

Breastfeeding Tips:

Breast milk is the ideal food for an infant. Ross Pediatrics has prepared this information for breastfeeding mothers to provide information in support of breastfeeding.

Congratulations! You made a wise choice when you decided to breastfeed. Your breast milk is the ideal food for your baby, and breastfeeding will benefit both of you.

Breastfeeding is natural-but it takes practice. In the hospital, you probably had lots of help. At home, you may feel that you're on your own, and you are likely to have questions during the first few days.

You will find some of the answers on this sheet and in breastfeeding booklets your health care professional can provide. But also, identify someone you can turn to for both encouragement and help: a trusted nurse, a lactation consultant, or even a friend who is supportive.

If you start to feel discouraged or frustrated or even *suspect* you have a problem, call that person!

Get comfortable and take care of yourself

- As soon as you get home from the hospital, change into comfortable clothes. Give yourself time to recover before returning to your routine.
- Don't try to do too much too soon. For the first couple of weeks, concentrate on becoming acquainted with your baby and taking care of yourself.
- Take a nap every day. Sleep when your baby sleeps.
- Drink plenty of fluid. Sip something (and maybe have a snack) while your baby breastfeeds.
- Try to eat well, but don't be concerned if you're not as hungry as usual at first. When your appetite returns, eat healthy, well-balanced, and regular meals, just as you did during pregnancy.
- You don't have to drink milk to produce milk, but you *do* need calcium. If you can't drink milk or eat dairy products, ask your health care professional about other ways to include calcium in your diet.
- Limit caffeine. Remember: What you eat and drink may affect both you *and* your baby.
- *Don't smoke!* And don't let anyone else smoke around your baby, either.
- Check with your health care professional before taking any medicine or herbal supplement, even non-prescription remedies for headaches or colds.
- Accept all offers of help! Let the baby's father, relatives, neighbors, and friends take care of the cooking, cleaning, grocery shopping, and babysitting any other children during the early weeks of breastfeeding.

Take proper care of your breasts

- 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.
- Wash your hands (including your nails) with warm, soapy water before touching your breasts.

- Wash your breasts daily during your shower, but *don't use soap*. Soap can dry your skin and wash away the oils that keep the nipple and areola (the dark skin around the nipple) soft and naturally moist.
- Gently dab a bit of your milk on your nipples after each feeding. Then let them air-dry for at least 5 minutes.

Know what to do about sore nipples

- You may experience some nipple tenderness or soreness in the first few days of breastfeeding. But if the discomfort lasts through the feeding, continues for longer than a week, or is severe, let your health care professional know.
- Probably the most frequent cause of sore nipples is incorrect "latch-on" (the way a baby attaches to the breast). Be sure to:
 - Wait for your baby's mouth to open *wide* before the baby attempts to latch on, and
 - Pull the baby far enough onto your breast so that her nose, cheek, and chin all touch the breast. Her mouth should be positioned over the areola.
- If it looks like the baby's nostrils are blocked, pull upward and inward on his bottom, which will move his head up and away from the breast.
- Another cause of sore nipples can occur if you remove your baby from the breast without first breaking the suction. To remove the baby correctly, gently slip one of your fingers into the corner of her mouth before removing your breast.
- Changing your breastfeeding position can prevent or ease sore nipples. If you rotate positions, your baby's gums won't always press on the same spot, which can cause soreness.
- Begin a feeding at the breast that is less sore, since a baby's strongest sucking comes earlier in the feeding.
- Try applying a small amount of pure lanolin cream (or some breast milk) to help soothe cracked, sore nipples. But don't use anything that has to be washed off before breastfeeding.
- If necessary, ask your health care professional to recommend a mild pain reliever.
- Call your health care professional:
 - If you see white patches inside your baby's cheeks or a white coating on his tongue between feedings. Your baby could have a yeast infection (thrush), which can transfer to your nipples. If thrush is present, both of you will need to be treated.
 - If your nipples are cracked and you see a red area around the crack or red streaks coming out from it.

Learn how to relieve engorgement

- *Engorgement* is an excessive build-up of milk in the breasts (they feel full, swollen, tender, and warm). The best way to avoid engorgement is to breastfeed your baby often—at least every 3 hours, day and night—right from the start, for as long as she will breastfeed, and even if you have to wake her.
- Engorgement is most likely to occur around the second or third day after your baby's birth, when your milk supply increases. Several things will help:
 - Apply warm, moist compresses (towels or washcloths) *just before feeding*, for up to 5 minutes. More heat than this may increase the swelling.
 - Massage your breasts, expressing (pressing out) some milk, to soften the areola and permit your baby to latch on correctly.

- Gently massage your breast as your baby breastfeeds. This will encourage the milk to flow freely.
- If your baby breastfeeds from only one breast at a feeding, use a breast pump or hand-express enough milk from the other breast to relieve discomfort.
- After breastfeeding, and between feedings, put cold compresses or cloth-covered ice packs on your breasts to reduce swelling. You can also use re-freezable ice packs or even bags of small frozen vegetables such as peas or corn.
- If you have a lot of discomfort, your health care professional may recommend a mild pain reliever.
- The engorgement should clear up, or at least be much improved, within 48 hours. If not, check with your health care professional.

Learn the signs that your baby is getting enough breast milk

- Your milk “comes in” (increases in amount)—making your breasts feel firm and full—between the second and fourth days of breastfeeding.
- Your breasts feel full before a feeding and softer afterward.
- Your baby has no difficulty latching on.
- The baby breastfeeds every 2 to 3 hours—at least eight times in a 24-hour period. (Time the feedings from the beginning of one to the beginning of the next.)
- Feedings regularly last 10 to 60 minutes. Let the baby, not the clock, determine how long a feeding lasts.
- You hear a rhythm of suck/pause/suck during feedings.
- The baby usually breastfeeds at both breasts.
- The baby appears satisfied and no longer hungry after feedings.
- After about day 4, your baby no longer passes meconium (thick, black or dark-green stools) and begins to pass yellow, seedy and runny stools four or more times a day.
- A day or two after your milk comes in, your baby wets at least six diapers per day with a clear, colorless urine.

Again, congratulations. Choosing to breastfeed will give your baby a loving, healthy start in life.