

Breastfeeding

Lactation Consulting Services

- Dunedin Pediatrics offers lactation support in our office. Call now for your appointment!

Should I breastfeed my baby?

- 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 is also a proud tradition of many cultures.
- In general, the longer you breastfeed, the greater the benefits will be to you and your baby, and the longer these benefits will last.

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 protect your baby from a variety of diseases and infections. Because of these protective substances, breastfed children 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 to protect against obesity, diabetes, sudden infant death syndrome (SIDS), and some cancers.

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.
- Reduce the risk of ovarian cancer and breast cancer.
- Keep bones strong, which helps protect against bone fractures in older age.

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.

Published online: 9/14

Source: *Breastfeeding Your Baby* (Copyright © 2005 American Academy of Pediatrics)

Breastfeeding Tips

A. How often to feed?

The baby should nurse for the first time in the delivery room, and then continue to feed frequently every 2-3 hours throughout your hospital stay. Until your milk supply is well established and your baby is gaining weight (usually 2-3 weeks), nurse your baby whenever he or she cries or seems hungry (“demand feeding”). Thereafter, babies can receive adequate breast milk by nursing every 2 to 3 hours. Feeding less frequently can lead to breast engorgement, which will decrease milk production.

Feeding less frequently (every 3-4 hours) is OK at night as long as good weight gain has been established. Breastfeeding 8-10 times per day will ensure adequate weight gain. Offering both breasts at each feeding will help prevent a “grazing” habit. A “grazing” pattern can occur if a baby nurses from only one breast or in shorter time intervals. The newborn will wake more frequently to feed (ie every hour) and produce greater maternal fatigue.

B. How long per feeding?

Nurse your baby 10-20 minutes on each breast for a maximum of 40 minutes per feeding. Remember to alternate which breast you start with each time. Once your milk supply is well established (about 2 to 3 weeks

after birth), the feeding time will decrease. There can be variation in feeding times from child to child and day to day.

C. How to know when your baby is getting enough breast milk?

Your baby is getting enough breast milk if:

- Your baby is having 3-5 (or more) loose yellow bowel movements per day by day 5-7
- Your baby is having 6-8 wet diapers in 24 hours
- You can see sustained suckling and hear swallowing during feedings
- Your baby is content after nursing
- Your nipples are not sore, cracked or bleeding
- Your baby is back to birth weight in 14-21

Important!

- *It is imperative that all breastfed babies have an office appointment within 1 week of their birth.*
- *Follow-up weight checks can be scheduled as needed until the baby returns back to birth weight, and/or the mother is confident with her breast feeding.*

D. The letdown reflex.

A letdown reflex develops after 2 to 3 weeks of nursing and is indicated by tingling or milk ejection in the breast just before feeding (or when you are thinking about feeding). It also occurs in the opposite breast while your baby is nursing. Letdown is enhanced by adequate sleep, and reduced stress.

E. Supplemental bottles

Do not offer your baby any bottles during the first 3 weeks after birth because this is when you establish your milk supply (unless advised to do so by your provider). Good lactation depends on frequent emptying of the breast. Supplemental bottles take away from the suckling time on the breast. If your baby is not gaining well, see your pediatrician or a lactation specialist for a complete evaluation.

After your baby is 3-4 weeks old and nursing is well established, you may want to offer a bottle of expressed milk or formula so he can become accustomed to the bottle and artificial nipple. Once our 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.

F. Extra water.

Babies do not need extra water.

G. Pumping the breast to relieve pain or collect milk.

Severe engorgement (severe swelling) of the breast decreases 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 of home), pump your breast. Also, whenever your breast hurt and you are unable to feed your baby, pump your breast until they are soft. If you don't relieve engorgement your milk supply will diminish.

A good breast pump can be a nursing mother's best friend. Collect the breast milk in the plastic containers or plastic bottles because some immune factors in milk stick to glass. Pumped breast milk can be saved for 48 hours in a refrigerator or up to 6-12 months in a freezer. To thaw frozen breast milk, put the plastic container of breast milk in the refrigerator (it will take a few hours to thaw) or place in a container of warm water until it has warmed up to the temperature your baby prefers.

We recommend that you get a high quality pump from a reputable supplier. If you are interested in recommendations, please call our office to speak to our physician.

H. Sore nipples.

Do not use soap or alcohol on the nipples because they remove natural oils. At the end of each feeding, the nipple can be coated with some breast milk to keep it lubricated. Try to keep nipples dry with loose clothing, air exposure and nursing pads.

Sore nipples usually are due to poor latching in a feeding position that causes undue friction on the nipple. Position your baby so that he directly faces the nipple without turning his neck. At the start of the feeding, compress the nipple and areola between thumb and index finger so that your baby can latch easily. Throughout the feeding, hold your breast from below so the nipple and areolas aren't pulled out of your baby's mouth by the weight of your breast. Rotate feeding position so that his mouth applies pressure to slightly different parts of the areola and the nipple each feeding.

Start your feedings on the side that is not sore. If one nipple is extremely sore, temporarily limit the feeding to 10 minutes on the affected side, or pump the breast.

I. Vitamins for the mother.

A nursing mother can take a multivitamin tablet as directed by your OB/GYN. She is especially in need of 400 units of Vitamin D and 1200 mg of both calcium and phosphorus per day.

J. Vitamins for the baby

All infants who are exclusively breastfed should receive Vitamin D supplements. This is available in a liquid form called Tri-vi-sol. Tri-vi-sol can be purchased over the counter at any pharmacy and the baby should receive 1 dropperful per day.

K. The mother's medication.

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

Always check with your doctor before taking a medication while nursing.

L. Burping.

Burping is optional. It may benefit your child by decreasing spitting up. If you burp your baby, burping 2 times during the feeding and for about a minute is plenty. Burp your baby when switching from the first breast to the second breast and at the end of the feeding.

M. Call our office during office hours if:

- Your baby doesn't seem to be gaining adequately.
- Your baby has less than 6 wet diapers per day.
- During the first month, your baby has less than 4 bowel movements per day.
- You need to take medication that was not discussed.
- You have painful engorgement or sore nipples that don't respond to recommended treatment.
- You have a fever (also call your obstetrician).

Adapted from "Your Child's Health", B.D. Schmitt, M.D., Bantam Books.

Call your health care provider if:

- Your baby doesn't not sustain at least 10 minutes of rhythmic sucking and swallowing at least 8 times in a 24-hour period.
- Your baby is restless during feeding and keeps pulling away from the breast.
- Your baby is irritable after nursing and cannot be contented by nursing.

- Your baby is very lethargic, sleepy and not waking for feeding; or cannot be kept awake long enough to feed adequately.
- Your baby is having fewer than 3 bowel movements per day, and/or fewer than 6 wet diapers per day by the time he/she is one week old. (The number of bowel movements will decrease naturally over time).
- Your baby's color is pale, blue or yellow with jaundice.
- You don't see or feel any evidence of milk production within 3-5 days, e.g. breast fullness, leaking of milk, obvious infant swallowing while nursing.
- You have very sore nipples that are painful throughout the feeding, or nipples that are bleeding.