

Some Breastfeeding Myths

1. Many women do not produce enough milk. Not true! The vast majority of women produce *more than enough* milk. Indeed, an *overabundance of milk* is common. Most babies that gain too slowly, or lose weight, do so **not because the mother does not have enough milk**, but because the baby *does not get the milk that the mother has*. The usual reason that the baby does not get the milk that is available is that he is poorly latched onto the breast. This is why it is so important that the mother be shown, **on the first day**, how to latch a baby on properly, *by someone who knows what they are doing*.

2. It is normal for breastfeeding to hurt. Not true! Though some tenderness during the first few days is relatively common, this should be a temporary situation that lasts only a few days and should never be so bad that the mother dreads nursing. Any pain that is more than mild is abnormal and is almost always due to the baby latching on poorly. Any nipple pain that is not getting better by day three or four or lasts beyond five or six days should not be ignored. A new onset of pain when things have been going well for a while may be due to a yeast infection of the nipples. Limiting feeding time does not prevent soreness. Taking the baby off the breast for the nipples to heal should be a last resort only. (See handout #3a *Sore Nipples*).

3. There is no (not enough) milk during the first three or four days after birth. Not true! It often seems like that because the baby is not latched on properly and therefore is unable to get the milk that is available. When there is not a lot of milk (as there is not, **normally**, in the first few days), the baby must be well latched on in order to get the milk. This accounts for "but he's been on the breast for 2 hours and is still hungry when I take him off". By not latching on well, the baby is unable to get the mother's first milk, called colostrum. Anyone who suggests you pump your milk to know how much colostrum there is, does not understand breastfeeding, and should be politely ignored. Once the mother's milk is abundant, a baby can latch on poorly and still may get plenty of milk.

4. A baby should be on the breast 20 (10, 15, 7.6) minutes on each side. Not true! However, a distinction needs to be made between "being on the breast" and "breastfeeding". If a baby is *actually drinking* for most of 15-20 minutes on the first side, he may not want to take the second side at all. If he drinks only a minute on the first side, and then nibbles or sleeps, and does the same on the other, no amount of time will be enough. The baby will breastfeed better and longer *if he is latched on properly*. He can also be helped to breastfeed longer if the mother compresses the breast to keep the flow of milk going, once he no longer swallows on his own (Handout #15 *Breast Compression*). Thus it is obvious that the rule of thumb that "the baby gets 90% of the milk in the breast in the first 10 minutes" is equally hopelessly wrong. To see how to know a baby is getting milk see the videos at www.mamadearest.ca/en/info/articles_dr_newman.htm

5. A breastfeeding baby needs extra water in hot weather. Not true! Breastmilk contains all the water a baby needs.

6. Breastfeeding babies need extra vitamin D. Not true! *Everyone* needs vitamin D. Formula has it added at the factory. But the baby is born with a liver full of vitamin D, and outside exposure allows the baby to get the vitamin D from ultraviolet light even in winter. The baby does not need a lot of outside exposure and does not need outside exposure every day. Vitamin D is a fat soluble vitamin and is stored in the body. In some circumstances (for example, if the mother herself was vitamin D deficient during the pregnancy) it may be prudent to supplement the baby with vitamin D. Exposing the baby to sunlight through a closed window does not work to get the baby more vitamin D.

7. A mother should wash her nipples each time before feeding the baby. Not true! Formula feeding requires careful attention to cleanliness because formula not only does not protect the baby against infection, but also is actually a good breeding ground for bacteria and can also be easily contaminated. On the other hand, breastmilk protects the baby against infection. Washing nipples before each feeding makes breastfeeding unnecessarily complicated and washes away protective oils from the nipple.

8. Pumping is a good way of knowing how much milk the mother has. Not true! How much milk can be pumped depends on many factors, including the mother's stress level. The baby *who nurses well* can get much more milk than his mother can pump. Pumping only tells you how much you can pump.

9. Breastmilk does not contain enough iron for the baby's needs. Not true! Breastmilk contains just enough iron for the baby's needs. If the baby is full term he will get enough iron from breastmilk to last him at least the first six months. Formulas contain *too much* iron, but this quantity may be necessary *to ensure the baby absorbs enough* to prevent iron deficiency. The iron in formula is *poorly* absorbed, and the baby poops out most of it. Generally, there is no need to add other foods to breastmilk before about 6 months of age.

10. It is easier to bottle feed than to breastfeed. Not true! Or, this *should* not be true. However, breastfeeding is made difficult because women often do not receive the help they should to get started properly. A poor start can indeed make breastfeeding difficult. But a poor start can also be overcome. Breastfeeding is often more difficult at first, due to a poor start, but usually becomes easier later.

11. Breastfeeding ties the mother down. Not true! But it depends how you look at it. A baby can be nursed anywhere, anytime, and thus breastfeeding is *liberating* for the mother. No need to drag around bottles or formula. No need to worry about where to warm up the milk. No need to worry about sterility. No need to worry about how your baby is, because he is with you.

12. There is no way to know how much breastmilk the baby is getting. Not true! There is no easy way to *measure* how much the baby is getting, but this does not mean that you cannot know if the baby is getting enough. The best way to know is that the baby actually drinks at the breast for several minutes at each feeding (open mouth wide—*pause*—close mouth type of suck). Other ways also help show that the baby is getting plenty (Handout #4 *Is my Baby Getting Enough Milk?*). See the videos at www.mamadearest.ca/en/info/articles_dr_newman.htm

13. Modern formulas are almost the same as breastmilk. Not true! The same claim was made in 1900 and before. Modern formulas are only superficially similar to breastmilk. Every correction of a *deficiency* in formulas is advertised as an advance. Fundamentally, formulas are inexact copies based on outdated and *incomplete* knowledge of what breastmilk is. Formulas contain no antibodies, no living cells, no enzymes, no hormones. They contain much more aluminum, manganese, cadmium, lead and iron than breastmilk. They contain significantly more protein than breastmilk. The proteins and fats are fundamentally different from those in breastmilk. Formulas do not vary from the beginning of the feed to the end of the feed, or from day 1 to day 7 to day 30, or from woman to woman, or from baby to baby. Your breastmilk is made as required to suit *your* baby. Formulas are made to suit every baby, and thus *no* baby. Formulas succeed only at making babies grow well, usually, but there is more to breastfeeding than nutrients.

14. If the mother has an infection she should stop breastfeeding. Not true! With very, very few exceptions, the mother's continuing to breastfeed will actually protect the baby. By the time the mother has fever (or cough, vomiting, diarrhea, rash, etc) she has already given the baby the infection, since she has been infectious for several days before she even knew she was sick. The baby's best protection against getting the infection is for the mother to continue breastfeeding. If the baby does get sick, he will be less sick if the mother continues breastfeeding. Besides, maybe it was the baby who gave the infection to the mother, but the baby did not show signs of illness because he was breastfeeding. Also, **breast infections**, including breast abscess, though painful, are not reasons to stop breastfeeding. Indeed, the infection is likely to settle more quickly if the mother continues breastfeeding on the affected side. (Handouts #9a and b *You Should Continue Breastfeeding*).

15. If the baby has diarrhea or vomiting, the mother should stop breastfeeding. Not true! The best medicine for a baby's gut infection is breastfeeding. Stop other foods for a short time, but continue breastfeeding. Breastmilk is the *only* fluid your baby requires when he has diarrhea and/or vomiting, except under exceptional circumstances. The push to use "oral rehydrating solutions" is mainly a push by the formula manufacturers (who also make oral rehydrating solutions) to make even more money. The baby is comforted by the breastfeeding, and the mother is comforted by the baby's breastfeeding. (Handouts #9a and b *You Should Continue Breastfeeding*).

16. If the mother is taking medicine she should not breastfeed. Not true! There are very very few medicines that a mother cannot take safely while breastfeeding. A very small amount of most medicines appears in the milk, but usually in such small quantities that there is no concern. If a medicine is truly of concern, there are usually equally effective, alternative medicines that are safe. The risks of artificial feeding for both the mother and the baby *must be taken into account* when weighing if breastfeeding should be continued (Handouts #9a and b *You Should Continue Breastfeeding*).

Questions? (416) 813-5757 (option 3) or drjacknewman@sympatico.ca or my book **Dr. Jack Newman's Guide to Breastfeeding (called The Ultimate Breastfeeding Book of Answers in the USA)**

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Written by Jack Newman, MD, FRCPC. © 2005

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