Common Breastfeeding Myths Dispelled
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Wednesday, November 16, 2011

Myth # 1: “Breastfeeding is best, but formula is just fine.”
Fact: Although pediatricians see formula-fed infants and children who appear non-the-worse off for not having been breastfed—and they also encounter nursing moms who struggle with sore nipples, slow-gaining babies, exhaustion, guilt, disappointment and unsatisfying breastfeeding experiences—convincing evidence confirms that breastfeeding offers compelling infant and maternal health benefits and is well worth the extra effort to promote and support.

Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries
For infant outcomes, a history of breastfeeding was associated with a reduction in the risk of:
- acute otitis media
- nonspecific gastroenteritis
- severe lower respiratory tract infections
- necrotizing enterocolitis
- atopic dermatitis
- sudden infant death syndrome
- asthma (young children)
- type 1 and 2 diabetes
- obesity
- childhood leukemia

AHRQ Publication No. 07-E007, April 2007

For maternal outcomes, a history of lactation was associated with a reduced risk of:
- type 2 diabetes
- breast and ovarian cancer
- Early cessation of breastfeeding or not breastfeeding was associated with an increased risk of maternal postpartum depression.

American Academy of Pediatrics
Feeding Recommendations for Healthy Term Infants
(Look for revised, updated policy soon).
- Human milk is recommended for all infants, unless specifically contraindicated.
- Exclusive breastfeeding is recommended for about six months, when complementary foods rich in iron should be added.
- Breastfeeding should be continued for at least the first year of life, and beyond for as long as mutually desired. There is no upper limit to the duration of breastfeeding.

Pediatr. 115:496-506, 2005

Does Breastfeeding Reduce the Risk of Pediatric Overweight?
Division of Nutrition and Physical Activity: Research to Practice Series No. 4
Centers for Disease Control and Prevention, 2007
- Breastfeeding is linked with a reduced risk of pediatric overweight, with an inverse dose-response association (longer duration of breastfeeding, less chance of childhood overweight).
- Exclusive breastfeeding appears to have a stronger effect than partial breastfeeding, and the link between breastfeeding and childhood overweight appears to persist as the child ages.
**Healthy People 2020 Breastfeeding Outcome Objectives**

<table>
<thead>
<tr>
<th></th>
<th>HP 2010</th>
<th>Nation 2010</th>
<th>Missouri 2010*</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% ever breastfed</td>
<td>75%</td>
<td>75.0%</td>
<td>72.6%</td>
<td>81.9%</td>
</tr>
<tr>
<td>% breastfeeding at 6 months</td>
<td>50%</td>
<td>43.0%</td>
<td>38.2%</td>
<td>60.5%</td>
</tr>
<tr>
<td>% breastfeeding at 12 months</td>
<td>25%</td>
<td>22.4%</td>
<td>19.4%</td>
<td>34.1%</td>
</tr>
<tr>
<td>% exclusive breastfeeding at 3 months</td>
<td>40%</td>
<td>33.0%</td>
<td>28.2%</td>
<td>44.3%</td>
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<tr>
<td>% exclusive breastfeeding at 6 months</td>
<td>17%</td>
<td>13.3%</td>
<td>12.4%</td>
<td>23.7%</td>
</tr>
</tbody>
</table>

* Preliminary data

**Myth # 2:** “The best way to promote breastfeeding is to emphasize the superiority of human milk for human babies. If breast is best, a good mother will want to do it.”

**Fact:** The 2011 Surgeon General’s Call to Action to Support Breastfeeding shifts the emphasis in breastfeeding promotion from an individual woman’s personal choice and commitment to the essential need to make society-wide institutional changes that make breastfeeding the easy choice for all mothers. Given the importance of breastfeeding for the health and well-being of mothers and children, it is critical that we take action nationwide to support breastfeeding.

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**2011 Surgeon General Call to Action**

Only through the support of family members, communities, clinicians, health care systems, and employers will we be able to make breastfeeding become the easy choice, the default choice. Twenty recommended actions and their associated implementation strategies are outlined in detail. Some of the recommended actions related to health care providers include:

**Action 1.** Give mothers the support they need to breastfeed their babies.

**Action 6.** Minimize the negative impacts of infant formula marketing on exclusive breastfeeding.

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**Healthy People 2020 Breastfeeding Process Objectives**

- **Increase** the proportion of employers that have worksite lactation support programs to 38%.
- **Reduce** the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life to 15.6%. (The Missouri rate is presently 17.0%).
- **Increase** the proportion of life births that occur in facilities that provide recommended care for lactating mothers and their babies to 8.1%.
- (In MO, 1% of births occur at a BFHI facility).

**Myth # 3:** Postpartum hospital stays are so short these days that maternity policies have little impact on breastfeeding outcomes.

**Fact:** Making institutional changes in maternity care practices has been shown to significantly increase breastfeeding initiation and duration rates. Even an incremental increase in supportive hospital policies can improve breastfeeding outcomes. Optimal breastfeeding maternity practices are summarized in the Baby Friendly Hospital Initiative **Ten Steps to Successful Breastfeeding**.

*Am J Pub Health; May 2009, Vol 99 (5)*
Baby Friendly Hospital Initiative
www.babyfriendlyusa.org

- Launched in 1991 as a joint initiative of WHO and UNICEF to ensure that maternity facilities optimally support and protect breastfeeding.
- Optimal breastfeeding maternity practices are summarized in the *Ten Steps to Successful Breastfeeding*.
- Over 20,000 facilities in > 150 countries have been awarded Baby-Friendly status (119 in the U.S. = < 4% of all U.S. facilities).
- Breastfeeding duration and exclusivity rates have been shown to be higher at BFHI facilities. Kramer, et al. JAMA 2001; 285(4):413-20.

MMWR, August 2, 2011

- In 2007 and 2009, CDC conducted a national survey of US maternity hospitals and birth centers (mPINC Survey) and analyzed these data to describe the prevalence of facilities using maternity care practices consistent with the *Ten Steps to Successful Breastfeeding*.
- Few hospitals have model breastfeeding policies (14%). From 2007 to 2009, the percentage of hospitals with recommended practices covering at least 9 of 10 indicators increased only slightly, from 2.4% to 3.5%.

Five Supportive Hospital Practices Were Significantly Associated with a Longer Duration of Breastfeeding (Based on Colorado PRAMS Data 2002-2003)

- Baby was breastfed in the first hour.
- Baby stayed in mother’s room.
- Baby was fed only breast milk.
- No pacifier was used in the hospital.
- Mom received a phone number to call for help.


Colorado Breastfeeding Duration Rates by Hospital Practice Experience

<table>
<thead>
<tr>
<th>Weeks Since Delivery</th>
<th>Mothers Experienced All Five Successful Practices</th>
<th>Mothers Did Not Experience All Five Successful Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>2 weeks</td>
<td>8%</td>
<td>92%</td>
</tr>
<tr>
<td>3 weeks</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>4 weeks</td>
<td>15%</td>
<td>85%</td>
</tr>
<tr>
<td>5 weeks</td>
<td>18%</td>
<td>82%</td>
</tr>
<tr>
<td>6 weeks</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>7 weeks</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>8 weeks</td>
<td>24%</td>
<td>76%</td>
</tr>
<tr>
<td>9 weeks</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>10 weeks</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>11 weeks</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>12 weeks</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>13 weeks</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>14 weeks</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>15 weeks</td>
<td>38%</td>
<td>62%</td>
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<tr>
<td>16 weeks</td>
<td>40%</td>
<td>60%</td>
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<tr>
<td>17 weeks</td>
<td>42%</td>
<td>58%</td>
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<tr>
<td>18 weeks</td>
<td>44%</td>
<td>56%</td>
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<tr>
<td>19 weeks</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>20 weeks</td>
<td>48%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Early Skin-to-Skin Contact and Exclusive Breastfeeding in the Hospital

- Data on early skin-to-skin contact was collected on 21,842 mothers who delivered a singleton term infant at 19 hospitals in San Bernardino and Riverside counties during July 2005 - July 2006.
- Skin-to-skin contact during the first 3 hours after birth was strongly associated with exclusive breastfeeding in the hospital in a dose-response manner.
- Mother-infant skin-to-skin contact should occur as early, as often, and as long as possible during the entire postpartum stay.

How Too Many Visitors Can Undermine Breastfeeding

- The presence of guests interferes with unrestricted breastfeeding. A mother may use a pacifier to postpone breastfeeding when guests are present.
- Lactation consultants find it difficult to spend one-on-one time instructing new mothers.
- Infants may “shut down” by sleeping or crying in response to excessive stimulation.
- Mothers who have become depleted due to “hosting” visitors may ask the nursing staff to take over the care of their babies.
Maternal Hospital Experiences Associated with Breastfeeding at 6 Months in a Northern California County

- A retrospective cohort study of breastfeeding practices at 6 month was conducted for 382 infants in a semirural northern CA county.
- Multiple logistic regression analysis, controlling for maternal age and education found that almost exclusive breastfeeding at 6 months was positively associated with receiving a telephone number for breastfeeding help from the hospital and use of a breast pump, and was negatively associated with formula supplementation in the hospital.

Myth # 4. Excessive infant weight loss after birth or neonatal jaundice in a breastfed infant are sure signs of inadequate maternal milk supply and the need to feed supplemental formula until mother’s milk “comes in.”
Fact: While 10% or more of breastfed newborns may nurse ineffectively and thus require supplemental milk, formula should not be the first choice. Rather, the ideal supplement is the mother’s own breast milk, which can be expressed manually or with a breast pump, and fed to her infant by spoon, cup, or bottle (if needed).

The Joint Commission Introduces Perinatal Care Core Measures
Beginning April 1, 2010, Joint Commission accredited hospitals will be able to report on a set of perinatal care core measures to meet Joint Commission accreditation requirements (replacing the existing pregnancy and related conditions measure set).
- Elective deliveries
- Cesarean sections
- Health care-associated bloodstream infections in newborns
- Exclusive breast milk feeding

www.usbreastfeeding.org Click on: “Implementing TJC Core Measure on Exclusive Breast Milk Feeding”

Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding
U. S. Breastfeeding Committee, Washington DC 2010
The Joint Commission defines exclusive breastmilk feeding as: “a newborn receiving only breastmilk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.” Breastmilk feeding includes expressed mother’s milk, as well as donor human milk. A growing number of maternity hospitals now maintain frozen stores of screened, processed donor milk. There are 11 operating and 5 developing milk banks in North America.
http://www.hmbana.org/milk-bank-locations

State Breastfeeding Report Cards: Nine Process Indicators
1. Average mPINC score (Max=100)
2. % of live births occurring at BFHI facilities
3. % of breastfed infants fed formula < 48 hrs.
4. Number of IBCLCs per 1,000 live births
5. Number of LLL groups per 1,000 live births
6. Number of State Health Department FTEs dedicated to breastfeeding
7. State legislation about breastfeeding in public
8. Legislation mandating employer lactation support
9. Breastfeeding Coalition with public Web site

Myth # 5. The law of supply and demand ensures that a breastfed baby stimulates the ideal milk supply to meet the infant’s unique needs.
Fact: While it is true that a mother’s ongoing milk production is related to how much milk is regularly removed, a substantial number of newborns (late-preterm, low birth weight, jaundiced infants, etc.) may be unable to effectively drain their mothers’ breasts and maintain an adequate milk supply. Achieving frequent, effective milk drainage in the early weeks postpartum is the key to establishing an abundant milk supply!
Autocrine Control of Lactation

The influence of local factors acting in the breast


- It is not just the level of maternal hormones, but the efficiency of milk removal, that regulates the volume of milk produced in each breast.
- If a woman nurses from one breast only, the other unsuckled breast soon stops producing milk, even though both continue to be exposed to lactogenic hormones.
- Thus, the amount of milk produced in each breast over the long term largely depends on how thoroughly and how often milk is drained by active nursing or pumping.

What Do We Know About Milk Production Between Birth and 6 Months Postpartum?

- For mothers of both term and preterm infants, mean milk output at days 6 and 7 is highly associated with week 2 milk output and moderately associated with week 6 output.
- Milk production is relatively constant between 1 and 6 months of lactation.
- Exclusively breastfed infants consume approx. 788 g (26 - 28 oz.) of breast milk daily between 1 and 6 months, with a wide range.

Ensuring an Abundant Milk Supply When a Newborn Does Not Nurse Effectively

- The level of milk production in the early weeks after birth is likely to be maintained at a similar level thereafter. “Prevention pumping”—removing milk remaining after the infant nurses—will protect a mother’s milk supply until her infant is able to drain her breasts well.
- If milk is not regularly and effectively removed, and the breasts remain overly full, the rate of milk production will slow, and insufficient milk may result. Breastfeeding problems are easier to overcome when the mother has a generous milk supply and the infant is thriving.

Myth # 6. Since insufficient milk is the chief reason women cite for discontinuing breast-feeding, the use of herbal and prescription galactogogues represents an important component of breastfeeding management.

Fact: The available studies of the efficacy of galactogogues are not of sufficient quality to make definitive recommendations about their use. The best way to prevent and manage low milk supply is with optimum clinical breastfeeding management.

Why Mothers Stop Breastfeeding: Mothers’ Self-Reported Reasons for Stopping During the First Year


- The top reasons for discontinuing breastfeeding in the first two months after the child’s birth were: 1) “baby had trouble sucking and latching on”; 2) “breastmilk alone didn’t satisfy my baby;” and 3) “I didn’t have enough milk.”
- Concerns about their milk supply and their baby’s dissatisfaction with breast milk alone consistently were cited by mothers as important reasons for weaning regardless of infant age.

ABM Clinical Protocol #9 (Revised Jan. 2011): Use of Galactotogues in Initiating or Augmenting the Rate of Maternal Milk Secretion

Breastfeeding Medicine 2011; 6(1):41-49

Background

In the earlier 2004 version of their Protocol on the Use of Galactogogues, the ABM concluded that galactogogues were effective in increasing the rate of milk secretion and described when and how to use them. After re-evaluating the evidence for their efficacy and reviewing new information concerning serious potential side effects of some galactogogues, the ABM now suggests caution in recommending the use of galactogogues.
Use of Galactotogues in Initiating or Augmenting the Rate of Maternal Milk Secretion

Reasons for Reconsidering the Widespread Use of Pharmaceutical Galactogogues
- Older reviews focused on studies with positive results and ignored studies with negative results.
- A systematic review in 2007 found two main problems: 1) Only seven studies met evidence-based criteria for review; and 2) potential significant side effects of the drugs need to be weighed against the lack of evidence.
- Prescription galactogogues are “off-label” use in most countries and are not approved by regulatory agencies for this indication.

Use of Galactotogues in Initiating or Augmenting the Rate of Maternal Milk Secretion

Herbals, Foods, and Beverages as Galactogogues
- Numerous herbals—including fenugreek, goat’s rue, milk thistle, oats, dandelion, millet, seaweed, anise, basil, blessed thistle, fennel seeds, marshmallow, and others—have been used in various cultures to enhance lactation.
- However, studies for herbal galactogogues suffer from the same deficiencies as the studies for pharmaceutical galactogogues.
- Furthermore, herbal preparations lack standard dosing and pose the risk of contaminants, allergic potential, and drug interactions.

Use of Galactotogues in Initiating or Augmenting the Rate of Maternal Milk Secretion

Practice Recommendations for Breastfeeding Women with Low Milk Supply
- Increase skin-to-skin contact for to facilitate oxytocin release and frequent breastfeeding.
- Use breast massage and relaxation techniques to enhance the milk ejection reflex.
- Facilitate optimal latch technique and unrestricted frequency and duration of breastfeeding.
- Reduce nipple pain (diagnose and treat causes).
- Gradually taper the volume of supplement as maternal milk production increases.

Use of Galactotogues in Initiating or Augmenting the Rate of Maternal Milk Secretion

Practice Recommendations for Breastfeeding Women with Low Milk Supply
- When an infant is unable to breastfeed effectively, use a full-size, automatic cycling, electric double breast pump to regularly drain the breasts.
- Recommend hand expression of colostrum and hands-on pumping.
- Evaluate mothers with low milk production for medical causes of insufficient milk and treat the condition, as indicated.

Use of Galactotogues in Initiating or Augmenting the Rate of Maternal Milk Secretion

Myth # 7: Despite the benefits of human milk, many valid contraindications exist that preclude breastfeeding, including maternal illness, breast abscess, numerous medications, and early return to employment, in addition to infant cleft palate, latch-on problems, colicky behavior, reaction to maternally ingested foods, and many others.

Fact: While valid medical contraindications to breastfeeding exist, they are uncommon.
- Breastfeeding is not contraindicated for mothers infected with HCV or who are HBsAg-positive.
- When direct breastfeeding is not possible, infants should be fed expressed mother’s milk.
**Contraindication Myths**

- While many women with a breast abscess choose to wean on the affected side, it is possible to continue breastfeeding from the unaffected breast.
- Many medications previously believed to be contraindicated during breastfeeding are now recognized as compatible with breastfeeding.
- The Affordable Care Act gives covered female employees the right to reasonable break times and a private location to express milk at work.
- Offending foods can be identified and eliminated from a nursing mother’s diet.

**Resources for Medications and Mothers’ Milk**

- LactMed, a free online database with information on drugs and lactation, is one of the newest additions to the National Library of Medicine’s TOXNET system, a Web-based collection of resources covering toxicology, chemical safety, and environmental health.

**Myth # 8:** Formula-feeding and bottle-feeding are synonymous.

**Fact:** In the past, the two terms could be used interchangeably. Today, however, bottle-feeding no longer is equated with feeding formula, since many mothers regularly feed their infants their own expressed milk by bottle. The American Academy of Pediatrics recommends that “when direct breastfeeding is not possible, expressed human milk should be provided.”

*Pediatr.* 115:496-506, 2005

Many women, for a variety of personal reasons, are unable or prefer not to breastfeed directly, and opt to feed their expressed milk to their infant by bottle.

**Prevalence of Breast Milk Expression and Associated Factors**


- The overwhelming majority of breastfeeding mothers participating in the 2005-2007 Infant Feeding Practices Study II (IFPS II) expressed milk and began doing so when their infants were very young, suggesting that milk expression is a normalized aspect of U.S. breastfeeding behavior.
- Study mothers expressed milk for various reasons—including maternal employment—associated with common logistical and physical barriers to breastfeeding.

**Exclusive Pumping (EPing)**

- Among all mothers who were breastfeeding during the IFPS II, exclusive pumping was reported by 5.6% of the mothers, which means that their infants never fed directly at the breast. Only one third of EPing mothers had durations of any breastfeeding beyond one month.


- “When breastfeeding just doesn’t work out, you can not breastfeed, or do not want to breastfeed, but still recognize the value of breast milk, there is another option instead of formula. Women need to know this.”

[www.exclusivelypumping.com](http://www.exclusivelypumping.com)