

## Breast Milk is Best

Breast milk is, by design, the best food for your baby. Breast milk adjusts with baby's changing needs and contains constantly adapting disease-fighting white blood cells and immunoglobulins.

—— *Any amount of breastfeeding, even if it's only for the first few weeks, benefits your baby greatly.* ——

Some mothers desire to breastfeed, but end up giving up after a short while because of breastfeeding problems. Your best resource to solve breastfeeding problems is a knowledgeable *lactation consultant* to ensure that your breastfeeding desires can be achieved.

## Positions

There are many positions that you can use to feed your baby. Most common and most supportive to get a good latch with your newborn while sitting up is the cross cradle position. Other common positions are the football or the clutch position, and the side-lying position.

## Sore Nipples

Your nipples will not get sore from breastfeeding too frequently. However, *at the very first sign of nipple soreness, question your technique of positioning and latch-on.* Make certain your baby is opening her mouth wide enough to take the whole nipple plus one inch of your breast into her mouth. If she is not latched on correctly, you need to release the breast and try again. *A common cause of nipple soreness is when your nipples are "put away" wet.* Be sure that your nipples are dry by gently blotting them before putting your bra flap up, and use fresh breast pads, so that no moisture is in contact with your delicate skin. Avoid using soap on your breasts and nipples because it removes the natural oil that secretes through the little bumps around your nipples. Washing away this oil encourages dryness and cracking. If your skin is prone to dryness, use only pure lanolin to achieve normal moisture. If you are experiencing soreness and dryness, enlist the help of a lactation consultant.

## Breast Infections

A breast infection (*mastitis*) is a very painful experience. While breast infections can occur at any time, watch for signs of infection *between two and six weeks, when they are most common.* The symptoms of a breast infection may include: headache, intense pain in your breast, breasts that are hot and tender to the touch, a red blotch or streak on your breast, fever, and/or an achy, flu-like feeling.

*If you suspect you have a breast infection, do the following:*

- Call your doctor immediately. The usual treatment is antibiotics. It is safe to take these while you continue to nurse. Be sure to take all of the antibiotics even when the symptoms go away. Acetaminophen is helpful, too.
- Apply moist heat to the infected breast with a moist heating pad, hot wet towel, a warm shower, or a warm bath. Nurse your baby soon after the application of heat.
- Go to bed and stay there, if at all possible, and drink lots of fluids.
- Nurse your baby often from the infected breast. Your baby will not be affected by your infection and frequent nursing will help speed healing.

## Increasing Your Milk Supply

If you feel your milk supply is lacking, seek assistance from your doctor and a lactation specialist. Your baby should be weighed by your doctor twice a week during this time of uncertainty. Increase the frequency of your feeding and undress the baby to allow skin-to-skin contact. Massage your breasts before and during feedings and attempt to relax. Increase the time you are spending with your baby by carrying her in a baby carrier and nap with her while she is napping. **Most of all, avoid negative talkers.** If your doctor and your lactation consultant are aware of your concerns, then you don't need the discouragement of others. **Surround yourself with supportive people.**

## Engorgement

Some moms will experience much more swelling and fullness, referred to as **engorgement**. When the balance of supply and demand is unbalanced, your breasts can become engorged. This is when **your breasts become swollen, hard, and painful because your body is producing too much milk.** Gentle breast massage, cool compresses to reduce swelling, and hand expressing some milk can help to **soften the breast and areola**, making it easier for the baby to latch. Relieve the pressure by using an electric breast pump or manually expressing your milk until the breast becomes soft enough for your baby to feed. Then allow your baby to drain your breast. Use ice packs between feedings and consult a lactation consultant. Acetaminophen and rest are helpful, too. Above all, don't stop feeding. Your breasts **must** be drained by either a pump or by your baby. If engorgement continues it can lead to breast infections.

## Feeding Frequently

Breastfed babies eat frequently, **up to 12 times per day**, especially in the beginning. It's recommended not going longer than every two to three hours during the day and no more than three to four hours at night, and waking your baby up if they're sleeping longer than that in these first few weeks. You will know your baby **is getting enough if:** You can hear your baby swallowing when you're feeding, your breasts feel softer after a feeding than when you started, your baby comes off the breast after a feeding, calm, relaxed and satisfied. And most importantly, your baby has six to eight wet diapers in a 24-hour period and several bowel movements per day.

*When you face breastfeeding problems, seek assistance and find support. A good source for breastfeeding support can be found by calling La Leche League International at 1-800-LALECHE.*

### References and Footnotes:

1. Information compiled from U.S. Department of Health and Human Services, Office on Women's Health, Washington, DC found at: <http://www.womenshealth.gov/breastfeeding/> and La Leche League International, Chicago, IL., found at: <http://www.llli.org/>, accessed 12-11-2018.