

## **Deconstructing Gerber: Why Industry Should Not be Giving Health Advice**

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I was recently interviewed by a reporter from WebMD. She was knowledgeable and pleasant to talk with, and wrote a nice article about a new research study on how the SSRI-class of antidepressants influenced a breastfeeding woman's milk supply. Since only 8 women in the study were actually taking the medication, the findings were not something that particularly worried me. And the resulting article was well-written and reflected that.

Imagine my surprise when I actually received the link to the article and found a slide-show imbedded right in the middle. It was entitled "Breastfeeding Hints and Hurdles." I thought "what a good idea. I'll take a look." What I found was an attractive slide show, with some accurate information. The problem was that there was enough inaccurate information to cause breastfeeding failure. And on the very last page, just in case failure occurred, there was an ad for formula. Did I mention that the slide was funded by Gerber?

In recent years, there has been a move throughout the health care industry to free health care from relationships with commercial companies. It is an idea I have always supported. But it is sometimes challenging for health care centers to implement having become accustomed to everything from free pens to continuing education to hospital equipment. But the Gerber slideshow is a great example of why these policies must be implemented. It does not make sense for a company to provide health information, in this case breastfeeding advice, when it is in their economic interest for breastfeeding to fail. It's a bit like cigarette companies funding anti-smoking campaigns.

Let me show you what I mean. The photographs are copyrighted, so I can't show them here. But I will do my best to describe them.

Photo Description	Text	Analysis of Text
Nice photo of a breastfeeding baby.	<p><b>Breastfeeding: It's Not Always Easy</b></p> <p>Breastfeeding benefits you and your baby but it does take a bit of know-how. Don't feel guilty if your breastfeeding experience isn't perfect at first. A breastfeeding educator -- and these tips -- can help you over some of the more common breastfeeding hurdles.</p>	Nice photo. And nothing too bad to start with. But why so negative? At the very least, it sounds intimidating. If a mother is not yet intimidated, all she needs to do is keep reading.
<p><b>Beautiful photo of a mother nursing a baby in a side-lying position</b></p>	<p><b>Breastfeeding ABCs</b></p> <ul style="list-style-type: none"> <li>• Awareness: Breastfeed whenever baby seems hungry. Watch for hunger signs like sucking noises, hands moving toward mouth, or baby turning toward your breast.</li> <li>• Be patient: Babies usually feed for 10 or 20 minutes on each breast.</li> <li>• Comfort: Prop up your feet, support your arms and head with pillows.</li> </ul>	The advice starts off well. I like Awareness. But 10-20 minutes per breast is iffy. Comfort is a good idea, but it's hard to tell from the text exactly what the mother is supposed to do (according to this instruction). It sounds pretty hard to do.
<p><b>Picture of a rolled white terrycloth towel</b></p>	<p><b>Soothing Sore Nipples</b></p> <p>To soothe sore nipples, use warm moist compresses, rub a bit of fresh breast milk on your nipples and</p>	Warm compresses for sore nipples? Really? Lanolin is OK, as long as the reason for soreness is addressed. But here's where it gets bad. First, nipple pain as

	<p>then let it dry, or dab on a bit of lanolin made for breastfeeding. A little pain and tenderness is normal at first. Pain usually goes away once you find a good breastfeeding position and baby latches on comfortably. Be sure to see your doctor if soreness increases or lasts several weeks.</p>	<p>normal. At least they only said “a little.” But “be sure to see you doctor if soreness increases or <i>last several weeks.</i>” [emphasis added] How many mothers would still be breastfeeding?</p>
<p><b>Photo of a pacifier and bottle nipple</b></p>	<p><b>Avoid Nipple Confusion</b></p> <p>Nipple confusion occurs when a baby is bottle-fed too soon, and then forgets how to nurse on mom’s nipple. It’s not very common, but you can easily avoid it. If you’re planning on introducing bottles or a pacifier, wait until baby is between 2 to 4 weeks old. But don’t wait too long after that to introduce a bottle or you may have trouble getting baby to accept one.</p>	<p>Introducing a bottle or pacifier between 2 and 4 weeks old? What happened to American Academy of Pediatrics’ advice to wait at least 4 weeks? And don’t wait too long or they won’t accept one? Why are they assuming that this is the goal?</p>
<p>Picture of an obviously jaundiced breastfeeding baby</p>	<p><b>How Often Do Babies Nurse?</b></p> <p>Newborns should nurse every two to three hours, according to the American Academy of Pediatrics. That’s eight to 12 times in 24 hours.</p> <p>Baby may feed from both breasts during one nursing session. And you can switch from side to side to avoid exhaustion. Baby is</p>	<p>OK, they’ve got the 8-12 times/day right. But every 2-3 hours? What about when babies cluster feed, such as in the evening?</p> <p>Switch from side to side to “avoid exhaustion”? Whose exhaustion and how does that help avoid it? “Baby is full when sucking has slowed”? Is that true for the jaundiced baby in the photo or is he simply falling asleep because he is jaundiced? And decreasing feedings to 7-9 times a day after</p>

	<p>full when sucking has slowed or he turns away. After the first month, feedings may start decreasing to seven to nine times a day.</p>	<p>the first month? Says who? What if a mother has a small storage capacity and her baby needs to be fed more often? Unfortunately, mothers who follow this advice wonder why their supply has suddenly dropped. Good thing there is a coupon for formula!</p>
<p>Baby sleeping on her side with a pacifier</p>	<p><b>Should You Wake Baby to Nurse?</b></p> <p>Yes, in the first weeks. Newborns need to nurse about eight times a day, with no more than four hours between feedings. To help baby wake, try removing blankets, changing baby's diaper, massaging baby softly, or placing your little one against your skin.</p>	<p>So now we are back 8 times a day, but "no more than 4 hours" sounds a bit severe, as does this regimen.</p>
<p>A baby sleeping at the breast with a very uncomfortable-looking mother (elbow out to the side like a chicken wing)</p>	<p><b>Should You Use Both Breasts?</b></p> <p>After breastfeeding for a few weeks, start letting baby drain one breast before switching to the other. The reason? There are two types of milk during each feeding: the thinner, thirst-quenching fore milk, followed by the creamier, fat-rich hind milk. Your baby needs both. If baby finishes only the first breast during a feeding, offer the other breast at the next feeding.</p>	<p>OK, this isn't too bad.</p>
<p>Baby on a baby scale</p>	<p><b>Is Baby Drinking Enough?</b></p> <p>So long as your baby is</p>	<p>The pound a month is good. Nursing every 2-3 hours, not so good (better to say 8-12 times/day so there is room for cluster</p>

	<p>gaining about a pound a month, nursing every two to three hours, and has about six to eight wet diapers a day, you can feel sure your little one's eating all she needs. Good news: By the second month, some babies no longer need night feedings, and may even sleep through the night.</p>	<p>feeding). But after that, it gets bad again. 6-8 wet diapers assure mothers that your baby is getting enough? Wet diapers tell you next to nothing? What about stools? And "good news," by month 2, "some" babies no longer need to eat at night. What about all the poor babies who do?</p>
<p>Close up of baby at breast</p>	<p><b>Suddenly You're Nursing More</b></p> <p>Babies have growth spurts when it'll seem like you're nursing 24/7. Don't worry - - not only will your body produce more milk, but these super hungry periods are temporary. Growth spurts usually hit around baby's second week, then again at two, four, and six months. More good news: Most babies are ready to try solid food between four and six months.</p>	<p>The discussion of growth spurts is OK. But the timing is a bit off for many babies. But major health organizations, such as the World Health Organization and the American Academy of Pediatrics, no longer recommend introducing solids before 6 months of age. "4-6 months" is out of date and no longer accurate.</p>
<p>Mother wearing a baby while shopping for produce</p>	<p><b>Does Your Diet Affect Baby?</b></p> <p>What you eat affects your breast milk, but usually not as much as most new moms think. Generally you can eat and drink what you enjoy, so long as you strive for a healthy, balanced diet. But steer clear of very spicy or gas-producing foods, and watch for allergy symptoms in baby -- which should appear in the first</p>	<p>The advice about a healthy diet is OK. But advising moms to steer clear of spicy or gas-producing foods is pure breastfeeding myth.</p>

	four to six weeks.	
And perhaps the most telling picture of all. An older baby sitting on a man's lap, facing out, with the man bottle feeding while working on the computer	<p><b>Bonding Without Breastfeeding</b></p> <p>Breastfeeding is just one way to bond with your baby. The connection between parent and child grows every time you hold and cuddle your infant, each time you talk and sing to him, and with every bath and playtime. If mom plans on pumping for use in bottles after two to four weeks, others can do baby feedings, too.</p>	<p>It's certainly true that parents can do lots of things besides breastfeed to bond with their babies. But why show a picture with such an uninvolved adult? And why imply that breastfeeding mothers need to pump so someone else can feed the baby with a bottle <i>after two to four weeks</i>? Can we at least wait until her milk supply is established—or longer? Why not talk about the other ways non-breastfeeding parents can bond?</p>

At the end of this slide show purportedly about breastfeeding is an ad with coupons for Gerber infant formula, information on bottle-feeding, and link so readers can forward this “health information” to others. To me, the tactics of the formula companies are nothing new. Lactation consultants encounter them all the time.

But I'll tell what I did find concerning: finding this slide show on WebMD. Consumers come to this site expecting to see evidence-based, impartial information--and this is anything but. True, they did clearly post that this was slide show was funded by Gerber. But new parents, the very ones most susceptible to this campaign of misinformation, may not realize the significance of that, and may take as gospel the advice that may very well derail their efforts to breastfeed their babies. And that, to me, is the real shame in this.