Alcohol: Be ‘In The Know’ If Nursing Baby

By Chris Colón, Certified Genetic Counselor at MotherToBaby Arizona

During pregnancy, many women make changes in their lives in order to have the best chance to have a healthy baby. I know I did during both of my pregnancies. These changes can involve their diet, exercise habits and other lifestyle factors. After birth, new moms may consider adding back some of the things they cut out over the last 9 months, including drinking alcohol. But is adding it back in that simple? During September’s Fetal Alcohol Spectrum Disorders (FASD) Awareness month, I thought I’d examine the topic of alcohol in breastmilk a little more closely for you. It’s a question I get frequently from the women who contact our service. As you probably know, for years, experts have been saying there is no known safe amount of alcohol use during pregnancy, but does alcohol affect a breastfeeding baby?

Before you raise your glass of favorite vino, here’s what research says…

Studies have shown that alcohol passes into the breast milk. The concentration of alcohol in the breast milk is close to the concentration of alcohol in the woman’s bloodstream. Alcohol can pass back and forth from the bloodstream into the breast milk. It’s a common myth that pumping and discarding breast milk will remove the alcohol from breast milk. Even if you discard pumped breast milk after drinking, alcohol still remains in your blood for a period of time, depending on how much you had to drink. The only way to get rid of alcohol from your system is to wait for your body to break it down and get rid of it. It takes about 2 to 2.5 hours for each standard drink to clear from breast milk. (A standard serving is considered to be 12 ounces of beer, 4-5 ounces of wine, or 1.5 ounces of hard liquor.) For each additional drink, a woman must wait another 2-2.5 hours per drink. Pumping and discarding, drinking water, taking caffeine, or exercising do not help your body get rid of the alcohol faster, because only time can reduce the amount of alcohol in the breast milk.

More misconceptions…

Another common misconception is that drinking during breastfeeding is recommended to help produce more breast milk. It used to be believed that beer raised levels of prolactin, a hormone in the body that plays a role in making breast milk. However, alcohol may actually reduce the amount of milk you produce. It is now known that alcohol lowers the release of another hormone called oxytocin. Lower oxytocin levels can affect the amount of milk that is released from the breast, meaning a baby may get less milk.

Alcohol’s known effect on baby

Many people wonder if alcohol affects a growing baby. Effects on infants from alcohol in breast milk are not well studied. There are some reports that babies whose mothers drink alcohol while breastfeeding may eat less and/or experience changes in their sleeping patterns. One study suggested problems with motor development following exposure to alcohol in breast milk, but other studies did not show the same results. There are many factors that can play a role in how alcohol can possibly affect a developing baby. Differences in genetics and metabolism of alcohol by both the mother and the baby may result in a wide range of risk. The risk may be different even in different babies from the same mother. At this time, it’s not clear how alcohol in breast milk can affect a developing baby.

Depending on the amount of alcohol you drink and the frequency with which you drink, you may not need to stop breastfeeding if you drink alcohol. You can speak with your health care provider as well as the baby’s pediatrician about how much alcohol you are drinking as well as all your choices for breastfeeding. You can also contact a MotherToBaby counselor at (866) 626-6847 to talk about alcohol and other exposures during breastfeeding.

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MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about alcohol, medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847. You can also visit MotherToBaby.org to browse a library of fact sheets.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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By Elizabeth Salas, MPH, Teratology Information Specialist, MotherToBaby California

"Do women really eat their placenta after delivery?" I was asked many years ago when a coworker mentioned a famous celebrity had talked about it during an interview. I had never heard of the practice before. As I await the birth of my first child, I got to thinking about this question again. I mean, the placenta-eating crowd has really created some demand over the last couple of years! Today, you can easily find services that will encapsulate your placenta, countless articles on the web, and even websites that offer placenta recipes. What's next? Seeing it on a menu? Imagine hearing at your favorite dine, "I'd like a burger, fries and a placenta pop, please!" Bottom line, women are talking about it, asking about it, and yes, eating their placenta.[1]

The human placenta is an amazing organ, but what exactly does it do?

The placenta is a temporary organ that develops during pregnancy to connect mom and her developing baby. The placenta provides oxygen and nutrients, removes substances or waste that could be harmful, and protects the baby from mom's immune system.[2] The placenta also produces hormones that play an important role in pregnancy and the baby's development.[3] When there are problems with the placenta, this can cause serious complications for mom and baby. Furthermore, as our knowledge of the placenta continues to grow, research suggests that problems with the placenta may give us clues or even cause future disease in mom or baby.[4]

What do we know about placentophagy?

The term placentophagy refers to the consumption of the placenta. Among mammal species, animals commonly eat raw placenta immediately after the delivery of their offspring. It has been theorized that animals instinctively consume the placenta for its nutritional benefit to the mother animal, or to prevent predators from being attracted to the location of their newly born offspring.[5] Human placentophagy however, does not consist of eating the raw placenta immediately after delivery. Typically the placenta is processed and consumed in small quantities in the weeks or months after delivery. Some cultures practice consumption of the placenta, but according to studies of cultures around the world this is a rare practice.[6]

Are there benefits to consuming the placenta after delivery?

Supporters of placenta consumption point to several possible benefits for mom. Iron is an essential element needed by our bodies for blood production.[7] When a woman delivers, it is normal to expect some blood loss. Since the placenta is rich in iron, consuming placenta may replace some of the iron lost during birth. The placenta also produces a substance called placental opioid-enhancing factor (POEF) which may aid in pain relief after delivery. Placenta

consumption has also been suggested to improve milk production and decrease the chance of postpartum depression. The placenta contains a hormone called placental lactogen which can stimulate milk production. It also contains the hormones progesterone and corticotropin-releasing hormone (CRH). Women with low levels of these hormones may be more likely to develop postpartum depression. Therefore, it is thought that consuming placenta containing these hormones could possibly decrease the risk of depression.[8]

While the practice of consuming placenta has gained popularity and the possible benefits may be worth investigating, the practice is mainly supported by individual cases or personal stories. Well controlled studies have not been conducted to investigate the safety of placentophagy or its efficacy in aiding with pain management, milk production, or reducing postpartum depression.[9] Most of the studies published on placentophagy have focused on surveying both men and women regarding the practice and their attitudes towards it.

Have any concerns been raised regarding placenta consumption?

There is currently no regulation of the processing or consumption of human placenta. If the placenta is prepared by an outside party, how can a new mom be assured of sanitary practices and handling? How does she know she has received her own placenta back? Since the placenta is a blood product and tissue, there are concerns that consumption can transmit infectious diseases. There is also a possibility of contamination that may occur in the hospital or during the process of storage, preservation, or preparation.[8]

Some commentators suggest that due to the processing of the placenta which may include preservation, cooking, drying, or freezing of the tissue, there would be little or no nutritional health benefits. Individuals or companies that process the placenta may add herbal products which consumers should be aware of in case there is a sensitivity or allergy to these products. Some have also suggested that because the placenta acts as a filter of some environmental toxins, eating the placenta could expose mom to higher levels of harmful substances. Finally healthcare providers have also expressed concerns that women experiencing postpartum depression may not seek help or may refuse treatment with medications proven to be effective because they are self-treating at home with placenta.[9]

What can I do if I'm concerned about postpartum depression or milk production?

If you are concerned about developing postpartum depression or think you may be experiencing symptoms, contact your doctor right away. Postpartum depression has serious consequences for both mom and baby, but help is available and symptoms should never be ignored. To learn more about Depression During and After Pregnancy, check out the following fact sheet: http://www.womenshealth.gov/publications/our-publications/fact-sheet/depression-pregnancy.pdf

You can also learn more by visiting the following links:

http://www.postpartum.net/learn-more/pregnancy-postpartum-mental-health/

https://www.womenshealth.gov/mental-health/illnesses/postpartum-depression.html#pubs

If you have recently delivered or are getting close to delivery, and have concerns about producing enough milk, talk to your pediatrician, a lactation consultant, or attend a breastfeeding support group. Making small modifications during breastfeeding can make a big difference. To learn more about solutions to common challenges that come up when breastfeeding visit the following womenshealth.gov page:
http://www.womenshealth.gov/breastfeeding/common-breastfeeding-challenges.html

For more information on breastfeeding support, information, and resources visit the following links:
http://www.womenshealth.gov/breastfeeding/finding-breastfeeding-support.html

http://www.womenshealth.gov/breastfeeding/breastfeeding-resources.html

Is it safe to breast feed while consuming placenta?

No studies have been published to accurately evaluate safety of consuming placenta during breastfeeding. Among the things a mom consumes in her diet or the medications she takes, some substances pass more easily into breast milk and can reach the breastfed infant. Because every woman's placenta is slightly different, some placentas may contain substances that others do not or they may contain very different levels of a particular substance compared to another placenta. Without testing individual placentas, it would be difficult to evaluate how they differ and how safe mom's consumption might be for babies who are breastfed.

Where can I get more information about the safety of exposures during breastfeeding?

MotherToBaby experts are ready to answer all of your questions on exposures during breastfeeding. We also answer questions about exposures in pregnancy for women who are currently pregnant or planning a pregnancy, as well as their healthcare providers. You can speak with a MotherToBaby counselor through our free and confidential service. Call us toll free at (866) 626-6847.

Elizabeth Salas, MPH is the Lead Teratology Information Specialist for MotherToBaby California, a non-profit that provides information to healthcare providers and the general public about medications and more during pregnancy and breastfeeding. She is based at the University of California, San Diego, and is passionate about the work MotherToBaby is doing to promote healthy moms, healthy pregnancies and healthy babies.

MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or call the Pregnancy Studies team directly at 877-311-8972. You can also visit MotherToBaby.org to browse a library of fact sheets, as well as pregnancy studies.

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