

## Chapter 1 : Breastfeeding problems - NHS

*Breastfeeding isn't always easy. Because many mothers face a few challenges along the way, we've uncovered 15 breastfeeding problems you might encounter, plus solutions to help you fix your breastfeeding relationship with your babe. If these ideas don't work for you be sure to seek out expert.*

Read our expert tips to solve common breastfeeding problems in the first week Share this content Cathy Garbin, child health nurse, midwife and lactation consultant: For seven years, Cathy was a Research Associate with the renowned Hartmann Human Lactation Research Group, while supporting breastfeeding mothers in their homes and in hospitals. The mum of two still works with families, and also conducts study days for healthcare professionals and speaks at international conferences. Your baby not latching correctly is the most likely cause of breastfeeding pain. Your newborn should have a large portion of the lower part of the areola the dark skin around your nipple in her mouth when she feeds, with your nipple against the roof of her mouth, cupped gently underneath by her tongue. Try different breastfeeding positions. Wipe damaged nipples gently with several pieces of water-moistened cotton wool after feeding to remove any debris that could lead to infection. Air-dry nipples or dab with a very clean, soft muslin or flannel, as infection can flourish in damp conditions. Use either disposable or washable nursing pads to absorb any milk leakage, remembering to change them regularly. You could also try hydrogel pads straight from the fridge. These nipple dressings cool and provide instant breastfeeding pain relief, while creating ideal conditions for healing. Breast shells prevent your clothes from rubbing against sore areas. Ongoing nipple soreness can be a sign of an infection that may require medication. Solutions Get support from a lactation consultant or breastfeeding specialist who can diagnose the cause of the problem and develop a plan to help you overcome it. Draw out inverted or flat nipples. Nipple formers fit comfortably inside your bra, and apply a gentle pressure that can help draw out your nipples to support breastfeeding. Adopt different holds to make things easier for your newborn. She needs to feel supported, comfortable, and able to breathe in order to feed effectively. A laid-back, baby-led feeding style encourages your baby to use her innate reflexes, making it easier for her to reach your breast and latch on. Keep her body and bottom close to you, support her across her shoulder girth, and hold her firmly so she feels secure. Let her head rest on your wrist so it can tilt back slightly and allow more space for her nose to breathe. Her chin should be close to your breast. Feed through nipple shields. If your baby will not latch on, a lactation consultant or breastfeeding specialist may recommend using nipple shields to give your baby a larger, firmer target to attach to. In general, nipple shields should be considered a short-term solution. During the first few days you only need to be concerned if your baby is losing more weight than expected and producing too few wet and dirty nappies, or is showing signs of dehydration. For a full explanation of how often your newborn should be weeing and pooing, read breastfeeding a newborn: The earlier you get help, the better. Feed on demand, not to a schedule. In the first week after birth your newborn will want to feed at least every two to three hours maybe more! This frequency helps to build your milk production. If your baby is feeding often and still not putting on weight, a lactation consultant or breastfeeding specialist may recommend pumping to build your milk supply. My breasts are really full and hard When your milk comes in, your breasts will become fuller and firmer. If your baby is feeding well and frequently, this should pass without problems. Aim to feed at least eight to 12 times every 24 hours. This is the primary treatment for this condition – for more tips and advice read our article on breast engorgement. My breasts are leaking Leaky breasts are very common in the early days of breastfeeding, once your milk has come in. Leaking usually settles down after six weeks or so. Solutions Protect your clothes by wearing disposable or washable nursing pads inside your bra day and night. Milk collection shells fit inside your bra to collect any leaked milk. You may have a temporary oversupply for the first few weeks but it should settle down soon. Your baby may cough and splutter with the force of your let down, vomit as soon as she is moved after feeds, and have an uncomfortable tummy or explosive, frothy, greenish poos. All this suggests you may have too much milk, but this issue may resolve itself as soon as your breasts adjust to their new job. Solutions Express a little milk by hand at the start of each feed to reduce the force of your let down. Try the laid-back breastfeeding position so your baby can better

control the flow of milk. Or use the cradle position: Her body will be resting on yours, sloping down diagonally. Be gentle and patient. Allow your baby to rest and digest her milk, both during and after a feed. Moving her around too much or too quickly could make her feel sick. Use a towel or muslin cloth to soak up the surge if your baby gets overwhelmed when your milk starts to flow, and put a milk collection shell on your other breast to catch any leaks. They will assess you, and may advise on one-sided feeding or block feeding if you need to reduce your milk supply.

## Chapter 2 : About Your Privacy on this Site

*Breastfeeding should be enjoyable for mom and baby. Problem 4: Engorgement/high milk supply Engorgement makes it difficult for baby to latch on to the breast because it's hard and un-conforming to his mouth.*

The Problem with Breastfeeding in Public in on by Nikki L Leave a Comment The only problem with breastfeeding in public are the people who have a problem with breastfeeding in public. I never thought much about this topic until I recently became a breastfeeding mother myself. Sure, I had noticed women feeding children in public before, but it never occurred to me to do anything other than continue about my business, because that is typically what I do when I see a fellow human eating. However, there are those among us who are extremely offended by witnessing food consumption. My Mistake I made a mistake. I was doing a little mindless scrolling through the Facebook when I came across this story about Brittni Medina, who attracted negative attention because she fed her son in one of those endless lines at Disneyland. Source Despite my better judgement, I took a trip down to the comment section. An empowering display of women uniting to show support for a young mother? Where do we send her to get fitted for her scarlet letter? When we wearâ€ pretty much anything, more of our skin shows, because we have more skin. It is a fact of life that we have come to accept, and the rest of the world needs to get over it. It is HOT in California. Brittni is wearing a nursing tank top, so when it is time to nurse her son she can unfasten it from the top, rather than lifting up her shirt, exposing even more skin. Fast Facts In case you are unaware about how breastfeeding works, here are some things you should know: It is a major commitment. You know how people call child birth a miracle, but leave out the gore and suffering part? Breastfeeding works on a supply and demand basis. Milk continues to flow into the breasts like a river, as it is being emptied more is coming in, and the mom has to stay ahead of it. If a woman continues to skip feedings or pumping sessions, not only will she start to leak everywhere, but she can become painfully engorged. Source Questions and Comments Lets get back to what set me off on this tirade. The place where the dregs of humanity hang out to spew trash at their fellow man, without bothering to educate themselves about the issue at hand. Allow me to share some of the things I read: This whore should cover herself! Do you crawl under the table when you eat? As for looking for attention, you want to know what really gets heads turning? Which is what they tend to do when they are hungry. You know what my favorite thing to do is when my daughter is screaming her head off waiting to be fed? Wonder around and look for somewhere to feed her. Which brings me to the king of all idiocyâ€! Defecating is natural. Can I do that in public, too? Do you take your lunch breaks in the bathroom? I should not have to explain the difference between pooping and eating to an adult person! I know it is SO irritating for you! If it bothers you, go around, and keep your comments to yourself. We heard you giggle , searching for my next gig. Nikki is on an eternal quest to find the next book or television series that holds her attention for longer than 15 minutes.

## Chapter 3 : Breastfeeding | Benefits of Breastfeeding | MedlinePlus

*The Problem with Breastfeeding is a little book in size and a mighty one in content. As a lactation consultant in practice for over 30 years, I wish that anyone interested in breastfeeding, or in infant health would read it for inspiration.*

URL of this page: They recommend that babies feed only on breast milk for the first 6 months, and then continue to have breast milk as a main part of their diet until they are at least 1 to 2 years old. It is true that breastfeeding is not always easy for moms and babies. It can take a little time for you both to get the hang of it. It is important to know this up front, so that you can make sure you have all the support and commitment you need if a problem does come up. Recommendations Breastfeeding nursing your baby can be a good experience for both the mother and the baby. It takes time and practice to get comfortable with breastfeeding. Things you can do to help the process include: Start breastfeeding your baby in the hospital, right after birth. Ask for help from a lactation consultant or nurse to get you started. Read about breastfeeding before your baby is born. Sometimes, breast tenderness and nipple soreness will occur in the first week. Getting help with a proper latch right away from a breastfeeding support person can help this go away more quickly. Nipple soreness may be caused by many things, including: Wrong position of the baby when breastfeeding Not taking care of your nipples For many women, there is no clear cause of nipple soreness. You might have sore nipples if your baby keeps sucking as they come off the breast. You can help your baby learn to let go by gently inserting a finger into the side of the mouth to break the suction. Skin that is too dry or too moist can also cause nipple soreness. Bras made from man-made synthetic fabrics may cause moisture to collect. These fabrics may increase sweating and slow evaporation. Using soaps or solutions that remove natural skin oils can cause dry skin. Olive oil, expressed milk, and ointments containing lanolin can help soothe dry or cracking nipples. Some babies chew or bite on the nipples when they start teething. Giving the baby something cold and wet to chew on a few minutes before breastfeeding can help avoid this problem. A clean, wet washcloth from the refrigerator works well. Offer the baby another cold, wet washcloth before feeding on the other breast. It is a sign that your milk is coming in. It will not prevent you from breastfeeding. Breast engorgement is caused by back up in the blood vessels in the breast. The breasts are swollen, hard, and painful. The nipples may not stick out enough to allow the baby to latch on correctly. The let-down reflex is a normal part of breastfeeding. Milk made in the milk glands is released into the milk ducts. Pain, stress, and anxiety can interfere with the reflex. As a result, milk will build up. Learning to relax and finding a comfortable position Reducing distractions during nursing, performing a gentle massage, and applying heat to the breast Nursing often 8 times or more in 24 hours and for at least 15 minutes at each feeding can also prevent engorgement. Other ways to relieve breast engorgement: Feed more often or express milk manually or with a pump. Electric breast pumps work best. Alternate between taking warm showers and using cold compresses to help ease the discomfort. Though many women are very worried about this, it is quite rare that a mother will produce too little milk. Making too little milk can happen for a few reasons, including using infant formula to feed your baby in addition to breastfeeding. Frequent feedings, adequate rest, good nutrition, and drinking enough fluids can help maintain a good milk supply. Symptoms of a plugged milk duct include: Massaging the area and putting gentle pressure on it can help to remove the plug. Call your health care provider if you develop these symptoms. Taking antibiotics for the infection Applying moist, warm compresses to the infected area Getting rest Wearing a comfortable bra between feedings Continuing to nurse from the infected breast will help healing take place. Breast milk is safe for the baby, even when you have a breast infection. This will prevent further breast engorgement. If nursing is too uncomfortable, you may try pumping or manual expression to move milk out of the breast. You can try offering the unaffected breast first until let-down occurs, to prevent discomfort. Talk to your provider about ways to manage the problem. The yeast *Candida albicans* thrives in warm, moist areas. Yeast infections often occur during or after antibiotic treatments. Symptoms of yeast infection in the mother are deep-pink nipples that are tender or uncomfortable during, and right after, nursing. The baby may also have a diaper rash, a change in mood, and will want to suckle more frequently. Call your provider to get a prescription for an antifungal medicine for affected members of your family. You can safely

continue breastfeeding during most illnesses. The baby is likely to benefit from your antibodies. The breast and the physiology of lactation. Normal and Problem Pregnancies. Feeding healthy infants, children, and adolescents. Nelson Textbook of Pediatrics.

### Chapter 4 : Breastfeeding Challenges and Common Problems

*Breastfeeding can be enjoyable for both you and your baby, but it can also be challenging - especially in the first few weeks. Below are descriptions of common breastfeeding difficulties as well as links to more information and advice. Sore nipples are so common to new breastfeeding moms that you.*

Breastfeeding is a skill that can take time to learn. Be ready for a few challenges in the beginning.

**Low Milk Supply** This is when your breasts do not make enough milk to meet the nutritional needs of your baby. If you have low milk supply, there are many things you can try to increase your milk production. Your body gets the signal to make more breast milk when your breasts are empty, so breastfeed as often as your baby desires. A breast pump does not empty your breast as well, so nursing your baby frequently is the best strategy for making more milk. If you need additional help to boost your milk supply, try a nutritional supplement containing fenugreek or other milk boosting herbs. It is normal for your breasts to soften and feel less full when your baby reaches weeks of age. Many mothers worry this means their milk supply is low, but your body is adjusting to the needs of your baby. Taking an oral contraceptive, even the mini-pill, can cause a decrease in your milk production. As long as you are breastfeeding, use condoms or another barrier method of birth control instead.

**Sore Nipples** Many mothers experience nipple pain in the first week of breastfeeding. Usually, nipple pain happens because your baby is not taking enough of your nipple and areola into the mouth. Your baby will need to open his mouth very wide as you bring him to your nipple. If your baby is just sucking on the nipple, gently break the suction by putting a clean finger in the corner of his mouth and try to get him to open his mouth very wide before bringing him back to the nipple. If your nipples are cracked or bleeding, use a hydrogel pad to keep your bra from sticking to your nipple. This will reduce pain and help your nipple heal faster. You can also express a few drops and rub it over your nipple with clean fingers then let your nipples air dry, if possible. Breast milk has natural healing emollients and is readily available.

**Engorgement** This is when your breasts become hard and painful because they are too full of milk. Engorgement can also happen anytime you do not breastfeed or pump for an extended period of time. If you are feeling engorged, breastfeed, pump or hand express as soon as possible. In addition to being uncomfortable, engorgement can lead to plugged ducts and decreased milk supply. Plan ahead, if you are going to be away from your baby, bring your breast pump or hand express on the same schedule as you would normally breastfeed. If your breast is round and hard, your baby may not be able to get enough breast tissue into her mouth to remove your milk. You can pump or hand express to remove enough milk to soften your breast. Most mothers have breastfeeding challenges in the early days, but it becomes easier each day. Contact the lactation consultant at your local hospital for breastfeeding support if you have persistent concerns. May 16, at

### Chapter 5 : Breastfeeding - 1, Days

*Whether you are an experienced mom who has breastfed before, or a new mother nursing for the first time, you may run into a number of common problems.*

Social attitudes vary as widely as legal protection on this issue. In fact, many countries have passed legislation on this subject, such as Australia, some states of the United States, Europe and a few Asian countries, allowing breastfeeding in public and at work. However, women in those states that allow this practice, continue to nurse their babies in public places. They cite the law when objections are raised against their behaviour. They stage protests against those who publicly denounce such practices. Despite the fact that public nursing is accepted more than it used to be, yet some people have their reservations to this practice. Other arguments they proposed were: It can cause men to harass women: When people are confronted with a woman breastfeeding her baby, their reactions could stop at harassment or go on to assaulting her. This is the range of reactions people give when they see women breastfeeding their babies. Such people feel that by avoiding such body exposure, they can keep themselves safe. It can lead to a lot of awkward reactions: The baby could at times make awkward sucking sounds which could make neighbouring people uncomfortable. Alternatively, older children watching this spectacle could ask their parents awkward questions about it. This kind of intimacy should be kept at home: There are some people who feel that breastfeeding is such an intimate act between mother and baby that it should not leave the precincts of the home. If it makes people around uncomfortable, it should be limited to a private space. It could be illegal: Public nursing, to some people, is a form of breaking the law. Just as there are states that protect women who nurse their babies in public, there are some states that term it as illegal. With the exception of South Dakota and Idaho, all 47 states of the United States allow public nursing. Tips for public breastfeeding moms If you choose to nurse your babe in public, keep these tips in mind that will protect your rights: Practice breastfeeding your babe facing the mirror. Nurse your babe while wearing a range of clothes to see which suit you best while nursing. Be armed with the law: Show this to anyone that objects to what you do. Dress appropriately and comfortably: Go in for front open dresses and feeding bras which can facilitate feeding. A button down shirt is also a good idea. If you choose to wear a tank top, a lot of your skin will be revealed while you breastfeed, so wear a cardigan or an unbuttoned shirt. Should you wear nursing covers? Think about it and decide if you want to use one in public. Take a wrap along: Think of your needs too: Not to be one of them, remember to take a bottle of water or any liquid that can keep you well and hydrated. Pick up a snack that can energize you so that you continue to take good care of your little one. If other moms can successfully nurse their babies in public, why not you? People may disagree with your actions, but they will always respect a confident person. So, be that person to them. Conclusion You might choose to nurse publicly or not, but you still need to be sensitive about both sides of this niggling problem. By doing this, you can be familiar with your rights and protect them by taking action against those who attack you on this issue of public nursing.

## Chapter 6 : 10 Common Breastfeeding Problems & How to Solve Them

*The only problem with breastfeeding in public are the people who have a problem with breastfeeding in public. I never thought much about this topic until I recently became a breastfeeding mother myself. Sure, I had noticed women feeding children in public before, but it never occurred to me to do.*

One could almost think that this justification for formula use is being peddled by the formula companies themselves, but alas, it seems to be women fighting to see their use of formula as equal to breastfeeding. The biggest issues in the research according to these many articles? That the effects for breastfeeding, when present, are small and thus overstated; and That there is that nasty confound with socio-economic status SES in that higher SES women are more likely to breastfeed, less likely to face various diseases, and have higher IQ. What is this research problem? How Grouping Works When you design a study where you want to compare various groups, you have to have pretty strict rules for who belongs in which group. For example, the most common type of comparisons are any breastfeeding for a certain duration versus no breastfeeding or less than for a certain duration, like any breastfeeding at 3 months versus no breastfeeding at 3 months. Why would this be problematic, you ask? First you have to think about how much breastfeeding is going on. This gets to be even more complicated the longer the duration is e. Or what of the child who has solids introduced at 5 months? The complications here stem from the fact that breastfeeding is not an all-or-nothing act and the shades of gray are very difficult to properly categorize yet likely have important implications for the outcomes of interest. That is the biological norm for which humans have evolved or were created, depending on your perspective and the effects of breastfeeding need to be examined through that lens. Any criticisms of small effects in groups that includes less than this for a breastfeeding group “ especially groups that include mixed feeding early ” presupposes that the effects of breastfeeding are huge akin to some kind of panacea or that there is no interaction with formula use or amount of breastfeeding. The researchers themselves are simply limited by the data they have, yet others seem to assume this is some kind of intentional grouping based on the magnificent power of breast milk. How should groups be made then? In this, you randomly assign who will fit into each condition. One group gets the drug, another a placebo or another drug , and you compare outcomes. Thus we are left with the incredibly messy task of trying to put people with such diverse situations into well-defined groups, a task that makes our interpretation of results very problematic. The Previous Research As mentioned, all of the previous studies suffer from this grouping problem. Despite all of the grouping problems, however, there is a trend in the research that is worthy of consideration: The closer we get to the biological norm for breastfeeding, the more significant the results become. That is, when looking at specific diseases or intelligence or educational attainment or whatever else is theoretically linked to breastfeeding, when exclusive and enduring breastfeeding are included, we almost inevitably see significance in some key areas luckily no one assumes breastfeeding influences everything. Using cancer as an example, the research on breastfeeding and childhood cancer is often considered to be mixed, yet the more one looks into the research in detail, patterns emerge that are to do with a specific subtypes of cancers, and b the length and exclusivity of breastfeeding. For a full examination of the breastfeeding-cancer link, read here. What Does This Mean? Our bodies have evolved or were created for a type of biologically normal breastfeeding which includes approximately six months of exclusive breastfeeding on demand followed by breastfeeding complementing other foods for years after. Or rather, how much formula changes our biological norm. Equally importantly, we need everyone to understand that the effects of breastfeeding or not are dynamic, not static. Understanding these nuances is central to getting a better idea of how to help families and children. For example, a child exposed to various environmental toxins or various diseases is likely going to benefit more from the influence of breastfeeding than a child in a healthier environment to begin with. In one case, it may be the difference between life and death, the other, only small differences. You see, when people bring up the SES issue, they should also be willing to admit that although that may bias results liberally, a far greater concern is with the groupings which has a much greater chance of biasing results conservatively. Why is this concern greater? Because SES variables are being included and controlled for, therefore the main concern remains with

causality and residual confounding. Now, we have some studies that actually do demonstrate potential causality see here for an example , but we cannot control for residual confounding and thus it remains problematic. However there is no control for the grouping problem. Once someone is in a group, they are there for better or worse, and when our groups are so loosely defined, trying to extrapolate the data to others becomes incredibly difficult. The real question, however, and one we need to consider moving forward, is whether we can even examine the real effects of breastfeeding in a society where biologically normal breastfeeding is so rare. Not only is there a huge social push away from this type of breastfeeding, but even finding women who are exclusively breastfeeding at six months is difficult as our cultural norms are so very far from our biological norms. Breastfeeding research is flawed, though not only in the way that most formula apologists would like you to believe. If we are ever going to truly understand the amazing nature of breast milk and breastfeeding, we need to start looking at it from its evolutionary basis as not only food, but something more that has helped us thrive and survive against what would seemingly be all odds. You can find out more here. Is breast truly best? Estimating the effects of breastfeeding on long-term child health and well-being in the United States using sibling comparisons. Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: The Lancet Global Health ; 3:

### Chapter 7 : Overcoming breastfeeding problems: MedlinePlus Medical Encyclopedia

*The Problem With Breastfeeding Research That No One is Talking About Source: Unknown It seems a week can't go by without another article going viral by someone trying to dismantle the "benefits of breastfeeding" (or really the risk associated with formula use, as the biological norm is breastfeeding).*

Top 10 Breastfeeding Problems Solved Leaks, cracks, clogs? Your top 10 feeding problems solved. But just like learning how to ride a bike, you need to learn how to breastfeed and so does baby, by the way. We consulted with Jane Morton, MD, on how to handle the 10 most common breastfeeding problems. Laura Pursel Problem 1: But if baby has latched and the pain lasts longer than a minute into your feeding session, check the positioning. Tickle his chin or wait until he yawns so his mouth is wide open and seize your opportunity. Make sure to wear loose clothing and avoid washing with soap. Lanolin-based creams are good for applying between feedings. Cracked nipples Cracked nipples can be the result of many different things: During the first week of breastfeeding, you may have bloody discharge when your baby is just learning to latch or you are just beginning to pump. Also, try breastfeeding more frequently, and at shorter intervals. The less hungry baby is, the softer his sucking will be. As tempting as it is to treat your cracked nipples with anything you can find in your medicine cabinet, soaps, alcohol, lotions, and perfumes are no good – clean water is all you need to wash with. Try letting some milk stay on your nipples to air dry after feeding the milk actually helps heal them. You can also try taking a mild painkiller like acetaminophen or ibuprofen 30 minutes before nursing. If all this fails, try an over-the-counter lanolin cream, specially made for nursing mothers and use plastic hard breast shells inside your bra. You may notice a hard lump on your breast or soreness to the touch and even some redness. Most importantly try not to have long stretches in between feedings – milk needs to be expressed often. A nursing bra that is too tight can also cause clogged ducts. Stress something all new mommies have an over abundance of can also affect your milk flow. Do your best to get adequate rest you should recruit your partner to pick up some slack when possible. Also, try applying warm compresses to your breasts and massage them to stimulate milk movement. Clogged ducts are not harmful to your baby because breastmilk has natural antibiotics. Breastfeeding should be enjoyable for mom and baby. Try hand-expressing a little before feeding to get the milk flowing and soften the breast, making it easier for baby to latch and access milk. Of course, the more you nurse, the less likely your breasts are to get engorged. Mastitis Mastitis is a bacterial infection in your breasts marked by flu-like symptoms such as fever and pain in your breasts. The only sufficient way to treat the infection is with antibiotics, hot compresses, and most importantly, frequent emptying. Use hands-on pumping, making sure the red firm areas of the breast and the periphery are softened. It causes incessant itchiness, soreness, and sometimes a rash. Low milk supply Breastfeeding is a supply-and-demand process. Frequent nursing and hands-on pumping during the day can help increase milk supply. All that bonding makes baby relaxed! Milk flow is fastest after your first let-down, so if you want to increase efficiency, start off at the fuller breast, then switch to the other breast sooner, rather than later. But breastfeeding will be more challenging. Use a pump to get the milk flowing before placing baby at your nipple and use breast shells between feeds. Once you feel like your milk supply is adequate, try using nipple shields if baby still has problems latching. Sometimes the working of these inner parts can hurt, especially when in overdrive. Some mothers feel a prickly pins-and-needles sensation and others just get an achy feeling. If this feeling of pins and needles goes beyond a mere tingling and feels more like a hundred little daggers poking your breasts, you need to check for a breast infection yeast or bacteria. Sometimes this pain develops when you have an excessive amount of milk. Try feeding baby longer on one particular breast and switching to the other only if you need to.

### Chapter 8 : 6 breastfeeding problems in the first week – solved | Medela

*Women nursing their babies in public or breastfeeding in open view of the general public is not something men and women like. Social attitudes vary as widely as legal protection on this issue.*

**Chapter 9 : The Problem with Breastfeeding in Public - That's Normal**

*Breastfeeding a Go-Go: How to nurse your baby and still have a life >> Go undercover. With Hooter Hiders, Bebe au Lait or any other type of nursing cover (including a simple blanket), you can cover your breastfeeding infant so well that nobody will look twice at you.*