

Getting the Help You Need

If you have questions or problems, don't wait.

Another nursing mother or mother's support group can often help. Your hospital, WIC office, baby's doctor, midwife, or obstetrician/gynecologist can refer you to a lactation consultant, a specialist in breast-feeding problems.

For more information, call the Women's Healthline at 311 or contact:

African-American Breastfeeding Alliance

www.aabaonline.com
Help line: 1-877-532-8535
9 to 5, Monday to Friday

Breastfeeding.com

BreastfeedingBasics.com

Growing Up Healthy Hot-line

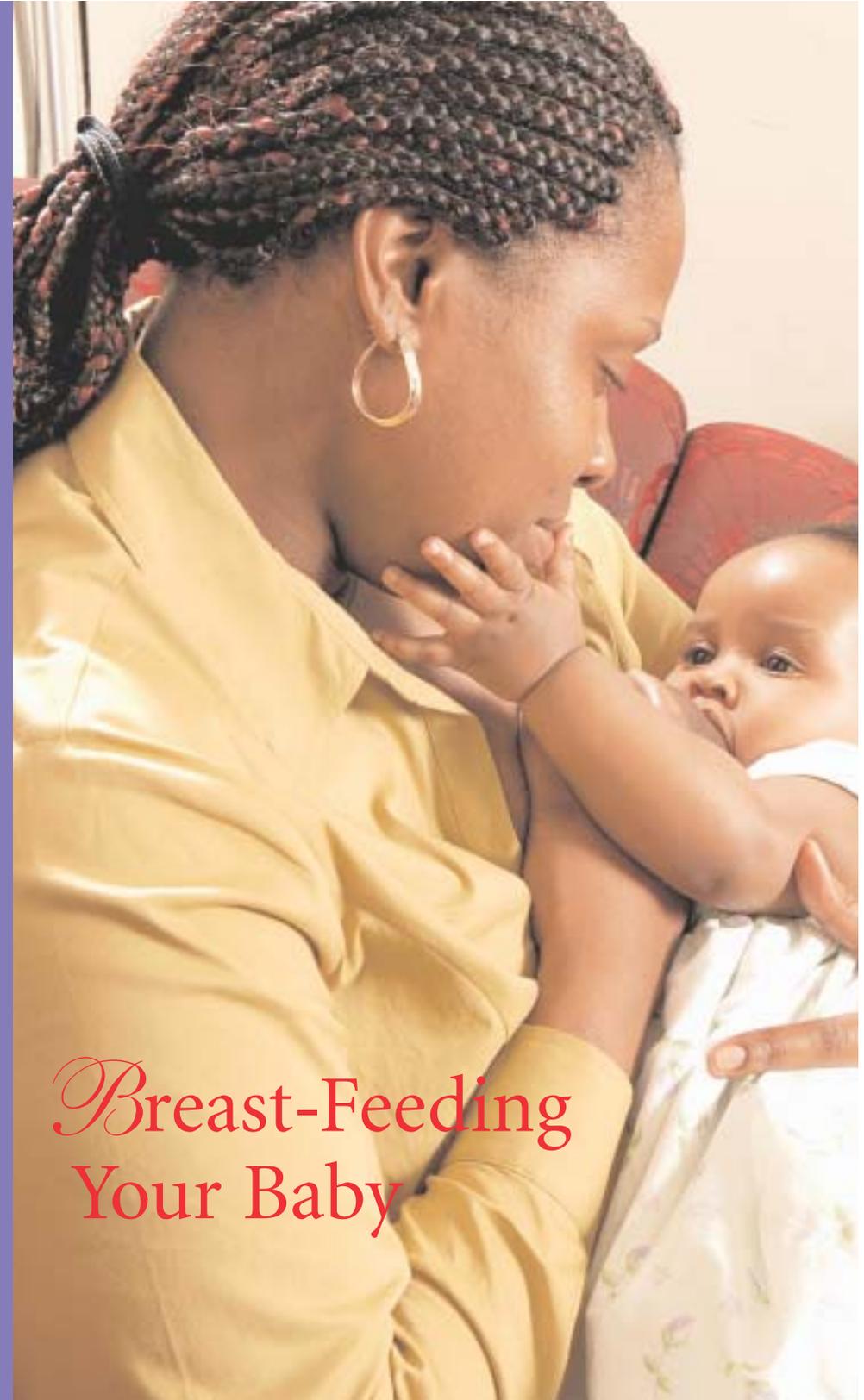
1-800-522-5006

La Leche League

lalecheleague.org
1-800-Laleche (1-800-525-3243)

The National Women's Information Center

(Department of Health and Human Services)
www.4woman.gov
1-800-994-woman (1-800-994-9666)



Breast-Feeding Your Baby



The New York City Department of Health and Mental Hygiene

Michael R. Bloomberg, Mayor
Thomas R. Frieden, M.D., M.P.H., Commissioner

nyc.gov/health





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1. Why Breast-Feed?



It's Best for Your Baby

Breast milk is the perfect food for your baby. No substitute comes close.

- Breast milk is filled with the vitamins and nutrients that your baby needs to grow and be healthy. It builds your baby's immune system and helps his brain develop.
- Breast milk is easier to digest than formula – less vomiting and diarrhea.
- Breast milk changes as your baby grows, adjusting to his needs.
- Nursing is good for your baby's mouth and face muscles, leading to better teeth in the future.
- Breast-fed babies are less likely to have asthma, ear infections, allergies, and diabetes. They're also less likely to become obese.

It's Best for You

Being a new mom isn't easy. Breast-feeding can help you make the transition.

- Breast-feeding helps your body recover from pregnancy and labor – shrinking your uterus back to size and reducing any bleeding after childbirth.
- It burns about 500 calories a day, so you lose the weight you gained more easily.
- It lowers the risk of ovarian cancer and some forms of breast cancer.
- It strengthens bones, protecting you against osteoporosis later.
- It may help ward off depression.
- It saves time and money. Unlike formula, breast milk is always the right temperature, and requires no bottles to wash and sterilize.

It Helps You Feel Close

Breast-feeding helps mothers and babies feel especially close.

Mom enjoys the special bonding time and the break that nursing gives her during the busy early days. Baby is held close and cuddled, skin-to-skin, so he feels calmer and more secure.

2. Myths – and the Truth

There are a lot of misconceptions about nursing. Here's the truth.



Myth: I won't know if my baby is getting enough food.

Truth: It's true there are no markers on your breast to measure ounces! But your baby will let you know when she's satisfied. In a 24-hour period, a well-fed baby will usually soil 3 diapers and wet at least 6 times.

Myth: Breast-feeding will make me fat.

Truth: Mothers who breast-feed usually lose their pregnancy weight faster than those who don't.

Myth: Breast-feeding will ruin my breasts.

Truth: Nursing doesn't affect the shape of the breasts. Yes, your breasts lose their shape as you age. But you can slow the process by wearing a supportive bra, especially while you're pregnant and nursing.

Myth: My breasts are too small to make enough milk.

Truth: Any breast is the right size to breast-feed. A baby will eat as much as she needs and the more you nurse, the more milk you'll make. To ensure your baby has enough milk to thrive, allow her to suck whenever she's hungry.



Myth: Breast-feeding will make my baby's other parent feel left out.

Truth: Breast-fed babies can be as close to their other parent as formula-fed babies are. There is a lot besides feeding that the other parent can do: make mom and baby comfortable when they're feeding, change diapers, cuddle, burp, bathe, and play with the baby.

Myth: I won't be able to breast-feed after I go back to work.

Truth: Many mothers breast-feed and work full time. Feed your baby right before you leave for work and right after you get home. If you can, express milk by hand or with a pump during the day and refrigerate it right away. Your caregiver can give it to your baby in a bottle.

Expressed breast milk can be refrigerated for up to 3 days and frozen for 3 months. After thawing, use it within 24 hours.

Myth: I'll have to go on a special diet to breast-feed.

Truth: You don't have to do or eat anything special to breast-feed successfully. Even if your diet isn't perfect, breast milk delivers the best nutrients. To feel your best, eat a healthy diet with at least 5 servings of fruits or vegetables every day, and drink plenty of water.

3. Nursing Your Baby

Like mothering, breast-feeding is a skill. It may take a little practice – for you *and* your baby.



Getting Started

The first few days

- You can usually start breast-feeding right away – even in the delivery room! Tell your doctor in advance that's what you'd like to do.
- Drinking from a bottle too soon can make it harder for a baby to learn to breast-feed. Ask the hospital staff not to give your baby a bottle unless it's medically necessary. Let them know you're happy to nurse whenever he's hungry.
- Breast-feed often. You'll bond with your baby, he'll learn to suck, and his sucking will build up your milk supply.
- It takes 3 to 5 days for your milk to come in. In the meantime, your body is making small amounts of a rich substance called *colostrum*, which gives your baby everything he needs.

The next few weeks

- Let your baby nurse whenever she wants, day and night. That will probably be every 2 to 3 hours – from 8 to 12 times in 24 hours. Frequent feeding will get your milk flowing and help your baby grow.
- By 4 to 5 weeks, your baby will probably have a more regular, less frequent, feeding pattern.
- Until you've established a good breast-feeding routine, avoid using a bottle.

Always

- Wash your hands before you nurse your baby or express milk.

How long?

- Any amount of breast-feeding is good for your baby – the longer, the better. Some mothers breast-feed for 12 to 18 months, others less. Experts recommend *exclusive* breast-feeding for the first 4 to 6 months (when solid foods are introduced).

Getting Comfortable: Popular Positions

Feel free to experiment with different positions.

The cradle, or cuddle hold

Your baby is on her side, supported by your arm, with her stomach touching yours.

This position makes it easy to nurse without other people noticing.



The football hold

Your baby is tucked under your arm, in a half-sitting position, while you support her head and shoulders from underneath.

This is a good position to use after a cesarean birth, for a mother with large breasts, or for a sleepy baby.



The side-lying position

You and your baby are both on your sides, facing each other. This is a restful position for mother and baby.



Use pillows to support your back and the arm that holds the baby. A pillow on your lap can raise the baby to a comfortable height. Support your breast with your fingers underneath and your thumb on top. This is called the **C-hold**.

“Latching On” and Nursing

It's important for your baby's mouth to open **WIDE**.



1. Touch your baby's cheek with your nipple. She will turn toward the side that you've touched. Once her head is in position, tickle your baby's lips with the nipple.



2. When she opens her mouth wide, move it onto the nipple by pulling her toward you. This is called **latching on**. Apply a little pressure to her back. Get as much as possible of your **areola** – the dark area around your nipple – into the baby's mouth.



3. If she has taken just the tip of the nipple, stick your clean pinky finger gently into the corner of her mouth to break the suction and tickle her lips with the nipple again until she opens wide.

- Nursing shouldn't hurt! Pain is a sign that your baby hasn't latched on properly. If you feel pain, break the suction with your finger, take the baby off the nipple, and start over. Don't let her nurse if she hasn't latched on properly – it will encourage her to do it again in the future, and your nipples will become sore or cracked.
- Let your baby nurse whenever she is hungry and until she is satisfied – usually about 10 to 15 minutes on each breast. When she pauses, burp her by putting her on your shoulder and patting or rubbing gently on her back.
- Nurse on both sides during each feeding. Don't worry if your baby nurses for a shorter time on the second breast. Just start on that side next time.

Special Situations

Twins or Triplets

You can breast-feed twins at the same time, one at each breast. At the next feeding or at least once a day, give each baby the other breast. Most mothers can fully breast-feed twins, but if this is too difficult you can express (pump) your milk and feed your baby from a bottle or supplement it with formula.



With triplets, you'll have to supplement with formula. Nurse two babies at a time and give formula to the third. At the next feeding, give formula to a different baby, making sure everybody gets a chance to breast-feed every day.

A premature or sick baby

Breast milk provides special benefits to premature and sick babies, helping them grow and preventing many diseases. If your baby is not able to nurse, you can express and freeze your milk until he gets better or is ready to feed by mouth. Your hospital's breast-feeding experts can help you get started as soon as possible.

A baby with galactosemia

If your baby has a rare condition called galactosemia, he cannot digest breast milk. Talk with your health care provider for advice.

Your own illness

During most illnesses, such as colds, flu, and other infections, breast-feeding gives the baby your antibodies to protect against infection, so it is important to continue to breast-feed. If you are worried that your illness might hurt your baby, talk with your health care provider.

There are a few diseases a mother *can* pass to her baby through breast milk. (HIV-positive mothers, for example, should not breast-feed.)

Medications

Some over-the-counter drugs and prescription medications (including some kinds of birth control pills) should not be used by breast-feeding mothers. Your health care provider can answer any questions you have about what's safe and what's not.

Alcohol and street drugs

Abuse of alcohol and other drugs can harm both mother and baby. Alcohol and illegal drugs (including crack, cocaine, marijuana, heroin, ecstasy, and other street drugs) can pass through breast milk to your baby. While you are nursing it is important to avoid drinking alcohol. An occasional drink or two may be safe. But if you choose to drink alcohol, drink *just after you nurse* rather than just before. If you are using illegal drugs or have a problem with alcohol, talk with your health care provider about whether or not to breast-feed your baby.

For help with an alcohol or drug problem, talk to your doctor or call 1-800-LIFENET (1-800-543-3638) or 311 for free confidential referral services.



Helpful Tips

- Bring the baby to the breast, not the breast to the baby. Hunching over while nursing may cause back pain.
- Drink enough liquids – a glass of water, milk, or juice every time you nurse.
- Get plenty of rest, eat a healthy diet, and talk to your doctor about taking a multi-vitamin.
- Nurse often to build up your milk supply.
- If you can't remember which side you last nursed on, put a safety pin on your bra to remind you. Some mothers switch a ring from one hand to the other.
- Electric breast pumps are available at many pharmacies. Ask the breast-feeding specialist at the hospital where you gave birth to help you get one.

4. Overcoming Problems

With a little patience and persistence, almost any problem can be solved. Here are a few problems – and solutions.



Engorged breasts

You may have overfullness or swelling of the breasts when your milk is coming in during the first 3 to 5 days after birth. This is called **engorgement**, and it goes away once your body becomes better at producing milk and no longer needs to store as much in advance. *In the meantime:*

- Shower or apply warm, wet washcloths to your breasts before you feed and cold compresses afterward.
- If your baby is having a hard time latching on, express a little milk before you offer the breast to relieve discomfort and reduce swelling.
- Nurse often (every 2 to 4 hours), offering both breasts at each feeding.

Sore nipples

If your baby isn't latching on properly or if your skin is very fair, your nipples may get sore in the beginning. *It helps to:*

- Make sure your baby is taking as much areola in her mouth as possible.
- Try nursing more frequently for shorter periods.
- Nurse on the less sore side first.
- Coat your nipples with breast milk after feedings and let them air dry.

Blocked milk duct

A painful area or lump in the breast may mean a blocked duct.

- Make sure your bra fits properly, and avoid sleeping positions that put pressure on your breasts.
- Breast-feed often, from the painful side first.
- Drink lots of fluids and get lots of rest.
- Shower and apply warm, wet compresses to the painful breast.
- Massage the area gently.

Breast infection

A lumpy, painful breast accompanied by flu-like symptoms, such as chills, aches, and fever, may be a breast infection.

- Follow the steps for a blocked milk duct (above).
- Continue breast-feeding.
- Check with your health care provider right away. You may need medication.