

## More Breastfeeding Myths

### **1. A breastfeeding mother has to be obsessive about what she eats.**

Not true! A breastfeeding mother should try to eat a balanced diet, but neither needs to eat any special foods nor avoid certain foods. A breastfeeding mother does not need to drink milk in order to make milk. A breastfeeding mother does not need to avoid spicy foods, garlic or cabbage. A breastfeeding mother should eat a normal healthful diet. Although there are situations when something the mother eats *may* affect the baby, this is unusual. Most commonly, "colic", "gassiness" and crying can be improved by changing breastfeeding techniques, rather than changing the mother's diet. (Handout #2 *Colic in the breastfed baby*).

### **2. A breastfeeding mother has to eat more in order to make enough milk.**

Not true! Women on even very low calorie diets usually make enough milk, at least until the mother's calorie intake becomes *critically* low for a prolonged period of time. Generally, the baby will get what he needs. Some women worry that if they eat poorly for a few days this also will affect their milk. There is no need for concern. Such variations will not affect milk supply or quality. It is commonly said that women need to eat 500 extra calories a day in order to breastfeed. This is not true. Some women *do* eat more when they breastfeed, but others do not, and some even eat less, without any harm done to the mother or baby or the milk supply. The mother should eat a balanced diet dictated by her appetite. Rules about eating just make breastfeeding unnecessarily complicated.

### **3. A breastfeeding mother has to drink lots of fluids.**

Not true! The mother should drink according to her thirst. Some mothers feel they are thirsty all the time, but many others do not drink more than usual. The mother's body knows if she needs more fluids, and tells her by making her feel thirsty. Do not believe that you have to drink at least a certain number of glasses a day. Rules about drinking just make breastfeeding unnecessarily complicated.

### **4. A mother who smokes is better not to breastfeed.**

Not true! A mother who cannot stop smoking should breastfeed. Breastfeeding has been shown to decrease the negative effects of cigarette smoke on the baby's lungs, for example. Breastfeeding confers great health benefits on both mother and baby. It would be better if the mother doesn't smoke, but if she cannot stop or cut down, then it is better she smoke and breastfeed than smoke and formula feed.

### **5. A mother who bleeds from her nipples should not breastfeed.**

Not true! Though blood makes the baby spit up more, and the blood may even show up in his bowel movements, this is not a reason to stop breastfeeding the baby. Nipples that are painful and bleeding are not worse than nipples that are painful and not bleeding. It is the pain the mother is having that is the problem. This nipple pain can often be helped considerably. Get help. (Handout #3 *Sore Nipples*). Sometimes mothers have bleeding from the nipples that is obviously coming from inside the breast and is not usually associated with pain. This often occurs in the first few days after birth and settles within a few days. The mother should breastfeed! If bleeding does not stop soon, the source of the problem needs to be investigated, but the mother should keep breastfeeding.

### **6. A woman who has had breast augmentation surgery cannot breastfeed.**

Not true! Most do very well. There is no evidence that breastfeeding with silicone implants is harmful to the baby. Occasionally this operation is done through the areola. These women do have problems with milk supply, as does any woman who has an incision around the areolar line.

### **7. A woman who has had breast reduction surgery cannot breastfeed.**

Not true! Breast reduction surgery does decrease the mother's capacity to produce milk, but since many mothers produce more than enough milk, mothers who have had breast reduction surgery sometimes manage very well to breastfeed exclusively. In such a situation, the establishment of breastfeeding should be done with special care to the principles mentioned in the handout #1 Breastfeeding—Starting Out Right. However, if the mother seems not to produce enough, she can still breastfeed, supplementing with a lactation aid (so that artificial nipples do not interfere with breastfeeding).

8. Premature babies need to learn to take bottles before they can start breastfeeding.

Not true! Premature babies are less stressed by breastfeeding than by bottle feeding. A baby as small as 1200 grams and even smaller can start at the breast as soon as he is stable, though he may not latch on for several weeks. Still, he is learning and he is being held which is important for his wellbeing and his mother's. Actually, weight or gestational age do not matter as much as the baby's readiness to suck, as determined by his making sucking movements. There is no more reason to give bottles to premature babies than to full term babies. When supplementation is truly required there are ways to supplement without using artificial nipples.

9. Babies with cleft lip and/or palate cannot breastfeed.

Not true! Some do very well. Babies with a cleft lip only usually manage fine. But many babies do indeed find it impossible to latch on. There is no doubt, however, that if breastfeeding is not tried, it will not work. The baby's ability to breastfeed does not always seem to depend on the severity of the cleft. Breastfeeding should be started, as much as possible, using the principles of proper establishment of breastfeeding. (Handout #1 Breastfeeding—Starting Out Right). If bottles are given, they will undermine the baby's ability to breastfeed. If the baby needs to be fed, but is not latching on, a cup can and should be used in preference to a bottle. Finger feeding occasionally is successful in babies with cleft lip/palate, but not usually.

10. Women with small breasts produce less milk than those with large breasts.

Nonsense!

11. Breastfeeding does not provide any protection against becoming pregnant.

Not true! It is not a foolproof method, but no method is. In fact breastfeeding is not a bad method of child spacing, and gives reliable protection especially during the first 6 months after birth. But it is reliable only when breastfeeding is exclusive, when feedings are fairly frequent (at least 6-8 times in 24 hours), there are no long periods during which the baby does not feed, and the mother has not yet had a normal menstrual period after giving birth. After the first six months, the protection is less, but still present, and on average women breastfeeding into the second year of life will have a baby every 2 to 3 years even without any artificial method of contraception.

12. Breastfeeding women cannot take the birth control pill.

Not true! The question is not exposure to female hormones, to which the baby is exposed anyway through breastfeeding. The baby gets only a tiny bit more from the pill. However, some women who take the pill, even the mini-pill, find that their milk supply decreases. Oestrogen in the pill decrease the milk supply. Because so many women produce more than enough, this often does not matter, but sometimes it does and the baby becomes fussy and is not satisfied by nursing. Babies respond to rate of flow of milk, not what's "in the breast", so that even a very good milk supply may seem to cause the baby who is used to faster flow to be fussy. Stopping the pill often brings things back to normal. If possible, women who are breastfeeding should avoid the pill until the baby is taking other foods (usually 4-6 months of age). Even if the baby is older, the milk supply may decrease significantly. If the pill must be used, it is preferable to use the progestin only pill (without oestrogen).

13. Breastfeeding babies need other types of milk after 6 months.

Not true! Breastmilk gives the baby everything there is in other milks and more. Babies older than 6 months should be started on solids mainly so that they learn how to eat and so that they begin to get another source

of iron, which by 7-9 months, is not supplied in sufficient quantities from breastmilk alone. Thus cow's milk or formula will not be necessary as long as the baby is breastfeeding. However, if the mother wishes to give milk after 6 months, there is no reason that the baby cannot get cow's milk, as long as the baby is still breastfeeding a few times a day, and is also getting a wide variety of solid foods in more than minimal amounts. Most babies older than 6 months who have never had formula will not accept it, because of the taste.

Written by Jack Newman, MD, FRCPC May be copied and distributed without further permission

