

Breastfeeding

Congratulations on making the choice to breastfeed your baby! By now you are most likely aware of all the benefits associated with breastfeeding. If not, let's review!

Benefits to your infant:

- Colostrum is yellow/orange milk produced in the first few days of breastfeeding. This milk is high in concentrated nutrients, easy to digest, full of antibodies, and aids in passing early stool.
- Mature milk is established by the 5th day after birth. This milk is thinner than colostrum and white in color. It is the perfect combination of fat, sugar, water, and protein needed to help your infant continue to grow. It is also easier for an infant to digest compared to formula.
- Formula cannot match the unique combination of cells, hormones, and antibodies found in human breast milk. Research suggests that infants that are breastfed are less likely to suffer from:
 - Ear infections
 - Diarrhea and other gastrointestinal diseases
 - Respiratory infections
 - Asthma
 - Diabetes
 - SIDS
- Close physical contact with mom is comforting as an infant adjusts to life in the outside world

Benefits to you:

- Promotes uterine contraction and decreases the likelihood of serious bleeding following delivery
- Increased postpartum weight loss
- Decreased risk for postpartum depression
- Decreased risk for ovarian and uterine cancer
- No formula expenses

As you and your infant embark on this journey, remember that breastfeeding is a learned process for both of you. Although breastfeeding is natural, this does not necessarily mean that it will come natural for you and your infant. Breastfeeding is a commitment that may be challenging at times. It requires time and dedication. Be patient with your infant (and yourself!) and enjoy this special time together learning and bonding.

Here is some helpful information and suggestions if you find yourself struggling with any of these common breastfeeding challenges:

- Proper Latch-on and Positioning
- Sore Nipples
- Fear of Insufficient Milk Supply
- Blocked Ducts and Mastitis

Additional Resources

<http://www.llli.org/>
<http://www.cdc.gov/breastfeeding/>
<https://www.womenshealth.gov/breastfeeding/>
<http://kellymom.com/>
<http://www.who.int/topics/breastfeeding/en/>

Proper Latch-on and Positioning

Getting your baby to latch-on is considered one of the most important steps in successful breastfeeding. There are many things that you can do to help with a good latch and successful breastfeeding. Before having your baby latch-on it is important to remember that your own comfort is necessary. You will be breastfeeding a lot in the first few weeks with your new baby; you are more likely to have an enjoyable and successful breastfeeding experience if you are comfortable. So find a comfortable spot and get some pillows to help with positioning and enjoy. It is also good to remember that your baby can sense your emotions and mood while breastfeeding. If you feel yourself getting frustrated and tensing up, try some therapeutic breathing and relax! Once you feel you are comfortable and as relaxed as possible then you choose a position for feeding and have your baby latch-on. Do not let your baby latch-on to just your nipple this will lead to increased soreness and less effective feeding, make sure that your baby opens their mouth wide enough to get a good amount of your areolar tissue.



Additional information on this topic:

<https://www.womenshealth.gov/breastfeeding/learning-to-breastfeed/#i>
<http://www.llli.org/faq/positioning.html>

Sore Nipples

There is no denying that sore nipples discourage many women from breastfeeding. You should expect some tenderness by the second to third day of breastfeeding. However this should resolve in 7 to 10 days.

- The source of continued sore nipples can be a few different things:
 - Cracking of the skin from dry tissue
 - Improper positioning and latch-on
 - Improper breaking of suction after feedings
- What you can do:
 - Proper positioning and latch-on
 - Proper breaking of suction before removing your baby from your breast
 - Clean and dry your breast after feedings
 - Apply some expressed breast milk to areolar after feedings and let dry
 - Wear breast shells to protect tender skin
 - Ask your provider about Lanolin cream for sore and cracked nipples

Breastfeeding should be an enjoyable bonding time between you and your baby. Breastfeeding should not be painful. If you continue to experience discomfort after trying these troubleshooting options please consult your provider or lactation consultant.

Additional information on this topic:

<http://www.llli.org/faq/heal.html>
<http://kellymom.com/bf/concerns/mother/nipplehealing/>

Fear of Insufficient Milk Supply

Breastfeeding your infant takes time and dedication. In the first couple of weeks at home your baby will feed a lot, at least 8-12 times or more in 24 hours. Because breast milk is optimal nutrition for your infant, it is digested quicker

and easier than formula. Breastfed infants need to be fed more frequently than formula fed infants. Nursing “on demand” helps establish milk supply and lets your body know to produce more milk to feed your growing infant.

“All my baby wants to do is eat!”

- *When can I possibly have visitors then!?* Everyone wants to see the new baby. Your baby on the other hand, likely only cares when the next meal is coming. If you are not entirely comfortable breastfeeding around your guests, visits may need to be limited in the first couple of weeks while milk supply is being established.
- Supplementation should especially be avoided in the first couple of weeks while milk supply is being established. Supplementing lets your body know that the baby does not need more milk and therefore you do not need to produce as much.



Be sure to contact your infant's primary care provider if you are concerned about weight gain or infrequent wet/dirty diapers. If your milk supply is insufficient, your infant's primary provider or certified lactation consultant will have suggestions to ensure your infant is receiving adequate nutrition.

Fear of Insufficient Milk Supply

- **REMEMBER**—Breast milk should “come in” by day five. Until then your infant is receiving plenty of rich, thick, colostrum.
- Infants go through growth spurts that may last for days up to a week. This may result in increased frequency and/or length of feedings. Allowing the infant unlimited access to the breast lets your body know that more milk is needed to feed your growing babe. Supplementing should also be avoided at this time.
- Many babies have a strong desire to suck. They are also adjusting to their life outside of your womb and have a continuous need for close contact with you. Time at the breast snuggled in close to you helps them feel secure, even if they are not necessarily hungry.
- Mothers often think their milk supply is low when in reality it is not. If your infant is gaining weight and has an adequate amount of wet/dirty diapers, then your milk supply is sufficient (yay!)

- **WEIGHT GAIN**-It is not uncommon for a newborn to lose up to 7% of his or her birth weight in the first few days. After breastfeeding is established an infant should gain 6oz per week. Be sure to follow up with you infants primary care provider in the first week to ensure weight gain is adequate.
- **WET DIAPERS**- In the first few days of life an infant should have one wet diaper for each day of life (1 on day one, 2 on day two ect..). Once milk supply is established your baby should have 5-6 (or more) wet diapers in 24 hours.
- **DIRTY DIAPERS**- The same is true for dirty diapers in the first few days of life (1 on day one, 2 on day two ect...). After day four your infant should have 3-4 loose stools the size of a quarter or larger per day.



Additional information on this topic:
http://www.lalecheleague.org/nb/nbmilksupplyissues.html?gclid=CNiq_aSgrr0CFYFhMgodEToA_g
<http://kellymom.com/bf/got-milk/supply-worries/low-supply/>
<http://www.breastmilkcounts.com/breastfeeding.php>

TIP: You are likely anxious to get back into your per-pregnancy jeans, but remember you need to eat enough calories to nourish your body AND make breast milk to nourish your baby's body. Breastfeeding mothers need 300-500 more (healthy) calories per day. Adequate fluid intake will also contribute to breastfeeding success.

Blocked Ducts and Mastitis

A **PLUGGED OR BLOCKED DUCT** is an area of the breast where milk flow is obstructed. This obstruction can happen if there is inadequate milk removal or infrequent or skipped feedings. When this happens, the tissue around the duct may become swollen and inflamed and press on the duct, causing a blockage. The first signs of a plugged duct may be a small, hard lump that's sore and warm to the touch on your breast. The pain felt is usually decreased after feedings.

• What you can do:

- Increase feedings; nursing is one of the best ways to get the duct unclogged and ensure complete emptying
- Warm shower or compress to affected area **PRIOR** to feeding
- Cold compress **AFTER** feeding to reduce pain and swelling
- Massage affected area toward nipple while nursing (firm pressure is sometimes needed)
- Hand express or gently pump after feedings

MASTITIS is an inflammation of the breast that can be caused by obstruction or an infection. Many cases are due to an unresolved blocked duct. Mastitis is most common in the first 2-3 weeks, but can occur at any stage of lactation. This needs immediate medical attention from your provider. Antibiotic therapy is often ordered.

• Symptoms of Mastitis

- Red, sore, and hard area
- Affected area is warm to touch
- Fever and chills
- Flu-like symptoms
- Red streaking due to inflammation of breast tissue

Additional information on this topic:

<http://kellymom.com/bf/concerns/mother/mastitis/#what>

<http://www.lalecheleague.org/l/leaderweb/lv/lvmarapr93p19.html>

Breastfeeding Support in the Community

- Talk with your infant's primary care provider. He or she supports your decision to breastfeed and wants to help you both succeed. If necessary, your primary care provider may also suggest a visit with a lactation consultant.
- The Golden Start Team at Douglas County Public Health answers questions and provides professional support services at home, over the telephone, and in the Douglas County Public Health Office.
- Public Health: 320-763-6018
- http://www.co.douglas.mn.us/Uploads/Public/Documents/PH/PDFs/BF_brochure.pdf
- <http://www.co.douglas.mn.us/dc/breastfeeding-support-center.aspx>



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