

# How to stay abreast

**IN 2022, MUMS ARE STILL TRYING TO DECODE MYTHS AND TRUTHS ABOUT BREASTFEEDING**

**PARENTING**

JOANNA HALL

**W**hether you're pregnant or a new mum there'll be plenty of advice coming your way about breastfeeding; some good, some bad, and some completely wrong. As a result, many women are left confused and wondering if they should breastfeed at all.

In world breastfeeding week, general paediatrician Dr Annabel Smith says more qualified support is needed for mothers.

"The World Health Organisation has set a global target for mothers to, where medically possible, breastfeed exclusively for the first six months of life and to continue feeding with the addition of complementary foods until at least age two," says Smith. "But we are constantly failing mothers with insufficient education and lactation support."

Research shows that not every new mum can breastfeed for a variety of reasons and, while statistics show that 96 per cent of children are breastfed soon after birth, only 15 per cent of mums are still breastfeeding exclusively five months later.

Smith says breastfeeding has many benefits for mums and bubs.

"Breast milk is nutritionally ideal for infants and contains important immune factors to help babies fight bacteria and viruses," Smith explains. "Breastfeeding also reduces the risk of health issues from allergies and asthma to sudden infant death syndrome and obesity."

Breastfeeding mums benefit from a reduced risk of ovarian and breast cancer, while it's also cheaper, convenient and has less environmental impact than formula feeding.

Pinky McKay, one of Australia's leading breastfeeding experts, an International Board-Certified Lactation Consultant and author, says many women feel they are failing their babies because they stop breastfeeding. She's published a free eBook, *Prepare To Breastfeed Like A Boss (Before You Have Your Baby)* and says while breastfeeding is natural, it's a learned skill.



**Katie Barnes, who experienced difficulties breastfeeding with her first child Ivy, has had the right advice with baby Hazel; (right) leading breastfeeding expert Pinky McKay.**

"Sadly there's a lack of education for many health professionals during medical training," says McKay. "Most med students receive just a few hours of lectures around very basic aspects of breastfeeding."

McKay says there's more pressure on mums than ever about pregnancy, birth, breastfeeding and parenting, in addition to an "overload" of

information. "Some of the most common advice is around timing feeds," she says. "Women are told their baby is feeding 'too often' and to 'space out feeds', which can create doubts around milk supply."

Women, however, naturally have different "milk storage" capacities. "This isn't necessarily related to breast size although I joke that some

of us have shot glasses and others have 'jugs'," she says. "A mum with a smaller storage capacity will simply need to feed her baby more frequently than a woman with a larger storage capacity, but both women will produce enough milk."

McKay says the key is to learn about breastfeeding before you have a crying baby on your hands.

## Prepping for baby

1. Make a list of key contacts including the Australian Breastfeeding Association Helpline, an International Board Certified Lactation Consultant ([lcanz.org](http://lcanz.org)) and a supportive friend.
2. Set up a feeding station for the baby's needs, including a water bottle, snacks, phone and ear plugs for you.
3. Express colostrum in the final weeks of pregnancy in case your milk is slow coming through.
4. In the hospital, don't be rushed into situations that aren't helpful to early breastfeeding. Snuggle baby skin-to-skin and allow him to initiate the first feed without force.
5. If you have doubts, get another opinion.

Source: Breastfeeding expert Pinky McKay

Katie Barnes, who's a mum of two including a new four-month-old, received poor breastfeeding advice, especially with her first baby, Ivy. Barnes suspected that Ivy had oral ties, a condition that affects the tongue and lips, restricting movement, but multiple health professionals dismissed her concerns. "I was told that some babies just don't want to latch on," says Barnes. "I was also advised to use a shield, to space feeds every three to four hours so Ivy wants them more, and that she'll 'get it' when she's bigger."

When Ivy was 2½, she was finally diagnosed with being tongue and lip tied.

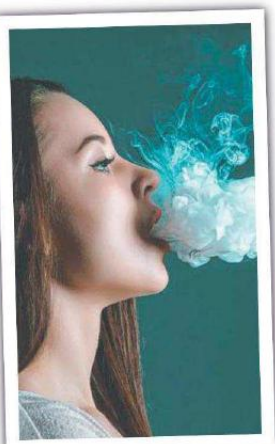
"I am now breastfeeding my second baby, Hazel, and this time I ignored the 'no ties' response," says Barnes.

"I sought support from an amazing lactation consultant and osteopath."

Barnes suggests making contact with an International Board Certified Lactation Consultant before birth. "While a GP, paediatrician and midwife are incredibly valuable, they're not breastfeeding specialists and are often not armed with the most current education," she says.



## Vapers risk black tongue and bad breath at very least



**DENTAL CARE**

JAYMIE HOOPER

**N**o matter which way you slice it, vaping is not good for you. Not only has it been shown to cause onset of seizures and been linked to numerous deaths, vaping liquids containing nicotine are so troubling they were recently banned in Australia.

The bad press doesn't end there. While we usually associate tooth decay and gum disease with cigarettes, vaping can also take a significant toll on your oral health.

According to Dr Sue Ching Yeoh,

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an oral medicine specialist and Australian Dental Association spokeswoman, vaping changes the composition and balance of oral flora (bacteria and fungal organisms that live in your mouth), which leads to an increased risk of oral fungal infections.

"The most common oral side effects from vaping include dry mouth, burning, irritation, bad taste, bad breath, pain, oral mucosal lesions (lesions that affect the soft lining of the mouth), black tongue and burns,"

Yeoh explains. These side effects are a result of the chemicals used in vaping liquids, which are usually created by heating glycerol, glycol and nicotine to extremely high temperatures under intense pressure.

"This process produces extremely toxic chemicals such as formaldehyde and acetaldehyde, which are known carcinogens," Yeoh says. "As the mouth is the first site in the human body to encounter these noxious elements, vapers are at risk of developing abnormalities, lesions and cancers of the oral soft tissues."

Despite vaping's well-documented adverse health reactions, recent

research from the Australian National Drug Household Survey revealed that vaping among the 14-17 age group has doubled in recent years, and quadrupled in the 25-29 age bracket.

So, if you're set on vaping, is there anything you can do to avoid damaging your teeth? According to Yeoh, vape less often.

"The likelihood of damage to the teeth and oral lining seems to be associated with the frequency and overall amount of vaping," she says. "Signs of vaping-related oral damage can be picked up by your dentist, so vapers should seek regular dental care, check-ups and cleans."