



*Breastfeeding
Basics*



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Breastfeeding

Breastfeeding can be overwhelming at first. Common questions include: Do I have enough milk? Is the baby getting enough? Can the baby breathe OK? In fact, the breast and baby often work together to produce the right amount of milk for each stage of life.

As your baby grows, his or her needs change. And your body's milk changes to suit those needs. You produce 3 kinds of milk for your baby:

- **Colostrum** is the first milk. It is thick and yellowish, which is why many people call it "liquid gold." Colostrum provides all of the nutrients that your baby needs in the first days. It may not look like much, but it is all your baby needs during this time.
- **Transitional milk** comes in 2 to 5 days after birth. It can look creamy, white, or yellow.
- **Mature milk** begins in the second or third week after birth. It looks thinner or more watery. It can have a bluish tint. Levels of protein, fat, and antibodies in mature milk change as your baby's needs change.

Lobules are structures that produce and store milk.

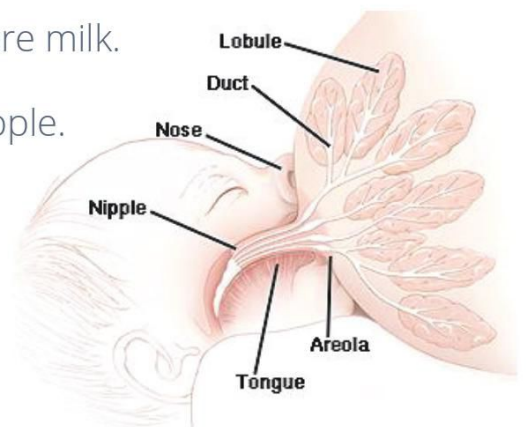
Ducts are tubes that carry the milk to the nipple.

The baby's nose is flat, allowing easy breathing while breastfeeding.

The nipple has many small openings where milk comes out.

The areola provides oils to clean the nipple and help baby latch. During feeding, as much of the areola as possible should be in the baby's mouth. This helps the baby get milk out of your breast. It is also more comfortable than if the baby sucks on the nipple alone.

The tongue helps the baby suckle. You might even see the tip of it sticking out under the nipple while your baby nurses!



Getting Started

Breastfeeding your child

Breastmilk is the perfect food for your baby. Your milk contains just the right amount of nutrients. And it is gentle on your baby's developing stomach, intestines, and other body systems.

The American Academy of Pediatrics (AAP) strongly recommends exclusive breastfeeding for at least 6 months. Exclusive breastfeeding means that your baby has only breastmilk for 6 months. That means giving your baby breastmilk from your breasts or from bottles. Don't give your baby water or sugar water.

Pacifier use

The AAP recommends using pacifiers to decrease the risk of sudden infant death syndrome (SIDS). For breastfeeding mothers, the AAP recommends waiting until breastfeeding is well established. Then the pacifier isn't replacing the feedings babies need to grow. Well-established breastfeeding means that:

- Your baby can easily put their mouth around the nipple and latches on
- Breastfeeding is comfortable for you
- Your baby weighs more than their original birth weight

These milestones are often reached after the first 3 or 4 weeks.



Getting started with breastfeeding

Your milk and how you breastfeed change as your baby grows and develops. A newborn's feeding routine is different than that of a breastfeeding 6-month-old. As your baby grows, the nutrients in your milk change to meet your growing baby's needs. The anti-infective properties also increase if you or your baby is exposed to some new bacteria or virus. Here's how to get started:

Early breastfeeding

The first few weeks of breastfeeding are a learning period for both you and your baby. It takes time for you both to work as a team. Be patient as you recover from your delivery, create a daily routine, and become comfortable with breastfeeding. Keep track of feedings and wet diapers. This can help your child's healthcare provider assess how your feedings are going.

Day 1

Most full-term, healthy babies are ready and eager to begin breastfeeding within the first half hour to 2 hours after birth. This first hour or 2 is an important time for babies to nurse and be with their mothers. The AAP recommends that babies be placed skin to skin with their mother right after birth (or when both you and your baby are able). Skin to skin means placing your naked baby stomach-down on your bare chest. This keeps the baby warm, helps keep the baby's blood sugar up, and helps the baby breastfeed for the first time. It is recommended that babies be kept skin to skin at least 1 hour. Or they can be kept this way longer if the baby hasn't breastfed yet.

After these first few hours of being awake, babies will often act sleepy or drowsy. Some babies are more interested in sleeping than eating on their birthdays. You can expect to change only a couple of diapers during the first 24 hours.

Days 2 to 4

Your baby may need practice with latching on and sucking. But by the second day, your baby should begin to wake and show readiness for feedings every 1 1/2 to 3 hours, for a total of 8 to 12 feedings over 24 hours. These frequent feedings provide your baby with antibody-rich first milk (colostrum). And they tell your breasts to make more milk. Let your baby nurse on one breast until finished. You can then change and burp your baby before you offer the other breast. If the baby is not interested in breastfeeding, start with the second breast at the next feeding.

As with day 1, you likely will change only a few wet and dirty diapers on baby's second and third days. Don't be surprised if your baby loses weight during the first few days. The number of diaper changes and your baby's weight will increase when your milk comes in.

It's normal to have uterine cramping during the first few days of breastfeeding. This is a positive sign that the baby's sucking has triggered a milk let-down. It also means your uterus is contracting, which helps lessen bleeding. A nurse can give you medicine before feeding if needed for the discomfort. Some mothers briefly feel a tingling, pins and needles, or flushing of warmth or coolness through the breasts with milk let-down. Others don't notice anything different, except the rhythm of the baby's sucking.

Your baby is still learning how to latch on and breastfeed. So your nipples may be sore when your baby latches on or while you are breastfeeding. Other factors also may help lead to this soreness. But often it is mild and goes away by the end of the first week. Tell your nurse if soreness continues or gets worse. Or if your nipples are cracked. Your nurse or healthcare provider may recommend a lactation consultant. This is someone who specializes in breastfeeding.

Days 3 to 5

You will have a lot more milk 3 or 4 days after birth. When the amount of milk increases, the milk is said to have come in. Your baby is drinking more at each feeding. So he or she may drift off to sleep after a feeding and act more satisfied. Within 12 to 24 hours, you should be changing a lot more wet diapers. The number of dirty diapers also increases. And the stools should be changing. The baby's first bowel movements (meconium) are sticky and dark. They will become a mustard-yellow, loose, and seedy stool.

Weight gain should also pick up within 24 hours of this increase in milk production. So your baby will begin to gain at least 1/2 an ounce (15 g) a day. You may notice that your breasts feel fuller, heavier, or warmer when your milk comes in. The most important thing to do when your milk first comes in is to feed your baby frequently. This empties your breasts often and completely.



Breast engorgement

Your breasts may become overfilled with milk (engorged). This makes them swollen and painful. Your baby may have trouble latching on if your breasts are engorged. Feeding frequently and on demand will help prevent this. But if it happens:

- Express some milk. This means squeezing a small amount out of your breasts. And then letting your baby latch on. A warm shower or warm compresses right before or during expressing may help.
- Breastfeed or express milk by hand or breast pump often (every 1 to 2 hours). Your breasts should feel noticeably softer after breastfeeding or pumping.
- If the pain is severe, you may put an ice pack on your breasts. Keep it on your breasts for 15 to 20 minutes after nursing or pumping. To make an ice pack, put ice cubes in a plastic bag that seals at the top. Wrap the bag in a clean, thin towel or cloth. Never put ice or an ice pack directly on your skin.

Days 5 to 28

Your baby will get better at breastfeeding as the first month progresses. Expect to feed your baby about 8 to 12 times in 24 hours. Let your baby tell you when he or she is finished eating. When the baby self-detaches from the nipple, you can offer the other breast. Some babies feed better between breasts if you change their diapers and burp them. Often a baby will breastfeed for a shorter period at the second breast. Sometimes he or she may not want to feed on the second breast at all. Simply offer the second breast first at the next feeding.

Your baby should continue to:

- Soak 6 or more diapers a day with clear or pale yellow urine
- Pass 3 or more loose, seedy, or curdlike yellow stools every day
- Gain weight. Babies typically gain two-thirds of an ounce to 1 ounce each day, up to 3 months old.

Talk with your baby's healthcare provider if you think your baby is not eating enough.

General tips beyond the first few weeks

Every baby is different. Some will eat quickly and some will take longer to enjoy each drop. Others will take frequent breaks during each feeding. It's important to let your baby lead each feeding. This self-detachment will increase the amount of higher fat and higher calorie milk (hindmilk) that your baby will get. But once the breast is mostly empty, some babies will keep wanting to suck as a way of self-soothing. Over time you will be able to tell when your baby is switching to this self-soothing sucking. If your baby keeps sucking in this way and it's painful, gently detach your baby. If breastfeeding is well established, you can offer a pacifier instead. If you aren't sure if your baby is full, try offering the other breast.

Your baby likely will go through a few 2-to-4-day growth spurt periods. During this time, he or she will seem to want to eat almost around the clock. Babies often have a growth spurt between 2 to 3 weeks, 4 to 6 weeks, and again at about 3 months. It's important to let a baby feed more often during these spurts. Within a few days, your baby will go back to a more typical pattern.

Let your baby set the pace for breastfeeding. Watch his or her feeding cues. Here are some examples of feeding cues:

- Turning the head toward the breast
- Licking the lips
- Smacking the lips
- Being awake
- Crying (this is a late sign of hunger)

The number of feedings each baby needs and the length of time each feeding lasts will vary from baby to baby. Also, every mother's milk production and storage capacity is different. Trying to force a breastfed baby to wait longer between feedings, or to fit a certain feeding schedule, can result in poor weight gain.



Positions for Breastfeeding

Comfort and position are the keys to successful breastfeeding. Learn how to position your baby correctly at the breast. Choose the hold that works best for both of you. You may need to change holds as your baby grows.

Always make sure your baby is tummy-to-tummy with you.

“Laid-back” baby-led natural position

Lie back on a sofa, bed, or reclining chair so that your body is at a comfortable 45-degree angle, but not flat. This may be more comfortable than sitting up and leaning over a breastfeeding pillow.



Here are some tips:

- Place your baby on his or her tummy on your chest. When your baby feels your body with the whole front of his or her body, it triggers his or her senses to find your nipple. Let your baby move over to the breast and latch on without your help. Your arms will make a “nest” around your baby.
- When your baby attaches, make sure you see more areola above the upper lip than below the lower lip. This should help protect your nipples from soreness.

Other positions you can try



Cradle Hold



“Football” Hold



Side-Lying Hold

Cradle hold or “cross-cradle” hold

Here are some tips:

- Sit upright. Make sure you have back support and that you are comfortable and relaxed. Raise your baby to breast height. Use a pillow under your baby’s bottom. Put your baby on his or her side on the pillow so his or her tummy is touching your tummy. Use a chair with armrests for your arms.
- Keep your knees level with your hips. Put a stool or pillow under your feet if needed.
- Cradle your baby. Make sure your baby’s body is well supported by your arm (cradlehold). Or use your hand to support the base of your baby’s head and neck (cross-cradle hold).
- Make sure your baby’s body is facing and touching your body with your baby’s head higher than his or her bottom. It is easier for your baby to swallow that way.

“Football” hold

You can use the football hold to breastfeed two babies at once.

Here are some tips:

- Place a pillow at your side. Lay the baby’s bottom on the pillow so that your baby’s bottom is lower than his or her head. Hold your baby’s neck so that your fingers are below his or her ears.
- Make sure your baby’s body is on his or her side so the whole front of your baby’s body is touching yours.
- Tuck your baby’s legs between your arm and body, as if you were clutching a football or purse at your side.

Side-lying hold

Here are some tips:

- Stretch out on your side. Using pillows to support your head, neck, and back. Place your baby on his or her side facing you so that the front part of your baby’s body is against your body.
- Support your baby’s head, neck, and back with your arm.
- Let your baby find the nipple and attach without help.

- Switch breasts. Gather your baby close to your chest. Then roll onto your other side to feed the same way from the other breast.
- It is always possible to fall asleep while nursing, so make sure you are in a safe place when you use this hold. Do not use a couch. Follow your healthcare provider's advice about a safe sleep environment for your baby.

Mastitis

Mastitis occurs when breast tissue becomes swollen and inflamed. This is almost always due to infection. Mastitis most often affects breastfeeding women during the first 6 weeks after childbirth. For this reason, it's also known as lactation mastitis. Infection may happen after a duct becomes clogged, causing milk to back up in the breast. Mastitis may also occur if bacteria enter the breast through small cracks in the nipple. (Less often, mastitis occurs in women who aren't breastfeeding. If you have mastitis that is not due to breastfeeding, your healthcare provider will give you more information as needed. Treatment may include some of the same home care measures listed below.)

Mastitis may cause flu-like symptoms such as fever, aches, and fatigue. The affected breast may feel painful, warm, tender, firm, or swollen. The skin over the breast may be red (often in a wedge-shaped pattern). You may feel a burning sensation when breastfeeding.

In most cases, mastitis can be treated with antibiotics. This should clear the infection. If treatment is delayed, a pocket of pus (abscess) can form in the breast tissue. A procedure may then be needed to drain the pus. In severe cases of infection, other treatments may be needed.

Home care

Breastfeeding

- It's very important to keep the milk flowing from the infected breast. Continue breastfeeding from both breasts as usual. This will not hurt the baby. If this is too painful, use a breast pump to remove milk from the infected side. This can be fed to your baby or discarded. Note: If you don't continue to breastfeed or pump your breast, bacteria

can grow in the milk that is left in your breast. This can make your infection worse.

- Tell your healthcare provider if you have problems with breastfeeding. He or she may suggest changes to your technique, if needed. You may also be referred to a lactation nurse or consultant for support with breastfeeding.

General care

- Take any medicines you're prescribed as directed. If you're taking antibiotics, be sure to complete all of the medicine even if you start to feel better. Over-the-counter pain medicines may also be recommended. Don't use breast creams or other products or medicines without talking to your healthcare provider first. Note: If you're concerned about taking medicines while breastfeeding, talk to your healthcare provider.
- Rest as often as needed. Also be sure to drink plenty of fluids.
- To help relieve pain and swelling, heat or ice may be used. Apply as often as directed by your provider.
 - Heat: Place a warm compress on the breast. Use a towel soaked in hot water, a heating pad, or a hot water bottle.
 - Cold: Place a cold compress on the breast. Use an ice pack or bag of ice wrapped in a thin towel. Never place a cold source directly on the skin.

Follow-up care

Follow up with your healthcare provider as advised.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Fever of 100.4°F (38°C) or higher, or as directed by your provider
- Shaking chills
- Worsening symptoms or symptoms that don't improve within 48 to 72 hours of starting treatment
- New symptoms develop



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