

noon. The nurse wondered if I would help get this mother to breastfeed her baby until the physician arrived. I have to admit that I felt that the likelihood of this baby breastfeeding was zero. He had been bottle-fed from birth, the mother's breasts were severely engorged, and the mother was attempting this reluctantly. I talked to her for awhile to calm her down and explain how to position the baby to breastfeed. Her breasts had that engorged sheen to them and I "just knew" her baby would not latch on (although I never said this thought out loud). I went out of the room to get a breast pump because I thought it would relieve the engorgement and help get her baby to latch on. When I came back into the room, he was on the breast and nursing. I will never forget this mother's smile when I entered the room. I could not keep my eyes off her nursing baby. I was awed at what I had witnessed. Sadly, the client only breastfed her baby until she got a prescription for a noncontract ABM. Breastfeeding occurred in this case because no ABMs were available to the mother and because the mother had no doubt in her mind about it working (although the LC had doubts). Are the so-called problems of latch-on a reflection of the current availability of ABMs and our hurry to get babies to the breast on our time table? Like birth, breastfeeding cannot be hurried without ramifications. One ramification is greater and greater use of devices because birth/breastfeeding does not happen when we think it should.

Valerie W. McClain, IBCLC
Edgewater, Florida USA

RN is Not a Prerequisite for IBCLC

I am concerned for the survival of the profession of lactation consulting each time I see an ad for a lactation consultant with RN listed as a required qualification or when I see a posting for a clinical nurse with the job description of an LC. If we want to maintain lactation consulting as a separate profession with a unique body of knowledge and skill, we need to educate health care professionals and administrators that being an RN is not a prerequisite for lactation consultant training. Restricting LC job applications to those who are also trained as registered nurses may be economically advantageous for a hospital but does not guarantee the best qualified candidate.

Linda Wieser, PT, MA, IBCLC
Ann Arbor, Michigan USA

Breastfeeding as the Norm

I continue to be amazed at the way research makes breastfeeding look guilty until proven innocent in the name

of "the scientific process." Lois Arnold eloquently criticizes one article exemplifying this rationalization.¹ A recent article on the effect of feeding glucose water to breastfed newborns² is another example.

The abstract cites determinations from the exclusively breastfed (EBF) infants as being higher or lower. Period. The authors' artificial-feeding mindset is so strong that they do not feel the need to add the other component of the comparison.

Given that "no infants exhibited hypoglycemic symptoms" (and if measurements must be made), I propose that the determinations from the EBF infants be used as the norm, that the data from this study be reevaluated compared to EBF data, and that "greater supervision and close monitoring" be focused on non-EBF infants. Most babies born in this world do not have access to glucose water and they do just fine as long as their mother's milk is their sole source of food. What gives scientists the arrogance of establishing artificial standards while ignoring the time-tested performance of nature?

In the vein of breastfeeding as the norm, one recent article should be commended—"Human Milk: An Invisible Food Resource."³ Hopefully, this article is setting a precedent for all nations in mobilizing appropriate funding to generate statistics on the contribution of human milk in their national economy. Such information can only underscore the importance of human milk in the world economy, whether it is utilized or not.

1. Arnold L. Contamination In Expressed Breast Milk: A Non-Issue. *J Hum Lact* 1997; 13:274.
2. Martin-Calama J, et al. The Effect of Feeding Glucose Water to Breastfeeding Newborns on Weight, Body Temperature, Blood Glucose, and Breastfeeding Duration. *J Hum Lact* 1997; 13:209-13.
3. Hatloy A, Oshaug A. Human Milk: An Invisible Food Resource. *J Hum Lact* 1997; 13:299-305.

Nicole J. Bernshaw, MSc, IBCLC
Salt Lake City, Utah USA

"Breastfeeding Special Care Babies" Review

I agree with Janice Holzl in her review of "Breastfeeding Special Care Babies" that it "is a beautifully crafted book providing a step by step guide for health professionals." I was, however, disappointed. My expectations, from the title, were that the book would be focused on the needs of the special care baby. While the book does include information about special care babies, it is not its focus. Although I was misled by the title, it is none the less an excellent book.

Patricia B. Dazin, IBCLC
Wilmette, Illinois USA