KAISER PERMANENTE

BREAST FEEDING TEACHING GUIDE

This information was developed to address issues related to breast-feeding and identify problems usually encountered in the first six weeks postpartum after discharge from the hospital. After nursing 20 years in the perinatal area in northern California, providing telephone counseling to breast-feeding mothers, and doing home visits, the following six areas are the most often recognized as contributing to the termination of breast-feeding.

The objective of this information is to complement teaching already done at the hospital. You may have attended prenatal classes, have teaching brochures given to you upon discharge, and other resources made available to you by your primary care giver. Breast-feeding is a learned art and often a challenge in a "bottle-feeding" culture.

LATCH & POSITIONING

Correct latch and positioning are vital to successful breast-feeding. Incorrect latch contributes greatly to sore nipples, low milk supply, and thus a downward spiral, leading to cessation of breast-feeding. Information listed here should be a review of what was learned in the hospital during your child's first attempt at the breast.

1) Sitting up straight in a chair, cradle the baby in the curve of your upper arm, with the baby on his side, so that his tummy and or his knees are touching your opposite breast. It is a common mistake to be holding your infant to the side, away from the breast as if he were in a bottle feeding position. This is easily rectified.

2) If the baby is on the left breast being supported by the left arm, cup the right hand to support the left breast. This is done by relaxing the right hand, holding it in the shape of the letter "C", and placing it under the breast for support. The main part of the hand with all the fingers should be well under the breast, with just the thumb on top of the breast. This position supports the breast and helps the nipple protrude toward the baby's mouth.

3) With gentle massage of the thumb toward the nipple, express some colostrum, or milk, if it is already in, so the baby will smell and taste it. This encourages him to work for this meal.

4) Gently rub the nipple across the baby's lips in an attempt to get him to root and open his mouth wide. When the baby's mouth is open wide and you can see his tongue, place the nipple on the baby's tongue. Try to get as much of the dark areola in his mouth. Hand expressing milk and getting the areola in his mouth will help reduce the chance of getting sore nipples.

5) Keeping your hand in this supportive position will help prevent sore nipples because your infant won't be tugging on the nipple.

6) Listen... With correct latch and positioning there will be no sound. Hearing a sucking sound means there is not a tight seal and you are hearing the sound of air between your breast and the baby's mouth. Simply release the breast and reposition the baby again.

HAND EXPRESSION

Learning the techniques of breast massage and hand expression can greatly reduce the incidence of sore nipples, relieve engorgement, and help to nurse a sleepy baby.

1) With the palm of your hand on your upper chest near your collarbone, begin downward massage toward the nipple with firm but gentle strokes. Take your time to push your flattened hand toward the nipple. Repeat this going around the breast as if dividing the breast into quadrants. When you reach the armpit, place your opposite hand over the hand doing the massage and continue toward the nipple in a firm manner. Taking about a minute to do each breast will stimulate the let down reflex.

2) Pressing your fingers together in a "milking motion", let them slide toward the nipple, but do not touch the nipple or the areola. Milking the breast or hand expression does not involve touching the nipple. This will only give you a sore nipple. The "milking" happens from massaging behind the nipple. Gently squeeze your fingers until a small amount of milk comes from the nipple.

The use of hand expression reduces the chance of sore nipples because it enables the baby to get on the breast in one motion. Babies will attempt to "gnaw" at the breast, taking the nipple into his mouth in about three movements. This is very typical and isn't a problem if the nipple isn't tender. However, by hand expressing a little milk to the nipple, and then laying the nipple on the baby's tongue in its entirety, that prevents the additional time it would take the baby to get in good position for effective nursing.

Engorgement is the uncomfortable feeling of fullness and vascular congestion in the breast. It usually occurs on day three to six when the patient is already home from the hospital and the staff is unable to observe this or to help in any way. By placing hot packs on the breast and then using hand expression to get the milk flowing, the infant can nurse more effectively and thus alleviate some of the discomfort from engorgement.

If your baby is still asleep after three hours during the day, or five hours at night, it is important to wake him for a feeding. Usually all that is needed is picking up the baby gently, unwrapping any blankets, and changing his diaper. However, if this isn't enough, put the baby in position to nurse, hand express some milk so he will smell it and taste it, and then place the nipple on his tongue. This should encourage your infant to nurse in an effective manner and elicit the let down reflex.

ENGORGEMENT

Breast engorgement usually happens between the second to seventh day postpartum when the milk is coming in. As the breast fills it can become quite tender, warm, and hard. The hardness of

the breast can cause the nipple to flatten making it more difficult for your infant to latch on. The engorged breast is not just associated with milk, but increased blood and lymph flow to the area, contribute to the swelling as well.

Frequent nursing of your baby was emphasized in the hospital and will prove a treatment for engorgement. Offering the breast every two hours and encouraging the infant to nurse 10 to 15 minutes on each side will help alleviate some of the symptoms. Warm showers or warm compresses to the breast, using hand towels, will help the milk to let down and begin to flow. As mentioned in the section on hand expression, using the hand to massage the breast to help aid in milk flow, and then getting the baby to latch on, will help soften the nipple enabling him to nurse effectively.

If after the baby nurses, they are uncomfortably full, then hand express enough milk to make the breast comfortable... A pump can also be used for this purpose. Remember to pump to comfort, not pumping to empty the breast.

Summarizing:

1) Warm compresses to the breast for 10 minutes before nursing.

2) Hand expression helping to initiate the let down reflex.

3) Frequent nursing; 10-15 minutes on each breast, every two to two and a half-hours.

4) Ice packs for 20 minutes between feedings to help reduce swelling.

5) Hand express or pump to comfort.

SORE NIPPLES

Sore nipples probably contribute more to the termination of breast-feeding than any other potential problem. Commonly, the initial grasp and suck of the nipples will cause some pain during the first few days of lactation. This is a challenge for your body as the suckling of the infant is new to the breast. However, continued soreness unrelieved by position change of the baby can be cumbersome.

Correct position and latch are the most important preventative measures to remember.

Supporting the breast and positioning correctly will prevent the infant from gnawing and tugging at the breast. Click on Latch and Positioning to review this. Warm soaks to the breast and hand expression to initiate let down will help the baby get on the breast quicker as he smells and tastes the milk at the nipple.

If these options haven't worked and a sore nipple is persistent, follow the suggestions listed below.

1) Air drying nipples is one of the easiest treatments known to relieve discomfort. Ask relatives to leave for a while, pull the drapes, and keep your nipples open to the air all day. Wear a comfortable shirt that opens in the front, or pajama top, leave bra flaps down on a nursing bra, and expose nipples to the air. When sleeping at night, use the same technique with nothing touching the tender nipple.

2) Lanolin placed to the nipple after the baby finishes nursing is very soothing. It will slowly absorb into the skin, and there is no need to remove it before the next feeding. Purchase pure Lanolin or ask a Pharmacist for pure lanolin from his bulk supply.

3) Change positions when nursing. If you have been feeding the baby with him cradled in your upper arm, lying on his side, and facing you, try the football hold. This puts the baby in a position such that he is coming at the nipple from a totally opposite direction. If nursing on the right breast, cradle your infant like a football, under your arm with your hand behind his head. His legs may fall behind your breast and under your arm, but his body will be well supported by your arm. With your right hand behind his head, his face will approach the breast straight on, rather than from the side. Your left hand is placed under the breast for support. This position, and the varying of positions, should ease the symptoms a sore nipple can produce.

LOW MILK SUPPLY

Perceived low milk supply (LMS) has been a concern of new mothers forever! When you are breast-feeding you certainly can't see the amount of milk flowing into your baby's mouth like a bottle-feeding mother can. Experience in the perinatal area lends itself to hearing new moms say, "I don't think I have enough." Don't feel alone and remember human breast milk is best for baby and the American Academy of Pediatrics recommends breast-feeding for at least the first six months, and preferably for more than a year.

What is interesting about LMS is whether it is perceived or actual, it is a huge stumbling block for mothers. When new moms begin supplementing with formula they begin a downward cycle of less nursing, and thus, less milk supply. Remember the best way to insure adequate milk supply is to nurse frequently, stimulating the breast to produce milk.

The infant sucking at the breast and stimulating it is what makes milk!

1) Nurse frequently, 10-15 minutes on each breast every two to two and a half-hours; breast feeding at least 8 times in 24 hours.

2) Drink lots of fluids, preferably an 8-ounce glass of water every time you pick up your infant to feed. Consume as much juice, milk, herbal tea as you wish in addition to a lot of water. Try beverages like Ginger Ale, but avoid too much coffee or colas.

3) Check to see that your baby has 6-8 wet diapers in 24 hours.

4) Use hot compresses and hand expression to help initiate let down and encourage your baby to nurse.

Some additional guidelines:

If your baby has regained his birth weight by his two-week check up that is an encouraging sign the baby is getting enough. If your infant has gained two pounds by the two-month check-up that is reassuring as well. However, all babies grow at different rates, so consult your pediatrician before assuming LMS. You'll be surprised how supportive your physician will be about you breastfeeding.

FUSSY BABY

Knowing what to do with a fussy baby is always a challenge. Often parents look at the infant's feeding as the cause, when tiredness, a wet diaper, or an over stimulating environment may be the culprit. If the new mother is in an unsupportive bottle feeding environment, the problem becomes paramount. The literature demonstrates one of the best indicators of success in breast-feeding is being around family members and neighbors who have breast-fed their infants in the past, or may be breast-feeding currently.

Babies cry for lots of reasons and their cries should not be ignored. Infants tire easily especially in the first three months, and their nervous systems seem very sensitive to many people around and lots of noise. You may notice your baby being very tired and fussy after you have had a lot of company. Well-intentioned friends and relatives are nice to have around, but for a short period of time. You may notice after the company leaves, you can quiet your baby by rocking or placing him in his crib with familiar blankets, pleasant odors he is used to. His "nest", so to speak.

One philosophy that is comforting to new mothers is, "when in doubt,.. nurse." That is something that should have been communicated to you before your discharge from the hospital. You can not overfeed a breast-fed baby. Supply and demand are nature's way of providing milk for your infant. Drinking lots of fluids, trying to relax by sitting down in the afternoon for a cup of hot tea, and fitting in a nap are ways to ensure adequate milk supply and rest for you.

The more often you nurse, trying to get in 8 feedings in 24 hours, the more milk you will have. If your efforts at calming the baby by changing a diaper, burping, repositioning him in his crib with his favorite blanket, or rocking are of no avail, then it is time to try nursing.

One time your infant may seem insatiable is during a growth spurt. These are times when he seems very hungry, and you feel your milk supply is insufficient. Typically these occur at 8 to 12 days, 3 to 4 weeks, and about 3 months of age.

Growth spurts or appetite spurts are very normal and occur for bottle feeding infants as well. This is a time when the bottle feeding mother would just increase the amount in baby's bottle. However, don't be tempted to start a supplemental formula feeding with the inevitable downward spiral of breast-feeding. As discussed above, just increase fluid intake, grab an extra nap, hot shower, and you will be surprised that in the space of 24 hours your milk supply will increase to meet baby's demand.