

Still More Breastfeeding Myths

1. Women with flat or inverted nipples cannot breastfeed. Not true! Babies do not breastfeed on nipples, they breastfeed on the breast. Though it may be easier for a baby to latch on to a breast with a prominent nipple, it is not necessary for nipples to stick out. A proper start will usually prevent problems and mothers with any shaped nipples can breastfeed perfectly adequately. In the past, a nipple shield was frequently suggested to get the baby to take the breast. *This gadget should not be used, especially in the first few days!* Though it may seem a solution, its use can result in poor feeding and severe weight loss, and makes it even more difficult to get the baby to take the breast. (See handout #8 *Finger Feeding*). If the baby does not take the breast at first, with proper help, he will often take the breast later. Breasts also change in the first few weeks, and as long as the mother maintains a good milk supply, the baby will usually latch on by 8 weeks of age no matter what, but get help and the baby may latch on before. See handout #26 *When a Baby Refuses to Latch On*.

2. A woman who becomes pregnant must stop breastfeeding. Not true! If the mother and child desire, breastfeeding can continue. Some continue nursing the older child even after delivery of the new baby. Many women do decide to stop nursing when they become pregnant because their nipples are sore, or for other reasons, but there is no rush or medical necessity to do so. In fact, there are often good reasons to continue. The milk supply will likely decrease during pregnancy, but if the baby is taking other foods, this is not usually a problem. However, some babies will stop breastfeeding if the milk supply is low.

3. A baby with diarrhea should not breastfeed. Not true! The best treatment for a gut infection (gastroenteritis) is breastfeeding. Furthermore, it is very unusual for the baby to require fluids other than breastmilk. If lactose intolerance is a problem, the baby can receive lactase drops, available without prescription, just before or after the feeding, but this is *rarely* necessary in breastfeeding babies. Get information on its use from the clinic. In any case, lactose intolerance due to gastroenteritis will disappear with time. Lactose free formula is not better than breastfeeding. Breastfeeding is better than any formula.

4. Babies will stay on the breast for two hours because they like to suck. Not true! Babies need and like to suck, but how much do they need? Most babies who stay at the breast for such a long time are probably hungry, even though they may be gaining well. *Being on the breast* is not the same as *drinking at the breast*. Latching the baby better onto the breast allows the baby to nurse more effectively, and thus spend more time actually drinking. You can also help the baby to drink more by expressing milk into his mouth when he is no longer swallows on his own (See handout #15 *Breast Compression*). Babies younger than 5-6 weeks often fall asleep at the breast because the flow of milk is slow, not necessarily because they have had enough to eat. See videos at www.mamadearest.ca/en/info/articles_dr_newman.htm

5. Babies need to know how to take a bottle. Therefore a bottle should always be introduced before the baby refuses to take one. Not true! Though many mothers decide to introduce a bottle for various reasons, there is no reason a baby *must* learn how to use one. Indeed, there is no great advantage in a baby's taking a bottle. Since Canadian women are supposed to receive 52 weeks maternity leave, the baby can start eating solids around 6 months, well before the mother goes back to her outside work. The baby can even take fluids or solids that are quite liquid off a spoon. At about 6 months of age, the baby can start learning how to drink from a cup, and though it may take several weeks for him to learn to use it efficiently, he will learn. If the mother is going to introduce a bottle, it is better she wait until the baby has been nursing *well* for 4-6 weeks, and then give it only occasionally. Sometimes, however, babies who take the bottle well at 6 weeks, refuse it at 3 or 4 months even if they have been getting bottles regularly (smart babies). Do not worry, and proceed as above with solids and spoon. Giving a bottle when breastfeeding is not going well is not a good idea and usually makes the breastfeeding even more difficult. For your sake and the baby's do not try to "starve the baby into submission". Get help.

6. If a mother has surgery, she has to wait a day before restarting nursing. Not true! The mother can breastfeed immediately after surgery, as soon as she is awake and up to it. Neither the medications used during anaesthesia, nor pain medications nor antibiotics used after surgery require the mother to interrupt breastfeeding, except under *exceptional* circumstances. Enlightened hospitals will accommodate breastfeeding mothers and babies when either the mother or the baby needs to be admitted to the hospital, so that breastfeeding can continue. Many rules that restrict breastfeeding are more for the convenience of staff than for the benefit of mothers and babies.

7. Breastfeeding twins is too difficult to manage. Not true! Breastfeeding twins is easier than bottle feeding twins, *if breastfeeding is going well*. This is why it is so important that a special effort should be made to get breastfeeding started right when the mother has had twins (See handouts #1 *Breastfeeding—Starting Out Right* and #1a *The Importance of Skin to Skin Contact*). Some women have breastfed triplets exclusively. This obviously takes a lot of work and time, but twins and triplets take a lot of work and time no matter how the infants are fed.

8. Women whose breasts do not enlarge or enlarge only a little during pregnancy, will not produce enough milk. Not true! There *are* a very few women who cannot produce enough milk (though they *can* continue to breastfeed by supplementing with a lactation aid). Some of these women say that their breasts did not enlarge during pregnancy.

However, the vast majority of women whose breasts do not seem to enlarge during pregnancy produce more than enough milk.

9. A mother whose breasts do not seem full has little milk in the breast. Not true! Breasts do not have to feel full to produce plenty of milk. It is normal that a breastfeeding woman's breasts feel less full as her body adjusts to her baby's milk intake. This can happen suddenly and may occur as early as two weeks after birth or even earlier. The breast is never "empty" and also produces milk as the baby nurses. Is the baby getting milk from the breast? That's what's important, not how full the breast feels. See videos at www.mamadearest.ca/en/info/articles_dr_newman.htm

10. Breastfeeding in public is not decent. Not true! It is the humiliation and harassment of mothers who are nursing their babies that is not decent. Women who are trying to do the best for their babies should not be forced by other people's hang-ups or lack of understanding to stay home or feed their babies in public washrooms. Those who are offended need only avert their eyes. Children will not be damaged psychologically by seeing a woman breastfeeding. On the contrary, they might learn something important, beautiful and fascinating. They might even learn that breasts are not only for selling beer. Other women who have left their babies at home to be bottle fed when they went out might be encouraged to bring the baby with them the next time.

11. Breastfeeding a child until 3 or 4 years of age is abnormal and bad for the child, causing an overdependent relationship between mother and child. Not true! Breastfeeding for 2-4 years was the rule in most cultures since the beginning of human time on this planet. Only in the last 100 years or so has breastfeeding been seen as something to be limited. Children nursed into the third year are *not* overly dependent. On the contrary, they tend to be very secure and thus *more* independent. They themselves will make the step to stop breastfeeding (with gentle encouragement from the mother), and thus will be secure in their accomplishment.

12. If the baby is off the breast for a few days (weeks), the mother should not restart breastfeeding because the milk sours. Not true! The milk is as good as it ever was. Breastmilk in the breast is *not* milk or formula in a bottle.

13. After exercise a mother should not breastfeed. Not true! There is absolutely no reason why a mother would not be able to breastfeed after exercising. The study that purported to show that babies were fussy feeding after mother exercising was poorly done and contradicts the everyday experience of millions of mothers.

14. A breastfeeding mother cannot get a permanent dye her hair. Not true! I have no idea where this comes from.

15. Breastfeeding is blamed for everything. True! Family, health professionals, neighbours, friends and taxi drivers will blame breastfeeding if the mother is tired, nervous, weepy, sick, has pain in her knees, has difficulty sleeping, is always sleepy, feels dizzy, is anemic, has a relapse of her arthritis (migraines, or any chronic problem) complains of hair loss, change of vision, ringing in the ears or itchy skin. Breastfeeding will be blamed as the cause of marriage problems and the other children acting up. Breastfeeding is to blame when the mortgage rates go up and the economy is faltering. And whenever there is something that does not fit the "picture book" life, the mother will be advised by everyone that it will be better if she stops 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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