DOWNLOAD PDF BREASTFEEDING ISSUES IN THE EARLY WEEKS

Chapter 1 : 10 Common Breastfeeding Problems & How to Solve Them

Breastfeeding Problems: Pain during the Early Weeks By Joanie Boeckman Leave a Comment I recently gave birth to my fourth child, and I quickly remembered just how tough breastfeeding during the early weeks can be.

Top 10 Breastfeeding Problems Solved Leaks, cracks, clogs? Your top 10 feeding problems solved. But just like learning how to ride a bike, you need to learn how to breastfeed and so does baby, by the way. We consulted with Jane Morton, MD, on how to handle the 10 most common breastfeeding problems. Laura Pursel Problem 1: But if baby has latched and the pain lasts longer than a minute into your feeding session, check the positioning. Tickle his chin or wait until he yawns so his mouth is wide open and seize your opportunity. Make sure to wear loose clothing and avoid washing with soap. Lanolin-based creams are good for applying between feedings. Cracked nipples Cracked nipples can be the result of many different things: During the first week of breastfeeding, you may have bloody discharge when your baby is just learning to latch or you are just beginning to pump. Also, try breastfeeding more frequently, and at shorter intervals. The less hungry baby is, the softer his sucking will be. As tempting as it is to treat your cracked nipples with anything you can find in your medicine cabinet, soaps, alcohol, lotions, and perfumes are no good â€" clean water is all you need to wash with. Try letting some milk stay on your nipples to air dry after feeding the milk actually helps heal them. You can also try taking a mild painkiller like acetaminophen or ibuprofen 30 minutes before nursing. If all this fails, try an over-the-counter lanolin cream, specially made for nursing mothers and use plastic hard breast shells inside your bra. You may notice a hard lump on your breast or soreness to the touch and even some redness. Most importantly try not to have long stretches in between feedings â€" milk needs to be expressed often. A nursing bra that is too tight can also cause clogged ducts. Stress something all new mommies have an over abundance of can also affect your milk flow. Do your best to get adequate rest you should recruit your partner to pick up some slack when possible. Also, try applying warm compresses to your breasts and massage them to stimulate milk movement. Clogged ducts are not harmful to your baby because breastmilk has natural antibiotics. Breastfeeding should be enjoyable for mom and baby. Try hand-expressing a little before feeding to get the milk flowing and soften the breast, making it easier for baby to latch and access milk. Of course, the more you nurse, the less likely your breasts are to get engorged. Mastitis Mastitis is a bacterial infection in your breasts marked by flu-like symptoms such as fever and pain in your breasts. The only sufficient way to treat the infection is with antibiotics, hot compresses, and most importantly, frequent emptying. Use hands-on pumping, making sure the red firm areas of the breast and the periphery are softened. It causes incessant itchiness, soreness, and sometimes a rash. Low milk supply Breastfeeding is a supply-and-demand process. Frequent nursing and hands-on pumping during the day can help increase milk supply. All that bonding makes baby relaxed! Milk flow is fastest after your first let-down, so if you want to increase efficiency, start off at the fuller breast, then switch to the other breast sooner, rather than later. But breastfeeding will be more challenging. Use a pump to get the milk flowing before placing baby at your nipple and use breast shells between feeds. Once you feel like your milk supply is adequate, try using nipple shields if baby still has problems latching. Sometimes the working of these inner parts can hurt, especially when in overdrive. Some mothers feel a prickly pins-and-needles sensation and others just get an achy feeling. If this feeling of pins and needles goes beyond a mere tingling and feels more like a hundred little daggers poking your breasts, you need to check for a breast infection yeast or bacteria. Sometimes this pain develops when you have an excessive amount of milk. Try feeding baby longer on one particular breast and switching to the other only if you need to.

Chapter 2 : Breastfeeding Problems Pain during the Early Weeks - Breastfeeding Place

Frequent nursing in the early weeks is important for establishing a good milk supply. Most newborns need to nurse 8 - 12+ times per day (24 hours). You CAN'T nurse too oftenâ€"you CAN nurse too little.

Breastfeeding â€" Tease lips or cheek. Breastfeeding â€" Twins, cross cradle position I. Breastfeeding â€" Twins, football or clutch hold. Breastfeeding â€" Twins, parallel position II. Latch breastfeeding Latching on refers to how the baby fastens onto the breast while feeding. Infants also use their sense of smell in finding the nipple. Sebaceous glands called Glands of Montgomery located in the areola secrete an oily fluid that lubricates the nipple. They become more pronounced during pregnancy and it is speculated that the infant is attracted to the odor of the secretions. If an infant is unable to hold their tongue in the correct position they may chew rather than suck, causing both a lack of nutrition for the baby and significant nipple pain for the mother. If it is determined that the inability to latch on properly is related to ankyloglossia, a simple surgical procedure can correct the condition. It is now known that a good latch is the best prevention of nipple pain. There is also less concern about small, flat, and even "inverted" nipples as it is now believed that a baby can still achieve a good latch with perhaps a little extra effort. In one type of inverted nipple, the nipple easily becomes erect when stimulated, but in a second type, termed a "true inverted nipple," the nipple shrinks back into the breast when the areola is squeezed. According to La Leche League, "There is debate about whether pregnant women should be screened for flat or inverted nipples and whether treatments to draw out the nipple should be routinely recommended. Some experts believe that a baby who is latched on well can draw an inverted nipple far enough back into his mouth to nurse effectively. They commonly work in hospitals, physician or midwife practices, public health programs, and private practice. Exclusive and partial breastfeeding are more common among mothers who gave birth in hospitals that employ trained breastfeeding consultants. However, in some cases, the infant may need additional treatments to keep the condition from progressing into more severe problems. Breast milk jaundice occurs in about 1 in babies. It often reaches its peak during the second or third week. Breast milk jaundice rarely causes any problems, whether it is treated or not. It is usually not a reason to stop nursing. The cause is thought to be inadequate milk intake, leading to dehydration or low caloric intake. If the baby is properly latching the mother should offer more frequent nursing sessions to increase hydration for the baby and encourage her breasts to produce more milk. If poor latch is thought to be the problem, a lactation expert should assess and advise. Weaning Weaning is the process of replacing breast milk with other foods; the infant is fully weaned after the replacement is complete. Psychological factors affect the weaning process for both mother and infant, as issues of closeness and separation are very prominent. Unless a medical emergency necessitates abruptly stopping breastfeeding, it is best to gradually cut back on feedings to allow the breasts to adjust to the decreased demands without becoming engorged. La Leche League advises: Make a bedtime routine not centered around breastfeeding. A good book or two will eventually become more important than a long session at the breast. Pumping small amounts to relieve discomfort helps to gradually train the breasts to produce less milk. There is presently no safe medication to prevent engorgement, but cold compresses and ibuprofen may help to relieve pain and swelling. Pain should go away in one to five days. If symptoms continue and comfort measures are not helpful a woman should consider the possibility that a blocked milk duct or infection may be present and seek medical intervention. If the mother was experiencing lactational amenorrhea her periods will return along with the return of her fertility. When no longer breastfeeding she will need to adjust her diet to avoid weight gain. Breastfeeding and medications Almost all medicines pass into breastmilk in small amounts. Some have no effect on the baby and can be used while breastfeeding. Note that the formula is of uniform consistency and color, while the milk exhibits properties of an organic solution, separating into the creamline layer of fat at the top, milk and a watery blue layer at the bottom. Expressed milk[edit] Manual breast pump A mother can express produce her milk for storage and later use. Expression occurs with massage or a breast pump. It can be stored in freezer storage bags, containers made specifically for breastmilk, a supplemental nursing system , or a bottle ready for use. Breast milk may be kept at room temperature for up to six hours, refrigerated for up to

eight days or frozen for six to twelve months. A sick baby who is unable to nurse can take expressed milk through a nasogastric tube. Some babies are unable or unwilling to nurse. Expressed milk is the feeding method of choice for premature babies. This allows mothers who cannot breastfeed to give their baby the benefits of breast milk. Babies feed differently with artificial nipples than from a breast. Drinking from a bottle takes less effort and the milk may come more rapidly, potentially causing the baby to lose desire for the breast. This is called nursing strike, nipple strike or nipple confusion. To avoid this, expressed milk can be given by means such as spoons or cups. With good pumping habits, particularly in the first 12 weeks while establishing the milk supply, it is possible to express enough milk to feed the baby indefinitely. With the improvements in breast pumps, many women exclusively feed expressed milk, expressing milk at work in lactation rooms. Women can leave their infants in the care of others while traveling, while maintaining a supply of breast milk. Wet nurse It is not only the mother who may breastfeed her child. She may hire another woman to do so a wet nurse , or she may share childcare with another mother cross-nursing. Both of these were common throughout history. It remains popular in some developing nations , including those in Africa, for more than one woman to breastfeed a child. Shared breastfeeding is a risk factor for HIV infection in infants. During the late stages of pregnancy, the milk changes to colostrum. While some children continue to breastfeed even with this change, others may wean. Most mothers can produce enough milk for tandem nursing, but the new baby should be nursed first for at least the first few days after delivery to ensure that it receives enough colostrum. Breasts can respond to the demand and produce larger milk quantities; mothers have breastfed triplets successfully. In some cultures, breastfeeding an adoptive child creates milk kinship that built community bonds across class and other hierarchal bonds. In developed countries, re-lactation is common after early medical problems are resolved, or because a mother changes her mind about breastfeeding. Re-lactation is most easily accomplished with a newborn or with a baby that was previously breastfeeding; if the baby was initially bottle-fed, the baby may refuse to suckle. If the mother has recently stopped breastfeeding, she is more likely to be able to re-establish her milk supply, and more likely to have an adequate supply. Although some women successfully re-lactate after months-long interruptions, success is higher for shorter interruptions. A dropper or syringe without the needle may be used to place milk onto the breast while the baby suckles. The mother should allow the infant to suckle at least ten times during 24 hours, and more times if he or she is interested. These times can include every two hours, whenever the baby seems interested, longer at each breast, and when the baby is sleepy when he or she might suckle more readily. In keeping with increasing contact between mother and child, including increasing skin-to-skin contact, grandmothers should pull back and help in other ways. Later on, grandmothers can again provide more direct care for the infant. However, even when lactation is established, the supply may not be large enough to breastfeed exclusively. A supportive social environment improves the likelihood of success. If a baby has stopped breastfeeding, it may take weeks or more before much breastmilk comes. Extended breastfeeding Extended breastfeeding means breastfeeding after the age of 12 or 24 months, depending on the source. In Western countries such as the United States , Canada , and Great Britain , extended breastfeeding is relatively uncommon and can provoke criticism. In India , mothers commonly breastfeed for 2 to 3 years. WHO states, "Breast milk is the ideal food for the healthy growth and development of infants; breastfeeding is also an integral part of the reproductive process with important implications for the health of mothers. What is at stake: It is also bad for the multibillion-dollar global infant formula and dairy business. Breastfeeding aids general health, growth and development in the infant. Infants who are not breastfed are at mildly increased risk of developing acute and chronic diseases, including lower respiratory infection , ear infections , bacteremia , bacterial meningitis , botulism , urinary tract infection and necrotizing enterocolitis. At one year, breastfed babies tend to be leaner than formula-fed babies, which improves long-run health. Length gain and head circumference values were similar between groups, suggesting that the breastfed babies were leaner. The risk of death due to diarrhea and other infections increases when babies are either partially breastfed or not breastfed at all. The rest of the body displays some uptake of IgA, [] but this amount is relatively small. However, smallpox and yellow fever vaccines increase the risk of infants developing vaccinia and encephalitis. Breast milk of healthy human mothers who eat gluten -containing foods presents high levels of

non-degraded gliadin the main gluten protein. Delaying the introduction of gluten does not prevent, but is associated with a delayed onset of the disease.

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Chapter 3 : Early breastfeeding? | WordReference Forums

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Read my full disclosure statement. The information in this post is for educational purposes only. I am not a doctor. It is not intended to be a substitute for professional medical advice. None of the opinions are meant to diagnose or treat any disease or illness. You should always consult your healthcare provider. Pain during the Early Weeks By Joanie Boeckman Leave a Comment I recently gave birth to my fourth child, and I quickly remembered just how tough breastfeeding during the early weeks can be. While I have breastfed three children over the course of the last 4. Pain during latch-on You may experience a sharp pain when your baby latches on. The pain for me was so intense I would actually have to stomp my foot for a bit. The sharp pain would always subside for me after a few seconds. With my first child I ended up with very sore, raw nipples that cracked and bled. Her latch was actually perfectly normal, but my nipples needed to toughen up to deal with the intense suction of her suckling. I actually ended up in so much pain that I reached out to a lactation consultant and ended up with a prescription nipple cream that helped with that pain so I could actually tolerate feeding her. After the first two weeks or so, the pain faded and eventually went away altogether. The feeling is pretty intense. Your breasts will become hard and swollen to proportions you will have never seen before. It can be very uncomfortable. Remember to keep feeding your baby, and as your milk supply regulates, the engorgement will go away. I used cold compresses to help with the pain those first few days. Pain during letdown Once your milk comes in, you will notice an odd sensation when you feed your baby. This is called letdown. It can actually be a bit painful. It only lasts a few seconds, though, and the pain does get better. Once my supply regulates, the letdown becomes less painful. I often get them from not wearing proper nursing bras or going too long between feedings. Avoid anything too tight around your breasts or any bras that have an underwire. The lump can be very sore, but actually feels much better when you massage it, especially while breastfeeding. When to get help If your breasts become tender, red, hot to the touch, and you have a fever, it is possible you have mastitis. Mastitis can make you feel miserable and hinder your breastfeeding experience. Contact your doctor as soon as you suspect mastitis to get help. Sometimes baby does have a hard time latching-on correctly. If you cannot get baby to latch properly, your nipples will remain sore past the first couple of weeks. Another breastfeeding problem that might cause some pain is thrush. You will need to treat the thrush to get relief. Anytime you feel something is not right in your breastfeeding relationship, do not be afraid to reach out to a lactation consultant. Most hospitals can get you in touch with one if needed. What is your experience with pain during those early weeks? She is passionate about living a simpler life, attachment parenting, homemaking, and homeschooling. You can find her blogging at Simple Living Mama where her mission is to empower women in their roles as homemakers, mothers, and homeschool teachers.

Chapter 4 : Breastfeeding | Cleveland Clinic

We all know how important it is to breastfeed your baby! But the truth is that sometimes it can be difficult getting started and sometimes it can be equally difficult maintaining breastfeeding through the different ages and stages.

URL of this page: They recommend that babies feed only on breast milk for the first 6 months, and then continue to have breast milk as a main part of their diet until they are at least 1 to 2 years old. It is true that breastfeeding is not always easy for moms and babies. It can take a little time for you both to get the hang of it. It is important to know this up front, so that you can make sure you have all the support and commitment you need if a problem does come up. Recommendations Breastfeeding nursing your baby can be a good experience for both the mother and the baby. It takes time and practice to get comfortable with breastfeeding. Things you can do to help the process include: Start breastfeeding your baby in the hospital, right after birth. Ask for help from a lactation consultant or nurse to get you started. Read about breastfeeding before your baby is born. Sometimes, breast tenderness and nipple soreness will occur in the first week. Getting help with a proper latch right away from a breastfeeding support person can help this go away more quickly. Nipple soreness may be caused by many things, including: Wrong position of the baby when breastfeeding Not taking care of your nipples For many women, there is no clear cause of nipple soreness. You might have sore nipples if your baby keeps sucking as they come off the breast. You can help your baby learn to let go by gently inserting a finger into the side of the mouth to break the suction. Skin that is too dry or too moist can also cause nipple soreness. Bras made from man-made synthetic fabrics may cause moisture to collect. These fabrics may increase sweating and slow evaporation. Using soaps or solutions that remove natural skin oils can cause dry skin. Olive oil, expressed milk, and ointments containing lanolin can help soothe dry or cracking nipples. Some babies chew or bite on the nipples when they start teething. Giving the baby something cold and wet to chew on a few minutes before breastfeeding can help avoid this problem. A clean, wet washcloth from the refrigerator works well. Offer the baby another cold, wet washcloth before feeding on the other breast. It is a sign that your milk is coming in. It will not prevent you from breastfeeding. Breast engorgement is caused by back up in the blood vessels in the breast. The breasts are swollen, hard, and painful. The nipples may not stick out enough to allow the baby to latch on correctly. The let-down reflex is a normal part of breastfeeding. Milk made in the milk glands is released into the milk ducts. Pain, stress, and anxiety can interfere with the reflex. As a result, milk will build up. Learning to relax and finding a comfortable position Reducing distractions during nursing, performing a gentle massage, and applying heat to the breast Nursing often 8 times or more in 24 hours and for at least 15 minutes at each feeding can also prevent engorgement. Other ways to relieve breast engorgement: Feed more often or express milk manually or with a pump. Electric breast pumps work best. Alternate between taking warm showers and using cold compresses to help ease the discomfort. Though many women are very worried about this, it is quite rare that a mother will produce too little milk. Making too little milk can happen for a few reasons, including using infant formula to feed your baby in addition to breastfeeding. Frequent feedings, adequate rest, good nutrition, and drinking enough fluids can help maintain a good milk supply. Symptoms of a plugged milk duct include: Massaging the area and putting gentle pressure on it can help to remove the plug. Call your health care provider if you develop these symptoms. Taking antibiotics for the infection Applying moist, warm compresses to the infected area Getting rest Wearing a comfortable bra between feedings Continuing to nurse from the infected breast will help healing take place. Breast milk is safe for the baby, even when you have a breast infection. This will prevent further breast engorgement. If nursing is too uncomfortable, you may try pumping or manual expression to move milk out of the breast. You can try offering the unaffected breast first until let-down occurs, to prevent discomfort. Talk to your provider about ways to manage the problem. The yeast Candida albicans thrives in warm, moist areas. Yeast infections often occur during or after antibiotic treatments. Symptoms of yeast infection in the mother are deep-pink nipples that are tender or uncomfortable during, and right after, nursing. The baby may also have a diaper rash, a change in mood, and will want to suckle more frequently. Call your provider to get a prescription for an antifungal medicine for affected members of your family. You can safely

continue breastfeeding during most illnesses. The baby is likely to benefit from your antibodies. The breast and the physiology of lactation. Normal and Problem Pregnancies. Feeding healthy infants, children, and adolescents. Nelson Textbook of Pediatrics.

Chapter 5 : Overcoming breastfeeding problems: MedlinePlus Medical Encyclopedia

Late-preterm infants also are more likely to be re-admitted to the hospital in the early weeks of life for medical complications, including newborn jaundice, breastfeeding difficulties, excessive weight loss, and possible infections.

Baby refuses the breast Sore nipples An unfamiliar feeling of tingling, or pressure, without actual pain, is normal when you first start to breastfeed. But if breastfeeding hurts your nipples, then the most likely reason is that you and your baby need to change the way he latches on. Read about how to deal with sore nipples. Tongue-tie Some babies find a comfortable, effective latch hard to achieve because of tongue tie. Read our article on tongue-tie. A few women find this sensation painful. You may also feel your womb contracting. It should pass quickly; try to relax and breathe through it and ask your midwife for tips. Find out more in our article here. Unsettled baby and frequent feeding If your baby seems unhappy, unable to sleep, or difficult to feed, do ask for help. Read about how to deal with frequent feeding here. It could be that the after-effects of the birth or pain relief used during labour are affecting his responses. Other babies fight and struggle at the breast, and seem to resist it. Find out more here. For problems that are more likely to affect your breastfeeding, as your baby gets older click here. Further information NCT supports all parents, however they feed their baby. If you have questions, concerns or need support, you can speak to a breastfeeding counsellor by calling our helpline on , whether you are exclusively breastfeeding or using formula milk. Breastfeeding counsellors have had extensive training, will listen without judging or criticising and will offer relevant information and suggestions. You can also find more useful articles here. Managing Breastfeeding â€" dealing with difficult times.

Chapter 6 : Breastfeeding your newborn â€" what to expect in the early weeks â€¢ www.nxgvision.com

A nipple shield should be used only with the direct supervision of a lactation consultant or other breastfeeding specialist who can assure that your infant obtains adequate milk nursing with the shield and closely monitor your baby's weight gain.

What should I know about getting started with breastfeeding? Getting started The first weeks of breastfeeding are a learning time for you and your baby. You are learning how to care for and feed your baby, and your baby is discovering how to breastfeed and ask for comfort. Over the next days and weeks, both of you will learn how to breastfeed. Help with breastfeeding is available. A nurse or lactation consultant will observe you and your baby breastfeeding before you leave the hospital. During the first weeks, your milk will change from colostrum a thick, rich fluid to mature milk a thinner, whitish fluid. Your milk provides all the food and fluid your baby needs. A good start with breastfeeding We encourage you to put your baby to breast after birth. Keep your baby with you so you can breastfeed often 24 Hour Rooming-In. Breastfeeding provides comfort as well as nutrition to your baby. Offer your breast whenever your baby shows feeding cues such as mouthing, lip smacking, turning toward the breast, sucking on fists. The average is eight to 12 feedings per day. Breastfeeding should not hurt. The more you breastfeed, the more milk you will make for your baby. Once you and your baby learn how to breastfeed, breastfeeding will be a good time to relax and enjoy each other. Where should I breastfeed my baby? Select a quiet, comfortable place to breastfeed. Choose a chair with arm support and put your feet on a stool to bring your baby closer to you. Or try lying down on your side. Use pillows on your lap or under your arms to support your baby and avoid straining your back. If you are in pain, take medicine before breastfeeding to help make you more comfortable. How should I hold my baby? Hold your baby close to you, "tummy to tummy. Hold him or her as close to you as possible. Skin-to-skin contact is best. Here are two examples of positions to hold your baby while learning to breastfeed. Choose a position that is comfortable for both you and your baby. Cross-Cradle Position During the early weeks, many mothers find a variation of the cradle position, called the cross-cradle position to be useful. For this position, your baby is supported on a pillow across your lap to help raise him to your nipple level. If you are preparing to breastfeed on the left breast, your left hand supports that breast in a "U" hold. You support your baby with the fingers of your right hand. Clutch or Football Position This is a good position for a mother who has had a cesarean birth, as it keeps the baby away from the incision. Most newborns are very comfortable in this position. It also helps when a mother has a forceful milk ejection reflex let down because the baby can handle the flow more easily. You support your breast with a "C" hold. This keeps your baby from being able to push against your chair. Pillows again help bring the baby to the correct height. How should I position my baby on my breast? Hold your breast with one hand. Place your thumb on top of your breast and four fingers underneath, away from the dark area around the nipple areola. Support your breast with the other hand. Support your breast with your other hand. You will feel a tugging at your breast. This should not be painful. How do I know when my baby is getting milk? Your baby will begin with rapid, short sucking motions. Soon after you will notice a slower, steady sucking pattern and will hear your baby swallow. How often should I breastfeed? Feed your baby on demand every one to three hours during the day and night. Most newborns need to breastfeed about eight to 12 times per day. Your baby might want to nurse every hour or so for several feedings this is called cluster feedings. Let your baby breastfeed for as long as your baby is nursing vigorously longer on the first breast until he or she seems satisfied. There is no need to limit the length of the feedings unless your nipples are sore. Burp your baby and then offer your other breast. It is OK if your baby does not feed at both breasts during each feeding. Start on the other breast at the next feeding. How do I know if my baby is getting enough milk? By one week of age, be sure your baby has had at least six to eight wet diapers and three to four large, yellow, seedy stools every 24 hours. The urine should be pale in color after the first week. If your baby is not getting enough milk, the urine will become deep yellow in color and the amount will decrease. When your baby urinates, the toilet paper will be wet. Breastfed babies have yellow, seedy, loose stools, often with each feeding. Later on, some breastfed babies might only have one stool per week. Breast care Wash your hands

before breastfeeding. A bath or shower once a day is all you need to keep your nipples clean. Do not use soap or other products when washing your nipples. Use warm water only. Allow your nipples to dry after a feeding. How can I avoid sore nipples? Sore nipples are common in the first weeks and are often caused by poor positioning. To avoid sore nipples, follow these guidelines: Change your position for breast feeding. Rub colostrum or breast milk into your nipple and areola after each feeding, let air dry. If your nipples are sore and dry or cracking, start breastfeeding with the less sore breast first. If your nipples remain sore or are painful, call a lactation consultant. When can I introduce bottles? Do not introduce bottles until you and your baby are comfortable with breastfeeding. In fact, some mothers never use bottles at all. After the first three to four weeks, once you and your baby have become comfortable with breastfeeding, bottles can be introduced. It might help if someone other than you feeds your baby the first bottle. You might choose to pump your breasts and use this breast milk for an occasional or regular bottle feeding. The American Academy of Pediatrics AAP recommends exclusive breast milk feeding for the first six months of life, continuing with complementary food through the first year of life and beyond. If you will be returning to work, call a lactation consultant two to four weeks before you return to work to discuss your options. You may also find information at www. There is no need for supplements in the first weeks for healthy, full- term babies, unless recommended by your Provider. In fact, avoid supplements, as they will decrease your milk supply. Frequent emptying of the breast is important to establish your milk supply. Avoid artificial nipples, pacifiers, and bottles for the first four weeks, as they might decrease your milk supply. Your baby controls your milk supply by feeding often. As your baby grows, there will be times when he or she breastfeeds more than usual, and this will increase your milk supply. How can I take care of myself the first weeks after delivery? Whenever the baby is sleeping, you should rest, too. Let your family and friends help with older children and house chores. Your job during the first weeks is to get to know your new baby. Good nutrition remains important. Follow the same guidelines for healthy eating as you did during pregnancy. Remember, eating well keeps you healthy. Your health care provider might recommend that you continue to take a prenatal vitamin while you are breastfeeding.

Chapter 7 : Breastfeeding in the early weeks: problems & tips - Dr Wallman

During the first week of breastfeeding, you may have bloody discharge when your baby is just learning to latch or you are just beginning to pump. A little blood, while kind of gross, won't harm baby.

Immediate access to this article To see the full article, log in or purchase access. Sinusas is chairman of the Middlesex Hospital breastfeeding Committee and recently served as the family practice liaison to the Connecticut Academy of Pediatrics breastfeeding Committee. Margaret Memorial Hospital in Pittsburgh, Penn Gagliardi serves as lactation consultant liaison to the Connecticut Academy of Pediatrics breastfeeding Committee. Address correspondence to Keith Sinusas, M. The authors indicate that they do not have any conflicts of interest. Objectives for improving health part B. Retrieved February , from: American Academy of Family Physicians. American Academy of Pediatrics. Breastfeeding and the use of human milk. Work Group on Breastfeeding. Retrieved February from: Moreland J, Coombs J. Promoting and supporting breastfeeding. Arch Pediatr Adolesc Med. Anisfeld E, Lipper E. Early contact, social support, and mother-infant bonding. Ali Z, Lowry M. Dev Med Child Neurol. Righard L, Alade MO. Effect of delivery room routines on success of first breastfeed. The position of the tongue during rooting reflexes elicited in newborn infants before the first suckle. Early versus delayed initiation of breastfeeding Cochrane Review. The Cochrane Library, 1, A study of factors promoting and inhibiting lactation. Elander G, Lindberg T. Short mother-infant separation during first week of life influences the duration of breastfeeding. Administrative Committee on Coordination. Problems of establishing lactation. Food and Nutrition Bulletin. United Nations University, ; Psychophysiologic reactions in the neonate. Effects of maternal medication on the neonate and his behavior. Relationship between obstetric analgesia and time of effective breast feeding. Do labor medications affect breastfeeding? Extradural buprenorphine suppresses breast feeding after caesarean section. The effect of postoperative analgesia with continuous epidural bupivacaine after cesarean section on the amount of breast feeding and infant weight gain. Cesarean delivery and breastfeeding outcomes. Kurinij N, Shiono PH. Early formula supplementation of breastfeeding. Influence of the mode of delivery on initiation of breastfeeding. Br J Obstet Gynaecol. Pharmasoft Medical Publishing, Different patterns of oxytocin, prolactin but not cortisol release during breastfeeding in women delivered by cesarean section or by the vaginal route. Stress during early labor and delivery and early lactation performance. Am J Clin Nutr. Temperature, metabolic adaptation and crying in healthy full-term newborns cared for skin-to-skin or in a cot. Guidelines for perinatal care. Elk Grove Village, Ill.: Randomized trial of silver nitrate, erythromycin, and no eye prophylaxis for the prevention of conjunctivitis among newborns not at risk for gonococcal ophthalmitis. Andrew M, Brooker LA. Hemostatic disorders in newborns. Breastfeeding problems associated with the early introduction of bottles and pacifiers. Pacifier use and short breastfeeding duration: Yamauchi Y, Yamanouchi I. Breastfeeding frequency during the first 24 hours after birth in full-term neonates. Duration of breastfeeding after early initiation and frequent feeding. Feeding schedules in hospitals for newborn infants Cochrane Review. The impact of infant rooming-in on maternal sleep at night. J Obstet Gynecol Neonatal Nurs. Does early supplementation affect long-term breastfeeding? Changing hospital practices to increase the duration of breastfeeding. The optimization of breastfeeding in the perinatal period. Mohrbacher N, Stock J, eds. The breastfeeding answer book. La Leche League International, Effect of discharge samples on duration of breastfeeding. Healthy stay for healthy term newborns. Overcoming obstacles to breastfeeding in a large municipal hospital: Evidence based guidelines for breastfeeding management during the first fourteen days. International Lactation Consultant Association, Protecting, promoting and supporting breastfeeding: Int J Gynaecol Obstet.

Chapter 8 : Initial Management of Breastfeeding - - American Family Physician

In fact, ten or twelve feedings a day are not uncommon during the early weeks. On average, your baby will awaken to breastfeed every two to three hours. Feedings are timed from the beginning of one nursing to the beginning of the next.

Breastfeeding duration was also significantly associated with parenting styles. However significant differences were no longer found for anxiety or nurturance. No significant difference was found at any stage for discipline or involvement for milk feeding group. Discussion This paper examined the association between variations in approaches to parenting in early infancy and breastfeeding initiation and duration. Overall, parenting approaches that were higher in parent-led routine and anxiety and lower in nurturance were associated with a decreased likelihood that the infant was breastfed at birth and an increased likelihood that formula was introduced within the first six weeks postpartum. Given the importance of breastfeeding for infant and maternal health [1] , understanding the impact and interaction of parenting styles upon breastfeeding is an important element in understanding maternal motivation to initiate and barriers to continuation. Mothers who reported that they used high levels of parent-led routine day to day for their infant were less likely to initiate or continue breastfeeding. This relationship could be bidirectional. Mothers may adapt their use of routine to their chosen feeding method. Breastfeeding typically needs to baby-led and on demand to establish milk supply [18] whereas formula feeding can encourage a stricter feeding schedule and routine [6]. Moreover as breastfed infants often feed more frequently and irregularly compared to formula fed infants, a parent-led routine can be more difficult to establish [10]. Potentially mothers who breastfeed learn to, or have to, adopt a baby-led feeding pattern to continue breastfeeding whereas mothers who formula feed learn to, or choose to, follow a stricter parent-led routine. Alternatively, maternal desire for routine may drive infant feeding choice. Mothers who wish to have a strict routine may choose to formula feed for this reason. Indeed the perceived irregularity, commitment and hassle of breastfeeding are commonly cited by pregnant women for deciding not to breastfeed or to stop after a short duration of time [5]. Either way, a strict parent-led routine for infant feeding may not be beneficial to infant health, either through discouraging breastfeeding or because encouraging a baby to feed to a parent-led routine rather than its own natural patterns may promote obesity [6]. Breastfeeding initiation and continuation in the early weeks were associated with higher scores on the Nurturing factor, which included behaviours such as keeping the infant as close as possible. Nurturing behaviour is associated with improved breastfeeding outcomes; keeping the infant close, including skin-to-skin contact as soon after the birth is believed to play a critical role in breastfeeding initiation and duration [22]. Responding promptly to the infants signals of hunger encourages prolactin production which is essential to milk production [23] which is more likely if the infant is kept in close proximity including behaviour such as room sharing [24]. Again this relationship may be bidirectional â€” breastfeeding may encourage the mother to keep her infant close to her whereas perhaps formula feeding, where feeds are less frequent, may promote greater independence. Conversely, desire for nurturance may drive feeding choice; Mothers may choose to formula feed as they wish to have greater independence from their infant, allowing others to feed the infant or through the need to balance other responsibilities [5] , [8]. Formula milk is perceived to promote infant sleep and encourage the infant to settle [10] , potentially due to the increased time it takes to digest feeds [17]. An independent infant can often be viewed as a measured of parenting success e. Thus for those who desire independence, breastfeeding may be incompatible. Finally, greater maternal anxiety factor scores were associated with using formula from birth or stopping breastfeeding within the first six weeks. The association between maternal anxiety and formula use has been well established. Mothers who report low self-efficacy and confidence are more likely to choose to formula feed [7]. Specific anxieties related to poor weight gain [9] , concern regarding milk production [8] , or that the infant is not receiving enough milk [10] are all linked to a shorter breastfeeding duration; often shorter than the mother desired. Formula feeding may provide reassurance for a mother with higher anxiety as intake is far more measurable; the amount consumed is visible, nutrient content listed on the tin and direct instructions about quantities to offer [18]. Conversely, it is possible that a negative experience of breastfeeding, leading to formula use, may

increase overall maternal anxiety for their infant. One potential insight into the development of parenting styles across this time is the sub sample of mother who gave expressed milk rather than breastfeeding directly at birth. In the UK mothers are entitled to up to nine months of paid maternity leave [26] which gives them opportunity to breastfeed for a number of months before they return to work. Low numbers of mothers in the UK choose to exclusively express milk for their infant rather than directly breastfeed [3]. This is in contrast to countries such as the USA where mothers often return to work soon after the birth, leading to greater numbers of mothers choosing to express milk for their infants for this reason. However, a negative birth experience can have a major impact on a new mother. It can increase maternal anxiety for her infant [28] that can last into childhood [29]. Concerns regarding growth and milk supply are especially strong [30]. Here, mothers who expressed breast milk at birth reported the highest levels of anxiety regarding their infant suggesting that early parenting styles may be affected by significant experiences surrounding the birth and first year. Again, further research is needed to ascertain how parenting styles form and develop. A key question is the potential impact of the findings for those working to support breastfeeding mothers. There is a clear message emerging from the data that maternal beliefs and behaviours regarding wider parenting approach during infancy are associated with, and may be affecting, milk feeding choice. In the UK there is a very profitable market of baby care books aimed at parents of young infants [31]. These books often promote specific approaches to caring for an infant, typically focussed around how the parent should respond to the infant and use of parent led routines for sleep and feeding. Generally these books fall into two categories; those proposing a parent-led approach whereby strict sleep and feeding routines are imposed and those which are more baby-led encouraging the parent to respond to and follow infant cues and rhythms [32]. However, these books are typically not evidence based due to the lack of research exploring outcomes in this area. Given the popularity of parenting manuals that might promote structured methods of interaction and approach to the infant [21] , [32] , greater awareness needs to be raised as to how these books may be influencing maternal behaviour and choices, especially due to the lack of underpinning empirical evidence. Moreover awareness should also be given by Health Professionals as to the influences beliefs about infant care approaches might have upon breastfeeding duration. Beliefs regarding routine and interaction with their infant or misconceived ideas about what normal infant sleep or feeding behaviour should be like might affect their parenting choices. Although the data presented here is correlational, given the association between infant feeding choice at birth and parenting style, perhaps the discussion of these antenatally may be important. One specific application for health professionals could be the notable differences in both anxiety and nurturance between breast and formula groups up to six weeks postpartum but that were not significant after this time. Breastfeeding in the early days can be demanding but it is often viewed as established and easier after the infant reaches six weeks old [33] , [34]. Health professionals might consider this with mothers who are feeling anxious about breastfeeding or concerned at how close they will need to remain to the infant at all times after the birth. High numbers of mothers initiate breastfeeding at birth but there is a high drop of rate in continuation, often before the mother was planning to stop breastfeeding [3]. Discussing with mothers how breastfeeding may change and become easier and less consuming after the first few weeks might encourage initiation or duration rates. Despite the potential impact of a parent-led style upon breastfeeding duration, wider consideration does need to be given to the overall parenting experience. Sleep deprivation [35] and infant crying [36] are associated with increased risk of postnatal depression and maternal feelings of loss of control or identity [37]. An infant-led approach has been linked to night wakings for longer [38] whilst parent-led sleep training was related to reduced incidence of postnatal depression [39]. At an individual level a parent-led style and bottle feeding may have benefits that overall contribute to a more positive outcome for the family [40]. However, given the considerable importance of breastfeeding for both infant and maternal health [3] , [4] , more emphasis should be placed on offering increased maternal practical and emotional support and boosting confidence to enable her to breastfeed [41] , [42]. Educating partners, grandparents and the wider public to the importance of following infant cues may play a key role here as might increased funding for breastfeeding peer supporters or family support workers. There are limitations to the study. Firstly, as discussed above the data are correlational, and cannot imply cause and effect. It is possible that parenting styles influence feeding choices. On the other hand, it is possible

that infant feeding choices shape parenting style. Alternatively it may be that the relationship between the variables is additive. Further although this exploratory study did include a wide range of potentially mediating variables it may be that there are other, as yet untested variables, which could explain the association. A longitudinal study exploring how attitudes and behaviors develop and change over time would address these issues. Related to this, research could consider whether these attitudes are malleable and whether interventions to promote an infant-led parenting approach may increase breastfeeding initiation and duration. Secondly, the sample was self selecting with a slightly higher than average number of women who initiated breastfeeding at birth. This was an exploratory study and further research is needed to test the findings in a population based sample to examine whether the structure and reliability of the questionnaire remains for a wider demographic. Moreover, potentially mothers with a higher level of education are more likely to research and read about their parenting choices which may affect their exposure to early parenting books and thus attitudes and behaviors e. Mothers with a more deprived background however are more likely to seek the guidance and support of family, particularly their mother, who may have generational ideas about how infants should be cared for [44]. Future research could ask parents to report sources of information that they have consulted regarding parenting behaviors and attitudes. Thirdly, seventy two per cent of the responses were collected via the online survey link which could be considered a limitation [45]. However, the internet is now widely used, especially amongst pregnant and new mothers [46] and this was seen in the demographic spread of those completing online. Online recruitment methods are now increasing in popularity in health research [47] , [48] , [49]. No significant differences were seen in responses collected online or via paper copy. For an initial exploration of this under researched area, utilising internet recruitment methods allowed this new data to be collected. Further research should however now use more widely accessible methods in population based samples. In conclusion, the findings raise pertinent questions in relation to the impact of parenting styles during early infancy upon breastfeeding initiation and duration. Moreover, given the popularity of specific approaches to early parenting in the popular literature, further research is needed to examine how these might be impacting upon infant health and development. Awareness needs to be raised about how the promotion of parent-led parenting styles might impede breastfeeding initiation and duration. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript. Evid Technol Asses Full Rep Systematic reviews and meta-analyses. Huggins K Markers of lactation insufficiency: Current issues in Clinical Lactation 1: Thulier D, Mercer J Variables associated with breastfeeding duration. Journal of Human Nutrition and Dietetics 24 2: Journal of advanced nursing 67 9: International Breastfeeding Journal 1: Baumrind D Parental discipline and social competence in children. Youth and Society 9: Hetherington, Handbook of child psychology: Socialization, personality, and social development 4th ed. Handbook of communication and social interaction skills. Lawrence Erlbaum Associates, Publishers, â€” Journal of Youth and Adolescence In Intercellular signalling in the mammary gland, pp.

Chapter 9 : Breastfeeding problems and concerns in the early days | NCT

Breastfeeding can be challenging, especially in the early days. But remember that you are not alone. Lactation consultants can help you find ways to make breastfeeding work for you and your baby.

Is baby getting enough milk? Take baby for a weight check at the end of the first week or beginning of the second week. In the early days, baby typically has one dirty diaper for each day of life 1 on day one, 2 on day twoâ€¦. After day 4, stools should be yellow and baby should have at least stools daily that are the size of a US quarter 2. Some babies stool every time they nurse, or even more oftenâ€”this is normal, too. The normal stool of a breastfed baby is loose soft to runny and may be seedy or curdy. In the early days, baby typically has one wet diaper for each day of life 1 on day one, 2 on day twoâ€¦. To feel what a sufficiently wet diaper is like, pour 3 tablespoons 45 mL of water into a clean diaper. A piece of tissue in a disposable diaper will help you determine if the diaper is wet. If baby is having trouble latching due to engorgement, use reverse pressure softening or express milk until the nipple is soft, then try latching again. Frequent nursing in the early weeks is important for establishing a good milk supply. Allow baby unlimited time at the breast when sucking actively, then offer the second breast. Some newborns are excessively sleepy â€”wake baby to nurse if 2 hours during the day or 4 hours at night have passed without nursing. The following things are normal: Varying nursing pattern from day to day. Cluster nursing very frequent to constant nursing for several hoursâ€”usually eveningsâ€”each day. Growth spurts , where baby nurses more often than usual for several days and may act very fussy. Common growth spurt times in the early weeks are the first few days at home, 7 â€” 10 days, 2 â€” 3 weeks and 4 â€” 6 weeks. The normal stool of a breastfed baby is yellow and loose soft to runny and may be seedy or curdy. After 4 â€” 6 weeks, some babies stool less frequently, with stools as infrequent as one every days. As long as baby is gaining well , this is normal. Some moms worry about milk supply. Between weight checks, a sufficient number of wet and dirty diapers will indicate that baby is getting enough milk. This information is also found as part of the professional Breastfeeding Logs.