

Consortium to Lower Obesity
in Chicago Children

clocc



**Consortium to Lower Obesity in
Chicago Children (CLOCC)
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Breastfeeding FAQs



1. What are the benefits of breastfeeding?

For Infant:

The American Academy of Pediatrics reports that human milk provides ideal nutrition and promotes the best outcomes for growth and nutrition for babies compared to any other form. Human milk helps with digestion and maturation of a baby's digestive tract and decreases the incidence of common illnesses such as: diarrhea, vomiting, asthma, otitis media (ear infection), type I diabetes mellitus, eczema and delays the onset of some allergies. It also lowers the risk of obesity in children.

For Mom:

Due to increased levels of a hormone called Oxytocin, which promotes uterine contractions, mothers who breastfeed experience less postpartum bleeding. Oxytocin also promotes rapid post-partum healing and return to normal uterine size. Mothers who breastfeed are more likely to return to their pre-pregnancy weight and do so faster than non-lactating mothers. Breastfeeding also contributes to increased child spacing and reduces the risk of ovarian and premenopausal breast cancer.

For Family:

Breastfeeding promotes mother/infant bonding. It is estimated that mothers who breastfeed can save the family \$1200-1500 per year. Because breast milk is always ready, a lactating mother can provide her baby with feedings more quickly than non-lactating mothers preparing bottles; especially in the middle of the night!

For Community:

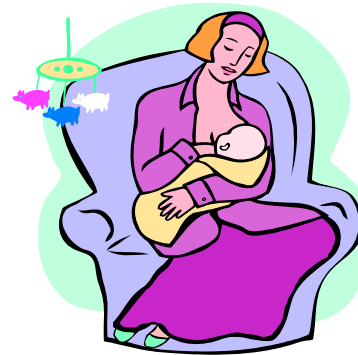
Breastfeeding decreases health care costs, illness-related school absences in children and parent absenteeism from work resulting in lost income!

***For 101 reasons to breastfeed your child please visit:

http://www.naturalchild.org/guest/leslie_burby.html

11. Where can I find more support information for breastfeeding?

Always start with your healthcare provider. [For additional questions, trained breastfeeding peer counselors are available to answer questions through the National Breastfeeding Helpline at 1-800-994-9662.](#) Additional local resources include: The Chicago Area Breastfeeding Coalition at <http://chicagoareabfc.org>, The Chicago Region Breastfeeding Taskforce at <http://www.chicagobreastfeeds.webs.com> or La Leche League of Chicago at <http://www.llusa.org/IL/WebChicagoIL.html>.



8. How can the family support the nursing mother and infant?

There are many ways the family can assist the nursing mother and infant. For example, while the mother is nursing the baby, other family members may assist with helping out around the house to reduce stress for the mother. A nursing mother may also ask her mother/mother-in-law to share her experiences with breastfeeding. In addition, a nursing mother should feel free to include close family members during the education and consultations about breastfeeding with her healthcare provider. This will ensure any questions or reservations are addressed by a well-informed and reliable source.

9. What is WIC (The Women, Infants, and Children Program)? How can it help?

This federal nutrition program, Special Supplemental Nutrition Program for Women, Infants and Children is administered by the Illinois Department of Human Services provides nutrition education/counseling, referrals and breastfeeding support to qualified families. WIC clinics can assist nursing mothers in obtaining a breast pump and provide the family with healthy foods. For qualification information, please contact 1-800-323-4769.

10. What are Lactation Consultants? How can they help?

Lactation Consultants provide education, guidance, support, and hands-on assistance to breastfeeding mothers. Many Lactation Consultants are nurses, dietitians, physicians, midwives, or childbirth educators. They may teach prenatal breastfeeding classes, perform home visits, perform weight checks on the baby, assess latching and feeding efforts and various other supportive tasks to encourage the family during the nursing process. In addition, the same information that is directed to the nursing mother is taught to the father. To find a Lactation Consultant to help in your area, go to <http://www.ilca.org/i4a/pages/index.cfm?pageid=3337>.

2. How does a mother overcome commonly perceived barriers to breastfeeding?

Common barriers such as embarrassment, lactation problems, employment and childcare cause mothers to become frustrated and stop breastfeeding. Fortunately, there are many ways to overcome such barriers. For example:

A. Some mothers may feel excluded from social interactions while nursing or may become embarrassed and restrict activity. Yet the simple use of a breastfeeding cover up may solve the problem.

B. Problems such as developing sore nipples, engorged breasts, and failure to latch may be the result of infrequent feeding or poor breastfeeding techniques. With the proper education on nursing and available resources from a physician, peer counselor, lactation consultant or WIC consultant these barriers can be overcome as well.

C. Some mothers stop breastfeeding after encountering pressure from supervisors and co-workers not to take breaks to express milk. By law in Illinois, mothers have the right to receive unpaid break time to express breast milk in privacy, in a location other than a toilet stall.

3. What supplies are needed in order to breastfeed?

No purchased supplies are necessary for breastfeeding, however, several stores sell merchandise to support lactating mothers and ease the process during the nursing period. For example, some lactating mothers choose to purchase (or make) a breastfeeding cover for use while nursing. Many choose to use a breast pump to help store breast milk for later feedings and prevent waste, ensuring the baby has a steady supply.

4. Where can one purchase these or other optional supplies?

See the Resource List included in this packet.

5. How long can human milk be stored?

(Information provided by Centers for Disease Control and Prevention)

Location	Temperature	Duration	Comments
Countertop, table	Room temperature (up to 77°F or 25°C)	6–8 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	5-39°F or -15-4°C	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag.
Refrigerator	39°F or 4°C	5 days	Store milk in the back of the main body of the refrigerator.
Freezer			
Freezer compartment of a refrigerator	5°F or -15°C	2 weeks	Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations than the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Freezer compartment of refrigerator with separate doors	0°F or -18°C	3–6 months	
Chest or upright deep freezer	-4°F or -20°C	6–12 months	

Reference: Academy of Breastfeeding Medicine. (2004) Clinical Protocol Number #8: Human Milk Storage Information for Home Use for Healthy Full Term Infants. Princeton Junction, New Jersey: Academy of Breastfeeding Medicine.

6. What is the recommended amount of time for a mother to breastfeed her infant?

The American Academy of Pediatrics (AAP) recommends breastfeeding infants during at least the first year of life, due to benefits to infant nutrition, gastrointestinal health, immune defenses, and neurological and psychological development. The AAP recommends exclusive breastfeeding for the first 4 to 6 months for maximum benefit.

7. What dietary habits should a mother adopt while breastfeeding?

It is important for breastfeeding mothers to eat a well- balanced diet. This should include an additional 500 calories above basic needs, on average. The most recent recommended dietary allowance for protein during lactation suggests added protein, complex carbohydrates, vegetables (e.g. broccoli, bell peppers), fruits (e.g. apples, oranges, melons) and whole grains (e.g. wheat bread, brown rice). However, a mother’s intake of nutrients may not meet the baby’s needs through breast milk alone. For example, **breastfed babies need to get a vitamin D supplement as the amount transferred from the mother’s intake is not sufficient.**

http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm