Healthy Kent Breastfeeding Task Force

August: World Breastfeeding Month
August 1-7: World Breastfeeding Week

FOR GREAT INFORMATION ON BREASTFEEDING:

FREE Breastfeeding Management Application download at iTunes or at http://massbreastfeeding.org/providers/. For iTouch, iPhone, Palm, or Blackberry.

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In honor of the occasion, please consider the following BREASTFEEDING MYTHS and FACTS:

Myth 1 *Frequent nursing leads to poor milk production, a weak let-down response and ultimately unsuccessful nursing.*

Fact Milk supply is optimized when a healthy baby is allowed to nurse as often as he indicates the need. The milk-ejection reflex operates most strongly in the presence of a good supply of milk, which normally occurs when feeding on baby's cue.

Myth 2 *A Mother only needs to nurse four to six times a day to maintain good milk supply.*

Fact 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, which declines when feedings are infrequent or restricted.

Myth 3 *Babies get all the milk they need in the first five to ten minutes of nursing.*

Fact: 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 4 *A breastfeeding Mother should space her feedings so that her breasts will have time to refill.*

Fact: 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 5 *Babies need only six to eight feedings a day by eight weeks of age, five to six feedings a day by three months, no more than four or five feedings a day by six months of age.*

Fact A breastfed baby's frequency of feeding will vary according to the mother's milk supply and storage capacity, as well as baby's developmental needs. Growth spurts and illnesses can temporarily change a baby's feeding patterns. Studies show that breastfeeding babies fed on cue will settle into a pattern that suits their own unique situation. In addition, the caloric intake of a breastfed baby increases toward the end of the feeding, so putting arbitrary limits on the frequency or duration of feedings may lead to inadequate caloric intake.

Myth 6 *It is the amount of milk that a baby takes in (quantitative), not whether it is human milk or formula (qualitative), which determines how long a baby can go between feedings*

Fact Breastfed babies have faster gastric emptying times than fomula-fed babies--approximately 1.5 hours versus up to 4 hours--due to the smaller size of the protein molecules in human milk. While intake quantity is one factor in determining feeding frequency, the type of milk is equally important. Anthropologic studies of mammalian milk confirm that human babies were intended to feed frequently and have done so throughout most of history.

Myth 7 *Breastfeeding mothers must always use both breasts at each feeding*

Fact 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. 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 8 *If a baby isn't gaining weight well, it may be due to the low quality of the mother's milk.*

Fact Studies have shown that even malnourished women are able to produce milk of sufficient quality and quantity to support a growing infant. In most cases, low weight gain is related to insufficient milk intake or an underlying health problem in the baby.

Myth 9 *Poor milk supply is usually caused by stress, fatigue and/or inadequate fluids and food intake*

Fact 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 10 *Nursing a baby after 12 months is of little value because the quality of breast milk begins to decline after six months.*

Fact 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.

Breastfeeding Myths by Lisa Marasco, Assistant Area Professional Liaison, LLL of Southern California/Nevada USA, From: LEAVEN, Vol. 34 No. 2, April-May 1998, pp. 21-24
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