



Late-night breastfeeding advice

Susan Sutherland

A recent 40th birthday celebration for my first-born child brought a surge of reflection about the strong conviction with which I had entered motherhood. At the top of my motherhood “must do” list (which included the Lamaze method and homemade purées) was breastfeeding. I remember it as if it were yesterday.

Enter motherhood

I was elated, apprehensive, and exhausted when I arrived home with my first baby, Sarah. I also had a mission: I wanted to breastfeed. I had read *The Canadian Mother and Child*¹ and every available book on breastfeeding. I believed that if I were to bottle feed my baby, it would be a failure—my failure as a mother and a woman.

When we came through the door of our apartment my mother had dinner waiting for us, a wonderful offering of French onion soup. My husband, Fraser, and I were so grateful, as we were too excited to cook. For the first couple of hours everything went smoothly. Little Sarah nursed and slept; slept and nursed. Then around 10 o'clock that night, all hell broke loose! What transpired over the course of the next few hours that night remains a blur; however, I do know we tried everything to console Sarah but to no avail. She was practically glued to my breast (I subscribed to the “nursing on demand” theory) but the problem was that I did not seem to have any milk. Had my milk dried up? Why was she crying so hard? Why was I crying so hard? Was I a failure at the one thing I was sure I was going to ace—being a successful breastfeeding mamma?

I needed help. I called the lactation nurse at the hospital. It was after hours, so there was no answer. I called my mother to ask her what I should do. She stated matter-of-factly that our baby needed to be bottle fed. I, after all, had been bottle fed, and I turned out just fine. Even my husband dared to suggest that maybe I should consider feeding Sarah with the baby formula that was in the loot bag we received when we were discharged from the hospital. I refused. I was convinced that one sip of that milk would be the end of breastfeeding. I was beyond reasonable and so, in desperation, choking back tears, I called my family doctor.

My family doctor was a wonderful doctor. Unfortunately, it was 2 o'clock in the morning on a Saturday and he was not on call that night. I was put through to the duty doctor whose name I never caught because I could not stop crying; however, I do remember he had a calm, soothing British accent. Ascertaining that I was too distraught to talk, he asked me to put my husband on the telephone. What he instructed Fraser to do was the best medicine I could have ever received.

During their conversation, there was much agreement and nodding at my husband's end of the conversation. It was clear to the doctor that I was exhausted and distraught and the baby was both and also very hungry. The soft-spoken doctor invited my husband to listen carefully and follow his instructions to the letter. He indicated that the outcome would be positive and that all 3 of us would get a good night's sleep. My husband hung up the telephone and got to work.

First, he drew a nice warm bath. A candle was placed on the bathtub ledge; the overhead light was turned off and the candle was lit. The doctor had asked Fraser if I had enjoyed the occasional glass of wine or sherry when I was not pregnant. I did. A glass of sherry was placed on the ledge adjacent to the candle. I was invited into the bathroom and left alone to soak luxuriously while Fraser attended to the next order of business: feeding our starving baby. He took the formula-prepared bottle from the refrigerator and warmed it up; then cradled Sarah in his arms and began to feed her. She fell asleep instantly.

I was vaguely aware that I could no longer hear a crying infant. What I heard were the soothing strains of music coming from our stereo (another one of the doctor's suggestions). I was in heaven.

The next morning I felt calm and refreshed. I resumed breastfeeding that morning and never looked back.

The on-call family doctor gave us something priceless that night. His treatment plan was so simple, so elegant, so effective. I wish I had contacted him the next day to thank him; sadly, I never did. Better late than never. Thank you, Dr Neville Robinson.

The science of breastfeeding advice

A recently published prospective cohort study in Calgary, Alta, examined breastfeeding difficulties and risk of postpartum depression. The authors found the following: “In the final regression model, a negative support experience was a significant effect modifier of the relationship between breastfeeding difficulties and postpartum depression.”² They concluded that the “quality of breastfeeding support is important not only for breastfeeding promotion but also for maternal mental health.”²

Mrs Sutherland is retired from public health in Halifax, NS. She is the mother of 4 grown children, all of whom were breastfed.

Competing interests

None declared

References

1. Couture E. *The Canadian mother and child*. Ottawa, ON: Department of Health; 1940.
2. Chaput KH, Nettel-Aguirre A, Musto R, Adair CE, Tough SC. Breastfeeding difficulties and supports and risk of postpartum depression in a cohort of women who have given birth in Calgary: a prospective cohort study. *CMAJ Open* 2016;4(1):E103-9.