

Breast Feeding

Hints to help you get off to a good start

What are the benefits of breast feeding?

Breast feeding has many benefits for your baby. Breast milk is rich in nutrients. It helps protect your baby against infections. It also helps prevent your baby from having allergies.

Breast feeding also has benefits for you. It's clean and simple—you don't have to wash bottles or mix formula. It's cheaper than using formula. It helps your uterus contract back to normal size after having been stretched during pregnancy. It delays the return of your periods (though you shouldn't count on it to prevent pregnancy). And it helps make time for you to be close to your baby.

How do I begin breast feeding?

With your free hand, put your thumb on top of your breast and your other fingers below. Don't touch your *areola* (the dark skin around your nipple). This is where your baby's lips will be.

Tickle your baby's lips with your nipple until your baby opens his or her mouth very wide. Put your nipple all the way in your baby's mouth and pull your baby's body close to you. This lets your baby's jaw squeeze the milk ducts under your areola.

When your baby is "latched on" the right way, both lips should pout out (not be pulled in over his or her gums) and take in nearly all of the areola. Instead of smacking noises, your baby will make low-pitched swallowing noises. Your baby's jaw may move back and forth. If you feel pain while your baby is nursing, he or she is probably not latched on correctly.

Your baby's nose may be touching your breast during nursing. Babies' noses are designed to allow air to get in and out in just such a case. But if you're concerned that your baby can't breathe easily, you can gently press down on your breast near your baby's nose to give him or her more room to breathe.

How should I hold my baby while breast feeding?

You can hold your baby in a number of ways. Your baby shouldn't have to turn his or her head or strain his or her neck to nurse.

In the **cradle position**, you put your baby's head in the crook of your arm. Support your baby's back and bottom with your arm and hand. Your baby will be lying sideways facing you. Your breast should be right in front of your baby's face.



The **football position** consists of tucking your baby under your arm like a football with his or her head resting on your hand. Support your baby's body with your forearm. This may be a good position if you're recovering from a cesarean section.



You can also **lie on your side** with your baby facing you. You can use pillows to prop up your head and shoulders. This is also a good position if you're recovering from a cesarean section or an episiotomy.



What is the let-down reflex?

A few seconds to several minutes after you start breast feeding, you may feel a tingle in your breast and milk may start to drip from the breast not being used. These are signs that your milk has "let-down." This means your milk is ready to flow.

This *let-down reflex* makes breast feeding easier for your baby. Let-down may also occur if a feeding is overdue, if you hear your baby cry or even if you think about your baby.

Let-down can be forceful enough to cause your baby to cough. If this is a problem, you can express some of your milk by hand before a feeding to bring on the let-down reflex before you start breast feeding.

What can I do if my nipples get sore?

It's easier to prevent sore nipples than it is to treat them. The main thing that causes sore nipples is when your baby doesn't latch on properly.

If your baby isn't latched on the right way, you'll need to start over. To take your baby off your breast, first release the suction by putting your finger in the corner of your baby's mouth between the gums.

Don't limit the time you let your baby nurse. This doesn't prevent sore nipples, it just keeps the milk ducts from completely emptying. This can lead to swelling and pain. Applying crushed ice compresses before nursing can ease discomfort.

Some women find that rubbing lanolin or vitamin E oils on their nipples is soothing. If you use lanolin or vitamin E oils, wash them off before feeding your baby.

Call your doctor if you have a red, sore or painful area on your breast, if you have painful engorgement, if you have a fever or if you feel achy. These may be signs of an infection.

Preventing/healing sore nipples

- Make sure your baby is sucking the right way; if the sucking hurts, your baby's mouth may not be positioned correctly.
- Let your nipples air dry between feedings. Let the milk dry on your nipples.
- Use a hair dryer on a low setting to warm and dry your nipples between feedings.
- Offer your baby the less sore of your two nipples first; your baby's sucking may be less vigorous after the first few minutes.
- Change nursing positions.
- If possible, position any cracked or tender part of your breast at the corner of your baby's mouth, so that it gets less pressure during feeding.
- Wash your nipples daily with warm water.
- Avoid bra pads lined with plastic.
- Express milk until your let-down reflex occurs. This will help make your milk more available so your baby sucks less hard.
- Breast feed often to prevent engorgement (overfullness of your breast). Engorgement can make it hard for your baby to latch on.

How often should I feed my baby?

Feed your baby as often as he or she wants to be fed. This may be about eight to 12 times a day or more. How often your baby wants to feed may change over time as he or she goes through growth spurts. Growth spurts occur at about two and six weeks of age and again at about three and six months of age.

Let your baby nurse until he or she is satisfied. This may be for about 15 to 20 minutes at each breast. Try to have your baby nurse from both breasts at each feeding. The box below lists the signs to watch for so you'll know your baby is getting enough milk. If you're nursing less than eight times a day, be especially aware of these signs.

Signs that your baby is getting enough milk

- Acts satisfied after each feeding.
- Gains weight constantly after the first three to seven days after birth. Your baby may lose a little weight during the first week after being born.
- Has about six to eight wet diapers a day.
- Has about two to five or more stools a day at first and then may have two or less a day. Stools will be runny at first.

How can I increase my milk supply?

If you think your baby needs more milk, increase the number of feedings a day. It's also important to get plenty of rest and eat right. Give your body time to catch up to your baby's demands.

Don't start giving your baby formula or cereal. Your baby doesn't need any solid foods until he or she is four to six months old. If you give formula or cereal to your baby, he or she may not want as much breast milk. This will decrease your milk supply.

What should I eat?

The main thing is to eat a well-balanced diet with plenty of calcium. This means eating fruits and vegetables, whole-grain cereals and breads, meats or beans, and milk and dairy foods like cheese. You'll need to get enough calories—about 500 more per day than usual—and you'll need to drink more fluids.

A balanced diet that includes five servings of milk or dairy products each day will give you enough calcium. You can also get calcium from broccoli, sesame seeds, tofu and kale. Talk to your doctor about taking extra calcium if you don't think you're getting enough from your diet.

What should I avoid eating?

If you think a food you're eating bothers your baby, quit eating it. Caffeine and alcohol can get into your milk, so limit how much you drink. Drugs—even those you can buy without a prescription—can also get into your milk. Don't take anything without talking to your doctor first. Also avoid smoking. Smoking can cause you to make less milk.

This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.



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