

I first came to Fredericksburg with my family on a house-hunting trip, when my oldest daughter was 10 months old. We were preparing to move from California, due to my husband's transfer. Being a long time California resident, I was already a bit nervous about how my attitudes and beliefs might fit in here. One night, while eating a delicious dinner at the Riverview, my daughter needed to nurse a bit. I felt we accomplished it discretely, but a woman at the next table stood up and said, "That's disgusting! That baby has teeth!" None of the great comebacks that I thought of later came to me at that moment. I was dumbstruck that someone would criticize me for feeding my baby the best food there is, and for doing what the American Academy of Pediatrics (AAP) recommends for all infants. Now, I'm nursing my second baby, and I still find it interesting how people react to this most natural act.

Don't get me wrong. You won't see me breastfeeding my six year old as she takes a break on the soccer field! But I strongly agree with the AAP that, "it is recommended that breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired." The U.S. Department of Health and Human Services agrees, and the World Health Organization recommends breastfeeding for at least two years. Despite these recommendations, in the U.S., only 64% of women breastfeed in the initial postpartum period, and only 29% are still breastfeeding by 5 to 6 months. Of course, there are a few women who, for physical or emotional reasons, are not able to breastfeed, and I'm glad that there is adequate formula available for those few. But what I see day in and day out are women who know breastfeeding is best and want to do it, but weren't given the tools and the support to succeed and to stick with it.

There is overwhelming scientific evidence that breastfeeding decreases the incidence of sudden infant death syndrome, ear infections, diarrhea, pneumonia, meningitis, allergic diseases, insulin dependent diabetes, lymphoma and many digestive diseases. It increases IQ in babies (although I think it reduced my IQ by a few points—all those relaxation hormones). It also reduces the rate of breast and ovarian cancer, osteoporosis and obesity in women. Reduced illness in babies means less money spent on medical care and less lost wages for parents having to take off work. Breastfeeding saves our tax dollars and is good for our society for so many reasons. But what are we as a society doing to promote it? We need to be supporting breastfeeding on all levels: in the federal and state government, the workplace, hospitals, physicians' offices, public places and our private homes.

A 1999 federal law ensures a woman's right to breastfeed her child anywhere on federal property. There is a bill pending, introduced by US Congresswoman Carolyn Maloney, offering tax credits for employers who create a lactation location, purchase or rent breast pumps for employees, or otherwise promote breastfeeding. Minnesota (thanks, Jesse) requires employers to provide a (non-toilet stall) place for breastfeeding or pumping near the work location, and prevents discrimination against lactating employees. Connecticut and Hawaii

have similar laws. Virginia's only law on breastfeeding states that you can't be arrested for indecent exposure just for breastfeeding. How supportive is that? Our tax dollars buy formula for WIC to give out to lower income women instead of buying them a breast pump. Only in recent years have WIC tried to provide incentives for women to breastfeed.

In the 16 years since I started medical school, I have seen nurses' and physicians' knowledge about breastfeeding grow by leaps and bounds. But we have a long way to go. We have a unique opportunity in prenatal visits, the hospital after delivery, and those first well baby checks to deliver the message to women that "you can make the perfect food for your baby, and you will have enough." Mary Washington Hospital has wonderful lactation consultants that work with every new mom in the hospital and are available after discharge as well. Other resources are available in the community too, like Mother's Best, which offers home visits from a lactation consultant.

At a recent pediatric meeting, one of my colleagues mentioned how difficult it is for pediatricians to overcome the advice from older family members who often urge new moms to give the "starving" baby bottles of formula before her milk comes in. Unfortunately, I've seen many nurses and doctors recommend the same thing. This backfires immediately because the baby gets used to the ease of milk dripping from a bottle, and the mom becomes anxious about her milk supply, thus decreasing her milk supply, thus making the baby more frustrated. You can see the downward spiral that develops, and why 64% rapidly dwindles to 29%.

I try to get everyone to remember, the human species thrived for thousands of years before bottles and formula were invented! And since we are all more educated and have more resources than your average cavewoman, I'm sure that more than 64% of us could get this going. Of course, cavewomen could take their babies with them to work and nurse on demand. If we can overcome the major stumbling block of maintaining lactation while working, then we can far surpass that 29%. It's certainly worth the effort, considering the benefits to us all.

For more information, check out [The Breastfeeding Book](#) by Sears and Sears, [The Womanly Art of Breastfeeding](#) by La Leche League, and [Nursing Mother, Working Mother](#) by Pryor, www.lalecheleague.org (phone number 1-800 LALECHE), and www.4women.gov. Local resources include Mary Washington Hospital Lactation Center 741-4465; the Rappahannock area breastfeeding task force 24 hour help line 899-6121, Mother's Best 371-3004, and Breastfed Beginnings 371-4827.