

Get Ready for Breastfeeding

The right information and good support are crucial to success M.L. BREAM

Canadian mothers have no doubt that breast is best — 85% of them start out nursing their newborns. But even though the World Health Organization and the Canadian Paediatric Society recommend that healthy, full-term infants be breastfed exclusively for the first six months of life, only 17% of Canadian babies are.

Why do so many women with the best intentions give up? The reason most women offer is that they don't have enough milk. But lactation experts say it's the rare woman who under-produces breast milk. They believe that with better prenatal preparation, more new mothers could breastfeed for the recommended period. And while there's nothing — aside from good nutrition and adequate sleep — you can do physically to prepare for breastfeeding, psychological preparation is crucial.

"The single most important thing women can do prenatally is to learn what normal breastfeeding looks like and to have realistic expectations," says Stéphanie Dupras, a board-certified lactation consultant and perinatal educator based in Laval, Que. Since women have been breastfeeding their infants since the dawn of humanity, it might be reasonable to expect that it should be a breeze. For some women, it may be just that. But the reality is that while breastfeeding does not normally hurt, some women experience periods of difficulty or discomfort. Nipples can develop yeast



NO NEED TO TOUGHEN UP

"There is no physical preparation required for breastfeeding," says Laval, Que.-based lactation consultant Stéphanie Dupras. Your breasts will do all they need to do on their own. They typically become larger and firmer with darker areolae and larger erect nipples. Development continues on the inside, too, with the milk glands maturing in preparation for lactation.

Dupras dispels the myth that women should try to toughen up their nipples before childbirth by not wearing bras, rubbing their nipples with rough cloth or rolling and stretching them between their fingers. This was thought to prevent abrasions and cracks during nursing and help to elevate flat or inverted nipples.

"So-called nipple preparation can actually damage nipple and areolar tissue," says Dupras. "Glands around the areolae secrete a lubricant that protects the skin. Rubbing or washing this area with harsh soap can make the skin more vulnerable. Anyone who recommends this practice is unfortunately not up to date in her breastfeeding knowledge and may hinder rather than help you."

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infections and become painful; mastitis (infection of the breast) can develop. Just remember that glitches are normal but are usually easily managed with the correct remedies.

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Dr. Jack Newman, a pediatrician who runs a breastfeeding clinic in Toronto, agrees that information is the best preparation for breastfeeding. But that’s not always as straightforward as it sounds. Myths continue to swirl around the practice, with some even promulgated by well-intentioned health-care professionals. “The sort of advice and ‘help’ mothers get in the hospital can make breastfeeding extremely difficult, but the difficulties can be overcome,” he says.

New mothers may be told, for example, that babies need to learn how to take a bottle early on so Mom can get some rest. “Not true!” Newman exclaims. They may also hear that feeding from a bottle’s nipple and feeding from the mother’s nipple are the same — they’re not. Babies who get bottles may not breastfeed well as nursing takes more effort. “If the baby is hungry and gets slow flow from the breast and fast flow from a bottle, he doesn’t

have to be a genius to figure that one out,” says Newman. “If the baby adopts a fast-flow bottle-feeding method when he’s at the breast, he’ll get even less milk, and a vicious circle sets in.”

Having good information before Baby arrives can forestall difficulties that may arise from poor advice. “Women should realize that breastfeeding almost always worked in the old days before formula and bottles,” he says. The difference now is that new mothers used to be surrounded by mentors, older women who had successfully breastfed. Now, there may be no one who can help a new mom tell if her baby is properly latched on to the breast, the single most important aspect of successful nursing.

Expectant mothers should seek out people who can encourage them in their breastfeeding. Dupras urges women with no immediate backup to contact volunteer organizations that offer support to new mothers. She recommends peer-to-peer groups organized by bodies such as La Leche League, which helps new mothers learn from veteran moms about the whole spectrum of baby behaviour — all of which influences feeding behaviour. “Breastfeeding is a relationship — not just a feeding method,” says Dupras. Good preparation can help make that relationship much less daunting.



BREASTFEEDING RESOURCES

Invaluable knowledge, help and support is offered in *The Womanly Art of Breastfeeding*, seventh revised edition (La Leche League International, 2004).

La Leche League Canada lists breastfeeding support groups by province and territory at www.lllc.ca. To access its a mother-to-mother breastfeeding referral service, call 1 800 665 4324, Monday to Thursday, 8:30 a.m. to 4 p.m. EST.

Detailed information and instructional videos are provided on breastfeeding expert Dr. Jack Newman’s website at www.drjacknewman.com.

Find a certified breastfeeding consultant at the website of the Canadian Lactation Consultants Association at www.clca-accl.ca. Consultants are also listed on the website of the International Lactation Consultant Association at www.ilca.org.

Breastfeeding basics can be found on the website of the Canadian Breastfeeding Foundation at www.canadianbreastfeedingfoundation.org. 