



Breastfeeding Your Baby

More and more women are choosing to breastfeed their babies—and for good reason. Breast milk is the perfect baby food. Breastfeeding also has health benefits for moms.

Exclusive breastfeeding is recommended for the first 6 months of a baby's life. This means feeding only breast milk and no other foods or liquids unless advised by the baby's doctor. Breastfeeding should continue up to the baby's first birthday as new foods are introduced. You can keep breastfeeding for as long as you and your baby would like.

This pamphlet explains

- benefits of breastfeeding
- how it takes two to breastfeed
- tips for successful breastfeeding and dealing with challenges
- how to have a healthy lifestyle while breastfeeding
- choosing a birth control method while breastfeeding

Benefits for Your Baby and for You

Breastfeeding is best for your baby for the following reasons:

- Breast milk has the right amount of fat, sugar, water, protein, and minerals needed for a baby's growth and development. As your baby grows, your breast milk changes to adapt to the baby's changing nutritional needs.
- Breast milk is easier to digest than formula. Breastfed babies have less gas, fewer feeding problems, and less constipation than babies who are fed formula.
- Breast milk contains **antibodies** that protect infants from certain illnesses, such as ear infections, diarrhea, respiratory illnesses, and allergies. The longer your baby breastfeeds, the greater the health benefits.

- Breastfed infants have a lower risk of **sudden infant death syndrome (SIDS)**. Any amount of breastfeeding helps lower this risk.
- If your baby is born **preterm**, breast milk can help reduce the risk of many of the short-term and long-term health problems that preterm babies face.

Breastfeeding is good for you as well:

- Breastfeeding triggers the release of a **hormone** called **oxytocin** that causes the **uterus** to contract. This helps the uterus return to its normal size more quickly and may decrease the amount of bleeding you have after giving birth.
- Breastfeeding may make it easier to lose the weight you gained during pregnancy.
- Breastfeeding may reduce the risk of breast cancer and ovarian cancer.

You and Your Baby: A Breastfeeding Duo

It takes two to breastfeed. Milk is made continuously and stored in the **milk lobules** in the breast. When your baby starts to breastfeed, the nerves in your nipples send a message to your brain. In response, your brain releases hormones that signal the milk lobules to contract (squeeze) and release milk into the **milk ducts**. These ducts carry the milk to your nipples. The more milk that is removed from your breast, the more milk you will make. If you give your baby other foods, milk production may decrease.

Tips for Successful Breastfeeding

Breastfeeding is a natural process, but it can take some time for you and your baby to learn. Most women are able to breastfeed. A few women cannot breastfeed because of medical conditions or other problems.

Lots of breastfeeding help is available. Peer counselors, nurses, doctors, and certified lactation consultants can teach you what you need to know to get started. They also can give advice if you run into challenges.

Start Out Skin-to-Skin

Most healthy newborns are ready to breastfeed within the first hour after birth. Holding your baby directly against your bare skin (called “skin-to-skin” contact) right after birth helps encourage him or her to start breastfeeding. Skin-to-skin contact also keeps the baby warm and stabilizes heart rate and breathing. You also should ask about “rooming in,” which means having your baby stay in your room with you instead of in the hospital nursery. Having your baby nearby makes it easier to breastfeed while you are still in the hospital.

Get Your Baby “Latched On”

Placing your baby skin-to-skin after birth triggers reflexes that help the baby to attach or “latch on” to your breast. A nurse or lactation consultant can help you find a good position (see box “Good Positions for Breastfeeding”). Cup your breast in your hand and

stroke your baby’s lower lip with your nipple. The baby will open his or her mouth wide, like a yawn. Pull the baby close to you, aiming the nipple toward the roof of the baby’s mouth. Remember to bring your baby to your breast—not your breast to your baby.

Check to see if your baby is latched on correctly. If you feel discomfort or notice that your baby’s mouth is not wide open, gently break the suction. To break the suction, insert a clean finger between your breast and your baby’s gums. When you hear or feel a soft pop, pull your nipple out of the baby’s mouth.

Feed on Demand

Let your baby set his or her own schedule. When babies are interested in eating, they will look alert, bend their arms, close their fists, and bring their fingers to their mouths. Offer your baby your breast when he or she first starts bringing fingers to his or her mouth. Crying is a late sign of hunger, and an unhappy baby will find it harder to latch. When full, babies relax their arms and legs and close their eyes.

The baby’s stomach is very small at first—about the size of a grape. It holds only a little more than half an ounce at birth and it empties quickly. During the first weeks of life, most babies feed at least 8–12 times in 24 hours, or at least every 2–3 hours (timed from the start time of one feeding to the start time of the next feeding).

Watch Your Baby, Not the Clock

Many newborns breastfeed for 10–15 minutes on each breast. But they also can nurse for much longer periods (sometimes 60–120 minutes at a time) or feed very frequently (every 30 minutes, which is called

Correct Latch



The baby should have all of your nipple and a good deal of the areola (the darker ring of skin around the nipple) in his or her mouth. The baby’s nose will be touching your breast. The baby’s lips also will be curled out on your breast. The baby’s sucking should be smooth and even. You should hear the baby swallow. You may feel a slight tugging.

“cluster feeding”). These changes in feeding patterns often occur in the evenings or during a growth spurt.

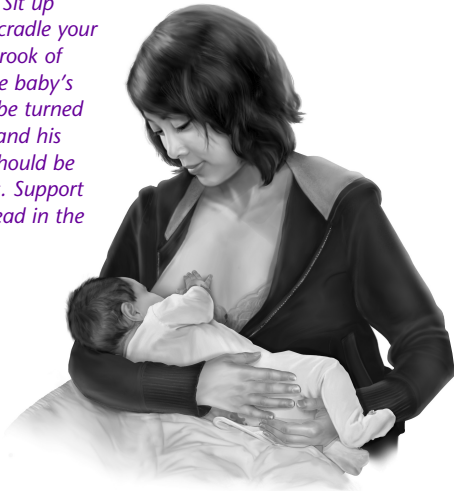
Some babies feed from one breast per feeding, while others feed from both breasts. When your baby releases one breast, offer the other. If your baby is not interested, plan to start on the other side for the next feeding. You may want to put a safety pin on your bra strap to mark the side your baby nursed from last.

Dealing With Challenges

Minor problems are normal in the first few days and weeks of breastfeeding. With a little help, most problems can be solved. If any of the following problems do not go away, call your obstetrician or ask to see a certified lactation consultant.

Good Positions for Breastfeeding

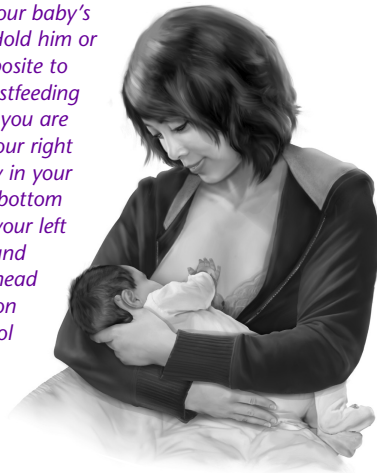
Cradle hold. Sit up straight and cradle your baby in the crook of your arm. The baby's body should be turned toward you, and his or her belly should be against yours. Support the baby's head in the bend of your elbow so that he or she is facing your breast.



Side-lying position. Lie on your side and nestle your baby next to you. Place your fingers beneath your breast and lift it up to help your baby reach your nipple. This position is good for night feedings. It also is good for women who had a cesarean birth because it keeps the baby's weight off the incision. Put your lower arm forward to hold your head, and place a pillow between your knees to keep you from rolling over. It can also help to put a pillow under your head.



Cross-cradle hold. As in the cradle hold, nuzzle your baby's belly against yours. Hold him or her with the arm opposite to the side you are breastfeeding from. For instance, if you are breastfeeding from your right breast, hold the baby in your left arm. The baby's bottom rests in the crook of your left arm, and your left hand supports the baby's head and neck. This position gives you more control of the baby's head. You may need to support the baby's head with pillows. It is a good position for a newborn who is learning how to nurse.



Football hold. Tuck your baby under your arm like a football. Sit the baby up at your side, level with your waist so that he or she is facing you. Support the baby's back with your upper arm, and hold his or her head level with your breast. This hold is good for breastfeeding twins and for women who had cesarean births.



Nipple Pain

Some soreness or discomfort is normal when you start breastfeeding. It may be caused by the baby not getting enough of the **areola** into his or her mouth and instead sucking mostly on the nipple. Check that the baby's mouth is open wide and has as much of the areola in the mouth as possible. Make sure that the baby's shoulders and body are facing you during feeding.

If your nipples are sore, expressing a small amount of breast milk onto the nipple may speed up the healing process. Apply a heating pad, warm compress, or gel pack after feeding. Try different breastfeeding positions to avoid sore areas. If you have severe pain, your nipples are cracked or bleeding, or pain lasts more than 1 week, contact your obstetrician or lactation consultant.

Engorgement

During the first few days after birth, your breasts initially produce **colostrum**, a thick, yellowish fluid that has lots of antibodies. About 2–3 days after birth, your breasts begin to make a larger amount of milk (sometimes called your milk “coming in”). Engorgement can occur when this happens. Engorged breasts feel full and tender. You may have a mild fever (under 100.4°F). Once your body figures out how much milk your baby needs, engorgement should ease. This may take a week or so. In the meantime, try some of the following things:

- Breastfeed more often to drain your breasts.
- Before breastfeeding, gently massage your breasts or express a little milk with your hand or a pump to soften them.
- Between feedings, apply warm compresses or take a warm shower to help ease the discomfort.
- Right after feedings, apply cold packs to your breasts to relieve discomfort and reduce swelling.

Blocked Milk Duct

If a duct gets clogged with unused milk, a hard knot may form in that breast. To clear the blockage, try breastfeeding longer and more often on the breast that is blocked, or manually express or use a pump to help remove the milk. Apply heat with a warm shower, heating pad, or hot water bottle prior to feedings.

If a blocked duct is not drained, it can lead to a breast infection called **mastitis**. Mastitis can cause flu-like symptoms, such as fever, aches, and fatigue. Your breast also will be swollen and painful in one specific area, which may be red or very warm to the touch. It is still safe to breastfeed your baby when you have mastitis—in fact, it will help speed up your recovery. If you have these symptoms, call your obstetrician or other member of your health care team. Measures such as frequent feeding and massage to drain the affected duct may be recommended first. You may be prescribed an **antibiotic** that is safe to take during breastfeeding to treat the infection.

Low Milk Supply

Some women have trouble making enough milk to meet their baby's needs. The most common cause is not removing enough milk. Latching problems are more common among babies who are born early. Preterm babies may tire easily and not remove enough milk to keep milk production going. If you are pumping, make sure that you are pumping enough to maintain your milk supply. A health care professional with breastfeeding expertise or certified lactation consultant can sort out these possibilities and help find a solution that works for you and your baby.

A Healthy Lifestyle While Breastfeeding

For your health and your baby's health, it is important to maintain the healthy lifestyle habits you had during pregnancy. That means eating well and avoiding harmful substances.

Eating Well

When you are pregnant, your body stores extra nutrients and fat to prepare for breastfeeding. The following tips will help you meet the nutritional goals needed for breastfeeding:

- Your body needs about 450–500 extra calories a day to make breast milk for your baby. If your weight is in the normal range, you need about 2,500 total calories per day.
- Eat fish and seafood 2–3 times a week. Fish is a great source of omega-3 fatty acids, which may help your baby's brain grow and develop. Some types of fish have higher levels of a metal called mercury than others. Mercury can be harmful to infants and young children. To avoid high mercury levels, do not eat shark, swordfish, king mackerel, or tilefish, and limit albacore tuna to 6 ounces a week. If you eat fish caught in local waters, check for advisories about mercury or other pollutants. If no information is available, limit your intake of such fish to 6 ounces a week, and do not eat any other fish that week.
- Your health care professional may recommend that you continue to take your prenatal multi-vitamin supplement while you are breastfeeding.
- Drink plenty of fluids, and drink more if your urine is dark yellow. It is a good idea to drink a glass of water every time you breastfeed.
- Drinking caffeine in moderate amounts (200 mg a day) most likely will not affect your baby. Newborns and preterm infants are more sensitive to caffeine's effects. Check the caffeine content of the coffee you drink, because it varies greatly between brands. Caffeine also is found in tea, chocolate, and other foods. You may want to consume a lower amount of caffeine in the first few days after your baby is born or if your infant is preterm.

- If you want to have an occasional alcoholic drink, wait at least 2 hours after a single drink to breastfeed. The alcohol will leave your milk as it leaves your bloodstream—there is no need to express and discard your milk. Drinking more than two drinks per day on a regular basis may be harmful to your baby and may cause drowsiness, weakness, and abnormal weight gain.

Vitamin D Supplements

Whether you feed your baby human milk or formula, all babies need a supplement containing 400 international units of vitamin D a day to ensure healthy bone growth. Vitamin D is available in liquid form. As an alternative, you can take 6,400 international units of vitamin D, which will help you pass enough of the vitamin to your baby. Ask your obstetrician which approach is best for you and your baby.

Taking Medications

Most medications are safe to take while breastfeeding. Although medications can be passed to your baby in breast milk, levels are usually much lower than the level in your bloodstream. The latest information about medications and their effects on breastfed babies can be found at LactMed, a database of scientific information, at www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm.

If you are breastfeeding and need to take a prescription medication to manage a health condition, discuss this with your health care team and the health care professional caring for your baby. You and your health care team can look at the risks and benefits of taking the medication in light of the benefits of continuing to breastfeed your baby.

Avoiding Smoking and Drug Use

Secondhand smoke from cigarettes is harmful to infants and children. It increases the risk of allergies, asthma, and SIDS. If you do smoke, breastfeeding still is better for your baby than formula feeding, but smoking can decrease your milk supply and can make it harder for the baby to gain weight. Be sure not to smoke around the baby.

Using illegal drugs, such as cocaine, heroin, and methamphetamines, and taking prescription drugs for nonmedical reasons can harm your baby if you use them while breastfeeding. And although it is now legal in several states, marijuana use is discouraged during breastfeeding. If you need help stopping drug use, talk with your obstetrician, lactation consultant, or other health care professional. A national substance abuse hotline also is available 24 hours a day, 365 days a year at 1-800-662-HELP (4357).

Birth Control and Breastfeeding

Using birth control gives your body time to heal before having another baby. The ideal time to choose a birth control method to use after pregnancy is while you are still pregnant. Although exclusive breastfeeding can prevent pregnancy for up to 6 months, you need to follow strict guidelines and breastfeed around the clock.

Many birth control methods are available that can be used while breastfeeding, including nonhormonal methods (copper *intrauterine device (IUD)*, condoms, and diaphragms) and hormonal methods. There are some concerns that hormonal methods of birth control can affect milk supply, especially when you first start breastfeeding. If you start using a hormonal method and your milk supply decreases, talk with your obstetrician or other member of your health care team about other options for preventing pregnancy.

Finally...

Breastfeeding is the healthiest way to feed your baby. Before giving birth, let your health care professional know you want to breastfeed and learn about breastfeeding resources in your community. Keep in mind that many new moms have problems breastfeeding at first. Make sure to ask for help if you need it.

Glossary

Antibiotic: A drug that treats certain types of infections.

Antibodies: Proteins in the blood that the body makes in reaction to foreign substances, such as bacteria and viruses.

Areola: The darker skin around the nipple.

Colostrum: A fluid that comes out of the breasts at the beginning of milk production.

Exclusive Breastfeeding: Feeding a baby only breast milk and no other foods or liquids, unless advised by the baby's doctor.

Hormone: A substance made in the body that controls the function of cells or organs.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Mastitis: Infection of the breast tissue that can occur during breastfeeding.

Milk Ducts: Small tubes that bring milk from milk lobules to the nipple.

Milk Lobules: Small structures in the breast that make and store milk when a woman is breastfeeding.

Oxytocin: A hormone made in the body that can cause contractions of the uterus and release of milk from the breast.

Preterm: Less than 37 weeks of pregnancy.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant in which the cause is unknown.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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