

Breastfeeding FAQ

Just starting out? [Visit this link](#) and [this link](#) for a wonderful introduction to how to nurse.

- 1. Why is “Breast Best”?** Evidence suggests that breastfeeding decreases risks for many diseases in infants and mothers. In general, these benefits appear to be dose-related to the amount of breastmilk provided to the infant. Breastfeeding has been associated with a reduction in the risk for acute otitis media, gastroenteritis, respiratory tract infections, atopic dermatitis (Eczema), childhood leukemia, inflammatory bowel disease and sudden infant death syndrome. Breastfeeding also offers a protective effect with later obesity. In mothers, a history of lactation has been associated with a reduced risk for type 2 diabetes and breast and ovarian cancers.
- 2. My newborn seems hungry all the time- can I just top her off with formula after a feed?** Infants love to suck, so their desire to nurse may not be from hunger. Look for signs of a good milk supply- a stool per day of life up to DOL 4, then a minimum of 4 per day; 10-12 feedings per 24 hour period, breasts feeling full before and soft after a feed; baby nursing at least 10 minutes a feed. Unless instructed to do so, supplementing more than 2X in 24 hrs can affect your milk supply. If you are still not sure if your milk production is adequate, bring your infant in for a weight check- the best way to determine she is getting enough to eat.
- 3. My breasts no longer feel full, am I making enough milk?** Usually by 6 weeks to 2 months, the mother’s body has learned

how much milk to produce. Around this time you may start losing the sensation of “fullness” before a feed, and your infant may only nurse for 5 minutes at a time. Full, wet diapers, a satisfied infant and steady weight gain are the best measures of adequate supply. Your infant may also develop very infrequent stools between 4 and 8 weeks of age. This is a normal pattern, and as long as your baby’s stools remain soft or loose there is no reason to worry (even if your child only stools once a week!)

4. **Why does my nursing infant need vitamin D?** Vitamin D deficiency is being linked to many illnesses. Infants can develop Rickets (weakened bones.) The AAP recommends 400 IU per day for all infants and children. Breastmilk can be deficient in Vitamin D even if the mother is taking vitamins. We recommend that all breastfed infants be supplemented with 400 IU of Vitamin D (D-Visol, or Just D) daily until they are getting more than 16 ounces a day of formula or vitamin D fortified milk.
5. **What can I do about these sore nipples?** Nipple tenderness at the beginning of a feeding may be normal in the first few days of breastfeeding. Soreness that is more intense or continues for a longer time indicates that some adjustments with feeding need to be made. The most common cause of sore nipples is improper positioning of the infant at the breast, resulting in improper latch. Encourage your infant to open her mouth wide by tickling the lips with your finger or nipple. Pull the infant in close by supporting the back (rather than the back of the head) so that the chin dives into the breast and the nose is touching the breast at the nipple. The infant can also be encouraged to latch on with some expressed breast milk on the nipple. The nipple

should be round when it goes into the infant's mouth, and should not be discolored or white/pale when it comes out.

Sore nipples should be air-dried after a feeding, then covered with a pure lanolin ointment (Lansinoh) which will help cracks heal without scabbing or crusting. Persistent sore or cracked nipples need to be seen by a physician. Very painful nursing during this time can be replaced by pumping and bottle feeding until the nipple heals.

- 1. Do I have a plugged duct or mastitis?** A plugged duct can be a firm, tender swelling in the breast that typically improves with heat, pumping and deep massage (this can be painful, but when done during nursing can effectively relieve the swelling.) Mastitis, or an infected milk duct, is associated with fever, flu-like illness, and often redness. These infections need antibiotics and occasionally drainage, so be sure to contact your physician if you experience persistent pain, swelling, redness or fever.
- 2. What medications are safe to take when nursing?** Acetaminophen and Ibuprofen are safe to take when nursing, as are most over-the-counter cold medications. Products containing pseudoephedrine, however, may cause a temporary decrease in milk supply. Most pain medication given after delivery is safe, although rarely some babies become overly sedated if mom uses codeine. All prescription medications should be cleared with a physician prior to using. One resource to consult is TOXNET (<http://toxnet.nlm.nih.gov/>). But please feel free to call our office at any time to approve medications.
- 3. Can I drink alcohol while nursing?** Alcohol, such as a glass of wine or beer occasionally, is fine. You should nurse first, then have the drink and wait at least 2 hours before nursing again. If you drink enough to feel particularly effected, you should then

pump and dump the milk within the next 8 hours as alcohol can get from the bloodstream into the breast milk.

4. **How long can I store pumped milk?** Remember the rule of threes- three hours at room temperature, three days in the refrigerator, and three months in the freezer. A deep freezer that is not frequently opened will keep milk for up to six months. Store the milk in the back, labelled with time and date, not in the warmer door area. Mothers returning to work may want to try pumping first thing in the morning when the milk supply is greatest. Some mothers find that their refrigerated or frozen milk begins to smell or taste soapy or sour soon after it is stored. Lipase in the milk is an enzyme that may begin to break down the milk fat soon after the milk is expressed. Most babies do not mind the change in taste, and it is safe to use.

5. **My baby fusses and spits after feedings, should I eliminate foods from my diet?** Food allergies caused by proteins in breast milk are uncommon. Mild fussing or spitting after feeds is not uncommon, and most often related to mild reflux due to a baby's loose esophageal junction. This is normal, and resolves over time. If your child's irritability and discomfort seem to be worsening talk to us before strictly limiting your diet. Typical symptoms of food intolerance include extended periods of irritability after feeds, frequent spitting and arching after feeds, rash, hives, eczema, wheezing, persistent congestion, ear infections, vomiting, diarrhea (green stools with excess mucous or blood.) We may ask you to eliminate dairy from your diet for at least 2 weeks, which requires stringent label reading.

Breastfeeding Hints:

1. Growth spurts frequently occur around 10 days, 3 weeks, 6 weeks and 3 months and infants may show hunger and more frequent feedings for 24-48 hour periods until mother's milk increases. They may also cluster feed in the evenings to "tank up" for the night before sleeping a longer period of time. You may feel temporarily "empty" and frustrated, but the increased feedings will quickly stimulate your breasts to produce more milk.
2. If an infant is having a hard time settling to sleep after a feeding, have the father or other caretaker hold him so they can no longer smell the breastmilk. This avoids the "should I sleep or should I feed" phenomenon.
3. Infants between 4 and 8 weeks may start stooling only every 4-7 days. This is normal as long as the stool consistency remains soft or loose. Breast fed babies are rarely if ever constipated (firm, hard stools.)
4. Infants may pull away when feeding due to a vigorous let-down; try nursing in a semi-reclined position.
5. Some women overproduce milk, leading the infant to fill up on the watery foremilk instead of creamier hindmilk. Such infants may be fussier, gassy, and have looser, green stools. Avoid pumping if you think you are producing an excess of milk.
6. Around 4 months of age many infants become more distractible, leading to incomplete and thus more frequent feedings. Try feeding in a quiet, dark corner with no other stimula-

tion, and do not allow feedings more than every 3 hours to encourage a hungrier infant.

7. Around 6-9 months of age your infant may start biting. If the biting occurs in the beginning the infant may not be hungry, and if at the end he may be full. If your infant bites, quickly remove him from the breast and lay him down briefly- he will not like this.
8. Weaning should ideally take place over a period of time. Drop a feeding every few days, and offer a bottle or sippy cup in its place. Use distraction as much as possible along with more fitted clothing to discourage “easy access” for older infants/toddlers.