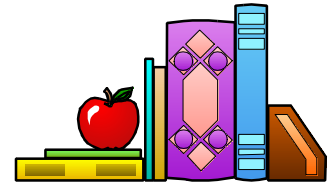


Beginning Breastfeeding



You've decided to breastfeed! What a wonderful way to nourish and nurture your new baby - a special experience for both of you as you learn the art of beginning breastfeeding.

Getting Started:

Breastfeeding is the beginning of a whole new relationship with your baby. Although breastfeeding is the normal way humans were designed to feed their babies, it is a learned process for both of you. It may take several days for you and the baby to become rhythmical in this new dance together, so relax and enjoy this time of learning. The best time to begin is in the birthing room - within that first hour after delivery. Studies have shown that babies who are left undisturbed on mom's abdomen after birth may actually crawl towards the breast, find the breast, latch and begin to suckle effectively. What a way to get started! Put the baby tummy to tummy with you, near your breast, and then allow him to take the lead in moving toward your breast. When he is rooting toward the breast, you or your birthing room nurse can help guide him, but there isn't anything special that you need to do. If you are having difficulty, you can try the laid back method (see separate handout) or you can support the back of the baby's head with your dominant hand, and your breast with your other hand. Place your fingers underneath - well away from the brown portion called the areola, and the thumb on top. Then center your nipple towards across from his nose. Wait for a big wide mouth then quickly roll him on the breast, lower jaw first, so that he has a good big mouthful of areola. Don't worry if he doesn't take the whole thing - after all, some ladies have areola the size of a dinner plate!

If you have had a C/Section, ask for help in getting the baby positioned comfortably. Using a side-lying or football hold will help prevent pressure on your incision.

Many babies are sleepy the first day or two, especially if you have had to take medication or an

epidural during labor. Some babies will be ready to nurse after a couple of hours after birth, while others will want to sleep for six to eight hours after that first good feed. Encourage your sleepy baby to breastfeed about 8 times a day after the first 24 hours. Keep him skin to skin with you as much as possible so that he can wake up naturally. When he is not skin to skin with you, he needs to be kept in your room with you as much as possible so you can watch for his feeding cues. He'll start with little sucking motions, put his hands by his face, or brush his arms around his head. There will be rapid eye movement and some tension in his hands and arms. Once he starts rooting toward the breast (or your finger when you touch his cheek), he'll be ready to nurse.

Breastfeeding during the night is the best way to stimulate early and abundant milk production. Prolactin, the hormone which makes milk and is produced during breastfeeding, has a relaxing and tranquilizing effect which might even help you drop off into little cat naps - a wonderful way to get a bit more rest.

Frequency of Feedings:

Babies need to breastfeed at least eight to twelve times/24 hours the first few weeks in order to gain weight appropriately and stimulate a plentiful milk supply. Interestingly enough, the frequency of feeds in the first couple of weeks has a positive relationship with the amount of milk you will be producing at 4 and 5 months. Babies may lose up to 7% of their birth weight in the first few days - this is normal, and not a cause for concern. Most babies will gain it back within ten days to two weeks, as long as they are breastfeeding frequently enough. Don't worry about specific intervals - some babies will space the feedings every hour and a half to three hours, while others will "cluster nurse" every hour or so several times and then sleep for four or five hours. The best thing to do is just breastfeed when your baby shows signs of wanting to nurse, and not be concerned unless he is routinely breastfeeding fewer than eight times in 24 hours.

Duration of Feedings:

There is no need to watch the clock while you are breastfeeding your baby. As long as he is actively "breastfeeding" - that is, nutritively suckling at the breast with long drawing sucks, he should be allowed to stay there. Taking him off before he is finished eating is like snatching your dinner plate away because time is up! Depending upon the baby, and depending upon the feed, this may be 5 to 10 to 15 or 20 minutes on each side - or, maybe only on one side. The only rules for breastfeeding is that you are physically comfortable, and that baby gets enough to eat. So, there are no rules about length of time at the breast indicating how much the baby has eaten. If the baby likes to "nurse" a lot; that is, sort of hang out and doze while being latched on to the breast, he needs to be switched over to the other side. Prolonged non-nutritive sucking ("hanging out") can cause tiny blisters on the end of the nipple due to long periods of negative pressure on the nipple without any break from swallowing. Once your nipples are accustomed to breastfeeding, you can sit, put your feet up and watch TV for an hour while the baby nurses. Until then, keep an eye on the baby, and when he starts to doze, take him off and switch to the other side, or just snuggle for awhile.

Supplements:

Colostrum has a high concentration of immunological properties, giving your baby his first "vaccination" every time you breastfeed him. It is all the baby needs the first few days of life. Routinely offering formula is not necessary - giving bottles may cause nipple preference, causing the baby difficulty at the breast; and giving an artificial baby milk may set the baby up for allergies later on in life. Check with your baby's doctor before giving your baby anything other than breast milk. Remember that the American Academy of Pediatrics recommends *exclusive* breastfeeding for the first 6 months of life.

Sore Nipples:

Correct positioning at the breast is the most

important factor in preventing sore nipples. Initial latch-on tenderness is common for the first week or so, but the discomfort should diminish as the baby begins rhythmical suckling. If it is necessary to take the baby off the breast, break the suction by inserting your finger in between baby's gums prior to removing him from the breast. If soreness persists throughout the entire feeding, if blisters, cracks, or bleeding occur, or if you experience sudden pain and burning after several weeks of painfree breastfeeding, you should be evaluated by your lactation consultant.

1. Use a small amount of expressed breast milk or USP Modified lanolin on the nipple if they are dry or cracked.
2. Wash your breasts normally during your daily shower.
3. Start breastfeeding on the least sore side first. Use other means of comforting your baby if your nipples are too sore to allow him to nurse for long periods of time.
4. Don't forget to double-check your positioning. Are you sure he is taking in a BIG mouthful of breast tissue, and not sucking up the nipple like a piece of spaghetti?

Engorgement:

Your breasts will begin to feel full on the second to fourth day. This is caused by increased blood and lymph circulation, as well as an accumulation of milk. This fullness generally lasts three to five days, and can be minimized by nursing the baby at least 8 to 12 times in 24 hours. If you do become uncomfortably full, and the baby has difficulty latching, the following measures can be helpful:

1. Take a warm shower, (avoid using hot water on the breasts for prolonged periods of time as this may increase swelling). Massage each breast gently, then hand express a bit to soften the areola. If the breasts are still uncomfortable after breastfeeding, apply an icy cold compress for about twenty minutes. (Freezing a water-soaked disposable diaper can provide an instant ice pack.)

2. Pump breasts if the baby refuses to breastfeed or is unable to latch because the breasts are too full.

3. Breastfeed frequently - at least every 2 to 2 1/2 hours around the clock during this period. If the engorgement persists, ask your lactation consultant about the use of cabbage leaves.

Maintaining a Good Milk Supply:

The most common cause of early weaning is thinking that you don't have enough milk. Since you can't measure the number of ounces the baby is taking at a feed, you need to be aware of other ways to know your baby is getting enough to eat. Keeping a 'breastfeeding diary' the first three or four days at home will help you know exactly how often your baby is feeding and how many wet diapers and stools he is having.

1. Your baby should breastfeed at least 8 to 12 times every 24 hours - whether this is every three hours around the clock, or every one and one half to two hours during the day, and four to five hours at night. By five to six weeks, babies will usually begin to begin to fall into a more predictable pattern, although there will always be days in which he wants to be "in the cupboard" nursing seemingly all the time!

2. Your baby should have 6-8 wet diapers and 3 to 4 or more loose/liquid seedy yellow bowel movements a day (a "poop you can scoop" - tablespoon size) for the first 5 to 6 weeks.

3. Watch for long drawing sucks. You may also hear swallowing once the milk has increased in volume. This is evidence of an effective let-down reflex. Many mothers, but not all, will experience a tingling or pinching sensation in the breast, or leak on one side while nursing on the other.

4. Keep in mind that the more often you breastfeed the baby, the more milk you will make. Babies will have times when they want to breastfeed more often than others; often after you have changed his environment (gone to the mall, the doctors, to church, to the grocery store). This is perfectly normal and not an indication of low milk supply.

Fussy Baby:

Babies are often fussy and gassy the first few months. The evening hours from 5 to 11 pm are usually the worst - and just when parents are at their lowest reserve too. This is not necessarily due to lack of milk or something you have eaten that is upsetting the baby. Nursing frequently, wearing your baby in a sling, warm baths, and sometimes car rides are some of the comfort measures you can use. Grandmothers are particularly expert at soothing a fussy baby and giving mom a reprieve. Keep in mind that giving formula may be a tempting idea, but it can often cause more problems than it cures. The fussiness and crying usually peaks at about six weeks, and diminishes by three to four months. Remember that not all fussiness means that baby needs to be fed. He may need a diaper change, may be too warm, too cold, or just need a change of scenery. If he has just had a nice feed, try some other measures first before putting him to the breast. But a baby may just want some "dessert" or to hang out a bit, so if cuddling doesn't settle him, don't hesitate to nurse him again.

Nutrition:

Continue to eat a well-balanced diet high in protein and calcium. You will get a lot of advice over the next few weeks about what you should and should not eat. Eat whatever you want! Baby's fussiness and gas is normal, and is not generally related to mom's diet, though lots of well meaning friends and relatives will try to insist that the broccoli or onions are the problem. Even chocolate is OK! It can happen, however, that the baby may be sensitive to a protein in a particular food, (such as cow's milk) in your diet, reacting with excess gas and colicky behavior. Eliminate the food you suspect for one to two weeks and then try it again. If you have any questions, contact your lactation consultant.

Drink enough to satisfy your thirst. Drinking lots and lots of fluids does not increase your milk supply. It is not necessary to drink milk to make milk. If you don't like milk, you can eat other calcium rich foods or take calcium supplements. Caffeine, alcohol, and artificial sweeteners may be consumed in small amounts if desired. Nicotine should be avoided, it can decrease your milk supply, it gets into your breastmilk,

and the second hand smoke is dangerous to babies.

Schedules:

There is a popular parenting program that promises amazing results with your baby such as early sleeping through the night if you just follow their rules of scheduling and feeding. This program caters to the desires and needs of adults, and in no way meets the individual needs of helpless newborn babies. Breastfeeding at night is important to maintain your milk supply AND for your baby. Most babies will fall into their own "pattern" within six to eight weeks which, surprisingly enough, will conform quite nicely to the family pattern. He'll start sleeping through the night when he's developmentally ready. Both you and the baby will be happier if you feed, cuddle and love him frequently - conforming to his needs rather than to the clock. You can put him on a schedule as soon as he can tell time!

Collection and Storage of Breast Milk:

1. Sterilization of equipment is not necessary. Wash equipment in hot soapy water using a bottle brush and rinse in clear hot water.
2. Milk can be stored in hard plastic (BPA-free) or glass bottles. Make sure you leave enough room in the bottle to allow the milk to expand when frozen. Because breastmilk isn't homogenized, it will separate on standing. Shake gently to mix.
3. Freshly expressed milk may be kept at room temperature (75°) for 8-10 hours, if necessary, stored in the refrigerator for 5-7 days, and in the back of the freezer for 5 to 6 months.
5. To defrost, place milk in lukewarm water for 15-20 minutes. To help preserve immunological properties and milk composition, avoid microwaving or defrosting in hot water.

Recommended Reading:

The Baby Book. William and Martha Sears, 2003

Dr. Sears has several other excellent books for the breastfeeding family: Nighttime Parenting, The Fussy Baby, The Discipline

Book, The Baby Sleep Book

Breastfeeding: A Parents' Guide. Amy Spangler. 2006 by Amy's Babies

The Food of Love. Kate Evans. Counterpoint Press. 2009

The No Cry Sleep Solution. Elizabeth Pantley. Contemporary Books. 2002

The Nursing Mother's Companion, Kathleen Huggins, 5th Edition, Harvard Press, 2010

The Nursing Mother's Guide to Weaning. Huggins & Ziedrich, 2007

Womanly Art of Breastfeeding, La Leche League, 2010

Websites:

www.kellymom.com
www.babycenter.com
www.lowmilksupply.org
www.BabyGuru.com

Use the **Breastfeeding Diary** for several days after you come home to track you baby's feedings, wet and dirty diapers

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