

March 4, 2011

XxxxXXXXXXXXXXXX,
390 XXXXXX Street,
Toronto, MxX XxX
Fax: (416) 555-5555

Xxxxx XXXXX
Date of birth: mm jj, AAAA

Dear Ms XXXXXXXXX,

I am writing this letter at the request of XXXXX's mother, XXXXX XXXXX, to help clarify the issue of XXXXX's father's access rights to him which is tied in with the question of continued breastfeeding of this child. XXXXX XXXXX, XXXXX's father, wants XXXXX to stay with him two nights overnight in a row with him on a regular basis. He also wants to be able to take XXXXX away for four-night weekends. I do not believe that such an arrangement is in XXXX's best interests, as it will very much interfere with the breastfeeding relationship.

I acknowledge that I have heard only one side of this story and that is the mother's. I should mention that I have not met the father and neither XXXXX, the child nor the mother are my patients.

I do not know anything of the reasons for the breakdown of the marriage. In any case, the question I will address here is, not of fault, but rather of the value of the breastfeeding relationship and the value of the breastfeeding relationship for a child of 19 months of age and over remains the same for *any* child.

Ms XXXXX states that XXXXX presently wakes up in the night. Not always, but about 50% of the time. These night wakings may occur several nights in a row. This behaviour is consistent with the behaviour of many breastfeeding children this age. As well, Ms XXXXX states that after XXXXX returns from an overnight visit, she finds XXXXX clingy, and she must also work to re-establish her milk production. This information is consistent with my understanding of and experience with breastfeeding toddlers. I should point out that if the child wakes up now, this behaviour will probably continue for some time and will not necessarily stop if XXXXX is forced to wean from the breast (as a four night, or even two night separation may cause). It is important to note that most breastfeeding babies this age do not wake up for food, but rather for the security and closeness that breastfeeding provides and spending time away from her mother can be very unsettling, even traumatic, and longer separations as the father is asking be granted, can unsettle XXXXX even further. Why the father would want overnight access for a child who wakes in the night is difficult to understand, though I would guess he is either not aware of the night waking, or believes that the behaviour will stop if the child is weaned or adapts to the separation. However, I have already heard of several fathers who, granted overnight access in just such a situation, brought the child back to the mother in the middle of the night, precisely because the baby would not settle and go back to sleep and the child cried ceaselessly. Such a change in the child's situation, especially a breastfeeding child, for a child who receives so much comfort and security from the breast can be extremely difficult. Even if the child did not wake at 19 months, the trauma of not breastfeeding will often result in the baby starting to wake again or more frequently in the night.

There are those who argue that there is no value in breastmilk after the first six months or a year, and this is said even by many who should know better, physicians, and worse still, paediatricians. Breastmilk is still the best milk for children not only of 19 months, but also of 3 years, or older for that matter. It still contains the *appropriate* protein, fat and carbohydrate for the baby's developing needs. The long chained polyunsaturated fatty acids which are contained in breastmilk, but not in

cow's milk or formula (until recently, and the value of adding them to formulas has not been proved), have been shown to aid in the development of the child's brain, and possibly to protect against later heart disease amongst many other health benefits. The antibodies and multiple other immune factors that help resist infection are still there, some in greater quantities than just after the birth of the baby. The various trophic factors (factors which stimulate the development of various organ systems) are still present in the milk. Trophic factors present in breastmilk aid in the maturation of the brain, the gut, and the immune system, as well as other systems. Studies show that children who are breastfed a year or so do better in school and on cognitive tests, are less likely to get infections and are more stable psychologically, this latter point needing emphasis. Most studies have not followed children much longer than a year (though there are *some*), but there is no reason to believe that the huge benefits of breastfeeding stop at one year, just because the studies stopped following the children at 1 year. For these reasons, continued breastfeeding is important and the needs of the child should be considered in any decision about access.

A mother who breastfeeds a child of 19 months of age or older is often accused of “doing this only for herself”, whatever that is supposed to mean. I suppose there is some sinister suggestion contained therein that mothers are breastfeeding for some sexual satisfaction. Such is our society's lack of understanding of breastfeeding that such a statement can be made seriously! Such is our society's messed up notion of sexuality that such a statement would not provoke outright laughter! But it is frequently seriously made, often in the context of parental separation and custody battles, and too often believed. Mothers breastfeed older children because they know it's best for their child, and that's the reason. They may also do so because they understand the trauma that forced weaning of a toddler causes. In our society where breastfeeding a child even over 3 or 4 months of age is something not always encouraged, indeed, often looked upon with disdain or even disgust, the mother's dedication and love for her child is what keeps the breastfeeding relationship going. And it's not always easy to breastfeed a 19 month old, as much as it can be satisfying for both mother and child. This is due partly because of society's disdain, but also because nursing children of such an age often wake in the night, often frequently.

Frequently, a father will state that the child sleeps well when not with the mother, even though the mother will state that the child usually wakes during the night to breastfeed. This is not surprising, but does not represent, necessarily, a step forward for the child, in the sense that many people believe—that the child is becoming more independent. On the contrary, the child is often frightened, and obviously will not ask for the breast because he knows he won't get it (babies know a lot more than we give them credit for). Indeed, such non-waking nights are usually followed by a compensatory *increased* waking when the child is back with the mother, and the child is even more clinging than before, as Ms Xxxxx states. Independence does not come from decreasing security, but by increasing security. It was recognized many years ago that children kept alone in hospital, not allowed visits from their parents, quickly learned not to protest and became “very good” patients, lying in bed quietly, sucking their thumbs and allowing procedures to be done to them. I am not suggesting that a child alone in hospital is comparable to the situation in the father's house; only, that “good behaviour” is not necessarily good.

Breastfeeding is a rock of security for a child, especially when there is tension in the family. It gives the child a sense of stability when his world has been turned upside down.

A child needs his father, even at 19 months of age, and I am not in any way suggesting that the father not have *appropriate* access, but forcing the child to stop breastfeeding (even if the demand is not explicitly stated) and having Xxxxx for a whole weekend is not in the interests of the child. However, surely some sort of arrangement can be made which allows the father reasonable access without interfering with the breastfeeding relationship. Any access arrangement that results in disturbing or ending the breastfeeding would not be appropriate. Even occasional overnight

separation for a child who wakes during the night to breastfeed is not appropriate in my opinion, even if he doesn't wake up at the father's house. It is, in my view, in the best interest of the child that both parents support or facilitate the continued breastfeeding relationship.

I would point out that UNICEF, in an official statement, encourages mothers to breastfeed *exclusively* for around 6 months, and then to continue to 2 years *and beyond*. The American Academy of Pediatrics in January of 2004, issued a statement on breastfeeding urging continued breastfeeding to 1 year and then for as long as the mother and child desire *with no upper limit*, a reiteration of their statement of 5 years before. Health Canada has come out in 2005 with a statement re-emphasizing the above. Here are Health Canada's exact words:

“Exclusive breastfeeding is recommended for the first six months of life for healthy term infants, as breastmilk is the best food for optimal growth. Infants should be introduced to nutrient-rich, solid foods with particular attention to iron at six months with continued breastfeeding for to two years and beyond”.

At this moment, Health Canada and the Canadian Paediatric Society are in the process of revising their infant feeding statement, with the statement being even stronger on the issue of continued breastfeeding to two years and beyond.

If you require any further information, please feel free to contact me. I can be reached at voice mail at the Hospital for Sick Children (416) 813-5757 (option 3) or at the Newman Breastfeeding Institute and Clinic (416) 498-0002 or breastfeeding@ccnm.edu or by personal email at drjacknewman@sympatico.ca

Yours truly,

Jack Newman, MD, FRCPC