

Breastfeeding and Other Foods

Introduction

Breastmilk is the only food your baby needs until about 6 months of age. There is no advantage to adding other sorts of foods or milks to breastmilk before about 6 months, except under unusual circumstances. Many of the situations in which breastmilk *seems* to require addition of other foods arise from misunderstandings about how breastfeeding works, and/or originate from a poor start at establishing breastfeeding.

Supplementing during the first few days

It is thought by many that there is "no milk" during the first few days after the baby is born, and that until the milk "comes in" some sort of supplementation is necessary. This idea seems to be born out by the fact that babies, during the first few days, will often *seem to feed* for long periods and yet, not be satisfied. However, the key phrase is that "babies *seem to feed*" for hours, when in fact, they are not really feeding much at all. A baby cannot get milk efficiently when he is not latched on properly to the breast, particularly when the supply is not yet abundant. Note, it is not supposed to be abundant in these early days. But during the first few days, if the baby is not latched on properly, he cannot get milk easily and thus may "seem to feed" for very long periods. There is a difference between being "on the breast" and *drinking milk at the breast*. *The baby must latch on well* so he can get the mother's milk that is there in sufficient quantity for his needs, as nature intended. In the first few days, the mother does have the appropriate amount of milk that baby requires. She is **not** supposed to have a large amount—that would be *inappropriate* for baby and no baby could safely consume a large amount of milk--**Mother has enough!** Yes, the milk is there even if someone has proved to you with the big pump that there isn't any. How much does or does not come out in the pump proves nothing—it is irrelevant. Also note, **no one who squeezes a mother's breast can tell whether there is enough milk in there or not**. And a good latch is important to help the baby get that milk that is available. If the baby does not latch on well, the mother may be sore, and if the baby does not get milk well, the baby will want to be on the breast for long periods of time worsening the soreness. When the mother's milk becomes more plentiful, after 3-4 days, the baby may do well even if he is not well latched on (though mother may be sore). If a better latch, and compression (Handout *Breast Compression*) do not get the baby *breastfeeding*, then supplementation, *if medically needed*, can be given by lactation aid (handout *Lactation Aid*). The lactation aid is a far better way to supplement than finger feeding or cup feeding, if the baby is taking the breast. And it is *much, much* better than using a bottle. But remember, getting the baby well latched on first and using compressions work most of the time and no supplements will be needed.

Water

Breastmilk is over 90% water. **Babies breastfeeding well do not require extra water, even in summer, even in the hottest weather.** If they are *not* breastfeeding well, they also do not need extra water, *but rather, the mother should be helped so that breastfeeding works better.*

Vitamin D

It *seems* that breastmilk does not contain much vitamin D, but it has a little. We must assume this is as nature intended, not a mistake of evolution. In fact, breastmilk is one of the few natural foods that does contain some vitamin D. The baby stores up vitamin D during the pregnancy and he will remain healthy without vitamin D supplementation, unless the mother herself is vitamin D deficient during the pregnancy. Vitamin D deficiency in pregnant women in Canada and the USA is *uncommon*. Outside exposure also gives your baby vitamin D even in winter, even when the sky is cloudy. A few minutes of exposure very late on a summer's day is ample. Thirty minutes during a summer week, and an hour or so in winter, gives your baby more than enough vitamin D even if only his face is exposed.

Under unusual circumstances, it may be prudent to give the baby vitamin D. For example, in situations where exposure of the baby to ultraviolet rays of the sun is not possible (Northern Canada in winter, or if the baby is *never* taken outside), giving the baby vitamin D drops would be advised. Vitamin D drops are expensive.

Iron

Breastmilk contains much less iron than formulas, especially the iron-enriched formulas, and this is as it should be. Actually, the iron in breastmilk seems to give the baby extra protection against infection, as many bacteria require iron in order to multiply. The iron in breastmilk is very well utilized by the baby (about 50% is absorbed), while being unavailable to bacteria, and the breastfed full term baby does not need any additional iron before about 6 months of age. However, introduction of iron containing foods should not be delayed much beyond 6 months of age.

Solid Foods (see also handout *Starting Solid Foods*)

Breastfed babies normally do not require solid foods before 6 months of age. Indeed, many do not require solid foods until 9 months or more of age, if we can judge by their weight gain and iron status. However, there are some babies who will have great difficulty learning to accept solid food if not started before 7-9 months of age. Because the six-month-old

baby will also soon need to have an additional source of iron, it is generally recommended and convenient that solids be introduced around 6 months of age. Some babies show great interest in grabbing food off your plate by 5 months, and there is no reason not to allow them to start taking the food and playing with it and putting it in their mouths and eating it.

It has been the habit of physicians to suggest that babies be started first on cereals and then other foods be added. There is nothing magic about cereal and babies do fine without it. In fact, other than calories and added iron there is not much of nutritional value in cereals. The *easiest* way for the baby to get additional iron is by eating meat, not by cereals where the iron is poorly absorbed. Furthermore, cereals can tend to be constipating. Real food that you eat is best for baby.

There is no good reason why a baby needs to eat or be introduced to only one food per week, or why vegetables should be started before fruits. Anyone worried about the sweetness of fruit has not tasted breastmilk. The six-month-old can be given almost anything off his parents' plate that can be mashed with a fork. If you eat healthy, then baby will eat healthy. Far fewer feeding problems will occur if a relaxed approach to feeding is taken.

Breastmilk, cow's milk, formula, outside work and bottles (see also handout *What to feed the baby when the mother is working outside the home*)

For some reason, the marketing of bottles has gotten the best of many of us, in this society. The “need” for baby to take a bottle is purely a manufactured one. No baby needs to take a bottle as an entrance requirement for kindergarten—all children need to eventually learn to feed baby by cup. So, why not teach baby to use a cup? It is true that an older baby will often not take a bottle if no used to it. This is no great loss. Babies can learn to take a cup when at birth—not that this is something we encourage. From a practical standpoint, though, if mother needs to be separated from her baby for any reason, that baby can drink her milk by cup. This is best learned when baby is not starving (see handout *Finger and Cup Feeding*). At about 6 months or even younger, the baby can start learning to use a cup, even if he has never done this before and usually will be quite good at drinking from a cup by about 7-8 months of age, if not sooner. If the mother is returning to paid work at about 6 months, there is also no need to start bottles or formula. In this situation, solids may be started somewhat earlier than 6 months of age (say 4 or 5 months of age), so that by the time the mother is working outside the home, the baby can be getting most of his food and liquid off a spoon when the mother is not with him. As he gets older, the cup may be used more and more for liquids. You and the baby can manage without his taking bottles. **Do not try to starve the baby into taking a bottle if he refuses to accept one.** Your baby is not being stubborn, but does not know how to use an artificial nipple. He also may not like the taste of formula, which is understandable.

There has been a lot of publicity recently about not giving babies cow's milk until at least 9 months. The breastfeeding baby can take some of his milk as cow's milk after about 6 months of age, especially if he is starting to take substantial amounts of a wide variety of solids as well. The breastfed baby who has been supplemented with formula, as mentioned above, can get that formula mixed with solids or that formula can be replaced with cow's milk. Certainly, cow's milk is less expensive. Goat's milk is an alternative. Many breastfeeding babies will not drink formula because they do not like the taste. Actually, the breastfeeding baby can get all the milk he needs from the breast without his requiring other sorts of milk, even if he is breastfeeding only a few times a day.

My 4 month old is hungry on breast only. Solids or Formula?

There is no advantage in this situation of giving formula by bottle and there may be some disadvantages. Even at this age a baby may start to prefer the bottle if he seems not to be getting enough from the breast (if, in fact, he will accept a bottle). It would be preferable in this circumstance to give solids off a spoon rather than to give formula in a bottle. (Frequently, however, this situation can be remedied differently by improving the breastfeeding—**get help!**). If you wish to mix formula with solids, that does not cause the same sort of problem as giving it in a bottle. If the baby seems hungry after breastfeeding, feed him solids off a spoon. **However, it may be possible with a few simple techniques, to get the baby gaining well, and/or to be satisfied with breastfeeding alone.** Check with the clinic.

Questions? Email Jack Newman at drjacknewman@sympatico.ca, or Edith Kernerman at breastfeeding@sympatico.ca or consult: Dr. Jack Newman's Guide to Breastfeeding (called *The Ultimate Breastfeeding Book of Answers* in the USA) or our DVD, *Dr. Jack Newman's Visual Guide to Breastfeeding*; or *The Latch Book and Other Keys to Breastfeeding Success*; or *L-eat Latch & Transfer Tool*, or the *GamePlan for Protecting and Supporting Breastfeeding in the First 24 Hours of Life and Beyond*. See our website at www.drjacknewman.com. To make an appointment email breastfeeding@ccnm.edu and respond to the auto reply or call 416-498-0002.

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