



LACTATION INSIGHTS

WELCOME to the Fall, 2005 edition of Lactation Insights! This newsletter is written and published quarterly by Janet to support breastfeeding mothers and their families.

IMAGINE

“Imagine that the world had created a new ‘dream product’ to feed and immunize everyone born on earth. Imagine also that it was available everywhere, required no storage or delivery, and helped mothers plan their families and reduce the risk of cancer. Then imagine that the world refused to use it.” *by Dr. Frank Oski* (That product, of course, is human milk.)

THE STATE OF BREASTFEEDING IN 2005

Internationally, there is clear recognition that breastfeeding plays a significant role in the health and development of women and children. For many countries, breastfeeding remains a life and death matter. Every year, according to a 2004 UNICEF press release, “more than 10 million children die from mainly preventable causes, including diarrhea, pneumonia, measles and malaria. *If every baby was exclusively breastfed from birth to six months, an estimated 3,500 children’s lives could be saved each day.*” Yet, reports the World Health Organization, less than 35 percent of babies around the globe are being breastfed *exclusively* even for the first four months.

The world is making progress, however! More than 18,000 maternity facilities in 134 countries have been awarded Baby-Friendly Hospital status. Hospitals must apply for this certification and meet 10 criteria before being accredited. See (<http://www.babyfriendlyusa.org/eng/10step>

[s.html](#)) for more information. In the United States, just 50 facilities have been designated as Baby-Friendly Hospitals or Birth Centers.

Action has been taken by 120 countries to limit the advertising of formula to the general public. These countries have endorsed the *International Code of Marketing of Breastmilk Substitutes*. The U. S. government does not support this International Code. As a result, health care providers, hospitals, and professional organizations are leaping into the marketing arms of the formula manufacturers.

In spite of this, breastfeeding rates in the USA have **increased** in the past 10 years. Ross Labs released a report in 2003 which indicates that breastfeeding rates have increased by 10% from 1993 to 2003 (from 55.9% to 66% for in-hospital and from 19% to 32.8% at six months). These rates still lag behind the Surgeon General’s recommendations of 75% in-hospital and 50% at six months.

While the implications for not breastfeeding in the United States are not as deadly as in many of the developing nations, the consequences are still high. A USDA report on the “Economic Benefits of Breastfeeding” in 2001, suggests, “A minimum of \$3.6 billion would be saved annually if breastfeeding were increased from current levels to those recommended by the U.S. Surgeon General. This figure is likely an underestimate of the total savings because it represents cost savings from the treatment of only three childhood illnesses: otitis media, gastroenteritis, and necrotizing enterocolitis.

ADDING SOLID FOODS TO YOUR BABY'S DIET

The process of weaning begins when foods other than breastmilk are introduced into the diet of the nursing infant. Breastfeeding anthropologist, Katherine Dettwyler identifies 6 months as the age at which most human cultures throughout history have introduced solid foods. There is no reason why breastfeeding should stop once solid foods are introduced. Breastmilk continues to be protective against a wide range of illnesses and parasites. Breastmilk is also vastly superior to artificial infant feeding products in immunological, biochemical and cognitive components.

Breastmilk contains digestive enzymes to help the baby digest and assimilate the nutrients in human milk. A baby does not begin producing sufficient digestive enzymes on his own until around 6 months of age. Further, the epithelial lining of the gut is not sufficiently developed to handle solid foods until 6 months of age.

Introducing solid foods too early allows foreign proteins to get into the bloodstream and create antibodies that characterize long-term food allergies. Equally important in the decision on when to start solids is the ability of a baby to sit up and reach for foods at about 6 months of age.

Baby's first solid foods should be soft or easily gummed. Early foods can include mashed ripe banana, avocado or papaya as well as cooked sweet potato or yams. In just a few months, as more teeth begin to erupt and the GI tract epithelium begins to mature, a more varied diet will be tolerated (maybe even demanded!) by your baby. It is important to introduce a source of protein around 7 months of age when an infant's store of iron that he is born with

begins to diminish. Sources of protein can include cooked chicken, turkey, fish (check fish carefully for mercury content and little bones), beef, lamb etc. Cooked peas, lentils or beans offer a variety of tastes and textures for the maturing baby. Soon you can add cooked, finely chopped vegetables such as broccoli, carrots, zucchini, spinach, beets, green beans etc. This gives your baby a chance to experience many different tastes and textures at a time when he is eager to experiment. Fruits are added later because of their natural sweetness. Eggs, cow's milk, and whole wheat should wait until after the first birthday because these foods are more often associated with allergic reactions.

Breastmilk continues to be the primary source of nutrition during the first year of life with solid foods being offered as a complement to the milk being received from the mother.

Introduce one food at a time and wait a few days before introducing the next one. That way, any unusual symptoms, such as redness of ears or cheeks, nasal discharge, dark areas under the eyes, puffy eyes, gassiness etc. can be observed. When a potentially allergenic food is noticed, discontinue it temporarily and try it again in several months with careful observation.

Remember to serve your baby your own home-cooked foods. Highly processed baby cereals and baby food sold in jars do not contain the optimal nutrients for your growing baby.

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