
Introduction

ODDS ARE YOUR definition of “a memorable meal” has evolved somewhat since you became a parent. Forget the fancy restaurant, candlelight, and romantic music: you’re more likely to note the time and date of this milestone moment (or to post a blow-by-blow re-enactment of the meal in question in your blog) if you get through an entire family dinner without a single one of your dining companions (a) threatening to go on a food strike because they hate the menu *du jour*; (b) taking one bite of their meal and then triumphantly announcing “All done!”; or (c) whining to get down from the dinner table before you’ve carried your plate to the table. And as for what’s showing up on the dinner table these days, chances are there have been some major shifts on that front, too, unless, of course, you were always in the habit of dining on such gourmet fare as strained carrots, alphabet pasta, and fishsticks. *Yum!*

Food Fantasies, Food Reality Check

REMEMBER WHAT MEALTIMES were like when you were a kid—how your annoying little sister used to throw hissy fits every time your mother served any meal that violated one of her dinnertime rules of engagement, and how she was *allowed to get away with it*? If your picky little sister was like mine, her food rules probably went something like this: (1) no food shall ever touch any other

food; (2) casserole is just a fancy word for disgusting. And, do you also remember swearing that there was no way you would ever let any kid of yours pull *that kind of stuff* once you became a grownup?

Who knows? Maybe you even managed to carry those “my kid will never be like that” fantasies well into adulthood, smiling smugly to yourself as you dined with other parents and their equally picky offspring, or when you spotted people who clearly should never have been allowed to be parents as they inflicted their unruly brats on other restaurant patrons. And then you became a parent yourself and your children refused to follow your blueprint for mealtime perfection. The baby became high-chair phobic, the toddler thought it was a big joke to try to eat your dinner instead of his own, and the preschooler decided she wanted to eat only those foods that she had seen advertised on TV. How could your visions of doing this food thing right have gone so terribly wrong?

Another Book about Feeding Babies, Toddlers, and Preschoolers?

YOU’RE PROBABLY WONDERING why I decided to chime in with my two cents on the subject of feeding kids. It’s not as if there’s a book shortage in this particular subject. Pretty much every parenting expert, cookbook author, nutritionist, and pediatrician on the planet has ventured into this turf, and if they haven’t written a book on this subject yet, they’re probably being chased down right this second by some publisher waving a book contract. The reason is obvious: parents are hungry for information on what it takes to get kids off to a healthy start nutrition-wise. And given that today’s generation of kids are more overweight and less fit than ever before, the stakes have never been greater. But, still, that’s no excuse for writing another book unless you think you have something unique to add to the discussion, so I had to think long and hard before I agreed to write this book. What would a book in this series bring

to the table that would be of unique benefit to parents and their children? What did I have to say that would help other parents grapple with this big-stakes issue? Here's what I came up with as my reasons for tackling this project long before I ever sat down to write the first chapter of this book.

- **The Mom factor.** What has been missing from the bookstore shelves is a book that takes a truly mother-centered approach to the issue of feeding a young child—a book that taps into the considerable mother wisdom on this subject (after all, who knows more about feeding babies, toddlers, and preschoolers than moms) and that factors in all the worry and “mother guilt” that is so much a part of this issue for mothers. Just as previous generations of pregnancy books were guilty of overlooking the fact that pregnancy actually had something to do with the mom (e.g., it wasn't all about “the fetus”), food books have been guilty of being so focused on solving the child's feeding problem that they've forgotten to consider how breast-feeding problems, food refusal issues, and other feeding concerns affect a mother when feeding is so much a part of how mothers nurture their children. This, of course, ties into the entire childhood obesity issue, which can have its roots in the early years, and that mothers tend to feel particularly guilty about. These are important issues that deserve to be examined through the lens of motherhood.
- **No one-size-fits-all solution:** Rather than pretend that a one-size-fits-all mealtime solution—or variations on that same theme—will meet the needs of all parents and all children without taking into account the sometimes complex and messy variables that go into any parenting equation, this book:
 - provides you with a crash course in the basics of nutrition and eating during the baby, toddler, and preschooler stages so that you can understand what is happening to your child developmentally and ensure that your food expectations of your child are both age appropriate and realistic.

- ensures that menu ideas and suggestions reflect the day-to-day realities of busy parents as well as the typical preschool palate.
- gives you the low-down on specific strategies to increase the odds that a particular child will develop a healthy relationship with food.
- summarizes the best and most accurate nutrition information that was available as this book was going to print.
- includes a smorgasbord of checklists, charts, and other tools, including a handy food log, to help you troubleshoot your child's eating problems in a low-stress and parent-friendly way.
- provides you with an exhaustive list of suggested food and nutrition resources so you can stay on top of new developments in the exciting and ever-evolving world of food and nutrition.
- **The no-worry approach:** I can't eliminate all of the worry of being a parent (especially since food-related worries tend to be particularly insidious), but I can reassure you that other parents have experienced many of the same "normal" (but crazy-making) eating behaviors in their kids. And because this book contains ideas, tips, strategies, and stories from the more than 240 parents who agreed to be interviewed, it won't be me talking away throughout this entire book. Not only would that be boring, you'd only be getting my point of view as opposed to the collective wisdom of many parents of babies, toddlers, and preschoolers. (More about that in a minute.)
- **And as a bonus—no guilt:** I wish there was an official "guilt-free zone" sticker on the cover that would alert you that I'm not going to do a guilt number on you in this book. No bashing you because you let your child have a piece of chocolate cake on his first birthday—or because you didn't. Your parenting choices are your choices. Enough said. It's my job to provide you with the most accurate, unbiased information I can and to

present it in a non-bossy way. That's the approach that made The Mother of All books series a highly trusted information source for parents, so I'm going to stick with it in The Mother of All Solutions series as well.

So What Is This New Series about Anyway?

THE MOTHER OF All Solutions is the sister series to The Mother of All Books series. Like all siblings, they've got some things in common, but there are also some key differences. While the books in The Mother of All Books series are designed to follow each age and stage—*The Mother of All Pregnancy Books*, *The Mother of All Baby Books*, *The Mother of All Toddler Books*, and *The Mother of All Parenting Books* are each devoted to a particular chapter in your life as a mom or a mom-to-be—the books in The Mother of All Solutions series zero in on a key parenting problem that you may be facing at a particular stage of motherhood. The two kickoff titles in the series—*Mealtime Solutions for Your Baby, Toddler, and Preschooler* and *Sleep Solutions for Your Baby, Toddler, and Preschooler*—focus on two perennial challenges for parents with children under the age of three: encouraging healthy eating habits in young children right from day one and helping your child to become a great sleeper.

If you've read The Mother of All Books series, you know how central “mother wisdom” was to the success of that series. We're carrying on that tradition with The Mother of All Solutions. You can expect that same “real-world” tone and feel to these books: practical tips, ideas, and solutions that can only come from another mom or dad who is being worn down by a toddler who is into the third day of a macaroni-and-cheese food jag.

Caught the “dad”? We've got a growing number of dads providing input, too, because their perspective is truly invaluable. When your toddler's food whims are flip-flopping or your baby has been

crying for three hours straight and no one is getting any sleep, it's easy for moms and dads to lose sight of the fact that they are playing for the same team. This series tries to bridge that gap by having both moms and dads actively engaged in the dialogue.

Want More Experts? We've Got Experts!

OF COURSE, THIS book wasn't based on the input from parents alone, although they really were the true experts driving the Mealtime Solutions mothership from start to finish. Not only did I conduct exhaustive research by pouring through all the leading nutrition and pediatric journals and reading thousands of food-related articles from science, parenting, and other magazines and newspapers published over the past 15 years or so (to say nothing of dropping an obscene amount of money in the food books aisle of my favorite bookstore), I also had the manuscript vetted by a panel of experts who were handpicked by me, not only because of their outstanding credentials and real-world experience, but also because they each brought a unique perspective to the technical review panel. You can "meet" the expert reviewers who offered equal measures of encouragement and great technical advice by flipping to the acknowledgments page of this book.

The Slightly Harried Parent's Quick Guide to This Book

IF YOU'RE TRYING to whip up dinner while reading this book, you probably want the low-down on how this book works and where you can find the information you need—and fast. Here's a quick overview. (You can find more details in the Table of Contents as well as a keyword guide in the Index.)

<i>This Section of the Book Focuses on ...</i>	<i>You'll Want to Read This If You Have a</i>		
	<i>Baby (Birth to Age One)</i>	<i>Toddler (Ages One and Two)</i>	<i>Preschooler (Ages Three and Four)</i>
Chapter 7: No More Food Fights		✓	✓
	Strategies for parenting a “picky eater.”		
Chapter 8: When Your Child Is Sick	✓	✓	✓
	Nutrition and health concerns.		
Food and Nutrition Tools	✓	✓	✓
	In this section you'll find recipes for basic baby food purées; tips on combining purées; a baby food texture guide; meal and snack ideas for babies, toddlers, and preschoolers; moms' favorite online recipes (plus a few mom-invented recipes, too); a convenience food label decoder; a list of food staples for babies, toddlers, and preschoolers; and tips on adapting favorite family recipes to make them healthier.		
Reference Tools			
• Appendix A: Directory of Organizations	✓	✓	✓
• Appendix B: Directory of On-line Resources	✓	✓	✓
• Appendix C: Further Reading	✓	✓	✓
Index	✓	✓	✓

Same Old, Same Old ...

IF YOU'VE READ the other books in this series, the look and feel of the book will be familiar. You'll even recognize a few of the ever-popular icons that alert you to noteworthy facts, figures, or the much-loved mom quotes.



MOM'S THE WORD: Insights and advice from other parents.



MOTHER WISDOM: Bright ideas, practical tips, pop culture tidbits, and more.



FOOD FOR THOUGHT: Facts and figures related to the always fascinating subject of feeding young children.



FRIDGE NOTES: Leads on food and nutrition resources that are definitely worth checking out.

So, as you can see, *Mealtime Solutions for Your Baby, Toddler and Preschooler* is quite unlike any other book about feeding children you may have read. It's comprehensive, thoroughly researched, fun to read, and based on real-world advice from other moms and dads who've done their time at the family dinner table, and who want to pass their best mealtime solution tips along to you. Now, that's something to raise a glass to, even if that "glass" happens to be a sippy cup that has been dragged through a plate of spaghetti a dozen times. Bon appetit!

Ann Douglas

P.S.

When you reach the final page of the last chapter of this book (go ahead, flip to the back—I won't tell anyone), you'll see that I am big on the idea of parents swapping ideas with other parents. I hope you'll pass along to some other slightly desperate parent some of the mealtime solutions that were helpful to you. I also hope that you'll write to me to pass along some of those tips so that I can ensure that

future editions of this book are as helpful as possible to other parents. You can write to me care of my publisher—you can find their coordinates on the copyright page of this or any of my titles or contact me via my website at www.having-a-baby.com. I always love to hear my readers' suggestions, tips, ideas, and comments, so please keep them coming!

What's on Tap? In Praise of the Liquid Breakfast, Lunch, and Dinner

Everyone has their own ideas and beliefs about when you should do just about everything when raising your children. I think you have to be prepared for that—be informed and realize that you are the expert on your child. You can take everything in and then decide what you are going to do.

I have heard it put this way: “When you eat chicken, you chew on the meat and spit out the bones.”

—ROBIN, 31, MOTHER OF THREE

ANNOUNCE TO THE world that you're having a baby and you'll receive *all kinds* of advice about feeding your baby—good advice, bad advice, and the kind that people glean from supermarket tabloids.

If you thought the conversation was getting rather political when everyone started debating all the labor hot topics in childbirth class—natural childbirth vs. fully medicated deliveries; vaginal birth after Caesareans (VBACs) vs. repeat Caesareans; obstetrician vs. midwife—I've got news for you: that was just the warm-up act. The breast-feeding vs. formula-feeding debate is even more polarized,



FOOD FOR THOUGHT

Colostrum, the first milk that your breasts produce, provides babies with vital protection against illness during their earliest weeks when they might otherwise be vulnerable to illness and disease. The World Health Organization refers to colostrum as “baby’s first immunization.” Colostrum also promotes good digestive health by encouraging the growth of *bifidus flora* (a healthy type of bacteria) in your baby’s digestive system.

people are even more passionate, and someone in your life is even more apt to play the guilt card. Just ask any mom who has ever ventured out in public with a bottle of expressed breast milk—and who has been shocked to see how wildly her value on “the motherhood stock exchange” fluctuates based on what other people perceive to be the contents of that bottle. It can be a pretty eye-opening experience.

In this chapter, we’ll discuss both breast-feeding and formula-feeding—why you might want to breast-feed your baby; what you need to know to get breast-feeding off to the best possible start; how to troubleshoot some of the most common breast-feeding problems during the early weeks and months; answers to some frequently asked breast-feeding questions; and some basic facts about infant formula, including some key tips on formula preparation to safeguard your baby’s health and well-being.

Because the American Academy of Pediatrics and the Canadian Paediatric Society consider exclusive breast-feeding to be the norm for babies under the age of six months, that is how this chapter is structured—with breast-feeding treated as the standard method of feeding babies and formula-feeding as an alternative (or supplementary) feeding method.

The Good News Report: Reasons to Breast-feed Your Baby

YOU’RE NO DOUBT familiar with at least a handful of the benefits of breast-feeding for mothers and babies or society in general (see Table 1.1).

When you ask mothers why they breast-feed their babies, they almost always cite the health benefits for their baby and sometimes

for themselves as well. And why not? Breast-feeding delivers tremendous health benefits to both mothers and babies. It is truly “the gold standard” against which all other infant feeding methods are compared—and, so far, no other infant feeding method is able to come even close to measuring up. As the American Academy of Pediatrics noted in its policy statement *Breastfeeding and the Use of Human Milk* (updated February 1, 2005), “Human milk is uniquely superior for infant feeding and is species-specific; all substitute feeding options differ markedly from it.”

Table 1.1

The Benefits of Breast-feeding

How Breast-feeding Is Beneficial for Babies	
Physical health benefits for babies	<p>Breast-feeding reduces the incidence and/or severity of</p> <ul style="list-style-type: none"> • diarrhea • lower respiratory infection • otitis media (ear infection) • bacteremia (an invasion of the bloodstream by bacteria) • bacterial meningitis (an infection that causes infection of the membranes covering the brain and spinal cord) • botulism (food poisoning) • urinary tract infections • necrotizing enterocolitis (a gastrointestinal disease that affects mainly premature infants) <p>Breast-feeding may provide some protection against</p> <ul style="list-style-type: none"> • infant mortality in general • sudden infant death syndrome (SIDS) • insulin-dependent diabetes mellitus • Crohn’s disease • ulcerative colitis • lymphoma • allergic diseases • chronic digestive diseases • heart disease and stroke • cavities and orthodontic problems

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Table 1.1 (Continued)

How Breast-feeding Is Beneficial for Babies	
Emotional health benefits for babies	Breast-feeding provides regular opportunities for skin-to-skin contact between mother and baby, encouraging emotional security and mother-child bonding.
Developmental benefits for babies	<ul style="list-style-type: none"> • Breast-feeding is the natural way to ease a baby's transition from life inside the womb to life outside the womb, and to encourage that baby's optimal development. • Breast-feeding promotes healthy cognitive development. School-age children who were breast-fed during infancy score higher on cognitive and intelligence tests than their formula-fed counterparts. • Breast-feeding encourages healthy eating habits. Breast-fed babies have greater control over the amount of food consumed at each serving, so breastfeeding may lay the groundwork for healthy eating habits.
How Breast-feeding Is Beneficial for Mothers	
Physical health benefits for mothers	<ul style="list-style-type: none"> • Breast-feeding boosts oxytocin levels, thereby reducing the amount of postpartum bleeding and encouraging the mother's uterus to return to its pre-pregnancy size more rapidly. • Exclusive breast-feeding reduces the risk of anemia by delaying the return of the first post-pregnancy menstrual cycle by 20–30 weeks. • Breast-feeding reduces the rate of maternal obesity. Breast-feeding moms are more likely to return to their pre-pregnancy weight than mothers who are not breast-feeding. They are also less likely to become obese. • Breast-feeding delivers significant health benefits later in life. Women who breast-fed their babies are less susceptible to ovarian cancer, pre-menopausal breast cancer, and osteoporosis.
Emotional health benefits for mothers	<ul style="list-style-type: none"> • Breast-feeding can help to ease the transition to motherhood by making motherhood easier. Not only is it a more convenient method of feeding a baby, it's also a highly valuable mothering tool.

How Breast-feeding Is Beneficial for Mothers

- The hormones associated with breast-feeding (prolactin, oxytocin, and others) reduce anxiety and promote a sense of well-being (the much talked about breast-feeding high), an instinct to reach out to other mothers for support (the “tend and befriend” stress response), and a powerful bond with your baby.

Family
planning
benefits for
mothers

Mothers who breast-feed their babies exclusively may also experience a delayed resumption of ovulation, which may allow for an increased gap between children.

How Breast-feeding Is Beneficial for Society

Environmental
benefits

Breast-feeding doesn't require packaging, electricity, or fuel. It's the ultimate just-in-time method of product delivery, with supply being perfectly timed to meet demand, and the product being manufactured right on site.

Economic
benefits

- Breast-feeding reduces health costs to society because breast-fed babies are healthier than formula-fed infants.
 - Parents with breast-fed babies don't miss as many days of work because their babies are healthier.
 - Breast-feeding is less expensive. Formula-feeding costs four times as much when you factor in the cost of purchasing formula vs. the cost of the food a breast-feeding mother needs to eat in order to generate the additional calories needed to make milk for her baby.
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Mothers soon start to appreciate other benefits of breast-feeding as well, which they might not have anticipated before they started.

Sharlene, 34, the mother of eight-month-old Makenna, focused on the immunological protections offered by breast-feeding when she was making her decision, but she doesn't think that's what she'll carry with her from her breast-feeding experiences. She explains: “Now that we have been nursing for a while, I think I will remember the bonding and quiet times the most. I love nursing because it gives me time with Makenna and allows me to give something to her that no one else can give.”



FOOD FOR THOUGHT

While breast-feeding is the ideal feeding method for the majority of babies, there are some situations when breast-feeding is *not* recommended. Your health care provider is likely to advise against breast-feeding if:

- your baby is diagnosed with galactosemia (a rare genetic disorder in which babies are born without the liver enzyme required to process the simple sugar galactose, which is found in all kinds of milk, including breast milk)
- you are an illegal drug user
- you have untreated, active tuberculosis
- you have been infected with human immunodeficiency virus (HIV)
- you are using a medication that is not considered safe for use by breast-feeding mothers (e.g., radioactive isotopes, anti-metabolites, cancer chemotherapy agents) (If it is necessary for you to take medication while you are breast-feeding, your health care provider will weigh the benefits of breast-feeding against any known risks to the baby. In cases where a particular medication is not recommended for use by a breast-feeding mother, your health care provider may suggest an alternative medication that is less harmful.)

Jennifer, a 30-year-old mother of two, has discovered some far-reaching benefits to breast-feeding, noting that, for her, breast-feeding has become a powerful mothering tool: “Breast-feeding goes far beyond nutrition. I have used breast-feeding to help lull my babies to sleep when they were overtired and fussy, to keep them quiet when I needed to pay close attention to something (e.g., at medical appointments or on the phone) or out of courtesy to others (e.g., on airplanes), to relieve pain from vaccinations and other bumps, to soothe fears.... Countless times and for countless reasons, I have nursed my babies when they were not hungry. I think the convenience of having this amazing one-stop solution always at hand cannot be overestimated. I also love being able to go out with my baby and change my plans on a whim, staying out hours longer than expected, and not having to worry about having enough food for my baby.”

**MOM'S THE WORD**

“My son was nine months old and on Christmas Eve developed a horrible fever. Christmas morning found us in the ER, and in our panic to get out of the house and to the hospital, we hadn’t packed anything for my son to eat. Thankfully, I was still nursing him once a day at that point, and I was able to nurse him every hour or so while we waited the entire day in the ER for various tests to be performed. Not only was it comforting for him in a scary time, but it managed to keep his little tummy full—it isn’t as if I could have pulled something out of the vending machines for him. And even though I had only been nursing once a day, my supply ramped right up to the amount needed to keep him hydrated and satisfied during a very long day.”

—Dani, 36, mother of two

The convenience factor also scores heavily with many moms. “Breast-feeding is so much less time consuming than bottle-feeding (washing and sterilizing bottles, mixing formula, warming bottles, etc.),” says Erin, 30, mother of one. “It was so much better when baby was starving to just pop the boob in her mouth than to go through the process of getting a bottle ready.”

Getting Off to a Reasonably Stress-Free Start

IN THEIR BOOK *Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers*, Nancy Mohrbacher, IBCLC, and Kathleen Kendall-Tackett, PhD, IBCLC, make the point that breast-feeding is an emotional, right-brain activity, not a totally rational left-brain activity that someone can master by studying a series of one-size-fits-all breast-feeding “rules”: “The heavily left-brained, instructionally oriented way that many mothers learn to breastfeed ... can encourage [mothers and babies] to tune out their natural responses or to violate their instincts.... [This] can leave some others feeling incompetent, because it feels as if there is a list of ten thousand things they need to remember.”



MOTHER WISDOM

Have your baby room in with you in order to maximize opportunities for breast-feeding in the night. The American Academy of Pediatrics' 2005 policy on breast-feeding recommends that "mothers and babies sleep in proximity to each other to facilitate breastfeeding." According to both the AAP and the Canadian Paediatric Society, it's safer to have your baby share your room rather than your bed.

This left-brained approach to learning how to breast-feed—hold your baby at a certain angle while trying not to poke your left nipple into baby's right eye—doesn't work particularly well for mothers. It irritates the baby, who resents being treated like a crash test breast-feeding dummy, and it leaves the mother feeling like an incompetent boob. Literally.

Here are some other strategies that can make the early weeks of breast-feeding a lot less stressful for you and your baby.

- **Take a moment to breathe before you pick up your baby.** If you relax and calm yourself before you start breast-feeding your baby, you'll be less likely to transmit stress vibes to your baby, who reacts very strongly to your mood and body language. You'll also find that the very physiology of breast-feeding works better when you're calm, cool, and reasonably collected. Your milk has a hard time letting down when your stress-o-meter is in overdrive.
- **Offer the breast when your baby is likely to be responsive.** That means learning to read the feeding cues that newborns make (e.g., rooting, which means turning her head whenever something touches her cheek, lip-smacking, or putting her hand in her mouth) and trying to feed her when she's calm and awake (as opposed to overly hungry and unhappy or so sleepy that she keeps dozing off at the breast).
- **Help your baby to achieve a good latch.** Find a nursing position that's comfortable for you and your baby. (Your baby's body should not be twisted and her feet should not be pressing against anything, or she'll be inclined to push off. If you apply too much pressure to her head, her chin may be pushed down

against her chest, which makes swallowing difficult, or her nose may get pressed into your breast, which makes breathing a lot tougher for your baby.) Stimulate her to open her mouth wide by lightly stroking your breast against her chin and lips. Then pull her toward the breast and make sure that your nipple and areola find their way deep into your baby's mouth. You don't want her chomping down on your nipple. Not only is this painful for you, it also doesn't work well from your baby's point of view. Aim for what Mohrbacher and Kendall-Tackett refer to as "the comfort zone,"—a deep latch that allows for comfortable nursing for you and easy breast-feeding with a good milk flow for your baby.

- **Tune into the natural rhythms of life in the mom-and-baby zone.** There's a rise and fall of "the milk tide." Your milk supply is much more abundant in the morning than it is at night. And there are peaks and valleys in your energy levels that are tied to your sleep-wake cycle, the time you last ate, and your baby's sleep-wake-feeding cycles. You'll find it a lot easier to cope with the unpredictability of the early weeks of breast-feeding and motherhood if you learn to go with the flow.
- **Let the mommy marsupials teach you a trick or two about baby soothing.** It's hard to breast-feed a baby who is crying inconsolably (your baby's tongue will get in the way when you try to offer the breast!), so make like a mama kangaroo and use skin-to-skin time to soothe your baby. If you strip your baby down to her diaper and put her against your bare chest (either take your shirt off or slip her inside a loose-fitting shirt that's loose enough to cover yourself and your baby to keep the two of you warm), you can slip your baby between your breasts and allow her the comforting feel of being skin to skin against your chest. She'll feel your heartbeat, breathe your scent, and may even try to find her way to the breast on her own.

The Truth about Breast-feeding

SOME PEOPLE are reluctant to be totally frank with new moms about the potential challenges of breast-feeding, fearing that if they tell it like it is, a would-be breast-feeding mother might be inclined

to give up on breast-feeding without even trying. Others argue that an informed mother is an empowered mother: that giving moms-to-be a heads-up about breast-feeding challenges so they can arrange for the additional support that they may need at home or research the additional supports that may be available to them in the community (such as the support of a postpartum doula, a lactation consultant, or an experienced breast-feeding mother) reduces the likelihood that they will reach for that free sample of formula the first time they encounter a breast-feeding challenge. They'll already have a game plan in place.

Breast-feeding Doesn't Necessarily Come Easily for Every Mom and Baby

Mary Lynn, a 35-year-old first-time mother, wishes that she had been better prepared for the difficult days of breast-feeding. "I found the classes I took talked a lot about how a baby should latch and how you should hold baby. It made it all seem fairly easy and natural. What I would have liked to know is how to make the best of a difficult situation. I know tons of moms who had trouble with babies either not nursing at all or not nursing well in the first few weeks. I never realized how common it was for mothers to have to pump and bottle-feed, tube-feed, or spoon-feed in those first few weeks. I think it would have helped to expect that problems like that happen sometimes and that you can get through it and have a healthy breast-feeding relationship with your baby."



MOM'S THE WORD

"It was not until after I had my baby and after I was struggling with her refusal to breast-feed that I heard stories from friends and family of the struggles they had in the first few weeks. I was surprised that so many women who I considered very successful breast-feeders had gone through tough times at first."

—Mary Lynn, 35, mother of one

The breast-feeding problems that moms and babies may struggle with during the early weeks can range from the minor and relatively easy to troubleshoot to the major and much more difficult to resolve (see Table 1.2). In all but the most extreme cases, it is possible to support a mother's efforts to breast-feed her baby partially or fully, although sometimes she may need to use some sort of breast-feeding aid on a short-term or long-term basis.

Sore nipples: If you find yourself dealing with sore nipples (a common breast-feeding complaint during the early weeks), the following tips may be helpful.

- Find out what's causing your sore nipples. See Table 1.2 for some possible causes (e.g., poor latch, breast infection, etc.).
- Expose your nipples to the air as much as possible (e.g., leave the flaps of your nursing bra undone or go braless and wear a loose-fitting shirt).
- Warm your nipples using a hair dryer that has been set to the lowest setting (only for a couple of minutes, and be careful not to burn your nipples!).
- Apply ultra-pure lanolin or ask your lactation consultant about hydrogel dressings (soothing pads that are worn in your bra to help promote healing).
- Wear breast shells (not breast shields) in an extra-large bra to prevent the friction of your clothing against your nipples from causing additional pain.
- Avoid breast pads and bras with plastic liners because they trap moisture; avoid washing your breasts with soap; stick to one breast per feeding.
- Get the milk flowing (hand-express or use a pump) before you put your baby to the breast in order to reduce the amount of wear and tear on your already sore nipples.

Table 1.2
Breast-feeding Challenges: Problems and Solutions

Problem	Type of Problem	Possible Solutions
Baby is too sleepy to nurse	Some newborns are more inclined to sleep than to eat. While this may seem like a blessing if you're exhausted yourself, newborns need to eat eight to 12 times every 24 hours to gain weight at a healthy rate, so your health care provider may recommend that you wake your baby to eat if your baby drops more than 10 percent of his birth weight during the first three to four days after the birth; hasn't gained at least 4–5 ounces; and is dozing off before he's enjoyed at least 10–15 minutes of active sucking on the first breast during the first week after the birth. If your baby's weight gain is a concern, your health care provider may also take note of the number of stools your baby is passing in a day. She'll be looking for at least three to four decent-sized stools if she's concerned about your baby's weight gain. (The number of stools passed per day is less of a concern if your baby is gaining weight well.)	<p>Watch for signs that your baby is moving into a period of active sleep (you'll notice that his eyes are moving under his eyelids; he may appear to be "nursing" in his sleep; and he may be wriggling or twitching a bit in his sleep). It is much easier to rouse a baby during active sleep than during quiet sleep. (See <i>Sleep Solutions for Your Baby, Toddler or Preschooler</i> for more about babies and sleep.)</p> <p>Do baby sit-ups. Lay your baby in your lap with his head at your knees, support your baby's head with your hands, and gently sit him up and lay him back down.</p> <p>Remove a layer of your baby's clothing before you sit down to nurse. Sometimes babies fall asleep while they are nursing because the added warmth of being cuddled up next to you makes them drowsy. Monitor your baby's temperature by checking for signs of sweating behind your baby's neck and signs of a chill by putting one hand on his tummy. Your baby's hands and feet do not provide reliable indications of his overall body temperature.</p> <p>Check baby's latch to ensure that he's receiving as much milk as soon as possible during the feeding. You can use the breast-compression technique Jack Newman, MD, recommends. Compress the tissue in your breast so that more milk flows to the baby. You will know that</p>

your baby is receiving more milk when he switches from a lazy suck to more active nursing again, an indication that there's more milk coming down the pipeline.

Once your newborn gets a little older and starts gaining a little weight, you won't have to jump through all these hoops to get him to stay awake long enough to finish his meals. He'll become a much more alert and enthusiastic nurser, so don't assume you'll be doing this forever. The situation may turn around dramatically after just a couple of days.

Breast refusal and nursing strikes

When a newborn refuses the breast, this is typically called breast refusal. When a baby or toddler who had previously been nursing well suddenly refuses the breast, this is typically called a nursing strike.

Don't consider the breast refusal or nursing strike as a rejection of you. Your baby is experiencing a breast-feeding problem and he doesn't have the words to tell you what the problem is, so the onus is on you (and, ideally, a lactation consultant or other health care professional) to start troubleshooting the problem.

Here are some possibilities to consider:

- Could your baby be in pain? Is there something going on with your baby health-wise that warrants an investigation? Think of things like sore teeth, a sore mouth, a sore throat, an ear infection, etc. With an older baby or toddler, you might also consider injuries to the mouth—bumps, bruises, or tiny cuts/abrasions. Your health care provider and lactation consultant can help you brainstorm other possibilities.

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Table 1.2 (Continued)

Problem	Type of Problem	Possible Solutions
		<ul style="list-style-type: none"> • Has breast-feeding been difficult for your baby? Is it possible he's so frustrated he's waving the white flag? Could he be struggling with a breast-feeding problem that you're not aware of—a poor latch, milk supply problems, etc.? • Is your baby responding to stress in the family? Babies are very tuned into the feelings of people they love.
		<p>Provide reassurance to your baby and encourage him to warm up to the idea of breast-feeding again by having plenty of skin-to-skin contact.</p>
		<p>Offer the breast when your baby is sleepy or half asleep. He may be less inclined to refuse the breast. Don't get stressed or upset if he refuses the breast. Continue to offer and pump your breast milk in the meantime. You can feed it to him by an alternative means (ideally avoiding a bottle). You might want to try using a lactation aid taped to your breast (to provide your newborn with an immediate payoff for continuing to breast-feed) or to feed your baby breast milk from a medicine dropper or tiny shot glass-style baby cup. Your lactation consultant will discuss the pros and cons of these and other feeding options with you.</p>

Breast engorgement	<p>Your breast becomes overly firm as a result of increased circulation, your increased milk supply, and retained tissue fluid. Because your areola is overly firm, it makes it difficult for your baby to extract milk from your breast, which leaves you susceptible to developing sore nipples.</p>	<p>Apply warm compresses to your breasts right before breast-feeding in order to encourage milk flow.</p> <p>Use cold compresses in between feeding to reduce the amount of swelling in your breasts.</p> <p>Nurse frequently in order to reduce the amount of engorgement.</p> <p>Ideally, nurse your baby at least eight to 12 times each day. If your baby is not nursing often enough or draining your breasts at each feeding, use a breast pump to drain your breasts frequently and often.</p> <p>Watch for signs of a breast infection, including a fever or redness and breast soreness. Get in touch with your health care provider if your symptoms persist.</p>
Inadequate milk supply	<p>Most women who breast-feed their babies produce enough milk. If you're worried that you may or may not be producing enough milk for your baby, look for the following clues:</p> <ul style="list-style-type: none"> • Day one: One wet diaper • Day two: Two wet diapers • Day three: Three wet diapers • Day four: Four wet diapers • After that point: Five to six wet diapers per day and at least three to four yellowish stools 	<p>If you need to build up your milk supply because your baby has been losing weight or not gaining weight adequately, your health care provider will likely recommend that you:</p> <ul style="list-style-type: none"> • breast-feed your baby at least eight times per day and that you offer each breast at least once at each feeding and express milk after your baby has finished feeding in order to stimulate your breasts to produce more milk • focus on improving your baby's latch in case he's not getting very much milk for all the effort he's putting into nursing • keep your baby awake until he has nursed actively for at least 10 minutes at each breast

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Table 1.2 (*Continued*)

Problem	Type of Problem	Possible Solutions
	<p>If you are concerned that your baby may not be getting enough milk, talk to your health care provider. She may suggest bringing your baby in for a checkup so that baby's latch can be monitored, his weight can be checked, and he can be assessed for overall signs of health and well-being.</p>	<ul style="list-style-type: none"> • talk to your health care provider about prescription and herbal products that can be used to boost your milk supply
Overabundant milk supply	<p>You'll know that your baby is struggling to deal with your overabundant milk supply if he gulps, chokes, or pulls away as he is trying to nurse. Some babies become so frustrated in trying to deal with the huge volume of milk that they actually refuse to nurse.</p>	<p>Stick to one breast per feeding so that your baby receives more of the calorie-rich (and baby-satisfying) hind-milk that comes as your baby finishes nursing on each side. Pump to comfort on that side. If your baby is still struggling with your oversupply, start with that same breast at the next few feedings.</p> <ul style="list-style-type: none"> Hand-express or pump some milk before you put your baby to the breast so your milk flow will be a little less powerful by the time your baby starts nursing. Nurse in the side-lying breast-feeding position so that your baby can let any excess milk dribble out of his mouth. He'll be less inclined to choke.

Flat or inverted nipples	Approximately 10 percent of women have flat or inverted nipples—a situation that can make breastfeeding more challenging for two reasons: (1) it is more difficult for the baby to latch on to the breast and (2) the nipple is more susceptible to injury.	Using a breast pump immediately prior to each nursing session can encourage inverted nipples to protrude long enough for babies to get a good latch.
Positioning problems	Shallow infant latch (baby is latching on to the nipple itself rather than on to the areola, the flat, pinkish area surrounding the nipple). This sets up a truly vicious circle: the baby has to work longer and harder to get milk out; baby is getting less milk from the breast, which causes milk production to drop; and mom's nipples are getting more sore, which may actually inhibit her letdown.	Make sure that you are breast-feeding your baby in a position that is effective for her and comfortable for you (seek help from a lactation consultant or other breast-feeding expert right away if you suspect a positioning problem).
Nipple trauma	If you don't use your breast pump as directed (e.g., it's set on too high a setting or you're using it for an extended period of time in the hope of extracting more milk from your breast), you could end up with sore nipples. You can also end up with this problem if you attempt to remove your baby from the breast while he's still actively nursing and you don't insert your baby finger to break the suction first.	Use your breast pump as directed and pay attention to your body's signals when you are pumping. If your breast pump is causing you pain or discomfort, it's time to stop pumping. You may need to reread the instructions or you may have a poorly designed pump. Not all breast pumps were created equal. Break the suction in your baby's mouth before you remove your baby from the breast.

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Table 1.2 (Continued)

Problem	Type of Problem	Possible Solutions
Breast infection	If your nipples become cracked, bacteria or yeast can lead to a breast infection.	See your health care provider. You will require oral antibiotics to treat a bacterial breast infection or some sort of anti-fungal medication to treat a yeast-based breast infection. See also sore nipple tips above.
Mastitis	Mastitis is any inflammation of the breast, whether or not there is a fever involved. It typically starts out as a plugged milk duct, which feels like a tender spot or lump in your breast. If that plugged milk duct becomes infected, you'll start feeling very sick. You may develop a fever that is accompanied by symptoms of a breast infection (e.g., red streaks on your breast, a cracked nipple with pus, pus or blood in your milk). You'll also feel exhausted as if you've been hit by a huge body-blow to the system, which you have.	<p>The best way to deal with a plugged milk duct is to keep the milk flowing, either via a nursing baby or via a breast pump. If your breast becomes engorged, your symptoms will only get worse. Having a warm bath or shower or soaking your breasts in a warm basin before you nurse can encourage the milk in your plugged milk duct to let down. You may also want to try massaging your breast in a circular motion, moving from your armpit to your nipple. And don't forget to experiment with different nursing positions. You may find that a nursing position that's a little out of the ordinary for you works wonders at extracting milk from that plugged milk duct. Cabbage leaves compresses work wonders, too.</p> <p>If your baby refuses to nurse on the affected side, pump on that side instead and continue to nurse from the unaffected breast. If nursing becomes too painful, you may find it helpful to take a pain medication. Avoid tight or restrictive clothing, particularly overly tight bras.</p> <p>Get plenty of rest so that your body can focus on fighting off the infection. This may mean taking your baby to bed and letting other people take care of you. Don't be afraid to ask for the help you need.</p>

<p>Thrush/yeast infections (<i>Candida albicans</i>)</p>	<p>This type of infection can sometimes be tricky to diagnose because the symptoms aren't always the same. Sometimes you'll notice some telltale white patches inside your baby's mouth, a white tongue (thrush), or a fiery-red yeast-based diaper rash. Your baby may also seem to be experiencing some pain or discomfort when he's nursing—like his mouth is sore. And if the yeast infection has spread to you as well, you're likely experiencing burning, shooting nipple pain. The skin of the areola may be red and shiny, scaly and flaky, or it may look perfectly normal. Your nipples may suddenly become irritatingly itchy, particularly after a nighttime feeding. And it's possible for you to experience nipple pain even if you can't see any symptoms of thrush in your baby's mouth, contrary to what many people believe.</p>	<p>Seek medical treatment for yourself, your baby, and your partner. (Yeast infections can be transmitted to your partner during sex.) Yeast can be a pain to get rid of, so talk to your health care provider about your various treatment options (nystatin cream or ointment, gentian violet, or anti-fungal creams).</p>
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Table 1.2 (Continued)

Problem	Type of Problem	Possible Solutions
Raynaud's phenomenon	A sudden constriction of the arteries that causes particular body parts—typically the hands or feet, but it can occur in the nipple as well—to turn red, white, or blue. When you finish breast-feeding your baby, you'll experience a sudden, searing pain. You'll also notice that your nipple has lost its color. (Both the pain and the color change are temporary.)	Talk to your health care provider about the problems you have been experiencing. She may suggest that you take nifedipine, a medication that is helpful in managing this condition and that is compatible with breast-feeding.
Structural problems with the breasts	Structural breast problems that have been linked with possible milk production problems include <i>significantly</i> asymmetrical breasts (one breast is <i>significantly</i> smaller than the other and doesn't enlarge much during pregnancy or when your milk comes in), tubular breast deformity (the breasts are long and tubular, shaped like a cucumber rather than a cone) and hypoplastic breasts (an underdeveloped breast that does not have much glandular breast tissue).	Talk to your health care provider about your plans to breast-feed your baby so that you can obtain the necessary support to provide your baby with a full or partial breast milk supply.

<p>Breast-augmentations reduction surgery</p>	<p>Certain types of breast-augmentation or reduction procedures can damage nerves in the breasts and cut the milk ducts, reducing the milk supply.</p>	<p>If you've had surgery on your breasts, find out the specifics of that surgery. Recent surgical advances have led to better outcomes for women who have gone on to breast-feed their babies. Your health care provider should be able to provide you with information about your odds of providing your baby with a full or partial milk supply. If you can't provide enough milk on your own, a lactation aid (basically a tube taped to your breast) can allow your baby to receive additional nutrition while breast-feeding.</p>
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Special Circumstances: Issues Related to the Baby

Exaggerated newborn jaundice

Exaggerated newborn jaundice is an extreme form of the normal newborn jaundice that occurs in about half of all newborns. In most babies, the jaundice appears on days two to five and takes care of itself, particularly if the baby is breast-feeding well because colostrum (the first milk a baby receives) acts as a laxative. This can help the baby to get rid of some of the bilirubin in his system. (Bilirubin is a byproduct of the breakdown of the extra red blood cells that babies are born with.) If babies aren't feeding well (often because they are extra sleepy), babies can become severely jaundiced and even more sleepy, which can lead to even more feeding problems.

Breast-feed your baby often. Your health care provider will monitor your baby's bilirubin levels. Some babies need to be treated with phototherapy to help break down the bilirubin. This doesn't need to interfere with breast-feeding. Talk to your health care provider about how you can continue breast-feeding your baby while he is being treated.

Table 1.2 (Continued)

<i>Problem</i>	<i>Type of Problem</i>	<i>Possible Solutions</i>
	Special Circumstances: Issues Related to the Baby	
Baby with reflux	Gastroesophageal reflux disease (GERD) occurs when stomach acids back up into the esophagus, damaging the delicate tissues. This can lead to extreme distress in babies, both during and after feedings. Your baby may cry during and after feedings and may experience bouts of extreme crying after he has fallen asleep because he is so uncomfortable when he is lying down.	Experiment with breast-feeding positions until you find one that works well for your baby. Generally, positions that keep the baby's head elevated higher than his bottom work best. Keep him in an upright position for at least half an hour following each feeding. Talk to your health care provider about whether she recommends a modified sleeping position for babies with GERD.
Premature baby	Premature babies may not all be capable of nursing at the breast or staying awake for a full feeding at the breast, which can make the early weeks or months of breast-feeding a little more challenging.	Start pumping as soon as possible so that your baby can benefit from your breast milk, even if he can't breast-feed right away. Your milk is uniquely designed to meet your premature baby's needs. It is higher in substances designed to protect your baby from infection and to give your baby's immune and digestive systems an added boost. It even varies in its chemical composition because Mother Nature knows that premature infants require a breast milk recipe that's higher in nitrogen, protein nitrogen, sodium, chloride, iron, and fatty acids than the milk that is manufactured for their full-term counterparts. Learn about the benefits of kangaroo care (skin-to-skin contact). Connect with other parents of premature babies.

Baby who is tongue-tied	If your baby makes clicking sounds while he is nursing, has trouble staying on the breast, has poor weight gain, or you experience a great deal of nipple pain even though your baby's latch appears to be good, it's possible that your baby is tongue-tied. This means that his frenulum (the stringy piece of membrane under his tongue) is unusually short.	Your baby's pediatrician or a specialist (typically an oral surgeon or an ear, nose, and throat specialist) will clip your baby's frenulum to treat this problem, which sounds much worse than it is. Because there aren't many nerves and blood vessels in the frenulum, it's a fairly simple, painless, and relatively blood-free procedure.
Baby with a physical condition or structural problem that makes breast-feeding more difficult (e.g., Down syndrome, cleft lip, or cleft palate)	A baby with Down syndrome may have difficulty with tongue thrusting, so he may have a little more difficulty establishing an initial latch. He may also tend to have low muscle tone in his facial muscles, which you can help compensate for by providing some chin support while your baby is breast-feeding. (Your lactation consultant can demonstrate some effective techniques.) A baby with a cleft lip is generally capable of breast-feeding if you use your thumb to plug the opening in the lip so that your baby can maintain suction while breast-feeding. A baby with a cleft palate (an opening in the palate) will likely require surgery before the baby is able to nurse at the breast and even then, partial breast-feeding may be a more realistic goal.	Seek help from a lactation consultant so that you can learn how to make breast pumping and breast-feeding work for you and your baby. Breast-feeding encourages the development of healthy facial muscles, which is important for all babies, but particularly those with low muscle tone in their facial muscles or structural abnormalities. If your baby has a cleft palate, talk to your lactation consultant about whether it might be helpful to have a palatal obturator (a mouth appliance that provides a firm surface at the roof of the mouth) made for your baby, or whether your baby would benefit from using a Haberman feeder (a bottle that can be adjusted for slower or faster flow and that is compression rather than sucking driven). In the latter case, you would pump breast milk and feed it to your baby via the Haberman feeder.

It Takes Time to Hit Your Breast-feeding Stride

Breast-feeding may be the most natural and convenient way of feeding a baby, but many moms need time to figure out what they are doing. Like any new dance partners, you and your baby need the chance to learn to read one another's cues and to respond to one another's rhythms while trying to figure out the basic dance steps at the same time.

During those early weeks—a period of round-the-clock marathon feeding sessions when you're flipping your baby from breast to breast, changing your baby's diaper, and getting little sleep before you start the whole cycle again—you may wonder if breast-feeding will always be this demanding and if your life will always be this chaotic. Fortunately, it won't. At around the six-week mark, the tide suddenly turns and things are looking up big-time.

"The first six weeks can be challenging, but after that something happens and it's amazing," says Bonnie, 36, the mother of one.

"I read somewhere that you should give breast-feeding 40 days before deciding if it was for you," adds Naomi, 36, the mother of one. "This was a fabulous piece of advice because it took about that long for me to be comfortable with breast-feeding, and reading the cues of my son."

Some of the lessons that breast-feeding teaches you—patience, persistence, and the ability to read your baby's cues—will serve you well during any stage of motherhood. Breast-feeding can even boost your confidence in your mothering abilities: "The process of learning to breast-feed my baby was very transformative for me as a mother," says Chelsea, 32, the mother of 15-month-old Rossignol. "I feel like it taught me how to take care of myself so I could provide for my child. The demands of nursing were something I never would have known I could meet until I just did it. I have a lot of confidence in my mothering thanks to nursing my baby."

**MOM'S THE WORD**

“I was surprised at how difficult and painful the initial learning-to-latch phase was. She was enthusiastic and fierce, earning her first nickname 'barracuda.' Some advice might be that breast-feeding is difficult at first, but much easier in the long run, while formula-feeding might seem easier at first, but gets more annoying.”

—*Pam, 28, mother of one*

Having a Breast-feeding Goal Can Help You Stay the Course

Setting a breast-feeding goal for yourself can help to get you over the rough patches. That goal might be to breast-feed for six weeks or six months or for a year or until your baby weans herself, or it might simply be to try breast-feeding for today, and to see what happens next. All those breast-feeding goals are wonderful and worthy.

Ali, a 31-year-old mother of one, explains how her breast-feeding goal played out for her. “Some moms have a fixed goal in mind (‘I’m going to breast-feed for an entire year’) other moms decide to take a wait-and-see approach. My mother and grandmother couldn’t breast-feed, but I decided to give it my best shot, but not put unnecessary pressure on myself. I had no fixed idea of how long I would breast-feed for as I didn’t even know if I would be able to breast-feed. Once it was successful, I was too cheap and lazy to switch to formula and decided to breast-feed until he was able to drink whole milk from a cup.”

Michelle, a 30-year-old mother of two, was motivated by a picture in her head: “I saw the picture of the babies nestled at the breast and wanted that. With Ava we had a very rocky start and I spent a lot of my time at the local baby clinic (who also helped breast-feeding mothers) and I seem to need their support to tell me that I was doing a good job and Ava was thriving and to go home and do it for another couple days and come back. Before I knew it,

it was six weeks and it got easier, and I ended up letting her wean herself at 23 months. Now I share the same wonderful bond with Elise, who is now eight months.”

The Pressure to Breast-feed Can Be Very Overwhelming

The tide has definitely turned in the breast-feeding vs. formula-feeding debate. While a decade or two ago, you could find plenty of allies in the room if you “went public” with your decision to formula-feed your baby, today it’s a lot more difficult to find a like-minded mom in your prenatal class, or at least a like-minded mom who’s willing to admit to anyone other than her best friend (and perhaps not even her best friend) that she is intending to formula-feed her baby.

Kelly, a 29-year-old mother of two, definitely felt that she was swimming against the tide by making a conscious decision to bottle-feed her children, and that she’d been stamped with the “bad mother” label as a result of her decision. “I was not comfortable with the idea of breast-feeding and it caused me a great amount of anxiety, so I researched some formulas and felt that they would be a better choice than forcing myself to do something that I didn’t really want to. I agree with the benefits of breast-feeding, but I also think someone should also promote the fact that there is nothing wrong with you as a mother if you choose to bottle-feed.”

Mary Lynn, a 35-year-old mother of one, also feels that mothers are judged—often severely—by whether or not they breast-feed their babies, a decision that is sometimes entirely out of their hands. “I do not judge moms who decide that formula-feeding is the route they need to take. At the same time, I don’t think I was capable of cutting myself slack in quite the same way. One of the things that kept me pumping and bottle-feeding all those weeks was that I felt that I would be a failure if I switched to formula. So in a way the pressure that I felt to breast-feed helped me stick with it till baby took to the breast herself. However, it also caused

me a great deal of anxiety when I thought that baby would never take to the breast and I would have to switch to formula-feeding. I cried a lot in those first few weeks after my daughter was born, thinking I was a failure.”

Lisa, 29, mother of one, puts it in even starker terms: “The shame that surrounds bottle-feeding can make you go crazy. If breast-feeding works, fantastic. If you have trouble, give it your best shot and move on. Your sanity and your child’s health are more important than your need to be the perfect, breast-feeding mom. Sometimes it just doesn’t work out.”

What makes the rush to judge all the more frustrating is that sometimes the practical advice and hands-on help you need to make breast-feeding work for you isn’t always there when you need it most: “No one covered the trauma of waiting for one’s milk to come in, the panic of babies that are starving for the first time in their lives, and how lactation consultants don’t work weekends where I’m from,” recalls Laura, a 29-year-old first-time mother.

So what do you do if you’re forced to make some hard choices about how to feed your baby? You come up with the best solution given the realities of your situation.

Karen, a 34-year-old mother of two, explains how she made the decision to start supplementing with formula, which wasn’t in her original breast-feeding plans. “I had to let go of the idea of solely breast-feeding early on. My son was colicky, and I had postpartum depression, and being so sleep-deprived and worried about how much Jake was eating was just too much. I finally made the decision



MOM'S THE WORD

“We tried breast-feeding for the first three months and we were both miserable. Because I felt so much pressure to nurse, I put off switching. When I did switch, it was like I had a different child. I felt a lot of guilt over this switch and didn’t read anything anywhere that supported this decision. I agree that breast-feeding is best for the baby, but there needs to be support out there for the mothers who can’t, or just don’t want to, breast-feed.”

—Emily, 29, mother of one

to supplement with bottles when he was three months old. I just couldn't keep breast-feeding exclusively. I needed to sleep at night (my nice hubby offered to give the baby bottles so I could sleep through the night some nights and that was such a boost to my sanity), and I needed to know that Jake had eaten and wasn't screaming because he was hungry (because he screamed for hours). I think you need to do what makes you feel sane as a parent, and try not to feel too guilty if you are unable to solely breast-feed. There are plenty of people out there who will make you feel like a less-than-perfect mother for supplementing with bottles, but rest assured there are plenty of babies out there who grow into vibrant, healthy adults who were bottle-fed from birth. It is much more important that you take care of yourself, and if breast-feeding feels too difficult for whatever reason, supplement with bottles of breast milk or formula."

Top Breast-feeding Questions

HERE ARE SOME REASSURING answers to the breast-feeding questions that may be keeping you up at night.

How Can I Tell Whether or Not Breast-feeding Is Actually Working?

Lactating moms have to use sensible methods of measuring babies' milk intake. Here's what to look for:

- You can hear your baby making swallowing sounds while she is nursing.
- Your baby is breast-feeding eight to 12 times every 24 hours.
- Your baby is producing six wet diapers and a couple of very full bowel movements every 24 hours (bowel movements can vary quite a lot from baby to baby, so don't panic about this particular wellness sign if your baby is otherwise thriving; discuss her patterns with her health care provider).
- Your baby is gaining weight. (It's normal to lose weight during the first few days after the birth, but this initial weight loss should turn around quickly as breast-feeding becomes established.)

Do I Need to Introduce a Bottle to My Breast-fed Baby?

It depends. If you expect to be away from your baby for extended periods of time (e.g., long enough that your baby may miss a feeding), you may want to consider introducing a bottle. While there are other methods of feeding a breast-fed baby when mom is unavailable, they aren't as convenient as bottle-feeding. These methods include feeding your baby from:

- a miniature cup that is designed for this purpose (Medela sells such a cup)
- a spoon
- a dropper
- a sippy cup with a soft spout
- a lactation aid (a tube that can be taped to your breast or someone else's finger)

There are other ways to work around the bottle issue: "I would take my husband with me where I needed to go and nurse there just before we got separated and have him bring my baby back about when I was done," recalls Chelsea, 32, mother of one. "That way I saved the travel time and didn't have to factor it in to how long I was gone. Also, my baby usually went longer stretches between feedings in the morning and cluster-fed in the afternoons, so it was always easier to schedule separations in the morning."

If you plan to introduce a bottle to your breast-fed baby, you may find that your baby is most willing to accept the bottle if you introduce the bottle around age three to four weeks. (You don't



FOOD FOR THOUGHT

Approximately 70 percent of breast-fed babies will willingly take to the bottle with great gusto. Another 26 percent of babies will accept a bottle eventually after much hard work and coaxing on your part. And 4 percent are absolute bottle refuseniks. You can empty your bank account buying every brand of bottle and nipples on the market, but your baby has already established her feeding preference: **Brand Mom.**

want to introduce the bottle any earlier than this, however, in case your baby finds it confusing to switch back and forth from breast to bottle, nor do you want your baby to develop a preference for the bottle, which can happen because it's easier for a baby to get milk out of a bottle than to nurse at the breast.)

You shouldn't feel pressured to introduce a bottle around this age, however. Many lactation consultants and moms insist that it's possible to introduce a bottle later on or to avoid introducing a bottle altogether.

"I had done enough research to know that a baby might never actually need to drink out of a bottle, even when very young," notes Stephanie, 30, mother of a seven-month-old. "So I decided a long time ago that the cup would be the route I'd take and I had the luxury of being able to avoid the bottle altogether. Plus, I've had a fair number of breast-feeding difficulties and I decided that I didn't want to jeopardize our breast-feeding relationship any further by introducing a bottle."

Of course, that's simply not an option for some families, particularly dual-income families who will be leaving baby with a caregiver at a fairly young age. If you are looking for some practical tips for encouraging your breast-fed baby to accept a bottle, you may find some of these suggestions helpful.

Give some thought to the time and place and who will be offering the bottle. Some babies will protest heavily:

- if mom offers the bottle
- if mom is anywhere in the building when the bottle is being offered
- if they are too hungry by the time the bottle is offered
- if they are held in their usual nursing position
- if they are being fed in the usual nursing chair
- if they hate the particular style of bottle or nipple you are using; borrow different types of bottle and/or nipple styles from friends with bottle-fed babies if your baby is rejecting the bottle outright; your baby may not be objecting to the bottle as much as the style of bottle or nipple you are offering

**MOM'S THE WORD**

“We tried a few nipples that seemed hard for her to manage, but then I had a brain wave and ended up using the bottle nipple that was most similar to her familiar soother.”

—Pam, 28, mother of one

- if you are offering something other than breast milk in the bottle; you might as well stick with a beverage you know your baby likes when you're trying to introduce a new feeding method

Of course, for every rule there's a baby willing to prove the rule-maker wrong: “I tried all the literature suggestions of leaving the house and having my daughter fed by my husband, mother-in-law, and mother and none worked. She took the bottle from me. Word of advice for other parents—try what you know and feel to be best for your child,” says Lolita, 25, mother of one.

Realize That There Can Be Some Fallout from the Bottle-Breast Transition

“Kaitlyn took to the bottle somewhat,” recalls Karyn, a 34-year-old mother of two. “The problem I had was every time we gave her a bottle, the next breast-feeding session, my sweet daughter turned into a little vampire! She would bite me very hard. Thankfully, she didn't have teeth. Her latch was not quite right either. After conferring with a lactation consultant, and after having endured my daughter's biting more than anyone should have to endure that kind of pain, I gave up on the bottle. It just wasn't worth the effort to retrain her after every bottle feed.”

Watch your baby for cues. “If you want to breast-feed, but you find that your baby is getting too comfortable with the bottle because it is less work for him or her to get the milk, then stick to the breast alone or offer bottles only occasionally,” suggests Judy, a 32-year-old mom of one.

When Is the Best Time to Pump?

If you plan to pump and store milk for your baby (as opposed to offering your baby formula), the best time to pump is in the morning when your milk supply is most abundant. (You can pump throughout the day if you need to collect a lot of milk, but if you only need to stockpile the occasional extra serving of milk, then morning is the time to do it.) Try to time your pumping session for 30–60 minutes after your baby finishes nursing. With any luck, this will be about an hour before she wants to nurse again.

You can store your expressed breast milk (EBM) in the refrigerator for up to eight days, in the freezer compartment of your refrigerator for three to four months, or in the deep freeze for six to 12 months. See [familydoctoring/828.xml](#) for more about breast milk storage.

I Heard That the AAP Is Recommending That All Babies Be Put to Bed with a Pacifier, But I've Also Heard That Pacifiers Interfere with Breast-feeding. Can You Explain This?

In late 2005, the American Academy of Pediatrics updated its existing policy on sudden infant death syndrome. One of the most controversial recommendations stated that infants should be offered a pacifier when they go to sleep at bedtime and naptime. The AAP qualified this recommendation by noting that breast-fed babies should not be offered the pacifier until age one month, in order to give breast-feeding an opportunity to become well established. Pacifiers are believed to help protect infants against SIDS by preventing babies from drifting into an overly deep sleep. Breast-feeding advocates who are opposed to this recommendation have argued that breast-fed babies do not need pacifiers to receive this type of stimulation because they already receive the protective effect that comes from suckling during the night. The Academy of Breastfeeding Medicine responded to the AAP recommendation by noting that, “Pacifiers would only be of possible benefit to infants lacking in the natural opportunity of night-time suckling (breast-feeding).”

Can Foods That I Eat Make My Baby Fussy?

In some cases, yes. Babies can have pretty discriminating tastes. Some of the foods that can make babies edgy, cranky, or downright colicky include caffeine (but you have to overdo it with most babies to get a reaction, so don't give up your Starbucks habit yet); citrus fruits (look for a runny nose, diarrhea, a skin rash, hives, or excessive spitting up, fussiness); dairy products (gas, rashes, a runny nose, congestion, fussiness); eggs, gluten (wheat, rye, oats), corn, fish, nuts, soy (diarrhea, rashes, hives, runny nose, spitting up); gassy vegetables (onions, garlic, broccoli, cauliflower); spicy foods (which can change the flavor of your milk). Don't go crazy trying to eliminate all of these foods from your diet or you'll be on the "Grumpy Mom Diet" before you know it. Try to figure out what might have caused the problem and then eliminate that food or food group for two weeks. Then gradually reintroduce it and see if you notice a change in your baby's symptoms.

Do I Have to Give Up All of My Vices While I'm Breast-feeding?

It depends on what those vices are.

While most health authorities don't have a problem with a nursing mother using alcohol in moderation (most recommend that you limit yourself to one drink per day and that you have that drink right after a feeding), drinking excessive amounts of alcohol while you are breast-feeding can be harmful to your baby, who can be affected by alcohol through your breast milk. Alcohol can make your baby extra sleepy, which can interfere with breast-feeding; and drinking excessively can increase the risk of SIDS if you are bed-sharing. (See Appendices A and B.)

And smoking is definitely a vice that's worth giving up. Not only does second-hand smoke increase your baby's risk of SIDS, it lowers your milk production, interferes with your milk ejection, brings down your prolactin levels (your feel-good mother hormones), and increases the incidence of infant colic. The verdict? Very bad news all around.

How Long Should I Breast-feed My Baby?

Both the American Academy of Pediatrics and the Canadian Paediatric Society recommend that babies be exclusively breast-fed for six months, and breast-fed even after solid foods have been introduced, for as long as mother and baby are willing (see Table 1.3). While your baby is mastering the mechanics of eating solids and getting used to all those new tastes and textures, breast milk will continue to be the mainstay of her diet.

Do Breast-fed Babies Need to Drink Water?

You don't need to worry about giving your baby water until she's eating a variety of solid foods. At that point, you can give her a bit of water in a sippy cup so that she can practise drinking from it. Even then, this is more about sippy cup skill building than about her needing water per se. She'll still be getting plenty of liquids from her diet—from breast milk as well as from the puréed “solid” foods she'll be noshing on by this time.

Should You Wean from Breast to Formula or Straight to Cow's Milk?

Infants who stop breast-feeding before age 12 months need to switch to iron-fortified infant formula rather than cow's milk. A baby's system isn't mature enough to digest all the minerals and proteins in cow's milk, plus there's an increased risk that your baby will become sensitized (hypersensitive) to the milk protein in cow's milk if you switch to cow's milk too soon.

What Works Best When It Comes to Breast-feeding Twins? Breast-feeding Them Both at Once or One after Another?

“I decided long before the birth that I would always feed the twins at the same time—tandem in the football hold. Always,” recalls Nancy, 38, the mother of three-year-old twins Trevor and Ben. “I can say I did that 99 percent of the time. Why? My intentions were to (1) get them on the same/similar schedule and (2) open up some

Table 1.3
Key Breast-feeding Recommendations from the American Academy of Pediatrics and the Canadian Paediatric Society

	American Academy of Pediatrics (AAP)	Canadian Paediatric Society (CPS)
Basic philosophy regarding breast-feeding	“Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions.”	Recommends exclusive breast-feeding for “healthy, term infants.”
How long to breast-feed your baby exclusively (no supplements other than necessary vitamins, minerals, and medications)	For the first six months	For the first six months
How long to breast-feed your baby (both exclusive breast-feeding and non-exclusive breast-feeding, after solid foods have been introduced)	The AAP recommends that breast-feeding continue for “at least 12 months, and thereafter for as long as mutually desired.”	According to the CPS, “breast milk is the optimal food for infants, and breast-feeding may continue for up to two years and beyond.”
When to introduce solid foods	Solid foods should be introduced during the second six months, at which point they are treated as complementary foods, not foods to replace breast milk: “Gradual introduction of iron-enriched solid foods in the second half of the first year should complement the breast milk diet.”	Solid foods should be introduced during the second six months, at which point they are treated as complementary foods, not foods that are meant to replace breast milk: “Nutrient-rich complementary foods, should be introduced at six months.”

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Table 1.3 (Continued)

	American Academy of Pediatrics (AAP)	Canadian Pediatric Society (CPS)
Vitamin D and iron	Vitamin D and iron supplements may be required by select groups of infants. Babies whose mothers are vitamin D-deficient or who aren't exposed to adequate sunlight may require vitamin D supplements. The AAP recommends 200 IU of vitamin D for all breast-fed babies, starting at two months of age. Formula-fed infants receive vitamin D through infant formula. Babies who have low iron stores or who are anemic may require iron supplements.	<p>“Breast-fed babies should receive a daily vitamin D supplement until their diet provides a reliable source or until they reach one year of age.”</p> <p>It's important to include iron-rich foods (e.g., iron-fortified infant cereals) when you're introducing solids to your baby's diet.</p>

Sources: American Academy of Pediatrics—Work Group on Breastfeeding: Breastfeeding and the Use of Human Milk. AAP Policy, Revised February 1, 2005; Margaret Boland, MD, FRCPD Chair, Nutrition Committee, Canadian Paediatric Society, “Exclusive Breastfeeding Should Continue to Six Months,” *Pediatrics & Child Health* 10(3) (2005):148.

time so I could eat, shower, sleep. (Ha!) I started on Day 2 that way and stuck with it and it worked well for us. They still always eat at the same time. I just was not prepared to go back and forth and back and forth between babies and never get a break.”

If you find it's difficult to get your babies to eat at the same time—e.g., you'd have to work hard at rousing the second twin while the first twin was screaming to be fed!—you may need to feed the babies one after the other. Either way, you may find it helpful to keep track of who ate when. Some moms of twins draw a line down the center of a piece of paper and assign each half of the page to each twin. You note who nursed when and on which breast. Since they are likely to have their own individual nursing patterns, you'll likely switch babies and breasts from feeding to feeding.

Guilt Marketing: The Formula for Breast-feeding Success?

EVEN THOUGH SCIENTISTS have discovered all kinds of amazing ingredients in breast milk in recent years and formula company product development engineers have done their best to replicate those same ingredients in their products, no one has or ever will crack the recipe for breast milk. Breast milk is, after all, a custom-tailored product that is uniquely manufactured to meet the needs of each individual baby at any given time.

Health authorities are no longer positioning formula-feeding as the second-choice method to putting an infant to the breast. They're encouraging mothers who haven't had success with breast-feeding (as in “baby-at-the-breast” breast-feeding) to consider other options to ensure that their babies benefit from breast milk, if not direct mom-and-baby breast-feeding. “Many parents believe that if breast-feeding isn't working, formula is the next choice,” explains Bonnie, a 30-year-old mother of two. “Not true. Expressed breast milk is second choice, milk from a milk bank is third choice, and formula is fourth on the list of healthiest ways to feed your baby.”

Di, 28, who is currently expecting her second child, isn't so sure that all parents are getting that message clearly enough—that saying

“breast is best” doesn’t tell parents what they really need to know. “I think new parents definitely need to understand that not only is breast better, but formula is inferior. I don’t think the breast-feeding advocates can often say that for fear of making formula-feeding parents (especially mothers) feel guilty. Unfortunately, implying that something is just better doesn’t always get the message across. People don’t always want to do what is best because that requires more effort. If they can settle with okay, they’ll do it. Parents also need to realize that breast-feeding is not always easy and doesn’t always come naturally, at least initially. They really need to do their research and build a support network in order to ensure success.”

Doris, a 50-year-old mother who recently adopted a 19-month-old toddler from China, points out that there’s a serious downside to taking that approach—trampling on one set of mothers in order to reassure another set of mothers that they made the right choice. “I realize the great benefits to breast-feeding, but for those of us whose children never had a choice, I think you want to tread carefully to avoid scaring us into thinking our children will never measure up or be as healthy because they were unable to have the best start.”

Cheri, a 29-year-old mother of two, also prefers less black-and-white thinking when it comes to infant feeding methods. She’s found a way to combine both breast-feeding and formula-feeding with her youngest child, who is now seven months old. “I think the decision to breast-feed or bottle-feed is a very personal one and one where the whole family needs to be taken into consideration, not just the new baby. With Kalissa, I really wanted to try, but I was scared of becoming depressed again. So, in conjunction with my psychiatrist, I decided to try and breast-feed, but bottle-feed at night as well to allow my husband to get up with her so I could get enough sleep, as sleep deprivation can be a causal factor in post-partum depression. She takes both the bottle and breast like a pro: no nipple confusion here.”

It’s a solution that’s familiar to Jennifer, 25, mother of two. “I breast-feed my second, but use formula once a day. Moms need to know it doesn’t have to be all or none: you can successfully do both.”



MOM'S THE WORD

“I knew that breast-feeding was the number-one choice for feeding infants so I never even considered formula. Parents need to know that formula-feeding is not as good as breast-feeding. Yes, it’s an option, but it is one that may have consequences for your baby and child. It really needs to be fully researched by parents. I don’t think many parents make an informed choice.”

—Bonnie, 30, mother of two

The Not-So-Secret Formula: What’s on the Infant Formula Menu?

YOU’VE MADE the decision to offer your baby formula, so how do you choose a formula?

While the number of choices may seem overwhelming, your formula options basically amount to the following.

- **Milk-based formulas:** Milk-based formulas are recommended for full-term and pre-term infants who don’t have any special nutritional needs. They are made from regular cow’s milk, but much of the protein found in cow’s milk has to be removed so that babies’ livers and kidneys can digest the formula. There is also a new generation of hydrolyzed cow’s milk formulas available for babies who have had difficulty digesting the protein in cow’s milk. (The protein is predigested.)
- **Soy protein formulas:** Soy formulas are recommended for infants who are lactose intolerant, who have a milk-protein allergy, or who cannot drink standard cow’s milk-based formula for other (religious or cultural) reasons. These formulas are derived from soy protein rather than cow’s milk protein. Soy protein is not a suitable choice for all infants, however, as some babies are allergic to soy and some animal studies have indicated that exposure to soy may have long-term effects on the fertility and sexual development of rats. (No such effects have been found in humans, but these kinds of studies tend to make people, especially parents, understandably nervous, so some parents have decided to steer clear of soy for now.)

- **Formula for premature infants:** These types of formulas are designed to encourage rapid growth in premature babies.
- **Specialized formulas:** There are a variety of specialized formulas designed to meet the needs of infants with metabolism problems, heart disease, and other medical conditions.

Some of the more specialized formulas are available only by doctor's prescription.

Most formulas are fortified with iron (critical for infant development) and some manufacturers are now adding DHA (docosahexaenoic acid) and ARA (arachidonic acid), also known as omega 3 and 6 fatty acids. These fatty acids are known to contribute to brain and eye development; DHA and ARA naturally occur in breast milk.

Shaken and Stirred

Some babies have become seriously ill because their parents didn't understand how to mix, store, and heat infant formula. If you intend to give your baby infant formula, review the instructions below and carefully research the formula preparation instructions for each brand of formula. Here are the key points to remember:

- **Read the formula preparation instructions carefully.** If you over-dilute your baby's formula, she won't be getting enough calories per serving. If her formula is under-diluted, your baby's biochemistry could be thrown seriously out of whack, leading to dehydration and kidney problems.
- **Pay careful attention to hygiene when you're preparing and storing infant formula.** Sterilize all feeding equipment until your baby is at least five months old. Boil your formula-making supplies for about five minutes. Then tightly seal and refrigerate the prepared bottles of formula in the refrigerator. Use all formula within 24 hours. Discard any unfinished formula from your baby's bottle.
- **Don't change from one formula to another, just because a particular brand is on sale.** If you find a brand that agrees with your baby, stick with that brand. It's worth paying a little extra to give your baby some gastrointestinal stability.



MOTHER WISDOM

While baby-care experts used to tell mothers to feed formula-fed babies on a schedule, that way of thinking went out of vogue a long time ago, so don't watch the clock. Watch your newborn for signs of hunger: lip-smacking, rooting behaviors (turning her face from side to side in search of a food source), and trying to shove her thumb or fist into her mouth. If you miss those cues, your baby will give you a slightly less-subtle sign, a full-fledged wail that says, "Feed me now!"

Bottle-Feeding Basics

- **Don't heat your baby's bottle in the microwave.** As tempting as it may be to opt for the speedy route, the safest way to heat a bottle is in a pan of hot water. If you heat a bottle in a microwave oven, your baby's mouth could be scalded by a "hot spot" of liquid.
- **Use a baby-friendly feeding position.** When it's time to feed your baby, hold her in the cradle position (neck cradled in the crook of your arm with her head tilted back slightly). Hold her bottle up so that the nipple is full of liquid, which will minimize the amount of air that your baby swallows during a feeding. Burp your baby frequently during the early weeks to get rid of any air that your baby swallows during a feeding.
- **Never prop a bottle.** Not only does it pose a choking hazard, it deprives you and your baby of time that might otherwise be spent cuddling and getting to know one another.



FOOD FOR THOUGHT

Some babies have become seriously ill—and a few have even died—due to outbreaks caused by a bacterium known as *e. sakazakii* in powdered infant formula. The outbreaks led Health Canada to recommend that infants with compromised immune systems or those in intensive care be fed only liquid infant formula. (See Appendix B.)

Solutions Central—The Last Word

BREAST-FEEDING may be the healthiest and most convenient way of feeding your baby, but it doesn't necessarily come easily to every mother and baby. Finding out about some of the challenges ahead of time will make it that much easier to weather any rough spots you encounter during those early weeks as a breast-feeding mom.