Exclusive Breastfeeding

After a baby is born, the child's mother begins to produce breastmilk. Breastmilk contains a mix of fat, protein, carbohydrate, water and nutrients. The combination in breastmilk offers the best diet a baby could have. That is why giving a baby only breastmilk is recommended. Avoiding the addition of formula or water to your baby's diet contributes to his health and helps establish your milk supply. This practice is called exclusive breastfeeding.

No other drinks or foods are needed. A baby can take breastmilk directly from the mother's breast. The mother can also pump the milk. It then can be put in a bottle and used to feed the baby. Even babies who are sick when they are born can benefit from breastmilk, and so can babies born early (*prematurely*).

A baby should get only breastmilk for the first six months of his or her life. After that, solid foods can also be given to the child.

WHY BREASTFEED?

Exclusive breastfeeding is good for the health of both the baby and the mother.

- For the baby:
  - The mother's first milk (*colostrum*) helps the baby's digestive system work better.
  - Breastmilk contains special proteins (*antibodies*) from the mother. They help the baby fight off infections.
  - Breastmilk contains healthy substances (*nutrients*) that help the baby's brain develop.
  - Babies who are breastfed have less intestinal gas and constipation (difficult bowel movements).
  - They also have less bouts of uncontrollable crying for no reason (*colic*).
  - Several diseases and conditions develop less often in babies who are breastfed. These include asthma, diabetes, allergies and sudden infant death syndrome (SIDS).
- For the mother:
  - Breastfeeding helps develop a special bond between mother and baby.
  - Breastfeeding is convenient. It is free; no one has to pay for formula. Breastmilk is always available. It is always at the right temperature. No electricity is used to prepare it.
  - Breastfeeding burns calories. This can help a woman lose weight that was gained during pregnancy.
  - The womb (*uterus*) returns to its normal size faster when a woman is breastfeeding.
  - Breastfeeding helps slow down bleeding after childbirth.
  - Women who breastfeed are less likely to develop breast cancer.

BEFORE STARTING TO BREASTFEED

- You might need help learning how to breastfeed. Most women do. Talk to the caregivers who helped during your childbirth. They can offer tips and advice. Or, ask to meet with a person who is specially trained to teach breastfeeding (*lactation consultant*).
- Certain items can make breastfeeding easier and more comfortable. They include:
  - Nursing bra. This is a bra made for breastfeeding. It lets you unlatch part of the breast cover. This means you do not have to take off the entire bra. There also are tank tops with a similar design.
  - Breast pads. These can be put into your bra. They absorb extra milk. They will help keep your clothes clean. Handkerchiefs also can be used.
  - Nursing pillow. This is a pillow that is specially made to help support your arms and the baby while you breastfeed. You could also use pillows you have at home.
  - Nursing cover. This offers you some privacy while breastfeeding. It covers the baby and your breast. You might want to use this if you will be breastfeeding in public.
- Learn about pumping breastmilk. This lets the baby have breastmilk even if you have to be away for awhile. This is especially important for mothers who go back to work while still breastfeeding. It also can be used

by any mother who is going to be away from home when her child needs to be fed.
  - Some breast pumps are operated by hand. Others need electricity. Ask your lactation consultant which type will work best for you.
  - Pumps can be purchased. Also, some hospitals and breastfeeding support groups rent breast pumps on a monthly basis.
- Make sure that all caregivers who are helping with your childbirth know that you want to breastfeed your baby. You should be able to feed for the first time within an hour of delivery. If you had a cesarean delivery (C-section), you may be able to breastfeed while you are in the recovery area.

LET YOUR CAREGIVER KNOW IF:

- You are taking any medications. Some medicines get into breastmilk. Sometimes, you may need to take a different medicine or stop taking a medicine while breastfeeding.
- You have HIV/AIDS.
- You use illegal drugs.
- You have active, untreated tuberculosis (TB).
- You have cancer or are being treated for cancer.
- You have had plastic surgery on your breasts.

HOW TO BREASTFEED

Every mother and baby finds the way that works best for them. This will happen in time. To start with, consider these tips:

- Hold the baby in a way that is comfortable for both of you. Babies usually like to be on their side, tummy to tummy with you. Another option would be next to your body with the baby's legs and feet tucked under your arm like a clutch purse. Try different positions to find the one your baby likes best.
- Brush the baby's lips with the nipple of the breast.
- The baby's mouth should open wide enough to take in the entire nipple and a large portion of the areola (the pink or dark colored flesh around the nipple). This creates a tight vacuum at the breast. This is called a latch.
- The baby should then start to suck.
- Listen for the sound of swallowing. You will hear more swallowing as your milk supply increases over the first few days.
- The baby may let go when done or when the breast is empty.
- You can make the baby let go. Just push the tip of your clean pinky finger in the corner of the baby's mouth and between his gums. This breaks the latch.
- If the baby is still hungry or thirsty, you can switch to the other breast. Otherwise, use the other breast for the next feeding.
- You may need to burp the baby after a feeding. Hold the child upright. Pat the baby's back. This helps the baby burp out any trapped air.
- Pay attention to the way your baby lets you know he or she is ready to breastfeed. Signs include waking up, making sucking motions with the mouth and moving around. The baby will cry if you have missed earlier signs.
- Plan to breastfeed every 2 to 3 hours.

POSSIBLE COMPLICATIONS

Breastfeeding is natural. However, it does not always come naturally to mothers and babies. If you or your baby have any problems, talk to your caregiver or a lactation specialist. Most problems (*complications*) from breastfeeding can be solved easily. Problems might include:

- Sore nipples. To help prevent this:
  - Check the baby's body position during breastfeeding. Also, check the way the baby latches on and sucks. It should feel better right away once the baby is in the right position.
  - Change positions each time you nurse. This puts the pressure on a different part of the nipple.
  - **Do not** delay feedings. Respond to your baby's early feeding signals.

- Try to relax. This helps your let-down reflex (a flow of milk that starts after the baby begins to suck) come easily.
- Use your hands to express a little milk before beginning the feeding. This can keep the baby from clamping down hard, waiting for the milk to come.

- Chapped or cracked nipples.
- Inverted nipples.
- Engorgement. This means you have too much milk in the breasts. Your breasts will be hard and painful. To fix this, try to:
  - Breastfeed more often.
  - Place light ice packs on your breasts after feeding. This reduces swelling. Bags of frozen corn or peas work well too.
  - Apply moist hot packs to your breasts for a few minutes before each feeding. This increases blood flow.
  - Gently massage your breasts before and during a feeding.
  - Make sure that both breasts are empty after the feeding.
  - Be sure the baby is latched on and positioned properly while breastfeeding.
  - Wear a support bra.
  - Eat a balanced diet. Drink lots of fluids.
  - Use a breast pump to keep breastfeeding on schedule. This is especially helpful if:
    1. Your baby is not taking in enough milk.
    2. You are returning to work.
    3. You feel you are becoming engorged.
- You are not producing enough milk for your baby. Signs that your baby is receiving adequate nutrition after your milk comes in include 6-8 wet diapers in 24 hours and 3-5 bowel movements.
- An infection of the breast (*mastitis*). It causes swelling and can be quite painful. It does not affect the quality or safety of your breastmilk.
- The baby is low in iron. After 6 months of age, your baby might need iron supplements.

MEASURING SUCCESS

It is normal to wonder if your baby is getting enough milk. Ask your caregivers or lactation specialist what to expect for your child. Then, keep a daily log. Note such things as:

- Number of feedings. You should breastfeed 8 to 12 times a day in the weeks after birth. If your baby has not been fed in four hours, wake him or her up for a feeding.
- Number of wet diapers. Urine should be pale yellow. After your milk comes in, your baby should have 6-8 wet diapers in 24 hours with pale yellow urine.
- Number of dirty diapers. After your milk comes in, your baby should have at least 3-5 bowel movements per day, in the first 4-6 weeks.
- Bowel movement color. A breastfed baby produces stool that is mustard yellow.
- Bowel movement consistency. A breastfed baby's stool is usually loose. It might look like it has seeds in it.
- Weight gain. Your baby should regain his birth weight by two weeks of age. By day five, a baby should gain 2/3 to 1 ounce per day.
- Whether the baby seems content and satisfied after feeding.
- Whether your breasts are softer or emptier after feeding.

Situations that can increase the chance that breastfeeding will end early (*early cessation*) include:

- Use of non-breastmilk supplements in the hospital.
- Delay of the first breastfeeding beyond the first hour of life.
- Not breastfeeding when the baby wants to (*on demand*).
- Not sleeping near the baby.

Being aware of these things ahead of time can increase the chances of successful breastfeeding and your baby getting the most benefit.

WHY AVOID FEEDING WITH NON-BREASTMILK SUPPLEMENTS?

There are uncommon situations (such as certain medical problems) when there is a need to use non-breastmilk supplements (infant formula or water). If there is no need to use non-breastmilk supplements, they should be avoided because:

- Supplementing may interfere with the establishment of your milk supply. The more often a baby nurses, the more milk you will produce. Using non-breastmilk supplements with a breastfed baby may cause the baby to be too full to nurse frequently, thereby lessening your milk supply.
- Supplementing may place some infants at risk for developing allergies.

Your caregiver may suggest a supplement to give to your baby if it is advantageous to your infant's health or well-being. If supplementing is required, the first choice is the mother's own pumped milk, followed by pasteurized donor breastmilk and lastly, infant formula.

HOME CARE INSTRUCTIONS

- Take your baby to see his or her caregiver for the first time within a few days after birth. After that, make sure you keep all appointments with you and your baby's caregiver.
- Keep important numbers by your phone. These include the number for your caregiver, the baby's caregiver, and a lactation consultant, if you are using one.
- Think about joining a breastfeeding support group.
- If you plan to pump:
  - Learn how to use the equipment. This includes learning how to clean the attachments and bottles.
  - Learn how to store breastmilk. It can be kept in the refrigerator or a cooler. It also can be frozen for future use.
- You may use lanolin (an ointment) to ease chapped nipples.
- If your breasts are sore, ask your caregiver whether you should use over-the-counter painkillers.
- Make sure to eat a healthy and varied diet and to drink water often. This will help your body make the breastmilk your baby needs.
- Give your baby any medications, such as acid reducers, that the infant's caregiver has prescribed. Follow the directions carefully.
- If you have questions about birth control, talk with your caregiver. Exclusive breastfeeding might prevent pregnancy. But, you may need to use other birth control methods too.
- You may choose to use a pacifier. There is evidence that pacifier use during the first year decreases the risk of Sudden Infant Death Syndrome. However, it is beneficial to delay its use until breastfeeding is more likely to be firmly established at about four weeks of age.

ABOUT WIC AND HOW TO APPLY

WIC, the Women, Infants and Children program, is a nutrition program that helps pregnant women, new mothers and young children eat well and stay healthy. It is available to low income pregnant, breastfeeding and postpartum women and children under five who are at nutritional risk. Contact your local WIC office if you think you may qualify. Their website is http://www.fns.usda.gov/wic/

WIC provides:

- Special vouchers to purchase healthy foods.
- Information about nutrition to help you and your family eat well and be healthy.
- Support and information about breastfeeding your baby.
- Help in finding healthcare and other community services.

SEEK MEDICAL CARE IF:

- Your breast becomes red, painful and hot to the touch. You can still breastfeed if this happens.
- Engorgement lasts more than two days.
- You develop a fever of more than 100.5°F (38.1º C).

- Your baby is no longer making wet diapers. Or, the baby's bowel movements do not seem to be the right color or texture.
- Your baby is not gaining weight.
- Your baby looks yellow in color (*jaundiced*).

SEEK IMMEDIATE MEDICAL CARE IF:

- Your baby is overly tired (*lethargic*) and does not want to wake up and feed.
- An unexplained oral temperature above 102.0°F (38.9º C) develops.

Document Released: 10/14/2010 Document Re-Released: 10/15/2010
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