

# BREAST FEEDING

FOLDER 8

U. S. DEPARTMENT OF LABOR  
CHILDREN'S BUREAU

*(This has been reprinted by the Lee Foundation using the 1926, 1932, 1938 and 1943 editions of Folder 8—statements have been taken from each one—thus this reprint contains elements of each of the four and ends with an article on "Weaning the Breast-Fed Baby" from another publication.)*

## WHY A MOTHER SHOULD NURSE HER BABY

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. [See *Today's Health* article at end of this reprint. (our remark)]

## 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.

Long before the baby is born the mother should make plans for nursing him. She should eat the proper food and should care for her general health according to her doctor's instructions.

## MOTHER'S MILK THE BEST FOOD FOR BABY

Breast milk is easily assimilated, clean, and convenient. [Also breast feeding saves the family money that would otherwise be spent on baby formulas. (our remark)]

## HYGIENE OF THE NURSING MOTHER

Successful nursing depends largely on the mother's health and on her attitude toward nursing. If her breast milk is to be of the greatest benefit to the baby, the mother should follow the plan here suggested:

*Try to avoid worry* and emotional upsets. The calm, unworried mother is likely to nurse her baby more successfully than the anxious excitable mother.

*Sleep* at least 8 hours every night and take an hour's rest in the daytime. After the first month the baby should sleep through the night without any feeding after 10 p. m., so that the mother's sleep will not be broken.

*Plan your diet* with your baby's growth and health in mind, as well as your own health. (Suggestions for a satisfactory diet are given in this folder.)

*Make every effort to regulate the bowels* by means of food, exercise, and regular habits.

*Bathe often*—daily, if possible.

*Take mild exercise* in the open air and sunshine, but avoid overtiring yourself. Your daily work may give you enough exercise, but you should spend some time outdoors *in the sun* daily, preferably at midday in winter and before noon and after 3 p. m. in summer. [Avoid overexposure (our remark)]

*Care for the breasts* only with very clean hands. Wash the nipples with boiled

water before and after each nursing and cover them with clean cloth between nursings. Consult the doctor if the nipples are cracked or sore, if the breasts are caked or tender, or if for any reason the baby does not nurse well. A cracked nipple, if neglected, may result in an abscess of the breast. Upon the care of the breasts, in many cases, depends the success of breast feeding.

#### DIET OF THE NURSING MOTHER

A quart of milk a day should be taken. If a full quart is not used with meals, either as a drink or in cooking, a glass should be taken in the midmorning, in the midafternoon, or before going to bed. If good fresh milk can not be had, evaporated or dried milk may be used. Milk is the most important single food in the nursing mother's diet, but not more than a quart a day should be taken. The diet should be varied.

Vegetables, raw or cooked, should be eaten two or three times daily. Fresh vegetables of every kind should be used, especially dark-green leafy ones. Canned tomatoes may be used often, and other canned vegetables occasionally.

Fresh fruit, especially the fruits richest in vitamin C, should be eaten daily. [We believe, based on our studies, that citrus fruit can be eaten 2 or 3 times a week in moderate servings, but other kinds of fruit should be used to give balance. Perhaps extra vitamin C can be taken. (our remark)] When fresh fruit cannot be obtained, dried or canned fruit may be used. Tomatoes, fresh or canned, may be substituted for oranges or grapefruit.

An egg should be eaten every day.

Lean meat or fish should be eaten once or twice daily.

At least a quart of fluid a day should be taken other than milk. Coffee or tea in moderation is allowable, but should not replace milk, which is essential. Beer and other alcoholic beverages do not increase the supply of breast milk.

A source of vitamin D. — A good source of vitamin D is needed daily—cod-liver oil or some other preparation, as directed by the doctor.

A source of iodine. — In some localities the mother may need more iodine than the ordinary foods provide. Ask your doctor about this.

(The remark that follows was added when reproducing this pamphlet, it is ours—was not contained in the folder we are reproducing.) It may be that the family doctor or specialist will feel that there is a need for additional calcium and/or a multiple or specific vitamin supplement.

*Important* — The mother should remember, however, that strongly flavored foods may give the breast milk a taste that may make the baby refuse it.

#### LAXATIVE FOODS

To regulate the bowels, green leafy vegetables should be eaten and also fruit,

especially figs and prunes. Whole-grain bread and cereal may help to correct constipation. A glass of water taken the first thing in the morning may help.

#### 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— some citrus fruit several times a week, and an egg.

#### BREAKFAST

*Fruit:* Blueberries, cantaloupe, dried or fresh figs, gooseberries, peaches, canned or raw, pineapple, dried prunes, raisins, bananas, and (citrus, in moderation). [Additional names of fruit added by the Lee Foundation.]

*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. [Note: Grade A Certified, raw milk is available in some localities. (our remark)]

### NURSING THE BABY

*During the early weeks of life* a baby sleeps almost all the time, waking only for food. If, during the first few days, he is waked and fed at regular times he is likely to form the habit of waking up and wanting food at these times.

*Most babies get hungry about every 4 hours*, and, therefore, it is a good idea to try a 4-hour schedule, although some babies need a different schedule, such as a 3-hour one. Many mothers give the first feeding of the day at 6 a.m.; others find 7 a. m. more convenient. There are no fixed hours at which every baby should be fed. If your baby does not fit into the routine you plan for him, try to change the plan to suit his needs. After you find the best routine for him, however, try to keep to the same plan each day.

*A baby will eat until his hunger is satisfied.*—Babies do not always want the same amount of food at each meal any more than grown-ups do. The usual length of time for feeding is between 10 and 20 minutes. Occasionally a vigorous baby may take enough milk in 5 minutes, and a feeble baby may nurse so slowly that it will take him the full 20 minutes to satisfy his hunger. It is usually not wise to allow a baby to nurse at a breast after it is empty. If he empties the breast in 5 minutes and still appears to be hungry he may be given the other breast. If he cannot get as much milk as he wants from both breasts, he may need to be given extra milk from a bottle.

If for any reason the baby does not empty one breast at a nursing it should be emptied by hand or by a breast pump.

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 FOR THE BREAST-FED BABY

To provide the baby with the food substances that milk—even breast milk—does not contain in sufficient amounts, and to help his body utilize breast milk most completely, additional foods must be given him early in life.

*Cod-liver oil* should be begun before the end of the first month, preferably by the end of the second week. Use pure, plain cod-liver oil, which the label shows to contain at least 85 U.S. Pharmacopoeia units of vitamin D per gram. Begin with  $\frac{1}{2}$  teaspoonful a day and increase the amount to  $\frac{1}{2}$  teaspoonful twice a day when the baby is 3 weeks old. When he is 1 month old the amount may be increased to 1 teaspoonful twice a day. This amount may be given until he is 3 months old, after which it may be increased to  $1\frac{1}{2}$  teaspoonfuls twice a day. Cod-liver oil, like direct sunlight, prevents rickets. (Infant Care tells how to give cod-liver oil.)

*Orange juice or tomato juice* (strained) should be begun toward the end of the first month in order to protect the baby from scurvy. Tomato juice may be obtained by straining the pulp of fresh or canned tomatoes; or canned tomato juice may be used instead. At first 1 teaspoonful of orange juice in an equal amount of water should be given daily, and this amount increased rapidly to 2 tablespoonfuls. 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.)

*Cooked cereal* may be started at the beginning of the fifth month. 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. [Important - See note under weaning (our remark)]

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

*Egg yolk* is generally started by the fifth month. Some doctors give it in the third month or even earlier. *Green vegetables*, cooked and mashed through a strainer, should be started in the sixth month.

*Drinking water.* Unsweetened lukewarm water that has been boiled should be offered the baby regularly between feedings if the baby is awake—two or three times a day. In hot weather offer it four or five times a day, as he perspires more freely then and needs more. Some babies get enough water from the milk and will not drink water. Even if it is refused it should be offered regularly.

## WEANING

When the baby is 7 or 8 months old ask the doctor about weaning him. A

baby should not be weaned before this unless the doctor advises it. Even if, toward the end of the breast-feeding period, you nurse him only once or twice a day, with cow's milk for the other feedings, this is better than completely weaning him too early.

*To make the change easy for the baby,* wean him gradually, and do not start weaning him at a time when he is adjusting to some other new experience, such as the first steps in toilet training. Hold him in your arms while feeding him cow's milk, as you did while nursing him.

*Cup instead of bottle.*—Many babies at 8 or 9 months can learn at once to drink from a cup and thus will not need to learn to give up the bottle a few months later.

*Ask the doctor what formula to use;* usually a mixture of whole milk (pasteurized or evaporated), water, and sugar or corn sirup is satisfactory. The mixture should be boiled 5 minutes, except when evaporated milk and boiled water are used.

*Hot weather.*—It is usually unwise to start weaning in very hot weather, but as most of the difficulties of summer weaning are due to unboiled milk, these can be avoided by giving the baby only boiled (or evaporated) milk. It is of special importance in hot weather that the weaning should be gradual.

*A plan for weaning.*—The following plan for weaning can be used for most babies:

For a week give one feeding of cow's milk a day and three breast feedings. Then for 4 or 5 days give two feedings of cow's milk a day and three breast feedings. For the next 4 or 5 days give three feedings of cow's milk a day and one breast feeding. After that (20 days after the beginning of weaning) the baby should get no breast feedings, but should get four feedings of cow's milk a day, as well as the additional foods mentioned on page 5.

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.

*NOTE:* The following is an article entitled "Weaning the Breast-Fed Baby," in the July, 1962 issue of *Today's Health*, published by the American Medical Association. This article is included as it is more recent material than the above on weaning.

# Weaning the Breast-Fed Baby

Some physicians emphasize slow weaning—over a period of three months and sometimes longer—because it makes a far easier transition for both the child and the mother.

by Beverly Bush Smith

“ARE YOU *still* nursing that child?” Miriam’s neighbor asked her, obviously shocked at the “peasantry” of breast feeding a one-year-old.

Miriam smiled. “Of course,” she said. “He still enjoys it . . . and so do I. I wish now I hadn’t been in such a hurry to wean our first baby.”

A shaking of the head was her neighbor’s only further comment.

Of course, it wasn’t the first time Miriam had been questioned for the “prolonged nursing” of her child. It started when the baby was three months old. (“You can give him homogenized milk now . . . no formula to fuss with. Why don’t you stop nursing?”)

But Miriam knew from her first nursing experience that to wean before five months is to stop during the period when a mother’s developed a good milk supply, when her body’s adjusted to the nursing process, when she and the baby are used to each other and nursing’s become a pleasure for them both. And, probably most important, the baby still needs the food values and survival benefits of breast milk.

Herman Frederick Meyer, M. D., in *Infant Foods and Feeding Practice*, quotes the maxim that breast milk is nutritionally better than any other

milk until the fifth month; any other type of milk is as adequate from the fifth to seventh month; and after that, any other milk is better.

Miriam realized that after five or six months, nursing is not so important, nutritionally speaking. (She started solids sometime between five and six months, and at approximately the same time, began offering the baby homogenized milk from a cup.) But emotionally, she felt that nursing was still important . . . that her baby needed her . . . not just the food and not just the sucking.

The Norbotten Study, a biochemical study of 402 infants in Sweden, 1953-7, also tends to minimize the importance of prolonged breast feeding (more than six months) so far as the child’s physical development is concerned.

But the study admits that it does not touch upon the psychological side of the problem. It states, “Nursing implies continuous, intimate contact between mother and child, which cannot be guaranteed in bottle feeding, even if the possibility is not excluded.”

Many studies before and since have bemoaned the lack of concrete proof of the psychological value of breast feeding.



In the meantime, a number of pediatricians, obstetricians, psychologists, and anthropologists speak out in favor of breast feeding for its part in neutralizing some of today's tensions, for its contributions to the security of the infant, and the satisfaction and sense of "being needed" in the mother.

Robert L. Jackson, M. D., chairman of the Department of Pediatrics at the University of Missouri School of Medicine, says that nursing "helps establish intimate child-parent relations . . . which influence the later development of the child. Mothers cannot learn too early that they have to give of themselves to provide optimal growth and development of their children."

**DOCTOR** Jackson continues, "The mother who nurses her baby establishes at an early date an intimacy with her child which makes further relationships with him easy and natural."

The Cornelian Corner of Detroit, established by a pediatrician and a psychoanalyst, later joined by an obstetrician, a dietician, a registered nurse, and a clinical psychologist, is dedicated to "healthy parent-child relationships." It advocates the abandonment of "the artificial practice of separating the newborn child from his parents" and encourages the "breast feeding of infants with opportunity to nurse whenever the infant is hungry or anxious."

James Clark Moloney, M. D., assistant professor of psychology at Wayne University and co-founder of the Cornelian Corner, elaborates on these ideas. "Love from a mature, infantocentric mother is the best and only accelerating force in the natural development of an infant," he says.

He continues, "This love begins with breast feeding and lets the in-

fant decide for himself when he should come to the breast for nourishment and affection and when he should leave the breast . . . This infantocentric love requires constant and continuous bodily contact between mother and child until the infant decides to wean himself."

**HELENE** Deutsch, M.D., in Volume II of *The Psychology of Women*, notes that those women who really devote themselves to nursing and don't experience it as a secondary function, maintain that they feel great contentment during the nursing period. This, she says, stems not from an introspective preoccupation with themselves, but centers entirely upon the well-being of the infant.

Florence G. Blake, R.N., in *The Child, His Parents and the Nurse*, puts it thus: "When a mother gives her breast to her child, she is giving of herself emotionally as well as physically; it is the very essence of mothering when it is given by a mother who desires to do so. . . Many authorities believe that breast feeding immunizes the child against anxiety."

She adds, "From this mutually enjoyed experience, a bond of love becomes established which creates the warmth and security necessary for physical and emotional growth."

Many feel that it takes more than just a few months to establish this bond.

Ashley Montagu, anthropologist and author of *The Natural Superiority of Women*, speaking in Chicago recently, recommended that all babies be nursed a minimum of nine months.

**HE** claims that a baby, when born, has not completed his gestation period. He is only half-developed, in com-

parison to the developmental abilities of other animals at the time they are born. The period of "external gestation" ends, Montagu said, at about nine months. Breast feeding is imperative, he believes, during this period. A baby needs the continued closeness to his mother, with her personally ministering to his needs. Montagu feels, too, that it's important to the child's emotional health in later years.

How long does he advise nursing a baby?

"Eighteen months, to be safe."

Women in La Leche League, a group of nursing mothers in the Chicago area who have banded together to provide information and encouragement to other mothers who want to nurse their babies, tend to follow this line of thought. To them, nursing is a way of mothering that helps promote a happy family environment. Like the Cornelian Corner, they do not bring pressure to bear nor create tensions in feeding, toilet training, or child discipline. Their attitude toward weaning: "Let the baby do it."

By introducing solids at about six months and starting the baby on the cup at about this time, they find that weaning becomes a slow, natural process which is not only a happier experience for the baby, but also for the mother. Gradual weaning gives her body time to adjust, and she never goes through a painful period of rock-hard, dripping breasts.

The La Leche League mothers find that under these conditions, some babies stop nursing at a year . . . many at 14 to 16 months. Most give up the breast well before the average bottle baby goes off the bottle.

E. Robbins Kimball, M. D., Evanston, Illinois, pediatrician who has a high incidence of breast feeding

among his patients and was instrumental in the founding of the Evanston Hospital Milk Bank, emphasizes slow weaning because "it makes a far easier transition for both the child and the mother."

His mothers usually start solids at around six months . . . then go through a slow weaning process over a period of three months or more, he says.

Florence Blake agrees that if weaning is done gradually, at the infant's own rate of speed, "he will accept and profit from it."

She suggests introducing the cup at four to six months and emphasizes that the mother must follow the infant's cues, not try to stick to a prescribed schedule. Then weaning is in accordance with the infant's capacity to meet a new way of doing things. It is not a "depriving, heartless process," but one that helps the baby find satisfaction in the growing-up process.

She warns, however, that abrupt or ill-timed weaning can be a traumatic experience which retards future emotional growth.

Doctor Deutsch speaks further of the "weaning trauma."

"We explain it on the basis of the separation of the child from the mother's breast," she writes. "It seems, however, that what is involved here is not so much the breast as the intimate relationship with the mother, the preservation of the unity secured through nursing."

Niles Newton, Ph.D., in *Family Book of Child Care* sums up the "correct" weaning process by emphasizing that it "never makes the breast hurt and never denies sucking to a baby who cries for it."

She also notes, "One of the strangest customs of modern life is the custom of excessively early weaning.

Animal babies continue to nurse occasionally until they are about half grown. Mothers in other parts of the world nurse their babies two or three years. Three or four generations ago, even the most fashionable American babies were nursed for a year, and today in the United States in isolated rural areas weaning from the breast is completed between 12 and 24 months.

"If your young child enjoys a bottle of plain milk at bedtime and naptime, there is no reason he should not be allowed to follow this normal mammalian pattern. If your baby wants to continue token breast feeding once or twice a day during the second year—there is no harm in this."

Michael Newton, M. D., professor of obstetrics and gynecology at the University of Mississippi Medical School, adds, "Provided that the baby receives a varied diet, including meat and eggs, fresh fruit and vegetables, there is no reason to plan weaning

other than by following the natural inclinations of mother and baby. Thus a baby can be safely and happily breast fed well into the second year. My own four children were breast fed for an average of 20 months. I believe that the baby receives comfort and support for this length of sucking. Many mothers enjoy the continued closeness with their babies."

And so, Miriam, the young mother mentioned in the opening of this article, is still nursing her one-year-old baby. Of course, she recognizes that some of her friends who do not nurse their babies are able to achieve a warm closeness with them through ample cuddling and holding. But Miriam feels that for her and her baby the mutual satisfaction of nursing until the baby wants to stop is a gratifying way to lay the foundation for a constructive, happy mother-child experience in the years to come.

END

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