

Breastfeeding Your Baby: Getting Started



Getting ready for the birth of your baby is an exciting and busy time. One of the most important decisions you will make is how to feed your baby.

Deciding to breastfeed can give your baby the best possible start in life. Breastfeeding benefits you and your baby in many ways. It also is a proud tradition of many cultures.

The following are excerpts from the American Academy of Pediatrics' (AAP) booklet *Breastfeeding Your Baby: Answers to Common Questions*.

Benefits of Breastfeeding

In general, the longer you breastfeed, the greater the benefits you and your baby will get, and the longer these benefits will last.

Why is breastfeeding so good for my baby?

Breastfeeding is good for your baby because

- 1. Breastfeeding provides warmth and closeness.** The physical contact helps create a special bond between you and your baby.
- 2. Human milk has many benefits.**
 - It's easier for your baby to digest.
 - It doesn't need to be prepared.
 - It's always available.
 - It has all the nutrients, calories, and fluids your baby needs to be healthy.
 - It has growth factors that ensure the best development of your baby's organs.
 - It has many substances that formulas don't have that help protect your baby from many diseases and infections. In fact, breastfed babies are less likely to have
 - Ear infections
 - Diarrhea
 - Pneumonia, wheezing, and bronchiolitis
 - Other bacterial and viral infections, such as meningitis
 - Research also suggests that breastfeeding may help protect against obesity, diabetes, sudden infant death syndrome (SIDS), asthma, eczema, colitis, and some cancers.

Why is breastfeeding good for me?

Breastfeeding is good for your health because it helps

- Release hormones in your body that promote mothering behavior.
- Return your uterus to the size it was before pregnancy more quickly.
- Burn more calories, which may help you lose the weight you gained during pregnancy.
- Delay the return of your menstrual period to help keep iron in your body.
- Provide contraception, but only if these 3 conditions are met: (1) you are exclusively breastfeeding at daytime and nighttime and not giving your baby any other supplements, (2) it is within the first 6 months after birth, (3) your period has not returned.
- Reduce the risk of ovarian cancer and breast cancer.
- Keep bones strong, which helps protect against bone fractures in older age.

How Breastfeeding Works

When you become pregnant, your body begins to prepare for breastfeeding. Your breasts become larger and after your fourth or fifth month of pregnancy, your body is able to produce milk.

What is colostrum?

Colostrum is the first milk your body makes. It's thick with a yellow or orange tint. Colostrum is filled with all the nutrients your newborn needs. It also contains many substances to protect your baby against diseases and infections. It's very important for your baby's health to get this early milk, though it may seem like a small amount. Your baby only needs less than 1 tablespoon per feeding on the first day and about 2 tablespoons per feeding on the second day.

What's the difference between milk coming in (increase in milk production) and let-down?

Milk coming in and **let-down** mean different things, but both are important.

- **Milk comes in** 2 to 5 days after your baby is born. This is when colostrum increases quickly in volume and becomes milky-white transitional milk. Signs that your milk is coming in include
 - Full and tender breasts
 - Leaking of milk
 - Seeing milk around your baby's mouth
 - Hearing your baby swallow when fedBreast milk changes daily and will adjust to your baby's needs for the rest of the time you breastfeed. Because the color or creaminess of the milk can change daily, don't worry about how your milk looks.
- **Let-down** is the reflex that creates the flow of milk from the back of the breast to the nipple. Let-down occurs each time the baby suckles. It is triggered when you are relaxed and your baby is latched on to your breast properly. Let-down may also happen between feedings, such as when the breasts are somewhat full or when you hear a baby's cry. The first few times you breastfeed, the let-down reflex may take a few minutes. Afterward, let-down occurs faster, usually within a few seconds. Let-down occurs in both breasts at the same time. It may occur several times during each feeding.

The signs of let-down are different for each woman. Some women feel nothing, even though breastfeeding is going fine. Other women feel

- Cramping in the uterus. This can be strong for the first few days after delivery but often goes away after breastfeeding is well-established.
- A brief prickle, tingle, or even slight pain in the breast.
- A sudden feeling that breasts are heavier.
- Milk dripping from the breast that's not being used.
- Their baby swallowing or gulping when fed.

What is *demand and supply*?

The more milk your baby takes from your breast, the more milk you make. This is called *demand and supply* because the more milk your baby demands the more you will supply. Many women with small breasts worry that they won't be able to make enough milk. However, because of demand and supply, there's no relationship between breast size and how much milk is produced.

Getting Started

Babies are very alert after they are born and ready to find the breast! The more relaxed and confident you feel, the faster your milk will flow to your baby. Getting comfortable will help you and your baby get started toward a better latch-on.

How soon can I breastfeed?

You can and should breastfeed within the first hour after birth if you and your baby are physically able to do so. After delivery, your baby should be placed on your chest or stomach, skin to skin. The early smell and taste of your milk helps your baby learn to nurse. Your breast milk is all your baby needs if your baby is healthy. Other liquids, including water, sugar water and formula, will only lessen the benefits your baby receives from the early breast milk. Try to stay with your baby as much as you can. Rooming in with your baby day and night during your hospital stay has been shown to help start breastfeeding and keep it going longer.

What are different breastfeeding positions?

Always take time to get comfortable. Don't be shy about asking for help during the first feedings. It may take a few tries but with a little patience, you and your baby will succeed. The following are 3 breastfeeding positions:

Cradle hold—the traditional breastfeeding position. Firmly support your baby's back and bottom. When feeding this way, make sure your baby's entire body is facing your body, not the ceiling.



Clutch hold or football hold—may be more comfortable if you've had a cesarean delivery because it keeps the baby's weight off of the stitches.

Reclining—feeding your baby while lying down

lets you relax and can be helpful if you've had a cesarean delivery or are tired.



How can I get comfortable while breastfeeding?

A few simple things can help you feel comfortable and relaxed.

- Sit on a comfortable chair with good back and arm support.
- Lie on your side in bed with your baby facing you. Place pillows to support your back and neck.
- Take deep breaths and picture yourself in a peaceful place.
- Listen to soothing music while sipping a healthy drink.
- Apply moist heat (such as warm, wet washcloths) to your breast several minutes before each feeding.
- If your home is very busy, find a quiet place where you won't be disturbed during feedings.
- If you had a cesarean delivery, use extra pillows to help position your baby.
- Try different breastfeeding positions.
- Make sure the baby is latched on correctly. (See next question.)

Early Signs of Hunger

Your baby starts to let you know when she's hungry by the following early signs or cues:

- Small movements as she starts to awaken
- Whimpering or lip-smacking
- Pulling up arms or legs toward her middle
- Stretching or yawning
- Waking and looking alert
- Putting hands toward her mouth
- Making sucking motions
- Moving fists to her mouth
- Becoming more active
- Nuzzling against your breast

Why is latch-on so important, and how is it done?

A good latch-on means that your baby has opened his mouth wide and is well back on the breast, taking both the areola and nipple far back into his mouth.

Correct latch-on is very important because it

- Makes milk flow better
- Prevents sore nipples
- Keeps your baby satisfied
- Stimulates a good milk supply for baby's weight gain
- Helps to prevent engorged (overly full) breasts

You can help your baby latch on by holding your breast with your free hand. Place your fingers under your breast and with your thumb on top. Move your fingers well back from the areola so they don't get in the way. Position your baby with his entire body facing you.

Touch your nipple to the center of your baby's lower lip. This will cause your baby to open his mouth widely. This is called the *rooting reflex*. As this occurs, pull your baby onto the nipple and areola. Keep in mind that when your baby is correctly positioned, or latched on, your nipple and much of the areola are pulled well into his mouth. Your baby's lips and gums should be around the areola and not just on the nipple. Your baby's chin should be touching your breast and his nose should be close to the breast.

At first you will feel a tugging sensation. You also may feel a brief period of pain. If breastfeeding continues to hurt, pinch, or burn, your baby may not be latched on properly. Break the latch by slipping your finger into the corner of your baby's mouth, reposition, and try again. It can take several tries.

Hospital staff should watch a feeding and make suggestions. If breastfeeding continues to hurt, you may need the help of a lactation specialist. Let your pediatrician know if there's a problem.



Support your breast and tickle your baby's lower lip with your nipple to stimulate his rooting reflex.



When your baby's mouth is wide open, bring him quickly, but gently, toward your breast.

Beyond the First Feedings

How often should I nurse?

Newborns feed often and will give cues or signs when they are ready to feed. The length of each feeding varies and your baby will show signs when she is finished. Newborns are hungry at different times, with a long cluster of feedings in the late afternoon or night. Most breastfed newborns feed 8 to 12 or more times per 24 hours (once the milk has come in). If your baby isn't waking on her own during the first few weeks, wake her if more than 4 hours have passed since the last feeding. If you are having a hard time waking up your baby for feedings, let your pediatrician know.

What's the best feeding schedule for a breastfed baby?

Feeding schedules are different for every baby, but it's best to start nursing your baby before crying starts. Crying is a late sign of hunger. Whenever possible, use your baby's cues instead of the clock to decide when to nurse. It can be less frustrating for you and your baby if you learn your baby's early hunger cues. Frequent feedings help stimulate the breasts to produce milk more efficiently.

During a growth spurt (rapid growth), babies will want to nurse all the time. Remember, this is normal and temporary, usually lasting about 4 to 5 days. Keep on breastfeeding, and don't give any other liquids or foods.

How long does breastfeeding take?

Each baby feeds differently: some slower, some faster. Some feedings may be longer than others depending on your baby's appetite and the time of day. Some babies may be nursing even though they appear to be sleeping. While some infants nurse for only 10 minutes on one breast, it's quite common for others to stay on one side for much longer. It's generally good to allow your baby to decide when the feeding is over—he will let go and pull back when he is done.

If your baby has fallen asleep at your breast, or if you need to stop a feeding before your baby is done, gently break the suction with your finger. Do this by slipping a finger into the corner of your baby's mouth and cheek while he is still latched on. Never pull the baby off the breast without releasing the suction.

To stimulate both breasts, alternate which breast you offer first. Some women like to keep a safety pin on their bra strap to help remember. While you should try to breastfeed evenly on both sides, many babies seem to prefer one side over the other and nurse longer on that side. When this happens, the breast adapts its milk production to your baby's feedings.

How can I tell if my baby is hungry?

You will soon get to know your baby's feeding patterns. In addition, babies may want to breastfeed for reasons other than hunger. It's OK for you to offer these "comfort feedings" as another way of meeting your baby's needs.

Nearly all newborns are alert for about 2 hours after delivery and show interest in feeding right away. Let the hospital staff know that you plan to take advantage of this opportunity—it's very important to the breastfeeding process. After 2 hours, many newborns are sleepy and hard to wake for the next day or so.

While in the hospital keeping your baby with you skin to skin will make it easier for you to recognize hunger cues and also will make it easier for your baby to be alert and feed often. Watch for the early signs of hunger. This is the

time to pick your baby up, gently awaken her, check her diaper, and try to feed her. (See "Early Signs of Hunger".)

How can I tell if my baby is getting enough milk?

There are several ways you can tell whether your baby is getting enough milk. They include the following:

- Your baby has frequent wet and dirty diapers.
- Your baby appears satisfied after feeding.
- Milk is visible during feedings (leaking or dripping).
- Your baby is gaining weight after the first 4 to 5 days of life.

Your baby should have several wet or dirty diapers each day for the first few days after delivery. Beginning around the time that your milk comes in, the wet diapers should increase to 6 or more per day. At the same time, stools should start turning green, then yellow. There should be 3 or more stools per 24 hours. Typically, once breastfeeding is going well, breastfed babies have a yellow stool during or after each feeding. As your baby gets older, stools may occur less often, and after a month, may even skip a number of days. If stools are soft, and your baby is feeding and acting well, this is quite normal.

Your baby's feeding patterns are an important sign that he is feeding enough. If you add up all the feedings over the course of the day, your baby should feed at least 8 to 12 times a day. Remember, newborns feed often and will give cues or signs when they are ready to feed. The length of each feeding varies and your baby will show signs when she is finished.

When feeding well with good latch-on, the infant will suckle deeply, you will hear some swallowing, and the feeding won't be painful. The baby should appear satisfied and/or sleep until time for the next feeding. If your baby sleeps for stretches of longer than 4 hours in the first 2 weeks, wake him for a feeding. If your baby will not waken enough to eat at least 8 times per day, call your pediatrician.

Your child will be weighed at each doctor's visit. This is one of the best ways to tell how much milk your baby is getting. The AAP recommends that babies be seen for an office visit (or home visit) between 3 to 5 days of age to check on breastfeeding and baby's weight. During the first week, most infants lose several ounces of weight, but they should be back up to their birth weight by the end of the second week. Once your milk supply is established, your baby should gain between ½ and 1 ounce per day during the first 3 months.

Breastfeeding: A Natural Gift

Breast milk gives your baby more than just good nutrition. It also provides important substances to fight infection. Breastfeeding has medical and psychological benefits for both of you. For many mothers and babies, breastfeeding goes smoothly from the start. For others, it takes a little time and several attempts to get the process going effectively. Like anything new, breastfeeding takes some practice. This is perfectly normal. If you need help, ask the doctors and nurses while you are still in the hospital, your pediatrician, a lactation specialist, or a breastfeeding support group.

For more information about breastfeeding, read the AAP book *New Mother's Guide to Breastfeeding*.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Illustrations by Anthony Alex LeTourneau.

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