

Starting To Breastfeed:

tips for
new moms

Why Breastfeed?

More and more new moms are breastfeeding their babies these days. It's a natural choice with many advantages for both you and your baby. Not only is breastfeeding a wonderful, bonding experience between you and your baby, but it also offers many practical benefits:

- 👶 Breast milk is the best food for your baby
- 👶 Breastfeeding can protect your baby from acute illness and infection
- 👶 Convenience—no advance planning is needed, breast milk is always at the right temperature, and is always available
- 👶 Promotes weight loss for the mom after delivery
- 👶 Saves money
- 👶 Lowers mom's risk of breast cancer

In general, the longer you breastfeed, the more you and your baby will benefit. The American Academy of Pediatrics recommends that new mothers breastfeed for at least a year and as long after that as is mutually desired by you and your child. Whether you end up breastfeeding for two years or two weeks, this guide will help get you and your baby started.

Breast Basics

During pregnancy, your breasts swell as milk-producing cells grow. Milk flows through ducts to small “pockets” under the dark area around the nipple (the areola). When these pockets are compressed by your baby’s mouth, the milk can flow easily from your nipple.

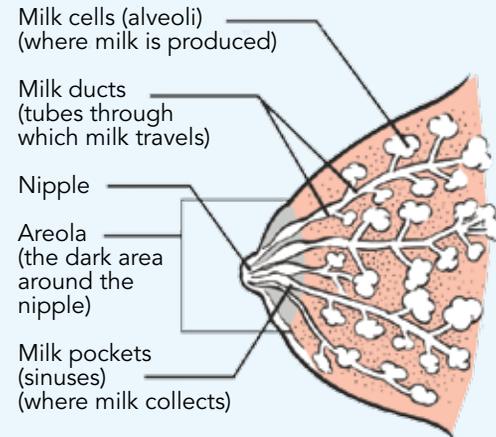
For the first day or two after your baby is born, your breasts produce a form of milk called *colostrum*. This yellowish fluid is packed with nutrients, which is one reason it’s really important to start breastfeeding as early as possible. The colostrum gives your baby all the nutrition she* needs, and in just the right amounts.

As your baby matures, your milk matures too. Within a few days colostrum is replaced with mature breast milk. Your breasts will initially become quite full and slightly tender when your milk comes in. This fullness goes away within a day or so, especially if your baby is nursing well. Like colostrum, mature breast milk contains all the protein, water, vitamins, and other nutrients your baby needs. And as your baby grows, your breasts produce more milk so that he is always getting enough. Breasts produce milk on a “supply and demand” basis: the more a baby nurses, the more milk you’ll produce.

A note about damaged/inverted nipples: Some women have inverted or damaged nipples. Either of these may cause some difficulty breastfeeding. If your nipples do not look like other women’s nipples (or the picture here), you may benefit from talking to your doctor or lactation consultant, who will be able to help you successfully breastfeed.

A note about breast surgery: If you have had any type of surgery on your breasts, talk to your doctor or lactation consultant—in most cases you can still successfully breastfeed.

* This booklet alternates the gender of pronouns (“he,” “she,” etc.) when referring to a baby.



Taking Care of Your Breasts

- 👉 Wash your hands (including your nails) with warm, soapy water before touching your breasts.
- 👉 When you bathe or shower, don’t use soap products or shampoo on your breasts. These products can dry your skin and wash away the oils that keep the nipple and areola soft and naturally moist.
- 👉 You may want to gently dab a bit of your milk on your nipples after each feeding. Then let them air-dry for at least 5 minutes.
- 👉 Nursing bras can be helpful to provide support during nursing. Choose nursing bras that are comfortable and well-fitting. They should be snug to provide support but not so tight that they cut into your breasts or your back. Cotton cups are better than synthetic cups because they let more air circulate around the nipples.

A Learned Skill

Breastfeeding looks so natural and easy that first-time moms can be surprised that they may need help to get started. But breastfeeding is a skill that needs to be learned by both you and your baby. And, like any skill, nursing takes patience and practice. Many moms benefit from the help of a “coach”—someone experienced with the skill of breastfeeding, such as a lactation consultant, obstetrician, or pediatrician. Remember: it’s perfectly okay to ask for help—in fact, health care providers often encourage such assistance!

When To Start

The best time to begin breastfeeding is almost immediately after your baby is born. When your baby is first placed on your chest, he may move to your breast and begin sucking. This instinct is called the “rooting reflex.” In some cases, it may be an hour or so before you are able to have your baby at your breast. (Some women have to delay longer for medical reasons.)

The first hours and days after you give birth are a good time to practice your nursing technique. It can be easier for both of you before your breasts begin producing large volumes of mature milk.

How To Breastfeed

The key to successful breastfeeding is proper positioning of your breast and your baby’s mouth. Good positioning allows your baby to fully “latch on” to your breast. A good latch is essential for both of you—without it, your baby won’t be able to nurse efficiently and you are likely to end up with very sore nipples.

Here are some tips to help you get started:

- 👉 Trigger your baby’s natural feeding instincts. You can do this by starting the feeding when your baby is alert and calm, and starting to show hunger signs, like rooting or smacking lips.
- 👉 Hold your baby skin-to-skin on your bare breast. When his head starts to move towards your breast, move his bottom towards the other breast, making sure to support his neck and head.
- 👉 Be sure your baby’s entire body—not just his head and face—are facing you. Ask yourself if you could draw a straight line from the baby’s ear to the shoulder and hip—if so, the position is good!
- 👉 Align your baby’s body so that his nose is opposite your nipple. The head should be free to tilt back, but make sure his neck is supported. Hold him close. His chin should lightly touch your breast.
- 👉 Gently lift and support your breast with your fingers below and your thumb on top of the breast, well away from the areola.
- 👉 Stroke the baby’s lower lip with your nipple until he opens his mouth *very wide*.
- 👉 Wait for your baby to bring his head forward and as he moves to your nipple to latch on, give him a gentle push from behind the shoulders. This gentle push will help your nipple go far enough back into your baby’s mouth so that he can get a good flow of milk and help your nipple from becoming sore. (When your baby nurses just on the nipple he will not get enough milk and you will quickly have sore nipples.)
- 👉 If the baby can’t breathe easily, use your finger to press the breast away from his nose.
- 👉 Keep track of which breast your baby finishes nursing on and start the next feeding on the other breast.

👉 When you need to remove the baby from your breast, be sure to first break the suction. Gently slip one finger into the corner of his mouth, releasing the suction. Not doing this can injure your nipple and be painful.

It may take several tries...at least...to get a good latch. If your baby is not latched on properly, start over. And if the first feeding doesn't go perfectly, take a break. You and your baby are both new at this, so patience is often needed. Just try again in a half hour or so.

Once your mature milk comes in, you may notice different feelings in your breasts during nursing. When your baby sucks, hormones are produced that tell your breasts to release milk. This is called the let-down reflex. Some women barely notice the let-down. Others have a tingling or pins-and-needles feeling in their breasts a few minutes after their baby starts nursing. When your milk lets down, your breasts usually feel full and tender. If you watch the way your baby sucks, you will see a change from short, choppy sucking to long, pulling sucks. You can also listen for the sounds of your baby swallowing milk. The "suck, suck, swallow (pause)" pattern means your baby is obtaining and swallowing milk efficiently.

Nurse on demand. Remember that breast milk is made on a supply-and-demand basis. If nursing slows, your breasts will cut back on the milk they produce. Therefore, to keep your milk supply up, it's important to allow your baby to fully drain at least one breast during each feeding. When your baby empties one breast, offer the other. A fully drained breast may feel softer and may actually feel empty. Early on, you may not nurse both breasts in one feeding. If your baby doesn't nurse at the second breast, or doesn't completely drain it, begin nursing on that breast at the next feeding. You may want to attach a safety pin to your shirt to remind yourself which breast to start with at the next feeding.

This means letting your baby set her own nursing pattern. Each baby will develop her own pattern of nursing, but a rule of thumb is that newborns generally nurse for about 10-15 minutes on each breast. Early feedings may be shorter than later feedings.

When babies are hungry, they will nuzzle against your breast, make sucking motions, or put their hands to their mouth. Follow these signals rather than the clock. Crying may be a late sign of hunger (though there are plenty of other reasons for crying!). You will need to nurse very often in your baby's first weeks of life. This means nursing 8-12 times in 24 hours, or roughly every 2-3 hours.

Breastfeeding Positions

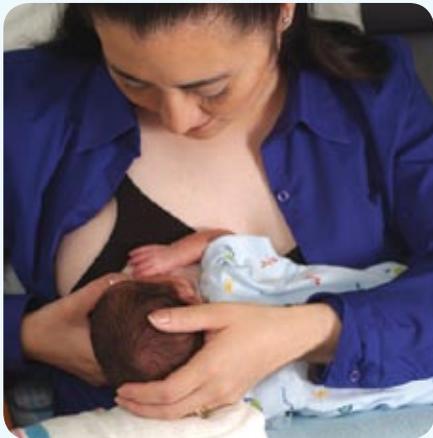
There are many ways to hold your baby while nursing. Every mother must find the position, or positions, that are most comfortable. (You don't have to use the same position all the time!) The four positions below have different advantages. Try them out and see what works best for you. The key points of any position:

- 👉 Be sure your baby's entire body is turned toward you—not just the head. Just as for adults, babies can't swallow easily if their heads are turned.
- 👉 You can add support for your arms with pillows, rolled-up blankets, or other soft items.
- 👉 You might find that putting something under your feet will help you support your baby better by raising your "lap" area.
- 👉 When you are first starting, it may be useful to have someone help position your baby and get him latched on.



Cradle Hold

- 👉 Place your baby across your stomach, facing you.
- 👉 Place her head in the bend of your elbow, with her mouth in front of your nipple.
- 👉 Tuck her lower arm around your waist, out of the way.



Cross-cradle Hold

- 👉 Hold your baby across your body, in the arm opposite the breast from which he will be feeding.
- 👉 Your baby's position is the same as in the "cradle" hold, but you use the other arm to hold him.
- 👉 Your baby should be at the level of your breast, with his whole body turned toward you.



Football Hold

- 👉 Place pillows at your side to support your elbow and your baby's bottom.
- 👉 Tuck your baby into the side of your waist, cradled under your arm.
- 👉 Place his head in the palm of your hand, at the level of your breast.
- 👉 Support the base of his head between your thumb and forefinger.



Side-lying Position

- 👉 Lie on your side, using a pillow to support your head and neck, and another along your back if needed.
- 👉 Lay your baby next to you so that her mouth is opposite your nipple. A small rolled blanket behind her back may also help.
- 👉 Support the base of her head between your thumb and forefinger.

Waking Your Baby To Feed

Your baby may spend a lot of time sleeping during the first 2 or 3 days after birth. This means you may need to wake her for feeding. The old adage “Never wake a sleeping baby” is bad news for a newborn! They need the nutrition and your breasts need the stimulation of nursing. (If your baby boy is circumcised, he may sleep very deeply following the procedure for 6 to 10 hours; but you should still try to wake him to nurse.)

Here are some tips for waking and nursing your baby:

- 👉 During the daytime, if 3 hours have passed since the last feeding, or if your breasts are uncomfortably full, wake your baby to feed.
- 👉 Try to get your baby fully awake before nursing. A half-awake baby may go right back to sleep when he starts to nurse. Talk to, rub, pat, unwrap, or undress your baby to help him wake up—it may take 5-10 minutes to fully awaken your baby!
- 👉 Remember that newborns do not sleep through the night!
- 👉 To get some rest, try napping when your baby naps.

When Your Baby Is Fussy

All babies cry and get fussy at times—some more than others. This can be very stressful, especially if you have tried everything you can think of to comfort your baby and you are sleep-deprived! The loud, persistent cries of a baby can be so unnerving and uncomfortable that parents can lose control and do something that harms their baby. No matter what, you should *never* shake your baby.

Here are some tips for dealing with a fussy baby:

- 👉 Keep your baby with you as much as possible, so you can notice what calms her.
- 👉 Wrapping your baby securely in a small blanket, or holding her upright on your chest with her skin touching yours, may help soothe her.

👉 If you feel your frustration rising or your patience slipping away, take a break. Ask someone else to care for the baby for a bit. Or, set your baby down in a crib or other safe place and take a minute or two to calm down.

👉 If fussing is more frequent and intense than you think it ought to be, call your doctor, for advice. Excessive crying can be a sign of a health problem.

Is Your Baby Getting Enough Milk?

A healthy, full-term newborn who is breastfeeding at least 8 times a day needs nothing else to eat or drink. For the first few weeks, check for these signals to tell if your baby is getting enough milk:

- 👉 He is nursing often. A newborn typically nurses every 2 hours or so, including at night. Your baby may spend about 10–15 minutes on each breast, but this may vary since babies set their own schedules!
- 👉 He is drowsy and content after nursing.
- 👉 Your breasts feel full and firm before feedings. After, they are less full and feel softer.
- 👉 He wets at least 5-8 diapers a day. Urine should be nearly clear. During the first month, your baby should have at least 3 bowel movements a day. The stool should be soft and yellow. (But note that in the days following birth, stools will be black or dark greenish in color.)
- 👉 He is gaining weight. Most newborns lose a little weight at first. After 2 weeks, most babies are back up to their birth weight. Newborns should gain weight after the first week.

Make sure you keep your regularly scheduled visits with your baby's doctor or pediatrician. Your first visit will be about a week after delivery. But call sooner if you are worried that your baby isn't getting enough milk, so that your baby's weight can be checked.

Guidelines for Feeding Breast Milk Patterns Commonly Seen in Breastfed Infants

Indicator	Age	Description
Urine	3-4 days	Pale yellow color or clear (not deep yellow or orange)
	5-7 days	6 wet diapers or more every day
Stools	1-2 days	Thick, tarry, black
	3-4 days	Greenish yellow
	5 days	Yellow with a watery, seedy, or mustard-like texture (not white or clay-colored)
	By 5-7 days	3-4 stools per day
Weight Gain	1 month and older	Number of stools may vary. May be several stools each day; 1 stool every 3-4 days; or 1 stool per week.
	0-6 months	4-8 ounces per week
Breastfeeding Pattern	7-12 months	3-6 ounces per week
	Birth to 1 month	8-12 feedings every 24 hrs.
	1-2 months	7-10 feedings every 24 hrs.
	2-4 months	6-9 feedings every 24 hrs.
	4-6 months	6-8 feedings every 24 hrs.

Source: California WIC Training Manual, Module C, May, 2002, page 24.

Breastfeeding Nutrition

Breastfeeding moms have special nutrition and calorie needs. Now is not the time to go on a diet! You need food for your own body, plus extra food to produce milk for your baby. In fact, too little food for you can mean you produce less milk for the baby.

- 👉 Eat a well-balanced diet. During breastfeeding, you need about 500 calories a day more than you did before you became pregnant. That's about 2,500 calories a day for most women.
- 👉 Make sure you get 1,000 mg of calcium a day. Your doctor may suggest that you keep taking a daily vitamin, in addition to eating and drinking foods that contain calcium.
- 👉 Avoid foods that bother the baby. If your baby acts fussy or gets a rash, diarrhea, or congestion after nursing, let your baby's doctor know. This can signal a food allergy.
- 👉 Drink at least eight glasses of liquid a day—more in hot weather. (Water and low-fat milk are best. Juice is okay, too, but skip the soda!)

When To Seek Help

Things don't always go according to plan. If you're having problems, or are feeling pain during nursing, it's best to seek help *sooner* rather than later. Here are some reasons to contact your doctor, midwife, or lactation consultant:

- 👉 You are taking any type of medication or have ongoing medical conditions.
- 👉 You have sore nipples. Although it's normal for nipples to be a little sore at first, this should go away within a week or two if the baby is positioned well. Prolonged soreness signals a problem.
- 👉 Your baby is not gaining weight.
- 👉 Your baby is not wetting 6-8 diapers a day (which could be a sign she is becoming dehydrated).

👶 A nursing “strike.” This is when your baby suddenly refuses to nurse from one or both breasts. If this continues more than a day, seek help.

👶 Unusual warmth, redness, tenderness, or swelling in part or all of a breast. This may be mastitis: an infection of a milk duct or other part of the breast.

👶 Thrush—a type of yeast infection that may affect both your baby’s mouth and your breasts. Signs include pain, itching, or a burning sensation during nursing. The nipple and areola may be reddened, shiny, or have white patches. Sore or cracked nipples can mean a sign of a thrush infection in either the mom and/or baby. If your baby has thrush, she may decrease her feeding, or suck some and then start crying while sucking, and then stop feeding altogether.

👶 Feeling “down” or depressed. Being a new mother can be both thrilling and exhausting! It’s normal to feel tired, sensitive, or irritable in the first few weeks. But if sadness and a lack of energy persist, you might have postpartum depression. Between 10 and 15 percent of women may have this form of depression. The primary symptom is an inability to feel pleasure and a loss of interest in normal activities. Again, it’s better to seek help early if you think you might be depressed rather than trying to “tough it out.”

Parting Thoughts

By breastfeeding your baby, you are both giving and receiving. You’re giving your baby a special gift of love and health. You’re giving your baby a unique health benefit that only *you* can provide. Remember, breastfeeding is natural, but it is a learned skill. You and your baby are a team. With patience, persistence, and help from others, you can master this most intimate and rewarding life skill.

Resources

👶 **American College of Obstetricians and Gynecologists**
Reliable information on infant nutrition and breastfeeding.
Washington, D.C.
202-638-5577
www.acog.org

👶 **Academy of Breastfeeding Medicine**
Information specifically about breastfeeding.
New Rochelle, New York
1-800-990-4ABM
www.bfmed.org

👶 **American Academy of Pediatrics**
Reliable information on infant nutrition and breastfeeding.
Elk Grove Village, Illinois
1-847-434-4000
www.aap.org

👶 **Academy of Neonatal Nursing**
Dedicated to quality neonatal education.
Santa Rosa, California
707-568-2168
www.academyonline.org

👶 **International Lactation Consultant Association**
An organization for lactation consultants who care for breastfeeding families.
Raleigh, North Carolina
919-787-4916
www.ilca.org

👶 **La Leche League International**
Information about breastfeeding and a guide to finding help in your area.
Chapters in all 50 states.
1-877-4-LALECHE
www.la lecheleague.org

👶 **National Woman’s Health Information Center**
A general site for reliable health information.
Washington, D.C.
1-800-994-9662
www.4woman.gov

👶 **Business Backs Breastfeeding**
Information for employers about encouraging breastfeeding in the workplace. See the “back to work” section of the “breastfeeding info” tab on the Abbott Nutrition website.
www.abbottnutrition.com

We honor and support the professionalism, dedication, and commitment of all neonatal nurses. The mission of the Academy of Neonatal Nursing is to provide quality neonatal nursing educational materials and programs at a reasonable cost to all neonatal nurses. The Academy does this through professional, peer-reviewed publications, educational conferences, and offering books and other materials to neonatal nurses. www.academyonline.org