

Concept Explanations

This appendix describes in greater detail our understanding of each concept. The concepts are shown in bold font after the notes below, with the explanation of each following.

Notes about our use of language:

We use “mother,” “breastfeeding,” and “father” in this document.

La Leche League International (LLLI) recognizes that:

- although the vast majority of people who nurse their babies are mothers, not everyone identifies this way. We encourage those who do not use “mother” as their personal identification to think of this policy and standing rule in terms of the word they prefer as they read.
- some people do not use the word “breastfeeding” to identify the act of feeding their baby their milk from their bodies. While the word breastfeeding will be used in this document to describe that act, we encourage you to use the word that feels best to you.
- there are a variety of family structures. Not all families include a father; some include a partner, some include other family or friends as support, and some are composed of mother and child or children. Please use the word that works for you and your family.
- there are a number of other terms that can be used when discussing breastfeeding, the person who breastfeeds, and the person who supports them. We hope those who prefer other words will accept our need to use terms acceptable across many cultures and will think of this policy and standing rule in terms of their preferred language as they read.

Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby.

Breastfeeding provides a complete way of meeting a baby's primary needs, which include touch, acceptance, and warmth, as well as food. Every time a mother puts baby to breast, this whole complex of needs is uniquely and naturally satisfied. The intimate interaction between the pair deepens as the breastfeeding relationship continues, creating a reciprocal framework which both increases the mother's capacity to understand baby and enhances baby's responses. Prolactin, often referred to as the “mothering hormone,” is produced in response to the baby's suckling and further encourages sensitivity to the baby’s needs. Mothering through breastfeeding beautifully and automatically satisfies a baby’s primary needs all at the same time.

(Apr 94, rev Mar 19)

Alert, active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.

Alert and active participation in childbirth can influence what happens during the birth and can impact the initiation and establishment of breastfeeding afterwards. Minimizing drug use during the birth supports the initiation of breastfeeding and the baby's ability to nurse effectively immediately after birth. While some interventions, such as birth by cesarean, may be lifesaving, they also can significantly affect nursing in the early days. Having more information about the physiology of childbirth and its relationship to early breastfeeding provides a better idea of what to do in order to minimize the effects of any interventions.

(Mar 19)

Mother and baby need to be together early and often to establish a satisfying relationship and an adequate milk supply.

The term "early and often," rather than an arbitrary time limit, describes how the milk supply and breastfeeding relationship are most easily established. Frequent nursing in the first minutes, hours, and days helps bring in and regulate the milk supply more quickly. Milk removal, as related to feeding the baby on cue and not limiting feedings, helps increase the milk supply. As nursing continues, the hormones that are released during breastfeeding help to build connection and love between mother and baby. LLL recognizes that special circumstances can impose separation in the early weeks after birth, presenting challenges to the establishment of the breastfeeding relationship. Keeping mothers and babies together and encouraging nursing from birth reflects an understanding of how important "early and often" is to preventing future milk supply issues.

(Apr 94, rev Mar 19)

In the early years, the baby has an intense need to be with his mother which is as basic as his need for food.

Breastfeeding meets a baby's or young child's need for warmth, love, responsiveness, security, and nourishment and satisfies the baby's intense need for mother. A variety of circumstances can separate mother and child, including employment, education, health or medical issues, and cultural traditions. Even in these instances, breastfeeding provides a means for the nursing dyad to reconnect and for the baby to be reassured of the mother's loving presence. A baby's need for mother continues, yet changes, according to the individual child's growth and needs.

(Feb 85, rev Dec 2016, rev Mar 19)

Human milk is the natural food for babies, uniquely meeting their changing needs.

Human milk is a complete food containing all the nutrients in ideal proportion for optimal human growth. During breastfeeding, the composition of human milk changes to meet the changing needs of the baby. Human milk provides more than nutrition. Beginning as colostrum, it works with the infant's developing immune system to provide protection against a wide array of illnesses and allergens, a benefit that extends well beyond infancy. Human milk is easily digested and eliminated. Furthermore, the psychological effects of breastfeeding are invaluable: frequent opportunities for touching, holding, and eye contact serve as important stimuli for the child's development. Human milk is the unique and unduplicated food for babies. It is an important factor in the healthy development of babies and young children at all economic levels around the world.

(Apr 94, rev Dec 14, rev Mar 19)

For the healthy, full-term baby, human milk is the only food necessary until baby shows signs of readiness for complementary foods, about the middle of the first year after birth.

For the full-term, healthy infant, human milk alone provides optimal nutrition for growth and development until about the middle of the first year. Research has shown that exclusive breastfeeding for six months fortifies the baby's immune system against infection.⁽¹⁾ Every baby is unique, and so when deciding whether to introduce other foods and/or drink, it is important to focus on awareness of the baby's specific nutritional needs and signs of readiness, rather than upon the baby's age or outside factors.

Physiological and behavioral signs of readiness for other foods and drink generally include, but are not limited to, the following changes in the baby:

- ability to sit up unsupported, facilitating eating and swallowing
- loss of the tongue-thrust reflex and emergence of chewing patterns
- hand-to-mouth coordination, bringing food to the mouth in conjunction with the anticipatory opening of the mouth
- increase in the desire to nurse that does not subside after several days of intensive nursing.

A breastfed baby is accustomed to being in charge of how much to eat and recognizing the body's signals for hunger and satiety.⁽²⁾ By encouraging the baby to be actively involved in self-feeding and paying attention to signs that the baby has had enough, parents can help ensure continued self-regulation of food intake. If all other signs of developmental readiness are present but a baby exhibits gastrointestinal symptoms following the introduction of complementary foods, this may indicate that the baby is not quite ready to advance from exclusive breastfeeding, or may need a greater portion of human milk in the diet. The World Health Organization recommends continued breastfeeding as part of a mixed diet until two years of age or beyond.⁽³⁾

1 "Exclusive breastfeeding for six months best for babies everywhere," World Health Organization statement, 15 January 2011.

2 Li, R., et al. (2010). "Do Infants Fed From Bottles Lack Self-regulation of Milk Intake Compared with Directly Breastfed Infants?" *Pediatrics*: peds.2009-2549.

3 "Guiding Principles for Complementary Feeding of the Breastfed Child," World Health Organization, 2001.

(April 93,-Mar 19, rev Sep 19)

Ideally the breastfeeding relationship will continue until the baby outgrows the need.

Research shows that the value and importance of breastfeeding do not end at one year; the World Health Organization encourages breastfeeding for two years and beyond as desired. As a child matures, changing physical and emotional needs are increasingly satisfied through means other than breastfeeding. Natural weaning is the gradual end of the breastfeeding relationship and is usually initiated by the child after one year of age. Natural weaning ideally includes:

- sensitivity to the child's individual needs and readiness
- flexibility in responding to the unpredictable course of natural weaning
- understanding of and trust in the fundamental stages of a child's development.

(Oct 92, rev Mar 19)

Breastfeeding is enhanced and the nursing couple sustained by the loving support, help, and companionship of the baby's father. A father's unique relationship with his baby is an important element in the child's development from early infancy.

The father's role is not that of a mother substitute, but as a unique figure in the baby's life. LLL acknowledges that the primary support person for a mother may be a father, partner, another family member, or a close friend. The primary support person has an important role in offering valuable contributions and support in the new family. This support may include baby care activities such as: bathing, calming, holding, changing diapers, etc., and mother care activities such as: bringing the baby to be breastfed, ensuring healthy foods and plenty of healthy beverages are available, and other ways of supporting the breastfeeding relationship. It may also include verbally supporting the breastfeeding relationship to family, friends and healthcare providers, and meeting the needs of the mother for food, rest and encouragement so she is able to focus on nursing the baby.

(Feb 92, rev Mar 19)

Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.

Nutrition information and recommendations in *The Womanly Art of Breastfeeding* shall be considered the essence of our approach to the subject of nutrition. Recommendations in other La Leche League publications are also examples of the application of this approach.

(Feb 84, rev Dec 14, rev Mar 19)

From infancy on, children need loving guidance, which reflects acceptance of their capabilities and sensitivity to their feelings.

Loving Guidance is a form of positive parenting that research shows will support a child in growing to be a loving, caring, self-disciplined adult. Loving guidance reflects awareness of, sensitivity to, and respect for developmental needs, capabilities, and individuality. It uses discipline/teaching methods and attitudes that foster learning while maintaining the child's self-esteem. Harsh or restrictive physical or verbal methods, or a lack of parental attention, concern, or intervention are inconsistent with the philosophy and goals of the Loving Guidance policy.

(Oct 86, rev Mar 19)

Cross-references:

- Philosophy, La Leche League International: Available at: <https://www.llli.org/about/philosophy/>
- Appendix 1: La Leche League International's Philosophy
Available at <https://www.llli.org/leader-pages/policies-standing-rules/>
- *The Womanly Art of Breastfeeding* (most current edition)
- *Sweet Sleep* (most current edition)