

Section 3:

Nursing Rhymes

Mother Nature Is Watching! The Breast Feeding Tale

So, Mrs. Jones has successfully nursed 4 healthy children until age 2, and currently she has baby #5 in her sling. He is nursing away quietly while she swiftly pushes her grocery cart, minds all of her other angelic children, talks to her friend on the cell phone, all the while pressing her Starbuck's coffee to her perfectly painted lips. Oh, and for the wonderful dads reading this, her husband with one fell-swoop is carrying the oldest on his shoulders, while playing with the other children and attending to the grocery list.

All right, where in this scenario do you see yourself? Why doesn't it always feel this natural? We may think about it too much. We may wait longer to have children and read too many books. When we are not relaxed and rested, our bodies may not let down enough milk. Our babies may pick up on our anxiety and uncomfortable holding that they do not feed well.

Moms know the advantages of breastfeeding. I don't think that I need to tell you that this milk is the best possible milk available to your baby. But it's also not the end of the world if baby doesn't get your milk. Many of our own mothers were part of the generation that was not encouraged to breastfeed. This makes it doubly challenging when we really want to try it. At the first signs of frustration or infant squeals, grandma may frantically recommend the bottle, because, "are you sure he's gotten enough to eat?"

The decision to breastfeed should be one that both parents make together and with conviction. If you are not determined to make it work, then there may be more frustration, resentment and fatigue. You and your pediatrician and lactation specialist can accomplish breastfeeding and get over the initial hurdles if you are set on establishing nursing. There

are many resources in your community to help you succeed. If breastfeeding is causing the family and mother more stress than benefit, then perhaps you need to look at formula options. You are still a good parent.

To Latch Or Not To Latch? That Is The Question

Sometimes a baby will have a hard time figuring out how to latch appropriately. Your lactation specialist, nurse, or pediatrician may be able to help you with this. Below is a diagram to show how a baby's entire mouth needs to encircle the nipple and most of the areola. He will need you to guide his head and put his mouth where it is suppose to be at first. The mouth has to be wide open when you place it in position. Some mothers may have engorged breasts and nipples that are not available enough for the baby to grasp. Pumping off some milk to relieve the pressure and/or a nipple shield may be of help at first, but a baby should be weaned from a shield after the first week or so. After the first week or so, a baby may be able to find the nipple on his own, and if the mother tries to guide him and redirect him, he may get frustrated. You may try placing your hand lower on he back of his head so he doesn't annoyed.

DIAGRAM OF NURSING POSITION HERE

What Other Nipple? Nipple Confusion Delusion

“Nipple confusion” basically refers to a baby that is learning to feed by bottle and breast and during the process begins to prefer the bottle over the breast. This does not occur as frequently as people think. Sure it can happen in a baby who learns to associate hunger mostly with a bottle nipple. If your baby links her hunger cues with attaching to the breast for the majority of feedings in a day, then she should feed well off of the breast, even if you are supplementing with formula afterward. She

should also be able to transition to a bottle for a couple of feeds per day with little difficulty.

The first few days after birth are practice for parents and baby. Your baby will have a lot of extra water stored up from being inside of you. Babies are often sleepy. Primarily moms make colostrums. This is a thick, pre-milk substance that is high in calories. Thus the baby will only *need* to feed only every 4-5hrs or so. But your breasts may need to be stimulated a little more often than this so that they send the signal to your brain to fill them up with more milk for later. Aim to practice nursing every 3-4 hours or so.

After the first several days, baby will become more awake. Your milk may still not be in. Most books say that by day 3 or 5 mom should have a supply to satisfy her baby. I find that for first-time mothers, it may not be until week 2 or 3 that she begins to recognize that she is truly full. Therefore, simplify things. For most feeds, baby should feed off the breast first. Let's do 15 minutes(maximum of 20) on each side of active sucking. Remember to keep baby awake. Then, if you want to make sure that baby is full, offer 1 oz of formula or pumped breast milk. Therefore you know that your baby is being offered a full feeding. Do this every 2.5-3hrs. If it has been more than 3-3.5 hours since the start of the last feed, wake her up during the day to feed. After about 3-4 weeks, you should be well established and second- natured with nursing. By then you should be able to exclusively breastfeed your baby, like our friend Mrs. Jones. Well, almost.

For one or two feeds of the day, consider allowing someone else to feed a bottle to your baby while you are taking some time for yourself. If dad or helper is willing, allow them to do the first night feeding (for example, the midnight or one a.m. feeding). This allows mom to sleep a good 5-6 hours straight and often this feeding is dropped after the first 6-8weeks.

If there are any concerns regarding weight gain or feeding problems in your baby, make sure that you are visiting with your pediatrician at least weekly to monitor your baby's weight

How Now Mother Cow? To Pump Or Not To Pump?

Don't obsess about pumping in the first month if your baby is latching well and feeding regularly. If you don't feel full after baby has fed, you probably do not need to pump the first month. That is, unless you are going to be away from your baby for a feeding. Even at nighttime, unless you wake up feeling uncomfortable, you don't need to pump. Your body should adjust, and your baby will eventually (hopefully) sleep through the night anyway.

If you are feeling like your baby is getting enough milk, you aren't having to supplement afterwards, and you still feel full on one side, you can pump that side off with that particular feeding.

Sometimes, a mom may get very full and engorged, making it difficult for baby to latch on. This is another reason that you would want to pump a little milk off even before feeding to help with successful latching.

Several weeks before going back to work, you may want to start to offer at least one bottle-feed a day (if you haven't already) so that baby remembers how to do this. Then you may increase the bottle feeds to represent the times that you will be at work. While still at home, you can begin to pump during times that you will pump at work, perhaps in the a.m., lunch, and once in the mid-afternoon. Whatever your schedule, as long as you're consistent, your body will adjust. In the beginning you may have to sneak away and pump a bit off between planned pump times while you are adjusting to the new schedule, just to relieve the pressure. If you pump off more than this, your body will make more milk to refill the tank, so just pump off .5-1oz each side, or enough to relieve the pressure.

The same idea applies to when baby starts to sleep through the night or when you are trying to wean baby to fewer feeds a day. Pump fully or feed fully during the feeding times that you intend to keep, and pump purely for relief if you need to in between.

The chilling truth: At work pick a warm, comfortable environment to pump, where there will be no potential interruptions. This will allow for quick, easy pumping and maximal milk flow.

Gripping To the Edge Of Your Seat: The shearing pain of sore nipples

Common wisdom says that if baby is latched on appropriately, your nipples should not hurt. Most new mothers, however, know that is common to have nipple discomfort for the first few *weeks* of breastfeeding. There may be a sharp pain that persist for about 2-3 minutes into the feed, and then it should slowly start to dissipate. Some babies have a stronger suck than others, but they also tend to finish their meals quicker (Thank goodness). Others like to stay at the breast for hours (Yikes!), and your nipples pay the toll. In this latter case, it is appropriate to limit feedings. That is why it is helpful to have organized and set feeding times, to allow your breast to rest in between feedings.

After each feeding, apply cold packs to your nipple area. You can buy reusable breast pads, soak them in water, freeze them in a bag, wrap in a paper towel, and insert directly in your bra. Make sure your wearing good bra support throughout the day. Nipples tend to hurt more when they are rubbing freely against your shirt. Use ibuprofen or acetaminophen if your doctor says it is appropriate. Use a balm to keep the area moist and soothed. I like Gerber Breast Therapy. This is a stick form that is easy to apply without making a goopy mess.

Waiting For The Plumber: Plugged milk ducts

This situation can also present as pain around the nipple area, so if you are having sharp pain that doesn't go away minutes into the feed, in addition to a tender area in the breast, you probably have a plugged milk

duct. Apply warm compresses to the plugged area while massaging that area downward toward the nipple. Do this *while* your baby feeds vigorously off of that side *first*. You will be in excruciating pain! This is expected. Milk is trying to flow through the duct to unplug it. After the feeding, use cold compresses to that area. Ask your doctor if you can take ibuprofen for the pain/inflammation. I know this sounds like a lot of work with slow results, but it works and, after a couple of days, things will be back to normal. If you do not continue to feed off of the affected side, your milk will either dry up, or you can get an infection. Signs of infection would be redness, swelling in the area with or without fever, chills or muscle aches. Call your OB if you think you have an infection. Another tip is to apply warm, pulsating water from a detachable showerhead in a downward fashion before a feed in place of the warm compresses.

Liquid Gold: My milk must not be wasted, destroyed, or underestimated!
Again, breast milk is the best! However, the quality of mom's milk may start to go down at around the 6-month mark. That means that the number of calories per ounce may not be as great as before. You may see baby decrease in his rate of weight gain during this time. Mother Nature has it all planned out. Usually, babies do not need as many calories from their milk at this time, and they may not be growing at the same rate as they were before, so this is all natural. For some babies, though, there is not much weight gain at all. So talk to your doctor about starting solids or offering supplemental formula if this is the case.

Baby's Vitamin D stores from mom start to go down around 2 months of age, so if you are exclusively breastfeeding, make sure your baby is getting extra Vitamin D. This can be in the form of any infant vitamin preparation over-the-counter. Generally, you can stop giving them when your child is getting greater than 10 ounces of formula per day or after he starts baby food (between 4-6 months)

If your baby's primary source of fluid intake is breast milk by 6 months, he probably should be on a fluoride supplement. Ask your pediatrician about this, because you will need a prescription.