



THE **NEW MOTHERS'**
GUIDE TO *BREASTFEEDING*

FREQUENTLY ASKED QUESTIONS AND SUPPORT FOR NEW MOMS

SAMPLE





CONGRATULATIONS

on the Arrival of Your New Baby!

The decision to breastfeed is one that comes with a lot of questions. This book offers new moms helpful information on what to expect and how to get started, the common difficulties you may encounter, and most important, provides the support that you need to give your baby a great start!

For a number of reasons, not everyone can breastfeed—and that's okay! If breastfeeding doesn't work for you, talk to your health care professional about other ways to nourish and bond with your baby.

KEEP IN MIND This book provides only general guidelines. If you're concerned about any aspect of breastfeeding, it's always best to speak to your baby's pediatrician or pediatric nurse practitioner about your baby's specific needs.

Breastfeeding is not always easy! But if you are able to breastfeed, you'll be giving your child nutritional and health benefits, while creating a special bond.

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BREASTFEEDING Is:

- a wonderful way to bond with your baby.
- a healthy and natural way to provide your baby with optimal nutrients to grow and thrive.
- convenient and inexpensive.



Why Breastfeed?

Breast milk supplies the vitamins, minerals, and nutrition a growing baby needs to thrive. As well as the cost savings and convenience factors, breastfeeding provides proven health benefits to both mom and baby.



BREAST MILK

is amazing! As your baby grows, your breast milk adapts to meet your baby's changing needs.

FOR BABY

Breastfed infants:

- **Have fewer problems with stomach upsets** and diarrhea.
- **Have better immunity and stronger resistance** to viruses and bacterial infections.
- **Get fewer earaches and respiratory infections** (coughs, colds, and sinus infections).
- **Develop fewer cases of asthma** when breastfed for six months or longer.
- **Are usually leaner**, and have a lower risk of becoming obese.
- **Have a lower risk of SIDS** (sudden infant death syndrome).

FOR MOM

Breastfeeding mothers:

- **Enjoy a unique bond** with their babies.
- **Recover more quickly** from pregnancy and childbirth.
- **Produce more oxytocin**, the "feel good" hormone, which helps shrink the uterus back to its pre-pregnancy size.
- **Have a lower risk** of breast and ovarian cancer.
- **Find breastfeeding helps them relax** and handle stress better.
- **Burn more calories** and get back in shape faster.

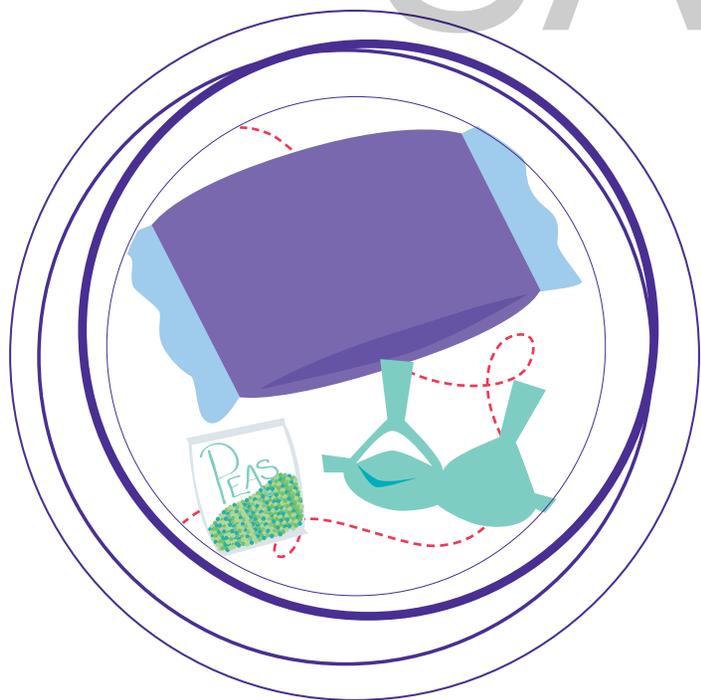
ASK FOR HELP

if you need it. Reach out to friends who have successfully breastfed, your local breastfeeding support group, or a lactation consultant for advice and support.



The *FIRST* Few Days

The first few days with your newborn are important. Before you deliver, it's helpful to get an idea of what to expect from breastfeeding. Being prepared can help set you up for breastfeeding success!



WHAT TO EXPECT AND HOW TO GET STARTED

- **Surround yourself with support!** Tell your partner, close friends, and family members that you intend to breastfeed, and that you'd appreciate their support. If you can, attend a breastfeeding class to connect with other expecting mothers.
- **Make an appointment.** Find out if your hospital or birth center has a lactation consultant on staff, and arrange to meet with her soon after the birth of your baby.
- **Get organized.** You'll need a top that allows for nursing (i.e., button-down shirts, nursing bras), 100% purified lanolin for sore nipples, and frozen peas or gel packs for sore or tender breasts.

AIM TO START BREASTFEEDING RIGHT AWAY

- **Try to breastfeed as soon as possible**—preferably while you're still in the delivery room. Most babies can latch on to mom's breast quite soon after delivery. She might just lick and nuzzle the nipple or breast at first, or she may have trouble latching. *All of these situations are normal!*
- **Spend at least the first night rooming-in with your baby so that you can breastfeed frequently.** Some new mothers prefer to spend every night with their baby in the early stages to facilitate breastfeeding. Even if your baby isn't fully latching, having your breast available to your newborn is very important, as skin-to-skin contact helps to stimulate prolactin, your milk-making hormone.
- **Ask for help.** Don't hesitate to ask a nurse to show you what to do, and request visits from a lactation consultant while you're in the hospital. You've been through a lot, and breastfeeding can be challenging!

BOTTLE FEEDING If you cannot breastfeed, giving your baby expressed breast milk from a bottle is a suitable option. However, if you'd like to breastfeed in combination with bottle feeding, try to wait until your newborn is breastfeeding well—usually about three weeks—before starting with the bottle.

COLOSTRUM AND YOUR MILK SUPPLY: WHAT TO EXPECT

In the first few days, your breasts will produce a thick yellowish fluid called colostrum. It is low in fat and high in carbohydrates, protein, and antibodies to keep your baby healthy. If possible, in the first few days try to breastfeed your newborn at least 8 or more times every 24 hours. This way, your baby gets the benefits of the colostrum, and your milk production is stimulated, so you'll produce more of it, more quickly.

If you breastfeed early and often, your breasts will begin producing mature milk around the third or fourth day after birth. Your milk will then increase in volume and will generally begin to appear thinner and whiter in color.

TROUBLE LATCHING?

- Try lightly compressing your breast to give it a shape more closely resembling your baby's mouth.
- Try different positions, and make sure your arms, back, and shoulders are well supported.
- Help your baby relax, too—babies tend to latch on best when they are in a calm yet alert state.
- Try expressing a few drops of milk and use your milk-moistened nipple to gently massage your baby's lips, encouraging him to open wide.

HOW TO HELP YOUR BABY MAKE A GOOD LATCH

Your baby might instinctively know how to latch on immediately, or she might need several attempts. Keep trying, and ask for help if you're not sure! Keep in mind that it's not uncommon to have breast sensitivity or tenderness.

1. Hold your breast with one hand, and place your other hand under your baby's neck. Encourage your baby to open wide by tickling her lips with your nipple.
2. With her mouth open wide, pull your baby close so her chin and lower jaw move into your breast first.
3. Her mouth should cover a big part of the areola below the nipple, and your nipple should be far back in your baby's mouth. Note that your baby most likely won't get the entire areola in her mouth, especially if yours is large, and that's okay—as long as she grabs onto a good part of it.

If the latch hurts, your baby may not be latched on properly. Break the suction by inserting your little finger between your baby's gums and your breast and try again.

LETDOWN REFLEX

What is the letdown reflex? It's the signal that causes milk to start flowing from your breasts. When you first start to breastfeed, the letdown reflex usually happens after your baby has been sucking the breast for a few minutes. After a while, the letdown begins to happen more quickly, usually within a few seconds. The signs of the letdown are different for every woman. Some women feel a tingling or warmth, some feel cramping in the uterus, and others feel nothing at all. If you don't feel your letdown, you'll know your milk is flowing when you see and hear your baby swallowing.



NEWBORN

Hunger Cues

As a new mother you will learn your baby's hunger cues. Not all of your baby's cries will indicate hunger. In fact, crying is one of the last hunger cues you will see. When you notice one of the cues described, it's time to nurse.



EARLY CUES



Early cues that your baby may be hungry include:

- Opening his mouth.
- Turning his head from side to side (looking for the breast).
- Moving his body a little and making sucking sounds.

MID-CUES



Mid-cues that your baby may be hungry include:

- Sucking on his tongue or lips.
- Sucking on his fingers.
- Increasing his movement and bringing his hands closer to his mouth.

LATE CUES



Late cues that your baby may be hungry include:

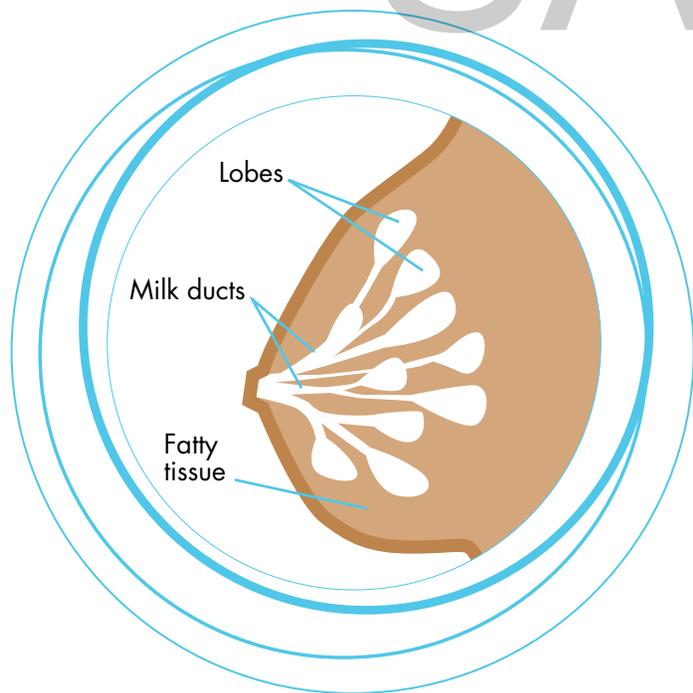
- Fussing or fidgeting.
- Moving a lot.
- Crying.

It's better to feed your baby before he starts crying. Calm him first before nursing, providing cuddles and skin-to-skin contact.



COMMON Difficulties

Some mothers may experience sore nipples, breast engorgement, clogged milk ducts, and even mastitis in the early days of breastfeeding. Thankfully, most problems can be resolved quickly, without needing to stop breastfeeding.



SORE NIPPLES

Sore nipples may be caused by poor feeding or latch-on techniques, excessively dry or moist skin, or improper nipple care. But don't worry—sore nipples usually resolve themselves quickly.

To prevent nipple soreness:

- **Try short, frequent feedings** to avoid rigorous nursing.
- **Let your nipples air out** as much as you can.
- **Release the suction** by inserting a finger between your baby's gums and your nipple before taking your baby away from your breast.

If you have sore nipples:

- **Try offering the least sore breast first.**
- **Massage a few drops of breast milk or small amount of modified lanolin** into your nipples after nursing. (Don't use oils or creams that aren't safe for your baby!)
- **If your nipples are very tender**, try wearing breast shells in your bra.
- **Call your lactation consultant if pain persists.**

BREAST ENGORGEMENT

Breast engorgement is common in the first week after delivery and can cause swollen, hard, and painful breasts that may feel hot. You can prevent engorgement by frequent feedings, by using a breast pump, or by self-expressing. To treat mild engorgement, apply a hot, moist compress to your breast for five minutes, or try taking a hot shower before nursing. To treat severe engorgement, try the opposite—apply a cold compress both before and after nursing to help with the pain and swelling.

CLOGGED MILK DUCTS

A clogged milk duct is a blockage in the duct that stops milk from passing through, causing a small painful lump. If left untreated, this can lead to a breast infection. Try nursing for a longer period of time to empty the breast. Apply moist heat several times a day, and avoid wearing underwire bras or bras that are too tight. If the lump persists or gets worse, make an appointment to see your doctor.

MASTITIS

Mastitis is a breast infection that requires medical attention. If you think you might have mastitis, talk to your lactation consultant or doctor right away. It can come on suddenly and can cause headache, flu-like symptoms, engorgement of the breast, and fever. Although mastitis usually requires an antibiotic, you do not need to stop breastfeeding. In fact, most infections will clear up faster if you continue to nurse frequently. Talk to your doctor about the best treatment options for your situation.

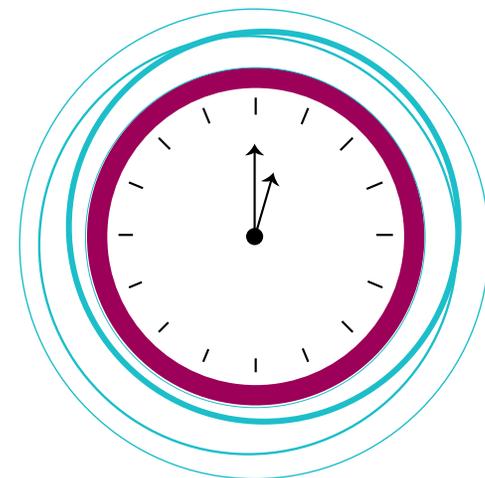


BREASTFEEDING Positions

There is no one “right” way to hold a feeding baby. As feedings can take up to 40 minutes, especially in the newborn months, the best position is one that is comfortable for you and your baby.

SUPPORT

Pillows offer good support for mother and baby. Try a few different sizes and see what works best for you.



THE CRADLE HOLD



To nurse your baby while cradling or holding him across your lap, he should be lying on his side, resting on his shoulder and hip with his mouth level with your nipple. Use pillows to lift your baby and support your elbows to bring your baby up to nipple height.

THE SIDE-LYING POSITION



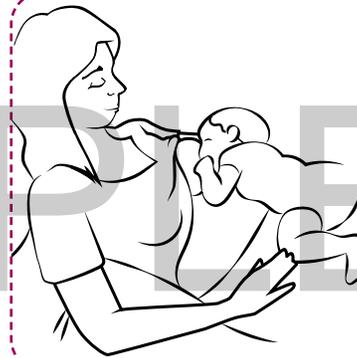
Many mothers find lying down to nurse a comfortable position, especially at night. Both mom and baby lie on their sides facing each other.

THE CROSS-CRADLE OR CROSSOVER HOLD



During the early weeks, many new moms find a variation of the cradle hold, called the cross-cradle hold, to be useful. For this position, your baby is supported on a pillow across your lap to help raise him to nipple level. Pillows should also support both of your elbows so your arms don't hold the weight of the baby; they'll tire before the feeding is finished.

BREASTFEEDING can be hard on your body. If you are experiencing back, shoulder, or neck soreness, try gentle stretching or heating pads.



Laid-Back Breastfeeding

also known as biological nurturing, is a semi-reclined, comfortable position for mom that makes it easier for a newborn to take the breast deeply. Lay on your back with one or more pillows behind you, and rest your baby on your chest. Make sure there is maximum skin-to-skin contact. This position encourages the natural breastfeeding instinct in both you and your baby.

THE CLUTCH OR FOOTBALL HOLD



This is a good position for a mother who has had a Cesarean birth, as it keeps the baby away from the incision. In the clutch position you support your baby's head in your hand and his back along your arm beside you.



EXERCISE and Nutrition

It's important to maintain a healthy diet while breastfeeding. As a general guideline, most breastfeeding women will need about 500 calories more than women who aren't. By nourishing yourself and staying healthy, you will be better able to nourish your growing baby.

- **Try to eat protein-rich foods** like lean meats, eggs, and beans as well as a variety of fruits, vegetables, and whole grains each day. Skip the junk food and "empty calories" found in candy, soft drinks, ice cream, and fast food.
- **Ask your health care provider about continuing to take a prenatal vitamin** or an additional supplement while breastfeeding.
- **Drink enough water** and other fluids to quench your thirst, but limit soft drinks and fruit drinks, which contain added sugars. Have a glass of water nearby when breastfeeding.
- **Be careful when drinking beverages containing caffeine or alcohol.** These substances pass from your bloodstream into your breast milk.

AFTER THE DOCTOR gives you the all clear, try to include around 2.5 hours of physical activity spread throughout the week to boost your energy and mood.

THINGS TO LIMIT OR AVOID

FOODS: If your baby seems more gassy or irritable every time you eat a particular food (such as dairy products or garlic), try eliminating the suspect food for a while to see if she's better off without them in her breast milk.

MEDICATIONS: Many medications are safe to use when you're breastfeeding. Check with the Infant Risk Center as well as your location consultant and the baby's doctor before taking any kind of medication.

CAFFEINE: Limit your intake to no more than 300 mg per day, about the amount you'd get in a 12-ounce cup of coffee.

CIGARETTES: Stop smoking if you can, for your sake and your baby's. If you can't quit yet, limit yourself to as few cigarettes as possible, and never smoke around your baby or inside your home.

ALCOHOL: Alcohol can work its way into breast milk, so it's safest to avoid alcohol when breastfeeding. Consult your doctor or lactation consultant about alcohol consumption.

GETTING BACK TO YOUR PRE-BABY SHAPE

After nine months of pregnancy, most moms can't wait to have their figure back. But don't expect to slip back into your pre-pregnancy wardrobe too quickly. Your body may take a year or so to recover after all the changes it's been through. You'll need to stay out of the gym until your doctor gives you the all clear—usually around six to eight weeks after birth. Walking is a great way to ease back into exercise, and it can be a lovely way to bond with your baby.



Going **BACK** to Work

Even if you have a job you love, going back to work and leaving your baby for the first time can be very emotional, especially during the first few weeks. However, many working moms have found inventive ways to fit breastfeeding around their busy lifestyles and maintain a close bond with their baby, even when they are away from home for most of the day. If you're able to keep breastfeeding when you return to work, your baby will continue to get the health benefits of breast milk.

While you're away from your baby, your breasts will continue to fill with milk. You'll need to pump and store that milk so your baby's caregiver can feed her from a bottle while you are away. If you don't pump, your breasts may leak or they may become hot and uncomfortable.

BOTTLES Babies usually do great with bottles when mom is away. A few weeks before you go back to work, practice using a breast pump and help your baby get used to taking expressed milk from someone else.

BEFORE YOU GO BACK TO WORK

- **Find out** how much maternity leave you are entitled to.
- **Let your employer know or human resources person** that you intend to breastfeed your baby, and that you will need a space to pump breast milk. Discuss what accommodations have been made in the past and the process for making them available for you. If your workplace does not have a designated lactation room, find a private place to express milk, an office with a door or a conference room. Research federal, state, and local laws that provide protections for breastfeeding mothers, such as Section 7 of the Fair Labor Standards Act.
- **In some states**, providing new mothers with a space for pumping is required. Check your state's laws on breastfeeding.

ONCE YOU'RE BACK AT WORK

- **Express your milk** every 3 hours or so to keep up your supply.
- **When your baby is with you**, offer her the breast every two or three hours. If she sleeps through the night, consider waking her before you go to bed for an additional feeding.
- **Feed your baby right before you leave for work** and as soon as possible after you get home. Your baby will be so happy to see you and breastfeed!



PUMPING TIPS

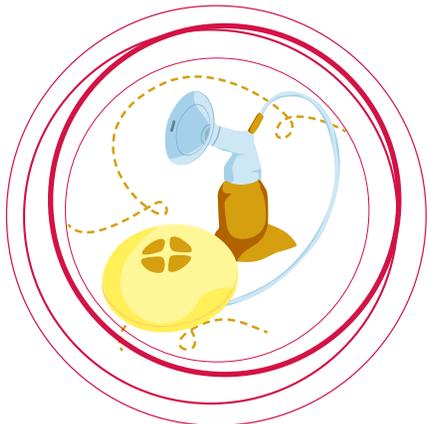
If you're using an electric pump, use the lowest suction at first and then increase the power as the milk is expressed. Pump until the milk starts slowing down and your breasts feel empty, and be sure to clean the breast flanges after every use.

- **Relax** as much as possible.
- **Massage** your breasts.
- **Gently rub** your nipples.
- **Visualize** milk flowing down.
- **Think about your baby.** Looking at a photo or something else that reminds you of your baby can really help the milk flow.

BOTTLE-FEEDING SUPPLIES

If you're planning to bottle-feed breast milk to your baby while you're at work, you'll need some additional supplies to store your breast milk:

- **Bottles and nipples** of varying sizes.
- **Cleaning brushes** for bottles and nipples.
- **Optional extras** that can make things more convenient, such as bottle warmers, insulated bottle bags, bottle drying racks, and dishwasher baskets that hold bottle parts.



BREASTFEEDING in Public

It's okay to feel hesitant about breastfeeding your baby in public. There are lots of ways you can make yourself feel more comfortable.

- **Wear clothes that allow easy access** to your breast, such as special nursing bras and tops, and button-down shirts.
- **Know your baby's hunger cues**, so you're able to get settled in a comfortable place to feed him when he shows the first signs of hunger.
- **Support for breastfeeding is growing**, and many places have laws that protect you when you're breastfeeding in public.
- **If you're worried about being too revealing in public**, practice at home until you're comfortable, or use a nursing cover or a special breastfeeding blanket.
- **Focus on your baby**, not on what other people say. Your baby needs to eat. Feel proud of your commitment!

Help! Many women struggle with leaking breasts between feedings. Try putting a towel or cotton breast pad over your nipples to catch the flow. Leaking may be reduced by increasing the frequency of feedings.



Frequently *ASKED* Questions

HOW OFTEN SHOULD I BREASTFEED?

Feed your baby early and often, starting as soon as possible after birth. Breastfed infants often feed 8 or more times a day. If using a bottle, remember to burp your baby. One way to do it is to hold her upright with her chin against your shoulder, and gently rub or pat her back.

HOW LONG SHOULD I BREASTFEED?

The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for about six months, followed by continued breastfeeding while introducing solid foods for a year or longer, or as long as mother and child desire.

HOW CAN I TELL IF MY BABY IS HUNGRY?

Your baby will give you cues that let you know what he needs (see page 11 for examples). When your baby shows one of these feeding cues, pick him up and nurse him. Your baby doesn't have to cry to let you know he is hungry (crying is a late hunger cue).

HOW WILL I KNOW WHEN MY BABY HAS HAD ENOUGH TO EAT?

Your baby should have some wet and soiled diapers in the first few days, which will become more frequent and of greater quantity as she develops and starts taking in more milk. Once she's over five days old, she should have at least three soiled diapers and five to six wet diapers every 24 hours, more than this number a day is excellent. If on any day your baby has fewer feedings or wet diapers or stools, call your baby's pediatrician and lactation consultant. Your baby's urine should be pale and odorless. You'll know when she has had enough to eat:

- By the number of wet and soiled diapers each day.
- When she pulls away from your breast.
- If she falls asleep while nursing.

Babies are weighed and measured at each health care visit. As long as she is getting enough to eat, she should be gaining weight and physically developing in measurable ways at each visit.

DO I HAVE A LOW MILK SUPPLY?

Many new mothers worry that their milk supply is inadequate. Listen for audible swallowing and keep track of the number of wet diapers. You may be making more milk than you realize. If you still think your production is low, schedule a meeting with a lactation consultant or doctor who can properly assess your milk supply.

How to increase your supply:

- Drink plenty of water.
- Ensure that both breasts are emptied at each feeding.
- Use a breast pump between feedings if necessary.
- Nurse at night when levels of prolactin, the hormone that stimulates milk production, are the highest.

SEE YOUR DOCTOR

if you have severe breast pain, a fever, or rash.

CAN I BREASTFEED IF I AM SICK?

It might seem strange, but breastfeeding when you are sick can actually help prevent your baby from getting the same illness. If you are sick, your breast milk will have antibodies in it that will help build up your baby's immune system and prevent him from catching whatever you have.

DOES MY BABY HAVE REFLUX?

If you are worried that your baby has reflux, look for signs such as discomfort when eating or swallowing, crying before spitting up, or an arched back while crying. To help avoid reflux, give shorter and more frequent feedings. Hold your baby upright after feeding, to help keep digestive juices down.

**Welcome home to you and your new baby!
We hope you find this guide helpful.**

Here are some additional resources in case you need more help making a smooth transition when you bring your newborn home. We wish you the best and hope you enjoy this special time with your baby!

RESOURCES FOR NEW MOTHERS

Office on Women's Health
www.womenshealth.gov/breastfeeding
Centers for Disease Control and Prevention
www.cdc.gov/breastfeeding

American Academy of Pediatrics
www.aap.org

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