

Myths and Realities in Human Breastfeeding

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Abstract

Human breastfeeding represents the ideal diet for infants and young children, it must be exclusive during the first six months and continued with complementary feeding up to two years and more, as recommended by the WHO/UNICEF Infant and Young Child Feeding Strategy (2002). It represents endless benefits for infants, mothers, families, the environment and society, backed by scientific evidence, however there are multiple factors that impair their performance, among which the existence of detrimental myths stands out, which diminish the confidence of the mothers and make them doubt their natural capacity to breastfeed, mainly in those that confront difficult situations in the practice of breastfeeding, inducing them to supply formula to their babies, as a complement or substitute of breast milk, finally determining their abandonment. In the following work, reference will be made to a series of frequent myths both globally and nationally, based on the review carried out, pointing out in each of them the respective reality. Their knowledge and dissemination is of utmost importance for the promotion and support of human breastfeeding.

Keywords: Human Breastfeeding; Myths; Realities; Promotion; Support

The human breastfeeding is the ideal and unequalled option of feeding during the early childhood, to reach an optimal growth and infantile development. Provides food and emotional security, consolidating a strong bond between mother and infant. Breastfeeding is more than giving food; is to provide love, protection, pleasure and company. It is a gift for life!

The majority of the population does not know the benefits of feeding with the mother's milk, how it works and the appropriate technique of breastfeeding, considering it as a "totally instinctive act". The reality is that human breastfeeding is an art that is learned by modeling and that requires timely support in the environment of the mother, training, patience and perseverance, to achieve a successful experience. Practically all women can breastfeed, provided they have accurate information and support from their family and health personnel.

Despite the many benefits offered by human breastfeeding, there are many myths around it. These myths are urban beliefs or legends. They are characterized by being false, deeply rooted and transmitted from generation to generation. Some are world trends and others from each country. Myths usually confuse and discourage mothers who want to breastfeed. These are mostly detractors of breastfeeding, hinder their performance and hide their benefits. It is necessary that mothers, fathers and families are informed about how breastfeeding works and how to put it into practice, so that they have the necessary tools to knock them down or leave them aside. The following is a reference to some of the most frequent myths with the respective reality:

Related to the feeding of the breastfeeding mother

Myth: The breastfeeding mother must eat double to produce more milk.

Reality: The mother's diet must be healthy and balanced to meet her requirements. Eating too much does not increase the production of breast milk. The mother must eat for two and not for two.

Myth: The mother must drink a lot of milk to produce milk.

Reality: Your diet must be varied with an adequate consumption of milk and dairy products. The consumption of cow's milk by the mother is not related to her milk production, this only depends on the frequent suction and emptying of the breast. No other mammal drinks milk to produce milk.

Myth: You must follow a special diet with restriction in the consumption of some foods, to avoid gas and colic in the infant. Frequently it is prohibited to consume some foods like: garlic, onion, cauliflower, broccoli, fish, citrus fruits and grains among others.

Reality: No food consumed by the mother causes gas in the infant. Cow's milk consumed in excess by the mother is related to the development of allergy to the protein in the infant and in very few cases with colic (0.5 to 1%). The mother who breastfeeds can eat in general all that she consumed during pregnancy. You will only avoid consuming those foods that you cannot tolerate. Limit the consumption of soft drinks, tea, coffee and chocolate, which can cause irritability in the infant.

Myth: You must consume certain foods to increase milk production.

Reality: There is no scientific evidence that any food increases milk production. There is no magic food. The supposed "lactogogo" effect attributed to some food is related to the feeling of trust that it generates in the mothers who consume it, based on cultural beliefs.

Myth: The mother cannot eat or drink at the time of breastfeeding, because the baby "can choke" or "your milk can hurt".

Reality: The mother can consume the food or drink that causes her during breastfeeding, without harming her infant and without altering her milk.

Myth: If the mother does not eat adequately and / or receives a low nutrient diet (macro and micronutrients) due to lack of economic resources, her milk will not feed the infant.

Reality: Your milk will always have the right composition to fully cover the nutritional requirements of the infant, during its first six months, it will always be the ideal! The mother should be guided on her diet and supplementation with vitamins, minerals and healthy fats, within her possibilities of food availability.

Related to the aesthetics of the mother

Myth: The mother who has small breasts or whose nipples are flat or inverted, cannot breastfeed or produce less milk.

Reality: It does not matter the shape of the nipple, nor the size of the breast. All breasts are good for breastfeeding. All mothers have been endowed by nature with two mammary glands and a set of hormones that are activated by sucking the infant, regardless of the characteristics of the breast.

Myth: Prolonged breastfeeding causes the breasts to fall.

Reality: This fact does not depend on the time of breastfeeding, but on other factors such as the laxity of the skin, the amount of body fat, age or genetic factors.

Related to the health and work of the mother

Myth: Cesarean section is incompatible with breastfeeding.

Reality: The mother who has undergone cesarean section can breastfeed her baby regularly. Cesarean section does not interfere with the lowering of milk. You can start breastfeeding early, if you are in good condition when recovering from anesthesia, using a position that is comfortable for both.

Myth: If the mother had breast surgery (prosthesis placement or reductive surgery), she cannot breastfeed.

Reality: Breast surgery does not represent an impediment to breastfeeding. It does not usually affect the functioning of the mammary gland. It is recommended that mothers with a history of breast surgery receive timely advice from trained lactation personnel, in order to support them with their doubts and fears.

Myth: Breastfeeding should be stopped if the mother receives medication.

Reality: Most of the medications indicated to mothers reach breast milk in very small quantities, absolutely innocuous for infants. It only represents an absolute contraindication, the treatment of the mother with ergot derivatives, antineoplastic drugs or radioactive isotopes.

Myth: The mother cannot continue to breastfeed if she must return to work or to her studies.

Reality: The mother can maintain and prolong breastfeeding, implementing her own "homemade lactario". To achieve this, you must train in the extraction and storage of your milk, so that it is provided to your infant with a cup, spoon or injector, by the person who cares when she is absent, in order to maintain and prolong breastfeeding.

Related to milk production

Myth: You must drink a lot of fluids to have a greater milk production.

Reality: It is a frequent belief, generally the breastfeeding mother feels very thirsty, therefore she will drink liquids according to her need. The ideal consumption would be 10 to 12 glasses per day, according to your requirements. Force the intake of water does not affect the production of milk.

Myth: Low milk production can be a family problem that is inherited from mother to daughter.

Reality: Low production is not inherited. So far no cause of hereditary hypogalactia has been evidenced. The milk production is related to the frequent placement to the breast, the good grip and the effective suction, which allows its proper emptying.

Myth: The production of milk in the first days, called colostrum, is limited and insufficient to feed the infant.

Reality: Colostrum, "liquid gold", is a concentrate of nutrients for the newborn that fully meets their requirements. Its volume is according to the gastric capacity of the newborn. If breastfeeding is started in the first hour of life, joint accommodation is favored and breastfeeding is allowed at free demand, milk will drop more quickly.

Myth: If the breastfed infant cries, it is because he is hungry and breast milk is not enough.

Reality: Frequently crying is associated with hunger, which mistakenly leads the mother to supplement breastfeeding with formula, believing that her milk is not enough. It is important to take into account that crying is the way the infant communicates, when he is hungry, if he is uncomfortable, frightened, dissatisfied, if he feels pain, if he requires contact or consolation. If the baby cries because of hunger, he is asking again to be breastfed and not to be given formula.

Myth: The mother must space the blowjobs so that her breasts fill up.

Reality: The mother "should not save milk". Breastfeed frequently, as the more suction and frequent emptying of the breasts, there will be greater production

Related to milk quality

Myth: The milk of the human mother is watery, compared to cow's milk.

Reality: Human milk varies during feeding. It is important that the infant receives both the milk from the beginning (solution and suspension fraction, rich in water, lactose and proteins) and the milk at the end (emulsion fraction, rich in fat), so that you get a complete meal and all the water you need. needs to. Therefore, breastfeeding should be at free demand, guided by the infant.

Myth: If the mother becomes pregnant, she should stop breastfeeding.

Reality: The mother can continue breastfeeding if she wishes, without risk to her pregnancy. Breastfeeding does not compromise the health of the embryo, nor does it induce abortion or premature birth. The new pregnancy modifies the volume and flavor of the milk, so that the infant could reject it. The mother can even breastfeed both infants after delivery, even if they are of different ages, which is known as breastfeeding in tandem.

Myth: Breast milk after 12 months of age does not feed the infant

Reality: Maternal milk continues to be important at that age, provides immunological factors and up to 40% of their energy requirements, requiring supplementation with other foods.

Related to breastfeeding technique

Myth: The baby should be breast-fed on a regular schedule every 2 to 3 hours, placing 10 to 15 minutes in each breast per feeding.

Reality: The baby should be breastfed at free demand and without restrictions of time or quantity, allowing him to empty the breast, obtain all the fractions of the milk and release it when satisfied.

Myth: Breastfeeding is painful.

Reality: Breastfeeding should not cause pain. If this happens it is due to poor grip of the breast. The first days tend to present slight discomfort at the beginning of the shots because of the sensitivity of the nipple to frequent friction. If pain occurs, a specialist should be consulted.

Myth: Nipple cracks appear in mothers with very delicate skin, in which they did not prepare the nipples during pregnancy and when the baby is stuck to the breast for prolonged periods

Reality: The nipple cracks appear in women with different skin types, they are not prevented with the preparation of the nipples during pregnancy, nor are they related to prolonged periods of breastfeeding. They are caused by the traumatic action of the gums on the nipple, due to the improper placement of the infant to the breast, which conditions a poor grip of the breast.

Myth: Both breasts should be offered in each shot.

Reality: It must be ensured that the infant completely empties the breast in each shot, so that it receives both the milk from the beginning and the end.

If the infant is changed prematurely, he will only receive milk from the lactose-rich start; as a result, it will consume fewer calories, since it does not receive the fat fraction, it will be dissatisfied and as a consequence the weight progression will be less during the first weeks. Being able to present additionally: cramps, irritability and liquid explosive evacuations.

Myth: If the mother incorporated formula as a supplement or abandoned breastfeeding, she will no longer be able to return to exclusive breastfeeding

Reality: There is the possibility of implementing a relactation process based on breast stimulation, which requires training and support for the mother, which can be put into practice, if the mother wishes to do so.

Myth: There will be no confusion in the breastfed infant if a supplement is provided with a bottle.

Reality: If the breastfed infant is given a formula as a supplement using a bottle (partial or mixed breastfeeding), the teat-nipple confusion appears. Breastfeeding and bottle feeding require different oral and motor techniques. The infant will present a dysfunctional suction, as the position of the tongue and jaw is altered. As sucking from the bottle is easier, the baby will suck the breast inadequately and suction will be inefficient, which makes you feel dissatisfied and long reject the breast [1-10].

Conclusions

Myths have prevailed over time and in different parts of the world, many mothers confront difficult situations in the practice of breastfeeding and for fear of not producing enough milk, have received advice without foundation based on beliefs, which increase their insecurity and they are induced to supplement breastfeeding with formulas, damaging the practice of human breastfeeding.

Mothers have the right to make an informed decision about feeding their babies, based on knowledge and not on myths generated by family, cultural, social and commercial influences. Mothers should not believe in everything that is said about breastfeeding.

It is important to take into account that to demolish myths or urban legends and reverse their detrimental action, it requires the active participation of health personnel, being necessary their training in human breastfeeding and the unification of criteria, to provide timely and consistent support to mothers. This support will allow: a) Offer timely and accurate information based on scientific evidence. b) Strengthen their confidence in the natural capacity they have to breastfeed. c) Provide practical help and support in the performance of breastfeeding in all stages, from pregnancy to prolonged breastfeeding.

Human breastfeeding a practice surrounded by myths. For its preservation, it is key that future parents learn about how breastfeeding works and about the breastfeeding technique, so that they can put myths aside. The health, growth and development of infants is what is at stake. In early childhood, the future of every human being begins!

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