

# Common Myths About Breast/Chest Feeding

Myth	Fact
<p><b>Breast/chest feeding is complicated and painful</b></p>	<p>As with any skill, lactating parents and newborns may need time to learn how to breast/chest feed. Realistic expectations, commitment, and support from family and health-care providers help lactating parents as they learn.</p> <p>Lactating parents may experience discomfort in the first few days when they are learning to feed. Any pain that is more than mild should be evaluated and is almost always due to the newborn not positioned and latched effectively, or the newborns not sucking effectively, or both. Limiting feeding time does not prevent soreness. Strategies to help the newborn latch and feed effectively usually alleviate more severe pain.</p>
<p><b>The father/partner cannot be involved with the baby if lactating parent breast/chest feeds</b></p>	<p>There is plenty to do with babies besides feeding. Lactating parents are most likely to be successful when partners provide encouragement and practical and emotional support.</p>
<p><b>Breast/chest feeding “ties the mother/parent down”</b></p>	<p>A breast/chest fed baby is very portable. As lactating parents get comfortable with breast/chest feeding, babies can go anywhere. <a href="#">Welcome breast/chest feeding lactating parents everywhere</a> — not only is it their right to breast/chest feed, but lactating parents and babies will be healthier.</p>
<p><b>Breast/chest feeding ruins the lactating parent’s figure</b></p>	<p>Pregnancy and aging cause the most significant changes to women/people’s breast/chests. Breast/chest feeding is the normal transition from pregnancy. Exercise is healthy, also for lactating parents. There is no evidence that it affects the taste of human milk. Breast/chest feeding contributes to weight loss postpartum.</p>
<p><b>Parents cannot tell if their newborn is getting enough to eat</b></p>	<p>Many parents worry about how well their newborn is feeding or if they can produce enough milk. Most lactating parents produce more than enough milk. <a href="#">Offer information about responsive-cue based feeding, signs of satiation, and elimination patterns</a> so that they can determine how well their newborn is feeding. Encourage lactating parents to watch their babies rather than the clock. If there are concerns, help them find breast/chest feeding solutions.</p>
<p><b>Lactating parents should wash their nipples before breastfeeding/chestfeeding</b></p>	<p>Washing nipples before breastfeeding isn’t recommended. When babies are born, they are already very familiar with their own mother’s/birthing parent smells and sounds. The nipples produce a substance that the newborn smells and has ‘good bacteria’ that helps to build newborns’ own healthy immune system for life.</p>
<p><b>Lactating parents need to have a perfect diet to breast/chest feed</b></p>	<p>Like everybody else, lactating parents need to eat a balanced diet. In general, there is no need to change food habits. Newborns are exposed to their parents’ food preferences from the time they are in the womb. Human milk is the best food for the newborn even if the lactating parents diet is not perfect.</p>
<p><b>Lactating parents with flat or inverted nipples cannot breast/chest feed</b></p>	<p>Most lactating parents can breast/chest feed. Most nipples that look flat do not cause feeding problems. Support the lactating parent by placing the newborn in safe skin-to-skin contact at birth. Assess how well the newborn feeds. If the newborn has difficulty latching, provide skilled assistance and encourage hand expressing and, if necessary, pumping until the newborn is able to feed effectively.</p>
<p><b>Newborns with latching difficulties need to use nipple shields</b></p>	<p>With timely and ongoing access to lactation support and protection of the milk supply most dyads will go on to establish breast/chestfeeding. Many newborns not able to latch on in the first few days will latch once the milk supply has increased. Nipple shields are not routinely provided as they may impact the transfer of colostrum/milk, decrease overall milk supply and interfere with learning to latch effectively in the early days. Nipple shields should only be used after adequate time has been given to try other strategies. Ensure there is a feeding support care plan in place with close follow-up by the primary care provider. Refer to an IBCLC where available.</p>