

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Labor, Delivery, and Postpartum Care • EP029

Breastfeeding Your Baby

More and more women are choosing to breastfeed their babies—and for good reason. Breast milk provides the perfect mix of vitamins, protein, and fat that your baby needs to grow. It also protects your baby against certain diseases. Although some women may not be able to breastfeed for a variety of reasons, for most women, breastfeeding (or “nursing”) is the best way to feed their babies.

This pamphlet explains

- benefits of breastfeeding
- how to breastfeed
- dealing with challenges
- a healthy lifestyle and birth control while breastfeeding

Benefits of Breastfeeding

It is recommended that babies breastfeed exclusively at least for the first 6 months of life. This means that you should not give your baby any other liquids or foods before he or she is 6 months old (unless your baby's health care provider recommends otherwise). The longer your baby is fed breast milk, the better for you and your baby. Your baby can continue to breastfeed beyond his or her first birthday as long as you and your baby want to.

Benefits for Your Baby

Breastfeeding is best for your baby for the following reasons:

- The *colostrum* that your breasts make during the first few days after childbirth helps your newborn's digestive system grow and function.
- Breast milk has *antibodies* that help your baby's *immune system* fight off viruses and bacteria. Babies who are breastfed have a lower risk of respiratory infections, asthma, obesity, allergies, and colic than babies who are not breastfed. They also have fewer ear infections and less diarrhea.
- Breast milk is easier to digest than formula. Breastfed babies have less gas, fewer feeding problems, and less constipation than babies who are fed formula.
- Breastfeeding decreases the risk of *sudden infant death syndrome (SIDS)*, especially when the mother breastfeeds exclusively for at least 6 months.
- If your baby is born *preterm*, breast milk can help reduce the risk of many of the short-term and long-term health problems that preterm babies face.

Benefits for You

Breastfeeding is good for you as well:

- During breastfeeding, the hormone *oxytocin* is released. Oxytocin causes the uterus to contract and return to its normal size more quickly.
- Breastfeeding may help with postpartum weight loss. Women who breastfeed for longer than 6 months tend to weigh less than women who do not breastfeed.
- Women who breastfeed have lower rates of breast cancer and ovarian cancer than women who do not breastfeed. It also has been shown to reduce the risk of heart disease and rheumatoid arthritis.

- Breastfeeding saves time and money. You do not have to buy, measure, and mix formula.

How to Breastfeed

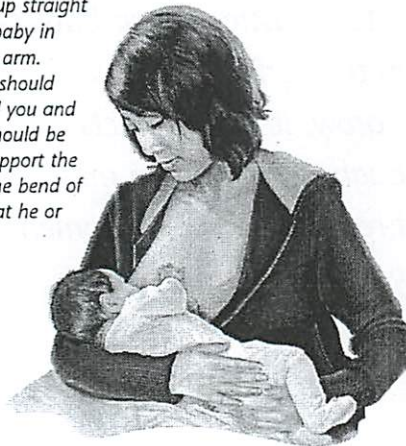
Although breastfeeding is a natural process, it may take some practice and patience to master. Mothers and babies have to learn together.

Getting Started

Babies are born with all the instincts they need to breastfeed. A healthy newborn usually is capable of breastfeeding without any specific help within the first hour of birth. Those who do so may have an easier

Good Positions for Breastfeeding

Cradle hold. Sit up straight and cradle your baby in the crook of your arm. The baby's body should be turned toward you and his or her belly should be against yours. Support the baby's head in the bend of your elbow so that he or she is facing your breast.



Side-lying position. Lie on your side and nestle your baby next to you. Place your fingers beneath your breast and lift it up to help your baby reach your nipple. This position is good for night feedings. It also is good for women who had a cesarean birth because it keeps the baby's weight off the incision. Put your lower arm forward to hold your head, and place a pillow between your knees to keep you from rolling over.



Cross-cradle hold. As in the cradle hold, nuzzle your baby's belly against yours. Hold him or her with the arm opposite to the side you are breastfeeding from. For instance, if you are breastfeeding from your right breast, hold the baby in your left arm. The baby's bottom rests in the crook of your left arm and your left hand supports the baby's head and neck. This position gives you more control of the baby's head. You may need to support the baby's head with pillows. It is a good position for a newborn who is learning how to nurse.



Football hold. Tuck your baby under your arm like a football. Sit the baby up at your side, level with your waist, so he or she is facing you. Support the baby's back with your upper arm, and hold his or her head level with your breast. This hold is good for breastfeeding twins and for women who had cesarean births.



time breastfeeding than babies who are not breastfed immediately after birth. To help give you a good start, tell your health care provider during pregnancy that you want to breastfeed. When you are admitted to the hospital in labor, remind your health care team that you plan to breastfeed. Immediately after the birth, your baby should be placed in direct skin-to-skin contact with you if possible.

Get Your Baby "Latched On"

To begin breastfeeding, the baby needs to attach to or "latch on" to your breast. A nurse or lactation consultant (a health care provider with special training in breastfeeding) can help you find a good position (see box "Good Positions for Breastfeeding"). Cup your breast in your hand and stroke your baby's lower lip with your nipple. This stimulates the baby's rooting reflex. The rooting reflex is a baby's natural instinct to turn toward the nipple, open his or her mouth, and suck. The baby will open his or her mouth wide (like a yawn). Pull the baby close to you, aiming the nipple toward the roof of the baby's mouth. Remember to bring your baby to your breast—not your breast to your baby.

Check the Baby's Latch

The baby should have all of your nipple and a good deal of the *areola* in his or her mouth. The baby's nose will be touching your breast. The baby's lips also will be curled out on your breast. The baby's sucking should be smooth and even. You should hear the baby swallow. You may feel a slight tugging. You may feel a little discomfort for the first few days. You should not feel severe pain. If you do, talk to your nurse or lactation consultant.

If the baby is not latched on well, start over. To break the suction, insert a clean finger between your breast and your baby's gums. When you hear or feel a soft pop, pull your nipple out of the baby's mouth.

Do Not Watch the Clock

Let your baby set his or her own schedule. Many newborns breastfeed for 10–15 minutes on each breast, but some may feed for longer periods. A baby who wants to breastfeed for a long time—such as 30 minutes on each side—may be having trouble getting enough milk (see box "Is My Baby Getting Enough Milk?") or may be just taking his or her time to feed.

Breastfeed on Demand

When babies are hungry, they will nuzzle against your breast, make sucking motions, or put their hands to their mouths. Crying usually is a late sign of hunger. It is recommended that you breastfeed at least 8–12 times in 24 hours, or about every 2–3 hours, in the baby's first weeks of life. When full, the baby will fall asleep or unlatch from your breast.

Switch Sides

When your baby empties one breast, offer the other. Do not worry if your baby does not continue to

Is My Baby Getting Enough Milk?

For the first few weeks, check for these signs to tell if your baby is feeding enough. Your baby should

- breastfeed at least 8–12 times in 24 hours
- be happy and content for an average of 1–3 hours between feedings
- wet six or more diapers a day
- have three or four bowel movements a day by the time he or she is 5–7 days old; during the first month, the baby may have a bowel movement after each feeding
- gain an appropriate amount of weight at each well-baby visit with your pediatrician

If you are concerned your baby may not be getting enough milk, tell your health care provider.

breastfeed. The baby does not have to feed at both breasts in one feeding. At the next feeding, offer the other breast first. You may want to attach a safety pin to your shirt or bra to remind yourself which breast to start with at the next feeding.

Avoid Pacifiers

Until your baby gets the hang of breastfeeding, experts recommend limiting pacifier use to only a few instances. You may only want to give a pacifier to help with pain relief (while getting a shot, for instance). After about 4 weeks, when your baby is breastfeeding well, you can use the pacifier at any time. Pacifier use at nap or sleep times may help reduce the risk of SIDS.

Dealing With Challenges

When you start breastfeeding your baby, you may find getting started challenging or have some difficulty at first. It is normal for minor problems to arise in the days and weeks when you first begin breastfeeding. The good news is that with a little help, most problems can be overcome. If any of the following problems persist after trying these tips, call your health care provider or ask to see a lactation specialist:

- Nipple pain—Some soreness or discomfort is normal when beginning breastfeeding. Nipple pain or soreness that continues past the first week or does not get better usually is not normal. Nipple pain may be caused by the baby not getting enough of the areola into his or her mouth and instead sucking mostly on the nipple. Check the positioning of your baby's body and the way he or she latches on. Make sure the baby's mouth is open wide and has as much of the areola in the mouth as possible. Applying a small amount of breast milk to the

nipple may speed up the healing process. Try different breastfeeding positions to avoid sore areas.

- Engorgement—When your breasts are full of milk, they can feel full, hard, and tender. Once your body figures out just how much milk your baby needs, the problem should go away in a week or so. To ease engorgement, breastfeed more often to drain your breasts. Before breastfeeding, you can gently massage your breasts or express a little milk with your hand or a pump to soften them. Between feedings, apply warm compresses or take a warm shower to help ease the discomfort.
- Blocked milk duct—If a duct gets clogged with unused milk, a hard knot will form in that breast. To clear the blockage and get the milk flowing again, try breastfeeding long and often on the breast that is blocked. Apply heat with a warm shower, heating pad, or hot water bottle.
- Mastitis—If a blocked duct is not drained, it can lead to a breast infection called mastitis. Mastitis can cause flu-like symptoms, such as fever, aches, and fatigue. Your breast also will be swollen and painful and may be very warm to the touch. If you have these symptoms, call your health care provider. You may be prescribed an *antibiotic* to treat the infection. You may be able to continue to breastfeed while taking this medication.

A Healthy Lifestyle While Breastfeeding

While you are breastfeeding, it is important to maintain the healthy nutritional and lifestyle habits you had during pregnancy. Remember, almost everything you put into your body also goes to your baby in your breast milk.

Eating Right

When you are pregnant, your body stores extra nutrients and fat to prepare for breastfeeding. The following tips will help you meet the nutritional goals needed for breastfeeding:

- You need an extra 450–500 calories a day while breastfeeding. For a woman whose weight is in the normal range, this works out to be about 2,500 total calories per day.
- Eat a variety of foods, including whole grains, fruits and vegetables, low-fat dairy products, lean meats, poultry, and seafood.
- Your health care provider may recommend that you continue to take your prenatal multivitamin supplement while you are breastfeeding. The baby's health care provider may recommend that you give your baby 400 international units of vitamin D daily in drop form. This vitamin is essential for strong bones and teeth.
- Stay hydrated by drinking plenty of fluids and drink more if your urine is dark yellow. It is a

good idea to drink a glass of water every time you breastfeed.

- Avoid foods that may cause stomach upset in your baby. Common culprits are gassy foods, such as cabbage, and spicy foods.
- Drinking caffeine in moderate amounts should not affect your baby. A moderate amount of caffeine is about 200 milligrams a day, which is the amount in two to four cups of brewed coffee. Remember that tea, chocolate, and soft drinks also contain caffeine.
- If you want to have an occasional alcoholic drink, wait at least 2 hours after you drink to breastfeed.
- Always check with your health care provider before taking prescription or over-the-counter medications to be sure they are safe to take while breastfeeding.

Avoiding Smoking and Drug Use

Just like during pregnancy, you should not smoke while you are breastfeeding. If you or someone you live with smokes, get help to quit right away. Babies exposed to cigarette smoke have an increased risk of asthma. Cigarette smoke also has been linked to an increased risk of SIDS.

Illegal drugs such as cocaine, marijuana, heroin, and methamphetamines can be harmful to your baby if you use them while breastfeeding. Taking prescription drugs (such as codeine, tranquilizers, or sleeping pills) for nonmedical reasons also can be harmful. If you need help with quitting smoking or stopping drug use, talk with your health care provider or ask about a substance abuse hotline in your area.

Birth Control

It is important to use a birth control method before you begin having sexual intercourse again. The ideal time to choose a method is while you are still pregnant. Talk to your health care provider about your options.

In general, methods that contain *estrogen*, such as combination birth control pills, the vaginal ring, and the skin patch, should not be used during the first month of breastfeeding. Estrogen may decrease your milk supply. Once breastfeeding is established, estrogen-containing methods can be used.

Progestin-only methods, including pills, the implant, and the injection, do not affect the milk supply. These methods usually can be started immediately after childbirth while you are still in the hospital. The intrauterine device (IUD) is among the most effective reversible birth control options available. A copper or hormonal IUD can be inserted by your health care provider immediately after the birth of your baby.

The lactational amenorrhea method (LAM) is a natural method of preventing pregnancy. It can be used for just the first 6 months after childbirth and only if your menstrual period has not returned. It requires

Finally...
Breastfeeding is the healthiest way to feed your baby. Before giving birth, let your health care provider know of your desire to breastfeed so that you can get the support you need from the very start. Keep in mind that many new mothers have problems breastfeeding at first. Do not be afraid to ask for help if you need it.

"full or nearly full breastfeeding," which means that nearly all of the baby's nutritional requirements are obtained by breastfeeding. LAM can be an effective way to prevent pregnancy if you are very committed to breastfeeding and follow the instructions care-fully. It also can be used in combination with another method of birth control. If you are interested in using this method, talk with your health care provider or a lactation specialist.

Returning to Work

By law, your employer is required to provide a reasonable amount of break time and a place to express milk as frequently as needed for up to 1 year following the birth of a child. The space provided by the employer cannot be a bathroom, and it must be shielded from view and free from intrusion by coworkers or the public. You also will need a safe place to store the milk properly (see box "Storing Breast Milk"). During an 8-hour workday, you should be able to pump enough milk during your breaks. Using a double pump that pumps both breasts at the same time is even quicker.

Storing Breast Milk

- After pumping, you can refrigerate your milk, store it in a cooler, or freeze it for later. You can store breast milk at room temperature for 3-4 hours (optimal) up to 6-8 hours (acceptable under very clean conditions).
- Store breast milk in small amounts (2-4 ounces) to avoid waste. Store milk in clean glass or BPA-free plastic bottles or special milk collection bags.
- Breast milk can be kept in the refrigerator (39°F or below) for 3 days (optimal) up to 5-8 days (acceptable under very clean conditions). It can be frozen (0°F) for 6 months (optimal) up to 1 year (acceptable under very clean conditions).
- To thaw frozen breast milk, put the bottle or bag in a bowl of warm water. You also can let milk slowly thaw in the refrigerator. Do not use a microwave because it destroys the milk's disease-fighting qualities and can scald you and your baby. Never re-freeze milk that has been thawed.

Glossary

Antibiotic: A drug that treats infections.
Antibodies: Proteins in the blood produced in reaction to foreign substances, such as bacteria and viruses that cause infection.

Areola: The darker skin around the nipple.
Colostrum: A fluid secreted in the breasts at the beginning of milk production.

Estrogen: A female hormone produced in the ovaries.
Immune System: The body's natural defense system against foreign substances and invading organisms, such as bacteria that cause disease.

Oxytocin: A hormone used to help bring on contractions of the uterus.
Premium: Born before 37 weeks of pregnancy.

Progesterin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.
Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant and in which the cause is unknown.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Copyright June 2013 by the American College of Obstetricians and Gynecologists. All rights reserved.
ISSN 1074-8601

To order print copies of Patient Education Pamphlets, please call 800-762-2264 or order online at sales.acog.org.
The American College of Obstetricians and Gynecologists
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920