

Breastfeeding

During the first few days after giving birth, your body will produce colostrum, a sort of “pre-milk” or “practice milk.” After about three to four days of nursing, your breasts will start to feel less soft and more firm as your milk changes from colostrum to milk that looks like skim milk.

The amount of milk your body produces will increase during this time in response to your baby's nursing. Sometimes, for no apparent reason, a mother's milk may take longer than a few days to come in. If your milk still hasn't come in within 72 hours after your baby's birth, talk to your doctor.

When to begin

Start nursing within an hour after giving birth. Even if your baby doesn't actually latch on, starting early helps you both get used to the idea of breastfeeding.

It may take a few tries, but it's important that your baby latches on with a wide-open mouth and takes as much as possible of your areola (the dark-colored area of the breast) in his mouth (not just the tip of the nipple). If your baby falls asleep while nursing, try to wake him up by tickling his feet or undressing him. Frequent attempts to burp and change the diaper between breasts also can be helpful. Many babies who fall asleep at the breast are not latched on correctly. See your physician or lactation consultant if this continues.

Try to feed every two to three hours, even overnight. Many hospitals allow your baby to “room in” (or stay in the hospital room with you). For moms who want — and need — the extra sleep during those first few days after the birth, your baby can be brought to you from the nursery at night to feed.

Bottles and pacifiers

In the beginning, it's important to allow your baby to practice breastfeeding without being confused by a bottle or a pacifier. Some experts feel that if you start giving bottles too early — before your baby is used to breastfeeding — your little one might have “nipple confusion” and may decide that the bottle is the quicker, better option than the breast.

Signs of hunger

Signs that babies are hungry include:

- moving their heads from side to side
- opening their mouths
- placing their hands and fists to their mouths
- puckering their lips as if to suck
- nuzzling against their mothers' breasts
- stretching
- showing the rooting reflex (when a baby moves his

mouth in the direction of something that's stroking or touching his cheek)

Latching on

- Make sure your baby's mouth is wide open and his tongue is down when latching on.
- Support your breast with your hand, positioning your thumb on top and your fingers at the bottom, keeping your thumb and fingers back far enough so that your baby has enough of the nipple and areola to latch onto.
- Gently glide your nipple from the middle of your baby's bottom lip down to his chin to help prompt him to open his mouth.
- When he opens his mouth wide and the tongue comes down, quickly bring him to your breast (not your breast to your baby). He should take as much of your areola into his mouth as possible.
- Make sure his nose is almost touching your breast (not pressed against it), his lips are turned out (or flanged), and you see and hear him swallowing.

Call your doctor or a lactation consultant if:

- you're unable to nurse your baby without pain (you may just need help getting your baby to latch on correctly, or it could be a sign of a breast infection)
- your baby consistently sleeps at the breast
- your baby is nursing but doesn't seem satisfied when feedings are finished
- your baby does not gain weight appropriately
- your baby does not produce the expected number of wet and soiled diapers

Nursing positions

You can experiment with several different nursing positions (or holds) to figure out which one is the most comfortable for you and your baby.

- **Cradle Hold:** Hold the baby across the chest and use the arm on the same side as the nursing breast to support the baby.
- **Clutch (or Football) Hold:** This position holds the baby at the side, and is good for the mom who's had a C-section (because the baby doesn't put pressure on the mother's belly), as well as for mothers with large breasts or twins.
- **Cross-Cradle (or Crossover) Hold:** Similar to the cradle hold, this position involves using the arm on the opposite side as the nursing breast to support the baby.

Breastfeeding (continued)

Some mothers find this hold makes it easier to control how their babies latch on.

- **Side-Lying Position:** This position, in which mom lies on her side facing the baby, allows moms to get some rest during feedings and is also a common choice for mothers who've had C-sections.

How long should you breastfeed?

The American Academy of Pediatrics recommends that babies be breastfed exclusively (without offering formula, water, juice, non-breast-milk or food) for the first six months, and that breastfeeding continue until 12 months (and beyond) if it's working for both mother and baby.