

ALLERGY AND ASTHMA EPIDEMIC NOT STEMMED BY BREAST-FEEDING



The duration and exclusivity of breast-feeding has no influence on whether children develop allergies or asthma by the time they are 6 1/2 years old.

Michael S. Kramer and his colleagues at the Canadian Institutes of Health Research have always been advocates of long-term exclusive breast-feeding, which lowers the risk of stomach flu, colds, and throat and ear infections. *“With so many benefits to the practice, I wondered whether breast-feeding would also have any effect on the soaring rates of asthma and allergies across the last few generations of children,”* says Kramer.

After almost 7 years of research and another 2 years of statistical analysis, Kramer now says that the answer is an undeniable no. Known as the “Promotion of Breast-Feeding Intervention Trial” (PROBIT), Kramer’s study included 17,046 mother and baby pairs from 31 maternity hospitals and clinics in the Republic of Belarus.

All the babies were born at healthy weights in 1996 and 1997 and had mothers who already decided to breast-feed them. Mother and child pairs from half of the selected hospitals participated in a program designed to promote longer exclusive breast-feeding. They became the experimental group. The other mothers were not influenced in any way and,

with their babies, became the control group. Both groups contained women of similar ages, education and family history. Some women in each group had allergies, asthma or eczema in the family.

Almost half (43%) of the women in the experimental group exclusively breast-fed their babies until they reached 3 months old, while only 6% of those in the control group did so. Most mothers introduced other foods prior to the babies turning 6 months old. After a year, almost 20% of the experimental mothers were still breast-feeding while 11% of those in the control group were still doing so.

A follow-up took place after the children turned 6 1/2 years old. A total of 13,899 mother-child pairs participated. Symptoms of allergies, asthma, hay fever and eczema were determined by asking the mother to answer an international questionnaire, while allergic reactivity was assessed by administering skin prick allergy tests for house dust mites, cat, birch pollen, mixed northern grasses, and fungus spores. There were no significant differences between the two groups.

Kramer says his research shouldn’t influence a mother’s decision to breast-feed although she shouldn’t expect it to help eliminate allergies.

“It may be that if you breast-feed for a long term and exclusively, it may prevent allergies, but there may be something about introduction of solids during breast-feeding that may influence allergies,” says Perle Feldman, an associate professor of family medicine at McGill and the medical director of the Goldfarb Breast-Feeding Program in the Herzl Family Practice Centre of the Jewish General Hospital. *“This study doesn’t answer those questions because the exclusive breast-feeding in it wasn’t very long.”*

Still, Feldman calls Kramer’s study *“one of the best studies done on breast-feeding ever, since it is the closest we will ever get to an actual randomized trial on this complex subject,”* and says it may help her to encourage women to do what they need to do without guilt. *“Exclusive breast-feeding is important for many reasons but preventing future allergies may not be one of them.”* 🐾

BY TRACEY ARIAL

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Ref.: Kramer MS, Matush L, Vanilovich I, Platt R, Bogdanovich N, Sevkovskaya Z, Dzikovich I, Shishko G, Mazer B. Effect of prolonged and exclusive breast-feeding on risk of allergy and asthma: Cluster randomised trial. *British Medical Journal* 2007;335(7624):815-820.