



# Babies are born to be breastfed

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## **Babies are born to be breastfed. Artificial (formula) feeding has many risks. Some of these risks for babies and mothers include:**

1. Formula feeding increases the risk of ear infections and respiratory tract infections. Studies have shown that babies who are exclusively breastfed for 3 to 6 months have 50% fewer ear infections than formula fed babies.
2. Formula feeding increases the risk of a baby dying from Sudden Infant Death Syndrome. A large analysis of many studies revealed breastfed babies dies from Sudden Infant Death Syndrome 36% less often than formula fed babies.
3. Formula feeding increases the risk of childhood obesity and diabetes.
4. Formula feeding increases the risks of certain cancers, including leukemia, lymphoma, and Hodgkin's disease.
5. Mothers who do not breastfeed have an increased risk of postpartum depression, and sleep disturbances.
6. Mothers who do not breastfeed have greater risks of breast cancer, ovarian cancer, cardiovascular disease, type 2 diabetes, osteoporosis and rheumatoid arthritis.

## **But it's not all about health! Here are some other benefits of breastfeeding:**

1. Breastfeeding save the family budget hundreds of dollars. Formula costs approximately \$150.00 a month, for the "bargain" formula. Infants who are not breastfed have \$331 -\$475 more in healthcare costs in the first year of life, on average.
2. Breastfeeding creates a strong bond between mother and child.
3. Breastfeeding mothers have increased self-esteem.
4. Breastfeeding families sleep better.
5. Breastfeeding contributes to a more productive workforce.

## **Getting started, the first few hours:**

1. Keep your baby skin to skin after birth. Skin to skin means baby is on mom's bare chest, baby is wearing only a diaper, and baby is turned in to mom, chest to chest.
2. Wait to have baby weighed, assessed on the warmer, or held by family until after the baby has breastfed.
3. Most babies will show feeding cues and latch on to the breast within the first hour. Babies typically need some time to adjust to their new surroundings before feeling hungry. Watch for baby to start licking his lips, bringing his hands to his face, and looking around. Baby will often start to move himself toward the breast when ready.
4. Most babies have a long first feeding. They typically eat for an hour or so. If your baby is having trouble, ask for help.

## The first few days:

1. Keep your baby skin to skin as much as possible. This will help him adjust to his new life outside the uterus, and help him learn to breastfeed.
2. Try breastfeeding in a reclined position, with your baby on her stomach on top of you. This position lets your baby use her instincts. Ask for help learning how to do this.
3. The first food your baby will receive is colostrum, which has been present since the third month of your pregnancy. It is very rich in protein and acts as a laxative to pass meconium, the black tarry first stool.
4. The more your baby eats, the more she passes the meconium, helping to reduce jaundice and keep blood sugar normal.
5. Colostrum, which carries antibodies to disease, is all the nutrition your new baby needs.
6. Offer the breast often, especially when your baby stirs or shows interest. Many babies are sleepier on the first day and active and hungry on the second. If your baby is too sleepy to eat, and it has been 2-3 hours since the last feeding, you can hand express some colostrum and feed it to your baby. Ask your nurse for help.
7. Babies “cluster feed” at night. Typically on the 2<sup>nd</sup> and 3<sup>rd</sup> night babies are awake and hungry and eat very frequently. Usually this is most intense between about 1 am and 5 am. Take naps during the day whenever you can to help prepare for these nighttime feedings.

## By the third or fourth day:

1. Your baby may spend more time awake and seem hungrier.
2. Your breasts become full with more mature milk, which gradually replaces colostrum, in direct response to your baby’s need for more food at this time. If your breasts are full, try hand expressing to soften them before feedings.
3. Besides teething, toddlers, and tantrums, the third day is the hardest for many new parents. Your baby will seem very hungry to you and your milk supply is on the verge of increasing; keep breastfeeding, it will get easier.

# Breastfeeding basics:

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## How milk is produced:

1. Two hormones make and push out the milk.
2. Prolactin makes more milk every time your baby nurses. Prolactin also produces relaxation when you breastfeed.
3. Oxytocin helps to move the milk through the breast and out to your baby. Oxytocin often causes mom to feel cramping and thirst during feedings.
4. The milk supply can be compared to an ice maker. If the ice container is full, the machine doesn’t make any more. If the ice in the container is continually used, the ice machine makes ice indefinitely. To make more milk you have to empty the breasts. Feed frequently, and encourage the baby to drain at least one breast at a feeding. Empty breasts make more milk.

## Feeding cues:

1. Notice when your baby is alert and calm with bright eyes, and is concentrating. This is an opportunity to talk and play with your baby.
2. Then your baby will become actively alert. You may notice your baby making sucking movements, and she may bring her hands and fists to her mouth.
3. If you have a sleepy baby, watch for rapid eye motions beneath their eyelids, or any signs of stirring.

4. Crying is the last sign of hunger. A crying baby is difficult to attach to the breast. Crying babies fill their stomachs with air, and may push away after just a few sucks.
5. Not all crying is a sign of hunger. Some babies cry if they are wet, tired, need to burp, simply need to be held or just need to comfort suck. If you don't think your baby is hungry, investigate other possible causes. Try putting his fingers or fist into his mouth (these are handy pacifiers, and can't get lost or dirty). Even your own clean finger will do the trick.

### **How to latch:**

1. This takes practice. Sometimes it takes several tries to get it right.
2. Align your baby so her nose is across from your nipple. Tickle your baby's upper lip with your nipple.
3. When your baby's mouth is open wide like a yawn, bring him quickly to your breast like a dart. Don't be afraid to be quick and firm about this. Your nipple should point toward the roof of your baby's mouth, and your baby should come toward the breast chin first.
4. Instead of giving your breast to the baby, you want your baby to take it. Bring your baby to you rather than lean into your baby.
5. Your baby should have a wide mouth and flanged out lips, with much of the areola in his mouth. A good latch may be intense for the first few seconds, but then pain free with a strong tugging sensation.

### **Positioning:**

1. Your baby's ear, shoulder, and hip should be in alignment.
2. Your baby should be facing you. Be sure you bring your baby in close.
3. Mom and baby should both be comfortable and well supported.
4. For some moms, nursing in a chair (if you feel like it) is easier than nursing in bed.
5. Try all the different nursing positions:
  - Laid back – great to start with. Lean back and put your baby face down on top of you.
  - Cradle hold - is the most common, especially after the baby has learned how to breastfeed.
  - Cross-cradle hold - is good for control of both the baby's head and your breast.
  - Football hold - also known as the wing hold, is good after cesarean birth and for learning how to breastfeed.
  - Side-lying - is good also after a cesarean birth, or just to get some rest while feeding.

### **Suck/Swallow:**

1. Watch for ear wiggle and jaw movement.
2. Listen for the swallow, a soft, subtle "ca" sound.
3. A puff of air may come from your baby's nose while swallowing.
4. Your baby's lips will be flanged.
5. Once your milk supply increases your breasts will soften after feeding. After your milk supply is established your breasts may remain soft even though you have a good supply.
6. You should not feel pain. Some moms experience nipple sensitivity at the beginning of the feeding, but it should subside as the feeding progresses within the first few minutes. You should feel tugging when your baby sucks.

### **How to know your baby is getting enough:**

1. There should be between 8 and 12 feedings each day (24 hours) or more. Babies typically nurse every 1-3 hours, from the beginning of one feeding to the beginning of the next.
2. Your baby should suckle and swallow at each feeding.
3. Follow your baby's cues. He will come off on his own when full more often than not.

4. If your baby falls asleep at the breast or you need to take your baby off the breast, insert your finger between her gums to break the suction.
5. Diapers are another way to tell. Your baby should have as many wet diapers as they are days old in the beginning. After your baby is 5 days old, she should have at least 6 wet diapers per day, and at least 4 yellow, seedy bowel movements per day.
6. Your baby should gain weight. Most babies lose weight in the first three days (up to 10% of their birth weight), regain their birth weight by two weeks, and gain an average of 4-8 oz. per week thereafter.

## How long should a feeding last?

1. There are no rules, but following are some guidelines.
2. In the beginning, a feeding may last 30 minutes to 1 hour.
3. Most feedings are about 10 -40 minutes. Some babies are very efficient breast feeders and some are more leisurely. Babies eat like we do, sometimes we just want a drink and sometimes we want a big meal plus dessert.
4. Let your baby finish one side before offering the other. Both breasts can be offered at each feeding. If your baby falls deeply asleep before drinking the second breast, chances are she will be hungry for the second breast in the next hour or so.
5. If you have a baby who is sleepy at the breast, try tickling baby, or massage and gently compress your breast during suckling pauses. This will keep her swallowing.
6. Your baby may bunch feedings together, called “cluster feeding”, at times. Many babies do this for an hour or so in the evening.
7. Babies eat 8-12 times per day or more. If your baby is frequently sleeping for longer than 3 hours between feedings, call your pediatrician/ask for help. Try to wake your baby up with skin to skin time, diaper changes, and gently moving your undressed baby from a reclined position to an upright position several times.

## Lifestyle:

1. There is no special diet.
2. You should try to eat a well-balanced diet, but in reality life for a new parent is hectic. Your baby will get what she needs, just eat as well as you can.
3. Mothers all over the world, on all kinds of diets, breastfeed their babies.
4. Be sure to drink water when you're thirsty and you will have plenty of milk. You do not have to drink a specific amount of fluids to make enough milk.
5. Small amounts of coffee, tea, soft drinks and alcohol will be ok. Moderation is the key. Always ask a Lactation Consultant or your Pediatrician if you have questions or concerns with any substance.
6. Most drugs are compatible with breastfeeding. Always double-check with a reliable source if you are told you must stop breastfeeding when prescribed a drug. The Infant Risk Center at [www.infantrisk.com](http://www.infantrisk.com) or 806-532-2519 is a reliable resource.
7. No one should smoke, but if you must, breastfeed first and never smoke (or let anyone else smoke) around your baby. It is better to smoke and breastfeed than smoke and give formula.

## Common challenges:

Sore nipples:

1. Prevention
  - a. Latch your baby with a wide open mouth.
  - b. If the latch hurts, put a finger between the baby's gums to break the suction. Try latching again until the baby latches comfortably. Ask for help!

- c. Keep your baby skin to skin as much as possible. Try nursing while reclined back as this lets your baby use his instincts to help get a good latch.
2. Treatment
    - a. Make sure you are getting a good latch.
    - b. Have a Nurse and/or Lactation Consultant observe a feeding. The Lactation cell phone number in the hospital is 2947. If you have sore nipples the Lactation Consultants want to see you! If you have gone home and develop sore nipples, please see the Community Breastfeeding Support list in the breastfeeding section of this book for places to get help. Your pediatrician's office is generally a good place to start.
    - c. Use different positions.
    - d. Start on the side that is the least sore. Once baby is calm and feeding well you can switch to the other side.
    - e. Express colostrum onto your nipple and let it air-dry after feedings.
    - f. Use lanolin nipple cream and gel pads to help with comfort and healing.
    - g. Many moms get a little sore in the beginning. This often resolves in 2-3 days. If soreness continues, get help! There are many more things that can be done to help.

#### Breast Fullness:

- Can occur as milk supply increases and causes sore, swollen breasts between days three and four.
  - Is temporary, and usually peaks and resolves over two to three days.
1. Prevention
    - a. Breastfeed frequently, starting right after the birth, whenever baby shows hunger cues. Babies typically nurse every 1-3 hours.
    - b. If your baby sleeps for more than 3 hours, try to wake him up to eat.
  2. Treatment
    - a. Use massage/hand expression before feeding to encourage milk flow and to soften the areola, so your baby can get a better grasp on the nipple.
    - b. Use a breast pump if necessary to relieve pressure. This can be done briefly before feedings to help with latch, or following a feeding if you still feel very full.
    - c. Breastfeed every 1 - 1 1/2 hours, if able.
    - d. Apply cold. Use frozen peas or ice in a bag after breastfeeding for 10-15 minutes.
    - e. You can use green cabbage if fullness persists. Wrap cabbage leaves around both breasts, wear them until they wilt, change them and keep wearing until you get relief.
    - f. Softer, smaller breasts (after fullness) do not mean lost milk supply.
    - g. Get help if you can't get your baby to latch on. There are many things that can be done to help.
    - h. If you have true engorgement – which means that your breasts are extremely full, shiny, painful and hot – and you cannot get the milk to come out, this is an emergency! Call your obstetrician. Your pediatrician's office may be very helpful as well. If you cannot resolve this at home, you may need to come to the emergency room. Use the above suggestions

### What if breastfeeding is not going well?

1. There are two important rules to remember:
  - a. Feed the baby
  - b. Protect the milk supply
2. Get help!
3. In the first day, using hand expression to squeeze colostrum onto a teaspoon will allow you to stimulate your milk production and feed your baby if breastfeeding is not going well. Spoon feed the baby your colostrum. One teaspoon of colostrum is a full feeding in the first few days. Do

this about every 2 hours if your baby is not breastfeeding well. Write the next time you need to hand express on the white board in your room.

4. After the first day, if breastfeeding is not going well, continue to hand express and add pumping with a high quality double electric breast pump. You need to pump 8-10 times in 24 hours. There are several options for ways to feed your baby your milk. IU Health Bloomington Hospital also has donated pasteurized human milk from the Indiana Mothers' Milk Bank to supplement feeding with your milk if necessary.
5. Leave the hospital with a plan for feeding your baby and protecting your milk supply that you understand. Arrange for follow up help within a few days of leaving the hospital.
6. If breastfeeding begins to not go well after you get home, follow the above steps, and call the pediatrician's office for urgent help.

## When to call for help:

1. Baby feeding every hour around the clock.
2. Feedings frequently lasting longer than one hour past the 4<sup>th</sup> or 5<sup>th</sup> day.
3. Baby sleeping for longer than 4-5 hours more than once every 24 hours.
4. Baby feeds fewer than 8 times in 24 hours.
5. Baby has fewer than 4 yellow bowel movements (at least quarter sized) in 24 hours after day 5.
6. Pain. If your nipples continue to hurt during/between feedings call for help!
7. Engorgement (tight, shiny, painfully full breasts that will not let milk come out)
8. Tender, swollen area in breast and/or redness in one area of the breast. Call immediately if this is accompanied by flu-like symptoms.
9. You can use the following checklist. This checklist will also be on the back side of your "Bedside Feeding Log" that you will receive during your hospital stay.

### How Is Breastfeeding Going For You?

(Please check off the answers below when your baby is **5 days old**)

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My breasts are fuller, heavier, and I know the milk supply has increased.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My breasts are softer after feedings. (After a period of adjustment, breasts may stay softer, although milk supply is still excellent!). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My baby can latch to both breasts without difficulty.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My baby is nursing between 8 and 12 times in a 24-hour period.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My baby awakens spontaneously for feedings.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I can hear my baby actively swallowing.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My nipples appear healthy and there is no pain during breastfeeding.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My baby is having <b>at least 4</b> loose, yellow bowel movements in 24 hours.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My baby is having six heavy, wet diapers in 24 hours.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My baby is content after most feedings (cluster feeding still common in evening).  |

If you answer "No" to any of the above questions, please contact your pediatrician or other healthcare professional.

## Ten important things to remember:

1. Early, frequent feedings are important.
2. Respond to your baby's early feeding cues by keeping your baby in your room (hospital or bedroom). Sleep when your baby sleeps. Let the housework go for a time.
3. Know your baby is getting enough:
  - Correct latch-on that is comfortable
  - Swallowing
  - Frequent yellow bowel movements (at least four every 24 hours past the fifth day)

4. Long intervals between breastfeeding, formula and water supplements cause decreased milk production (remember the ice machine?).
5. Use expert resources. Have telephone numbers readily available. It's normal to need some help.
6. No formula, water or other supplements should be given to your baby unless recommended by your baby's doctor. If recommended, find out why supplementation is medically necessary and what can be done to increase your milk supply.
7. Have realistic expectations. Know that the first weeks are learning weeks. Be patient with yourself and your baby.
8. Illness in the mother does not mean weaning. Antibodies produced in your milk will help protect your baby from your illness. Surgery for the mother does not mean weaning. As soon as you are awake and stable, your baby can breastfeed.
9. You can work outside the home or go to school and breastfeed. Many moms do it!
10. You trusted yourself to grow the baby inside of you. Trust your body to make milk.

The American Academy of Pediatrics recommends that all babies are exclusively breastfed for about 6 months, followed by continued breastfeeding as complimentary foods are introduced with continuation of breastfeeding for 1 year or longer as mutually desired by mother and baby. The World Health Organization recommends breastfeeding continue through 2 years or longer as desired. Any amount of time you breastfeed your baby is a gift only you can give!

The time and energy you put into breastfeeding pays off in years of health for you, your baby, your family, and society.