



NMAC Notebook

The newsletter of the Nursing Mothers Advisory Council, Inc. Volume I, Issue I
Website: www.nursingmoms.net Helpline: 215-572-8044

Be Comfortable Nursing Wherever You Go

Written by Marie Barnhurst, IBCLC

Some mothers naturally feel comfortable breastfeeding their babies wherever they are. They may think nothing of nursing in the middle of a crowded shopping mall, no matter who may be watching. This is wonderful, and they are to be applauded. But we are all creatures of our culture, and in American society, many moms feel a little bit shy about breastfeeding away from home.

If you are among them, will you be forced to stay at home near feeding times, to express, store and heat breastmilk in bottles, or to give artificial milk when you are out with your baby? No!

Breastfeeding when you are out guarantees your baby fresh, readily available comfort and nourishment. And it can be done so discreetly that no one but you and your baby will know. In other words, nursing away from home does not have to mean nursing "in public." Here are some tips.

Plan ahead. Choose a nursing bra you can open and close easily with one hand, and an outfit in which you can nurse with a minimum of fuss. Loose-fitting tops that can be lifted from the bottom are a good choice, because your nursing baby will cover any portion of your midsection that would otherwise be exposed. If you wear a button-front top, unbutton it from the



bottom up. Some mothers find that specially designed nursing garments, with strategically placed flaps or hidden slits, are helpful when nursing away from home.

Practice at home before you go out. Try nursing in front of a mirror to help you learn how to get your baby latched on with a minimum of exposure. If you find that the latch-on process shows more skin than you are comfortable with, try draping a blanket over your shoulder and the baby until he is settled and nursing. Your mirror will prove to you that once he is latched on, a nursing baby looks just like a sleeping baby to an outside observer.

Start small. Before attempting the shopping mall, try nursing at home in front of friends and relatives, or at a Nursing Mothers meeting. The confidence you build by nursing in the presence of these supportive "audiences" will help you feel more comfortable when you venture out into areas that are more public.

Choose a relatively quiet, comfortable spot. They can be found, even in public places like shopping malls. Tried-and-true possibilities include department store fitting rooms or furniture departments, secluded benches in parks, restaurant booths, and furnished lounges adjoining restrooms in some department

Continued on Page 2

INSIDE

<i>Be Comfortable Nursing Wherever You Go</i>	Page 1	<i>How to Introduce Solids Without Sacrificing Breastfeeding</i>	Page 6
<i>Breastfeeding in Public? Wear Socks!</i>	Page 3	<i>Is My Newborn Getting Enough?</i>	Page 7
<i>Can You Spot the Weaning Myths?</i>	Page 4	<i>Which Formula Is Closest To Mother's Milk?</i>	Page 8
<i>Questions from the Helpline</i>	Page 4	<i>Answers to the Weaning Myths Quiz</i>	Page 9
<i>Your Baby The Mammal</i>	Page 5		

NMAC Notebook is designed to protect, support and promote breastfeeding by publishing articles based on current breastfeeding and parenting information. It is published three times a year and is distributed free of charge to breastfeeding families, health professionals, lactation consultants, and other breastfeeding support groups.

Editor: Suzi Garrett, IBCLC

Layout: Suzi Garrett, IBCLC

Printing: Ginny Heffernan

Nursing Mothers Advisory Council

Abington Nursing Mothers

Mt Airy/Chestnut Hill Nursing Mothers

Doylestown Nursing Mothers

Warwick/Warminster Nursing Mothers

Be Comfortable... (Continued from Page 1)

stores, theaters, hotels and other gathering places. Try not to use the restroom itself – would you want to eat there?

Bring allies. If you go out with another adult or an older child, you can place them between you and the public while you breastfeed. Having someone to chat with while you nurse may help you feel more comfortable. Also, if you are focused on your companion, onlookers will be less likely to notice that you are nursing your baby. When you do go out by yourself, you can turn your body so that you are facing away from more public areas, using your back to give you a bit of extra privacy. Looking around you rather than at your baby while he nurses will help keep onlookers from focusing on the fact that you are nursing.

Feed early, feed often. You can avoid attracting attention by feeding your baby before he is overly hungry and fussy.

Feel proud. The more confident you appear, the less likely you are to attract unwanted attention. But more importantly, breastfeeding your baby shows your commitment to his health and well being and should be a source of pride, not embarrassment. When you nurse outside your home, you set an example for others that may encourage them to breastfeed or empower them to do so more publicly. Your courage in conquering your discomfort can help ensure that our daughters won't have to feel shy about doing what is natural and right for their children.

There's a big, wonderful world out there for you to help your baby discover. Breastfeeding shouldn't stand in your way.



You Can Breastfeed Anywhere

by Laurie Coker

Published in "TEXAS WICNEWS"

Breastfeeding.com

*You may breastfeed in a store,
on the floor,
in a car.*

*You may breastfeed in a jam,
eating fried green eggs and ham.
You may breastfeed on the stair.
You may breastfeed anywhere!*

*Your baby can latch on in a swing,
on the wing,
in a ring.*

*He can latch on in a car,
where you are,
at the barre.*

*She can latch on in a storm,
on the farm:
that's her charm.*

*She can latch on in a train,
on a plane,
without pain.*

*They can latch on to a rhyme.
They can latch on any time.*

You can nurse Jane or Joe.

You can nurse Clyde or Moe.

You can nurse Betty or Sallie.

You can nurse at a political rally.

You can nurse any time, anywhere.

You can nurse clothed or bare.

You can nurse unshaved of hair.

You can nurse Tim, Tony or Tom.

Who can nurse? Any mom!

Did you know...

...that less than 1% of the caffeine a mother ingests is in her milk?

...that babies are gassy little people, but usually not because of mother's diet?

...that people often get gas from the fiber in their foods, but there is no fiber in mother's milk, no matter how many beans, broccoli spears, or cabbage leaves she consumes?

...that herbs and spices flavor the milk, but babies seem to enjoy the tastes?

...that drinking enormous amounts of water can actually lower milk supply?

...that mom should drink to thirst and drinking more will not increase her supply?

Now you know! (Aren't you smart?!)

Article courtesy of the Breastfeeding Resource Center newsletter, "BRC News"

Breastfeeding in Public? Wear Socks!

Written by D. L. Stewart

I've never nursed anything but an occasional grudge, so maybe I have no right to an opinion. But this whole breastfeeding flap has me puzzled.

Two Ohio women are suing Wal-Mart Stores, Inc., because they say they were not allowed to breastfeed their babies in the stores. They're asking for apologies and a change in the stores' policies.

This is hardly a new issue. It's been an on-going skirmish ever since breastfeeding was invented by baby boomers in 1971.

But I still don't understand it.

Not only don't I understand why this is a controversy, I can't even figure out who made it one. What percentage of the public actually objects to women nursing their babies in public? Who are the people so strongly against breastfeeding that Wal-Mart is willing to risk being known as anti-motherhood in order to pacify them?

Is it men?

As with anything else that negatively affects women - including unequal pay, split ends and varicose veins - the whole thing could be our fault, I suppose. And I'm sure there are men who are offended by the sight of a woman's bare breast, although I don't personally know any. But I don't think most men care if a woman nurses her baby in Wal-Mart. Most men don't want to be in Wal-Mart, or any other store, in the first place.

If it's not men who are upset, my next guess is that it must be women.

That doesn't make sense to me either, though. Any woman offended by the sight of breasts probably would have a tough time getting dressed in the morning.

Whoever they are, I'm sure the people who object to breastfeeding in public have good reasons for the way they feel. Such as, they have been personally appointed by God to make sure the entire world eventually is afflicted with as many sexual hang-ups as possible.

But the biggest question I have about all this is: who decided which body parts are supposed to be covered and which aren't?

Who made the rule that it's offensive for women to bare their breasts, but it's a lovely sight when they

appear in a pair of shorts that exposes several acres of gelatinous flesh?

How did it become illegal for women to reveal a nipple in public, but okay for men to show both of theirs? Not to mention enormous Budweiser-filled guts, hairy backs and really appetizing armpits?

If we're going to cover up body parts, I vote for ANYthing that jiggles.

And feet.

Feet don't start out looking too bad. But, by the time a person reaches adulthood, a lot of them are covered with corns and calluses and hair and chipped toenail polish and all sorts of nasty things you hardly ever see on breasts. And yet people think nothing of walking around in public barefoot. Or wearing shower clogs or those big clunky sandals that make them look like Roman centurions.

So for what it's worth, my opinion is that people who have a problem with a mother breastfeeding in public need to grow up. I think a woman should have the right to nurse her baby anywhere she pleases.

As long as she's wearing socks when she's doing it.



Can You Spot The Weaning Myths?

As every nursing mother soon learns, the world is full of breastfeeding advice. Unfortunately, not all of it is accurate! You may hear that any of the following situations requires you to wean your baby temporarily or permanently. Do you know which ones actually indicate a need to discontinue breastfeeding?

I should wean my baby if:

1. My newborn has jaundice.
2. My breasts become painfully engorged.
3. My nipples are bleeding or damaged.
4. I become ill or must take medication.
5. My baby gets an illness involving diarrhea or vomiting.
6. My baby is fussy, gassy, or colicky.
7. I drink alcoholic beverages.
8. I have a breast infection or plugged milk duct.
9. My baby has teeth.
10. I smoke cigarettes.
11. I must return to work or school and I can't or don't want to pump while I am there.



Answers on Page 8 & 9

Questions From The Helpline

Q: My mother says my breastfed baby has diarrhea. What does a normal breastfed infant's bowel movement look like?

A: This is a common concern for people who are not used to seeing breastfed babies' diapers. Most breastfed babies have frequent soft bowel movements from about the fourth day of life until they are around six weeks old. They are usually a "yellow mustard" color but can be green or light brown. Some mothers describe them as loose or pasty, or say they look like "yellow cottage cheese."

On the other hand, diarrhea is the symptom of an infection. It is characterized by the passing of frequent, bad smelling, watery bowel movements and may be accompanied by a fever or vomiting. A child exhibiting these symptoms can quickly become dehydrated and needs medical attention.



Q: I'm worried. My two-month-old baby has not had a bowel movement in three days. Is this normal, or could she be constipated?

A: Constipation is the passing of very hard and dry bowel movements. Breastfed babies are rarely constipated, but changes in diet such as supplementing with formula or starting solid foods can change a baby's stooling pattern.



It is important to remember that all babies are different. Many babies have a bowel movement during or right after each nursing. Others have less frequent bowel movements. After the first six weeks, some babies change from having several bowel movements a day to having one or two a week. All of these patterns are normal.

Look at the whole picture and trust your baby. Is she happy sometimes and fussy at other times? Does she seem content after feedings? Does she seem to be in pain when having a bowel movement? Are there changes in the frequency, odor, or consistency of her bowel movements? Changes could indicate diarrhea or constipation. If you are not sure if your baby's stools or stooling patterns are normal, call your breastfeeding counselor, lactation consultant, or doctor.

Your Baby The Mammal

©2007 Diane Wiessinger, MS, IBCLC 136 Ellis Hollow Creek Road Ithaca, NY 14850 www.wiessinger.baka.com

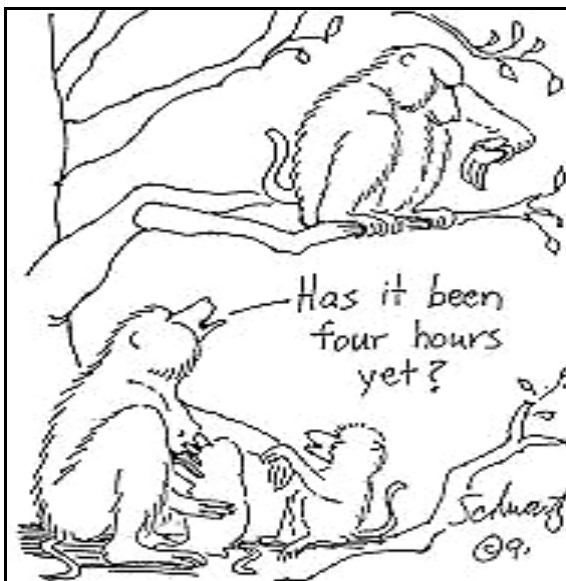
Pick a mammal, any mammal. Now picture that mammal as a newborn. Imagine it immediately after it's born. What's the first thing it does after it starts breathing and maybe after a short rest? Try another mammal, and another. Do you really think we're the only mammal in the world that can't find its food source after it's born? Now go back to that first mammal newborn, and mentally flip it over on its back. What does it do? Try your second mammal, and your third. All newborn mammals are uncomfortable on their backs. They feel totally secure only when they're "hugging" the ground or, in the case of mammals that are built to be carried, "hugging" an adult. That's why you see babies quiet down when they're picked up out of the crib or stroller. Their natural habitat is an adult body; when they're taken out of their habitat they lose competence and confidence. Picking them up and holding their fronts against us to soothe them is instinctive.

For generations, we thought human babies were little helpless lumps, but that's because we fought our instincts and kept our babies almost entirely out of their natural habitat. Even when they were held, they weren't necessarily held with their front securely against an adult, and even when they were held that way, there was always clothing in the way. No wonder we thought they were helpless. Put pajamas on a lamb, flip it on its back, keep it away from its mother, and you'd think it was helpless too!

But your newborn is really a very, very competent little mammal. Take off both your shirts, hold him upright between your breasts, keep his whole front against you, and if he's hungry (and isn't impaired by birth drugs) he'll work his way down to your nipple. Guaranteed. He may or may not latch on once he gets there; that can depend on his earlier experiences and yours. But he will absolutely make the trip. You may have been warned to hang on to the baby when you hold him "because babies can fall off your shoulder really fast." It turns out they haven't been clumsily falling; they've been heading to the restaurant and we've been blocking the door!

Take some time to observe your little mammal in his natural habitat. When you settle in to breastfeed, keep his whole front against you and support him firmly behind his back and shoulders, leaving his head free and following his lead. Snuggle his chest into the base of the mountain that is your breast, holding his back and shoulders close. Touch his lower face to some part of your breast if he begins to fuss... and watch. You'll probably see his head tip back, his mouth and chin reach forward, his mouth open wide, and the search for lunch begin in earnest. Or lie on your side with your baby on his side – facing you, below your breast – and watch him wriggle up the bed to your nipple.

Baby care is much, much easier when you remember that this isn't some alien that needs an instruction book. Your baby is just a baby mammal, and a very competent one at that. In fact, your baby is an instruction book. As long as he has his natural habitat – you.



VOLUNTEERS NEEDED!

If you have breastfed for six months or more and would like to help other nursing mothers get the support and accurate information they need, we want you! We can train you to be a volunteer breastfeeding counselor by way of our training course.

Want to help but not ready to be a counselor? Your Nursing Mothers group also needs volunteers to handle a variety of administrative tasks.

For more information, please contact your counselor, or call the Helpline at 215-572-8044.

How to Introduce Solids Without Sacrificing Breastfeeding ^{Page 6}

Written by Holly Lucard, IBCLC

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life. The AAP also suggests a gradual introduction of solids in the second half of the first year, which should complement the breastmilk diet.

Human Milk Is Baby's Primary Nutrition

In my nineteen years of counseling breastfeeding mothers, I have received numerous calls from women who fear their babies are losing interest in breastfeeding and that they are losing their milk. The culprit in almost all of these cases? Solids! It is important to remember that human milk is the primary source of nutrition for your baby for the first year of his life. Breastmilk provides 100% of a baby's nutritional needs for the first six months of life, and 75% for the second six months.



Important Guidelines

To ensure that your baby won't wean before both you and she are ready, there are two important things to do when adding solid food to her diet.

1. For the first year, nurse immediately before giving solids. Don't offer meals between or before breastfeeding. Giving solids between feedings will stretch out the time between nursings, causing a decrease in your milk supply. Remember, the more you nurse, the more milk you make. If you feed solids before nursing, your baby will likely become too full and won't be interested in breastfeeding.
2. Don't rush into giving three meals a day. Start slowly with one meal a day, adding a second meal in a few months, and the third a few months after that. Your baby may not be on three meals a day until she is a year old. Gradually during your baby's second year, the amount of solids your baby eats will increase to become a major part of her diet. Keep in mind that your baby will have a lifetime for eating solid food, but breastmilk is only available in the early years.

Nutrition Notes

For Moms

- ✓ You do not have to avoid any foods while breastfeeding. Chocolate, spices, cabbage, broccoli, tomato sauce, garlic and onions are all fine. Babies are not bothered by what mother eats.
- ✓ The quality and quantity of your breastmilk are not affected by your diet. However, it is healthier for you (whether breastfeeding or not) to eat a well-balanced diet.
- ✓ You don't need to drink milk to make milk, nor do you need any specific quantity of any fluid. Simply drink to thirst (water is fine).
- ✓ It is safe to lose weight while breastfeeding. You don't need to eat any additional food to produce milk. Liquid diets or restrictive fad diets are never the healthiest choice. But losing one to two pounds per week by reducing your calorie intake while eating a balance of healthy foods is perfectly safe for you and your baby. In fact, many women find they can eat a lot more food while nursing without gaining weight, or that they naturally lose weight without consciously counting calories.

For Babies

- ✓ Babies do not need water bottles. Water does not "clear out" meconium or reduce jaundice. Even on the hottest days, additional water is not needed. Your breastmilk is all your baby needs (breastmilk is approximately 87% water).
- ✓ Babies do not need solids, juice or other foods before six months. The American Academy of Pediatrics recommends that human milk be a baby's sole source of nutrition for the first six months of life. Cereal and other solids will not help your baby sleep "through the night."
- ✓ Always nurse before giving solids. During the first year, human milk is the primary source of nutrition for your baby. Solids are merely a complement to the breastmilk diet. There is no rush to get your baby on to three meals a day. Many babies do fine on breastmilk alone for the first year.

Is My Newborn Getting Enough?

by Cathy Snyder, RN, BSN, IBCLC

Since the advent of formula, American families have become obsessed with the idea that a baby's nutrition must be measured in ounces. Like many breastfeeding mothers, you may worry, "How can I tell if my baby is getting enough?" This question can be answered by listening to your body and observing your baby.

Often, new parents are afraid to trust their instincts when it comes to infant feeding. Instead, they may be influenced by common myths about feeding and tell themselves, "he can't be hungry," even when they feel in their hearts that the baby is asking to be fed. When applied to breastfed newborns, myths like the following can keep your baby from getting as much nourishment as he needs:

MYTH: If the baby is hungry, he will cry.

FACT: Some babies will sleep through their hunger. A baby who has never had a full stomach does not know the feeling of being full, so may not wake for feedings. Although such babies are often described as "good babies," they may not be nursing enough to gain weight. If your baby does not wake on his own every two to three hours for feedings, he should be watched closely for signs that he is hungry. Early hunger cues he may demonstrate are rooting, clenching fists, bringing hands to mouth, sucking in his sleep or "stirring" in his sleep. Crying is a LATE hunger cue, and may not appear if your baby lacks the energy to cry because he is undernourished. If your baby is very sleepy for the first few days, as many are, wake him for feeding at



least every three hours by changing his diaper, unwrapping his receiving blanket, and nursing him in just a tee shirt and diaper.

MYTH: The baby should be fed every three to four hours.

FACT: Your newborn's stomach is approximately the size of a golf ball. His stomach may be completely empty in less than two hours. If you believe that he is not hungry simply because it is "too soon," you may "hold him off" from feeding, causing him to be underfed. Watch your baby, not the clock. When he shows early feeding cues, you should offer the breast.

MYTH: The baby should nurse ten minutes on one breast, and then be "switched" to the other breast for ten minutes.

FACT: Your baby should be allowed to finish "the first breast first." He will either come off the breast on his own or cease active nursing. If he is awake and still seems hungry, he can then be offered the second breast. Some babies will nurse both breasts at every feeding, while others will always nurse on only one side and still others may change their pattern from feeding to feeding. Let your baby tell you when he is satisfied. Rather than listening to common, but false, beliefs about feeding your baby, you should consider reliable, objective signs that will tell you how the breastfeeding process is going. Knowing how to tell your baby is getting enough will ensure that his nutritional needs are met. It will also increase your confidence and help you enjoy breastfeeding.

BREASTFEEDING CHECKLIST

Watch for the following signs to be sure that your newborn is getting enough milk:

- ✓ In the first few days of breastfeeding, you feel uterine cramping or notice an increase in vaginal bleeding while nursing. Some moms feel sleepy or thirsty. These are all signs that your milk is "letting down", or flowing.
- ✓ You feel breast fullness 2-5 days after delivery. This is an indication of an increase in your milk supply.
- ✓ You are feeding your baby on cue, around 8-12 times in 24 hours, and she seems satisfied between most feedings.
- ✓ Your baby nurses as long as she wants on the first breast before you offer the other side.
- ✓ After the first few days, your breasts feel full before feeding and at least one is softer after feeding.
- ✓ Your baby is having several yellow stools each day and 6 or more wet diapers by the 5th day of life.

If you're not seeing these signs, contact your counselor, the NMAC Helpline, a lactation consultant, or your baby's doctor right away.

Which Formula Is Closest To Mother's Milk?



Many people wonder if breastmilk is really better than formula because they were bottlefed and, “turned out just fine.” There was no research on breastmilk back in the 1940s and 50s when mother were told to feed their babies formula. Over the last two decades, however, studies have proven that breastfeeding provides numerous benefits for both mother and baby. Breastmilk is living human tissue. Artificial baby milk is only a food, and can't provide what human milk can!

FORMULA FED BABIES ARE:

- ✓ Sicker –
 - 5 times more likely to develop acute ear infections
 - 3 to 4 times more likely to develop diarrheal illnesses
- ✓ Twice as likely to develop childhood cancers
- ✓ At a greater risk of developing –
 - Insulin-dependent diabetes
 - Acute appendicitis
 - Multiple sclerosis
 - Crohn's disease
 - Juvenile rheumatoid arthritis
 - Ulcerative colitis
- ✓ Less intelligent, even at age 15, children who were breastfed score higher on mental development tests.
- ✓ More likely to need eyeglasses, and also more likely to need braces
- ✓ More likely to become obese

Research tells us that breastfeeding has many long-term benefits for mothers as well.

MOTHERS WHO BREASTFEED ARE:

- ✓ At a lower risk of developing –
 - Ovarian cancer
 - Osteoporosis, bone density increases with each baby you breastfeed
 - Subsequent diabetes in women with prior gestational diabetes
 - Pre-menopausal breast cancer, the longer you breastfeed, the lower the risk
- ✓ Less likely to hemorrhage after birth
- ✓ At work more often, formula fed babies are excluded from day-care settings more frequently because of illness, thus forcing their parents to miss more work



Breastfeeding does matter! Infant formula is not interchangeable with breastmilk. Unfortunately for many, the solution for any breastfeeding problem is to resort to a bottle of formula. Remember, in doing so, you may be causing more problems than you solve.

Answers To The Weaning Myths Quiz *(Take the Quiz on Page 4)*

You may be surprised to learn that NONE of the situations described in our quiz normally requires a mother to interrupt breastfeeding. Here's why:

1. Jaundice, a yellowing of the skin common during the first few days of a newborn's life, is not a reason to stop breastfeeding. In fact, frequent nursing (every 2 – 3 hours) is often the only “cure” that is needed. A mother's early breastmilk contains natural laxatives that cause the baby to pass frequent bowel movements, removing from his body the excess bilirubin that causes the condition. Even if the baby requires treatment by exposure to special lights, breastfeeding need not be interrupted – studies show that the treatments are just as effective if the baby is



taken out of the lights for regular, frequent feedings. A rare form of jaundice, “late-onset” or “breast milk” jaundice, is thought to be related to factors in the mother's milk, but it is not dangerous to the baby and gradually disappears on its own if breastfeeding is continued.

2. Engorgement, an uncomfortable inflammation and swelling of the breast tissue, is best relieved by cool compresses and frequent breastfeeding. Weaning during engorgement is more likely to aggravate mom's discomfort than to cure it and may contribute to supply problems later.



3. Bleeding, damaged nipples are a sign that mom should get help from a lactation consultant, but doesn't usually require her to interrupt breastfeeding. Nipple damage is usually caused by a problem with the baby's latch or suck. Small amounts of blood in the milk from the damaged nipple will not harm the baby.



4. If mom gets a contagious illness, her baby has already been exposed to it by being around his mom. The best way she can protect her baby is to continue to nurse throughout the illness. When the baby nurses, he receives the antibodies mom's body is producing to help her fight the illness. These antibodies can make the baby's illness less severe, or may keep him from getting sick at all.



Even if mom must take medication, she can usually continue to breastfeed. Many drugs are compatible with breastfeeding, and for those that are not, a safe alternative can usually be found. Most diagnostic procedures (X-rays, MRIs, etc.) do not affect mom's breastmilk. Even if mom must have general anesthesia she can usually breastfeed as soon as she is conscious and able to hold her baby. Mothers who require medical treatment should consider all of their options with the help of their counselors and NMAC's Medical Liaison, or a lactation consultant before discontinuing or interrupting breastfeeding.



5. It is not necessary or desirable to wean when an illness involving vomiting or diarrhea strikes your child. Breastmilk is considered a clear liquid, not a dairy product, and need not be replaced by products such as "Pedialyte." Breastmilk is perfectly digestible, contains important immunological factors that help a baby's immature immune system combat an illness, and has a high water content to help prevent dehydration. Breastfeeding should be continued throughout a baby's illness and recovery.



6. Fussiness, gas and colic are not signs of a problem with mom's milk, and weaning to formula may only aggravate her baby's discomfort. Remember that most babies, whether breastfed or formula-fed, have a "fussy time" for a few hours each day often in the evening. Usually, this unhappiness has nothing to do with breastfeeding, but fussiness should be



discussed with a counselor, who will help to make sure that mom does not need to change her nursing patterns to deal with an oversupply or, more rarely, undersupply of milk.

7. Moderate use of alcohol by nursing mothers has not been shown to present a danger to babies. In general, unless a mother is so impaired that she can not safely care for her baby, the amount of alcohol in her milk is minimal, and will not harm the baby.



8. Breast infections and plugged ducts do not present any reason to interrupt breastfeeding. In fact, frequent breastfeeding is one of the most effective cures for these conditions.

9. A baby who is breastfeeding properly will not bite while nursing, even after his teeth have erupted. Although mom is usually aware that the teeth are there, the sensation is not painful. Some babies will bite from time to time, but this is not a necessary part of nursing an older baby. Usually, patience and a stern, "No" will correct the situation. Remember, the average age of weaning worldwide is over 3 years – it wouldn't be that way if biting were always a part of the experience! If biting does become a problem, call your counselor for tips on solving it.



10. Although smoking is not healthy for a mother or her baby, the baby of a woman who smokes is much better off if he receives the benefits of breastfeeding. Mom should try to avoid exposing her baby to the dangers of second-hand smoke by not smoking around her baby, but there is no reason for her to stop breastfeeding.



11. Once breastfeeding is well-established, a mother who must be separated from her baby for short, regular periods of time (as in a return to work or school) can continue to breastfeed when she is with her baby even though the baby is given formula when they are apart. Each woman's situation is unique, but many nursing mothers' bodies are able to adjust to their work or school schedules, making more milk at the times when they usually breastfeed and less at the times when they are usually separated from their babies. In this way, both mother and baby continue to benefit from the breastfeeding relationship, although they must sometimes be apart.



As you can see, there are many more reasons to continue to breastfeed than there are to wean! Before you take anyone's advice to stop nursing, talk with your counselor to make sure that you consider all of your options, and make the decision that is best for you and your baby.

NMAC Notebook

P.O. Box 91, Abington, PA 19001

Check out our web page at www.nursingmoms.net

NON-PROFIT ORG.
U.S. Postage
PAID
Abington, PA
Permit No. 72

*INSIDE: Be Comfortable Nursing Wherever You Go
Weaning Myths Quiz And More...*

Please Help Us Help Breastfeeding Moms and Babies

Your contribution to Nursing Mothers Advisory Council, Inc. allows us to continue to provide free services to breastfeeding families. Here's how you can help:

- ♥ **Give money.** Your tax-deductible financial contribution helps underwrite the expenses of our helpline, newsletter, website, outreach/education efforts, and the costs of training new counselors. You can donate directly to us, or give through the United Way (Donor Option #5351).
- ♥ **Give us credit** for your grocery shopping. Designate us as the recipient of your E-scrip credits from Genuardi's (go to www.escrip.com to register your card and our Group ID #150877396), or send us your Redners' receipts.
- ♥ **Give your time.** Volunteers are always needed to help us run meetings and activities for mothers, produce and distribute newsletters, and raise needed funds. Or, if you have nursed a baby for more than six months, consider becoming a counselor – training classes are offered each Spring and Fall.

For more information, contact us at 215-572-8044 or complete the form below.

Please complete and return to NMAC, Inc., P.O. Box 91, Abington, PA 19001

YES! I want to help.

- I have enclosed my check payable to NMAC, Inc. in the amount of \$50 \$25 \$10 Other _____
- I want to volunteer. Please contact me to tell me how I can help.

Name _____ Phone _____

Address _____