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State of New York
George E. Pataki, Governor

Department of Health
Antonia C. Novello, M.D., M.P.H., Dr. P.H., Commissioner

Breastfeeding



Why not give it a try?



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Choosing to breastfeed

Choosing how you will feed your baby is one of the most important decisions you will make as new parents. Today, more and more couples are choosing to breastfeed. It is a choice that frees families from the daily chore of preparing formula and warming bottles. **BY BREASTFEEDING YOU GIVE YOUR BABY SECURITY, LOVE, AND FOOD ALL AT ONCE!**



While some women look forward to their chance to breastfeed, others may worry, especially if they do not have the support of family and friends. These feelings of uncertainty are normal. Not only is breast milk best for your baby, breastfeeding can be an exciting and fulfilling part of motherhood. It can even make your life easy!

This booklet is intended to answer questions about breastfeeding and give helpful advice to make your experience satisfying and comfortable.

Why is breastfeeding best?

There are many reasons why breastfeeding is best for your baby:

- * Breast milk helps keep babies healthy. Breast milk protects against many types of illness like colds, flu, diarrhea, and ear infections.
- * Breast milk is ready day or night, anytime your baby is hungry. It is always the right temperature.
- * Breast milk is easy for your baby to digest, since your body makes it for your baby.
- * Breast milk is naturally clean. It passes from the breast to the baby's mouth and cannot "go bad" or "spoil."
- * Breast milk helps prevent diaper rash.
- * Breastfed babies are more likely to be normal weight later in life. They learn to stop eating when they are full, instead of when the bottle is empty.
- * Babies fully breastfed for 6 months or longer are smarter than formula fed babies when given IQ tests at school age.



Breastfeeding facts

Some women decide not to breastfeed because of things they heard that are not true. Here are some facts about breastfeeding:

- * It is often easy for women who breastfeed to lose weight after giving birth since their bodies use so much energy to make milk. Women who breastfeed for 6 months can lose all of the weight gained during pregnancy.
- * Almost all women can breastfeed, regardless of breast size. Even women with inverted nipples can breastfeed.
- * Women who have had C-sections can breastfeed comfortably by using different positions (see drawings on pages 14-15).
- * It is not necessary to watch what you eat.
- * Breastfeeding will not ruin the shape of your breasts. Pregnancy affects breast shape more than breastfeeding. Women should wear support bras as soon as their breasts begin to grow during pregnancy. This will help avoid the stretching that affects breast shape.
- * Most women with health problems can still breastfeed. *However, a woman who has tested positive for HIV, the virus that causes AIDS, should not breastfeed, since her baby could become infected by her breast milk.*

Caffeine, cigarettes, and alcohol

It is best for you and your baby if you can give up caffeine, cigarettes, and alcohol while breastfeeding. They have harmful substances that can pass into your breast milk. If you cannot stop, cut down on caffeine, cigarette, and alcohol use. These are a few additional suggestions:

- * Drink decaffeinated coffee or caffeine-free soft drinks.

- * Do not smoke right before or during nursing, and never smoke in the same room with a baby.
- * Do not drink alcohol before you breastfeed. The alcohol will pass into your milk. An occasional glass of wine or beer just after breastfeeding is okay, but wait a few hours before breastfeeding again.

Medication



You can breastfeed even when taking most medicines, but always check with your doctor or breastfeeding consultant first. Some drugs pass into breast milk and a few can be harmful to your baby. Some medications can also change how much milk you make. For instance, birth control pills with both estrogen and progestin can limit milk production, while other types actually improve milk supply. Your doctor can help you find a medication that is okay to take while breastfeeding.

- * You can still get pregnant while nursing. It is important to use an effective birth control method, such as condoms, a diaphragm, an IUD, or certain birth control pills. You should wait at least 6 weeks after delivering to start birth control pills (progestin only), birth control patches, take Depo Provera injections, or use cervical rings. This will allow time to establish your milk supply. Some women find that their milk decreases after starting birth control. Work with your doctor or family planning clinic to find a method that works best for you.
- * Prenatal vitamins are fine while breastfeeding. Always talk with your doctor before taking other vitamins, herbal remedies, or “dietary supplements.” These products may contain chemicals that could reduce your milk supply or harm your baby.

Breastfeeding when away from home

It is easy to breastfeed when away from home. You do not have to pack bottles of formula, and can stay away longer than planned if necessary. You can drape a jacket or baby blanket over your shoulder or wear



a shirt that you lift from the waist or unbutton from the bottom while nursing your baby. You do not have to be embarrassed by breastfeeding; you can keep your breasts covered while nursing. If nursing when away from home makes you uncomfortable, offer your baby

a bottle of expressed milk (milk you pump out of your breasts) or formula during those times. Remember, in New York State, **YOU HAVE THE RIGHT TO BREASTFEED ANY PLACE YOU CHOOSE.**

If family, friends, or even people you do not know say that your breastfeeding makes them uncomfortable, tell them that breastfeeding is healthy for your baby because it helps prevent diseases and allergies.

Reassuring your family and close friends

Some people support a woman's choice to breastfeed. There are others who are not comfortable with it, and some people may even be angry when they see you breastfeed. It is best if those close to you agree about breastfeeding. Do not wait until just before the baby is born to talk about breastfeeding. Introduce the idea early in pregnancy and be ready to answer any questions family and friends may have. Invite them to attend a breastfeeding class or doctor's appointment with you. Make sure they understand that breastfeeding is best for all of you and that it will help your baby grow strong and healthy. The people close to you may worry that they will not bond with the baby if you are the only one who can feed the baby. Reassure them that they can help with feeding by bringing the baby to you to feed, burping the baby, and rocking the baby afterwards.



Family and friends may be uncomfortable with the idea of you exposing your breasts in public. Let them know that there are many ways to breastfeed that keep your breasts covered. Emphasize the health benefits of breastfeeding. They may need to see the baby nurse just once to feel comfortable with it or it may take more time. Ask them to be patient and give breastfeeding a chance.

Getting started

The nutritionist or breastfeeding consultant at WIC can talk to you about breastfeeding and help answer questions you may have. Your doctor is another good source of information. You may be asked about breastfeeding plans during your doctor's appointments. If not, raise the subject yourself. WIC also offers breastfeeding classes and can provide you with information to take home to read. Some WIC agencies have peer counselors to help you with breastfeeding concerns and questions.



Once you are in the hospital, make sure the doctor and nurses understand that you want to breastfeed. If the nurses change shifts while you are still in labor, make sure the new staff knows as well. Ask them for help getting started, even if you have read about breastfeeding and do not think you have any questions.

Some hospitals allow rooming-in, that is when the baby stays in the same room with you, not in the nursery. If the baby is rooming-in, feed your baby whenever he seems hungry. Your baby should nurse every 2 hours, or at least 8 times in a 24-hour period. If the baby is in the nursery, the nurses will bring your baby to you throughout the day and night.

First feedings

Try to breastfeed as soon after delivery as you can, within the first hour if possible. This is good for 2 reasons—it helps your womb start to shrink and it helps increase your milk supply.

Your breasts produce small amounts of a fluid called colostrum for the first few days. Some women notice colostrum in their breasts as early as the fourth or fifth month of pregnancy. It is a yellowish-color fluid that contains millions of protective cells. Colostrum helps your baby stay healthy. There is no other way to pass this protection to a newborn. This is why breastfed babies, especially those breastfed for a year or longer, are so much healthier throughout their lives.

Colostrum helps babies pass their first bowel movement and provides all the nutrition babies need in their first few days. Do not be surprised if your baby loses weight! It is normal for babies to lose up to 10 percent of their birth weight before their mother's milk comes in.

During the first 24 hours after delivery, when the baby is nursing, you may notice uterine cramps, like menstrual cramps. These are more obvious if you have been pregnant before. These cramps are a protective response and help the womb or uterus shrink, preventing hemorrhaging. Ask the hospital staff for a mild pain reliever before breastfeeding to ease discomfort.

Your breast “milk comes in”

Colostrum will change to milk in 1 to 5 days after your baby is born. By the time your milk comes in, you will probably be at home and may not have anyone to help you with breastfeeding questions. Before you leave the hospital, ask for the name and telephone number of a breastfeeding consultant or someone who can answer your questions about breastfeeding. Some hospitals have hotlines for new mothers to call with breastfeeding questions or call your WIC office for help.

Once your milk comes in, you may see it around your baby’s mouth after feeding. Or, you may notice one breast leaks while the baby nurses from the other. You may even hear your baby gulping as he sucks, since there will be more milk than colostrum. Your milk may look watery and thin, even bluish—this is normal. Your breasts may become very full and uncomfortable, even painful, which is called engorgement.

To prevent engorgement:

- * Breastfeed often, 8 to 12 times a day or every 1 to 3 hours during the day.
- * If your baby does not wake to feed, try expressing a little milk to relieve the fullness until your baby is ready to eat. **Express milk** by placing your thumb and first 2 fingers about 1 to 1½ inches behind the nipple. Gently push toward your chest and roll thumb and fingers forward. Rotate thumb and finger positions to empty all of the milk ducts.
- * When your baby is ready, start feeding from the fuller breast first. If needed, express a little milk to soften the areola (the darker area around the nipple) so that your baby can latch on.

- * Take a warm shower or place a warm, wet cloth over the breasts. This may help release some milk.
- * If your nipples become sore, make sure your baby is sucking on both the nipple and a large part of the areola. Changing feeding positions will help the soreness. Ask a breastfeeding consultant to check your baby’s position at the breast.

Practice together

While the first few days home with a new baby can be a wonderful experience, it can also be a very difficult time, whether breastfeeding or not. So many changes are taking place in your life.

It is important to have someone who can guide you through this early period and answer your breastfeeding questions. Your body is trying to adjust your milk supply to your baby’s needs. After a couple of weeks, your body will get into a rhythm and your breasts will produce the amount of milk your baby needs.

Think of the first few times you breastfeed as practice. Do not become frustrated, remember that you and your baby are tired from the birth. Your baby may not be very hungry.

After a while you will be surprised what you can accomplish while nursing...answering the phone, feeding another child, reading, etc. But, this is also a great opportunity to just sit back, put your feet up, relax and talk to your baby. After you get used to it, breastfeeding really makes life easy.



“Let-Down”



The most important thing while breastfeeding is to be comfortable and relaxed.

This will help your milk “let-down.” That is when your milk flows to the nipple. Your body does this on its own.

If you are tense or nervous, it may be hard for the milk to let-down. Even if you do not feel relaxed, you can

help your milk let-down by relaxing your shoulders and taking a deep breath and letting it out. Have a glass of juice or milk. You do not have to feel relaxed to make your body relax.

You may feel let-down before the baby starts suckling or after the baby has been suckling for a couple of minutes. Let-down feels different to nearly all women. Some barely notice a tingling feeling as their babies nurse, others say it is a somewhat painful squeezing sensation. Either way, it lasts a moment and is one of the signs that your baby is getting your milk. After you have breastfed for a few weeks, just hearing your baby cry or even thinking about your baby may cause let-down.

How will I know my baby is hungry?

Your baby will show **feeding cues** when he is hungry. Crying or fussiness are late signs of hunger. Watch for:

- * sucking on hands, fingers, lips while asleep or just waking up
- * moving hands and arms toward mouth
- * lip smacking
- * restless movement while asleep
- * rapid eye movement under his eyelids
- * opening his mouth when lips or cheek are touched
- * “rooting” or searching for your nipple.



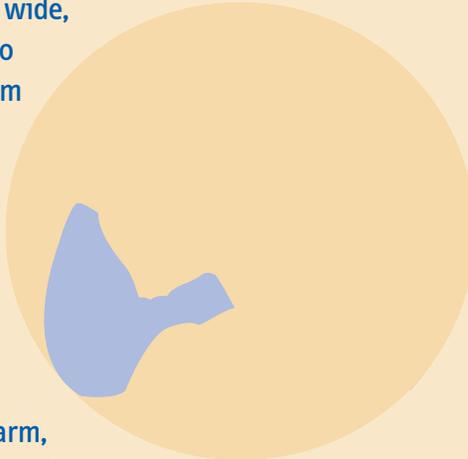
Positioning

Most women choose one of three positions to feed their baby—cradle hold, clutch hold, or lying down (see drawings). You should try these positions to see which is best for you and your baby. In the early days of breastfeeding, it is good to change feeding positions to keep nipples comfortable. In each position, it is important to make sure the baby has latched onto your breast the right way.

- * Use pillows to raise the baby to breast level. The baby's mouth should be at the same level as your nipple.
- * Baby's ears, shoulder, and hip are almost in a straight line. Your baby should not have to turn his head to nurse.
- * Hold your breast with one hand, 4 fingers below the breast and the thumb above and away from the areola. Gently touch the baby's upper lip with your nipple. This will cause the baby to "root," or search for the nipple.
- * When he opens his mouth wide, like a yawn, guide him onto your breast. Quickly pull him toward you so that he has a big mouthful of breast.

CRADLE HOLD

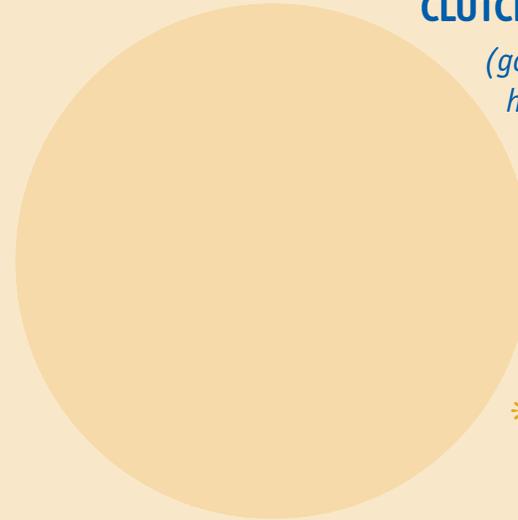
- * Put your baby on his side on the pillow, tummy to tummy with you.
- * Rest his head on your forearm, with his nose in front of your nipple.
- * Tuck his lower arm under your breast.



CLUTCH HOLD

(good for women who have had a C-section)

- * Place a pillow at your side.
- * Put your baby on the pillow with his legs tucked under your arm.
- * Slide your forearm under your baby's back and support his head with your hand.



LYING DOWN

- * Lie on your side with knees bent.
- * Put your baby on his side, facing your nipple.
- * Place your other arm, a pillow, or a rolled-up blanket behind the baby to support him.
- * Stay awake for safety.



Latch

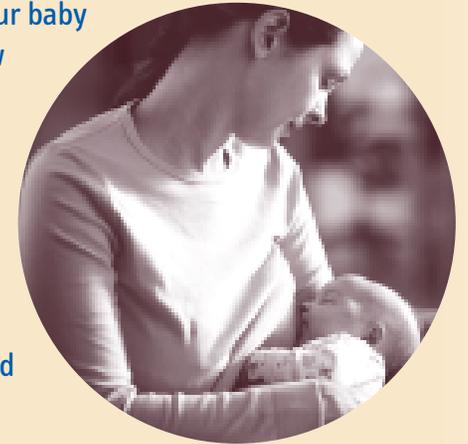
Be sure your baby has the nipple and a large part of the areola (the darker area around the nipple) in his mouth. If the baby sucks on just the nipple, your breasts could become sore and cracked. Your baby is latched on well when:

- * both lips are curled out, not tucked in;
- * the nipple and about 1 inch of the areola are in the baby's mouth;
- * his chin is buried in your breast with his nose lightly touching; *and*
- * his tongue is visible when you pull down his lower lip.

One breast or two?

Nurse on one side until your baby signals he is full. You know the baby is full when he:

- * falls off your breast, releasing the nipple;
- * falls asleep; *or*
- * relaxes his body and opens his fists.



If your baby stops sucking, but does not come off the breast on his own, slide your pinky finger into the corner of his mouth and gently break the suction. Burp him and offer the other breast if he is interested. The next time you feed your baby, if he nursed on only one side, begin with the breast not used. If he nursed on both breasts, begin nursing on the breast he finished nursing on last time. A safety pin on your bra is a good way to remember which breast to offer first.

Is baby getting enough?

Newborns should have at least 8 to 12 feedings in 24 hours with only one 4-hour sleep period. If your baby is sleepy and not nursing 8 to 12 times, you may need to wake him. Undress him to his diaper and place him next to your skin. Stroke or tickle his arms, hands, legs or feet. While supporting his head and back with your arm, gently sit him up and lay him down until he wakes and looks at you.

You know your baby is getting enough milk when he:

- ✱ is gaining weight. Your baby should return to his birth weight by 2 weeks of age. Then he should gain about 4 to 8 ounces a week, for the first 6 months.
- ✱ is content after feedings, and you see his lower jaw move and ear wiggle. You may hear him swallow while nursing.
- ✱ has plenty of wet and dirty diapers.

DAYS OLD	NUMBER OF WET DIAPERS	NUMBER OF DIRTY DIAPERS	STOOL APPEARANCE
day 1	1	1	black/sticky
day 2	2	2	black/sticky
day 3	3	3	greenish
day 4	4	3+	greenish
day 5	5	3+	greenish to yellow seedy
day 6 to 45	6+	6+	yellow seedy

If you don't think your baby is getting enough to eat, call his doctor.

Breast milk is all a baby needs for the first 4 to 6 months. However, all babies need Vitamin D. Ask the doctor about it. It is best not to give bottles or pacifiers for the first 4 weeks. Water is not necessary. Your baby needs to suck at your breast to establish the amount of milk he needs.

Introducing a bottle

Some women breastfeed their babies for a year or two, or more. If you are going back to work or you need to be away from your baby for more than 2 or 3 hours, you may want to give your baby a bottle. That does not mean you have to stop breastfeeding. Even mothers going back to work or school can continue breastfeeding by expressing milk and leaving it for a caregiver to feed the baby.



You may find that your baby will take a bottle better from someone other than you. You may need to try different types of bottle nipples. If you are not able to express breast milk, you can supplement your baby's feedings with formula. Many women breastfeed their babies in the morning, evening, and on weekends, while their caregiver feeds the baby formula when mom is away. Your body will adjust to your schedule.

When your baby is 6 months old, you can begin to add some solid food, such as iron-fortified infant cereal. As your baby starts to eat more solid food, he will nurse less. Your milk supply will adjust by decreasing to meet his needs. That is why it is important to wait to introduce solid food.

By the time your baby is between 6 and 8 months old, you will probably be nursing 6 or 7 times a day. That number will decrease even further as you slowly introduce more and more solid food over the next several months. By the time the baby is a year old, he should be able to eat more of the things you do, mashed or cut into small pieces.

Special concerns

Most women will find that it is easy to breastfeed. If a problem arises, it is helpful to know how to handle it and when to call the doctor.

Leaking

In the first few weeks of nursing, your breasts may leak milk, especially at night. This is normal and will decrease over time. In the meantime, consider wearing a comfortable, supportive bra to bed. During the day, breastfeeding women are often more comfortable wearing a supportive bra that is not too tight. Many women like the convenience of a nursing bra, one with front flaps that can be unhooked for breastfeeding. You can wear nursing pads inside your bra to absorb leaking milk. For disposable nursing pads, select those without a plastic lining. Washable, cotton nursing pads or folded, cotton handkerchiefs can be reused to line your bra. Wear layers of clothing, like a jacket, that can hide leaking. If one breast leaks while you are nursing from the other, gently press the leaking nipple with your arm.

Sore nipples

Nipple damage is usually caused by poor positioning during feedings. Engorgement or thrush (a yeast infection) can also cause nipple discomfort. Some remedies are:

- * Make sure your baby grasps both the nipple and a large part of the areola (the dark part around the nipple).
- * Hold your baby close; remember he should not have to turn his head to reach your breast. Get help to check his position.

- * Start feeding with the less painful breast.
- * Nurse your baby before he is very hungry by watching for early feeding cues so he will not suck as hard.
- * Massage the breasts before feeding to help the let-down reflex so the milk is there when your baby starts nursing.
- * Change feeding positions; sit up for one, lie down for the other, and use the clutch hold for another.
- * To speed healing, rub some expressed breast milk on the sore area after feedings and let nipples air dry. Breast milk is high in fat and helps fight infection.
- * Do not use soaps or creams on your nipples.
- * If using nursing pads, change them frequently to keep breasts dry between feedings. Wear cotton bras and clothing.



Cracked nipples can be very painful, they may even bleed. USP-modified lanolin ointment is a natural product that can be used when the nipple is cracked. It was developed for breastfeeding women and is safe for babies. USP-modified lanolin can be found at the pharmacy.

Rub a small amount (pea-sized or less) on the cracked area to keep it moist after feedings. There is no need to remove the lanolin before breastfeeding. If the crack is not better in a day or two, contact your doctor or breastfeeding consultant for help.

Thrush

Thrush is an excess of yeasts, or candida, that are normally present in the body. This infection occurs most commonly in the vagina or in a baby's mouth and digestive system. A thrush infection on a woman's breast is frequently difficult to identify, but the baby usually has white flecks inside his mouth on the tongue or cheeks. Breast symptoms may be:

- * mild, such as itchy, slightly pink nipples and areola; *or*
- * red, very painful nipples and areola both during and after feeding; *or*
- * pain radiating through the breast, especially after feeding.

The baby may also have a diaper rash with red sores. Both mother and baby require treatment and should be seen by their doctor to obtain an anti-fungal medication.

Plugged milk ducts

A plugged milk duct is an area of the breast that is not being emptied completely. The area may be sore and still feel firm after feedings. Tight bras, bras with under-wires, or tight clothing can make this worse and should be avoided. Additional remedies are:

- * Nurse your baby on the sore side first. This may be uncomfortable at first, but it will help to unclog the duct.
- * Gently massage the sore area from the armpit down toward the nipple, especially while the baby is sucking or while taking a warm shower.
- * Remove any dried milk secretions on the nipple by soaking with warm water.
- * Change positions at each feeding, so that the baby is sucking on different parts of the breast.

Mastitis

Mastitis is a breast infection that causes fever and flu-like aches and pains. It usually happens after a plugged duct or extreme engorgement. Frequent, on-demand nursing helps prevent this condition. If you think you have mastitis, continue nursing and call your doctor. Rarely, an untreated infection can cause a breast abscess. The treatment for mastitis includes:

- * Nursing more often;
- * Breastfeeding with the sore side first;
- * Applying moist heat to the breast;
- * Bed rest and plenty of fluids;
- * Mild pain-relief medicine; and
- * Antibiotics.



If you or your baby get sick, you should continue to breastfeed. Your milk is still good, and it can help your baby avoid the illness you have. Your baby may not be as hungry if he is sick, but continue to offer feedings. Breastfeeding is a way to give your baby comfort and warmth when he does not feel well.

Breastfeeding is a very personal choice

Make your decision based on the facts, not on what family or friends may have told you. If you have concerns about breastfeeding, the easiest way to overcome them is to try it, even for a few weeks. Any breastfeeding is better than no breastfeeding. Using formula together with breastfeeding is okay too!



WIC recommends breast milk as the best food for babies. WIC supports breastfeeding mothers by providing them a larger food package than non-breastfeeding mothers. Breastfeeding mothers receive WIC until the baby turns a year old, 6 months longer than non-breastfeeding mothers.

Some WIC agencies have breast pumps to loan or give to breastfeeding mothers.

Some WIC agencies also offer a peer counseling program which provides breastfeeding support services to women at convenient locations and times.

Call **1-800-522-5006** for assistance in locating the WIC clinic near you.

For breastfeeding questions, call

_____ *at* _____.

Notes: