



The American College of Obstetricians and Gynecologists

FREQUENTLY ASKED QUESTIONS FAQ029 LABOR, DELIVERY, AND POSTPARTUM CARE

Breastfeeding Your Baby

- Why is breastfeeding good for my baby?
- Why is breastfeeding good for me?
- When does my body begin to produce milk?
- How do I begin breastfeeding?
- How do I end a breastfeeding session?
- How long should breastfeeding sessions last?
- How will I know when it is time to feed my baby?
- Will I need to change my diet while I am breastfeeding?
- What birth control methods can I use while I am breastfeeding?
- How do I continue breastfeeding after I return to work?
- How can I keep my breasts healthy while I am breastfeeding?
- Glossary

Why is breastfeeding good for my baby?

There are many reasons why breastfeeding is best for your baby:

- The *colostrum*—a yellow, watery pre-milk—t hat your breasts make for the first few days after birth helps your newborn's digestive system grow and function.
- Breast milk has *antibodies* that help your baby's immune system fight off sickness. Babies who are breastfed also have a lower risk of asthma, obesity, allergies, and colic.
- The protein and fat in breast milk are better used by the baby's body than the protein and fat in formula.
- Babies who are breastfed have less gas, fewer feeding problems, and often less constipation than those given formulas.
- Breastfed babies have a lower risk of sudden infant death syndrome (SIDS).

Why is breastfeeding good for me?

Breastfeeding provides the following benefits for mothers:

- It is convenient—the baby's food is always available and at the right temperature.
- Breastfeeding releases the hormone oxytocin, which makes the uterus contract and helps it return to its normal size more quickly. It also reduces vaginal bleeding after delivery.
- It may decrease your risk of some forms of cancer and other illnesses.
- It may help you lose pounds gained during pregnancy faster than you would if you were bottle-feeding.
- It is cheaper than bottle-feeding.
- It creates a special bond between you and your baby.

When does my body begin to produce milk?

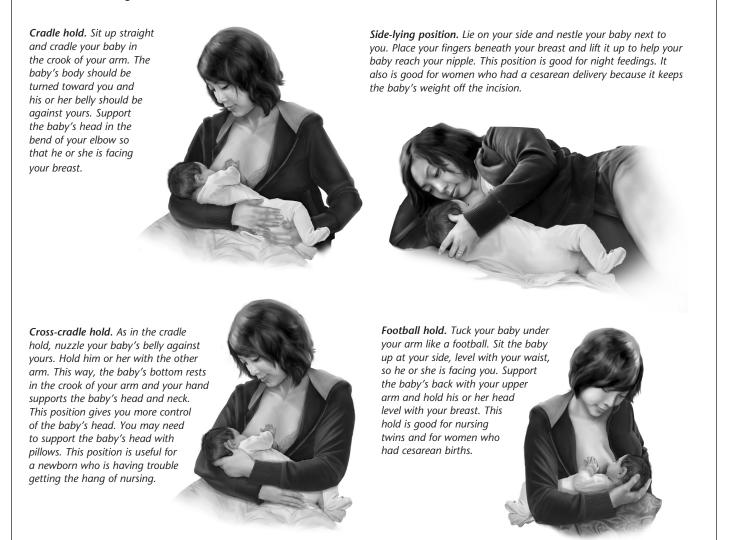
During pregnancy, your nipples may start to leak a little colostrum. After you give birth, your body sends a signal to your breasts to start making milk. Within a few days, colostrum is replaced by milk.

When your baby suckles at your breasts, the nerves in your nipples send a message to your brain. In response, your brain releases hormones that tell the ducts in your breasts to "let down" milk so that it flows through your nipples. This is called the let–down reflex. It first occurs a few days after deliverywhen your milk comes in.

How do I begin breastfeeding?

Babies are born with the instincts they need to nurse. For instance, the rooting reflex is a baby's natural instinct to turn toward the nipple, open his or her mouth, and suck. When you and your baby are ready to begin nursing, find a good position. 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). Quickly center your nipple in the baby's mouth, making sure the tongue is down, and pull the baby close to you. Bring your baby to your breast—not your breast to your baby. If the baby is not latched on well, start over.

Good Breastfeeding Positions



How do I end a breastfeeding session?

To break the suction, insert a clean finger between your breast and your baby's gums. When you hear a soft pop, pull your nipple out of the baby's mouth.

How long should breastfeeding sessions last?

Let your baby set his or her own nursing pattern. Many newborns nurse for 10–15 minutes on each breast. (A baby who wants to nurse for a very long time—such as 30 minutes on each side—may be having trouble getting enough milk.)

How will I know when it is time to feed my baby?

When babies are hungry, they will nuzzle against your breast, make sucking motions, or put their hands to their mouths. Crying is a late sign of hunger. You may nurse very often (8–12 times in 24 hours) in the baby's first weeks of life.

Will I need to change my diet while I am breastfeeding?

When you are breastfeeding, you need more food and nutrients than normal to provide fuel for milk production. Follow these guidelines:

- Eat a well–balanced diet. During breastfeeding you need about 500 calories a day more than you did before you became pregnant or about 2,500 calories a day for most women.
- Make sure you get 1,000 mg of calcium a day. Your health care provider may suggest that you keep taking a daily vitamin.
- Avoid foods that bother the baby. If your baby acts fussy or gets a rash, diarrhea, or congestion after nursing, let your baby's doctor know. This can signal a food allergy.
- Drink at least eight glasses of liquid a day.

What birth control methods can I use while breastfeeding?

Barrier methods such as latex condoms or a copper *intrauterine device (IUD)* are good options because they do not affect your milk supply. Good choices for hormonal birth control are the *progestin*–only pill, implants, or injections. These options rely on the hormone progestin and do not contain *estrogen*.

Combination birth control pills contain estrogen and progestin. Estrogen can decrease your milk supply when you begin breastfeeding. Therefore, this type of birth control pill should not be used until milk flow is steady.

The lactational amenorrhea method (LAM) is a method of birth control that can be used for the first 6 months after birth. When an infant suckles regularly, it can prevent ovulation and menstruation. If a woman does not ovulate, she cannot become pregnant. LAM is highly effective if used correctly. For this method to work, a woman must follow certain breastfeeding guidelines.

How do I continue breastfeeding after I return to work?

If you want to breastfeed when you go back to work, you may want to look into buying or renting a breast pump. You also can express breast milk by hand.

Talk to your employer about pumping at work. Find out if there is a clean, private place you can go to pump and a place for storage.

Practice with the pump a few weeks before your first day back at work. Be sure the pumped milk is stored properly. Give some of the pumped milk to your baby in a bottle or cup. This will help your baby get used to drinking your milk from a cup or a bottle. Talk to your doctor or your baby's doctor about when to start trying the bottle.

How can I keep my breasts healthy while I am breastfeeding?

To keep your breasts healthy and to increase the chances of breastfeeding success, try these tips:

- Learn proper nursing technique.
- Use your finger to break the suction before you remove your breast from your baby's mouth.
- Gently pat your nipples dry after feedings. You also might want to expose them to air and dry heat (such as a hair-dryer on low).
- Use only cotton bra pads. Change them as soon as they get wet.
- Apply 100% pure lanolin to your nipples after feeding.
- Do not wash your nipples with harsh soaps or use perfumed creams.
- If one nipple is tender, offer the other breast first.

Glossary

Antibodies: Proteins in the blood produced in reaction to foreign substances, such as bacteria and viruses that cause infection.

Colostrum: A fluid secreted in the breasts at the beginning of milk production.

Estrogen: A female hormone produced in the ovaries.

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

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

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

If you have further questions, contact your obstetrician-gynecologist.

FAQ029: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

Copyright May 2011 by the American College of Obstetricians and Gynecologists. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.