

Breast milk is the perfect food for babies.

Breastfeeding is recommended for the first six months of life and beyond with the addition of complementary solid foods starting at six months of age. Not only does breast milk have the right nutritional balance for your baby, but it also contains growth factors, antibodies, and other mechanisms that protect your baby against infections and other diseases throughout his lifetime.

We know that breastfed babies have fewer illnesses, infections, allergies, and a lower risk of obesity in their life compared with those who are formula fed. Breastfeeding is convenient and free, and also bonds mothers and babies in a unique way that meets their needs and builds a strong relationship of trust.



Human breast milk is recommended as the best milk for all babies — all babies should be breastfed.

“ ... exclusive breastfeeding for six months is the optimal way of feeding infants. Thereafter, infants should receive complementary foods with continued breastfeeding up to two years of age or beyond.”

[World Health Organization, 2001. Global Strategies for Infant and Young Child Feeding. Resolution passes at Fifty-fourth World Health Assembly, May 9, 2001]

When and how long to feed

Newborn babies should be encouraged to go to the breast within half an hour of birth, usually while still in the delivery room. In the first few minutes after birth, if your newborn baby is placed in skin-to-skin contact on your chest, and his arms and legs are free to move, he will maneuver towards your nipple, just like all newborn mammals in their quest to survive. Your newborn baby may decide to suck right away or, more likely, he may be interested in gazing into your eyes first. Depending on the size of your breast or the length of your delivery, your newborn baby might need a bit of assistance to reach your nipple. After going through a few different stages of alertness ranging from quiet awake to alert to drowsy, your newborn baby may fall into a deep sleep. After a few hours, he will awaken for his next feeding.

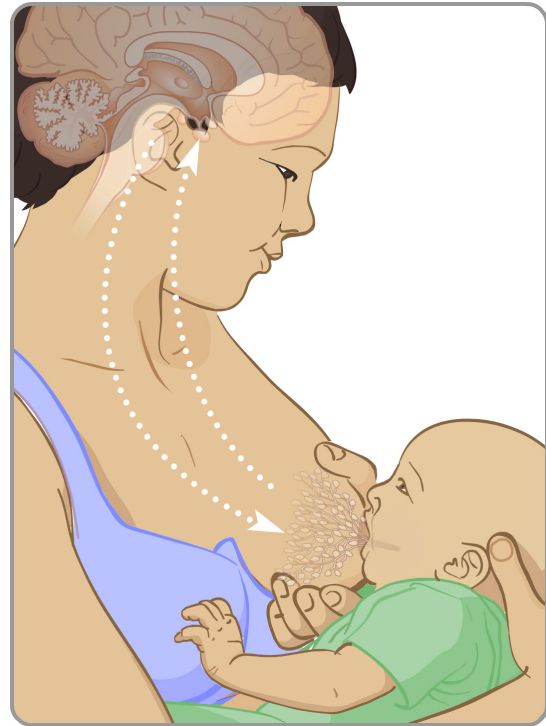
Your newborn baby may feed frequently, every one-and-a-half to three hours for the first few days to stimulate your breasts to produce more milk volume. Whenever your baby shows signs of waking or hunger, like mouthing movements or placing his hands to his mouth, he should be put to the breast.

This is called feeding on demand or feeding on cue. Try to put your baby to the breast before he starts to cry vigorously, because he will not be able to concentrate on breastfeeding while upset. Allow your baby to suck on your well-washed finger until he settles, then try to latch to the breast once again. Alternate which breast you start with at each feed, and allow your baby to nurse as long as he wants on the first breast, so he can receive more of the calorie-rich hind milk.

You can tell your newborn baby has finished the first breast when his suckling slows and you don't hear swallowing. Although breastfed babies often don't need to burp, give your baby a short break, then offer the second breast. Allowing your baby to suckle on both breasts at each feeding will help to establish your milk supply. Mothers with large milk supplies may only need to offer one breast per feed. Some mothers who need to return to work early will only feed their baby on one breast in the early weeks and pump the other breast to deep-freeze their breast milk, in order to provide a continual supply for bottle feeding by an alternate caregiver when they return to work. This makes your body think that you are feeding twins.

The ability to produce a good milk supply depends on a few factors, the most important being the frequent and routine removal of the milk from the breast. You may notice that your breasts tingle or leak milk when you think about your baby or hear him cry. This is called the letdown reflex. You can enhance your letdown reflex by getting adequate fluids and sleep, reducing your stress level and trying to maintain a relaxed environment until you and your baby have breastfeeding well established. In the first few weeks, while you develop a feeding relationship with your newborn baby, ask your partner and friends to help with other household duties like cooking, cleaning, laundry, and errands. If you experience difficulties, call your birth hospital for a recommendation of a lactation consultant or other breastfeeding specialist, a breastfeeding clinic, and/or a mothers' support group. It will take three to four weeks to become well established with feeding patterns and to feel that you have some sense of schedule with your baby. That schedule might be feeding every two to four hours; all babies are different. After three to four weeks, at a single feeding, your baby might be very hungry and

Let-Down Reflex



When the nerves of the nipple are stimulated, a message is sent to your brain telling it to release the hormone oxytocin. Oxytocin causes milk to be squeezed out of the glands into the milk ducts.

gulp milk steadily for 10 minutes to complete a feed. At other feedings, your baby might feel the need for a slower feeding with more cuddling and want to nurse for 30 to 40 minutes. It is this baby-driven control with breastfeeding that prevents the overfeeding observed with measured bottles of milk, which is a contributor to excessive weight gain.

It is generally accepted that a baby needs about eight feedings per day to gain weight properly. If feedings are delayed or the breast isn't emptied at a regular feeding time, the breast will become full and uncomfortable. This pressure in the breast will send a message that you don't want this milk and will reduce the milk production hormones, therefore decreasing milk production.

Latching on

A comfortable latch for both mother and baby is very important for successful breastfeeding, and ensures that your baby gets as much milk as possible and that your nipples don't get sore.

Hold your baby in a comfortable position across your chest, or upright sitting on your hip, so that his face is directed toward your breast. Support your breast with your free hand when getting him to latch on. It may be helpful to express or massage some breast milk down to the nipple for your baby to taste or lick before you get a wide open mouth to latch. When he opens wide, bring him quickly but gently towards your breast. Do not push your breast towards your baby. Your baby's chin comes first, with the lower lip covering as much of the brown area of the breast, called the areola, as possible. The the upper lip comes to the breast last.

Your baby should not just suckle on the nipple alone because this will cause discomfort and poor milk transfer.

Once your baby begins to nurse, you can feel your breast moving in and out. Your baby will relax his head back so that his nose is just touching your breast; with his lips turned outwards, he will breathe easily.

If your baby has not latched on properly and is causing discomfort, insert your finger into the corner of his mouth through the gums to break the suction and remove him from your breast. Reposition and re-latch until you feel comfortable. It may take a few moments of initial rapid suckling until you hear your baby start to swallow your milk and then the sucking slows down as he continues to drink your milk.

Correct latching

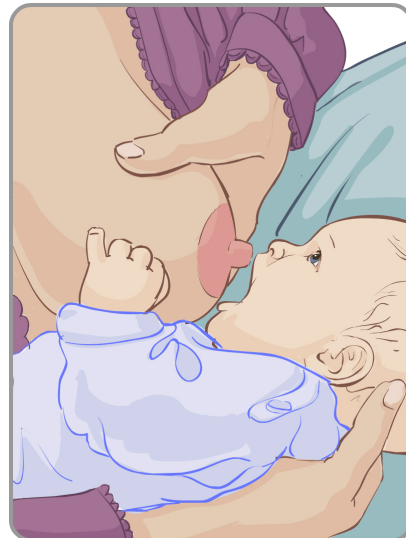
Let your baby guide you to latch correctly. You can start by holding your baby between your breasts with his skin next to your skin. When he starts to look for the breast, gently move him toward your breast with your hand supporting his neck and shoulders. Let your baby search for the nipple and reach up and latch to your breast.



Bring your baby to the breast with the head tilted slightly back.

If your baby is not opening his mouth, lightly stroke your baby's lip from corner to corner with your nipple. Remember to break the contact between your baby's mouth and your nipple at the end of each stroke.

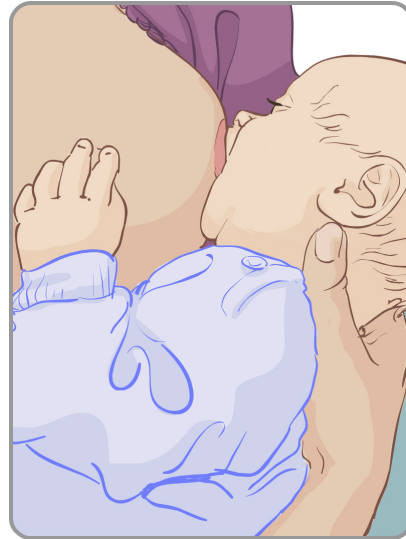
Try to get your baby to latch on when his mouth is open as wide as a yawn. Be patient. Wait for a wide, open mouth.



Bring your baby's chin to the breast first, then the lower lip.

When he opens wide, bring him quickly but gently towards your breast. Do not push your breast towards your baby. Your baby's chin comes to your breast first, then the lower lip covering as much of the areola as possible, then the upper lip to the breast last. The tip of the nose is near or just touching the breast. If your baby is latched properly, the lower lip will cover more of the areola than the upper lip.

If you still feel pain when your baby latches onto your breast, press your baby's chin down with your finger.



Make sure your baby's lower lip covers more of the areola than the upper lip.

Breastfeeding positions

Here are a few useful positions you might want to try when breastfeeding: the cradle hold, the cross-cradle hold, the football hold, and lying down.

Cross-cradle position

In this position, the breast is held by the arm on the same side (the left breast is held by the left hand). This position works well when first learning to breastfeed or if your baby is small. It gives you good control of the baby's head and helps your baby to latch on.



Football position

This position also works well when you are learning to breastfeed or if your baby is small. This is also a good position if you have large breasts, if you have flat or sore nipples, or if you have had a caesarean birth and can't place the baby on your stomach.



Cradle position

This is a good position after you are comfortable with breastfeeding. Your baby lies in your lap with her head held in the crook of your arm. The baby's chest should be against your chest so that she doesn't have to turn her head to reach your nipple.



Lying down

Lying on your side, place the baby on her side facing you, with her head at your breast. This position is ideal for night feeding because it allows both you and the baby to rest. This is also a good position if you find it too painful to sit, have large breasts, or if you have had a caesarean section.



Breastfeeding in special situations

Nursing after breast surgery

In many cases of breast enlargement, there will be no effect on your ability to produce and provide sufficient breast milk for your baby. If you have had a breast reduction, it is quite possible that you will not be able to produce sufficient milk to meet your baby's growth needs. In this case, you should seek the assistance of a lactation consultant or other breastfeeding specialist who can show you ways to provide additional feeding supplement at the breast.

Nursing after a caesarean section

After a caesarean section, finding a comfortable position for breastfeeding is not always easy. Some mothers prefer to breastfeed while lying somewhat on their sides in bed with a pillow behind their back and a pillow beside them to raise the baby to breast level. Other mothers are more comfortable in a sitting position with a pillow across their abdomen to support the baby. You can also use the upright football hold, where your baby is sitting on a pillow beside you, being held along your same-side arm and facing your breast.

Nursing a premature baby

As long as your premature baby has his head well supported, you can hold your baby across your chest and facing your breast, or hold him in an upright football hold directly facing your breast for first introductions to the breast. Premature babies will attempt to lick the milk from the end of the nipple and open their mouths just like term babies. Depending on the size of your nipple area, it might not be possible for your baby to latch for several weeks until he grows, but the awareness of his mother's

warmth, heartbeat, and the taste of milk at the nipple makes the process of latching to your breast easier.

Nursing twins

The easiest way to nurse twins at the same time is to use the football hold for both babies. Prop some pillows to support each baby, which will give you a free hand to latch one at a time. Alternate breasts to maintain a good milk supply in both breasts if one baby tends to suck more vigorously than the other until the babies decide which breast they prefer.

Knowing when your baby is getting enough milk

Many breastfeeding mothers wonder if their baby is getting enough milk, especially in the first week or so, when their newborn baby is expected to lose some of his birth weight. Babies may feed more at some feeds than others. You will know that your baby is getting enough milk in the first two weeks if he passes a minimum of two substantial, yellowish bowel movements and soaks six or more diapers per day after your milk has come in.

He will also seem satisfied after each feeding if allowed the opportunity to burp and to return to the breast for "dessert" after a brief nap. Many babies wake up 15 to 30 minutes after they have been put down because they fell asleep at the breast. Just like adults, once they have a few minutes to let dinner settle, they often want to finish their feeding with a little dessert before really settling in for a good sleep. This is often the time when well-meaning friends and relatives suggest a soother or that mother doesn't have enough milk. Just offer the breast again!

By the end of the first two weeks, your newborn baby should be back to his birth weight. If your baby is gaining weight and content, you are on your way to an established breastfeeding relationship.

Growth spurts

At about three weeks, six weeks, and 10 to 12 weeks, you may experience days when your baby continually wants to eat. This is called a growth spurt and constant feeding is your baby's signal to you that he is growing and needs more milk volume. For about 48 hours, your baby will feed frequently until your body responds with more milk volume and then your feeding routine generally returns to normal. This is not the time to give your baby extra bottles of formula as this will reduce your milk supply rather than increase it, unless you pump your breast milk at all feeding times.

Additional vitamins for baby

Breast milk provides all the vitamins and minerals your baby needs, except for vitamin D and possibly fluoride if your local water supply does not add fluoride to drinking water. All breastfed babies need an additional supplement of vitamin D. Depending on where you live, your doctor will likely suggest that

you give your baby 400 IU of vitamin D per day or more for the first year, as long as you are breastfeeding.

Supplementing with formula

The first few weeks after birth are the most important in terms of establishing your milk supply. Therefore, try not to offer your baby any supplemental bottles during that time. If your baby is not gaining weight properly, ask your doctor or lactation consultant for additional help. If, at some time after breastfeeding is well established, you want to supplement with a bottle for an occasion or return to work, offer your baby some expressed breast milk to get him used to the different milk flow and way to suck. The expressed breast milk can be offered to your baby a few times per week by an alternate caregiver so that it is not strange to him when the time comes for you to be separated.

Taking medications while breastfeeding

Most drugs can be transferred to a baby through breast milk. However, most medications that reach the breast milk do so in very small quantities. This means that a baby will receive only tiny amounts of the drug. If you need to take a medication while breastfeeding, check with your doctor to make sure that the medication is compatible with breastfeeding. You can also check the Motherisk website at www.motherisk.org.

Breast pumping

You may need to express your breast milk for many reasons: to make latching easier by softening the breast, to relieve breast engorgement, to stimulate more milk production, to freeze extra milk for returning to work or a night out, or to feed a premature or sick baby. Milk can be expressed by hand by gently and rhythmically squeezing the milk out of the breast, but most mothers prefer to use a manual or electric breast pump. For occasional use or if not near electricity, a manual pump is usually sufficient but must be practiced a few times to be used effectively.

For more information, see "Breastfeeding: Expressing Milk Occasionally for Your Healthy Baby"

If you have a premature or sick baby who needs to spend an extended amount of time in hospital, or if you are planning to pump a lot of extra milk to return to work, you will need a hospital-recommended double electric breast pump. These pumps are very effective in establishing and maintaining a good milk supply for several months. The cost of a good breast pump to supply the best nutrition for your baby is a small portion of what it would cost to bottle feed him formula during the first year of life.

For more information, see "Breastfeeding: Expressing for Your Hospitalized Baby"

Who should not breastfeed?

Women who are HIV-positive or have AIDS in developed countries risk transmitting the virus to their baby through direct breastfeeding. If the expressed breast milk is pasteurized, it can be fed to babies to protect them from infections but eliminate the possibility of disease transmission.

Women with active, untreated tuberculosis must be separated from their baby for the first two weeks of treatment, during which time they may express their breast milk for their baby.

Women who develop chickenpox shortly before or after childbirth should be separated from their baby until the baby has been immunized, but expressed breast milk can be given to the baby.

Women with active herpes lesions on their breasts may transmit the herpes virus to their baby.

Babies with galactosemia need to be on a lactose-free diet, and therefore, cannot receive breast milk.

Women undergoing cancer treatment should not breastfeed. Drugs that fight cancer are harmful to babies. If a mother is being given cancer drugs, her baby should not receive breast milk.

Women who need to take certain other drugs such as amiodarone, chloramphenicol, lithium, radioactive agents, or tetracycline should do so only with physician supervision.

For further information about medications in breastfeeding, ask your breastfeeding specialist or doctor.

A few words for fathers

Breastfeeding is nature's way to provide the best possible start for your baby. Breastfeeding also provides protection for your partner's long-term health as well. Breastfeeding is not always easy without support and understanding as this is a learning experience between a mother and her newborn baby. For the first few weeks of your baby's life, the best help you can provide is to nourish and care for your partner while she nourishes your baby. Fathers can change diapers, bathe their baby, and cuddle and rock their baby while mother has a nap or takes a shower. Please don't forget those other household jobs like laundry, cleaning, and the grocery shopping. The more time your partner has to spend with your newborn baby, the easier her transition into motherhood will be; breastfeeding will be established faster and her confidence to care for your baby will increase.