

Breastfeeding



What is breastfeeding?

Breastfeeding is the natural way of feeding a baby. Human milk meets the specific needs of a human baby. It is nutritionally complete, and more, except that 400 IU of vitamin D should be offered at 2 weeks of age. Breastfeeding significantly reduces the risks of diseases for mother and child.

A breastfed baby is less likely than a formula fed baby to suffer from:

- ◆ Diarrhea
- ◆ Ear Infections/Allergies
- ◆ Meningitis
- ◆ Respiratory problems
- ◆ Vomiting

Researchers have found that infants breastfed for seven to nine months had higher IQ's as adults, than those breastfed for less than seven months. Breastfeeding is associated with better adult cholesterol levels and studies indicate that breastfeeding also helps prevent insulin dependent diabetes, another risk factor in developing heart disease. It is also one factor that reduces the risk of childhood obesity.

The longer a woman breastfeeds, the more protected she is against breast cancer.

How often should a breastfed baby nurse?

The American Academy of Pediatrics (AAP) recommends that babies start to nurse within the first hours of life, with frequent nursing of somewhere between 8-12 times per day during the first month. The baby should have at least 6 wet diapers per day. The bowel movements (BMs) of a totally breastfed baby usually appear liquidy and golden yellow in color.

Some mothers believe that they should wait for their breasts to "fill up" between feedings in order to have enough milk for their babies (scheduled feedings). However, this is not based on any scientific evidence. Infants, particularly breastfed infants, do best when allowed to feed as they indicate their needs. This is called "cue feeding or on demand feeding." The American Academy of Pediatrics (AAP) recommends that babies should be allowed to set their own routine, rather than being placed on a predetermined schedule.

Colic, allergy and breastfeeding

Breastfeeding reduces the likelihood of asthma and allergy in children. However exclusively breastfed infants may develop signs and symptoms of allergy.

Colic, or what appears to be gastrointestinal distress and excessive fussiness, may be a sign of allergy. However it is important to determine whether the child is receiving adequate amounts of breast milk and therefore adequate calories. Changing the way the baby is nursed at the breast may be all that is required to improve the situation, rather than changing the mother's diet (or the baby's diet, if the baby is already eating foods in addition to breast milk). Help from a lactation consultant may be required.

Breast milk colitis is a form of food allergy where a generally healthy breast fed infant presents with liquid stools associated with streaks of blood. Less commonly an infant may present with failure to thrive due to inflammation of the small intestine.

Food allergies associated with breastfed infants are usually due to substances from the food ingested by the mother and passed into breast milk, rather than the breast milk itself. If an elimination diet is necessary, it should begin with the most common dietary agent, which is cow's milk protein. Most infants will respond to removal of cow's milk from the mother's diet. It is not necessary to eliminate multiple foods from the mother's diet as a first line of therapy. Should the infant have ongoing symptoms following the elimination diet, then your doctor may consider the use of a specialized formula where the protein in the formula has been broken down. Most infants will outgrow the allergy by about 6 to 18 months.

The breastfed baby with reflux

Gastro esophageal reflux (GER) is the back-up of stomach contents into the esophagus. An overactive let-down (from over-supply of milk or a too forceful flow of milk from mother's breast) can sometimes cause symptoms that can be confused with reflux.

Breastfeeding should continue when the baby has reflux. While limited research had been done on breastfeeding and formula feeding for babies with reflux, it has been shown that breastfed babies with reflux have less severe reflux at night. Some babies with reflux breastfeed reasonably well, while others learn that eating causes pain and they stop nursing.

Some mothers have found the following tips helpful:

- ◆ Hand express milk to get it flowing before putting baby to breast
- ◆ Vary positions while nursing
- ◆ Nurse while baby is sleepy
- ◆ Eliminate distractions
- ◆ Walk while nursing
- ◆ Skin-to skin contact

Other babies with reflux seem to want to nurse all the time! The milk acts as a natural antacid and is soothing. But

(continued on other side)

reflux symptoms can increase if the baby overeats. These babies may do best by nursing on only one breast at each feeding session.

When breastfeeding your baby with reflux, it is important to remember: basic breastfeeding management is the key. Baby should be getting enough to eat. Look for frequent wet diapers.

Baby should be latched on correctly and positioned correctly.

Position the baby so that gravity can help keep the milk from coming back up.

- ◆ Baby may prefer being upright
- ◆ Use an over-the-shoulder baby sling, or front carrier, to position the baby at breast level, and nurse while standing or walking
- ◆ Nurse lying down (“side by side”), with baby elevated on mom’s arm
- ◆ Try feeding in a recliner, in a rocker with feet raised, or resting back on pillows
- ◆ Position baby tummy to tummy with mom, with baby facing toward the breast

In most cases, with time and further growth and development the baby’s reflux will improve.

Breastfeeding is a great choice! Breastfeeding provides many benefits to the baby and the mother by way of improved health, development, and most importantly, a strong bond.

For introduction of solids and progression of your child’s diet see pamphlet entitled **“Steps towards lifelong healthy eating”**.

For more information or to locate a pediatric gastroenterologist in your area please visit our website at: www.naspgghan.org

IMPORTANT REMINDER: *This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.*

SPECIFIC INSTRUCTIONS:



NASPGHAN • PO Box 6 • Flourtown, PA 19031
215-233-0808 • Fax: 215-233-3939