



BREASTFEEDING MYTHS & MAGIC



Carole Dobrich and Dale Hansson



Celebrating World Breastfeeding Month





Who are we?



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Breastfeeding Myths

Myths fall into different categories:

- Milk composition
- Breastfeeding and medications
- Milk supply/Anatomy and physiology



Myths related to milk composition

- Baby boys should be weaned by 1 year so they are not clingy to the mother
- Breastfeeding drains the mother and takes away her nutrients and energy.
- Mother's milk goes "bad" during pregnancy
- Working mothers shouldn't breastfeed as her milk is not nutritious enough
- Mothers need to eat bland food so they don't give the baby colic





MYTH

Baby boys should be weaned by 1 year, so they are not clingy to the mother .



Biological Weaning Age

Katherine Dettwyler, Associate Professor of Anthropology and Nutrition at Texas A&M University estimates from anthropological data that the natural age of weaning is **between four and six years of age**

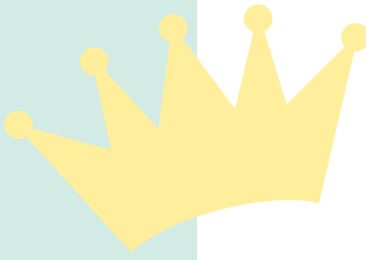


Benefits Are Not Age Dependent



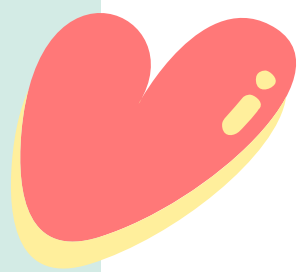
- No matter how old the child is, the suckling and the skin-to-skin contact of breastfeeding releases oxytocin in both the mother and child
- Enhances mother/child bonding
- Assists the child to transition to sleep
- Calming in the event of a crisis
- Immunological support from breast milk increases with age/volume





Health Benefits For the Mother



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- ✓ Breastfeeding provides hormonal and physical stimuli that facilitate maternal caregiving
 - ✓ Breast cancer risk decreases with increased lifetime duration of breastfeeding
 - ✓ Decrease risk of osteoporosis
 - ✓ Decreased incidence of maternal type 2 diabetes, ovarian cancer, rheumatoid arthritis and heart attack
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Myths Surrounding Breastfeeding the Older Child

Myth

- There is no goodness left in breast milk after 12 months - it turns to water
- He is filling up on breast milk and that is why he is a picky eater
- He will **never** learn to be independent of you if you continue breastfeeding

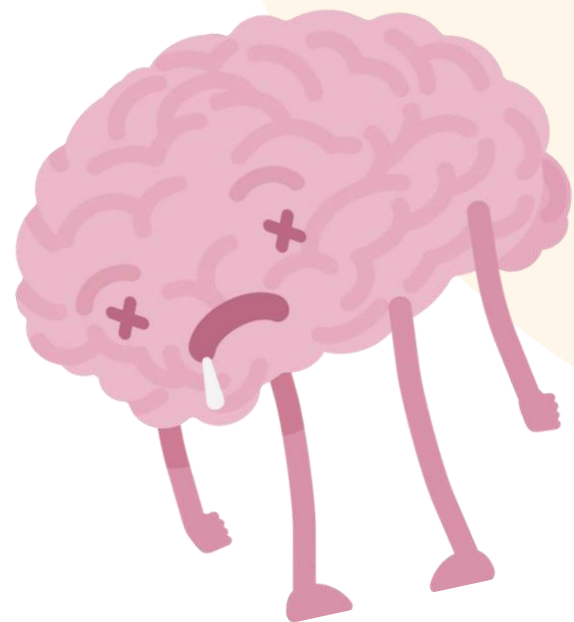


Reality

- ✓ Illogical that nutritional value would end at an arbitrary time
- ✓ Toddlers are usually picky eaters (breast milk can provide around 33% of their protein and energy, 45% of vitamin A, and almost all vitamin C needs)
- ✓ Children who form a secure attachment to their mother are more secure and able to venture out on their own

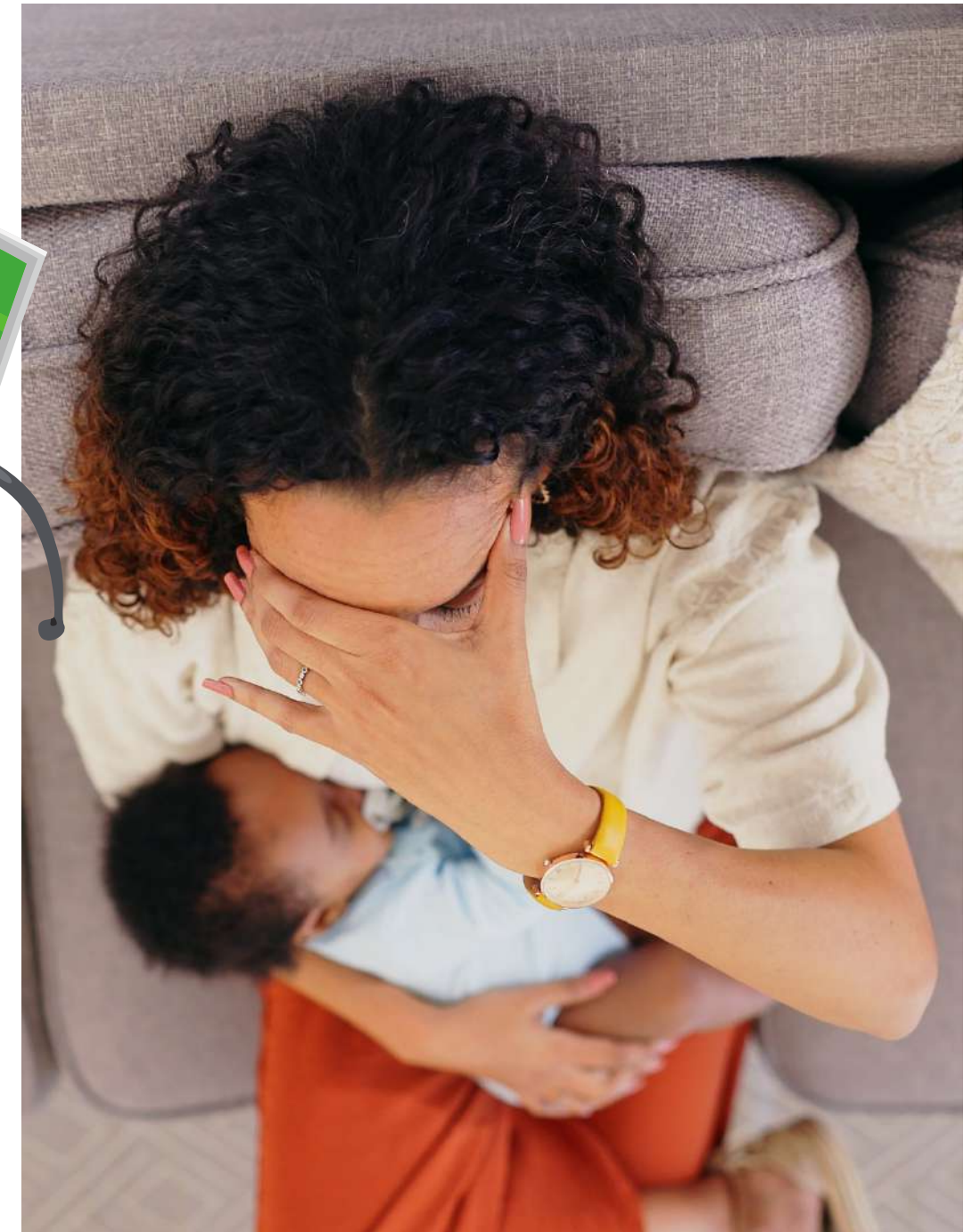
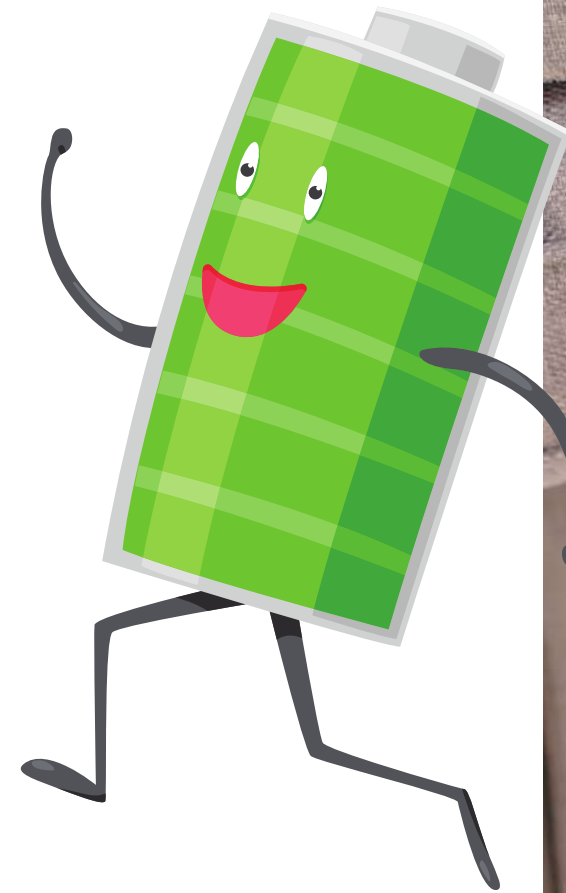
MYTH

**Breastfeeding drains
the mother and takes
away her nutrients
and energy.**



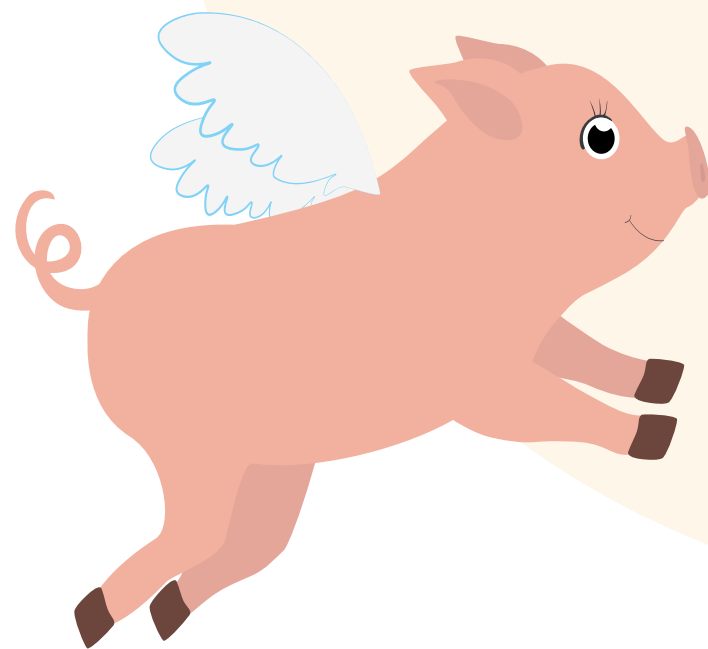
Reality

- A baby has physical and emotional needs regardless of feeding method
- Energy requirements for breastfeeding are the same as for the brain (30%)- nutrients are used more efficiently
- Hormones contribute to thirst and hunger
- Hormones facilitate short but effective power naps that allow for reenergisation.



MYTH

**Mother's milk goes
"bad" during
pregnancy**



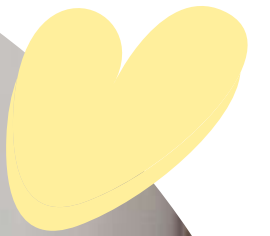
Reality

- ✓ Breastfeeding can help an older baby feel secure in their place in the family during this time of adjustment
- ✓ Immunological as well as nutritional benefits continue and are well documented
- ✓ Concerns about the risk of miscarriage have been proven to be false.



MYTH

**Working mothers
shouldn't
breastfeed as her
milk is not
nutritious enough**



Reality

- ✓ Breastmilk is always nutritious enough, especially when compared to alternatives.
- ✓ Breastmilk adapts by producing specific antibodies from the environments of both infant and mother.
- ✓ Breastfeeding re-establishes the secure connection when mum and baby are together.





MYTH

**Mothers need to eat
bland food, so they
don't give the baby
colic.**





Breastmilk changes flavour depending on your diet

**Breast milk flavors
accustom your child to the
types of foods your family
eats.**

**All food in moderation and
avoid foods that mum
thinks cause discomfort.**

Myths related to medications and breastfeeding

- All breast infections should have antibiotics for a few days
- Mothers with HIV should not breastfeeding because of the medications
- You can't take any medication if you're breastfeeding



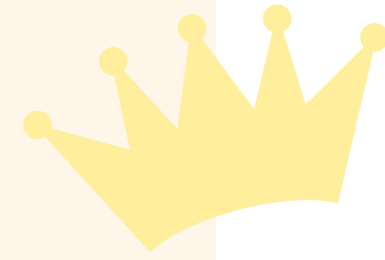
MYTH

**All breast infections
should have
anti-biotics for
a few days**





Mastitis



Pathophysiology

Can result from cellulitis of subcutaneous tissue or interlobar connective tissue

- Can be non-infectious
 - Most often caused by *Staphylococcus aureus* and Coagulase-negative staphylococcus
 - May be caused by more pathogenic bacteria including Beta-hemolytic streptococcus, *Haemophilus influenzae*, *Streptococcus phaeocalis* and *Escheria coli*.
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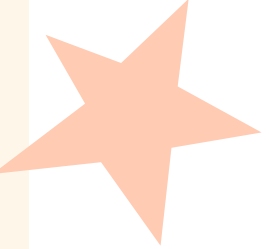
Mastitis Treatment

For mild symptoms lasting less than 24 hours, conservative treatment can be used; worsening symptoms lasting more than 24 hours should be treated with antibiotics.

Delay > 4 days in antibiotic treatment may predispose to abscess formation.



01



Dicloxacillin 500 mg qid or
Flucloxacillin 500 mg qid
x 10-14 days

If allergic to penicillin →
Cephalosporin 500 mg qid

02

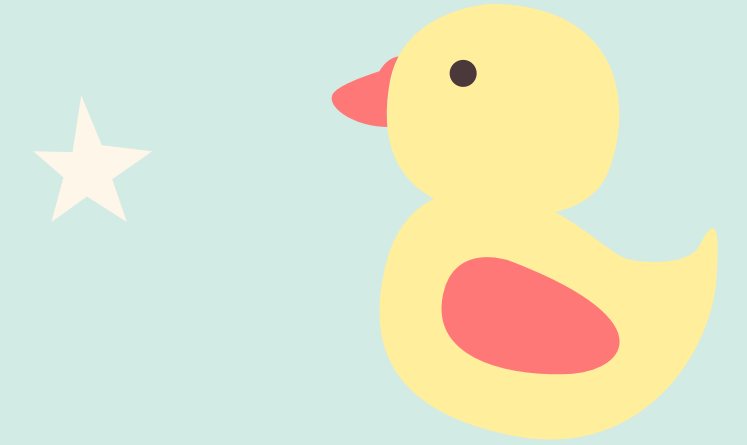
Hospitalisation and IV antibiotics if
signs of sepsis.

03



Non-steroidal anti-inflammatory
medications may help (NSAIDs).

Other Breast/Nipple Infections



Candida

Burning, itching flaky red shiny satellite lesions and infants with nappy rash or white lesions in the mouth, gums, tongue or cheeks.

Bacteria

The nipple has been damaged, and you may see yellow exudate or notice the breast redness and inflammation, often with a history of an open wound. Topical antibiotics maybe used, or oral a/b's may be needed.

Eczema

Eczema and dermatitis of the breast can occur with mothers with a history of skin disorders. Some mothers may develop reactions to breast pads or even to babies teething. Treatment will include the same treatment as for dermatitis on other parts of the body.



MYTH

**You can't take any
medication if you're
breastfeeding**



Reality

"It is generally accepted that all medications transfer into human milk to some degree, although it is almost always quite low. Only rarely does the amount transferred into milk produce clinically relevant doses in the infant." Thomas Hale 2019



Relative Infant Dose (RID)

- Approximate dose can be calculated using an equation based on accurate mother and baby weights

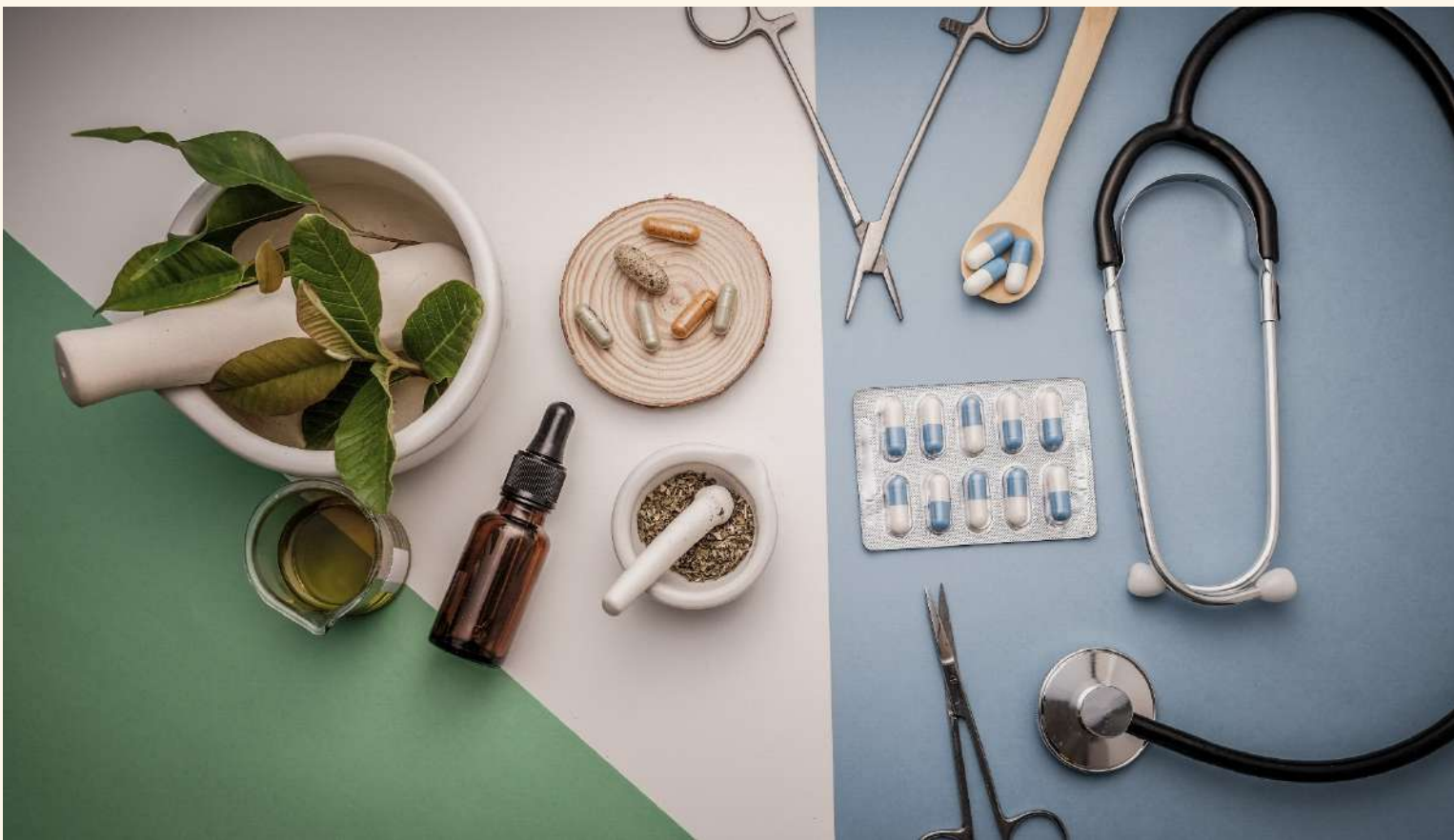
$$RID = \frac{\text{Dose.infant} \left[\frac{\text{mg}}{\text{kg}} \right]}{\text{Dose.mother} \left[\frac{\text{mg}}{\text{kg}} \right]}$$

Dose.infant = dose in infant/day

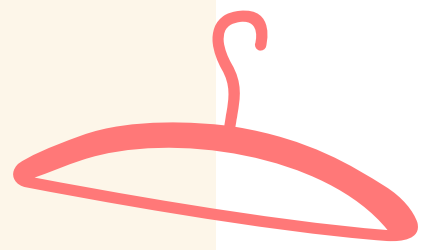
Dose.mother = dose in mother/day



Key Points



If a drug is hazardous to you it is probably hazardous to the infant.

- 
- Avoid unnecessary medications/supplements
 - RID <10% = relatively safe
 - Chose drugs with published data
 - Use more caution with premature infants and neonates
 - Most medications used to treat depression are safe - encourage seeing help
 - Hazards of formula are well-known and documented
 - Radiocative compounds and anticancer drugs may need a temporary discontinuation of breastfeeding - offer assistance.
 - Choose drugs with short half-lives, high protein-binding or higher molecular weight
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MYTH

**Mothers who have
HIV should not
breastfeed
because of the
medications**



WHO Recommendations

WHO recommends that all mothers living with HIV should receive life-long antiretroviral therapy (ART) to support their health and to ensure the wellbeing of their infants.

WHO released guidelines in July 2016 advising that, in countries that have opted to promote and support breastfeeding together with ART, mothers living with HIV who are on ART and adherent to therapy **SHOULD BREASTFEED** exclusively for the first 6 months, and then add complementary feeding until 12 months of age. Breastfeeding with complementary feeding may continue until 24 months of age or beyond.



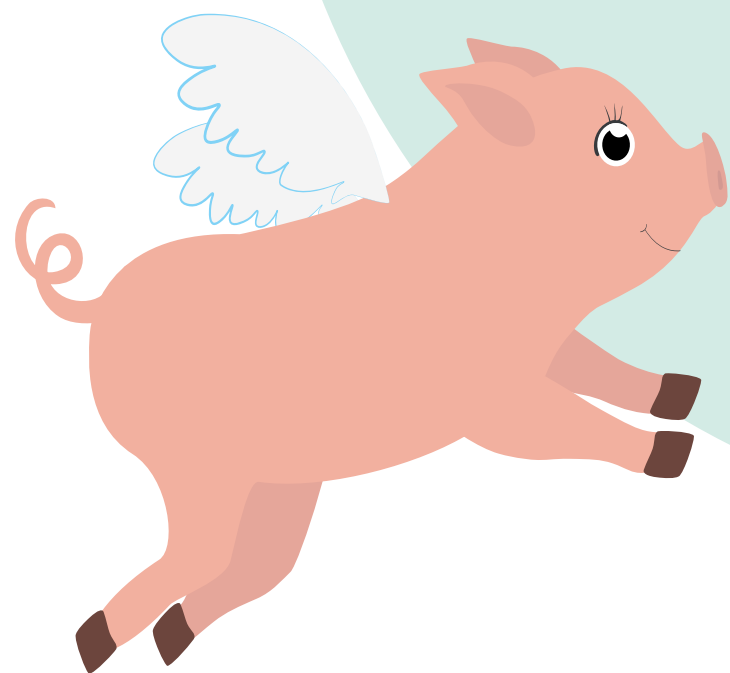
Myths related to milk supply and anatomy and physiology

- Small breasts don't make enough milk for a growing infant
- Every mother has sore nipples this is normal
- Nipples should be washed before each breastfeeding
- In the early days it is important for the mother to have a good night's sleep rather than getting tired and feeding the baby all night, one bottle won't hurt



MYTH

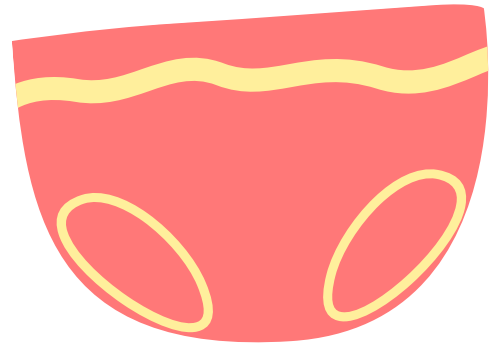
**Small breasts
don't make
enough milk for a
growing infant**



Reality

- Breast size is related to the amount of fatty tissue, not parenchyma (milk-making tissue)
- Milk storage capacity varies between woman but is not related to breast size.
- Rare medical conditions exist that reduce milk-making capacity, but this does not exclude breastfeeding.





Is the baby in the driver's seat or the back seat?

Tracer 2024





MYTH

**Every mother has
sore nipples this
is normal**



Reality

- Initially some sensitivity is expected to optimize messaging between baby and breast. (no more than 3/10)
- There should be NO mechanical trauma - mishappen nipple or broken skin
- Nipple pain/trauma is common BUT it is NOT normal

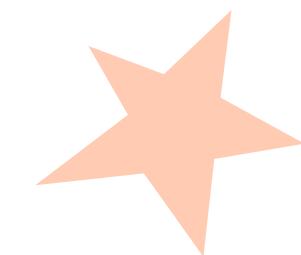




Why should we care if nipples are sore?



Pain is a red flag and can indicate sub-optimal milk transfer, bonding and lead to premature weaning.



- Listen to mother's words - BELIEVE HER
- If the mother reports pain/discomfort the attachment CANNOT be "GOOD" - cannot be the observed by just looking.
- Adjust attachment - mother may need assistance
- Make practical suggestions to manage painful feeding.
- As the health professional - continue support until pain is resolved.
- If pain is not resolving withing a few days other reasons need to be considered eg, anatomical, infection etc
- Avoid cookie cutter care eg, nipple balm, nipple shield - rest and express etc **THEY DO NOT ADDRESS THE UNDERLYING PROBLEM**



MYTH

**Nipples should
be washed before
each
breastfeeding**



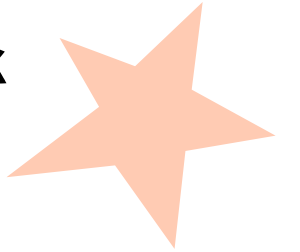


Reality



What happens to the microbiome of the nipple when it is washed with water?

- Washes away protective oils and secretions from Montgomery glands
- May increase dryness – this can risk the skin cracking and allowing normal bacteria to enter and start infection
- Interfere with responsive feeding, baby is not at risk from breastfeeding
- Unnecessary burden on caregiving
- Careful washing and sterilizing all equipment related to formula feeding is necessary.
- Ointments and creams are unnecessary – they keep the nipple moist, increasing risk of harm.
- Wash hands after changing nappies





MYTH

**One bottle won't
hurt**

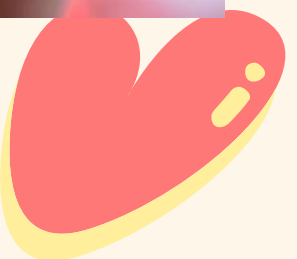




Reality

ONE MOUTHFUL OF FORMULA CAN:

- Interrupts the integrity of the gut lining
- Increases the gut Ph
- Increases disease-causing/putrefying pathogens
- Changes the gut flora for at least 2 weeks
- Leads to premature weaning
- Undermines mother's confidence in breastfeeding
- Trigger an allergic reaction
- Exposure to cow's milk protein can trigger Type 1 diabetes

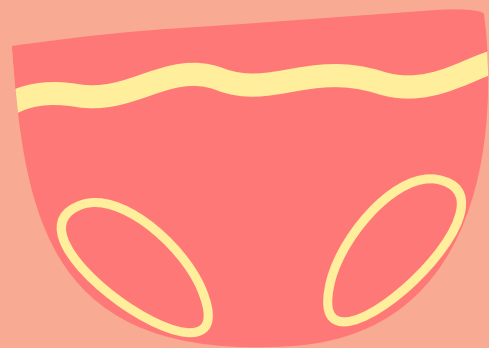


What about a whole bottle of formula?

- There is no reliable data on volume to offer
- Undermines breastfeeding
- Stretches the stomach volume - baby may need a greater volume than is biologically available
- Replaces cluster feeding which is vital to establishing breastfeeding
- Mother will need to remove milk while the bottle is being given anyway



Questions



Fa'afetai



Malo



Vinaka



Meitaki

Ko rabwa



Fakafetai





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