Breastfeeding Your Baby

Florida Department of Health
WIC Program
FloridaWIC.org

Babies are born to breastfeed

Breastfeeding is a normal part of mothers and babies being together. It is what nature intended for mothers and babies. Breastfeeding isn't just about the milk though. Breastfeeding helps to build a bond that can last a lifetime!

When the normal breastfeeding relationship does not take place, health problems can occur. Babies who are not breastfed and women who do not breastfeed can have more health problems. Here are just a few of the possible problems that can occur:

- Infants who are not breastfed are at higher risk of obesity, type 2 diabetes, asthma, ear infections, respiratory infections, learning problems, and Sudden Infant Death Syndrome (SIDS).
- Mothers who don't breastfeed are at higher risk of breast, ovarian, and endometrial cancer; type 2 diabetes; heart disease; and postpartum depression.

Pediatricians recommend that babies be fed only breast milk for the first 6 months of life. Solid foods should be fed at about 6 months and breastfeeding should continue until the baby is at least 1 year of age or older.

In the United States, it is recommended that women with HIV or AIDS not breastfeed, as the virus can be passed to their baby through breastmilk. If you do not know your HIV status, please ask your health care provider for an HIV test.

Getting started with breastfeeding

- **To get breastfeeding off to a good start, learn all you can about breastfeeding during your pregnancy.** That way you will have an idea of what to expect and what to do when your baby is born. It is very helpful to go to breastfeeding classes or breastfeeding support group meetings. These may be available at the WIC office in your area or at a local hospital. A breastfeeding support group, such as La Leche League, may also be available in your area. Ask your WIC breastfeeding educator or peer counselor for information.

- **Both before and after your baby's birth, avoid the use of soaps, lotions, and creams on your nipples and breasts.** They are not good for your nipples. The strong odors may confuse your baby.

- **Check with your health care provider before taking any medications or drugs while you are pregnant or breastfeeding.**

- **Avoid using pain medications during labor if possible.** Pain medications given during labor can affect a baby's ability to breastfeed successfully.

- **Before your baby is born, talk to your doctor, midwife, or labor room nurse.** Tell them that you want to be with your baby during the first hour after birth. Tell them that you want to hold your baby close to you, skin to skin, after the baby is born. You want to spend time gazing at each other. You also want to talk to your baby and stroke and touch your baby. Ask them not to bathe your baby or do other routine procedures until after your baby has been breastfed.

Breastfeeding mothers can eat just about anything they like in reasonable amounts including greens, beans, garlic, onions, broccoli, and pizza. Most babies are never bothered by what the mother eats. To keep themselves healthy, breastfeeding women should eat the same healthy foods that they ate while they were pregnant.

Breastfeeding after birth

- **Breastfeeding in the first hour after birth is good for both you and your baby.** Your baby's sucking reflex is strongest during this time. Also during this time, the baby is quiet and alert. This helps the baby to learn to breastfeed well. Early, uninterrupted breastfeeding also helps your baby have his or her first bowel movement faster. This decreases the chance of the baby becoming jaundiced (yellowed). Though your breasts won't feel full yet, they provide just the right amount of early milk (colostrum) for your baby.

- **Starting breastfeeding right away helps increase your "mothering hormones" called oxytocin and prolactin.** Oxytocin levels are important for milk production.

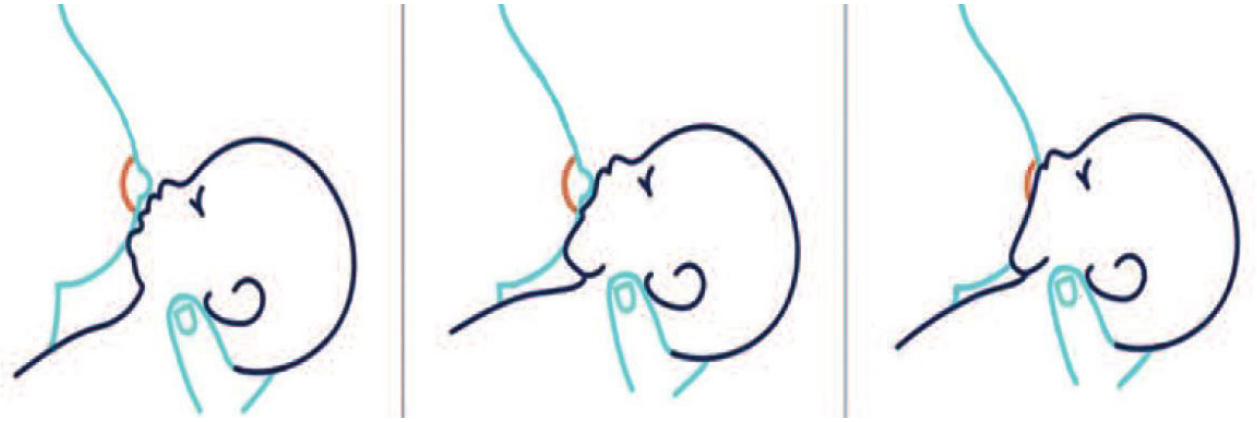
- **Early skin-to-skin contact and breastfeeding help you to build a strong bond with your baby and establish breastfeeding.** Welcoming your baby with skin-to-skin contact keeps your baby calmer, and helps breastfeeding get off to a good start. It makes for a more confident mother. Skin-to-skin contact triggers the baby's natural instincts to breastfeed. Give your baby frequent skin-to-skin contact both in the hospital and at home.

What is skin-to-skin contact?

Take off all of the baby's clothes except the diaper and head cap. The front of your baby's body is placed in an upright position on the front of the mother's bare chest between the mother's breasts. A blanket or gown is placed across your baby's back and the bed covers are pulled up over the mother and baby.

Getting a good latch

Latch is the way the baby attaches to the breast. A good latch is important to make sure your baby gets enough milk.



Following the steps below can help your newborn latch on to the breast.

- **Calm your baby first by holding him or her close on your chest, skin to skin.**

- **Let your baby lead.** If your baby is not hungry, your baby will stay curled up against you. If your baby is hungry, your baby will bob his or her head against you.

- **Support your baby's head and shoulders as he or she searches for your breast.** There should not be any pressure on the back of the baby's head from your arm or hand, or from a pillow.

- **Just before latching on, your baby's nose should be in line with your nipple.** Then your baby's chin and lower lip should touch your breast and the pressure should make your baby open his or her mouth wide and reach up and over the nipple. Your baby should get a deep latch of the breast which includes the nipple and the areola which is the dark skin around your nipple.

- **You can tell your baby is latched on well if your baby's chin is pushed in against the breast, lips are curled out wide, cheeks are rounded, and you can hear swallowing.** Keep in mind that your baby can breathe at the breast. The nostrils will flare to allow air in.

- **If breastfeeding hurts, remove the baby by putting your finger in the corner of the baby's mouth to break the suction.** It should not hurt when the baby is latched on correctly. Soreness is common, but not normal when beginning breastfeeding. A correct latch will prevent pain. You should feel strong tugging, but not persistent pain. Frequent breastfeeding of your baby does not cause sore nipples. Incorrect positioning and incorrect latch are the main causes of sore nipples.

- **Let your baby finish the first breast well.** When the baby lets go of the first breast, burp your baby, and then offer the other breast. Sometimes the baby will take just one breast at a feeding. That is okay. Sometimes your baby will take both breasts. Let your baby lead the way. At the next feeding, start with the breast you finished with at the last feeding.

Breastfeeding—the first few days

Babies need to be with their mothers to learn how to breastfeed well.

- **New mothers need to be with their babies to learn how to breastfeed!** The two of you are like one. You need each other. With patience and practice, breastfeeding will get easier and faster. Babies know how to breastfeed, but breastfeeding is a learned skill for mothers. It takes at least a month to establish a good milk supply and for the mother to feel that she has the hang of it.

- **Have your baby "room-in" with you 24 hours a day at the hospital.** That way you will not miss any of your baby's small cues that he or she needs to breastfeed. Limit your visitors. Tell your family and friends ahead of time that you need lots of time alone with your baby to learn to breastfeed and to rest. Too many visitors tire you out. It can interfere with breastfeeding. This is a special time just for you and your baby.

- **Make sure you breastfeed during the night.** Breastfeeding during the night is very important for establishing a good milk supply. Newborns tend to group more of their breastfeedings between 9:00 in the evening and 3:00 in the morning. This is normal.

- **Tell the nurses not to give your baby artificial nipples.** This includes both bottle nipples and pacifiers. These can cause your baby to not breastfeed well and you to not make enough milk. Put a crib card in the bassinette that says "no pacifiers or bottles and no formula please!"

- **Tell the nurses not to give your baby formula unless medically necessary.**

- **Giving any formula greatly increases the chance of you and your baby not having success with breastfeeding.**

- **Giving any formula also affects your baby's immune system.** It increases the risk of certain diseases, such as diabetes, diarrhea, and asthma.

When you get home with your baby, accept all the help you can get. Have others cook meals, wash dishes, do laundry, etc. Limit visitors.

- **For the first 40 days or so after your baby is born, you should breastfeed and take care of your baby, and let others take care of you!** Stay at home as much as possible. Concentrate on learning to breastfeed. This period of time is referred to as "baby moon" time.

- **Keep your baby in a bassinette next to your bed and learn to breastfeed lying down.** Learning to breastfeed lying down means you get more time to rest! Babies are safer when they sleep in the same room as their mother sleeps in. When your baby is finished breastfeeding, place the baby in a bassinette next to your bed.

- **Make sure you always put your baby to sleep on his or her back.** Make sure everyone in your family knows to do this. Learn about "safer sleep" habits before you have your baby. You can learn about "safer sleep" at safetosleep.nichd.nih.gov.

- **Learn to wear your baby in a soft, cloth baby carrier or sling.** Babies who are "worn" by their mothers and other family members are happier and calmer, have less colic, and develop better. Avoid leaving your baby sitting in a car seat, baby seat, or baby swing for long periods of time. Babies need to be held in arms a lot! You cannot "spoil" your young baby.

After your "baby moon" period and your health care provider says it is okay to go out, plan to take your baby everywhere with you for the first several weeks. Breastfeeding babies are easy to take places.

How often and how long to breastfeed your baby

- **Let your baby feed as often and as long as he or she needs to.** This could be a 5-minute feeding or a feeding that is well over 30 minutes. Let your baby finish the first breast and come off on his or her own. Then offer the other breast. Babies may take one breast at a feeding or both. Let your baby decide.

- **Breastfeed the baby at the first signs of hunger.** Watch your baby for signs of hunger. Your baby may start to stretch, make little noises or grunts, suck on his or her lips or tongue, turn his or her head toward you, or put his or her hand up to the mouth. Crying is a late sign of hunger. Do not wait until the baby cries!

- **Milk supply is affected by how often milk is effectively removed from the breast either by breastfeeding your baby or by expressing your milk.** The more you breastfeed or express milk, the more milk you will make. Breast size has nothing to do with the amount of milk you can make.

- **Usually, 2 to 4 days after birth, your milk supply will greatly increase.** Your breasts will feel heavier and fuller. They may swell. This swelling goes away around 7 to 10 days postpartum. It is normal. You are not losing your milk. Mature breast milk looks thin and bluish, but it has everything your baby needs. It does not look like homogenized cow's milk!

- **Breastfeed your baby at least 10 to 12 times in 24 hours during the first month or so.** Newborns need to breastfeed very often. Their tummies are very tiny and your milk digests very quickly. You will have enough milk to feed your baby even if you cannot see it or feel it. Feedings do not follow any regular schedule. Babies often group (cluster) feedings together, particularly in the evening. They may seem to breastfeed on and off constantly during these cluster feedings. This is fine.

- **As babies grow and somewhere around the fifth week, feedings will become more spread out and regular.** Follow your baby's signals—not the clock.

- **You should breastfeed frequently and not give the baby formula (artificial baby milk).** Only use formula if there is a medical reason. Giving bottles or using pacifiers causes your body to make less milk. All of your baby's sucking should be at your breast.

- **If you have a sleepy baby, skin-to-skin contact can encourage breastfeeding.** See page 4 for a description of skin-to-skin contact.

How to tell if your baby is breastfeeding well

All babies have days when they breastfeed more often. It does not mean you are not making enough milk. Breastfeeding your baby as often as your baby shows signs of hunger will help your milk supply and help your baby have a good weight gain.

- **You should hear frequent swallowing or gulping sounds while breastfeeding.** There should not be any clicking or smacking sounds. Turn off the TV and radio, so you can listen closely to your baby's sounds.

- **Your baby should no longer shows signs of hunger after a breastfeeding.** The baby's body and hands relax for a short time. The baby has a full, satisfied expression after breastfeeding.

- **Your baby should not lose more than about 7 percent of his or her birth weight after birth.** The baby should regain his or her birth weight by about 2 weeks after birth. After that, breastfed babies generally gain around 4 to 7 ounces a week for the first 6 months of life. Between 6 and 12 months, they may gain between 2 and 4 ounces a week.

- **Make sure your baby gets a weight check with the baby's health care provider within 5 days of discharge from the hospital.** You can also bring your baby to the WIC office for a weight check. Have another weight check at 2 weeks of age.

YOUR BABY'S BOWEL MOVEMENTS

- Your baby should be having at least 3 bowel movements (stools) every 24 hours after day 2. By day 3 to 4, your baby should also be having 6 or more very pale yellow urine, wet/heavy diapers a day. If your baby is not wetting at least 6 diapers in 24 hours, call your health care provider immediately.

- Your baby's stools will change from dark black to yellow-green to yellow-orange to loose, seedy yellow as your milk supply increases. Your baby should have at least 3 to 4 stools a day that are each about the size of a quarter or larger. If your baby is not having bowel movements, call your baby's doctor and go see your breastfeeding educator.

- Sometime between 4 and 6 weeks of age, stooling can vary greatly from several times a day to only once a week.

Call the breastfeeding educator or your peer counselor at the WIC office right away if you have concerns about your milk supply. Do not reach for infant formula (artificial baby milk) when you are feeling unsure of yourself.

If there are any problems with breastfeeding, it is important to get help early! If you wait too long to get help, it may make it harder to breastfeed. Contact your health care provider if you have any concerns about your baby's weight gain or health. Call your breastfeeding educator for help with breastfeeding.

Breastfeeding positions

Here are some positions in which you can hold your baby while breastfeeding. Find a hold that works for you and your baby. Always make sure your baby takes in a good mouthful of breast, especially the underneath part of the darker skin around the nipple (areola).

Cradle Hold (shown at left)

This is the most commonly used position. Hold your baby with his or her head on your forearm and with baby's body facing yours. Make sure the baby's head, shoulders, and hips are in a straight line and the baby's whole body should be in contact with yours.

Cross Cradle or Transitional Hold

(shown at left)

This is good for premature babies or babies who are having problems latching on. Hold your baby along the opposite arm from the breast you are using. Support baby's head with the palm of your hand at the base of his or her head. Do not touch the back of the baby's head.

Clutch Hold or Football Hold

(shown at left)

This is good for mothers who have had a cesarean birth or who have large breasts. Hold baby at your side. The baby is lying on his or her back, with his or her head at the level of your nipple. Support baby's head with the palm of your hand at the base of the baby's head.

Side-Lying Hold (shown below)

This allows you to rest while baby breastfeeds. This position is also good for mothers who have had a cesarean birth. Lie on your side with baby facing you. Pull baby close and guide the baby's mouth to your nipple.

Laid-Back Hold (shown below)

The laid-back hold is a relaxed, baby-led approach. The mother lies back at an easy angle that's comfortable for every part of her with some pillows behind her or with the bed adjusted that she is not lying flat or sitting straight up. Her baby lies on top of her, the baby's front on the mother's front with a blanket over the two of them for warmth, if needed. Gravity and an instinct to nurse will guide the baby to the breast. As the baby searches for the breast, the mother should support the baby's head and shoulder but shouldn't force the latch.

WHAT TO AVOID WITH ALL POSITIONS:

- **Don't apply pressure to the back of the baby's head.**
- **Don't allow baby's feet to push against a hard surface.**
- **Don't leave open spaces between you and your baby.**

Positions for breastfeeding two babies at the same time—yes, you can fully breastfeed twins and even triplets!

Double Clutch Hold (shown at right)

The mother is sitting up straight. Both babies are in the clutch hold. Some mothers use pillows or folded towels at their sides to support the babies.

Combination Cradle and Clutch Hold

The mother is sitting up straight.
One baby is in the cradle hold.
The other baby is in the clutch or football hold.

Preventing soreness

Soreness is common, but not normal. If you do get sore nipples, the most important thing to do is to make sure the baby is latched on correctly!

OTHER WAYS TO HELP IF YOU HAVE SORE NIPPLES

- Start feedings on the least sore side.
- For comfort, you can put crushed ice in a plastic bag (covered by a thin washcloth) on your nipple, for a couple of minutes, right before breastfeeding.
- Call the breastfeeding educator at the WIC office for help right away if you remain sore, have cracks, or the soreness is getting worse. You need skilled help with learning how to position your baby better. You should keep breastfeeding—it is very important for your baby's health and well being.

Uncomfortably full breasts

Some fullness is normal in the first weeks. However, if milk builds up in your breasts they may feel uncomfortably full, hard, or warm to the touch. This is called "engorgement." Your baby may have difficulty latching on and sucking if the breast is too full.

TO PREVENT ENGORGEMENT

- **Make sure your baby is correctly positioned at the breast.** It is important that your baby take in a good mouthful of breast, not just the end of the nipple.
- **Breastfeed at least 10 to 12 times a day.**
- **Make sure you hear your baby swallowing.**
- **Let the baby finish the first breast well, breastfeeding until that breast is well softened.**

Then offer the second breast. Sometimes your baby will take one breast, sometimes both. Follow your baby's lead.

TO RELIEVE ENGORGEMENT

If you are already engorged, follow the steps above that are used to prevent engorgement and also do the following:

- **For minor engorgement, before breastfeeding, put a warm washcloth on your breasts or take a warm shower to help your milk flow.** You could also immerse your breasts in a basin of warm water. Any heat applied to breasts should only be done for about 5 minutes or less.
- **Massage your breasts gently to release milk before feedings.** Hand-express some milk to soften-up the areola area. If your baby is unable to latch on and breastfeed effectively because of extreme breast engorgement, try expressing enough milk to soften the breast so baby can latch on.
- **You may need to fully drain the breasts once or twice during the period of engorgement by using an effective breast pump.** Pumping the breasts fully once or twice will help the milk flow so your baby can then latch-on and breastfeed well. If you are still in the hospital, ask to use a full-size electric breast pump. If you are home, call your WIC breastfeeding educator or peer counselor right away for information about breast pumps and what is available through your local WIC agency. Extreme engorgement needs to be treated as fast as possible. It is a breastfeeding emergency.
- **If the baby continues to not breastfeed well, use an electric breast pump 8 to 10 times in 24 hours.**
- **For more severe engorgement, cold ice packs applied to the breasts between feedings may help reduce swelling and relieve pain further.** Lie flat on your back and apply the cold ice packs for 15 to 20 minutes at a time. Before applying ice packs, always place a thin towel on the breasts to protect the skin.
- **Call your WIC breastfeeding educator for help if the problem is not resolved within 24 hours.**

Tender breast lump

If you notice a tender lump in one of your breasts, you may have a "plugged duct." The area around it may be red and sore and you may ache. This occurs when milk builds up a waxy "plug" in your breast and there is pressure on the area.

TO PREVENT A PLUGGED DUCT

- **If you wear a bra, make sure it is not too tight.** Underwire bras may contribute to plugged ducts.
- **Do not use a too tight-fitting front baby carrier.**
- **Breastfeed at least 10 to 12 times a day, making sure the breast is well softened when the baby is finished.** Massaging the breast in any lumpy areas while breastfeeding can help prevent plugs.
- **Change your breastfeeding position often by using the football hold or the cross-cradle hold, lying down, etc.**
- **If you already have a plugged duct, take the above steps.** Before feedings, put a warm washcloth on your breast and gently massage the area to loosen the plug. Offer this breast first and position your baby so his or her chin is closest to the sore spot. Within a few feedings, the plug should move toward and then out the nipple. It may look like thin spaghetti. Rest in bed.
- **See your health care provider if the plug does not go away in 2 days or if you have a fever.**
- **Keep breastfeeding.**

BREAST INFECTION OR INFLAMMATION

If one of your breasts is red and tender to touch and you feel like you have the flu, you may have a breast infection (mastitis). Your milk is not infected.

- **Breastfeed more often.**
- **Put a warm wet washcloth on your breast before feedings and offer your baby the affected breast first.**
- **Gently massage the sore area while breastfeeding.**
- **Drink plenty of fluids.**
- **Rest in bed for 24 to 48 hours.**
- **See your health care provider if you feel achy for more than one day or if you have a fever.** You may need an antibiotic. There are many antibiotics that your health care provider can give you that are okay to take while breastfeeding. Tell your health care provider you want to keep breastfeeding. Sudden weaning could make matters worse.

Breastfeeding away from home

At first, new mothers may feel uncomfortable about breastfeeding in public. You will become more confident and comfortable as you gain experience. Most of the time, other people do not even notice you are breastfeeding because the baby is quiet and does not attract attention.

Here are some ideas to try:

- Breastfeed just before leaving home and right after you return home, if your outing is short.
- Breastfeed your baby in your parked car before leaving your car.
- Find a women's lounge or sitting area to breastfeed in.
- Turn your chair so you are facing slightly away from other people.
- Use a baby sling, breastfeeding cover, or blanket to cover your breast and your baby.

You can breastfeed your baby wherever and whenever you need to. According to Florida law, it is your right to breastfeed your baby wherever you are authorized to be. Breastfeeding is a normal part of being a mother.

You and your baby are born to breastfeed

Breastfeeding is a learned art.

It takes patience, practice, and commitment. In the first few weeks, while you are learning, you may feel frustrated at times. This is normal. It takes most mothers 4 to 6 weeks to get used to it. Remember that breastfeeding gradually gets easier, not harder. The investment of time and energy you make in the early weeks is worth it. You are investing in your health and your baby's health. In addition, you are building a bond that will last a lifetime.

WHERE TO GET HELP

- **Local WIC office:** They may have an International Board Certified Lactation Consultant (IBCLC) or Certified Lactation Counselor (CLC) on staff or may have a breastfeeding peer counseling program.
- **Local hospital:** They may have an International Board Certified Lactation Consultant on staff.
- **La Leche League International:** Trained volunteers provide one-on-one help to breastfeeding mothers on the phone and conduct monthly group support meetings. Call 1-800-LALECHE or Website: LaLecheLeague.org
- **Breastfeeding Helpline:** Call 1-800-994-9662 or Website: WomensHealth.gov/Breastfeeding
- **WIC Breastfeeding Support Website:** WICBreastfeeding.fns.usda.gov
- **For more information about the Florida WIC program:** Call 1-800-342-3556 or Website: FloridaWIC.org

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