

Circumstances when Breastfeeding is Contraindicated

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KEYWORDS

- Breastfeeding • Breastmilk • Human milk • Contraindications • Infectious diseases
- Environmental contaminants • Chemicals • Heavy metals

KEY POINTS

- The infectious diseases in the mother that remain contraindications to breastfeeding, at this time, are HIV-1 and HIV-2 (in industrialized settings) and human T-cell lymphotropic virus I and II. Temporary interruption (either for an initial period of treatment in the mother or for the finite period equal to the duration of illness) of breastfeeding and provision of breast milk is appropriate for a few infections with potential serious consequences.
- In some infectious situations, preventive interventions are available for the infant (immune serum globulin, vaccination, or prophylactic antimicrobial medication) while continuing to provide breast milk to the infant. Yellow fever vaccine and smallpox vaccine are the only contraindicated vaccines during breastfeeding.
- Coordinated medical care and lactation assistance are essential for successful breastfeeding in the face of maternal illness. Restrictive diets or malnutrition in the mother are not contraindications to breastfeeding.
- The substance exposure should be accurately identified and assessed for the individual mother-infant dyad, and temporary cessation as a potential intervention to decrease the infant's toxic exposure should be discussed.
- When faced with the question of a possible contraindication to breastfeeding, a balanced assessment of the potential risks versus the probable, known benefits of breastfeeding must be completed and discussed with the mother and family.

INTRODUCTION

Universal and exclusive breastfeeding for the first 6 months of every infant's life remain the recommendation and stated goal for infant feeding by numerous national and international organizations including; World Health Organization (WHO), United Nations International Children's Emergency Fund, US Department of Health and Human Services, and the American Academy of Pediatrics (AAP). Human milk has

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evolved as a unique nutritional substance that is specific and ideal for the optimal growth and development of human infants.¹⁻³ The numerous, important benefits of exclusive breastfeeding for the mother and infant have been well documented in evidence-based medicine literature⁴⁻⁶ and in this issue. Any circumstance, situation, condition, or illness that interferes with exclusive breastfeeding is a threat to the infant's growth and development and the health of the mother-infant dyad. The question of contraindications to breastfeeding, relative or absolute, is a crucial topic for pediatricians in their role as knowledgeable advocates for breastfeeding.

There are few absolute contraindications to breastfeeding or the use of human milk for infant nutrition. Among the relative contraindications there are numerous circumstances or situations that constitute theoretical or potential risks to the infant or mother-infant dyad. A balanced discussion of the potential risks versus the probable, known benefits of breastfeeding must be considered. That discussion should include the scientific, evidence-based data on the potential risks; the specific facts of the situation for the mother-infant dyad; and the cultural and personal conceptions, beliefs, and preferences of the mother and family. In certain situations, it may also be appropriate to discuss the risks of not breastfeeding for the mother and infant.⁷ Additionally, a distinction should be made whether the potential risk or contraindication exists in the act of breastfeeding (eg, pulmonary tuberculosis in the mother and the potential for respiratory transmission of tuberculosis during the close contact of breastfeeding) or in the substance of the mother's breast milk (eg, medication that is potentially toxic to an infant in the mother's milk).

This article summarizes the potential contraindications to breastfeeding with a focus on infectious diseases and exposure to environmental contaminants. Potential contraindications to breastfeeding due to restrictive diets or malnutrition in the mother by Valentine and colleagues and medication and drug use by the mother are discussed by Hale and colleagues elsewhere in this issue.

CIRCUMSTANCES

Circumstances that pose potential contraindications are highly varied and include infectious diseases in the mother or infant, other medical conditions in the mother or in the infant (particularly metabolic diseases in the infant that necessitate special changes in the infant's diet), environmental contaminants in the milk due to maternal exposure, and medications or drugs in the milk due to maternal use (prescribed or not prescribed) of those substances (**Box 1**).

Infectious Diseases

Most infectious diseases occurring in the mother are not contraindications for breastfeeding (**Tables 1** and **2**). In most cases, by the time the diagnosis is made in the mother, the infant has already been exposed through contact with the mother or others in the household. There is extensive evidence that breastfeeding protects infants against many common infections, including upper respiratory or lower respiratory tract infection, otitis media, respiratory syncytial virus bronchiolitis, and gastroenteritis.^{5,6,8-11} To interrupt or stop breastfeeding in this scenario would only deprive the infant of potentially beneficial antibodies (secretory IgA), and antiinflammatory or immunomodulating substances contained in human milk.¹²⁻¹⁶

In general, other mechanisms of transmission (blood or body fluids, contact, droplet, or airborne) are the more common risk for transmission of infection between a mother and her infant. In rare situations, temporary separation of the mother and infant (related to the risk of transmission via another mechanism) can be considered

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