



PATIENT EDUCATION

# *Breastfeeding Your Baby*

MAYO CLINIC CHILDREN'S CENTER



BARBARA WOODWARD LIPS  
PATIENT EDUCATION CENTER

## Mayo Clinic Children's Center

*For more than 100 years, teams of physicians have cared for children at Mayo Clinic.*

### T. DENNY SANFORD PEDIATRIC CENTER

### MAYO EUGENIO LITTA CHILDREN'S HOSPITAL

#### *Pediatric Sub-Specialties in the following areas:*

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|                                 |                                      |                                    |
|---------------------------------|--------------------------------------|------------------------------------|
| Allergy and Immunology          | General Pediatric and                | Plastic and Reconstructive Surgery |
| Anesthesiology                  | Adolescent Medicine                  | Psychiatry and Psychology          |
| Cardiology                      | Gynecology, Adolescent               | Pulmonology                        |
| Cardiovascular Surgery          | Hematology and Oncology              | Radiation Oncology                 |
| Child and Family                | Infectious Diseases                  | Radiology                          |
| Advocacy Program                | Medical Genetics                     | Regional (Health System)           |
| Community Pediatrics and        | Neonatal Medicine                    | Pediatrics                         |
| Adolescent Medicine             | Nephrology                           | Research                           |
| Critical Care                   | Neurology                            | Rheumatology                       |
| Dermatology                     | Neurosurgery                         | Sleep Medicine Center              |
| Developmental and               | Ophthalmology                        | Speech Pathology                   |
| Behavioral Pediatrics           | Oral and Maxillofacial Surgery       | Surgery                            |
| Emergency Medicine              | Orthopedic Surgery                   | Urology                            |
| Endocrinology and Metabolism    | Otorhinolaryngology (ENT)            |                                    |
| Gastroenterology and Hepatology | Physical Medicine and Rehabilitation |                                    |

#### *Pediatric Specialty Clinics:*

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|                                 |                                   |                                      |
|---------------------------------|-----------------------------------|--------------------------------------|
| Adrenoleukodystrophy Clinic     | Dana Child Developmental and      | Metabolic Bone Clinic                |
| Aerodigestive Clinic            | Learning Disorders Program        | Mood Disorders Clinic                |
| Anxiety Disorders Clinic and    | Dermatology Genetics Clinic       | Neonatal Follow-Up Clinic            |
| Intensive Therapy Program       | Diabetes Clinic                   | Neuromuscular Clinic                 |
| Arrhythmia and Device           | Eating Disorders Clinic           | Pain Clinic                          |
| Placement Clinic                | Eosinophilic Esophagitis Clinic   | Pain Rehabilitation Center           |
| Asthma Center                   | Epilepsy Clinic                   | Pediatric Diagnostic Referral Clinic |
| Attention Deficit Hyperactivity | Erythromelalgia Clinic            | Pediatric Level 1 Trauma Center      |
| Disorders (ADHD) Clinic         | Facial Paralysis and              | Plagiocephaly Program                |
| Bariatric Surgery Clinic        | Reanimation Clinic                | Pulmonary Hypertension Program       |
| Brain Injury Program            | Feeding Program                   | Renal Stone Clinic                   |
| Brain Tumor Clinic              | Fertility Preservation            | Spina Bifida Clinic                  |
| Cerebral Palsy Clinic           | Fetal Surgery Program             | Spinal Deformities Clinic            |
| Chemotherapy/Radiation          | Friedreich's Ataxia Clinic        | Sports Medicine Center               |
| Long-Term Effects Clinic        | Functional Movement               | Thyroid Nodule/Cancer Clinic         |
| Child and Adolescent Intensive  | Disorder Program                  | Transgender Clinic                   |
| Mood Program (CAIMP)            | Heart Failure Clinic              | Transitions Program                  |
| Childhood Sarcoma Clinic        | Hemophilia/Coagulopathy Clinic    | Transplant Center                    |
| ComPASS (Palliative Care and    | Hyperlipidemia Program            | Travel Clinic                        |
| Integrative Medicine)           | Immunodeficiency Disorders Clinic | Vascular Malformations               |
| Congenital Heart Clinic         | Inflammatory Bowel Disease Clinic | Velo-Pharyngeal                      |
| Constraint Induced Movement     | Learning Disorders                | Insufficiency Clinic                 |
| Therapy Program                 | Assessment Clinic                 | Voiding Clinic                       |
| Craniofacial Clinic             | Long QT Syndrome Clinic           | Weight Management Clinic             |
| Cystic Fibrosis Center          | Marfan Syndrome Clinic            |                                      |

# Congratulations on Your Decision To Breastfeed Your Baby

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Breastfeeding is one of the best ways to support your new baby's health. Breast milk has just the right nutrients in just the right amounts to nourish your baby completely.

Breast milk is easier for your baby to digest than formula. It also provides antibodies. They help your baby's immune system fight off common childhood illnesses.

Breastfeeding benefits you too. It releases chemicals that help your body recover from pregnancy. It also may offer some protection against certain cancers.

Now that you've made the decision to breastfeed, you may have questions. This guide answers many common questions. You'll also get useful tips and learn how your partner can take part in the process.

If you don't find answers to your questions here, talk to your health care provider or a lactation consultant.

## **What is a lactation consultant?**

You may hear your health care provider call the production of breast milk "lactation."

A lactation consultant is a health care professional trained to help with breastfeeding issues.

# About Breast Milk

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After your baby is born and the placenta delivered, hormone changes in your body signal your breasts to make milk. Before your breasts make regular breast milk, they produce a thick fluid. This fluid is called colostrum. It is the first milk that comes from your breast. It is creamy and yellowish or gold in color.

The best way to help your milk come in on time is to offer your baby the breast early and often. You can start from the first hour after delivery.

If you can't be with your baby right away because of health concerns, don't worry. If your baby struggles to latch, don't worry. You can express milk by hand to remove small amounts of colostrum from your breasts. Until you are able to breastfeed, you can feed this milk to your baby from a spoon or a syringe. Ask your nurse or a lactation consultant how to express your milk by hand. In the early days, this skill often works better than a breast pump.

Your breasts do not produce very much colostrum, so you may wonder whether your baby is getting enough nutrition. But a little goes a long way. Colostrum is rich in protein and other substances that nourish and boost the health of your newborn.

Within a few days, your colostrum starts to change to regular breast milk. This milk is whiter and not as thick as colostrum. Breast milk has just the right nutrients in just the right amounts to nourish your baby completely.

The amount of breast milk you make rapidly increases at this point. Some people describe this experience as their "milk coming in." Your breasts may get much larger and heavier. But they won't stay that way for long.

If you have no increase in your supply of breast milk within five days of giving birth, talk with your care provider or a lactation consultant.

## How to know when to feed your baby

You probably know that babies cry when they are hungry. But babies tell when they are ready to feed before they cry. These are some of the earlier cues to watch for.

- Sucking movements or lip smacking.
- Rooting reflex. This is the motion your baby's mouth makes while searching for your nipple.
- Bringing hands to mouth.
- Cooing or sighing sounds.
- Rapid eye movements seen under the eyelids.

Your baby may still look to be asleep when giving these cues. This quiet stage is the best time to start feeding.

Crying is a late stage of hunger. At that stage, you may need to calm your baby before you start to feed. Once calm, the baby will latch on and feed.

# Latching and Breastfeeding Positions

## Latching

Latching is a term that describes the connection between your baby's mouth and your breast. If your baby doesn't have a good latch, the baby might not get enough milk. And you may end up with discomfort in your breast.

To help your baby get a good latch:

1. Hold your baby on the baby's side. Your baby's belly should be facing your belly. Your baby's mouth should be in front of your breast.
2. Place the palm of your hand on the baby's back. Use your thumb and forefinger to support the head. See Figure 1. Let the baby's bottom rest on the inside of your elbow.
3. Line up your baby's body so the ears, shoulders and hips are in a straight line.
4. With your free hand, gently hold your breast. Point the nipple toward your baby's nose. See Figure 1.



**Figure 1.** How to position baby to nurse

5. With your nipple, stroke the area between your baby's upper lip and nose. This starts the rooting reflex.
6. Once your baby's mouth opens, quickly pull baby in toward your nipple, chin first. Keep your nipple aimed high toward the roof of your baby's mouth.
7. Gently place your nipple in your baby's mouth and begin to nurse. See Figure 2.



**Figure 2.** Baby nursing with a good latch

## **Check the latch**

If you're not sure whether your baby has a good latch, look for these signs early in the feeding.

### ***Good latch***

- The latch feels comfortable. It may feel like gentle tugging. But it should not be painful.
- You see more areola above your baby's top lip and less below the bottom lip. The areola is the circular, dark-colored area of skin around your nipple.
- Your baby's lips flare out. Both chin and cheeks touch your breast.
- You see the baby's ear move while you nurse.
- Your baby's mouth is wide open and shaped like a C.
- You hear and see swallowing.
- When your nipple comes out of your baby's mouth, it looks like it did before you started nursing.

### ***Poor latch***

- The latch pinches or hurts.
- You hear extra noises like clicking or smacking.
- You don't feel gentle tugging on your breast as your baby feeds.
- Your nipple looks flat, compressed or shows an odd shape when it comes out of your baby's mouth.

If the latch is poor, gently place a finger between your baby's lips and your nipple to break the suction. Then try again for a good latch. Do not pull your baby off your breast. This can cause nipple soreness.

## Breastfeeding positions

A good latch is important. But you also need to make sure you and your baby are comfortable.

You can place your baby in several positions. To help you find positions that work for you and your baby, refer to the examples you see here.

Keep in mind that the best position for you both may change as your baby grows. See Figures 3 through 6.



**Figure 3. Cradle hold**



**Figure 4. Football hold**



**Figure 5. Cross-cradle hold**



**Figure 6. Side-lying hold**

**Breastfeeding a sleeping baby**

You need to wake your baby to breastfeed, especially in the beginning. Newborns need to eat every 2 to 3 hours. Once they gain back the weight they lost after they were born, babies can go about four hours at night without breastfeeding.

To gently wake your baby:

- Change baby's diaper before you feed. Undress baby down to the diaper. Hold baby against your skin.
- Rub baby's back.

When baby is awake:

- Massage your breasts to encourage "let down" of milk.
- Use your hand to express a small amount of milk to encourage your baby to nurse.

# Is Your Baby Getting Enough Milk?

When you bottle-feed, you know exactly how many ounces of milk or formula your baby drinks. When you breastfeed, you don't know that.

How can you be sure your baby gets enough milk?

One way is to keep a close eye on the scale. Most babies lose weight in the first 4 to 5 days of life. They should be back to their birthweight by the time they are 10 to 14 days old.

You also can record the number of wet diapers and bowel movements your baby has. To find the best number for each, see "Wet diapers in newborns" and "Bowel movements in newborns."

## Wet diapers in newborns

| Age             | Number of wet diapers per 24 hours |
|-----------------|------------------------------------|
| Day 1           | 1                                  |
| Day 2           | 2                                  |
| Day 3           | 3                                  |
| Day 4           | 4                                  |
| Day 5           | 6                                  |
| Day 6 and older | 6 to 8                             |

## Bowel movements in newborns

| Age              | Number of bowel movements per 24 hours |
|------------------|----------------------------------------|
| Days 1 and 2     | 1 to 2                                 |
| Days 3 and 4     | 2 or more                              |
| Day 5            | 3 or more                              |
| Day 6 to 4 weeks | 3 or more, and may be every feeding    |

If you are not sure whether your baby gets enough breast milk, call your care provider.

# Common Causes of Breastfeeding Pain

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## **Pain while you breastfeed**

Breastfeeding should not hurt. If you have pain, call a care provider so you can find the problem.

## **Skin problems**

Your nipples may be raw or cracked. Poor latch is the most common cause of this. Seek lactation help to make sure you have a good latch.

Another cause of raw, sore nipples comes from wearing a bra that is often wet due to leaking milk. To lessen pain and promote healing, try these simple solutions.

- Use a soothing nipple cream after you nurse.
- Uncover your nipples and let them be “open to air” when possible. This helps sore nipples heal.
- Use a breast shell. It is a product you can wear inside your bra. It allows air to flow to the nipples.

Yeast infection also may occur. Your nipple may look red and feel sore or sensitive to the touch. You may have a sharp, burning pain in your breast. And you may see white patches in your baby’s mouth.

Call your care provider right away if you or your baby have symptoms of a yeast infection. Without a proper diagnosis and treatment, you can continue to pass the yeast infection back and forth between you and your baby.

## Engorgement

Engorgement is a medical term for swelling, tightness and pain in one or more breasts that comes from too much milk.

Most people who breastfeed have engorgement when their milk first comes in. However, it can happen again if your baby does not latch well or if you skip feedings.

### How do I prevent or treat engorgement?

You can prevent engorgement the same way you treat it. Regularly empty your breasts. Do this whether you breastfeed, hand-express your milk or use a breast pump.

You also may feel better with these home remedies.

- Use a warm compress or take a warm shower to help milk flow.
- For less pain and swelling, use a cold compress after you breastfeed.
- Try pain medicine you can buy yourself. Examples include acetaminophen, such as Tylenol and others. Or try a nonsteroidal anti-inflammatory drug, sometimes shortened to NSAID. Examples include Aleve or Naprosyn. These types of medicines are safe to take while you breastfeed.
- Wear a bra that offers support without being too tight.
- Gently massage your breasts while you breastfeed.

### What happens if I don't treat engorgement?

Engorgement can increase your risk of a few breastfeeding problems. It can lead to a blocked milk duct. Your baby gets less milk when this happens. Also, engorgement makes it more difficult for your baby to latch and feed.

Engorgement can lead to mastitis for you. This is a serious condition that may need to be treated with antibiotics.

## Mastitis

Both mastitis and engorgement can cause painful breast swelling. But mastitis is an infection of the breast tissue. It usually happens because of engorgement or a clogged milk duct.

A clogged milk duct may feel like a small, firm area in the breast. It may be painless or cause mild discomfort. To treat a clogged duct, use a cool compress on the area and breastfeed frequently. Contact your care provider if a clogged duct doesn't get better after one week.

Mastitis causes breast pain, swelling, warmth and redness. Unlike engorgement or a clogged milk duct, mastitis can cause fever and chills.

Because mastitis can cause you to feel run down, you may find it hard to care for your baby. You also may want to give up on breastfeeding. But mastitis can be treated. Usually, an antibiotic is safe to take while you breastfeed. You do not have to wean your baby early.

Call your health care provider if you think you may have mastitis. Do not wait.

Symptoms include:

- Breast tenderness or warmth.
- Breast swelling.
- Thickening of breast tissue or a breast lump.
- Pain or a burning sensation while you breastfeed.
- Pain or a burning sensation when not breastfeeding.
- Skin redness, often in a pattern that looks like a wedge.
- Generally feeling ill.
- Fever of 101 degrees Fahrenheit (38.3 degrees Celsius) or greater.

# Tips To Make Breastfeeding Easier

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Even in the best circumstances, you may find it stressful to breastfeed. But there are several ways to make the experience easier.

**Use a lactation consultant.** These health care professionals are trained in all aspects of breastfeeding. They can answer your questions and give you advice. And they can lift you up when you feel down about breastfeeding.

**Be gentle on yourself.** You may need to stop breastfeeding earlier than you intended. It is important to give yourself grace. You are not a failure as a parent if you have challenges or if you do not breastfeed.

**Make healthy food choices.** A healthy diet can fuel your milk production. Choose lean, protein-rich foods, such as lean meat, eggs, beans and seafood low in mercury. Choose a variety of whole grains as well as fruits and vegetables. Talk to a registered dietitian to get advice about the best foods to eat and foods to avoid.

**Lean on your support network.** Partners, friends and family all can take an active role to support you. They can offer to:

- Give you quiet time to rest or take naps.
- Care for the baby before and after you feed.
- Burp the baby and change diapers.
- Help with tasks on your to-do list.
- Spend time with you while you breastfeed.

If you have questions or concerns about breastfeeding, talk with your health care team.

# Notes

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This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

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#### BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

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