



Mama's Milk Gazette

La Leche League

of Bermuda Newsletter **April 2010**

Is Breastfeeding Past Six Months Beneficial?

Find out on page three.

Look Inside

Mom of Six Shares Her Experience Breastfeeding4

Signs Your Baby is Getting Enough Milk.....6

2010 Meeting Schedule

Meetings are held in the First Floor Conference Room at King Edward VII Memorial Hospital on the second Saturday of the month at 10:30am. All pregnant women, mothers and babies are welcome.

April 10

To Wean or Not to Wean & Annual General Meeting

May 8

Why Breastfeeding is Important for Families

June 12

The Father's Role in the Breastfeeding Family

July 10

Learning Good Latch and Positioning

For breastfeeding assistance, call 541-6455

Breastfeeding Myths Versus Facts

Chances are you have heard at least one breastfeeding myth. While people have passed down essential and accurate knowledge about breastfeeding from generation to generation, unfortunately incorrect beliefs, superstitions, and "old wives' tales" have also found their way into our thinking about breastfeeding.

Breastfeeding myths are very damaging because they can make a mother question herself and her

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ability to breastfeed, feel inadequate, or imagine that a problem exists. When a mother is armed with accurate knowledge and reasonable expectations about breastfeeding, she is much more likely to have confidence in her breastfeeding ability and enjoy her breastfeeding relationship with her baby.

Breastfeeding myths are too numerous to completely cover in this article; below some of the most common myths are explained. If you have any concerns or questions about other topics not mentioned below, please do not hesitate to contact us by calling 541-6455. No question you have is too insignificant; every mother should be given the resources to be able to separate the myths from the facts of breastfeeding.

Myth: Many women do not produce enough milk.

The vast majority of women produce more than enough milk. Indeed, an overabundance of milk is common. Most babies that gain too slowly, or lose weight, do so not because the mother does not have enough milk, but because the baby does not get the milk that the mother has. The usual reason that the baby does not get the milk that is available is that he is poorly latched onto the breast. This is why it is so important that the mother learn or be shown, on the first day, how to latch a baby on properly.

Myth: It is normal for breastfeeding to hurt.

Though some tenderness during the first few days is relatively common, this should be a temporary situation which lasts only a few days and should never be so bad that the mother dreads nursing. Any pain that is more than mild is abnormal and is almost always due to the baby latching on poorly. Any nipple pain that is not getting better by day three or four or lasts beyond five or six days should not be ignored. A new onset of pain when things have been going well for a while may be due to a yeast

infection of the nipples (called "thrush"). Limiting feeding time does not prevent soreness.

Myth: A baby should be on the breast 20 (or 10, 45, etc) minutes on each side.

The length of a breastfeeding session should be determined by the baby's interest and response. If your baby is latched on correctly, there is no need to limit the length of his feedings. However, a distinction needs to be made between "being on the breast" and

"breastfeeding". If a baby is actually drinking for most of 15-20 minutes on the first side, he may not want to take the second side at all.

If he drinks only a minute on the first side, and then nibbles or sleeps, and does the same on the other, no amount of time will be enough. The baby will breastfeed better and longer if he is latched on properly. He can also be helped to breastfeed longer if the mother compresses the breast to keep the flow of milk going, once he no longer swallows on his own (this is called "breast compression").



Photo courtesy of Natalie Akoury

Marianne and Nina

(Continued on page 2)

(Continued from page 1) *Breastfeeding Myths Versus Facts*

Myth: A mother only needs to nurse four to six times a day to maintain good milk supply.

Research shows that when a mother breastfeeds early and often, an average of 9.9 times a day in the first two weeks, her milk production is greater, her infant gains more weight and she continues breastfeeding for a longer period. Milk production has been shown to be related to feeding frequency, and milk supply declines when feedings are infrequent or restricted. Eight to twelve nursing sessions per 24 hours are recommended for a newborn baby, but feedings are not always spaced a regular intervals. Some babies "cluster nurse" which means they nurse very often for a few hours, then rest for several hours.

Myth: A breastfeeding mother should space her feedings so that her breasts will have time to refill.

Every baby/mother dyad is unique. A lactating mother's body is always making milk. Her breasts function in part as "storage tank," some holding more than others. The emptier the breast, the faster the body makes milk to replace it; the fuller the breast, the more production of milk slows down. If a mother consistently waits until her breasts "fill up" before she nurses, her body may get the message that it is making too much and may reduce total production.

Myth: Babies get all the milk they need in the first five to ten minutes of nursing.

While many older babies can take in the majority of their milk in the first five to ten minutes, this cannot be generalized to all babies. Newborns, who are learning to nurse and are not always efficient at sucking, often need much longer to feed. The ability to take in milk is also subject to the mother's let-down response. While many mothers may let down immediately, some may not. Some may eject their milk in small batches several times during a nursing session. Rather than guess, it is best to allow baby to suck until he shows signs of satiety such as self-detachment and relaxed hands and arms.

Myth: Breastfeeding mothers must always use both breasts at each feeding.

It is more important to let baby finish the first breast first, even if that means that he doesn't take the second breast at the same feeding. The richer, higher-fat hindmilk is accessed gradually as the breast is drained. Some babies, if switched prematurely to the second breast, may fill up on the lower-calorie foremilk from both breasts rather than obtaining the normal balance of foremilk and hindmilk, resulting in infant dissatisfaction and poor weight gain. In the early weeks, many mothers offer both breasts at each feeding to help establish the milk supply.

Myth: The metabolism of a baby is disorganized at birth and it requires the implementation of a routine or schedule to help stabilize this disorganization.

Babies are uniquely wired from birth to feed, sleep and have periods of wakefulness. This is not disorganized behavior but reflects the unique needs of newborn infants. Over time, babies

naturally adapt to the rhythm of life in their new environment and do not require prompting or training.

Myth: Never wake a sleeping baby.

While most babies will indicate when they need to eat, babies in the newborn period may not wake often enough on their own and should be awakened if necessary to eat at least eight times a day. Infrequent waking to feed can be caused by labor drugs, maternal medications, jaundice, trauma, pacifiers and/or shutdown behavior after delayed response to feeding cues.

Myth: A mother should wash her nipples each time before feeding the baby.

Formula feeding requires careful attention to cleanliness because formula not only does not protect the baby against infection, but also is actually a good breeding ground for bacteria and can also be easily contaminated. On the other hand, breastmilk protects the baby against infection. Washing nipples before each feeding makes breastfeeding unnecessarily complicated and washes away protective oils from the nipple.

Myth: Pumping is a good way of knowing how much milk the mother has.

How much milk can be pumped depends on many factors, including the mother's stress level. The baby who nurses well can get much more milk than his mother can pump. Pumping only tells you how much you can pump.

Myth: Poor milk supply is usually caused by stress, fatigue and/or inadequate fluids and food intake.

The most common causes of milk supply problems are infrequent feedings and/or poor latch-on and positioning; both are usually due to inadequate information provided to the breastfeeding mother. Suckling problems on the infant's part can also impact milk supply negatively. Stress, fatigue or malnutrition are rarely causes of milk supply failure because the body has highly developed survival mechanisms to protect the nursling during times of scarce food supply.

Myth: There is no way to know how much breastmilk the baby is getting.

There is no easy way to measure how much the baby is getting, but this does not mean that you cannot know if the baby is getting enough. The best way to know is that the baby is actively drinking at the breast for several minutes at each feeding, has adequate weight gain and number of wet and dirty diapers. For further details, see separate article "Signs Your Baby is Getting Enough Milk" on page six of this newsletter.

Myth: The mother should not be a pacifier for the baby.

Comforting and meeting sucking needs at the breast is nature's original design. Pacifiers (dummies, soothers) are literally a substitute for the mother when she can't be available. Other reasons to pacify a baby primarily at the breast include superior oral-facial development, prolonged lactational amenorrhea (absence of menstrual periods), avoidance of nipple confusion and stimulation of an adequate milk supply to ensure higher rates of breastfeeding success.



Ava-Joy

(Continued on page 3)

Myth: There is no such thing as nipple confusion.

Breast and bottle feeding require different oral-motor skills, and rubber nipples provide a type of "super stimulus" that babies may imprint upon instead of the softer breast. As a result, some babies develop suck confusion and apply inappropriate suckling techniques to the breast when they switch between breast and bottle.

Myth: It is important that other family members get to feed baby so that they can bond, too.

Feeding is not the only method by which other family members can bond with the baby; holding, cuddling, bathing and playing with the infant are all important to his growth, development and attachment to others.

Myth: Frequent nursing causes a child to be obese later in life.

Studies show that breastfed babies who control their own feeding patterns and intake tend to take just the right amount of milk for them. Formula feeding and early introduction of solids, not breastfeeding on demand, have been implicated in risk of obesity later in life.

Myth: Nursing a baby after six months (or one year, etc.) is of little value because the quality of breast milk begins to decline after six months.

The composition of human milk changes to meet the changing needs of baby as he matures. Even when baby is able to take solids, human milk is the primary source of nutrition during the first year. It becomes a supplement to solids during the second year. In addition, it takes between two and six years for a child's immune system to fully mature. Human milk continues to complement and boost the immune system for as long as it is offered.

Myth: Modern formulas are almost the same as breastmilk.

The same claim was made in 1900 and before. Modern formulas are only superficially similar to breastmilk. Every correction of a *deficiency* in formulas is advertised as an advance. Fundamentally, formulas are inexact copies based on outdated and *incomplete* knowledge of what breastmilk is. Formulas contain no antibodies, no living cells, no enzymes, no hormones.

They contain much more aluminum, manganese, cadmium, lead and iron than breastmilk. They contain significantly more protein than breastmilk. The proteins and fats are fundamentally different from those in breastmilk. Formulas do not vary from the beginning of the feed to the end of the feed, or from day 1 to day 7 to day 30, or from woman to woman, or from baby to baby. Your breastmilk is made as required to suit your baby. Formulas are made to suit every baby, and thus *no* baby. Formulas succeed only at making babies grow well, usually, but there is more to breastfeeding than nutrients.



Myth: It is easier to bottle feed than to breastfeed.

Or, this *should* not be true. However, breastfeeding is made difficult because women often do not receive the help they

should get started properly. Problems can usually be overcome with proper assistance and breastfeeding becomes easier with practice. A baby can be nursed anywhere, anytime, and thus breastfeeding is liberating for the mother. No need to drag around bottles or formula. No need to worry about where to warm up the milk. No need to worry about sterility. No need to worry about how your baby is, because he is with you.

Myth: If the mother has an infection she should stop breastfeeding.

With very, very few exceptions, the mother's continuing to breastfeed will actually protect the baby. By the time the mother has fever (or cough, vomiting, diarrhea, rash, etc) she has already given the baby the infection, since she has been infectious for several days before she even knew she was sick. The baby's best protection against getting the infection is for the mother to continue breastfeeding. If the baby does get sick, he will be less sick if the mother continues breastfeeding. Breast infections, including breast abscess, though painful, are not reasons to stop breastfeeding. Indeed, the infection is likely to settle more quickly if the mother continues breastfeeding on the affected side.

Myth: If the baby has diarrhea or vomiting, the mother should stop breastfeeding.

The best medicine for a baby's gut infection is breastfeeding. Stop other foods for a short time, but continue breastfeeding. Breastmilk is the only fluid your baby requires when he has diarrhea and/or vomiting, except under exceptional

circumstances. The baby is comforted by the breastfeeding, and the mother is comforted by the baby's breastfeeding.

Myth: If the mother is taking medicine she should not breastfeed.

There are very few medicines that a mother cannot take safely while breastfeeding. A very small amount of most medicines appears in the milk, but usually in such small quantities that there is no concern. If a medicine is truly of concern, there are usually equally effective, alternative medicines that

are safe. The risks of artificial feeding for both the mother and the baby must be taken into account when weighing if breastfeeding should be continued. La Leche League of Bermuda has Dr. Thomas Hale's *Medications and Mother's Milk* and we can research specific medications for you.

Resources:

Common Breastfeeding Myths, <http://www.llli.org/NB/LVAprMay98p21NB.html>
Some Breastfeeding Myths, Handout #11, by Dr. Jack Newman, http://www.kellymom.com/newman/11some_bf_myths.html

Mom of Six Shares Her Breastfeeding Experience

Fiona Dill is a registered nurse by profession, but her personal experience of having children nurtured a new passion for childbirth and parenting.

She has a Diploma of Childbirth Education (National Childbirth Trust) and taught groups in the UK before returning to Bermuda to start Birth Matters workshops.

Fiona has been teaching antenatal classes and workshops for the last ten years and for the last four years she has been working as a certified Doula (Childbirth International) at King Edward VII Memorial Hospital.

She also facilitates Parenting classes based on material from the Family Caring Trust. Fiona is passionate about helping women and their partners understand the latest research-based evidence so they can make informed choices that are best for them and their babies.

Fiona has six children ranging in age from two to eighteen years of age and a wonderfully supportive husband.

loved it. It may sound silly but I do feel sad that I will never again have the privilege of a baby nursing at my breast again!

What advice would you give a mother struggling to breastfeed?

Don't give up and get good support. I have cried more tears over my breastfeeding than anything in my entire life! I have breastfed all six of my children (total of eight and half years) and each one has presented with different challenges as each baby was different.

If you really, really want to succeed you will, but it is so important to get help and to keep asking for it, if you continue to need it. I do a lot of support with my doula clients post-natally and often will get calls weeks or months down the line asking about a new issue that has arisen. So, it is important not to be afraid to ask for support whenever the problems arise.

I love the fact that the milk my body makes for my baby in the morning is different from the milk I make in the evening. If my baby were premature, my milk would be designed specifically for my premature baby and would help the healing and development needed.

What or who most influenced your decision to breastfeed?

When I was pregnant with my first baby, I knew I wanted to breastfeed. My mother had breastfed all her babies and through my nursing training I had picked up some of the benefits. It really never crossed my mind that it would be a problem or that I would choose anything else. I realize now how naive I was, as I really should have had some good prenatal education. I really can't remember having any but it was 18 years ago so I could have forgotten!

What surprised you the most about breastfeeding?

I am constantly surprised the more I learn about breastfeeding, its benefits and how amazing our bodies are. I love the fact that the milk my body makes for my baby in the morning is different from the milk I make in the evening. If my baby were premature, the milk I would make would be designed specifically for my premature baby and would will help the healing and development needed. I think I was also surprised how much I really

What was one particularly challenging breastfeeding situation you had to overcome?

I actually have quite a few which may surprise many people, but I also hope serves as an encouragement to persist!! I had a really good experience with my first baby and so when I had my second I was totally complacent and thought, 'I know how to do this'. Well, I clearly didn't as within two weeks I had a dreadful case of mastitis and continuously sore nipples for ages.

There was no internet at the time to 'look things up' and I was unaware of breastfeeding support on the island at that time. I didn't know about the importance of a good latch and just kept on going because I was determined. It eventually got better on its own but it was a good learning experience for me.

So when my number three baby was born, as soon as I realized that my nipples were getting sore I headed straight to a breastfeeding clinic (she was born in the UK)

(Continued on page 5)

(Continued from page 4) Mom of Six Shares Her Breastfeeding Experience
and the problem was solved overnight. I also had persistent nipple thrush with my number four baby and an oversupply problem that I probably had all the way through but finally recognized and solved with my number five baby.

What role has your husband played in the breastfeeding family?

I couldn't have done it without his support. He was totally supportive and as our knowledge grew of the benefits he became and still is a very strong advocate. When I was feeling down and lacking in confidence he would be the first to suggest ways of getting help and making sure I was able to focus on the situation by taking extra responsibilities with the other children and what needed to be done at home.

What have your children gained from breastfeeding? What have you gained?

I hope that my children have gained many benefits. I think some of them are tangible in terms of their health and general well being but others less tangible. They all know they have been breastfed, my older children have seen me breastfeed all mine and talk about the benefits.

My younger ones still talk about my feeding them and my youngest, aged two, will proudly tell anyone who will listen that she 'drank mummy's milk all up, so there is no more!' I know that I have gained health benefits from breastfeeding but I also feel very privileged that I have been able to contribute to the long term well-being of all my children.

What is a popular misconception women have about breastfeeding?

That pain in the early days is normal!! I have heard so many women say 'but I was told.....'. If there is pain, then something is wrong and it needs correcting! And the exciting news is that, in my experience, it is usually a straightforward latch/positioning issue which means that you are only 12-24 hours away from pain-free breastfeeding, which is welcome news to those with sore, cracked nipples.

Did your view of breastfeeding change from your first child to your sixth? If so, how?

Yes, it did change: I fed my last three children for longer! When I had my first baby, I realize now I knew so little. I assumed that you stopped feeding at a year. I have no idea why; also I introduced a bottle of formula at six months and have no idea why!

But in between my third and fourth babies, I did my Childbirth Education diploma and learnt so much more about the benefits of feeding into the second year. I also introduced solid food in a totally different way which impacted the breastfeeding experience.

How did breastfeeding make your life easier?

My breasts were always with me, always at the right temperature etc. I never had to worry about feeding my baby anytime, anywhere. I did get very adept at feeding all over the place and being able to do it while cooking (not particularly safe I admit), while wiping a toddler's bottom, etc.

Breastfeeding gave me a wonderful excuse to sit down for a few minutes in my busy day and say 'sorry can't do that now, I'm feeding the baby!' I think people are surprised to hear that I fed my last baby for the longest, but it definitely was the easiest option for me.



Fiona with Hannah, Sam, Phoebe, Benjamin, Miriam and Rachael.

Signs Your Baby is Getting Enough Milk

Typically during the first few days, while the baby is receiving mother's thick, immunity-boosting colostrum, he will wet only one or two diapers per day.

Once mother's milk comes in, usually on the third or fourth day, the baby should begin to have 5-6 wet disposable diapers per day. (An easy way to feel the weight of a wet disposable diaper is to pour 2-4 tablespoons of water in a dry diaper.)

In addition, most young babies will have at least two to five bowel movements (the size of a quarter or larger) every 24 hours for the first several months, although some babies will switch to less frequent but large bowel movements at about 6 weeks.

These are additional important signs that indicate your baby is receiving enough milk:

- The baby nurses frequently averaging at least 8-12 feedings per 24-hour period.
- The baby is allowed to determine the length of the feeding, which may be 10 to 20 minutes per breast or longer.
- Baby's swallowing sounds are audible as he is breastfeeding.



- The baby regains his birth weight by 10-14 days of age. After that, most breastfed babies gain an average of 6 ounces per week or 1.5 pounds a month for the first 4 months of life.
- The baby will be alert and active, appear healthy, have good color, firm skin, and will be growing in length and head circumference.

These are "False Alarms" that may cause a mother to worry that her baby is not receiving enough milk when he is actually getting plenty of milk:

- Your breasts suddenly appear soft and/or no longer leak between feedings. This does not mean you are producing less milk; it simply means that your supply has adjusted to your baby's needs.
- Your baby seems fussy. Many babies have a fussy time every day that is not related to hunger. You will learn how to respond to your own baby as you find the ways that uniquely comfort him. If your baby settles down when you offer him the breast, go ahead and nurse him, but don't take this as a sign that he is not getting enough to eat.
- Your baby suddenly wants to nurse more often or seems hungry soon after being fed. Babies go through "growth spurts" at approximately 2-3 weeks, 6 weeks, and 3 months of age. At these times they seem to want to nurse more frequently for a few days. This is the way for your baby to increase your milk supply to meet his needs.

Why Become a La Leche League Member?

Support La Leche League of Bermuda

We are a registered charity and help thousands of women in Bermuda by providing breastfeeding information, education, support and encouragement. Your membership fee allows us to

- Provide free mother-to-mother support through home visits, and through phone and email correspondence with accredited LLL Leaders
- Give breastfeeding information packs to every new mother leaving KEMH
- Purchase books for our free lending library
- Provide brochures on a variety of topics for your convenience
- Display informational materials during World Breastfeeding Week and other local events

Membership is \$40 which includes an online subscription to New Beginnings magazine and supports the local group as well as the international organization.

We are now set up to accept payment through Butterfield Direct. If you have an online account, go to bill payment options, click "Add new bill payee" and select La Leche League. Enter "LLL" for *Bill Name* and "abc123" for *Account Number*. Indicate \$40 if you are becoming a member.

You may also donate any amount if you prefer to support our Group without becoming a member. If you prefer to mail in your membership fee or donation, please fill out this form and return to:
La Leche League of Bermuda
Box SN 239, Southampton, SN BX

Name: _____

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