

20946

BREAST FEEDING



The mother of these breast-fed twins had proper prenatal care and followed the suggestions given here.

UNITED STATES DEPARTMENT OF LABOR
CHILDREN'S BUREAU
FOLDER No. 8
1926

14-2371

WHY A MOTHER SHOULD NURSE HER BABY

Breast milk is the natural food for the baby. It is easily assimilated, cheap, clean, and convenient. No single factor exercises a more pronounced influence on the development of the baby and on his health during his entire life than nursing at his mother's breast. Breast feeding gives a baby a better chance for life and for steady and normal growth. The death rate of babies not breast fed is four times as high as the death rate of breast-fed babies.

HOW A MOTHER CAN NURSE HER BABY

The ability of the mother to nurse her baby is largely a matter that lies in her own hands. She must wish so earnestly to nurse her baby that she is willing to seek and follow the advice of her physician covering her plan of life and her mental and physical hygiene, both before and after the baby is born. The following are the essentials to be considered:

THE CARE OF THE MOTHER'S BREASTS

Upon the care given the nipples, in many cases, depends the success of breast feeding. Thousands of infants' lives have been lost through early weaning as a result of flat, inverted, or cracked nipples. These conditions either can be prevented or, if they occur, can be so remedied as to make nursing possible.

Before the baby is born.

During the last two months of pregnancy the nipples should be sponged daily with warm water and mild soap, and the soap carefully rinsed away. After this olive oil or vaseline should be gently rubbed in. If the nipples seem particularly sensitive the attending physician will recommend a lotion to toughen

them. If crusts appear on the nipples they must not be picked off, because an infection may result from this. The olive oil or vaseline will soften the crusts, and at bath time they may be removed easily. For heavy breasts a brassiere may be worn that supports from below but does not bind.

If the nipple is inverted it should be drawn out by grasping the area around the nipple with the thumb and forefinger. This part is then pulled forward and held for a few seconds. This should be done three or four times a day.

After the baby is born.

The nipples should be washed with boiled water before and after each nursing. Between nursings they should be covered with clean linen. At the first sign of any irritation a physician should be consulted. Great care must be taken to keep the nipples free from infection. The tiny cracks of a sore nipple may develop into a fissure. The baby's mouth should not come in contact with a sore nipple. Most babies can draw the milk from the breast through a nipple shield. The physician's advice should be asked concerning this. The care of the nipples should be given only with very clean hands.

THE HYGIENE OF THE MOTHER

The efficiency of the mother's nursing power depends upon her physical and mental well-being as well as her determination to nurse her baby. Proper hygiene contributes in largest measure to her health and poise.

Rest is imperative. Eight hours of sleep in a well-ventilated room are essential. An hour's rest should be taken during the day. This may be taken either at one time or in short periods. The best way to be sure of getting regular rest is to lie down during the nursing; neither mother nor child should sleep at this time.

The life of the mother should be so ordered that she is protected as much as possible from stress and strain. An overworked mother can not be expected to supply breast milk satisfactory in either quality or quantity. Her most important activity is the care of her baby. However, a moderate amount of social diversion favors that contentment of spirit which is one of the essentials in maintaining the supply of breast milk.

The habits of the mother determine the amount and kind of exercise she should take. The busy housewife gets sufficient exercise in her daily activities. She should take some time out of doors, however, *in the sun*, preferably at midday in winter and before 12 and after 3 in hot weather. Many mothers find a walk beneficial. A good rule is to exercise only to the point of a sense of pleasant stimulation.

A DAY'S FOOD PLAN FOR THE NURSING MOTHER

An adequate daily diet must include 1 quart of milk, a leafy vegetable, a raw fruit—citrous if possible, and an egg.

BREAKFAST

Fruit: Half grapefruit, whole orange, or banana.

Cereal (well cooked): Oatmeal or farina with whole milk and sugar.

Bread and butter: Two slices of whole-wheat or graham bread with two pats of butter.

Milk: One cup of cocoa made with whole milk.

An egg, or bacon and egg, may be added to this meal. The egg should be boiled, coddled, or poached.

10 A. M. LUNCHEON

Milk: One glass of whole milk with or without raw egg.

DINNER

Meat or fish.

Salad: Lettuce, romaine, endive, cress, raw cabbage, or celery and nut, with mayonnaise dressing.

Vegetables: Two baked potatoes with two pats of butter; tomatoes, carrots, peas, or string beans; properly cooked cabbage, spinach, or other greens, creamed.

Bread and butter: Two slices of whole-wheat or graham bread with one pat of butter.

Dessert: Custard, gelatine, or canned fruit.

Milk: One glass of whole milk.

AFTERNOON LUNCHEON

Milk or fruit: One glass of milk, or fresh fruit.

SUPPER OR LUNCHEON

Soup or other hot dish (made with whole milk): Creamed-pea or tomato soup, or a scalloped vegetable, or macaroni and tomatoes, or rice and cheese.

Bread and butter: Bran or graham muffins or toasted raisin bread, with two pats of butter.

Dessert: Stewed fruit and cake or baked apple with top milk or cream.

Milk: One glass of whole milk.

Every effort should be made to get fresh vegetables, as no other food can adequately replace them in the diet of the nursing mother. If they can not be had, of the canned vegetables tomatoes and spinach are the most valuable. When fresh fruit is too expensive or out of season, dried or canned fruit may be used. If it is impossible to obtain fresh cow's milk, dry milk should be used.

NURSING HYGIENE

The baby should be put to the breast six hours after birth. Thereafter he should be fed on a regular schedule. During the first two or three days probably little nourishment is received; but the sucking at the breast stimulates the development of the mother's milk supply. Feeding by the clock from the first day of life starts the baby on a proper cycle of habit formation.

A full-time vigorous baby should be nursed either every three hours or every four hours. A good schedule is: 6 a. m., 10 a. m., 2 p. m., 6 p. m., 10 p. m., 2 a. m. For the first three months the feeble baby should nurse every three hours from 6 a. m. to 9 p. m. and at 2 a. m. After the third month the 2 a. m. feeding is dropped for either baby.

The baby should be awakened for his feeding and should not be allowed to go to sleep at the breast. The length of the nursing period varies with the vigor of the sucking and the freedom of the milk flow. The average baby empties one breast in 10 to 20 minutes and usually need not be given the other. If the supply of milk is scanty both breasts should be given, each breast for 10 minutes or one for 15 minutes and the other for 5. The first breast must be emptied before the second is given. The breasts should always be given alternately.

If the baby is not able to suckle all the milk from a breast it should be emptied by hand, thus:

Scrub the hands and nails with soap and warm water for one full minute, using a brush. Wash the nipple with fresh cotton and boiled water. Dry the hands on a clean towel. Have a sterilized glass to receive the milk.

Place the balls of the thumb and forefinger on opposite sides of the breast $1\frac{1}{2}$ inches from the nipple. This is usually at the edge of the pigmented area. Press deeply and firmly into the breast until the resistance of the ribs is felt. Then bring the thumb and fingers tightly *together* well behind the base of the nipple. When the finger and thumb are pressed deeply into the breast keep them there and repeat the "together" motion 60 to 100 times per minute. Speed is important and is attained after some practice. The fingers should not slip forward on the breast lest the skin be irritated. It is not necessary to touch the nipple.

The milk expressed should be saved to be fed to the baby from a bottle after the next nursing.

ADDITIONAL FOODS

If the supply of breast milk is persistently inadequate a complementary feeding should be given after each breast feeding. Formulas for simple whole-milk modifications are suggested in the Children's Bureau bulletin, *Infant Care*. The complementary feeding must not taste sweeter than breast milk, or the baby will prefer it to breast milk. Milk sugar and malt sugar are less sweet than cane sugar.

Even the breast-fed baby must have supplementary foods if he is to attain the best possible development. Fresh cod-liver oil and orange juice are given before the baby is 1 month old.

Cod-liver oil should be used in its original form with nothing added to it. The taste need not be disguised. At the start $\frac{1}{2}$ teaspoonful should be given twice a day, and by the end of the third month $1\frac{1}{2}$ teaspoonfuls twice a day. Cod-liver oil should be given for two years. On hot days it may be omitted if a sun bath is given.

At first 1 tablespoonful of orange juice in an equal amount of water should be given daily, and this amount increased rapidly to 2 tablespoonfuls. If oranges can not be had, strained tomato juice, fresh or canned, may be used. The fruit juice is given half an hour before nursing.

Exposure of the baby's body to direct sunlight and feeding him cod-liver oil and orange juice causes the most complete utilization of the breast milk so that the baby's bones and teeth grow in the best possible way. (See Children's Bureau Folder No. 5, *Sunlight for Babies*.)

Warm boiled water, unsweetened, should be offered the baby after the first day of life, 1 ounce at a time, two or three times daily. Babies differ in their desire for water, after the habit of taking it is acquired. As a rule the breast-fed baby takes less than the bottle-fed. The baby may refuse water entirely with no serious results.

WEANING

Never wean a young baby without consulting the physician. Weaning during the first few months is a serious matter. If the weaning is to be successful it should be gradual. It should be completed by the ninth or tenth month. If this period falls in the hot weather,

nursing may be continued until fall. (Occasionally a baby seems to react unfavorably at the mother's menstrual period. There is a little vomiting or a slight irregularity of the bowels. These are not reasons for weaning; they are transient discomforts and are never severe.)

Beginning at the sixth month a well-cooked cereal is given before one or two breast feedings daily. In a few weeks strained fresh vegetables are included in the menu (carrots or a green leafy vegetable such as spinach). At about the eighth month a daily breast feeding is omitted each week, and modified whole cow's milk and a cereal or a vegetable are substituted. By the tenth month the baby is entirely off the breast and on a mixed cereal-vegetable and modified whole cow's milk diet.

Digestive upsets for the baby and discomfort for the mother may be prevented by this gradual weaning.

BREAST MILK IS BEST FOR BABIES