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**In 100 Words**

Mom To Mom:
From One to Two

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Share the LLLove

Reflecting on her motherhood can be a valuable exercise for a woman at every stage from pregnancy through being a grandma. We all have a story of our own to tell, however simple and straightforward or unusual and challenging. Relating that story can be good for both the narrator and the listener. Sadly and too often, we women denigrate our role. “I’m just a mom,” we say when, in fact, we are rich in wisdom as the experts on our own particular children. Every one of us has gems worth sharing.

Amber’s article about distilling the essence of motherhood into 100 words struck a chord with me as mum, editor, and La Leche League Leader, reminding me how much I enjoy hearing your stories. Please keep writing them to share for publication in Breastfeeding Today. Send your stories to editorbt@llli.org.

In this issue, mothers tell stories about a biting baby, a magic hold that soothes a gassy baby, and getting past the newborn challenges to go on to enjoy breastfeeding.

We hear about dental caries and how to avoid them in a breastfeeding child, and the possibility of breastfeeding an adopted baby along with the practicalities involved in doing so.

We bring you a snippet from our best-selling title, The Womanly Art of Breastfeeding, addressing the connection between birth and breastfeeding. Moms share tips on how they handled the transition from one child to two, and Dee Russell examines our expectations versus the reality of being a new mom. “What’s Cooking?” has a delicious smoothie recipe and a discussion about the importance to breastfeeding mothers of drinking fluids.

Find out where to connect with LLL online all around the world in our “GlobaLLL” listings and don’t forget to write and to share your photos! (Photos for publication need to be well lit, at around 300dpi, and have no photo modifications such as borders/frames, textures, or filters such as sepia tone.)

Barbara
editorbt@llli.org

Barbara Higham is a La Leche League Leader, managing editor of Breastfeeding Today and co-editor of LLLGB’s Breastfeeding Matters. She lives in the spa town of Ilkley, West Yorkshire, in the north of England with Simon and their children, Felix (15), Edgar (11) and Amelia (7).

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In 100 Words
Amber McCann, IBCLC

As mothers, our stories are incredibly important. Storytelling has been at the core of cultures since the beginning of time and helps establish the norms of society while connecting us on a deeper, more intimate level. Stories help us to make sense of the world around us. They help us define who we are.

As our cultural views about breastfeeding have shifted, waxed, and waned over the generations, so have our stories. As an International Board Certified Lactation Consultant and a retired La Leche League Leader, one of my most sacred roles is that of the “hearer of the stories.” I am often the first person to hear a woman’s birth story, the reflections on her experience of entering motherhood. I’m often the first person whose heart clenches at a mother’s stories of being unable to understand or control the environment around her. I am often the first with whom she will express her tears of relief as her little one finally latches in a way that doesn’t cause her pain. I’ve found that, in my work, I am the best clinician when I am the best listener. The women I serve gift me their stories. Listening to them is a privilege that I don’t take lightly.

Two years ago, I read an article in The Washington Post about a project that asked people to write their autobiographies in 100 words or fewer. I found them fascinating and realized that, after reading quite a number, that I was most drawn to the ones where motherhood was an essential part of their story. I found such strength there. I found a moment in each story where I thought, “I get it.” I quickly began composing my own story in my head and as I sought out the overarching themes, I found that my breastfeeding story was essential to who I am. I am not a mother who found breastfeeding easy or without significant obstacles. But, through the support and empowerment of other women who had powerful stories of their own breastfeeding struggles, I was able to find strength and power in the writing of my own story.

I began to ask other women to share their breastfeeding stories, encouraging them to compose them in 100 words or fewer. This form forces us to choose every word carefully, every nuance, every twist and turn. These stories get to the core of what makes a breastfeeding mother. I asked for stories where breastfeeding went well and ones where breastfeeding went horribly wrong. Each story is powerful and each story helps me understand the women I support even more.

Here are a few of my favorites.

From Angie
Mystery of anatomy. New vocabulary, wondering, dreams of breastfeeding before I knew what it even felt like. Colostrum, then milk—capacity tested (physical and emotional). Nursing pads, bras, wet shirts, let-down. Daughter self-weaned at 13 months, surprising sorrow followed. Infertility, miscarriages, deep loss with the longing to breastfeed and nurture and nourish again. After six years, a son. Nursing challenges, full-time job, pumping, freezing milk, all worth it. My two-year-old still enjoys “me-me”, in no hurry to wean. Deep sigh, thankful for these sacred seasons, and the job that only Mama can do.

From Rachel
With a final push you were born, drug free and without interventions, no nurses running around, just you and me and the power of birth. We sat there as a family as you took your first breaths, let your cord stop pulsing, and took your first gulp of my milk. I cherish that moment because it was that moment I became your mom.

From Christina
My daughter turned one last week. One year of negotiating each other’s bodies and personalities. One year of compromise, whether we love it at that moment or not. There were weeks of frustration and tears, and weeks of bliss and peace and quiet bonding. We’ve logged weeks of nursing while trying to keep up with all of the fast-paced demands of life. Even with all of the distractions, we’ve found time to become an amazing team. My daughter found nourishment and comfort, while I’ve gained confidence, patience, and unspeakable love for the littler person that I have nursed so well.

From Regina
What a pitiful nursing pair we were: a depressed mother recovering from a traumatic birth and a high-needs, tongue-tied baby girl. By all estimations, we had every right to give up, especially when no doctor was willing to do what would really help. But there was someone else in the equation: Daddy. With Daddy’s help, we endured the physical torture and crying and resentment until we finally found solutions to the physical problems and strategies to help the emotional ones. Because of Daddy, we not only survived, but went on to successfully nurse for 27 months.

From Laura
I wasn’t worried about it in the least. My mom did it, and her mother before her. My sister, and my sister-in-law, all successful breastfeeders. I was warned about certain things, sure, about pain and latch. But then there was blood and tears and a knot in my stomach that wouldn’t go away. I cried every time, and felt resentment instead of bonding. I trekked back and forth to the lactation consultant. Finally, two days after Thanksgiving, when I made the decision to stop, to do what was best for me and for her, I became a mother.

From Rebecca
A short list of things I have nursed: a baby doll, a sheet of paper, a stuffed seahorse, a spoon, an iPod, small cars, small trains, a shoe, a tiny George-monkey, several books, a board book about nursing, three plastic dinosaurs and a large stuffed dog named Ludwig. An even shorter list of the people I have nursed: Catherine and Esme. The first had her time alone, then learned to share quickly. The second was an eager student of the elder. What a bond between sisters! With Papa’s love and Mama’s milk, our girls grow. I pray that they remember.

From Michelle
Brady gazes into my eyes as he is latched on to my breast. He smiles and milk dribbles out of his mouth. I think, “I can’t believe that I almost gave this up.” Why don’t more women talk about how difficult breastfeeding can be? I didn’t know how much I didn’t know. Thoughts of giving up. But then … a little encouragement, the confidence to continue, someone saying “This is whatever you want it to be...there are no rules.” SUCCESS! It is the most amazing thing I’ve ever done in my life. I can’t believe I almost gave this up!

From Rachel
For nine days, I held out hope that it would happen, effortlessly. With tears in my eyes, I looked at the rows of formula, struggling to come to grips with the judgment of others, the judgment I’d held of others. The endless pumping and supplements got
me to about half supply, and for three years, my body nourished you. Eventually, I banished shame and realized that life does not always go according to my plans. I’m no better than others because I fed you at my breast. But, I will always be grateful that I was able to do so.

From Melissa
There’s peanut butter on my nipple. Apparently, there’s nothing like mama milk to wash down a PB&J when you’re almost two years old. These days, I can barely remember that tiny baby who went to my breast just minutes after his birth, but at the same time, it seems like he’s always been there, snuggled up and grinning a milky grin. And nursing is so woven through the fabric of our relationship that it almost seems silly to call it breastfeeding—there’s much more than food passing between us in those moments at the breast.

And finally, my own story
I was mistaken … terribly mistaken. I thought I could get “straight A’s” in breastfeeding, much like I had in most other things in life. I thought if I just tried hard enough, read hard enough, researched hard enough. I didn’t need help, just more resources. I was mistaken. What it required was for someone to come alongside, to sit with me, to tell me that I wasn’t alone on this journey. Instead of isolating, I needed to find and surround myself with the women who were in this with me.

Amber McCann is a retired La Leche League Leader and International Board Certified Lactation Consultant in Pittsburgh, PA, USA. While she loves attending conferences and learning about lactation from many of the leaders in the field, her best teachers were her three children: Svea (11), Rory (9), and Tait (8).

Why not share your stories of motherhood with Breastfeeding Today readers? Write to editorbt@lli.org

MOM TO MOM

MOTHER’S SITUATION

FROM ONE TO TWO
I am expecting a baby and worrying about how my three-year-old will cope with making the transition from being the center of our world to becoming a big brother, and I wonder how I will cope, too. He still nurses a little and I’m happy for that to continue. What have other mothers done before the birth to prepare a sibling for the baby’s arrival? What can I do after the birth to help my toddler still feel loved and needed?

Response
The arrival of a new baby changes the family dynamic and involves adjustment for everybody. When I was expecting my second baby, I worried that my little boy would feel displaced by the baby because I knew it was inevitable the baby’s needs would often have to take priority over his. Up to this point we’d been constant companions. I thought I might resent the new baby, too, if he prevented us from carrying on our life in the routine we were used to enjoying. When the baby arrived, things did change but we changed too so that neither of us resented the newcomer.

I realized my heart was big enough to love them both and my little boy began to grow. He learned useful life lessons about waiting (while I fed and changed the baby), sharing (me!) and helping (by fetching diapers, the phone and his own snacks). We did have to alter some of our routines to work around the baby, but we still did lots of activities together.

It can be easy to (and sometimes almost impossible not to) come out with an endless list of reasons why the baby is preventing you from doing what your child is waiting for, but with a little forethought you can rephrase things so as not to blame the baby. Instead of saying, “We can’t go to the park until I’ve fed the baby and changed his diaper” you can try, “How about we go for a walk to the park after you’ve eaten those crackers and seen how high you can build those toy bricks?” Other simple things can help keep the transition to becoming an older sibling positive. By making him feel that he’s been promoted to tasks (such as getting himself dressed, helping load the laundry and laying the table) all things that his baby sister can’t do, you help him grow in confidence as well as adopt a measure of independence.

My big boy began to spend more time with daddy and enjoy having his undivided attention on occasions and he increasingly sought out the company of new friends, too.

Having children is hard work and when you’ve a couple there will be challenging times but twice the joy too!

Miriam Schmidt, Bern, Switzerland

Response
I think it is a really normal feeling to be worrying about how to prepare a toddler for the arrival of a new baby. We didn’t do much practical preparation, our daughter was three-and-a-quarter when our second was born but we did do a lot of reading about normal birth (we were planning a home birth) and how it might sound and what a very new baby might look like. We also made a pretty big deal of the fact that the new baby wouldn’t be able to do much for about a year and would need lots of mummy milk!

When our second daughter arrived, she managed to give our big girl a new dolly, which she was thrilled with and much more interested in than her little sister for a couple of weeks! Luckily our baby started smiling around four weeks and I would say, “Oh look how much she likes you, she’s smiling at you,” which helped.

I think the biggest practical help with handling two children on my own was using a wrap sling in the house as well as out and about. We didn’t bathe the baby much in the first few weeks. I would have her in the wrap, normally asleep, while her big sister was in the bath and I could even lift her out with the little one safely in the sling. The thing I miss most about those early days is having a baby snuggled up in a wrap on my front, heaven!

Nik Harris, Kingston, London, UK

Response
When I was expecting my second child, I found it easier to broach the subject through story picture books because when I raised the subject at other times, my little boy simply didn’t want to hear about it! Reading him the stories Welcome With Love by Jennifer Overend and Runa’s Birth by Uwe Sillman encouraged him to ask questions about the home birth I had planned and to think about what might happen when our baby was ready to arrive.

Rosie’s Babies by Martin Waddell illustrated beautifully how a mother continues to love her older child and makes her big girl feel special in...
a gently reassuring and humorous way. And the *Katie Morag* storybooks by Mairi Hedderwick tell lovely and believable stories with Katie in the role of older sibling with breastfeeding illustrated as the normal way to feed a baby.

A new child means a big change for all the family and I think reading these stories together at bedtime helped both my son and me to look forward to the new baby with anticipation rather than fear!

*Jane Smith, Cambridge, UK*

**Response**

To prepare your toddler to be a big sibling, you can go to a La Leche League meeting to show the toddler how tiny babies are, and how gently they need to be handled. Reading books about a new sibling can also help prepare him; my kids enjoyed *The Berenstain Bears and the New Baby* and *A Teeny Tiny Baby* by Amy Schwartz, which even includes illustrations of breastfeeding.

Many moms find it’s easier to include a toddler when breastfeeding, because nursing doesn’t take two hands. One arm can snuggle the big child at your side as you read books together, or you can play some games together as you nurse. Your big kid can sit next to you to nurse his own dolly, too, or play with toys on the floor in front of you as you tend to the baby.

Your toddler can also be complimented for being your “big helper” by bringing diapers and wipes when it’s time to change the baby. Wearing the new baby in a sling or breastfeeding-friendly baby carrier during the day can also help you tend to both children’s needs at the same time.

*Tova Ovits, Brooklyn, NY, USA*

**Response**

I read books with my little one to prepare for the new baby. One showed a mum nursing a baby. At first I avoided pointing that out as I thought my two-year-old might be upset to know the new baby would be taking her milk, but one day she said herself, “Baby having mummy milk” so then we mentioned it each time we read the book and I pointed out baby pigs, sheep and cows on the farm having milk from their mums too.

Be prepared for your little one wanting to breastfeed more when the new baby arrives, bringing all that lovely milk! My daughter had virtually self-weaned during my pregnancy, but at about 34 weeks started wanting to nurse again in the morning and before bed. Once the baby arrived the requests for milk were virtually constant for a few days. I found that really hard but rolled with it as I felt the new baby would rock her world sufficiently that I didn’t want her to feel rejected. I felt declining her request to nurse was more than just declining a drink since nursing is a source of closeness, affection and security.

Sometimes she’d be distracted by an offer of a drink or a snack but when she insisted she wanted to nurse I let her. The delicate suckling of my newborn made his big sister seem a little rough with her feeding at times. I found her continued breastfeeding a little wearing and was fearful it would go on and on.

You may want to consider dedicating those first few days after birth to staying at home so you can feed both children on demand surrounded by understanding family and friends as you may feel a little self-conscious and exposed if you are nursing your older child as well. Carrying on breastfeeding a little wearing and was fearful it would go on and on.

My daughter adores her baby brother. If he is upset she says, “he thinks mummy milk.” And she will try to help me latch him on. They both nurse together before bed; she understands that he needs to nurse for longer and while he carries on feeding, we have a story. After she has a little feed in the morning, she says, “Baby Arthur’s turn” and is most put out if he isn’t interested! When settling down to feed the baby, I make sure she has a drink or a snack too, and that she has something fun to keep her occupied.

Breastfeeding is more than just a way of nourishing your baby and continuing to nurse my daughter helped ease the arrival of a new nurslng into our family.

*Helen Fogerty, Annecy, France*

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**MOTHER’S NEW SITUATION**

**PLEASE BEHAVE!**

My toddler’s behavior has recently become very challenging. He has temper tantrums, refuses to do as I ask him, and is often rude or unkind to his sister and friends. Some people tell me that he’ll grow out of this, while my mother-in-law tells me I’m too soft and should punish him. I am finding his behavior difficult to cope with, especially when we are in public. How have other mothers who have lived through such a phase disciplined their unruly children? Can you please share some tips with me?
Mother’s Stories

A Biting Baby

Maureen Wise, Canton, Ohio, USA

My son, Jude, and I had our share of challenges with breastfeeding from the start. We used a nipple shield for the first four months because he had such a hard time latching on to my breast. After we graduated from the shield, I thought it would be plain sailing toward my goal of one year of breastfeeding, but at eight months, we ran into some major problems.

Every time we sat down to nurse, he would bite my nipple. Initially, they were just little nips and we’d continue, then he’d feed fine, but eventually it really hurt and we couldn’t breastfeed at all because he was drawing blood!

I did time-consuming research, talked to other moms and lactation consultants. It was frustrating. For a few weeks, I pumped and gave him the bottle. I hope sharing my story might help another mom and baby experiencing biting.

Teething sometimes leads a baby to bite mom but Jude didn’t have any other symptoms of teething during these difficult few weeks.

Ideas that helped us a little but didn’t resolve the problem

• Nursing your baby while he’s asleep.

• Ending the nursing session each time he bites—being consistent in doing this.

• Telling your baby firmly but calmly, “No!”

• Letting your baby drink out of a sippy cup instead of a bottle because a sippy does not satisfy the sucking urge.

In the end, I realized that I myself was half of the problem. I was so nervous about being bitten, that I was getting really tense. After talking with many people, we settled into a system that worked. I would calm myself first and massage the breast that I was starting the feed from to encourage a let-down, while visualizing the milk coming out really fast. I would also express a few drops of milk on to my nipple so that Jude didn’t have to wait as long and this would encourage him to latch on well and start feeding.

One simple suggestion was to sing to him while nursing, and loudly! This helped me focus and distracted him from biting me. For a while, we nursed in a rocking chair, rocking back and forth quite quickly. This calmed us both. We only had to do the singing and rocking for a few days to get back on track, but I did the massage and visualization for a while to speed up my let-down reflex.

We made it through the biting phase and carried on nursing and I’m really happy with how long I was able to breastfeed in the end.

See “What Should I Do If My Baby Bites Me?”
http://www.llli.org/faq/bite.html


Discovering Breastfeeding

Tamara van der Velden, Epsom, Surrey, UK

Since finding out I was pregnant with my first child, I knew that I wanted to give birth at home and breastfeed. When I learned my baby was breech and agreed she’d be delivered by cesarean section, the idea of a natural birth went out the window. However, when I was finally able to hold her after the operation I was thrilled. She was rooting around for a feed and although a bit more awkward than I would have expected I gave her her first breastfeed while lying down.

Over the course of the next few days I tried out some different positions that I had learned in my prenatal group and became more confident. I didn’t receive much help in the hospital, probably because I didn’t ask, but I did listen to the advice being given to others on the ward and made it work for myself.

Other than the pain in my neck and shoulder from straini to look in amazement at my baby while she was feeding I didn’t have many problems.

My nipples were a touch sore but chilled savoy cabbage leaves sorted that out. Although my breasts were now a bit red and smelled of cabbage, my nipples were no longer sore.

Over the next few weeks I leaked a bit but my milk supply soon regulated itself and I managed to breastfeed Saoirse for about nine months. After six months I tried to give her some formula milk as I thought it would be great if my husband could look after her during the nights at weekends, but she would have none of it! I also tried to express some breastmilk but this didn’t work for me. How easy I found it to latch her on, yet how difficult it was to get any milk out when I tried to express.

I liked that she was dependent on me for breastfeeding and no one else could provide her with what I could. For that reason, I never thought about giving my little one a bottle before six months and I probably wouldn’t have done it at all if I hadn’t been so desperate for a good night’s sleep! In the end we went straight from breast to sippy cup and skipped the bottle altogether.

I continued with one feed before she went to bed for a little while. Because I reduced the number of feeds over time, I had no issues with my breasts feeling sore when I stopped breastfeeding. All in all I had a very good experience breastfeeding my firstborn and felt it helped me bond with her in the first year of her life.

I am now breastfeeding my second child. This hasn’t been entirely without complications. About a week after Aoife was born my nipples were so sore they were bleeding. I tried nipple shields but thought they just got in the way. I did notice that she didn’t seem to open her mouth as widely as I had seen Saoirse do and she kept coming off the breast as well, often choking on my milk. My breasts felt really hard but I just continued as I thought it would sort itself out. Within two weeks Aoife started to be very unsettled, especially in the evening. I rang for support and was asked to relook at the way I was latching my baby on and received suggestions to encourage her to open her mouth more widely.

I did feel a bit silly since I had breastfed before without any issues. I let Aoife look for the nipple
a bit longer and sure enough over the next couple of days her fussing stopped and she was staying on for a lot longer too. We are now a month in and although my milk supply has not yet regulated and I leak a lot, my nipples are fine and all is going smoothly. I'm not quite sure how I am going to tackle breastfeeding Aoife in public while my 19-month-old toddler wants to wander off the whole time, but I'm sure I will figure something out.

I am now quite happy to feed my little one wherever we are, but do remember vividly the first time I had to feed Saoirse in a public place, which happened to be on a terrace just near a bus stop. I tried not to look at anyone, but whenever a bus pulled over I could feel the passengers on the upper floor staring at me. I was having trouble covering all the important bits while holding my baby in the right position—it was all so new to me. Hilarious looking back, but at the time I felt quite embarrassed, although motherly instinct was stronger.

I am lucky that I can combine my work as a maternity and baby photographer with breastfeeding Aoife, as moms-to-be and new moms are a very forgiving group and don't mind having a little break while I feed Aoife. For new mothers my home studio is often the first time they breastfeed 'in public' and I hope their experience is better than my bus stop one. I often ask them if they would like a photo taken while breastfeeding as it's such a loving moment and one worth capturing beautifully but one you rarely find time to photograph at home.

Breastfeeding after Cesarean Birth http://store.lli.org/public/profile/370


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The Magic Hold
Nicola and Andy Wardle, Stockport, UK

From birth Grace has been exclusively breastfed but we found that after a feed and a usual winding over our shoulder, she would only settle for a short while and then wake crying, with knees bent in pain from trapped gas. We have yet to discover what could cause this excess of wind.

I sought advice at the breastfeeding drop-in, where Melanie Gilbert told me she had read in The Womanly Art of Breastfeeding from La Leche League International about a ‘magic hold,’ so we looked it up and she demonstrated it on a doll getting me to copy her with Grace. (See page 118 of the eighth edition.)

The hold is best done while standing (as pictured) and is coupled with the usual sway and slight bobbing motion, with light patting or soothing of the baby’s back.

We have found less burping but quicker relief and if your baby is in a lot of pain, relief can be seen as her arms and legs go limp when they relax.

Andy and I thought it only fair to share this gem, as it's helped the three of us a great deal!
Ask any breastfeeding mother why she has chosen to breastfeed and she is likely to tell you about the benefits to her baby, family and herself, as well as the joy and satisfaction of being able to meet her baby’s needs for food, protection and security through breastfeeding.

Some adoptive mothers choose to nurture their baby at the breast for the same powerful and compelling reasons.

Milk Production

During pregnancy, hormones cause the milk-producing cells and milk ducts in the breast to enlarge and multiply. From late in pregnancy colostrum, a low-volume milk, high in protein and antibodies, is produced. After birth, milk is produced and released in response to your baby’s suckling and the hormones prolactin and oxytocin. For a mother who has previously breastfed, stimulating the breasts to produce milk without pregnancy and childbirth is called relactation. If you have never had a baby before, this process is called induced lactation.

Milk production depends upon a number of factors, including:

- Your baby’s age and willingness to breastfeed effectively.
- Frequency of breastfeeding and/or milk expression.
- Whether you have ever been pregnant and how long ago.
- Effective treatment of any medical conditions you have, for example, thyroid problems or diabetes.
- Extent of any previous damage to your chest/breasts/nipples, for example, surgery, burn or other injury.
- Extent of any previous damage to the pituitary gland in your brain (where the necessary hormones are produced).

- Reason for any infertility.
- Practical and emotional support available to you.

It’s possible to induce lactation successfully and increase milk production just by breastfeeding frequently and/or expressing.

It can take anything from a few days to a few weeks to be able to express a few drops of milk. You can express as you prepare for the arrival of your baby and/or while you encourage him to the breast. Certain hormonal, herbal, pharmacological and dietary treatments can also help stimulate milk production. Galactogogues are effective only when combined with frequent nursing or expressing.

You can also stimulate breast development and induce lactation using oral contraceptives. [www.asklenore.info](http://www.asklenore.info) describes various protocols, depending upon how long it will be before you are likely to welcome your new baby into your family.

Learning to breastfeed

Your adopted baby will probably have already experienced bottle-feeding, and breastfeeding may be a new experience for him. He may take to it quickly or need time and patience to get used to this new way of feeding. Mothers have found that even babies older than three or four months can still learn to breastfeed.

Breastfeeding may be a new experience for you too, so finding good support and information on the basics, including comfortable positioning and attachment will be invaluable. It may help to talk to an LLL Leader or attend your local LLL group, where you can be sure of support, even if you attend while bottle-feeding.

Close contact really helps

Offer lots of close contact and carrying, either skin-to-skin or lightly dressed, to help your baby associate close contact with pleasure and comfort. Offering to breastfeed before your baby is too hungry or when he is sleepy may help him respond instinctively to the sensations of being held at the breast. Breastfeeding, rather than using a pacifier when your baby needs to comfort suck, can encourage him to nurse more too.

Supplementation

Some of your adopted baby’s feeds may need to be supplemented with artificial infant milk. There are alternatives to using a bottle that can help your baby with the transition to breastfeeding, depending on your baby’s age and previous feeding experiences. These options include supplemental nursing systems/nursing supplementer*, cup feeding, spoon-feeding, and feeding with a syringe or dropper.

Monitoring your baby’s weight gain and keeping a check on his wet and dirty diapers will be a guide that he is getting enough milk.

Warning

Powdered infant formula is not a sterile product. To reduce health risks associated with using infant formula, follow carefully the guidelines for preparing it and use water at 70°C.

All mothers need to look after their own health by remembering to eat a good diet and to drink to thirst. This is as important for adoptive mothers as it is for birth mothers.

Signs that your milk is increasing include:

- Hormonal changes, such as a brief slump in mood before your milk appears.
- Breasts feeling hotter, tingling, fuller or heavier.
- Leaking milk and/or being able to express more milk.
- Your baby gains weight and produces more wet and dirty diapers, especially yellow, mustard-colored stools.
- Your baby starts to refuse supplements.

Take things at the right pace for your baby. There is no right or wrong way to feed your adopted baby and you will probably prefer whichever option enables you both to relax, enjoy and get to know each other. Breastfeeding an adopted baby can be a wonderfully fulfilling and satisfying experience. It is probably best entered into with equal measures of optimism and realism for mother and baby to enjoy any special breastfeeding.

* a supplementary nursing system/nursing supplementer is a bottle with thin tubes that attach to the nipple. When the baby sucks...
at both the breast and the tube, she gets milk from the bottle while the sucking stimulates the mother's breast.

Extracted and adapted from *Relactation & Induced Lactation* no. 3104 available from La Leche League GB SHOP http://www.lllgbbooks.co.uk/product/481/Relactation-and-Induced-Lactation/default.aspx

Further Reading


**Ginny’s story**

Carly came to us at 12 weeks. From day two she had been with her foster mother who had been lovely to her. She had fed Carly with artificial infant milk in a bottle. The first time I put Carly to my breast she happily latched on, even though there was no milk. Wow! I’d forgotten the strength of a baby’s suck. It didn’t make me sore and soon I was used to it and loved having another baby to nurse. Her big brother (who was homemade) had fully weaned three years before.

My attempts to assemble the nursing supplementer* were hopeless for the first day or two. Not that it’s difficult, but I was anxious, so her dad got it ready for me so I could just hang it around my neck. Carly easily switched from bottle to breast with the aid of the supplementer. Pretty soon I noticed her dirty diapers showing breastmilk stools (yellow, runny, with a sweeter smell) along with the artificial infant milk ones. I soon had a thirst at feeding times and needed a glass of water next to me. Then a couple of weeks later I had a go at expressing and there were some drops of real live breastmilk to see! I knew a lot of theory but still doubted my body’s ability to lactate without childbirth.

Nearly three months on, Carly didn’t need any more artificial infant milk than she had at 12 weeks old, so my breasts were making the rest of her requirements. Her skin glowed in that breastmilk way. I really felt like I was her mum. The breastfeeding, along with using a baby carrier throughout the day and keeping her nearby at night, helped us to bond. Certainly it wasn’t as easy and convenient as fully breastfeeding, but it was worth the effort.

I shall always be thankful for such a good start to mothering our adopted child.

**Julia’s story**

From December I started pumping with an electric pump about four times a day. It enabled me to connect with my imminent motherhood. It was quite a commitment and I produced nothing more than beads of milk. I wasn’t able to collect milk and freeze it as some women do. I took herbs to help with milk production.

By March it looked as though it might take two or more months until we’d meet our child. I decided to stop pumping. At the end of June, we were delighted to learn we’d be adopting a ten-month-old girl in China. She had been fostered since she was a month old and having had this early attachment could make bonding a little easier.

I began pumping again and taking herbs. I knew that our daughter would have been bottle-fed, so I was finding out possible ways of weaning her off the bottle and on to my breast.

Like the arrival of any baby, it was a very emotional experience. I was conscious of the huge trauma she was going through in losing her foster parents and being handed over to complete strangers. The system in China at the moment provides no period for getting to know your child prior to adoption.

The first few hours were spent calming her enough to take her bottle. Over the next few days we were reassuring her, beginning to get to know her and help her to start to see that we would look after her needs and keep her safe. I didn’t attempt to breastfeed her, so as not to make too many changes early on, but I did hold her next to my skin when bottle-feeding.

Weaning my daughter off the bottle and on to the breast wasn’t merely a practical exercise; it would be about allowing her to develop trust and be intimate with me. We started to use a supplementary nursing system* with an ordinary bottle teat over my nipple, with the tube coming out of that. She was happy within a few days to go with that rather than the bottle. Already this felt a lot closer. We switched to a wide-mouthed teat, which worked even better.

In some ways it was a bit of a palaver. I needed to make up her formula, then with a clean needle thread the tube through the teat end, put the needle away in a safe place, and hope she would feel like feeding. Sometimes the tube came out of the nipple and then I needed to thread it again. Sometimes she wasn’t in the mood for feeding. The next step was moving to the nipple shield, which is much less thick and closer to the breast than the bottle teat. This took a couple of months. If she was unsettled in any way I just let things be for a while rather than risk rushing anything.

The nipple shield was harder for her to get a hold of because it is soft plastic, and she didn’t like that but she did get used to it. I would have a teat on one nipple and a shield on the other: she could try out the shield and if she didn’t like it she could go over to the teat. I felt quite strongly that she had to do it in her own time and that trying to get her to do something more quickly would be counterproductive.

This whole process meant that I was picking up on her communication in a way I don’t think I would have if I had not been breastfeeding her. Sometimes if she rejected the milk altogether I would think about our day, what we had been doing, how I had been with her. Sometimes I would realize we had been too busy or I had been distracted from being emotionally available to her, and if we slowed down and I gave my focus more to her, she would come back. In her own way she was also testing the waters and showing interest in breastfeeding. She could be quite playful—sometimes she would give the breast a very small suck just to try it out, and then giggle a bit!

Shortly after Christmas she had a proper bit of milk from the bare breast. It was amazing! All this hard work seemed to be going somewhere. Then she went back to the shield for a little while, and then she stopped feeding altogether for a couple of weeks. Although I missed the intimacy, and even felt rejected, I decided that I would always be there to offer milk; it was up to her whether she took it or not. To avoid feeling discouraged I reminded myself that whatever happened—whether or not she decided to feed—the effort I was putting in to offer her breastfeeding was valuable in itself and helpful to our bonding.

When she did come back after the two-week break she very quickly wanted the bare breast, to the extent that she pulled the shield off the other breast and latched on for a whole feed. And that was how it went on. She continued to feed regularly twice a day before sleeping. Occasionally she would have an extra feed mid-morning.
Almost any birth decision can be changed, at least about any time. More than one woman has changed her planned birth place or caregiver in her last month of pregnancy. Trust your feelings. You don’t owe people and places your loyalty; you owe yourself and your baby peace of mind and a smooth transition. Motherhood involves some very effective instincts. This may be your first one kicking in, and it may be really important to listen to it.


How did the birth of your baby affect your breastfeeding experience? Write to Breastfeeding Today editorbt@lli.org
http://store.lli.org/public/profile/279
http://store.lli.org/public/profile/363

Reading in the next issue “Birth and Breastfeeding” by Teresa Pitman

Athena courtesy of Lena Ostroff

Expectations vs Reality

Dae Russell, Honeoye Falls, New York, USA

Remember how excited you were with your first pregnancy?

Perhaps you did like I did, and imagined you would have this beautiful baby doll. You pictured dressing her up in her lovely pink outfits. You would play with her, and then she would fall peacefully asleep, in the Jenny Lind crib you had purchased for her.

Then reality set in when, unlike those television babies who “fall asleep when their head hits the pillow,” your baby had other ideas, and only wanted to sleep at your breast! All those projects you planned to do while baby napped, get pushed aside, since your days are full of nursing her, rocking her, and trying to get her to nap! You realize that you did not bring home a little doll, but a real live baby! And that baby needs you 24/7!

So how does one adjust?

It really helps to be surrounded by people who will support your parenting choices, and give you sympathy and a pat on the back instead of offering you unwanted alternatives. La Leche League meetings are a fantastic place to find such support. Often Group mothers get together regularly for children’s play dates, and the moms can commiserate about their shared struggles and swap coping ideas. Fun for moms and babes!

Many also can enjoy the great library of parenting books, beginning with The Womanly Art of Breastfeeding that all Groups offer. You can find a plethora of ideas and alternatives there.

With subsequent babies, mothers often expect and allow them to sleep on their own schedules, and adjust to them! Less aggravation, and a mellower household!

Experienced mothers have learned not to look for understanding from those who make different parenting choices. And instead gain confidence from the progress their babies make as they grow into secure, loving toddlers.

Get to know and enjoy your baby

• The responsibility of looking after a baby 24/7 can be overwhelming at first.

• Try to relax. You will soon learn what your baby needs and enjoys. The easiest way to care for a newborn is to accept and meet his need for closeness.

• After a while a daily rhythm will emerge that suits you both.

• Rest and sleep

Depression

It’s important to talk to your health care provider if the “baby blues” or negative feelings that often follow birth become intensified and last more than a couple of weeks. Depression in new mothers is not uncommon and if recognized and treated mothers can recover quite quickly and enjoy mothering their new baby. Medications that are safe to take while breastfeeding are available. See http://www.uppitysciencechick.com/postpartum-depression.html

Dae Russell lives in Honeoye Falls, NY, USA and is mother to Holly (34), Janette (32), Daniel (24) and wife to Frank for 39 years. See Adjusting to Motherhood LLLGB Quickfind: 2705 and Rhythms and Routines LLLGB Quickfind 2809 available from www.llgbooks.co.uk
http://store.lli.org/public/profile/15
Dental Caries
Leigh Anne O'Connor, IBCLC, New York, NY, USA

When my first child, Phoebe, was about a year and a half old I noticed some discoloration on her front teeth. Our pediatrician referred us to a pediatric dentist. Phoebe had cavities! I was shocked and embarrassed. I had made sure her food was fresh and healthy. The first taste of sugar was a tiny bit of cake on her first birthday. How could this be?

The pediatric dentist was very nice and calming to both Phoebe and me. She told me it was from nursing at night. Hmm. I asked my La Leche League Leaders about this. They assured me that if breastfeeding at night caused dental caries that would be evolutionary suicide. That made sense to me but I still wanted to know why my daughter had these cavities. Luckily, they were quite superficial and did not require any painkiller, just a sense of humor, and some gentle guidance from Dr. Wild.

Much of the information on night nursing was in connection with “bottle rot,” a condition that does cause cavities in babies who sleep with a bottle. The milk is pooled in the mouth differently from when a baby nurses at the breast. Also, what is in the bottle is important—is it formula, cows’ milk or juice? These liquids, as well as being sweet, do not have the antibacterial properties of human milk.

I began to research breastfeeding and cavities. I found two important items. One was a study that showed a correlation between prenatal use of antibiotics and dental caries. This was especially important to me as I had had a urinary tract infection for most of my second trimester when I was pregnant with Phoebe. This infection was resistant to all of the antibiotics I was taking and I was on antibiotics for about six weeks. I took cranberry tablets. It eventually cleared up.

The second thing I found was from Brian Palmer, DDS, who carried out pioneering dental research demonstrating the importance of breastfeeding for the proper development of the human species. It is evidence-based research on why breastfeeding does not cause dental caries.

What does cause cavities?
• Diet: a diet high in sugar including dry fruit, sugary treats, especially those that are sticky and do not dissolve, fruit juices and sodas
  • The bacteria Strep mutans
  • Poor oral hygiene—both in the infant and the family
  • Enamel defects
  • Saliva flow: a dry mouth is more likely to develop caries
  • Mother taking antibiotics while baby is in utero.

Oral hygiene is very important. It can affect your entire health, for good or bad. Poor oral hygiene has been linked to diabetes and heart disease.

So what are we to do about the oral health of our nursing preschoolers?
The first thing to do is find a child friendly dentist and bring your baby for a checkup around his first birthday. Make sure the atmosphere is fun, the experience not too overwhelming, and that they have pint-sized sunglasses and silly stickers.

Be prepared for some education. I mean you may need to educate your dentist. You may have a conversation about your nursing history. If you are nursing your baby at night (how many babies actually sleep through the night?!) you might get something like this:

“You should not be breastfeeding at night, it will cause dental caries. And if you do, you must wipe your baby’s teeth with a cotton gauze after each feeding.”

The American Academy of Pediatrics published a study that found there is no association between breastfeeding and early childhood caries. It is evidence-based research on why breastfeeding does not cause dental caries.

If you have poor oral health do not share food with your child directly from your mouth. You could pass the bacteria Strep mutans to him.

There is research that supports pre-mastication for babies and young children as saliva can support the immune system; however, if your mouth is full of cavities you can pass those on as well. If you have a healthy mouth, bite off that piece of Granny Smith apple and feed it to your toddler, if not, cut the apple.

Let your baby see you brush your teeth. Let your baby brush your teeth! Make it fun. Brush each other’s teeth.

Let your baby help you in the kitchen, in the garden, in the grocery store. These are all teaching moments. You can build upon the strong foundation you began with breastfeeding.

Babies get cavities in spite of breastfeeding, not because of it.

See “Avoiding Dental Caries” http://viewer.zmags.com/publication/445c4023#/445c4023/46

Leigh Anne O’Connor, IBCLC is a La Leche League leader in New York City and maintains a private practice as a Lactation Consultant. She especially loves leading the LLL Toddler Meeting. She lives in Manhattan with her husband, Rob and their three children.
Food Is Important—but Don’t Forget the Fluids

Excerpted from pages 75–76 of Feed Yourself, Feed Your Family the newest cookbook from llli

First of all, increasing the amount of fluid you drink will **not** increase your milk supply. In fact, studies show that increasing or decreasing fluid intake does not alter the amount of milk produced. Only in cases of **extreme** dehydration—for instance, in countries where famine is widespread or in impoverished regions where the water supply is extremely limited—will milk supply decline.

Still if you don’t drink enough water or other healthful fluids and you’re breastfeeding frequently, you will feel thirsty—**really, really thirsty.** As one mother posted on our website, “I can chug an 8-ounce glass of water and then do it again immediately after. I still wake up and drink water at night, too!”

There is no perfect amount of water you should be drinking each day. The old eight-glasses-a-day cliché is just that. Our advice is simple: **drink to thirst.** Try keeping a refillable water bottle nearby when you nurse and sip from it as needed. … Have a glass of water with meals or snacks…

Water isn’t your only option for hydration, but with zero calories it’s one of the healthiest. Low-fat or skim milk, and pure fruit juice can be healthful options, and if you’re in search of nondairy calcium sources, many orange juices [have] as much calcium per serving as milk. (Other nondairy drinkable calcium sources are fortified rice, soy, and almond milks.)

Caffeinated coffee is okay, but be aware of the amounts you consume, especially in the early days and weeks. Excessive caffeine intake can cause your baby to be wakeful, fussy, and jittery. Furthermore, you won’t be able to rest or sleep, either! Caffeine will stay in your system for as much as 4 to 6 hours, so keep that in mind when you have your morning cup … If you totally eliminated caffeine from your diet and are just now reintroducing it, it may have a greater impact on your baby. Try to stick to moderate levels (200 milligrams per day, about the amount in two 8-ounce cups—but check your brand; some gourmet coffees are much higher in caffeine).

Obviously caffeine is not limited to coffee; teas, sodas, sports drinks, and other beverages contain caffeine as well, but generally coffee packs the biggest punch. Avoid sodas with their empty calories, sugar, and caffeine… [C]affeine will increase the amount of calcium excreted in your urine and result in a loss of calcium from both your breastmilk and your bones.

**Can I Have a Drink Now?**

Yes.

Alcohol consumption is safe in moderation (for women, generally a maximum of seven drinks per week). So have that margarita you’ve been wanting for 9 months.* However, keep in mind that babies do not metabolize alcohol as well as adults do, and that the percentage of alcohol in your bloodstream is equivalent to the percentage in your milk. Babies who drink breastmilk containing alcohol have been shown to take less. Furthermore, alcohol can interfere with oxytocin, the hormone that stimulates let-down. … To minimize the amount of alcohol your baby consumes, nurse before you have a drink.

Your milk will be alcohol free … within 2 to 3 hours.**

*According to the CDC, there is no precise definition of “moderate” drinking, but federal Dietary Guidelines for Americans consider moderate drinking for women to be one drink per day (two drinks per day for men).  **Newborns sometimes fall into a pattern of cluster feeding so a 2-to-3-hour window may not be applicable if your tiny nursling is feeding round the clock.

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**Super Smoothie with Yoghurt, Berries, and Bananas**  
_Makes 1 smoothie_

1 cup frozen berries (strawberries, blueberries, raspberries, or a combination)

1 very ripe banana

1 cup low-fat yogurt

1/2 cup pomegranate juice

1 tablespoon sugar, or to taste

1. Combine all of the ingredients in a blender. Puree until smooth, scraping down the sides of the blender as needed

2. Taste and add more sugar if desired.
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