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## We Need Scientific, Ethical Articles on Infant Feeding

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### Abstract

Most comparative infant feeding research uses formula, not breastfeeding, as the control. This approach violates the rules of scientific research, misrepresents the findings, and blunts both professional and public response to the higher morbidity and mortality risks of formula feeding.

**Keywords:** breastfeeding research, health promotion, health education health professional knowledge, attitudes, practice

A CLINICAL SCIENTIFIC STUDY evaluates a potentially useful therapeutic intervention against normal physiological healthy function, which is the control. The intervention is found to be useful when it restores normal function as closely and safely as possible. A scientist who gave this any thought would not allow the artificial substitute for normal physiology to be treated as the control to evaluate the “benefits” of breastfeeding. We never compare eating with intravenous nutrition and conclude that eating is best, because it has advantages over a nasogastric tube or intravenous parenteral nutrition, and fewer complications.

Unscientific presentation of research findings is misleading. And the consequences of unscientific misleading reporting of research findings are significant. When breastfeeding is treated as the control, the evidence is that substitutes are inferior and carry significantly higher risks of morbidity and mortality than the physiological normal,<sup>1</sup> with exceptions only in a few pathological conditions. The risks are misrepresented by using the wrong control—the risk of SIDS is not halved by breastfeeding; it is doubled by formula feeding.<sup>2,3</sup>

“Language has power. ....it impacts thought and behaviour.”<sup>4</sup> Researchers abuse that power when they report overwhelmingly that breastfeeding is the superior infant feed. Outcomes of infant feeding studies almost always conclude that breastfeeding is best, has benefits and advantages, and lowers risks of morbidity and mortality when compared with alternative feeds.<sup>5</sup> In reality, those alternative feeding prac-

tices are associated with increased morbidity and mortality. And this misrepresentation results in only a small minority realizing this.

Most authoritative guidelines and abstracts reporting infant feeding research begin with the statement that breastfeeding is the ideal/best nutrition for babies.<sup>6,7</sup> This idealization of breastfeeding implies that it is unlikely to be attainable for normal mothers. Formula, erroneously used as the control in research findings, is seen as normal, and so “good enough.”

Assuming that using formula is normal, and reporting that breastfeeding has advantages and benefits, which are an optional choice (and thus do not matter much) deprives mothers of information they need before making important decisions affecting their, and their babies’, short- and long-term health.

Professional journal articles are the major source of physician knowledge, both informing their training and keeping them updated. And they determine physicians’ management of breastfeeding, whether for individuals or in the development of guidelines and protocols. Health care providers are an authoritative and influential part of the culture. Thus the unscientific presentation of research has consequences for the entire culture.<sup>8</sup>

We must take responsibility for our part in reinforcing an artificial feeding culture and take the lead in changing it to a breastfeeding culture.<sup>9</sup>

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It is time for journals to commit to science, and breast-feeding journals have an ethical responsibility to lead. Misrepresenting outcomes in research is scientific misconduct.<sup>10</sup>

We must publish infant feeding research that uses breastfeeding as the physiological normal, the control in any research, against which the medical/artificial intervention, usually formula, is identified and evaluated<sup>11</sup> with doses and durations of the substitute given, quantifying risks accordingly. The research findings will not change, only their presentation.

We promised to first do no harm when we qualified. This includes the ethical obligation to publish the presentation of research findings scientifically. Failure to follow the science will continue to cause significant damage to the present and future health of mothers and babies by misleading professionals, and thus the culture.

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