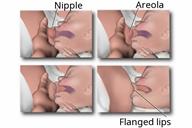
**Breastfeeding**



Choosing to breastfeed is one of the best decisions you can make for yourself and your baby. A change in hormones during pregnancy causes your breasts to make breast milk in your milk-producing glands. Hormones prevent breast milk from being released before your baby is born. They also prompt milk flow after birth. Once breastfeeding has begun, thoughts of your baby, as well as his or her sucking or crying, can stimulate the release of milk from your milk-producing glands.

**Benefits of breastfeeding**

Research shows that breastfeeding offers many health benefits for infants and mothers. It also offers a cost-free and convenient way to feed your baby.

**For your baby**

• Your first milk (colostrum) helps your baby's digestive system to function better.

• Special cells in your milk (antibodies) help your baby to fight off infections.

• Breastfed babies are less likely to develop asthma, allergies, obesity, or type 2 diabetes. They are also at lower risk for sudden infant death syndrome (SIDS).

• Nutrients in breast milk are better able to meet your baby’s needs compared to infant formula.

• Breast milk improves your baby's brain development.

**For you**

• Breastfeeding helps to create a very special bond between you and your baby.

• Breastfeeding is convenient. Breast milk costs nothing and is always available at the correct temperature.

• Breastfeeding helps to burn calories. It helps you to lose the weight that you gained during pregnancy.

• Breastfeeding makes your uterus return faster to its size before pregnancy. It also slows bleeding (lochia) after you give birth.

• Breastfeeding helps to lower your risk of developing type 2 diabetes, osteoporosis, rheumatoid arthritis, cardiovascular disease, and breast, ovarian, uterine, and endometrial cancer later in life.

**Breastfeeding basics**

**Starting breastfeeding**

• Find a comfortable place to sit or lie down, with your neck and back well-supported.

• Place a pillow or a rolled-up blanket under your baby to bring him or her to the level of your breast (if you are seated). Nursing pillows are specially designed to help support your arms and your baby while you breastfeed.

• Make sure that your baby's tummy (abdomen) is facing your abdomen.

• Gently massage your breast. With your fingertips, massage from the outer edges of your breast inward toward the nipple. This encourages milk flow. If your milk flows slowly, you may need to continue this action during the feeding.

• Support your breast with 4 fingers underneath and your thumb above your nipple (make the letter "C" with your hand). Make sure your fingers are well away from your nipple and your baby’s mouth.

• Stroke your baby's lips gently with your finger or nipple.

• When your baby's mouth is open wide enough, quickly bring your baby to your breast, placing your entire nipple and as much of the areola as possible into your baby's mouth. The areola is the colored area around your nipple.

◦ More areola should be visible above your baby's upper lip than below the lower lip.

◦ Your baby's lips should be opened and extended outward (flanged) to ensure an adequate, comfortable latch.

◦ Your baby's tongue should be between his or her lower gum and your breast.

• Make sure that your baby's mouth is correctly positioned around your nipple (latched). Your baby's lips should create a seal on your breast and be turned out (everted).

• It is common for your baby to suck about 2–3 minutes in order to start the flow of breast milk.

**Latching**

Teaching your baby how to latch onto your breast properly is very important. An improper latch can cause nipple pain, decreased milk supply, and poor weight gain in your baby. Also, if your baby is not latched onto your nipple properly, he or she may swallow some air during feeding. This can make your baby fussy. Burping your baby when you switch breasts during the feeding can help to get rid of the air. However, teaching your baby to latch on properly is still the best way to prevent fussiness from swallowing air while breastfeeding.

**Signs that your baby has successfully latched onto your nipple**

• Silent tugging or silent sucking, without causing you pain. Infant's lips should be extended outward (flanged).

• Swallowing heard between every 3–4 sucks once your milk has started to flow (after your let-down milk reflex occurs).

• Muscle movement above and in front of his or her ears while sucking.

**Signs that your baby has not successfully latched onto your nipple**

• Sucking sounds or smacking sounds from your baby while breastfeeding.

• Nipple pain.

If you think your baby has not latched on correctly, slip your finger into the corner of your baby’s mouth to break the suction and place it between your baby's gums. Attempt to start breastfeeding again.

**Signs of successful breastfeeding**

**Signs from your baby**

• Your baby will gradually decrease the number of sucks or will completely stop sucking.

• Your baby will fall asleep.

• Your baby's body will relax.

• Your baby will retain a small amount of milk in his or her mouth.

• Your baby will let go of your breast by himself or herself.

**Signs from you**

• Breasts that have increased in firmness, weight, and size 1–3 hours after feeding.

• Breasts that are softer immediately after breastfeeding.

• Increased milk volume, as well as a change in milk consistency and color by the fifth day of breastfeeding.

• Nipples that are not sore, cracked, or bleeding.

**Signs that your baby is getting enough milk**

• Wetting at least 1–2 diapers during the first 24 hours after birth.

• Wetting at least 5–6 diapers every 24 hours for the first week after birth. The urine should be clear or pale yellow by the age of 5 days.

• Wetting 6–8 diapers every 24 hours as your baby continues to grow and develop.

• At least 3 stools in a 24-hour period by the age of 5 days. The stool should be soft and yellow.

• At least 3 stools in a 24-hour period by the age of 7 days. The stool should be seedy and yellow.

• No loss of weight greater than 10% of birth weight during the first 3 days of life.

• Average weight gain of 4–7 oz (113–198 g) per week after the age of 4 days.

• Consistent daily weight gain by the age of 5 days, without weight loss after the age of 2 weeks.

After a feeding, your baby may spit up a small amount of milk. This is normal.

**Breastfeeding frequency and duration**

Frequent feeding will help you make more milk and can prevent sore nipples and extremely full breasts (breast engorgement). Breastfeed when you feel the need to reduce the fullness of your breasts or when your baby shows signs of hunger. This is called "breastfeeding on demand." Signs that your baby is hungry include:

• Increased alertness, activity, or restlessness.

• Movement of the head from side to side.

• Opening of the mouth when the corner of the mouth or cheek is stroked (rooting).

• Increased sucking sounds, smacking lips, cooing, sighing, or squeaking.

• Hand-to-mouth movements and sucking on fingers or hands.

• Fussing or crying.

Avoid introducing a pacifier to your baby in the first 4-6 weeks after your baby is born. After this time, you may choose to use a pacifier. Research has shown that pacifier use during the first year of a baby's life decreases the risk of sudden infant death syndrome (SIDS).

Allow your baby to feed on each breast as long as he or she wants. When your baby unlatches or falls asleep while feeding from the first breast, offer the second breast. Because newborns are often sleepy in the first few weeks of life, you may need to awaken your baby to get him or her to feed.

Breastfeeding times will vary from baby to baby. However, the following rules can serve as a guide to help you make sure that your baby is properly fed:

• Newborns (babies 4 weeks of age or younger) may breastfeed 8-12 times in a 24 hour period.

**Breast milk pumping**





Pumping and storing breast milk allows you to make sure that your baby is exclusively fed your breast milk, even at times when you are unable to breastfeed. This is especially important if you go back to work while you are still breastfeeding, or if you are not able to be present during feedings. Your lactation consultant can help you find a method of pumping that works best for you and give you guidelines about how long it is safe to store breast milk.

**Caring for your breasts while you breastfeed**

Nipples can become dry, cracked, and sore while breastfeeding. The following recommendations can help keep your breasts moisturized and healthy:

• Avoid using soap on your nipples.

• Wear a supportive bra designed especially for nursing. Avoid wearing underwire-style bras or extremely tight bras (sports bras).

• Air-dry your nipples for 3–4 minutes after each feeding.

• Use only cotton bra pads to absorb leaked breast milk. Leaking of breast milk between feedings is normal.

• Use lanolin on your nipples after breastfeeding. Lanolin helps to maintain your skin's normal moisture barrier. Pure lanolin is not harmful (not toxic) to your baby. You may also hand express a few drops of breast milk and gently massage that milk into your nipples and allow the milk to air-dry.

In the first few weeks after giving birth, some women experience breast engorgement. Engorgement can make your breasts feel heavy, warm, and tender to the touch. Engorgement peaks within 3–5 days after you give birth. The following recommendations can help to ease engorgement:

• Completely empty your breasts while breastfeeding or pumping. You may want to start by applying warm, moist heat (in the shower or with warm, water-soaked hand towels) just before feeding or pumping. This increases circulation and helps the milk flow. If your baby does not completely empty your breasts while breastfeeding, pump any extra milk after he or she is finished.

• Apply ice packs to your breasts immediately after breastfeeding or pumping, unless this is too uncomfortable for you. To do this:

◦ Put ice in a plastic bag.

◦ Place a towel between your skin and the bag.

◦ Leave the ice on for 20 minutes, 2–3 times a day.

• Make sure that your baby is latched on and positioned properly while breastfeeding.

If engorgement persists after 48 hours of following these recommendations, contact your health care provider or a lactation consultant.

**Overall health care recommendations while breastfeeding**

• Eat 3 healthy meals and 3 snacks every day. Well-nourished mothers who are breastfeeding need an additional 450–500 calories a day. You can meet this requirement by increasing the amount of a balanced diet that you eat.

• Drink enough water to keep your urine pale yellow or clear.

• Rest often, relax, and continue to take your prenatal vitamins to prevent fatigue, stress, and low vitamin and mineral levels in your body (nutrient deficiencies).

• **Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. Your baby may be harmed by chemicals from cigarettes that pass into breast milk and exposure to secondhand smoke. If you need help quitting, ask your health care provider.

• Avoid alcohol.

• **Do not** use illegal drugs or marijuana.

• Talk with your health care provider before taking any medicines. These include over-the-counter and prescription medicines as well as vitamins and herbal supplements. Some medicines that may be harmful to your baby can pass through breast milk.

• It is possible to become pregnant while breastfeeding. If birth control is desired, ask your health care provider about options that will be safe while breastfeeding your baby.

**Where to find more information:**

La Leche League International: [www.llli.org](http://www.llli.org)

**Contact a health care provider if:**

• You feel like you want to stop breastfeeding or have become frustrated with breastfeeding.

• Your nipples are cracked or bleeding.

• Your breasts are red, tender, or warm.

• You have:

◦ Painful breasts or nipples.

◦ A swollen area on either breast.

◦ A fever or chills.

◦ Nausea or vomiting.

◦ Drainage other than breast milk from your nipples.

• Your breasts do not become full before feedings by the fifth day after you give birth.

• You feel sad and depressed.

• Your baby is:

◦ Too sleepy to eat well.

◦ Having trouble sleeping.

◦ More than 1 week old and wetting fewer than 6 diapers in a 24-hour period.

◦ Not gaining weight by 5 days of age.

• Your baby has fewer than 3 stools in a 24-hour period.

• Your baby's skin or the white parts of his or her eyes become yellow.

**Get help right away if:**

• Your baby is overly tired (lethargic) and does not want to wake up and feed.

• Your baby develops an unexplained fever.

**Summary**

• Breastfeeding offers many health benefits for infant and mothers.

• Try to breastfeed your infant when he or she shows early signs of hunger.

• Gently tickle or stroke your baby's lips with your finger or nipple to allow the baby to open his or her mouth. Bring the baby to your breast. Make sure that much of the areola is in your baby's mouth. Offer one side and burp the baby before you offer the other side.

• Talk with your health care provider or lactation consultant if you have questions or you face problems as you breastfeed.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/18/2006 Document Revised: 01/19/2018 Document Reviewed: 01/19/2018  
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**Breastfeeding and Self-Care**

Breastfeeding can be challenging, especially during the first few weeks after childbirth. It is normal to have some problems when you start to breastfeed your new baby, even if you have breastfed before.

There are things that you can do to take care of yourself and help prevent common breastfeeding problems. Work with your health care provider or breastfeeding specialist (lactation consultant) to find strategies that work best for you.

**How does this affect me?**

Keeping your breasts healthy and ensuring that your baby attaches to your nipple well (a good latch) are important parts of having a good breastfeeding experience. Poor latching can lead to problems, such as:

• Cracked or sore nipples.

• Breasts becoming overfilled with milk (engorgement).

• Plugged milk ducts.

• Low milk supply.

• Breast inflammation or infection.

**How does this affect my baby?**

By taking steps to avoid breastfeeding problems, you will help ensure that your baby can feed effectively and gain weight as he or she should.

**Follow these instructions at home:**

**Breastfeeding strategy**



• Always make sure that your baby latches and is in a proper position. Try different breastfeeding positions to find one that works best for you and your baby.

• Breastfeed when you feel the need to reduce the fullness of your breasts or when your baby shows signs of hunger. This is called "breastfeeding on demand."

• **Do not** delay feedings.

• Try to relax when it is time to feed your baby. This helps to trigger your let-down reflex, which releases milk from your breast.

• To help increase milk flow:

◦ Pump or hand express a small amount of breast milk right before breastfeeding to soften your breast, areola, and nipple.

◦ Apply warm, moist heat to your breast right before feeding to increase circulation and help milk flow. You can do this in the shower or with hand towels soaked with warm water.

◦ Massage your breast right before or during feeding to increase circulation and help milk flow.

**Breast care**



• Ensure that your breasts stay moisturized and healthy. This will help prevent cracking and ease soreness. To do this:

◦ Avoid using soap on your nipples.

◦ Let your nipples air-dry for 3–4 minutes after each feeding.

◦ Use only cotton bra pads to absorb breast milk that leaks. Be sure to change the pads if they become soaked with milk. If you use disposable bra pads, change them often.

◦ Use lanolin on your nipples after nursing. If you use pure lanolin, you do not need to wash it off before feeding your baby again. Pure lanolin is not poisonous (toxic) to your baby.

◦ Massage some breast milk into your nipples:

▪ Use your hand to squeeze out a few drops of breast milk (hand express).

▪ Gently massage the milk into your nipples.

▪ Let your nipples air-dry.

• Wear a supportive nursing bra. Avoid wearing tight clothing, bras that put pressure on your breasts, or underwire bras.

• Use cold therapy to help relieve pain or swelling of your breasts:

◦ Put ice in a plastic bag.

◦ Place a towel between your skin and the bag.

◦ Leave the ice on for 20 minutes, 2–3 times a day.

**General instructions**

• Drink enough fluid to keep your urine pale yellow.

• Get plenty of rest. Sleep when your baby sleeps.

• Talk to your health care provider or lactation consultant before taking any herbal supplements.

**Contact a health care provider if:**

• You have nipple pain.

• You have cracking or soreness in your nipples that lasts longer than 1 week.

• You have breast engorgement that lasts longer than 48 hours.

• You have a fever.

• You have pus-like discharge coming from your nipple.

• You have redness, a rash, swelling, itching, or burning on your breast.

• Your baby does not gain weight or loses weight.

**Summary**

• Keeping your breasts healthy and ensuring a good latch are important parts of having a good breastfeeding experience. Take steps to take care of yourself and work with your health care provider or breastfeeding specialist (lactation consultant) to find strategies that work best for you.

• Always make sure that your baby is latched and positioned properly. Try different breastfeeding positions to find one that works best for you and your baby.

• Keep your nipples moisturized, drink plenty of fluid, and get plenty of rest. Feed on demand, and **do not** delay feedings.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 07/25/2018 Document Revised: 07/25/2018 Document Reviewed: 07/25/2018  
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**Exclusive Breastfeeding**



Exclusive breastfeeding means feeding a baby with breast milk only. It is recommended that babies be exclusively breastfed for 6 months. Breastfeeding may continue until a baby is 1 year or older, if wanted by both mother and child. Exclusive breastfeeding for at least 6 months has many benefits for both the mother and the baby.

**What are the benefits of exclusive breastfeeding?**

• Exclusive breastfeeding helps your baby grow and develop normally. One reason for this is that breast milk has all the nutrients that a baby needs, when the baby needs them.

• Breast milk helps develop your baby's immune system by providing proteins called antibodies that help fight off germs.

• Exclusive breastfeeding may lower your baby's risk for:

◦ Stomach and intestinal problems.

◦ Allergies.

◦ Ear infections.

◦ Respiratory infections.

◦ Obesity.

◦ Diabetes.

◦ Sudden infant death syndrome (SIDS).

• Breastfeeding helps improve your recovery from giving birth by:

◦ Reducing how much blood you lose after delivery.

◦ Speeding up how quickly your uterus heals.

◦ Reducing your risk of postpartum depression.

◦ Increasing the time before your routine menstrual periods return (lactational amenorrhea), which can help to delay pregnancy if you are not using birth control.

**What are some tips for exclusive breastfeeding?**

• Start breastfeeding within your baby's first hour of life.

• **Do not** give your baby infant formula, water, or solid food before your baby is 6 months old, unless told by your health care provider.

• Feed your baby on-demand. This means feeding anytime your child expresses signs of hunger. This can help maintain your milk supply. Signs of hunger include:

◦ Moving restlessly.

◦ Rooting. This is when the baby looks like he or she is sucking without anything in the mouth.

◦ Bringing hands to the mouth.

◦ Crying.

• Avoid using bottles in the first several weeks.

• **Do not** use pacifiers.

• If you must bottle feed:

◦ Continue to offer your baby breast milk by using a breast pump to maintain your milk supply.

◦ Pump after feedings and store extra breast milk.

◦ Offer only breast milk in a bottle.

**What happens if I start supplementing feedings?**

If you work outside the home, it may be difficult to continue exclusive breastfeeding. However, you can make sure your baby continues to receive only breast milk by pumping and providing breast milk through bottle feeding.

Sometimes it is necessary to supplement feedings. If your baby was born prematurely or has vitamin or mineral deficiencies, your health care provider may recommend giving your baby rehydration liquids or vitamin and mineral supplements with breast milk. If you start supplementing feedings, your baby will drink less breast milk and your body will respond by making less breast milk. If you choose to supplement feedings but would like to maintain your milk supply so you can breastfeed your baby exclusively later on, you can pump your breast milk and give your baby your breast milk by bottle.

**Where to find support**

• Health care providers and lactation specialists. They can help by:

◦ Giving you educational materials.

◦ Giving you information about where you can get supplies such as breast pumps and nursing bras.

◦ Providing you with counseling if you need emotional support.

◦ Sharing feeding basics with you, such as effective positions for breastfeeding.

◦ Troubleshooting feeding challenges.

• Your peers. Your friends, family, and other women can help by:

◦ Sharing their experiences and success stories.

◦ Giving you new ideas.

◦ Encouraging you to keep breastfeeding even when it feels difficult.

• Educational programs about breastfeeding. These programs can help you prepare for breastfeeding before your baby is born. Educational programs include:

◦ Classes.

◦ Print handouts.

◦ Videos.

◦ Telephone support.

◦ One-on-one instruction.

**Summary**

• Exclusive breastfeeding means feeding a baby with breast milk only.

• Exclusive breastfeeding provides many benefits for both you and your baby.

• Exclusive breastfeeding for the first 6 months of your baby's life is recommended.

• You can find support for breastfeeding through your health care provider, friends and family, and educational programs.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 10/14/2010 Document Revised: 11/06/2017 Document Reviewed: 11/06/2017  
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\*\*La Leche League International – Importance of Breastfeeding article\*\*

**Breastfeeding is the biological norm.**

[***The Womanly Art of Breastfeeding***](https://www.llli.org/resources/womanly-art-breastfeeding/) explains that “there is almost nothing you can do for your child in his whole life that will affect him both emotionally and physically as profoundly as breastfeeding.” Human milk provides the specific nutrients that babies need to grow, both in size and maturity. Your milk is made to order for your baby. Research points to the significant value to infants, mothers, families and the environment from breastfeeding.

**IMPORTANCE FOR BABY**

[***The Womanly Art of Breastfeeding***](https://www.llli.org/resources/womanly-art-breastfeeding/)documents the benefits of breastfeeding such as the antibodies in it to protect the baby from illness. Breastfed babies have a decreased likelihood for allergies and dental caries. They also benefit from appropriate jaw, teeth and speech development as well as overall facial development. This means that people who were artificially fed may experience more trips to doctors and dentists.1

Breastfeeding has been shown to be protective against many illnesses and conditions, including:

* Painful ear infections2
* Upper and lower respiratory ailments3
* Colds, viruses, staph, strep and e coli infections4
* Allergies5
* Intestinal disorders6
* Type 2 diabetes 7
* Certain childhood cancers 8

One way breast feeding protects your newborn from illnesses is the immune molecules, called antibodies, that are present in human milk. Antibodies are made by your body’s immune system and are very specific molecules that help you fight each illness. When babies are born, their immune systems are very immature and they have less ability to fight illness-causing germs. Through your breast milk, you give your baby immunities to illnesses to which you are immune and also those to which you have been exposed.

Nursing also allows your baby to give germs to you so that your immune system can respond and can synthesize antibodies to help them! This means that if your baby has come in contact with something which you have not, he will pass these germs to you at the next nursing; during that feeding, your body will start to manufacture antibodies for that particular germ. By the time the next feeding arrives, your entire immune system will be working to provide immunities for you and your baby. If you are exposed to any bacteria or viruses, your body will be making antibodies against them and these will be in your milk. Human milk also contains a host of other immune molecules that also help protect your baby from germs. It’s an awesome system!

Research shows your child’s immune system will not be fully mature for many years. While it is developing, he will be protected by being breastfed. His own immune system also develops more rapidly than does baby who is fed formula.

Does this mean breastfed babies never get sick? No, they can and do. However, the illness is generally less severe and less lengthy than if the baby were not receiving his mother’s milk.

**IMPORTANCE FOR MOTHER**

[***The Womanly Art of Breastfeeding***](https://www.llli.org/resources/womanly-art-breastfeeding/) describes some of the physical benefits of breastfeeding for the mother such as reduced rates of breast cancer, uterine, cervical and ovarian cancer.9 The time saved for mother is also immense. As a breastfeeding mother, you can feed your baby even during stressful times such as when normal supplies of food and water are not available. See our multilingual resources on [**Infant Feeding In Emergencies**](https://www.llli.org/breastfeeding-info/infant-feeding-emergencies-multilingual/).

**IMPORTANCE FOR EMPLOYERS**

Breastfed babies are healthier babies; thus, mothers who are employed outside the home are likely to miss fewer days of work.10

**IMPORTANCE  FOR THE ENVIRONMENT**

Human milk is delivered without excess packaging or processing and thus contributes to the health of our planet. See our post on [**Contaminants**](https://www.llli.org/breastfeeding-info/contaminants/).

[Breastfeeding: What’s in it for Mothers?](https://www.llli.org/whats-in-it-for-mothers/)

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