

NACERLATINOAMERICANO y LACTANCIA
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Pregunta: ¿Efecto del tabaco durante la lactancia?

TABACO y LACTANCIA

INTRODUCCION

La lactancia materna provee mayor inmunidad al niño por lo que disminuye la frecuencia de ciertas enfermedades infecciosas durante la infancia, como ser la neumonía, la otitis, rinitis así como diferentes estados virósicos. A su vez, la lactancia incrementa el contacto madre hijo y fortalece el apego entre ambos desde los primeros días de vida.

El fumar tiene ciertos aspectos negativos sobre la lactancia y ello está en relación directa con el número de cigarrillos consumidos. Los productos del metabolismo del tabaco como el dióxido de carbono, el cianuro y la nicotina pasan del organismo de la madre a la leche materna y de esta manera son consumidas por los niños.

En ambiente de fumadores, donde los padres fuman, los niños se transforman en fumadores pasivos y ello hace que repercuta negativamente en la salud. En este caso el fumar pasivamente se ve asociado entre otros factores de riesgo a la muerte súbita del lactante, mientras que la lactancia actúa como un factor protector al igual que el uso del chupete (1). Los hijos de padres fumadores en el hogar, consultan más frecuentemente al médico y tienen 3 veces más posibilidades de ser fumadores desde temprana edad (2).

EFECTO del CIGARRILLO sobre la LACTANCIA

En general las madres fumadoras tienen menos producción de leche (bajos niveles de prolactina), existe interferencia en la bajada de la leche y ocurre habitualmente un destete temprano sobretodo en fumadoras intensas (2).

Por otro lado, las fumadoras tienen menos deseos de alimentar a pecho, menos posibilidad de iniciar la lactancia y más probabilidad de que la lactancia sea de corta duración (3, 4). Laurberg en Dinamarca (5) encontró una correlación negativa entre el yodo en la leche materna y la nicotina en la orina por lo que en estos casos la administración de yodo debe ser considerada para evitar un posible daño neurológico en los niños.

MINIMIZAR el EFECTO de FUMAR DURANTE la LACTANCIA

Si por alguna razón no se puede dejar de fumar durante la lactancia, es preferible estimular igual la lactancia y no promover su destete. La lactancia materna contrabalancea algunos de los efectos negativos en los niños de madres fumadoras. (6). En estos casos mantener la lactancia es mejor y más segura. Sin embargo existen ciertas intervenciones que pueden minimizar el efecto del cigarrillo y disminuir los riesgos (2) como ser:

- Fumar menos – los riesgos se incrementos fumando más de 20 cigarrillos.
- No fumar momentos antes de alimentar al niño (la nicotina puede inhibir la bajada de la leche) y esperar el mayor tiempo posible de no fumar antes de amamantar.
- Demorar el fumar. La nicotina desaparece del cuerpo de la madre en poco más de 90 minutos.

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-Evitar fumar en el cuarto del niño o cerca del mismo.

OTROS FACTORES que INCIDEN en la LACTANCIA

Un estudio realizado en Australia por Scott (7) encontró que de 556 mujeres puérperas el 83,8% se fueron alimentando al niño a pecho al alta (6 de ellas con complemento). A los 3 meses lactaban el 61,8% y a los 6 meses 49,9%. Encontró que para el acortamiento de la duración de la lactancia, el cigarrillo no era el único factor que aceleraba el destete, sino también que esta circunstancia se asociaba con la educación materna, la edad de la madre y la intención o no de seguir amamantando. Otros factores asociados con la corta duración de la lactancia fueron los padres desempleados y el niño de sexo masculino. Los programas deben estimular la lactancia, focalizando sus acciones en madres jóvenes y con menos educación. Por otro lado, Nizard en Francia (4) sugiere que los programas para reducir el cigarrillo durante la lactancia deben tener en cuenta que casi la mitad de las mujeres que dejaron de fumar durante el embarazo, recayeron en el puerperio.

CONCLUSION

Lo ideal es no fumar, pero si ello no se concreta, estimule igual fuertemente la lactancia que seguramente los niños se verán más protegidos. Los programas de promoción de la lactancia deben atender todos aquellos factores que puedan incidir negativamente en la misma e incluir en un paquete de medidas, el dejar de fumar.

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SmokingBF



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[Breastfeeding](#)

By Kelly Bonyata, IBCLC

[Is this Safe when Breastfeeding?](#)

- [Should a mother who smokes cigarettes breastfeed?](#)
- [What happens to babies when they are exposed to cigarette smoke?](#)
- [How does does smoking affect breastfeeding?](#)
- [How to minimize the risk to your baby if you smoke](#)
- [References and More Information](#)

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Should a mother who smokes cigarettes breastfeed?

[Parenting: Night & Day](#)

First of all, a mom who can't stop smoking *should* breastfeed. Breastfeeding provides many immunities that help your baby fight illness and can even help counteract some of the effects of cigarette smoke on your baby: for example, breastfeeding has been shown to decrease the negative effects of cigarette smoke on a baby's lungs. It's definitely better if breastfeeding moms not smoke, but if you can't stop or cut down, then it is better to smoke and breastfeed than to smoke and formula feed.

[Life with Baby](#)[Infant Growth](#)[Starting Solids](#)

The more cigarettes that you smoke, the greater the health risks for you and your baby. If you can't stop smoking, or don't want to stop smoking, it's safer for your baby if you cut down on the number of cigarettes that you smoke.

[Nutrition for Mom & Baby](#)[Postpartum Depression](#)

What happens to babies when they are exposed to cigarette smoke?

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- Babies and children who are exposed to cigarette smoke have a much higher incidence of pneumonia, asthma, [ear infections](#), bronchitis, sinus infections, eye irritation, and croup.
- Colic occurs more often in babies whose mothers or fathers smoke or if a breastfeeding mother smokes. Researchers believe that not only does the nicotine transferred into mother's milk upset baby but the passive smoke in the home acts as an irritant. Babies of smoking parents fuss more, and mothers who smoke may be less able to cope with a colicky baby (due to lower levels of prolactin).
- Heavy smoking by breastfeeding moms occasionally causes symptoms in the breastfeeding baby such as nausea, vomiting, abdominal cramps and diarrhea.
- Babies of smoking mothers and fathers have a seven times greater chance of dying from sudden infant death syndrome (SIDS).
- Children of smoking parents have two to three times more visits to the doctor, usually from respiratory infections or allergy-related illnesses.
- Children who are exposed to passive smoke in the home have lower blood levels of HDL, the good cholesterol that helps protect against coronary artery disease.
- Children of smoking parents are more likely to become smokers themselves.
- A recent study found that growing up in a home in which two parents smoked could double the child's risk of lung cancer later in life.

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How does does smoking affect breastfeeding?

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Smoking has been linked to:

- Earlier weaning. One study showed that the heaviest smokers tend to wean the earliest.
- Lower milk production
- Interference with milk let-down
- Lower levels of prolactin. The hormone prolactin must be present for milk synthesis to occur.
- One study (Laurberg 2004) indicated that smoking mothers who live in areas of mild to moderate iodine deficiency have less iodine in their breastmilk (needed for baby's thyroid function) compared to nonsmoking mothers. The study authors suggested that breastfeeding mothers who smoke consider taking an iodine supplement.

Although smoking has been linked to milk production and let-down problems, this may be related to *poor lactation management* rather than physiological causes. Dr. Lisa Amir, in a review published in 2001, concluded that "Although there is consistent evidence that women who smoke breastfeed their infants for a shorter duration than non-smokers, the evidence for a physiological mechanism is not strong."

How to minimize the risk to your baby if you smoke

- The ideal: Stop smoking altogether.
- Cut down. The less you smoke, the smaller the chance that difficulties will arise. The risks increase if you smoke more than 20 cigarettes per day.
- Don't smoke immediately before or during breastfeeding. It will inhibit let-down and is dangerous to your baby.
- Smoke immediately after breastfeeding to cut down on the amount of nicotine in your milk during nursing. Wait as long as possible between smoking and nursing. It takes 95 minutes for half of the nicotine to be eliminated from your body.
- Avoid smoking in the same room with your baby. Even better, smoke outside, away from your baby and other children. Don't allow anyone else to smoke near your baby.

This article is dedicated to the memory of my mother-in-law, a long-time smoker who died of lung cancer in January 1999.

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References and More Information

- [Smoking and Breastfeeding](#) by Wendy Jones PhD, MRPharmS
- [Nicotine replacement therapy \(NRT\) and breastfeeding](#) by Wendy Jones PhD, MRPharmS
- [Second hand smoke exposure and your baby](#) by Debbi Donovan, IBCLC
- [Social Drugs and Breastfeeding: Handling an issue that isn't black and white](#) by Denise Fisher, BN, RN, RM, IBCLC. Discusses nicotine, alcohol, caffeine, marijuana, heroin, and methadone. [[PDF version](#)]

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- [Breastfeeding and Marijuana](#) @ 

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