

Editorial

The Evidence for Growth Standards and Iron in Moderation and Exclusive Breastfeeding

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THE 11TH ANNUAL MEETING of the Academy of Breastfeeding Medicine was as dramatic as its surroundings on the edge of Niagara Falls with its ebullient water cascades, numerous eddies, and whirlpools.

The first Founders Lecture (Friday, September 22, 2006) was given having been established by the original Founders. The purpose of the lectureship is to assist in bringing additional outstanding speakers to the annual meeting. The tradition began on a very high note with Dr. Cuberto Garza, Academic Vice-President and Dean of Faculties of Boston College and Co-Chair of the World Health Organization International Committee on Growth presenting the WHO Growth Chart standards. They are designed to show how children should grow optimally, not how they do grow in contrast to the CDC reference tables that average data from the well-fed, the overfed, the underfed, and the uncared-for. The new charts unmask the early trends to obesity. Dr. Garza summarized by saying the WHO growth standard provides technically robust tools for assessing the well-being of infants and young children based on data from an international group of children who grew similarly when their health needs are met. By linking physical growth to motor development, it underscores the crucial point that although normal physical growth is a necessary enabler of human development, it is insufficient on its own. Together, three new elements: normative feeding practices, good health behaviors, and links to motor development provide solid tools to help meet the health

and nutritional needs of the world's children according to Dr. Garza.

Iron is good, but more is not better, remarked Michael K. Georgieff, Professor of Pediatrics and Child Psychology at the University of Minnesota Medical Center, who provided a detailed report of his work on the developing brain and iron supplies. He pointed out that iron is a critical nutrient but a potentially toxic mineral. Various brain regions and processes have different developmental trajectories. The vulnerability of a brain region to a nutrient deficit or surplus is based on timing of the deficit or surplus and the brain's requirement for that nutrient at that time, he said.

The margins between deficit, adequacy, and overload are narrow in the fetus and neonate as well as the young child. In the fetus and premature infant, the toxicity is magnified by an underdeveloped antioxidant system and low total binding capacity.

We look forward to a detailed explanation of this vital work in a future issue of *Breastfeeding Medicine*.

Evidence supports the WHO recommendation to introduce complementary foods at 6 months concluded Kathryn G. Dewey, Ph.D., of the DARLING study at the University of California at Davis. She provided extensive evidence on the optimal duration of exclusive breastfeeding for the healthy infant quoting many studies and reviews.

The benefits include continued protection against infections, enhancement of motor development, and ideal infant growth. Benefits to

the mother include prolonged lactational amenorrhea and acceleration of maternal weight loss. The benefits in the developing world are high and in the developed world are not insignificant. The WHO, UNICEF, WABA, and ABM have taken a firm stand that breastfeeding should be exclusive for 6 months.

The opportunities and challenges presented by postpartum depression and breastfeeding were discussed by Linda H. Chaudron, M.D., M.S., Department of Psychiatry at the University of Rochester School of Medicine. She urged practitioners, including pediatricians, to take a history, ask specific questions, use a valid screening tool, and not just ask at-risk women but all women, and more than once. Distinguishing among postpartum blues, depression, and psychosis is imperative and may require the aid of a psychiatrist. She urged practitioners to weigh the advantages and disadvantages of breastfeeding for the specific depressed mother and her infant. Because no randomized control trials exist for any class of antidepressants, the selection of the appropriate medication is difficult, she explained. With proper guidance and dosing, antidepressants can be safely used while breastfeeding and are effective. Dr. Chaudron concluded.

These four presentations are only tastings from the full menu at the meetings, which also included animated discussions of milk banking, obesity, medications and herbals, prematurity, maternal nutrition, SIDS, co-sleeping, and pacifiers as well as a sampler's delight of abstracts in platform and poster format describing current research.

We hope to share many of the original research abstracts presented in Niagara Falls as full articles on these pages in the coming year. Don't miss next year's excitement at the annual meeting in Dallas/Fort Worth at the American Airlines Convention Center, October 10–13, 2007.

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