

Here's A Secret Not Often Shared...

BREASTFEEDING IS HARD!

You know how when you watch nature videos, baby animals are born and literally latch onto their moms right away? Or commercials for diapers and such always show a totally put together mother nursing her peaceful baby like it's the easiest, most natural thing in the world? Well forget it. It's all a set-up....

Before we have babies, we're engrained

I'M HERE TO TELL YOU THAT MORE OFTEN THAN NOT, BREASTFEEDING TURNS OUT TO BE ONE OF THE HARDEST THINGS, BOTH PHYSICALLY AND EMOTIONALLY, YOU'LL EVER DO IN YOUR LIFE.

with the myth that as women, we'll know exactly what to do when the time comes and that it'll just "happen".

Many of us don't give it a second thought until we're *in it*. No one tells you about the painful, messy, complicated and, often lonely, reality.

On one hand, we are hammered with idea "Breast Is Best" and that formula is the devil. On the other, formula advocates often suggest it as the solution to any mom who finds herself having difficulty. This can make many new moms who have their hearts set on breastfeeding feel like a complete and utter failure. It's a modern mom's cultural tug-of-war.

As a new mom, you are vulnerable. You are tired. You are in pain. You're hormonally unstable and emotionally raw. And your life just changed in one of the most drastic ways. But guess what? **IT WILL ALL BE OK!**

In the United States, the American Academy of Pediatrics (AAP) currently recommends:

- Infants should be fed breast milk exclusively for the first 6 months after birth. Exclusive breastfeeding means that the infant does not receive any additional foods (except vitamin D) or fluids unless medically recommended.
- After the first 6 months and until the infant is 1 year old, the AAP recommends that the mother continue breastfeeding while gradually introducing solid foods into the infant's diet.
- After 1 year, breastfeeding can be continued if mutually desired by the mother and her infant.

The World Health Organization currently promotes as a global public health recommendation that:

- Infants be exclusively breastfed for the first 6 months after birth to achieve optimal growth, development, and health.
- After the first 6 months, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to 2 years of age or beyond.

BREASTFEEDING IS HARD!

Hi there!

Congratulations on the arrival of your little one! My name is Amanda and I am the Wexford Front Office Lead. As a mom of a 4-year-old and a 1 year old, I wanted to share what I learned about breastfeeding with new moms... the things I wish I knew beforehand that might have made me much less stressed and more able to focus on my beautiful little baby.

Why am I sharing all of this? Not to scare anyone off but to inform, prepare and empower because if more women know the truth about breastfeeding, more will reach out for help, not label themselves a failure and know they are not alone in their journey.



BREASTFEEDING IS HARD!



My Story

I knew I wanted to breastfeed my children for at least a year and thought (naively) that I wouldn't have any issues. Unfortunately, with my first, breastfeeding didn't come naturally or easily for me. I have missed many hours of sleep, cried in frustration, cared for cracked, bitten and bleeding nipples, massaged out blocked milk ducts, felt alone and considered quitting.

My son, Zachary, had a poor latch. I had to use a nipple shield which made it impossible to even attempt to breastfeed outside the home. **He ate every 2-3 hours for the first 3 months for up to 45 minutes at a time which didn't leave much time for anything else.***



When I went back to work, my supply completely tanked even though I continued to pump for every missed feed. I took herbal supplements, drank disgusting lactation tea, ate lactation cookies, power pumped, you name it. At his 4-month appointment he was diagnosed with Failure to Thrive. It was like a physical blow; I cried my eyes out and felt like a complete failure. His weight

was monitored closely for the next 2 months and I'm sure the stress I put on myself didn't help matters. Suffice to say, I was a wreck. The doctors recommended that I nurse him for as long as he wanted to (so he was basically attached to me for hours on end!) and to increase the amount of milk given in his bottles while at daycare. His weight rebounded but not without some consequences.

Zach was what we call a "Happy Spitter". After every feeding you'd have to hold a burp cloth under his mouth because he would inevitably spit up, often huge amounts. After stool testing for milk intolerance, switching to a predigested soy-based formula for 2 weeks, and trying a prescription for Zantac with no improvement, I went back to breastfeeding (I had continued to pump every 3 hours during that time period to keep my supply up!). **Thankfully, he eventually grew out of it.***

Around the time Zach turned 7 months old, my freezer stash was depleted. No matter what I did, I couldn't keep up and I finally had to come to grips with supplementing. I know "Fed Is Best" but it doesn't make it any less devastating when I

Fun Fact: You count the length between feedings from the time when your baby begins to nurse — rather than when he or she ends — to when your little one starts nursing again. In other words, if your baby started eating at 1pm and nurses every 2 hours, he would eat again at 3pm, regardless of how long the 1pm session lasted.

Fun Fact: In newborns, the valve at the top of the stomach opens and closes very easily which makes spitting up a common occurrence. Most babies aren't fazed by spitting up but when the spitting occurs with discomfort, that's when it's classified as GERD and other steps to intervene are needed. That valve tightens between 6-9 months and the spitting usually stops.

BREASTFEEDING IS HARD!

had poured my blood, sweat and tears into breastfeeding exclusively. We ended up switching on and off formula from week to week. We'd give formula for one week and the following week he'd get the breast milk I had pumped during the formula week. This is how we continued until I met my goal of one year.

When Zach turned 8 months old, he started biting me. Hard. Jaw clenched and chewing. The first time he did it I was so startled I smacked him in the back of his head. He cried, I cried, it was horrible. I felt so guilty. For the next couple of nursing sessions, I was on pins and needles waiting for the searing pain. No matter what I did to dissuade his bad behavior, it kept happening. Finally, after he drew blood, I decided enough was enough. I stopped breastfeeding him and exclusively pumped for the last 3 months until he turned a year old. I was never so happy as the day I threw out my dying pump!

Fast forward to my pregnancy with my daughter. I flat out told my husband that if I ran into any of the problems I had when breastfeeding Zach, we were going to formula feed. I was not about to stress myself out to the point of depression again, not with a newborn and a toddler to care for. Actually, the only thing stopping me from formula feeding from the start was the cost. So, I said I'd try.

Wouldn't ya know she's a breastfeeding champ?! Savannah latched immediately and ate very well. She was back to her birth weight (plus a few ounces!) within 3 days of being discharged from the hospital. In fact, she

gained a pound a week for the next month! And instead of marathon nursing sessions, she's usually done within 10 minutes and only eats from one breast. I was so encouraged by her success that I made my first attempt at breastfeeding in public. It was stressful trying to figure out how to hold her and stay covered at the same time (I'm not brave enough to just whip it out, lol!) but after some doing, we did it. Now I breastfeed in public all the time with just a little bit of difficulty; it gets easier every time I do it.



Fun Fact: Afterbirth cramps are caused by contractions of your uterus as it returns to its pre-pregnancy size after you have your baby. For first-time moms, afterbirth cramping is usually mild because they tend to have better uterine muscle tone. But the cramping gets worse with each additional delivery because with each pregnancy, your uterus starts off more stretched out than before. Breastfeeding can jumpstart afterbirth cramps or make them more intense because your baby's sucking triggers the release of the hormone oxytocin, which in turn

That being said, while breastfeeding the second time around has been 100% easier than the first, we have had some problems... Right out of the gate, whenever I nursed her, I experienced the most severe abdominal cramping I've ever had. I've dealt with agonizing menstrual cramps since I was 10 years old, but those were nothing in comparison to these lying on the bed twisted in pain, breath stopping, tear inducing, gut-wrenching cramps I was now having. **They lasted for about a week postpartum and there was nothing to do but deal with them by taking deep breaths and gritting my teeth, and honestly, crying.***

BREASTFEEDING IS HARD!

Savannah was only a week old when she developed thrush.*

First we tried an oral medication for her 4 times a day and a cream for my nipples 4 times a day. The horrible tasting medicine made her spit up and I had to wash off the cream before I could feed her. Not ideal. After two weeks, I brought her back in and the paediatrician applied an antifungal called gentian violet to her mouth, gums and tongue. She looked like a purple-people-eater! I also applied it to my nipples (you can

imagine how that looked!) to stop the transfer of the yeast back and forth. It's supposed to be a one and done treatment. She was good for about a week and then it came back. This time she had it not only in her mouth but also developed a genital yeast infection. **And, I had it on my nipples.***

Yippee. I applied the cream I had been using on my now dry, flaking and cracking nipples to Savannah's nether region with disastrous results. Back to the pediatrician we went and learned that the cream was perfumed and contained dye to which she is allergic to. We switched to an ointment and continued with the oral meds which cleared it up after another week.

Fun Fact: "Nipple Thrush" can cause pain while you're feeding your baby, which may continue after the feed is finished, cracked, flaky or sensitive nipples and areola, areola that is red or shiny, or, a shooting pain, burning or itching sensations in one or both of your breasts, which may continue between feeds. FYI: Symptoms of nipple thrush do not include fever or redness of your breasts. However, these can be symptoms of mastitis which is defined as inflammation of the breast caused by an infection or a clogged milk duct. Antibiotics are needed to treat mastitis. If left untreated, an abscess, which usually requires surgical drainage, can develop. If you start experiencing flu-like symptoms with a fever of 101 or more, and then notice breast warmth, swelling, and redness along with pain and/or a burning sensation, call your doctor immediately.

Fun Fact: Thrush is a common and usually harmless fungal yeast infection in the mouth. Symptoms of oral thrush can include one or more white spots or patches in and around the baby's mouth and tongue. These may look white or cream-coloured, like curd or cottage cheese. You may see patches: on your baby's gums, on their tongue, on the roof of their mouth, and/or inside their cheeks. Unlike a leftover film of breast milk, the patches do not wash or rub off easily. The tissue underneath will be red and raw. It may also bleed a little. The patches may not seem to bother your baby. But if they are sore, your baby may be reluctant to feed.



BREASTFEEDING IS HARD!

Another issue I've experienced with breastfeeding the second time around has to do with my letdowns. It began a few weeks after I gave birth. Every time I had my first letdown while I was nursing or pumping, what can only be described as a wave or a rush of negative emotions comes over me. It's a horrible feeling that's very difficult to explain. I feel sick to my stomach and sad; totally defeated. It only lasts for a few seconds each time but it's been (and still is) bad enough that I started thinking something was seriously wrong. After posting in my mommy group on FaceBook, I found that there's actually a name for it. **D-MER stands for Dysphoric Milk Ejection Reflex.*** It is a physiological (not psychological!) response to milk release. D-MER is like a reflex. It is controlled by hormones and cannot be controlled by the mother. And while I was happy to find out I'm not crazy and making it up in my head, it's still something I struggle through on a daily basis. It's even worse when I have a letdown while pumping.

So there you have it. Breastfeeding Savannah so far has been a completely different experience than my year with Zach. Much, much better but not without difficulty. I went from expecting to turn to formula within a week of having her, to setting my sites on six months and now, I've made it over a year. I plan to continue nursing her until either she weans herself or my supply dries up. If I have learned one thing through all this, it's that breastfeeding is an unpredictable journey. One that can be affected by so many unforeseen circumstances other than the issues I've mentioned above; premature birth, inverted nipples, milk blebs, tongue and lip ties, engorgement, nipple injury, birth defects, milk oversupply, nipple confusion, nursing aversion... the list goes on. But I am so happy and proud of myself for coming as far as I have. I stand firm on the opinion that breastfeeding is by far and away the hardest thing I've ever done in my life, but I don't regret it at all.

Fun Fact: D-MER is a physiological, not psychological, response to milk release; a dysphoria a mother feels which comes on suddenly before letdown and leaves within 30 seconds to 2 minutes. Dysphoria is defined as an unpleasant or uncomfortable mood, such as sadness, depressed mood, anxiety, irritability, or restlessness. Etymologically, it is the opposite of euphoria. D-MER is like a reflex. It is controlled by hormones and cannot be controlled by the mother. She cannot talk herself out of the dysphoria. There are three intensities of D-MER that included mild, moderate and severe. For more information on D-MER, visit <https://d-mer.org/>



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