



Obesity and Breastfeeding Success

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Breastfeeding behavior is multifactorial, and a wide range of socio-cultural and physiological variables impact on a woman's decision and ability to breastfeed successfully. An association has been reported between maternal obesity and low breast feeding rates. This is of public health concern because obesity is rising in women of reproductive age and the apparent association with increased artificial feeding will lead to a greater risk of obesity in children. Studies which have examined maternal obesity and infant feeding success have found that obese women plan to breastfeed for a shorter period than normal weight women and are less likely to initiate breastfeeding. Prenatal weight gain, independent of pregravid BMI, affects lactation. Exceeding IOM prenatal weight gain recommendations in any BMI category reduces the successfully initiating or sustaining lactation in all weight categories, but most significantly for women who are obese.

The majority of large studies found that obese women breastfed for a shorter duration than normal weight women, even after adjusting for possible confounding factors. The reasons may be biological or they may be psychological, behavioral and/or cultural.

Midwives can reduce the risk of both maternal and childhood obesity by recognizing maternal obesity and its potential affects on lactation, initiating lactation preparation during pregnancy, and optimizing maternal prenatal weight gain. Lactation support continues as midwives provide physiologic labor support that reduces labor stress and complications that might separate mother and newborn or suppress lactational hormones. Finally, midwives can plan lactation support based on maternal risk factors and provide on-going postpartum support that maximizes breastfeeding success for mother and newborn.