

Pourquoi est-ce si dur d'allaiter ?

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Même s'il peut être parfois relativement facile à mettre en place et représenter une expérience agréable¹, **la plupart des femmes, quelle que soit leur expérience, rapportent avoir trouvé l'allaitement plus difficile que prévu**^{2,3}. Dans une étude, deux femmes sur trois décrivent l'allaitement comme quelque chose de gênant, douloureux et difficile⁴. Ne s'attendant pas à trouver cela si difficile, elles ont tendance à se blâmer et à rapporter des sentiments d'échec et d'impuissance².

En France, le taux d'allaitement n'est que de 70 % à la naissance et, comme dans les autres pays, il chute ensuite rapidement avec seulement un enfant sur cinq encore allaité à six mois. Chez les enfants allaités, la durée de l'allaitement en France est en moyenne de quatre mois⁵. En fait, même dans des pays comme la Suède, réputée en avance dans ce domaine, alors que presque toutes les femmes commencent à allaiter, elles ne sont plus que 80 % après une semaine et 65 % après deux mois⁶.

Les principaux problèmes identifiés sont généralement une incapacité du bébé à téter efficacement⁷⁻⁹ (40 % des cas dans une étude¹⁰) et **des mamelons douloureux (38 % des cas dans la même étude¹⁰)**. Dans les pays occidentaux, entre 10 et 20 % des femmes ont aussi du mal à produire assez de lait dans les premières semaines suivant l'accouchement^{7,8,11}.

D'où ces problèmes peuvent-ils venir et que peut-on faire ? On sait aujourd'hui que l'allaitement est un phénomène complexe, influencé par plusieurs facteurs qui sont souvent en augmentation dans les pays occidentaux^{12,13,12-19}. **Ces facteurs semblent être liés aux caractéristiques de la mère, aux pratiques médicales et à l'environnement physique et social.**

Les caractéristiques de la mère

- **Les problèmes de dépression post-partum.** Les mères qui ont le plus de mal à allaiter sont celles ayant des problèmes de dépression post-partum²⁰⁻²⁴. Ces femmes ont des niveaux plus faibles d'ocytocine et en produisent aussi moins pendant l'allaitement²⁵. Par ailleurs, contrairement aux autres mères qui rapportent trouver l'allaitement plutôt apaisant, les mères ayant des problèmes de dépression rapportent se sentir davantage surchargées, stressées et déprimées. Pour ces mamans, l'allaitement à la place du biberon de lait artificiel n'est donc pas forcément à privilégier²⁶.
- **Le stress**¹⁴⁻¹⁸. Que ce soit lors de la grossesse, de l'accouchement ou après la naissance de l'enfant, le stress est lié à un allaitement plus tardif et de plus courte durée.
- **L'intention d'allaiter**^{27,28}. Logiquement, anticiper son allaitement augmente les chances d'allaiter rapidement et longtemps.
- **Une grossesse à risque**²⁹. Dans une étude, le fait d'avoir du diabète gestationnel, de l'hypertension ou de l'obésité diminue les chances d'avoir l'intention d'allaiter.

- **L'obésité**^{30,31}. Plusieurs travaux, dont une méta-analyse, ont rapporté que les femmes obèses sont moins susceptibles d'avoir l'intention d'allaiter. Quand elles allaitent, elles le font en moyenne moins longtemps et ont moins de lait que les autres mères.
- **Le niveau de confiance en soi dans la capacité à allaiter**³²⁻³⁴. Cela semble influencer la durée de l'allaitement. S'informer peut donc être une bonne idée pour les mères peu confiantes sur ce sujet.
- **Les connaissances concernant l'allaitement**³⁵. La recherche souligne que les femmes qui ont des attentes réalistes sur les difficultés liées à l'allaitement sont plus susceptibles de persévérer que les femmes moins bien préparées^{36,37}. Certains chercheurs insistent sur l'importance d'informer les mères et les infirmières sur les bienfaits de l'allaitement et les facteurs susceptibles de le gêner³⁸. Des consultations sur l'allaitement, qu'elles soient individuelles ou en groupe, au domicile ou dans des centres communautaires augmentent significativement les chances d'allaiter, même dans le cas d'une césarienne³⁹. En France, il existe aussi des associations comme [Leche League France](#) ou [l'Information Pour l'Allaitement \(IPA\)](#) qui peuvent aider.
- **Le fait d'être mère pour la première fois ou d'être une jeune maman**⁸, ou **le fait de n'avoir pas réussi à allaiter son premier enfant**. Les mères qui ne réussissent pas à allaiter sont moins susceptibles d'allaiter lors de la grossesse suivante⁴⁰.
- **Le fait d'être une fumeuse**⁴¹⁻⁴⁴. Fumer diminue les chances d'allaiter. Être fumeuse passive a aussi un impact négatif. Il n'est pas clair cependant si cela vient du tabac ou d'autres facteurs liés au tabagisme pendant la grossesse (psychologie de la mère, grossesse précoce, statut socioéconomique...). [Voir aussi article dédié au tabac pendant la grossesse](#).
- **Le fait d'avoir subi des violences sexuelles**. Chez les femmes ayant subi des violences sexuelles, alors que certaines perçoivent l'allaitement comme un moyen de regagner leur corps et leur identité, d'autres trouvent l'allaitement gênant et peuvent même expérimenter des crises de panique et des flashbacks de leur agression⁴⁵⁻⁴⁷.
- **Le fait d'avoir eu des troubles de l'alimentation**. Chez les femmes ayant eu des troubles de l'alimentation, certaines peuvent aussi mal vivre l'allaitement à cause des problèmes liés à l'image qu'elles ont de leur corps et au sentiment de perte de contrôle⁴⁸⁻⁵⁰.

Les pratiques médicales et parentales

- **La césarienne**^{8,51,52}. Une revue de littérature scientifique et une méta-analyse rapportent que la césarienne diminue les chances de se mettre à allaiter. Si l'allaitement a lieu, le fait d'avoir eu une césarienne n'a aucune influence sur la durée de l'allaitement.
- **La séparation de la mère et de l'enfant avant la première tétée**^{53,54}. Certains chercheurs insistent sur l'importance d'aider les mères à allaiter dans l'heure qui suit la naissance³⁸.
- **Les offres d'échantillons gratuits de lait en poudre à la maternité**⁵⁵. Certains chercheurs encouragent à ne pas donner de compléments ou de lait artificiel au bébé à la maternité, sauf bien sûr contre-indications médicales³⁸.
- **L'utilisation de la tétine**⁵⁶. Celle-ci semble être souvent associée à un allaitement plus court et plus problématique (mais ce n'est pas toujours le cas^{57,58}).

L'environnement de la mère

- **Le manque de soutien**. Un soutien bienveillant de la part du personnel soignant, de la famille et du père favorise la mise en place de l'allaitement^{34,54,59-64}. Et comme mentionné précédemment, des consultations individuelles ou en groupe, au domicile ou dans des centres

communautaires augmentent significativement les chances d'allaiter, même dans le cas d'une césarienne³⁹.

- **Des pleurs excessifs de la part du bébé.** Les mères de bébés qui pleurent beaucoup sont plus susceptibles de penser que leur lait ne suffit pas et de passer au lait artificiel⁶⁵⁻⁶⁷ (voir aussi notre chapitre sur les pleurs). [Voir article dédié aux pleurs excessifs.](#)
- **Le travail.** De nombreuses études rapportent l'effet négatif du travail sur l'allaitement⁶⁸⁻⁷⁰. Les femmes retournant travailler sont moins susceptibles de continuer d'allaiter^{71,72}. Des congés maternité courts (inférieurs à six semaines) multiplient par quatre les chances de ne pas commencer ou d'arrêter l'allaitement plus tôt⁷³. Des réglementations facilitant l'allaitement pour les femmes qui travaillent sont généralement efficaces, telles que l'allongement des congés maternité, ou encore la possibilité de tirer son lait au travail dans une pièce réservée et lors de pauses prévues pour cela^{39,71,74-76}.

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