



WABA POSITION PAPER ON BREASTFEEDING-RELATED DEVICES AND PUMPS

Breastfeeding, especially exclusive breastfeeding, is vital for maintaining and increasing child survival worldwide, providing babies with food, care and immunological protection tailored to their environment. Breastfeeding, defined as feeding at the breast, is more than “breast-milk feeding”. Breastfed babies have skin to skin contact with their mother many times a day, which calm and stabilize them physiologically, and suckling releases hormones in the mother which enhance her emotional response to her child. All these effects are vital for a child’s neurological and psychological development.

WABA is concerned that pumps and other devices are increasingly being excessively and unnecessarily recommended and used in infant feeding practice. Pumps and other devices are of course useful in some cases: when a mother or baby has severe problems, sometimes as a result of mismanagement of breastfeeding, or in cases of unavoidable separation. These are real needs. However, pumps in particular are now marketed to the general public in a manner that creates an impression that these devices are necessary. Such marketing induce women to use these devices unnecessarily, adversely affecting breastfeeding and, consequently, maternal and infant health. The use of devices that disturb the fine balance between mother and baby, in which babies regulate breast milk production by suckling at the breast, carries a significant risk of decreasing the beneficial health impact of breastfeeding for both mother and child

- ◆ Pacifiers (dummies or soothers): Pacifiers have a role in comforting the infant when separated from the mother. However, the early or frequent use of pacifiers can lead to a baby suckling less, reduced breast stimulation lower milk production with the result of a premature cessation of breastfeeding. This is a risk, especially in the first 6-8 weeks of the baby’s life, before suckling and the use of the muscles in and around the mouth is well established.
- ◆ Soft nipple shields: Although sometimes medically appropriate, if used to assist attachment to the breast with inverted nipples or to reduce pain when nipples have become damaged, inappropriate use of these items may also compromise a baby's ability to attach to the breast. They should only be used if physiological methods of improving attachment and/or treating sore nipples have been tried and failed, however. Every effort should be made to return to direct breastfeeding without the use of a shield as soon as is practically possible.
- ◆ Breastfeeding inlays or breast pads: These are used to protect clothes against leaking milk. However, regular use of those that have a plastic cover on the outside—may increase the chances of bacterial—proliferation leading to sore or infected nipples. Their excessive use should be discouraged.
- ◆ “Breast” pumps and devices to express milk: Hand expression is recommended as the preferred option for milk expression. However, mechanical approaches may be useful when a mother and baby must be separated or when the physical health of a mother or her baby is compromised and direct breastfeeding is thus considered hazardous. In all cases, a pump should be used in concert with hand expression and for the shortest possible time until effective breastfeeding or hand-expression can be resumed. The aim should always be to protect breastfeeding and preserve milk production. Over-zealous marketing has, however, led to inappropriate and unnecessary use and overuse of breast pumps, and even to dependency on pumping and -feeding of breastmilk by a bottle as a substitute for feeding at the breast. The commercial marketing of pumps should be regulated and clearly circumscribed.

WABA is also concerned that there is a potential but often unrecognised conflict of interest if health professionals and breastfeeding counselors receive funds or sponsorship from manufacturers of pumps and other breastfeeding aids and devices that market their products to the public. Health professionals and breastfeeding counselors must remain unbiased when they give professional advice to women. The employment of devices should be confined to situations where there is reasonable evidence that they will protect, preserve or enhance milk production and ultimately assist mothers to breastfeed effectively. Recommendation of and counseling about a product should be determined by its known effectiveness and appropriateness must include the potential impact on breastfeeding and must be independent of commercial influence

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The World Alliance for Breastfeeding Action (WABA) is a global network of individuals & organisations concerned with the protection, promotion & support of breastfeeding worldwide. WABA action is based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant & Young Child Feeding.). Its core partners are International Baby Food Action Network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), Wellstart International and Academy of Breastfeeding Medicine (ABM). WABA is in consultative status with UNICEF & an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC WABA is incorporated in Malaysia as World Alliance for Breastfeeding Action Bhd (847762-P), a non-profit company limited by guarantee.

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