Breastfeeding Support

Is your Paediatrician and other hospital personal supportive of breastfeeding? With all that is known about the benefits of breastfeeding for both the mother and baby, you must think 'of course my doctor is going to be supportive of breastfeeding.'
Unfortunately, that is not always the case. And it usually isn't necessarily that they have anything against breastfeeding, but instead, many Paediatricians and other health professionals just haven't received enough education or training to be supportive of breastfeeding, especially when problems occur.
It is important to remember that the increase in breastfeeding rates and the availability of lactation consultants only began in the middle to late 70's, so doctors trained before and during this period may not have had much experience with breastfeeding or lactation support professionals.

Even doctors that have recently finished training may not have received formal education about breastfeeding. In my own Paediatrics' residency, most of the time I spent taking care of new-borns was in the Neonatal Intensive Care Unit with preemies and new-borns that were very sick and I didn't have much exposure to breastfeeding mothers. Fortunately, one of the 'Ten Steps to Support Parents' Choice to Breastfeed Their Baby' of the American Academy of Paediatrics is to 'Train all physicians and office staff in skills necessary to support breastfeeding.'
So how do you find a doctor that is supportive of breastfeeding and that can help you have a positive breastfeeding experience? Lactation consultants in your area should be able to recommend Paediatricians that are known to be supportive of breastfeeding and steer you away from those that aren't. Another good way is to just ask your doctor how he feels about breastfeeding. A prenatal visit or a 'new mom' consult is a good way to get to know a new Paediatrician or to just talk about your plans for breastfeeding your new baby. You can find out what will happen if you do have problems breastfeeding and ask for recommendations to help maximise the chance that you will breastfeed effectively, including breastfeeding as soon after the delivery as possible, avoiding supplementing with a bottle or using a pacifier, and rooming in with and feeding your new-born on demand.

In addition to finding a Paediatrician that is supportive of breastfeeding, you can maximise your chances of breastfeeding successfully by learning as much as you can about breastfeeding and potential problems that may come up. There are many excellent books about breastfeeding and you should consider reading while you are still pregnant, with one of my favourites being 'The Nursing Mother's Companion' by Kathleen Huggins.

Having a breastfeeding support system in place is also helpful. This should usually include a lactation consultant or lactation specialist. A great suggestion I once heard is to keep the phone number of your lactation consultant by the phone with your list of emergency numbers. This way you always have it handy and can get help when you need it. Family members and friends who have breastfed are other good sources of support. You may also want to take a prenatal breastfeeding preparation class, or if you have any risk factors that make it more likely that you will have difficulty with breastfeeding, then schedule a prenatal evaluation with a lactation consultant and/or a prenatal breast examination. So how do you know if you doctor isn't supportive of breastfeeding? A good way to tell is if at the first sign

that you are having problems breastfeeding, your doctor recommends supplementing with a bottle, changing to formula or 'just keep trying'. While there are some situations where supplemental feedings are medically necessary, especially if the baby is dehydrated or has excessive weight loss, giving supplements, in addition to ensuring the health of the baby, should include a goal of fixing whatever is going wrong with breastfeeding, so that you will ultimately be able to exclusively breastfeed. This can include increasing the mother's supply of breastmilk and/or helping the baby latch on or suck properly. If you just supplement with a bottle when you are having problems, then there is a good chance that you will push your baby to wean early. And it is important to remember that supplements aren't usually necessary, and even when they are, there are alternatives to using a bottle, such as using a lactation aid, cup or finger feeding.
Other common breastfeeding problems that unsupportive doctors sometimes recommend that you stop breastfeeding for include:

Bloody stools:

This is usually caused by allergic colitis, a type of allergic reaction, especially if there are just small streaks of blood on the stools. It is most commonly caused by a reaction to diary products (or other foods, such as soy or peanuts) that the mother is drinking and which pass into her breastmilk. Since it usually isn't a reaction to the breastmilk itself, most of the time you can continue breastfeeding and just eliminate dairy products from your diet. This can be difficult, as many products have 'hidden' ingredients which may indicate the presence of dairy products, so you have to learn to read food labels and avoid foods with (but not limited to) whey, casein, cream, custard, pudding, lactoglobulin, sour cream and lactalbumin. Simply not drinking milk may not be enough. If the bleeding persists, consider having an evaluation with a Paediatric Gastroenterologist or Paediatric Allergist before you stop breastfeeding.

Frequent feedings:

Many infants go through growth spurts, especially at two to three weeks and again at six weeks, during which they have an increased appetite and want to feed more frequently than usual. If you allow your baby to breastfeed more often at these times, then you will stimulate your body to increase your milk supply to keep up with the increased demand and you will likely get back to your usual feeding pattern in a few days. If you supplement instead of breastfeeding more often, then you won't increase your supply and it will often lead to early weaning.

Slow weight gain:

Most infants regain their birthweight by two weeks of age and then gain about 20g (2/3 ounce) a day for the next several months. A thorough evaluation and examination of the mother and baby is essential if a baby is losing weight or not gaining weight well to monitor for correct positioning, latching on, frequency of feedings, and amount of milk production. If supplementing does become necessary, alternatives, such as supplementing with pumped breastmilk and using a lactation aid or finger feeding are often preferred to supplementing with formula in a bottle. You should also have frequent weight monitoring, at least every 2-4

days, in these situations and you may have to learn to pump to further stimulate the production of breast milk.

Infrequent bowel movements:

this is usually normal in older infants, who may have a bowel movement only every 1-2 weeks. Usually, as long as the stool is soft when she finally has it, then it isn't constipation and you do not need to offer extra water or juice. Infrequent bowel movements are more concerning in the first month of life, since that can be a sign that she isn't getting enough breast milk.

Jaundice:

Infants with physiological jaundice don't need to stop breastfeeding and usually don't need supplements. Infants with breastfeeding jaundice (jaundice that is worsened because of dehydration and poor feeding) and jaundice that requires phototherapy may sometimes need supplements or intravenous fluids. Although breastfeeding is often interrupted for infants with breastmilk jaundice (which is not the same as breastfeeding jaundice), this is usually not necessary either and the jaundice usually goes away by the second month of life, although blood tests may be necessary to make sure it isn't something else causing the prolonged jaundice.

Drugs and breastfeeding:

There are actually few medications that are contraindicated during breastfeeding, including bromocriptine, cyclophosphamide, cyclosporine, doxorubicin, ergotamine, lithium, methotrexate and phenindione. Many other medications may require temporarily stopping breastfeeding, are compatible with breastfeeding, can be used with caution, or the effect on the baby is unknown but may be of concern. If a medication is thought to be incompatible with breastfeeding, ask if there is an alternative that would be safe for you to take instead.

The kind of advice you get for dealing with these types of common problems can tell you a lot about how knowledgeable and/or supportive your Paediatrician is about breastfeeding. This is important, because prevention and early treatment of breastfeeding problems can help to maximise your chances of long term breastfeeding success.
Another way to tell if your doctor supports breastfeeding is by the type of anticipatory guidance that is offered at your doctor visits. Is breastfeeding even mentioned? How is it discussed? At well child visits during the first year I used to ask 'Are you still breastfeeding?' I didn't mean it in a negative way, because I also asked formula fed babies 'Are you still feeding Enfamil/Similac?', but I came to realise that, while not intended, the emphasis may have been seen to be on the word 'still,' like I was surprised that a mom was continuing to breastfeed. Instead, I now ask 'How is breastfeeding going?'

Other anticipatory guidance should provide information about potential problems, such as nursing strikes, biting, nipple pain, engorgement and how to know if a baby is getting enough to eat by the number of stools and wet diapers he is having and how well he is gaining

weight. I also regularly, especially in the nursery and at the two week, six month and one year visit, ask about the mother's long term breastfeeding plans. Does she want to continue until her baby is a year old as per the American Academy of Paediatrics recommendations (this also gives me a chance to let her know about this recommendation)? Does she want to continue to breastfeed her toddler? Many people don't recognise that the one year recommendation of the AAP is more a minimum and not a recommendation to wean or not breastfeed your toddler. The AAP policy statement on Breastfeeding and the Use of Human Milk actually states 'It is recommended that breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired.'

You may think it doesn't matter if your Paediatrician is supportive of breastfeeding since you can get information and advice elsewhere, including from a lactation consultant or friends and family members, but you should still have a doctor on your side to watch out for, prevent and treat more serious problems, such as dehydration, excessive weight loss, serious jaundice, etc. Simply ignoring your Paediatrician's advice because you think he or she is not being supportive of your breastfeeding can be dangerous in some situations. If you are having problems and don't feel your doctor is being supportive, then you can always ask if you can have an evaluation by a lactation specialist and a recheck in your doctor's office the next day.

Twenty years ago, there was little support for mothers wishing to breastfeed, from both health care workers and the general public. The year was 1981, and I was a new mother living in rural Iowa, with no family near and few friends. Being well aware of the benefits of breastfeeding, I embarked upon the challenge to breastfeed my first-born son, despite the influences of a bottle-feeding world. I made the decision with the faith that the process would occur naturally. Assuming that was my first mistake. After my son's delivery, the nurses at the hospital gave me minimal instruction. The bulk of that instruction included showing me how to position a silvered spotlight over each nipple, after each nursing session, to reduce any nipple discomfort.
Spotlight? There was nothing about spotlights in my college textbooks, nor in the pamphlets my doctor gave me. Egads!

Other than maintaining a healthy diet, I thought being prepared to breastfeed merely meant buying a good nursing bra and some nursing pads! Needless to say, promptly after returning home with baby, daddy was sent out to purchase one silvered spotlight, with clasp, and a package of 40 watt bulbs. Little did I realise just how ineffective this bit of instruction would be.
At my baby's two-week check-up, I mentioned to the paediatrician my concern over my milk supply. My son was nursing so frequently, yet he seemed unsatisfied, and I was very sore, to say the least. The paediatrician told me he was gaining weight so everything must be okay and that his irritability was probably just colic. Of course, he could offer no remedy for the colic, since it's cause was unknown, but he did tell me to keep using the light, it would get better. Granted, the light helped, but each feeding delivered excruciating nipple pain, and it never lessened. After struggling with the colic and sore nipples for nearly three months, and diligently engaging in 10-20 minute nipple sunning sessions after each feeding, which were, like clockwork, no farther apart than 1.5 hours, I guiltily surrendered to formula and bottles.

The only consolation I was able muster up for my failure was thinking that I, at least, managed to get all that great colostrum into him. Some was better than none.

Consequently, the experience was so disheartening, I was unable to muster up the courage to try it again with his siblings. I basically blamed the whole experience solely upon my inability to breastfeed. Years later, I realized how wrong my perceptions of the experience really were. Simply put, if I had known then that my baby was actually latching improperly, or if I had been given an inkling to monitor my diet for foods he might have been sensitive to, I'm convinced my breastfeeding venture would have been more rewarding and successful for both of us. Fortunately, in today's "Information Age," breastfeeding mothers have access to assistance, through even the most difficult breastfeeding situations, and support from a growing population of breastfeeding comrades. Finding answers is as close as the phone book, the local library and the Internet.

One of the leading organizations providing this access is La Leche League International. LLLI is a non profit organisation dedicated to protecting, promoting and supporting breastfeeding. They offer breastfeeding education and encouragement through mother-to-mother support groups, telephone counselling and extensive interaction with physicians and health care providers. Currently, there are 8,000 Leaders and 3,000 local Groups in the United States alone. La Leche League Groups meet regularly in communities world-wide to share breastfeeding information and the mothering experience. Each year, an estimated 750,000 American mothers call La Leche League with questions and concerns. Telephone counselling is available 24-hours a day, along with access to an extensive library of breastfeeding literature. (U.S. 1-800-LALECHE)

Q: What are the health benefits to mothers who breastfeed? A: Health benefits to mothers who breastfeed are many, including reduced risk of some cancers, reduced risk of osteoporosis, faster return of the uterus to its prepregnant state, steady weight loss based on use of fat deposits laid down during pregnancy for early milk production, slower return of menses which can aid in natural child spacing, and a psychological sense of confidence as the mother provides completed nourishment for her baby. Q: How does breastfeeding reduce the risk of cancer? A: To quote Dr. Jack Newman, MD, FRCPC, a Canadian paediatrician regarding the protective factors against cancers conferred by breastfeeding, "There are various theories, but the most common is that women who breastfeed, especially for more than a token few weeks or months, have a different hormonal milieu than women who do not. It is also thought that a woman who has never had children is also at risk for ovarian cancer. In fact, this is the explanation for breast cancer and endometrial cancer as well. It was always well-known that nuns had much higher rates of these cancers than other women. If we go back to hunter- gatherer societies, sterile menstrual periods are very uncommon. Women in these societies are pregnant or breastfeeding almost continuously from menarche to menopause. This is thought to be the norm for our species and modern society has completely turned this aroundS" In regard to breast cancer, the risk declines in inverse proportion to the duration of breastfeeding. Also, the mother's age at first full-term pregnancy exerts the strongest influence on reducing the risk; if lactation occurs in early reproductive life, the effect is greatest (Riordan, 1999). I spoke to Alicia Dermer, MD who also agreed and indicated that the low estrogens level during breastfeeding may be the protective factor. The degree of protection is dose-related; that is, the degree of reduced risk is directly related to

the duration of breastfeeding "A 60% reduction in the risk of ovarian cancer was found among women who had breastfed as compared with nulliparous womenS" as stated by A Patrick Schneider II, MD, MPH in the New England Journal of Medicine, 1987. Q: How does breastfeeding reduce the risk of osteoporosis?

A: Osteoporosis is prevented by the fact that mineral bone density has a rebound effect following weaning; that is, while calcium is used during lactation, when the mother ceases to lactate, the body actually increases former bone density, thus protecting against later bone loss. Q: What effect does the milk-producing hormone, prolactin, have on the mother? A: Prolactin is called the "mothering hormone" because it "physiologicallySproduces in the mother an intensification of her 'motherliness,' the pleasurable care of her child. Psychologically, this intensification serves further to consolidate the symbiotic bond between herself and her child" (Montagu, 1971). In addition, prolactin has a relaxing effect, causing the breastfeeding woman to feel calm, even euphoric, during the feeding. Q: How does breastfeeding increase the amount of energy available to new mothers? A: Breastfeeding is actually less time-consuming than bottle-feeding, resulting in more time to rest and recuperate. Preparation of bottles, buying formula, cleaning bottles, heating bottles, getting up out of bed to prepare for a feeding, all take more energy for the mother. The amount of time spent feeding is roughly the same. In addition, a breastfeeding mom can easily pick up her baby by her side and nurse in bed, allowing both to doze on and off during the night. Thus, energy saved is energy not drained.