



# BREASTFEEDING MYTHS

Resource Guide

Disclaimer:  
We try to be inclusive of all people in our materials. It is our goal to use gender inclusive language when possible. Please know that all references to breastfeeding are meant to be inclusive of all breastfeeding, chestfeeding, and human milk feeding individuals.





# Common Breastfeeding Myths

Breastfeeding is a special bonding experience for you and your baby. It can be frustrating when you receive wrong or false information about breastfeeding. In this resource guide, we will share common breastfeeding myths and provide you with the facts you need to feel confident in your breastfeeding journey.

## What is a myth?

A myth is a story or idea that is not based on facts or science. Often ideas are passed around between friends and family members and may have been believed to be true for a long time. However, when science no longer supports an idea, it becomes a myth. One thing to keep in mind is that someone else's lived experience may be true, but that does not mean that it is true for everyone. At WIC, we provide science-based breastfeeding information to support your goals. When someone says, "That's a myth", they mean it is something people might think is true but is not.

## Have you heard any of these breastfeeding myths?

- ▶ Breastfeeding will hurt
- ▶ Breastfeeding will change the shape of my breasts or make them sag
- ▶ Small breasts do not produce as much milk as large breasts
- ▶ Many breastfeeding parents cannot produce enough milk
- ▶ You must stop breastfeeding if you are sick or taking medications
- ▶ Certain foods, nutritional supplements, and beverages will help you produce more milk
- ▶ You need to eat a perfect diet or avoid certain foods to breastfeed
- ▶ You cannot drink alcohol if you are breastfeeding
- ▶ Breastfeeding will help you lose weight or get you back to your pre-pregnancy body
- ▶ You need to set a timer to monitor the length of time your baby is breastfeeding
- ▶ Breastfeeding will spoil your baby and make them too attached
- ▶ Your partner will feel left out if you breastfeed
- ▶ If you are breastfeeding, you cannot get pregnant

You may have heard some of these before. They are common concerns we hear from many of our families- and they are all myths! Let's talk more about each one.

# Myth: Breastfeeding will hurt

**Fact:** While it is normal to experience some discomfort in the early weeks, breastfeeding should not hurt. Some parents may feel slight pain, pulling, or tugging when the baby latches on the breast that lasts a few seconds. If breastfeeding is painful for more than a few seconds, your baby may have a shallow latch and only be sucking on your nipple.

If you are having any of the symptoms below, reach out to your local WIC office, a lactation consultant, or your healthcare provider for support:

Intense stabbing or pinching pain while breastfeeding	Pain lasting the entire time you are breastfeeding
Nipple pain even when not breastfeeding	Nipple damage like blisters, bleeding, bruising, cracks, rash, or a bright red color

These tips can help keep your nipples healthy during breastfeeding:

- Watch your baby** Recognizing early hunger cues can make it easier to latch your baby when calm
- Feed often** Feeding your baby often helps build your milk supply, prevents your breasts from becoming too full, and making it harder for your baby to latch
- Check your position** Hold baby close to your body with their tummy facing your tummy and make sure their neck, shoulders, and hips are aligned, or in a straight line
- Get a deep latch** A deep latch goes beyond the nipple.

Once baby is in the right position, here are the steps to get a good, deep latch:



Tickle baby's lips with your nipple- this helps baby open their mouth wide.

Aim your nipple just above the baby's top lip. Make sure the baby's chin is not tucked or touching their chest.

Baby should lean into the breast chin first then latch. Baby's tongue should be extended and your breast should fill their mouth when they have a deep latch.

For more information on latching your baby refer to our module, "Benefits of Breastfeeding-Position and Latch"

## Myth: Breastfeeding will change the shape of my breasts or make them sag

**Fact:** Many parents believe breastfeeding will change their breasts. **These changes happen whether or not you decide to breastfeed and are related to factors like pregnancy, age, gravity, smoking, and weight gain or loss.**

### These are normal breast changes during pregnancy:



**1st trimester** - Your breasts feel tender, fuller, and become bigger. You will start to see veins on your breasts because the skin starts to stretch and there is an increase of blood in your body.



**2nd trimester** - Your areolas (the skin around the nipples) become larger and darker, and little bumps that look like pimples called Montgomery glands will start to form on them, which release a clear oil that smells like amniotic fluid. These changes make it easier for baby to find your breasts when they are born. Your body also starts making colostrum, or your first milk, as soon as 16 weeks of pregnancy



**3rd trimester** - Your breasts become larger, and your nipples may become darker. Some parents get stretch marks on their breasts because of this fast growth and that is normal.

### Here are some common breast changes breastfeeding parents experience:

Between day 3 and 4 after birth, your breasts swell and feel fuller because your milk is transitioning to mature milk

Your breasts and nipples might become more sensitive as hormones during pregnancy start to return to normal after delivery

At about 3 months, your breasts may feel softer compared to when you began your breastfeeding journey

## Myth: Small breasts do not produce as much milk as large breasts

**Fact:** Breast size does not determine how much milk your breasts will make. However, “storage capacity” is the maximum amount of milk available in the breast when it is the fullest. Storage capacity is determined by the amount of milk-making breast tissue you have and is not related to the breast size. The breast storage capacity depends on how long it takes for the individual’s breast to become full. A parent with a smaller breast storage capacity may become fuller sooner and need to feed more often. However, a parent with a larger breast storage capacity will take longer to fill up. This is why nursing families can have different feeding rhythms with their babies. Parents with small or large storage capacities can make plenty of milk for their babies.



## Myth: Many breastfeeding parents cannot produce enough milk



**Fact:** Some parents worry they are not making enough milk for their baby, as it is hard to tell how much milk your baby is getting when breastfeeding. The good news is most people produce the amount of milk their baby needs!

### Did you know?

Babies do not feel hunger before birth! In the beginning, your baby will only need small amounts of milk and will feed often. Your body knows what to do and will produce small amounts of milk that gradually increase within the first few days. The more you breastfeed during the first few weeks, the better your body will be at making milk.

### How to Prevent Low Milk Supply

- Breastfeed at least 8-12 times in 24 hours, including at least one time during the night
- Follow your baby's hunger cues
- Avoid going too long in-between feedings
- If you need to be separated from baby, express milk with your hand or a pump
- Feed only breastmilk if you can. Supplementing with formula can decrease the number of times you breastfeed and decrease your milk supply

## Let's talk about what low milk supply really is and how to prevent it.

### Signs of Low Milk Supply

#### Baby is not gaining enough weight

It is normal for babies to lose up to 7% of their birth weight after the first few days after birth. However, babies should be back to their birth weight between days 10 and 14, and usually gain between 4-8 ounces each week for the first 4 months.



#### Low number of wet or poopy diapers

Babies should have 1 wet diaper for every day of life and 2-3 poopy diapers every 24 hours until day 5 or 6. Then they should have 6-8 wet diapers and 1-2 poopy diapers every 24 hours. As babies get older, it is normal for their poopy diapers to decrease. See the chart on the next page for normal diapers.



# Normal Diapers

Baby's Age	Wet Diapers in 24 hours	Soiled (Poop) Diapers in 24 hours
Day 1	1, pale color	At least 1, black, tarry/sticky
Day 2	2-3, pale color	At least 2, green/black
Day 3-4	3-4, pale color	At least 3, green/yellow, soft
Day 4	4-6, pale color	At least 3, yellow/seedy, soft/liquidly
Day 5-6 Weeks	6+, pale color	At least 4, yellow/seedy, soft
6 weeks-6 months	6+, pale color	Frequency of stooling may slow down to 1 every day or every few days, yellow/seedy, soft
6 months and older	6+, pale color	Frequency, smell, texture, and color of stool may change with introduction of solids

Parents with a history of thyroid or hormone issues, breast surgeries, retained placental fragments, polycystic ovaries syndrome, diabetes, gestation diabetes, extreme blood loss, or birth trauma, may be at a higher risk of low milk supply



Parents of babies who have medical conditions that make latching difficult can have an increased risk of low milk supply

If you are concerned with signs of low milk supply, reach out to your local WIC office, a lactation consultant, or your healthcare provider for support with breastfeeding concerns and questions.

## Myth: You must stop breastfeeding if you are sick or taking medications

**Fact:** In most cases, you can continue breastfeeding when you are sick or taking medication. Always follow the instructions on the container on how to take the medicine and **check with your healthcare provider to make sure the medication is safe for breastfeeding.** While almost all medications pass into human milk, it is only in very small amounts.



When taking medication, watch for signs of possible drug reactions in your baby, such as sleepiness, rash, diarrhea, or increased fussiness. Call your baby's healthcare provider if you see any of these changes. Breastfeeding through common illness even if medications are not needed, antibodies pass through your milk to help your baby fight off illness.

## Myth: Certain foods, nutritional supplements, and beverages will help you produce more milk

**Fact:** Milk production is driven by supply and demand. This means the more milk removed (demand) from the breast by breastfeeding, pumping, and hand expressing, the more milk your body will make (supply). While staying hydrated is important, and you may feel thirstier if you breastfeed, there is no evidence that drinking more water will increase your milk supply. Drink to thirst or when you are thirsty and choose water as your main beverage. **Some foods, supplements, and drinks commonly thought to increase milk supply include:**

- Oatmeal
- Coconut oil
- Brewer's yeast
- Fenugreek
- Milk Thistle
- Milk
- Sports drinks
- Water



However, there is **NOT enough scientific research to support these claims.** **The key to increasing milk supply is increasing the number of times you remove milk from the breasts.**

## Myth: You need to eat a perfect diet or avoid certain foods to breastfeed

**Fact:** You do not need to eat the perfect diet to breastfeed! You can eat your normal diet while still successfully breastfeeding. However, it is important to eat various foods to provide your body with the nutrients it needs to support you and your baby. Your nutrition needs will be different than they were in pregnancy, and different than what they were before that.



 **To learn more about a personalized meal based on your sex, age, weight & height, and activity levels go to [MyPlate Plan](#)**

You also do not need to cut out foods you enjoy because you are breastfeeding. Have you heard of avoiding any of these foods when breastfeeding?



Spicy or strong-flavored foods like garlic



“Gassy” foods like broccoli, cauliflower, cabbage, or beans



Acidic foods like citrus or tomatoes

Some people say these foods can change your breastmilk or make baby fussy, but that is not true. If you have a family history of food allergies or have allergy concerns for your baby, speak to your healthcare provider.



### Did you know?

The foods a breastfeeding parent eats changes the flavor of their milk. Breastfeeding babies get exposed to these different flavors which increases the likelihood they will be more willing to try and eat a variety of foods as they get older.

## Myth: You cannot drink alcohol if you are breastfeeding

**Fact:** Not drinking alcohol is always the safest option for breastfeeding parents. However, moderate alcohol intake is not known to be harmful to the baby. Moderate intake is defined as 1 drink per day, and best practice is to wait at least 2 hours after a single drink before breastfeeding.



Alcohol intake above moderate levels can impair a parent’s judgment and ability to safely care for their baby and can also pass through breast milk, which could be damaging to the baby’s development, growth, and sleep patterns.

### What about “pumping and dumping”?

This does not reduce the amount of alcohol in human milk more quickly. The alcohol levels in human milk are the same as they are in the bloodstream. Time is the best way to lower alcohol levels from the bloodstream, which will also lower levels in human milk. If you need to remove milk before 2 hours after having a drink, you can choose to discard the expressed milk.

Another option is to express milk ahead of time if you know you will be drinking more than a moderate amount of alcohol and will need to wait more than 2 hours before feeding again.

## Myth: Breastfeeding will help you lose weight or get you back to your pre-pregnancy body

**Fact:** Weight loss during breastfeeding is different for everyone, and studies have shown no significant difference in weight loss between breastfeeding and non-breastfeeding parents. Just like it took time for your body to change during pregnancy, it will take time to change after! It is important to be kind to yourself. During this time, focus on bonding with your baby, eating balanced and tasty meals, and finding joyful movement. While breastfeeding may not help with weight loss it does have many other health benefits for the parent and child.



## Myth: You need to set a timer to monitor the length of time your baby is breastfeeding

**Fact:** Responsive feeding is where you pay attention to your baby's cues and is the best way to know when and how long to feed your baby. Learn your baby's hunger and fullness cues and let them feed when they are hungry and until they are full. The amount of time they feed changes often. It is normal for some feeding sessions to be long and for others to be short. If they are at the breast, but do not seem to be feeding, it is okay to unlatch and check if they are done. Watch for your baby's fullness cues instead of the length of their feeding session.



### Hunger cues

Rooting or turning the head looking for the breast

Smacking lips

Tight or clenched fists

Sucking on fingers or fists

Squirming or fussing

Crying (late hunger cue)

### Fullness cues

Appear happy and satisfied

Unlatching from the breast

Falls asleep

Relaxed hands and arms

## Myth: Breastfeeding will spoil your baby and make them too attached

**Fact:** Breastfeeding will not spoil your baby. In fact, it helps form healthy attachment and teaches them about positive relationships. Breastfeeding hormones also help with bonding. Oxytocin, also known as the “love hormone”, is released during breastfeeding in both the breastfeeding parent and baby’s brain, which helps create stronger bonds. Breastfeeding “on demand” and following your baby’s cues will help them trust you and know you will meet their needs.



## Myth: My partner will feel left out if I breastfeed

**Fact:** Partners can play an active role in supporting breastfeeding and their support can be one of the most important factors for breastfeeding success.



### Here are ways partners can get involved:

- **Bond with baby:** Practice skin-to-skin in-between feedings
- **Help take care of baby:** Soothe, bathe, change diapers, dress, and cuddle
- **Watch for early hunger signs** and bring baby to the breastfeeding parent
- **Go the extra mile:** Breastfeeding is a lot of work and partners can make it easier by helping with chores like errands, cooking, cleaning, and laundry
- **Care for the breastfeeding parent:** Make them a snack, get them a drink, put on their favorite music or show to enjoy while feed
- **Offer encouragement:** A partner’s support can make a huge difference in breastfeeding

## Myth: If I am breastfeeding, I cannot get pregnant

**Fact:** While exclusive breastfeeding can delay when you get your first period after delivery, it is important to remember that ovulation comes before you start your period, meaning that having unprotected sex during this time can result in pregnancy. The Lactational Amenorrhea Method, or LAM, is the name for the situation in which ovulation may be delayed during exclusive breastfeeding.



### LAM must have all of these factors in place

**Exclusive breastfeeding at the breast without supplementing formula, baby foods, bottles or pacifiers**

**Breastfeed at least every 4 hours during the day and at least every 6 hours during the night**

**Baby is less than 6 months old**

**You have not had a period since delivery**

**However, having all these things in place may not delay ovulation for everyone.**

**We talked through a lot of myths!**

It can be hard to know what information is true and what is false. Hopefully this resource guide has helped you feel more confident when it comes to your breastfeeding journey.

Still have questions or concerns about breastfeeding? The WIC program is here to support you! Our staff can provide answers to your questions and connect you with helpful resources. Your breastfeeding journey is unique, and we're here to help you make it a positive and successful experience.



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