

An Easy Guide to
Breastfeeding



U.S. Department of Health and Human Services
Office on Women's Health



An Easy Guide to
Breastfeeding

This guide is for all women and their families.
It is a supportive tool for all women who choose to breastfeed.



Dear Reader,

Your baby was born to be breastfed.

This booklet will provide some basic information to help make breastfeeding easy for you and your baby.

You will learn:

- The benefits of breastfeeding for baby, mom, dad and society;
- Answers to frequently asked questions about breastfeeding;
- What to do to help get breastfeeding off to a good start;
- Why breastfeeding is a public health issue and what is being done to promote and protect it;
- Why you should talk to your doctor or health care provider and your child's pediatrician about breastfeeding;
- Where to find breastfeeding help; and
- What breastfeeding questions to ask at your next health care or doctor visit.

This booklet, the 1-800-994-9662 toll-free number, and the **www.womenshealth.gov** web site are designed to help you feel confident in your decision to breastfeed.

Wanda K. Jones, Dr.P.H.
Deputy Assistant Secretary for Health (Women's Health)
U.S. Department of Health and Human Services
Director of the Office on Women's Health

Judy Torgus
Director of Publications
La Leche League International



Babies were born to be breastfed.

Benefits of breastfeeding for babies and mothers

- Recent studies show that babies who are exclusively breastfed for 6 months are less likely to develop ear infections, diarrhea, and respiratory illnesses. They may also be less likely to develop childhood obesity.
- Breastfeeding delays the return of menstrual periods and may aid in spacing pregnancies.
- Breastfeeding reduces the risk of breast and ovarian cancers.
- Breastfeeding creates a strong bond between mother and child.
- Breastfeeding mothers have increased self-esteem.



Benefits of breastfeeding for families

- Breastfeeding saves the family budget hundreds of dollars.
- Breastfeeding saves on health care costs.
- Breastfeeding contributes to a more productive workforce.
- Breastfeeding creates a healthier society.



Tips for a smooth start to breastfeeding

- Read about breastfeeding during your pregnancy so you will know what to do once your baby is in your arms.
- Get good prenatal care to help assure that you carry your baby to term so he/she won't need special care.
- Before you give birth, tell your health care provider about any previous breast surgery or injury. If your nipples appear flat or inverted, ask if it will affect how your baby latches on.
- Talk to friends who have breastfed, or attend a breastfeeding support group (such as La Leche League) so you can meet other breastfeeding mothers.
- Breastfeed your baby soon after delivery because the sucking instinct is very strong at this time.
- Keep your baby in your hospital room with you so you can breastfeed often and get to know one another.



- If your baby stays in the nursery, tell the staff not to give your baby any infant formula or a pacifier. Ask them to bring your baby to you for feedings.
- Expect your milk to increase a few days after a normal, uncomplicated birth.
- Breastfeeding should not hurt. Ask for help if it is painful for you.
- Breastfeed according to your baby's cues. Most newborn babies want to breastfeed about 8 to 12 times in 24 hours.
- Breastfeeding is a learned process. Give your baby and yourself time to learn how to breastfeed.
- Pat yourself on the back for giving the best to your baby!

Your breastfeeding questions answered...

Does breastfeeding hurt?

Breastfeeding should not hurt. There may be some tenderness at first, but it should gradually go away as the days go by. To minimize soreness, your baby's mouth should be wide open, with as much of the areola (the darker area surrounding the nipple) in his or her mouth as possible.

When your baby is breastfeeding effectively, it should be calming and comfortable for both of you. If breastfeeding becomes painful for you, seek help from someone who is knowledgeable about breastfeeding. See the *Where to find help with breastfeeding* section on page 19 for assistance.



What foods do I need to eat?

Many cultures have suggestions about foods to eat or to avoid while breastfeeding. Eating such foods may make you or other family members more comfortable. However, research shows that a mother's milk is affected only slightly by the foods in her diet.

You may be thirstier and have a bigger appetite while you are breastfeeding. Drink enough non-caf-feinated beverages to keep from being thirsty. Making milk will use about 500 extra calories a day.

Women often try to improve their diets while they are pregnant. Continuing with an improved diet after your baby is born will help you stay healthy, which will help your mood and energy level. However, even if you don't always eat well, the quality of your milk won't change much. Your body adjusts to make sure your baby's milk supply is protected.



When should I start breastfeeding?

You should nurse your baby soon after birth, if possible, when your baby is awake and the sucking instinct is strong. At first, your breasts contain a kind of milk called “colostrum,” which is thick and usually yellow or golden in color. Colostrum is gentle to your baby's stomach and it is full of antibodies to protect your baby from disease. Your milk supply will increase and the color will change to a bluish-white color during the next few days after your baby's birth.

How often will my baby breastfeed?

Newborns need to nurse frequently, at least every two hours, and not on a strict schedule. This stimulates your breasts to produce plenty of milk. Since human milk is more easily digested than formula, breastfed babies eat more frequently than bottle-fed babies do. Babies nurse less frequently as they get older and start solid foods.



Here's what will happen with you, your baby and your milk in the first few weeks:

	Milk appearance and amount	You (the mom)
Birth	Your milk will appear yellow or golden. The amount will be small, but it gives your baby a healthy dose of protection against diseases.	You will be tired and excited. This is a good time for you to feed your baby.
First 12-24 hours	Your baby will drink about 1 teaspoon of your milk at each feeding. You may not see the milk, but it has what your baby needs and in the right amounts.	Continue resting and getting to know your baby. Your breasts may be a little tender at first. If breastfeeding hurts, ask for help from someone who has experience helping breastfeeding mothers. Breastfeeding should not hurt.
Days 2-5	Your mature milk comes in. It will look bluish white, but may still look a little yellow or golden for about 2 weeks.	Your breasts will feel full and may leak. (You may use disposable or cloth pads in your bra to absorb the milk.) If your breasts become swollen and hard, remove a little milk from your breasts before feeding your baby. Between feedings, use ice packs to reduce swelling (sometimes called "engorgement"), which will go away in 1-2 days. Breastfeeding your baby helps reduce the swelling.
First 4-6 weeks	Your milk gradually starts to look bluish white at the beginning of a feeding and creamy white toward the end of a feeding. The color may vary a little from day to day. Some foods you eat can change the color of your milk, but this won't harm your baby.	Your body gets used to breastfeeding so your breasts will be softer and the leaking will slow down. Don't worry. The milk is still there.





The Baby
<p>Your baby will probably be awake and alert in the first hour after birth and this is a good time for him or her to breastfeed.</p>
<p>It is normal for some babies to sleep heavily. Labor and delivery are hard work for the baby. Some babies may be too sleepy to latch on well at first. Feedings may be short and irregular. As your baby wakes up, he or she will have a strong instinct to suck and feed very often. Your baby will love the taste of your milk. Many babies like to eat or lick, nuzzle, pause, savor, doze, then eat again. Ask the nurses not to give your baby any formula or water unless needed for medical reasons.</p>
<p>Your baby will feed a lot, at least 8-12 times in 24 hours. Your baby's stomach is little, so lots of feedings are normal. Breastfed babies don't eat on a schedule. It is okay if your baby eats every 1-2 hours. Feedings will probably take about 15-20 minutes on each side, but all babies are different. Your baby might take only one side at a time or seem to like one side better. After delivery, it is normal for a baby to lose a little weight. Your baby will regain his or her birth weight by about 10 days to 2 weeks of age.</p>
<p>Your baby will be better at breastfeeding and have a larger stomach to hold more milk. Feedings may take less time and be farther apart. Most breastfeeding babies like to nurse often, because it is comforting and it keeps them close to you.</p>



How do I know my baby is getting enough milk?

You can tell your baby is getting enough milk by keeping track of the number of wet and dirty diapers. In the first few days, when your milk is low in volume and high in nutrients, your baby will have only 1 or 2 wet diapers a day. After your milk supply has increased, your baby should have 5 to 6 wet diapers and 3 to 4 dirty diapers every day. Consult your pediatrician if you are concerned about your baby's weight gain.



This chart shows the minimum number of diapers for healthy, full-term babies. It is fine if your baby has more.

Baby's Age	Wet Diapers	Dirty Diapers Color and Texture
Day 1 (birth)	1	Thick, tarry and black
Day 2	2	Thick, tarry and black
Day 3	3	Greenish yellow
Day 4 (or when milk increases)	5-6	Greenish yellow
Day 5	5-6	Seedy, watery mustard color
Day 6	5-6	Seedy, watery mustard color
Day 7	5-6	Seedy, watery mustard color



How do I hold my baby when I breastfeed?

1. Support your breast with your thumb on top and four fingers underneath. Keep your fingers behind the areola (the darker skin around the nipple). You may need to support your breast during the whole feeding, especially in the early days or if your breasts are large.
2. Brush or tickle the baby's lips with your nipple to encourage the baby's mouth to open wide.
3. Hug the baby in close with his or her whole body facing yours. Your baby will take a mouthful of all of the nipple and most of the areola. The baby should never be latched onto the nipple only.
4. Look for both of your baby's lips to be turned out (not tucked in or under) and relaxed — if you can't tell if the lower lip is out, press gently on the lower chin to pull the lower lip out. The tongue should be cupped under your breast.
5. You may see your baby's jaw move back and forth and hear low-pitched swallowing noises. Your baby's nose and chin may touch against your breast.



Breastfeeding should not hurt. If it hurts, take the baby off of your breast and try again. The baby may not be latched on right. Break your baby's suction to your breast by gently placing your finger in the corner of his/her mouth.

Breastfeeding Positions

Here are some positions in which you can hold your baby while breastfeeding. You can choose the one(s) that you and your baby feel most comfortable in. No matter which one you choose, make sure your baby's mouth is near your nipple and he/she doesn't have to turn his/her head to breastfeed. For most positions, your baby should be on his/her side with his/her whole body facing yours. This helps him/her to properly "latch on" to the nipple. Try using pillows under your arms, elbows, neck or back, or under the baby for support.

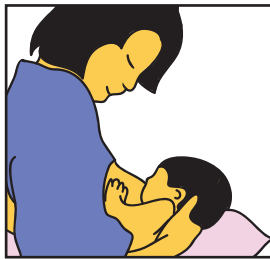




1. **Cradle Hold:** This is a commonly used position that is comfortable for most mothers. Hold your baby with his head on your forearm and his/her whole body facing yours.



2. **Cross Cradle or Transitional Hold:** This is good for premature babies or babies who are having trouble latching on. Hold your baby along the opposite arm from the breast you are using. Support baby's head with the palm of your hand at the base of his/her head.



3. **Clutch or "Football" Hold:** Good for mothers with large breasts or inverted nipples. Hold your baby at your side, lying on his/her back, with his/her head at the level of your nipple. Support baby's head with the palm of your hand at the base of his/her head.



4. **Side-Lying Position:** This allows mothers to rest or sleep while baby nurses. Good for mothers who have had cesarean births. Lie on your side with baby facing you. Pull baby close and guide his/her mouth to your nipple.



Will I have to breastfeed in public? How do I manage that?

You don't have to breastfeed in public. Mothers often feel uncomfortable about it at first, but become more confident as they gain experience. Most of the time, other people don't even notice these mothers and babies because the baby is quiet and doesn't attract much attention. One way to gain confidence is to talk to other breastfeeding mothers about how they manage breastfeeding in public. Here are some ideas to try:

- If your trip will be short, breastfeed just before leaving and right after you return home.
- Find a women's lounge, a sitting area, or a public restroom (shopping malls and larger department stores often have women's lounges or dedicated nursing rooms).
- Sit in your car while you feed your baby.
- Go to a women's changing room in a clothing store.
- Turn your chair so you are facing slightly away from other people. Ask your host if you can use another room if you are uncomfortable.
- Use a baby sling, nursing cover, or blanket to cover your breast and your baby.
- Some women prefer to offer their milk in bottles while they are in public. It's best to avoid bottles in the early weeks so your baby can learn to breastfeed well.



Can I give my baby a pacifier if I breastfeed?

Most breastfeeding counselors recommend avoiding pacifiers for about the first month because they may interfere with your baby's ability to learn to breastfeed. After you and your baby have learned to breastfeed well, you may make your own decision about whether or not to offer a pacifier.



Can I still breastfeed if I go back to work or school?



Yes, you can! Breastfeeding keeps you connected to your baby, even when you are away. Employers and co-workers benefit because breastfeeding mothers need less time off for sick babies.

Let your employer and/or human resources manager know that you plan to continue to breastfeed once you return to work. You

should request a clean and private area where you can pump your milk. You can pump your milk during lunch or other breaks and refrigerate it or place it in a cooler for your baby to be fed later.

Take as much time off as possible, since it will help you get breastfeeding well established and also reduce the number of months you may need to pump your milk while you are at work. If your baby will need to drink your milk from a bottle while you are gone, it is a good idea to start offering a bottle when your baby is about 4 weeks old and is breastfeeding well. It's best to avoid bottles before 4 weeks while you and your baby are learning to breastfeed.

How much do breast pumps cost and what kind is best?

Breastfeeding mothers have many options when it comes to pumps. Effectiveness and prices vary. Manual pumps cost under \$50. Electric pumps that include a carrying case and an insulated section for storing milk containers sell for over \$200. Some pumps can be purchased at baby supply stores or general department stores, but most high-quality automatic pumps have to be purchased or rented from a lactation consultant at a local hospital, or from a breastfeeding organization. See *Where to find help with breastfeeding* on page 19 for more information.



Many mothers decide to purchase or rent pumps with the ability to pump both breasts at once — especially working mothers. Double-pumping, as it is called, is faster and more effective, so a mother doesn't need as much time to pump. Compared to the cost of not breastfeeding, which can be more than \$300 a month, even a top-of-the-line pump is affordable. Ask for recommendations from other mothers you know or from a breastfeeding counselor.



Should I give my baby water or cereal?

Your milk is all your baby will need for the first 6 months, even in hot weather. You don't need to give your baby water, juice or a breast milk substitute. Research shows that babies are healthier if other foods are delayed. A newborn baby's digestive system is very sensitive. Waiting 6 months helps protect your baby from food allergies and from diseases that cause diarrhea. Solid foods may be given when your baby is about 6 months old.



I have heard that breastfed babies may not get enough vitamin D. What does this mean for my breastfed baby?

The American Academy of Pediatrics (AAP) published a statement in April 2003; saying that that some babies are at risk for vitamin D deficiency and rickets, the bone-softening disease caused by insufficient exposure to sunlight and/or inadequate vitamin D supplementation.

Sunlight can be a major source of vitamin D, but factors such as the latitude where you live, the amount of pigment in your baby's skin, your baby's amount of sun exposure, and the use of sunscreen products all affect how much vitamin D your baby's body can produce from sunlight.

The AAP recommends that all infants, including those who are exclusively breastfed and those who are fed formula, have a minimum intake of 200 International Units (IU) of vitamin D per day beginning during the first 2 months of life.

The AAP recommends that an intake of 200 IU of vitamin D per day be continued throughout childhood and adolescence. Vitamin D supplements for infants are available over the counter.

When should I wean my baby?

It is recommended that babies be exclusively breastfed for the first six months. You may continue to breastfeed through the first year of life and longer if you and your baby wish.



How can I encourage my partner's support for breastfeeding?

Prepare your partner in advance and explain that you need support.

Highlight the important benefits of breastfeeding and be sure to emphasize how much money you'll save, too. Not breastfeeding can cost over \$300 a month when you include the cost of increased medical bills — money that could be used for food, housing costs, savings, or a vacation. Point out to your partner that breastfeeding will give your child the best start in life, with effects that last well into childhood and adulthood. If your partner seems jealous of the closeness between you and your baby, suggest other ways for him to be close to your baby, such as talking or singing to the baby, giving a bath, or by simply sitting with you and your baby to enjoy the special mood that breastfeeding creates.



Can I breastfeed if I smoke or drink alcohol?

In their most recent statement on the subject, the American Academy of Pediatrics announced that newer research seems to show that the beneficial effects of breastfeeding outweigh the negative effects from the mother's smoking. For example, babies who are exposed to second-hand smoke have a higher rate of upper respiratory infections, but breastfeeding helps protect babies from these illnesses. It is always better to quit smoking. If you can't quit, try cutting down during the time you are breastfeeding. You and your baby will both be healthier.

Light drinking by a breastfeeding mother has not been found to be harmful to a breastfeeding baby. Larger amounts of alcohol may make your baby sleepy or dizzy and may affect his or her growth over time.

Can I breastfeed if I need to take prescription medication?



Always check with your healthcare provider before taking any medication. Most medications pass into your milk in small amounts. If you take medication for a chronic condition, such as hypertension, diabetes or asthma, your medication may already have been studied in breastfeeding women, so you should be able to find information to help you make an informed decision with the

help of your health care provider. Newer medications and medications for rare disorders may have less information available. The American Academy of Pediatrics has information about many prescription and over-the-counter medications posted on their web site at: www.aap.org

Why does the U.S. Department of Health and Human Services care about breastfeeding?

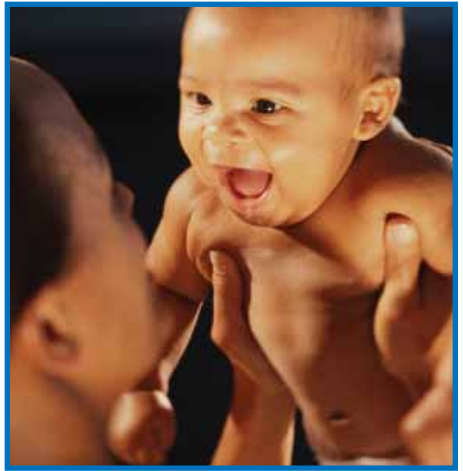
Breastfeeding is a public health issue — it directly contributes to improved health of mothers and babies. Research shows that babies benefit from breastfeeding because it is a cost-effective, low-tech way of reducing



infant illness, hospitalization, and mortality, particularly for low birth-weight and pre-term babies.

Healthier babies grow up to be healthier adults. Research shows that babies who are exclusively breastfed for 6 months are less likely to develop ear infections, diarrhea, and respiratory illnesses. They may also be less likely to develop childhood obesity.

A recent evaluation of research on breastfeeding and breast cancer showed that the more months a woman breastfeeds the less likely she is to develop breast cancer. Researchers estimated that women in countries like the US could reduce their risk of breast cancer by 4.3% for each 12 months spent breastfeeding.



Why don't more women breastfeed their babies?



The results of recent focus groups done by the U.S. Department of Health and Human Services' Office on Women's Health suggest some reasons. Women believe that breastfeeding hurts, either from hearing of others' experiences or because of their own experience with a previous baby, and women worry that their milk will not be as beneficial if their diet is poor, if they smoke, or if they drink alcohol. Research has shown that

the overall benefits of breastfeeding outweigh the negative effects of moderate smoking, drinking, and eating non-healthy foods.





Other factors make a difference in breastfeeding rates, too. For instance, the focus group results show that many women believe that breastfeeding is difficult to balance with working outside the home. Also, many of us did not grow up around women who breastfed, so we did not learn about breastfeeding from our mothers and other relatives.

Some of us do not have access to prenatal care, which may lead to low birth weight and premature birth — factors that may make breastfeeding more difficult. And women sometimes go through an entire pregnancy without receiving any information on breastfeeding. Learning about breastfeeding should be a standard part of your prenatal care.

Why should I talk to my doctor or health care provider about breastfeeding?

Talking to your health care provider will help you learn his or her views on breastfeeding and find out what kind of support for breastfeeding she/he offers. Most pediatricians in the United States agree that human milk is superior for infant feeding.

Your health care provider or your child's pediatrician should offer you accurate, easy-to-understand breastfeeding information. Some clinics and doctors' offices offer the services of a board certified lactation consultant to help with breastfeeding. See the section on page 22 for questions to ask at your next doctor or health care provider visit.



Where to find help with breastfeeding.

National Women’s Health Information Center — Breastfeeding Helpline and Web Site

If you have questions or would like more information on breastfeeding, call the National Women’s Health Information Center’s (NWHIC) Breastfeeding Helpline at 1-800-994-9662; TDD 1-888-220-5446 (9 a.m. – 6 p.m., Monday through Friday, EST). If you call during times that the Helpline is not staffed, leave a message and you will be called back on the next working day. The Breastfeeding Helpline is a project of the U.S. Department of Health and Human Services and is staffed with La Leche League-trained Breastfeeding Information Specialists. For serious problems, they will suggest you follow up with your health care provider or refer you to a lactation consultant in your area.

A lactation consultant is a professional health worker trained to help new families be successful with breastfeeding. If a breastfeeding counselor or lactation consultant uses the initials “IBCLC,” they have been certified by the International Board of Lactation Consultant Examiners. To find an IBCLC nearby, check the IBCLC organization web site at www.iblce.org for a list of all the currently certified IBCLCs who are registered in the United States.

Breastfeeding Information Specialists may also refer you to a local La Leche League Leader. Neither Breastfeeding Information Specialists nor La Leche League Leaders give medical advice.

The Helpline also offers a breastfeeding packet with pamphlets on basic breastfeeding issues as well as special breastfeeding situations. You also can order Easy Guides to Breastfeeding in Spanish and Chinese, and for African American and American Indian and Alaska Native women and their families.

You also can find more information on the NWHIC web site:
www.womenshealth.gov



La Leche League International



La Leche League International (LLLI) also offers valuable breastfeeding information. La Leche League Leaders are volunteers who provide one-on-one help to breastfeeding mothers on the phone or at monthly group meetings. To find a La Leche League Leader in your area, find the listing for your state or territory on the LLLI web site at www.lalecheleague.org. The LLLI web site also contains a large collection of breastfeeding information, including FAQs and many personal stories from mothers. By phone, you can call 1-800-LA LECHE. The recorded message for the La Leche League International business office at 847-519-7730 offers the option of locating a Leader near you using your zip code. During business hours (central time zone), you may speak with an operator who will assist you. You may also find information about your local group in local phone listings or at the library, or watch for announcements in your local newspaper.

The LLLI catalogue offers books and pamphlets on breastfeeding, childbirth, nutrition and parenting. To receive a copy of the LLLI catalogue by mail, call 1-800-LA LECHE. You may also check out the online version of our catalogue at our web site.

African American Breastfeeding Alliance, Inc. (AABA)

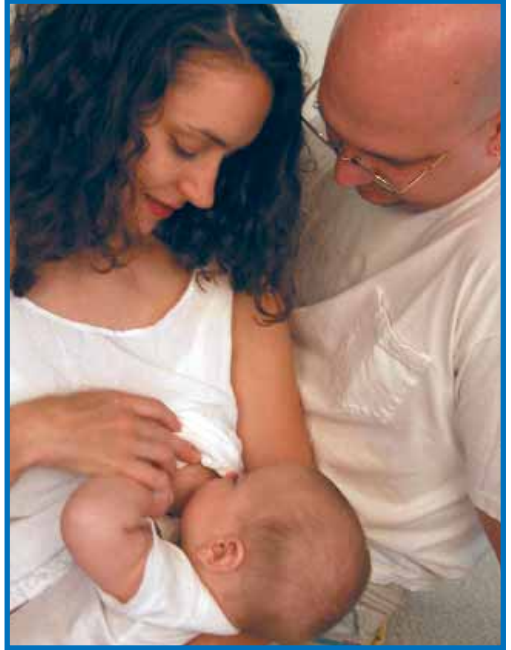


AABA is the first organization whose sole purpose is to promote breastfeeding to African American mothers, fathers and families. AABA's goals are to: improve the overall health status of African American babies; increase access to breastfeeding information for African American parents; and create a breastfeeding-friendly culture within the African American community. AABA's programs include: the African American Breastfeeding Campaign, Peer Counselor Training, Breastfeeding Hotline, Breastfeeding Drop-In Clinic, Roundtable Discussions and Comprehensive Research Initiatives. An emphasis is placed on producing publications and videos that show African American women breastfeeding their babies. Call toll-free 1-877-532-8535 for more information.



Your baby was born to be breastfed.

Breastfeeding is a learned skill, like learning to cook; it requires patience and practice. While you and your baby are still learning, you may become frustrated and experience some discomfort, but it will get better. More time may be needed in some situations, such as after a premature or cesarean birth, or when your baby has a health problem. Just take it one feeding at a time and do not hesitate to ask for help if things are not going well or if you need support. Remember that breastfeeding usually gets gradually easier, not harder. Invest the time in yourself and your baby to protect your health, save money, and build a bond that will last a lifetime.



Questions to ask your health care provider about breastfeeding.

How do I prepare myself for breastfeeding at home, at work, and at the hospital?

Home

Work

Hospital

What will hospital staff do to help me with breastfeeding?

Can my baby stay with me while I am in the hospital?



How many of your patients breastfeed their babies?

Can I speak with other patients who have breastfed?

What are your suggestions for breastfeeding with flat or inverted nipples?

You may want to ask your health care provider these questions, too. These questions are more about parenting style than about medical treatment, so choose what works for you. Different parents make different decisions about these things.

Where can I get breastfeeding support?

How do I breastfeed outside of my home?

When should I wean my baby?



Suggested Reading

The following La Leche League publications are available for free at the National Women's Health Information Center by calling 1-800-994-9662:

- Approaches to Weaning
- Breastfeeding After a Cesarean Birth
- Breastfeeding and Working
- Breastfeeding Father
- Breastfeeding Twins
- How to Handle a Nursing Strike
- Mother's Guide to Pumping Milk
- Sore Breasts
- Thrush
- When a Nursing Mother Gets Sick
- When Babies Cry
- Your Baby's First Solid Food
- Breastfeeding the Baby with Reflux



Editors:

Judy Torgus, Director of Publications, La Leche League International
Nancy Jo Bykowski, IBCLC, La Leche League International
Gina Ciagne, U.S. Department of Health and Human Services, Office on Women's Health
Suzanne G. Haynes, Ph.D., U.S. Department of Health and Human Services, Office on Women's Health
Joyce Cusack, M.H.S.

Designers:

Adrienne Barnes and Paul Torgus

September, 2006





U.S. Department of Health and Human Services
Office on Women's Health
200 Independence Ave., S.W. Room 712 E
Washington, DC 20201
www.womenshealth.gov
1-800-994-9662 • TDD 1-888-220-5446



LA LECHE LEAGUE
INTERNATIONAL

1400 N. Meacham Rd.
Schaumburg, IL 60173-4808
www.lalecheleague.org
1-800-LA LECHE