



ISSN: 1697-090X

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Rev Electron Biomed / Electron J Biomed 2022;2: 3-7

Editorial:**THE IMPORTANCE OF BREASTFEEDING****Elena Martínez Cuevas, MD, PhD.****Especialista en Pediatría.
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The World Health Organisation (WHO) and health authorities (Spanish Association of Paediatrics, Directorate General for Health and Consumer Protection of the European Commission) recommend exclusive breastfeeding for the first 6 months of an infant's life and thereafter, maintaining breastfeeding together with varied complementary feeding until at least two years of age ¹⁻³.

Given the absence of regular national data collection, the breastfeeding situation in Spain is difficult to describe. The most recent data are from the National Health Survey of 2006 and 2012, published by the National Institute of Statistics (INE), which shows that the rate of exclusive breastfeeding for 6 months was 24.72% in 2006, observing a slight increase to 28.53% in 2012 ⁴.

These data reveal how far we are from the internationally proposed targets, as the Comprehensive Implementation Plan on Infant and Young Child Nutrition (CIP), whose global target number 5 for 2025 envisages increasing the rate of exclusive breastfeeding in the first six months of life to at least 50%⁵.

The importance of breastfeeding for newborn health is that infants who are exclusively breastfed have a lower risk of respiratory infections, otitis media, atopic dermatitis, asthma, sudden death, leukaemia, among

other pathologies, compared to formula-fed infants⁶⁻⁷. In addition, in the long term, several studies support the protective role of breastfeeding against the development of childhood obesity, diabetes, hypertension and metabolic syndrome⁷⁻¹⁰.

One of the mechanisms associated with the protective role of breastfeeding is linked to the availability in breast milk of several hormones that influence body metabolism and development, such as leptin, ghrelin, adiponectin, resistin and obestatin. Leptin has an anorectic function, as it activates satiety signals and decreases the sensation of hunger, and higher levels have been found in breastfed infants¹¹.

Gherlin is a hormone produced by the gastric mucosa, also found in breast milk, whose function is to increase intake (orexigenic effect). Adiponectin is a hormone produced by adipose tissue, whose function is to increase insulin sensitivity and increase fatty acid metabolism, with higher plasma concentrations found in breastfed infants than in formula fed infants¹².

It has also been observed that breastfeeding affects fat distribution and that artificial formula within the first year of life can alter the normal trajectory of adiposity¹³.

In addition to the nutritional benefits of breastfeeding, there are other protective effects in the area of immunology and neurodevelopment.

Thus, a new life stage has been typified that encompasses the foetal period and the first 2 years of life, called "The first 1000 days", and which focuses on feeding habits during this cycle, focusing on the benefit of breastfeeding over artificial formulas and the most appropriate approach for the introduction of complementary feeding, noting that many aspects of long-term health are influenced by these first 1000 days, including physical growth and metabolic programming.

With respect to the factors that intervene in the duration of exclusive breastfeeding, it has been shown that problems in the newborn such as low birth weight, prematurity, birth by caesarean section and multiple births lead to a shorter duration of breastfeeding; in addition, some ethnic groups or emigrants see artificial feeding as an external sign of progress or wealth and therefore shorten this period¹⁴⁻¹⁵.

Also, younger age of mothers, families without a father figure, lower socioeconomic status, being primigravida and parents with low levels of education are conditions associated with shorter duration of exclusive breastfeeding¹⁴.

Another variable involved is the length of maternity leave for mothers in our country, which is shorter in comparison with other European countries, and it is the return to work that makes it difficult to continue exclusive breastfeeding¹⁶. his problem has been attributed to the lack of

family reconciliation policies in our country, a drawback that could be overcome with the availability of breastfeeding rooms, more flexible working hours for breastfeeding mothers, an increase in the period of maternity leave, as well as the provision of childcare facilities attached to work.

In tackling many of these barriers, the Maternal and Child Health teams of the Health Centres play an essential role, which carry out adequate monitoring of breastfeeding, recording data in clinical records and entering them in the quality measures; likewise, actions to support and promote breastfeeding should be developed by the National Health Systems.

Therefore, the abandonment of exclusive breastfeeding could be prevented through good professional counselling as reflected¹⁷ in the Clinical Practice Guideline on breastfeeding of the Ministry of Health of 2017.

Finally, it should be noted that progress in breastfeeding research is a priority and that it would be desirable for paediatricians, nurses and midwives to become involved in research in this field, which will have wide-ranging benefits for maternal and child health.

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