

The Benefits of Breastfeeding

Most health professionals are familiar with the benefits of breastfeeding. The American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, Centers for Disease Control, World Health Organization and United Nations Children's Fund continue to support the unequivocal evidence that breastfeeding protects against a variety of diseases and conditions in the infant.

Benefits for Baby

Human milk offers protection against:

- Atopic dermatitis
- Asthma
- Celiac disease
- Diarrhea
- Respiratory tract infection
- Necrotizing enterocolitis
- Otitis media
- Urinary tract infection
- Late-onset sepsis in preterm infants
- Type 1 and type 2 diabetes
- Certain cancers
- Childhood overweight and obesity
- Sudden infant death syndrome (SIDS)

Benefits for Mom

- Decreased postpartum bleeding and more rapid uterine involution
- Decreased menstrual blood loss and increased child spacing (lactational amenorrhea)
- Earlier return to pre-pregnancy weight
- Decreased risk of breast and ovarian cancers
- Decreased risk of Postpartum depression
- Decreased risk of Type 2 diabetes
- Decreased risk of cardiovascular disease



Are medications safe to take while breastfeeding?

Few medications are contraindicated while breastfeeding. Although many medications do pass into breast milk, most have no known adverse effect on milk supply or on infant well-being. However, healthcare providers should always weigh the risks and benefits when prescribing medications to breastfeeding mothers.

Breastfeeding is also a great benefit to the environment and society. Breastfeeding families are sick less often and the parents miss less work. It does not require the use of energy for manufacturing or create waste or air pollution. There is no risk of contamination, and it is always at the right temperature and ready to feed.

For these reasons, as well as the potential risk to an infant's health from formula feeding (e.g., differences in the neonatal GI microbiome), all maternal/child health care organizations recommend exclusive breastfeeding for approximately the first 6 months of life and continued breastmilk feeding for at least the first year of life.

Contraindications to Breastfeeding or Feeding Expressed Breast Milk to Infants

While human milk provides the most complete form of nutrition for infants, including premature and sick newborns, there are rare exceptions when human milk or breastfeeding is not recommended. Additional information about these conditions is available by clicking the links provided.

Mothers should NOT breastfeed or feed expressed breast milk to their infants if:

- Infant is diagnosed with classic [galactosemia](#), a rare genetic metabolic disorder¹
- Mother is infected with the [human immunodeficiency virus \(HIV\)](#)¹
Note: recommendations about breastfeeding and HIV may be different in other countries
- Mother is infected with [human T-cell lymphotropic virus type I or type II \(HTLV – 1/2\)](#)¹
- Mother is using an illicit street drug, such as PCP (phencyclidine) or cocaine¹
Exception: Narcotic-dependent mothers who are enrolled in a supervised methadone program and have a negative screening for HIV infection and other illicit drugs can breastfeed
- Mother has suspected or confirmed [Ebola virus disease](#)

Mothers should temporarily NOT breastfeed and should NOT feed expressed breast milk to their infants if:

- Mother is infected with untreated [brucellosis](#)¹
- Mother is taking certain [medications](#)^{1,2}
- The mother is undergoing [diagnostic imaging](#) with radiopharmaceuticals²
- Mother has an active [herpes simplex virus \(HSV\)](#) infection with lesions present on the breast³
Note: Mothers can breastfeed directly from the unaffected breast if lesions on the affected breast are covered completely to avoid transmission

Mothers should temporarily NOT breastfeed, but CAN feed expressed breast milk if:

- Mother has untreated, active [tuberculosis](#)¹
Note: The mother may resume breastfeeding once she has been treated appropriately for 2 weeks and is documented to be no longer contagious
- Mother has active [varicella](#) (chicken pox) infection that developed within the 5 days prior to delivery to the 2 days following delivery¹

Physicians should make case-by-case assessments to determine whether a woman's environmental exposure, her own medical condition, or the medical condition of the infant warrants her to interrupt, stop, or never start breastfeeding.

Sources

[cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/prescription-medication-use.html](https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/prescription-medication-use.html)

¹Eidelman AI, Schanler RJ; Section on Breastfeeding. (2012). [American Academy of Pediatrics Policy Statement: Breastfeeding and the Use of Human Milk](#). *Pediatrics*, 129(3):e827-e841.

²American Academy of Pediatrics Committee on Drugs. (2013). [The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics](#). *Pediatrics*, 132(3):e796-e809.

³Academy of Breastfeeding Medicine. (2016). [Protocol #26: Persistent Pain with Breastfeeding](#). *Breastfeeding Medicine*, 11(2):1-8.

Learn More

• American Academy of Pediatrics. [Red Book Online](#), 2015.

• American Academy of Pediatrics. (2013). [Policy Statement: Infant Feeding and Transmission of Human Immunodeficiency Virus in the United States](#). *Pediatrics*, 131(2):391-396.

Content source: [Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion](#), December 14, 2019.