



by CATHERINE Y. SPONG, MD

Breastfeeding and alcohol: Do they mix?

Because August is National Breastfeeding Month, we are providing you with a cover story on it. At *Contemporary OB/GYN*[®], our editorial meetings include an analysis of what articles are performing best in online metrics. One that consistently is at the top is “Alcohol and Breastfeeding: What Are the Risks?”¹ We wanted to take a deeper dive and provide an update. Breastfeeding is associated with numerous health benefits for both mother and child and has been identified as a strategy for the improvement of public health. For women, this includes a reduction in postpartum bleeding, anemia, urinary tract infections, and promotion of postpartum weight loss. For infants, breastfeeding is associated with a reduction in ear, gastrointestinal, and urinary tract infections; higher IQ, lower rates of asthma, eczema, diabetes, and obesity. The Centers for Disease Control and Prevention tracks breastfeeding rates with a biannual report—noting in 2017 that 84% of infants started breastfeeding—declining to 58% at 6 months and 35% at 12 months.² Many efforts, including designation of baby-friendly hospitals that incorporate strategies to enhance breastfeeding, have been implemented.

There is a dearth of information regarding the impact of medications, supplements, and substances on breastfeeding.³ Incredibly, only 15% of products approved by the FDA for labeling between 2015 and 2017 included

data on human lactation.⁴ Given that more than 3 million women breastfeed in the US, data is essential for counseling. Data on common substances such as alcohol are vital to provide needed counseling for our patients. From 2011 to 2018, the rate of alcohol consumption in pregnancy increased. Assuming 6,000,000 pregnancies in 2018, around 678,000 pregnant women drank alcohol in the past 30 days.⁵ The COVID-19 pandemic has heightened the need for this data. Alcohol consumption has substantially increased, including in women of reproductive age.⁶ For women, the frequency of alcohol consumption increased 17% during the pandemic, and rose 19% in adults aged 30 to 59 years.

Interestingly, cultural practices are varied regarding alcohol consumption both during pregnancy and lactation. Many years ago I was on National Public Radio’s *The Diane Rehm Show* with esteemed professor David Barker⁷—the originator of the fetal origins of adult disease—a pioneer in understanding the role of fetal development and programming on the impact of adult disease onset, known as the “Barker hypothesis.”⁸ The majority of the program focused on the importance of optimizing fetal health, but a listener called in with a question about consumption of alcohol both during pregnancy and breastfeeding. In the UK this is more acceptable.

Indeed, the National Health Service states “an occasional drink is unlikely to harm your breastfed baby”⁹ and encourages healthy rest and nutrition for milk supply. In the US, the recommendation is not to consume alcohol while breastfeeding¹⁰ with concerns that alcohol consumption may impair milk supply. I fondly recall the tiptoeing I needed to master trying to negotiate a tactful disagreement with the advice of Barker and providing guidance for our listeners. Even with these recommendations, women commonly ask questions

about alcohol consumption and breastfeeding such as “Should I pump and dump if I have a glass of wine?” and “Do I just wait until it has passed through my system?” This month, experts Susan Crowe, MD, and Tricia Wright, MD, MS, provide the needed insight—with as much data as are available on this

topic. Beginning on page 16, they offer their expert guidance on how best to advise patients. They include with it clinical pearls and other key takeaways. We always appreciate reader feedback so please contact me below with any thoughts related to this article. ■

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