



# Breastfeeding Update

“Good health begins with breastfeeding.”

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## The Culture of Parenting

**Nancy E. Wight MD, FAAP, IBCLC**

Breastfeeding is an integral component of a complex cultural adaptation of evolutionary infant and child care called “parenting”. If mothers and fathers had not been molded by millions of years of evolution to do the right thing in raising babies, we would not have survived as a species! Parenting is a complex mixture of culture and biology. The way we raise our children strongly influences their later childhood and adult behavior.

A whole new science entitled “ethnopediatrics” has developed to help us understand what makes us bring up our children the way we do and to try to discover what is truly the best way to parent our babies. Ethnopediatrics is the study of parents and infants in our own and different cultures. It explores the way different care-taking styles affect the health, well-being and survival of infants. This approach seems very timely with the increased focus in the US on “family values”.

All cultures are concerned with children: not only because children are vulnerable, but also because they are society's investment in the future. The human infant is perfectly designed: it knows when to sleep, when to eat and how to cry out to signal it's needs. Parenting, however, is not always straightforward. Conflict can arise in raising children not only between the baby and the caretaker, but also on the more basic level between biology and culture. Caretakers are “hard wired” to respond to a needy infant, but every adult carries personal and cultural “baggage” that determines how he or she will parent. In addition, every society has traditions that guide how adults “should” treat their offspring. The human child is slow to mature, giving parents years in which to make endless choices and decisions about how to

bring up their children.

Babies are subject to a multitude of radically different parenting styles. Although most kids grow up just fine, no one really knows how these various styles affect the long-term growth, survival and mental health of babies. Even the most confident of parents worry constantly about whether or not they are doing the right thing. One of the most startling research findings of ethnopediatrics so far is the fact that western parenting styles are **not** necessarily the “best” and have little to do with what is “natural” for babies!

In the industrialized West many assumptions (e.g. infants must sleep alone to develop independence) and cultural traditions (e.g. scheduled feedings) have assumed the aura of scientific credibility. Yet until very recently there has been no scientific documentation that raising babies one way or another is actually “correct” in the biological and psychological sense. We are just beginning to study the natural history and biology of human infancy and thereby derive the optimal care-taking practices that will shape future generations.

Where do parents get parenting information? Some people feel they have an intuitive/inborn sense of parenting with “gut” impulses in response to infant behaviors. Most feel they consciously or unconsciously adapted parenting styles and techniques from their own parents or extended family. Friends, neighbors, church groups, school, and health care providers provide parenting education. Books, magazines, TV, radio and the Internet are also commonly used resources. There is much scientifically invalid and even dangerous information freely and easily available.

*Continued on page 4*

# Ask the expert

**Question:** Where does a lactation consultant look for resources and information?

**Answer:** Here's some resources to get you started.

## Internet:

- [www.breastfeeding.org](http://www.breastfeeding.org). (Our own breastfeeding coalition site)
- [www.breastfeeding.com](http://www.breastfeeding.com). A great site for parents...but it is also a great place for professionals to scan the chat room for where the conversation is going on a particular topic. It gives a consultant a bird's eye view of trends.
- [www.nursingmothersupplies.com/drjack](http://www.nursingmothersupplies.com/drjack). Dr Jack has the best list of research on "risks of artificial formulas."
- [www.geocities.com/HotSprings/Spa/3156/Ted](http://www.geocities.com/HotSprings/Spa/3156/Ted). Ted Griener will give you a world view of breastfeeding and has great links.
- [www.lalecheleague.org](http://www.lalecheleague.org). I have used extensively to help mother's with work related issues and have received help from their legal section.
- One can join "lactnet" (<http://peach.ease.lsoft.com/archives/lactnet.html>) which gives an endless stream of computer conversation between "professionals." Approximately 2000 people belong at one time. Like religion and politics, we are not all ever going to agree on lactation subjects. However, I find some of the web sites referred to are excellent. The site is moderated and you skip the current chatter if it is not your style.

## Print:

- Produced by a Breastfeeding Task Force at Children's Hospital, the SDCBC puts out a **Breastfeeding Resource Guide** for professionals and parents. It offers breastfeeding tips and lists of lactation related services and products.
- **WELLSTART** has a Learning and Education Resource Center (LERC). LERC has 19,000 reprints, 3400 texts, 38 journal subscriptions, 340 video tapes. Phone 619-295-5192 or email: [lerc@wellstart.org](mailto:lerc@wellstart.org). Wellstart also has a set of Patient Education Handouts available. Website: [www.wellstart.org](http://www.wellstart.org)

- **The Breastfeeding Answer Book**. La Leche League. Very user friendly, especially on a topic one know's little about. A world collection of helpful mother-breastfeeding information. Ann Russell, the President of La Leche League in this area, is one of the most research oriented consultants I have met and has helped me a couple of times with more research than I would have believed existed. Phone 858-486-1961.
- **Medications and Mother's Milk**. Thomas Hale (Hale is at [www.neonatal.ttuhs.edu/lact/](http://www.neonatal.ttuhs.edu/lact/)).
- **Drugs in Pregnancy and Lactation**. Gerald Briggs, et al.

## Phone:

- The Lactation Study Center University of Rochester -- 716-275-0088. Dr. Ruth Lawrence and her staff field questions on medications and breastfeeding. Funded by your Social Security Administration tax dollars.
- Dr. Phil Anderson -- UCSD 1-900-288-8273. Breastfeeding and Drugs Information. A good resource for mothers. \$3 for the first minute and \$2 each additional minute.
- Breastfeeding National Network -- 1-800-835-5968
- To find a breastfeeding specialist or a place to rent breastpumps, call Hollister/Ameda-Egnell -- 1-800-323-8750 or Medela, Inc. -- 1-800-435-8316
- For other breastfeeding help lines, see the SDCBC's **Breastfeeding Resource Guide**.



Eve Moeran, IBCLC

*Eve Moeran is a board certified lactation consultant. She can be reached at 619-325-1630. Visit her website at [www.breastpumpsandiego.com](http://www.breastpumpsandiego.com). This site has links to information on herbals which has saved some parents from using them in a harmful way.*

## The interaction of breastfeeding

**Taken from *The Womanly Art of Breastfeeding* by La Leche League International**

"In explaining how breastfeeding improves the interaction between a mother and her baby, Dr. William Sears, pediatrician and author, writes:

Breastfeeding mother's respond to their babies more intuitively and with less restraint. The baby's signals of hunger or distress trigger a biological response within the mother (a milk let-down) and she feels the urge to pick up the baby and nurse him. This responsiveness rewards both mother and baby with good feelings. If a mother is bottle-feeding,

her response to her baby's hunger or distress cues is quite different. She must initially divert her attention away from the baby to an object, the bottle, and take time to find and prepare it. Research has shown that a baby's memory span in the first six months is from four to ten seconds. The time it takes to produce a non-biological response, such as bottle-feeding, is usually longer than the baby's memory span. The bottle-feeding baby does not receive the same immediate reinforcement of his cues that a breastfeeding baby does. In my practice, I have noticed that breastfeeding mothers tend to show a high degree of sensitivity to their babies, and I believe this is a result of the biological changes that occur in a mother in response to the signals of her baby."

# Sdcbc membership

**Become a member of the San Diego County Breastfeeding Coalition!**

## **What is the San Diego County Breastfeeding Coalition?**

The San Diego County Breastfeeding Coalition is a non-profit association whose mission is to promote and support breastfeeding through education and outreach in our community.

## **What are the benefits of being a San Diego County Breastfeeding Coalition member?**

As a member of the San Diego County Breastfeeding Coalition you will:

- Network with a growing body of people dedicated to the promotion and support of breastfeeding.
- Have access to lactation professionals and the most up-to-date breastfeeding resources.
- Receive a supply of free Breastfeeding Resource Guides in English and Spanish.
- Receive a discount for Coalition sponsored education programs.
- Receive our newsletter, "Breastfeeding Updates".
- Be listed, as appropriate, in the "Breastfeeding Resource Guide" without a fee.
- Have a home page or link, as appropriate, on the SDCBC website: [www.breastfeeding.org](http://www.breastfeeding.org)

**You can show your support of the San Diego County Breastfeeding Coalition by:**

- Making a monetary contribution to support Coalition activities.
- Donating your time by serving on a committee:
  - Community Outreach
  - Professional Outreach
  - Resource Guide
  - Research and Evaluation
- Attending Coalition meetings and providing your expertise and experience.

**We offer the following types of membership with the SDCBC:**

- Sponsor - \$100 (Business/Organization /Professional);
- Contributing Member - \$50 (Individuals);
- Friends of the Coalition - any amount under \$50.

If you are interested in becoming a member of the SDCBC for the year 2001 please visit our website at [www.breastfeeding.org](http://www.breastfeeding.org) or contact our office to request a brochure or more information. Ph: (858) 966-5981, Email: [cerickson@chsd.org](mailto:cerickson@chsd.org).

## Job center

Volunteer Opportunities: Looking for worthwhile volunteer opportunities? Have experience with coordinating membership and fundraising activities? The SDCBC needs you! Any amount of time you can offer, we need! Please call us at (858) 966-5891 for more info.

Paid Opportunities: Are you IBCLC certified? We need presenters for our in-office lactation education program. (\$100/session)

**LICENSED VOCATIONAL NURSE**  
Biweekly Salary : **\$1060.00 - \$1168.80**  
(+ \$40 biweekly for bilingual skills)

The County of San Diego, Health & Human Services Agency, has an immediate vacancy for a bilingual (Spanish) Licensed Vocational Nurse for the North Inland Public Health Center in Escondido, Clinical Services. Excellent benefit package. Applications are available at the North Inland Regional Center, 600 E. Valley Parkway, Escondido (760) 740-4199 or Dept. of Human Resources, 1600 Pacific Highway, Rm. 207, San Diego, (619) 236-2191. EOE

**Interested in having your jobs posted here? All lactation related jobs can be posted here for free!** For more information, please call us at (858) 966-5891 or email us at [cerickson@chsd.org](mailto:cerickson@chsd.org).

## Breastfeeding Friendly Workplaces Recognized

The Coalition recently honored three San Diego County workplaces with the sixth annual Breastfeeding Friendly Workplace Award.

Mayor Lori Holt Pfeiler presented a proclamation declaring August 2001 "Breastfeeding Awareness Month" and the City of Escondido was recognized for its outstanding Lactation Program. A private Nursing Mothers Room, paid breastpump rental, and access to a lactation consultant are just some of the benefits available to breastfeeding employees. Kyocera America, Inc. was also honored for their Lactation Program, which includes a Lactation Room complete with a pump station, refrigerator, and nursing library. Finally, the San Diego Spirit Pro Soccer Club was recognized for demonstrating commitment to breastfeeding mothers, even in a non-traditional work environment.

The Breastfeeding Friendly Workplace Awards were presented throughout the month of August as part of our annual celebration of World Breastfeeding Week.

# The Culture of Parenting

*Continued from page 1*

There are three basic assumptions about human nature that are reflected in parenting philosophies. The first is the assumption that a child is born evil by nature and the parent is a disciplinarian and trainer. The goal of parent education is to learn how to direct and control the child's inherent sinful nature and willfulness. This approach maintains that respect must precede love and often accepts physical punishment as appropriate. The main proponents of this parenting style throughout history have been John Wesley, James Dobson and the Puritan tradition. The second approach, espoused by Jean Jacques Rousseau and Thomas Gordon, states that children are inherently good and trains parents as communicators and teachers of human relation skills. The third approach views the child as neutral and the parents as environmental engineers. The child is thought of as a "tabula rasa" (literally a blank tablet) to be shaped by either a good or poor environment. This is the approach of behavior modification and positive reinforcement as taught by John Locke and B. F. Skinner.

In the last few years there has developed a dichotomy between two very distinct parenting styles: one classified as "baby-led", the other as "parent-led". In the parent-led model the family and the marriage are of prime importance, not the child. Order, stability and routine are highly valued. Parents are instructed to "train" their infants to sleep through the night by 8 weeks of age and never to co-sleep. This method claims that the child will be happier, physically and psychologically healthier, and more prepared for life's challenges when self discipline is learned early in life. Although the parents' task may initially be hard, schedules and routine will make the **parents'** lives much easier. It is geared in respect rather than unconditional love.

Although this approach sounds logical, sensible, and very attractive to our "by-the-clock", "daily planner" Western life-style, it breaks down when examined in the light of infant physiology. Sleep physiology, stomach emptying, and brain maturation do not lend themselves to the type of "training" advocated by this approach. In fact, the biologically **healthy** child will protest being forced to sleep alone in a separate room, be fed at only specific intervals, and left to cry (in the effort not to spoil the child). Psychological research over thirty years ago suggested that infants become **more** independent and secure if they are attended to

promptly and consistently when they cry.

The alternate approach of baby-led parenting has often been called "attachment parenting". With this approach infants are breastfed on demand, have great flexibility with little or no schedules, are responded to immediately, and often sleep with their parents. Advocates of this method of parenting claim that the child is happier, physically and psychologically healthier, and more prepared for life's challenges when the individual spirit is nourished and supported. Breastfeeding certainly appears much easier and more natural with this approach. However this approach does give a less ordered and predictable life-style for parents. Some individual infants or children may also need more structure.

Co-sleeping (an infant sleeping with his or her parents, especially the mother) is a particular issue of contention between these two approaches. Although Western culture assumes that individuality and appropriate growth and development are predicated on early independence, and that sleeping alone is an early milestone of independence, history and most world cultures do not hold this view.

We are just now learning that infant physiology is designed to work in concert with mother's physiology, necessitating close proximity of mother and infant, both during the day and during sleep. Breastfeeding and co-sleeping are part of the same adaptive complex designed by natural selection over million of years of human evolution. Because human infants are born neurologically immature and develop slowly, continuous contact with the mother served to maximize the chances of infant survival and hence parental reproductive success. Only in the last one to two hundred years, and **only** in Western industrialized societies, have we come to think of breastfeeding and infant sleep location as two separate phenomenon.

So far evolutionary biology has primarily focused on adult members of the species. Now science is seeking to discover how biology shapes the human species from the very first days of life. Thousands of years ago human infants were usually carried at their mothers' sides, nursing continuously. Is this "best" or appropriate today? It is our responsibility as health care providers to continuously seek and evaluate new information in order to act in the best interests of our patients. We also need to be aware of our own biases and paradigms of thought while we listen carefully to what both science and our hearts tell us. Happy parenting!

## Did you know?..

That since the inception of the San Diego County Breastfeeding Coalition in May 1994, over 100,000 free copies of the **Breastfeeding Resource Guide** in English and Spanish have been distributed to help families obtain needed breastfeeding resources and support. Get free copies of this valuable resource by calling (858) 966-5981. The Resource Guide is also available online at the SDCBC's website, [www.breastfeeding.org](http://www.breastfeeding.org).

# SIX MONTHS OF EXCLUSIVE BREASTFEEDING THE NEW GLOBAL GOAL

**Audrey Naylor, MD, DrPH**

In 1979, the World Health Organization (WHO) established a global recommendation that exclusive breastfeeding should be continued for the first four to six months of an infant's life. This recommendation influenced national policies and programs, maternity leaves and day care practices, regulations regarding marketing and labeling of baby foods, clinical services and public attitudes regarding "normal" parenting. Over the more than two decades since that recommendation was made, the understanding of the remarkable benefits of breastfeeding for both mother and infant has grown significantly along with evidence that increased morbidity and mortality was associated with discontinuing exclusive breastfeeding before six months.

During the past five years, many organizations and individuals increasingly expressed concern about the recommendation. Little action occurred until March of 2000 when a group of expert technical consultants, gathered together by the WHO to discuss infant and young child feeding, made a public and formal request for a change in the recommendation. As a result of this, the WHO commissioned a systematic review of the more recent published studies of the morbidity and mortality associated with introducing complementary foods at four, five and six months of age. Though over 3000 articles were given consideration for inclusion in this review, only 19 were determined to be well enough designed and carried out to actually be included in the review process. In March of 2001, as a result of this review, an expert

consultative group urged that the recommendation for exclusive breastfeeding be changed from the earlier "four to six months" to "six months".

To add to the understanding of how long babies should be exclusively breastfed, Wellstart, with support from the USAID funded Linkages project, coordinated a review of the development of readiness of normal infants to discontinue exclusive breastfeeding. Four topics were examined including development of the gastrointestinal tract, the immune system, oral motor development and maternal reproductive and lactation physiology. This review also completed in March 2001 indicated that from the developmental perspective the normal term infant is more likely to be ready to begin complementary foods at six months of age or beyond.

Thus in Geneva on May 18, 2001, with evidence from the review of community based outcome studies as well as the biologic development of the infant, the World Health Assembly officially approved the long hoped for change and instructed the World Health Organization to recommend six months of exclusive breastfeeding. It will now be important that each of us active in promoting and protecting breastfeeding do all that we can to assure that any mother interested in reaching the new global goal receives the support needed to succeed. In the long run it will be the accumulation of success that will prove the importance of the recommendations made on May 18, 2001.

## Sdcbc nEWS

### Conference Success!

**Breastmilk & Breastfeeding in the NICU: An INTENSIVE Experience** was held Saturday and Sunday July 28 – 29, 2001 at Sharp Spectrum Auditorium. One hundred people enjoyed listening to Dr. Paula Meier, Dr. Larry Gartner and our own Dr. Nancy Wight. Our thanks to Children's Hospital, Sharp Mary Birch Hospital for Women and the San Diego County Children and Families Commission for their support.

Dr. Meier's "Rush Mothers' Milk Club" packet sold out at the meeting and is available at:

Rush Mothers' Milk Club  
Special Care Nursery  
Rush Children's Hospital  
1653 West Congress Parkway  
Chicago, IL 60612

The cost is \$30.00, which supports breast pumps for low income NICU moms. The packet contains Dr. Meier's recent review article; breastfeeding competency quiz for nurses; breastfeeding policy & procedure; Guidelines for Handling Milk; letters regarding Reglan, breast pump rental, scale rental and pumping at work; creatinocrit procedure; a mother's pumping diary and more!

Audiotapes of all presentations are available from All Star Tapes at 619-723-8893, [www.allstartapes.com](http://www.allstartapes.com) or link from our website: [www.breastfeeding.org](http://www.breastfeeding.org).

Your feedback is appreciated and welcomed! Please forward all comments and suggestions to:

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[cerickson@chsd.org](mailto:cerickson@chsd.org)

# Save the date

**2001 American Academy of Pediatrics National Conference and Exhibition—San Francisco Marriott/Moscone Center, San Francisco, California, October 20-24, 2001.**

Attend the National Conference and you will: hear comprehensive updates from experts in the field of pediatrics; practice your techniques and apply new skills; view the latest technological advances in products and services; discuss your challenging cases; network with your colleagues from both the United States and abroad; and earn hour-for-hour AMA PRA Category 1 CME credit hours. Registration Program is available on-line at [www.aap.org](http://www.aap.org).

**Sixth International Meeting of the Academy of Breastfeeding Medicine—Wyndham Hotel, Washington DC, November 1-5, 2001.**

The Sixth International Meeting of the Academy of Breastfeeding Medicine provides physicians the opportunity to meet other physicians from around the world dedicated to an interest in breastfeeding and human lactation; share experiences on physician education, and clinical management of breastfeeding patients; and attend workshops, abstract presentations, and lectures regarding relevant, controversial topics such as human milk banking, maternal depression, breastfeeding advocacy and more. For further information please contact ABM Executive Office. Phone: (877) 836-9947. Fax: (619) 295-0056. E-mail: [abm@bfmed.org](mailto:abm@bfmed.org). Website: [www.bfmed.org](http://www.bfmed.org).

## Breastfeeding Promotion Phrases - To use as a tag line in email messages

1. Breastfeeding...A gift that lasts a lifetime.
2. Breastmilk...It does a baby good!
3. Breastmilk...The gift that keeps on giving.
4. Breastfeeding...Natures Health Plan.
5. Good Health Begins with Breastfeeding.
6. Affordable health care begins with breastfeeding.
7. Breastfeeding...the loving gift.
8. Breastfeeding works for working women!
9. Breastmilk...The food of champions!
10. Quality health care begins with breastfeeding.
11. Breastfeeding...A Natural Resource.

## Breastfeeding and Antidepressants

**Mary M. Dahms RN, BSN, IBCLC**

Many women really love breastfeeding and want to continue, however they may be hesitant to do so if they have a history of depression and feel much better when taking medication. A woman who is depressed and is prescribed Prozac or other antidepressants may be reluctant to take it for fear that it may have an effect on her infant's central nervous system or that it may harm the baby in some other way.

Emotional swings are not uncommon during the first week postpartum. The "baby blues" is generally considered to be attributed to the major hormone level adjustment after delivery and usually dissipates with rest and emotional reassurance within a few days. Postpartum depression on the other hand, may occur anytime within the 1st postpartum year and lasts for at least 2 weeks, though usually longer. Symptoms include: overall sadness, tearfulness, decreased appetite, self-blame, insomnia, excessive dependency, anxiety, irrational fear, despair, and even suicidal thoughts. For women who have had a history of depression, the reoccurring symptoms after the birthing experience can be intense and should be taken seriously.

Prozac is a popularly prescribed medication for treatment of depression, however research indicates that it may not be the best choice for a breastfeeding woman due to some reports of colic and decreased weight gain of the infant. Better choices for treatment include: Zoloft, Paxil, (both selective Serotonin reuptake inhibitors) and Pamelor (a Tricyclic antidepressant). All of these three preferred drugs, are less present in breastmilk when compared to Prozac, though isolated cases of fussiness and irritation in breastfed infants have been reported.

In conclusion, the dilemma many women feel is understandable, as there have been limited studies regarding effects of medications with regard to breastfeeding infants. On the other hand, research has shown the adverse effect of growth and development on infants of mothers who have untreated depression. Having self-awareness of your mental health is a positive step in getting treatment. In addition, receiving assistance from a physician, family members, and attending a support group, adds to success in overcoming depression.

For further information regarding expertise on the effects of drugs and their effect on breastfeeding, I recommend calling Dr. Phil Anderson (UCSD) @ 1 900 288-8273.

# Community Spotlight

## Attachment Parenting in San Diego

**Betty Hofman**

Attachment Parenting is a style of parenting that strives to satisfy the physical and emotional needs of babies and children based upon the lengthy history of the survival needs of our species. Breastfeeding for nourishment and comfort, on cue, for a minimum of the baby's first year is a key element to Attachment Parenting. Other elements are co-sleeping, responding to the baby's cry, carrying or wearing the baby, and listening to and respecting his or her needs. Satisfying a baby's physical and emotional needs builds harmonious families, prevents most common parent/child problems, and promotes trust and independence. Attachment Parenting practices encourage the growth of healthy, well-adjusted, empathic, responsible, affectionate people.

While Attachment Parenting offers numerous benefits, the job of parenting can still be overwhelming at times, and isolating. This is true for attachment parents often because of the barrage of disapproval and discouragement coming from our culture. Many parents, friends, and professionals don't understand the value of Attachment Parenting. Research and technical information abound that supports long term breastfeeding, co-sleeping, physical closeness, and listening and responding with love, but unfortunately, the most common practices in our culture do not. San Diego has a wealth of support for those who attachment parent. Support groups and playgroups meet in several locations around the county to share ideas, learn from one another, play, offer encouragement and explore the challenges of parenting. In central San Diego for example, two groups meet, one for first time parents with infants where the focus is on building the new relationship, and another for parents of older children where information is shared about topics of general interest including constructive communication, positive discipline, physicians, dentists, schooling, and more. For the group nearest you please contact:

- Central San Diego: Linda (619) 222-8753 or Stella (858) 459-0516
- East San Diego, El Cajon: Shelley (619) 596-8895 or Jennifer (619) 583-9291
- South Bay: Tracie (619) 470-5031
- North County: Bianca (760) 967-2136 or Jane (760) 728-5561
- Rancho Bernardo: Pamela (858) 679-2032 or Jenisse (858) 748-0622

To learn more about Attachment Parenting please see the following:

### Books:

[A Wise Birth](#) by Penny Armstrong

[The Vital Touch](#) by Sharon Heller

[The Womanly Art of Breastfeeding](#) by La Leche League

[25 Things Every New Mother Should Know](#) by Martha Sears, R.N.

[The Baby Book](#) by William Sears, M.D and Martha Sears, R.N.

[The Family Bed](#) by Tine Hevenin

[Our Babies, Ourselves](#) by Meredith Small

[Tears and Tantrums](#) by Aletha Solter

[Baby Matters](#) by Linda F. Palmer

### Magazines:

Mothering Magazine (800) 984-8116

Nurturing Parent (605) 399-2990

New Beginnings - La Leche League (847) 519-7730

### Organizations:

La Leche League International (760) 727-6563

Attachment Parenting International (615) 298-4334

### Websites:

Empathic Parenting: [www.empathicparenting.org](http://www.empathicparenting.org)

Instinctive Parenting: [www.geocities.com/Heartland/Plains/7503/](http://www.geocities.com/Heartland/Plains/7503/)

Liedloff Continuum Concept Network: [www.continuum-concept.org](http://www.continuum-concept.org)

Attachment Parenting International: [www.attachmentparenting.org](http://www.attachmentparenting.org)

Listening to Children (Parent Leadership Institute): [www.parentleaders.org](http://www.parentleaders.org)

San Diego County Breastfeeding Coalition: [www.breastfeeding.org](http://www.breastfeeding.org)

## Do Pacifiers Cause Early Weaning?

Continued from page 8

feeding and weaning (19% vs 18%) at 3 months were identical in both groups. Cry/fuss behavior was also similar. The authors concluded that pacifier use was associated with maternal problems, behaviors or motivations that were actually the primary causes of early weaning. As in the previous study, however, infants with daily pacifier use (compared to those with less frequent pacifier use) were significantly less likely to exclusively breastfeed (73 vs 58%) and twice as likely to be weaned (25 vs 13%) by 3 months of age.

Directing attention toward the maternal reasons for early introduction and daily use of pacifiers and developing research-based recommendations about the timing and frequency of pacifier use may be more effective, as well as more realistic, in supporting optimal breastfeeding practices and national breastfeeding goals.

### References:

1) Kramer MS, Barr RG, Dagenais S, et al. Pacifier use, early weaning, and cry/fuss behavior. *JAMA*. 2001;286:322-326.

2) Vogel AM, Hutchison BL, Mitchell EA. The impact of pacifier use on breastfeeding: A prospective cohort study. *J Paediatr Child Health*. 2001; 37:58-63

# Breastfeeding Update

## “Breastfeeding and Parenting Behaviors”

September 2001



### San diego count y Br east feeding coal it ion

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“Good health begins with breastfeeding.”

VISIT US ON THE WEB AT  
[www.breastfeeding.org](http://www.breastfeeding.org)

## Research corner

### Do Pacifiers Cause Early Weaning?

**Yvonne E. Vaucher, M.D., M.P.H.**

Pacifiers certainly receive a bad rap from breastfeeding advocates, but have legitimate concerns about possible deleterious effects been transformed into dogma without adequate scientific validation? In several recent reports from various countries, pacifiers have been associated with fewer breast feeds per day and a shorter duration of both exclusive and total breastfeeding. However, are pacifiers the real culprits or are they innocent bystanders? Are we mistaking the *association* of pacifier use with undesirable outcomes for direct *causation* of those outcomes? Is pacifier use only a marker for other factors such as maternal intention or behavior that result in both pacifier use and early weaning? Other questions also come to mind. Does the timing of pacifier introduction matter? Does the amount of pacifier use make a difference? Since pacifiers are ubiquitous in our culture, these are important questions to answer in order to most effectively focus our resources on breastfeeding promotion.

Two recent studies address some of these questions.<sup>1,2</sup> Both enrolled mothers of healthy, term newborns recruited immediately after delivery. Both used sophisticated statistical analysis to account for the effects of potential confounding factors such as maternal age, family income, marital status, socioeconomic status, maternal education, em-

ployment, smoking, birth weight, and gender on breastfeeding outcomes. Both had excellent follow-up rates (> 90%). In the first study, Vogel<sup>2</sup> prospectively followed a cohort of 350 mothers and their infants in New Zealand until one year of age to determine the impact of pacifier use on the duration of breastfeeding. The median age of weaning was 7.6 months; 44% were exclusively breastfeeding at 3 months. Although 47% of all mothers stated immediately after delivery that they did not intend to use pacifiers, 79% of mothers did so, most within the first month and half on a daily basis. Regular, daily pacifier use, *but not less frequent use*, was associated with a shorter duration of exclusive breastfeeding and earlier weaning. For infants with daily use, pacifiers were introduced earlier (66% at < 2 weeks of age). Daily pacifier use was predicted by the infant being male, maternal smoking and low maternal confidence with breastfeeding.

In the second study,<sup>1</sup> Kramer, et al enrolled 281 Canadian mothers and their infants in a randomized, controlled, intervention trial to examine the effect of pacifier use on early weaning and infant crying behavior during the first 3 months after birth. Half of the mothers were counseled to offer the breast rather than a pacifier when their infant cried or fussed. Although counseling did reduce *any* pacifier use (39% → 16%) as well as daily pacifier use (56% → 41%), the rates of exclusive breast-

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