The following two letters are in response to a letter 'Paediatrics: Breastfeeding and dental health' published in the BDJ *on 22 June 2018 (BDJ* 2018; **224:** 917*).*

Infant feeding

Advice in context

Sir, in response to Dr Yeung and his commentary on BSPD's Infant Feeding position statement, it's true that our advice differs from recommendations issued by WHO and Unicef. However, context is everything.

Our position statement examines the evidence for all aspects of infant feeding to give a child the best start to their oral health. It was produced for those in the UK who advise families on diet, well-being and health, directed principally at health visitors, district nurses, dental teams and doctors.

It's not unusual for guidance to vary according to the audience and this is the case with infant feeding. WHO advice, as it stands, takes into consideration the needs of populations in the Third World, where it's especially important for long-term breastfeeding to be promoted. Clean water is not always readily accessible and it's preferable for babies to have breast milk rather than infant formula which could potentially be mixed with contaminated water.

In the UK, we have a crisis in children's oral health and we need to reduce the number of hospital admissions for multiple extractions. While the majority of children are suffering from early childhood caries (ECC) due to over-exposure to sugar and under-exposure to fluoride toothpaste, a number of these children are undergoing extractions due to a diet which combines long-term on-demand breastfeeding and food and drink containing free sugars.

As paediatric dentists, we have known anecdotally for some time that long-term, on-demand breast-feeding can be a risk factor for early childhood caries. In the last few years, the evidence base has been building. First Tham and colleagues[1] identified in 2015 that breastfeeding a baby after their first birthday presents a greater risk of dental caries, especially if the feeds are frequent or nocturnal.

Their paper called for further research because their findings could be associated with unmeasured co-founders including dietary sugars and oral hygiene practices. Two more recent articles, one by Peres *et al.*[2] and the other by Cui *et al.*,[3] delivered further evidence.

They concluded that breastfeeding beyond 12 or 24 months is associated with increased risk of caries. Both control for potential confounders (although they did not assess 'nocturnal' or 'on-demand' breastfeeding).

The latest guidance on the subject comes from the Scientific Advisory Committee on Nutrition (SACN) which states in its report[4] *Feeding in the first year of life* that breastfeeding during the first year of life has oral health benefits and is associated with a decreased risk of dental caries.

However, the report also states that there is limited observational evidence which suggests that once the primary teeth erupt, factors such as breastfeeding *ad libitum*, nocturnal feeding and sleeping with the breast in the mouth may be associated with increased risk of dental caries.

Whilst we echo calls for more research, we believe enough is now known to highlight to parents the potential risks of nocturnal and on-demand breastfeeding past the age of 12 months and the steps they can take to mitigate those risks. We have communicated this advice to professional groups who work with parents.

Our message to healthcare practitioners is NOT that breastfeeding should stop at the age of one, the message is that parents who wish to continue to breastfeed should do so but be aware of the emerging evidence base so that they are in a position to make an informed decision and ensure that diet and oral hygiene practices are optimised.

Prior to issuing our position statement, we liaised with many representative bodies in healthcare and with the National Childbirth Trust and we ensured that Public Health England was happy with the wording before it went public. To misquote Donald Rumsfeld, the knowns that we now have at our disposal outweigh the known unknowns. We have a duty to our very young patients to advise their parents accordingly.

C. Stevens and A. Rugg-Gunn on behalf of the British Society of Paediatric Dentistry, by email

1. Tham R, Bowatte G, Dharmage S C *et al.* Breastfeeding and the risk of dental caries: a systematic review and meta-analysis. *Acta Paediatrica* 2015; **104:** 62–84.
2. Peres K G, Nascimento G G, Peres M A *et al.* Impact of prolonged breastfeeding on dental caries: a population-based birth cohort study. *Pediatrics* 2017; **140:** e20162943.
3. Cui L, Li X, Tian Y *et al.* Breastfeeding and early childhood caries: a meta-analysis of observational studies. *Asia Pac J Clin Nutr* 2017; **26:** 867–880.
4. Public Health England. Feeding in the first year of life. Chapter 8, Oral health. SACN report. July 2018.

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Caution needed over breastfeeding advice

Sir, further to the recent excellent letter in the *BDJ (BDJ* 2018; **224:** 917*)*, I would like to add a couple of points relating to the British Society of Paediatric Dentistry (BSPD) position statement on infant feeding,[1] the summary of which featured in your publication earlier this year.

Whilst there is some evidence to suggest breastfeeding beyond 12 months may be cariogenic,[2] this is not conclusive and the possible mechanisms for this are not fully understood.

There are also many confounding factors and individual differences, which haven't been controlled for in most studies to date.

In addition, the paper by Peres *et al.* cited by the BSPD, clearly states that 'breastfeeding between 13 and 23 months had no effect on dental caries' and the risk only increased when feeding for 24 months or beyond.[3] Therefore, I cannot see how this justifies the BSPD viewpoint that on demand and nocturnal feeding should be reduced after 12 months.

Breastfeeding has many benefits to both mother and baby, and the dental community should be supporting this method of infant feeding, especially when breastfeeding rates in the UK are so low. It is estimated that less than 1% of infants in the UK are breastfed at 12 months[4] so we are also targeting such a small number of the population with this advice, ignoring the overwhelming health benefits in the process.

I'm concerned that this guidance not only goes against WHO recommendations using inconclusive evidence, but risks undermining feeding practices.

Whilst I welcome clarification of the public health messages we should be giving our patients, I do not feel the information the BSPD are giving is accurate or particularly realistic, and I would therefore hope they consider altering their advice accordingly.

K. Jones, by email

1. British Society of Paediatric Dentistry Position Statement on Infant Feeding. January 2018. Available at https://www.bspd.co.uk/Portals/0/BSPD%20statement%20on%20Infant%20feeding%20Jan%202018i.pdf (accessed 8 August 2018).
2. Tham R, Bowatte G, Dharmage S C *et al*. Breastfeeding and the risk of dental caries: a systematic review and meta-analysis. *Acta Paediatrica* 2015; **104**: 62–84.
3. Peres K G, Nascimento G G, Peres M A *et al*. Impact of prolonged breastfeeding on dental caries: a population-based birth cohort study. *Paediatrics* 2017; **140**: e20162943.
4. Victora C G, Bahl R, Barros A J D *et al*. Breastfeeding in the 21st century: epidemiology, mechanisms and lifelong effect. *Lancet* 2016; **387**: 475–490.

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