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EC86-417 Promoting Breastfeeding

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How Baby Sucks

This material is taken from an article entitled "An Easy Solution to an Early Problem: Advice for Health Professionals." by Kittie B. Frantz, R.N., C.P.N.P. in *Mothers and Children* Vol. 2, Number 1, Winter 1982, ISSN 0272-6917.

Kittie Frantz is director of the Breastfeeding Infant Clinic, Los Angeles County—University of Southern California Medical Center, Los Angeles, California.

Reporting on problems encountered over a one-year period, the most significant problem was the complaint of sore nipples.

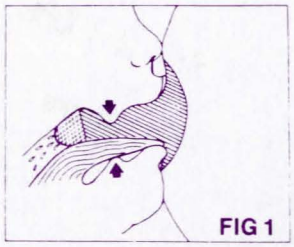
FIG 1

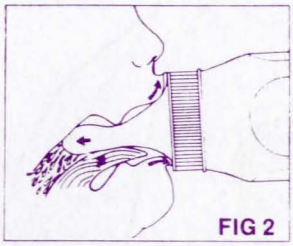
FIG 2

In Figure 1, the breast is in the proper position in baby's mouth. The lips press downward. Notice the jaws (arrows) compressing the areola behind the nipple which has stretched the the palate. This moves the milk toward the nipple as the posterior tongue pushes the nipple against the palate to press the milk out further. The anterior tongue darts in and out over the lower jaw to help hold the breast in place. No trauma to the nipple is seen.

When a bottle is sucked, (Figure 2) the jaws have to do little if any compressing because the milk flows so easily out of the large nipple pore. The action of gravity due to the bottle held upward, and the cheek suction further assist the flow. The posterior tongue can't push the unyielding shaped rubber up toward the palate. The anterior tongue doesn't dart over the lower jaw as much as with the breast. It may instead thrust upward toward the gum. For many babies, trying to suck both kinds of

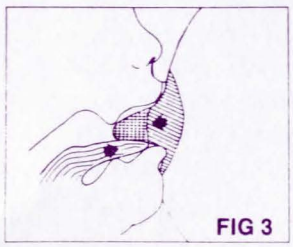
FIG 3


FIG 4

nipples is confusing. Often babies try to suckle the breast (Figure 3) like they suck the rubber nipple. The baby's tongue searching for the shaped nipple may even push the flesh nipple anterior toward the jaws. Breast engorgement exacerbates this process.

Illustrations reproduced from *Mothers and Children* Vol. 2, Number 1, Winter 1982, ISSN 0272-6917.

In Figure 4, the baby faces mother so the nipple is right at the baby's mouth and the head doesn't have to turn to reach it. The baby's left arm is around the mother's waist. The mother's right hand holds the baby's buttocks or right leg. The mother should hold her breast so her fingers are not on the areola because they will prevent the baby from placing the jaws there.

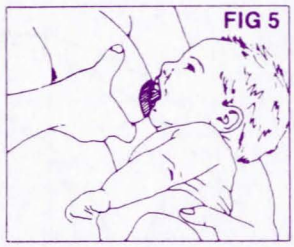
FIG 5


FIG 6

(Figure 5) She can spread her thumb and first finger farther apart for this than any of her other fingers. Her fingers under the breast support the breast better in this position. She then teases the baby's mouth open (Figure 6) by lightly tickling the lips with her nipple. The nipple should barely touch the lip and not "mash" the lip or thbaby will not recognize the signal and give the desired response.

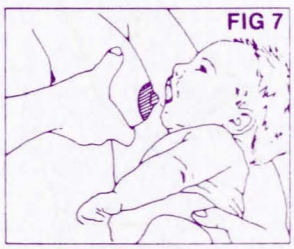
FIG 7


FIG 8

After a few moments of lip tickling, she waits for the baby to open wide. (Figure 7) She centers the nipple quickly as she draws her baby in very closely toward her boby. (Figure 8) Pulling close causes the jaws to bypass the centered nipple and come together behind the nipple. (Figure 9). Her thumb is conveniently in place to make an airway if needed. Notice the attendant has pushed in on the mother's arm to show her how close baby should be.

Figure 10 is typical of most of the incorrect technique observed. Notice her fingers covering the areola where you want baby's jaws to go. The baby isn't facing the mother so he or she won't get close enough to bypass her nipple. The mother is holding baby's head and this tactile stimulation may cause the baby to pull away toward her and away from the breast.

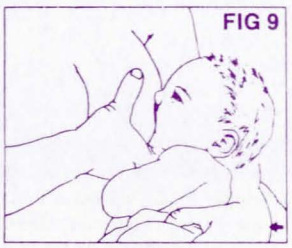
FIG 9

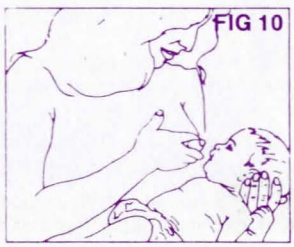
FIG 10

Nebraska Cooperative Extension Service EC86-417

Promoting Breastfeeding

Katharine P. Riddle, Extension Foods and Nutrition Specialist

Breastfeeding is the best way to feed an infant. For many years, infant formula has been thought to be an equal choice, but since 1980 the American Academy of Pediatrics has strongly recommended breastfeeding for all full-term infants. The Surgeon General of the United States says that no formula product is an effective substitute for mother's milk.

One of the national goals of the U.S. Department of Health and Human Services (HHS) is to increase, by 1990, the proportion of women who breastfeed their babies to 75 percent at hospital discharge and to 35 percent at 6 months of age. Currently about 61 percent of newborns are started at the breast, and about 27 percent are still breastfeeding at 6 months.

What will it take to achieve this national goal? Who can help? How can mothers be encouraged to decide to breastfeed and to carry through? This publication provides answers to these and many other questions about breastfeeding.

Who Can Help?

You can help by talking about and promoting breastfeeding to the people in your community. Before World War II, breastfeeding was taken for granted and needed no special emphasis. In the 1950s, formula substitutes for breastmilk were promoted and there was a widespread move away from breastfeeding. Now there is a general and urgent need for all people to understand how important breastfeeding is to infants, mothers, families, communities, and the world.

Breastfeeding is not only the best way to feed an infant, but it also provides protection against gastrointestinal and other infections, and suppresses maternal fertility.

Your help is needed to gain support from such people as:

- Medical professionals, health care organizations, hospitals, and child birth instructors. Find out what they do in their contacts with a new mother to support breastfeeding.
- Family members of potential breastfeeding mothers, including fathers, grandparents, children, and other relatives. Help them think about how they can support and help the new mother who breastfeeds.
- Friends of a potential mother—both those who have breastfed and those who have not. What these people say or think about breastfeeding will influence the new mother.
- Employers, school personnel, day care providers, and persons with whom the mother may relate after the baby is born. Their willingness to arrange temporary shifts in schedules to accommodate breastfeeding is essential. When they realize that, in the long run, a breastfed baby will be healthier and probably cause fewer "sick leaves," they are more likely to be supportive.
- Support organizations, such as La Leche League. These organizations are invaluable; they have educational materials and experienced membership to help answer questions and provide more information (see the bibliography).

What You Can Do to Promote Breastfeeding

Find out how prevalent breastfeeding is in your community.

How many women are breastfeeding and for how long? What are some of the reasons they think it is important? What are the reasons why others do not breastfeed? Use this information in talking to potential supporters and in planning the kind of information generally needed.

Spread the word.

Provide people in the community, especially young people, with accurate information both through the school curriculum and in informal situations. Highlight the importance of breastfeeding. Young men as well as women need this information in order to support the process of breastfeeding.

Teach young couples in childbirth classes to prepare for breastfeeding.

Make sure members of the medical profession—doctors, nurses, dietitians, etc.—are supportive and are encouraging their clients to consider breastfeeding.

Plan training events for personnel who will be directly connected to breastfeeding mothers.

Provide support for the mother who wants to breastfeed.

Work with hospitals so that the new mother and infant are *together in the first twenty-four hours* after birth. Nursing is much more likely to be successful if begun during this period. When an infant is "rooming in," the mother can breastfeed on demand.

Link the new mother with an experienced breastfeeder who can answer questions and make suggestions.

Encourage family support at home. The father and other family members can do the housework and encourage the new mother to rest and build up her milk supply. Some fathers need help in seeing that breastfeeding means better health for the baby and, in the long run, is a benefit to fathers as well as mothers.

Help the new mother plan for her return to work or school. Encourage all mothers who start nursing to continue nursing their babies *as long as possible* before switching to commercial formula. Show her that it is possible to pump her breasts and save the milk for later.

Work with employers and school personnel to develop ways for the mother to continue breastfeeding even when returning to work or school.

What Do Supporters of Breastfeeding Need to Know?

Breastfeeding is one of the most amazing and efficient feeding systems in the world. Breast milk is made just right for babies. It has just the right amount of nutrients to help the baby grow. In fact, the proportions change as the baby grows! And, it is easy for the baby to digest.

Human milk is uniquely suited to the pattern of growth of human infants. *Table 1* shows that the protein level of human milk is lower than that of other milks, and consequently human growth is slower. If cow's or goat's milk were to be used, it would have to be diluted. The carbohydrate content in human milk is higher than that of other milks, and the form of carbohydrate—lactose—provides calories in a nonirritating and easily available form. Its slow breakdown and ab-

Table 1. Percentage composition of different milks

Milk	*Protein*	*Fat*	*Carbohydrate*	*Ash*
Human	1.1	4.0	9.5	.2
Cow	3.5	3.5	4.9	.7
Goat	3.2	4.0	4.6	.7
Deer	8.7	10.4	4.4	1.6
Sow	5.4	8.3	5.0	.85
Elephant	3.1	19.6	8.8	.5

sorption probably make calcium absorption easier.

A study by USDA's Agricultural Research Service found that breast-fed infants grow just as quickly as formula-fed infants, although the breast-fed children actually consume less protein and energy. It seems that infants who nurse don't actually take in as much milk after the first month as infants who are bottle-fed. Yet they gain weight just as well. Apparently infants are able to use the protein and energy in mother's milk much more efficiently than the nutrients in formula milk. This means that both the amount of protein in the mothers' milk and the form of carbohydrate and fat are all better suited to the infant's digestive system than any formula food yet produced.

Breast milk also contains antibodies, substances that help prevent infections. These antibodies fight against the specific pathogens (disease-causing organisms) that have infected the mother. Antibodies travel through the bloodstream from the mother's intestines to her breast, and are released into her milk. When the baby nurses, these antibodies in the milk are swallowed and remain in the baby's intestines. There they play a vital role in preventing gastrointestinal infections. More infants die throughout the world each year from gastrointestinal infections than from any other disease.

No formula milk, however cunningly contrived, can replace this tailor-made protection that breast milk provides. Immunological protection comes to the infant through the "colostrum," or early milk. For this reason it is always worthwhile to nurse for the first few weeks, even if breastfeeding can't be continued for a long time. There is also some evidence that breastfed babies have a better than average tolerance to cholesterol, with lower incidences of heart disease and obesity.

Sucking stimulates the mother's brain to release beta endorphin, which decreases the secretion of a hormone that regulates ovulation. As a result, breastfeeding mothers do not begin to menstruate until 33 weeks after delivery and to ovulate until 36 weeks after delivery. Most women who do not breastfeed begin to menstruate an average of 8 weeks after delivery and to ovulate after 11 weeks.

Breastfeeding *cannot be relied upon to prevent conception.* In the larger picture, worldwide population studies show that breastfeeding *does* provide for spacing of births and a lowered birth rate. But in individual circumstances, a woman should realize she can conceive and must use protection. Breastfeeding helps the uterus, which stretched during pregnancy, return to approximately its original size. Nursing can also help mothers lose weight after the baby is born. It uses some of the extra fat stored during pregnancy, so nursing mothers get back their shape more quickly.

Breastfeeding brings a mother and baby together emotionally as well as physically. Many mothers who have breastfed their babies say there is nothing more rewarding. Mothers who have bottle-fed their first baby and then nursed the second are often more enthusiastic.

Dentists confirm that the sucking action used in breast-feeding contributes to a much more desirable jaw formation than the sucking action involved in bottle-feeding. There is also a lower incidence of tooth decay, unless the infant feeds all night!

Besides the health reasons for promoting breastfeeding, there are practical considerations, too. When the baby is ready to eat, the milk is ready to serve. It is clean and at the right temperature. There are no bottles to clean and sterilize, no formula to mix, or feedings to heat up.

Generally, breastfeeding costs less than formula feeding. Instead of buying formula for the baby, the mother needs to eat well. But that does not mean eating expensive food or large amounts of food. Making milk takes a lot of energy and, surprisingly, it is possible to eat well and also lose the extra weight gained during pregnancy. *Table 2* gives suggestions for selecting foods.

Table 2. Suggested food selections for mothers who are breastfeeding (they may fit better into three meals and two snacks).

Breads and Cereals	4 or more servings daily. Use whole grain kinds for fiber and extra nutrients.
Vegetables and Fruits	5 to 6 servings daily, including: —dark green leafy or bright yellow kinds —citrus or seasonal fruits
Fish, Poultry, Meat, Beans, Eggs	One serving at each meal. Using beans or peas at one meal makes it less expensive.
Milk and Milk Products	4 glasses (8 ounces each) daily. Yogurt, buttermilk, nonfat, low fat, or whole milk count cup for cup. 1 1/3 ounce cheese counts for 1 cup.
Drink at least 8 glasses of liquid per day.	Milk, water, juice, "decaf" coffee, or tea in limited amounts; low-cal sodas, but no alcohol.

Questions You Might Have

Breastfeeding is a very special way of relating to and nourishing a baby. By learning to breastfeed, a mother is developing a tender art that will add much to her own life as well as to that of her child. But there are many questions that may need answering.

1. Can every mother breastfeed? Will I have enough milk for my baby?

These are very natural questions from a mother breastfeeding for the first time. Unfortunately, the very anxiety that accompanies the questions may contribute to her not being able to have enough milk. However, each potential mother can be assured that almost every mother can breastfeed and breastfeed well.

Once breast milk is established the availability of the milk to the baby becomes a matter of supply and demand. The more the baby nurses, the more milk is produced.

The solution to the problem of "not enough milk" is to let the baby nurse more frequently. The solution does *NOT* lie in supplementing with a bottle. Giving a bottle only cuts down on the amount the baby is taking from the mother, and sends signals to the breast to cut back on its milk production.

Milk is available when the baby is born and continues to be replenished as long as it is regularly removed by nursing. In writing about breastfeeding, Dr. R. M. Applebaum refers to "drainage" or output as being the key to maintaining normal milk supply. The problem, he feels, is in delivering the milk, not in producing it. Breasts become engorged only when the milk is not adequately drained by nursing. The solution to engorgement lies in nursing—in letting the infant empty the breast.

2. How will I know if the baby is getting enough?

There are several ways to tell. Does your baby have lots of wet diapers? In the early weeks it is common for a baby to have 10 to 12 wet diapers in a 24-hour period. Later, 6 wet diapers are an indicator. Does the baby have good bowel movements? Are you nursing when the baby is hungry? Do you feel relaxed and comfortable about feeding the baby every 2 to 3 hours some parts of the day? Is the baby gaining weight? If these indicators are positive, you can be sure your baby is getting enough.

3. Why should I not give the baby a bottle?

The way a baby sucks from a bottle and the way a baby gets milk from the breast nipple are two different processes. If given a bottle, the baby may become frustrated by the difference between the two sucking methods. Although babies can learn to do both, they learn better when they are a little older.

Also, as in *Question 1,* if the baby gets satisfied drinking from the bottle, the breast will not be stimulated to produce more milk.

4. I've heard that milk does not contain much iron. If I breastfeed, is my baby likely to become anemic?

It is true that milk is not a good source of iron. But your body has been storing iron in your baby's body all during pregnancy, and the baby probably won't need iron until the fifth or sixth month when you will start feeding iron-rich foods such as cereal or vegetables.

Also, the small amount of iron in breastmilk is more readily available to the baby than iron in other milk. If you do give your baby formula, use the iron-fortified kind.

5. Won't I be terribly tied down by always having to be there to feed the baby?

Some mothers wonder how they will ever manage to get away on their own, or whether they will be able to go back to work. It is hard to see ahead of time the many possible ways of working it out. A mother can observe her baby's feeding pattern and plan to be away during the longer spaces between feedings. She can store up a bottle of breastmilk by pumping her breasts and leaving it for the supplemental feeding while she is away. And, after a month or so when the milk supply is well established, an occasional bottle of formula can be fed. There are many ways of working it out so mother can be away from baby.

6. Will breastfeeding ruin the shape of my breasts?

No, the shape of your breasts won't be ruined. Wear a good nursing brassiere and you will look as good as ever! In modern society, breasts have become an erotic symbol identified with sexual experience. But, breastfeeding does not need to interfere with that experience. Some women have pleasant physical sensations associated with breastfeeding. This is not surprising since the process of sucking rhythmically tightens the uterus, thus returning it to its normal size.

7. But aren't there reasons why a mother shouldn't breastfeed?

Yes. For example, there are a few women who cannot breastfeed for physical or health reasons. These women also need support and understanding from their families and the community. Mothers who are consuming alcoholic beverages should not breastfeed because the alcohol passes through the breast into the milk to the child.

And, there are mothers who have been exposed to PCB, a fire retardant chemical that got into cattle feed accidentally in 1973 in Michigan, contaminating milk, cheese, butter, chickens, eggs, and beef. PCB is stored in the fat cells of those who consume it, and in the case of a pregnant woman, does cross the placenta. Whether those mothers should breastfeed and expose the infants

to more PCB is hard to answer. The benefits of "colostrum," or early milk, and its protective factors may outweigh the health risks of either the small amounts of PCB in the breastmilk on one hand, or bottlefeeding on the other.

Support for Breastfeeding

A mother who is planning to breastfeed for the first time needs the support of health care providers both during the prenatal period and after delivery. Knowledgeable persons who favor breastfeeding can answer her questions, honor her desire to breastfeed, and facilitate the transition period after the baby is born.

A new mother might want to select the location for the baby's delivery. A mother who wants to breastfeed has a right to know about hospital practices, to ask for rooming-in or that the baby be brought to her when hungry instead of on a rigid schedule; and to request that the nursery refrain from giving a bottle, even a bottle of water, without her permission.

It is also good for her to know how soon after birth she will be able to nurse the baby. Some authorities suggest that feeding the baby soon after birth while sitting on the edge of the delivery table is an excellent way to establish milk production.

A list of books and pamphlets on breastfeeding is given in the bibliography. A mother-to-be can benefit from the support of women experienced in breastfeeding, breastfeeding counselors, or lactation specialists. Probably the best group of breastfeeding advocates is La Leche League, which has chapters in most cities and many towns.

Unfortunately, it is often those women most in need of advice or support who do not initiate contact or conversation with health professionals about their intention to breastfeed.

Support from Family and Friends

Many new mothers have not been exposed to breastfeeding. In many families, breastfeeding has become a lost art—there are no women who have had firsthand experience. These new mothers who consider breastfeeding will want and need extra help and support in order to develop the art of breastfeeding for themselves. They need to identify people they can trust to help develop the art of breastfeeding.

The opinion of the father is also crucial. Parenting classes often help a couple discuss and come to a decision about how each feels about breastfeeding. When a father realizes the value to his child of breast milk, and understands the breastfeeding process, he is more likely to find how he can support the mother in the decision to breastfeed. He may also be less likely to feel excluded by the process.

Fathers can be helpful both in their anticipation of breastfeeding and in their emotional support during the period when milk flow is being established. A father who is informed about the physiology of milk production and the psychological process of milk let down can contribute a great deal to the success of breastfeeding, and thus to the nourishment of his child. He is in a more favorable position for establishing his own relationship with the baby by cuddling, comforting, and caring for the infant in many ways besides feeding.

A new mother may want to let her family and social peers know that she will be nursing the baby. When she is with them in semi-public places she can still nurse discretely. There are ways to dress and ways to hold the baby while nursing so that it is not obvious that she is breastfeeding. If she can take the baby with her and not be left out of her social group, breastfeeding becomes a more attractive choice. Most mothers find that the convenience of breastfeeding makes it easier than bottlefeeding.

Breastfeeding When Employed

Can a mother continue nursing her baby and still go back to work? The answer is, "Yes, if she wants to and is willing to work out a plan for pumping her breasts." Also, to this conditional response needs to be added the consent or cooperation of her employer. It sounds complicated, yet is need not be so. There are many, many mothers who have successfully done both, and have continued to nurse for a long duration.

It is a good idea for the mother to wait until the baby is at least one month old and breastfeeding well before returning to work. By that time she will be able to anticipate her baby's nursing times. She can then plan to nurse just before going to work and soon after her return, and to provide for two feedings in between.

Some mothers can arrange to have the baby near them at work. In a few ideal situations, there is a nursery attached to the place of employment. Some mothers are able to find a baby sitter who lives nearby. In this latter case, the mother can either go to where the baby is, or have the sitter bring the baby to her when hungry.

When it is not possible to nurse on a regular basis, the mother needs to pump her breasts and have milk to leave for her infant. Some mothers find it easy to pump their breasts by hand. All they need then is a sterile bottle or bottles in which to pump the milk, depending on the number of feedings. It is good to plan ahead and decide what time of day is best for pumping. A mother may have to do the pumping during the day at the same time she would normally be nursing the baby, in which case she will want some privacy and break time during work. She will also need a place to refrigerate the milk. If her milk is plentiful, she may be able to pump her breasts at night. In that case, she might be able to freeze the extra milk in small containers of several ounces each.

For mothers who do not find it easy to hand pump, there are several kinds of good breast pumps available. La Leche League, lactation specialists, or individuals with experience in this area can make recommendations.

As they begin to understand the benefits of breastfeeding, employers are becoming more flexible in allowing the new mother time for nursing. The benefits are obvious: it is known that both the mother and baby are more likely to maintain good health, the mother is less likely to require time off to care for a sick child, and the long-term developmental benefits to the child cannot be minimized. Any mother who has difficulty with her employer regarding breastfeeding should enlist the support of her doctor and of a support group of nursing mothers.

Conclusion

More and more, women in this country who are thinking about how to feed the infants they expect to have are considering breastfeeding. It is the most valuable nutritional gift a mother can give, and it is also nourishing to the mothers themselves.

A virtual "revolution" in child survival and development is now possible *IF* the countries and peoples of the world commit themselves to a series of opportunities that could save the lives and enhance the potential of half the 40,000 small children who now die every day from readily preventable causes. Their commitment could slow down population growth as well.

This Child Survival Revolution includes breastfeeding as one of its four actions included in the acronym *GOBI*:

G for *Growth monitoring* through the use of such measuring devices as growth charts to enable the mother to detect and deal with early signs of malnutrition.

O for *Oral rehydration therapy*—consisting of a simple treatment with salts and glucose in water of a child suffering from diarrheal dehydration, the number one child killer.

B for *Breastfeeding*—to nourish and protect the young infant from infection, and to follow good weaning practices during transition to family food—a period of high risk from malnutrition.

I for *Immunization*— against tetanus, measles, polio, whooping cough, diptheria, and tuberculosis, which cripple and kill millions of children every year.

It is very important to stop the decline in breastfeeding throughout the world. This decline is considered a major human tragedy. It has caused an excessive stimulation of maternal fertility, and an enormous increase in infant mortality.

creasing the incidence and duration of breastfeeding. And, it will take support, encouragement, and understanding to remove the barriers that make it hard for a women to decide to breastfeed, and to feel comfortable while doing so.

The failure of physicians, scientists, theologians, administrators, and politicians to appreciate the full significance of breastfeeding in the spacing of births and the health of infants has had serious consequences for all nations and for the world.

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