



EPIDEMIC ANSWERS

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Preventing Autism—Early Choices

By Lorna C. Aliperti, APRN, IBCLC

A Good Start is Important

If you are concerned about the health of your new baby, you have a right to be. Allergies, asthma, autism and other immune and autoimmune problems are increasingly prevalent, as are the incidence of life threatening allergies, and problems with attention and relatedness. These are thought to be triggered by environmental influences in those genetically predisposed. The immune system is our primary interface with the environment, and digestive problems seem to be related to many of these medical and psychological difficulties. Early microbial colonization of the infant gastrointestinal tract by microbes is becoming increasingly appreciated as being crucial for the overall health of an infant.

The actions of parents and caregivers in the perinatal period can have enormous impact on this infant “microbiome,” which is influenced by mode of delivery, antibiotic exposure and feeding practices, although exposure to foreign antigens which trigger an immune response can also be important.

I am a practitioner who works with new mothers who are breastfeeding their babies. As such, my treatments usually predate any diagnosed or suspected problems with autism or immune related disorders. Since breastfeeding problems are often digestive problems presenting as feeding difficulties (who can eat well when their stomach hurts?), many of the babies I see have digestive issues—excessive gas, colic, reflux and constipation. These digestive issues are not necessarily just a nuisance—they may be the forerunner to health problems later, depending on the environmental and genetic influences on the baby, mother and father.

Bacteria and Your Baby

The gut is the largest immune organ of the body. It manufactures hormones, excretes wastes and toxins, and assimilates nutrients. Optimal functioning is critical to later health. Digestive functioning is primarily dependent upon gut microbiotic composition. Since the intestine is sterile at birth, this microbiome is largely determined by early birth and feeding practices. A vaginal birth followed



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by exclusive breastfeeding is the natural way to help colonize the gut with beneficial flora.

A cesarean birth and antibiotics given to the mom or baby can both interfere with this process. Although neither can always be avoided, there are some practices that can help prevent their likelihood and/or possibly mitigate consequences.

Since labor inductions are associated with a higher cesarean rate, they should not be performed for convenience. Labor support is associated with fewer medications, a shorter labor, and a higher rate of vaginal delivery. A woman who is positive for Strep B might ask if the hospital if there are alternatives to IV antibiotics. If not, she might take probiotics and eat cultured vegetables to help restore beneficial bacteria before and after the birth.

After birth, it is best if the mother (and a support person if necessary) keep the baby with mom in her room to promote breastfeeding and avoid unnecessary hospital germ exposure. If a baby is not feeding well, it helps if the mother hand express or pump and spoon or bottle feed the baby her milk to help her milk come in and to prevent low blood sugar and jaundice, which can accompany delayed establishment of feeding and result in formula supplementation, which greatly changes the gut flora. Human milk is the natural pre- and probiotic substance for the human infant.

Avoid Allergens

In addition to assuring that the newborn gut is colonized with appropriate “good” bacteria, it is also important that the baby be protected from foreign proteins which could cause inflammation and impair the integrity of the intestinal barrier. Intestinal permeability (and vulnerability to foreign proteins) is greatest in the first days of a baby’s life. Even though breastmilk is the ideal food, many babies are intolerant to foods the mother may be eating, and the result can be digestive problems due to inflammation from these foreign proteins. Breastfeeding does not provide complete protection to babies from exposure to foreign proteins the mom eats or to allergies and immune responses to them, although it can help. In my experience, many babies do best if the mother avoid dairy products (the most common allergen in children) and, if a history of gluten sensitivity is present, and this may not be always obvious, gluten as well. This avoidance is most effective prior to birth, since sensitization is thought to occur during the last trimester, and it takes approximately two weeks to clear foreign antigens from maternal milk. After all is going well—by six weeks or so, mom can try



EPIDEMIC ANSWERS

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reintroducing these foods to see if her baby reacts to them. By then, the intestinal barrier will be more completely developed.

If a mother is unable to breastfeed, a hypoallergenic formula is, in my opinion the best feeding option. The World Health Organization recommends donor milk as the next best option, but it is not widely available. A hypoallergenic formula may help to avoid the inflammation associated with ingestion of a foreign protein that is not well tolerated, and most formulas are based on dairy proteins, the biggest offender.

An elimination diet is sometimes used if a breastfeeding baby seems to be having trouble with something in the mom's milk but she isn't sure what is causing the problem. The purpose is to eat foods unlikely to be causing problems for two weeks or so until the symptoms improve and then gradually reintroduce foods—no more often than every three to four days, to see if the baby reacts. Although there are many versions of such a diet, I have had the most success in my practice with a diet consisting exclusively of whole unprocessed foods—often called the Paleolithic diet. It is a truly package-free diet, consisting entirely of meat, fish, eggs, vegetables and fruits. Foods that predated the agricultural age and farming—which introduced milk, grains and many modern diseases.

Digestive Protection Can Help Prevent Problems

The mantra of functional practitioners when treating children with autism and related disorders is: “First, clean up the gut.” If the digestive system is protected or quickly repaired during the newborn period, this first step, and possibly the many others that must follow to help repair problems in children suffering from ill health might not be necessary. An ounce of prevention... it can't hurt.

Lorna C. Aliperti is a Nurse Practitioner and Board Certified Lactation Consultant who provides home visits to new mothers and babies with breastfeeding problems. Prior to establishing her private practice, she worked as a perinatal nurse and as a nurse practitioner in the office of Dr. Christina Smillie, a pediatrician who specializes in breastfeeding medicine. She is currently a clinical instructor in the Columbia University Women's Health Nurse Practitioner Program, and taught obstetrics there and at Fairfield University. She



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is the author an ARCO test preparation book for practical nurses taking their NCLEX certification exam (in press since 2001), and published research on hospital breastfeeding management in the *Journal of Perinatal Education*. She has also written articles for several parenting publications. Lorna has four children and two grandchildren.