



Education

Breast-Feeding Essentials

What is good about breast-feeding?

Babies who are breast-fed have fewer infections and allergies during the first year of life than babies who are fed formula. Breast milk is also inexpensive and served at the perfect temperature. Breast-feeding becomes especially convenient when a mother is traveling with her baby. Overall, breast milk is nature's best food for young babies.

How often should I breast-feed my baby?

The baby should nurse for the first time in the delivery room. The second feeding will usually be 4 to 6 hours later, after he awakens from a deep sleep. Until your milk supply is well established (usually 4 weeks), nurse your baby whenever he cries or seems hungry (demand feeding). Thereafter, babies can receive enough milk by nursing every 2 to 2-and-1/2 hours. If your baby cries and less than 2 hours have passed, he can be rocked or carried in a frontpack. However, if he is hungry, feed him. Waiting more than 2-and-1/2 hours can lead to swollen breasts (engorgement), which decreases milk production. (Feeding less frequently is OK at night, but no more than 5 hours should pass between feedings.)

Your baby will not gain enough weight unless he nurses 8 or more times per day at first. The risks of continuing to nurse at short intervals (more often than every 1 and 1/2 hours) are that "grazing" will become a habit, your baby won't be able to sleep through the night, and you won't have much free time.

How long should each feeding last?

During the first week, bring in your full milk supply by offering both breasts with each feeding. Try 10 minutes on the first breast and as long as your baby wants on the second breast (at least 10 minutes). Alternate the breast you start with at each feeding. You may need to stimulate your baby to take the second breast.

After your milk supply has come in (by day 8 at the latest), encourage your baby to nurse as long as she wants to on the first breast (up to 20 minutes). This is so your baby can get the high-fat, calorie-rich hind milk. You can tell your baby has finished the first breast when the sucking slows down and your breast becomes soft. Then offer the second breast if your baby is interested. Alternate the breast you start with at each feeding.

How do I know that my baby is getting enough milk?

In the first couple of weeks, if your baby has 3 to 4 good-sized bowel movements per day and 6 or more wet diapers per day, he is getting a good supply of breast milk. (Infrequent bowel movements are not normally seen before a baby is 1 month old.) Also, most babies will act satisfied after completing a feeding.

Your baby should be back to birth weight by 10 to 14 days of age if breast-feeding is going well. Therefore, the 2-week checkup by your baby's health care provider is very important.

The letdown reflex is another sign that you are making enough milk.

What is the letdown reflex?

A letdown reflex develops after 2 to 3 weeks of nursing. It is when you feel tingling in your breast or have milk leak out just before feeding (or when you are thinking about feeding). It also happens to the opposite breast while your baby is nursing.

Letdown is enhanced by getting good sleep, drinking fluids, having a relaxed environment, and reducing stress (such as not expecting much housework to get done). If your letdown reflex is not present yet, take extra naps and ask your family or friends for more help. Also consider calling the local chapter of La Leche League, a support group for nursing mothers.

Do I need to give my baby an extra bottle?

Do not give your baby any routine bottles during the first 4 weeks after birth because this is when you establish your milk supply. Good breast milk production depends on frequent emptying of your breasts. Extra bottles take away from sucking time on the breast. If your baby is not gaining weight well, see your health care provider or a lactation nurse.

After your baby is 4 weeks old and nursing is well established, you should offer your baby a bottle of pumped milk or 1 ounce of formula once a day so that he can get used to a bottle and the artificial nipple. Once your baby accepts bottle feedings, you can occasionally leave your baby with a sitter and go out for the evening or return to work outside the home. You can use pumped breast milk that has been refrigerated or frozen.

Does my baby need extra water?

Babies do not usually need extra water. Even when they have a fever or the weather is hot and dry, breast milk provides enough water.

What should I do if my breasts are swollen or engorged?

If your breasts are badly swollen (engorged), it can decrease your milk production. To prevent engorgement, nurse your baby more often. Also, compress the area around the nipple (the areola) with your fingers at the start of each feeding to soften the areola. For milk release, your baby must be able to grip and suck on the areola as well as the nipple. Every time you miss a feeding (for example, if you return to work outside the home), pump your breasts. Also, whenever your breasts hurt and you are unable to feed your baby, pump your breasts until they are soft. If you don't relieve engorgement, your milk supply can dry up in 2 to 3 days.

How do I pump and use pumped breast milk?

If you want to pump your breasts, you can use a breast pump. Ask your health care provider which breast pump he or she recommends. A breast pump is usually necessary, but sometimes pumping can be done by hand. Ask your provider about using the Marmet technique to pump by hand.

Pumped breast milk can be stored for 2 to 3 days in a refrigerator and up to 6 months in a freezer. To thaw frozen breast milk, put the container of breast milk in the refrigerator (it will take a few hours to thaw) or place it in a container of warm water until it has warmed up to the temperature your baby prefers.

What should I do if I have sore nipples?

Clean a sore nipple with water after each feeding. Do not use soap or alcohol because they remove natural oils. At the end of each feeding, the nipple can be coated with some breast milk to keep it lubricated. For cracked nipples, apply 100% lanolin after feedings. You can buy lanolin without a prescription. Try to keep the nipples dry with loose clothing, air exposure, and nursing pads.

Sore nipples usually are caused by the baby not latching on properly or a feeding position that causes the nipple to be rubbed or pressed incorrectly. When feeding, position your baby so that he directly faces the nipple without turning his neck. At the start of the feeding, hold your breast and squeeze the nipple and areola between your thumb and index finger so that your baby can latch on easily. Throughout the feeding, hold your breast from below so the nipple and areola aren't pulled out of your baby's mouth by the weight of the breast. Slightly rotate your baby's body so that his mouth applies pressure to slightly different parts of the areola and nipple at each feeding.

Start your feedings on the side that is not sore. If one nipple is extremely sore, temporarily limit feedings to 10 minutes on that side. The pain will not improve, however, until your baby starts to correctly latch on and is correctly positioned during feeding.

Does my baby need vitamins or fluoride?

Breast milk contains all the necessary vitamins and minerals except vitamin D and fluoride. Starting at 2 months old, you need to give your baby vitamin D (200 IU per day). Until separate Vitamin D drops become available, use Vitamin ADC drops (0.5 ml per day). You can get vitamin drops without a prescription at your supermarket or pharmacy.

Starting at 6 months, children who are breast-feeding and not drinking any water (with fluoride) need 0.25 mg of fluoride each day to prevent tooth decay. Talk to your health care provider to get a prescription for fluoride drops.

Do I need to take vitamins?

You can take a multivitamin tablet daily if you are not following a well-balanced diet. You especially need 400 units of vitamin D and 1200 mg of both calcium and phosphorus per day. A quart of milk (or its equivalent in cheese or yogurt) can also meet this requirement.

Should I avoid taking medicine?

Almost any drug a breast-feeding mother takes will be transferred in small amounts to her breast milk. Therefore, try to avoid any medicine that is not essential, just as you did during pregnancy.

Some commonly used medicines that are safe for you to take while nursing are acetaminophen, ibuprofen, penicillins, erythromycin, cephalosporins, stool softeners, antihistamines, cough drops, nosedrops, eyedrops, and skin creams. Most nonprescription cold and cough medicines are fine, but avoid pseudoephedrine because it can reduce milk production in some mothers. Sulfa drugs can be taken if your baby is more than 4 weeks old AND does not have jaundice. Avoid aspirin because of a small risk for Reye's syndrome. Talk to your health care provider about all other drugs. Take drugs that are not harmful immediately after you breast-feed your child so that the level of medicine in the breast milk at the time of the next feeding is low.

Drinking a lot of caffeine-containing beverages or herbal teas, or smoking cigarettes, can cause restlessness, crying, even diarrhea. Alcohol can cause drowsiness, so limit yourself to 1 beer or glass of wine per day. Diarrhea in the baby can also be caused by some laxatives. Used in moderation, these products should not cause any symptoms. Foods in the mother's diet (such as chocolate) do not have a significant effect on the baby.

Some of the dangerous drugs that can harm your baby are tetracyclines, chloramphenicol, antithyroid drugs, anticancer drugs, or any radioactive substance. Women who must take these drugs should not be breast-feeding or should request a safer form of treatment. Another group of drugs that should be avoided because they can suppress milk production are ergotamines (for migraine), birth control pills with a high estrogen content (most birth control pills are OK), vitamin B6 (pyridoxine) in large doses, and many antidepressants.

Do I need to burp my baby?

Burping is optional. Its only benefit is to decrease spitting up. Air in the stomach does not cause pain. If you burp your baby, burping 2 times during a feeding and for about a minute is plenty. Burp your baby when switching from the first breast to the second and at the end of the feeding.

When can my baby start using a cup?

Introduce your child to a cup at approximately 6 months of age. Total weaning to a cup will probably occur somewhere between 9 and 18 months of age, depending on your baby's individual preference. If you stop breast-feeding before 9 months of age, switch to bottle feeding first. If you stop breast-feeding after 9 months of age, you may be able to go directly to cup feeding.

Call your child's health care provider within 24 Hours if:

- Your baby doesn't seem to be gaining adequately.
- Your baby has less than six wet diapers per day.
- During the first month, your baby has less than 3 bowel movements per day.
- You suspect your baby has a food allergy.
- You need to take a medicine that is not mentioned here.
- You have other questions or concerns.

Call your obstetrician within 24 hours if:

- Your breasts do not become full (engorged) before feedings by the time your baby is 5 days old.
- You have painful engorgement or sore nipples that do not respond to the recommended treatment.
- You think you have a breast infection.
- You have a fever.

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