# Some Breastfeeding Myths, and Still More Myths, and Even More and More 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 breastfeeding. 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 *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, though good latching from the beginning, even in if the milk is abundant, prevents problems later on.

**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 "breast*feeding*". 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 better and longer if the mother compresses the breast to keep the flow of milk going, once he no longer drinks on his own (Handout *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.drjacknewman.com.

**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 breastmilk does have some vitamin D. Outside exposure allows the baby to get the rest of his vitamin D requirements 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 breastfeeds well* can get much more milk than his mother can pump. Pumping only tells you have 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 breastfeedd 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 *Is my Baby Getting Enough Milk?*). See the videos at www.drjacknewman.com.

**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 *Breastfeeding and Medication* and *Breastfeeding and Illness*).

**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 *Breastfeeding and Medication* and *Breastfeeding and Illness*).

**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 *Breastfeeding and Medication* and *Breastfeeding and Illness*).

# More Breastfeeding Myths

**1. A breastfeeding mother has to be obsessive about what she eats.** Not true! A breastfeeding mother should try to eat a balanced diet, but neither needs to eat any special foods nor avoid certain foods. A breastfeeding mother does not need to drink milk in order to make milk. A breastfeeding mother does not need to avoid spicy foods, garlic, cabbage or alcohol. A breastfeeding mother should eat a normal healthful diet. Although there are situations when something the mother eats *may* affect the baby, this is unusual. Most commonly, "colic", "gassiness" and crying can be improved by changing breastfeeding techniques, rather than changing the mother's diet. (Handout *Colic in the Breastfed Baby*).

**2. A breastfeeding mother has to eat more in order to make enough milk.** Not true! Women on even very low calorie diets usually make enough milk, at least until the mother's calorie intake becomes *critically* low for a prolonged period of time. Generally, the baby will get what he needs. Some women worry that if they eat poorly for a few days this also will affect their milk. There is no need for concern. Such variations will not affect milk supply or quality. It is commonly said that women need to eat 500 extra calories a day in order to breastfeed. This is not true. Some women *do* eat more when they breastfeed, but others do not, and some even eat less, without any harm done to the mother or baby or the milk supply. The mother should eat a balanced diet dictated by her appetite. Rules about eating just make breastfeeding unnecessarily complicated.

**3. A breastfeeding mother has to drink lots of fluids.** Not true! The mother should drink according to her thirst. Some mothers feel they are thirsty all the time, but many others do not drink more than usual. The mother's body knows if she needs more fluids, and tells her by making her feel thirsty. Do not believe that you have to drink at least a certain number of glasses a day. Rules about drinking just make breastfeeding unnecessarily complicated.

**4. A mother who smokes is better not to breastfeed.** Not true! A mother who cannot stop smoking should breastfeed. Breastfeeding has been shown to decrease the negative effects of cigarette smoke on the baby's lungs, for example. Breastfeeding confers great health benefits on both mother and baby. It would be better if the mother not smoke, but if she cannot stop or cut down, then it is better she smoke and breastfeed than smoke and formula feed.

**5. A mother should not drink alcohol while breastfeeding.** Not true! Reasonable alcohol intake should not be discouraged at all. As is the case with most drugs, very little alcohol comes out in the milk. The mother can take some alcohol and continue breastfeeding as she normally does. Prohibiting alcohol is another way we make life unnecessarily restrictive for breastfeeding mothers.

**6. A mother who bleeds from her nipples should not breastfeed.** Not true! Though blood makes the baby spit up more, and the blood may even show up in his bowel movements, this is not a reason to stop breastfeeding the baby. Nipples that are painful and bleeding are not worse than nipples that are painful and not bleeding. It is the pain the mother is having that is the problem. This nipple pain can often be helped considerably. Get help. (Handout *Sore Nipples* and *Vasospasm and Raynaud's Phenomenon*). Sometimes mothers have bleeding from the nipples that is obviously coming from inside the breast and is not usually associated with pain. This often occurs in the first few days after birth and settles within a few days. The mother should not stop breastfeeding for this. If bleeding does not stop soon, the source of the problem needs to be investigated, but the mother should keep breastfeeding.

**7. A woman who has had breast augmentation surgery cannot breastfeed.** Not true! Most do very well. There is no evidence that breastfeeding with silicone implants is harmful to the baby. Occasionally this operation is done through the areola. These women do have often have problems with milk supply, as does any woman who has an incision around the areolar line.

**8. A woman who has had breast reduction surgery cannot breastfeed.** Not true! Breast reduction surgery does often decrease the mother's capacity to produce milk, but since many mothers produce more than enough milk, some mothers who have had breast reduction surgery sometimes can breastfeed exclusively. In such a situation, the establishment of breastfeeding should be done with special care to the principles mentioned in the handout *Breastfeeding—Starting Out Right*. However, if the mother seems not to produce enough, she can still breastfeed, supplementing with a lactation aid (so that artificial nipples do not interfere with breastfeeding). See Handout *Lactation Aid*.

**9. Premature babies need to learn to take bottles before they can start breastfeeding.** Not true! Premature babies are less stressed by breastfeeding than by bottle feeding. A baby as small as 1200 grams and even smaller can start at the breast as soon as he is stable, though he may not latch on for several weeks. Still, he is learning and he is being held which is important for his wellbeing and his mother's. Actually, weight or gestational age do not matter as much as the baby's readiness to suck, as determined by his making sucking movements. There is no more reason to give bottles to premature babies than to full term babies. When supplementation is truly required there are ways to supplement without using artificial nipples.

**10. Babies with cleft lip and/or palate cannot breastfeed.** Not true! Some do very well. Babies with a cleft lip only usually manage fine. But many babies with cleft palate do indeed find it very difficult to latch on. There is no doubt, however, that if breastfeeding is not even tried, for sure the baby won't breastfeed. The baby's ability to breastfeed does not always seem to depend on the severity of the cleft**.** Breastfeeding should be started, as much as possible, using the principles of proper establishment of breastfeeding. (Handout *Breastfeeding—Starting Out Right*). If bottles are given, they will undermine the baby's ability to breastfeed. If the baby needs to be fed, but is not latching on, a cup can and should be used in preference to a bottle. Finger feeding occasionally is successful in babies with cleft lip/palate, but not usually (See Handout *Finger and Cup Feeding*).

**11. Women with small breasts produce less milk than those with large breasts.** Nonsense!

**12. Breastfeeding does not provide any protection against becoming pregnant.** Not true! It is not a foolproof method, but no method is. In fact, breastfeeding is not a bad method of child spacing, and gives reliable protection especially during the first six months after birth. It is almost as good as the Pill *if* the baby is under six months of age, *if* breastfeeding is exclusive, and *if* the mother has not yet had a normal menstrual period after giving birth. After the first six months, the protection is less, but still present, and on average, women breastfeeding into the second year of life will have a baby every two to three years even without any artificial method of contraception.

**13. Breastfeeding women cannot take the birth control pill.** Not true! The question is not about exposure to female hormones, to which the baby is exposed anyway through breastfeeding. The baby gets only a tiny bit more from the pill. However, some women who take the pill, even the progestin only pill, find that their milk supply decreases. Estrogen-containing pills are more likely to decrease the milk supply. Because so many women produce more than enough, this sometimes does not matter, but sometimes it does even in the presence of an abundant supply, and the baby becomes fussy and is not satisfied by breastfeeding. Babies respond to the rate of flow of milk, not what's "in the breast", so that even a very good milk supply may seem to cause the baby who is used to faster flow to be fussy. Stopping the pill often brings things back to normal. If possible, women who are breastfeeding should avoid the pill, or at least wait until the baby is taking other foods (usually around 6 months of age). Even if the baby is older, the milk supply may decrease significantly. If the pill must be used, it is preferable to use the progestin only pill (without estrogen).

**14. Breastfeeding babies need other types of milk after six months.** Not true! Breastmilk gives the baby everything there is in other milks *and more*. Babies older than six months should be started on solids mainly so that they learn how to eat and so that they begin to get another source of iron, which by 7-9 months, is not supplied in sufficient quantities from breastmilk alone. Thus cow's milk or formula will not be necessary as long as the baby is breastfeeding. However, if the mother wishes to give milk after 6 months, there is no reason that the baby cannot get cow's or goat's milk, as long as the baby is still breastfeeding a few times a day, and is also getting a wide variety of solid foods in more than minimal amounts. Most babies older than six months who have never had formula will not accept it because of the taste.

# 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 two weeks!*** 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 *Finger and Cup 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 *When a Baby Does not yet Latch.*

**2. A woman who becomes pregnant must stop breastfeeding.** Not true! If the mother and child desire, breastfeeding can continue. Some continue breastfeeding the older child even after delivery of the new baby. Many women do decide to stop breastfeeding 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 a 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 breastfeed 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 no longer swallows on his own (See handout *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.drjacknewman.com.

**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. The baby can start learning how to drink from a cup right from birth or older, and though it may take several weeks for the older baby 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 breastfeeding *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 breastfeeding.** 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 *Breastfeeding—Starting Out Right* and *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 breastfeeds. Is the baby getting milk from the breast? That's what's important, not how full the breast feels. *Look skeptically upon anyone who squeezes your breasts to make a determination of milk sufficiency or insufficiency*. See videos at www.drjacknewman.com.

**10. Breastfeeding in public is not decent.** Not true! It is the humiliation and harassment of mothers who are breastfeeding 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 over-dependent 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 breastfeedd 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 or 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.

# More and More Breastfeeding Myths

**1. Breastfeeding mothers cannot breastfeed if they have had X-rays.** Not true! Regular X-rays such as a **chest X-ray** or **dental X-rays** do not affect the milk or the baby and the mother may breastfeed without concern. **Mammograms** are harder to read when the mother is lactating, but can be done and the mother should not stop breastfeeding just to get this done. Furthermore, there are other ways of investigating a breast lump. Newer imaging methods such as **CT scan** and **MRI scans** are of no concern, even if contrast is used. **And special X-rays using contrast media?** As long as no radioactive isotope is used there is no concern and the mother should not stop even for one feed. Herein are included studies such as intravenous pyelogram, lymphangiogram, venogram, arteriogram, myelogram, etc. **What about studies using radioactive nucleotides (bone scans, lung scans, etc.)?** The baby will get *a little* radioactive nucleotide. However, as we often do these very same tests on children, even small babies, and the potential loss of benefits if the mother stops breastfeeding are considerable, the mother should, in my opinion, continue breastfeeding. If you feel you must stop for a period of time, express milk in advance so that the baby can be fed your milk and not formula. After two half lives, 75% of the compound will be out of your body. This is surely waiting long enough (the half life of technetium, which is used in most radioactive scans is only six hours, so that 12 hours after the injection, 75% of it will be out of your body). *The* exception is the **thyroid scan using I131.** This test **must be avoided** in breastfeeding mothers. There are many ways of evaluating the thyroid, and only very occasionally does a thyroid scan truly have to be done. If the scan must be done, doing it with **I123** requires the mother to stop breastfeeding for 12 to 24 hours only depending on the dose. Check first before taking the radioactive iodine—the test can wait until you know for sure. In many cases where the scan must be done, it can be put off for several months. Incidentally, lung scans with radioactive contrast no longer is the best test to rule out a lung clot. CT scan is now the preferred test to prove or disprove the diagnosis. [See also handout *Breastfeeding and Medications*)

**2. Breastfeeding mothers' milk can "dry up" just like that.** Not true! Or if this can occur, it must be a rare occurrence. Aside from day-to-day and morning-to-evening variations, milk production does not change suddenly. There are changes which occur which may make it *seem* as if milk production is suddenly much less:

- ***An increase in the needs of the baby, the so-called growth spurt***. If this is the reason for the seemingly insufficient milk, a few days of more frequent breastfeeding will bring things back to normal. Try compressing the breast with your hand to help the baby get milk (Handout *Breast Compression*).
- ***A change in the baby's behaviour***. At about five to six weeks of age, more or less, babies who would fall asleep at the breast when the flow of milk slowed down, tend to start pulling at the breast or crying when the milk flow slows. The milk has not dried up, but the baby has changed. Try using breast compression to help the baby get more milk. See the website www.drjacknewman.com for videos on how to latch a baby on, how to know the baby is getting milk, how to use compression.
- ***The mother's breasts do not seem full or are soft.*** It is normal after a few weeks for the mother no longer to have engorgement, or even fullness of the breasts. As long as the baby is drinking at the breast, do not be concerned (Handout *Is My Baby Getting Enough Milk?*).
- ***The baby breastfeeds less well***. This is often due to the baby being given bottles or pacifiers and thus learning an inappropriate way of breastfeeding.

The birth control pill *may* decrease your milk supply. Think about stopping the pill or changing to a progesterone only pill. Or use other methods. Other drugs that can decrease milk supply are pseudoephedrine (Sudafed), some antihistamines, and perhaps diuretics.

If the baby truly seems not to be getting enough, get help, but do not introduce a bottle that may only make things worse. If absolutely necessary, the baby can be supplemented, using a lactation aid that will not interfere with breastfeeding, or by cup if the baby will not take the aid. However, lots can be done before giving supplements. Get help. Try compressing the breast with your hand to help the baby get milk (Handout *Breast Compression*).

**3. Physicians know a lot about breastfeeding.** Not true! Obviously, there are exceptions. However, very few physicians trained in North America or Western Europe learned anything at all about breastfeeding in medical school. Even fewer learned about the *practical aspects* of helping mothers start breastfeeding and helping them maintain breastfeeding. After medical school, most of the information physicians get regarding infant feeding comes from formula company representatives or advertisements.

**4. Pediatricians, at least, know a lot about breastfeeding.** Not true! Obviously, there are exceptions. However, in their post-medical school training (residency), most pediatricians learned nothing formally about breastfeeding, and what they picked up in passing was often wrong. To many trainees in pediatrics, breastfeeding is seen as an "obstacle to the good medical care" of hospitalized babies.

**5. Formula company literature and formula samples do not influence how long a mother breastfeeds.**
***Really?*** So why do the formula companies work so hard to make sure that new mothers are given these samples, *their* company's samples? Are these samples and the literature given out to encourage breastfeeding? Do formula companies take on the cost of the samples and booklets so that mothers will be encouraged to breastfeed longer? The companies often argue that, if the mother does give formula, they want the mother to use their brand. But in competing with each other, the formula companies also compete with breastfeeding. Did you believe that argument when the cigarette companies used it?

**6. Breastmilk given with formula may cause problems for the baby.** Not true! Most breastfeeding mothers do not need to use formula and when problems arise that seem to require artificial milk, often the problems can be resolved without resorting to formula. However, when the baby may require formula, there is no reason that breastmilk and formula cannot be given together.

**7. Babies who are breastfed on demand are likely to be "colicky".** Not true! "Colicky" breastfed babies often gain weight very quickly and sometimes are feeding frequently. However, many are colicky not because they are feeding frequently, but because they do not take the breastmilk as well as they should. Typically, the baby drinks very well for the first few minutes, then nibbles or sleeps. When the baby is offered the other side, he will drink well again for a short while and then nibble or sleep. The baby will fill up with relatively low fat milk and thus feed frequently. The taking in of mostly low fat milk may also result in gas, crying and explosive watery bowel movements. The mother can urge the baby to breastfeed longer on the first side, and thus get more high fat milk, by compressing the breast once the baby sucks but does not drink. (Handouts *Colic in the Breastfed Baby* and *Breast Compression*). See videos at www.drjacknewman.com

**8. Mothers who receive immunizations (tetanus, rubella, hepatitis B, hepatitis A, etc.) should stop breastfeeding for 24 hours (3 days, 2 weeks).** Not true! Why should they? There is no risk for the baby, and he may even benefit. The rare exception is the baby who has an immune deficiency. In that case the mother should not receive an immunization with a weakened *live* virus (e.g. oral, but *not* injectable polio, or measles, mumps, rubella) even if the baby is being fed artificially.

**9. There is no such thing as nipple confusion.** Not true! The baby is not confused, though, the baby knows exactly what he wants. A baby who is getting slow flow from the breast and then gets rapid flow from a bottle will figure that one out pretty quickly. A baby who has had only the breast for three or four months is unlikely to take the bottle. Some babies prefer the right or left breast to the other. Bottle fed babies often prefer one artificial nipple to another. So there *is* such a thing as preferring one nipple to another. The only question is how quickly it can occur. Given the right set of circumstances, the preference can occur after one or two bottles. The baby having difficulties latching on may never have had an artificial nipple, but the introduction of an artificial nipple rarely improves the situation, and often makes it much worse. Note that many who say there is no such thing as nipple confusion also advise the mother to start a bottle early so that the baby will not refuse it.

**Questions?** **Email Jack Newman at drjacknewman@sympatico.ca, or Edith Kernerman at breastfeeding@sympatico.ca** or **consult: Dr. Jack Newman's Guide to Breastfeeding** (called **The Ultimate Breastfeeding Book of Answers** in the USA) or our DVD, **Dr. Jack Newman's Visual Guide to Breastfeeding;** or **The Latch Book and Other Keys to Breastfeeding Success;** or **L-eat Latch & Transfer Tool,** or **the GamePlan for Protecting and Supporting Breastfeeding in the First 24 Hours of Life and Beyond. See our website at www.drjacknewman.com. To make an appointment email breastfeeding@ccnm.edu and respond to the auto reply or call 416-498-0002.**

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