Breastfeeding Recap

What are the benefits of breastfeeding?

Breastfeeding is good for both infants and mothers. Breast milk is the best source of nutrition for most infants. As an infant grows, breast milk changes to meet the infant's nutritional needs. Breastfeeding can also help protect the infant and mother against certain illnesses and diseases:

Benefits to Infants
Infants who are breastfed have a lower risk of:

- Asthma.
- Obesity.
- Type 1 diabetes.
- Severe lower respiratory disease.
- Acute otitis media (ear infections).
- Sudden infant death syndrome (SIDS).
- Gastrointestinal infections (diarrhea/vomiting).
- Necrotizing enterocolitis (NEC) for preterm infants.
- Food allergies.

Benefit to Mothers
Mothers who breastfeed their infants have a lower risk of:

- Breast cancer.
- Ovarian cancer.
- Type 2 diabetes.
- High blood

How to Establish an Appropriate Latch:

The steps below can help your newborn latch on to the breast to start sucking when he or she is ready. Letting your baby begin the process of searching for the breast may take some of the pressure off you and keeps the baby calm and relaxed. This approach to learning to breastfeeding is a more relaxed, baby-led latch. Sometimes called biological nurturing, laid-back breastfeeding, or baby-led breastfeeding, this style of breastfeeding allows your baby to lead and follow his or her instincts to suck.

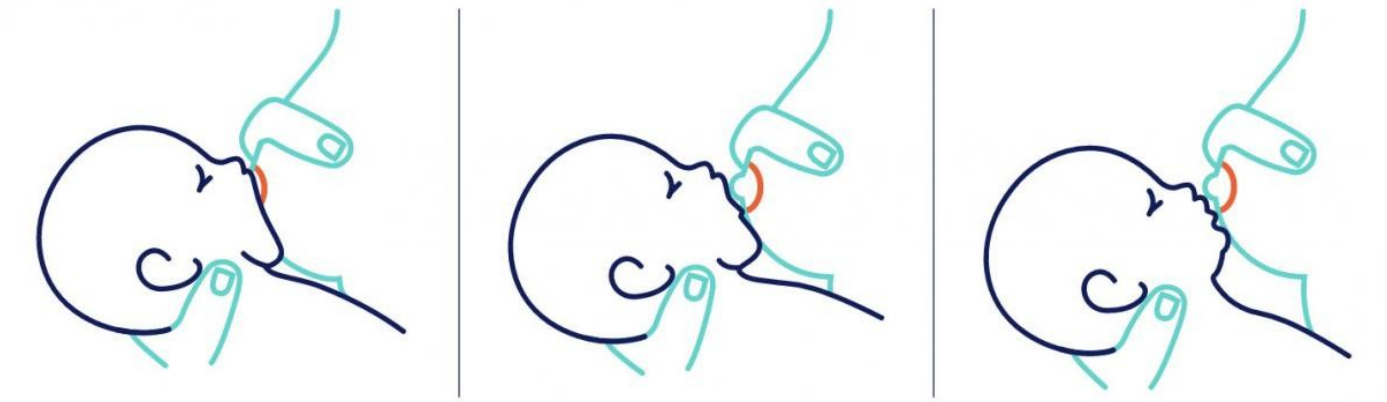
Keep in mind that there is no one way to start breastfeeding. As long as the baby is latched on well, how you get there is up to you.

- **Create a calm environment first.** Recline on pillows or other comfortable area. Be in a place where you can be relaxed and calm.
- **Hold your baby skin-to-skin.** Hold your baby, wearing only a diaper, against your bare chest. Hold the baby upright between your breasts and just enjoy your baby for a while with no thoughts of breastfeeding yet.
- **Let your baby lead.** If your baby is not hungry, she will stay curled up against your chest. If your baby is hungry, she will bob her head against you, try to make eye contact, and squirm around.

- **Support your baby, but don't force the latch.** Support her head and shoulders as she searches for your breast. Avoid the temptation to help her latch on.
- **Allow your breast to hang naturally.** When your baby's chin hits your breast, the firm pressure makes her open her mouth wide and reach up and over the nipple. As she presses her chin into the breast and opens her mouth, she should get a deep latch. Keep in mind that your baby can breathe at the breast. The nostrils flare to allow air in.

If you have tried the "baby-led" approach and your baby is still having problems latching on, try these tips:

- Skin to skin and belly to belly
- Tickle the baby's lips with your nipple to encourage him or her to open wide.
- Pull your baby close so that the baby's chin and lower jaw moves in to your breast.
- Watch the baby's lower lip and aim it as far from the base of the nipple as possible so that the baby takes a large mouthful of breast.



Signs of a good latch include the following:

- The latch feels comfortable to you and does not hurt or pinch.
- Your baby's chest rests against your body. Your baby does not have to turn his or her head while drinking.
- You see little or no areola (the darker skin around the nipple), depending on the size of your areola and the size of your baby's mouth.
- When your baby is positioned well, his or her mouth will be filled with breast.
- The baby's tongue is cupped under the breast, so you might not see the baby's tongue.
- You hear or see your baby swallow. Some babies swallow so quietly that a pause in their breathing may be the only sign of swallowing.
- You see the baby's ears "wiggle" slightly.
- Your baby's lips turn outward like fish lips, not inward. You may not even be able to see the baby's bottom lip.
- Your baby's chin touches your breast.

Typical Breast Feeding Holds

- **Clutch or "football" hold:** useful if you had a C-section, or if you have large breasts, flat or inverted nipples, or a strong let-down reflex. This hold is also helpful for babies who like to be in a more upright position when they feed. Hold your baby at your side with the baby lying on his or her back and with

his or her head at the level of your nipple. Support your baby's head by placing the palm of your hand at the base of his or her head.

- **Cross-cradle or transitional hold:** useful for premature babies or babies with a weak suck because this hold gives extra head support and may help the baby stay latched. Hold your baby along the area opposite from the breast you are using. Support your baby's head at the base of his or her neck with the palm of your hand.
- **Cradle hold:** an easy, common hold that is comfortable for most mothers and babies. Hold your baby with his or her head on your forearm and his or her body facing yours.
- **Laid-back hold (straddle hold):** a more relaxed, baby-led approach. Lie back on a pillow. Lay your baby against your body with your baby's head just above and between your breasts. Gravity and an instinct to nurse will guide your baby to your breast. As your baby searches for your breast, support your baby's head and shoulders but don't force the latch.
- **Side-lying position:** useful if you had a C-section, but also allows you to rest while the baby breastfeeds. Lie on your side with your baby facing you. Pull your baby close so your baby faces your body.

Below are some common latch problems and how to deal with them:

- **You're in pain.** Many moms say their breasts feel tender when they first start breastfeeding. A mother and her baby need time to find comfortable breastfeeding positions and a good latch. If breastfeeding hurts, your baby may be sucking on only the nipple, and not also on the areola (the darker skin around the nipple).

  Gently break your baby's suction to your breast by placing a clean finger in the corner of your baby's mouth. Then try again to get your baby to latch on. To find out if your baby is sucking only on your nipple, check what your nipple looks like when it comes out of your baby's mouth. Your nipple should not look flat or compressed. It should look round and long or the same shape as it was before the feeding.

- **You or your baby feels frustrated.** Take a short break and hold your baby in an upright position. Try holding your baby between your breasts with your skin touching his or her skin (called skin-to-skin). Talk or sing to your baby, or give your baby one of your fingers to suck on for comfort. Try to breastfeed again in a little while.
- **Your baby has a weak suck or makes tiny sucking movements.** Your baby may not have a deep enough latch to suck the milk from your breast. Gently break your baby's suction to your breast by placing a clean finger in the corner of your baby's mouth. Then try to get your baby to latch on again. Talk with a lactation consultant or pediatrician if you are not sure if your baby is getting enough milk. But don't worry. A weak suck is rarely caused by a health problem.
- **Your baby may be tongue-tied.** Babies with a tight or short lingual frenulum (the piece of tissue attaching the tongue to the floor of the mouth) are described as "tongue-tied." The medical term is ankyloglossia. These babies often find it hard to nurse. They may be unable to extend their tongue past their lower gum line or properly cup the breast during a feed. This can cause slow weight gain in the baby and nipple pain in the mother. If you think your baby may be tongue-tied, talk to your doctor.

How to Know Baby is Getting Enough:

- **Number of feeding sessions the mother reports having** – During the first week of life, mothers with term infants (meaning they are not premature) generally nurse 8 to 12 times in 24 hours. By four weeks after delivery, nursing usually decreases to 7 to 9 times per day.
- **Amount of urine and stool the baby makes** – Until milk is completely in, infants should be having one stool and one urine for how many days of life they are (example: day one of life= 1 stool, 1 urine. Day two of life= 2 stools, 2 urines. Day three of life= 3 stools, 3 urines). By the fifth day of life, infants who are getting enough milk urinate six to eight times a day and have three or more stools a day. (Once a mother's milk comes in, her infant's stool should be pale yellow and seedy.)
- **Weight of the baby** – Term infants lose an average of 7 percent of their birth weight in the first three to five days of life. They typically get back to their birth weight within one to two weeks. Once a mother's breasts fill with milk (by day three to five), her infant should not keep losing weight. If an infant has lost 10 percent of his or her weight or fails to return to his or her birth weight when expected, health care providers start to explore potential problems. Household scales are not accurate enough to detect these small weight differences. If you are using a medical scale for infants, remember to weigh the infant with the same clothes and diaper before and after the feeding.

Common Breastfeeding Complications:

- **Engorgement** — Engorgement is the medical term for when the breasts get too full of milk. It can make your breast feel full and firm and can cause pain and tenderness. Engorgement can sometimes impair the baby's ability to latch, which makes engorgement worse because the baby cannot then empty the breast.
- **Plugged ducts** — A plugged milk duct can cause a tender or painful lump to form on the breast. If the nipple itself is plugged, a white dot or bleb can form at the end of the nipple.
- **Lactational mastitis** — Mastitis is an inflammation of the breast that is often associated with fever (which might be masked by pain medications), muscle and breast pain, and redness. It is not always caused by an infection, but most people associate it with infection. Mastitis can happen at any time during lactation, but it is most common during the first six weeks after delivery.
- Mastitis tends to occur if the nipples are damaged or the breasts stay engorged for too long or do not drain properly. To prevent and treat mastitis, it's important to get these problems under control.
- **Yeast infection** — Many women who are breastfeeding are diagnosed with a yeast infection of the nipple or breast (also called candidal infection or thrush) based on their symptoms (primarily nipple pain). Even so, yeast infections of the nipple or breast are poorly understood, and researchers aren't sure what role they play in nipple pain. Must treat mom and baby.

Contraindications to Breast Feeding

<u>Mothers should NOT breastfeed or feed expressed breast milk to their infants if</u>

- Infant is diagnosed with classic galactosemia, a rare genetic metabolic disorder[1]
- Mother is infected with the human immunodeficiency virus (HIV)
    - Note: recommendations about breastfeeding and HIV may be different in other countries
- Mother is infected with human T-cell lymphotropic virus type I or type II
- Mother is using an illicit street drug, such as PCP (phencyclidine) or cocaine1 (Exception: Narcotic-dependent mothers who are enrolled in a supervised methadone program and have a negative screening for HIV infection and other illicit drugs can breastfeed)
- Mother has suspected or confirmed Ebola virus disease

<u>Are medications safe to take while breastfeeding?</u>

Few medications are contraindicated while breastfeeding. Although many medications do pass into breast milk, most have no known adverse effect on milk supply or on infant well-being. However, healthcare providers should always weigh the risks and benefits when prescribing medications to breastfeeding mothers.

Review the most up-to-date information available on medications and lactation on LactMed®
Refer to Pediatrician and/or Lactation Consultant for more information

How long should a mother breastfeed?

The American Academy of Pediatrics recommends that infants be exclusively breastfed for about the first 6 months with continued breastfeeding along with introducing appropriate complementary foods

for 1 year or longer. WHO also recommends exclusive breastfeeding up to 6 months of age with continued breastfeeding along with appropriate complementary foods up to 2 years of age or longer.

Mothers should be encouraged to breastfeed their children for at least 1 year. The longer an infant is breastfed, the greater the protection from certain illnesses and long-term diseases. The more months or years a woman breastfeeds (combined breastfeeding of all her children), the greater the benefits to her health as well.

The American Academy of Pediatrics recommends that children be introduced to foods other than breast milk or infant formula when they are about 6 months old. To learn more about infant and toddler feeding, visit CDC's Infant and Toddler Nutrition website.

Are special precautions needed for handling breast milk?

CDC does not list human breast milk as a body fluid to which universal precautions apply. Occupational exposure to human breast milk has not been shown to lead to transmission of HIV or Hepatitis B infection. However, because human breast milk has been implicated in transmitting HIV from mother to infant, gloves may be worn as a precaution by health care workers who are frequently exposed to breast milk (e.g., people working in human milk banks (defined below).

Storage guidelines

Room Temperature	4 hours
Refrigerator	4 days
Freezer	6 months
Deep Freezer	1 year

To avoid waste and for easier thawing & warming, store milk in 1-4 ounce portions. Date milk before storing. Milk from different pumping sessions/days may be combined in one container – use the date of the first milk expressed. Avoid adding warm milk to a container of previously refrigerated or frozen milk – cool the new milk before combining. Breast milk is not spoiled unless it smells really bad or tastes sour.

To thaw milk

- Thaw slowly in the refrigerator (this takes about 12 hours – try putting it in the fridge the night before you need it). Avoid letting milk sit out at room temperature to thaw.
- For quicker thawing, hold container under running water – start cool and gradually increase temperature.

Previously frozen milk may be kept in the refrigerator for up to 24 hours after it has finished thawing. **Do not refreeze**.

To warm milk

- Heat water in a cup or other small container, then place frozen milk in the water to warm; or
- Use a bottle warmer.
- NEVER microwave human milk or heat it directly on the stove.

The cream will rise to the top of the milk during storage. Gently swirl milk (do not shake) to mix before checking temperature and offering to baby.

If baby does not finish milk at one feeding, it is probably safe to refrigerate and offer within 1-2 hours before it is discarded.