

Breastfeeding

As a mother, one of the best things that only you can do for your baby is to breastfeed. Breastfeeding is more than a lifestyle choice—it is an important health choice, and any amount of time that you can do it will help both you and your baby. Enjoy the special bond with your baby as he or she stares into your eyes and warmly nuzzles against your skin while breastfeeding—it’s an amazing feeling!

Breastfeeding is best

It is best to give your baby only breast milk for the first 6 months of life. This means not giving your baby any other food or drink—not even water—during this time. Drops of liquid vitamins, minerals, and medicines are, of course, fine, as advised by your baby’s doctor. It is even better if you can breastfeed for your baby’s first year or longer, for as long as you both wish. Solid iron-rich foods, such as iron-fortified cereals and pureed vegetables and meats, can be started when your baby is around 6 months old. Before that time, a baby’s stomach cannot digest them properly. Solids do not replace breastfeeding. Breast milk stays the baby’s main source of nutrients during the first year. Beyond one year, breast milk can still be an important part of your child’s diet.

Breastfeeding is normal and healthy for infants and moms. Breast milk has disease-fighting cells called antibodies that help protect infants from germs, illness, and even sudden infant death syndrome (SIDS).



Breast milk is different from infant formula

- Colostrum (koh-LOSS-truhm), the thick, yellow first breast milk that you make during pregnancy and just after birth, will give your baby the best start at life. It is known as “liquid gold.” It is rich in nutrients and antibodies to protect your baby as he or she first enters the world. Although your baby gets only a small amount of colostrum at each feeding, it matches the amount his or her tiny stomach can hold. A

Breastfeeding Is Linked to a Lower Risk of These Health Problems

| In infants: | In mothers: |
|--|---|
| <ul style="list-style-type: none"> • Ear infections • Stomach viruses • Respiratory infections • Atopic dermatitis (ay-TOP-ihk DUR-muh-TEYE-tuhss) • Asthma (in young children) • Obesity • Type 1 and type 2 diabetes • Childhood leukemia (loo-KEE-mee-uh) • Sudden infant death syndrome (SIDS) • Necrotizing enterocolitis (NE-kroh-teye-zeeng en-tur-oh-koh-LEYE-tuhss), a disease that affects the gastrointestinal tract in preterm infants | <ul style="list-style-type: none"> • Type 2 diabetes • Breast cancer • Ovarian cancer • Postpartum depression |

Studies are still looking at the effects of breastfeeding on osteoporosis (OSS-tee-oh-puh-ROH-suhss) and weight loss after birth.

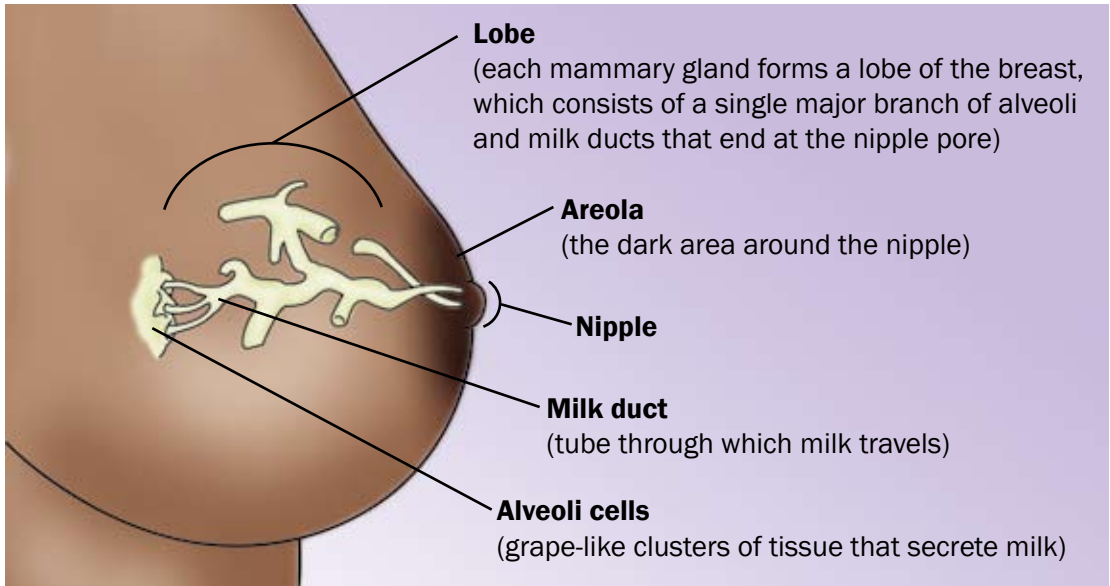
newborn stomach is only the size of a large marble at first! Colostrum is exactly what a new baby needs at first.

- Your milk changes over time to meet your baby's needs. Your breast milk that begins to be made by the third to fifth day after birth has just the right amount of fat, sugar, water, and protein that is needed for your baby's growth. It will be a thinner type of milk, but just as full of all of the nutrients and antibodies for your baby.
- Infant formula cannot match the exact chemical makeup of human milk, especially the cells, hormones, and antibodies that fight disease.
- For most babies, breast milk is easier to digest than formula. It takes time for their stomachs to adjust to digesting proteins in formula because they are made from cow's milk.

How the breast makes milk

There are special cells inside your breasts that make milk. These cells are called alveoli (al-VEE-uh-leye). When your breasts become fuller and more tender during pregnancy, this is a sign that the alveoli are getting ready to work. Some women do not feel these changes in their breasts and some women experience breast changes after their baby is born. If you have a question about your breast changes, you can ask your health care provider or a lactation consultant.

The alveoli make milk in response to the hormone prolactin, which rises when the baby suckles. Another hormone, oxytocin (oks-ee-TOH-suhn), causes these small muscles around the cells to contract and move the milk through a series of small tubes called milk ducts. The milk ducts are located underneath the nipple and areola (air-ee-OH-luh), which is the darker skin that circles your nipple.



Babies knows how to latch and feed

Did you know that an alert, healthy newborn infant can latch on to the mother’s breast with little or no help? Babies are born knowing how to find the breast and suckle all by themselves. All they need is a chance to practice. The more milk your baby removes from the breasts, the more milk you will make. Immediately after birth, ask the hospital to delay unnecessary procedures, if possible, and to allow you and your partner some quiet time to snuggle with your baby during the first hour or two.

Learning to “dance”

Learning to breastfeed is like learning to dance. It is best to wait until you and your baby are calm.

- Hold your baby, wearing only a diaper, skin-to-your-skin up against your bare chest and upright with his or her head under your chin. Your baby will be comfortable in that cozy valley between

your breasts. You can ask your partner or a nurse to place a blanket across your baby’s back and bring your bedcovers over you both. Your skin temperature will rise to warm your baby.

- Softly talk to your baby and massage him or her with gentle strokes.
- When awake, your baby will move his or her head back and forth, looking



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and feeling for the breast with his or her mouth and lips. Your baby might even look up at you and make eye contact. This is an important time for your baby to learn that you are his or her mother, so enjoy this special time by talking or singing softly to your baby.

- Support his or her neck and shoulders with one hand and hips with the other as he or she twists and turns in an effort to find your breast.

As your baby looks for your breast

- Support your baby with your arms so that you both are comfortable.
- Allow your breast to hang naturally and, when your baby feels it with his or her cheek, he or she will open his or her mouth wide and reach it up and over the nipple.
- Your baby's head should be tilted back slightly to make it easy to suck and swallow. With his or her head back and mouth open, the tongue is naturally down and ready for the breast to go on top of it.
- You will see that, at first, your baby's nose is lined up opposite your nipple. As his or her chin presses into your breast, his or her wide, open mouth will get a large mouthful of breast for a deep latch.
- Allow your baby's arms to hug your breast.
- Do not put your hands on your baby's head. As it tilts back, you can support your baby's upper back and shoulders with the palm of your hand and pull your baby in close.



EXAMPLE OF A GOOD LATCH

Signs of a good latch

- How it feels is more important than how it looks. The latch feels comfortable to you, without hurting or pinching.
- Your baby's chest is against your body and he or she does not have to turn his or her head while drinking.
- You see little or no areola, depending on the size of your areola and the size of your baby's mouth. If areola is showing, you will see more above your baby's lip and less below.
- When your baby is positioned well, his or her mouth will be filled with breast.
- The tongue is cupped under the breast, although you might not see it.
- You hear or see your baby swallow. Some babies swallow so quietly, a pause in their breathing may be the only sign of swallowing.
- You see the baby's ears "wiggle" slightly.
- Your baby's lips turn out like fish lips, not in. You may not even be able to see the bottom lip.
- Your baby's chin touches your breast.

Ask for help if you need it!

Once you have started to breastfeed, keep trying! There are many people who can support you in your effort to give your baby the best start. Some may already have been helping you during your pregnancy and birth.

International Board Certified Lactation Consultant (IBCLC) – also called a “lactation consultant,” this person is a credentialed health care professional with the highest level of knowledge and skill in breastfeeding support. IBCLCs help mothers to breastfeed comfortably by helping with positioning, latch, and a wide range of breastfeeding concerns. Ask your hospital or birthing center for the name of a lactation consultant who can help you. You also can contact the International Lactation Consultant Association, which has a lactation consultant directory. (See page 205 for contact information).

Breastfeeding Peer Counselor or Educator – a breastfeeding counselor who can teach others about the benefits of breastfeeding and help women with basic breastfeeding challenges and questions. A “peer” means a person has breastfed her own baby and is available to help other mothers. You can find a peer counselor with the Women, Infants and Children (WIC) Program or mother-to-mother support group meetings from the La Leche League resources at the end of this chapter, or call the National Breastfeeding Helpline. Some breastfeeding educators have letters after their names like CLC (Certified Lactation Counselor) or CBE (Certified Breastfeeding Educator). These are not the same as IBCLCs but still can be quite helpful.

Doula (DOO-lah) – a woman who is professionally trained and experienced in giving social support to birthing families during pregnancy, labor, and birth and at home during the first few days or weeks after birth. Doulas help women physically and emotionally, and those who are trained in breastfeeding can help you be more successful with breastfeeding after birth.

Pediatrician – a medical doctor who focuses on treating babies, children, and teens.

OB/GYN or obstetrician/gynecologist – a medical doctor who focuses on treating women’s reproductive health issues before, during, and after pregnancy.

Certified Nurse-Midwife – a health professional who provides care to women during pregnancy, labor, and birth. Midwives can also provide breastfeeding advice.

Practice makes perfect

- During the early days and weeks during breastfeeding, you and your baby are both learning how to breastfeed. Take your time and be patient. Breastfeed as often and as long as your baby wants. Soon you will both be experts!
- As your baby gets older, you will be able to hold your baby close to you at

Call the National Breastfeeding Helpline at (800) 994-9662 to talk to a trained peer counselor for answers to common questions and problems.

your breast with his or her mouth at your nipple and your baby will latch on easily.

- What works well for one feeding might not work well at the next. Try different positions until you find one that works for both of you.

Problems latching

If your baby is having trouble latching, you can gently stroke your baby's lips with your nipple until he or she opens

his or her mouth really wide and keeps it open. Then you can pull your baby close so that the chin and lower jaw moves into your breast first to take a large mouthful of breast.

Get help if you are having trouble. (See page 191 for a list of people who can help you.)

Tips for Making Breastfeeding Work

1. Breastfeed early and often. Breastfeed as soon as possible after birth, within the first hour of life. If you had a vaginal birth you can hold your baby and breastfeed right away. If you had a c-section or general anesthesia after the birth for a surgery, tell your doctor and nurse that you want to breastfeed as soon as you are both in the recovery room.
2. Breastfeed at least 8 to 12 times every 24 hours to make plenty of milk for your baby.
3. Keep your baby in your hospital room with you (also called "rooming in") so you can see your baby's first signs of being hungry. When babies are hungry they become more alert and active, may put their hands or fists to their mouths, make sucking motions with their mouth, or turn their heads looking for the breast. Crying is a late sign of hunger.
4. Make sure you are both comfortable and follow your baby's lead after he or she is latched well onto the underside of the breast, not just the nipple. Some babies take both breasts at each feeding, while others only take one breast at a feeding. Help your baby finish the first breast, as long as he or she is still sucking and swallowing. Your baby will let go of the breast when he or she is finished, and often falls asleep. Offer the other breast if he or she seems to want more. Let your baby decide when to stop nursing.
5. Keep your baby close to you. Remember that your baby is not used to this new world and needs to be held very close to his or her mother. Being skin-to-skin with you helps babies cry less, and stabilizes the baby's heart and breathing rates.
6. Avoid using pacifiers, bottles, and supplements of infant formula in the first few weeks unless there is a medical reason to. It's best just to breastfeed to get the milk process running smoothly and to keep your baby from getting confused while he or she is learning to breastfeed.



Breastfeeding holds

Some moms find that the following positions are also helpful ways to get comfortable and support their babies in

finding a good latch. You also can use pillows under your arms, elbows, neck, or back to give you added comfort and support.



1. Cradle Hold – an easy, common hold that is comfortable for most mothers and babies. Hold your baby with his or her head on your forearm and his or her whole body facing yours.



2. Cross Cradle or Transitional Hold – useful for premature babies or babies with a weak suck because it gives extra head support and may help babies stay latched. Hold your baby along the opposite arm from the breast you are using. Support your baby's head with the palm of your hand at the base of his or her neck.



3. Clutch or "Football" Hold – useful for mothers with large breasts, flat or inverted nipples, overactive let-down, or who had a c-section. It is also helpful for babies who prefer to be more upright. This hold allows you to better see and control your baby's head and keeps the baby away from a c-section incision. Hold your baby at your side, lying on his or her back, with his or her head at the level of your nipple. Support baby's head with the palm of your hand at the base of the head.



4. Side-Lying Position – useful for mothers who had a c-section or to help any mother get some extra rest or sleep while the baby breastfeeds. This hold allows you to rest or sleep while your baby nurses. Lie on your side with your baby facing you. Pull your baby close so your baby faces your body.

What if...

You have pain? Many moms report that breasts can be tender at first until both they and their baby find comfortable breastfeeding positions and a good latch. Once you have done this, breastfeeding should be comfortable. If it hurts, your baby may be sucking on only the nipple. Gently break your baby's suction to your breast by placing a clean finger in the corner of your baby's mouth and try again. Your nipple also should not look flat or compressed when it comes out of your baby's mouth. It should look round and long, or the same shape as it was before the feeding.

You or your baby are frustrated? Take a short break and hold your baby in an upright position. Consider holding him or her skin-to-your-skin. Talk, sing, or provide your finger for sucking for comfort. Try to breastfeed again in a little while.

Your baby has a weak suck, or makes only tiny suckling movements? Break your baby's suction and try again. He or she may not have a deep enough latch to remove the milk from your breast. Talk with a lactation consultant if your baby's suck feels weak or if you are not sure he or she is getting a good feeding of milk. Your baby might have a health problem that is causing the weak suck.

You have other concerns? Contact a lactation consultant or your doctor for help.

Making plenty of milk

Your breasts will easily make and supply milk directly in response to your baby's needs. The more often and effectively a baby breastfeeds, the more milk will be made. Babies are trying to double their weight in a few short months, and their tummies are small, so they need many feedings to grow and to be healthy.

- You can expect at least 8 to 12 feedings in a 24-hour day
- In the first few days after birth, your baby will likely want to breastfeed about every hour or two in the daytime, and a couple of times at night during which your baby can have one longer sleep stretch.
- Babies develop their own feeding schedules. Some babies feed every hour for 2-6 hours and then sleep for a longer period, and others will breast-

feed every 2-3 hours day and night.

Follow your baby's cues for when he or she is ready to eat.

How to know baby gets enough milk

Many babies, but not all, lose a small amount of weight in the first days after birth. Your baby's health care provider will check his or her weight at your first visit after you leave the hospital. Make sure to visit your baby's health care provider within 3 to 5 days after birth and then again at 2 to 3 weeks of age for checkups. You also can tell if your baby is getting plenty of milk by keeping track of the number of wet diapers and diapers with bowel movements.

Most mothers can make plenty of milk for their baby. If you think you are having a milk supply problem, talk to a lactation consultant.

Minimum Number of Wet Diapers and Bowel Movements in a Baby's First Week (It Is Fine if Your Baby Has More)

| Baby's age (1 day = 24 hours) | # of wet diapers | # of bowel movements | Color & texture of bowel movements |
|------------------------------------|------------------|---|---|
| Day 1 (first 24 hours after birth) | 1 | The first one usually occurs within 8 hours after birth | Thick, tarry, and black |
| Day 2 | 2 | 3 | Thick, tarry, and black |
| Day 3 | 5–6 | 3 | Looser, greenish to yellow |
| Day 4 | 6 or more | 3 | Yellow, soft and watery |
| Day 5 | 6 or more | 3 | Loose, seedy yellow color |
| Day 6 | 6 or more | 3 | Loose, seedy yellow color |
| Day 7 | 6 or more | 3 | Larger amounts of loose, seedy yellow color |

Some babies will switch to less frequent but large bowel movements at about 6 weeks of age.

Common Concerns and Solutions

Most breastfeeding concerns can be prevented, and, if an issue arises, there are many ways to treat it right away by calling on a lactation consultant or other health care provider. Getting plenty of rest and fluids, reducing stress, and eating a healthy diet will also help you feel better and be able to cope with any early challenges you might face after your baby is born.

Other signs that your baby is getting plenty of milk are:

- Baby is mostly content and gaining weight steadily after the first week of age. From birth to 3 months, typical weight gain is 2/3 to 1 ounce each day.
- Baby is passing clear or pale yellow urine, not deep yellow or orange. Baby has at least three stools every 24 hours after day 1.
- Baby alternates short sleeping periods with wakeful, alert periods. Baby is satisfied and content after feedings.

- Your breasts feel softer after you feed your baby.

Consult your baby's health care provider if you are concerned about your baby's weight gain.



Ways to Wake Your Baby to Breastfeed

In the early weeks after birth, you should wake your baby to feed if 4 hours have passed since the beginning of the last feeding. You can:

- Remove any blankets.
- Change your baby's diaper.
- Place your baby skin-to-skin.
- Massage your baby's back, abdomen, arms, and legs.

Babies With Special Needs

Some babies have health problems that make it more challenging to breastfeed. You can stay firm with your choice to breastfeed and get help from a lactation consultant. Breast milk and early breastfeeding are still best for both the health of you and your baby, especially if your baby is premature or sick. Even if your baby can't breastfeed directly from you, it's best to express or pump your milk and give it to your baby with a cup or bottle. Be sure to continue lots of skin-to-skin contact with your baby.

Some of the most common health problems at birth are:

- being born early, or being premature
- Down syndrome
- heart defect
- jaundice
- cleft lip or palate
- tongue-tied
- needing to be in the intensive care unit

Pumping and hand expression

If you must be away from your baby, it will be important to remove milk during the times your baby normally would feed to make sure you will continue to make enough milk for him or her. Milk can be removed through a breast pump or by hand. When pumping or hand expressing milk, you can help your milk to start flowing by having a picture of your baby, a baby blanket, or other piece of your baby's clothing that has your baby's scent on it close by. You also can apply



a warm, but not hot, moist compress to the breast, gently massage the breasts, or sit quietly and think of a relaxing setting. It is best to wash your hands before pumping your breast milk and to make sure the area where you are pumping is also clean. After each pumping, you can refrigerate your milk, place it in a cooler or insulated cooler pack, or freeze it in small (2 to 3 ounce) batches for the baby to be fed later. You can keep germs from getting into the milk by washing your pumping equipment with soap and water and letting it air dry.

Human Milk Banks

If you can't breastfeed and still want to give your baby human milk, the best place to go is to a milk bank that can dispense donor human milk to you if you have a prescription from your doctor. Many steps are taken to ensure the milk is safe. Go to the **Human Milk Banking Association of North America (HMBANA)** resource listed in the resource section on page 205.

| Ways to Express Your Milk | | | |
|--|---|---|--|
| Type | How it works | What's involved | Average cost |
| Hand expression | You use your hand to massage and compress your breast to remove milk. | Requires practice, skill, and coordination. Gets easier with practice; can be as fast as pumping. Good if you are seldom away from baby or need an option that is always with you. | Free, unless you need help from a breastfeeding professional who charges for her services. |
| Manual pump  | You use your hand and wrist to operate a hand-held device to pump the milk. | Requires practice, skill, and coordination. Useful for occasional pumping if you are away from baby once in a while. | \$30 to \$50 |
| Automatic, hospital-grade pump  | Runs on battery or plugs into an electrical outlet. | Easy to use. Can pump one breast at a time or both breasts at the same time. Double pumping may collect more milk in less time, so it is helpful if you are going back to work or school full-time. Need places to clean and store the equipment between uses. | \$150 to \$250 or more |

Going back to work

Breastfeeding keeps you connected to your baby, even when you are away at work, and your baby will continue to receive the best nutrition possible.

- After you have your baby, arrange with your employer to take as much time off as you can, because it will help you and your baby get into a good breastfeeding routine and help you make plenty of milk.
- If you can't breastfeed your baby directly during your work breaks, plan to leave your expressed or pumped milk for your baby. The milk can be given to your baby by the care-

giver with a bottle or cup. Some babies don't like bottles; they prefer to breastfeed. So be patient and give your baby time to learn this new way of feeding. Babies may better learn other ways of feeding from their dad or another family member.

- You can help your baby practice bottle-feeding by giving him or her a bottle occasionally after he or she is around 4 weeks old and well used to breastfeeding. During



these practice times, offer just a small amount (an ounce or two) of milk once a day.

- Talk with your employer about breastfeeding, such as why breastfeeding is important, why pumping is necessary, and how you plan to fit pumping into your workday, such as during lunch or other breaks. You could suggest making up work time for time spent pumping milk. If your day care is close to your job, try to arrange to go there to breastfeed your baby during work time.
- Request a clean and private area where you can pump your milk, preferably some place other than the bathroom. You also need a place to wash your hands and your pump parts.
- You can start pumping and storing your milk before you go back to work so that you have lots of milk stored and ready for the first week when you are away from your baby. It is helpful to copy your baby's feeding schedule when coming up with your pumping schedule. Pumping patterns are affected by your breast size and milk storage capacity, so pay attention to your breasts. When they start to feel full, pump until your milk stops spraying and then for a few more minutes each time. Don't wait until they are very full and swollen. Expect each breast to make about 1 ounce of milk every hour.
- Some states have laws that say employers have to allow you to breastfeed at your job, set up a space for you to breastfeed, and/or allow paid or unpaid time for breastfeeding or pumping.

To see if your state has a breastfeeding law for employers check on the La Leche League International Web site listed in the resource section on page 205. Even if your state does not have breastfeeding laws, most employers support breastfeeding employees when they explain their needs.



Breastfeeding in Public

The federal government and many states have laws that allow women to breastfeed anyplace they are usually allowed to be. If you still feel uncomfortable breastfeeding in public you can:

- Wear clothes that allow easy access to your breasts, such as tops that pull up from the waist.
- Breastfeed your baby in a sling. Slings or other soft infant carriers are especially helpful for traveling—making it easier and in keeping your baby comforted and close to you.
- Slip into a women's lounge or dressing room to breastfeed.

It's usually helpful to breastfeed your baby before he or she becomes fussy so that you have time to get into a comfortable place or position to feed.

Common Q&As

If I have small breasts or very large breasts, can I still breastfeed?

Of course! Breast size is not related to the ability to produce milk for a baby. Breast size is due to the amount of fatty tissue in the breast and the milk storage capacity of your breast. Small breasts make plenty of milk; they just do not store a lot of milk. Therefore, babies will breastfeed often from a mother with smaller breasts. Large breasts make plenty of milk too.

Can I still breastfeed if I had breast surgery?

How much milk you can produce depends on how your surgery was done and where your incisions are, and the reasons for your surgery. Women who have had incisions in the fold under the breasts are less likely to have problems making milk than women who have had incisions around or across the areola, which can cut into milk ducts and nerves. Women who have had breast implants usually breastfeed successfully. If you ever had surgery on your breasts for any reason, talk with a lactation consultant. If you are planning breast surgery, talk with your surgeon about ways he or she can preserve as much of the breast tissue and milk ducts as possible.

Can I breastfeed if I become ill?

Yes! Most common illnesses, such as colds, flu, or diarrhea, can't be passed through breast milk, and your milk will have antibodies in it to help protect your baby from getting the same sickness.

Can I take medicines while breastfeeding? Although almost all medicines pass into your milk in small amounts, most

medicines have no effect on the baby and are compatible with continuing to breastfeed. The list of medicines that you should not take while breastfeeding is very short. Discuss any medicines you are taking with your doctor and also ask before you start taking new medicines, including prescription and over-the-counter drugs, vitamins, and dietary or herbal supplements. For some women with chronic health problems, stopping a medicine can be more dangerous than the effects it will have on the breastfed baby. The American Academy of Pediatrics has more detailed information on this topic. See page 430 for contact information.

Do I need a special diet while breastfeeding?

Women often try to improve their diets while they are pregnant. Staying with this improved diet after your baby is born will help you stay healthy, which will help your mood and energy level. You can eat the same number of calories that you ate before becoming pregnant, which helps weight loss after birth. But every mother's needs are unique. There are no special foods you should avoid and no special foods that will help you make more milk.



If you follow a vegan diet or one that does not include any forms of animal protein, you or your baby might not get enough vitamin B¹² in your bodies. In a baby, this can cause symptoms such as loss of appetite, slow motor development, being very tired, weak muscles, vomiting, and problems with the blood. You can protect your and your baby's health by taking vitamin B¹² supplements while breastfeeding.

All mothers should drink enough fluids to stay well hydrated for their own health. But fluid intake does not affect the amount of milk you are making. Always drink when you are thirsty. If your urine is dark yellow you should drink more fluids. Excessive caffeine intake (more than five 5-ounce cups of coffee or caffeinated soft drinks per day) can cause the baby to be fussy and not able to sleep well, but moderate caffeine intake (fewer than five 5-ounce cups) usually doesn't cause a problem for most breastfeeding babies.



You also should avoid drinking large quantities of alcohol. If you have an occasional drink of alcohol, you should wait for about 2 hours to pass before breastfeeding. Also, many babies don't like the taste of your milk after you have had an occasional drink and will breastfeed more when the alcohol is out of your system.

For more information on healthy eating, see the *Nutrition* chapter on page 317 and the MyPyramid Web site listed in the resource section on page 205.

Can my baby be allergic to my milk?

Research shows that a mother's milk is affected only slightly by the food in her diet. Breastfeeding mothers can eat whatever they have eaten during their lifetimes and do not need to avoid certain foods. Babies love the flavors of foods that come through in your milk. Sometimes a baby may be sensitive to something you eat, such as dairy products like milk and cheese. Symptoms in your baby of an allergy or sensitivity to something in your diet include some or all of these:

- green stools with mucus (MYOO-kuhss), diarrhea, vomiting
- rash, eczema (EG-zuh-muh), dermatitis, hives, dry skin
- fussiness during and/or after feedings
- crying for long periods without being able to feel consoled
- sudden waking with discomfort
- wheezing, coughing

Babies who are highly sensitive usually react to the food the mother eats within minutes or within 4 to 24 hours afterward. These signs do not mean the baby is allergic to your milk itself, only to something you are eating. If you stop eating whatever is bothering your baby or eat less of it, the problem usually goes away on its own. You also can talk with your baby's doctor about his or her symptoms. If your baby ever has problems breathing, call 911 or go to your nearest emergency room.

Will physical activity affect my breast milk? Regular physical activity helps you stay healthy, feel better, and have more energy. It does not affect the quality or quantity of your breast milk or your baby's growth. If your breasts are large or heavy, it may help to wear a comfortable support bra or sports bra during physical activity. (See page 346 of the *Fitness* chapter for more information.)



Do I have to restrict my sex life while breastfeeding? No. But, if you are having vaginal dryness, you can try more foreplay and water-based lubricants. You can feed your baby or express some milk before lovemaking so your breasts will be more comfortable and less likely to leak. During sex, you also can put pressure on the nipple when it lets down, or have a towel handy to catch the milk.

Do I still need birth control if I am breastfeeding? Breastfeeding can delay the return of normal ovulation and menstrual cycles. But, like other forms of birth control, breastfeeding is not a sure way to prevent pregnancy. You should talk with your doctor or nurse about birth control choices that are compatible with breastfeeding, including the lactational amenorrhea (ay-men-uh-REE-uh) method (LAM).

Can I breastfeed if I smoke? If you smoke tobacco, it is best for you and your baby if you try to quit as soon as possible. If you can't quit, though, it is still better to breastfeed, since your baby is at higher risk of having respiratory problems and SIDS. Breastfeeding lowers the risk of

both of these health problems in your baby. Be sure to smoke away from your baby and change clothes to keep your baby away from the secondhand smoke on your clothing.

I heard that breast milk can have toxins in it from my environment. Is it still safe for my baby?

Breast milk remains the best way to feed and nurture young infants and children. The advantages of breastfeeding far outweigh any possible risks from environmental pollutants. Infant formula is usually not a better choice because the formula itself, the water it is mixed with, and/or the bottles or nipples used to give it to the baby can be contaminated with bacteria or chemicals.

For more information on your health and the environment, see page 400.

Will my baby get enough vitamin D if I breastfeed?

All infants and children, including those who are exclusively breastfed and those who are fed formula, should have at least 200 International Units (IU) of vitamin D per day, starting during the first 2 months of life, to help them build strong bones. New research suggests that the mother should be getting 200 to 400 IU of vitamin D per day to ensure plenty of vitamin D in her milk and for her own health. You can buy vitamin D supplements for infants at a drug store or grocery store. Sunlight can be a major source of vitamin D, but it is hard to measure how much sunlight your baby gets. Ask your doctor and your baby's doctor about vitamin D.

Does my breastfed baby need vaccines?

Is it safe for me to get a vaccine when I'm breastfeeding?

Yes. Vaccines are still important to your baby's health. Follow the schedule your doctor gives you and, if you miss any, check with him or her about getting back on track. Most nursing mothers may also receive vaccines. Breastfeeding does not affect the vaccine and vaccines are not harmful to breast milk. Breastfeeding during or after the vaccines are given can help with pain relief and soothing an upset baby.

What should I do if my baby bites me?

A baby can't bite and breastfeed at the same time, although many older babies will try! If your baby starts to clamp down, you can put your finger in his or her mouth and take him or her off of your breast with a firm, "No." If your baby continues to bite you, you can try a few things:

- Stop the feeding immediately so the baby is not tempted to get another reaction from you. Don't laugh. This is part of your baby's learning limits.
- Offer a teething toy, or a snack or drink from a cup instead.
- Put your baby down for a moment to show that biting brings a negative consequence. You can then pick him or her up again to give comfort.

I just found out that I'm pregnant. Can I still breastfeed my toddler?

Breastfeeding during your next pregnancy is not a risk to either the breastfeeding toddler or to the new developing baby. If you are having some problems in your

pregnancy, such as uterine pain or bleeding, a history of preterm labor, or problems gaining weight during pregnancy, your doctor may advise you to wean.

Some women also choose to wean at this time because they have nipple soreness caused by pregnancy hormones, are nauseous, or find that their growing stomachs make breastfeeding uncomfortable. Your toddler also may decide to wean on his or her own because of changes in the amount and flavor of your milk. He or she will need additional food and drink because you will likely make less milk during pregnancy.

If you keep nursing your toddler after your baby is born, you can feed your newborn first to ensure he or she gets the colostrum. Once your milk production increases a few days after birth you can decide how to best meet everyone's needs, especially the new baby's needs for you and your milk. You may want to ask your partner to help you by taking care of one child while you are breastfeeding. Also, you will need more fluids, healthy foods, and rest because you are taking care of yourself and two small children.



Breastfeeding is a unique experience and every mother has the potential to succeed and make it a wonderful experience. Whether you are a new or expecting mom, or a partner or family member of one, the information and resources here can help you. ■

One Woman's Story

When Julian was born, I knew I wanted to breastfeed. And like many other new moms, I assumed it would go smoothly and that I would have fountains of milk for my sweet boy. But we didn't have the blissful start I had imagined.

He latched for the first time, and after a few breastfeeding sessions, I was the proud owner of bruised, sore nipples and was terrified the pain would just continue. While in the hospital, I saw two lactation consultants to help me with Julian's positioning, but he continued to have an "inefficient latch," which kept him from getting enough milk, slowed down my milk production, and left me with sore nipples. Another challenge I faced was having Julian away from me to be under "bili lights" to be treated for jaundice, so he received formula as a supplement. This undermined my confidence and hampered my milk production even more. So it was not surprising when we brought our bundle of joy home that, despite what

seemed to be nearly endless nursing sessions, Julian still wasn't getting enough milk and wouldn't stop crying. I was crushed when we had to give him the bottle of formula sent home from the hospital. I felt betrayed by my body and like a total failure as a mother.

The good news is that we got effective help. Our pediatrician referred us to a great lactation consultant whose "hands-on" approach helped to improve Julian's latch and rebuild my milk supply. Before I returned to work, we were able to phase out the formula supplementation. It took long, hard work, but we got there. Then, while working full time, I was able to pump enough milk to give Julian breast milk nearly all the time, using only one bottle of formula each day.

I proudly breastfed my son for 32 months and strongly feel that a child can benefit from breast milk no matter how much you can give him or her. I learned that what makes you a successful mom doesn't have anything to do with your breast milk supply and everything to do with always trying your best.

Ann

Washington, D.C.

Before I returned to work, we were able to phase out the formula supplementation.

For More Information...

Office on Women's Health, HHS

200 Independence Ave SW, Room 712E
Washington, DC 20201

Web site: [www.womenshealth.gov/
breastfeeding](http://www.womenshealth.gov/breastfeeding)

National Breastfeeding Helpline:
(800) 994-9662, (888) 220-5446 TDD

U.S. Department of Agriculture

3101 Park Center Dr
Alexandria, VA 22302-1594
Center for Nutrition Policy and Promotion

Web site: [www.mypyramid.gov/
mypyramidmoms](http://www.mypyramid.gov/mypyramidmoms)

Phone number: (888) 779-7264

The Special Supplemental Nutrition
Program for Women, Infants, and Children

Web site: www.fns.usda.gov/wic
Phone number: (703) 305-2746

Division of Nutrition, Physical Activity, and Obesity, CDC

4770 Buford Highway NE, MS K-24
Atlanta, GA 30341-3717

Web site: www.cdc.gov/breastfeeding
Phone number: (800) 232-4636,
(888) 232-6348 TTY

Food and Drug Administration

5600 Fishers Ln
Rockville, MD 20857

Breast Pump Information: [www.fda.gov/
cdrh/breastpumps](http://www.fda.gov/cdrh/breastpumps)

Infant Formula Information:
www.cfsan.fda.gov/~dms/inf-toc.html
Phone number: (888) 463-6332

American College of Nurse-Midwives

8403 Colesville Rd, Suite 1550
Silver Spring, MD 20910

Breastfeeding Information:
www.gotmom.org

Web site: www.mymidwife.org

American College of Obstetricians and Gynecologists

409 12th St SW, PO Box 96920
Washington, DC 20090-6920

Web site: www.acog.org

Phone number: (202) 863-2518 Resource
Center

Human Milk Banking Association of North America

1500 Sunday Dr, Suite 102
Raleigh, NC 27607

Web site: www.hmbana.org

International Lactation Consultant Association

1500 Sunday Dr, Suite 102
Raleigh, NC 27607

Web site: www.ilca.org
Phone number: (919) 861-5577

La Leche League International

PO Box 4079
Schaumburg, IL 60168-4079

Web site: www.llli.org

Breastfeeding and the Law: [www.llli.org/
Law/LawUS.html](http://www.llli.org/Law/LawUS.html)

Phone number: (800) 525-3243,
(847) 592-7570 TTY