



Breast Feeding Basics

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What Are The Benefits of Breast Feeding?

- It offers a unique combination of fats, sugars, minerals, proteins, vitamins, antibodies, and enzymes custom made for your baby's brain and body growth.
- Breast feeding leads to closer bonding between the infant and its mother, therefore less crying and less frequent "colic" than babies who are formula fed.
- Babies raised on breast milk have, on average, fewer ear infections, fewer colds and pneumonias, and fewer urinary tract and intestinal infections
- Babies raised on breast milk have, on average, fewer food allergies, and are less likely to develop environmental allergies, eczema, or asthma.
- Babies raised on breast milk also have, on average, higher I Q (i.e. stronger cognitive development) than babies raised on formula.
- Breast feeding helps the mother by helping her to lose weight gained during the pregnancy more quickly!
- While any amount of breast feeding is beneficial, the *ideal* length of time for babies to breast feed is one year. Studies have shown that all the long-term advantages of breast feeding may not occur unless the baby has breast fed for a minimum of two months.

How Do You Prepare To Breast Feed?

- While breast feeding is natural, it is important to realize that it is a *learned* skill. Attend at least one breast feeding class during your pregnancy, and talk with other mothers who have breast fed. Buy at least one reference book on breast feeding.
- Most breast feeding problems occur in the first week, often as a result of mistakes made in technique in the first few days. If you are a first-time parent, please try to stay in the hospital for two days after delivery in order to receive the most assistance. Mothers who go home too soon are *much more likely* to have problems breast feeding.
- Your obstetrician should do a breast exam once early in the third trimester to determine your breasts' readiness for breast feeding. It is a good idea to determine whether your nipples are flat or inverted - one in three women have this problem, and most are still able to breast feed successfully with early intervention.

- Let your doctor and your baby's doctor know if you've had any prior breast trauma, piercings, biopsies, or augmentation or reduction surgery. Also mention any medications taken regularly.
- If you smoke, QUIT. Not only does nicotine affect the fetus by reducing birth weight, and increasing the chance of premature labor, it also concentrates into the breast milk and can cause poor let-down, as well as irritability, diarrhea, and growth problems for your baby.

The First Days And Weeks Of Breast Feeding

- Colostrum is the creamy yellowish substance found in breasts during pregnancy. It is the perfect starter food for babies. It provides immunities against common bacteria and viruses, protecting vulnerable newborns. It is a natural laxative, helping the infant to clear meconium, the first stools. It also contains the natural sugar lactose, which helps to stabilize the newborn's blood sugar.
- Usually a mother's milk "comes in" between 48 to 96 hours after birth, appearing creamy white. This is the "transitional milk". The "mature milk" appears a little thinner, and comes in by the end of the second week of life.
- Babies are often sleepy the first 12-24 hours of life, before they then become much more vigorous towards nursing. Babies must be allowed to feed on demand during this time. Early on, do not allow a baby to go more than 3 hours without nursing. Don't wait until the baby is screaming before nursing – try to recognize the subtle feeding cues that occur as a baby starts to rouse from sleep, such as rooting, sucking noises, and hand sucking.
- Drink lots of fluids. You do not need to "drink milk to make milk", but you do need to eat 3 or more servings per day of dairy products for adequate calcium. Minimize caffeinated foods and beverages, and avoid spicy foods. A single alcoholic beverage, such as a beer or a glass of wine, is okay on occasion. Continue to take your prenatal vitamins while breast feeding.
- Take naps whenever possible. You'll need to adjust your sleep routine to be like that of your baby's. Ask visitors to come in groups, and to stay briefly. Do not play hostess for guests!
- Prepare for engorgement, usually by the third to fifth day after birth. Call your baby's doctor's nurse, or your obstetrician's nurse or lactation specialist for advice if severe.

How Do You Know Whether Your Baby Is Getting Enough Milk?

- Once your milk is in, expect your baby to have 6 or more wet diapers in a 24 hour period.
- Black, tarry meconium stools occur the first two days or so. Often, there will then be a period of one to two days of no stools before the yellow-brown "breast feeding stools" begin. These stools occur usually 4 to 10 times a day for the first few months, and are often very watery!
- Successful breast feeding means 8-10 feeds every 24 hours, usually 10-20 minutes each side each feed early on, and usually reducing to 5-10 minutes each side each feed by two months. The baby should be heard rhythmically sucking and swallowing. Babies suck in rhythmic bursts of 10-20 sucks, with brief rest periods. The baby should appear relaxed while feeding, its mouth quite wet at the feeding's end. The baby should seem satisfied after feeding, and the mother's breast should feel softer.