# La Leche League Canada

## *Educational Quizzes Volume 2*

# *About La Leche League Canada*

For fifty years, La Leche League has brought experienced and inexperienced mothers and pregnant women together to learn from each other. This model is a remarkably effective, practical way to help women connect with each other and to build skills and confidence in breastfeeding and parenting.

La Leche League Canada encourages, promotes and provides mother-to-mother breastfeeding support and educational opportunities as an important contribution to the health of children, families and society.

More information about our programs and services can be found at our website:

## www.LLLC.ca

Thank you for choosing La Leche League Canada for your educational needs. You have our permission, and in fact, are encouraged, to reproduce our quizzes. We hope you will find them useful for staff training or self-study! If you have comments, or suggestions for future quizzes, please send them along to nfc@lllc.ca

All the quizzes in this volume are reproduced from *Keeping in The LLLoop*, La Leche League Canada's publication for Health Professionals. To be added to the electronic mailing list to receive *Keeping In The LLLoop*, please contact nfc@lllc.ca

# Table of Contents



All the quizzes in this volume are reproduced from *Keeping in The LLLoop*, La Leche League Canada's publication for Health Professionals. All the links and references were accurate at time of original publication. We apologize for any inconvenience if that is no longer the case. Original publication dates are indicated in parentheses. Unless otherwise indicated, the quizzes were created by Nicola Aquino, currently Professional Liaison Administrator for LLLC.

# *Getting Off On the "Right Foot" (or breast)*

(June 2007)

1. Baby should be placed skin-to-skin with mother
    a. As soon as he has been cleaned off
    b. After placenta is delivered
    c. Immediately upon exiting mother's body
    d. Within one hour of birth

2. Baby should remain skin-to-skin with mother for at least
    a. 1 hour
    b. 6 hours
    c. 3 hours
    d. until mother needs to be moved

3. Babies who are in skin-to-skin contact with mother have
    a. Lower levels of cortisol
    b. Better regulation of temperature
    c. More regular heartbeat and blood pressure
    d. All of the above

4. An effective way to initiate breastfeeding that responds to baby's natural instincts and promotes a good latch and frequent feedings is to:
    a. Have mother place baby in cradle hold position and start breastfeeding as soon as possible after birth
    b. Place baby on mother's abdomen and allow him to find the breast and latch on himself
    c. Teach mother a variety of ways to hold the baby
    d. Take baby to the nursery, clean him up, give him a bottle of glucose-water and allow mother some time to recover from the birth

5. The cross-cradle or transitional hold is often used in the early days. In this position, to feed on the left breast, mother's hands would be positioned:
    a. Left hand gently supporting breast, right hand on baby's shoulders with fingers circling the back of baby's neck so that the head has freedom to tilt, but is supported.
    b. Right hand supporting breast, baby's head in crook of left arm with left hand on baby's bottom
    c. Left hand holding breast, right hand on back of baby's head
    d. No hand on breast, baby supported by pillows

6. The fingers of the hand that is holding the breast should be:
    a. At the base of the nipple to push it into baby's mouth
    b. Against the chest wall so as not to change shape of breast tissue
    c. Well back from the nipple
    d. Touching the edge of the areola

7. For an asymmetric latch, expect to see:
    a. Nose and chin buried in breast
    b. Lips flanged, no areola visible
    c. Lips pursed or puckered, areola more visible at top than bottom
    d. Baby's head tilted back slightly, chin buried in the breast, lips flanged out, nose clear of breast, more of areola covered by bottom lip than top

8. The "comfort zone" refers to:
    a. The place in a baby's mouth where the hard and soft palates meet
    b. Where a mother is comfortable breastfeeding
    c. Mother's arms, for baby
    d. Partner's arms, for mother

9. More breastfeeding early equals more milk later
    a. False
    b. True

10. Which of the following are NOT signs that the baby is drinking plenty of breastmilk?
    a. Baby has lots of wet and soiled diapers
    b. You can hear swallowing
    c. You can see the ears moving with each suck
    d. Baby shows a rhythmic suck-suck-pause with the jaw line dropping with a pause while swallowing.

# Answers

## Getting Off On the "Right Foot" (or breast)

1. c) Whether the baby is born vaginally or by Cesarean Section, baby should be placed skin-to-skin immediately. While some mothers may prefer baby to be cleaned first, the work of Nils Bergman clearly shows that the mother's body is the baby's habitat and that *any* separation can affect the baby's neurological development. Washing, especially of the baby's hands, can also affect his ability to self attach. Baby can be dried off while on mother's abdomen.

2. b) The first 6 hours appear to be critical. If mother needs to be moved from delivery room to floor/ward she can still continue to hold baby during the move.

3. d) The baby has more stable temperature, heart rate, blood pressure and lower levels of cortisol when in contact with mother.

4. b) Babies have inborn instincts and skills that help them breastfeed right from birth. Researchers have repeatedly shown that babies born after an unmedicated birth are capable of self-attaching to the breast, although this can take some time--on average 45-60 minutes, but sometimes up to 2 hours. Babies who are showing effects from medications/interventions during labour and delivery still benefit from being held *enface* skin to skin, although self-latching behaviours may be modified/absent. (See October 2007quiz, below, for a discussion of the effect of interventions on breastfeeding.) If separation of mother and baby is medically required, the mother should begin hand-expressing the colostrum as soon as possible and should continue expressing as frequently she can. If the baby can't self-attach because of medication from labour, if he needs immediate care, or there is separation, self-attachment behavior is seen for several weeks post partum; the mother can hold the baby on her chest and allow him to self attach once she and the baby are together and ready.

5. a) In cross-cradle or transverse hold, the right hand should be placed so that the heel of the hand is between the baby's shoulder-blades with the hand circling baby's neck and supporting the shoulder area so that baby's head has some freedom. In this position, the *baby* is drawn into the breast rather than the head being pushed in, as can happen if the hand is on the back of the head. In cradle hold, baby's head should be resting on mother's forearm, not in the crook (elbow crease).

6. c) The breast should be held, but the first 4 cm of the areola should not be covered. The baby is then able to get a good mouthful of breast tissue. Obviously, a mother with a large areola may be touching it when following this guideline.

7. d) This is the most accurate description of an asymmetric latch, which many mothers find effective. However, appearance is not everything. If a mother is having pain then

there is something wrong, no matter how "perfect" it may look. On the other hand, if the mother is pain free and there is good milk transfer, there is no reason to change the positioning or latch, no matter how "wrong" it looks.

8. a) While all these answers could be true, for early breastfeeding it is the place in the baby's mouth where the nipple should be when the baby is latched on correctly. In this case "comfort" equates to "pain-free". It is worth noting that stimulation of this point, where the hard palate meets the soft palate at the back of the mouth, encourages the baby to suckle effectively.

9. b) Supply=demand; more demand early on results in more milk being produced.

10. b and c) Over the years, all the methods have been used to determine that baby is breastfeeding well. However, Jack Newman recommends the open mouthed pause as the best sign that the baby is getting a good mouthful of milk. Baby sucks, and with each swallow there is an extra elongation of the jaw and double chin. The rhythm of the sucking motion pauses or holds a slightly longer beat at the moment of the swallow. There are intervals during the feed where baby has a suck swallow ratio of 1:1. At other times during the feeding there may be several sucks to each swallowing motion. A demonstration of this can be seen in *The Latch* DVD or at http://www.thebirthden.com/Newman.html. But "what comes out must have gone in", so wet and soiled diapers can also be an important indicator of intake in the exclusively breastfed baby.

**References:**

1. Bergman, Nils, www.KangarooMotherCare.com

2. Bergman, Nils, 2005. *Kangaroo Mother Care: Restoring the original paradigm for infant care and breastfeeding.* Presented at St. Francis Xavier University, Antigonish

3. Bergman, N., Linley, L and Fawcus, S. 2004. Randomized controlled trial of skin-to-skin contact from birth versus conventional incubator for physiological stabilization in 1200 to 2199 gram newborns. *Acta Paediatrica* 93: 779-785.

4. Mohrbacher, N and Kendall-Tackett, K, www.BreastfeedingMadeSimple.com

5. Mohrbacher, N and Kendall-Tackett, K, 2005, *Breastfeeding Made Simple; Seven Natural Laws for Nursing Mothers*. New Harbinger Publications, Inc.

6. Newman, J and Pitman, T, 2006. *The Latch and Other Keys to Breastfeeding Success*, Hale Publishing.

# How Do Birth Interventions affect Breastfeeding?

With many thanks to Teresa Pitman for the use of her presentation slides
(October, 2007)

1. Any intervention in the process of birthing can have an impact on breastfeeding initiation and duration.
   a) True
   b) False

2. The use of IV fluids, alone or in conjunction with other interventions, may lead to:
   a) Increased edema of the areola, making latching difficult for the neonate
   b) Increased birth weight of infant
   c) Increased blood sugar in mother and infant, which may result in infant exhibiting hypoglycemia post partum
   d) All of the above

3. Which statement is not true? Epidurals
   a) Are a wonderful invention that allows mother to be comfortable during labour
   b) Increase risk of Caesarean section being required, possibly resulting in separation of mother and infant (see June, 2007 quiz, above, for implications)
   c) Have no effect on baby
   d) May result in decreased communication between mother and attendants

4. Epidural Medications:
   a) Can be found in cord blood
   b) Have no effect on baby
   c) Can affect higher neurobiological functions of the baby for up to one month after birth
   d) a and c

5. Administration of synthetic oxytocin is of concern because it:
   a) Is frequently required to augment labour after use of an epidural
   b) Reduces need for other interventions
   c) Is an anti-diuretic hormone, which may result in maternal edema
   d) Has no effect on breastfeeding, because it is naturally present in mother's blood during labour and delivery

6. An episiotomy:
   a) May make finding a comfortable breastfeeding position difficult
   b) Reduces vaginal tears
   c) Decreases mother's pain by easing the delivery
   d) Decreases need for post-partum analgesia

7. The use of forceps or vacuum extraction to aid delivery
   a) Reduce the need for surgical deliveries
   b) Disempowers the mother
   c) Causes baby to behave as though he has a headache
   d) Saves mother some pain

8. When narcotic analgesics are used during labour, baby:
   a) Gets a "high"
   b) Is predisposed to future addictions
   c) May be lethargic, have breathing difficulties and trouble co-ordinating breastfeeding
   d) There are no effects on baby

9. Restrictions of food and movement during labour and delivery
   a) Speeds up the delivery process, because mother wants supper
   b) Helps attendants keep track of their patient(s)
   c) Is an appropriate medical intervention the majority of the time
   d) May result in an exhausted mother who is "too tired" to initiate breastfeeding

10. Suctioning
    a) Has been clinically proven to be an essential part of the birth process
    b) Can result in baby having persistent difficulty latching and refusing to breastfeed; baby may also display highly distressed behaviours
    c) Helps babies realize that things go into the mouth
    d) Gives attendants a chance to examine the baby's mouth for malformations that may affect breastfeeding

## Bonus Question:

What one intervention can be offered to mothers that improves birth outcomes and initiation of breastfeeding?

a) *Ad libitum* access to food and drink
b) Support from another woman, such as a doula
c) Complete privacy and isolation
d) Father's presence in the delivery room

# Answers

## How Do Birth Interventions affect Breastfeeding?

**1. a)** Any and all interventions can impact breastfeeding. Some of these effects may be positive, but most are negative. For details, keep reading.

**2. d)** All answers are true. Increased fluid load can lead to edema in the mother and artificially high birth weight for the baby. The increased blood sugar results in increased insulin levels, both in mother and baby. Once baby is separated from mother, he no longer has the high levels of sugar entering his system, but still has the high insulin. This can result in a rapid drop of blood sugar levels.

**3. c) and 4 d)** Epidurals were long thought to be acting on the mother only, since they were being introduced directly into her spine. However, repeated observation, now confirmed by research, has shown that babies born after mother has received an epidural have more difficulty co-ordinating the suck-swallow-breath pattern required to breastfeed effectively. These effects have been documented to continue for several weeks post partum. In some cases, the medications are not found in the cord blood because it rapidly sequesters in the baby's brain.

**5. a) and c)** Because answer "a" is true (oxytocin is frequently used; 53% of women in one study), the antidiuretic effects are a concern. A mother, who retains water and has edema, may have edema of the breasts which can make it difficult for the baby to latch on effectively. As an aside, the baby's weight may also be artificially high, resulting in a large fluid weight loss post partum and, therefore, concerns about the effectiveness of breastfeeding.

6. a) A mother who already feels "clumsy" handling a newborn and co-ordinating positioning may be further stymied by trying to find a position that is comfortable for her. There is no evidence that episiotomies reduce vaginal tears.

7. c) While a baby cannot specifically tell us he has a headache, he may not like to have his head touched or may be fussy when held in certain positions. The location of the forceps, when placed on the baby's head, is directly over the trigeminal nerve, which is important for mouth co-ordination and bruising may be over the temporo-mandibular joint. Use of forceps requires an episiotomy be cut – a surgical intervention.

8. c) Narcotics can result in a sleepy baby and a missed opportunity for mother-baby bonding and early breastfeeding. Several blinded controlled studies show that babies exposed to narcotics during labour display suppressed and unfocussed behaviours in the first hours after birth, take longer after the birth to coordinate first suckling and longer to sustain effective suckling at the breast. Use of formula supplementation was also higher when epidurals were used.

9. d) There is no evidence to suggest that mothers should be denied food. Birthing a baby has been compared to running a marathon; we don't starve runners and we shouldn't starve mothers-to-be. A prospective study found that mothers who had minimal or no caloric intake during labour had more procedures due to a non-progressing second stage of labour.

10. b) There is no evidence for the routine use of suctioning in a vigorous neonate. In fact, suctioning may actually cause babies to learn incorrect placement of their tongues as they instinctively try to protect their airway from the intrusion. There is evidence to suggest that the consequences of suctioning may be long term. The first, and only, thing entering the baby's mouth should be mother's breast.

**Bonus:** b) Studies show very clearly that if mothers get support during labour: labour will be shorter; the mother will need less or no pain medication; she is less likely to have an episiotomy or Cæsarean section; breastfeeding will more likely to succeed. It is not even necessary that the person offering support be trained; another woman merely sitting in the room makes a difference.

## *Resources*

Anand, Funeson, Jacobson, Gastric suction at birth associated with long-term risk for functional intestinal disorders in later life. *J Pediatr* 2004; 144:449-54 http://www.jpeds.com/article/PIIS0022347604000186/abstract

Kroeger, Mary with Linda J. Smith; *Impacts of Birthing Practices on Breastfeeding: Protecting the Mother and Baby continuum*, 2004 Jones and Bartlett

Pitman, T and Barret, J. *Pregnancy and Birth* Key Porter Books, 2007

Righard L, Alade MO. Effect of delivery room routines on success of first breast feed. *Lancet* 1990;336:1105-11072.

Riordan, J and Riordan, S. The Effect of Labor Epidurals on Breastfeeding. Lactation Consultant Series 2, Unit 4; La Leche League International, 2000.

Smith, L. Winning at Birth: Priorities for Childbirth and Breastfeeding. Presentation at the La Leche League International 50th Anniversary Conference, July 20-23, 2007.

Vain et al, Oropharyngeal and nasopharyngeal suctioning of meconium-stained neonates before delivery of their shoulders: multicentre, randomised controlled trial *Lancet* 2004;364(9434):597-602 http://www.thelancet.com/journals/lancet/article/PIIS0140673604168529/abstract

Walker M. Do labor medications affect breastfeeding? *J of Human Lact*, 13: 131-137. 1997

# Breastfeeding Trivia (Feb. 2008)

***A Potpourri of Questions Relating to Mothering and Breastfeeding***

(*NOTE: There may be more than one correct answer for each question.*)

1. Many mothers are concerned about child-spacing; what is/are the best birth control option(s) for a breastfeeding mother?

    a. Lactational Amenorrhea Method
    b. Abstinence
    c. A hormonal method using estrogen and progesterone
    d. Barrier methods

2. There is new research on the causes of depression. Why is continued breastfeeding important for a mother experiencing post-partum depression?

    a. Many mothers feel this is the one thing that is going right in their mothering
    b. Prolactin acts as an anti-inflammatory agent
    c. Mothers with PPD should not breastfeed because it is not safe for the baby to be exposed to the antidepressants in their milk
    d. Breastfeeding is less work

3. Breast pumps are:

    a. An essential accessory for breastfeeding mothers
    b. Completely unnecessary
    c. A tool which can be extremely useful under certain circumstances
    d. Ineffective because they were designed based on anatomical information that has been refuted in recent years

4. Breastfeeding, not just feeding breastmilk (that is, providing human milk directly from its original container), is important because:

    a. Contamination may occur when milk is transferred into bottles
    b. Substances in milk may adhere to bottle, reducing nutritional benefits
    c. The act of suckling at the breast helps to form the oral cavity
    d. Breastfeeding is a more intimate act, giving babies skin-to-skin contact with mother; this may be missing if pumped milk is being given by bottle

5. The current La Leche League recommendations for breastfeeding are:

    a. 6 months exclusive, introduction of complementary foods and continued breastfeeding for at least 2 years
    b. 12 months exclusive breastfeeding, then cold turkey weaning to 3 square meals per day

c. 3 months exclusive breastfeeding, introduction of cow's milk, then baby cereal at 6 months; continued breastfeeding for 1 year
d. Exclusive breastfeeding until baby shows signs of readiness for solid food, around the middle of the first year; continued breastfeeding until baby outgrows the need

6. The thymus of a breastfed baby:

a. Is the same size as those of non-breastfed babies
b. Is twice the size of those of non-breastfed babies
c. Is half the size of those of non-breastfed babies
d. Is three times the size of those of non-breastfed babies

7. New research on skin-to-skin contact (SSC) between babies and mothers has shown:

a. SSC increases the duration of breastfeeding
b. SSC improves infant responsiveness to mother and mother sensitivity to baby
c. SSC enhances babies' ability to maintain a quiet alert state
d. SSC reduces a mother's feelings of postpartum depression

8. Nursing through pregnancy and tandem nursing (breastfeeding non-twin siblings) is:

a. Something only "hippies" do
b. A practice that should be supported in the interest of maximizing breastmilk availability for the younger sibling
c. Is "safe" for mothers with low risk pregnancies
d. Improves the bond between siblings and reduces sibling rivalry

9. An article in the local newspaper has reported that an environmental contaminant has just been found in human milk. What do you tell mothers?

a. Breastmilk is still the best choice
b. Wean, formula is proven to be contaminant free
c. Do not diet while breastfeeding as loss of fat can release toxins into your breastmilk
d. We live in a contaminated world and breastmilk is an easy way for researchers to identify contaminants to which mother, and baby, are being exposed. The absolute levels of many contaminants are actually decreasing.

10. Co-sleeping is a "hot button" issue. What is a realistic, objective, way to balance all the information available on the subject?

a. Tell mothers that babies should only sleep alone in a crib
b. Explain to mothers that co-sleeping is one way in which breastfeeding mothers can get more sleep/rest, but provide guidelines on how to do it safely
c. Tell mothers that other cultures practice co-sleeping and the incidence of SIDS is so low that it is not even measured, so go ahead.
d. Provide an extensive list of "dos and don'ts" that mothers should follow

# Answers

## Breastfeeding Trivia Quiz

1. a/b/d Any non-hormonal birth control method is a good choice for a breastfeeding mother. Obviously, abstinence is the only 100% effective method. However, Lactational Amenorrhea is 98% effective if baby is exclusively breastfed—no supplements, artificial nipples or pacifiers—and mother's periods have not returned. Estrogen has been shown to decrease a woman's milk supply, therefore Thomas Hale and others recommend avoiding birth control pills, IUDs and other methods that utilize it. Hale, T. *Medications and Mother's Milk*, 2006. "The effect of progestins on milk production is poorly studied. Early postpartum, while progestin receptors are still present in the breasts, administering progestins may actually suppress milk production just as it does in the pregnant women….Thus it is advisable to wait as long as possible postpartum prior to instituting therapy with progesterone to avoid reducing the milk supply." (Hale, 2006)

2. a/b The new book by Kathleen Kendal-Tackett, *Depression in New Mothers: Causes, Consequences, and Treatment Alternatives*; information available at www.nhbreastfeedingtaskforce.org , suggests that "inflammation is an important contributor to the onset and severity of depression. Breastfeeding attenuates stress and protects maternal mood", possibly because prolactin acts as an anti-inflammatory agent. Breastfeeding difficulties may negate this effect. However, it is also true that many mothers with post partum depression find breastfeeding is one way to connect with their babies.

3. c Cultural and economic expectations have increased the idea that breast pumps are an essential part of breastfeeding. However, this is not true. It is true that under some circumstances a mother will need to express milk from her breasts so that her child does not lose the benefits of breastmilk during a separation. Fortunately, breastfed babies are very portable and many separations can be minimized with planning. Peter Hartmann's work has shown that established beliefs about the anatomy of the lactating breast are incorrect and pump manufacturers are using this information to improve pump design (http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1571528). Hand or manual expression is an often forgotten effective method for breastmilk collection.

4. c The development of the oral cavity, positioning of teeth and general oro-facial development all depend on active suckling *at the breast*. Brian Palmer, DDS (http://www.brianpalmerdds.com/ ) asserts that one never sees high palates, overbites or misaligned teeth in anthropological specimens; they only appeared after the introduction of artificial nipples. The negative impact of poor oro-facial development is long term and includes: poor teeth alignment, which may require extensive orthodontic work to correct; Obstructive Sleep Apnea (OSA), snoring, and poor sleep, which may result in lower productivity. At the extreme, OSA can result in strokes and death due to oxygen deprivation. Yes, care must be taken to avoid the problems described in the other answers, but they can be overcome.

5. d La Leche League has been saying this for 50 years! However, in the last few years, the American Academy of Pediatrics, Canadian Pediatric Society, WHO and UNICEF have all begun to support this approach.

6. b Reference: Hanson, Lars; *Immunobiology of Human Milk: How Breastfeeding Protects Babies*; 2004, Pharmasoft Publishing, p55. "The larger the size of the thymus, the lower the infant mortality

rate… A fully breastfed baby has a thymus twice the size of a non-breastfed baby, possibly due to the content in the mother's milk of important signals to the infant's immune system like the cytokine IL-7."

7. a/b/c/d Research by Ann Bigelow and colleagues (abigelow@stfx.ca, personal communication) at St. Francis Xavier University in Antigonish, Nova Scotia investigated the "Effects of Mother-Infant Skin-to-Skin Contact in Breastfeeding and Nonbreastfeeding Mother-Infant Dyads". The study asked participants to spend 6 hours per day with babies skin-to-skin on their chests for the first week of life, then two hours per day until one month. These were their findings. Both the SSC and control groups began with 68% of the mothers exclusively breastfeeding. At three months, 68% of mothers in the SSC group were still exclusively breastfeeding, compared to 56% in the control group. At one week, mothers in the SSC group had higher NCAST scores, indicating more sensitivity and nurturing; however, score differences disappeared at one month. Infants were tested with a Still Face Task to assess social interaction. Preliminary results show that, as newborns, babies in the SSC group were better able to maintain the quiet alert state while engaged with their mothers, which facilitates learning. Infants in the SSC group were more responsive to their mothers throughout the 3 months. At 3 months they tried to re-engage their mothers during the still face phase of the test, a behavior known as "social bidding", which is months before previous studies report this occurring. Salivary cortisol of the infants also suggests that the SSC group found the test more arousing. Mothers' salivary cortisol levels were the same in both SSC and Control groups. However, mothers in the control group reported higher levels of depression (as measured by the Edinburgh Postnatal Depression Scale and the Center for Epidemiological Studies Depression Scale) during the first month. The researchers concluded that "[T]he potential health benefits of SSC to mothers, infants, and society at large are far reaching. Unlike most health care advances, SSC is inexpensive, easy to deliver, requires no highly technical equipment to implement and, therefore, is extremely cost effective."

8. c Of course we can never give guarantees. However, research has shown that nursing through pregnancy has no increased risk of miscarriage or early labour in a low risk pregnancy. Many mothers who tandem nurse claim that they see less sibling rivalry. Flower, Hilary, *Adventures in Tandem Nursing*.

9. a Several references are available on the La Leche League International website on the subject.
http://www.llli.org/llleaderweb/LV/LVDecJan04p123.html
http://www.llli.org/NB/NBSepOct04p164.html http://www.llli.org/Release/contaminants.html
At the 50th Anniversary Conference in Chicago, July 20-23, 2007, Judy LaKind pointed out that all the benefits we associate with breastmilk were established during a time when contaminants were present, although not tested for. She has also shown that since DDT was banned, absolute levels in breastmilk have decreased. However, this is only true for substances that are no longer being added to the environment.

10. b Mothers and babies are going to co-sleep, if only "accidentally". It is better to recognize this fact and give mothers guidelines on how to do so safely than to try and go against nature. A breastfeeding mother lies facing her child, in a position from which it is not easy to roll forward. General guidelines, instead of many rules that have to be followed, allow the mother to make the choice. It is true that cultures which practice co-sleeping have low incidences of SIDS, referred to as "cot death" in some countries.

James McKenna *Sleeping with Your Baby: A Parent's Guide to Cosleeping* and http://www.cosleeping.org summarizes much of this information.

# *Watch Your Language!!*

(June 2008)

1. Breastfed babies

    a. Are healthier
    b. Have less ear infections
    c. Enjoy normal health
    d. Have lower risks of certain cancers

2. Breastfed babies

    a. Have higher IQs
    b. Do better in school
    c. Have normal intelligence
    d. Have better hand-eye co-ordination

3. Breastfed babies

    a. Gain weight faster in the first few weeks
    b. Have lower incidence of obesity in childhood
    c. Gain weight at an appropriate rate
    d. Are leaner at one year

4. Breastfeeding

    a. Lessens orthodontic costs
    b. Decreases cavities
    c. Results in normal oro-facial development
    d. Decreases snoring in later life

5. Breastmilk

    a. Is more easily digested
    b. Has higher levels of whey, which is easier to digest
    c. Had the ideal balance of nutrients (proteins, fats and carbohydrates) for human infants, making it easily digestible
    d. Is digested faster

# Answers

## Watch Your Language!!

**The correct response to all questions is "c".**

"Breastfeeding is merely the way human infants are built to eat, just as air is what they are built to breathe, or walking is the way they are built to move when they get older. Breastfeeding is nothing extra or special. Breastfeeding is just... normal." Diane Weissinger

Breastfeeding is the normal way to feed babies and the only way to get people to think of it that way is to use breastfeeding as the standard to which alternatives are compared. When we say "breastfed babies are healthier", for example, our standard is formula feeding. Breastfed babies enjoy normal health; non-breastfed babies are less healthy. Diane Weissinger has written several eloquent articles on the subject of language, which can be found at:

http://www.motherchronicle.com/watchyourlanguage.html
http://www.normalfed.com/Why.html
*Journal of Human Lactation*, Vol. 12, No. 1, 1996

# *Beyond "Everyday" Issues*

(October, 2008)

1. What breastfeeding management techniques would you recommend to a mother whose baby is gaining well, but is often fussy at the breast?

    a. Ensure baby feeds for 20 minutes on one side before switching
    b. Pump before feeding
    c. Block Feeding, with or without complete drainage first
    d. Use of a supplemental nursing aid to provide more nourishment while at the breast

2. An overactive letdown can be differentiated from oversupply by watching the baby (or having the mother describe the baby's actions) at the breast. What might you see?

    a. Baby choking and sputtering 2-5 minutes after latching on
    b. Baby pulling off and mother's milk spraying across the room
    c. A baby who clamps down or makes clicking sounds while sucking
    d. All of the above

3. With more mothers following the Canadian Pediatric Society and WHO recommendations to continue breastfeeding for two years and beyond, they may find themselves in the position of breastfeeding a toddler when they become pregnant again. What information does the mother need to know about breastfeeding during pregnancy and tandem nursing?

    a. She should wean the toddler immediately to protect the health of the unborn child.
    b. She should wean immediately to protect her own health.
    c. Many mothers have successfully breastfed through pregnancy and tandem nursed following the baby's birth. There may be challenges, but with proper support and by looking after her own needs, there is no need to wean the toddler if the pregnancy is of normal risk level.
    d. She should really wean to have "her body back" for a few months before the second child is born.

4. Most mothers do not produce sufficient milk to breastfeed twins, let alone higher order multiples.

    a. True
    b. False

5. A baby born prematurely:

    a. May need to be fed his mother‘s expressed breastmilk, avoiding artificial nipples where possible, while he learns to breastfeed
    b. Will not be able to breastfeed
    c. Requires fortified formula
    d. Needs to learn how to bottle feed before being allowed to attempt breastfeeding

6. How can you help a mother who delivered via C-section to breastfeed effectively?

    a. Take baby to the nursery to allow mother to recover from the anesthetic.
    b. Have mother pump and bottle feed expressed milk until her incision heals.
    c. Encourage her to use lots of pillows and experiment with different holds/positions so that she is comfortable, there is no pressure on the incision, and the baby is well supported.
    d. Treat her no differently from a mother who delivered vaginally.

7. Breast augmentation surgery:

    a. Does not affect breastfeeding
    b. May be an issue for breastfeeding, depending on how the surgery was performed.
    c. Is a concern because of the silicone in the implants
    d. Means a mother probably did not have sufficient breast tissue to sustain lactation in the first place.

8. Newborn jaundice:

    a. May be increased by breastfeeding
    b. Is less if baby receives colostrum
    c. May be a normal physiological state
    d. Should be treated by withholding breastmilk for 48-72 hours while feeding sugar water

# Answers

## *Beyond "Everyday" Issues*

1. c. A mother with oversupply will often have a baby who is gaining well (frequently faster than expected) but who is unhappy either during the feeding or shortly after it. The fussiness can be caused by the baby receiving too much of the high lactose foremilk and too little of the creamier hindmilk, sometimes referred to as foremilk-hindmilk imbalance. While it is important during the first few weeks for the mother to offer both breasts at each feeding, once her supply is well established offering one breast for several feeds, block feeding, can help bring her milk supply back in line with the baby's needs. In some cases of severe oversupply, mother may need to 'drain' her breasts with a pump before starting the block feeding regime. More details can be found at: http://www.llli.org/FAQ/oversupply.html. Some babies may actually be fussing when the milk flow slows. In these cases, putting baby back on to the same breast after a few minutes break (*e.g.* burp/diaper change) gives him a chance to top up with the creamier hindmilk and may result in a more satisfied baby.

2. d. Some babies have difficulty coping with mother's 'enthusiastic' letdown and will work out their own way of handling it; some will sputter through, some will clamp down or use their tongue (hence the 'click') to slow the flow and some will put up with a milk shower. The baby may also have a lot of 'gas' (burps or toots). Recommendations include: having a mop up cloth ready at all times and expressing milk through the first letdown (later letdowns tend to be less forceful) before baby latches on. http://www.llli.org/llleaderweb/LV/LVSepOct95p71.html

3. c. It can be challenging to nurse through certain stages of pregnancy because of comfort issues, including sore nipples, breast tenderness and room on mother's lap. The early days post partum, where it can feel like nursing a giant and a newborn, may present challenges too. However, many mothers have done it successfully. http://www.llli.org/FAQ/bfpregnant.html
http://www.llli.org/FAQ/tandem.html

4. b. In fact, many mothers feel like they are producing enough milk for twins even when they only have a single baby! Breastfeeding twins is not only possible, it provides the best nutrition for babies who might be small for gestational age or be born prematurely. Exclusively breastfeeding higher order multiples is more challenging. By pumping, some mothers of triplets have managed to provide breastmilk exclusively, although not all feedings were at the breast. No studies have been done to determine if there is an upper limit to the number of babies that can be fed at the same time. However, in medieval France, wet nurses were forbidden from taking in more than two infants in addition to their own. http://www.llli.org/NB/NBNovDec06p244.html

5. a. Even more than full-term babies, premature infants benefit from the protective factors in human milk. In fact, research has shown that the milk of a mother whose baby was born early differs from that of a mother whose baby was born at term. Very low birth weight babies may require fortification of their mother's milk in order to maximize growth. It was once believed that a baby needed to learn

how to suck on a bottle before being allowed to attempt breastfeeding. However, it has now been shown that breastfeeding is less physically taxing for the infant. The mother of a premature infant requires support to establish breastfeeding; pumping to bring her milk in, if required, and then transitioning baby to the breast. Skin to skin contact (kangaroo care) may assist in this transition, and improve mother's milk supply. Baby may even learn to suckle while still being gavage-fed, if given the opportunity. When ready to suckle, a maturing preemie, or near-term baby who has diminished stamina, can be fed with extra mother's milk, using a nursing supplementer (lactation aid) while at one breast.

Challenges may also occur when infants are born 'near-term' (late preterm infants); they appear full term, and are expected to nurse as such, but may still need assistance as they learn to co-ordinate sucking, swallowing and breathing. Wright, Nancy E. and Morton, Jane A. "Human Milk, Breastfeeding, and the Preterm Infant" in Hale and Hartmann's *Textbook of Human Lactation*, 2007); information also available at: http://www.llli.org/NB/NBpremature.html

6. c. Where possible, skin-to-skin contact between mother and baby should be established immediately after delivery (*i.e.* while incision is being sutured) and maintained through recovery. Unfortunately, this is not standard practice in most hospitals [pilot projects are running at some hospitals, including St. Martha's Regional Hospital in Antigonish, Nova Scotia]. Once mother and baby are together, judicious use of pillows will help to protect the incision. Many mothers find the football hold to be effective, while others like nursing lying down—either side lying or with mother on her back and baby on top. The important thing is that mother is comfortable (not in any pain) and baby feels secure. http://www.llli.org/FAQ/cesarean.html

7. b. While we most commonly think of breast reduction surgery as having an impact on lactation ability, some augmentations may also cause problems. "In general, implants placed under the pectoral muscle impact lactation less than those placed over the muscle." (Diana West) The location of the incision can also impact breastfeeding, with inframammary incisions generally having less impact than periareolar ones. The periareolar technique results in significant duct, glandular and nerve damage. Silicone levels in the breastmilk of mothers with implants are similar to control mothers; levels in cow's milk and formula are higher. (Diana West, LLLC Healthcare Professional Seminar, Antigonish, 2006.) Also, http://www.llli.org/NB/NBsurgery.html

8. c. "Increased serum bilirubin (hyperbilirubinemia) in excess of the adult upper range of normal of 1.5 mg/dl is a normal and regular phenomenon in nearly all infants during the early weeks of life and is usually identified as physiologic jaundice of the newborn. In most healthy *breastfed* infants, this phenomenon is prolonged for two to 15 weeks of life and is known as *breastmilk jaundice*. This prolongation of unconjugated hyperbilirubinemia (indirect-reacting bilirubin) in the breastfed infant is believed to be of benefit to the young infant by providing a potent antioxidant (bilirubin) at a time of life when other antioxidants are deficient. The phenomenon of *breastmilk jaundice* must be distinguished from abnormal exaggeration of unconjugated hyperbilirubinemia seen occasionally in breastfed infants who have inadequate intake of milk, know as *starvation jaundice of the newborn*." Gartner, Lawrence, M. "Hyperbilirubinemia and Breastfeeding" in Hale and Hartmann's *Textbook of Human Lactation*, 2007, p. 255).

"Optimal initiation and support of exclusive breastfeeding with frequent, effective feedings and good caloric intake will prevent starvation jaundice. Prompt recognition and correction of problems with

breastfeeding will avoid reduced milk intake. This will not only prevent early excessive increases in serum bilirubin, but will also minimize serum bilirubin concentrations after the first week of life when breastmilk jaundice normally appears. Even in the face of factors which may result in excessive hyperbilirubinemia, such as RH, ABO, or other hemolytic states, breastfeeding should be continued since there is no evidence that breastmilk increases the risk of hemolysis or the serum bilirubin concentration. Routine pre-breastfeeding or supplemental administration of water, glucose water, or formula is contraindicated (American Academy of Pediatrics, 2004). Water and glucose water will not prevent hyperbilirubinemia or decrease total serum bilirubin concentrations and may increase serum bilirubin concentrations due to inhibition of breastfeeding frequency and milk transfer with resulting reduced caloric intake." *Ibid*. p.265