



Breastfeeding Basics

for a successful start

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Sound and Sustainable. The World Health Organization currently recommends exclusive breastfeeding for six months and up to two years with other foods. So how can we help a new mother achieve this goal? Educating her on the basics of breastfeeding, and helping her to fully understand how the relationship between mother and baby is formed, should provide a step in the right direction towards a successful breastfeeding career.

New mothers often think breastfeeding is easy and natural, but if you've ever heard stories about difficult latches, thrush, mastitis, cracked nipples or any of the problems associated with breastfeeding, you know that it is really a learned art and sometimes

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BREASTFEEDING BENEFITS

- stronger immune system
- fewer ear infections
- less colds & upper respiratory infections
- less diarrhea
- reduction of asthma
- higher IQ scores
- decreased risk of breast cancer for mom
- easier recovery from delivery
- save about \$1,500 per year not buying formula

a little help is needed during the learning process. As a new mother, or a future new mother, you need to equip yourself with as much knowledge as possible to ensure that your breastfeeding experience is successful from the very beginning. This article will help you understand why “breast is best,” how to get a proper latch, and how to know when baby is getting enough milk.

By choosing to breastfeed, you are giving your child a huge advantage. The health benefits are immense, including a stronger immune system with fewer ear infections, colds and upper respiratory infections. Research has also shown a reduction in the incidence of diarrhea and asthma in breastfed babies, as well as IQ scores that are five to ten points higher than non-breastfed children. The benefits to the mother are equally encouraging. We have seen a decreased risk of breast cancer and an easier recovery from delivery. Also, there are huge financial savings breastfeeding can bring to the household—it has been estimated that a family of a singleton

will save around \$1,500 per year when a baby is breastfed.

In his 1998 study, Righard estimated that 94% of mothers experiencing breastfeeding problems had incorrect positioning and latch-on. The single most important breastfeeding skill to understand is how to put a baby to the breast efficiently. This is called latching the baby. When a baby is well latched, she is massaging the milk ducts and thus able to extract milk. If the baby is not positioned properly on the breast, she will not be able to create the stimulation necessary to empty the milk ducts and therefore produce more milk. Remember, it is baby who regulates how much milk is made, not mom! Simply put, the more often the breast is emptied, the more milk will be produced. Understanding this basic skill is the first step toward successful breastfeeding.

Latching-on

To latch your baby effectively, you should be seated comfortably in a chair or on a couch. Once the general concept of latching is understood,

you can then breastfeed in various positions. Your back should be well supported and reasonably straight; your feet should also be well supported on the floor or on a footstool. This is supposed to be a fun experience so try to relax as much as possible!

It is important to understand that latching means it is the baby who is going to the breast, not the mother putting the breast into the baby's mouth. When baby comes into contact with your chest, she will move into an instinctive position. This is described by Glover (2000) as the baby tilting her head back and leading with her jaw and mouth to the breast; her

between your left thumb and index finger underneath the ear with a solid grip. The baby will be chest-to-chest with you and you will be supporting her back and shoulder with your left arm straight. With your right hand, gently squeeze your breast in a "C" or "U" shape, making a kind of "hamburger" to facilitate the latch. The nipple should be pointing towards the top lip. Then the game of patience begins—you will need to wait for baby to open her mouth WIDE. When this occurs you will quickly pull her towards you and place her on the breast, rolling the nipple under the top lip. Both lips should be flanged out.

You should then see baby starting a sucking pattern with small sucks that stimulate the milk to come down. After let-down, the sucking should look like open-pause sucks: the baby will pause mid-suck, her chin dropping down a fraction—she is now transferring milk and swallowing. It is important to be able to recognize the difference between sucking and swallowing.

To facilitate latching, you should put your newborn to the breast as soon as possible after birth. This is easily accomplished if mother and baby room-in together. There should be no time restriction placed on nursing—put away your watch and let yourself be guided by baby's cues. The early cues include rooting (when you stroke her cheek and mouth, baby will turn her head to seek the breast with an open mouth), placing her fists in her mouth or making sucking motions in her sleep. The breast should be offered as soon as baby exhibits any of these signs of hunger. As long as your baby is sucking in an open-pause-close rhythm, she should remain on the breast. Crying is a late cue, so by this time the baby is VERY hungry and latching can be a little more difficult. To help baby get more milk and keep her actively sucking on the breast, you can do breast compressions: you will

Canned vs. Breast

What is the difference between breastmilk and formula?

Here's what's in mom's stuff:

"Carbohydrates, Proteins, Fats, Macronutrients, Minerals, Calcium, Chloride, Magnesium, Phosphorus, Potassium, Chromium, Copper, Fluoride, Iodine, Iron, Manganese, Molybdenum, Selenium, Zinc, Vitamin A, Vitamin D, Vitamin E, Vitamin K, Vitamin B6, Vitamin B12, Biotin, Vitamin C, Folate, Niacin, Pantothenic acid, Riboflavin, Thiamin, Catalase, Histaminase, Arylsulfatase, Antioxidants, a-Tocopherol, Cysteine, Ascorbic acid, Antiproteases, a-1-antitrypsin, a-1-antichymotrypsin, Prostaglandins, PG-E2, PG-F2, Secretory IgA (sIgA), Full antibody repertoire, Lysozyme, Lactoferrin, Interleukin-6, PAF-acetylhydrolase, Memory T cells, EGF, NGF, Insulin, IGF-I, IGF-II, Relaxin, TGF-a, PRL, Corticosterone, Insulin, IGFs, Relaxin, EGF, TGF-a, TGF-b, GnRH, GRH, PTHrP, Peptides, Erythropoietin, Prostaglandins."

Reference: **Breastfeeding: Unraveling the Mysteries of Mother's Milk**
Author: Margit Hamosh, Ph.D.,
Georgetown University Medical Center

Here's what's in a bottle of formula:

{Are you sure you really want to know?}

"Whey protein concentrate, palm olein, soy, coconut, high-oleic safflower oils lactose, maltodextrin, potassium citrate, calcium phosphate, calcium chloride, salt, potassium chloride, magnesium chloride, ferrous sulfate, zinc sulfate, copper sulfate, manganese sulfate, potassium iodide, soy lecithin, mono and diglycerides, inositol, choline bitartrate sodium ascorbate, enzymatically hydrolyzed reduced minerals, alpha tocopheryl acetate, niacinamide, calcium pantothenate, riboflavin, pyridoxine hydrochloride, thiamine mononitrate, folic acid, phylloquinone, biotin, vitamin D3, vitamin B12, taurine, L-carnitine."

Reference: *can of formula*
www.compleatmother.com/canned_vs_breast.htm

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mouth is wide open, tongue down and over the bottom gum line to take the breast. This results in the baby having a large amount of areola/breast tissue in her mouth. Her chin should be firmly pressed against the breast and she should be able to breath freely through her nose. Remember that it is BREASTFEEDING NOT NIPPLE FEEDING—the baby needs to have this large amount of the breast in her mouth to be able to stimulate the milk ducts.

How can you help your baby with this process? Let's look at the cross cradle position with baby on the right breast. First, you will hold your baby's neck

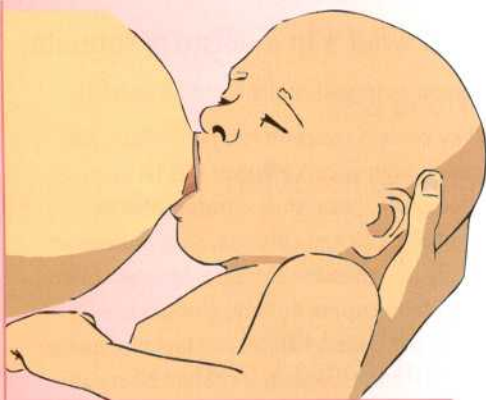


photo © gerdia smets

Proper Latch



- Push base of hand firmly against baby's shoulders keeping baby "uncurled"
- Move baby, not breast
- Chin comes in first
- Baby's head tilted slightly back
- Bring baby in quickly
- Push with base of hand on shoulders



- Chin touches first
- Baby's body is close against mother
- Head tilted slightly back
- Chin well in against breast
- Hold in firmly against shoulders keeping baby uncurled

hold the breast, compressing it for 5 seconds and then releasing. Usually within a few compressions, baby will start another rhythmical sucking pattern. Remember, it is not normal to have pain! If pain occurs the baby is not well positioned and this could result in damaged nipples. In addition, no artificial nipple should be introduced in the first six weeks.

How do you know if baby is getting enough milk? First, you need to recognize the open-pause sucking rhythm. This tells you that baby is transferring milk and swallowing. Secondly, what goes in must come out—baby should produce about six to eight wet diapers daily and have three to five bowel movements.

It is also important to recognize when your baby is going through a growth spurt. Baby will change her feeding pattern and probably start nursing significantly more often. This is your baby's way of telling your body that she needs more milk. Growth spurts usually occur at around three weeks, six weeks, three months and six-months-old. Your baby's feeding pattern will eventually go back to normal after these periods of what feels like non-stop nursing.

Throughout your baby's development and growth there are key times it is essential to bring your baby in for a spinal evaluation. Immediately after birth is such an important time to bring your baby in for a spinal evaluation because of the potential traumas to the spine and cranium from birth. Any difficulty you may be having breastfeeding your little one may be caused by misalignment of the spinal or cranial bones. Breastfeeding difficulties may include trouble latching-on, discomfort for the mother or baby when the baby nurses, or a baby favoring one breast over the other. By evaluating your baby's neck, musculature and nervous system, your Doctor

of Chiropractic may locate structural causes of the functional sucking mechanism. Chiropractic adjustments may also help in situations when your baby refuses to suck, or clamps down too fast on your breast and is not maintaining a big open mouth. Your Doctor of Chiropractic will perform a spinal evaluation to detect any misalignments and interference to proper function. A craniosacral evaluation, with focus on the jaw, can also help detect any misalignments that may have resulted from the delivery process and could have an impact on your baby's sucking mechanism.

If problems do occur, contact your Doctor of Chiropractic and a certified lactation consultant for help. These two professionals will be able to assess what is causing the problem. You can also contact your local La Leche League group for advice and mother-to-mother support. If you do not yet have a family chiropractor, check out this website for one near you: www.icpa4kids.org. Do not wait! The faster your problems are addressed, the faster they are solved.

Breastfeeding is one of the best things you can do for your baby so enjoy every minute of it. Children really do grow up fast! If needed, seek advice and help to ensure a proper start and continued success in this wonderful experience you will share with your baby.

Dr. Valerie Lavigne is an ICPA member who is a certified lactation consultant in Beaconsfield, Quebec. As both a Doctor of Chiropractic and lactation consultant, Dr. Valerie offers valuable insight into various topics associated with nursing. In the near future, our public resource site: www.icpa4kids.org will include Dr. Lavigne's expert advice on breastfeeding.

References can be found on-line at www.icpa4kids.org/research/references5.htm

Illustrations by Tim Kreider

nursing notes

Big Business vs. Breastfeeding

A new study in *BMJ* says more needs to be done to stop big business from exploiting mothers to choose formula over breastfeeding.

Tony Waterston, Monitoring the marketing of infant formula feeds: Manufacturers of breast milk substitutes violate the WHO code again. BMJ, 2003 (Jan 18); 326 (7381): 113-114

Decrease in Respiratory Ailments Associated with Breastfeeding

Among generally healthy infants in developed nations, more than a tripling in severe respiratory tract illnesses resulting in hospitalizations was noted for infants who were not breastfed compared with those who were exclusively breastfed for 4 months.

Bachrach VR, Schwarz E, Bachrach LR. Breastfeeding and the risk of hospitalization for respiratory disease in infancy: a meta-analysis. Arch Pediatr Adolesc Med, 2003 (Mar); 157 (3): 237-243.

Breastfeeding Reduces Pain Response

The results of a new study published in *BMJ* reports that breastfeeding effectively reduces response to pain during minor invasive procedure in term neonates.

Ricardo Carbajal, Analgesic effect of breastfeeding in term neonates: randomised controlled trial. BMJ, 2003 (Jan 4); 326 (7379): 13.

Exclusive Breastfeeding Prevents Allergies

A large cohort study concludes that exclusive breastfeeding seems to have a preventive effect on the early development of allergic disease—that is, asthma, atopic dermatitis, and suspected allergic rhinitis, up to 2 years of age. This protective effect was also evident for multiple allergic diseases.

I Kull, M Wickman, G Lilja, S L Nordvall and G Pershagen. Breastfeeding and allergic diseases in infants—a prospective birth cohort study. Archives of Disease in Childhood, 2002 (Dec); 87 (6): 478-481.

Breastfeeding, a complex support system for the offspring

Presented at Pediatrics International (2002), this paper addresses the relationship between breastfeeding and infants' improved immune system function.

Via several mechanisms, it seems that human milk can actively stimulate the immune system of the breast-fed infant. This reduces the risk of infections like otitis media, respiratory tract infections, diarrhea and infection-induced wheezing for several years after the termination of breastfeeding. Furthermore, it seems that breastfeeding decreases the risk of attracting celiac disease and allergic diseases. The latter has been much debated, but a recent critical review of published reports gives good support for long-term protection of allergic diseases, especially in high-risk children.

Pediatrics International (2002) 44, 347-352, Invited Paper: Breastfeeding, a complex support system for the offspring.



Epidurals Negatively Affect Breastfeeding

Epidural anesthesia is commonly administered to laboring women. Some studies have suggested that epidural anesthesia might inhibit breastfeeding. This study explores the association between labor epidural anesthesia and early breastfeeding success. Labor epidural anesthesia had a negative impact on breastfeeding in the first 24 hours of life even though it did not inhibit the percentage of breastfeeding attempts in the first hour. Further studies are needed to elucidate the exact nature of this association.

Baumgardner DJ, Muehl P, Fischer M, Pribbenow B, Effect of Labor Epidural Anesthesia on Breastfeeding of Healthy Full-Term Newborns Delivered Vaginally. J Am Board Fam Pract, 2003 (Jan-Feb); 16 (1): 7-13.