



**B**reastfeeding is the natural way to provide all the nutrition your baby needs. Kaiser Permanente endorses the American Academy of Pediatrics' guidelines to feed your baby only breast milk for the first 6 months of life. Breastfeeding works on a supply and demand basis: The more your baby nurses, the more milk you will produce. It may take some time for your body to get into a rhythm, so be patient and keep trying. Breastfeeding is a learned skill. It takes practice!

### Getting a good start

Breastfeeding should begin within the first hour of your baby's life. Nurse whenever your baby wants to eat (at least 8 to 12 times per day). This is called feeding on-demand. Put your baby to your breast at the first sign of hunger (i.e., stirring about in the bassinette, rooting, making sucking motions, or tongue movement).

Allow your baby to nurse for as long as he or she wants. If your baby is still hungry after finishing the first breast, offer the second breast. Some newborn babies may nurse for about 10 to 15 minutes on each breast. Others may nurse for 15 to 20 minutes on only one side per feeding. You should wake your baby up to eat if more than 3 hours have passed since the last feeding.

Feedings should be timed from the beginning of one to the beginning of the next.

Unless your baby's doctor tells you to, don't offer any supplements such as water or formula.

### How do I help my baby latch onto my breast?

Find a comfortable chair to sit in. Place pillows behind your back and on your sides to support your body and another pillow on your lap to support your baby. Next, get your baby comfortable:

- Unwrap and undress your baby. Leave only the diaper on. Swaddling is good for sleeping, but not for breastfeeding.
- If room is cool, cover both of you with a blanket.

- If your baby is upset, place the baby on your uncovered chest, skin-to-skin, in an upright position. Sing or talk to your baby until calm. Baby may start to move into feeding position.
- Cradle your baby with one arm and hold your breast with the hand of the other arm.
- Support your breast by placing your thumb lightly above the areola (dark area around the nipple) and your fingers under the breast. Do not place your fingers on the dark area.
- Make sure that your baby's head is at the level of your breast and that his or her nose is lined up with your nipple. Your baby's face, chest, and knees should be turned toward you so that the two of you are tummy to tummy.
- Tickle the baby's lips with your nipple and wait for the baby to open wide.
- Quickly bring your baby onto your breast.
- Make sure your baby is taking the nipple and a good portion of the areola in his or her mouth.

Make sure your baby's lower lip is sticking out and that his or her chin is touching your breast.

### WAYS TO HOLD YOUR BABY FOR BREASTFEEDING



CRADLE HOLD



CROSS-CRADLE HOLD



CLUTCH OR FOOTBALL HOLD



LYING DOWN WHILE FEEDING

# Breastfeeding Your Baby: The First Few Weeks

## What can I do to prevent and relieve engorgement (swollen breasts)?

Your breasts may become engorged (swell) during the first few days of breastfeeding, or when you cut back on nursing. Regular, frequent breastfeeding is the best way to prevent and relieve engorgement.

Here are some other tips:

- Take a warm shower or apply moist heat to the breast before nursing.
- Express milk from the nipple and areola area of your breast before nursing to help with latch-on.
- Apply a cool compress to the breast after nursing.
- Take a pain reliever such as Acetaminophen (*Tylenol*) or ibuprofen (*Advil, Motrin*). Avoid aspirin.

## How can I prevent sore or cracked nipples?

Proper positioning will help you prevent soreness and cracking.

- Vary your nursing position from time to time to relieve the pressure on your nipples. Try sitting up, lying down, and switching between different ways of holding your baby while breastfeeding.
- When you are done nursing, break the suction by putting your finger in the corner of the baby's mouth between the gums.
- When using breast pads, make sure they are clean and dry.
- Wash your breasts with water only.
- Use only pure lanolin creams on your breast. The cream does not need to be removed before feeding.
- Apply breast milk to sore areas.

*If sore nipples, engorgement, or poor latch-on persist, talk with your practitioner or a lactation consultant.*

## How do I know if my baby is getting enough to eat?

Breastfed babies normally nurse very frequently in the first couple of months. Because of this, many new mothers worry about whether their babies are getting enough milk. Make sure to feed your baby whenever you see signs of hunger. Your baby is getting enough to eat if, by the third day of life, your baby:

- Has 3 or more wet diapers every 24 hours. (Highly absorbent disposable diapers can make it hard to tell if your baby has urinated.)
- Has 3 to 4 loose, yellow stools every 24 hours, not meconium (sticky, dark green stools).
- Has brief active periods.
- Makes swallowing sounds after every 1 to 3 sucking movements.

You should feel some breast fullness and may notice drippings from the opposite breast while nursing. Breastfed babies should be seen by a medical professional between 2 to 4 days of age and again at 2 weeks, to check for signs of successful breastfeeding.

## Are there foods or medications that I should avoid?

In general, there aren't any foods you should not eat while nursing. It's important not to diet while nursing because you're eating for both you and your baby. The best rule is to eat and drink enough to satisfy your hunger and thirst. While you're nursing, avoid drinking alcohol and using tobacco and drugs because they pass into your milk and they can harm your baby. Since too much caffeine can cause poor sleeping and fussiness,

try to limit your caffeine intake to 1 to 2 cups a day while breastfeeding.

Most medications are safe to take while breastfeeding, but there are a few that can be harmful to your baby. Acetaminophen (*Tylenol*) and ibuprofen (*Advil, Motrin*) are safe to take while nursing, but aspirin should be avoided. You should let your practitioner and your baby's pediatrician know that you are breastfeeding. Let your pharmacist and your practitioner know about all medications, including nonprescription, over-the-counter drugs and herbal products that you take. Also, take medication just after you nurse rather than just before nursing.

### Additional resources

- American Academy of Pediatrics: [aap.org](http://aap.org)
- The American College of Obstetricians & Gynecologists: [acog.org](http://acog.org)
- La Leche League International: [lalecheleague.org](http://lalecheleague.org)
- *The Nursing Mother's Companion* by Kathleen Huggins (Harvard Common Press, revised 2005).
- *Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers* by Nancy Mohrbacker and Kathleen Kedall-Tackett (New Harbinger Publications, 2005)
- Connect to our Web site at [kp.org](http://kp.org) to access health and drug encyclopedias, interactive programs, health classes, and more.
- Contact your Kaiser Permanente Health Education Center or Department for health information, programs, and other resources.

This information is not intended to diagnose or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse any brand name: any similar products may be used.