

What you need to know about breastfeeding



2016

Why exclusive breastfeeding?

- Breast milk is the best food to give your baby during the first year of their life.
- Breast milk is the perfect nutrition for babies.
 - It is the only nutrition that has antibodies--or a type of immunity that helps protect the baby from getting sick in the beginning of their life
 - Breast milk contains the perfect amount of proteins, healthy fat, vitamins, and minerals to help your baby's body grow and brain develop.
- Breast milk is much easier for the baby to digest so they will have less gas, belly pain, and their gut will develop in the right way to prevent digestion issues later in life
- Breast milk is always ready for the baby, does not need to be prepared, and available in the right amount to keep the baby happy and healthy.
- Breastfed babies have fewer health problems with their ears, lungs, and bladders. They have less of a chance of having asthma, ear infections, diabetes, and obesity later in life.
- Breastfeeding helps mom stop bleeding immediately after the baby is born; helps her return to her pre-pregnant weight; and prevents against breast, ovarian, and uterine cancers.
- Exclusive breastfeeding helps you do skin-to-skin with your baby, which comforts them, helps you bond your baby, and helps them to get used to life in their new world.

How do I breastfeed?

- The baby should be fed only breast milk for the first 6 months of life. No additional water or nutritional supplementation is needed if the baby is growing well.
 - The baby should be fed based on the feeding cues. Expect the baby will want to feed around 8-12 times in one day. You should wake the baby if they go more than 3-4 hours without a feeding.
1. Be on the lookout for feeding cues from your baby. Feeding cues are signals the baby makes with their mouths, hands, lips, and tongue to tell you when they are hungry.
 - Rooting is when the baby will smack their lips or turn their head to the side (looking to latch onto the breast), especially when you brush their cheek with your breast or finger
 - The baby may make a sucking sound or put their hands by their mouth as early cues.
 - Crying is not necessarily a sign of hunger, but if you have tried other things such as skin-to-skin or changing the baby's diaper, crying may be a very late sign of hunger.
 - It is not recommended to use pacifiers because they can hide feeding cues.



2. Prepare for breastfeeding by getting you and the baby ready. Get yourself into a comfortable position and use a pillow if needed. Be sure to have water handy in case you get thirsty.
 - If you have a large milk supply or painful nipples prior to the latch, hand express (see below) some milk prior to positioning the baby to help with comfort and the baby's latch and suck.
 - Put your baby skin-to-skin



- There are several positions you can put your baby in to help with a good latch



Fig. 1 Cradle Position

- Cradle: The baby's head rests on your forearm and you support their body in a straight line. You can use a pillow under your arm to help support the baby's head.



Fig. 3 Cross-Cradle or
"Transition" Hold

- Cross-Cradle: Pillows should support both your elbow and arm so you do not get tired and you can keep your baby at the level of the nipple.



Fig. 4 Clutch or Side Position

- Clutch (Football): Pillows help bring the baby to the correct height of the nipple. The baby's head is supported in your hand and their feet are tucked under your arm (similar to the way you would carry a football). This is a good position for moms who have had a c-section.



Side-Lying Position

- Side-lying: Lie facing your baby with pillows behind you and/or between your knees for comfort. Your baby's head should be supported under your arm. Be careful when using this position at night that you do not fall asleep and roll on top of the baby.
3. Use your thumb and forefinger to make a "C" shape and hold the breast behind the areolar (the darker skin around the nipple). Brush your nipple on the baby's nose and mouth and wait for them to open their mouth wide like they are yawning. When you see they are ready to latch, gently guide their head to the breast to help them latch and make sure they have both the nipple and a majority of the areolar inside their mouth as they are sucking.
- If it is painful while the baby is breastfeeding, break the latch by inserting one finger inside their mouth and gently pull their head away. Re-latch the baby. There will be discomfort when the baby latches, but it should not be painful while they feed.

Correct Breastfeeding Latching Sequence

Hold your baby so that you are chest-to-chest with one another, with his or her mouth opposite your nipple.



1. Hold your baby near your breast.



2. Touch the nipple to your baby's upper lip.



3. When the baby's mouth is wide open...

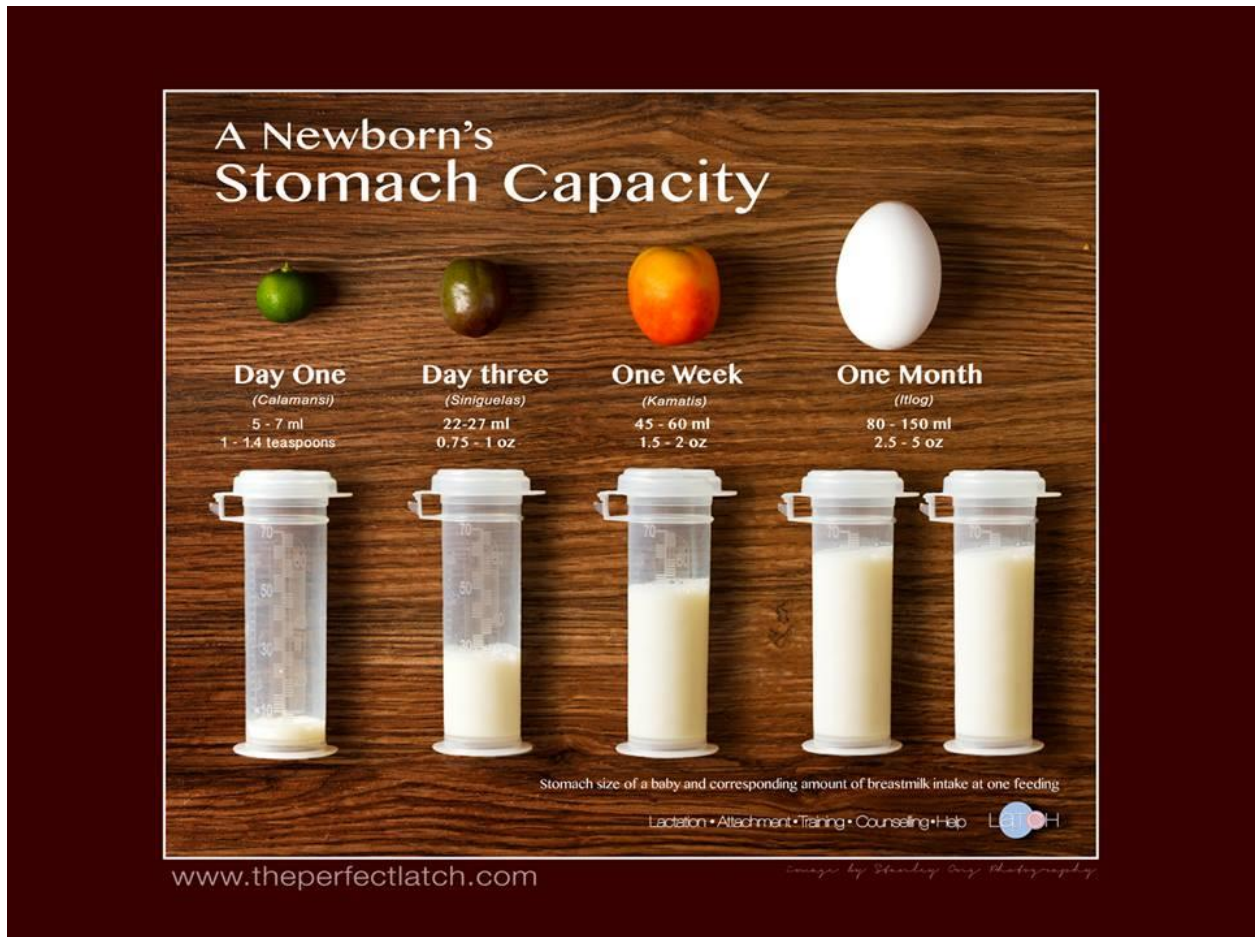


4. Pull your baby toward you to latch.

- The baby will usually fall off the breast when they have had enough to eat. Be sure to burp your baby in between breasts and after a feeding to prevent gas build up. You can offer the other breast, but they may not want it. Be sure to start from the breast that was not emptied with the last feeding to prevent milk build up.

What is Colostrum?

- In the first few days your baby will only eat colostrum (a.k.a. “liquid gold”), which has a high amount of protein, good fats, immunity, various nutrients and minerals that your baby needs to eat in the first few days of life.
- There is about ½ teaspoon of colostrum in each breast, but their stomach is approximately the size of a marble on the first day of life!
- Colostrum is like an energy bar for your baby--it’s a small amount of food with a huge amount of nutrients and energy.
- Colostrum is like a natural vaccine for your baby--any immunity you have against infections in your body is given to the baby and helps them to build their own immunity, and they get sick less often.



What are some challenges to breastfeeding?

- If you have plugged ducts or infections—they are common issues with breastfeeding. If you do not completely empty your breast or the baby does not latch on correctly, milk will build up and you might get a bacterial infection in your breast or a fungal infection on the nipple and areolar.
 - If red spots develop on the breast tissue that are warm to touch and painful (mastitis) you should encourage the baby to feed from the affected breast to help relieve your symptoms. If you develop a fever, chills please call your midwife.



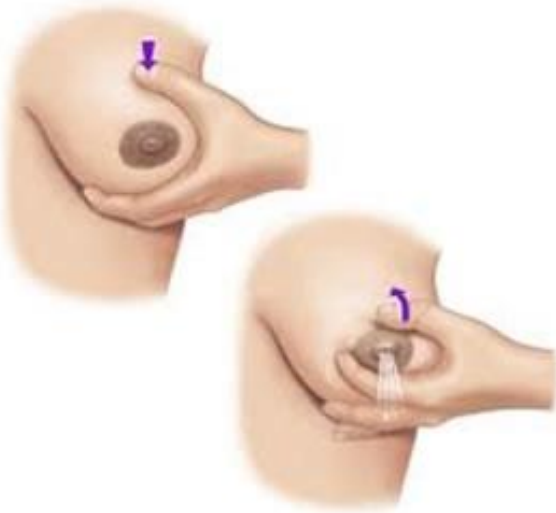
Mastitis

- If your baby develops thrush (a yeast infection, or lots of white spots in their throat) or a diaper rash and you have newly painful nipples with a good latch, be sure to clean all products in contact with your breast and the baby's mouth or diaper area thoroughly. Consult your midwife if the infection persists.



Thrush

- It is recommended to use some breast milk on the nipples if they hurt you or you notice signs of cracked nipples. Breast milk can act as a natural medicine for some of the infections associated with breastfeeding!
- If you have sore nipples--make sure the latch is correct and try changing the positions of the baby during feedings.
- If your breasts become engorged (too much milk)--they may appear red, hard, or be painful and throbbing. Be sure the baby is emptying the breast fully. Hand express before feedings and keep cold compresses on your breast after feedings.



Hand Expression—massage around the breast or roll your nipples to start the milk flow. Once you see a drop or two of milk, pull the breast tissue toward your chest, and keep massaging in a rhythm throughout the breast tissue that helps to express all the milk into a clean bowl. Do not squeeze the nipple to get the milk in order to prevent pain later.

- If your baby goes on a nursing strike—after months of feeding well, now the baby does not want to breastfeed. This may be a sign the baby is not feeling well with either thrush or an ear infection. It also might be a sign of decreased milk. Keep offering the breast to the baby and keep track of their wet and dirty diapers to make sure they are getting enough (about 6-8 diapers per day). Try cup-feeding breast milk with hand expressed or pumped milk. Do skin-to-skin in a quiet, stress-free space. Pay extra attention to your baby and give them some love.



- If you're tired and just don't want to breastfeed anymore—call for help! Breastfeeding is difficult, but we know you can do it. Pumps are also available through most insurance providers.

Where can I get other support for breastfeeding?

- La Leche League is available throughout the NYC metro area. Go to www.llnny.org for a location nearest you.

- Local hospitals and community organizations often have breastfeeding meetings—Google resources near you!

What are some good at-home breastfeeding resources if I have questions?

- www.Kellymom.org
- www.MarchofDimes.org
- www.llny.org
- YouTube is also a great resource for informational videos