Breastfeeding: Beyond Nutrition. Breastfeeding Support: Beyond Biology

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THIS FIRST 2016 ISSUE OF *Breastfeeding Medicine* brings with it the announcement that confirms the broadening of the content of the journal to include specific practical information for its worldwide readers. As of the March 2016 issue a regular column entitled *LactMed Update* will be published under the editorship of Dr. Philip O. Anderson, the founder and current primary author of the LactMed Web site.¹ This column will be pro-active and will focus on highlighting newer information on the issue of drugs ingested by the breastfeeding mother and what, if any, affect it has on the nursing infant. We welcome Dr. Anderson to our list of regular contributors and are pleased that *Breastfeeding Medicine* can serve as the public platform for this authoritative source of practical information for the physicians managing the medical care of the mother–infant dyad.

This issue also highlights the variety of subjects that are addressed in *Breastfeeding Medicine*. On the one hand, we are pleased to publish a study by Kaingade et al.¹ from India that demonstrated the capacity of fresh human breastmilk mesenchymal stem cells to secrete human growth factors, both vascular endothelial growth factor and hepatocyte growth factor. Although this was only an in vitro study, these data emphasize that the theoretical value of feeding human milk is not limited or solely a matter of nutrition. Growth factors such as these play a critical role in the maturation of both the immature lung and the immature gastrointestinal tract. This suggests that there is an additional value in feeding such functional stem cells to the premature infant. Clearly in vivo human studies are needed to explore this issue and to delineate, in addition, what of the breastmilk stem cell's capacity is or is not lost in the pasteurization process.

The vernacular is called the “real world” of breastfeeding advocacy and support. Garner et al.³ performed a series of in-

depth qualitative interviews of healthcare workers and confirmed what many of us have perceived (i.e., that there is a discontinuity of care of breastfeeding mothers reflected not only in the lack of specific knowledge but also the more problematic reality of the absence of a guiding responsible hand, or, as phrased by the authors, “there’s no captain of the ship”). The problem that they document highlights the need to provide more attention to organizational, structural, system analyses and the need for incorporating expertise in these matters if we are going to move forward in supporting the mother and infant. The article by Furman et al.⁴ no less addresses these issues in their study of the role that inner-city fathers can and should play in breastfeeding support.

Both these study confirm the all too true axiom: “If breastmilk value is beyond nutrition then breastfeeding support is beyond knowledge of biology!”

References

1. <http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm> (accessed December 7, 2015).
2. Kaingade PM, Somasundaram I, Nikam AB, et al. Assessment of growth factors secreted by human breastmilk mesenchymal stem cells. *Breastfeed Med* 2011;11:26–31.
3. Garner CD, Ratcliff SL, Thornburg LL, et al. Discontinuity of breastfeeding care: “There’s no captain of the ship.” *Breastfeed Med* 2016;11:32–39.
4. Furman L, Killpack S, Matthews L, et al. Engaging inner-city fathers in breastfeeding support. *Breastfeed Med* 2016; 11:15–20.

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