

# BREASTFEEDING BENEFITS FOR MOTHERS



BENEFIT	WHAT THE RESEARCH SAYS	REFERENCES
<b>Breastfeeding promotes bonding between mother and baby</b>	Breastfeeding stimulates the release of the hormone oxytocin in the mother's body. Oxytocin stimulates uterine contractions and milk ejection and promotes the development of maternal behaviour and bonding between mother and her baby.	Uvnas-Moberg K. Breastfeeding: physiological, endocrine and behavioral adaptations caused by oxytocin and local neurogenic activity in the nipple and mammary gland. <i>Acta Paediatrica</i> 5(5): 525-30, 1996
<b>Breastfeeding decreases a mother's risk of breast cancer</b>	This case-controlled study of 608 breast cancer cases, demonstrated that the longer the lifetime of breastfeeding the greater the risk reduction for breast cancer. This relationship existed for both pre- and postmenopausal women and confirms previous research establishing a link between breastfeeding and reduction of breast cancer risk.	Zheng T. et al. Lactation and breast cancer: a case-control study in Connecticut. <i>Br J Cancer</i> 84: 1472-76, 2001
<b>Breastfeeding helps prevent post-partum hemorrhage</b>	Nursing releases oxytocin, stimulating contractions which expel the placenta and help shrink the uterus back to pre-pregnancy size. These contractions also discourage excessive bleeding from the placental site. Women who choose not to breastfeed must be given synthetic oxytocin to insure against haemorrhaging.	Chua S. et al. Influence of breastfeeding and nipple stimulation on postpartum uterine activity. <i>Br J Obstet Gynaecol</i> 101: 804-805, 1994
<b>Breastfeeding helps decrease insulin requirements in diabetic mothers</b>	Reduction in insulin dose postpartum was significantly greater in insulin dependant diabetic breastfeeding mothers than those who were bottlefeeding.	Davies H.A. Insulin Requirements of Diabetic Women who Breast Feed. <i>BMJ</i> 298: 1357-8, 1989

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<b>Breastfeeding decreases a mother's risk of developing ovarian cancer</b>	Women who do not breastfeed have a 1.6 times greater risk of developing ovarian cancer than women who breastfeed.	<p>Gwinn M.L. Pregnancy, breastfeeding and oral contraceptives and the risk of epithelial ovarian cancer. <i>J Clin Epidemiol</i> 43: 559-568, 1990</p> <p>Rosenblatt K.A. et al. Lactation and the risk of epithelial ovarian cancer. <i>Int J Epidemiol.</i> 22: 192-197, 1993</p>
<b>Breastfeeding decreases a mother's risk of developing endometrial cancer</b>	Studies show that the longer a woman breastfeeds, the less likely she is to get endometrial cancer.	<p>Rosenblatt K.A. et al. Prolonged lactation and endometrial cancer. <i>Int J Epidemiol</i> 24: 499-503, 1995</p> <p>Petterson B. et al. Menstruation span- a time limited risk factor for endometrial carcinoma. <i>Acta Obstet Gynecocol Scand</i> 65: 247-55, 1986</p>
<b>Breastfeeding decreases chances of osteoporosis</b>	Breastfeeding mothers and their children have a lower risk of developing osteoporosis. Women who do not breastfeed have a 4 times higher risk for osteoporosis than women who do breastfeed.	<p>Blaauw R. et al. Risk factors for development of osteoporosis in a South African population. <i>SAMJ</i> 84: 328-32, 1994</p> <p>Kalwart et al. Bone mineral loss during lactation and recovery after weaning. <i>Obstet. Gynecol.</i> 86: 26-32, 1995</p> <p>Melton L.J. et al. Influence of breastfeeding and other reproductive factors on bone mass later in life. <i>Osteoporos Int</i> 22: 684-691, 1993</p>
<b>Breastfeeding is a natural contraceptive</b>	When women breastfeed exclusively, there is a less than 2% chance of pregnancy, when menses has not returned and the baby is less than 6 months old.	<p>Kennedy K.I. et al. Contraceptive efficacy of lactational amenorrhoea. <i>Lancet</i> 339: 227-230, 1992</p> <p>Gray R.H. et al. Risk of ovulation during lactation. <i>Lancet</i> 335: 25-29, 1990</p> <p>Labbock M. et al. Puerperium and breast-feeding. <i>Curr Opin Obstet Gynecol</i> 4: 818-825, 1992</p>

