



breastfeeding: what you need to know

Although we live in the “Information Age”, inaccurate information about breastfeeding prevails which can undermine a new mother’s confidence in her ability to breastfeed. A good basic knowledge of how breastfeeding works can reassure and encourage new parents.

A good latch is essential

- to ensure baby gets enough milk from the breast
- to prevent sore nipples and engorgement

To latch baby on correctly

1. Make yourself comfortable – you can breastfeed using any position that feels right for you.
2. Make sure baby is awake – talk to him or change his diaper.
3. Hold your baby so that he faces the breast. His head should be in a straight line with his body, he should not have to turn or bend his head to suckle. His stomach should be against your stomach.
4. Lift your breast making sure your fingers are well behind the areolar giving baby plenty of room, and touch his upper lip with the nipple to stimulate the rooting reflex – he will open his mouth wide and ‘look’ for the breast.

5. When he opens his mouth wide, quickly bring him to the breast so that he takes the nipple and as much of the surrounding breast as possible into his mouth. His tongue will be right under the breast and the nipple will be at the back of the baby’s mouth touching the soft palate. This will stimulate your baby to suckle.
6. If your nipples are painful in any way it means baby is not latched on properly (breastfeeding should never be painful), gently take him off the breast and start again.

You and your baby will soon learn this technique and have a successful breastfeeding relationship.

Producing enough milk

Most women can produce more than enough milk for their babies:

1. Breastfeed as soon as possible after delivery; get as much skin to skin contact with baby as you can, even if he doesn’t suckle right away, this will trigger your hormones to start producing milk.
2. Keep your baby with you so that you can feed him often and whenever he is hungry. This will help to ensure he doesn’t lose too much weight initially and it will also help to prevent jaundice.
3. Breastfeed with both breasts at every feed to stimulate the production of milk-producing and milk-releasing hormones. The more the baby suckles the more milk you will make.
4. Breastfeed often and whenever baby looks hungry. Remember a baby’s stomach is roughly the size of his own fist – he needs to eat often (2-3 hourly) to provide the energy he needs to grow.

5. If you and your baby are separated for any reason, express breastmilk as often as you would normally be feeding your baby; as a guide, every three hours for at least 10-15 minutes for each breast. This will increase your milk supply and prevent engorgement.
6. You know your baby is getting enough milk when he breastfeeds often (8 or more times in 24 hours) and suckles strongly. He has 6-8 wet diapers a day and is having 2-3 stools a day by the end of the first week.
7. Exclusive breastfeeding (breast milk only – no water, teas or breastmilk substitutes) is recommended for the first six months of a baby's life. Breastmilk is the perfect food containing all the nutrients and protective substances your baby needs. If you give your baby formula or other supplements your breasts will make less milk because they are receiving less stimulation. The breasts supply milk according to the baby's demands.
8. Weight gain in breastfed babies is usually fairly rapid for the first three months and then becomes more gradual, doubling the birth weight at about six months. At times babies gain less weight but grow in length; if your baby is healthy, eating well and growing he is thriving.

Flat nipples, large/small breasts: as long as baby only knows his mother's breasts he will learn to latch on and suckle effectively. Potential problems are created when a baby is fed with artificial nipples including nipple shields as he gets used to this shape. If you need to give baby expressed breastmilk or formula for any reason, use a cup, teaspoon or dropper.

Premature or ill babies especially need breastmilk in order to recover and grow. If your baby cannot breastfeed for any reason, start expressing your breastmilk by hand or use a breast pump. Collect the milk and make sure the nursery staff knows you want to breastfeed. They will keep your milk to feed to your baby by tube.

The more you express your breastmilk the more milk you will produce for your baby. As soon as you can hold your baby, let him lie skin to skin on your chest. This will comfort him and stimulate your milk-producing hormones.

As soon as your baby's condition is stable he should be put to your breast to nuzzle and smell your breastmilk. When he starts making rooting or sucking movements he should be allowed to take your breast. Research has shown that babies tend to maintain their oxygen saturation, heart rates and body temperature better when breastfeeding than bottle-feeding so breastfeeding is less stressful for the ill or premature baby.

Medication

Almost any medication is permissible for a mother to take and still continue breastfeeding. If your doctor suggests you should wean in order to take a medication, ask him to prescribe an alternative drug that is safe for breastfeeding. If this is not possible and the course of treatment is short, express your breastmilk and discard it until you have completed the medication when breastfeeding may resume.

Always weigh the effect of weaning the baby against that of any minor side effects.

The Recipe for Success

Read a reputable book about breastfeeding such as *"Breastfeeding Pure and Simple"* by Gwen Gotsch or *"The Womanly Art of Breastfeeding"* La Leche League International.

Evaluate your priorities and determine what you want for your child.

Ask questions from reliable sources such as La Leche League, a certified lactation consultant or a successfully nursing mother. Find a breastfeeding support group or lactation specialist near you and make contact before baby is born.

Decide that you are going to breastfeed - happily and successfully - and go for it.