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Correspondence: Alcohol. Breastfeeding

Infants exposed to alcohol

Sir: The August home page news story on the need for explicit labelling of alcoholic drink containers, is excellent and timely. Too little attention is paid to alcohol and its deadly and widespread effects on public health and welfare. Perhaps South Korea, where I currently live and work, can serve as an example of the current and potential future harm done, if strong legislation and regulation is not put in place, following sustained pressure from the public health community.

In South Korea, average levels of alcohol consumption are higher than those the news story cites for the UK. Also, since women here usually still drink so little, male drinkers consume nearly 30 litres of pure alcohol a year, which works out to an average of 6 standard drinks every day of the year (using the US Centers for Disease Control and Prevention definition).

Here, alcoholic drinks are promoted heavily to youth, almost exclusively portraying happy, popular girls drinking, presumably because the boys are already drinking as much as they have tolerance and time for. Young men are criticised and warned by their elders if they do not develop the ability to drink much and often, as this is a necessity for a successful social and business life. As a result, despite its relatively

low health care costs, South Korea suffers from direct and indirect economic costs of US\$ 524 per person per year (as of 2007), which is already higher than those incurred by France, Canada or Scotland (1).

Infants and breastfeeding

In the field of public health we pay special attention to vulnerable groups, particularly pregnant and lactating women and infants. Alcohol use is surprisingly high around the world among pregnant women, despite unambiguous advice to avoid it. Among breastfeeding women its use is often encouraged, sometimes even by health professionals. It reduces oxytocin secretion, resulting in babies obtaining less milk despite more suckling in the following hours, leaving the breasts feeling more full. This probably explains the myth that alcohol increases milk production.

While alcohol use is not associated with any decrease in the incidence and duration of breastfeeding (at 6 months after birth in Norway, 86 per cent of mothers are still breastfeeding and of these, 80 per cent drink alcohol), it may result in increased levels of premature supplementation. This is because alcohol exposure increases infant restlessness and decreases infant sleep, both of which leading to a tendency to mixed feeding. It also results in infants who, unlike their unexposed counterparts, gladly play with ethanol-doused toys. No one has studied whether this in turn results in altered alcohol consumption patterns later in life.

There are mechanisms that compensate for the relatively minor harm alcohol does to the infant and the breastfeeding process. But when mothers drink alcohol more than occasionally, these cannot function optimally. It is possible to schedule drinking so as practically to eliminate infant exposure, but how often women actually do this has hardly been studied. One study in Australia found that only 25 per cent of breastfeeding women using alcohol at one month after birth said they scheduled it to avoid infant exposure.

It is of course better that a woman who is not a heavy drinker continues to drink moderately and breastfeeds than that she avoids breastfeeding. I have seen no discussion of whether there is a level of maternal alcohol consumption that still allows a mother to be fit to care for an infant but where breastfeeding would be contraindicated. I have also seen no evidence that women warned that it is best not to drink while breastfeeding decide, based on that advice, to avoid breastfeeding.

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Reference

- 1 World Health Organization. *Global Status Report on Alcohol and Health*. Geneva: WHO, 2011. Available online at http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf.

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