

BREAST FEEDING

This note is written to help you. It gives tips on how to prepare for breast feeding before the baby is born, how to get started, how to nurse a new baby with ease and how to continue nursing if you go to work outside your home and a daily food guide for nursing women about their nutritional needs. Throughout this information packet the baby is referred to as “he”. This is to avoid confusing the baby and the mother; the information applies to both girls and boys.

What’s good about breastfeeding?

Why should I breast feed my baby? To begin your milk was made for your baby, for example:

- Milk during the first few days is called colostrum and is the perfect starter food. This creamy to golden-yellow substance provides immunity against bacteria and viruses.

- It acts as a natural laxative to clear the meconium (first stool) from the baby’s intestine, Thus decreasing the chance of jaundice. Colostrum also contains sugar lactose, which helps prevent hypoglycemia.

- After the first few days, regular breast milk production starts.
- It has just the right amount of nutrients to help your baby grow and is easy to digest.
- It contains substances, which help prevent infections. Breast fed infants have milder illnesses when illnesses do occur resulting in:

- Fewer trips to the doctor
- Less ear infections
- Less diarrhea and vomiting
- Less allergies and eczema
- Less asthma
- Less upper respiratory infection
- Less chance meningitis
- Less chance of pneumonia
- Easy to digest
- Lower risk of chronic diseases such as diabetes, childhood cancers, multiple sclerosis (MS)
- Less chance of dying from Sudden Infant Death Syndrome (SIDS)
- Optimal brain growth
- Better jaw and speech development
- Lower risk of overweight

- When your baby is ready to eat, your milk is ready to serve.
- It’s clean and fresh and at the right temperature.
- There are no bottles to clean or sterilize formula to mix or feedings to heat up.
- Generally breast-feeding costs less than formula feeding.

- Breast-feeding brings a baby and mother together emotionally as well as physically.
- Breast-feeding helps your uterus return to approximately its original size, which stretched during your pregnancy.
- Nursing can also help you lose weight after your baby is born. It uses some of the extra fat your body stored during pregnancy.
- Breast-feeding delays the return of menstruation, particularly if the mother does not give the baby a supplemental bottle or other foods.
- As an added bonus breast-fed preterm babies tend to have a higher IQ than their formula fed playmates.
- Women who breast-feed have been shown to have less incidence of pre-menopausal breast cancer and risk of ovarian cancer.

A word about “Old wives tales”

❖ **“Women with small breasts can’t breast feed”**

Being able to breast-feed does not depend on the size of your breasts. Your breasts usually increase in size during pregnancy. Your breasts will not be bigger or smaller after you stop breast-feeding.

❖ **“You have to drink a lot of milk to make good milk”**

Extra fluid of any kind may help stimulate milk production. Milk and food products made from milk such as soups and milkshakes can be used to help provide this fluid, along with water and other juices.

❖ **“ You will have to quit eating many of your favorite foods when you breast feed”**

You can continue eating most of your favorite foods if you breast feed. Though some people report that chocolate, onions, garlic and cabbage cause problems, many seem to have no difficulty when they eat these foods. If you are worried about any particular food, wait until you are successfully breast feeding before you try it. Eat a small amount and see if your milk bothers your baby.

How breast milk is produced?

Breast milk is secreted by hundreds of tiny cells found within each breast. These cells are stimulated to produce milk by a special body chemical (a hormone called prolactin). The amount of prolactin in your body increases when you nurse your baby. This causes more milk to be secreted.

The milk secreting cells are grouped together in units called alveoli. Another hormone, Oxytocin also increases during breast-feeding. Muscle cells surround the alveoli. Oxytocin causes the muscle cells to contract and squeeze the milk from the secreting cells down to tiny collecting tubes (milk ducts) toward your nipple. This is called the “let down” reflex. Breast milk production is called a supply-demand system. More nursing (demand) results in more supply. Breast size is not a factor in milk production.

Around the fourth or fifth month of pregnancy and later for some women, the breasts begin to produce a yellowish fluid called colostrum. Colostrum will be your baby’s first food and contains the perfect nutrients needed by a newborn infant as well as anti-infective substances to help

protect him. Some women experience a spontaneous leaking of colostrum from their nipples during pregnancy. This is quite normal.

It is best to use only plain water to wash breasts and nipples during pregnancy. Soap, alcohol, lotions, and cosmetic preparations dry or weaken the skin and should not be used. After your baby is born, it is not necessary to clean your nipples in any special way. Just continue to wash them daily with plain water. Prepare your breasts for nursing. This can start when you are 7 or 8 months pregnant and may include cleaning, rubbing and rolling your nipples, exposing them to sunlight and air and letting them rub against your clothing several minutes each day.

You will want to check your nipples to see if they stand out far enough for the baby to latch on to them easily. If they do not stand out very far (approximately $\frac{1}{4}$ inch) when they are firm, it might be especially helpful to use a nipple rolling and stretching exercise several times a day. To determine if your nipples are flat or inverted, simply place your thumb and index finger on the areola, the dark area surrounding your nipple. At the base of the nipple, compress gently but firmly. If your nipples flattens or retracts (inverts) you can begin wearing breast shells during the last couple weeks of pregnancy. These plastic shells are worn under a bra and create slight pressure at the base of the nipple drawing it out. It is important to do this pinch test because although some nipples appear erect they will invert when the areola is compressed.

Consider buying a nursing bra. These are available with front closing flaps that come down to expose your nipple and part of your breast. This makes nursing easier. Be sure your new bra gives you good support and does not press, bind or rub tightly against your nipples.

Remember that your breasts will be much larger immediately after delivery than they are during most of your pregnancy, so do not buy bras too early and do allow some growth.

Getting started

An opportunity to nurse soon after delivery is beneficial for you and your baby. We encourage new mothers to begin breast-feeding their babies within the first hour or two after the baby is born. It may also be helpful for a nursing mother and baby to stay together in the same room in order that a mother can get acquainted with her baby and breast feeding can easily get off to a good start.

Always take time to make yourself comfortable. You can nurse in your bed or sitting in a chair. Request an extra pillow or two to tuck under your baby and behind your back. If you are sitting up in bed, it is helpful to place a pillow under your knees. Feel free to ask your nurse for help getting comfortable and positioning your baby.

If you want privacy while nursing your baby, you may close the door to your room or keep the curtain around your bed drawn. Ask everyone to leave except those who are there to help. This may help you relax and be comfortable. Keep in mind that even though breast-feeding is the natural way to feed your baby, it is not instinctive but is learned both by mother and baby. It takes several weeks for a mother and baby to become a skilled nursing team. Be patient with yourself and your baby.

Your baby should be awake before starting to nurse. If he's sleepy, possible ways to help him wake up include undressing him down to his diaper and gently rubbing his back, pushing his hair back toward the crown of his head or sitting him up as if you were going to burp him.

Avoiding artificial nipple preference/ confusion

Your baby begins to learn and practice the correct breast-feeding suck with the very first nursing experience. When both breast and bottle are offered in the early days, your baby may become

nipple confused or may simply prefer the bottle nipple. Breast-feeding is an active process for the baby; bottle-feeding is passive and requires a different type of suck.

A baby who is bottle fed early can have difficulty transferring learning to the breast. Avoid using any rubber teats (nipples) or pacifiers during the first few weeks. If your baby needs supplementation for a medical reason, use a cup. Yes, even a tiny baby can drink from a small medicine or paper cup.

Nursing tips

- Touch your breast to the center of your baby's lips and stimulate to open your mouth. This is called the rooting reflex. Gums should be around areola and not just the nipple.
- Make sure the baby takes the nipple and as much of the areola as possible in his mouth.
- Hold your breast so that your baby can breathe easily while nursing.
- Eat an adequate diet: drink plenty of liquids each day.
- Expose your nipples to the air to dry; clean only with water.
- Make sure your baby has at least 6 wet diapers each day, 3 - 4 bowel movements within 24 hours, 8 - 12 feedings within 24 hours, audible sucking and swallowing, a constant weight gain, good sleeping habits, good health when awake, and a pale yellow urine and not a deep yellow or orange.
- Get as much rest as possible.

There are several ways to hold your baby during nursing. The most common way is the cradle position with the baby's head in the crook of your arm. Provide firm support for his back and buttocks with your arm and hand. Adjust the baby's position so he is actually lying on his side with his body facing you and his face and mouth directly in front of your breast and nipple.

Cup this breast in your free hand, fingers below and thumb above. Be sure your fingers and thumb are back off of the pigmented part of the breast (the areola). Gently draw your baby toward you while you move your breast in such a way as to touch the lips of your baby with your nipple. This stimulates the baby to open his mouth widely (rooting reflex). As this occurs, pull him straightforward onto the nipple and areola, allowing his nose to actually touch the breast. If needed, you can pull your supporting hand from under the breast and with one finger make a very slight depression just to the side of the baby's nose. This will allow airflow for the baby to breathe comfortably while nursing. Keep in mind that when a baby is correctly positioned or "latched on", your nipple and much of the areola are pulled well into the baby's mouth. With correct latch-on, milk flow is more effective, injury to nipples is less likely, and nursing time can be extended to 8 to 10 minutes right from the start. This is more satisfying to your baby, stimulates a vigorous milk supply, and helps to prevent excessively full (engorged) breasts. If latch on hurts, pinches, or produces pain, the latch on may be incorrect. While the frequency of nursing can vary, it is important to remember that supply follows demand. During the first several weeks of nursing, breast-fed babies seem to gain most satisfactorily when they nurse 8 or more times in 24 hours or approximately every two to three hours.

Breast-feeding is a biological partnership between a mother and baby and either partner can request a feeding. At times a normal infant may need to eat sooner than 2 hours. On the other hand, a new mother's breast may become too full and engorged if the interval exceeds 4 hours. Engorgement may be lessened by waking the infant and initiating a feeding if the interval has gone too long.

If your breasts leak, you may use a nursing pad or clean handkerchief or squares of other soft materials inside your bra to catch the drip, it is a good idea to change them often. Plastic lined pads are not advisable because they will prevent air from drying your nipples. All babies lose some weight during the first few days after birth. This is normal. Most babies regain their weight after they are little over a week old. Sometimes when your baby starts to nurse, you may feel a brief tickle, tingle or even slight pain in your breast. Or, milk may start to drip from your breast not being used. These feelings and milk flow are signs of the "let down " reflex. It means your body is making it easier for your baby to nurse.

When you breastfeed, alternate between which breast you offer first. While you should try to breastfeed evenly on both sides, your baby may prefer one side over the other and nurse much longer on that side. When this happens, the breast adapts its milk production to your baby's feedings. Remember that your baby's feedings control how much milk your breasts produce. It is important to let your baby nurse on both sides so that each breast gets stimulation over the course of a day.

During the first few days you may also have strong cramps when you start to nurse. They are normal. Nursing is helping your uterus go back to it's original size. During the first week after delivery colostrum is changing to mature milk, your breasts will become full. This normal postpartum fullness usually diminishes within three to five days. Engorgement may develop if your baby does not adequately remove the milk from your breasts. During this time, your breasts will feel hard, painful and hot. The fullness is due in part to extra blood, lymph and swelling not entirely to accumulated milk. Excessive fullness can also lead to swollen areolas and flattened nipples, making it difficult for the baby to latch on and subsequently sore nipples.

If your breasts are hard and swollen try this:

- Feed your baby more often to keep breasts soft and empty.
- Soak a cloth in warm water and put it on your breasts or take a warm shower.
- Feed your baby in more than one way. Try sitting up and lying down.
- Gently massage your breasts from under the arm and down to the nipple. This will help reduce soreness that you feel in your breasts.
- Do not stop breast-feeding.
- Avoiding supplements of water or formula for the first 3 to 4 weeks unless medically indicated.
- Expressing your milk if you miss a feeding.
- Hand express to soften the areola before breast-feeding. Gently massage your breast before and during breast-feeding.
- If your baby is unable to latch on, you will need to express your milk. You can do this by manual expression or by electric pump.

Manual expression:

- Get ready by placing a cup under your breast.
- Position your thumb (above the nipple) and first two fingers (below the nipple) about 1inch to 1-½ inches from the nipple, though not necessarily at the outer edges of the areola. Be sure the hand forms the letter "C" and the finger pads are at 6 and 12'o clock in line with the nipple.

- After grasping your areola between your thumb and first finger.
- Push straight into the chest wall and release with rhythmic motion until the milk flows or squirts out.
- Rotate your thumb and finger around the areola so you get milk from several positions.
- Repeat rhythmically to completely drain reservoirs. Position, push and roll.
- Avoid cupping the breast.
- For severe engorgement, warmth may not help. You may want to put cold compresses as you express milk. Use ice packs in between feedings to relieve discomfort.

Avoid these motions

- Do not squeeze the breast, as this can cause bruising.
- Sliding hands over the breast may cause painful skin burns.
- Avoid pulling the nipple, which may result in tissue damage.

Assisting the milk ejection reflex

- Massage the milk producing cells and ducts by pressing the breast firmly with the flat of the fingers into the chest wall, beginning at the top. Move the fingers in a circular motion, concentrating on one spot at a time for a few seconds before moving on to another spot. Spiral around the breast toward the areola as you massage. The motion is similar to that used in a breast examination.
- Stroke the breast area from the top of the breast to the nipple, using a light tickle touch. Continue the stroking motion to help you relax which in turn will stimulate the milk ejection reflex.
- Shake the breast while leaning forward so that gravity will help the milk eject.

Timing

The entire procedure should take approximately 20-30 minutes.

- Express each breast for 5-7 minutes.
- Massage, stroke, and shake.
- Express each breast for 3-5 minutes.
- Massage, stroke, and shake.
- Express each breast 2-3 minutes.

When your breasts are swollen, you may not feel well. You should feel better in one or two days. Drink lots of liquids. Take no medicine. If you have a fever, call your doctor. Do not stop breast-feeding.

Ending the feeding

Never pull the nipple from your baby's mouth. Break the suction by pressing your breast away from a corner of the baby's mouth by placing a clean finger inside your baby's mouth between the gums or gently pushing down on the baby's chin. Burping your baby is next.

Burping

Sometimes a baby swallows air while he's nursing. Burping helps get rid of it. If you let the air stay in his stomach, sometimes he may become fussy. You may try to burp the baby after feeding him on the first breast. This sometimes gets a sleepy baby awake for the second breast. After your baby nurses on the second breast, he may need to be burped again. Here are some of the methods by which you can help your baby burp:

- Lay baby across your lap. Turn his head sideways and support it with your hand. Gently pat or rub his back with your other hand.
- Sit the baby up in your lap holding his chin with one hand. Gently pat or rub his back with your other hand.
- Hold the baby so his head rests on your shoulder. Gently pat or rub his back.

Some babies do not swallow much air when they nurse. Other babies swallow air but just won't burp. If your baby is one of these, you may try patting his stomach for a few minutes after you feed him. If there is an air bubble in his stomach, it may come up this way. After each feeding, let your nipples air dry before closing the flap of your nursing bra or putting your bra on. Rinse your nipples at least once a day. If your nipples become chapped or sensitive, we recommend a light coating of hydrous lanolin may be used after air-drying. This ointment can be obtained from a drug store without a prescription.

Spitting up, hiccups, and other reactions

Spitting up is a common reaction that infants have during or after feeding, and some just spit up more easily than others. There is usually no need to be concerned when your baby spits up. Unlike formula fed babies, the spitting up of human milk does not smell bad and does not stain clothing or linen. If your baby does spit up, do the following:

- Try to make each feeding calm, quiet, and leisurely.
- Avoid interruptions, sudden noises, bright lights, and other distractions.
- Burp your baby at least twice during the feeding.
- Hold your baby more upright during feedings.
- Put your baby in an upright position right after feeding.
- Do not jostle or play vigorously with your baby right after a feeding.
- If the baby repeatedly vomits, especially in a forceful manner (shooting out), call us right away.

Most babies also hiccup from time to time during feedings. If this happens, you can continue to nurse your baby; hiccups will stop on their own.

At home

Babies, of course, are all quite different and will tend to develop their own different feeding patterns. It is common for many to continue for some time to eat every two to three hours throughout both day and night. Others will shift feedings to every 3 or 4 hours. Another group will eat very often during the day and begin to sleep longer hours at night. When a baby is going through a growth spurt or an increase of activity, his appetite will increase and he may begin to increase his frequency of nursing. Within a few days this increased demand will cause an increase in milk supply and the frequency of feedings may lessen again.

How long should you nurse?

A frequent recommendation is 10 minutes on the first breast. And up to 20 minutes on the second breasts for each feeding. Change the breast you offer first each time. Some babies can empty a breast in less than 10 minutes but they may be tired by the time they nurse on the second one. Also, a baby needs time just to suck and sucking helps make more milk. Some feedings may be longer than others. Generally the early morning, late afternoon and evening feedings are longer. One of your first questions will be “how can you tell if your baby is getting enough to eat”? If the baby is satisfied between feedings, sleeps well and is gaining weight and has at least 6 wet diapers, he is likely to be doing well.

At around 6 weeks and again at 3 months your baby seems to be hungrier and wants to nurse more often than usual. Additional sucking will produce more milk so nurse him more often if he wants. Fatigue is a working mother's biggest enemy, regardless of how you choose to feed your baby. One of the ways to minimize fatigue is to start work in the middle of the week and take the day off in the middle of the week for the next few weeks.

What about water?

Human milk provides all the fluid a healthy baby needs. Even in hot weather a breast fed baby does not need extra water, so long as he is allowed to nurse often enough. Do not give your baby free water before 6 months of age, as it can cause electrolyte abnormalities due to their immature kidney filtering systems.

What about vitamins for your baby?

Your baby needs extra vitamins if you are breast-feeding. We will give you advice on that.

Stool pattern

- You can expect breast fed babies to have soft yellowish 5 to 12 bowel movements per day.
- They are often watery, but don't have a bad smell. At first your baby may have a stool each time he nurses. An older nursing baby may have a stool only once every few days.
- There's no need to worry as long as the stools are soft, even if your baby shows some signs of stress while passing the stool.
- Stools are generally watery for the first 3-4 weeks.

Feeding when away from the baby

After you have breast fed your baby for a few weeks, you may give your baby an occasional bottle. You may wish to use your own expressed milk or an infant formula. You can do this if you need to be away from your baby at feeding time, but don't start too early, before your milk supply is established. If you use a bottle for feeding, express the milk the baby did not get from your breasts to help you keep up the milk supply. If you put this milk into a clean dry container with a lid you can keep it in the refrigerator for one day. A glass or plastic jar bottle is fine, wash it in hot soapy water and rinse well. Let it air dry before using.

If you return to work, bottle feedings can be given to the baby while you are away. You can still nurse your baby when you are at home. Try to pump breast milk at work and you can use it the next day. Ask us if you need advice for the breast pump.

Here is some basic advice to boost your breast-pumping:

- Always wash your hands before breast pumping.
- Use deep breathing techniques to relax and assist let down.

- Apply warm compresses to your breasts 10 minutes before pumping.
- Move the pump's breast shield around to stimulate more milk ducts.
- If letting down is difficult, have a drink of water, juice or tea before or during pumping.

Storing breast milk

Human milk varies in color, consistency and odor, depending on the mother's diet. Because breast milk is not homogenized, the cream will separate and rise to the top of the container. Breast milk may be safely stored by carefully following steps:

1. Wash your hands well with soap and water before touching your breasts or any milk containers. Avoid touching the inside of the bottles or caps.
 - Pump or express milk into a clean collection cup.
 - Label the container with the date and amount of milk collected; be sure to use the oldest milk first.
 - Because breast milk contains antibacterial factors, freshly pumped breast milk can be kept safely at room temperature for a few hours, but it is still best to refrigerate your milk as soon as possible.
 - Fresh breast milk may be kept safely in the refrigerator for up to 72 hours.
 - For longer storage, freeze your breast milk. Frozen milk may be stored in the freezer for six months or in a deep freeze for up to 12 months. Place it in the back of the freezer and in the door. Do not refreeze milk. Do not save milk from one bottle for use at another feeding. Fill the container only $\frac{3}{4}$ full to allow room for expansion during freezing. Freeze the milk in 2oz. to 4oz. portions. These smaller amounts will thaw quicker. If your baby doesn't drink the entire portion, there is less waste. It is possible to combine fresh milk with frozen milk. To prevent pre-mature thawing, always cool milk before combining it with previously frozen milk. The amount of newly added milk must be less than the amount of milk already frozen. Never refreeze breast milk.

Thawing breast milk

- Place the sealed container of milk in a bowl of warm water for about 30 minutes or hold the container under warm running water. Never microwave breast milk; microwaving alters the composition of the breast milk and can result in burning your baby.
- Swirl the container to blend any fat that may have separated and risen during thawing.
- Feed thawed milk immediately or store in the refrigerator for a maximum of 24 hours.

Eating right

What you eat during the time you nurse your baby is important. You'll need the foods normally required by your own body plus the extra food to produce milk for your baby. Try to avoid caffeine or at least reduce your intake while you are breastfeeding. Caffeine tends to build up in babies' systems because their bodies' cannot get rid of it very easily. A morning cup of coffee is not likely to harm your baby, but too much caffeine can cause problems such as poor sleeping, nervousness, irritability, and poor feeding. Try using decaffeinated coffee and tea and avoid colas and other carbonated drinks that have added caffeine.

Food sensitivities

Sometimes breastfeeding babies react to certain foods that their mothers eat. You might notice that after eating spicy or "gassy" foods, your baby cries, fusses, or even nurses more often.

Since babies with colic often have similar symptoms, the best way to tell the difference between a food reaction and colic is by how long symptoms last, with food reactions, symptoms are usually short-lived, lasting less than 24 hours. Symptoms caused by colic occur daily and often last for days or weeks at a time. If your baby gets symptoms every time you eat a certain type of food, stop eating that particular item. Try to avoid caffeine or at least reduce your intake while you are breastfeeding. Caffeine tends to build up in the babies' systems because their bodies cannot get rid of it very easily. A morning cup of coffee is not likely to harm your baby, but too much caffeine can cause problems such as poor sleeping, nervousness, irritability, and poor feeding. Try using decaffeinated coffee and tea and avoid colas and other carbonated drinks that have added caffeine.

Dairy products

In rare instances, your breastfed infant may be allergic to the cow's milk in your diet. Symptoms can appear anywhere from a few minutes to a few hours after she breastfeeds and may include diarrhea, rash, fussiness, and gas. To tell whether your baby is allergic, you need to cut out all dairy products from your diet for 2 weeks. Then one by one return each dairy product to your diet to see whether your baby has a reaction after nursing.

Maternal Illness

Even with more serious illnesses, such as breast abscess, gall bladder surgery, or severe infections, you usually only need to stop breastfeeding for a short period. There are a few infectious diseases that mothers have that can be transmitted through human milk to the baby, including HIV and untreated tuberculosis. Mothers in the United States with HIV are advised not to breastfeed. Similarly, mothers with tuberculosis should not breastfeed until appropriate treatment has been started. Mothers with hepatitis B can breastfeed their infants if the infant receives the hepatitis B vaccine in the first few days after birth. There is no evidence that hepatitis C is transmitted by breastfeeding. Mothers with chronic hepatitis C are often advised that they can nurse their infants, but they should discuss this with us.

Weaning

Weaning from the breast- How long you breast-feed depends on both you and your baby. Sometimes a mother switches her baby to an infant formula when he is 6 weeks old. Others breast feed until the baby is a year or older and start feeding him cow's milk from a cup. We suggest that breast-feeding should continue through as much as the infants' first year of life as possible.

When should I wean my baby?

Around the world babies are breastfed an average of two to three years; there is however no right time to wean. Weaning is an individual decision for each mother and baby. Most babies will not show signs of wanting to wean before eight to nine months at the earliest. The American Academy of Pediatrics recommends breastfeeding exclusively for the first four to six months, gradually introducing new foods after that time. When you or your baby decides to wean, you should do so gradually to prevent the discomfort of engorgement and help to maintain your baby's sense of security. Dropping one feeding every few days and replacing it with formula or cow's milk (depending on your baby's age) will allow your breasts to adjust to the decreased demand in comfort. Most mothers drop the late night or early morning feeding as this feeding is often a special snuggle time with the baby. Once you have begun the weaning process, it is usually unwise to express milk from your breasts. A decrease in sucking will decrease your milk supply. If your baby refuses to suck on the bottle nipple, have patience. Trying a different type of nipple or letting someone else feed him while you leave the room often helps. Using a cup, if

he's old enough, is another alternative. If it is not possible to wean the baby gradually, your breasts may become swollen or sore. You can relieve the swelling of your breasts by breast pump or hand expression of a little milk to ease the pressure. Ice packs can help relieve any pain you have.

When should other foods be offered? It may be best to exclusively breast feed until your baby is at least 4 to 6 months old. A baby gets all the nourishment he needs from your milk until 4 to 6 months of age, there is no need to start giving the baby solid foods before that age. Every baby who is breast fed exclusively will eventually outgrow his mother's ability to provide all his food requirements. At this time it is appropriate for you to choose foods that compliment the infants basic diet of breast milk. As you begin mixed feeding, breast milk production should continue normally.

Most mothers have many questions during the time they breast -feed. Here are the answers to some typical questions.

Mature milk production begins about 30 hours after delivery, but may not be evident for two to five days. Timing varies depending on your baby's ability to latch on properly and how frequently and effectively your baby sucks. Generally the more babies you have had, the sooner your milk comes in. Keep in mind until mature milk is present your baby is receiving colostrum, which has three times the protein of mature milk and is just right for meeting your baby's needs during those first few days.

Introducing baby to a cup

Weaning to a cup has the following advantages over a bottle:

- Eliminates the step of weaning first to a bottle and then to cup
- Bottle-feeding for long periods of time or while sleeping can lead to tooth decay
- Drinking from a bottle while lying flat can lead to middle ear infections.
- Prolonged bottle-feeding can lead the bottle to become a security object, especially after a child is 1 year old.

To introduce your baby to a cup, start with a trainer cup that has two handles and a snap-on lid with a spout. Or you can use a small plastic glass. This will keep spills small as your baby tries holding the cup (and throwing it) different ways. Do not be surprised if your baby treats the cup as a plaything at first.

Offer your milk when available, starting with just one meal a day. It may be easiest to substitute a cup for breastfeeding at the midday feeding first and the nighttime feeding last. (Nighttime feedings are often a source of comfort and calming before sleep.)

Be patient and wait until your baby can get most of the liquid down his throat before you fill the cup with juice or milk. Since weaning is a process, it may take months before your baby is willing or able to take all of his liquids from a cup. Proceed gradually and let his willingness and interest guide you.

How long should I feed my baby?

Babies need to be nursed as often as they indicate a desire to breast-feed. Watch for your baby's cues. Rooting, brushing a hand across his face or making little sucking motions are all indications that it is time to breast-feed. Babies will demonstrate feeding cues for up to 30

minutes before they start crying. Crying can cause your baby to have an uncoordinated suck making it more difficult to initiate feeding.

Most babies need to be breastfed at least 8 to 12 times for the first few weeks. Once you and your baby are synchronized the frequency and duration of feedings per day will decrease. This process takes about six weeks, just about the length of time it takes for you to completely recover physically from the birth process. Let your baby breast feed long as you know when he is finished, either by spontaneously coming off the breast or by drowsily moving into non-nutritive nursing. You can burp the baby and offer the other breast. If your baby takes it, fine; if not that's fine too.

There aren't any rules about having to take both breasts at a feeding. The next time the baby is ready to feed, you can offer the side he finished or he didn't take. Keep in mind that sometimes babies love to be put to the breast simply for closeness and comfort, not because they are necessarily hungry. Generally speaking, most babies will breast feed every two to three hours for 5 to 15 minutes.

Does my baby need bottles?

Giving your baby supplemental or relief bottles may lead to nipple confusion/preference and can adversely affect your milk supply. Unless you are advised to do so for a medical reason, you should not give breastfeeding baby bottles of water or formula for the first few weeks. If supplementation is necessary it can be done with a small medicine cup or spoon. Giving bottles every day or every other day so that your baby gets used to a bottle is not necessary. After the first few months, giving him a bottle of expressed milk periodically when it is convenient for both of you is all you need to do.

Milk leaks from my breasts between feedings. What can I do?

Leaking is usually a temporary problem. If you apply pressure with the palm of your hand to the nipple when the tingling first starts, you probably can stop the leaking. If you are going to be away from home for a few hours and are afraid your leaking will show through your clothing, you can put squares of soft material or nursing pads inside your bra to catch the drip.

My nipples hurt. How can I make the pain go away?

Some mothers will experience nipple tenderness for the first few days when baby starts nursing. This latch on discomfort should disappear as soon as baby begins rhythmic nutritive sucking. Pain after this initial discomfort generally indicates that the baby is not attached to your breast correctly. Incorrect latch-on not only causes sore nipples, but can contribute to ineffective emptying of the breast as well. If you have blisters, cracking, burning, bleeding or pain throughout the feeding it is recommended that you talk to us. You can prevent sore nipples by:

- One of the most important things you can do is to make sure your baby is properly latched -on throughout the nursing process and that you break the suction before taking him off the breast.
- Breastfeeding your baby frequently 8 to 12 times a day.
- Expressing a little breastmilk onto the nipples and massaging it on the breast.
- Expose your breasts to the air frequently.
- Apply hydrous lanolin cream on the areola to keep it soft.
- A very cold wet washcloth put on the nipple only for a minute just before nursing may help ease the pain.

- Nursing for shorter periods, but more often can help.
- If only one nipple is sore, starting each feeding on the other breast and then switching to the sore breast when the baby is not so hungry and after you have felt the letdown reflex, may ease the problem.

Mastitis

Mastitis is an infection of the breast. It causes swelling, burning redness, and pain. This usually occurs in just one breast and may also cause a nursing mother to feel feverish and ill. If you have any of these symptoms, let your doctor know at once so that you can start treatment. Lots of rest, warm compresses, antibiotics, breast support, and continued breastfeeding are all that are usually needed.

Mastitis occurs when a milk duct gets blocked and bacteria infect a portion of the breast. Rest and good nutrition will help you get back your energy. Also, frequent nursing will help drain your breasts and prevent the infection from spreading.

You should not stop breastfeeding while you have mastitis since the infection will not spread to your milk. It is important to keep the milk flowing in the infected breast. It is important to keep the milk flowing in the infected breast. If it is too painful to have your baby nurse on the infected breast, open up both sides of your bra and let the milk flow from the breast onto a towel or absorbent cloth. This relieves the pressure as you feed the baby on the opposite side. Pumping the affected side may also be necessary.

My breasts seem full and hard. Is this too much milk? How can I get rid of it?

Too much milk is called engorgement. It may occur when you miss a nursing period. It can be relieved by nursing the baby. A healthy infant is far more effective at emptying the breast than any pump. Remember breast-feeding is a learned process. Be patient. It may take several tries before you are comfortable and proficient. Also you can manually express some of the milk.

I have a red sore area on my breast. Should I call my doctor (Obstetrician)?

Yes. Any red, sore or painful area of your breast may be an inflammation. If your doctor recommends, you can usually keep nursing the baby. Other symptoms of an inflammation of your breast are headache, painful engorgement, fever and a general achy feeling. Call your doctor immediately if you have these symptoms.

Can I smoke and drink alcoholic beverages during the months I nurse the baby?

Both smoking and drinking alcoholic beverages affect your milk. It's best to avoid or cut down on smoking and drinking as long as you nurse.

Can I take any medicine if I am nursing my baby?

Yes. If you let your doctor know that you are breast-feeding and get an ok for all medicine including those, which don't require a prescription. Ask the doctor to prescribe only those that will not affect milk if he knows you are nursing. Also ask when and how to take the medicine. For most medicines, it's good to take your daily dosage at night right after the last nursing---if needed more often ---during the day after nursing.

I'm sick. Can I still nurse?

Yes, usually. If you are the one who is sick, you can often still nurse your baby. If you have an infection, your baby has been exposed to your illness by the time you start to feel bad. Consult with your doctor.

My baby is sick. Can I still nurse?

Probably. A sick baby may have a decreased appetite but it is best to check with us. Remember that it is difficult to begin breast-feeding again if it has been stopped for several feedings or days. If an interruption should be necessary, you can maintain your milk supply by pumping or hand expression at the same time the baby would have been nursed.

Must I wean my baby if either one of us is admitted to a hospital?

No, not necessarily. It may be possible for you and your baby to stay in the hospital together. Or, you can express your milk until you and your baby are together again. If your milk supply decreases while you are expressing, you can build it up again after you are home. Just let the baby nurse more often.

Should I wear my nursing bra all the time?

Wearing a nursing bra day and night may make you feel comfortable, especially in the first month or so, it will give you extra support and make those night feedings as easy as the day feedings.

My milk looks thin and watery. Is it all right?

Yes. Early human milk looks very thick and rich. Later, your milk will look thin (watery) and may be very pale blue. This is exactly as it should be. Human milk changes as your baby's needs change. That's part of its specialness.

What if I don't have enough milk?

Most women are able to produce enough milk for their babies. Milk production works on the principle of supply and demand. The more your breast-feeds the more milk you will produce, totally meeting your baby's needs. It is the frequency of breastfeeding as well as the milk removed from the breast that stimulate the milk production. Babies who are given supplemental bottles of water or formula breastfeed less frequently, ultimately decreasing the milk supply. Supplements, unless medically indicated, should be avoided for three to four weeks, until your milk supply is established and your baby is latching on to the breast without difficulty. Babies need to be breastfed at least 8 to 12 times in 24 hours the first 2 to 4 weeks or until well above birth weight. Try these methods for increasing milk production:

- Take your baby to bed with you. Nap and nighttime are time-tested remedies for enhancing a baby's weight gain.
- Look at, caress and groom your baby as he breastfeeds. These maternal behaviors stimulate milk production.
- Undress your baby before feeding to allow skin-to-skin contact. This action may help awaken sleepy babies and stimulate less enthusiastic nurses.
- Watch for your baby's feeding cues and capitalize on the times that he seems ready to eat.
- Don't try to wake up your baby from a deep sleep; wait until he is in a light sleep or drowsy state.
- Try "switch nursing" to encourage more enthusiastic breastfeeding if your baby seems to fall asleep quickly. Also called the "burp and switch" method, switch nursing allows your baby to feed on the first breast until his suck diminishes and his eyes begin to close. Take the baby

off your breast, burp him and latch him on the other breast. When sucking diminishes, take him off, burp, and switch again so he nurses at least twice on both sides.

- Double nursing is another effective method for increasing the volume and fat content of your milk. Feed your baby until he is content; keep him upright instead of putting him down to sleep; burp him well and 10-20 minutes later feed him a second time. Be sure to keep him upright for 10 to 20 minutes after a feeding to allow the trapped air bubble to be burped up, leaving room for a “topping off”.

Your baby will not be as fat as bottle fed babies, which is all right, and does not mean that you don't have enough milk. Remember that if you are eating well, you can usually increase the supply of your milk by nursing more frequently for a few days.

I'm taking oral contraceptives. Does this affect the milk supply?

Some types of oral contraceptives are thought to be interfering with the milk production. Your doctor can suggest the contraceptive measures that may be used during lactation.

I have inverted nipples. Can I still nurse my baby?

Yes. Ask your doctor for help before your baby is born.

I feel guilty about weaning my baby from my breast. Is something wrong?

No. Many women feel guilty, lonely or depressed when they wean their babies. Take time just to play with your baby and remember, natural weaning is a normal step in helping your child to grow up.

When I nurse our baby, his father feels left out. What can I do?

Letting the father give your baby a bath or setting aside a playtime just for father and baby can help, as does emphasizing how important the father's support is to you and the baby.

I must return to my work after my maternity leave is over. Can I continue to breast-feed?

Yes, almost always. Many working mothers are nursing mothers. By feeding your baby just before you leave for work. The milk you express can be refrigerated and taken home for your baby's feedings the next day. When you are with your baby on weekend and holidays, it is helpful to your milk supply to do a little extra nursing.

The following are different ways workingwomen manage breastfeeding:

- Extend maternity leave so as to have more time to get breastfeeding well established.
- Nurse your baby one or more during the workday if he is in a child care facility at your workplace or nearby.
- Work at home.
- Work part-time; feed before going to work and upon return home.
- Express milk – usually every 3 to 4 hours while you are at work for your baby to drink later from a bottle or cup.
- Breastfeed when you are with your baby. When you are away they baby receives formula or solids (if approximately 6 months of age).

Special considerations

Can you usually breast feed a premature baby?

Yes. At first, if your baby is not big enough to nurse, you may have to express all your milk. Some hospitals will use your breast milk to feed your baby. Express your milk at the times you would usually feed the baby. When you begin to nurse your baby, let him nurse frequently to build up your supply. An occasional supplemental bottle can be given so that the premature baby gets enough to eat until you have sufficient milk to satisfy him.

Can babies delivered by Cesarean section be successfully nursed?

Yes. It is helpful to have one or two extra pillows to support the baby and protect your incision. Many women in this situation prefer to sit up in bed to nurse with a pillow across their lap and one tucked under their knees. Nursing can also be comfortably done with both mother and infant lying on their sides facing each other with the infant directly in front of the breast. If a pillow is placed in front of the mother's abdomen where the incision is located, the infant's knees and feet will be prevented from accidentally touching the sensitive area.

Cleft lip/palate - Although your cleft-palate baby will have difficulty in sucking effectively, it is possible for you to breast-feed. You will probably need to pump your breasts after each feeding to keep up your milk supply and to supplement your baby's diet. Feedings regardless of whether they are breast or bottle will take longer than usual; but it is important not to get discouraged.

Can you usually nurse twins?

Yes. Twins can often be nursed at the same time, using one breast for each baby. Alternate the breast each baby uses at each feeding.

Can the triplets be nursed?

Yes. While an occasional mother of triplets does exclusively nursing, most use supplemental formula. A good plan is to nurse two of the babies at a time and give a bottle to the third baby for that feeding. At the next feeding a different baby will get the bottle. Nursing more than one infant, of course, requires additional nutrients. Keep in mind that milk production for a single baby requires a minimum of 500 extra calories in a mother's diet each day and increases, as the baby grows older. If nursing twins, you will need at least 1000 extra calories each day.

Where to get help?

1. Another nursing mother.
2. La Leche league - These are women who are breast-feeding or have breast fed their babies who meet on a regular basis.

Additional available materials

Breast-feeding: The Art of Mothering - A dramatic 40-minute video and book provide a complete and authoritative guide to breastfeeding. Call 1-800-835-5968.

Childcare book - 141 Northwest Point Boulevard, P.O. Box 927, Elk Grove Village, IL 60009-0927. Tel. (800) 433-9016.

Be sure to select a childcare provider or center that supports breastfeeding and can safely handle the milk and feedings per your instructions. Also, engage the support of your boss, human resources staff, occupational nurse, and coworkers. Assure them that pumping milk will not interfere with your work. And since studies show that breastfed infants do not get as sick as often as formula-fed infants, you may even miss fewer days of work to care for a sick baby.