



# Breastfeeding Guide



*Dear Proud Parent,*

*Congratulations on the birth of your baby! We know what an exciting and hectic time this can be, filled with many, many choices to make...including whether to breastfeed. The American Academy of Pediatrics' recommendations on breastfeeding include:*

- ***Breast milk is the preferred feeding for all infants, including premature and sick newborns, with only rare exceptions.***
- ***Breastfeeding should begin as soon as possible after birth.***
- ***Newborns should nurse whenever they show signs of hunger.***
- ***Exclusive breastfeeding for six months is best for the baby's health.***

*We've developed this informational guide for you in order to answer some of the most common questions about breastfeeding. Should you have additional questions, your medical practitioner, lactation consultant and birth hospital can be good sources for information.*

*This breastfeeding guide is not meant to be a sole source for information on breastfeeding or to replace the instructions given to you by your healthcare providers. Our goal is to offer a general overview of breastfeeding and some of the related issues. Your healthcare providers are the best sources for breastfeeding information, as they know you and your baby's unique needs the best.*

# Benefits of Breastfeeding

By choosing to breastfeed, you have just taken the first step to ensuring your baby's best start in life. Breastfeeding provides your baby with important nutritional and immune factors, as well as a feeling of closeness and well-being. Many of the benefits of breastfeeding are gifts that will last you and your baby a lifetime.

## *Benefits for Your Baby:*

- **Defense against illness** - breast milk provides protection against many viral and bacterial illnesses, such as colds and ear infections.
- **Enhanced health** - breast milk is gentle on your baby's system, easy to digest, and decreases the incidence of constipation, stomach upset, and diarrhea.
- **Well-being** - breastfeeding provides a feeling of closeness and well-being for both you and your baby.
- **Fewer allergies** - breastfed babies have fewer allergies.
- **Protection** - breastfeeding provides possible long-term protection against diabetes, ulcerative colitis and Crohn's disease.
- **Enhanced development** - breast milk contains unique substances that enhance brain growth and eye development.

## *Benefits for You:*

- **Enhanced health** - women who breastfeed develop stronger, denser bones.
- **Protection** - breastfeeding lowers the risk of ovarian cancer and pre-menopausal breast cancer.
- **Weight loss** - breastfeeding burns 200-500 calories a day.
- **Convenience** - especially in the middle of the night and when traveling.
- **Economical** - formula and extra visits to the doctor cost hundreds of dollars.
- **Well-being** - hormones released during breastfeeding promote feelings of relaxation and well-being.

## Developing a Breastfeeding Routine

Where and how you breastfeed your baby makes all the difference in how enjoyable the experience is for both of you. The following steps can set the stage for a relaxed session of feeding:

- **Make it comfortable** - Choose your favorite place—a chair, couch, bed or wherever you're most comfortable. If it helps you to relax, dim the lights and play soft, soothing music.
- **Be prepared** - To avoid interruptions, keep items like these nearby: a burp cloth for the baby, something to eat and drink, a couple of pillows to support your back and arms, and reading material. Turning the phone down or off and keeping it nearby will also prevent unnecessary interruptions.
- **Enjoy the moment** - This is a great time to enjoy each other's company. Talking to your baby, singing a song, and touching are wonderful ways to show your baby how special and loved he or she is.

At times, your baby's meals might vary in duration. Your baby may want to nurse for just five minutes, or he/she may prefer a long, relaxing 40-minute nursing session. When meals routinely take longer than 30 or 40 minutes, baby may be snacking and snoozing numerous times throughout the meal.

A baby who is not actively suckling may not be getting enough milk. You can rouse the baby each time he or she starts dozing off with gentle touches, a change of position, or by switching to the opposite breast. Usually after a few meals of using these techniques, your baby will become a more wakeful nurser.

## Signs of a Good Milk Supply

Breast milk is produced in your breasts continually, and regularly emptying your breasts stimulates and sustains milk production. To maintain your milk supply if you are away from your baby, pump your breasts as often as you would normally nurse your baby.

Many new parents worry whether their new baby is getting enough to eat. With breastfeeding it can be particularly hard to gauge how much your baby is taking in at each meal. Use signs like weight gain or how often you change your baby's diaper to confirm good milk intake. Although babies lose weight after birth, breastfed babies usually regain their birth weight by two weeks of age and then should gain four to eight ounces a week.

### **In the first week, baby should have at least:**

- Day 3: three wet diapers and two yellow stools
- Day 4: four wet diapers and three to four yellow stools
- Day 5: five wet diapers and three to four yellow stools
- Day 6: six wet diapers and three to four yellow stools
- Day 7: six wet diapers and three to four yellow stools

### **In weeks 2–4, baby should:**

- Appear content after most feedings
- Have at least six to eight heavy wet diapers per day
- Have three or more soft, yellow stools per day
- Gain four to eight ounces per week after regaining birth weight

When babies are about one month old, their stool production drops to about once a day or even once every few days. As long as you continue to see six to eight wet diapers a day and your baby gains four to eight ounces per week, this is a normal pattern and not constipation.

If you are concerned your baby is not getting enough to eat, don't hesitate to consult your baby's physician. A board certified lactation consultant can also recommend more effective latch-on and positioning techniques.

## Nutrition Facts – Am I Eating for Two?

Breastfeeding women burn about 500 calories a day in milk production and generally need to consume 2,200-2,700 calories a day. Nursing moms who are trying to lose weight should not go below a daily consumption of 1,800 calories. Most women who are nursing find that they lose weight slowly and consistently while eating a normal, healthy diet.

The U.S. Department of Agriculture's Food Guide Pyramid (modified for lactation) suggests these foods daily:

<i>Fruits</i>	<i>3 servings (1-2 citrus)</i>
<i>Vegetables</i>	<i>3 servings (1-2 leafy green)</i>
<i>Grains</i>	<i>7 servings (preferably whole grains)</i>
<i>Protein</i>	<i>6-8 ounces</i>
<i>Dairy</i>	<i>2-3 servings</i>

While these are excellent recommendations for breastfeeding women, as long as you are not undernourished you will produce good quality milk regardless of your diet.

Vegetarianism can be compatible with breastfeeding. Mothers who are on restricted diets, or eat no animal products should talk to a healthcare provider about supplementation with vitamins A, D, B6 and B12.

Breastfeeding women also may experience an increase in thirst. Water is the best fluid for your body, but soup, fruit or vegetable juice and milk also provide fluids. Soft drinks, fruit-flavored drinks, and sweetened iced tea are not good substitutes for water and should be consumed in moderation. Nursing depletes your fluid levels, so try to keep water or another healthy beverage close by while you are feeding your baby.

## Positioning

Correct positioning and latch-on are essential to a comfortable, successful breastfeeding experience. Getting assistance from a board certified lactation consultant, nurse, or another qualified healthcare provider will go a long way in helping you master the techniques of breastfeeding, while building your confidence.

### *Cradle Hold*

- Sit up in bed or in a comfortable chair that supports your back. Keep your knees slightly higher than your hips—use a footstool if necessary.
- Use pillows to support your baby at breast height, lying on his/her side, with the baby's head comfortably in the bend of your elbow.
- After the baby is positioned correctly, hold your breast with four fingers underneath, thumb resting lightly on top.
- Stroke your baby's lower lip with your nipple, and when his or her mouth opens wide like a yawn, bring the baby quickly to your breast.
- The baby needs to take the nipple and some of the areola into his or her mouth. (The areola is the darker skin around the nipple). Never attempt latch-on with the baby's mouth half open.
- The baby's nose and chin should touch the breast.
- Avoid pushing on the back of baby's head; instead, bring his or her whole body toward you. Don't lean forward to the baby.



If there are more than a few moments of discomfort, or if suction is concentrated only on the nipple, break the suction with your finger and try to position and latch-on again. Don't get discouraged if several tries are necessary. This is a normal part of the nursing process.

# Positioning

## *Football Hold*

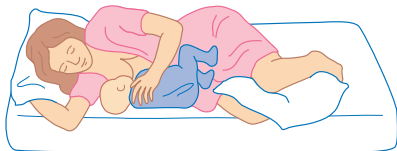
A good choice if your breasts are very large, or you've had a cesarean delivery.

- Sit up, putting a pillow at your side to support your arm.
- Lay baby on his/her back, supporting the back of the head with your hand and the body with your forearm.
- Position the baby's feet so that they are tucked under your arm and the knees are directly under your armpit.
- Bring the baby's mouth to your nipple.
- Hold your breast with four fingers underneath, thumb resting lightly on top.
- Stroke your baby's lower lip with your nipple.
- When he/she opens wide like a yawn, bring the baby quickly to your breast.

## *Side-lying Position*

Allows you to lie down while breastfeeding.

- Lying comfortably on your side, place a supportive pillow firmly behind your back.
- Position another pillow between your legs, with your flexed upper knee resting on the pillow.
- Place the baby next to you, tummy-to-tummy so that his or her mouth is even with your nipple.
- Support your breast with the opposite hand to assist with latch-on.
- Stroke your baby's lower lip with your nipple.
- When he/she opens wide like a yawn, bring the baby quickly to your breast.



## Latching-on

If your nipple is the first one your baby ever uses, learning to breastfeed will be easier and more natural for both of you. Proper latch-on technique ensures that breastfeeding does not become painful and that your baby can get enough to eat.

Be sure your baby's body is facing you, with his/her nose directly facing your nipple and almost touching the breast. Support your breast with your free hand and stroke your baby's lips with your nipple until he/she opens their mouth very wide, almost as if yawning. Never attempt latch-on with baby's mouth partially open as this can lead to:



- Sore nipples from improper positioning
- Inadequate emptying of the breast
- Non-nutritive suck patterns from baby's suck reflex not being stimulated properly

When your baby's mouth is wide open, bring the baby quickly to your breast. The baby's mouth should cover approximately 1-1.5 inches of the nipple, areola and breast tissue. If not, gently insert your finger into the corner of the baby's mouth to break the suction, and try again.



You should not have to hold your breast back from the baby's nose. If your baby is properly positioned at the breast, his/her breathing will not be obstructed. If you press on your breast in an effort to help the baby breathe, it can lead to plugged milk ducts and an improper latch.

Don't get discouraged, as latch-on takes practice for both you and your baby. If you feel you are having difficulty achieving proper positioning and latch-on, contact your doctor or a board certified lactation consultant to assist you.

## Adjusting After a Cesarean Delivery

A cesarean delivery may require some special care during the early weeks postpartum because of the discomfort associated with the incision site. Your physician can prescribe over-the-counter or prescription medication that is safe to take while breastfeeding. With proper use of your prescribed pain medications, this discomfort can be reduced. Controlling this pain not only helps your recovery, it can also aid in more effective breastfeeding. Uncontrolled pain can hinder your milk ejection reflex (let-down).

When breastfeeding after a cesarean delivery, many mothers find the side-lying position or football hold most comfortable. When nursing in the cradle hold position, put a pillow on your lap so that the baby is held above the level of your incision. For added comfort when you are sitting up in a chair, try putting your feet up on a footstool to take pressure off your incision and lower abdomen.



## Feeding Schedules

Within a few weeks, each baby will develop a unique feeding schedule. Keep in mind that your baby may go through periods when he or she is not very hungry, as well as growth spurts when it seems that all your baby wants to do is eat.

### *How often to feed*

A new baby needs to nurse at least 8–12 times every 24 hours. Usually this works out to a feeding schedule of once every one to three hours (timed from the start of one feeding session to the start of the next). Some babies like to group several feedings into only a few hours (cluster feeds), followed by a nap. To breastfeed successfully, it's important to nurse whenever your baby is hungry.

### *How long on each side*

Nurse the baby on the first breast until he or she stops suckling and swallowing, even when you massage the breast. Then nurse on the other side if he/she is willing. Nursing on just one breast per feeding is fine if your baby is satisfied. Let the baby decide when the feeding is over; he/she will let go and probably fall asleep. Good positioning—not time—prevents soreness.

### *How to tell when your baby is ready to feed*

Watch for feeding cues, even if your baby is asleep. Try to feed the baby before he/she starts crying. Watch and listen for small sounds, sucking movements of the mouth and tongue, restlessness and increased body movements, especially hand-to-mouth movements. As time passes, your baby will gradually start to reduce the number of feedings per day and may nurse more efficiently than in the beginning weeks, shortening the length of each feeding session. Remember: the goal is for your baby to have an enjoyable, comforting meal, so sit back, relax and enjoy your nursing time together.



## Selective Breastfeeding

Breastfeeding mothers can choose how to fit breastfeeding into their lives. The beauty of breastfeeding is that you can select the “how, when and where” of your breastfeeding experience. Remember, breastfeeding is the best way to feed your baby, and to help you continue the experience for as long as possible, consider these options:

- Breastfeeding exclusively
- Combining breastfeeding with feeding expressed breast milk
- Breast pumping and feeding expressed breast milk exclusively
- Breastfeeding when you and your baby are together, and feeding infant formula recommended by your baby’s physician when apart

Whichever option you choose, it’s the right one if it makes your breastfeeding experience the most comfortable for you and your baby. A lactation consultant can assist you with designing your unique breastfeeding experience.



## Returning to Work – Pumping Your Breasts

With patience and cooperation from your family, caregiver and employer, it is possible to make breastfeeding and returning to work a winning combination. Using a breast pump is an effective method for maintaining an adequate milk supply. Both electric and manual pumps are available through hospitals and in retail stores. The Avent® Isis™ Breast Pump combines the portability of a manual breast pump with the efficiency of an electric pump, without requiring electricity or batteries. It is gentle, quiet and convenient, making it a great choice for pumping at work.

Planning ahead is one key to combining breastfeeding with your work schedule. A few weeks before returning to work, start incorporating your breast pump into your daily routine. You might find that it saves time to pump one breast while your baby is nursing on the other. Another convenient method is to pump one hour after the baby's feedings or at skipped night feedings after your baby starts sleeping through the night. Choose the times that work the best for you and your daily routines, then store the expressed breast milk for when you actually return to work.

Selecting a one-hour “window” during which you pump each day, for instance between 9 a.m. and 10 a.m. each morning, trains your body to produce a little extra milk at a specific time each day. If you choose this method, pump five or ten minutes on each side during your daily “window.”

By the fourth day of pumping, you should be able to collect one to three ounces at each session. If you pump and store three ounces of milk a day for ten days, you will have 30 ounces stored—a generous milk supply for two days of childcare. Expressing more than four to six ounces a day might cause engorgement and discomfort when you finally return to work. The first day back you'll be dealing with the usual milk supply your baby takes, plus the extra milk your body has been producing for the pump. Returning to work on a Wednesday or Thursday (instead of the traditional Monday) will make your adjustment easier.

## Returning to Work – Storing Your Breast Milk

- Always use clean storage containers (hard-sided plastic/glass) or freezer milk bags designed to safely store milk and label with the current date.
- Refrigerate breast milk at 32-39F, 0-4C for up to 72 hours.
- Freeze breast milk as soon as it is expressed for up to 3 months. Do not store in freezer door as frequent opening and closing causes variations in temperature that are not conducive to long term milk storage.
- Expressed milk can be kept in a common refrigerator at the work place or in a day care center. The US Centers for Disease Control and the US Occupational Safety and Health Administration agree that human milk is not among the body fluids that require special handling or storage in a separate container.
- If milk has been frozen and thawed, it can be refrigerated for up to 24 hours for later use. It should not be refrozen.
- Thaw or warm breast milk under warm water or in a bottle warmer (never microwave); then shake to mix. Do not bring temperature of milk to boiling point. Shake before testing the temperature. Shaking will also redistribute the cream into the milk. (It is normal for stored milk to separate into a cream and milk layer.)

### Safety tips

- Never re-feed leftover breast milk.
- Storing milk in 2-4 ounce amounts may reduce waste. When storing, try not to exceed the average amount your newborn/infant consumes during each feeding.
- Transport expressed breast milk in an insulated container with an ice pack.
- For freezer storage, your freezer should be cold enough to keep ice cream hard.
- Chill freshly expressed milk before adding it to previously chilled or frozen milk.

## Returning to Work – Pumping at Work

When you decide to return to work, remember that nipple stimulation maintains milk production. Plan on pumping at least the same number of times that your baby would normally have nursed. For example, if your baby would have nursed three times during the hours you are gone, then pump at least three times while at work. As your baby gets older and he/she isn't nursing as often, the frequency of pumping at work will probably decrease as well. Always store breast milk in a refrigerator or freezer after expressing.

At work, you'll want to find a quiet, comfortable place where you won't be interrupted while you pump. If you are having difficulty finding a suitable place, talk to your employer. Plan on also taking extra nursing pads, a spare bra and blouse to work so that they are available if an occasional unwanted let-down occurs.

Remember to continue adequate fluid intake while at work. Keep a glass of your favorite healthy drink, such as water or fruit juice, on your desk. The occasional soft drink or regular coffee is acceptable, although many nursing women limit their intake of caffeine, sugar and artificial sweeteners in order to optimize the quality of their milk.

It's normal for your milk volume to be lower on Friday than on Monday. Don't get overly concerned. As the week goes on, the busy routine will probably wear on you, causing your milk volume to decrease temporarily. If you spend the weekend nursing frequently and resting up for the next week, you will find that Monday morning your expressed milk volumes will have returned to normal.

## Problems to Watch For

During the early weeks of breastfeeding some common problems may arise. Remember that help is usually only a phone call away. If you experience anything you feel unsure about, contact your healthcare provider or lactation consultant for specific assistance and instructions.



### PROBLEM:

### SOLUTION:

#### **SORE NIPPLES**

*Nipples become sore, chapped or cracked – usually caused by improper positioning, irritation from clothing, or use of lotions.*

Seek the assistance of a lactation consultant to be sure your baby is latching-on properly. Some comfort measures include applying ice to the sore area prior to latching-on, rubbing freshly expressed breast milk into sore areas after each feeding, and wearing cotton bras or well-ventilated breast shells to keep nipples and areolas protected.

#### **ENGORGEMENT**

*Breasts become firm, shiny, painful and warm to the touch – caused by overfullness from milk not being removed as frequently and thoroughly as possible.*

The key to avoiding engorgement is prevention. Encourage your baby to nurse frequently and to remove the milk as thoroughly as possible at every feeding. Try not to delay or skip feedings. It may be helpful to nurse more often and pump between feedings. Use ice packs to relieve pain and reduce swelling.

## PROBLEM:

### **PLUGGED MILK DUCT**

*Usually appears as a lump in the breast and is often caused by pressure on the breast for prolonged periods of time.*

## SOLUTION:

Be sure your bra is the correct size and avoid bras with underwires. Apply warm compresses over the area before feeding and massage the area before and during feedings. Nurse frequently (at least every two hours) and position your baby so his/her chin is aimed toward the lump.

### **MASTITIS**

*An infection in the breast tissue, usually indicated by chills, fever, body aches and increased fatigue. The breast becomes red, hot and painful to the touch. Usually develops from a plugged duct.*

Call your healthcare provider immediately, and he or she will most likely prescribe an antibiotic that is compatible with breastfeeding. Bed rest is mandatory for at least the first day or two of mastitis. Taking a full course of antibiotics (7-14 days) is crucial to clear up the infection and prevent recurrence. Continue to breastfeed; mastitis will not affect the quality of your milk.

### **YEAST INFECTIONS**

*The same organism that causes vaginal yeast infections and oral thrush can cause a yeast infection of the nipples. Symptoms include an itching and burning of the nipples, sometimes accompanied by sharp pain radiating into the breast.*

Talk to your lactation consultant or healthcare provider. Anti-fungal medication for you and the baby can safely clear up yeast infections of the nipples.

## When You Should Call for Help

Everyone's experience with breastfeeding is unique, and each mother has different questions. If you have concerns you should always call for help.

*If your baby is less than a week old, call for help immediately if:*

- He/she is not eagerly nursing at least eight to ten times daily by day three.
- Your baby doesn't have the daily number of wet and soiled diapers indicated on page 5.
- Latch-on is painful.
- You are not sure you hear your baby swallowing regularly throughout the feeding.
- Your breasts don't feel full (heavy) with milk by the third or fourth day after delivery.
- Your baby hasn't gained weight or is losing weight. Remember, it is normal for your baby to lose a small amount of weight (up to seven to ten percent of birthweight) during the first three days of life.
- Your baby's skin or the whites of the eyes appear yellow in color, possibly indicating jaundice.

*All of the above signs can signal dehydration or a problem with weight gain. Contact your baby's healthcare provider immediately!*

# Weaning

Weaning your baby from the breast is a very personal choice. The current recommendation from the American Academy of Pediatrics is to breastfeed exclusively for the baby's first six months, and to continue breastfeeding, with the addition of solid foods, in your baby's second six months. After 12 months, breastfeeding may continue for as long as mutually desired by mother and infant.

## *Natural Weaning*

You can encourage your growing child's independence and gradually substitute activities and foods for breastfeeding when the child seems ready.

## *Scheduled Weaning*

Sometimes circumstances don't allow you to continue breastfeeding, and you decide to start a scheduled weaning. Weaning should not be started when your baby is sick or in a growth spurt, or if you are sick, have mastitis, or a plugged duct. If you are pumping, gradually cut back on the amount of milk expressed each day. The best way to let your body and the baby adjust to a scheduled weaning is to drop your baby's least favorite feeding time. Substitute infant formula or solid food, as appropriate, during that time of day. Continue omitting that same feeding each day for the rest of the week. Drop one daily feeding a week until you are down to two or three breastfeedings a day. You and your baby set the pace with this method of weaning, and it can be as slow or as fast as you choose.

## *Rapid Weaning*

Abrupt weaning can cause considerable discomfort for you and be upsetting to your baby as he/she loses a familiar source of closeness and comfort. Contact your baby's pediatrician for a recommendation on what to use as a replacement for breastfeeding. If circumstances necessitate abrupt weaning, wear a firm-fitting sports bra 24 hours a day and apply ice to the breasts for any pain or swelling. Engorgement will signal your body to reduce milk production, and within a few days your milk levels will drop significantly. Contact your healthcare provider immediately about chills, fever or flu-like symptoms that accompany breast engorgement or for advice about taking over-the-counter pain medications.

# Commonly Asked Questions About Breastfeeding

## *Will breastfeeding hurt?*

In the first few days of nursing, pain at latch-on is fairly common. If the pain is resolved after you count to 20, you are probably fine. If the pain persists, remove the baby and carefully follow the steps on page 9 for a good latch-on technique. Breastfeeding your baby should not continue to hurt, and any experienced pain is usually the result of ineffective nursing methods. By learning correct positioning and latching-on techniques at the beginning, you can avoid unnecessary pain and discomfort. If you still experience nipple pain that lasts more than the first few moments of latch-on, contact your healthcare provider.

During the learning phase of breastfeeding, there may be cases when more serious pain occurs in the breast that requires treatment. See information on treating sore nipples, engorgement, a plugged milk duct, and mastitis in **Problems to Watch For** on pages 16-17.

## *How long will it take to breastfeed my baby?*

The amount of time it will take to breastfeed depends largely on your baby. Some babies are vigorous nursers, while others take their time. Generally, breastfeeding meals can take anywhere from 20-40 minutes from beginning to end of the session. The time may decrease as your baby becomes more skilled at nursing. In the meantime, try not to concentrate on the amount of time your baby takes to eat. Rather, enjoy the special time you have to develop a mother and baby bond that will last a lifetime.

## *Should I be concerned about spitting up, hiccups and other reactions from my baby while breastfeeding?*

Spitting up is a common reaction that infants have during or after feeding, and some just spit up more easily than others. There is usually no need to be concerned when your baby spits up. Unlike formula, breast milk does not smell bad and does not stain clothing or linen.

Most babies also hiccup from time to time during feedings. If this happens, you can continue to nurse your baby; the hiccups will stop on their own. However, if your baby repeatedly vomits, especially in a forceful manner, call your pediatrician immediately.

### ***How can the baby's dad be involved in the process?***

The first few weeks while you and your baby are learning to breastfeed can be a very good time for your baby's father to become involved. He can use this time to participate by smiling, touching, talking to and encouraging the baby during each breastfeeding session. He can also be a great nursing coach to you. In the beginning, it can be difficult to remember all the techniques for latching on and positioning. Your partner can assist you with repositioning and re-latching your baby if needed.

After breastfeeding is well established, the baby's dad can begin to take part in the experience by offering expressed breast milk if your choice is to use an alternative feeding method. Another good way to get your partner involved is to include him in bathing, diaper changing and playing with your baby.

### ***Will medication affect my breast milk?***

Illnesses can often be treated with medications that are safe to take while breastfeeding. Many medications enter breast milk in amounts that are not clinically relevant. Progesterone-only birth control pills are considered compatible with breastfeeding.

Supplements, teas and herbs used for medicinal purposes (as opposed to seasoning) should be considered as medications. While many medications are considered safe, always check with the baby's healthcare provider or a lactation consultant before taking any medication, supplement or herb.

### ***What about alcohol?***

While drinking alcoholic beverages is not encouraged, please contact your healthcare professional for specific guidelines.

### ***Is caffeine okay?***

Coffee, tea, chocolate and many carbonated beverages contain caffeine or similar substances. One or two caffeinated beverages per day consumed by the breastfeeding mother will not usually bother the baby. Chocolate in moderation is also generally not a problem. However, too much caffeine intake may cause an irritable or wakeful infant.

## More Commonly Asked Questions About Breastfeeding

### *Are there limitations to exercising and dieting while breastfeeding?*

It's usually recommended to wait six weeks after delivery before exercising vigorously. Always consult your healthcare provider before resuming a fitness routine after childbirth.

While breastfeeding, you do not need to change your normal exercise routine. For increased comfort during your workout, plan to breastfeed or pump just prior to exercising. Try to wear a bra that provides good support to prevent excessive pressure from being applied to your breasts. Especially in the early weeks of breastfeeding, avoid vigorous upper body workouts and routines that cause the breasts to bounce repeatedly. Be sure to drink plenty of fluids to maintain your hydration level during your workout. For your baby's comfort and enjoyment, always shower or rinse your breasts after your workout.

Breastfeeding mothers burn about 500 calories a day making milk, and most breastfeeding women lose weight naturally, gradually and steadily without dieting. If planning a diet for weight loss, remember that you need calories for energy and making milk. Be sure your food choices include selections from all the basic food groups. Most reputable weight reduction programs have plans for nursing mothers that are safe. See **Nutrition Facts—Am I Eating for Two?** on page 6 for more diet and nutrition information. Liquid-diet weight loss plans are not recommended while breastfeeding.

### *Can I combine breastfeeding with alternative feeding methods?*

For most women, it takes three to six weeks of exclusive breastfeeding to establish a good milk supply. Introducing alternative methods before the milk supply is established usually leads to increased reliance on the alternative method and an early end to breastfeeding. Once breastfeeding is well-established, most babies adapt nicely to a combination of breast and alternative methods.

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