

Motherwear's essential breastfeeding guide

SECTION 1

why breastfeed

good for baby,
good for mother
health benefits, effect on
your reproductive cycle,
cost savings, choosing and
preparing to breastfeed

support and
resources





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Dear mother or mother-to-be,

Nursing your baby is one of the most important choices you will ever make. And the importance of this decision will become even more evident as your children grow into teenagers and young adults. You'll remember the wonderful cuddles at the break of dawn, and will find that the relationship you develop at the breast lasts a lifetime.

As important as this relationship are the antibodies and nutrients found in breast milk, providing your child with a head start to lifelong health — a gift only you can give.

Human milk is superior to any other food for babies. It is always ready in the perfect quantity, at the perfect temperature, and in the ideal formulation for the child who will drink it. It offers antibodies for protection from many of the infections an infant may be exposed to in the first months of life. And as it nourishes children, it fosters closeness and love.

In choosing to breastfeed you make the best possible choice for your child and for yourself. Mothers who breastfeed enjoy a reduced risk of breast and ovarian cancers, lose weight faster, and save money compared to mothers who feed their babies formula. And nothing compares with the satisfaction a mother gets by holding her baby close and giving him everything he needs to grow.

We hope that Motherwear's Essential Breastfeeding Guide will give you the information you need to successfully breastfeed your baby.

From our families to yours,

Your friends at Motherwear



why breastfeed?

As a mother, your body makes milk—milk that in turn builds your baby’s body. Breastfeeding is an elegant, ingenious, and ancient interaction designed to meet your baby’s emotional and nutritional needs and enhance your own health.

We want to help you understand how your body produces milk. That know-how can help you manage your milk supply, troubleshoot problems, and maintain a vital bond with your baby.

By definition, we are mammals. Mammals are a class of animals that can produce milk to nourish their babies. Every mammal’s milk is ideally suited to the development of babies of that species. For example, the milk of a whale enables its baby to double in size in a few weeks and withstand cold seas. A cow’s milk is tailored to help its calf grow large and strong quickly. Your milk is endowed with every nutrient in the optimum proportions necessary for rapid growth of your child’s brain and nervous system. When you choose to breastfeed, you lay a strong foundation for your child’s future development.

Your breasts

You may have looked at your breasts incredulously and wondered, “Can I really make milk?” The answer is yes. Breasts, which come in all shapes and sizes, are perfectly designed for their ultimate use: nourishing and nurturing children. They offer nutrients for growth and development, plus warmth, comfort, and security.

BREASTFEEDING TIP

Trust in yourself. Women have successfully nursed their babies since the beginning of time, and you can, too.

Milk varies from woman to woman, from week to week, and even from hour to hour. It comes in a variety of flavors as your diet varies. It is finely tuned to your baby’s appetite and nutritional needs. For example, mothers of premature babies produce milk containing more protein than that of mothers of full-term babies.¹ If you breastfeed into your baby’s second and third years, you supply her with the spectrum of nutrients she needs as she grows into a toddler.

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good for baby good for mother

Breastfeeding, the best choice for baby, is good for mother, too. The many health benefits include the following:

Calming effect

Breastfeeding has a soothing effect on nursing mothers. The breastfeeding hormones are involved in the production of β -endorphins, chemicals that bring about a sense of peace and increase affectionate, maternal behavior while suppressing hostility, anxiety, and irritability.⁷ In addition, breastfeeding requires you to sit or lie down with your infant eight or more times a day, a practice that is in itself quieting.

Shaping up

The hormone oxytocin stimulates your uterus to contract, helping to control blood loss and return your uterus to its pre-pregnancy size.

Aid in child spacing

Prolactin, secreted when your nipples are adequately stimulated, suppresses ovulation. If you don't ovulate, you cannot become pregnant. See "Breastfeeding and your reproductive cycle" on page 8 for more information.

Decreased risk of iron deficiency

Your body uses some of its iron in the manufacture of breastmilk. But that loss is offset by the delayed resumption

Cost of Formula and Bottles	
Month	Cumulative Nursing Savings (\$)*
1	\$ 99
2	\$ 186
3	\$ 315
4	\$ 432
5	\$ 560
6	\$ 677
7	\$ 805
8	\$ 922
9	\$ 1,051
10	\$ 1,167
11	\$ 1,296
12	\$ 1,413

** Figures include the average cost of brands of premixed and powdered formula available in grocery stores in Northampton, Massachusetts, as well as the purchase of four bottles and nipples every two months.*

of your menstrual periods. When the effect of delayed menses is combined with improved iron absorption by your digestive tract, the net result is decreased risk for iron deficiency (anemia).

Lower incidence of certain cancers

Mothers who breastfeed for at least six months in their lifetime show a decreased risk of contracting breast cancer. Similar reduced rates have been shown for ovarian and uterine cancers.⁸

Protection against fragile bones

Women who breastfeed are 75 percent less likely to develop osteoporosis than women who feed their babies formula. Most mothers lose a small amount of their bone mass during the time they breastfeed. But within months of weaning, their bodies have replaced it with new, denser, and stronger bone.⁹

Nature's easiest diet

A well-documented benefit of breastfeeding is relatively rapid and sustained weight loss. Nursing an infant burns 200 to 500 calories a day. A formula-feeding mother would need to swim 30 laps or ride a bicycle for more than an hour to burn an equivalent number of calories.

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Breastfeeding and your reproductive cycle

Breastfeeding reduces a woman's fertility. If your baby nurses frequently, day and night, and relies completely on you for nourishment, you probably won't ovulate or menstruate for a time—perhaps for months or even years. The absence of menstrual periods in fully breastfeeding mothers is called lactational amenorrhea (ay-men-ah-REE-ah). Lactational amenorrhea is a normal part of your reproductive cycle.

Lactational amenorrhea is very sensitive to your breastfeeding style. The key to a contraceptive effect is consistent, relatively continuous breastfeeding that occurs at night as well as during the day. Ovulation—and fertility—is likely to resume if you do any of the following:

- Breastfeed intermittently
- Give your baby a pacifier
- Encourage long intervals between feedings
- Breastfeed only during the daytime
- Put your baby on a feeding schedule
- Supplement with any amount of formula or solid food

Remember, if the amount of your baby's sucking at the breast changes, your hormone level can be affected . . . and so can your odds of conceiving. Return of menstruation is often used as an indicator of resumed ovulation and fertility. Conception can occur before menstruation resumes, however. Between 2 percent and 10 percent of breastfeeding mothers conceive before their menstrual cycle resumes.¹⁰ For most women, lactational infertility can provide reliable protection against another pregnancy for up to six months postpartum.¹¹

NATURE'S CONTRACEPTIVE

Exclusive breastfeeding can be used as one element of a family planning program. Its fertility-inhibiting effect can help you plan your next pregnancy at an appropriate time and with reasonable spacing. Globally, breastfeeding prevents more pregnancies than do all other forms of contraception put together.¹² And the contraceptive protection requires no equipment other than a baby! If you are planning to use breastfeeding to augment your family planning, you need to understand the subject thoroughly. A good book on the topic is *Taking Charge of Your Fertility: The Definitive Guide to Natural Birth Control and Pregnancy Achievement* by Toni Weschler. For classes and information, contact the Couple to Couple League, P.O. Box 111184, Cincinnati, OH 45211, 513-471-2000 (www.ccli.org).



Choosing to breastfeed

Throughout your pregnancy, your body and your breasts have changed so they can provide the perfect food for your newborn. Nothing more is needed to nourish your baby through at least the first six months.

In December 1997, the American Academy of Pediatrics Work Group on Breastfeeding published a concise and comprehensive policy statement that clarifies the importance of breastfeeding. (The AAP and its member pediatricians dedicate their efforts to the health of children worldwide.) The group's publication, "Recommended Breastfeeding Practices," included the following statements:

1. Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions. The ultimate decision on feeding of the infant is the mother's.
2. Breastfeeding should begin as soon as possible after birth, usually within the first hour. Except under special circumstances, the newborn infant should remain with the mother throughout the recovery period.
3. Newborns should be nursed whenever they show signs of hunger, such as increased alertness or activity, mouthing, and rooting. Crying is a late indicator of hunger. Appropriate initiation of breastfeeding is facilitated by rooming-in.
4. No supplements (water, glucose water, formula, and so on) should be given to breastfeeding newborns unless a medical indication exists. Supplements and pacifiers should be avoided whenever possible, and if used at all, used only after breastfeeding is well established.
5. When discharged before 48 hours after delivery, all breastfeeding mothers and their newborns should be seen by a pediatrician or other knowledgeable healthcare practitioner when the newborn is two to four days of age.
6. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first six months after birth. It is recommended that breastfeeding continue for at least 12 months, and thereafter for as long as is mutually desired.
7. In the first six months, water, juice, and other foods are generally unnecessary for breastfed infants.
8. Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding.

LET-DOWN

Your milk may let down several times in the course of a feeding. Even if you can't feel your let-down, you can tell when it occurs by watching your baby. His quick, short sucks will change to a steady pattern of one or two sucks followed by a swallow and a little wiggle at his ears and temples.

Let-down can happen at less than convenient times, such as when you're in a meeting, out to dinner, or standing at the door paying your newspaper carrier. Pressing against your breasts can stop let-down. If leakage is a problem for you, wear cotton breast pads inside your bra.



Preparing for breastfeeding during pregnancy

In a perfect world, breastfeeding would require nothing more than holding your baby to your breast and letting the milk flow. In many cases, it is that simple—but not always. Breastfeeding is a learned skill for both you and your baby.

- *Meet the experts.* La Leche League International is a nonprofit organization dedicated to providing education, information, support, and encouragement to women worldwide who want to breastfeed. Attend La Leche League meetings or those of another local lactation group. Getting firsthand information about the realities of breastfeeding can help tremendously when you begin doing it yourself. Take time to speak with and observe breastfeeding mothers.
- *Set up a support network.* Keeping the number of a lactation consultant, local La Leche League leader, or the Visiting Nurses Association near your phone will make it easy to reach someone if questions or problems arise. These trained experts give their time willingly to help new mothers leap over any hurdles. One phone call can make the difference between giving up breastfeeding and nursing successfully through a problem.
- *Ask for help.* Experienced friends and family members are usually happy to support you if you run into obstacles.
- *Create a comfortable breastfeeding environment.* One beautiful thing about breastfeeding is that you can do it anywhere, anytime. But there's nothing quite like the cozy, comfy rocking chair, the nursing pillow in your lap, the stool under your feet, and the well-designed nursing shirt to make your nursing breaks purely joyful. Prepare for your nursing days by setting up a comfortable space—or two—at home, at work, at your parents' house. And consider investing in some clothes that will help you nurse in public with confidence and ease.

support and resources

Breastfeeding is a learned skill. Get the information you need to breastfeed with confidence and success. When your baby is born, you have to learn how to breastfeed, often without knowledgeable support or example. There is a world of help available.

Locate a resource person such as a lactation consultant, La Leche League leader, or another nursing mother to guide and encourage you; read a reference text; or contact a support organization. Seek out breastfeeding women who have positive attitudes, experiences, and skills to share. Find reference materials at a library, at a bookstore, or online.

Some women who begin to breastfeed quit when a problem arises. Unfortunately for mother and child, most challenges occur during the first months of nursing. Please persevere! With time come experience, expertise, and confidence. It is extraordinarily rare that a woman is incapable of successful breastfeeding. Many women who give up breastfeeding in the early months would have continued had they had the informed support of families, healthcare professionals, and other mothers.

Your determination, along with informed guidance, can keep a problem from forcing an end to breastfeeding. If you need information or support, try one of the resources described on the following page.

"It was because of La Leche League that I was successful in nursing my babies. And breastfeeding was so gratifying."
-Victoria Zimmer

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Breastfeeding support groups

International Lactation Consultant Association Supports
lactation experts, breastfeeding women, and their families
(919) 787-5181
www.ilca.org

La Leche League International
The world's leading breastfeeding organization
800-LA-LECHE (800-525-3243) to find a group that meets in
your area and a local number to call for advice
www.lalecheleague.org

Nursing Mothers Counsel, Inc.
Free assistance from experienced mothers
(650) 599-3669
www.nursingmothers.org

Other recommended on-line resources

www.breastfeeding.com
Comprehensive information about breastfeeding

www.motherwear.com
The complete catalog and website for the nursing mother

www.parenting.ivillage.com
In-depth information about raising children

Breast pump product information

Ameda
(877) 99AMEDA
www.ameda.com

Bailey Medical Engineering
(800) 413-3216
www.baileymed.com

Medela, Inc.
(800) 435-8316
www.medela.com

We're always looking for ways to provide educational materials, support, and encouragement to breastfeeding mothers. If you have any suggestions, please drop us a line! Motherwear, 320 Riverside Drive, Suite C, Florence, MA 01062, Attn: Guide Editor.

Recommended references

The Nursing Mother's Companion

by Kathleen Huggins, R.N., M.S.
Information on the first days of breastfeeding, nursing premature infants and twins, mother's nutrition, transition to solids, and much more. Lots of answers to those middle-of-the-night questions.

The Womanly Art of Breastfeeding

by La Leche League International
Hundreds of women's parenting and nursing experiences. Encouragement for new moms and solutions to breastfeeding problems.

Of Cradles and Careers: A Guide to Reshaping Your Job to Include a Baby in Your Life

by Kaye Lowman
A good resource for mothers and fathers who must juggle parenting and jobs outside the home.

Nursing Mother, Working Mother

by Gale Pryor
Offers working moms the resources they need to translate intuitions into reality. An essential guide for breastfeeding and staying close to your baby after you return to work.

The Family Bed

by Tine Thevenin
Why sleep with your baby? Read this classic book on the family bed for support and encouragement on this delicate and controversial subject.

The Baby Book: Everything You Need to Know about Your Baby from Birth to Age Two

by William Sears, M.D. and Martha Sears, R.N.
An excellent and hefty resource that focuses on a baby's five needs: eating, sleeping, development, health, and comfort. Includes information on breastfeeding and the family bed.

Bestfeeding: Getting Breastfeeding Right for You

by Mary Renfrew, Chloe Fisher, and Suzanne Arms
Lots of reassurance and encouragement for breastfeeding mothers. Excellent photos.

Choosing helpers

Breastfeeding was out of fashion in this country for decades. Consequently, many healthcare professionals lack experience with successful nursing. The medical adviser you routinely see might give you inappropriate advice or encourage you to give up nursing prematurely. If you have a problem, you need to be able to consult someone whose specialty is breastfeeding. Local La Leche League leaders are warm and knowledgeable support people. Call 1-800-LA LECHE for leaders in your area.

Call your local hospital or clinic for the names of local lactation consultants. Your midwife, childbirth educator, pediatrician, or obstetrician might be able to make a recommendation. If you have Internet access, the website www.breastfeeding.com offers a map of lactation consultants organized by state.

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*believe in yourself,
trust your intuition,
follow your heart*

Notes

1. Gale Pryor. *Nursing Mother, Working Mother: The Essential Guide for Breastfeeding and Staying Close to Your Baby after You Return to Work* (Boston: The Harvard Common Press, 1997), 18.
2. Meredith F. Small, *Our Babies, Ourselves: How Biology and Culture Shape the Way We Parent* (New York: Penguin Books, 1998), 190.
3. Pryor, 19.
4. Small, 193.
5. Sara Ani, “Breastfeeding and Dental Caries,” *Mothering*, vol. 37 (Fall 1985): 29.
6. La Leche League International, *The Womanly Art of Breastfeeding*, 6th ed. (Boston: Harvard Common Press, 1995), 365.
7. Small, 28.
8. La Leche League International, 365.
9. Small, 193.
10. World Health Organization, Regional Office of the Eastern Mediterranean, *Breast-feeding and Fertility*. Drs. Ghada Hafez and Kalyan Bagchi, editors. (Alexandria, Egypt: WHO Regional Publications, Eastern Mediterranean Series 13, 1995), 21.
11. *Ibid*, 22.
12. La Leche League International, 365.
13. *Ibid*, 365.
14. E. Horman, “New Breastfeeding Challenges,” *Mothering*, vol. 49 (Fall 1989):67.
15. Small, 189.
16. Mary Renfrew, Chloe Fisher, and Suzanne Arms, *Bestfeeding: Getting Breastfeeding Right for You* (Berkeley, CA: Celestial Arts, 1990), 76.
17. La Leche League International, 367.

GLOSSARY

- amenorrhea** Absence or suppression of menses.
- antibody** A substance that protects against infection.
- areola** A circular disk of pigmented skin that surrounds the nipple.
- colic** Abdominal pain.
- colostrum** A fluid secreted by the breast at the end of pregnancy and shortly after childbirth that provides nutrition as well as protection against disease.
- engorgement** Swelling and enlargement of the breasts.
- foremilk** Low-fat milk obtained at the beginning of a breastfeeding session, It accumulates between feedings.
- hindmilk** Higher-fat milk produced during nursing, stimulated by the sucking at the breast.
- hormone** A chemical messenger produced in one part of the body that affects another part of the body.
- lactation** The action of producing and secreting milk. let-down The reflex that causes milk to be produced and to flow to the nipples.
- oxytocin** A hormone produced in the brain, released during nipple stimulation, that causes milk ejection and uterine contractions.
- prolactin** A hormone produced in the brain that stimulates breast development and controls milk production.
- suck, suckle** The baby’s milking action at the breast; in traditional usage, a baby at the breast “sucked” while a mother “suckled.”

BREASTFEEDING TIP

Start an infants’ group. I did this with both of my children by just putting an ad in the local paper. It was great! We got together two or three times a week and shared our experiences.

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