



Lactation and Breastfeeding

The American Academy of Pediatrics (AAP) recommends exclusively breastfeeding for the first 6 months of baby's life, with continuation of breastfeeding until 1 year old or longer if desired. But the most important thing to know is, ***FED IS BEST***. You have to choose what is best for you and your family. Any amount of breastfeeding will provide benefits to you and baby.

Benefits from breastfeeding for baby:

Decreases risk of SIDS | Less diarrhea and GI issues in baby | Decreases risk of obesity in childhood
| Decreases risk of allergies and asthma | Provides immunity for baby from illnesses

Benefits from breastfeeding for mother:

Decreases risk of breast and ovarian cancer | Decreases risk of Diabetes and cardiovascular disease |
Decreases risk of high blood pressure

Breastfeeding encompasses both feeding breast milk both at the breast and through pumping and bottle feeding. You can do any combination of these two as it fits with your lifestyle.

Lexi is a Certified Lactation Counselor and will plan to meet with you sometime throughout your pregnancy to give you more information and answer any questions that you may have. She will also be able to meet with you after you have your baby for any breastfeeding concerns or troubleshooting you may need. Please check out our website for more information as well.

How Milk is Produced...

Milk production is based on the amount of prolactin your body produces. Prolactin production depends on whether the nipple is stimulated by the infant's sucking/breast pump. This stimulation will set off a chain of events in the breast that produces and excretes milk. This is where supply issues originate. If you are not getting enough stimulation, your supply will decrease, and likewise, if there is too much stimulation you can have an increase in supply. When the breasts are "empty" (remember your breasts are never truly empty) and there is stimulation. This is a good tool to use if you are trying to increase your supply, empty your breasts fully then have baby latch again or pump to increase the stimulation. If you have milk still in the ducts and no stimulation, your body will decrease the prolactin level, thus decreasing your milk production.

Initiating Breastfeeding...

We recommend breastfeeding in the first hour after birth, called the "Golden Hour." Not only can this help create the bond between you and your baby, but it also starts to increase your level of prolactin to initiate milk production. If your baby has to be taken to the NICU, you can start pumping or hand expressing, then transition to feeding at the breast if that is your wish.

Breastmilk...

The first breastmilk that is created by your body is called colostrum. You may even begin leaking breastmilk during your pregnancy as early as the second trimester. Colostrum is thicker, fattier, and often a darker yellow in color. You often only get a few drops initially, and not normally more than a few teaspoons at a time. As your milk “comes in” or transitions, it becomes lighter in color and thins. Breastmilk is comprised of foremilk and hindmilk. There is some debate on whether too much foremilk can cause GI issues in baby, but there is not much research to support this. The reason we care about the different components of breastmilk is the hindmilk is fattier and can keep baby fuller longer. So it is important to feed baby completely from one breast before switching (if needed). Breastmilk contains nutrients such as fats, proteins, sugars, vitamins, minerals (especially zinc and iron) that will help your baby grow, as well as antibodies from your body (from your previous infections, immunizations, and from current illnesses you may have such as COVID-19).

Here is a great video that explains breastmilk and expression of the milk and its components.

<https://youtu.be/xlgRba4dRyM>

Breast Pumps...

Using a breast pump allows you to still collect your breastmilk even when you are away from your baby. Pumping and having your partner bottle feed the baby is a great way for them bond, while you can get some sleep. Insurance does cover a breast pump for you, please let us know if this is something you are interested in and we will fax over a prescription to get that ordered for you. Please check out our website for more information, as well as some troubleshooting links.

Latch...

Remember these phrases:

Shoulders, Hips and Toes in a Row

Tummy to Mummy

Nipple to Nose

Open up wide and lead with the chin

These are common mistakes that are easy to correct and can make a large difference with latch. You want the baby facing you. Imagine you are trying to take a drink out of straw, but your body is pointing away from your waterbottle. It is hard to take deep swigs and swallow. Keeping everything in line better aligns the upper GI tract. When you go to have baby latch, you want to align the baby's nose to your nipple, this will allow the baby to get a wide gape to allow for a deep latch. When you go to have baby latch, push the chin in towards your breast. When the baby is latched, you should see more of the top portion of your areola (the dark area around your nipple) than the bottom portion. The baby's nose should not be touching your breast. When baby latches, you should not feel any pain. If there is pain, you can hook a (clean) pinky finger in their mouth and break the suction to try and relatch.

Once baby is latched, they will start to erratically suck. This will help the milk to start to flow. This will continue to build until you have a let-down. This is when the milk is free-flowing. If you have an oversupply (if baby coughs/sputters/chokes/pulls off the breast during your let-down) you may have to unlatch for the let-down, then relatch. After the let-down, baby will start to follow a pattern of suck-suck-swallow. You may be able to hear the baby swallow.

Positions...

Cradle: Most common breastfeeding position people think of. You have the baby laying up against your stomach while you are in a sitting position. You support the baby's head with that same side's arm.

Cross Cradle: Similar to cradle, except you support baby with the opposite arm.

Football: You support baby with pillow/arm and have them beside you with their feet towards your back.

Side Lying: Laying on a firm, flat surface with no covers/blankets, have the baby face you and have them latch on the breast closest to the bed. This is a great position for women who have oversupply issues or heavy let-downs as baby can better control the flow. Also good for mothers recovering from a c-section as it does not put pressure on your incision.

Laid Back (Down Under): You are laying flat on your back with baby on your stomach. Again, this is a great position for oversupply and heavy let-downs as baby is working against gravity, slowing the flow.

Common Problems...

Engorgement: Caused by the increase of milk in the ducts of the breasts. This can put a lot of pressure on your breasts and can be painful. Can use tylenol, ibuprofen, massage, or cool compresses to help the inflammation. Tip: when you are engorged, you do not need to completely empty your breasts as this can lead to an oversupply. You can just hand express enough milk to make you feel comfortable. You can also wear looser bras to avoid extra pressure on your breasts.

Clogged Duct: When one of the milk ducts gets blocked, but is not infected. It will create one painful area of the breast. You may feel a hard lump in your breast. Can use warm compresses, breast massage, and/or having baby latch on that breast to help unclog it.

Mastitis: When a clogged duct becomes infected. You will have the symptoms of a clogged duct along with fevers, chills, body aches, and a warm, red area on your breast. This does require antibiotics so please call our office if this occurs.

Nipple Pain: Can be due to dry, cracked nipples. Before breastfeeding, we do not use our nipples so when they are being suckled several times a day, it can cause some skin breakdown. Also, improper latch can cause irritation of the nipple. Right away from birth we recommend using vaseline or lanolin to help keep the area moist, as well as prevent further rubbing and friction. These are both safe for baby. Another cause can be due to a yeast infection of the skin. This can be from increased moisture (leaking milk and baby's saliva) or from thrush in the baby. If your nipple pain is not improving, call the office for follow up and evaluation.

Medications...

Please check with a health care provider or pharmacist before you start any new medications while breastfeeding. There are some that can cross into the breastmilk and should be limited.

Online Resources...

Global Health Media Project has great resources and videos giving good and bad examples of latches, different breastfeeding positions, etc.

Kellymom.com is another great resource. They have a lot of helpful tips and facts sheets. They also have a section with several sources where you see if medications are safe while breastfeeding.