Breastfeeding For Real Women

by Erica Berg, MD



Mom's who formula feed are Real Women too!





So, everyone has an opinion about it. Some stronger than others. But truthfully, the only opinion that is important for your baby is *yours*. And you are allowed to change your mind at any time...

With that said, breastfeeding offers many benefits to your baby. Breast milk contains a great balance of nutrition to help your infant grow into a strong and healthy toddler. Antibodies passed through your breast milk also help protect your infant against some common illnesses and infections. Breastfeeding is "natural", but natural doesn't mean it always comes naturally. You and your baby will need practice, but for most, it does get easier with time. You two will become a good team if you stay *relaxed* as possible about it. Most women don't get in their breastmilk until days 3, 4, 5 or 6 which means you are often leaving the hospital without being a great team yet. *And that's ok!*

Breastfeeding benefits the mom too. It saves time and money on washing bottles or mixing formula. It helps the uterus contract back to normal size and delays the return of periods, although not reliably enough to be a form of birth control. Women who breastfeed also have lower risks of diabetes, breast and ovarian cancer, high blood pressure, and heart disease.

However, the best way to have a happy baby is to have a happy mom! So if breastfeeding does not go the way you planned, we can be thankful that infant formula is a wonderful option.

When your baby is "latched on" the right way, both lips should be rolled and cover nearly all of the areola. Instead of smacking noises, your baby will make swallowing noises. Your baby's jaw may move back and forth. If you feel persistant pain while your baby is nursing, he or she is probably not latched on correctly. The initial latch can be uncomfortable, but as you breathe and count, the time it takes to subside should get less and less each week. Most women feel no pain with the latch by week 3, thankfully! If your baby isn't latched on the right way, you'll need to start over. To take your baby off your breast, release the suction by putting your finger in the corner of your baby's mouth between the gums.

It can be exhausting to feed your baby "on demand" as we recommend. "On demand" or "as often as he or she wants to be fed" could mean 8 to 12 times a day. How often your baby wants to feed will vary as the baby goes in and out of growth spurts. Growth spurts commonly occur at about 3-4 weeks of age and again at about 3 months and 6 months of age.

Let your baby nurse until he or she is satisfied. This may be for about 15 minutes to 20 minutes at each breast or longer. Try to have your baby nurse from both breasts at each feeding, making the first breast "appetizer and main course" then the second breast as "dessert". This allows time for your baby to fully drain at least one side to get the most satisfying and fatty milk. Then you can start with

the opposite side for the baby's next feed.

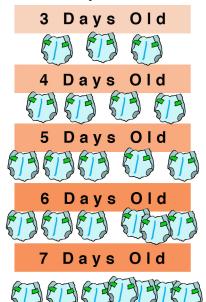
One hint that your baby is getting enough milk is your baby has a calm demeanor for a period of 1 ½ to 3 hrs afterwards. Another hint is 1 wet diaper for every day of life. For example, 3 days old means to expect 3 wet diapers that day, and by one week of life it stabilizes at 6-8 wet ones per day. Also, over the first week of life, the stool color transitions to a yellow seedy loose consistency. It is normal for all babies to lose weight after birth, but by two weeks old, they should be back to their birthweight. That's why it is important to see your pediatrician during this crucial time and ask for help.

The best diet for a breastfeeding woman is well balanced and has plenty of calcium. And water, water, water! This means you can eat everything you used to before pregnancy, and anything you haven't eaten in a while, it's best to reintroduce in moderation. And don't forget to continue those prenatal vitamins while nursing for a better guarantee of balanced nutrition. Caffeine and alcohol can get into your milk, so limit how much you drink. Medicines can also get into your milk, even those you can buy without a prescription. Don't take anything without talking to your doctor first.

When problems with nursing arise, they may interfere with your milk production or your baby's ability to get the nutrition they need. Therefore, it's important to get help right away if you have any difficulty. Contact your baby's pediatrician, keep asking questions, and ask for help until you get the guidance you need!



Wet diaper chart:



Vitamin

Break Time

for Nursing

Make sure you give your baby vitaminD drops!

The American Academy of Pediatrics has doubled the recommended daily intake of vitamin D for infants and children from 200 to 400 international units. This is one dropperful for most brands, and mom's can squirt it into their babies' mouth just before nursing. Do this once daily. You can purchase vitamin D over the counter (*D-vi-sol, Tri-vi-sol, Ddrops*, other generics).

Sunlight helps our bodies make vitamin D, but we don't recommend sunbathing for babies, and it's way too cold anyway. Few breastfed infants are getting enough Vitamin D to meet these guidelines but fortunately this is the only nutrient which breast milk lacks. Iron and other vitamins are well provided in mother's milk.

Infant formula has vitamin D added, particularly "newborn" formulas. Once your baby is taking 32oz per day of formula, they no longer need supplemental vitamin D.

Legal Rights for Nursing Moms:

ew York State law makes sure that employers give nursing moms break time (at least 20 minutes) throughout their work day "for the purpose of expressing breast milk". Usually breaks should occur at least every 3 hours. Employers need to give nursing moms privacy in a clean room with a lock and not just a bathroom! It should be in an area convenient to the workspace. It is illegal to discriminate against nursing mothers. For more information: www.dol.gov/whd/nursingmothers/

We hope you find our Parentletter helpful and informative. Please keep in mind that receipt of this newsletter does not create a doctor/patient relationship and that it is not meant to serve as a substitute for professional medical advice. For particular pediatric medical concerns, including decisions about diagnoses, medications and other treatments, or if you have any questions after reading this newsletter, speak with your child's pediatrician.