


# Breastfeeding, Biostatistics, and Beginnings

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**TOP 7 BREASTFEEDING Myths**

**Myth: Breastfeeding is Easy**  
*Fact: Breastfeeding is not always easy. Mothers should keep in mind that breastfeeding is not easy so that you won't quit when difficulties arise.*




**Myth: Doctors are experts about breastfeeding and are helpful resources**  
*Fact: Most doctors do not have proper training in school about breastfeeding. They may have knowledge about breastfeeding but is somehow limited.*

**Myth: I had to stop breastfeeding because I am sick and taking medication**  
*Fact: Yes, you can still breastfeed if you are sick. If you are sick, your body is making antibodies to put in your milk that can protect your baby from the same bacteria.*


**Myth: I cannot breastfeed because I had a c-section**  
*Fact: There are numerous ways to breastfeed a baby after having a c-section. While still in the hospital, request to see a lactation consultant to help you find the best position to nurse.*

**Myth: Mothers with small breasts have less milk**  
*Fact: Breast size does not matter. That's it. Just follow your baby's cues and feed on demand and your breasts will be able to produce the milk your baby needs.*



**Myth: Formula milk is as nutritious as breastmilk**  
*Fact: Formula milk is made to replicate the properties of cow's milk, goat's milk and other kinds of milk.*

**Myth: Breastfeeding hurts.**  
*Fact: Breastfeeding should never hurt. If it hurts, consult your lactation consultant to find out why and help solve the problem.*



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Hi everyone! I am so excited to continue my work as a research assistant on the working and nursing study with Dr. Johnson. On my last blog post, I wrote about my experience as a research assistant over the summer. To recap, I interviewed women who breastfeed or have breastfed and work part or full time in New Orleans, I coded several articles about breastfeeding, and I transcribed interviews. I really felt as though Dr. Johnson pushed me out of my comfort zone over the summer, and I

learned so much from it.

This semester, I will be continuing the above listed tasks. I'm looking forward to interviewing more women and reading thought provoking articles about breastfeeding. It's really cool to watch our coding sheet grow as we categorize more and more articles, and I'm eager to see what our data analysis will show once we are finished with this stage. Christina and I will also begin working on statistical analysis on this data. In addition to these tasks, we are going to begin coding actual interviews we've done with women. This is the task I am most looking forward to because this is when we will (hopefully) start to see real results from all of our work.

Another potential new aspect of my research this semester is attending the breastfeeding task force on Tulane's campus. This task force looks at how accessible breastfeeding is for Tulane employees. I think this will be a new perspective because we have primarily been looking at breastfeeding patterns in lower income, black women. This task force will focus on Tulane employees, which represents a different population of women, the majority of which are white. It will be interesting to see how diverse groups of people face different obstacles when it comes to effectively breastfeeding. I'm interested to see if the responses of women to our questionnaire differ between the groups.

I'm excited to use the research skills I began developing last semester, as well as learning new skills and gaining new experiences. I said it once and I'll say it again, breast is best!