

Frequently Asked Questions

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Is formula really “Like Breast Milk?”

No way. “Like Breast Milk” is an advertising ploy used to sell artificial baby milk. There are hundreds of ingredients in breast milk; some are so mysterious that they have not yet been identified. Scientists don’t know how some of the components of breast milk do what they do to make babies healthier, they just know it works.

Every mother will make milk that will be a little different from any other mother. She will have milk that is different at different times of every day, and her milk changes as her baby grows older. Mother’s milk is alive with things like antibodies, and white cells and growth factors that protect babies from infection and diseases like diabetes and cancer. It has the perfect amount of nutrients for baby. The recipe for breast milk has not changed since time began. Formula on the other hand is a manufactured from cow milk and is an **artificial substitute** for mother’s milk. The recipe for formula changes when more synthetic ingredients can be developed. One addition (2002) is DHASCO, a long-chained omega-3 fatty acid that is “harvested” from micro algae. It is not the same type of fat that is in your milk. This fat in your milk is one of the fats needed for cell growth, especially in the brain. Another “new” ingredient is probiotic- the bacteria food that feed the good bacteria in the intestines. Mothers’ milk has always had this. Your milk will vary in the amount it has according to your diet, along with other factors. Formulas have a set amount that varies from brand to brand. Your milk will never be “deficient” even if your diet is, because your body will add the necessary amount to your milk. Remember; every time an “improvement” is made to formula, it is really fixing something that was found to be wrong with it when compared to your milk. As you can see, formula will **never** be able to be “like breast milk” Formula can only be “adequate” for your baby, it will never even be “good”. Nothing comes close to being as good for your baby as your milk.

I heard on TV there are “risks” to my baby from formula, is this true?

Yes it is. Breastfeeding has been studied a lot in the past several years. Doctors noticed a long time ago that babies who were breastfed were sick less often. Scientists began to look more closely at what is happening to our health and discovered that people who were breastfed as babies enjoyed lifelong health benefits that had not been realized before. Because of the protection you give baby by breastfeeding, your baby will have less risk of death by disease and infection by 21% in the first 12 months of life- the time baby is most vulnerable to disease and infection. The protective factors from some cancers, diabetes, illness and disease are life-long and will mean that your baby will be healthier for his/her entire life. One recent article states that human milk is only 10% nutrition, but 90% protection.

Does breastfeeding tie a Mom down?

Being a Mom ties a Mom down!

As a breastfeeding Mom, you only need to grab a few diapers and go. You won’t have to worry about bottles, having enough formula, clean water or refrigeration. As you get better at breastfeeding, you will find that baby also is better at “latching on”. You will be able to feed baby anywhere, anytime if you choose. Of the two feeding choices, formula feeding is the more difficult over all.

As baby grows older, feeding times get shorter and farther apart. An older baby can eat in less than 5 minutes, and only nurses 3-6 times a day.

How am I ever going to have any time to myself if I always have to feed the baby?

When you are comfortable with breastfeeding, and have no concerns about your milk supply, you can leave baby with a caregiver and a bottle, cup, or spoon to feed from. You will still want to express your milk for your comfort. Refrigerate or freeze that milk for your next get-away! Vacations away from baby are also possible. Just take your pump with you.

Will my breasts sag if I nurse?

No. Sagging breasts happen because of the hormones of pregnancy and your family genetics. If you are pregnant, hormones are already working. Genetics cannot be changed. Breastfeeding may have a lasting effect on breast structure, pregnancy always does. Wearing a bra with good support is always a good idea. Recent research indicates that women who smoke risk sagging breast tissue because smoking affects the elasticity of the skin.

How does my body make milk?

Your body starts preparing to provide nourishment for baby at the time of conception.

Remember when you first suspected you were pregnant? Probably one of the first signs you felt was that your breasts were a little tender. That was because your body was getting ready to feed this baby. By the time you were 16 weeks pregnant, you were able to produce milk. (Another word for this is “Lactating”) If your baby is born early your milk is ready. You may notice a few drops of milk from your breasts long before you deliver baby. This is normal.

After baby is born, the placenta (also called after-birth) is delivered. The delivery of the placenta sends a hormone message to your brain that baby has arrived and that your breasts need to release and make more milk. For the first 2-3 days every time your baby even nuzzles your breast, your brain will get a message to continue to make milk. The amount of milk you can make will depend on how often and how well baby actually nurses. If baby nurses well and empties the breast the brain will tell the breast to refill what the baby took out. As many times as the breast is empty, it will be refilled. But if the breast is not emptied, it will eventually not refill. This failure to refill is called weaning. If you want more milk, feed the baby or use the breast pump more often. This is one reason why it is so important **not** to use formula until you are really good at breastfeeding, and your milk supply has adjusted to what the baby needs. Giving formula takes the place of your milk, which means that the brain missed a message to fill the breast with more milk. Giving formula after you have fed the baby at breast will tell the brain to fill the breast with what was removed by baby, but no more. If you are worried about not having enough milk for baby, feed the baby more often switching from breast to breast if baby seems fussy, but don't give formula. Call for expert breastfeeding help right away.

If you are missing feedings and do not want to wean, you must express your milk. You can express your milk with your hand, or with a breast pump. Instead of giving baby formula, you can feed baby your expressed milk.

How many months should I breastfeed my baby?

Experts agree that 12 months of breastfeeding is a wonderful gift to give your baby. The first 6 months should be nothing but breast milk (or formula if your milk is not available). At six months of age add cereal then other solids to baby's diet. It is important to not add cereal or other foods before 6 months because of the increased chances of allergy and intestinal disease. You can breastfeed for as long as you and your baby want to. Your milk does not ever lose nutritional value.

Does my baby ever have to have formula?

No! Many children grow up without ever having tasted formula. Even women who have never had their baby actually feed at breast can provide their milk by expressing it. **It is not only possible but also preferable to give human milk for the first 12 months of a baby's life.** If your baby does need to get formula, feed the breast milk first, then the formula.

Does my baby ever have to drink from a bottle?

No. Many babies never have a bottle. Babies can be fed with a little medicine type cup, sippy cup, spoon, dropper or syringe if mom is away and no bottle is available. If you want baby to learn how to take a bottle, wait until baby is about 4-5 weeks old to start.

What if I want to breast and formula feed?

That will be fine, but wait to start formula for about 4 weeks. Your body needs to figure out how much milk to make for baby and that takes place in the early weeks. Don't confuse your body by offering formula in addition to your milk; it will lessen the amount you will be able to provide.

What if I only want to breastfeed for the first few weeks or months?

Good for you! Anytime breast milk is given instead of formula, it is a good thing. You may find out in that time how much you like breastfeeding and how easy it is, and choose to nurse your baby longer.

Do I have to be on a special diet?

No. Even if your diet is nothing but junk food your milk will still be better for your baby than formula. *You* will be malnourished, but baby will be fine. Your body will always make milk that is perfect for your baby. You need to eat a healthy diet no matter how you feed because that will give baby a mom who is at her best. A daily vitamin for you is always an option if you are concerned.

Can I eat whatever I want?

Yes. Your milk is made from the foods you eat, but only the nutrients are taken from the food. Beans and broccoli may give you gas because they are digested in your gut, but the baby gets only the vitamins and minerals, not the gas. Some babies do have a milk protein allergy. Get expert breastfeeding advice. It may not be *what* baby is eating, but *how* he eats that is causing the upset tummy.

How about alcoholic drinks?

Wait 2 hours after you last drank alcohol to feed baby. Alcohol does enter your milk, it moves out of it back into the bloodstream over time. Follow the same rules about alcohol intake that you always have. Eat before you drink, don't drive and don't even hold the baby if you are impaired.

Do I have to drink all that water to make milk?

Drinking water will not make milk. Drink water because it carries nutrients to all parts of your body and helps you be your best.

Can I smoke?

The American Academy of Pediatrics says that it is better for a women to breastfeed her baby, even though she is smoker, than it is to give her baby formula. **Smoke outside only, and never in the car.** Try really hard to quit, you will be glad you did.

I take medications, can I still breastfeed?

Most medications are fine for breastfeeding women to take, however check with a *breastfeeding* source like “Medications and Mother’s Milk” to be sure. The PDR is the source most providers use. There is little if any information about how much or if any medication gets into breast milk. Research *has been done* with many medications to clear them for use by breastfeeding women. Beware though, because even though Sudafed, Benedryl or “the pill” will not go through mommy’s milk and affect the baby, *any of those medications can reduce her milk supply!* (The milk comes back when the medication is stopped.) Get expert breastfeeding advice before taking anything. Medications that are known to *not* be safe for breastfeeding women are chemotherapy drugs, radioactive medications used for some diagnosis and treatment (for as long as the radioactivity is present in the mother), and any “street” drug,

Who should not nurse their baby?

Women with active *untreated* tuberculosis, women with AIDS, and women who use “street” drugs should not breastfeed. Women who have a herpes simplex lesion on their breast where the baby’s mouth will be should not feed the baby from that breast until lesion is completely healed.

Can I nurse if I am sick?

Yes you can feed the baby when you are sick.

Within hours of being exposed to a germ your body begins to assemble antibodies to fight that germ. Those same antibodies that are fighting the germ battle in *your* body will also help the baby fight the battle in *his* body. Every time you feed your baby you will be giving more antibodies to help fight infection and disease.

What if baby is sick and I can't get started breastfeeding right away?

Start pumping as soon as possible. Remember, the breasts send a message to fill them up when empty, so use the breast pump about every 2-3 hours. If it is you that is sick, start pumping or feeding baby as soon as possible. Breastfeeding can still work, even if it has been a few days. Call for expert help.

Can baby be allergic to my milk?

No. In fact, if you breastfeed your baby, it is **less** likely that baby will develop any allergies to anything. Your milk has an ingredient called “growth factor” that helps baby’s immature intestines get stronger, faster. Your milk also has IgA, lysozyme, and interferon that protect the lungs. We humans are exposed to allergens by eating (like peanuts), or breathing (pollen or animal dander) or touching (poison ivy). If your baby has a stronger immune system, stronger lungs and intestines, there will be less chance of allergy, illness or disease.

The only “allergic” type of reason your baby would not be able to drink your milk would be a metabolic problem called Galactosemia. Galactose is one of the sugars in breast milk. People with galactosemia cannot digest galactose. This is a *very rare* condition. Your baby is screened for this problem when blood is taken from baby’s heel before leaving the hospital. It is otherwise *impossible* for baby to be “allergic” to your milk. *The most frequent food sensitivity/allergy for babies is cow milk, which is what formula is made of.* Baby can be allergic to the cow milk protein that will be in her milk after mom drinks milk. If mom limits fresh milk in her diet, baby may feel better. The gassy/fussy/spit up symptoms may also be caused from *the way* baby is eating. Call for expert breastfeeding advice, especially before you switch to formula.

What about “Lactose Intolerance?”

Lactose is a sugar that is in all mammal milk. It is very important because it is “brain food”. The smarter the mammal, the more lactose is found in the milk. Cows don’t have much lactose in their milk. Human milk has a lot. Remember that human baby’s brains grow ***two -three times*** the size they are at birth, in one year, so those little brains need a lot of lactose to grow well. Since lactose is so important for brain growth, babies need to have it.

Lactase is what our bodies need to digest lactose and make it work for us. It so happens that human babies have a lot of lactase in their tummies and intestines to digest all that lactose so the brain can use it. The amount of lactase found in the

digestive tract slowly decreases till the age of about three years, when it levels out. (By the way, the average age of weaning worldwide is about 3 years-coincidence?)

To be “lactose intolerant” is very rare for children and even rarer in babies. Sometimes what may be mistaken for “lactose intolerance” in a formula fed baby is really sensitivity or even an allergy to the large proteins found in cow milk. Get expert breastfeeding help for a fussy breastfed baby, it could be *the way* baby nurses that is the real problem.

What do you mean, “Baby may be fussy because of the way he nurses?”

If mom has a forceful milk ejection reflex, baby will get lots of milk, really fast. You will be able to hear the baby gulping the milk. Sometimes this fast flow can fill baby up quickly with the “foremilk” or more watery milk that is available to baby at the beginning of the feeding. If this happens, baby may be hungry again within an hour or so. It won’t take long for mom to think that her milk is not “rich” enough, because the baby eats often, but doesn’t seem to ever get full. Baby can also be very gassy if mom’s milk flow is really fast. Baby’s bowel movements can sound explosive and be a funny green color. *The way baby eats is what is causing the problem*, not what he is eating. If we can slow the flow down, and have baby eat long enough to get to the creamier milk that comes after the watery milk, everything will be fine. There are several ways to do this. Call for expert help.

Do breastfed babies get colic?

First let’s talk about what Colic is. Colic is defined as a period of inconsolable crying that can last several hours, usually in the evening. Babies with “colic” usually draw their legs up to their tummies, and wail as if in terrible pain. Sometimes they pass gas.

The United States is one of only a few areas in the world that has a problem with colicky babies, so the question should be “What are we doing differently in America that could cause colic?”

To answer the question there needs to be a comparison of feeding practices and infant care between the United States and countries that do not have a problem with colic.

Some countries like Sweden and Denmark are “modern” countries that have high breastfeeding rates, and low colic rates. Africa and the Middle Eastern countries are not considered “modern”, but also have very high breastfeeding rates and low colic rates. Babies born in those countries are breastfed as many times a day as baby acts hungry, even if it is only for a few minutes at a time. Babies sleep in the same room as their mothers, and many times in the same bed. Babies are “worn” by their mommies in a sling, backpack, or papoose, which means the baby is not left alone for long. Those babies don’t have to cry to get attention because they always have it.

Breast milk is very easy for baby’s delicate tummy to digest, so it is empty faster. Breastfed babies are held closely to Mom to be fed, and because they are fed more often, they are held more often. Breastfed babies take in very little air when they feed, that’s why it is sometimes very hard to get them to burp. (If you notice, baby kitties and puppies don’t burp very often, if at all.)

American families use artificial baby milk much more often than women in these other countries do. Infant formulas are usually made from cow milk. Cow milk formula has much larger proteins to digest. The cow milk protein stays in baby’s

tummy longer, because of the size and ability of the baby to digest such big proteins.

Babies who are bottle-fed suck in air with their food-regardless of which type of bottle is used. Bottle fed babies usually eat more at a time than do breast fed babies. An over-full tummy is uncomfortable. An overfull tummy is more likely to spit it up.

An overstretched tummy that is overstretched all the time will always need to be overstretched to feel normal. As baby cries, even more air is sucked into the tummy.

It is easy for busy parents to prop a bottle and not hold the baby at all during a feeding. This limits baby's control of the bottle flow and can result in the baby inhaling the bottle contents into the lungs instead of the tummy, causing pneumonia.

We are busy people who may find it impossible to spend as much time with our babies as women from other countries can. We usually cannot "wear" our babies to work, and choose not to wear them while at home. Breastfeeding is not valued in our country. Not many employers have a "lactation room" set up for a mom to use during her breaks to express her milk so baby can be fed her milk while she is at work. Our culture frowns upon room or bed sharing with our babies, and in fact, bed sharing on a fluffy mattress with fluffy blankets, pillows, etc. can endanger a baby on that bed. It appears that the more "modern" we become, the less contact we have with our babies and the more our babies cry. We call it colic, but could it be our culture thinks babies' need us less than they really do?

When a breastfed baby is fussy or gassy it is easy to assume it is "something mom has eaten." As mentioned above, babies can have a cow milk protein allergy or sensitivity that causes stomach upset. Fussiness can be caused from the way they are nursing.

Get expert breastfeeding help. Usually the problem is not difficult to fix if it is a feeding problem. Fussiness can also be a result of stress. Over stimulation, under stimulation, loneliness, boredom, thirst and hunger and other discomforts can all result in a crying baby.

Why are there so many different formulas?

Formula companies want to make money. If your baby doesn't tolerate one type of formula, the company wants to make sure you at least stick with their brand. By the time you realize your baby isn't going to tolerate the formula, your milk has probably dried up, and you will be forced to feed formula for the rest of the baby's first year. One formula company has a formula marketed for "nighttime". It is really the same rice starch formula that has a different label on it so that parents will buy it to keep baby sleeping longer at night. Do you see that the formula companies are competing with *you*?

Does breastfeeding hurt?

NO! It should *never* hurt mommy to nurse. Baby is going to be eating 8-12 times every 24 hours for the first month or so. There is no reason to hurt 8-12 times a day. Any noises made by baby such as slurping, clicking, and smacking are signs that the "latch" at mommy's breast is not right. Any marks on mom's breast are also a sign that the latch is not right. If the latch isn't right, mom will hurt and baby will not get all the milk there is available. Baby will be fussy and eat more often, causing even more pain to mom. Get expert help right away. Usually it is a simple change in position that makes all the difference.

How am I going to know if everything is ok?

- 1) Mom has no pain at feeding time.
 - 2) Baby poops 3 times every 24 hours from day 5-28 of life.
 - 3) Baby eats 8-12 times in 24 hours. (For the first 4 weeks or so)
 - 4) Baby is back to birth weight by 2-3 weeks.
 - 5) Baby is gaining ½ to 1 ounce daily.
- If all these things are not happening, call for expert help right away.

Where do I get “expert” help?

You can call me at any time. If I am not available, there are local Le Leche groups. There are some excellent resources on the Internet. Some of those sources have phone numbers you can call. (See back page.) Both Galesburg hospitals have Lactation Consultants on staff. **Very few medical professionals are experts with breastfeeding problems, be sure to ask.**

Why aren't all medical professionals' experts?

Because most of the research done about breastfeeding has been done in the last 10-20 years. For example, it was in 2006 that it was discovered that part of the breast that we thought was there, wasn't! There are a lot of things we used to believe about breast milk that are not true. We used to believe that if a woman ate garlic, it would cause the baby to have an upset tummy. Now we know that garlic actually makes the milk sweeter tasting. We used to believe that it was normal for mothers to have sore nipples for the first 2 weeks. Now we know that poor positioning of the baby when feeding almost always causes sore nipples. We used to believe that if time at breast were limited to about 5 minutes each feeding for the first day or two, mom would not have sore nipples, but like I just said, if the positioning is bad, mom is going to be sore even if baby is nursing for only a few seconds. We used to believe that baby couldn't breathe if the nose was touching the breast. Now we know to tuck baby's bottom closer to mom, and the nose will move back a little. We used to think that the food mom ate caused the baby to be gassy and fussy. Now we know that it may be *how baby is eating that is causing the problem*. (See above topic.) Unless a medical professional has done some “at home” study, it is unlikely that they have had any formal training about breastfeeding at all. It is not taught in medical school, or in nursing school. The people that have gone to “Lactation Training” or “Breastfeeding School” are the experts. They have studied proper positioning of mother and baby at breast, and understand how the baby removes milk from the breast. They have been taught ways of dealing with breastfeeding problems like sore nipples, babies who won't latch right, or even wake up to eat. There are “tricks of the trade” that they would be happy to share with you to make your experience with your baby better. Helping mom's with breastfeeding issues can be a full time job. Unless your provider is keeping current on the newest research, it is better to seek help from someone who does.

Why does the hospital and my doctor keep giving me formula samples and coupons? I told them I was breastfeeding!

Because the formula companies are giving “breastfeeding packs” and coupons to them to give to you. The formula companies have spent millions of dollars on very nice things like diaper bags to give you as gifts. Why? Because then it is in your home and tempts you to start using it if breastfeeding problems arise. Your provider probably thinks it is a nice thing to do for you. It is not nice and in fact can hurt a breastfeeding mom, and the formula companies know this. In fact, the World Health Organization thinks it so threatening to you and your baby that they created the Code of Ethics for Advertising Breast milk Substitutes. Providing samples and coupons, or advertising in magazines or on TV are all violations of this code. Your healthcare provider may or may not be aware of this code. Formula companies are aware of this code, but have ignored it because they also know that for the first few days with a new baby you will be *very* insecure. Advertisers have studied new moms for generations and know that new moms are very eager to make sure their baby is given only the best care. They also know that if you are having *any* problems breastfeeding, or even *think* you have problems with your milk supply, that you will be much more likely to use formula if you have a sample of it right there handy. You will be even *more* likely to use it if you have a sample that is “ready to feed” with a nipple all ready as well. Since the formula came from a medical provider like the hospital or the doctor’s office, it must be ok to use it, right? Usually, if you give your fussy baby that bottle of formula, they will drink it down very quickly, sleep a few hours, and you will be convinced you don’t have enough milk, or that your milk is not “rich enough” for your baby. You will probably think that your baby “does better” with formula and *you* are inadequate to provide what your baby really needs. That is what the formula company is hoping for. Instead of calling an expert to discuss why the baby won’t wake up to eat, or why the baby eats every hour, or why you are so sore, you will pick up that bottle of formula that is all ready to solve any problem you have. Remember reading earlier that cow milk protein in formula is harder for baby to digest? That is why formula fed babies sleep deeper and sometimes longer. But is that really a good thing? It is not normal for human babies to sleep like that. The sleeping patterns of formula fed babies may be one reason why formula fed babies die of Sudden Infant Death Syndrome (SIDS or “crib death”) more often than breast fed babies die. Baby needs to eat often because that’s the way human babies are supposed to eat. The differences in your nipple and the artificial nipple are also a concern. The artificial nipple flows very fast, baby will swallow or choke. Bottle-fed babies usually drink more at a time than breastfed babies because they can’t control the flow as well. Remember reading about how your body knows how much milk to make? If you give that bottle of formula, the baby will probably sleep through the next feeding he should have had at breast. Your breast tells your brain to back off on the milk production because the baby doesn’t need it. It doesn’t take many of these “conversations” between breast and brain to create the low milk supply you were afraid of having. That is why it is so important to *only offer* the breast for the first four weeks or so. If you feel scared, get expert help. No one will let your baby be

hungry. A lactation consultant can help you express your milk and feed baby with a dropper, spoon or cup if necessary. (I know that sounds crazy but it works!)

What is “nipple preference”, or “nipple confusion”?

While breastfeeding is a “natural” act, it also takes some time for both mother and baby to learn how to do it. If a baby is given one thing to learn at a time, it will be easier for him to learn it. If a baby is trying to learn to breastfeed, and then is also offered an artificial nipple either for bottle-feeding or as a pacifier, baby may get confused at how to suck. To get milk from the breast, baby must use the entire lower jaw, and the tongue has to move in a wave like motion. It takes coordination and effort on the baby’s part. To get milk from an artificial nipple, the nipple simply needs to be put in the baby’s mouth. The milk will run down the baby’s throat, and baby will either swallow it or choke. “Nipple confusion” is when baby can’t figure out how to get milk from mom since it is so easy from that other nipple. “Nipple preference” is what happens when baby no longer even wants to try at breast because the artificial nipple is easier. If baby needs fed, we can use a dropper, cup or spoon if breast is not an option. Studies show those methods of feeding do not threaten mom with “preference” as much. Even if baby does not latch well for several days, they can still learn to breastfeed. Hang in there and call for help.

What happens when I go back to work or school?

There are several choices for you.

- 1- You can get a *good* double pump and use it during breaks and meal times to express milk for the baby to eat while you are gone. (Talk to me before buying!)
- 2- You can nurse the baby when you are home and use formula when you are not available to nurse.
- 3- You can wean completely.

Keep in mind that there are laws protecting your right to provide your baby with your milk while you are at work. Many workplaces understand that women who are breastfeeding miss less time due to sick children, and the mothers are healthier too, so they encourage pumping, or feeding the baby during breaks. Information is available for employers concerning the law and starting a “lactation room”.

Why does my milk look so much different from formula?

Because your milk *is* different from formula. Your milk can be a beige color, yellow, or even have a blue or green tint. The “cream” will rise to the top if allowed to sit in the refrigerator for several hours, leaving the very watery milk on the bottom. Your freshly expressed milk can be fed to baby after sitting at room temperature (70 degrees) for about 6 hours. Human milk that has been frozen can have a grainy appearance when thawed. *Remember, your milk is alive, so gently swish the milk to mix before feeding baby.*

Is it really true I can get arrested if I feed my baby in public?

Absolutely Not. In fact, there are laws to *protect* you from harassment by anyone. Although she is protected by law, it may happen that a woman breastfeeding her baby in public is subjected to stares and rude comments by onlookers. If this kind of thing will bother you, it may be helpful to sit at the farthest table or bench, and to use a blanket over your shoulder to cover you and baby, but hiding is not necessary according to the law. Hang in there! You are an example of the way things *should* be. As more women feed their babies in public, there will be less to discuss.

How are Daddy and Grandparents going to bond with baby if they can't feed?

There are many ways to connect with baby. Bath time is an excellent time to sing and talk to baby. After bath time is prime snuggle time for many babies. Remember that the skin is the largest sense organ, so lots of Skin-to-Skin contact does wonders for “bonding”. Baby can hear your heartbeat while on your chest, which is also very comforting. Anyone can hold baby, change baby and even learn infant massage. Love and care is expressed in many ways, not just by the feeding process. If the time comes, it *should* be someone other than mother that offers the baby the first bottle. Since bottle feeding is a whole new experience for baby, it may take them a while to be able to figure out how to do it. If baby struggles, be patient, but don't hesitate to offer the milk from a spoon or a baby cup, or dropper. Remember, you are not eliminating Daddy or Grandparents, only the bottle, and only for the first few weeks.

What do I do if baby isn't nursing well while in the hospital?

Call an expert. There are a few reasons why some babies don't nurse well while in hospital. Some are sleepy from the use of medication during labor and delivery. Use lots of skin-to skin contact with these babies so hunger cues are seen early and not missed. It is easier to get a baby to breast that is awake but quiet. than a screaming one. Some babies are very upset about being suctioned. These babies also need lots of skin-to-skin contact so they learn that the breast is a nice place to be. Never force anything into baby's mouth, but let baby accept it. The birth process, visitors, circumcision, exams and blood tests that have been done to them, overwhelms some babies. These babies will either cry all the time, or shut down and sleep all the time. Skin-to-Skin contact works in this case because baby can hear the heartbeat of the holder, and feels the warmth of the skin. Hunger cues will be seen earlier and feeding attempted. Sometimes moms are reluctant to feed baby in front of visitors. Let the nurses know this and they can help clear the room at baby's feeding time.

If baby is not satisfied after breastfeeding, there is probably something wrong with the “latch”. This means that baby is not getting all the milk mom has to offer, and may still be fussy. Get help to position baby at the breast so the best possible latch is made. Many people think that baby is fussy because mom “doesn't have any milk yet” but this is *not true*. She has plenty of milk, but frequent, *effective* feedings are how baby will get it, and

make more. *Formula supplementation will interfere with getting your milk supply adjusted to baby's needs.*

Until baby is 3 days old, the stomach is only the size of a big marble, and it does not stretch like ours does. Even at 6 days old the baby's tummy is the size of a 50-cent piece. At its biggest, it is the size of a large egg. An adult stomach is only the size of a soft ball.

(No wonder Thanksgiving dinner is hard on us!) Baby is born with some nutritional reserve to carry it through the first day or two, but after that, baby needs to be eating 8-12 times every 24 hours. Small, but frequent feedings are better for baby than bigger, fewer feedings. It just so happens that in the first 3 days mommy will be able to produce about a teaspoon of milk at a time, just the right amount for that tiny tummy. If baby is allowed to feed whenever he wants to for the first several days, the amounts of milk produced will increase to a few ounces every few hours.

How does breastfeeding affect Jaundice?

Jaundice is common in newborns. The first few days after birth, the new baby has to get rid of extra red blood cells that are no longer needed. The baby's liver removes the extra cells and sends them to the intestines to be sent out of the body with the next bowel movement. The cells that are leaving the baby color the baby poop green. If the baby eats a lot, he will poop a lot. If he poops a lot, the extra cells will be gone faster, if not, the extra cells are reabsorbed by the baby and cause the skin to be yellow. This is called "Jaundice." It so happens that the milk mom has ready for baby those first days is called "colostrum" and is also a laxative. If baby eats a lot of this, he will poop even more and get rid of the extra cells fast. See why it is so important to feed baby often and get expert help quickly for breastfeeding problems?

What is "engorgement" and how do I avoid it?

Remember that milk is ready for your baby on his birthday? Regardless of how you choose to feed your baby long-term, your body will do what it is designed to do-make milk for the baby. Engorgement happens when milk is not removed from the breast. This is going to happen to most mothers who choose to formula feed, but breastfeeding moms can have this happen too if baby does not feed often enough, or if there are supplements with formula confusing her body about how much to make. Feed the baby as often as possible, and at the first sign of baby's hunger. Engorgement in the breastfeeding mom should respond to frequent feedings and be reduced within 24-48 hours. If not, call an expert for advice

What if I am told that I should not give baby my milk for a while?

Keep pumping or expressing your milk until your provider tells you it is ok to resume. Double check with a breastfeeding expert though, lots of things we *used* to believe about the safety of tests and contrast mediums, and medicines getting into breast milk has been found to be wrong.

If I am on WIC what will I get if I breastfeed?

You will get the “deluxe” food package, which includes more food for you. You will be able to stay on WIC yourself for a year rather than 6 months. You will have access to a breast pump, either as a loan, or perhaps to own that will make providing milk for your baby in your absence much easier. The extra food in your “breastfeeding package” will decrease if you choose to receive formula. Your baby will receive twice the amount of fruit and vegetable baby foods, and infant meat. Formula fed babies will receive no meat.

What if I have twins?

Then you are going to be very busy regardless of whether you breast or formula feed! A woman can have enough milk for even more babies than two. Remember how milk is made? As milk is removed, it will be replaced. Breastfeeding twins or even more babies can be done. Positioning can be tricky if they both need fed at the same time, but with practice most moms find it can happen. Get expert help for hints to make life easier.

What if I have a medicated delivery?

Spinals and other anesthetics used for deliveries *do* enter the baby’s body and *can* affect the baby’s behavior for a few days after delivery. It has also been documented that some painkillers that were given to mom during labor can affect the way baby sucks for a week or so after delivery. Baby can act like they don’t know what to do when the nipple is in or near the mouth. Baby may act like he is hungry, but when at the breast may suck a few times and go to sleep. Sometimes babies thrash and cry when trying to eat. This kind of behavior can make a mom worry if baby will ever learn to eat. The good news is that yes, baby *can* learn to breastfeed, but we will need to be patient. The bad news is that we are not usually patient.

This medicated baby will need to spend lots of time (Here it is again!) Skin-to-skin with Mom, Dad, and anyone else who want to hold him. Baby will be warm with a blanket over the two of you, and you will be aware of hunger cues (any hand to mouth activity, fluttering eyelids, licking the lips, open mouth, rooting, or any noises) faster than if baby is in the nursery. Keep baby with you even if you are not holding him, and watch for hunger cues. When you see any hunger cues, call the nurse and say, “I am ready to feed the baby” so she can come tell the visitors to leave for a while, and help you position baby correctly. You will need to be fast, because baby may show signs of readiness to eat for only a few minutes. If baby falls asleep at breast before he has eaten, you can use breast massage and compression to stimulate milk flow. Sometimes if baby gets a taste of milk, he will start to suck. Please don’t give baby a bottle or pacifier; it will only make it harder for him to learn to nurse. We can feed baby your milk from a dropper, spoon or cup if there is concern. You will need expert help and lots of support but hang in there, usually by day 3 or 4 of life, baby is learning quickly and you’ll feel much better about your ability to breastfeed baby. It is really hard in this situation to not “take things personal” when it seems baby is rejecting you. Try to remember that this is a problem with baby, not you. You both just need time to learn.

What about a C-section?

Your incision will hurt. Take the medications for pain after delivery. They do not cross into your breast milk in an amount that will hurt baby. Even if you don't feed the baby for the first few hours, try as soon as you can. Remember that the baby got the same drugs you got, so you and your baby may experience some of the problems mentioned above.

The easiest position for feeding baby may be the "clutch" or "football" holds because you have more control of baby's head and body. Baby's body is under your arm, not on your incision. Remember to be patient, and get expert help. You will feel better as each day goes by, and breastfeeding will get easier as well.

Every time I put the baby down he cries!

Remember where the baby has been for 9 months? He has developed hearing your heartbeat, been all scrunched up inside you, being held close. When you lay him down away from you, of course he is not going to like it. Babies want and need to be close to mom or dad almost all the time. This is not abnormal, but it is tiring for parents. It does not last forever so just hang in there. Don't hesitate to comfort your baby by nursing. In the first month we really must assume that baby is hungry all the time until we learn to determine his needs better. He won't overeat so don't worry and *Sleep when the baby sleeps!*

My Mom said she didn't produce enough milk to feed me. Is that genetic?

Nope. 20 years ago women were being told to limit feedings at breast, to feed on schedule, to supplement with formula or water if they had sore nipples or if they felt babe wasn't getting enough milk at breast. We know better now, even though some of the same old false information is passed along. If you have concerns that your baby is not getting enough to eat, CALL FOR HELP!

Do some people think breastfeeding is a sexual thing?

Yes, some people may feel uncomfortable with the idea of the baby nursing and wonder if that means the baby will grow up "strange" There is absolutely no evidence of this ever happening. It is true that the breasts are a source of sexual pleasure, but it is also true that they are the source of food for babies. It is up to us to separate the idea of the breast being used for sexual pleasure, and the breast as it is used for food.

Who can I call for help?

Carol Winbigler RN IBCLC
(International Board Certified Lactation Consultant)
Knox County Health Department- 309-344-3314 extension 224
Home- 309-375-5256 weekends and holidays

La Leche League
Rachel Stanley- RN, CLC 309-371-3260
Cindy Siever-309-335-2631
Janette McCune – 309-426-1576

Breastfeeding help line-1-800-994-9662 or www.4woman.gov
AM to 6Pm EST, Monday through Friday. If you call on a
weekend, you are given the option of leaving a message for a
return call the next business day. This number is sponsored by the
National Women's Health Information Center. People trained by
Le Leche League International provide information.

Other Breastfeeding Resources Online

American Academy of Pediatrics-
Health Topics page

www.aap.org

Center for Disease Control

www.4woman.gov

motherwear

www.motherwear.com

babygooroo

bestforbabes

Newman Breastfeeding Clinic and Institute

La Leche League International

www.lalecheleague.org

Promom www.promom.org

International Lactation Consultant Association www.ilca.org

Stanford School of Medicine has an excellent video library. Just search breastfeeding on the site.

Kelly's attachment parenting www.kellymom.com

Best feeding www.breastfeed.com

Lactivist www.lactivist.com

Medela Company www.medela.com

Breastfeeding Success www.breastfeedforall.org/

Ameda Company www.ameda.com

Interesting Blog sites

The Leaky Boob

State of the Heart Parenting

Dou-la-la

These sites contain information on every aspect of nursing your baby, from getting started to weaning and everything in between, including pumping. If you need information about medications and breastfeeding you can request information at:

www.lactmed.com or www.neonatal.ttuhsf.edu/lact/