A Window of Opportunity: The First Two Days
A quiz to test your knowledge on support mothers need
(Note: some questions may have more than one answer)

1. A newborn baby is nursing very frequently – every hour or so – and is fussy. Never seems full or satisfied and cries when mother puts him down in bassinet. These indicate:
   a) normal newborn behaviour
   b) supplementation is needed
   c) baby is helping mom establish good milk production
   d) baby is going to be a high-needs child

2. According to a 2005 Canadian study, what percentage of breastfed babies were supplemented in hospital?
   a) 20%  
   b) 34%  
   c) 48%  
   d) 74%

3. Mother’s maximum milk production can be affected by which of the following in the first 48 hours:
   a) Birth process (interventions, IV, forceps, pain medication)
   b) Skin-to-skin contact with baby
   c) Anatomical ‘fit’
   d) Frequent suckling by baby

4. In the 2005 study, how early did supplementation start?
   a) Eight hours after birth
   b) Twelve hours after birth
   c) Twenty hours after birth
   d) Twenty-four hours after birth
5. A mother reports her baby is so “good” as he is sleeping long stretches; she usually needs to wake him for feedings. You should advise the mother:
   a) this is normal newborn behaviour, nothing to worry about
   b) labour medications make babies sleepy, she’ll be happy for the recovery time once he wakes up
   c) frequent feedings are critical to the establishment of the milk supply, so you and mother should work together to optimize breastfeeding management
   d) to supplement as he must be too hungry to wake up

6. Which babies may need supplementation?
   a) Infants whose mothers have inadequate glandular tissue.
   b) Infants born very pre-term or at very low birthweight.
   c) Infants at risk for or showing symptoms of hypoglycemia
   d) Infants who are significantly dehydrated
   e) Infants who have jaundice

We would like to thank Teresa Pitman for allowing LLLC to “LLLovingly LLLift” these questions and answers from her Off to the Breast Start presentations in Truro, NS, May, 2015. We are exceedingly grateful for her ongoing willingness to share and we did not realize how difficult it would be to narrow down our selection of questions, as Teresa shared so much great information that day.

Teresa Pitman is a La Leche League Canada Leader, former Executive Director of LLLC and author. She writes extensively on breastfeeding, both alone and in collaboration with other authors. She is one of the co-authors of The Womanly Art of Breastfeeding and Safe Sleep, both published by La Leche League International, and the author of Preparing to Breastfeed: A Pregnant Woman’s Guide. She loves to share her knowledge with others and can be contacted regarding her future speaking engagements at: teresaannpitman@rogers.com

Answers on next page…
ANSWERS:

1. **a & c** Babies have a biological urge to nurse frequently, as this stimulates mothers’ milk production. New research is coming out about the importance of these frequent early nursings in creating a good foundation for milk production, through prolactin receptors on the lactocytes and other early hormonal influences (“Understanding the Prolactin Receptor Theory” by Barbara Morrison and “Deciphering the Lactation Curve” by Lisa Marasco, both from GOLD Lactation, 2015). The mother’s body is the baby’s habitat (Nils Bergman, http://www.kangaroomothercare.com/); many babies object to being removed from their habitat.

2. **c** Anita Gagnon, a researcher at McGill University looked at “In-Hospital Formula Supplementation of Healthy Breastfeeding Newborns” (J Hum Lact November 2005 vol. 21 no. 4 397-405). She found that 47.9% of healthy full-term babies received formula supplementation while in hospital. Risk of supplementation with formula increased with night-time births (7 pm to 9 am) and maternal anxiety. [see answer to question 4 for more]

3. **all of the above** Maximum milk production can be affected positively and negatively by many factors in the early days. When normal physiological processes are respected (natural birth, immediate skin-to-skin contact and unfettered access to the breast) the chances of a good supply are enhanced. But when interventions interfere with the natural process, or there is poor anatomical fit (which might include tongue ties and clefts) that reduces effective suckling, laying down the foundation for milk production becomes more challenging.

4. **a** Median age for supplementation was 8.4 hours (see reference for #2). Gagnon *et al* found that some traits were protective against supplementing, including: intention to exclusively breastfeed, childbirth education, breastfeeding in the delivery room and higher maternal education.

5. **c** A healthy baby will wake spontaneously to feed – sleeping for long stretches can be a sign that the baby is not getting enough to eat and is trying to conserve energy. Labour medications and jaundice may also cause a baby to be sleepy. A mother should be encouraged to keep her baby skin-to-skin and provided with information about effective breastfeeding.

6. **All:** key is MAY require; there needs to be a careful assessment of the nursing dyad to optimize breastfeeding management before discussing supplementation. Supplementations may be possible with a mother’s own expressed breastmilk and/or using an at-breast supplemeneter.