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Review article

Breastfeeding during pregnancy: A systematic review

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ABSTRACT

Background: The consequences of breastfeeding during pregnancy (BDP) have not been clearly established. Available studies have addressed isolated aspects of this issue using different methodologies, often resulting in contradictory results. To our knowledge, no systematic review has assessed and compared these studies, making it difficult to obtain a clear picture of the consequences of BDP.

Aim: To review and summarise all the scientific evidence relating to BDP, and determine whether this evidence is sufficient to establish clear implications for the mother, breastmilk, breastfed child, current pregnancy, and ultimately, the newborn.

Methods: We conducted a systematic review of the English and Spanish literature published between 1990 and 2015 using Cinahl, PubMed, IME, CUIDEN, Cochrane Library, Web of Science and PyscINFO.

Findings: 3278 publications were identified from databases, their titles and abstracts were checked to ensure the studies were related to the subject and met the selection criteria. Only 19 studies met all requirements and were included in the review.

Conclusions and implications: Data suggest that BDP does not affect the way pregnancies end or even birth weights. However, several questions remain unanswered. Specifically, it is unclear how BDP affects maternal nutritional status in developed countries, the growth and health of breastfed siblings, the composition of breastmilk, or the growth of the newborn after delivery. Further studies of BDP are needed with larger samples, adequate methodology and proper control of the main confounders.

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Statement of significance

Problem or issue

Many cultures have taboos against BDP. Many women wean their children when they get pregnant again.

What is already known

International research has reported different outcomes on different aspects of BDP. To date there has been no systematic review that synthesise the findings.

What this paper adds

Data suggest that BDP does not affect the way pregnancies end or even newborns' birth weights in healthy and well-nourished women. It is unclear how BDP affects maternal nutritional status in developed countries, the growth and health of breastfed siblings, the amount and composition of breastmilk, or the growth of the newborn.

1. Introduction

Breastfeeding is promoted by both the World Health Organisation (WHO) and the United Nation Children's Fund (UNICEF). Both organisations recommend exclusive breastfeeding until 6 months, and thereafter breastfeeding supplemented with other foods until at least two years after birth.^{1,2} The health benefits of breastfeeding have been well established.^{3,4} However, there is often a strong cultural taboo when breastfeeding overlaps with pregnancy⁵⁻⁷ and many mothers wean their children when they become pregnant again some based on their own beliefs, others due to social pressure or professional advice.⁸⁻¹¹ Among the most common concerns of mothers and practitioners when breastfeeding overlaps with pregnancy are the fear of premature birth or spontaneous abortion and the fear of a rapid depletion of maternal nutrients, which may increase nutrition risks for mothers, firstborns and newborns.^{5,6,12}

Indeed, breastfeeding and pregnancy both have high energy requirements. This has fostered the belief that their overlap could deplete maternal nutrition if nutritional supplies are inadequate to maintain the balance between the energetic needs of the mother, fetus, and the nursing child.¹³⁻¹⁶ Moreover, breast stimulation in late pregnancy has been proposed as a means of labour induction.¹⁷ Nipple stimulation promotes the release of oxytocin, which stimulates womb contractions.^{18,19} Therefore, it is believed that a suckling baby could induce premature birth or spontaneous abortion.^{20,21}

Finally, research in dairy cows has demonstrated that a complete overlap of lactation during pregnancy compromises

total milk production during the next lactation.²² It seems reasonable to ask whether the same applies to women, and whether this could affect the growth of the breastfed child.

Despite all it has been exposed above, BDP is not an uncommon occurrence in some countries. According to data from demographic and health studies from 17 different countries in Africa, Asia and Latin America, Boerma and Bicego²³ in 1992 reported that 16.2% of pregnant mothers were nursing a previous child. In 1990, 50% of the pregnant women in a study conducted in rural Guatemala breastfed a child during pregnancy.²⁴ In 2002 Ramachandran²⁵ reported that 30% of Indian mothers conceived when they were still breastfeeding an older child and in 2008 Shaaban and Glasier²⁶ reported that in Egypt this situation occurred in 25.3% of pregnancies. Finally, data from "The National Health and Nutrition Examination Survey III" reveal that between 1988 and 1994, 5% of North American breastfeeding women were pregnant.²⁷

BDP statistics are scarce and not recent. Often in Western parts of the world BDP is essentially invisible to the mainstream. However, anthropologists have pointed out that within Western cultures there are breastfeeding-friendly subcultures, such as American La Leche League, where 61% of mothers practice BDP. Nevertheless, the current social stigma against nursing an older children and BDP leads many mothers to keep BDP to themselves and reveal it only to carefully selected few people.²⁸

Thus, health care professionals involved in pregnancy monitoring and breastfeeding support (paediatricians, midwives, paediatric nurses and obstetricians) must be able to advise mothers about breastfeeding during pregnancy (BDP) and provide professional guidance based on scientific evidence.

However, to date, the consequences of BDP have not been clearly determined in humans. While the available studies have evaluated only isolated aspects of BDP, such as maternal outcomes (nutritional status), pregnancy outcomes (premature births, and spontaneous abortions), newborn outcomes (birth weight and infant growth), child outcomes (breastfed sibling growth and breastfeeding pattern), and breastmilk outcomes (amount and composition), the reviews conducted on the subject are partial systematic reviews carried out in single databases,²⁹ or literature reviews^{12,30} and thus provide only a partial or limited vision of the issue.

In this situation, it is difficult to gain a clear overview of the effects of BDP. The present systematic review has a dual aim. Firstly, to identify, review and synthesise the evidence relating to BDP, including the outcomes for pregnancy, mother, newborn, breastfed child, and breastmilk and secondly, to determine whether the available evidence is sufficient to establish clear implications for these groups.

2. Methods

2.1. Search strategy

We conducted a systematic review of the literature published between 1990 and 2015 at two time points: January 2015 and January 2016. The following databases were searched for studies written in Spanish or English: CINAHL, PubMed, IME, CUIDEN, Cochrane

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