

## Concept Explanations

These explanations describe in greater detail our understanding of each concept. The concepts are shown in **bold**, with the explanation of each following.

### **Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby.**

Breastfeeding provides a complete way of meeting a baby's primary needs, which include touch, comfort, warmth and protection, as well as food. Putting the baby to the breast satisfies all of these needs. As the breastfeeding relationship continues, the intimate interaction between the pair deepens, creating a reciprocal framework which both increases the capacity to understand the baby and enhances the baby's responses.(1) The hormone prolactin is produced in response to the baby's suckling and further encourages sensitivity to the baby's needs. The hormone oxytocin assists in milk ejection and enhances trust, nurturing, relaxation, bonding and healing. When breastfeeding, the baby's saliva communicates with cells in the breast to customize the milk's properties to meet the baby's current immunological needs and to optimize the baby's microbiome.(2,3) Research shows that the physical mother-baby connection is integral to sensitivity to the baby, and that maternal sensitivity occurs even during sleep.(4,5,6) "Mothering through breastfeeding" beautifully and automatically satisfies a baby's primary needs all at the same time.

(Apr 1994, rev Mar. 2019, rev Apr. 2021)

1. La Leche League International, *The Womanly Art of Breastfeeding*, 2010.
2. Moossavi, S., et al. (2019). "Composition and Variation of the Human Milk Microbiota Are Influenced by Maternal and Early-Life Factors." *Cell Host & Microbe* 25(2): 324-335.e324.
3. Azad, M. B., et al. (2013). "Gut microbiota of healthy Canadian infants: profiles by mode of delivery and infant diet at 4 months." *Canadian Medical Association Journal*.
4. Wiessinger, D., D. West, L.J. Smith and T. Pitman, *Sweet Sleep*, La Leche League International, 2014.
5. McKenna, J. J. and L. T. Gettler (2015). "There is no such thing as infant sleep, there is no such thing as breastfeeding, there is only breastsleeping." *Acta Paediatr*.
6. Blair, P. S., et al. (2020). "Bedsharing and Breastfeeding: The Academy of Breastfeeding Medicine Protocol #6, Revision 2019." *Breastfeed Med*.

### **Human milk is the natural food for babies, uniquely meeting their changing needs.**

Human milk is the unique and unduplicated food for babies. It contains all of the nutrients needed for optimal human growth and is easily digested and eliminated. The composition of human milk continually adapts to meet the baby's changing needs. The milk varies throughout the breastfeeding relationship, from birth to weaning, from morning to night, and even within the course of a single feeding.(1)

Human milk provides more than nutrition. Beginning as colostrum, it works with the infant's developing immune system to provide protection against a wide array of illnesses and allergens, a benefit that extends well beyond infancy. (2) The baby receives optimal immunological benefits, and the baby's microbiome is optimized, when directly breastfed by the mother.(3, 4)

Human milk is a key factor in the healthy development of babies and young children at all economic levels around the world.

(Apr. 1994, rev Dec. 2014, rev Mar. 2019, rev Apr. 2021)

1. Briana Tillman, "Breast Milk 's Circadian Rhythms," *Leader Today*, 1 Oct 15.
2. Miriam Labbok et al, "Breastfeeding: maintaining an irreplaceable immunological resource," July 2004; Goldman et al, "Immunologic components in Human milk during the second year of lactation," *Acta Paediatr Scand* 72:461-462, 1983
3. Azad et al, "Gut microbiota of healthy Canadian infants: profiles by mode of delivery and infant diet at 4 months," *Canadian Medical Association Journal*, Feb 11, 2013;
4. Hassiotou et al, "Breastmilk is a Novel Source of Stem Cells with Multilineage Differentiation Potential," <http://www.StemCells.com>, 2012;30:2164-2174

### **Alert, active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.**

Events during labor and childbirth can impact the breastfeeding experience. Improved birth outcomes occur when a supportive companion is present during childbirth and provides comfort measures that reduce pain, fear and anxiety. Research shows that minimizing interventions and drug use during the birth supports the baby's ability to initiate effective breastfeeding immediately after birth. Although some interventions, such as a cesarean birth, may be lifesaving, it is important to be aware that interventions can significantly affect breastfeeding in the early days. These may affect the baby's ability to suck, swallow and breathe normally, interfere with immediate skin-to-skin contact, delay the initiation of an adequate milk supply, and impact maternal health and early mothering behaviors.

Understanding the physiological process of labor and childbirth, how childbirth is managed, and how interventions may impact breastfeeding can help in planning for giving birth. Preparation for birth and breastfeeding may include attending a class, reading books, talking with someone knowledgeable on these topics, and/or attending La Leche League meetings. Knowledge can help with confidence and informed decision-making during the birth and can contribute to getting breastfeeding off to a good start. (Mar 2019, rev Apr 2020)

1. Beck, C. T., & Watson, S. (2008). Impact of birth trauma on breast-feeding: a tale of two pathways. *Nurs Res*, 57(4), 228-236.
2. Bohren, M. A., Hofmeyr, G. J., Sakala, C., et al. (2017). Continuous support for women during childbirth. *Cochrane Database Syst Rev*, 7, Cd003766.
3. Brimdyr, K., Cadwell, K., Widström, A.-M., et al. (2015). The Association Between Common Labor Drugs and Suckling When Skin-to-Skin During the First Hour After Birth. *Birth*, 42(4), 319-328.
4. Pérez-Escamilla, R., et al. (2016). "Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. *Maternal & Child Nutrition*.
5. Smith, L. J., & Kroeger, M. (2010). *Impact of birthing practices on breastfeeding* (2nd ed.). Sudbury, Mass.: Jones and Bartlett.
6. World Health Organization (2018). *WHO recommendations: intrapartum care for a positive childbirth experience*. Geneva, World Health Organization: 200.

**Mother and baby need to be together early and often to establish a satisfying breastfeeding relationship and reliable milk production.**

The term "early and often," rather than an arbitrary time limit, describes how milk production and the breastfeeding relationship are naturally established. Encouraging immediate and uninterrupted skin-to-skin contact after birth and 24-hour rooming-in gets breastfeeding off to a good start. Frequent nursing in the first minutes, hours, and days is important for initiating milk production, and feeding the baby on cue helps increase and maintain milk production. The hormones that are released during breastfeeding enhance bonding and attachment between mother and baby, support recovery from birth for both, and promote normal growth and development of the baby.

Special circumstances may impose separation during the early weeks, presenting challenges to the establishment of the breastfeeding relationship. However, with support, persistence, plenty of skin-to-skin contact and frequent removal of milk via milk-expression, the mother-baby bond can be encouraged, reliable milk production can be achieved, and often exclusive breastfeeding can be established. (Apr 1994, rev Mar 2019, rev Apr 2020, rev Jun 2020)

1. Widstrom, A. M., Brimdyr, K., Svensson, K., et al. (2019). Skin-to-skin contact the first hour after birth, underlying implications and clinical practice. *Acta Paediatr*, 108(7), 1192-1204.
2. World Health Organization. (2018). Implementation Guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Initiative. Geneva:<http://www.who.int/nutrition/bfhi/en/>

**Breastfeeding is enhanced by the loving support of the baby's father, a co-parent, a partner, and/or close family members who value the breastfeeding relationship.**

Fathers, co-parents, partners and/or close family members are usually the first circle of support for the breastfeeding dyad.(1) Support can consist of baby-care, mother-care, and advocacy for the breastfeeding relationship to family, friends and healthcare providers. Baby-care may include bathing, changing diapers, and soothing and/or playing with the baby. Mother-care may include ensuring the availability of healthful foods and beverages, handling household tasks, and encouraging the mother at times of stress and doubt. Advocacy may include providing encouragement and protection for the breastfeeding relationship by fending off unsolicited and unhelpful suggestions from those who may be well-meaning but uninformed. Relationships between the baby and the father, the co-parent, the mother's partner, and/or close family members do not replace the breastfeeding relationship but complement it and can be an important element in the child's development from early infancy.

(Feb 1992, rev Mar 2019; rev Oct 2019, rev Jan 2021)

1. U.S. Department of Health and Human Services, The U.S. Surgeon General's Call to Action to Support Breastfeeding, 2011.

**In the early years, the baby has an intense need to be with his mother which is as basic as his need for food.**

A baby's need for warmth, love, security, responsiveness and nourishment is met through attentive breastfeeding. The intensity of the baby's need is strongest in the early weeks and months, although it continues throughout the early years, changing according to the individual child's temperament, personality and feelings of security.

Breastfeeding provides a way for the pair to connect and reinforce their loving relationship.(1,2,3,4) The Global Strategy for Infant and Young Child Feeding states: “Mothers and babies form an inseparable biological and social unit; the health and nutrition of one group cannot be divorced from the health and nutrition of the other.” (5). (Feb 1985, rev Dec 2016, rev Mar 2019, rev Apr 2021)

(1) Smith, J. P. and R. Forrester (2017). “Maternal Time Use and Nurturing: Analysis of the Association Between Breastfeeding Practice and Time Spent Interacting with Baby.” *Breastfeed Med* 12: 269-278.

(2) Hrdy, S. B. (1999). *Mother Nature: A History of Mothers, Infants, and Natural Selection*. New York, Pantheon Books.

(3) Ruddick, Sara. (1995) *Maternal Thinking: Toward a Politics of Peace*. Boston: Beacon Press.

(4) Montagu, A. (1986). *Touching: the Human Significance of the Skin*. New York, Harper & Row.

(5) World Health Organization & United Nations Children’s Fund. (2003). *Global Strategy for Infant and Young Child Feeding*. Geneva: World Health Organization.

**For the healthy, full-term baby, human milk is the only food necessary until the baby shows signs of readiness for complementary foods, about the middle of the first year after birth.**

For the full-term, healthy infant, human milk alone provides optimal nutrition for growth and development until about the middle of the first year. Research has shown that exclusive breastfeeding for six months fortifies the baby’s immune system against infection.<sup>(1)</sup> Every baby is unique, and so when deciding whether to introduce other foods and/or drink, it is important to focus on awareness of the baby’s specific nutritional needs and signs of readiness, rather than upon the baby’s age or outside factors.

Physiological and behavioral signs of readiness for other foods and drink generally include, but are not limited to, the following changes in the baby:

- ability to sit up unsupported, facilitating eating and swallowing
- loss of the tongue-thrust reflex and emergence of chewing patterns
- hand-to-mouth coordination, bringing food to the mouth in conjunction with the anticipatory opening of the mouth
- increase in the desire to nurse that does not subside after several days of intensive nursing.

A breastfed baby is accustomed to being in charge of how much to eat and recognizing the body’s signals for hunger and satiety.<sup>(2)</sup> By encouraging the baby to be actively involved in self-feeding and paying attention to signs that the baby has had enough, parents can help ensure continued self-regulation of food intake. If all other signs of developmental readiness are present but a baby exhibits constipation, diarrhea, abdominal discomfort or other negative gastrointestinal symptoms following the introduction of complementary foods, this may indicate that the baby is not quite ready to advance from exclusive breastfeeding, or may need a greater portion of human milk in the diet. The World Health Organization recommends continued breastfeeding as part of a mixed diet until two years of age or beyond.<sup>(3)</sup> (Apr 1993, rev Mar 2019, rev Sep 2019)

1 “Exclusive breastfeeding for six months best for babies everywhere,” World Health Organization statement, 15 January 2011.

2 Li, R., et al. (2010). “Do Infants Fed From Bottles Lack Self-regulation of Milk Intake Compared with Directly Breastfed Infants?” *Pediatrics: peds*.2009-2549.

3 “Guiding Principles for Complementary Feeding of the Breastfed Child,” World Health Organization, 2001.

**Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.**

Good nutrition starts with breastfeeding. A breastfed baby is in charge of how much to eat and becomes accustomed to recognizing the body's signals for hunger and satiety. As the baby is introduced to foods that members of the family are eating, nutritious choices will complement human milk. La Leche League does not promote any specific diet. Parents can be role models for wise food choices.

(Feb 1984, rev Dec 2014, rev Mar 2019, rev Mar 2020)

**Ideally the breastfeeding relationship will continue until the child outgrows the need.**

Weaning begins when a child receives nourishment by means other than breastfeeding, and is completed when all breastfeeding ceases. As a child matures, changing physical and emotional needs are increasingly satisfied through means other than breastfeeding.

Natural weaning is the gradual end of the breastfeeding relationship and is usually initiated by the child after one year of age. Natural weaning ideally includes:

- sensitivity to the child's individual needs and readiness
- flexibility in responding to the unpredictable course of natural weaning
- understanding of and trust in the fundamental stages of a child's development.

Duration of breastfeeding varies widely by cultures.<sup>(1)</sup> The child continues to benefit nutritionally, immunologically, and emotionally as long as breastfeeding is maintained.<sup>(2,3)</sup> The World Health Organization encourages breastfeeding for two years or beyond.<sup>(4)</sup>

(Oct 1992, rev Mar 2019, rev Mar 2020)

1. Dettwyler, Katherine, "When to Wean: Biological versus Cultural Perspectives," *Clinical Obstetrics and Gynecology*, Volume 47, Number 3, 712–723 © 2004, Lippincott Williams & Wilkins.

2. Goldman, A. S., R. M. Goldblum, and C. Garza. 1983. "Immunologic components in human milk during the second year of lactation." *Acta Paediatr Scand* 72 (3):461-2.

3. Gribble, Karleen D., "'As good as chocolate' and 'better than ice cream': How toddler, and older, breastfeeders experience breastfeeding," *Early Child Development and Care*, Vol 179, No. 8, December 2009, 1067-1082.

4. World Health Organization, and United Nations Children's Fund. 2003. *Global Strategy for Infant and Young Child Feeding*. Geneva: World Health Organization.

**From infancy on, children need loving guidance, which reflects acceptance of their capabilities and sensitivity to their feelings.**

Loving guidance is a form of positive parenting that research shows will support a child in growing to be a loving, caring, self-disciplined adult. Loving guidance reflects awareness of, sensitivity to, and respect for developmental needs, capabilities, and individuality. It uses discipline/teaching methods and attitudes that foster learning while maintaining the child's self-esteem. Harsh or restrictive physical or verbal methods, or a lack of parental attention, concern, or intervention are inconsistent with the philosophy and goals of the loving guidance.

(Oct 1986, rev Mar 2019, rev Mar 2020)

**Cross-references**

Philosophy, La Leche League International Available at: <https://www.llli.org/about/philosophy/>

[PSR: La Leche League International's Philosophy](#)

*The Womanly Art of Breastfeeding* (most current edition)

*Sweet Sleep* (most current edition)