

THE FIRST WEEKS OF BREASTFEEDING

How do I latch my baby onto my breast?

Proper latch on is an important step to successful breastfeeding. Find a comfortable chair to sit in, then...

- Cradle your baby with the head in the crook of your arm and your baby's body facing your body.



- Your other hand should support your breast with the thumb above the areola and the fingers under the breast.
- Hold your baby with mouth in front of your nipple and gently touch your baby's lower lip with your nipple.



- When your baby opens his/her mouth wide, quickly pull your baby forward onto your breast until the nose touches your breast.
- When finished nursing, break suction by putting your finger in the corner of mouth and between the gums.

Getting a good start!

Breastfeeding should begin within the first hour of life. Your baby will have a two hour alert period right after birth and then be sleepy for 4-6 hours. The remaining 24 hours will find the baby in alternating light and deep sleep with usually only a mild to moderate interest in nursing. **Breastfed babies should be nursed 8 to 12 times every 24 hours.** A newborn may nurse every 1½ to 3 hours with each feeding lasting 10 to 15 minutes on each breast; however, some infants nurse 15-20 minutes on only one side per feeding. You should wake your baby up to eat if it has been 4 hours since the last feeding. Feedings should be timed from the beginning of one to the beginning of the next. After the first 24 hours, there will be periods of increasing wakefulness. No supplements such as water or formula should be given to breastfeeding babies unless recommended by a health professional.

How do I know if my baby is getting enough to eat?

Wet diapers and stools may vary for the first 2 days of life with as few as 2 stools and 2 wet diapers per 24 hours. By the third day of life, your baby should:

- have 6 wet diapers every 24 hours,
- at least 3 milk stools (loose yellow) every 24 hours, NOT meconium stools (sticky black or green),
- and be latching on well.

You should be noticing:

- some breast fullness and dripping of milk from the opposite breast while nursing.

Breastfed babies should be seen by a health professional between 2 and 4 days of age to check for signs of dehydration and jaundice.



Are there foods or medications that I should avoid?

In general, there are no foods you should avoid while nursing. It is important not to diet while nursing because you are eating for both you and your baby. The best rule is to eat and drink enough to satisfy your hunger and thirst. In rare instances, breastfed babies may be allergic to the cow's milk protein in the mother's diet. Symptoms of cow's milk allergy can appear anywhere from a few minutes to a few hours after breastfeeding and may include diarrhea, rash, fussiness, and gas. If you suspect cow's milk allergy, you should avoid all dairy products for 2 weeks and see if your baby's symptoms improve. While you are nursing, avoid drinking alcohol because it passes through your milk and is harmful to your baby. Illegal drugs such as amphetamines (speed), cocaine, heroin, marijuana (pot) and phencyclidine (PCP) pass into breast milk and should be avoided. Try to reduce your intake of caffeine while you are breastfeeding. A morning cup of coffee is not likely to harm your baby, but too much caffeine can cause problems such as poor sleeping and fussiness. Most medications are safe to take during breastfeeding, but there are a few that can be harmful to your baby. Acetaminophen (Tylenol®) and ibuprofen (Advil®, Motrin®) are safe to take while nursing; however, aspirin should be avoided. You should let your doctor and your baby's pediatrician know that you are breastfeeding. Get advice for all medications, including nonprescription drugs. Also, take the medication just after you nurse rather than just before nursing.

Questions



American Academy of Pediatrics

<http://www.aap.org>

American College of Obstetricians & Gynecologists

<http://www.acog.org>

La Leche League International

<http://www.lalecheleague.org>

The Nursing Mother's Companion

Kathleen Huggins - Harvard Common Press

Dr. Mom's Guide to Breastfeeding

Marianne Neifert - Plume

Medications & Breastmilk

Usually O.K. with Breastfeeding...

Acetaminophen
Cimetidine
Codeine
Contraceptive pills
Ibuprofen
Naproxen
Pseudoephedrine



Should be Avoided with Breastfeeding...

5-Aminosalicylic acid*	Ergotamine
Aspirin (salicylates)*	Lithium
Bromocriptine	Methotrexate
Clemastine*	Phencyclidine (PCP)
Cocaine	Phenindione
Cyclophosphamide	Phenobarbital*
Cyclosporine	Primidone*
Doxorubicin*	Sulfasalazine*

* Unless recommended by a physician

COMMON CONCERNS

Engorgement

This usually occurs in the first few days of breastfeeding or when you cut back on nursing. Regular, frequent breastfeeding is the best way to prevent and relieve engorgement. Taking a warm shower or applying moist heat to the breast before nursing may help with painful engorgement. Applying a cool compress to the breast after nursing may also be helpful. Expressing excess milk before nursing may make it easier to latch the baby on. If you can't latch the baby on or express milk, you should contact a health care professional.

Sore or Cracked Nipples

Sore or cracked nipples are usually caused by improper positioning or latch on. To prevent sore nipples make sure your baby is properly positioned and the lips and gums are on the areola and not on the nipple. If you have sore or cracked nipples, express some breast milk, apply it to the sore area and let it air dry after every feeding. Wash your breasts daily with water only and avoid ointments, creams or lotions unless recommended by a health care professional. If soreness persists, get help from a health professional.