La Leche League Canada

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Keeping In The LLLoop

Eating for Two—What's True? – Jen Peddlesden, Area Professional Liaison Leader for LLLC-AB/NWT

Breastfeeding mothers ask questions about their diet, losing weight, alcohol, and supplements. Here are some answers to help you support mothers when they ask these questions.

Are there any foods a mother should avoid?

No. Around the world breastfeeding mothers eat the foods of their culture. Babies taste their weaning foods *in utero* and in the flavours of their mother's milks.[1] Flavours stimulate the breastfed baby's palate and introduce tastes from the family table which influences later acceptance. However, if a mother correlates a reaction with a specific food, she may find that eliminating it can reduce fussiness in her baby. The key is to watch the baby; if you believe a food has caused a symptom, you can recommend a mother eliminate it from her diet for a few days (up to 2 weeks). If the baby settles, but reacts again when mother reintroduces the food (a "challenge"), it is a good indication that the baby is sensitive to that food and the mother will need to avoid it. Few things a mother eats are problematic, but fussiness, rash, or changes in stool patterns can indicate that a diet change might help. For more information: http://www.llli.org/nb/nbmarapr04p44.html

Can dieting harm a mother's milk?

Yes and no. When a mother reduces calorie intake, other nutrients may also be lower and breastmilk components will be taken from mother's body stores. When dietary fat is low, stored fat can be mobilized to provide fat in breastmilk. However, a mother's fat stores contain the history of all encounters with persistent organic compounds. That does not mean she should not breastfeed. So, the yes and no is that eating fewer calories is not harmful as long as the diet has a variety of nutrients for her body to keep making milk rather than depending on stores alone. When it comes to who gets the goods, the mother's body gives preference to the baby. A mother should not lose more than 500 grams (~1 lb) per week, and she should eat a variety of foods, delaying dieting until after her baby is at least 6 weeks old and she has recovered from labour and delivery. Suggest any mother using herbal weight loss products check the ingredient list. Substances such as guarana, bitter orange (citrus aurantium), ma huang (ephedra), yerba mate (contains caffeine) and cascara or senna (laxatives) can be potentially harmful.[2]

Can breastfeeding mothers go on a carbohydrate free diet?

Low carb diets purport to reduce cravings through higher intake of protein and fat. There is no research that ketone bodies appear in the mother's milk nor that a ketotic state is safe during breastfeeding. Reducing but not removing carbohydrates would not be harmful, assuming the dieter monitored long term intake of micronutrients such as thiamine, folic acid, vitamin C, and iron. [3,4] The Canadian College of Family Physicians of Canada do not

recommend a no carb or extremely low carb diet, but rather the Mediterranean diet or DASH diet for better health outcomes.[5]

Can mothers have a glass of wine or beer while breastfeeding?

Yes, doing it sensibly and occasionally. Alcohol passes freely into breastmilk, but passes just as freely back into the circulation for removal. Blood alcohol and milk alcohol levels decrease in parallel**. Pumping and dumping does not make a difference.** Suggest these tips to minimize blood and milk alcohol levels: have a snack with protein, fat and carbohydrate (less alcohol is absorbed with food in the stomach); drink low alcohol beverages; alternate alcoholic drink with sips of water. This nomogram from Motherisk shows how long it takes for alcohol to leave the body and thus the milk. Mothers who do not want to expose their babies to any alcohol can pump milk ahead for feedings after alcohol intake.
http://www.beststart.org/resources/alc_reduction/pdf/brstfd_alc_deskref_eng.pdf

Can certain foods increase my milk supply?

Many cultures believe that certain foods help mothers produce more milk. Studies on animals, men and non-lactating women show that drinking beer increases prolactin. It is believed that this is from a component of the barley, salsolinol. "It is not yet known whether beer consumption has similar effects on the lactating mother and perhaps, more importantly whether it indeed enhances milk intake."[6] Foods such as oats, barley, fish (source of Omega-3 fats), green leafy vegetables (source of carotenoids), and many of the pleasant tasting culinary spices such as garlic, fennel, anise, caraway, cumin, coriander, dill, and fenugreek are a few that are widely used in some cultures as traditional galactogogues.[7,8] Sage and peppermint, when taken therapeutically in concentrated forms such as tinctures, may lower milk supply.[8] When used as a culinary addition, they do not appear to be a problem. The bottom line for dietary advice on making milk is to eat sensibly and follow Eating Well with Canada's Food Guide (see below).

Is a vegetarian or vegan diet safe when breastfeeding?

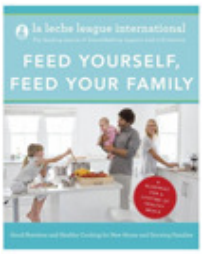
"Well-planned vegan and other types of vegetarian diets are appropriate for all stages of the life-cycle including during pregnancy, lactation, infancy, childhood, and adolescence."[9] Protein intake for a breastfeeding mother as recommended by Eating Well With Canada's Food Guide suggests two or three extra food guide servings daily for breastfeeding women. This table shows some examples of meat alternatives. http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/meat-viande/serving-portion-eng.php Intake of Vitamin B_{12}, a vitamin that is difficult to obtain with a vegan diet, is recommended to be 2.8 mcg/day. This is important as adequate intake by the breastfeeding mother ensures that her breastmilk has an adequate amount of Vitamin B_{12} for her baby. Cookbooks for using the large variety of legumes and grains and other meat alternatives available for vegan or vegetarian diets can be useful for mothers.[10, 11]

How many extra calories do I need to eat to breastfeed my baby?

Experts seem divided on this question. To quote *The Womanly Art of Breastfeeding* (2010, page 124), "Eating more won't make more milk, eating less won't make less milk." Health Canada recommends breastfeeding mothers may need to eat 350-400 extra calories every day and their diet should particularly include sources of Vitamins A and C, and zinc.[12] The American Dietetic Association states that breastfeeding mothers do not require extra calories.[13] Some of the weight gained during pregnancy is stored by the mother's body in anticipation of the calorie requirements of lactation.[14]

La Leche League International has recently published a new book, *Feed Yourself, Feed Your Family*, which you or your clients may find useful for answering nutrition questions.[15] La Leche League Canada (LLLC) Leaders

provide information on nutrition at the Series Meeting #4 "Nutrition and Weaning." LLLC meetings can be viewed as a buffet of ideas. Each mother is invited to select those that appeal and apply to her and her family. Encouraging families to attend these meetings gives them the opportunity to hear about La Leche League Canada's philosophy on eating, "Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible."



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Why Become a La Leche League Canada Health Professional Member?

A LLLC Health Professional membership provides you with these benefits:

- breastfeeding Information Sheets to download for use with your clients (titles currently available include:
- past issues of *Keeping In The LLLoop*
- breastfeeding quiz compilations from past issues of *Keeping In The LLLoop* -- excellent tools for breastfeeding education
- 10% discount on your Health Professional Seminar registration fee (this year, a saving of $16 per registration)
- access to all the features of the general Member Access area of this website.

Basic LLLC Health Professional Membership - $50.00 Canadian
Sustaining LLLC Health Professional Membership - $70.00 Canadian

Purchase of a Sustaining LLLC Health Professional membership helps La Leche League Canada increase our ability to reach out to new mothers and health professionals with breastfeeding information and support.

*You can purchase a LLLC HP membership **online** via PayPal, using your PayPal account or your credit card, by following this link to the*
LLLC Health Professional Membership purchase form

QUIZ: Colostrum and Early Feedings – Food and Medicine

By Sandra Yates, Area Professional Liaison Leader for LLLC-BC/Y

1. The breasts begin their secretory phase, where colostrum begins to be produced and fills the alveoli,
   a. As soon as the baby begins to suckle after birth.
   b. A few days before the birth, as prolactin levels are reaching their peak.
   c. In the second trimester of the pregnancy
   d. Very soon after conception

2. Compared to mature breast milk, colostrum:
   a. Has more antibodies in total
   b. Has more antibodies by percentage of volume
   c. Has fewer antibodies than mature milk – antibodies increase over time
   d. Has antibodies, but the amount of colostrum is so small it doesn't really make a difference

3. The first drink of colostrum after birth does everything below, EXCEPT:
   a. Eases birth of the placenta
   b. Protect baby's eyes from infection
   c. Prevents postpartum hemorrhage
   d. Stimulates a prolactin spike in the mother

4. The amount of colostrum is small compared to the volume produced once the milk "comes in" on day 2-4. What kind of teaching would be most helpful to parents about this?
   a. Colostrum is just old milk sitting in the breasts until the real milk comes in. It is not good or necessary for babies to drink it.
   b. Babies are born hungry. If the mother can't breastfeed right away or the baby is fussy the baby should be supplemented.
   c. Some mothers just don't have any colostrum and will need to supplement their babies.
   d. The amount of colostrum available is physiologically appropriate to support both the baby's need and capacity for food and the mother's need and capacity for establishing milk production.

5. Which of the following is INCORRECT to say regarding colostrum:
   a. Contains the enzyme lactase, to digest milk sugar
   b. Has a slightly acidic pH to support colonization of the gut with beneficial bacteria
   c. Has a low solute load to support immature kidney function
   d. Helps to reduce jaundice because of its laxative effect

6. In the first day(s) after birth babies should
   a. be woken to feed every three hours
   b. have limited feeding time at the breast to avoid sore nipples
   c. be swaddled and laid in a cot when not feeding
   d. Feed at least eight times in 24 hours after the first day

7. What is "laid back" breastfeeding? And why is it important?
   a. A new-age hippy movement
   b. Breastfeeding while reclining at an easy angle, baby completely supported by mother's body.
   c. A relaxed approach to breastfeeding that ignores both cues and schedules
   d. Breastfeeding the baby while either the mother or the baby is lying flat on their back

La Leche League Canada Health Professional Seminars

Each year La Leche League Canada organizes Health Professional Seminars, which are intended to educate the Health Care Community on the latest breastfeeding information while supporting La Leche League Canada. We are pleased to announce the speaker for the fall 2012 Health Professional Seminar series:

Linda J. Smith, MPH, IBCLC, FACCE, FILCA

Linda J. Smith is a lactation consultant, childbirth educator, author, and internationally-known consultant on breastfeeding and birthing issues. Linda is ILCA's liaison to the World Health Organization's Baby Friendly™ Hospital Initiative and consultant to INFACT Canada/IBFAN North America. As a former La Leche League Leader and Lamaze-certified Childbirth Educator, she provided education and support to diverse families over 35 years in 9 cities in the USA and Canada. She is the author of *Impact of Birthing Practices on Breastfeeding* and *Coach's Notebook: Games and Strategies for Lactation Education*. Visit Linda's website at http://www.bflrc.com/index.htm for more information about Linda's work.

The fall series will be entitled ***From Birth to Co-sleeping: How Choices Affect Breastfeeding*** and will be presented in:

St. Catharines, ON on Monday October 15
Ajax/Whitby, ON on Wednesday October 17
Edmonton, Alberta on Friday October 19

The Seminar topics will include:

- **Impact of Birthing Practices on Breastfeeding**
- **Fostering the New Normal: Breastfeeding for Two years and Beyond**
- **The Co-Sleeping Controversy: Reducing SIDS deaths and Increasing Breastfeeding are Compatible Goals**
- **Teaching or Preaching? Reframing the "Breast is Best" Message in Light of New Research**

To receive the early bird rate of $160 register at http://www.lllc.ca/health-professional-seminars before September 28, 2012. After September 28th, registration fee will be $175.

LLLC Health Professional Members receive a 10% discount off their seminar registration fee. Remember to purchase your LLLC Health Professional Membership (if you are not already a member) BEFORE you register for the seminar (http://www.lllc.ca/lllc-health-professional-membership).

If you have any questions or would like more information please email Kate at events@lllc.ca We look forward to seeing you there!

ANSWERS to QUIZ

1. c) Lactogenesis I begins around the middle of pregnancy[1a] when colostrum starts to be formed in the mother's milk producing cells, or lactocytes. This is true even if mother is already lactating for a previous child. Some mothers will leak colostrum. It is possible to hand express colostrum during pregnancy and some mothers may choose to do this in the last week or two of their pregnancy to have a bit of colostrum on hand should they need it after the birth.[2a]

The volume of the milk increases on day 2-4, lactogenesis II, due to an increase in lactose (milk sugar) production which draws water into the milk. This is often referred to as the milk "coming in". Breastmilk transitions from colostrum to mature milk over the next few weeks.

2. b) Both mature milk and colostrum have similar total antibody titres. However, because colostrum is produced in small amounts (10-100ml/day), it has more antibodies per ml than mature milk. When the milk volume increases, the antibody content remains essentially the same, but the percent goes down as the volume increases.[1b]

Colostrum is rich with antibodies and immune factors (especially Secretory IgA) that provide passive immunity to the baby. The newborn's gut is sterile at birth, but is quickly colonized by bacteria encountered in the environment. Being thick and viscous, colostrum lines the gut like a coat of paint to physically prevent pathogenic organisms from adhering to and penetrating the gut wall. Antibodies in colostrum are specific to the environment of the mother and baby. Each drop of colostrum is like an immunization and every drop counts. The passive immunity from the placenta is supported and continued by the breast through colostrum.[3a]

3. b) Colostrum is a thick, viscous, clear fluid. It is bright yellow to orange in colour due to beta-carotene, which is an antioxidant. The baby is attracted to the breast to suckle by the smell and taste of colostrum. The baby's first suckles release oxytocin which contracts the uterus, helping to eject the placenta and also helping to prevent hemorrhage. Oxytocin released by suckling also causes contraction of the muscle cells that surround the lactocytes and results in let-down or milk ejection so baby gets food. Another hormone of milk production, prolactin, is also released when the baby feeds, and the frequency and intensity of prolactin spikes sets the productive capacity of the breasts in the first week or two. High circulating levels of prolactin activate prolactin receptors in the lactocytes. Prolactin activation allows lactocytes to begin milk production, establishing adequate base-line levels of milk production. The first week is critical for establishing long-term milk production levels.[4a]

Although ingesting colostrum will not protect baby's eyes, because of the anti-infective properties it is often used on mild eye infections in the newborn, and can be quite effective in controlling this common condition. Colostrum or breastmilk is placed directly in the baby's eye.

4. d) The baby's tummy size is small at the time of birth, about the size of a chick pea. The stomach size is fixed and rigid for at least the first 24 hours, and does not stretch.[5a] Over the next few days, it relaxes and then begins to stretch to take more volume, matching the increasing volume of mother's milk.[4b] Colostrum is produced in new-born tummy-sized amounts, so it is perfectly matched to the baby's capacity. Colostrum is easy to digest so it empties from the baby's tummy quickly, and the baby is stimulated to feed frequently. This is fortunate because frequent feeding and breast emptying establishes abundant milk production.

All mothers who carry a baby into the third trimester will have colostrum in their breasts in more or less abundance. If a baby is unable to effectively breastfeed, a mother should be encouraged to express colostrum

and feed it to her baby using a spoon or syringe. Colostrum is removed more effectively by hand expression than by pumping. If the mother is pumping in the first few days, she should use hand expression to collect colostrum, and then follow up with pumping to activate more prolactin receptors. It is now known that hand expression in addition to pumping in the early days will significantly enhance milk production.[6,7]
Because colostrum is thick and viscous it lines the ducts and can sometimes be difficult to remove. If hand expression is not yielding much colostrum, the breast can be warmed with hot compresses and then massaged to help move the colostrum down the ducts so that it can be expressed. Hand expression technique is important. If the mother is unable to express colostrum, she should seek assistance from someone who has the appropriate skills. The colostrum is in there!

5. a) Lactose, the predominant milk sugar, does not begin to be digested until it reaches the gut. Lactase enzymes produced along the villae that line the walls of the intestinal tract are responsible for the digestion of lactose.[2b] On the other hand, colostrum and breast milk do contain some digestive enzymes specifically designed to digest fats - lipase enzymes. Critical for brain development, fats in colostrum and breast milk are absorbed with ease by the breastfed baby, starting as soon as the milk is ingested.[3b]

Benign bacteria thrive in the slightly acidic environment (pH 5.1-5.4) created by colostrum and mature breastmilk. Formula has a higher pH, which favours the proliferation of pathogenic and putrefactive bacteria – the baby's diapers have an unpleasantly strong smell! Even one bottle of formula can skew the bacterial profile of the infant's gut for three or more weeks.[4c]
The low solute load (low in nitrogen protein) of colostrum and mature milk is perfectly designed to not overtax the immature kidney function of the newborn human infant. Colostrum is a human physiological fluid that is species specific with high levels of sodium, potassium, chloride and cholesterol to support the development of baby's heart, brain and central nervous system. The proteins in colostrum stabilize the baby's blood sugar.[8]
The laxative properties of colostrum play an important role of clearing meconium from the baby's gut, preventing or reducing jaundice.[5b]

6. d) The best practice indicators, The Integrated 10 Steps, from the Baby-Friendly™ Initiative in Canada, outline, in Step 4: *Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes: encourage mothers to recognize when their babies are ready to feed, offering help as needed.*[9]

The baby's innate competence can be relied on as long as the baby is alert; the baby will begin breast-seeking movements and behaviours. The baby is capable of finding the breast completely on her own and self-attaching. The mother can help as required. The baby's temperature is regulated by mother's body as well as by ingestion of warm colostrum. After the first feed following birth, babies often have a post-birth recovery sleep that may last several hours. Frequent feeding after that is quite normal and common.
Most newborns will feed at least 8 times in 24 hours, and often more than that. Their sleep periods are variable; since a baby cannot be roused to feed when they are in deep sleep it can be frustrating to try to feed them on a schedule. If the mother holds the baby close, the cues are obvious, and can be responded to easily; the baby and the mother are in harmonious synchrony.[5c]
Learning the baby's feeding cues will help parents feel competent and confident to care for their baby. It is easiest to learn those cues if the baby is in close contact with the mother or other parent, so that the subtle cues can be understood. If the baby is swaddled, many cues will be muted so some possible feeds may be delayed or missed. A baby that is overly hungry is more difficult to feed than a baby whose cues are responded to immediately.

7. b) The terms self-attachment, laid-back breastfeeding and Biological Nurturing (BN) [10,11] are often used interchangeably, although there are subtle differences. Each recommends using the baby's innate abilities to seek out the breast while using gravity to advantage. They can be used for as many feeds as the mother wants in the beginning and beyond. Women can often get a much more comfortable latch with a BN approach to breastfeeding.

As has been described by the work of Suzanne Colson, Biological Nurturing starts with mother in a comfortable semi-reclining position with her baby lying on or across her body. This position releases the baby's natural instincts and stimulates baby-led latching; the mother supports the baby and helps as needed. Gravity makes it easier for the baby to orient to the mother's body and helps all parts of the baby's body feel supported. It is best not to lie completely flat as a semi-reclined posture better supports the expression of innate baby feeding reflexes; it also avoids neck strain for the mother.[12] Some mothers prefer to latch-on in an upright position; they start out in a laid back position and once the baby starts to search for the breast, they sit up and help the baby to latch. However, some babies can have their natural reflexes and instincts short-circuited if the mother takes over, or if she takes over too soon. A baby that refuses to latch in an upright feeding position can often be successfully re-introduced to the breast with BN.

An indicator of the quality of the baby's latch is the comfort of the mother. If the nipple is taken far back into the baby's mouth into the "comfort zone" the feedings should be comfortable for the mother, regardless of how long or how frequent. No matter how it looks from the outside, if the feeding is not comfortable for the mother, one-on-one assistance from someone skilled in helping with latch is indicated.

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Breastfeeding Makes Cents — Fundraiser

During the recent the budget speech we heard that Canada will be phasing out the penny coin for cash transactions. As you debate what to do with the contents of your penny jar LLLC invites you to join us in our penny drive which will wrap up (pun intended) during World Breastfeeding Week, October 1-7, 2012 in Canada.

Wrap your pennies and bring them to a La Leche League Canada meeting or Leader in your community. If you can't get to a meeting we will happily accept your penny donation equivalent by a cheque or as on-line donation (please note "penny drive" on your cheque or on-line donation).

Here are some fun ways to think about your donation by looking at breastfeeding and breastfeeding support in penny amounts:

- A penny for every day that you breastfed your own child/children.
- The amount you saved by breastfeeding for a year (130,000 pennies/year according to the latest statistics).
- 10 pennies for every breastfeeding mother you have supported.
- 100 pennies for every LLLC meeting you have attended or piece of LLLC information you have used.

Thank you for supporting La Leche League Canada