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FOCUS ON PREGNANCY AND EARLY CHILDHOOD

A Natural Formula for Success

* With nowhere to turn for help, many women who want to breast-feed give up on it early, experts say. Now, some hospitals, consultants and even employers are trying to make it easier for new moms to get support.

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When Melody Wolfgram gave birth to her first and only child at 36, she was determined to do everything right, including breast-feed. She'd read the literature and knew how important it was for her baby's health. But what followed were two of the most stressful weeks of her life.

"I was a basket case. My breasts were hard and very painful. No milk was coming out. My baby was crying because she wasn't satisfied. I was tired from being up half the night with a newborn, recovering from a C-section and hormonal."

A hospital lactation consultant saw her once during her four-day stay and talked to her once at home on the phone.

"She kept telling me to go ahead and formula feed and pump after each feeding, which was pointless, because no milk came out," Wolfgram said.

Nonetheless, Wolfgram stuck with the unsuccessful--often tearful--feeding routine for two weeks, until finally, her mother and husband convinced her to give it a rest. Reluctantly, the San Juan Capistrano mother committed to formula but felt for a long time that she had somehow failed this important first step of motherhood.

Across the nation, the number of women who begin breast-feeding has more than doubled in the last three decades, from 25% in 1970 to 58% in 1994, according to the National Center for Health Statistics. That number may be as high as 64% today, estimates Ross Laboratories, a leading formula manufacturer.

However, like Wolfgram, almost half of those who start are no longer breast-feeding three months later.

Most of the drop-off occurs in the first weeks. One 1994 survey found that 73% of women in California who started breast-feeding when their baby was born had stopped within nine weeks. The survey was conducted by the Pregnancy Risk Assessment Monitoring System in cooperation with the national Centers for Disease Control and Prevention.

"Most women recognize that breast is best, but they aren't receiving adequate support to continue breast-feeding," said Julie Gazmararian, a health researcher with Aetna US Healthcare.

Gazmararian and a colleague reported in the May-June issue of the journal of Effective Clinical Practice on how education and support tie into the decision to breast-feed. They found that although education about breast-feeding during pregnancy was important, postpartum support was more critical to success yet far less commonplace.

"New mothers have few places to turn because breast-feeding has become a lost art in our country," said Corky Harvey, a lactation consultant and co-owner of the Pump Station in Santa Monica. "Our culture doesn't support it the way other cultures do. Many of today's mothers weren't breast-fed themselves. They have no role models. The family infrastructure of support that is prevalent in other countries where female elders help new moms doesn't exist here."

Doctors don't get much training on the subject, so they often aren't much help, leaving women to figure it out on their own.

"Often when I go to parties and people ask me what I do, the next thing they say is, 'I wish you'd been around when I needed you,' " said Harvey. Although more help is available than even five or 10 years ago--thanks to more hospital-based programs, accommodations in the workplace, better pumping products and the Internet--experts say we still have a long way to go.

Better support, said Debora Edmunds, the Los Angeles representative for Medela, the leading supplier of lactation equipment, was exactly what Wolfgram needed, and many other postpartum women need but have difficulty finding.

"She needed someone to sit with her, warm compresses to relieve her engorgement, soft music and more rest. Like a lot of moms, she was uptight and unsure," said Edmunds, who believes that with the right assistance Wolfgram could have had a better experience.

Although Wolfgram isn't convinced such help would have made her

breast-feeding successful, she knows it would have made a difficult situation easier.

"It would be nice to talk this through with someone knowledgeable who could say, 'If this doesn't work out, here's our game plan.' If I'd been better prepared for what could go wrong, I would have been better prepared emotionally for the disappointment."

Personal Choices Amid Public Changes

In 1997, the American Academy of Pediatrics came out with a strongly worded endorsement for breast-feeding and a policy statement recommending that women begin breast-feeding within an hour of birth and continue "as long as mutually desired" until the baby is at least 12 months old or older.

Studies have shown that breast-fed babies have fewer ear and other infections the first year of life, have a reduced chance of developing asthma and allergies, and bond more readily with their mothers. Breast milk is also custom formulated and chemically changes to meet the changing needs of a baby in a way that can't be reproduced in a laboratory.

Although most women are capable of breast-feeding, there are often personal reasons for not doing so.

For instance, certain breast surgeries, including mastectomy and breast reduction, as well as rare anatomical problems can prevent lactation. And if a mother must take medication that will pass through her breast milk and be harmful, or if she has an infectious disease, such as HIV, then formula is a healthier alternative.

Sometimes the reasons for not breast-feeding are psychological; for example, some women who've endured sexual abuse can't manage it, said Harvey.

Other women make practical considerations. As a physician who runs a Newport Beach mammography center, Elizabeth Pusey was well aware of the benefits of breast-feeding. She also knew that she had a hard time conceiving. After her first child was born, she wanted to try to get pregnant again as soon as possible. Because breast-feeding suppresses ovulation, making conception less likely, she chose to bottle-feed.

"I was a little concerned that there was something I wasn't giving my brand-new baby, to whom I wanted to give everything in the world, but we bonded so well and he was so healthy, that after a while my concerns went

away," she said.

Women who need to return to work after short maternity leaves also cite that as a major reason for not starting, or for stopping early. It's not that they don't want to breast-feed or can't but, rather, that they find the task of pumping and storing milk while at work too difficult to manage.

But physical, emotional and logistical problems aside, the No. 1 reason for breast-feeding failure in the U.S. is women not believing they have enough milk, said Harvey. They need a shot of confidence.

When Linda Hanna launched the lactation center at Cedars-Sinai Medical Center two years ago, she said the failure rates were "horrible." At that time, 81% of women came to the hospital planning to breast-feed, but by the time they left only 60% were. Now, 93% start out breast-feeding, and 91% go home still breast-feeding. More important, she said, they call and come back for support after they go home. Even the dads call.

Many major Southland hospitals now recognize the marketing value of offering in-house and outpatient lactation support and see it as a needed piece for the comprehensive maternal-child care package.

Such a center made a big difference for Adriana Rodriguez-Gudino, of Eagle Rock. When she had her first child five years ago at Cedars-Sinai Medical Center in Los Angeles, she received no breast-feeding support. The baby needed to stay at the hospital to receive antibiotics for three days after Rodriguez-Gudino was sent home.

Nurses bottle-fed the baby because Rodriguez-Gudino lived too far away to provide the every-two-hour feedings. When she came to take her baby home and start nursing her, the baby had gotten too used to the bottle to want to attach to her mother.

"My mother was living in Mexico at the time, and there was no one around to show me how to start, even though I really wanted to," she said. "The nurses encouraged me to stick with the bottle."

But last month, when Rodriguez-Gudino, 28, gave birth to her son, also at Cedars-Sinai, lactation consultants were on hand, she said.

"I want to do this for him, and I think this time I will be successful." Not only is her mother, who breast-fed her own children, now living nearby to offer support, but the second-time mother knows she can call the consultant at the hospital for help. She hopes to continue nursing when she returns in several weeks to her job in a furniture store.

As more women say they want to breast-feed after they return to work, progressive companies are offering lactation centers on-site. Pasadena lactation consultant Carol Ann Friedman has created a niche as a "corporate lactation specialist." Friedman has set up centers nationwide in offices of Sun Microsystems, AOL Netscape, Cisco and Apple. "These companies see the benefits of making Mom feel better about returning to work and of having Mom at work more often, because breast-fed babies don't get sick as often, meaning Mom misses less work."

"Today most families require two parents to work," said Brenda Bass, a Los Angeles pediatrician, "so the breast-feeding time gets cut short." However, she sees working moms who really want to keep breast-feeding come up with creative solutions. "They combine pumping at work, supplementing and breast-feeding a lot on weekends and evenings to make it work for them."

For those in doubt, Bass recommends they talk to other moms who've done it. Bass, the mother of two, serves as a role model. Though she was back to work three weeks after the birth of each child, she breast-fed both for six months.

Finally, insurance companies are ponying up to pay for consulting services, a benefit many mothers don't know is available, said Gazmararian of Aetna. Most lactation consultants charge from \$30 to \$40 an hour, an intimidating fee for many new moms, who'd rather buy formula than help. "It's not that the help isn't available, it's that women don't know it's available. If they do know, they don't know how to access it or that their insurance will cover it."

Some insurance companies will also help pay rental fees for breast pumps, which are the ticket to going back to work and to maternal freedom.

The Realities of Formula

Faced with increasing numbers of breast-feeding women, public support for that method of feeding and studies that say breast is best, women who choose not to breast-feed, or who stop short of a year, often wrestle with feelings of guilt. Others sometimes regard them as selfish or simply lacking in resolve.

"I felt like I always had to explain myself," Wolfgram said.

What these moms want to know is: What's so bad about formula?

As a neonatologist at Long Beach Memorial Hospital, Jose Perez is acutely concerned with what goes into the stomachs of the high-risk and premature infants he treats. And while he concedes that breast milk is best, he also realizes that it's not something every woman can or wants to do.

"When I talk to moms, I give them my speech about why they should breast-feed. I say, it's good for their [babies'] health, builds immunities, decreases rates of infection, guards against asthma and allergies, promotes bonding, helps your uterus contract and helps you get your figure back quicker. Plus it's cheaper and portable. I tell them all the pluses. And then I say, 'But if you decide this is not right for you, for whatever reason, that's OK.' Formula is pretty darn good, and it's getting better. If breast-feeding is a 10, formula is an 8.' "

Although that position angers staunch breast-feeding advocates, who will bombard women with statistics that would lead most to believe that giving a baby water would be preferable to formula, a closer look at the studies say otherwise.

"We need to temper the extremism," Perez said. "Any study that correlates only one factor of child development, such as breast versus bottle feeding, with one outcome, such as lower risk of infection, is fraught with problems."

One study, for example, recently touted that breast-fed babies had higher IQ scores than formula-fed children. "If you look at the study, the difference was only three to four IQ points," Perez said. "When you consider that women who breast-feed are often more affluent and more educated, this difference could be explained by the child's environment."

As for protection against disease, yes, breast milk passes the mother's immunities to her newborn, which formula can't. But, said Perez, that immunity protection only works for a couple of months until the baby starts making its own immunities. Which is why he and other experts say breast-feeding even for a short while is beneficial.

Bass agrees that some people come down too hard on women who bottle-feed. "Most children born in the '50s were bottle-fed and look at us," she said. "The evidence speaks for itself. Our role is not to lay judgment. I'd rather see a baby lovingly bottle-fed than the one begrudgingly fed from the breast."

Hanna concurs: "Our goal is not to insist that every woman breast-feed, but to support those who want to breast-feed to make that desire a reality."

Incidentally, neither Wolfgram's daughter nor Pusey's son, both now 7, seem to have suffered. Both are working above grade level, excel in sports and have never had an ear infection. "All that worry and look at her," Wolfgram said with a laugh.

Where to Go for Help

While pregnant, women often picture themselves breast-feeding looking as confident and serene as the mothers in a Mary Cassatt painting. But that's rarely the case--especially at first.

"Just because nursing is natural, doesn't mean it comes naturally," says lactation consultant Corky Harvey. The truth is, it can be painful, inconvenient and stressful, until women get the hang of it.

So before you grab a bottle, grab the phone.

- * Call the hospital where you delivered and ask whether it has a lactation consultant or whether it can refer you to one.

- * Call your pediatrician or obstetrician and ask the same question.

- * Call a friend or relative who has successfully breast-fed her child.

- * Call (800) TELLYOU for the hotline of Medela, the leading supplier of lactation equipment. If you type in your ZIP Code, you'll receive a list of lactation centers that rent equipment and provide support in your area.

- * Check your phone book for the nearest La Leche League chapter or for other breast-feeding support services in your area.

- * Check the Internet. Try <http://www.BreastfeedingTaskForLA.org>, a Web site of the Breastfeeding Task Force of Greater Los Angeles. Also <http://www.breastfeeding.org>, <http://www.breastfeeding.com>, <http://www.lalecheleague.org>, and <http://www.ILCA.org>, the site for the International Lactation Consultants Assn.

Breast-Fed Babies

Although many women intend to breast-feed their babies, almost half of them give up three months after the birth. In 1990-1993, 55% of the single babies born were breast-fed at least a short time. This is a look at the percentage of babies breast-fed within the first six months.

5 or more months: 51.1%

3-4 months: 8.6%

0-2 months: 40.3%

Source: U.S. National Center for Health Statistics

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Post-Baby Workouts

* Getting back in shape after delivery. S6

PHOTO: Adriana Rodriguez-Gudino, 28, of Eagle Rock nurses her son, Andrew, with daughter Diana, 5, by her side.

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