

Common Breastfeeding Questions

How often do I breastfeed (BF) my baby? We recommend the minimum of **8-12 sessions** in a 24 hour period which is especially critical to do in the first days of life to stimulate an adequate milk supply . Remember making milk is a supply/ demand type system, the baby on the breast will tell the breasts how much to make and how often. Many times babies like to cluster feed every 1-2 hours, especially in the evening hours. This is a normal phenomenon and count every session at the breast as a feed. At night don't let baby go longer than 3-4 hours between feeds, especially in the first few weeks to help maintain an adequate supply and prevent engorgement. As baby grows you may be able to lengthen out the times between feeds at night but not in the newborn period. Any substitutions with bottles or formula feeds is one less stimulus to the breast and will affect your supply plus it will contribute to nipple confusion and your baby will not get as much practice and learn as quickly to BF. The more practice the better for all involved. Breastfeeding is a natural skill for both of you but it needs to be practiced to get it right. It usually takes a week or two to feel comfortable with the process so hang in there. It is worth it!!! Also keep in mind that frequent stimulation and emptying of the breast especially in the first few days of life will prevent over engorgement, a common problem , and your supply will be more quickly regulated to meet your baby's needs.

How much does my baby really need? In the first few days of life, newborns' stomach volumes are tiny, 1-3 tsp. (5-15 ml.) in the first 1-2 days, and by day 3 or so the volume increases to 4-6 tsp (20-30 ml). 30 ml = 1 ounce. When baby is 10 days old, the stomach volume is around 60-90 ml, 2-3 ounces. With this in mind, be reassured that nature has this under control. Your colostrum volumes in the first few days are 5-15 ml. in each breast per feed, and as you stimulate your breasts to make milk with frequent sessions your supply will increase accordingly to 20-30 ml or so to meet your baby's demands. Truly that is all that is necessary. Early BF is frequent small volume feeds with increasing volumes over time. Giving baby extra formula will overfill your baby, spit up may occur and since formula does not drain out of the stomach as fast as breastmilk, baby will not be hungry for you when the next feeding session is due which will ultimately affect your supply. The normal stomach emptying time is about 90 minutes with breastfed babies but formula will hang around for up to 3-4 hours.

How will I know that my baby is getting enough? Remember what goes in goes out in the form of pees and poops. A normal urine and stool output in an adequately breastfed newborn is as follows:

Diaper checks	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	After 1rst week
Poops(Stool)	1, dark brown tarry	2,dark brown-green less sticky	3 dark green thinner	3-10 yellow liquid				
								(with "oatmeal -like " flecks or "seedy")
Pees (urines)	1	2	3	4	6-8	6-8	6-8	6-8

Often babies poo and pee simultaneously and things get mixed together. Also the new super absorbent disposable diapers sop up the urine so well, it is hard to tell if your baby has urinated. If you are concerned about the urine output, place a small piece of tissue or a gauze pad near the area where baby

pees and cover it with the diaper. When you see results you will be reassured. In the first day or two of life, reddish brown crystals or red streaked urine (“brick dust”) is normal but if you see this after day 4-5 of life please tell us. If you still see dark tarry meconium stools at day 4-5 of life please also tell us.

Monitoring baby’s weight is another important indicator of baby getting enough breastmilk and we will be keeping a close eye on that in the office as well as your lactation consultant if you are being followed by one. We like to see weight gains of 15-30 grams per day (½ to 1 ounce per day).

Keep an eye on baby’s color also. **Early jaundice** (yellow color to the skin and eyes) may be a sign of inadequate breastmilk intake (especially if baby has lost up to 10% of his birth weight). A little bit of jaundice is normal and breastfeeding medicine specialists think that it can be protective against several diseases since bilirubin, the pigment that causes jaundice, is an antioxidant. However too much can be harmful. If you or your lactation consultant are concerned about the degree of baby’s jaundice, please call us.

After several weeks (4-12 weeks)baby may produce less stools and can go up to 7-14 days without a poop! Baby’s intestines are getting smart and absorbing ALL of the breastmilk and thus are producing very little waste. As long as baby is peeing, gaining weight, not spitting up and looks happy and content between feeds this is normal. If baby goes more than 14 days please tell us.

You should also be able to see evidence of milk transfer in your baby such as audible swallowing, milk in the baby’s mouth, peeing and poeing as baby feeds (stimulating the “gastrocolic reflex”) and your breasts may feel less full and softer after baby has nursed.

Will I be able to make enough milk for my baby? Remember it is supply /demand. What your baby tells the breasts to do they will, but that requires very frequent nursing sessions. 95% of all women can make more than adequate milk (and remember some of these moms are feeding twins, triplets and more!) if they follow these simple rules. It is only a small percentage of moms who can’t for various physiologic and medical reasons. If baby can’t directly breastfeed for some reason stimulate your production with a breast pump, preferably within 3-6 hours after birth if necessary. Use a double electric pump whenever possible since this builds up better supplies than a single pump. Your delivery hospital or the Mother’s Resource Center at Community Regional Medical Center- CRMC (459-6288) can guide you as to what best will suit your needs.

Can I safely take medications while nursing? 99-100% of all postpartum moms are on some type of medication. The vast majority of medications are perfectly safe for the newborn. Most don’t get into the milk to any great degree and even if they do, what gets absorbed by the baby is negligible. Some of you might have been warned about taking medications during pregnancy. At that time your doctor was worried about the medications affecting the baby’s development. Now that baby is out it is an entirely different situation and these rules don’t apply. Also many of the medications you are prescribed after delivery are similar to what we can give to babies (ie: Tylenol, Motrin, amoxicillin, vitamins, Tylenol#3 and other low dose pain killers but not too much of these please!). There is only a small list of medications that are contraindicated in nursing moms. This also goes for radiologic procedures, most are compatible with nursing without interruption. Please call us or the Mother’s Resource Center at CRMC (459-6288) for advice if you have any questions regarding any medications or procedures you must have.

Do I have to stick to a special diet while nursing? Absolutely not! There are many myths regarding what a nursing mom should have and avoid which only need to be enforced in a minority of mother-baby dyads whose babies have food intolerances or severe food allergies, most commonly to cow's milk protein. Please eat what you want but keep it well balanced. Drink plenty of fluids. Sushi, spicy foods, broccoli, caffeinated beverages, cheesecake- pretty much anything is fine but **everything in moderation**. If you see baby react (gassy, holding legs up like in pain) after a huge portion of, let's say, very garlicky mashed potatoes, you may want to cut down on the garlic a bit but use your judgment. Drinking alcohol is OK BUT please keep it to one daily serving max and keep in mind that alcohol does get into the milk very quickly. However it is also cleared very quickly. If you can, avoid nursing for an hour after drinking alcohol. **An important pearl:** baby has to get used to living in your home and the foods you are eating. This will be part of baby's upbringing and baby needs to be introduced to your foods and culture. Introduce baby to this early. It is perfectly fine and NORMAL.

What else should I give baby other than breastmilk? **Nothing** at all for the first 6 months of life unless we recommend you to add something else to baby's diet. The American Academy of Pediatrics, the American Academy of Family Practitioners, the World Health Organization, Unicef, and the Academy of Breastfeeding Medicine all recommend exclusive BF for the first 6 months of life. That means nothing but breastmilk. Routine supplementation with formula will only create problems with nipple confusion and could affect the milk supply. And artificial nipples such as pacifiers are also discouraged in the first 6 weeks of life till BF is well established, again to teach the baby to nurse properly and avoid nipple confusion. There is controversy regarding SIDS prevention and the use of early pacifiers (before 6 weeks). Breastfeeding itself is preventive for SIDS and safe cosleeping with your baby is also preventive. The old wives tale of adding cereal to the newborn's diet to "help baby sleep or go longer between feeds" not only does not really work but can create future problems with constipation, low supply and food allergies. Complementary solids are usually started at 6 months and iron-fortified rice cereal or a fruit or vegetable is a good first food. Some specialists are now recommending pureed red meat as a first solid to help with iron intake in newborns. However breastmilk will remain baby's main food for several months till baby starts eating more regular meals and table food.

Where should we sleep at night to promote optimal nursing and good rest for both of us? Safe cosleeping practices are the optimal way to promote good sleep and easy access for baby to nurse frequently without much fuss at night. This means having baby sleep in between the adults, in supine position or face up with baby on his back, propped that way to stay in position with wedge foam devices (bought at many local baby supply stores like Babies -Are -Us and Target) or with rolled up towels or receiving blankets. Baby can also safely cosleep in a side bassinet immediate next to your side of the bed with the opening facing you. Easy access to baby and to mom at night is the key in whatever you decide what is best for you. Please do not cosleep on a couch or easy chair where baby can become trapped in the corner or in a cushion, and make sure the other people in bed are not small children, very obese adults, or adults under the influence of medications that can make them excessively drowsy. And no fluffy comforters or fluffy pillows please. Keep the room temperature comfortable for you and it will be fine for baby.

If I nurse "too long" will my nipples get sore? Typical nursing sessions last from 10-20 minutes per breast but if baby is latched on properly, your nipples should not get sore with longer sessions. Purified lanolin ointment for the first few days after coming home may help with mild tenderness and dryness to the nipples. Allow baby to nurse till he is done and stops, falls off or pulls away. After a while once baby gets efficient, baby may only want to nurse one breast and not do the other since he filled up completely on

the first, getting all of the foremilk and hindmilk, completely emptying it. This sometimes happens with moms with ample supplies. Offer breast #2 but if baby is not interested for very long, just use that next round first. Also keep in mind that some babies will nurse for 5-10 minutes each breast and get all that they need. Every baby is different and has their own unique style and it is the number of pees, poops and the weight that will tell us that all is well.

Where can I get more help with breastfeeding? Good websites include www.breastfeedingonline.com, www.asklenore.org, www.breastfeedingbasics.org, www.la lecheleagueinternational.org, www.aap.org:section on breastfeeding, and www.kellymom.com. All of the delivery hospitals in Fresno offer breastfeeding classes and supply ongoing outpatient lactation support to their delivering moms with lactation consultants as does WIC. The La Leche League's Answer Book (big blue binder) is an excellent resource as is Dr. Jack Newman's "The Ultimate Breastfeeding Book of Answers" and Kathleen Huggin's "The Nursing Mother's Companion."

Feel free to call us with questions at our office : (559) 324-6203.

Other helpful numbers:

The Mother's Resource Center at CRMC : (559) 459-6288 or 2423

Center for Breastfeeding Medicine at CRMC: (559) 459-6288

Breastfeeding should be an enjoyable and wonderful experience for both of you but it does take some work to get and keep things going. With all of the medical, psychological and societal benefits to breastfeeding it is well worth it. Please call us if we can help.

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