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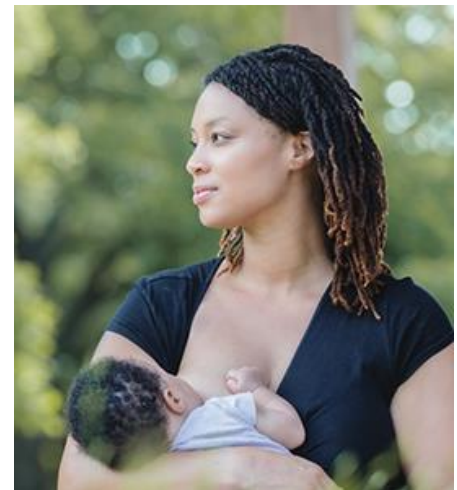
FACT

Breastfeeding and Safe Sleep for Infants



According to the Centers for Disease Control (CDC) and Prevention, "1 in 4 infants are exclusively breastfed as recommended, by the time they are six months old. Low rates of breastfeeding add more than \$3 billion a year to medical costs for the mother and child in the United States."

Lori Feldman-Winter, MD, MPH, an internationally recognized expert on breastfeeding, nutrition, education, and policy, shares her opinion on breastfeeding to dispel common myths with some "good to know" facts.



Myth #1: My baby is feeding a lot, so I must not be producing enough milk.

Fact: "That is a common misperception of new mothers or mothers who have not breastfed before," says Feldman-Winter. "In the first couple of days there is not a lot of volume of human milk made, and that's normal. The baby isn't necessarily feeding often because of hunger and being undernourished; it's the frequency or how often the baby is suckling at the breast that helps milk come to volume. The baby should be at the breast often enough to keep stimulating the brain to make the hormones that cause milk production to happen. It is designed that way. It's a normal system where babies tend to feed eight or more times in a 24-hour period."

Myth #2: By giving my breast a rest, I can produce more milk for my baby.

Fact: Frequent nursing in the early days of breastfeeding signals the breast to make an abundance of milk for baby. From experience with many of her patients, Winter says mothers who feel their breast need a rest are often experiencing pain, discomfort, or stress while breastfeeding, which can block the ability to produce milk. (If this is the case, please follow up with your healthcare provider or a breastfeeding advisor.)

“Resting isn’t the solution to making more milk,” says Winter. “You want to be able to feed when the baby is hungry and in a way that isn’t causing too much discomfort and certainly not pain. In fact, when you miss a feeding or ‘give your breasts a rest,’ what ends up happening is that you don’t trigger the brain to make the hormones that initiate milk production. Missed feedings tells the brain to make less milk, lowering your production. Nursing eight to 10 times throughout the day helps ensure a steady supply of milk.”

Myth #3: Place your baby on a feeding schedule and follow it.

Fact: According to **Le Leche League International**, scheduled feeding may cause slow weight gain, decreased milk production, and possible breast engorgement, which may stop milk production. It’s best to watch for baby’s feeding cues, especially during the first few weeks of breastfeeding.

Winter agrees. “We love to think that babies can follow a schedule, but it’s difficult enough for many adults. Babies feed in spurts – every 30 minutes or on the hour – and then may pause for three or four hours in between. This has to do with how the baby sleeps throughout the day, and changes in the human milk composition. Human milk in the morning is not the same as human milk in the evening, which is very different from infant formula, which always remains the same.”

In fact, carbohydrates, fats, and other nutrients as well as the volume of milk production changes over the course of the day. “You may have human milk in the morning that’s high in carbohydrates and the milk volume is really great. But in the evening hours, babies may feed more frequently; the milk is different to encourage babies to feed often and to keep the milk volume up. Frequent, responsive feeding is part of normal breastfeeding that every mom should know ahead of time. It’s normal and healthy for baby to wake up and want to be fed.”

Myth #4: Don't give nursing babies a bottle, it will confuse them.

Fact: In the first couple of weeks, babies are learning how to use their mouth and tongue to suction and transfer milk from the breast. Winter explains: "It's quite different from a gravity suction type of mechanics as in bottle feeding where the tongue stops the flow of milk. While breastfeeding, the baby is suckling, not just sucking."

In the early weeks of breastfeeding, when the baby practices utilizing the tongue, and learning to suck and then swallow in an organized way to transfer milk, it's not a good idea to introduce artificial nipples, Winter says. "It's hard to go back and forth when a baby is just learning to suckle, because if a mom starts bottle feeding and then returns to the breast, the baby may latch on and then just sit there waiting for gravity to happen," she says. "It may appear that the baby is feeding but what's really occurring is what we call non-nutritive feeding and there is a lack of milk transfer. And if the baby can latch and maybe suckle a little bit you may not notice low volume of milk transferred."

After a couple of weeks, most babies go back and forth and use the different skills of breastfeeding and bottle feeding. Winter recommends that moms try to breastfeed exclusively for as long as possible.

If mom is planning to go to work or express breast milk for other reasons, it is important to teach baby how to drink from a bottle. Ask your partner, a loved one or future caregiver to offer the baby the first bottle in an area different from where you usually feed baby. If unsuccessful, try different bottles and nipples until baby accepts the bottle. Your baby will soon learn to bottle feed and accept milk from the breast.

Myth # 5: Breastfeeding reduces the breast's sensitivity and will ruin their shape.

Fact: Age, gravity and weight gain generally affect the changing shape of women's breast more than nursing or lactation. Most women who breastfeed find that their breasts return to their pre-pregnancy size and shape, or at least close to it, after nursing ends.

Myth #6: You can't get pregnant while breastfeeding.

Fact: Breastfeeding prevents ovulation in some women, but it is not considered a reliable form of birth control after the first six months, even if exclusively breastfeeding. For an acceptable form of birth control, talk to your health care provider.

Myth #7: Toughen your nipples before your baby is born to prepare for breastfeeding.

Fact: Nature will prepare your breasts for breastfeeding. Such tactics may interfere with normal lactation, so there's no need to "toughen" the nipple. "The skin of the nipple is one of the thinnest areas of the body and very vulnerable to erosion and damage," Winter says. "When a baby is latched to the breast in a way that's most effective, the nipple is actually protected; all the activity of suckling is on the breast and the areola, not even touching the nipple."

Myth #8: Small breasts don't produce as much milk as larger ones.

Fact: The size of a woman's breast has nothing to do with the volume of milk production. According to Winter, "The breast itself has a certain capacity for storage: Regardless of size, how much milk a breast can hold is different from woman to woman. The baby with a mother that has smaller breasts may be feeding more frequently than the baby of mother who might be larger breasted. When you add up all the milk ingested by each baby, at the end of the full 24 hours it's comparable. At the end of the day, the volume made is the same; it's just how often the baby needs to feed to acquire that volume is very different."

Myth #9: All babies should be weaned before their first birthday.

Fact: The **American Academy of Pediatrics** recommends breastfeeding as the sole source of nutrition for your baby for about six months. When you add solid foods to your baby's diet, continue breastfeeding until your baby reaches at least 12 months of age. The decision to stop breastfeeding is a personal one, but there are many benefits to continuing breastfeeding, for both mom and baby.

"We now know there are continued benefits for baby but more importantly for the mother related to diabetes and heart disease, so that's a plus," Winter says. "We don't recommend weaning before mutually desired and support continued breastfeeding for two years or more."

Feldman-Winter serves as a faculty expert on the National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN), funded by the Health Resources and Services Administration Maternal and Child Health Bureau. NAPPSS-IIN seeks to make infant safe sleep and breastfeeding the national norm by aligning stakeholders to test safety bundles in multiple care settings to improve the likelihood that infant caregivers and families receive consistent, evidence-based instruction about safe sleep and breastfeeding. Along with NAPPSS-IIN, Feldman-Winter is the Physician Lead for the Communities and Hospitals Advancing Maternity Practices (CHAMPS) project, under the Center for Health Equity, Education and Research (CHEER) of Boston Medical Center, and the Chair of the American Academy of Pediatrics (AAP) Section on Breastfeeding, and former member of the AAP Task Force on SIDS. She is the Professor of Pediatrics at Cooper Medical School of Rowan University and Pediatrics/Adolescent Medicine specialist at Cooper University Health. The views expressed here are solely that of the Dr. Feldman-Winter's personal opinions and not of any organization or health care institution.

Resources:

American Academy of Pediatrics Breastfeeding Resources

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/default.aspx>

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Breastfeeding Resources

<https://www.nichd.nih.gov/health/topics/breastfeeding>

Center for Disease Control and Prevention (CDC) Breastfeeding Resources

<https://www.cdc.gov/breastfeeding/pdf/breastfeeding-cdcs-work-508.pdf>

La Leche League Breastfeeding Information

<https://www.llli.org/breastfeeding-info/>

Webmd Breastfeeding Myths

<https://www.webmd.com/parenting/baby/features/breastfeeding-myths#1>

