

- Lower risk of post-partum bleeding ⁽¹³⁾.
- Long duration of breast feeding decrease risk of rheumatoid arthritis ⁽¹⁴⁾.

The World Health Organization (WHO) recommends breastfeeding exclusively in the first six months and with complementary foods while breastfeeding continues for up to two years of age or beyond" ⁽¹⁵⁾. Breastfeeding a child during pregnancy consider a type of tandem feeding for the nursing mother as, she provides nutrition for two ⁽¹⁶⁾.

The question that frequently asked by the mothers: can I continue breastfeeding while I am pregnant? Does it hurt my pregnancy? Since suckling during breastfeeding induce release of oxytocin from posterior pituitary gland. Oxytocin causes contraction of myoepithelial cells around the mammary gland which enhance milk expulsion ⁽¹⁷⁾. Hence; released oxytocin, theoretically, may cause uterine simulation during pregnancy increasing the risk of miscarriage and preterm labour.

Miscarriage: is the spontaneous end of a pregnancy prior to viability. By 6 weeks gestation, the rate of miscarriage is one in five pregnancy and by the second trimester the rate fallen to 1 in 40. Chromosomal abnormalities present in 50-70% of first trimester miscarriage, other causes include uterine abnormalities, genital tract infection, maternal diseases as thyroid diseases and diabetes mellitus and certain drugs ⁽¹⁸⁾.

Preterm birth: is the delivery of a baby of less than 37 completed weeks gestational age ⁽¹⁾. The neonatal mortality or survival with handicap becomes significant in very preterm infants, those born between 28 and 32 weeks, and is most significant in extremely preterm infants, those born before 28 weeks. The incidence of preterm birth in developed world is 7-12%.

The intention of the study is to determine whether there is association between breastfeeding during pregnancy and increase in the risk of miscarriage and preterm birth.

Methods

A case-control study was conducted in Al-Mawany Hospital extended through a period of one year from first of September 2011 till the first of September 2012.

A total of 215 pregnant women with history of breastfeeding during the current pregnancy were studied and compared with a control group of 280 non breastfeeding pregnant. The studied women were either in labour and were collected from labour ward or were with inevitable miscarriage and were collected from the emergency unit.

Full history was taken from each of the studied women including: age, gravidity, previous history of miscarriage or preterm delivery, their gestational age (determined by the date of last menstrual period and early ultrasound record), their past medical history.

Women at extremes of age (less than 18 and more than 35 years old); women with medical diseases as diabetes mellitus, thyroid diseases and sickle cell anaemia, those with history of recurrent miscarriage and preterm deliveries and those with multiple pregnancies were excluded from the study.

Pregnant who breastfed during pregnancy were divided according to the duration of breastfeeding into two groups: those who breastfed for the first 24 weeks of gestation and those who breastfed more than 24 weeks of gestation. The first group were further subdivided according to the type of breastfeeding: exclusive and non exclusive and the occurrence of miscarriage were recorded. Among the second group the duration of pregnancy (term or preterm) and birth weight were measured.

Discrete variables were expressed as numbers and percentages, continuous variables expressed as mean \pm standard deviation. Chi-Square test was used to test the significance of association between discrete variables, whereas student *t*-test was used to test the significance of differences between continuous variables. Statistically significance was considered when P