

Resources for breastfeeding, breast milk during Covid19 pandemic
<https://www.who.int/docs/default-source/maternal-health/faqs-breastfeeding-and-covid-19.pdf?sfvr>
<https://ilca.org/wp-content/uploads/2020/03/Resources-for-Lactation-Supporters-Covid-19.pdf>
 Where to check if medications are compatible with breastfeeding
<https://apps.who.int/iris/bitstream/handle/10665/62435/55732.pdf;jsessionid=1788DD22AEEAA9C6F6104F1F41F15587?sequence=1>
 Hale, T.W. (2018). *Hale’s medications and mother milk*. Springer.

QUESTIONS	ANSWER
Feeding frequency and low bowel output	<p>Frequent nursing associated with low bowel output strongly suggest the need for evaluation of the baby’s weight, the mother’s milk supply, and the baby’s ability to remove milk from the breast. Scant bowel output during the first 5 days following birth, or delayed transition of bowel movements to yellow, warrant weighing the infant in a health care professional's office.</p> <p>Shrago LC, Reifsnider E, Insel K. The Neonatal Bowel Output Study: indicators of adequate breast milk intake in neonates. <i>Pediatr Nurs</i>. 2006;32(3):195-201</p>
Does my breastfed baby need EXTRA Vitamin D?	<p>All babies need vitamin D, not just breastfed babies. Formula fed babies get vitamin D in the formula. Some studies show that if mothers take very high levels of vitamin D supplements, the vitamin D level in their milk goes up. Most women don’t have high enough vitamin D levels to let them supplement their babies through their own milk though, so breastfed babies have to get it separately.</p> <p>Baby is at risk if: not given vitamin D supplement from the early weeks of life, She or he is born before 37 weeks of pregnancy or is born VLBW, born during seasons with little sunlight, if wrapped up most of the time. All infants and children should have a minimum intake of 400 IU of vitamin D per day beginning soon after birth (Retrieved from: <i>American Academy Pediatrics, 2008</i>)</p> <p>Infants are born with low vitamin D stores and are dependent on breast milk, sunlight or supplements as sources of vitamin D in the first few months of life. As the vitamin D content of breast milk is dependent on maternal vitamin D status and is often low, and sun exposure may be restricted for infants living at higher latitudes or for cultural or other reasons, infants are particularly vulnerable to vitamin D deficiency. Vitamin D deficiency in infants can lead to bone malformation (rickets), seizures and difficulty breathing.</p> <p>Current evidence suggests that vitamin D supplements may be effective in preventing rickets, particularly for infants and children who may be at higher risk due to limited sun exposure or those with darker skin pigmentation, however further research is needed before specific recommendations can be made.</p> <p>(Retrieved from: https://www.who.int/elena/titles/vitamind_infants/en/)</p>

<p>Informal breast milk sharing</p>	<p>Although informal breast milk sharing can benefit infants and families, it also carries potential risks. Informal breast milk sharing can either be community based or internet based. Understanding that individual circumstances may vary widely, the responsibilities of donor milk exchange remain with the donor and the parent(s) of the recipient infant who must consider both the known benefits of breast milk and the possible health and safety risks from exposure to medications or infectious diseases. Two important strategies: (1) medical screening of the donor and (2) safe milk handling practices can maximize the safety of community-based breast milk sharing. Internet-based breast milk sharing is not recommended under any circumstances. Physicians and other healthcare providers can help mothers and families evaluate the risks and benefits of informal milk sharing while making informed infant nutrition decisions. (Retrieved from: https://abm.memberclicks.net/assets/DOCUMENTS/ABM's%202017%20Position%20Statement%20on%20Informal%20Breast%20Milk%20Sharing%20for%20the%20Term%20Healthy%20Infant.pdf)</p>
<p>How long should a mother breastfeed?</p>	<p>The World Health Organization (WHO) Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production. Infants should receive nutritionally adequate and safe complementary foods at six months while breastfeeding continues for up to two years of age or beyond. (Retrieved from https://www.who.int/nutrition/topics/infantfeeding_recommendation/en/)</p> <p>Philippine Department of Health (DOH) Administrative Order (AO) 2005-0014: National Policies on IYCF was signed and endorsed by the Secretary of Health, adapting the WHO recommendation. (Retrieved from https://www.doh.gov.ph/infant-and-young-child-feeding)</p> <p>The American Academy of Pediatrics recommends breastfeeding for at least 12 months, and for as long as both the mother and baby would like. Most infants should drink only breastmilk for the first six months. Retrieved from https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/default.aspx</p>
<p>Progestin-only methods for breastfeeding mothers</p>	<p>Progestin-only methods, should be discouraged where is: 1) a young infant less than six weeks for progestin only, less than six months for combined, 2) existing low milk supply or history of lactation failure, 3) history of breast surgery 4) multiple birth (twins, triplets), 5) preterm birth, or 6) compromised health of mother and/or baby. Hale, T.W. & Hartmann, P. (2007). <i>Textbook of human lactation</i>. Hale.</p>
<p>If the infant Initiates sucking before attaching</p>	<p>Ask the mother to wait until the infant stops sucking, and then offer breast again. Because sucking is reflexive in the first few months, the infant may persist in the pattern without assistance from the mother. Genna, C. <i>Supporting sucking skills in breastfeeding infants</i> (2012). Jones & Bartlett.</p>
<p>Breastfed baby crying a lot while gaining well on mother's milk should baby shift to formula?</p>	<p>It's just as important to avoid the risks of formula (including hypoallergenic formula) feeding with a colicky baby as it is with one who is not colicky. True colic gets better with time, and often improving breastfeeding techniques will help. Newman, (Retrieved from: J. <i>Dr. Jack Newman's Guide to Breastfeeding</i>. (2015). Pinter & Martin Ltd)</p>