



# LACTATION INSIGHTS

**WELCOME** to the Spring, 2008 edition of Lactation Insights! This newsletter is written and published quarterly by Janet to support breastfeeding mothers and their families.

## **PROBIOTICS: HELPFUL FOR COLIC IN BABIES**

Colic in babies is a common problem in the first 3 months of life. Colic is characterized by long spells of crying for no apparent reason. Colic has been attributed to many possible causes: baby's temperament, new mother anxiety, gas, lactase deficiency, sensitivity to cow's milk and exposure to tobacco smoke.

The beneficial role of intestinal microflora has recently been gaining more attention in the medical community. Lower counts of intestinal lactobacilli (beneficial bacteria) were observed in colicky infants as compared to healthy infants. The colonization of beneficial bacteria in the intestine is also the major external driving force in maturation of the immune system after birth.

In order to research their theory on the role of probiotics (beneficial bacteria in the intestines) scientists conducted a study that was published in the journal *Pediatrics* in January, 2007. Ninety breastfed infants with colic were divided equally into two groups. Mothers of both groups were asked to follow a cow's milk-free diet, with avoidance of milk, yogurt, cheese, cream, butter etc. Babies in both groups were examined by pediatricians every 7 days for 28 days.

The first group of babies received a probiotic called Lactobacillus Reuteri once per day; the other group received simethicone drops twice per day. L. Reuteri is a friendly bacteria found in breastmilk as well as the intestinal tract. It secretes reuterin, a substance with antimicrobial properties that helps suppress the growth of unfriendly microorganisms in the gut.

Infants who received L. Reuteri showed a significant reduction in daily crying by day 7. By the 28<sup>th</sup> day of the study, an amazing 95% of the babies in the probiotic group showed a reduction in symptoms of colic as compared to 7% of the babies who received simethicone drops.

Researchers concluded that the effects of probiotic supplementation may be related to action on the altered balance of intestinal lactobacilli in infants with colic. L. Reuteri may contribute to the anti-inflammatory tone of the intestinal environment, modulating immune responses in the gut.

The study concludes that L. Reuteri is a safe probiotic that can be given to babies to help with colic and other related allergic symptoms.

L. Reuteri is normally found in breastmilk, if the mother has adequate amounts of it in her intestines. Recent research indicates that increasing numbers of babies have reduced levels of good bacteria in their intestines after birth, due to lower numbers of these good bacteria in their mothers. Supplementation of probiotics may be helpful to the baby in resolving colic,

eczema and other atopic (allergic) symptoms.

L. Reuteri is available from Lactation Innovation. It comes as a chewable, lemon flavored tablet. Nursing mothers of infants less than 6 months old can take the L. Reuteri themselves. If a baby is over 6 months of age, the tablet can be crushed and mixed in with solid foods the baby is receiving.

L. Reuteri is excellent for anyone needing to repopulate the intestines with good bacteria following a round of antibiotics. L. Reuteri has also been shown to speed recovery from acute diarrhea in children and adults.

### **MOM'S MILK RICHER IN FAT & ENERGY AFTER ONE YEAR**

A recent study showed that milk from mothers who have been breastfeeding their infants for more than a year is richer in fat and energy than milk from moms who have been breastfeeding for just a few months. This study was the first to look at the nutritional value of breastmilk after prolonged breastfeeding.

The study found that mothers who had been breastfeeding between 2 and 6 months had an average fat content of 7% in their milk. Mothers who had been breastfeeding 12 to 39 months had a fat content of 11% in their milk.

The study concluded that the caloric contribution of breastmilk in a nursing toddler's diet is significant. Nursing mothers who wish to continue breastfeeding beyond a year should understand that their milk has nutritional value from a caloric standpoint (as well as all the other benefits that it provides). Source: *Pediatrics*, September, 2005.

### **AMERICAN PARENTS ADMIT IGNORANCE OF OMEGA-3 BENEFITS**

A recent survey found that the majority of American parents aren't aware that omega-3 DHA plays a critical part in the development of children's brains and eyes. DHA (found in fish, seafood, algae and breastmilk) is one of two key omega-3 fatty acids essential to human cell membranes. DHA is found in high concentrations in the heart, retina and the brain of humans. (The brain is about 60% fatty acids by weight, and DHA constitutes about 1/3 of those fatty acids.)

Omega-3 DHA is particularly important for children between birth and 5 years of age, when the brain increases 3 and ½ times in weight and its DHA content increases more than fourfold.

Fish, fish oil, and DHA-fortified foods (like omega-3 fortified eggs) are the only abundant sources of omega-3's.

Mothers who have adequate intake of omega-3 DHA during pregnancy and breastfeeding pass along these vital nutrients to their babies during gestation and breastfeeding. The easiest way to obtain adequate amounts of omega-3s is through the supplementation of fish oil in the diet. After weaning, young children can begin taking omega-3 fish oil supplements themselves.

Humans convert the plant-source omega-3 called ALA into DHA and EPA, but only 2 to 5 % of dietary ALA becomes DHA and EPA. (The rest is burned for energy and/or stored as fat.) A child on a strict vegan diet would need to eat lots of leafy greens, walnuts and flax seed (or flax oil) in order to get the suggested amount of omega-3 in their diet. Survey source: Harris Interactive, March, 2008.

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