

The Talmud and Human Lactation: The Cultural Basis for Increased Frequency and Duration of Breastfeeding Among Orthodox Jewish Women

ARTHUR I. EIDELMAN

ABSTRACT

Background: The relationship of cultural factors to the breastfeeding patterns has been documented. Given previous reports of the increased frequency and duration of breastfeeding in Orthodox Jewish women, an analysis of the religious and cultural basis of this phenomenon was performed.

Methodology: The published medical literature relating to the religious and sociodemographic variables in Jewish women was summarized. A review of the Talmudic references to the qualities of breast milk, patterns of breastfeeding, and status of the breastfeeding mother were presented.

Results: The Talmudic references confirm a strong endorsement of the superior qualities of breast milk, the recommendation for a prolonged period of breastfeeding (2 to 4 years) and the unique economic and social rights of the breastfeeding mother.

Conclusion: Because the Talmud—the 2000-year-old document that serves as the basis for the current Jewish religious legal code (Halacha)—explicitly focuses on the positive values of both breast milk and breastfeeding, it is understandable that Orthodox Jewish women have a deep religious cultural commitment to breastfeeding that is an integral part of their religious lifestyle. This positive religious dimension of breastfeeding is independent of any of acknowledged medical benefits *per se*.

INTRODUCTION

REPEATED STUDIES of the multicultural Israeli population have provided a database for the analysis of the demographic, social, and perinatal medical factors that influence both the initiation and duration of breastfeeding.¹⁻⁶ A consistent findings in all of these studies has been the correlation of a higher initiation rate and longer duration of breastfeeding in Orthodox Jewish women, independent of age, edu-

cational level, parity, mode of delivery, smoking habits, medical condition, or employment pattern. In fact, as reported by Birenbaum,^{2,3} maternal multivariate analysis by stepwise logistic regression has documented that the Orthodox Jewish belief was the variable with the highest correlation ($p < 0.001$) with successful breastfeeding.

Some investigators have argued that this finding reflects the fact that breastfeeding has an additional benefit (i.e., lactation amenor-

Department of Pediatrics, Shaare Zedek Medical Center, Hebrew University School of Medicine, Jerusalem, Israel; Faculty of Health Sciences, Ben Gurion University of the Negev, Beersheva, Israel.

rhea), and thus provides a secondary gain as a religiously approved method of contraception.⁷ In fact, Rosner⁸ has recently confirmed that among Orthodox women in New York who do not use any medical birth control techniques, breastfeeding is perceived as an acceptable means to extend the birth interval. In mothers who did breastfeed, the interval was 6 months longer than in those who did not nurse.

However, there may well be a more basic motivation for breastfeeding in these mothers, beyond the contraceptive value; thus, it behooves the clinician to understand the cultural/religious concepts that underlie the positive attitude and behavior to breastfeeding in this population. This is particularly relevant to caretakers who serve this population, given the fact that the Orthodox Jewish community currently conducts its lifestyle by a well-defined and highly legalistic code of behavior termed the Halacha. As such, this commentary has chosen to analyze the pronouncements about human lactation as cited in the Talmud, the nearly 2000-year-old text that serves as the primary source for the development of the Halacha. Reviewing these citations clearly allows one to understand the theological and cultural basis for the positive attitude toward breastfeeding in the Orthodox Jewish population and possibly assist in formulating concepts that can be generalized to broader and more culturally diverse groups of mothers.

From a historical point one should note that Talmudic textual references to breastfeeding and the qualities of breast milk reflect both the evolving written Jewish legal system (Halacha) that began to be codified in the first centuries of the Common Era (200 to 400 AD) and the social and cultural environment of the then-existing Greco-Roman world. As is obvious from the perusal of the various Talmudic citations, both the legal and the homiletic (Agadah), it is clear that rabbinic authorities assumed that breastfeeding was the most natural and healthy form of infant feeding. In addition, it is equally clear that the Talmudic rabbis possessed a most sophisticated understanding of the physiology of breastfeeding, the dynamic psychology of maternal–infant bonding, and the unique char-

acteristics of breast milk itself. In this review, a selected number of Talmudic statements and concepts are presented that confirm these conclusions, allowing one to understand more fully the cultural basis for the continuing success of breastfeeding among Orthodox Jewish mothers. In fact, the most recent national survey of infant nutritional practices in Israel confirms the persistent phenomenon of successful instantiation and prolonged duration of breastfeeding in these Orthodox mothers.⁹

TALMUDIC CITATIONS

Breast

As the human female was ordained with breasts that could provide breast milk, it was inconceivable to the rabbis that a woman would not breastfeed. The basis for this conclusion was the theological concept that it was impossible to believe that something that was created by God be without purpose or that man would counter God's wishes by ignoring its purpose. Thus, Rabbi Elazar in his interpretation of the prayer of the childless Hannah (1 Samuel, chapter 1, verses 12–17) expressed her plea to God as follows:

Master of the universe, of all (the organs) you created in a woman you did not create a single thing for naught . . . breasts with which to nurse. Thus, give me a son that I may nurse with them.¹⁰

Rabbi Abahu¹¹ noted that, in the humans, the breasts were created to be near the heart, the seat of insight (*binah*). Insight in turn nurtures the soul (*neshamah*) and leads to “understanding of the benefits” of God.¹² In contrast, in ungulates the breasts are near the anus. As a result, in the words of Rabbi Masna and Rabbi Yedidiah,¹¹ the human infant who breastfeeds is not exposed to either “the unclean space” (*tinofet*) of the anus, nor “gazes at the place of nakedness” (*ervah*) of the perineum. Of interest to note, is that the term nakedness/*ervah* of the perineum was Talmudic euphemism for sexual sin, confirming that the breast per se was not

conceptualized as having a sexual purpose. Thus, the exposure of the breast was not considered to be either a sin or a lewd act.

Breast milk

The origin of breast milk was a matter of debate among various rabbis. Rabbi Meir¹³ believed (as did Aristotle and Galen) that menstrual (uterine) “blood is transformed (*n’aseh achar*) and becomes milk.” As such, when a mother breastfeeds, no menstruation takes place. Other authorities, such as Rabbis Yossi, Judah, and Simon, attribute the postpartum cessation of menstruation to the disjointment (disintegration) of the mother’s internal sex organs.¹³ In the unusual circumstance when a lactating mother becomes pregnant, the internal sex organs regrow and expand and in turn lead to the milk turning murky (*ne’achar*) and becoming unpalatable to the infant. This process occurs only after the third postpartum month and usually only after the end of the first trimester of pregnancy.^{13,14} Thus, in these rabbis’ concept the production of milk is linked inversely to the presence or absence of the internal female organs (uterus).

Breast milk is considered kosher for human consumption, even though it is derived from a non-kosher animal (i.e., a human being).¹⁵ Even though it is milk, it is categorized as “pareve” (i.e., neither dairy nor meat). Thus, breast milk can be mixed with all types of food, including meat products, and still meet the standards of the Jewish dietary laws. However, the rabbis cautioned against routinely mixing breast milk with meat products so as not to confuse people (*ma’aris ayin*) who might mistake the milk for bovine milk.¹⁵

Breast milk is considered to have unique chemical characteristics. This can be deduced from the rabbinic debate¹⁵ about the question of when an infant can visually recognize its own mother as opposed to another female caretaker. Recognition of one’s own mother (or wet nurse) was considered critical for the success of nursing. Rabba concluded that infant–maternal recognition occurs at least 90 days after delivery. Rabbi Yitzchak in the name of Rabbi Jonathan felt that an infant can recognize its

own mother within 50 days, whereas Rabbi Shmuel thought that this can happen in special cases as early as 30 days after birth. The Talmud concluded that there is no specific point of time post partum when this recognition process occurs and that the dynamic of each infant–mother dyad is different. Rav Ashi emphasized this point by stating that even a blind baby could recognize its own mother in even less than 30 days by relying on the unique smell and taste of its own mother’s milk.^{15,16} In addition, the rabbis stressed that the diet of the mother can influence both the quality and the variety of taste of the milk, confirming that they understood the concept maternal plasma–breast milk transport.¹⁷

Duration of breastfeeding

The Talmudic recommended duration for breastfeeding is 24 months, although some authorities, such as Rabbi Yehoshua, extend this period up to 4 to 5 years.¹⁵ If the infant is weaned before 2 years there is concern that this will lead to an undue risk to the infant’s health.^{10,17,19} The act of breastfeeding is considered to be an effective and natural contraceptive and the risk of pregnancy is small. However the risk is still large enough to justify the use of a female barrier contraceptive device (*Moch*).¹⁸ This concern stems from the belief that if a pregnancy does occur it can be expected that the milk production will be significantly reduced in quality and quantity after the first trimester unduly risking the health of the infant. Similarly, a nursing mother who is widowed should not remarry until her infant is at least 21 months old, so she not “risk” getting pregnant by her new husband, and, in turn, risking her living infant’s well-being.¹⁸ Clearly, the rabbis considered breast milk the vital nutritional source for the first 2 years of the infant’s life.

Rights of the breastfeeding mother

The nursing mother is categorized as legally “sick” in the sense that she has special maternity benefits. Thus, she must be allotted an enlarged food allowance to cover her and her infant’s increased nutritional demands. Fur-

thermore, her work obligations (including housework), both as to effort and duration, must be reduced during the nursing period, so as to preserve both the quantity and quality of the milk.²⁰ Not only is the mother obligated to minimize her work and be provided with an adequate diet, but also she is cautioned against eating foods that could affect the milk. Thus, the rabbis admonished mothers against eating unripe dates, small fishes, palm shoots, sour milk, moldy bread, or excessive salt.¹⁴ These recommendations applied equally to wet nurses.

Wet nurses are prohibited from concurrently nursing their own child or another infant so as to guarantee that an adequate amount of milk be available for the infant she is hired to nurse.¹⁴

Bottle feeding

There is no mention in the Talmud of bottle feeding. The alternative to the desired breastfeeding from the natural mother is either a wet nurse, animals such as goats, or in extreme circumstances even nursing from a non-kosher animal.²⁰ The bottle is not an alternative.

CONCLUSION

It is clear that the Talmud reflects a most positive attitude to breastfeeding and the principle that breastfeeding must be sustained for an extended period if one wishes to guarantee the optimal health and development of the newborn infant. In a sense, the cited Talmudic legal pronouncements are the practical and operational expression of Judaism's basic tenets. The ultimate blessing is, as expressed by the Patriarch Jacob, "The blessing of the womb and the breast."²¹ That these tenets continue, to this day, to sustain Orthodox Jewish women in their decision and commitment to breastfeed their infants can be confirmed by the various lay and rabbinic publications that are available to modern Orthodox Jewish women,^{22,23} and the results of ongoing surveys that continue to document the positive impact of traditional religious beliefs and mandates on daily nonritualistic behavior.⁹

REFERENCES

1. Bergman R, Feinberg D. Working women and breastfeeding in Israel. *J Adv Nurs* 1981;6:305–309.
2. Birenbaum E, Fuchs C, Reichman B. Demographic factors influencing the initiation of breast feeding in an Israeli urban population. *Pediatrics* 1989;83:519–523.
3. Birenbaum E, Vila Y, Linder N, et al. Continuation of breastfeeding in an Israeli population. *J Pediatr Gastroenterol Nutr* 1993;16:311–315.
4. Ever-Hadani P, Seidman DS, Manor O, et al. Breast feeding in Israel: Maternal factors associated with choice and duration. *J Epidemiol Commun Health* 1994;48:281–285.
5. Shani M, Shinwell E. Breastfeeding characteristics and reasons to stop breastfeeding. *Harefuah* 2003;142:426–428.
6. Berger-Achituv S, Shohat T, Garty B. Breast-feeding patterns in central Israel. *Isr Med Assoc J* 2005;7:515–551.
7. Palti H, Vardi P, Palti Z, et al. Knowledge, attitudes, and practices of breast feeding in parturient women in Israel. In: Human Milk: Its Biological and Social Value, Frier S, Eidelman AI, eds., Excerpta Medica, Elsevier, Amsterdam, 1980.
8. Rosner AE, Schulman SK. Birth interval among breastfeeding women not using contraceptives. *Pediatrics* 1990;86:747–752.
9. Nitzan-Kaluski, Ofir A, Amitai Y, et al. Israel National Breastfeeding Survey 1999–2000, Israel Ministry of Health, Jerusalem, 2001.
10. Tractate Berachot 31B, Talmud Bavli: The Schottenstein Edition, Art Scroll Series, Menorah Publications, New York, 1997.
11. Tractate Berachot 10A, Talmud Bavli: The Schottenstein Edition, Art Scroll Series, Menorah Publications, New York, 1997.
12. Tractate Bechorot 6B, Babylonian Talmud, Epstein I, ed., Soncino Press, London, 1948.
13. Tractate Nidah 9A, Talmud Bavli, The Schottenstein Edition, Art Scroll Series, Menorah Publications, New York, 1996.
14. Tractate Ketubot 60B, Talmud Bavli, The Schottenstein Edition, Art Scroll Series, Menorah Publications, New York, 2000.
15. Tractate Ketubot 60A, Talmud Bavli, The Schottenstein Edition, Art Scroll Series, Menorah Publications, New York, 2000.
16. Tractate Ketubot 59B, Talmud Bavli, The Schottenstein Edition, Art Scroll Series, Menorah Publications, New York, 2000.
17. Tractate Yomah 75A, Talmud Bavli, The Schottenstein Edition, Art Scroll Series, Menorah Publications, New York, 1998.
18. Tractate Yevamot 12B, Talmud Bavli, The Schottenstein Edition, Art Scroll Series, Menorah Publications, New York, 1999.
19. Tractate Yevamot 42A, Talmud Bavli, The Schottenstein Edition, Art Scroll Series, Menorah Publications, New York, 1999.

20. Tractate Ketuboth 65A, Talmud Bavli, The Schottenstein Edition, Art Scroll Series, Menorah Publications, New York, 2000.
21. Genesis, chapter 49, verse 25.
22. Abrams JZ, Abrams SA. Jewish Parenting: Rabbinic Insights. Jason Aaronson Publishers, Northvale, NJ, 1994.
23. Tokayer M. Created in Wisdom. The Symbiotic Relationship Between Mother and Child: A Jewish Perspective. Feldheim Publishers, Nanuet, NY, 1995.

Address reprint requests to:
Arthur I. Eidelman, M.D.
Department of Pediatrics
Shaare Zedek Medical Center
P.O. Box 3235
Jerusalem 91031
Israel
E-mail: eidel@cc.huji.ac.il

This article has been cited by:

1. Rahul Malhotra, Amit Noheria, Omar Amir, Leland K. Ackerson, S.V. Subramanian. 2008. Determinants of termination of breastfeeding within the first 2 years of life in India: evidence from the National Family Health Survey-2. *Maternal & Child Nutrition* 4:3, 181-193. [[CrossRef](#)]