

BREASTFEEDING 101

The American Academy of Pediatrics recommends exclusive breastfeeding of babies until six months of age. In addition to being the ideal nutrition for infants, other benefits of breastfeeding include decreased ear infections, decreased diarrheal illnesses, a substantial cost savings, enhanced emotional bonding between mother and child and a more rapid return to pre-pregnancy shape for the mother. However, should you be unable or choose not to nurse, it is important not to feel guilty; many infant formulas are available as acceptable alternatives to human milk, and all families are able to provide love and affection to their babies regardless of their feeding method.

Getting Started: We encourage you to attend a pre-birth breastfeeding class and/or do additional reading to prepare you for the experience of nursing. After your baby arrives, take advantage of her first few hours of alertness and put her to breast right away. But don't worry if your health or your newborn's requires a delay in the first feeding; nursing can still proceed successfully. Ask for help in achieving a comfortable position, especially if you've had a C-section. And have your nurse or lactation specialist check to see that your baby has latched-on properly with lips turned outward and a large portion of the areola in her mouth. You may experience tenderness of the nipples during the first minutes of early nursing sessions, but if pain persists, ask for assistance, as an improper latch may be to blame.

Parents are often concerned that their babies don't get a large volume of food before the mother's milk comes in on days 3-5 of life. Though your baby may only get a few tablespoons of fluid, your nutrient-dense colostrum is rich in protein and antibodies. Resist the temptation to offer supplemental formula instead of nursing frequently, because putting your baby to breast stimulates your milk production. Also, until breastfeeding is well established, you may wish to delay the introduction of pacifiers or bottle nipples to increase your chances of successful latching. Remember, you and your baby are new at this and it may take some time for you both to become experts!

Common Questions:

Foods- While nursing, you require about 500 extra calories per day. Keeping well hydrated and eating nutritional foods are ways you can provide quality breast milk. Be aware that some items in your diet may affect your baby; common gas-producing foods include cabbage, onions, and broccoli. You might also find that spicy foods and caffeine can make your baby fussy. If you think a food is to blame for your infant's discomfort, keep a food diary of what you eat and how the baby reacts so you can eliminate any offending foods. Rarely, babies can be allergic to foods their mothers eat. If you think this is the case, please schedule an appointment in the office.

Medicines- Infrequent use of Tylenol and Motrin is safe for nursing mothers. Call the office about other medications and we will be happy to look up their safety in breast milk.

Is my baby getting enough? During a successful feed, you will notice the baby latching on properly and making swallowing noises after every few sucks. Evidence that nursing is providing adequate nutrition is good weight gain and frequent wet and dirty diapers. We will schedule an office visit shortly after your hospital discharge to review these and other issues.

Pumping- If you wish to provide breast milk to your baby in your absence, you will need to express your milk with a pump. A good time to pump is an hour or so after a feed in the morning; this is the time of day when your production is naturally at its highest. Another good time is while you are nursing on the other side, as your baby will provide an excellent let-down response. Your pumping needs should dictate the type of pump you purchase or rent. If you only require an occasional separation from your baby, a manual pump will suffice. However, if returning to work or school full time, a high-grade electric pump will be more appropriate.

Storage- You can store freshly expressed breast milk at room temperature for four hours, in the refrigerator for five to seven days, in a freezer for three to four months and in a deep freeze for six to twelve months. Previously frozen breast milk should only be stored in the refrigerator for up to twenty-four hours. It should not be kept at room temperature or re-frozen.

Other resources- Feel free to call our office with additional questions or refer to the following: www.medela.com , www.la lecheleague.org , The American Academy of Pediatrics New Mother's Guide to Breastfeeding, 2002, Joan Meek MD, editor.