

Does Breastfeeding Prevent Childhood Obesity?

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Breastfed babies have been found to have better insulin and leptin profiles and may have an improved capacity to self-regulate energy intake compared to their formula fed counterparts. Thus, it is biologically plausible to expect a link between breastfeeding and the risk of childhood obesity. However the global empirical evidence is inconsistent. Some but not all observational studies have found an association between breastfeeding and lower risk of childhood obesity. By contrast the quasi-experimental prospective PROBIT trial that, among other things, compared obesity outcomes among children born in Baby Friendly hospitals vs. non-Baby Friendly hospitals (and who had much better breastfeeding outcomes) did not corroborate this association during infancy and childhood. To explain the lack of consistency of findings across studies, this presentation will discuss several potential factors that may modify the relationship between breastfeeding and child obesity. These include: a) exclusivity and duration of breastfeeding; b) different types of complementary foods and beverages that infants under 6 months of age are introduced to when they are no longer exclusively breastfed or have been weaned from the breast; and c) maternal preconceptional weight and excessive weight gain during pregnancy. Understanding if and how these context-specific factors may modify the relationship of interest is key to shed more light into the potential relationship between breastfeeding and the prevention of childhood obesity.