

Preparing for *B*reastfeeding

Your body is naturally ready to breastfeed. Your breasts are enlarged and colostrum, the first milk, is already in your breasts. Even if your baby is born prematurely, mother nature will take care of milk production.

Although breastfeeding is completely natural, it isn't necessarily automatic for either you or your baby. The following information is designed to help you learn more about breastfeeding and to develop helpful techniques for successful breastfeeding. Also, your Lakeside staff is trained to provide valuable assistance and guidance.

Some things you will need to know include:

- how to position your baby and latch him or her correctly and comfortably on the breast
- how to produce adequate milk and to tell if the baby is getting enough
- how to minimize nipple soreness
- how to handle engorgement
- how to breastfeed when you return to work



Nipple Preparation

There was a time when "toughening" exercises were recommended to decrease the possibility of nipple soreness. Today, we know that not only will these exercises NOT decrease soreness, but they can actually cause soreness and even premature labor.

Proper breastfeeding techniques will help minimize sore nipples.

Flat Nipples

About one third of all women have nipples that are somewhat flat. Some women even have "inverted" nipples. These shapes are perfectly normal, but are more difficult for the baby to latch-on to.

To see if you have flat nipples, rub your index finger up and down against the tip of your nipple for a couple of minutes. Your nipple will probably be-



come harder and stick out. However, if your nipple remains flat during the rubbing, plan on purchasing breast shells from the lactation department. Breast shells are not uncomfortable and will help the nipples protrude.

Proper Positioning

There are different positions in which to breastfeed your baby. With a little time and experimentation you will find the positions you prefer. Attending the Breastfeeding Class will allow you to practice with a doll while getting professional help. Your nurse is also trained to assist you during your first few feedings.

Cradle Position

For most women, cradling is their favorite position. To begin, place two pillows under your elbow and one across your lap. Support the baby's head in your elbow by grasping the baby's diaper area with the palm of your hand instead of placing it on the baby's back.



Side-lying Position

If you have a Cesarean birth, this will probably be your first breastfeeding position. However, nearly all mothers find it restful.



Lay on your side with your baby on his or her side facing you. A pillow placed under your baby may be needed to bring your baby to breast level. Support your baby's head in the crook of your arm.

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Lakeside Women's Hospital

If you have questions, call Lakeside Women's Hospital at 936-1500 or 1-800-586-7065.

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Football Position

Many new mothers find this the easiest first breastfeeding position. The baby is supported on two pillows beside you with the head and shoulders supported in the palm of your hand. Use your other hand to support and guide your breast.



Transition Position



Similar to the football position, the transition position allows you good control of your baby's head. Lay your baby across your abdomen supported by two pillows. Support your breast by the hand on the same side. With the other hand, support your baby's head in the palm of your hand.

Breast Support

Support your breast as shown in the illustration. Begin by placing your thumb on top of your breast and your four fingers flat against your ribs. Lift your breast so you control where you place it.



You will probably be able to support your breast with just your index finger. You may have to use more fingers if your breasts are very large and heavy. **DO NOT** place your finger on the dark area surrounding the nipple (areola). It is important that your finger does not get in the way of the baby's mouth, under his or her chin, or too close to the throat.

Latch-on

Tickle baby's upper lip with your nipple a few times. After his mouth is open place your nipple over the baby's tongue. Pull his head in close to your breast while lifting and supporting your breast during the entire feeding (for the first few weeks).



Keep the tip of your baby's nose touching your breast throughout the entire feeding. This will help the baby get sufficient milk and help minimize sore nipples. You will be able to hear the baby breathe.

Helpful Hints for Latching-on

1. Awaken your baby at least every two or three hours during the daytime. Unwrap your baby and handle gently until he or she is rooting. The baby must be alert and sucking in order to draw your nipple and areola into his or her mouth.
2. Be sure to position your baby's head in the crook of your elbow and not on your forearm. Tuck your baby's arm around your rib cage.
3. Support your breast with the hand that is not holding the baby. Lift the entire breast, not just the nipple. Remember to keep your hand away from the nipple area.
4. After baby opens his or her mouth, lift your entire breast so that the nipple goes over the baby's tongue. As you do so, pull your baby closer to you, which will help him or her take the entire nipple and areola into his or her mouth.
5. Your baby's nose should be touching, or nearly touching, your breast. You may drop your elbow slightly if you are concerned about your baby's ability to breathe.
6. Your baby will suck a few times, then pause, and will continue to repeat this pattern. If the pause is prolonged, gently rub your finger under his or her chin. You may also rub the baby's feet or legs to stimulate him or her.
7. Listen for swallowing.
8. Don't allow your baby to sleep for prolonged periods. Drowsiness can hide hunger. Ensure that your baby is well nourished by waking him or her and encouraging your baby to eat and develop breastfeeding skills.

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Burping

Since your baby will be getting small amounts of milk during the first few days, there won't be much burping. However, you should still offer the baby the opportunity to burp after feeding from each breast. You may burp your baby in one of two ways. Place your baby on your chest or shoulder and pat between the shoulder blades. However, if you prefer, you may sit your baby on your lap, always supporting the head at the jaws to keep the baby's head from falling forward. Never place your hand on the baby's neck.

Allow the baby a few minutes to burp before offering the next breast.

Is Baby Getting Enough Milk?

Although you cannot measure the amount of milk your baby gets, you can tell if your baby is getting enough.

You can tell if your baby is getting milk, if:

- you hear your baby swallow (your nurse can help you identify the sound before you leave the hospital)
- you should also notice your breasts are full before breastfeeding and soft afterwards (by the fifth day following birth - this indicates the baby removed milk)

You can tell if your baby is getting enough milk if:

- your baby is relaxed after breastfeeding (arms are not flexed, fists are not clenched)
- your baby does not root or suck fists after breastfeeding
- your baby has three or four wet diapers (urine is clear to light the first couple of days - it will gradually increase to six to eight wet diapers by day eight)
- your baby has three or more bowel movements per day.

Milk Production

Only two things are necessary for a full supply of milk for your baby.

- Your baby is able to effectively remove milk from your breasts.

- Milk must be removed on a regular basis, preferably every two or three hours. Your baby needs to empty your breasts eight to twelve times during a 24-hour period.

Insufficient Milk Supply

It is very rare for a woman not to be able to meet her baby's nutritional needs with breastfeeding.

There are two reasons why milk supply would decrease.

- The milk is not being adequately removed from the breast.
- Breastfeedings are too infrequent.

Engorgement

Engorgement is the term used for the time when your milk is coming in; and your breasts are fuller, firmer and warmer than usual. It normally occurs about three to five days after your baby is born and is a signal that breast milk is increasing.

Engorgement can become severe if the milk is not removed adequately or if engorgement is not managed effectively.

You can help manage engorgement in the following ways.

- Make sure your baby is swallowing while feeding. If not, contact a lactation consultant.
- For hard or hot breasts, treat them with warmth before nursing and cold after nursing. Before nursing, apply warm, moist compresses to your breasts. You may use a warm damp wash cloth or simply get in a warm shower. Warmth will allow the milk ducts to open up and the milk will begin flowing, thus giving you some relief. After you are finished nursing, if you still feel engorged, apply cold compresses.
- After placing a thin, dry cloth over your breasts, apply an ice pack. Any ice pack will do, including a bag of crushed ice or even frozen vegetables.
- By using one of the above cold treatments for 15 minutes (as often as needed), the swelling will reduce in your breasts, improving both pain and swelling.
- When breast engorgement interferes with your baby latching-on, remove some milk with a breast pump or by hand expression. If baby still cannot latch on, contact a lactation consultant.

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Nipple Soreness

Almost every breastfeeding mother experiences some nipple soreness. Your nipples simply are not accustomed to breastfeeding, especially so many times a day.

Some hints for reducing soreness include:

- being sure baby is positioned correctly and latching-on (provide continuous breast support, and keep baby's nose touching the breast)
- breastfeeding every two to three hours (this will keep baby from sucking too hard)
- using the management techniques for engorgement
- applying lanolin after breastfeeding to the nipple area (some mothers find this soothing; and it need not be washed off before breastfeeding).

If nipple soreness lasts more than one week or becomes severe, contact a lactation consultant.

Getting Help

A lactation consultant is your best resource when you are experiencing breastfeeding difficulties. Other resources such as written materials, books and videos may have conflicting, confusing information, which is often outdated.

Reasons to seek professional help are:

- your baby seems hungry after breastfeeding (when baby is at least five days old)
- your baby has two or less bowel movements within 24 hours
- your baby is breastfeeding less than seven times within 24-hours (a sleepy baby)
- your nipples are extremely sore (normal soreness decreases after the third day)
- you have an area on the breast that is red and tender and you may run a low grade fever and have chills.

Breastfeeding After Returning to Work

After the initial period of learning and adjustment, many women wish to continue breastfeeding when they return to work. Their decision is based on how much they enjoy the experience and the knowledge that breastfeeding helps protect their baby against infection.

Many women successfully continue to breastfeed. **The keys to success are:**

- a high quality breast pump
- a place to use the breast pump in the workplace
- a time to use the breast pump at work

Planning Ahead

When thinking about an adequate place at work, consider a place that will afford privacy, as well as an electrical outlet. Talk to your employer before you return to work about possible locations.

Also speak to your employer about taking "pumping breaks" during work hours. You will require a 15 minute break in the morning and afternoon in addition to your meal break. There may be ways to make up the lost time that are mutually acceptable.

If you are only able to briefly pump at work, it's better than not at all. If you can't pump three times per 8-hour period, the second choice would be morning and afternoon. Third choice is during your meal break only.

Share the following information with your employer.

- Breastfeeding for at least a year is recommended by the American Academy of Pediatrics.
- You probably won't miss as much work since breastfed infants are sick less often.
- A healthier baby uses less health benefits.
- Pumping will make you much more comfortable and reduce effects such as leakage.
- Employers who help meet the personal and family needs of their employees also boost morale and experience greater employee retention.

Making your work plans ahead of time will allow you more enjoyment during your time at home.

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Get Familiar with the Pump

You may wish to become familiar with using your pump about three weeks before you return to work.

This prior experience will:

- help you become comfortable with the pump and solve any problems before returning to work
- allow you to accumulate a supply of milk for your first few weeks back on the job, a time which might be stressful
- provide time to acquaint your baby with bottle feeding.

The best times to pump are in the morning and afternoon when milk supplies are greatest.

If You Can't Pump at Work

You can still continue breastfeeding in the mornings, evenings, and on your days off. Breastfeeding at night will help keep up your milk supply. You can expect fuller and more comfortable breasts at work, but your milk supply will eventually decrease. When this happens, your baby may prefer the bottle so he or she can get more milk.

Storage

After using your breast pump, store the milk in a clean container in the refrigerator. Choose from plastic baby bottles with lids or plastic "nursery bags" which can be closed with masking tape, rubber bands or twists.

If you wish to combine the milk collected from previous pumping sessions, cool all of the collected milk separately in the refrigerator first. Then after the milk is adequately cooled, you may combine them into the quantities needed for your baby.

You can store breast milk using the following guidelines:

Fresh milk will store at room temperature for six hours.
Fresh milk can be refrigerated for three days.
Fresh milk can be frozen in a freezer for 2 to 3 months.
Fresh milk can be frozen in a deep freezer for six months.

Always label milk with name, date and amount.

Warm the breast milk by placing it in a bowl of warm tap water. DO NOT warm in a microwave or on the stove, as severe burns have occurred. The milk should be body temperature or cooler.

Introducing Your Baby to the Bottle

Below are some suggestions for helping your baby accept the bottle.

- Don't introduce a bottle until your baby has mastered breastfeeding. Allow at least two weeks for this.
- Have someone else (not mother) give your baby the bottle.
- Choose a time when your baby is hungry, but not very upset.
- After lightly touching the baby's lips with the nipple, wait for his or her mouth to open and then place the bottle's nipple over your baby's tongue. Make sure your baby takes the entire nipple.
- Allow the baby a chance to rest and burp after about an ounce of milk.

If Baby Won't Accept the Bottle

Young babies will usually take either the bottle or breast. However, once older than four weeks, many babies prefer one over the other. Your baby will probably accept the bottle if it is offered gently and without stress. Look for a nipple that the baby can latch on to like the breast. In order to establish milk supply and to ensure that your infant is nursing well, try not to introduce that bottle before two weeks of age.

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How Much Milk Should You Leave?

You can calculate how much milk to leave for your baby's feeding time based on his or her weight, not age.

The formula is, baby's weight (rounded to the nearest pound) times three, then divided by eight. This will tell you the number of ounces per feeding every three hours.

For example:

6 lb. baby times 3 = 18	18 divided by eight = 2.25 ounces per feeding
8 lb. baby time 3 = 24	24 divided by eight = 3 ounces per feeding
12 lb. baby time 3 = 36	36 divided by eight = 4.5 ounces per feeding
16 lb. baby time 3 = 48	48 divided by eight = 6 ounces per feeding

Weaning

It is not necessary to decide right away how long to breastfeed your baby. Normally, breastfeeding continues as long as it is enjoyable for both mother and baby.

There is no medical reason that indicates an age to stop breastfeeding. The health benefits continue for the entire time you continue to breastfeed. The American Academy of Pediatrics recommends that for the first four to six months of life, a baby receive only breastmilk. You will probably introduce baby foods at about six months, but the AAP recommends continuing to also breastfeed for the baby's first year. Any length of time (days, weeks, months or years) will have a positive effect on your baby.

When you decide to discontinue breastfeeding, follow your baby's doctor's advice on a choice of formula to substitute. Gradually, make the transition by substituting a bottle-feeding or cup-feeding for a breastfeeding. After a few days, substitute another feeding, then another. The gradual adjustment is easier for your baby and you, since your milk production will gradually and comfortably decrease.

"Wean Me Gently"

I know I look so big to you. Maybe I seem too big for the needs I have. But no matter how big we get, we still have needs and they are important to us. I know that our relationship is growing and changing, but I still need you. I need your warmth and closeness, especially at the end of the day when we snuggle up in bed. Please don't get too busy for us to nurse.

I know you think I can be patient, or find something else to take the place of nursing; a book, a glass of juice or water, but nothing can take your place when I need you. Sometimes, just cuddling up with you, having you near me is enough. I guess I am growing and becoming independent, but please be there. This bond we have is so strong and so important to me. Please, don't break it abruptly. Wean me gently, because I am your mother, and my heart is tender.

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