



The Breastfeeding Project

www.breastfeedingproject.org

Email: info@breastfeedingproject.org

Facebook: <https://www.facebook.com/pages/The-Breastfeeding-Project/147573528643543>



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Consult a health care provider before making decisions that could impact your health or the health of your child. For breastfeeding problems or questions, contact a lactation specialist.



Benefits of Breastfeeding and Risks of Formula Feeding

Benefits of Breastfeeding for Babies

Human milk is recognized by health professionals and scientists throughout the U.S. and the world as the absolute best food for human babies. Breast milk offers most babies all of the nutrients and calories they need to grow and develop, as well as many antibodies to help fight off illnesses. Human breast milk is the only food that is naturally designed to meet all of a baby's nutritional and immunological needs. Although all of the benefits of breastfeeding may not yet be discovered, sound scientific evidence shows that breastfeeding offers the following benefits:

- ❖ Disease-fighting antibodies that promote immune functioning
- ❖ Lower risk of common illnesses such as ear infections, gastrointestinal tract infections (diarrhea and vomiting), urinary tract infections, and eczema
- ❖ Lower risk of long-term illnesses such as allergies, asthma, respiratory diseases, childhood leukemia, lymphoma and Hodgkin disease
- ❖ Lower risk of other illnesses such as bacterial meningitis and bacteremia
- ❖ Lower risk of death during infancy, including death caused by dehydration due to diarrhea and Sudden Infant Death Syndrome (SIDS)
- ❖ Lower risk of childhood obesity, type-1 and 2 diabetes, and cavities
- ❖ Additional health benefits specifically for preterm babies, including lower risk of necrotizing enterocolitis
- ❖ Higher cognitive functioning and academic achievement
- ❖ Breast milk has analgesic properties, which can relieve pain associated with illness, teething and medical procedures
- ❖ Better mother-infant bonding

Benefits of Breastfeeding for Mothers

Breastfeeding is also shown to have physical and psychosocial benefits for mothers:

- ❖ Lower financial cost
- ❖ Weight loss after birth
- ❖ Lower risk of breast cancer, ovarian cancer and osteoporosis
- ❖ Lower risk of postpartum depression
- ❖ Better mother-infant bonding
- ❖ Sense of confidence and empowerment in mothering abilities

Risks of Formula Feeding

Although most people are aware of the benefits of breastfeeding, many overlook the corresponding risks of formula feeding. Infant formula is designed to offer the best nutrition if human breast milk is not available, however infant formula does not offer the same benefits as breast milk. Infant formula may not offer all of the vitamins and minerals that are in breast milk because some may not yet be discovered. The vitamins and minerals in infant formula are



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not as readily absorbed as those in breast milk. The important disease-fighting antibodies that are in breast milk are not in infant formula.

Compared with breastfeeding, formula feeding carries the following risks for babies:

- ❖ Higher risk of common illnesses such as ear infections, gastrointestinal tract infections (diarrhea and vomiting), urinary tract infections and eczema
- ❖ Higher risk of long-term illnesses such as allergies, asthma, respiratory diseases, childhood leukemia, lymphoma and Hodgkin disease
- ❖ Higher risk of other illnesses such as bacterial meningitis and bacteremia
- ❖ Higher risk of death during infancy, including death caused by dehydration due to diarrhea and Sudden Infant Death Syndrome (SIDS)
- ❖ Higher risk of childhood obesity, type-1 and 2 diabetes and cavities
- ❖ Higher risk of necrotizing enterocolitis, specifically for preterm babies
- ❖ Lower cognitive functioning and academic achievement

Compared with breastfeeding, formula feeding carries the following risks for mothers:

- ❖ Greater financial cost, from the cost of formula itself and increased medical costs and days absent from work to care for sick family members
- ❖ Slower/less weight loss after birth
- ❖ Higher risk of breast cancer and ovarian cancer
- ❖ Higher risk of postpartum depression
- ❖ Poorer mother-infant bonding

Benefits of Breastfeeding for Society

Breastfeeding is not only beneficial for mothers and babies, it also has the following benefits for society:

- ❖ Breastfeeding lowers health care costs, making limited resources available for others. It is estimated that at least \$3.6 billion would be saved annually in health care costs to treat only three common illnesses - ear infections, vomiting/diarrhea, and gastrointestinal disease - if half of U.S. women would breastfeed to six months.
- ❖ Breastfeeding benefits the natural environment. Breast milk is a renewable natural resource that creates no pollution to produce and distribute.
- ❖ Successful breastfeeding empowers new mothers, which is a foundation of healthy and strong families.



Ten Breastfeeding Myths

Myth #1: Formula is just as good for babies as breast milk.

Reality: Formula is not as good for babies as breast milk. Breast milk is the optimal nutrition for babies. Breast milk contains all the vitamins and minerals your baby needs to grow and develop, and antibodies to protect your baby from illnesses. Although formula may contain most of the vitamins your baby needs, it does not contain any antibodies and therefore will not protect your baby from illness like breast milk will.

Myth #2: Breastfed babies need additional formula and nutritional supplements.

Reality: Most breastfed babies only need breast milk. As long as your baby is growing and thriving, she does not need any kind of supplement. Just be sure to feed her whenever she shows signs of hunger or every 1-2 hours.

Myth #3: Breastfeeding will interfere with my partner's ability to bond with baby.

Reality: There are many, many ways to bond with a baby. Your partner can bond with the baby through cuddling, holding, hugging, kissing, rocking, and skin-to-skin contact. Your partner can be responsible for other parts of caring for the baby, such as changing diapers, getting dressed and bathing. Your partner can be involved in the breastfeeding process by supporting and encouraging you to give your baby the best nourishment available.

Myth #4: I shouldn't bother breastfeeding my baby because I need to return to work after six weeks.

Reality: You should definitely breastfeed your baby even if you are returning to work after six weeks. First, you will be able to give your baby at least six weeks of the best nourishment available. Second, you may be able to pump breast milk during those first six weeks that can be fed to your baby through a bottle after you return to work. Third, you may find that you are able to maintain some level of breastfeeding even after you return to work by pumping during breaks or breastfeeding before and after work. Any amount of breast milk is better for your baby than none.

Myth #5: My baby isn't getting enough breast milk so I should supplement with formula.

Reality: Many women fear that their babies are not getting enough milk since they cannot see the amount the baby is eating. If you are afraid your baby is not getting enough milk, you should consult your pediatrician to monitor the baby's growth and development.



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Usually, as long as the baby is continuing to gain weight at an appropriate rate, he is getting enough breast milk. If you need to increase your milk supply, increase the frequency of feedings. If you supplement with formula you will decrease your own milk supply. Typically your baby will let you know when he needs more to eat by showing signs of hunger more often, therefore increasing feedings.

Myth #6: My baby isn't sleeping through the night so I should feed her baby cereal.

Reality: Breastfed babies typically do not sleep through the night. Babies metabolize breast milk rather quickly and may require feeding every 1-2 hours throughout the night. Though possibly inconvenient, it is good for babies to wake a lot during the night because it means their organs are all working properly. Some formulas and baby cereals may help some babies enter a deeper and longer sleep, however several research studies connect this deeper sleep to the increased risk of Sudden Infant Death Syndrome (SIDS) among formula-fed babies.

Myth #7: It's easier to feed my baby formula than to breastfeed.

Reality: Breastfeeding can be difficult, especially in the beginning. With time and practice, breastfeeding can become quite easy and very convenient. Unlike formula, breast milk is free, comes in the right quantity for the baby and is always the right temperature.

Myth #8: I will have to stop breastfeeding when my baby's teeth come in.

Reality: Breast milk provides many benefits to teething babies. Breast milk contains analgesic (pain relieving) properties that automatically increase when the baby is teething. As a result, your baby will probably want to breastfeed more when he is teething. Your baby may test out his teeth on your breast, but you can teach him not to do this by being firm and consistent.

Myth #9: My baby likes formula better than breast milk.

Reality: Breast milk offers many benefits over formula. However, most bottles are easier to drink out of compared with nursing. Babies often find it easier to bottle-feed and may act as if they like formula better than breast milk. However, the benefits of breast milk outweigh the ease for baby to drink formula.

Myth #10: Breastfeeding will make my breasts saggy.

Reality: Most women's breasts grow during pregnancy and then shrink at some point postpartum regardless of whether they choose to breastfeed. This, along with age, makes them saggy.

For more information visit www.breastfeedingproject.org



Frequently Asked Questions

Q: How long should I breastfeed my baby?

A: The American Academy of Pediatrics recommends exclusive breastfeeding (no additional food, water or other liquid) for six months. They recommend that babies obtain most of their nutrients from breast milk up until age one, with continued breastfeeding as long as the mother and baby want to.

Q: What should I eat while breastfeeding?

A: Your body is prepared to make a sufficient amount of milk regardless of what you eat. Eating a nutritionally-balanced diet will provide your milk with essential nutrients the baby needs. It's always better to eat a healthier diet, but a healthy diet is not a requirement for producing milk.

Q: Do I need to have a particular diet during breastfeeding? Eat certain foods and avoid others?

A: Not necessarily. Ideally you want to have variety in your diet and limit caffeine and alcohol consumption. Some breastfeeding moms find that certain foods they eat may cause discomfort or gas in their babies. If you notice discomfort in your baby, you can pay attention to your diet and try to eliminate items that may cause discomfort. Typically eating a wide variety of foods is sufficient, so an abundance of one item will not be present.

Q: Will I have to give up caffeine if I breastfeed?

A: Most mothers can consume caffeine in moderation while breastfeeding. Typically 1-2 cups of coffee (depending on the strength), tea or soda is okay.

Q: Can I drink alcohol if I breastfeed?

A: Excessive alcohol consumption will interfere with your ability to parent, and is not recommended for mothers regardless of whether they are breastfeeding or not. However, most sources say an occasional drink or two does not appear to be harmful to breastfed babies.

Q: Should I breastfeed if I smoke cigarettes?

A: It is preferable that you do not smoke cigarettes, however if you cannot quit smoking it is still better for the baby that you breastfeed. Breastfeeding is shown to counteract some of the negative effects of smoking on babies.

Q: Are there certain mothers who should not breastfeed?

A: Mothers who are HIV positive or who have tuberculosis that is not being treated, should not breastfeed. Mothers who are taking certain medications or using illicit drugs or excessive alcohol should not breastfeed. However, most medications are safe or there are safe alternatives.



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Q: Should I continue to breastfeed if I get sick?

A: Very few illnesses will require you to stop breastfeeding, even if medication is prescribed. Check with your doctor to make sure your medication is safe for breastfeeding or ask for a safe alternative. In most cases, continued breastfeeding will protect your baby from getting sick too.

Q: Can I take prescription medication while breastfeeding?

A: Some prescription medications are safe while breastfeeding whereas others are not. Check with your doctor to see if your medications are safe or to see if there is a safe alternative.

Q: Can I take over-the-counter medication while breastfeeding?

A: Most over-the-counter medication is safe while breastfeeding but you should always check with your doctor before taking any medication while breastfeeding. Any medication with antihistamine (such as cold or allergy medication) may dry up your milk and should therefore be avoided.

Q: Isn't breastfeeding harder than bottle feeding?

Breastfeeding can be a lot of work in the beginning to learn how to get a good latch and regulate milk supply. However, most breastfeeding moms believe that once breastfeeding is established it is easier than bottle feeding. Breast milk is free, available in an unlimited supply and is always the right temperature.

Q: How will I know my baby is getting enough milk?

A: Since you are unable to see or measure how much milk your baby is getting, you have to look to your baby for signs that he is getting enough. Generally, as long as the baby is nursing every few hours, urinating six to nine times a day, and gaining his birth weight back by two weeks, he's getting enough milk. If you need to increase your milk supply, increase the frequency of feedings. If you supplement with formula you will decrease your own milk supply. Typically your baby will let you know when he needs more to eat by showing signs of hunger more often, therefore increasing feedings.

Q: Is formula just as good for babies as breast milk?

A: Formula is not as good for babies as breast milk. Breast milk is the optimal nutrition for babies. Breast milk contains all the vitamins and minerals your baby needs to grow and develop, and antibodies to protect your baby from illnesses. Although formula may contain most of the vitamins your baby needs, it does not contain any antibodies and therefore will not protect your baby from illness like breast milk will.

Q: Do breastfed babies need additional formula and nutritional supplements?

A: Most breastfed babies only need breast milk. As long as your baby is growing and thriving, she does not need any kind of supplement. Just be sure to feed her whenever she shows signs of hunger or every 1-2 hours.



Breastfeeding Basics

Breastfeed exclusively for six months

Babies should be exclusively breastfed (eating only breast milk) for the first six months of life. Babies under six months of age do not need any food, formula or water – only breast milk.

Breastfeed for at least one year

Babies should get most of their calories from breast milk until one year. Solid food can be introduced at six months and babies can eat some solid food between six months and one year. However, most of their calories and nutrients should come from breast milk until age one.

Breastfeed as long as mom and baby want to after one year

After age one, babies and toddlers continue to gain nutrition, disease-fighting antibodies and comfort from breastfeeding. Continue to breastfeed as long as you and your baby are comfortable and want to continue.

Breastfeeding moms need extra nutrients each day

Breastfeeding moms need more nutrients and calories each day. The amount of extra calories needed will depend on how much breast milk is being produced for the baby, the mother's weight and activity level, and the number of calories her body needs to maintain weight.

In general, eating according to need will ensure proper calorie intake. Listen to your body and eat when you are hungry until you are full. The average breastfeeding mother needs about an extra 300-500 calories each day.

Instead of seeking extra calories, seek extra nutrients. Make sure you are selecting nutrient-rich foods, like whole grains, nuts, vegetables and fruits, and have a lot of variety in your diet.

Breastfeeding moms need extra water each day

It is important for breastfeeding moms to stay hydrated. Dehydration can cause a decrease in milk supply. Many women feel thirstier while they are breastfeeding. Listen to your body and drink water according to what you need.

Other beverages such as juice, tea, coffee and soda will offer some water, but these should be consumed in moderation. The best source of hydration is water.

Breastfeeding moms need to stay well rested

It can be common for a breastfeeding mother to neglect her need to rest, but it is imperative that moms stay well rested. Take a nap while your baby is napping. Consider co-sleeping during the night, so your awake time is limited while your baby is nursing during the night. Limit stress in the home to provide a nurturing environment for yourself and your baby.



Best Practices for Breastfeeding Moms

Establish your Support Network

In older days and in many other societies, new mothers are surrounded by women who exclusively breastfeed their babies. These mothers, aunts, sisters and friends are able to provide support by sharing the wisdom they gained through their breastfeeding experiences. In our society, new mothers often need to seek out significant others who can support them in getting breastfeeding established.

Identify friends and family members who support your decision to breastfeed and are committed to helping you succeed. These support people should be prepared to help you during the first few weeks as you work to establish a breastfeeding relationship with your baby. Try hard to find at least one or two mothers who were able to exclusively breastfeed their babies who can support you. The hands-on assistance these women will be able to provide will be incredibly helpful the first few days and weeks.

Identify Professional Resources in your Community

Breastfeeding is a learned process rather than an intuitive skill. Professional lactation support is incredibly important, especially after returning home from the birth center or hospital. Seek out Lactation Counselors and Breastfeeding Support Groups in your area and identify resources within your budget. Some may accept health insurance or Medicaid or may work on a sliding scale. Free resources may also be available.

Select a Pediatrician Who Promotes Breastfeeding

The pediatrician you select will be supporting you through parenting and monitoring the health of your child. Be sure your pediatrician promotes and is knowledgeable about exclusive breastfeeding so they best know how to guide and support you. Keep in mind that pediatricians will have different amounts of knowledge about breastfeeding based on their personal and professional experiences.

No Artificial Nipples or Pacifiers For Six Weeks

Just like mothers need to learn how to breastfeed their infants, babies need to learn how to eat. The physical movements involved in drinking milk from a breast are different from those involved in drinking milk from a bottle or sucking on a pacifier. Breastfeeding babies should not be given any artificial nipples or pacifiers until breastfeeding is firmly established, about six weeks. If six weeks is not possible, avoid artificial nipples or pacifiers for at least two weeks.

No Breast Milk Substitutes (Formula) Unless Medically Indicated

Most babies do not need any food other than their mothers' milk for the first six months. Breastfed babies should not be given any formula unless indicated by a doctor.



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Feed on Demand

Breastfed babies typically eat about every 1-2 hours. Feed your baby whenever she shows signs of hunger. Feeding on demand will not “spoil” your baby or make her overweight. Instead, it will help her develop a healthy metabolism.

Practice Skin-to-Skin Contact with Your Baby

Skin-to-skin contact will help you develop a close bond with your baby which will help your breastfeeding relationship. It can also help calm mother and baby and aids in regulating a newborn’s breathing and body temperature.

Wear Your Baby

Baby-wearing promotes mother-baby bonding and will help mothers pick up on their babies’ signs of hunger. Wear your baby whenever possible, but be sure to follow the directions of your baby carrier carefully.

Co-Sleep

A successful breastfeeding relationship means being available to your baby during the night. It is normal for breastfed infants to continue eating every 1-2 hours at night. Having your baby in the same room will help you respond to your babies cues. Just be sure to follow the guidelines for safe co-sleeping.

The First Three Days

Day 1

The first 24 hours after your baby is born, you and baby will likely spend a lot of time learning to nurse. Your body will be producing colostrum, which is clear with an amber hue. If you are told you need to pump, don't be concerned about the small amount of colostrum you may produce: your baby's first few days, his stomach is the size of a large marble and not capable of much stretching yet, so your colostrum is the perfect amount for him. Colostrum is high in sugars and has strong diuretic properties that help clear the intestines of meconium. It is also full of antibodies, which help protect your baby against illness.

You may feel as if your new baby is having trouble deciding if she wants to nurse or sleep when presented with the breast. Keep in mind that she has just left a perfect, warm, safe, and quiet environment, and as your chest is biologically designed to smell similar to the amniotic fluid she has spent her life floating in, there seems to be no more perfect place to be, whether hungry or not. You and your baby will reach a comfortable rhythm soon, but until then, follow her lead: sleep when she sleeps, and soak in every new moment! Expect at least one wet and one dirty diaper on day one.



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Day 2

On day two, make sure to nurse your newborn every two hours or more on demand, or 10-12 times per 24 hour period. If friends and family come to visit, ask them to help you with any household chores that may need doing in exchange for a couple of minutes holding the baby; try to keep your baby to yourself as much as possible, preferably skin-to-skin. Near the end of the second 24 hours, your baby may start seeming a little more frustrated and hungry, as if the colostrum your body is producing isn't enough. Don't worry, he is not critically hungry, nor is your body failing you; this is simply nature having engineered your baby in such a way that he can communicate to your body that soon he will need more than colostrum. Whether you realize it or not, your body is already starting to respond. Expect at least two dirty and two wet diapers on day two. You may also begin to see a lightening in the color of your baby's stools.

Day 3

Anywhere from day three to five, your milk will shift from colostrum to transitional milk, which is greater in volume and whiter in color, with a slight yellow tint. Your baby will be fine if your milk doesn't "come in" before day five – remember, nature rarely makes mistakes. As long as your newborn has moments of quiet alertness along with good latch and is wetting and soiling the proper number of diapers (one for each day of life up to day four), and stools are progressing from the black, tarry meconium to yellow, more seedy poop, you should not worry. Stay in touch with your breastfeeding-friendly pediatrician and a good lactation counselor if you begin to get nervous, but try to trust your body and your baby. When your milk does begin to come in, nurse often and do not skip feedings.

Always try to stay well fed, well rested, and properly hydrated during the beginning of your career as a new mother. Mothering a newborn can be tiring, and taking good care of yourself will make it easier for you to take care of your baby. Nap when baby naps, and call on support people to help you with all things not baby. Most of all, soak in these first few days with your new child!

Breastfeeding Tips for Partners

Partners play a very important role in supporting breastfeeding. One of the most significant predictors of how long a woman breastfeeds is the support she gets (or doesn't get) from her partner. Sometimes partners are concerned that they will not be able to bond with the baby as much if they are not directly involved in feeding. We suggest that there are many ways to bond with the baby, and supporting the best nutrition and comfort available is certainly one of them. Here we offer tips on how to be involved in breastfeeding and to support the breastfeeding relationship between your partner and child.



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- ❖ Be knowledgeable about breastfeeding. Know why exclusive breastfeeding is important for your partner and baby. Understanding why breastfeeding is so important will encourage you to support the breastfeeding relationship.
- ❖ Bond with your baby through cuddling, kissing, skin-to-skin contact, rocking and playing. Make diaper changes fun by playing games and bonding with your baby.
- ❖ Become involved in breastfeeding. Support the breastfeeding relationship by caring for your partner. Help her remember to stay nourished and hydrated. You can also participate by bringing her the baby when it's time to eat and having a family cuddle session during and after feeding. Offer to burp the baby after nursing.
- ❖ Facilitate a household that is conducive to breastfeeding. Try to create a calm, relaxed atmosphere. Care for older children so that your partner can focus on breastfeeding. Organize with family and friends home-cooked or takeout meals to alleviate the stress of cooking.
- ❖ Have breastfeeding resources on hand. Be prepared for difficulty and plan to overcome challenges with good breastfeeding books and websites, support groups and lactation professionals. You may be the first person your partner turns to in times of difficulty so be prepared to offer sound advice and resources to continue breastfeeding.
- ❖ Talk to your family (parents) and others about your decision to breastfeed. If they are not supportive, take measures to protect the breastfeeding relationship.
- ❖ Support your partner breastfeeding in public. Exclusive breastfeeding means the baby will need to eat when you are outside the home.
- ❖ Be knowledgeable about managing breast milk. If you will be feeding the baby pumped breast milk, learn about milk storage and use milk wisely.
- ❖ Be the emotional support your partner will need during (and after) breastfeeding. Provide her with your encouragement by telling her she is doing a good job, give her a hug and tell her you love her.
- ❖ The simplest of things can often times be the best things. Give your breastfeeding partner the chance to take a shower, or relax in a warm bath, hand her the remote, make her a cup of tea, do some household chores without being asked, and/or get the diaper bag ready if you're going out.
- ❖ You have a special place in your baby's life, so don't feel left out. Your role in supporting this breastfeeding relationship is imperative to the happiness and well-being of your family.



Exclusive Breastfeeding and Feeding on Demand

Exclusive breastfeeding means feeding a baby nothing but breast milk.

Exclusive breastfeeding is recommended for the first six months of a baby's life. Breastfeeding with some solid food is recommended until at least one year, with continued breastfeeding as long as mother and baby would like to continue.

Breast milk is the only food your baby needs until six months of age.

Breast milk is perfectly suited to meet ALL of your baby's nutritional needs. Babies who are exclusively breastfed do not need any additional vitamins, supplements or water – only breast milk!

Breast milk automatically changes in composition to adjust to baby's changing needs. For example, during hot summer months breast milk will become thinner to meet baby's extra hydration needs. During teething, the analgesic (pain relieving) properties of breast milk will increase to help soothe baby.

For most babies, it is best to feed only breast milk and avoid using any infant formula or cereals at all for the first six months.

Breast milk is created by the mother's body on a supply and demand basis. This means that whatever baby demands, the mother's body will supply.

Supplementing with infant formula will interfere with this supply and demand process because the baby will demand less from the mother so her body will supply less. Therefore, supplementing with infant formula will reduce the mother's supply of breast milk.

Some people recommend using infant cereal to get babies to sleep longer at night. However, cereal does not contain the same nutrients as breast milk, may help baby get into a deeper sleep than is safely recommended, and will decrease mother's milk supply.

Feeding on Demand means feeding a baby whenever he shows signs of wanting to eat.

Feeding on demand will ensure proper nourishment and sufficient milk supply.

All breastfed babies should be fed on demand.

Breastfed babies need to be fed about every two hours or more, but it is important to follow your baby's cues instead of a clock.

Watch your baby's cues to determine when he is hungry. Hunger cues include rooting (turning head toward breast and moving around, searching for the breast), smacking lips, sucking on hands or fingers, and finally crying.

Try to begin feeding before your baby cries. A calm baby will more easily latch.



Basics of a Good Latch

Start Early

Initiate feeding when you think your baby should be starting to get hungry, before your baby shows signs of hunger. Starting before baby is too hungry will give you plenty of time to work on getting a good latch while baby is still calm and not overly hungry.

Get Comfortable

A good beginning position is the “cradle hold,” where the mom sits upright in a chair or bed and holds her baby straight across her chest.

Begin by getting yourself situated into a comfortable position, with lots of pillows to support your back, neck and arms and the baby. Once you get your baby latched, you may be in this position for a long time, so take the time to get yourself comfortable.

After you are situated, lay your baby on a regular or nursing pillow on your lap. Be sure the pillows lift your baby up to the level of your breast – you will want to bring your baby to your breast, not your breast to your baby. Make sure your baby looks comfortable. Her head should be even with her body.

Latch On

Baby should begin lying across the mother’s lap, tummy to tummy, with his nose aligned with the mother’s nipple.

Mother should hold the breast with her hand in a “C” position (fingers well back from the areola) and tickle the baby’s lip with the nipple to encourage the baby to open her mouth – wide. Baby’s mouth should ideally “gape” open at around a 140-160 degree angle (from the corner of the mouth).

As the baby’s mouth opens wide, bring the baby to your breast (NOT breast to baby), with the chin touching first and the baby’s mouth covering as much of the areola as possible. Baby’s lips should always be flanged out and more of the areola should be covered by the baby’s lower lip than upper lip.

Assess the Latch

If you are comfortable and your baby is sucking and swallowing, then you probably have a good latch! If you do not have a good latch, remove baby from the breast and start over. Unlatch baby by inserting your pinky finger into the corner of your baby’s mouth and sweep your finger along the baby’s lips until the “seal” is undone. Then remove your baby from the breast.

Some tenderness may be expected during initial breastfeeding, but any actual discomfort should immediately be brought to the attention of a Lactation Counselor.



Skin-to-Skin

Babies should be placed skin-to-skin with the mother directly after birth and should stay there at least until after the first feeding. Babies born by cesarean can be placed on the mother's chest during closing. Mothers should continue skin-to-skin contact with their babies regularly to promote physical and emotional health. Fathers, siblings and others who have a close relationship with the baby can also practice skin-to-skin contact.

Skin-to-skin contact promotes:

- ❖ correct suckling
- ❖ mother-infant bonding
- ❖ less crying
- ❖ warmth of baby
- ❖ increased oxytocin levels in mothers
- ❖ good milk supply

Co-Sleeping

Many breastfeeding advocates suggest co-sleeping as a technique to establish and maintain breastfeeding. This stance is contradictory to the advice and guidelines put forth by many medical organizations. However, despite being advised to the contrary, many parents end up co-sleeping with their children for various reasons. Some researchers suggest there are different kinds of co-sleeping, some that are safe and others that are not.

Definitions

Co-sleeping means an infant and mother sleep together in the same room.

Bed Sharing means an infant and mother sleep together in the same bed.

Room Sharing means an infant and mother sleep together in the same room without sharing a bed.

Bed Sharing is Found to Be Unsafe Under the Following Conditions:

- ❖ The baby is bottle-fed.
- ❖ The household is impoverished, stressful, and/or chaotic.
- ❖ Drugs or alcohol are used by any individual who will be bed sharing.
- ❖ Individuals are sleeping in the bed who are not related to the baby.
- ❖ The baby is not kept in the supine position (on her back, with no pillows).
- ❖ Fluffy or soft bedding is present that could suffocate the baby (pillow-top mattresses, comforters, extra pillows)
- ❖ Sleep takes place somewhere other than a bed, such as a couch or recliner.
- ❖ The bed is a waterbed.



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Bed Sharing Can Be Practiced Safely Under the Following Conditions:

- ❖ The mother is breastfeeding the baby.
- ❖ The household is not poor, stressful and/or chaotic.
- ❖ No drugs or alcohol are used by anyone in the bed.
- ❖ The baby is kept in the supine position (on her back, with no pillows).
- ❖ Fluffy or soft bedding is removed from the bed (pillow-top mattresses, comforters, extra pillows).
- ❖ Bed sharing only takes place in a bed that is not a waterbed.
- ❖ Measures are taken to ensure the baby will not roll off the bed (put up a guardrail, lower the height of your bed, and/or move your bed against a wall).

When practiced safely, co-sleeping has the following benefits:

- ❖ More frequent breastfeeding during the night
- ❖ Babies go to sleep better and stay asleep longer.
- ❖ Increases the restfulness of a mother's sleep, as her child is close by for breastfeeding, and her sleep is not interfered by noises picked up by a baby monitor.

Will I roll over onto my baby?

There are cases in which adults have rolled over onto babies while sleeping. This most commonly occurs by someone who is not related to the baby (a step-parent or mother's boyfriend) or when drugs or alcohol are being used. Research on mother-baby co-sleeping pairs has observed that breastfeeding mothers often respond and adapt to their baby's movements in their sleep.

Will co-sleeping interfere with our sex life?

Co-sleeping can help you keep your sex life interesting by encouraging you to find locations other than your bed to be intimate.

What if I am not comfortable bed sharing, but still want some of the benefits of co-sleeping?

You can still have some of the benefits of co-sleeping without bed sharing by room sharing. You can put a crib in your bedroom to have your baby close at night or purchase a co-sleeper, which is an infant bed designed to be placed right next to the mother's bed. A co-sleeper gives your baby his own space to sleep in while also keeping him at arm's reach for easy breastfeeding in the night.



Breast Pumping and Milk Storage

Why pump?

Pumping can ensure that breast milk is available for your baby when someone else is caring for him. Moms who work outside the home find it important to pump at work to maintain milk supply. It is important to maintain frequent nursing during non-work hours to help maintain the milk supply. Since the production of breast milk is a supply and demand process, if milk is not being demanded (by a pump at work or the baby at home), less milk will be produced.

When should I start pumping?

It is ideal to wait until your milk supply is firmly established, which generally takes about six weeks. Pumping too much too early can result in oversupply, which can lead to engorgement and make you susceptible to infection. Mothers who need to return to work at six weeks can begin pumping at four weeks, but only once per day until your milk supply is stable.

Where do I get a breast pump?

You can purchase a hand or electric breast pump from a local retailer or online company that sells breastfeeding supplies. You can also rent a breast pump from some hospitals or retailers. For a list of resources in central Florida, see the handout Central Florida Breast Pump Depots created by the Central Florida Breastfeeding Task Force included in this packet.

Is my employer required to let me pump at work?

Yes. The Patient Protection and Affordable Care Act of March 2010 requires, by law, that all employers must provide a private (no bathroom) place and a reasonable break time for mothers to express breast milk during the work day. <http://www.dol.gov/whd/nursingmothers/>

How should breast milk be stored?

Store breast milk in bags made for collecting milk, or in glass or plastic bottles. Label the milk by date. Breast milk can be stored at room temperature for 3-4 hours (optimal) or 6-8 hours (acceptable); in the refrigerator for 3 days (optimal) or 5-8 days (acceptable); or in the freezer for 6 months (optimal) or 12 months (acceptable). The optimal time is when most of the nutrients are still intact. In the acceptable time, some of the nutrients have begun to breakdown and non-harmful amounts of bacteria begin to grow. Thaw frozen milk by holding the bag or bottle under warm water, or defrost in the refrigerator overnight. Thawed milk should be used within 24 hours. Do not microwave. For more information, see the Academy of Breastfeeding Medicine Protocol Committee guidelines:

<http://www.guideline.gov/content.aspx?id=23797>

What if I'm not getting very much milk when I pump?

It is common to have less milk extracted from a pump than your baby. To help increase milk during pumping, sit down and relax for a minute before beginning to pump. Drink some water, relax and look at pictures of your baby. While pumping, use your thumb and forefinger to gently push the milk through your breast toward the pump. Try to pump every 1.5-2 hours to maintain good milk supply.



Common Breastfeeding Discomforts and Health Issues

Pain and Discomfort

Some pain and discomfort during breastfeeding, especially in the beginning, is normal. A common cause of pain that can be easily fixed is poor latch. Meet with a lactation counselor to make sure you are positioning your baby well and getting a good latch. If you have a good latch and your discomfort is not persistent, it should get better in a week or so.

Cracked Nipples

If you begin experiencing actual pain and damage to your nipples, you need help from a lactation counselor. Your baby may not be latching correctly, or may have a more serious physiological issue that needs to be identified and addressed. The first step is to resolve the cause of cracked nipples.

Once you have addressed the cause of your cracked nipples, care for them is fairly basic. Let your nipples air dry as often as possible, and help them heal by rubbing some of your breast milk on them. Breast milk has amazing healing properties and none of the oiliness of lanolin. It may be tempting to give your nipples a "break" by lessening nursing while they heal, but in actuality, this may only cause more problems (except in the most extreme of cases). Know that once the problem that caused the damage is addressed, you will begin to heal quickly.

Engorgement

Engorgement is one of the most common problems new mothers experience. Especially in the beginning stages of breastfeeding, your breasts may become full and tender. This fullness alone does not qualify as engorgement, but can rapidly become so if your breasts stay full too long or too often. The most effective way to avoid engorgement is to breastfeed your new baby every two hours or more on demand, and make sure your baby is effectively draining your breasts (breasts should be softened at each feeding).

If you do become engorged, there are many effective methods to deal with it, which all serve the same purpose: to drain the breast effectively and frequently.

Treatments for engorgement:

- ❖ Before breastfeeding your baby, apply a warm compress or take a warm shower and let the water run on your breasts. The heat is not only relaxing but it will help stimulate your milk flow. Prolonged heat can encourage swelling, so use compresses only for a few minutes before feeding.
- ❖ While nursing, gently massage your breast from the chest wall down toward the nipple in a circular motion. This may help stimulate your let-down reflex, as well as help break up any possible clogs in your milk ducts. This is also a very good technique to combine with the warm shower described above.



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- ❖ Make sure your baby is achieving an effective latch. Sometimes engorgement can cause the nipple to stretch so tightly that your baby may not be able to latch properly. If you experience this problem, hand express until your nipple is no longer stretched and is soft and pliable enough for your baby to get a good latch.
- ❖ Pump/hand express to comfort. Although we recommend mastering hand expression, if your baby has not nursed enough to relieve your discomfort, using a pump or hand expressing to drain your breast to the point where you are comfortable is completely acceptable. Please keep in mind though that frequently draining your breasts with a pump after your baby has fed is only going to create more milk, so use this tool sparingly and only as needed.

Thrush

Thrush, or *Candida Albicans*, is a fungus that thrives in cool, dark environments, such as on your nipples, in the mouth, or in your baby's diaper. Symptoms of thrush are often sudden, persistent shooting pain in the nipple that lasts through a feeding and cannot be improved by adjusting your latch or positioning, shooting pain in the breast during or after feedings, or traces of white fungus in the folds of the nipple or breast. Symptoms in your baby can be white patches in the mouth that cannot be wiped off, diaper rash, a clicking sound while nursing, or baby repeatedly pulling off the breast during feedings or refusing to nurse because of mouth soreness. In some situations, a mother may be predisposed to thrush by having taken antibiotics for mastitis or having persistent cracked nipples.

If thrush is diagnosed on either mother or baby, both of them must be treated simultaneously. Thrush is very aggressive and will happily pass back and forth between you and your baby if not treated properly. One of the most popular treatment options is Gentian Violet, which is effective, but comes with its drawbacks: if used in high dosages for an extended amount of time it is carcinogenic, and it will stain everything it comes in contact with. Contact a lactation counselor for help on proper usage of Gentian Violet. There are also a large number of over-the-counter and prescription creams and ointments that can be used to combat the infection.

In order to effectively combat thrush, a mother must be vigilant in washing her hands frequently and boiling anything that may have come in contact with the baby's mouth once a day for twenty minutes until the infection has gone. Other tactics mothers can take for managing the infection can include taking grapefruit seed extract, reducing consumption of sugar and dairy products, drinking more water, and adding supplements to your diet such as garlic, zinc, and B vitamins.

Mastitis

Mastitis is a general term for inflammation of the breast. In its most common form, it is characterized by redness on the breasts (in serious conditions it will show as angry, shiny red streaks), painful swelling in the breasts (not necessarily a uniform swelling), and fever and/or flu-like symptoms. Many of the same treatments mentioned in the "engorgement" section can



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be utilized for treating mastitis as well. Because of the generalization of mastitis, it is best to contact your lactation specialist for assistance in treatment immediately. If left alone, mastitis will only get worse, so if you experience any of these symptoms, contact someone for advice. When mastitis has gotten too far out of hand, antibiotics need to be used to treat, which can open you up to the possibility of thrush, so it cannot be stressed enough that getting help and advice early can be the deciding factor in resolving mastitis effectively.

Concluding Points

There are many solutions to any of the problems you may experience while breastfeeding. The best way to assess and treat any and all of them is to get in contact with a knowledgeable professional as quickly as possible. Always know that this too shall pass, and that even through the worst scenarios, you are doing the best for your baby, and yourself, by breastfeeding.



Breastfeeding and HIV

The HIV virus CAN BE transmitted from mother to baby through breast milk.

Recent research shows that babies born to HIV positive mothers who are not born with HIV can contract the virus through breast milk.

We DO NOT recommend that women who are HIV positive breastfeed.

Although we do believe breast milk is the best nutrition for all babies, the milk of women who are HIV positive may not be safe. We recommend that HIV positive women refrain from breastfeeding and from distributing their breast milk in any way.

We may be able to help you get breast milk for your baby if you are HIV positive.

Please contact us and we will try to help connect you with an agency that can provide donor milk. Donor milk will offer your baby all the same health benefits as your own breast milk without the risk of HIV.

We do recommend that all pregnant women get tested for HIV.

- ❖ Many people who are HIV positive live for years without any symptoms.
- ❖ About 1 in 4 people who have HIV do not know they have it.
- ❖ The only way to know for sure is to get tested!

Free HIV testing is available at the following Central Florida locations:

- ❖ CENTAUR, 100 W. Columbia St., Orlando. 407-245-0014
- ❖ Center for Multicultural Wellness and Prevention, 641 N. Rio Grande Ave., Orlando. 407-648-9440
- ❖ Farmworkers Association of Florida, 1264 Apopka Blvd., Apopka. 407-886-5151
- ❖ Gay, Lesbian and Bisexual Community Center, 946 N. Mill Ave., Orlando. 407-228-8272
- ❖ Hope and Help Center of Central Florida, 1935 Woodcrest Dr., Winter Park. 407-645-2577
- ❖ HUG-Me Program, 5655 S. Orange Ave., Orlando. 407-888-1330
- ❖ Joel Lawrence Foundation, 804 S. Thompson Ave., Deland. 386-747-5504
- ❖ Orange Blossom Family Health Center, 232 N. Orange Blossom Trail, Orlando. 407-428-5751
- ❖ Outreach Community Care Network, 240 N. Frederick Ave. Ste. A, Daytona Beach. 386-255-5569
- ❖ Place of Comfort, 947 Longdale Ave., Longwood. 407-539-0885
- ❖ Volusia County Health Department, 909 N. Stone St., Deland. 386-882-6215

Not in Central Florida? Visit <http://hivtest.org/> to find a testing site near you.



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