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Thoughts on Breast-Feeding

Calista R. Schneidau

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Breast-feeding is feminine!
Breast-feeding is fun!
Breast-feeding is fulfillment! It also is natural and modern!

In our house everyone approves of my nursing our babies. I mean everyone: Daddy, 10 children, neighbor's children, and me.

When I had my first baby 16 years ago, a woman sharing my semi-private hospital room encouraged me to nurse my baby. She was very kind and intelligent and showed me how to breast-feed, and I was on my way. But my husband also encouraged me; he praised me, and he was proud of me! The head nurse offered me valuable suggestions, and my pediatrician and obstetrician gave me not only practical tips but also words of encouragement. Thus my first nursing attempt was successful. And I have nursed all our other babies, except

Mrs. W. B. Schneidau, a writer for magazines and newspapers, and who for 10 years was a writer for the Houston Chronicle, has, along with her husband, been largely responsible for developing widespread diocesan interest and lay involvement in Pre-Cana and Cana activities. She also is distinguished for making the first seconding speech nominating Mr. Eisenhower for the Presidency in 1956 in San Francisco.

for two when it was physically possible.

But I have learned that my story is unusual. My friends tell me other tales: most hospitals do not encourage nursing; most midwives and pediatric nurses do not cooperate with a new mother, or even bother to show her how to nurse; and most physicians and pediatricians do not support breast-feeding. The easy way out is a proprietary formula in a can, or a throw-away bottle. But this is no help to bewildered young mothers and earnest young fathers wanting to know both the advantages and the art of breast-feeding.

I think there is one answer to the question of breast-or-tie. Every mother ... every mother ... should at least try to breast-feed. And every mother should be properly instructed and informed about it. For a woman's body is designed by God to attract (cheers) a husband to receive his love, to rear his child, then to nurse their newborn baby.

Nursing completes the cycle begun at conception.

Nursing completes the woman.

The about-to-be mother should read The Womanly Art of Breast Feeding.* In fact, most physicians should read it, as well as Nursing Your Baby by Karen Pryor.** Both are well-written and informative and should be in every physician's office and every hospital's nursery. Every pregnant woman should read them, for they have most all the answers.

Like most mothers I examine my child completely when he (or she) is first brought to me after delivery. I even take off the diapers, if the nurse isn't looking. But the most natural impulse in the world is then to hold the tiny baby to my breast. This I do, the first sign of love and security to a little one in a new world.

I remind the nurse that I will breast-feed the baby and that it should not be fed in the nursery. Most new mothers must keep insisting on no feedings in the nursery. The wonderful nursery nurses at St. Joseph's Hospital in Houston understand this and even bring by baby to me "almost" any time in order to help stimulate my milk flow and to establish regular feedings before I leave the hospital.

Excitement and fatigue the first day home tend to decrease my milk, so I try to relax as much as possible and nurse whenever baby wishes. Our children think this is wonderful. Nor does nursing interfere with housework, water skiing, swimming or chauffeuring the other children hither and yon. I take the baby with me to most places.

I nursed Stephen, our last baby, for 15 months. He was called Even-
Stephen by the children because he evened the score at five boys and five girls . . . (we will uneven the score about July 23). But I stopped nursing at 15 months because I was pregnant. Our other babies have been born fairly close together, from 11 to 16 months apart. I nursed them a much shorter time, usually from three to six months. Baby #11 will arrive about 22 months after Stephen. Obviously, nursing did not suppress ovulation completely, but at least nursing spaced these two babies almost two years apart, quite a feat in our family!

Did I mention fulfillment? I am a woman truly fulfilled when I nurse my baby. I am close to God as I nurse my child.

Our Lord feeds me His body. His eternal gift of love comes especially when I receive Holy Communion.

I feed my child with my body. My eternal gift of love and security is given especially when I nurse.

**Current Medical-Moral Comment**

Thomas J. O'Donnell, S.J.**

The most recent and depressing dimension of the materialistic mind is manifested in the relatively new and current pressure for the "easy way out" approach to legalized abortion.

The presently growing campaign to relax the abortion laws in the various jurisdictions is a strange outgrowth of the history of therapeutic abortion in American medicine.

Fifty years ago there was a long list of so-called "medical indications" for therapeutic abortion. Complications of pregnancy in which termination of fetal life was viewed by many as the only practical approach to protecting the life of the expectant mother. While the civil law of most jurisdictions continued to restrict legal abortion to these extreme circumstances, the twentieth century advance of medicine and obstetric technique continued to reduce the number of "medical indications" for therapeutic abortion until the procedure became almost anachronistic. Within the last decade the Margaret Hague Maternity Hospital in Jersey City, New Jersey reported a ratio of less than one therapeutic abortion in every sixteen thousand obstetrical admissions; and in August 1953 Roy Heffernan, M.D. and William Lynch, M.D. published the results of their study of three million deliveries in _The American Journal of Obstetrics and Gynecology_. [cf. also, _Linacre Quarterly_, Feb. 1952, "Is Therapeutic Abortion Scientifically Justified?", Heffernan and Lynch.] They concluded that the approach to therapeutic abortion had been woefully unscientific in many areas, had been in direct violation of the fundamental life-saving ideals and traditions of the medical profession and that in fact the maternal death rates in hospitals performing therapeutic abortions are slightly higher than in those hospitals where no therapeutic abortions were performed.1

Meanwhile, in 1946, in an attempt to eliminate criminal and septic abortion, Sweden had greatly broadened its grounds for legal abortion and by 1951 the legal abortion rate...