from the Netherlands asked 98 Dutch and Flemish women between the ages of 18 and 45 their verbal opinions to gain perspective as to why this group of women were against breastfeeding and chose to bottle feed instead (17). For most of the women, making the time to breastfeed was not achievable. If a woman works a full-time job outside of the home, she may not have the ability to pump milk in the middle of the day, as many office facilities do not have a designated place for women to pump. Others said they had trouble being physically present for their baby at all times that the child is hungry. When bottle-feeding, these women were able to distribute responsibility to their significant others or other helpers in their lives rather than being the designated person to do the feeding (17).

Not only is time extracted from a woman, but it takes significant energy from the body to lactate and to continuously provide milk. A woman must change her caloric intake to support her health along with her child. One study suggested that women who are nursing require an additional 500 kilocalories a day. This ideal number comes from the volume of breast milk produced on average per day (780 mL) along with the energy content of milk, which is 67 kilocalories per 100 mL (18). When a woman is pregnant, her body stores an extra 19,000 to 48,000 kilocalories in her tissues as fat to save for when she begins lactation. Without consuming excess calories, the body will use this energy source as an alternative. This is a reason why weight fluctuation is possible post-pregnancy; however, breastfeeding mothers lose an average of 2 pounds per month alone from breastfeeding (18).

Nutrient intake must increase, which can often be challenging to track. Women should increase their protein intake by 25 grams per day, and prenatal vitamins should still be consumed postpartum (18). Any fat- and water-soluble vitamins will be secreted into milk, which can cause a mother to be vitamin deficient. She may choose to upkeep by increasing her dosage of daily vitamins, but for many this is a challenging task (18).

### HIV transmission

If HIV-positive, a mother will have to make the forced choice to bottle feed her baby if she wants to follow what is best for her baby. HIV or human immunodeficiency virus attacks the immune system, which inhibits its performance. HIV can lead to AIDS which is fatal. In recent years, there have not been as many studies linked to HIV and breastfeeding, as most research was done in the 90s following the spike in cases in the 80s, when HIV was first classified as an epidemic. HIV transmission more likely happens in utero before the fetus is exposed to breast milk; however, HIV can be isolated in breast milk and can pass on the virus to an otherwise healthy baby (19). A clinical trial run between the years of 1992 and 1998 gathered 425 HIV positive women. Of the 425 HIV positive women, 212 were told to breastfeed their newborns and 213 were told to bottle feed. Formula-fed babies had 44% reduced risk for contracting HIV compared to the breastfed babies (20). Even though evidence showed a decreased risk, the WHO encourages HIV-positive women to breastfeed their children, in order to provide their child nourishment of the highest nutritional value. This leaves a woman conflicted as to whether she should increase the risk of transmitting HIV to her baby and follow the WHO guidelines if the child had not already contracted it during gestation.



## Conclusion

During the first few months of life, nutrients are essential to kickstart a healthy future for an infant. Immediately after leaving the womb, nourishment intake is key for a baby's good health. Breast milk contains personalized nutrients for the newborn, unique and modified for the baby to thrive. The infant will obtain all it needs for survival through the milk it drinks, including water, fats, proteins, vitamins, minerals, and healthy bacteria. This sets up the digestive tract for the baby and will be its first source of protection.

Unlike formula, breast milk is produced with varying nutrients important to the age of the baby. As the mother transitions from colostrum to transitional to mature milk, the contents vary depending on what an infant needs at the stage it is in to continue to the next (3). From birth until 12 months old, a baby will grow to be three times its size at birth. To ensure a child makes it to their first birthday, it is recommended that the infant consumes from the breast for a minimal 6-month period (6).

Considering that we do not understand the full composition of breast milk, what a child is missing if it switches to formula remains elusive. Thus, a child misses out on some of the core components that a mother will produce that a lab cannot recreate. Babies who are formula-fed run the risk of a higher chance of mortality. Often being seen in impoverished areas of the world, millions of babies do not reach the age of 5, a majority which are fed through means other than breast (6). When a mother is given the proper care and education on breastfeeding her child, it is far more likely to live a longer and healthier life.

Scientists across the world strongly encourage breastfeeding over bottle feeding, and many have made strides in bringing resources to women who need them the most. Thousands of lives could be saved globally if women were to choose the breast over the bottle (7). At this current moment in time, only 38% of infants are exclusively breastfed, although strongly urged by highly regarded organizations such as the WHO.

Breastfeeding is financially beneficial and for average lactating mothers the supply is abundant. However, it seems that women with the funding to supply their children with formula are the ones that have higher rates of breastfeeding. Women in financially stable environments are far more likely to receive proper learning skills to promote nursing a child along with having constant access to resources at all times (6).

Along with being financially beneficial, children are set up with a foundation of benefits that carry far into their adult lives. Many children who are breastfed are less likely to contract asthma, allergies, and common skin rashes such as eczema (11). Others were shown to have healthier BMI and healthy blood pressure levels which can prevent other health disorders in their futures such as obesity and diabetes (9). It has even been seen that IQ is increased compared to children who were bottle-fed, which often allows for the child to establish a good future for themselves whether it be academically or vocationally.

One of the biggest disadvantages to formula feeding is that the mother does not benefit in the slightest compared to how she does upon lactation and breastfeeding. Breastfeeding provides mutual benefits that a bottle cannot satisfy. When a woman chooses to breastfeed for a year, she drops the risk of weight

fluctuation, postpartum depression, breast and ovarian cancer, and Type II diabetes (13). The absence of a menstrual period is a benefit to many, as most are focused on their infant rather than preparing for their next. Nursing mothers still have to be careful if preventing pregnancy, as lactational amenorrhea is not foolproof; however, the mother can put herself at ease knowing she can dedicate more time and energy to her child and other aspects of daily life (13).

While plenty of benefits are provided for mother and child, some women make the choice to abandon the breast for the bottle. Breastfeeding requires a lot of work on the mother, and it is safer to bottle feed for some, especially if she does not have the availability to upkeep with the work it requires. For many women it is tough to follow a limited diet and a substance-free lifestyle while nursing. A mother must refrain from caffeine, alcohol, and seafood due to the harm it may cause on the child (14). If a mother is a substance user, the infant will have further repercussions if breastfed. Breast milk is tainted with whichever substance the mother uses which can delay birth weight and other developmental issues (15). A newborn can easily have high exposure to secondhand smoke when latched to its mother (16). In scenarios as such it is not ideal to breastfeed a child as it can do more harm than good. After all, long-term benefits can be overruled by a period in a child's life when exposed to trauma or harm.

With this information, it is also important to stick to bottle feeding if the mother is ill. Short-term sicknesses, such as common colds, fevers, and vomiting, will not transmit through milk; however mothers who are sick should proceed with caution as infection can be spread through droplet or airborne contact to the baby. If a mother has a chronic disease such as HIV she should proceed with caution. Two decades ago, it was advised against breastfeeding if a mother has HIV (18), yet in recent years it has been recommended to continue to breastfeed due to the nutritional value having high importance.

Ultimately, it is the mother's choice, and her choice alone if she chooses to breastfeed or not. Thankfully, bottle feeding like breast has minimal risks, but, when provided with the choice between the two, if a woman is able-bodied and lactation is fruitful for her it is an applicable choice to make to better the chances of the baby having a better quality of life. If more women were taught the significance of breastfeeding, babies and mothers alike would be healthier. What once was the only option to feed a child, breastfeeding has since rapidly declined in all areas of the world. As we move toward a more sustainable future, women may choose to breastfeed to reduce their waste habits, as formula packaging contributes to landfills and pollution far more than the breast. Many women simply don't have the time to stop what they are doing to feed their child, and many are shamed out of breastfeeding in public. If the stigma around breastfeeding was reduced, women may be more likely to engage. Women face daily decisions regarding what is best for their child. Breastfeeding is one of the simplest ways a woman can set her child straight for healthy development. It takes a strong woman to choose to provide a life for her child while sacrificing her own. When providing her infant with breast milk, a mother can put herself at ease knowing she is making the choice for her and her baby to share a rare bond, and together grow stronger.

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