Breastfeeding

The Early Days

La Leche League
BREASTFEEDING HELP AND INFORMATION
www.lalecheleagueireland.com

Only a Phonecall Away! See your local telephone directory
Understanding Breastfeeding

At your breast your baby will find the perfect nourishment for his growing body, as well as the love and security he needs for his emotional development.

Breastfeeding
- protects your baby against ear infections, gastro-enteritis and respiratory tract infections.
- offers protection against allergies
- helps you get back in shape, and has many health benefits for you including reduced risk of osteoporosis and some breast and ovarian cancers
- saves money for the family, the health care system and the workplace.
- is kind to the environment - no packaging, no waste.

Long term health benefits to your baby include protection against obesity, diabetes and dental caries.

Knowing that you are providing your baby with the best start in life will give you confidence in your decision to breastfeed.

For many mothers and babies breastfeeding goes well right from the start, for others it can take a little longer to learn. Attending La Leche League meetings while pregnant, and after your baby is born, gives you the opportunity to meet other breastfeeding mothers.

Breastfeeding goes more smoothly with correct information, help and support. Common problems can be avoided simply by knowing what to expect.

The First Few Days

Feeding your baby soon after the birth and feeding often will help you both to get breastfeeding off to a good start.

Breastfeed early-the sooner after the birth the better. Most babies are ready and eager to nurse within the first hour when the baby’s sucking instinct is strongest.

Frequent and unrestricted breastfeeding in the early days offers the following advantages:
- ensures baby receives colostrum
- helps to prevent engorgement
- helps your baby learn to co-ordinate sucking, swallowing and breathing before your breasts become fuller and your milk becomes plentiful
- helps you to gain confidence in your ability to know, feed, comfort and care for your baby
- mothers who breastfeed soon after birth usually have fewer problems and continue nursing for longer.

Colostrum, the yellow coloured first milk, is rich in nutrients and immune factors. Colostrum also acts as a laxative, helping to clear your baby’s bowel of meconium which in turn helps to prevent newborn jaundice.
Getting Started - Positions for Breastfeeding

Before getting started make sure that you are comfortable and well supported - use pillows if necessary.

Good positioning of your baby at your breast will help to:

- prevent sore nipples
- ensure that baby gets the most milk for his efforts
- ensure a plentiful milk supply.

There are a number of ways to hold your baby when breastfeeding.

Getting your baby started at the breast smoothly and easily will soon become second nature to you. Nursing a baby at the breast is actually much less involved than any written description of the process!

Many mothers have found the cradle hold, described below, is a comfortable and effective nursing position.

Your baby should be lying on his side, completely facing you, tummy to tummy.

Your baby should be cradled in your arm on the same side as the breast he is taking, that is, when he is nursing from the right breast his head will rest on your right forearm with his feet at your left side.

Use your other hand to support your breast, thumb on top and fingers underneath the breast, well back from the areola (the darker area around the nipple). Baby’s head should be slightly tilted back with your nipple opposite his nose so that he does not have to turn his head to reach the breast.

Encourage your baby to open his mouth by brushing his lips lightly with the breast or nipple. Repeat until your baby’s mouth is open wide and his tongue is down.

When baby opens his mouth wide, bring your baby to the breast, chin and lower lip first, then bring him in close to you so that he takes the breast deeply into his mouth.

Your baby’s top and bottom lips both need to be curled out with his nose barely touching the breast. If his nose seems blocked by the breast, gently pull his hips and legs in close to you to angle out his nose.

Make sure your baby has taken the breast deeply into his mouth with more of the areola showing above the baby’s mouth then below.

You will know that the baby is sucking well when after a period of quick sucking his suck deepens and you hear regular swallowing. Then your baby will relax into a deep sucking pattern.
Some other nursing positions

**Side-lying position** - this position allows you to rest while your baby nurses. It can also be comfortable for mothers who have had a caesarean section because it puts no pressure on the incision.

**Cross cradle or transitional hold** - occasionally useful for babies with difficulty latching on. This position is not practical for nursing mothers when out and about.

**Football Hold** – the football hold gives better visibility and control over your baby’s head and may be preferred in certain situations. The football hold can work well for premature babies or for babies with a weak suck, as it gives a good view of the baby’s face and gives you control over the baby as he latches on.

You should choose a nursing position based on what is most comfortable and effective for you and your baby. Each mother and baby will have their own preferred position. After all, we all have arms of different lengths and breasts of different sizes and heights. Don’t be afraid to experiment with different positions as your baby grows.

Breastfeeding should feel comfortable. Some tenderness at the beginning of a feed is normal during the first week or so. However if your nipples are sore recheck positioning and seek further help and information by contacting your local La Leche League Leader or your health professional.
Breast and Nipple Care

- Bathing daily with clear water is all that is needed.
- The healing properties of breast milk can help to soothe tender nipples – gently rub a few drops of your colostrum or breast milk onto your nipples after nursing and allow them to air dry.
- Avoid using soaps and sprays on your nipples. Read labels carefully and avoid any products which you have to remove before nursing.
- If your nipples are sore you may want to use your colostrum or breast milk as outlined above to aid healing. Some mothers find modified lanolin helpful.
- Avoid using breast pads that are made from synthetic materials, that contain dyes or that have moisture proof linings. These pads can contribute to the development of thrush, which can cause nipple soreness.

Questions Mothers Ask

How often do I need to feed my baby?
Newborns need to nurse at least 10 to 12 times in 24 hours.
Nurse often. The more you nurse the more milk there will be. Most breastfed babies prefer to nurse every two to three hours. This is because mother’s milk is digested more easily and rapidly than cow’s milk (formula).
Breastfed babies also benefit from the comfort and closeness to their mothers which comes from frequent nursings.
The length of a breastfeed will be determined by your baby’s interest and response. He will usually suck eagerly, swallowing often for the first 10-20 minutes. Then the flow of milk decreases and he will begin to doze or lose interest. After a burp, a nappy change or a cuddle, offer him the other breast. Sometimes he will take that other breast and sometimes he will not. If he is sucking effectively you can let him nurse as long as he wants on the second side.
At the next feed reverse the order, offering your baby the last used breast first.
In the early weeks most babies tend to bunch their feedings close together, during certain parts of the day. This is called “cluster nursing”, it is unusual for babies of this age to breastfeed at regular intervals.

How can I ensure I have a plentiful supply of milk?
The more the baby nurses the more milk there will be. This is the key to a good milk supply and a contented baby. In the past mothers were often told to wait four hours between feedings so that their breasts would “fill up”. Many a mother and baby had a short-lived breastfeeding experience due to this well intentioned but erroneous advice. It is now well understood that frequent effective feeding builds a healthy milk supply. Because your milk is produced by supply and demand, the more the baby nurses, the more milk your body will produce.
Breastfeeding meets all your baby’s needs. Give breast milk only, avoiding soothers and supplementary bottles. Bottles and soothers can cause breastfeeding problems. Healthy breastfed babies do not need bottles of water or formula. The less often your baby nurses, because he is meeting some of his sucking needs with a soother or because he is full from a bottle, the less breast milk you will make. The more formula he gets one day, the less milk your body will make the following day. Studies have shown that when breastfed babies are given supplementary bottles in the early days they lose more weight and become more jaundiced than babies who get colostrum alone.

**How do I know my baby is getting enough?**

If your baby is filling out, putting on weight, growing in length, is active and alert, it is an indication that he is thriving. In the first six weeks your baby should have at least three loose mustard coloured stools and six wet nappies per day—what comes out must have gone in!

**How do I know my baby is gaining enough weight?**

Your baby should have regained his birth weight by two weeks of age. He should gain an average of 170g (6oz) per week or 680g (24oz) per month.

**Why is my baby nursing all the time?**

If your baby suddenly wants to nurse more often it may be due to a “growth spurt”. This sudden need to nurse more frequently can occur at around two weeks, six weeks and twelve weeks. More frequent nursing for three or four days is your baby’s way of bringing in more milk to meet his increasing needs.

**Things to watch out for**

**Sleepy baby**

Placid, sleepy babies may not nurse often enough to gain weight. It is important to wake a sleepy baby and encourage him to feed frequently. Switching your baby from one breast to the other as soon as he begins to lose interest in sucking and begins “nibbling” may stimulate him to nurse well.

A technique known as **breast compression** (described below) may also be useful in encouraging a sleepy baby to nurse.

At the point of a feed when your baby in no longer nursing actively hold your breast with one hand, thumb on one side and four fingers on the other with a good amount of breast tissue in between.

Then bring your thumb and fingers together, compressing the breast. This should be done firmly but not so hard that it hurts.

Your baby may start to drink again. If so, you should keep compressing the breast as long as the baby is actively sucking.

Once your baby stops sucking and begins nibbling again, release the pressure on the breast so that your hand does not get tired and milk from other areas of the breast starts flowing again.
When you release the pressure on the breast your baby may start sucking again. If this happens let your baby nurse.

If your baby does not begin sucking actively within ten seconds or so of releasing the pressure you may need to compress your breast again.

Move your hand position slightly and compress a different area of the breast and repeat the process.

**Fussy Baby**
Some people assume that a fussy baby is a hungry baby but this is often not the reason for baby’s restlessness. Some babies, both breast and formula fed, are fretful in the evenings and need lots of comforting. If your baby is having a particularly fussy time it may be best not to switch from one breast to the other too quickly. Make sure that he has nursed well on the first side before you offer him the second breast.

**Slow Weight Gain Baby**
In a breastfed baby slow weight gain can often be improved with support and information on breastfeeding management from your La Leche League Leader. Remember too, a baby who is not gaining weight will need to be seen regularly by a doctor and/or public health nurse.

**If you need to Increase your Milk**
Many mothers worry about whether or not their milk supply is sufficient, even if their worries may not be justified.
If you do need to increase your milk supply:

- Nurse frequently, at least every two hours during the day and every three hours at night.
- Be sure your baby is well positioned at the breast. Check positioning with your La Leche League Leader.
- Offer both breasts at each feeding.
- All baby’s sucking should be at the breast. Avoid using soothers as a baby sucking on a soother may be missing an opportunity to be nursing at the breast.
- Give only breast milk to your baby. Giving formula, juice or water means that your baby will nurse less often at the breast and your milk supply may diminish. If you are giving top up bottles it is possible to reduce the bottle feeds gradually and to increase the amount of time your baby spends breastfeeding. You will need to breastfeed very frequently for some days – at least every two hours during the day and night. Don’t worry, you won’t be doing this forever!
There will be more time between some of your baby’s feeds as your supply increases. Your La Leche League Leader and your public health nurse can help to guide you on decreasing the formula while you work on increasing your milk. Your health professional will also need to monitor your babies weight and general health. Take care of yourself too, go to bed and take a nap with your baby if you can. Don’t let yourself get hungry, lots of small nutritious snacks - fruits, salads and vegetables – will help to keep you going between meals. Drink water or juice according to thirst. Accept all offers of help while you are adjusting to life with your new baby.

If you have health problems or if you are taking medications check with your doctor about any possible effects on breastfeeding.

“Breastfeeding is a longterm commitment. In order to succeed, a mother needs the encouragement and companionship of other mothers. La Leche League succeeded in the beginning and continues to work well because it meets the dual need for sound practical information and loving support. Babies don’t change and neither do mothers, though the circumstances in which they find themselves differ from one generation to the next.”

[Mary Ann Cahill, Founder, LLL]

And finally . . . being in touch with other breastfeeding mothers can give you the support and confidence to begin and to continue breastfeeding. Talking with other mothers who have enjoyed breastfeeding will give you the information and encouragement you need when nursing your baby.

La Leche League is a voluntary organisation which provides information and support to women who wish to breastfeed their babies. All La Leche League Leaders are mothers who have breastfed their own babies and who have completed a recognised training and accreditation programme.

Contact details for your local Group are below. Also see our listings in your local telephone directory or ask your health professional to put you in touch with your nearest La Leche League Leader.

Do get in touch, 
we look forward to meeting you!

| 091-526863 | 047-80922 | 087-648 2561 |
| 074-913 2003 | 01-286 5638 | 0404-41773 |
| 061-367061 | 091-793964 | 059-916 3019 |
| 056-776 1867 | 021-455 2357 | 01-820 0687 |
| 074-973 4286 | 021-487 5136 | 053-937 7835 |

You may also visit La Leche League on our website: [www.lalecheleague.org](http://www.lalecheleague.org)