Holistic Heritage
HOMEBIRTH
A Wellness Collective

Breast Feeding: Let's Talk All About Your Amazing Breasts

Is My Baby Getting Enough Milk?
Breastfeeding mothers frequently ask how to know their babies are getting enough milk. The breast is not the bottle, and it is not possible to hold the breast up to the light to see how many ounces of milk the baby drank. And this is a good thing!! We are not supposed to know how much the baby is getting but rather is baby getting enough. Our number obsessed society makes it difficult for some parents to accept not seeing exactly how much milk the baby receives. However, there are ways of knowing that the baby is getting enough. In the long run, weight gain is the best indication whether the baby is getting enough, but rules about weight gain appropriate for bottle fed babies may not be appropriate for breastfed babies. In the short term, there are ways to know if baby is satisfied by looking at how well the baby feeds, and even just looking at the baby after a feeding – is the baby content, satisfied, is he rooting or sucking his hand?

Ways of Knowing
1. Baby's breastfeeding is characteristic. A baby who is obtaining good amounts of milk at the breast sucks in a very characteristic way. When a baby is getting milk (he is not getting milk just because he has the breast in his mouth and is making sucking movements), you will see a pause at the point of his chin after he opens to the maximum and before he closes his mouth, so that one suck is (open mouth wide > pause > close mouth type of sucking). If you wish to demonstrate this to yourself, put your index or other finger in your mouth and suck as if you were sucking on a straw. As you draw in, your chin drops and stays down as long as you are drawing in. When you stop drawing in, your chin comes back up. This same pause that is visible at the baby's chin represents a mouthful of milk when the baby does it at the breast. The longer the pause, the more the baby got. Once you can recognize this pause you will realize that so much of what women are told about timing the baby on the breast is meaningless. For example, it is meaningless to suggest to mothers to feed the baby twenty minutes on each side. Twenty minutes of what? Sucking without drinking? Sucking and drinking (some pausing in the movement of the chin)? All long pause types of sucks? A baby who does this type of sucking (with the pauses) for twenty minutes straight might not even take the second side. A baby who nibbles (doesn't drink) for 20 hours will come off the breast hungry. If baby is continually just sucking without drinking (therefore little or no pausing) baby will still be hungry. Play detective, what is baby's chin doing as he seems to "finish"?

2. Baby's bowel movements (poops). For the first few days after birth, the baby passes meconium, a dark green, almost black, substance which has collected in his intestines during pregnancy. It is passed during the first few days, and by the third day, the bowel movements start becoming lighter, as the baby

drinks more milk. Usually by the fourth day, the bowel movements have taken on the appearance of the normal breastmilk stool. The normal breastmilk stool is pasty to watery, mustard colored, and usually has little odor. However, bowel movements may vary considerably from this description. They may be green or orange, may contain curds or mucus, or may resemble shaving cream in consistency (full of air bubbles). The variations in color do not mean something is wrong. A baby who is getting only breastmilk, and is starting to have bowel movements that are becoming lighter by day 3 of life, is doing well. Without becoming obsessive about it, monitoring the frequency and quantity of bowel movements is one of the best ways, next to observing the baby's drinking. After the first three to four days, the baby should have increasing bowel movements so that by the end of the first week he should be passing at least two to three substantial yellow stools each day. Remember all baby's are different! In addition, many infants have a stained diaper with almost each feeding. Some breastfed babies, after the first three to four weeks of life, may suddenly change their stool pattern from many each day, to one every three days or even less. As long as the baby is otherwise well, and the stool is the usual pasty or soft, yellow, this is not constipation and is of no concern. No treatment is necessary or desirable, because no treatment is necessary or desirable for something that is normal.
3. Urination (pees). If, after about 4 or 5 days of age, the baby is soaking six diapers in a 24 hour period, you can be reasonably sure that the baby is getting a lot of milk (if he is breastfeeding only). Unfortunately, the new super dry "disposable" diapers often do indeed feel dry even when full of urine, but when soaked with urine they are heavy. The baby's urine should be almost colorless after the first few days, though occasional darker urine is not of concern. During the first two to three days of life, some babies pass pink or red urine. This is not a reason to panic and does not mean the baby is dehydrated. No one knows what it means, or even if it is abnormal.

The following are NOT good ways of judging
1. Your breasts do not feel full. After the first few days or weeks, it is usual for most mothers not to feel full. Your body adjusts to your baby's requirements. This change may occur quite suddenly. Some mothers who are breastfeeding perfectly well never feel engorged or full.
2. The baby sleeps through the night. Not necessarily. A baby who is sleeping through the night at 10 days of age, for example, may, in fact, not be getting enough milk. A baby who is too sleepy and has to be woken for feeds or who is "too good" may not be getting enough milk.
3. The baby cries after feeding. Although babies sometimes cry after feedings because of hunger, there are also other reasons for crying. "Finish" the first side before offering the other. Remember, play detective and watch baby's chin—this will tell you if baby has been actually feeding or just going through the motions!
4. The baby feeds often and/or for a long time. For one mother feeding every three hours or so may be often; for another, three hours or so may be a long period between feeds. For one, a feeding that lasts for 30 minutes is a long feeding; for another, it is a short one. There are no rules how often or for how long a baby should breastfeed. It is not true that the baby gets 90% of the feed in the first 10 minutes. Let the baby determine when he is ready for feeding and things usually come right, if the baby is sucking and drinking at the breast and having at least two to three substantial yellow bowel movements each day. Remember, a baby may be on the breast for two hours, but if he is actually feeding or drinking (open wide > pause > close mouth type of sucking) for only two minutes, he will likely come off the breast hungry. If the baby falls asleep quickly at the breast, you can compress the breast to continue the flow of milk.
5. "I can express only half an ounce of milk". This means nothing and should not influence you. Therefore, you should not pump your breasts "just to know". Most mothers have plenty of milk.

6. The baby will take a bottle after feeding. This does not necessarily mean that the baby is still hungry, and using this 'test' is not a good idea, as bottles may interfere with breastfeeding. Babies will often take more liquid from a bottle even if they are already full.
7. The five week old is suddenly pulling away from the breast but still seems hungry. This does not mean your milk has "dried up" or decreased. During the first few weeks of life, babies often fall asleep at the breast when the flow of milk slows down even if they have not had their fill. When they are older (four to six weeks of age), they may no longer fall asleep but rather start to pull away or get upset. The milk supply has not changed; the baby has changed.

***Scales are all different. We have documented significant differences from one scale to another. Weights have often been written down wrong. A soaked cloth diaper may weigh 250 grams (half a pound) or more.
***Many rules about weight gain are taken from observations of growth of formula feeding babies. They do not necessarily apply to breastfeeding babies. A slow start may be compensated for later by fixing the breastfeeding.
***Growth charts are guidelines only.

Normal Breastfeeding Indicators in the First Two Weeks of Life						
	Day 1	**Day 2**	**Days 3-4**	**Day 5**	**Days 6-13**	**Day 14**
Mother's Breasts & Body	• Mother starts producing colostrum • Mother's breasts feel soft and don't change after feeding • Mother will feel uterine cramps when breastfeeding baby	Mother's nipples may feel tender and sensitive. Peaks as prolactin increases.	• Mother's breasts begin to feel fuller and firmer. Breasts may become engorged. • Mother begins producing white milk.	• Milk will drip or leak from breasts especially around feeding time • When breastfeeding on one side, mother's own breast will leak milk (letdown)	• Mother's breasts will feel full before a feeding and softer after a feeding • Mother's nipples may start to feel better, less tender and sensitive	• Continued nipple soreness and pain may be an indication that something is wrong • Mother's nursing for the first time may start to feel let-down sensation in the next week
Nursing Frequency& Length	• Baby nurses for the first • Baby is offered breast at least 8 times in 24 hours • Nursing may last 10-45 min (longer feedings because of colostrum) • Baby consumes about)3/4-1oz total in first day		• Baby may feed very frequently (cluster feeding) then have a period of deep sleep • Feedings may be shorter and should not take more than 45 minutes • Baby consumes 5-10oz total in 24 hours	• Continue to nurse 8-12 time in 24 hrs • Feedings may take 10-40 min • Baby consumes 10-15oz in 24 hours		
Number of Wet Diaper &Stools	• Baby's stools will be black and tarry (meconium) • Baby should have 1 wet diaper and 1 BM in 24 hours	• Baby will have about 2 wet diapers and 2 BMs in 24 hours	• Baby should have about 3 wet diapers and 3 BMs in 24 hours • Baby's stools should be lighter in color and runnier	• Baby will have 6-8 wet diapers and 5BMs (bigger than a quarter) in 24 hrs • Baby's stools will be yellow and soft like mustard.		• Baby should continue to have 6 to 8 wet diapers and 3-5 yellow BMs per day until baby is 3-4weeks old
Baby's Weight Loss & Gain	• Baby at birth weight	• Baby may lose as much as 8% of birth weight. Baby is at lowest weight as mother's milk starts to come in	• After mother's white milk comes in, baby should begin to gain 1/2 - 1oz per day	• Baby should gain 1/2 - 1 ounce per day		• Baby will weigh the same as or more than the birth weight • Baby should continue to gain 1/2 - 1oz for the first three months of life
Baby's Behavior	• Baby's need to suckle is most intense in the first two hours after birth • Baby will display feeding cues such as rooting, sweeping and bringing hands to mouth	• Baby may be sleepier	• Baby may be fussier and wake up more often to nurse • Baby should be relaxed and sleepy at the end of a feeding	• Baby may be more content • Baby will begin to have one long sleep period of 4-5 hours in 24 hours		

Sore Nipples

The best treatment of sore nipples is prevention. The best prevention is getting the baby to latch on properly from the first day. Mother and baby skin to skin contact immediately after birth for at least the first hour or two will frequently result in a baby latching on all by himself with a good latch. Early onset nipple pain is usually due to one or both of two causes. Either the baby is not positioned and latched properly, or the baby is not suckling properly, or both. However, babies learn to suck properly by getting milk from the breast when they are latched on well. (They learn by doing). Thus, "suck" problems are often caused by poor latching on. Fungal infections of the nipple (due to Candida albicans) may also cause sore nipples. Vasospasm (which is due to irritation of the blood vessels in the nipple from poor latching and/or a fungal infection) may also cause sore nipples. The soreness caused by poor latching and ineffective suckling hurts most as you latch the baby on and usually improves as the baby breastfeeds. However, if damage is severe, the soreness of a poor latch and/or ineffective suckling may go on throughout the feeding. The pain from the fungal infection often goes on throughout the feed and may continue even after the feed is over. Women describe knifelike pain from the a poor latch or ineffective sucking. The pain of the fungal infection is often described as burning but it does not have to be burning in nature. A new onset of nipple pain when feedings had previously been painless is a tip off that the pain may be due to a Candidal infection, but a Candidal infection may also be superimposed on other causes of nipple pain, so there was never a pain free period. Cracks may be due to a yeast infection. Dermatologic conditions may also cause late onset nipple pain.
It is not uncommon for women to experience difficulty positioning and latching the baby on. If the mother positions the baby well, she facilitates the baby's getting a good latch and a good latch not only decreases the risk of the mother becoming sore, but also reduces the baby's chances of becoming "gassy" because a good latch allows the baby to control the flow of milk better.

<u>Positioning</u>—For the Purposes of Explanation, Let Us Assume That You Are Feeding On the Left Breast
Good positioning facilitates a good latch. A lot of what follows under latching comes automatically if the baby is well positioned in the first place.
At first, it may be easiest for many mothers to use the cross cradle hold to position your baby for latching on. Hold the baby in your right arm, pushing in the baby's bottom with the side of your forearm so that your hand turns palm upwards (towards the ceiling). This will help you support his body more easily as the baby's weight is on your forearm rather than your wrist or hand. Holding the baby like this also will bring the baby in from the correct direction so that he gets a good latch. Your hand will be palm up under the baby's face (not shoulder or under his neck). The web between your thumb and index finger should be behind the nape of his neck (not behind his head). The baby will be almost horizontal across your body, with his head slight tilted backward, and should be turned so that his chest, belly and thighs are against you with a slight tilt upwards so the baby can look at you. Hold the breast with your left hand, with the thumb on top and the other fingers underneath, fairly far back from the nipple and areola. The baby should be approaching the breast with the head just slightly tilted backwards. The nipple then automatically points to the roof of the baby's mouth.

<u>Latching</u>
1. Now, get the baby to open up his mouth wide. The way to do this is to run your nipple, still pointing to the roof of the baby's mouth, along the baby's upper lip (not lower), lightly, just a tickle, from one corner of the mouth to the other. Or you can run the baby along your nipple, something some mothers find easier. Wait for the baby to open up as if yawning. As you bring the baby toward the breast, only his chin should touch your breast. Do not scoop him around so that the nipple points to the middle of his mouth. Instead the nipple should still be pointing to the roof of the baby's mouth.

2. When the baby opens up his mouth, use the arm that is holding him to bring him straight onto the breast. Don't worry about the baby's breathing. If he is properly positioned and latched on, he will breathe without any problem since his nose will be far away from the breast. If he cannot breathe, he will pull away from the breast. If he cannot breathe, he is not latched properly.
3. If the nipple still hurts, use your index finger to pull down on the baby's chin; this will bring more of your breast into the baby's mouth. You may have to do this for the duration of the feed, but not usually. The pain should usually subside. Do not take the baby on and off the breast several times to get the perfect latch. If the baby goes on and off the breast 5 times and it hurts, you will have 5 times more pain, and worse, 5 times more damage, and the baby and you will both be frustrated. Adjust the latch when putting him to the other breast, or at the next feeding.
4. The same principles apply whether you are sitting or lying down with the baby or using the football or cradle hold. Get the baby to open wide; don't let the baby latch onto the nipple, but get as much of the areola (brown/pink part of breast) into the mouth as possible (not necessarily the whole areola).
5. There is no "normal" length of feeding time.
6. A baby properly latched on will be covering more of the areola with his lower lip than with the upper.

<u>Improving the Baby's Suck</u>
The baby learns to suckle properly by breastfeeding and by getting milk into his mouth. The baby's suckle may be made ineffective or not appropriate for breastfeeding by the early use of artificial nipples or from poor latching on from the beginning. Some babies just seem to take their time developing an effective suckle. Suck training and/or finger feeding

<u>Vasospasm</u>
"My Nipple Turns White After the Baby Comes Off the Breast"
The pain associated with this blanching of the nipple is frequently described by mothers as "burning", but generally begins only after the feeding is over. It may last several minutes or more, after which the nipple returns to its normal color, but then a new pain develops which is usually described by mothers as "throbbing". The throbbing part of the pain may last for seconds or minutes and then the nipple may turn white again and the process repeats itself. The cause would seem to be a spasm of the blood vessels (often called "vasospasm" or Raynaud's Phenomenon) in the nipple (when the nipple is white), followed by relaxation of these blood vessels (when the nipple returns to its normal color).
Sometimes this pain continues even after the nipple pain during the feeding no longer is a problem, so that the mother has pain only after the feeding, but not during it. What can be done?

1. Pay careful attention to getting the baby to latch onto the breast as best possible. This type of pain is almost always associated with and probably caused by whatever is causing your pain during the feeding. The best treatment for this vasospasm is the treatment of the other causes of nipple pain. If the main cause of the nipple pain is fixed, the vasospasm also usually disappears.
2. Heat (hot washcloth, hot water bottle, hair dryer) applied to the nipple immediately after breastfeeding may prevent or decrease the reaction. Dry heat is usually better than wet heat, because wet heat may cause further damage to the nipples.
3. Vitamin B6 multi complex can also be used, as can magnesium with calcium.

<u>General Measures for Nipple Soreness</u>
1. Nipples can be warmed for short periods of time after each feeding, using a hair dryer on low setting.
2. Nipples should be exposed to air as much as possible, except when there is vasospasm.
3. When it is not possible to expose nipples to air, plastic dome shaped

breast shells (not nipple shields which are not, in our opinion, a good treatment for sore nipples or any breastfeeding problem for that matter) can be worn to protect your nipples from rubbing by your clothing (use the largest hole available so your nipple is not rubbing against the plastic). Breastfeeding pads keep moisture against the nipple and may cause damage that way. They also tend to stick to damaged nipples. If you leak a lot you can wear the pad over the breast shell.
4. Ointments can sometimes be helpful. If using the ointment we recommend, use just a very small amount after breastfeeding and do not wash it off. We use an "all purpose nipple ointment" (APNO) that we find very useful. Note, once any ointment or cream is applied to the nipples they are no longer air drying.
5. Do not wash your nipples frequently. Daily bathing is more than enough.
6. If your baby is gaining weight well, there is no good reason the baby must be fed on both breasts at each feeding. It may save you pain, and speed healing if you feed your baby on only one breast each feed, but be careful, not all mothers can feed a baby on only one breast at every feeding or even at all. get the baby back onto the breast. Use as a last resort only but get help first.

<u>Engorgement</u>

More than mild engorgement in the breasts is usually a sign that the breastfeeding is not going very well. It is due to the combination of milk stasis (the milk is not coming out) and oedema (swelling due to water retention in the area). Severe engorgement about the third or fourth day after the baby is born can usually be prevented by getting the baby latched on well and drinking well from the very beginning. If you do become engorged, please understand that engorgement goes away within 1 or 2 days even without any treatment, but can be uncomfortable during that time. Massaging the breasts in a downward motion is not recommended as a treatment for engorgement. Continue to breastfeed the baby, making sure he gets on well and nurses well and the engorgement will resolve. However, if you should get engorged to the point where the baby is not able to take the breast, or if there is more than minimal discomfort in the breast and/or areola (the colored part surrounding the nipple), then there is a simple way to temporarily move swelling away from the areola:

Try this if pain, swelling, or fullness creates problems during the early days of learning to breastfeed. The key is making the areola soft right around the base of the nipple, for better latching. A softer areola protects the nipple deep in baby's mouth helping his tongue remove milk better. Mothers say curved fingers work best.

Press inward toward the chest wall and count slowly to 50.
Pressure should be steady and firm, and gentle enough to avoid pain.
If mom wishes, someone else may help, using thumbs.
If breasts are quite large or very swollen, count slowly, with mom lying down on her back. This delays return of swelling to the areola, giving more time to latch.
Soften the areola right before each feeding (or pumping) till swelling goes away. For some mothers, this takes 24 days.
Make any pumping sessions short, with pauses to resoften the areola if needed. Use medium or low vacuum, to reduce the return of swelling into the areola.
You can try a warm shower and let the milk flow.