Breastfeeding Challenges

Breastfeeding is often the best way to feed your baby. Challenges may discourage you from breastfeeding. But solutions can usually be found to help you. Some babies have conditions that may interfere with or make breastfeeding more difficult. But, in all of the following cases, breastfeeding is still best for a baby's health.

ADVANTAGES OF BREASTFEEDING

- Breast-fed babies tend to be healthier and less affected by disease.
- Breast-fed babies may have better brain development and be less likely to be overweight than formula-fed babies.
- Breastfeeding also benefits the mother. It will give you time to be close to your baby and helps create a strong bond. It also:
  - Delays the return of your periods.
  - Stimulates your uterus to contract back to normal.
  - Helps you lose some of the weight you gained during pregnancy.
- Breastfeeding is also cheaper than formula feeding. It also does not require mixing formula, heating bottles, or washing extra dishes.
- Breastfeeding mothers have a lower risk of developing breast cancer.
- Breastfeeding should be encouraged in women with gestational diabetes and diabetes types I & II.

BREASTFEEDING CHALLENGES

- Breastfeeding involves taking the time to get to know your baby's patterns and responding to his cues. Once breastfeeding is well established, feedings usually become more regular and more widely spaced. Some mothers do not nurse their babies because they come across problems early on. If at all possible, begin breastfeeding your baby within an hour after delivery. The first milk you produce is called colostrum. It is packed with nutrients and disease-fighting substances. These will help nourish and protect your baby against infections as he or she grows up.
- Some babies are unable to breastfeed because of premature birth and small size along with weakness and difficulty sucking. Sometimes with birth defects of the mouth (cleft lip or cleft palate) the mother may be able to pump breastmilk to give to her baby. Some digestive problems (breast milk jaundice, galactosemia) may be reasons not to nurse. See a lactation consultant if you have a breast infection or breast abscess, breast cancer or other cancer, previous surgery or radiation treatment, or inadequate milk supply (uncommon).

SOME MOTHERS ARE ADVISED NOT TO BREASTFEED DUE TO HEALTH PROBLEMS SUCH AS:

- Serious illnesses.
- Severe malnutrition.
- Undergoing Radiation therapy.
- Taking psychiatric medication.
- Active herpes lesions on the breast.
- Chicken pox or Shingles.
- Active, untreated tuberculosis.
- HIV (human immunodeficiency virus) infection.
- Drug/alcohol addiction.
- Undergoing radioactive iodine therapy.
- Leukemia human cell Type I/II.

BREASTFEEDING SHOULD NOT BE PAINFUL

It is natural for minor problems to arise in first time breastfeeding. Problems you may have and some solutions are as follows:

- Nipple soreness may be caused by:
  - Improper position of baby.
  - Improper feeding techniques.
  - Improper nipple care.
  - For many women, there is no identified cause. A simple change in your baby's position while feeding may relieve nipple soreness. Some breastfeeding mothers report nipple soreness only during the initial adjustment period.

- If there is tenderness at first, it should gradually go away as the days go by. Poor latch-on and positioning are common causes of sore nipples. This is usually because the baby is not getting enough of the areola into his or her mouth, and is sucking mostly on the nipple. The areola is the colored portion around the nipple. In general, nurse early and often. Nurse with the nipple and areola in the baby's mouth, not just the nipple. And feed your baby on demand.
- If you have sore nipples and put off feedings because of the pain, this can lead to your breasts becoming overly full. This may lead to plugged milk ducts in the breast followed by engorgement or even infection of the breasts. If your baby is latched on correctly, he/she should be able to nurse as long as needed without causing any pain. If it hurts, take the baby off of your breast and try again. Ask for help if it is still painful for you.
- Check the positioning of your baby's body and the way she latches on and sucks. To minimize soreness, your baby's mouth should be open wide with as much of the areola in his or her mouth as possible. You should find that it feels better right away once the baby is positioned correctly.
- Do not delay feedings. Try to relax so your let-down reflex comes easily. You also can hand-express a little milk before beginning the feeding so your baby does not clamp down harder, waiting for the milk to come.
- If your nipples are very sore, it may be helpful to change positions each time you nurse. This puts the pressure on a different part of the nipple.
- After nursing, you can also express a few drops of milk and gently rub it on your nipples. Human milk has natural healing properties. Let your nipples air-dry after feeding, or wear a soft-cotton shirt.
- Wearing a nipple shield during nursing will not relieve sore nipples. They actually can prolong soreness by making it hard for the baby to learn to nurse without the shield.
- Avoid wearing bras or clothes that are too tight and put pressure on your nipples. If you wear a bra, get one that offers good support to your breasts.
- Change nursing pads often to avoid trapping in moisture. Only use cotton pads.
- Avoid using soap, ointments or other chemicals on your nipples. Make sure to avoid products that must be removed before nursing. Washing with clean water is all that is necessary to keep your nipples and breasts clean.
- Try rubbing pure lanolin on your nipples after breastfeeding to soothe the pain.
- Making sure you get enough rest, eating healthy foods, and getting enough fluids also can help the healing process. If you have very sore nipples, you can ask your doctor about using non-aspirin pain relievers.
- Another cause of sore nursing is a condition called thrush. This is a fungal infection that can form on your nipples from the milk. Other signs of thrush include itching, flaking and drying skin, tender or pink skin. The infection also can form in the baby's mouth from having contact with your nipples. There it appears as little white spots on the inside of the cheeks, gums, or tongue. It also can appear as a diaper rash on your baby that will not go away by using regular diaper rash ointments. If you have any of these symptoms or think you have thrush, contact your doctor and your baby's doctor, or a lactation consultant. A lactation consultant is a breastfeeding consultant or expert. You can get medication for your nipples and for your baby.
- If you still have sore nipples after following the above tips, you may need to see someone who is trained in breastfeeding, like a lactation consultant.

ENGORGEMENT

Engorgement is a condition after pregnancy, when your breasts feel very hard and painful. You also may have breast swelling, tenderness, warmth, redness, throbbing and flattening of the nipple. Engorgement may cause a low-grade fever. This can be confused with a breast infection. Engorgement is the result of the milk building up. It usually happens during the third to fifth day after birth. This slows circulation. When blood and lymph move through the breasts, fluid from the blood vessels can seep into the breast tissues. All of the following can cause engorgement.

- Poor positioning.
- Infrequent feedings.
- Giving supplementary bottles of water, juice, formula, or breast milk or using a pacifier. All of these cut down on your feeding and may lead to engorgement.
- Changing the breastfeeding schedule with decreasing in feeding.
- The baby changes the nursing pattern.
- Having a baby with a weak suck who is not able to nurse effectively.
- Fatigue, stress, or anemia in the mother.
- An overabundant milk supply.
- Nipple damage.
- Breast abnormalities.

Engorgement can lead to plugged ducts or a breast infection. So it is important to try to prevent it before this happens. If treated properly, engorgement should only last for one to two days.

- Minimize engorgement by making sure the baby is latched on and positioned correctly at your breast.
- Nurse frequently after birth. Allow the baby to nurse as long as he/she likes, as long as he/she is latched on well and sucking effectively.
- In the early days when your milk is coming in, you should awaken a sleepy baby every 2 to 3 hours to breastfeed. Breastfeeding often on the affected side helps to remove the milk and keeps milk moving freely. This prevents overfilling of the breast.
- Avoid additional bottles and pacifiers.
- Try hand expressing or pumping a little milk to first soften the breast, areola, and nipple before breastfeeding. Or massage the breast before feeding.
- Cold compresses in between feedings can help ease pain and swelling.
- If you are returning to work, try to pump your milk on the same schedule your baby was fed.
- Eat a well balanced diet and drink plenty of fluids.
- Use a well-fitting, supportive bra that is not too tight.
- If your engorgement lasts for more than two days even after treating it, contact a lactation consultant.
- Use a breast pump to keep up with your nursing schedule.
- Use a breast pump if your baby is not taking enough milk or you feel you may be getting engorged.

PLUGGED DUCTS AND INFECTION

Plugged ducts and breast infection (*mastitis*) are common sources of sore breasts postpartum. It is common for many women to have a plugged duct in the breast at some point if breastfeeding.

- A plugged milk duct feels like a tender, sore, lump in the breast. It is not accompanied by a fever or other symptoms. It happens when a milk duct does not properly drain. Then, pressure builds up behind the plug, and surrounding tissue becomes inflamed. A plugged duct usually only occurs in one breast at a time.
- A breast infection (*mastitis*), on the other hand, is soreness or a lump in the breast that can be accompanied by a fever and/or flu-like symptoms. You may feel run down or very achy. Some women with a breast infection also have nausea and vomiting. You also may have yellowish discharge from the nipple that looks like colostrum. Or the breasts feel warm or hot to the touch and appear pink or red. A breast infection can occur when other family members have a cold or the flu. Like a plugged duct, it usually only occurs in one breast. It is not always easy to tell the difference between a breast infection and a plugged duct. Both have similar symptoms and can improve within 24 to 48 hours.
- Treatment for plugged ducts and breast infections is similar. But some breast infections need to also be treated with an antibiotic.
- If mastitis is not treated quickly, it may lead to a breast abscess.
- It may help to massage the area, starting behind the sore spot. Use your fingers in a circular motion and massage toward the nipple.
- Breastfeed more often on the affected side. This helps loosen the plug, keeps the milk moving freely, and the breast from becoming overly full. Nursing every two hours, both day and night on the affected side first can be helpful.
- Getting extra sleep or relaxing with your feet up can help speed healing. Often a plugged duct or breast infection is the first sign that a mother is doing too much and becoming overly tired.
- Wear a well-fitting supportive bra that is not too tight, since this can constrict milk ducts.

- If you do not feel better within 24 hours of trying these steps, and you have a fever or your symptoms worsen, call your doctor. You may need an antibiotic. Also, if you have a breast infection in which both breasts look affected, or there is pus or blood in the milk, red streaks near the area, or your symptoms came on severely and suddenly, see your doctor right away.
- Even if you need an antibiotic, continuing to breastfeed during treatment is best for both you and your baby. Most antibiotics will not affect your baby through your breast milk.

THRUSH

Thrush (yeast) is a fungal infection that can form on your nipples or in your breast because it thrives on milk. The infection forms from an overgrowth of the candida organism. Candida usually exists in our bodies and is kept at healthy levels by the natural bacteria in our bodies. But, when the natural balance of bacteria is upset, candida can overgrow, causing an infection. Some of the things that can cause thrush include:

- Having an overly moist environment on your skin or nipples that are sore or cracked.
- Taking antibiotics, birth control pills or steroids.
- Having a diet that contains large amounts of sugar or foods with yeast.
- Having a chronic illness like HIV infection, diabetes, or anemia.

If you have sore nipples that last more than a few days even after you make sure your baby's latch and positioning is correct, or you suddenly get sore nipples after several weeks of unpainful nursing, you could have thrush. Some other signs of thrush include:

- Pink, flaky, shiny, itchy or cracked nipples.
- Deep pink and blistered nipples.
- You also could have shooting pains deep in the breast during or after feedings, or achy breasts.

The infection also can form in your baby's mouth from having contact with your nipples, and appear as little white spots on the inside of the cheeks, gums, or tongue. It also can appear as a diaper rash (small red dots around a rash) on your baby that will not go away by using regular diaper rash ointments. Many babies with thrush refuse to nurse, or are gassy or cranky.

Solution:

- If you or your baby have any of these symptoms, contact your doctor and your baby's doctor so you both can be correctly diagnosed.
- You can get medication for your nipples and for your baby. Medication for a mother is usually an ointment for the nipples. Your baby can be given a liquid medication for his/her mouth, and/or an ointment for any diaper rash.
- Change disposable nursing pads often. Wash any towels or clothing that come in contact with the yeast in very hot water (above 122° F or 50° C).
- Wear a clean bra every day. Wash your hands often, and wash your baby's hands often, especially if he or she sucks on his/her fingers.
- Only use cotton pads.
- Boil any pacifiers, bottle nipples, or toys your baby puts in his or her mouth once a day for 20 minutes to kill the thrush. After one week of treatment, discard pacifiers and nipples and buy new ones.
- Boil daily for 20 minutes all breast pump parts that touch the milk.
- Make sure other family members are free of thrush or other fungal infections. If they have symptoms, get them treatment.

NURSING STRIKE

A nursing strike is when your baby has been nursing well for months, then suddenly loses interest in breastfeeding and begins to refuse the breast. A nursing strike can mean several things are happening with your baby and that she or he is trying to communicate with you to let you know that something is wrong. Not all babies will react the same to different situations that can cause a nursing strike. Some will continue to breastfeed without a problem, others may just become fussy at the breast, and others will refuse the breast entirely. Some of the major causes of a nursing strike include:

- Mouth pain from teething, a fungal infection, or a cold sore.

- An ear infection.
- Pain from a certain nursing position.
- Being upset about a long separation from the mother or a major change in routine.
- Being interested in other things around him or her.
- A cold or stuffy nose that makes breathing difficult.
- Reduced milk supply from supplementing with bottles or overuse of a pacifier.
- Responding to the mother's strong reaction if the baby has bitten her.
- Being upset about hearing arguing or people talking in a harsh voice with other family members while nursing.
- Reacting to stress, over-stimulation, or having been repeatedly put off when wanting to nurse.
- If your baby is on a nursing strike, it is normal to feel frustrated and upset, especially if your baby is unhappy. It is important not to feel guilty or that you have done something wrong. Your breasts also may become uncomfortable as the milk builds up.

Treatment

- Try to express your milk manually or with a breast pump on the same schedule as the baby used to breastfeed to avoid engorgement and plugged ducts.
- Try another feeding method temporarily to give your baby your milk, such as a cup, dropper, or spoon. Keep track of your baby's wet diapers to make sure he/she is getting enough milk (5 to 6 per day).
- Keep offering your breast to the baby. If the baby is frustrated, stop and try again later. Try when the baby is sleeping or very sleepy.
- Try various breastfeeding positions.
- Focus on the baby with all of your attention and comfort him or her with extra touching and cuddling.
- Try nursing while rocking and in a quiet room free of distractions.

INVERTED OR LARGE NIPPLES

Some women have nipples that naturally are inverted, or that turn inward instead of protruding, or that are flat and do not protrude. Inverted or flat nipples can sometimes make it harder to breastfeed because your baby can have a harder time latching on. But remember that for breastfeeding to work, your baby has to latch on to both the nipple and the breast, so even inverted nipples can work just fine. Very large nipples can make it hard for the baby to get enough of the areola into his or her mouth to compress the milk ducts and get enough milk.

- Know what type of nipples you have before you have your baby, so you can be prepared in case you have a problem getting your baby to latch on correctly.
- Talk with a lactation consultant at the hospital or at a breastfeeding clinic for extra help if you have flat, inverted, or very large nipples.
- Sometimes a lactation consultant can help inverted nipples to be pulled out with a small device before your baby is brought to your breast.
- In many cases, inverted nipples will protrude more as the baby starts to latch on and as time passes. The baby's sucking will help.
- Flat nipples cause fewer problems than inverted nipples. Good latch-on and positioning are usually enough to ensure that a baby latched to a flat nipple breastfeeds well.
- The latch for babies of mothers with very large nipples will improve with time as the baby grows. In some cases, it might take several weeks to get the baby to latch well. A good milk supply helps insure that her baby will get enough milk.

RETURNING TO WORK

More and more women are breastfeeding when they return to work because they believe in the benefits of breastfeeding. You can purchase or rent effective breast pumps and storage containers for your milk. Many employers are willing to set up special rooms for mothers who pump. But others are not as educated about the benefits of breastfeeding. Also, many women are not able to take off as much time as they'd like after having their babies and might have to return to work before breastfeeding is well established. After you have your baby, take as much time off as possible. This will help you get your breastfeeding established well and may reduce the number of months you may need to pump your milk while you are at work.

- If you plan to have your baby take a bottle of expressed breast milk while you are at work, you can introduce your baby to a bottle when he or she is around four weeks old. Otherwise, the baby might not accept the bottle later on. Once your baby is comfortable taking a bottle, it is a good idea to have Dad or another family member offer a bottle of pumped breast milk on a regular basis so the baby stays in practice.
- Let your employer and/or human resources manager know that you plan to continue breastfeeding once you return to work. Before you return to work, or even before you have your baby, start talking with your employer about breastfeeding. Do not be afraid to request a clean and private area where you can pump your milk. If you do not have your own office space, you can ask to use a supervisor's office during certain times. Or you can ask to have a clean, clutter free corner of a storage room. All you need is a chair, a small table, and an outlet if you are using an electric pump. Many electric pumps also can run on batteries and do not require an outlet. You can lock the door and place a small sign on it that asks for some privacy. You can pump your breast milk during lunch or other breaks. You could suggest to your employer that you are willing to make up work time for time spent pumping milk.
- After pumping, you can refrigerate your milk, place it in a cooler, or freeze it for the baby to be fed later. Many breast pumps come with carrying cases that have a section to store your milk with ice packs. If you do not have access to a refrigerator, you can leave it at room temperatures for up to 6 hours.
- Many employers are NOT aware of state laws that state they have to allow you to breastfeed at your job. Under these laws, your employer is required to set up a space for you to breastfeed and/or allow paid/unpaid time for breastfeeding employees. To see if your state has a breastfeeding law for employers, go to http://www.llli.org/Law/LawBills.html or call us at 1-800-LALECHE (in US).

JAUNDICE

Jaundice is a condition that is common in many newborns. It appears as a yellowing of the skin and eyes. It is caused by an excess of bilirubin, a yellow pigment that is a product in the blood. All babies are born with extra red blood cells that undergo a process of being broken down and eliminated from the body. Bilirubin levels in the blood can be high because of:

- Higher production of it in a newborn.
- Increased ability of the newborn intestine to absorb it.
- Limited ability of the newborn liver to handle large amounts of it.

Many cases of jaundice do not need to be treated. Your baby's doctor will carefully monitor your baby's bilirubin levels. Sometimes infants have to be temporarily separated from their mothers to receive special treatment with phototherapy (aiming lights on the baby). In these cases, breastfeeding is encouraged but supplements may also be given to the baby. American Academy of Pediatrics advises against stopping breastfeeding in jaundiced babies and suggests continuing frequent breastfeeding, even during treatment. If your baby is jaundiced or develops jaundice, it is important to discuss with your baby's caregiver all possible treatment options. Share that you do not want to interrupt nursing if this is at all possible.

REFLUX

It is not unusual for babies to spit up after nursing. Usually, babies can spit up and show no other signs of illness. The spitting up disappears as the baby's digestive system matures. As long as the baby has 6 to 8 wet diapers and at least 2 bowel movements in a 24 hour period (under 6 weeks of age), and your baby is gaining weight (at least 4 ounces a week) you can be assured your baby is getting enough milk.

However, some babies have a condition called gastroesophageal reflux (GER). This happens when the muscle at the opening of the stomach opens at the wrong times, allowing milk and food to come back up into the the tube in the throat (*esophagus*). Symptoms of GER can include:

- Crying as if in discomfort.
- Waking up frequently at night.
- Problems swallowing.
- Frequent red or sore throat.
- Signs of asthma, bronchitis, wheezing or problems breathing.
- Projectile vomiting.
- Arching of the back as if in severe pain.
- Slow weight gain.
- Gagging or choking.
- Frequent hiccupping or burping.
- Severe spitting up, or spitting up after every feeding, or hours after eating.
- Refusal to eat.

Many healthy babies might have some of these symptoms and do not have GER. But there are babies who might only have a few of these symptoms and have a severe case of GER. Not all babies with GER spit up or vomit.

- Some babies with GER do not have a serious medical problem. But caring for them can be hard since they tend to be very fussy and wake up frequently at night. More severe cases of GER may need to be treated with medication if the baby, in addition to spitting up, also refuses to nurse, gains weight poorly or is losing weight, or has periods of gagging or choking.
- If your baby spits up after every feeding and has any of the other symptoms mentioned above, it is best to see his or her doctor for a correct diagnosis. Other than GER, your baby could have another condition that needs treatment. If there are no other signs of illness, he/she could just be sensitive to a food in your diet or a medication he/she is receiving. If your baby has GER, it is important to try to continue to breastfeed since breast milk still is more easily digested than formula. Try smaller, more frequent feedings, thorough burping, and putting the baby in an upright position during and after feedings.

CLEFT PALATE AND CLEFT LIP

- Cleft palate and cleft lip are some of the most common birth defects that happen as a baby is developing in the womb. A cleft, or opening, in either the palate or lip can happen together or separately and both can be corrected through surgery. Both conditions can prevent babies from breastfeeding because a baby cannot form a good seal around the nipple and areola with his or her mouth, or get milk out of the breast well.
- Cleft palate can happen on one or both sides of a baby's mouth and be partial or complete. Right after birth, a mother whose baby has a cleft palate can try to breastfeed her baby, and she can start expressing her milk right away to keep up her supply. Even if her baby cannot latch on well to her breast, the baby can be fed breast milk by cup. In some hospitals, babies with cleft palate are fitted with a mouthpiece called an obturator. This fits into the cleft and seals it for easier feeding. The baby should be able to exclusively breastfeed after surgery.
- Cleft lip can happen on one or both sides of a baby's lip. But a mother can try different breastfeeding positions and use her thumb or breast to help fill in the opening left by the lip to form a seal around the breast. With cleft lip repair, breastfeeding may only have to be stopped for a few hours.
- If your baby is born with a cleft palate or cleft lip, talk with a lactation consultant in the hospital for assistance as soon as possible. Human milk and early breastfeeding is still best for your baby's health.

TWINS OR MULTIPLES

Mothers of twins or multiples might feel overwhelmed with the idea of breastfeeding more than one baby at a time. The benefits of human milk to both these mothers and babies are the same as for all mothers and babies. When breastfeeding twins, your breast milk will increase to the amount the babies will need. You will have to take in more calories and liquids when nursing twins. If the babies are premature and unable to nurse, you can pump your breasts and freeze the milk until the babies are ready to nurse. But mothers of multiples get even more benefits from breastfeeding:

- Their uterus contracts, which is helpful because it has stretched even more to hold more than one baby.
- Hormones are released that relax the mother, which is helpful with the added stress of caring for more than one baby.
- Eight to ten hours per week are saved because there is no need to prepare formula or bottles and the mother's milk is available right away.
- Breastfeeding early and often for a mother of multiples is important to keep up her milk supply. A good

latch-on for each baby is important to avoid sore nipples. Many mothers find that it is easier to nurse the babies together rather than separately, and that it gets easier as the babies get older. There are many breastfeeding holds that make it easier to nurse more than one baby at a time. If you are having multiples, talk with a lactation consultant about more ways you can successfully breastfeed your babies.

BREASTFEEDING DURING PREGNANCY

While most mothers who are nursing a toddler stop breastfeeding if they find out they are pregnant, it is an individual choice to decide whether to keep breastfeeding during the pregnancy. It is not unsafe for the unborn child if you continue to breastfeed an older child during this time. But, if you are having some problems in your pregnancy such as uterine pain or bleeding, a history of preterm labor or problems gaining weight during pregnancy, your doctor may advise you to wean. Your child also may decide to wean on his or her own because pregnancy changes the amount and flavor of your milk. Some women also choose to wean at this time because they have nipple soreness caused by pregnancy hormones, are nauseous, tire more easily, or find that their growing stomachs make breastfeeding uncomfortable. You will need more calories when you breastfeed while pregnant. Your milk production usually slows down around the fourth month of pregnancy.

BREASTFEEDING AFTER BREAST SURGERY

- If you have had breast surgery, including breast implants, you might be worried about whether you will be able to breastfeed. The most important things that affect whether you can produce enough milk for your baby are how your surgery was done and where your incisions are, and the reasons for your surgery. For example, women who have had incisions in the fold under the breasts are less likely to have problems producing milk than women who have had incisions around or across the areola. Incisions around the areola can cut into milk ducts and nerves, where milk is produced and travels. Women who have had breast surgery to augment breasts that never fully developed may not have enough glands to produce a full milk supply.
- If you had breast surgery and are worried about how it will affect breastfeeding, talk with a lactation consultant. If you are planning breast surgery and are worried about how it will affect breastfeeding, talk with your surgeon about ways he or she can preserve as much of the breast tissue and milk ducts as possible.

INDUCING LACTATION

- Many mothers who adopt want to breastfeed their babies and can do it successfully with some help. It is successful 1/3 to 1/2 of the time it is tried. Many will need to supplement their breast milk with donated breast milk or infant formula. But some adoptive mothers can breastfeed exclusively, especially if they have been pregnant before. Lactation is a hormonal response to a physical action. So the stimulation of the baby nursing causes the body to see a need for and produce milk. The more the baby nurses, the more a woman's body will produce milk.
- Beginning a combination of hormone treatment several months before the baby is born should help facilitate lactation in many cases.
- One thing you can do to prepare is to pump every 3 hours around the clock for two to three weeks before your baby arrives. Or you can wait until the baby arrives and starts to nurse. Breast milk can be frozen until you are ready to nurse the baby. A supplemental nursing system (SNS) or a lactation aid can help ensure that your baby gets enough nutrition and that your breasts are stimulated to produce milk at the same time.
- If you are an adoptive mother who wants to breastfeed, you should see both a lactation consultant and your doctor for help in establishing an initial milk supply.

FOR MORE INFORMATION, CONTACT

La Leche League International
www.llli.org

Document Released: 06/11/2007 Document Re-Released: 03/14/2011
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