

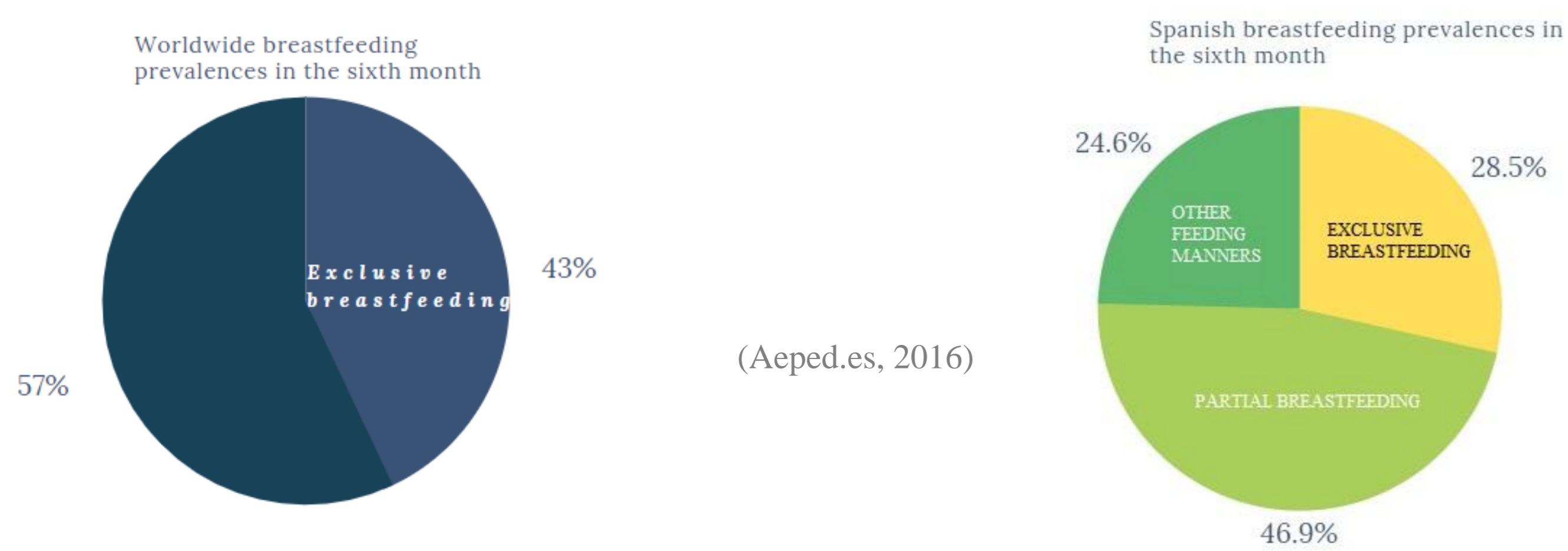
## Abstract

The effects of alcohol consumption during lactation have not been established as widely as during pregnancy. Consequently, this lack of information makes mothers unaware of the risks that alcohol intake might have both on them and their developing infant. The aim of this review is to summarize the scientifically demonstrated adverse effects of alcohol consumption during lactation both on mother and child. In spite of the fact that the available data in this field is scarce and contradictory, there is evidence that alcohol intake during lactation is harmful for mothers' lactational performance and their infants' development, behaviour and preference to alcohol after being exposed to it.

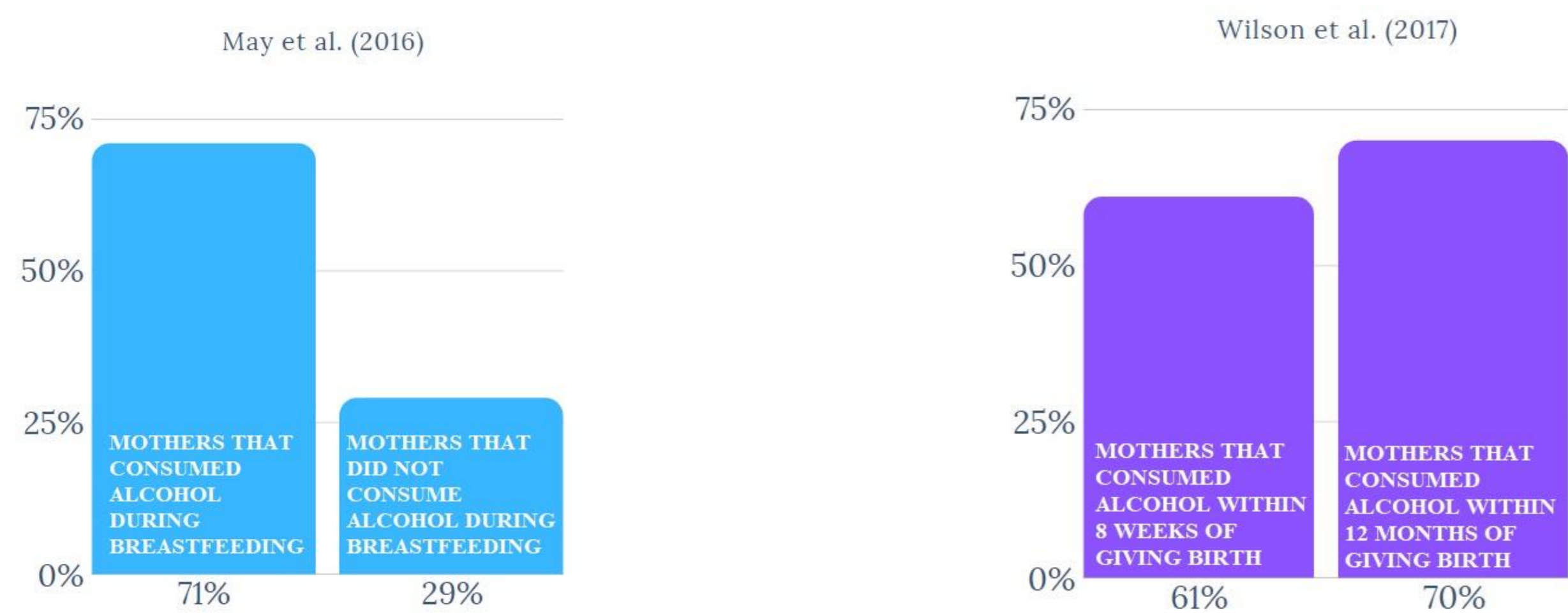
**Key words:** lactation, breastfeeding, maternal alcohol intake, alcohol's adverse effects.

## Justification

Although breastfeeding has been accepted as the best and safest method so as to protect infants' development, health and growth (Giglia & Binns, 2006), the analyzed prevalences are below the professional advice of exclusively breastfeeding until 6 months postpartum and partially breastfeeding until 2 years after birth (May et al., 2016).



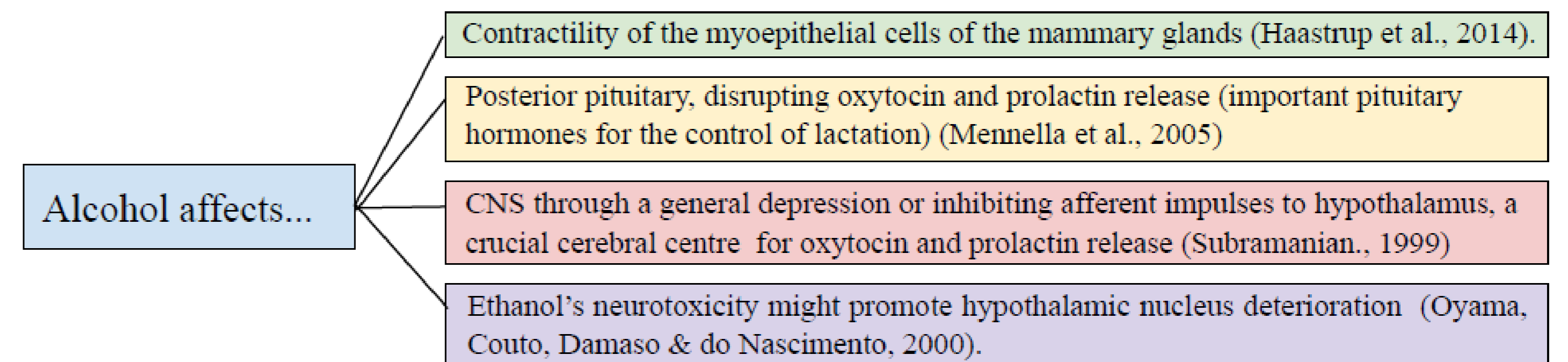
Moreover, although there are strict recommendations for pregnant women about alcohol consumption during pregnancy, unawareness about alcohol's adverse effects during lactation makes mothers consume higher amounts of alcohol during this period (May et al., 2016). Not only is there a lack of recommendations for lactating women about alcohol consumption, but alcohol has also been traditionally believed to be a galactagogue, beneficial for breastfeeding (Mennella, 1998).



Consequently, taking this lack of information about alcohol's effects during lactation into account, the primary aim of this literature review is to assemble data from a wide variety of studies in order to clarify the scientifically concluded harmful effects of alcohol in terms of the breastfeeding mother and the breastfed child.

## Mother, lactation and alcohol consumption

Alcohol enters breast milk by passive diffusion nearly in the same concentration as in maternal blood, peaking after 30-60 minutes of alcohol intake (Haastrup et al., 2014). Thus, due to the dynamic equilibrium between plasma and breast milk, as long as maternal blood contains alcohol, milk will contain too (Mennella, 2001). Consequently, alcohol has been found to have an inhibitory effect on lactational performance and the duration of breastfeeding (Giglia & Binns, 2006), through several mechanisms that have been hypothesized:



## Breastfed infant and effects of alcohol exposure

Breastfeeding is acknowledged as the best method of infant nutrition, due to its developmental, economic, health and psychological benefits. Regarding the psychological profits, breastfeeding is advantageous for the mother and the child, due to the pleasant physical and psychological connection that it is developed between them, as well as being positively correlated to infants' mental and psychomotor development and IQ levels (Salone et al., 2013).

However, when the breastfed infant is exposed to alcohol through breast milk, several adverse effects are observed. Thus, these are the principal areas that have been related to adverse effects on the infant due to maternal alcohol intake during lactation:

Developmental abnormalities	Alcohol preference	Behavioural disturbances
<ul style="list-style-type: none"> <li>•<b>Reduced reasoning ability</b> at 6 to 7 years after birth (Gibson &amp; Porter, 2018).</li> <li>•<b>Lower weight and average levels</b> at seven years (May et al., 2016).</li> <li>•<b>Infant's psychomotor development</b> at one year postpartum (Little et al., 1989).</li> <li>•<b>Slower weight, attained size and linear growth</b> from 1 to 57 months (Backstrand, Allen &amp; Pelto, 2004).</li> </ul>	<ul style="list-style-type: none"> <li>•Neonatal exposure to different flavours modifies <b>infant's responsiveness to that flavour</b> (Mennella &amp; Beauchamp, 1996)</li> <li>•<b>Different responses to scented toys</b>, with increased levels of these objects (Mennella &amp; Beauchamp, 1998)</li> <li>•<b>Increased infants' activity</b> during the first minutes after maternal alcohol intake (Mennella &amp; Beauchamp, 1991)</li> <li>•<b>Higher alcohol-flavoured milk consumption</b> outside the breastfeeding context (Mennella, Goodman, Wilson, 1997).</li> </ul>	<ul style="list-style-type: none"> <li>•<b>Alterations in infant sleep</b>, disposing infants to sleep faster but for shorter periods, referable to <b>less active sleeping time</b>, with less active wakefulness and sleeping compensation 20,5 hours after alcohol exposure (Mennella &amp; Gerrish, 1998).</li> <li>•<b>Behavioural states' stability alterations</b>, with a larger number of state changes, more time crying and longer periods of fussiness (Schuetze et al., 2002).</li> <li>•<b>Altered mother-infant interactions</b>, with increased levels of non contingency and dyadic conflict (Schuetze et al., 2002)</li> </ul>

## Conclusions

Once these results have been introduced, it is clear that there is no scientific evidence about the positive effects of alcohol during lactation. On the contrary, alcohol has been found to negatively affect the lactational performance of the mothers, as well as disrupting infants' development, growth, sleeping and feeding behaviours, mother-infant interactions and infant's alcohol preference after being exposed to it. Consequently, the main conclusions of this literature review can be divided in two ideas:

- 1) Taking into account the unawareness of mothers in terms of the risks of alcohol intake during lactation, as well as the myths about the galactagogue quality of alcohol, **interventions and educational support for mothers and doctors are crucial in order to promote a secure alcohol intake.**
- 2) **More research is needed in order to rise an agreement about the harmful effects of alcohol during lactation**, both on mother's lactational performance and different areas of the infant.

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