



B reastfeeding U pdate

“Good health begins with breastfeeding.”

BREASTFEEDING MYTHS VS. FACTS

Nancy E. Wight MD, FAAP, IBCLC

As in many facets of medicine and life, we operate with imperfect information most of the time. Although research into all aspects of breastfeeding and human lactation has expanded exponentially over the last 10 years, we still know very little of the basic physiology, pathology, cultural and social overlays of human lactation. In the not too distant past, breastfeeding knowledge was passed from mother to daughter. The scientific method has proven many “old wives’ tales” true, and a few false. Below is a collection of myths about breastfeeding generated by the medical establishment, and the research facts to counter them. We hope you find them useful.

MYTH 1. There is not enough milk for the first 3 to 4 days after birth. FACT: Infants are well hydrated via the placenta at birth. Small colostrum feedings (5-15 ml) are physiologic:

- appropriate for the size of the infant’s stomach¹
 - sufficient to prevent hypoglycemia²
 - easy to manage as infant learns to coordinate suck, swallow, breathing³
1. Scammon & Doyle. AJDC 1920; 20:516-538
 2. Williams A. Hypoglycemia of the Newborn: Review of the Literature. Geneva, Bulletin for the WHO, 1997
 3. Howard CR et al. Pediatrics 1999; 104:1204

MYTH 2. There is no immunologic benefit to breastfeeding after the first 3 (6, 9, 12) months. FACT: Although the **greatest** protection from infection appears to be in the first few months of life, breastmilk continues to contain direct anti-infective factors and immunomodulators as long as it is produced.⁴ As an individual’s immune system is not thought to be fully mature for at least 2-4 years, breastmilk changes over

time to meet the needs of the developing infant and child.⁵

4. Goldman, Goldblum & Garza. Acta Paediatr Scand 1983;72:461-2
5. Goldman AS. Pediatr Inf Dis J 1993;12:664-7

MYTH 3. Breastfeeding past 2 (3, 4, 5, 6) yrs of age is abnormal and causes over dependence on the mother. FACT: Because age at weaning is culturally determined, not physiologically, the best estimate of the biologically “natural” age of weaning is 2.5-7 years. This is based on anthropologic studies of non-human primates, traditional societies, and historical data.⁶

There is no evidence in the child psychology or developmental literature to suggest that a longer duration of breastfeeding engenders abnormal dependence on either mother or child. In fact, the research that does exist suggests children who breastfed longer are **more** independent than their peers.⁷

6. Dettwyler KA. Chap. 2, Breastfeeding: Biocultural Perspectives, Aldine de Gruyter, NY, 1995
7. Ainsworth MA: The development of mother-infant attachment. In Caldwell BM, Ricciuti HN (eds): Review of Child Development Research. Chicago. Univ. of Chicago Press, 1973

MYTH 4. Early feedings should be timed to prevent maternal sore nipples. FACT: Infant feeding patterns vary widely as does maternal skin sensitivity. Sore nipples are usually caused by poor latch-on and poor positioning, further aggravated by unnecessary washing, lotions and creams. Timed breastfeeding does not prevent sore nipples, but does decrease duration of breastfeeding.⁸

8. Slaven & Harvey. Lancet 1981; Feb 14:392-3

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ASK THE EXPERT

Question: Can I get pregnant while breastfeeding?

Answer: Yes, you can, although there is only a 2% chance of getting pregnant if:

- a. Your baby is less than 6 months old, and
- b. Your baby is exclusively breastfeeding (not supplemented regularly nor going longer than 4 hours between feedings during the day or longer than 6 between feedings at night), and
- c. You have not had a normal menstrual period since delivery. (No bleeding after the 56th postpartum day)

These guidelines were set by Lactational Amenorrhea Method (LAM) of child spacing in 1994. Breastfeeding fewer than five times per day or going six or more hours between feedings can increase your chances of becoming fertile. Introducing supplemental feedings or pacifiers can also increase your chances of fertility. Ovulation usually does not occur before the first menstrual period after giving birth, but is not 100% reliable. This means you could become pregnant while breastfeeding even though you have not had a menstrual period since delivery. If you do not wish to become pregnant, contraception is usually recommended at your 6-week postpartum check up. This is a good time to discuss contraception options. The progesterone-only birth control

pill is recommended while nursing, as estrogen in the combination pill can reduce milk supply.

If you wish to become pregnant again, you may find it difficult to conceive while still breastfeeding. For more information on natural family planning, the following books are available: *Your Fertility Signals: Using Them to Achieve or Avoid Pregnancy Naturally* by Merryl Winstein; and *The Art of Natural Family Planning* by John and Sheila Kippley.

Reference:

1. Mohrbacher N., and Stock J. Breastfeeding Answer Book, La Leche League Revised Edition 1997



Sharon Johnson is the proud mom of her breastfed son (age 5), and an RN with experience in labor, delivery and postpartum. She is a Board Certified Lactation Consultant currently working at Scripps Encinitas and in the Sharp Healthcare system. She also provides private lactation consultations.

WORKING AND BREASTFEEDING — FROM MY EXPERIENCE

Leslie Wynn RN PHN, mom

As a working mother of 3 children, 6 ½, 4, & 16 months, I can appreciate the joy, anxiety and stress of most working moms. Working and breastfeeding is possible; it takes commitment, planning, and a good pump.

Before going on maternity leave, start asking your employer about a lactation room, support services, and policies regarding expressing breastmilk while at work. The purpose of this is to plan for what you will need in order to be successful. Some things to look for at work: a private room that is clean and has a lock on the door; an electrical outlet and a table; and a sink in the same room would be a bonus. Next, speak with your direct supervisor to get a feel for the level of support that you can expect to receive. Be positive and proactive in your approach and maybe even a little creative.

Once you have delivered your child, spend the next month (at a minimum) exclusively breastfeeding. Get the hang of breastfeeding: enjoy the peace and the connection you make with your baby. If family members want to help, ask for help in doing the laundry, cooking, shopping, cleaning, or watching older siblings, if it is appropriate. Do not skip the night feedings. Although you may be tired, they are very important in order to keep up your milk supply. If you are able, take advantage of the Family Leave Act and enjoy the next 3 months with your

baby. If you are not able to do that, then maximize the time you have and plan to start pumping 1-2 weeks before you return. Building up your milk reserves helps to ease the mind when one day doesn't go exactly as planned.

While you are on leave, start looking for a quality electric double breast pump. Although they can be expensive, it is well worth the investment. One thing we have started in my office is to take up a collection and, as an office baby gift, we give a quality breast pump. If you don't receive a good pump as a gift, go to a lactation store and ask them to recommend a pump. Double pumping is the most effective and efficient way to get the job done in a limited amount of time. Look for a bag that also doubles as a cooler. Most bags allow the storage of up to 24 ounces and stay cool for 8-10 hours. Avoid storing the milk in the community refrigerator: who knows how often that gets cleaned out?

Finally, speak to other working moms who have made it work. By my third child, I had it down to a science and it was just a normal part of my day. I looked for low cost solutions to storage and organization styles to help guide my planning. I communicated regularly with my day care provider on how to handle breastmilk and when they should and shouldn't feed the baby. Be open to seek the advice of seasoned moms. Most of us have learned the hard way — take advantage of that. Know that you are doing what is best for your child, your family, and you! All that hard work will pay off!

BREASTFEEDING MYTHS VS. FACTS

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MYTH 5. Now that DHA has been added, modern formulas are almost the same as breastmilk. FACT: Artificial milks (formulas) contain nutrition. Breastmilk contains species-specific nutrition, enzymes needed to digest and absorb the nutrition, direct anti-infective factors, immunomodulators, anti-inflammatory factors, growth and developmental hormones and many other factors yet to be identified.⁹ Because the factors in breastmilk are multi-functional and interactive, adding an additional factor to formula does not guarantee that it will act the way it does in human milk! Feeding formula in a bottle also discounts the emotional, social and developmental benefits of breastfeeding itself.¹⁰

9. Lawrence RA & Lawrence RM. Breastfeeding: A Guide for the Medical Profession. 5th Ed, Mosby, St. Louis, 1999; Chap 4-5

10. Lawrence RA & Lawrence RM. Breastfeeding: A Guide for the Medical Profession. 5th Ed, Mosby, St. Louis, 1999; Chap 6

MYTH 6. If a mother has an infection she should stop breastfeeding. FACT: Acute infectious diseases in the mother are NOT a contraindication to breastfeeding if such diseases can be readily controlled and treated. By the time the mother is diagnosed, the infant has already been exposed. Breastfeeding should continue in order for the infant to receive mother's antibodies and other host resistance factors in breastmilk.¹¹

11. AAP, 1997 Red Book: Report of Committee on Infectious Diseases

MYTH 7. Jaundiced babies should not continue breastfeeding. FACT: Early onset (days 3-5) jaundice is due to **decreased** breastmilk intake. It is the infant form of adult "starvation jaundice".¹² The more frequently an infant feeds in the first few days of life, the lower his bilirubin will be.¹³ If mother's full milk supply is not established, or the infant is not feeding well enough to transfer the milk, supplementation with mother's expressed breastmilk or an elemental formula could be used to lower the bilirubin **in addition to** breastfeeding.¹² Late onset (days 10-14) jaundice is physiologic due to a common factor in mature milk, yet to be identified, which increases enterohepatic reabsorption of bilirubin. There is no need to temporarily discontinue breastfeeding (for 12-48 hrs) unless the bilirubin exceeds 20 (rarely).¹⁴

12. Gartner LM, Herschel M. Jaundice and Breastfeeding. Ped Clin NA, April 2001; 48(2):389-399

13. Yamauchi & Yamanouchi. Pediatrics 1990; 86(2):174

14. AAP. Practice Parameter: Management of hyperbilirubinemia in the healthy term newborn. Pediatrics 1994; 94:558-565

MYTH 8. Women with small breasts make less milk. FACT: Milk volume regulation in lactating women is regulated by infant demand. The amount of milk made per feeding and per 24 hours depends on the frequency and completeness of emptying of the breasts, not the size of the breasts. The more frequently and more completely the breasts are emptied, the more milk is made. The size of the breast determines only the **storage capacity**. Infants of mothers with small breasts may need to eat more frequently to take in the same amount of milk per 24 hrs as infants of mothers with larger breasts.¹⁵

15. Daly SE, Hartmann P. JHL 1995; 11(1): Part 1-pg 21-26; Part 2-pg 27-37

MYTH 9. There is no way to know how much breastmilk the baby is getting. FACT: Although there is no easy way to **measure** the amount of breastmilk an infant is getting, you **can** know if a baby is getting enough. Weight gain and stool volume/characteristics are the best monitors of infant intake.¹⁶ An **optimally** breastfed infant will lose approximately 6% of birth weight by day 3¹⁷, begin to gain weight days 4-5 (milk "coming in"), and regain birth weight by days 10-14. Thereafter the infant should gain approximately 20-30 gms/day. Stool should change from meconium to yellow, seedy, curdy by day 5. An infant with weight loss > 8% of birth weight or green stools after day 5 requires further evaluation.¹⁶

16. Black L. Ped Clin NA April 2001; 48(2):299-319

17. Marchini & Stock. J Pediatr 1997; 130(5):736-739

MYTH 10. A breastfeeding woman cannot get pregnant. FACT: Although **any** breastfeeding does not guarantee against pregnancy, a woman who is exclusively breastfeeding, less than 6 months postpartum and whose periods have not returned (Lactational Amenorrhea Method-LAM) has the same chance of pregnancy as if she were taking hormonal contraception (1-2%).¹⁸

18. Lobbok M. Ped Clin NA. Feb 2001; 48(1):143-158

SDCBC 2003 MEMBERSHIP DRIVE

Your continued support is needed!

If you are interested in becoming a member or renewing your membership for 2003, please visit our website at www.breastfeeding.org or contact our office for more information at (858) 966-5981 or email sdcbc@breastfeeding.org. If you would like to be listed as a lactation provider in the **2003 Resource Guide**, join as a Sponsor* member now!

Become a member of the San Diego County Breastfeeding Coalition!

SDCBC Membership Levels

Sponsor* - \$100 (*Business/Organization/Professional*)

Contributing Member - \$50 (*Individual*)

Friends of the Coalition - any amount under \$50

ing of *Breast Milk Substitutes in the USA*" by Marsha Walker, if you are one of the first fifty to join,

- Have a home page or link, as appropriate, on the SDCBC's website: www.breastfeeding.org,
- Be listed, with a Sponsor* membership, as appropriate, in the "Breastfeeding Resource Guide" without a fee.

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:

Advocacy/Political Action	Community Outreach
Fundraising	Grant Research
Membership	Professional Outreach
Research and Evaluation	Volunteer Coordination
- Attending Coalition meetings and providing your expertise and experience.

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 free supply of Breastfeeding Resource Guides in English and Spanish,
- Receive a discount for Coalition sponsored education programs,
- Receive a free copy of "*Selling Out Mothers and Babies: Market-*

Interested in what we do? Attend one of our meetings!

General Coalition Meetings are held the second Thursday of each odd month at Sharp Mary Birch Hospital for Women, 3003 Health Center Drive, San Diego, in the Grace Benbough Room, located on the 2nd floor, 3:00 – 5:00 pm. Please call (858) 541-4185 for directions. 2003 meeting dates are as follows: **March 13, May 8, July 10, September 11, November 13.**

JOB CENTER

Volunteer Opportunities: If you want to join a motivated group and are interested in joining an active committee, the SDCBC needs you!

Please contact the SDCBC office at (858) 966-5981 or email sdcbc@breastfeeding.org for more info.

Do you enjoy receiving our newsletters?

Due to funding issues our newsletters will only be available electronically (i.e. the SDCBC website and via email). If sponsors for printing costs are not secured, we will only be able to email and post newsletters to our website (www.breastfeeding.org). Please update/submit your email address to us to ensure you will receive a copy. You may send your email addresses, questions and/or concerns to atenenini@chsd.org.

SAVE THE DATE

The Bay Area Lactation Associates Conference 2003 — HS Lordships Restaurant, Berkeley, CA, March 14-15, 2003.

“Lactation: The First 14 Days.” Speakers include: Evelyn Jain, MD, CCFP, IBCLC; Angela Mason, BA; Debra Busta Moore, RN, MS, IBCLC; Carol Ryan, RN, MSN(c), IBCLC; and Nancy Williams, MA, MFT, CCE, IBCLC. After March 3, call (510) 524-6917 for availability.

First Annual OHSU Lactation Conference at Oregon Health and Sciences University — Oregon Health and Sciences University, Portland, OR, March 24, 25, 26, 27 & 28, 2003.

“Best Practice - Managing Early Breastfeeding in the Hospital and Clinic.” A ONE day conference repeated over five consecutive days with Molly Pessl, RN, IBCLC from Evergreen Medical Center. Molly will present foundations in lactation assessment, evaluation and planning. For more information, visit www.ohsu.edu/son-continuinged/continuinged.html or email at lactconf@ohsu.edu or phone Linda Gonzales at (503) 494-2261.

Thoughts on Breastfeeding — Bakersfield, CA, April 5, 2003.

Healthy Mothers, Healthy Babies of Kern County presents Dr. Dettwyler. Presentations included will be on: Beauty and the Breast, A Time to Wean, and Promoting Breastfeeding, Promoting Guilt? Registration brochures for this conference will be available after February 18, 2003. Cost to attend is \$45.00 (\$35 for Kern County, California residents) before March 24, 2003, and \$50 thereafter. For questions about Dr. Dettwyler's Bakersfield Workshop, contact Healthy Mothers, Healthy Babies of Kern County at (661) 324-5612 or email: kernmhmb@msn.com (Subject: Dettwyler workshop).

La Leche League International's 31st Annual Seminar for Physicians — Hilton San Francisco, San Francisco, CA, July 1-3, 2003.

Co-sponsored by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. The American Academy of Family Physicians is participating as a Cooperating Organization. Continuing medical education credits available. Reduced rates for resident physicians. For more information visit www.lalecheleague.org/ed/PhysSem03.html.

La Leche League International's 18th International Breastfeeding Conference — Hilton San Francisco, San Francisco, CA, July 3-6, 2003.

“Strength through Diversity-Creating One Breastfeeding World.” Join with us to learn, to share, and to make a difference at one of the world's largest breastfeeding conferences. A maximum of 17.4 Continuing Education Recognition Points (CERPs) will be available from the IBLCE. A maximum of 17.4 contact hours for RNs will be available from the Illinois Nurses' Association and the California Board of

Nursing. A maximum of 14.5 CDE hours will be available from the American Dietetic Association. For more information, visit www.lalecheleague.org/03conf/03conf.html.

8th Annual International Meeting of the Academy of Breastfeeding Medicine — Millennium Knickerbocker Hotel, Chicago, IL, October 16-20, 2003.

“Physicians & Breastfeeding: Controversy, Challenge & Change.” Sponsored by Children's Hospital & Health Center, San Diego, CA, in association with The Academy of Breastfeeding Medicine (ABM). Pre-conference courses (What Every Physician Needs to Know About Breastfeeding, Research and Evaluation Primer, and Breastfeeding Curriculum Workshop) and main meeting for physicians, with 3rd Annual “Breastfeeding for Health Team Members” meeting October 19-20, 2003, partially overlapping physicians' meeting. Incredible line-up of speakers including Peter Hartmann, Paula Meier, James McKenna, Kathryn Dewey, Jane Heinig and many more! For information go to www.bfmed.org or contact the ABM office: Academy of Breastfeeding Medicine, 191 Clarksville Rd, Princeton Junction, NJ, 08550, USA; Tel (toll free) (877) 836-9947; International (609) 799-6327; FAX (609) 799-7032; Email: gfooster@cmasolutions.com. Program Chair: Nancy E. Wight MD, FAAP, IBCLC; wightsd@aol.com.

La Leche League International Lactation Specialist Workshops

The ongoing series of Lactation Specialist Workshops are designed for nurses, physicians and lactation specialists who work in a variety of settings including hospitals, clinics and physicians' offices. The workshops provide a post-graduate course for lactation specialists on current breastfeeding information, and the skills and tools needed to assist breastfeeding mothers in pre- and postnatal situations.

Workshops to be held on:

- March 29- Austin, Texas
- March 31-Long Island, New York
- April 2- Coraopolis, Pennsylvania
- April 4-Minneapolis, Minnesota
- October 18-Phoenix, Arizona
- October 20-Baltimore, Maryland
- October 22-Braintree, Massachusetts
- October 24-Lisle/Naperville, Illinois

For more information: www.lalecheleague.org/ed/LactSpec03.html.

COMMUNITY SPOTLIGHT

San Diego Birthing Project

By Mary Owens, Program Manager

The San Diego Birthing Project is a community based volunteer organization using the Big Sister, Little Sister volunteer model. It consists of a group of volunteers (Sister Friends) who provide one-on-one support and advocacy to pregnant teens and women throughout their pregnancy.

It is our goal to keep more babies alive and healthy by providing direction, emotional support, and education to their mothers. Sometimes a pregnant woman just needs someone to talk to, or help in finding a doctor and knowing they have a friend and an advocate.

We accept referrals from anyone who knows a pregnant woman who would like to participate. We welcome volunteers and donations of car seats, baby clothes and other necessities.

Please email sdbirthproj@aol.com for more information.

COUNTY OF SAN DIEGO UPDATES

Cindy C. Fessier, RN, Perinatal Services Coordinator, County of San Diego

The County of San Diego has been supporting breastfeeding and the education of staff in the Comprehensive Perinatal Services Program Offices. These are Medi-Cal providers, who accept low-income patients and provide them with perinatal care, health education, nutrition, breastfeeding information, and psychosocial screening and counseling. We have been able to provide offices with a wonderful packet of resources, including La Leche League's, *The Breastfeeding Answer Book* and Dr. Thomas Hale's, *Medications and Mothers' Milk 2002*. The response from the providers has been very positive. We hope this will promote the right kind of support to the provider to assist their moms who endeavor to breastfeed.

In August 2002 we held a "Breastfeeding Basics Training" at the Health and Human Services Agency on Rosecrans Street. We had 30 participants from various doctors' offices and a good turn out from the South Region Public Health Nurses. Blue Cross of California and Main Street Medical Inc. sponsored this event. We all enjoyed the presenter, Roberta Webster, CLE from Imperial County, very much. She was extremely knowledgeable and had a warm, relaxed style that was highly conducive to dynamic audience participation. We were able to supply all the participants with Seattle-King County Department of Public Health's *Breastfeeding Triage Tool*, and we raffled four breastfeeding videos. We look forward to doing another breastfeeding training in the future. Thank you for all that you do in the County of San Diego to support Breastfeeding. Keep up the excellent work!

POLITICS, ADVOCACY AND LEGISLATION

Nancy E. Wight MD, FAAP, IBCLC

The **Academy of Breastfeeding Medicine (ABM)** was formed in 1996 as a worldwide organization of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation. Its mission is to unite into one association members of the various medical specialties with this common purpose. The goals of the ABM are:

1. Physician education,
2. Expansion of knowledge in both breastfeeding science and human lactation,
3. Facilitation of optimal breastfeeding practices,
4. Encouragement of the exchange of information among organizations.

When the ABM was first formed, there was an outcry from the lactation community about a physicians' only, "exclusive" organization. Many felt that a multidisciplinary organization would be a better method

for reaching health care providers. What the physicians who conceived the ABM knew, and others came to realize, was that physicians as a group know a lot less about breastfeeding issues than most other perinatal health care providers. We also have significant self-consciousness about revealing our ignorance to other health care team members.

In the last seven years the ABM has made significant progress in bringing physicians "up to speed". We have had seven international meetings, two basic breastfeeding courses, two health care team member meetings, produced a superb newsletter and five evidence-based clinical protocols, with several more in progress. As physicians teaching physicians, we have alerted our colleagues to the wealth of breastfeeding information and experience that exists in OTHER disciplines and organizations. Please check out the ABM web site www.bfmed.org, and alert others, especially other physicians, to the resources of the Academy.

BOOK REVIEW

**La Leche League International's
The Breastfeeding Answer Book, Third Revised Edition**
*Written by Nancy Mohrbacher, IBCLC
and Julie Stock, MA, IBCLC*
Reviewed by:
Ruth Piatak, BA, MS, LLL Leader

In its third edition, The Breastfeeding Answer Book remains, as SDCBC member Audrey Naylor, MD, DrPH states in her foreword, a “practical yet scientifically sound” resource for those helping mothers to breastfeed.

In their introduction, Mohrbacher and Stock remark how much has changed in breastfeeding since 1996. The new edition does a lot to keep abreast of these changes. There is extensive treatment of significant developments in research and clinical realities. The rise in women of childbearing age dealing with deadly viruses, breast surgery, substance abuse, and obesity has led to more research and more thorough treatment of these topics in the new edition. La Leche League’s approach to women as mothers first, and patients second, comes through in the more thorough discussion of diagnosis and treatment options for mothers with cancer and postpartum depression, and recent research on the effects of maternal depression on infant development.

Changes in childbearing figure greatly in the revisions. The most striking is the inclusion of material on breastfeeding after cesarean delivery in the “Breastfeeding Basics” chapter. (This will certainly be seen by many as a capitulation of La Leche League philosophy to the realities of American medical practice.) The greater number of infants who survive premature birth has led to extensive research on the benefits of breastmilk for them and the clinical practices which best support the establishment of breastfeeding.

The supplement on breast pumps and other products has changed quite a bit. There is much less detail about the relative characteristics of particular pumps and nursing supplementers. This seems appropriate – products and their features come and go, and a product that one breastfeeding helper finds easy to teach mothers to use may disappoint another. Company website addresses and other contact information are provided so that current information can be found. New “gadgets” discussed at length in the supplement and/or appropriate chapters include palatal obturators, silicone nipple shields, and hydrogel pads.

The new edition of The Breastfeeding Answer Book is more international in scope. Examples noted include ultrasound research on breast anatomy and milk production in Australia, clinical advances in lactation induction in Canada, kangaroo care of premature infants in Zimbabwe, trials of the effect of infant feeding practices on HIV transmission in South Africa, and the effects of breastfeeding during pregnancy on malnourished women in Guatemala.

Several changes in the third edition reflect the authors’ belief that breastfeeding (and breastfeeding help) is “an art and not a science”. There is more attention throughout to the interaction of maternal and infant characteristics. Photos of live people demonstrating such things as latching and simultaneous nursing of twins are a welcome addition. Observations of the effects of breastfeeding management “risk factors” on such problems as mastitis are plentiful.

This third edition marks a lot of changes in breastfeeding realities and breastfeeding help in recent years. It is nevertheless remarkable how much is the same. As always, child rearing is a profoundly *social* activity. (The woman pregnant for the first time is struck by this fact when perfect strangers are full of questions and comments as soon as her pregnancy starts to show.) The strength of The Breastfeeding Answer Book in this edition, as in the others, is its treatment of breastfeeding in its social context. The first chapter focuses on “Giving Effective Breastfeeding Help”. Sections such as “The Mother’s Feelings”, “Helping the Mother Work with Her Baby’s Doctor”, and “Mother Care for the Mother of Multiples” are an integral part of many chapters. This is where the “art” of breastfeeding help really comes into play—when we can help mothers cope and babies thrive in the “real” world. Breastfeeding helpers of many different backgrounds can benefit from the cumulative information -- and wisdom – presented by The Breastfeeding Answer Book.

Research Corner

Continued from page 8

studies that met quality criteria, had a precise definition of breastfeeding, and actually measured postpartum weight change.

Dr. Dewey came up with 3 tentative conclusions from her review of the literature. First, she found evidence for a dose-response relationship between the degree of breastfeeding and the degree of weight loss. Second, the greatest weight difference between lactating and non-lactating women was found at 3-6 months postpartum. Finally, although breastfeeding does appear to enhance the rate of weight loss, at least during certain time intervals, the magnitude of this effect is small compared with other factors such as pregnancy weight gain, dietary practices and physical activity. The average difference in weight loss by 12 months postpartum between lactating and non-lactating women was about 0.6 to 2.0 kg (1.3-4.4 lbs).

There are many wonderful benefits of breastfeeding for the mother. A modest weight loss may be one of them. We certainly should not put it at the top of the list!

Our sincere thanks to Kathryn Dewey PhD, University of California, Davis, for allowing us to review and comment on her paper.

B reastfeeding U pdate

“Breastfeeding Myths vs. Facts”

SDCBC's Newsletter for March 2003



San Diego County Breastfeeding Coalition

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“Good health begins with breastfeeding.”

SEE THIS NEWSLETTER ON THE WEB AT
www.breastfeeding.org

RESEARCH CORNER

Breastfeeding Women Lose Weight Faster than Non-Breastfeeding Women: Myth or Fact?

**Nancy E. Wight MD, FAAP, IBCLC
and Martha Lee RN, MPH, IBCLC**

For many years we all have listed “faster weight loss” as a benefit of breastfeeding for the mother. Yet a visit to any La Leche League International conference will demonstrate that the incidence of overweight and obesity in that population is no different than the general population – it is too high in both! Does breastfeeding really improve postpartum weight loss?

Kathryn G. Dewey PhD, of the Department of Nutrition, University of California, Davis, has recently completed a review of the literature to try to answer this very question. This summary is taken, with permission, from her paper presented at the International Society for Research in Human Milk & Lactation (ISRHML) meeting in Mexico in 2002. The paper is currently in press (in “Protecting Infants through Human Milk: Advancing the Scientific Evidence Base,” Kluwer Publishers, 2003).

Theoretically, if there were no increase in maternal energy intake during lactation, as compared with a woman's normal intake when not pregnant or lactating, weight loss for every breastfeeding woman would

be rapid and dramatic, on the order of 13 kg (28.6 lbs) over the first 6 months postpartum. As this rarely happens, there must be compensatory factors, such as decreased activity or increased appetite due to increased prolactin levels, to maintain body weight.

As it is unethical to randomly assign women to breastfeeding or non-breastfeeding groups, the next best source of data are experimental studies where the duration or exclusivity of breastfeeding have been altered by an intervention. Dr. Dewey found only 2 such studies, both from Honduras. The results were consistent with the hypothesis that the degree of breastfeeding affects the rate of weight loss.

Most of the data have come from observational studies, which are subject to multiple confounding variables, such as maternal age, ethnicity, education, income, pre-pregnancy weight, pregnancy weight gain, parity, inter-birth interval, physical activity and dietary practices. Observational studies also suffer from varying methods and timing of assessing the outcome variable: weight or body mass index (BMI). Perhaps the biggest problem is the one all breastfeeding studies face – the definition of breastfeeding. Both duration and exclusivity of breastfeeding may be important factors in weight loss. Dr. Dewey found 6

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