

Motherwear's essential breastfeeding guide

why breastfeed

how your body
makes milk

getting started

nursing in public

returning to work

overcoming challenges

support and resources



Dear mother or mother-to-be,

Nursing my babies was one of the most important choices I have ever made. And now that they are teenagers and young adults, I know this with even more certainty. When one of them gives me a spontaneous hug, I remember those wonderful cuddles at the break of dawn. The warm relationship my children and I developed at the breast has filled our lives with satisfaction. I think the communication that began as we looked into each other's eyes and snuggled together late at night is what has made their teenage years easy.

The antibodies and nutrients that my milk provided has made each of my children very healthy. As they set off now for places such as Brazil, Italy, Haiti, and Jamaica, I feel certain that they have the best immune systems and health that I could have given them. The decision I made 20 years ago and the work I put into implementing it are still paying off.

Human milk is superior to any other food for babies. It is always ready in the perfect quantity, at the perfect temperature, and in the ideal formulation for the child who will drink it. It offers antibodies for protection from many of the infections an infant may be exposed to in the first months of life. And as it nourishes children, it fosters closeness and love.

In choosing to breastfeed, you make the best possible choice for your child and for yourself. Mothers who breastfeed enjoy a reduced risk of breast and ovarian cancers, lose weight faster, and save money compared to mothers who feed their babies formula. And nothing compares with the satisfaction a mother gets by holding her baby close and giving him everything he needs to grow.

I hope that *Motherwear's Essential Breastfeeding Guide* will give you the information you need to successfully breastfeed your baby.

From my family to yours,

Jody Wright

Certified Lactation Counselor
Motherwear president

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why breastfeed?

As a mother, your body makes milk — milk that in turn builds your baby's body. Breastfeeding is an elegant, ingenious, and ancient interaction designed to meet your baby's emotional and nutritional needs and enhance your own health.

We want to help you understand how your body produces milk. That know-how can help you manage your milk supply, troubleshoot problems, and maintain a vital bond with your baby.

By definition, we are mammals. Mammals are a class of animals that can produce milk to nourish their babies. Every mammal's milk is ideally suited to the development of babies of that species. For example, the milk of a whale enables its baby to double in size in a few weeks and withstand cold seas. A cow's milk is tailored to help its calf grow large and strong quickly. Your milk is endowed with every nutrient in the optimum proportions necessary for rapid growth of your child's brain and nervous system. When you choose to breastfeed, you lay a strong foundation for your child's future development.

Your breasts

You may have looked at your breasts incredulously and wondered, "Can I really make milk?" The answer is yes. Breasts, which come in all shapes and sizes, are perfectly designed for their ultimate use: nourishing and nurturing children. They offer nutrients for growth and development, plus warmth, comfort, and security.

Milk varies from woman to woman, from week to week, and even from hour to hour. It comes in a variety of flavors as your diet varies. It is finely tuned to your baby's appetite and nutritional needs. For example, mothers of premature babies produce milk containing more protein than that of mothers of full-term babies.¹ If you breastfeed into your baby's second and third years, you supply her with the spectrum of nutrients she needs as she grows into a toddler.

BREASTFEEDING TIP

Trust in yourself. Women have successfully nursed their babies since the beginning of time, and you can, too.

Karen Bonsignori, Avon, MA

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how your body makes milk

Your breasts naturally change in preparation for nursing your baby, becoming fuller and more tender than usual. Your unborn baby's hormones stimulate the milk-making structures to grow and mature. Blood flow to your breasts increases, carrying nutrients for milk production. Veins may appear more clearly visible through your skin.

The nipple and the areola (the darker area around your nipple) may double in size, deepen in color, and increase in sensitivity. Researchers believe this darkening may help your newborn "zero in on" your nipple. Small glands located in the areolas become more noticeable. These glands secrete an antibacterial lubricant that keeps your nipples moist and protected and give off a scent that probably helps your baby find the source of milk. Soaps and creams are not recommended for use on your breasts because soaps remove the natural lubricant and creams might interfere with its antibacterial action.

By the fifth or sixth month of pregnancy, your body is fully capable of producing milk. Some women's breasts leak small amounts of yellow or clear fluid at this time. This substance, colostrum (*cul-LOSS-trum*), is the food your baby will receive during the first few days after birth. High in protein, low in sugar and fat, and studded with cells that defend against infection, colostrum is exquisitely designed to protect your newborn. Although produced in small quantity, the amount is close to your baby's stomach capacity.

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Colostrum "seals" the inside of your baby's intestines, preventing the invasion of bacteria. It stimulates her first bowel movement, helping to diminish bilirubin, the substance that can cause jaundice in newborns. After a few days, thin milk replaces colostrum. This early milk changes gradually in composition until your body begins to manufacture mature milk, at about 10 days after birth.

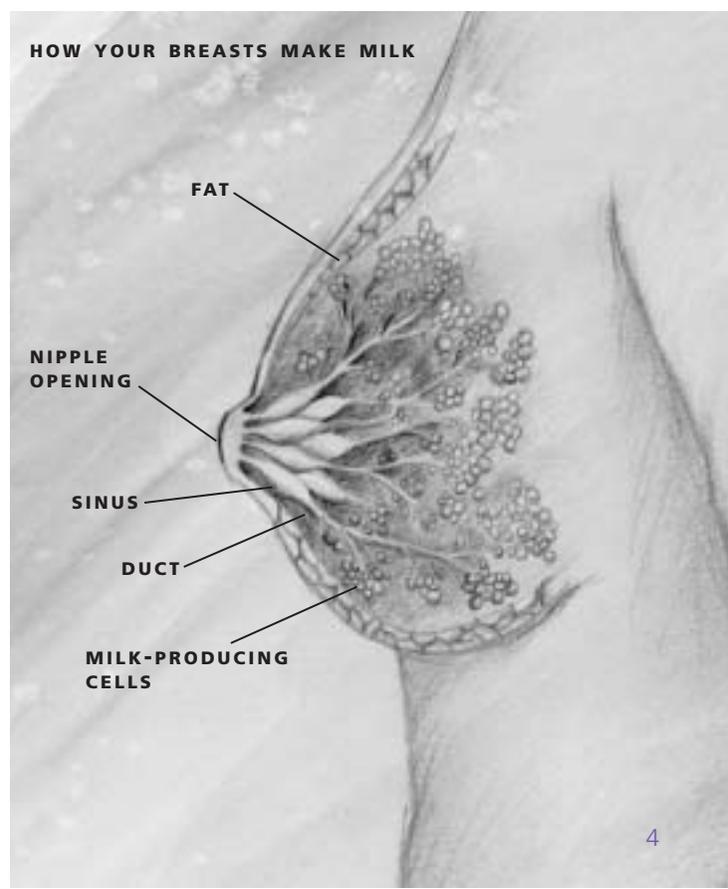
Where does the milk come from?

Within your breasts, thousands of sacs lined with specialized cells absorb water, salts, sugar, and fat from your blood. From these constituents, you manufacture milk. Droplets of milk flow through ducts to reservoirs located behind your nipples. Milk collects in these reservoirs continuously between feedings. Milk reaches your baby's mouth through many tiny openings in your nipples.

The structure of a nursing mother's breast is like a collection of streams that flow into a reservoir. The reservoir has a limited amount of space to store milk. Your body compensates for the limited storage by replenishing its supply of milk when the milk is needed. In other words, lactating breasts are a manufacturing site: They are never empty, and they are always capable of producing more milk.

When your baby nurses

Foremilk collects in your breasts between feedings. It is the first milk to enter your baby's mouth at each breastfeeding session. It tends to be lower in fat than hindmilk. Foremilk





accounts for about one third of your baby's intake at a feeding. Once your baby has drunk your foremilk, the hindmilk, higher up in the duct system and higher in fat, flows to the nipple.

Quick feedings and scheduled feedings transfer mostly foremilk and little hindmilk to your baby, leaving her hungry and dissatisfied when she is removed from the breast. If you ensure that your baby drinks both foremilk and hindmilk, she is more apt to be full and sated by both fat and total liquid content. You can help her get both kinds of milk by breastfeeding her at her request, nursing her until she decides she is finished, and allowing frequent feedings. Let your baby drink from one breast until she is satisfied; do not switch her to the second breast until she has drawn hindmilk from the first.

Cause and effect

Your baby controls the amount of milk your body makes. His strong sucking action stimulates nerves in your nipple. Impulses from these nerves travel to your brain, causing several hormones, including prolactin and oxytocin, to enter your bloodstream.

Prolactin speeds to your breasts, directing them to make milk. The more frequently and effectively your baby sucks, the more prolactin your brain releases and the more milk your breasts produce. If your baby sucks less often and for shorter episodes, your prolactin level falls and milk production decreases. A drop in milk production can also occur if your baby is incorrectly positioned at the breast, resulting in poor "latch-on," which fails to stimulate the flow of milk.

New mothers have their best opportunity to get the nursing process under way immediately after childbirth. You won't lose the opportunity to breastfeed if you are forced to post-

pone, but the initiation is far easier if you begin nursing right away. If your baby doesn't breastfeed or you don't use a pump, your prolactin level falls, and milk production slows and eventually ceases altogether. Natural weaning (cessation of nursing) also works in this way.

Team players: hormones

During your pregnancy, your placenta produces the hormone progesterone. High levels of progesterone discourage milk production. With birth — and the delivery of the placenta — milk-making really gets under way. The hormone prolactin swings into action, your milk supply increases rapidly ("comes in"), and your breasts feel full.

Oxytocin, the milk-ejection hormone, squeezes the sacs where milk is made and sends milk through ducts to the tip of your nipple. This squeeze and sudden release of milk is your let-down reflex. Some mothers experience it as a tingling sensation in their breasts. Let-down might feel peculiar at first, but after a few weeks the sensation will lessen and you'll equate it with a feeling of relaxation and the sight of a contented baby.

Your baby takes milk from your breast by sucking, but you also give milk by letting it down. Let-down of your milk is important to your baby's nutrition. Low-fat foremilk stored in the reservoirs is, essentially, skim milk. It might satisfy your baby's need for fluid, but after let-down comes the hindmilk, the rich, tasty reward for baby's continued nursing.

The let-down reflex is particularly sensitive in the early days of nursing, when your brain can release oxytocin without the stimulation of sucking. You might feel the sudden tingle of your milk letting down anytime you are reminded of your baby. Seeing a baby's open mouth, hearing his cry, or simply thinking about breastfeeding can begin the process that ends in the release of your milk. Conversely, your state of mind can also hamper let-down by inhibiting the release of oxytocin. For example, anxiety or stress can impair your let-down reflex. To encourage let-down, include plenty of water in your diet, get adequate rest, and relax into nursing sessions with your baby, enjoying his smell and feel.

After you give birth, your body makes milk for your newborn whether or not you plan to breastfeed. Continued milk production relies on your baby's frequent, regular sucking and your release of milk. Lactation is usually associated with the birth of a baby, but some adoptive mothers have breastfed a baby not biologically their own by encouraging the baby to suck frequently at the breast.

knowledge is power

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amazing milk

Human infants can survive on the milk of other species or on formula. By withholding human breastmilk, however, we deprive our babies of a fluid that is uniquely and perfectly designed for their optimal growth and development. Just as your blood and placenta nourished and protected your baby before birth, your breastmilk is designed to do the same after birth. Your milk contains precisely the right amount of nutrients, in the right proportions, for your growing baby.

Your milk contains about 100 amino acids, vitamins, and minerals, including salts and sugars, in a recipe made specifically to satisfy your infant. It provides all the necessary nutrients and fluid for babies up to six months of age, when many infants begin to eat solid foods. It supplements older babies' diets with a constant, digestible source of essential vitamins, protein, carbohydrates, cholesterol, and trace elements.

Human milk contains 88 percent water and 4.5 percent fat, on average. Fat, essential for babies, provides up to half the calories in breastmilk and supplies the energy infants need to maintain a phenomenal growth rate. Babies are satiated by fat content in milk. Because fat levels in mother's milk are highest during the night, infants fed at intervals through the night are less apt to act hungry and irritable in the morning.²

Human milk has special ingredients that contribute to brain development. Researchers believe the cholesterol found in breastmilk, which is present in only trace quantities in formula, may improve infant intelligence.³

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The principal sugar in human milk is lactose. Because human milk contains more lactose than cow's milk does, human milk tastes sweeter. Lactose promotes the growth of beneficial bacteria in your baby's digestive tract, discourages the growth of harmful bacteria, and enhances his calcium absorption.

Due to its low casein content, your breastmilk forms small, soft curds that your baby digests easily. Cow's milk, with its high casein content, forms tough, rubbery curds that your baby does not digest as well. It takes your infant about 20 minutes to digest breastmilk, compared with 4 hours to digest formula milk made from cow's milk.⁴ (This may explain why formula-fed infants typically sleep for longer intervals than do breastmilk-fed infants, whose stomachs empty more easily and rapidly.)

Your milk has lower quantities of volatile fatty acids than cow's milk. Fatty acids can cause intestinal gas in babies. For this reason, breastfeeding mothers sometimes follow a dairy-free diet to soothe babies who suffer from colic, an ailment that is characterized by abdominal pain.

Protective substances

Although most people are aware that human milk provides excellent nutrition, many are unaware of breastfeeding's other health benefits for babies. Perhaps most significantly, human milk is like your baby's first immunization. In diverse and remarkable ways, breastmilk protects your baby from disease until her immune system can function on its own.

Many studies conducted since the introduction of infant formula have compared the disease resistance of the breastfed baby to that of the formula-fed baby. The conclusions are notable: Breastfeeding provides immunity to many viral diseases and respiratory infections and to some bacterial diseases. Formula-feeding does not. Not only is it a perfect food, but breastmilk also is actually a living substance. It contains active immune defense factors in even greater concentrations than those found in blood.

BREASTFEEDING TIP

Know the number of your local La Leche League leader and use it.
Darlene Grieco, Pittsburgh, PA

IT TAKES TWO

Milk made in your breast is released when you think about feeding your baby. A natural reflex even pops out your nipple for an easier feed. Baby plays a part, too. If you touch your newborn on the cheek, she will turn her head toward the touch, looking for a breast. And when your nipple fills her mouth, she automatically pushes her tongue toward the top of her mouth, squeezing the nipple to release your milk. Breastfeeding is an interactive process between you and your child.

Your milk contains millions of living cells per teaspoonful. Most of them are white blood cells that search out and attack invading disease agents. The antibodies that you pass to your baby through your milk protect him. Every swallow delivers a tiny army of cells that surround and destroy germs.

The immune-system stimulation your breastfed infant receives is thought to protect him throughout his life. Adults who were breastfed are healthier. They have lower cholesterol levels and less chance of developing asthma, diabetes, ulcerative colitis, and Crohn's disease. Breastfeeding also guards against food allergies, dermatitis, and certain chronic liver diseases, and it slows the development of abdominal disease.

Allergic reactions are far less common among breastfed babies than among formula-fed babies. Food allergies are believed to begin when foreign molecules cross the walls of a baby's intestine and enter the bloodstream. There they cause reactions ranging in severity from mild to life threatening. The breastfed baby has received elements from her mother's colostrum and breastmilk that seal her intestinal surfaces. That means she can break down foreign proteins and molecules in her digestive tract rather than absorb them into her bloodstream.

Breastmilk is good for your baby's teeth, too. When nursing at the breast, swallowing naturally follows sucking, so breastmilk doesn't pool in the mouth. A bottle-fed baby doesn't suck the same way a nursling does; formula must accumulate in the bottle-fed baby's mouth to trigger the swallowing reflex. This invites fermentation and bacterial growth, contributing to tooth decay. Breastfeeding provides the further benefit of optimum jaw, mouth, and speech development.⁵

Breastfed babies are healthier babies. One study found that formula-fed infants are hospitalized three times more often than breastfed infants in their first three months of life. A study cited in *American Family Physician* (the official journal of the American Academy of Family Physicians) found that 97 percent of bottle-fed babies are seen for illness in their first six months, whereas only 25 percent of breastfed babies need medical care.⁶

breastmilk
nourishes your baby,
breastfeeding
nurtures him

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good for baby — good for mother

Breastfeeding, the best choice for baby, is good for mother, too. The many health benefits include the following:

Calming effect

Breastfeeding has a soothing effect on nursing mothers. The breastfeeding hormones are involved in the production of β -endorphins, chemicals that bring about a sense of peace and increase affectionate, maternal behavior while suppressing hostility, anxiety, and irritability.⁷ In addition, breastfeeding requires you to sit or lie down with your infant eight or more times a day, a practice that is in itself quieting.

Shaping up

The hormone oxytocin stimulates your uterus to contract, helping to control blood loss and return your uterus to its pre-pregnancy size.

Aid in child spacing

Prolactin, secreted when your nipples are adequately stimulated, suppresses ovulation. If you don't ovulate, you cannot become pregnant. See "Breastfeeding and your reproductive cycle" on page 8 for more information.

Decreased risk of iron deficiency

Your body uses some of its iron in the manufacture of breastmilk. But that loss is offset by the delayed resumption of your

Cost of Formula and Bottles

Month	Cumulative Nursing Savings (\$)*
1	\$ 99
2	\$ 186
3	\$ 315
4	\$ 432
5	\$ 560
6	\$ 677
7	\$ 805
8	\$ 922
9	\$ 1,051
10	\$ 1,167
11	\$ 1,296
12	\$ 1,413

* Figures include the average cost of brands of premixed and powdered formula available in grocery stores in Northampton, Massachusetts, as well as the purchase of four bottles and nipples every two months.

menstrual periods. When the effect of delayed menses is combined with improved iron absorption by your digestive tract, the net result is decreased risk for iron deficiency (anemia).

Lower incidence of certain cancers

Mothers who breastfeed for at least six months in their lifetime show a decreased risk of contracting breast cancer. Similar reduced rates have been shown for ovarian and uterine cancers.⁸

Protection against fragile bones

Women who breastfeed are 75 percent less likely to develop osteoporosis than women who feed their babies formula. Most mothers lose a small amount of their bone mass during the time they breastfeed. But within months of weaning, their bodies have replaced it with new, denser, and stronger bone.⁹

Nature's easiest diet

A well-documented benefit of breastfeeding is relatively rapid and sustained weight loss. Nursing an infant burns 200 to 500 calories a day. A formula-feeding mother would need to swim 30 laps or ride a bicycle for more than an hour to burn an equivalent number of calories.

Breastfeeding and your reproductive cycle

Breastfeeding reduces a woman's fertility. If your baby nurses frequently, day and night, and relies completely on you for

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nourishment, you probably won't ovulate or menstruate for a time — perhaps for months or even years. The absence of menstrual periods in fully breastfeeding mothers is called lactational amenorrhea (*ay-men-ah-REE-ah*). Lactational amenorrhea is a normal part of your reproductive cycle.

Lactational amenorrhea is very sensitive to your breastfeeding style. The key to a contraceptive effect is consistent, relatively continuous breastfeeding that occurs at night as well as during the day. Ovulation — and fertility — is likely to resume if you do any of the following:

- Breastfeed intermittently
- Give your baby a pacifier
- Encourage long intervals between feedings
- Breastfeed only during the daytime
- Put your baby on a feeding schedule
- Supplement with any amount of formula or solid food

Remember, if the amount of your baby's sucking at the breast changes, your hormone level can be affected . . . and so can your odds of conceiving. Return of menstruation is often used as an indicator of resumed ovulation and fertility. Conception can occur before menstruation resumes, however. Between 2 percent and 10 percent of breastfeeding mothers conceive before their menstrual cycle resumes.¹⁰ For most women, lactational infertility can provide reliable protection against another pregnancy for up to six months postpartum.¹¹

NATURE'S CONTRACEPTIVE

Exclusive breastfeeding can be used as one element of a family-planning program. Its fertility-inhibiting effect can help you plan your next pregnancy at an appropriate time and with reasonable spacing. Globally, breastfeeding prevents more pregnancies than do all other forms of contraception put together.¹² And the contraceptive protection requires no equipment other than a baby!

If you are planning to use breastfeeding to augment your family planning, you need to understand the subject thoroughly. A good book on the topic is *Taking Charge of Your Fertility: The Definitive Guide to Natural Birth Control and Pregnancy Achievement* by Toni Weschler. For classes and information, contact the Couple to Couple League, P.O. Box 111184, Cincinnati, OH 45211, (513) 471-2000.



LET-DOWN

Your milk may let down several times in the course of a feeding. Even if you can't feel your let-down, you can tell when it occurs by watching your baby. His quick, short sucks will change to a steady pattern of one or two sucks followed by a swallow and a little wiggle at his ears and temples.

Let-down can happen at less than convenient times, such as when you're in a meeting, out to dinner, or standing at the door paying your newspaper carrier. Pressing against your breasts can stop let-down. If leakage is a problem for you, wear cotton breast pads inside your bra.

Choosing to breastfeed

Throughout your pregnancy, your body and your breasts have changed so they can provide the perfect food for your newborn. Nothing more is needed to nourish your baby through at least the first six months.

In December 1997, the American Academy of Pediatrics Work Group on Breastfeeding published a concise and comprehensive policy statement that clarifies the importance of breastfeeding. (The AAP and its member pediatricians dedicate their efforts to the health of children worldwide.) The group's publication, "Recommended Breastfeeding Practices," included the following statements:

1. Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions. The ultimate decision on feeding of the infant is the mother's.
2. Breastfeeding should begin as soon as possible after birth, usually within the first hour. Except under special circumstances, the newborn infant should remain with the mother throughout the recovery period.
3. Newborns should be nursed whenever they show signs of hunger, such as increased alertness or activity, mouthing, and rooting. Crying is a late indicator of hunger. Appropriate initiation of breastfeeding is facilitated by rooming-in.
4. No supplements (water, glucose water, formula, and so on) should be given to breastfeeding newborns unless a medical indication exists. Supplements and pacifiers should be avoided whenever possible, and if used at all, used only after breastfeeding is well established.

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5. When discharged before 48 hours after delivery, all breastfeeding mothers and their newborns should be seen by a pediatrician or other knowledgeable healthcare practitioner when the newborn is two to four days of age.
6. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first six months after birth. It is recommended that breastfeeding continue for at least 12 months, and thereafter for as long as is mutually desired.
7. In the first six months, water, juice, and other foods are generally unnecessary for breastfed infants.
8. Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding.

Preparing for breastfeeding during pregnancy

In a perfect world, breastfeeding would require nothing more than holding your baby to your breast and letting the milk flow. In many cases, it is that simple — but not always. Breastfeeding is a learned skill for both you and your baby.

- *Meet the experts.* La Leche League International is a nonprofit organization dedicated to providing education, information, support, and encouragement to women worldwide who want to breastfeed. Attend La Leche League meetings or those of another local lactation group. Getting firsthand information about the realities of breastfeeding can help tremendously when you begin doing it yourself. Take time to speak with and observe breastfeeding mothers.
- *Set up a support network.* Keeping the number of a lactation consultant, local La Leche League leader, or the Visiting Nurses Association near your phone will make it easy to reach someone if questions or problems arise. These trained experts give their time willingly to help new mothers leap over any hurdles. One phone call can make the difference between giving up breastfeeding and nursing successfully through a problem.
- *Ask for help.* Experienced friends and family members are usually happy to support you if you run into obstacles.
- *Create a comfortable breastfeeding environment.* One beautiful thing about breastfeeding is that you can do it anywhere, anytime. But there's nothing quite like the cozy, comfy rocking chair, the nursing pillow in your lap, the stool under your feet, and the well-designed nursing shirt to make your nursing breaks purely joyful. Prepare for your nursing days by setting up a comfortable space — or two — at home, at work, at your parents' house. And consider investing in some clothes that will help you nurse in public with confidence and ease.



the first few days

Your baby will be ready to nurse within an hour of birth. Continuing the physical contact you two have shared since conception can only make the transition into her new world an easier one. Studies have shown that babies who stay with their mothers in the hospital (“room in”) learn to breastfeed faster, startle less, and establish their day/night rhythms more quickly than babies who are taken to a nursery. Rooming-in also ensures against the hazards of early bottle-feeding that babies sometimes get in nurseries. Insisting on keeping your baby with you will help your breastfeeding get off to a good start.

Babies learn to nurse, just as they will later learn to crawl and walk. A baby confronted with conflicting stimuli may become confused and frustrated. If your baby receives a bottle or a pacifier at the hospital or at home during the early weeks, you may experience difficulty getting him back on the breast. Taking liquid from a rubber nipple requires a process very different from breastfeeding, and it takes much less work. Your baby may have trouble unlearning one method and learning another. Remember all the advantages of breastfeeding, and avoid the bottle whenever possible, especially during the early weeks. If bottle-feeding becomes necessary, wait at least six weeks, until nursing is well established.

Nipple confusion

When you consider texture, shape, smell, and feel, the differences between a mother’s breast and a rubber nipple are profound. More important, the action required of a breastfeeding baby compared to that of a bottle-fed baby is totally opposed.

To nurse from the breast, a baby must use tongue and mouth muscles. She draws the nipple far into her mouth with a substantial portion of breast. Her tongue presses up on the breast tissue as she sucks and swallows. To drink from a bottle, a baby grips the rubber nipple with her gums and lips. She needs only to stem the flow from the nipple so she won’t choke and then wait until her mouth is full before she swallows.

PLANNING AHEAD

Don’t let bottle-feeding thwart your plans to breastfeed. If you expect to give birth in a hospital setting, consider the following:

- Plan as natural a birth as possible. Intervention during labor and delivery normally results in a delay in breastfeeding.
- Tell the hospital staff frequently that you do not want your newborn to receive any formula, water, or a pacifier, and have your doctor record this on your baby’s chart.
- Arrange for rooming-in so your baby can be with you all the time. If that’s not possible, have your baby brought to you often. Newborns need to be nursed at least every two hours during the day and whenever they awaken at night.¹³
- Turn down any offers of formula samples to take home with you.

BREASTFEEDING TIP

“It’s important to know that you and your baby both need to learn how to nurse.”

Jody Wright, CLC and Motherwear president

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*baby's chest to
your chest,
baby's nose to
your breast*



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Positioning

Getting yourself and your baby in the correct positions will have a tremendous effect on your early nursing success. Perhaps the most important element of proper positioning is being sure your baby takes your entire nipple and a good part of the dark area surrounding the nipple, called the areola (*ah-REE-o-la*), into his mouth. Incorrect positioning almost always leads to nipple soreness for the mother, insufficient milk intake for the baby, and frustration for both. Take time to read these simple suggestions.

Your position

First, get comfortable, whether that means sitting up or lying down. You can sit in bed, in a chair, on the sofa, on the floor — anywhere your back is supported and your body is relaxed.

If you are seated, your knees should be slightly higher than your hips. A footstool under your feet can help, and a firm nursing pillow on your lap will lift your baby to the height of your breasts and free your arms to help you get started.

Many women find that the easiest position in which to begin breastfeeding is the side-lying position. (See the illustration on page 12.) When you're lying down, you can feed from either breast and have one hand free to hold your baby in position or stroke her as she nurses. Pillows supporting your head and upper body will help you sustain this position easily through a long nursing session.

Your baby's position

Once you are in a suitable position, find a comfortable one for your baby. If she is straining to get to your breast, she cannot latch on correctly or nurse well. Her ear, shoulder, and hip should be in a straight line, and her chest should be touching yours. Although mothers snuggle their babies in various positions when they breastfeed, we illustrate on the following page the four most popular holds, perhaps the best for you to begin with.

The authors of *Bestfeeding: Getting Breastfeeding Right for You* offer these suggestions:

- Sit up straight. Good posture positions your nipples at the correct angle for nursing. Use pillows for comfort and support, especially on soft furniture.
- Make your lap flat. If necessary, raise your feet or sit on a pillow to adjust your height.
- Position your baby so she faces you, with her head, neck, and back in a straight line. She shouldn't have to turn or twist.
- Support your baby's weight so you are comfortable. Use pillows to lift her to the proper height.
- Bring your baby to you. Her upper lip and nostrils should be level with your nipple.

Four favorite nursing positions

Nursing should be comfortable for both you and your baby. Finding positions that work well can help you avoid discomfort.



THE CUDDLE HOLD

Sit upright and cradle your baby in your arm with his tummy against yours. (A pillow will help bring him to the correct height.) Support his head in the bend of your elbow, and tuck his lower arm between his body and yours.



THE CROSS-CUDDLE HOLD

The baby's position is the same as in the cuddle hold; you use the opposite arm. This gives you good control of your baby's head. Once he has begun to nurse, you may choose to change back to the cuddle hold.



THE FOOTBALL HOLD

This is a good choice when you have had a cesarean birth, your breasts are very large, you are nursing twins or a premature baby, or your baby has trouble latching on. Sit upright and place a pillow by your side to support your arm and raise your infant to the level of your breast. Lay your baby on her back, supporting her head and shoulders with your arm. (Her buttocks should be against the back of the chair and her legs angled upward.) Tilt her head close to your breast to latch on.



THE SIDE-LYING POSITION

Lie comfortably on a bed, couch, or floor and bring your baby close. She should be on her side, turned toward you. Lift your breast upward with your upper hand and gently stroke your baby's mouth until she opens to latch on. Once your child has emptied the lower breast, you can either turn over and place her on her other side or raise her with a firm pillow to the level of your upper breast. You can also turn your body to lower your upper breast to her mouth.

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Latching on

Breastfeeding is an exquisite thing and, overall, a rewarding experience for a mother and child. But the first weeks can be difficult. Too many women give up because they don't realize that, like most other things, getting it just right takes practice.

Follow these simple steps to get started.

- When you and your baby are comfortable, place the palm of your free hand just below your breast and your thumb on top of your breast, then lift. Your fingers should touch the breast, not the areola.
- Gently touch your nipple to your baby's cheek or lower lip. When she opens her mouth, lift your breast and pull her close so her nose and chin touch your breast. Don't put your breast in your baby's mouth; bring her to your breast. She should close her mouth around your areola and begin sucking. If she doesn't latch on, repeat the process.
- Be sure both of your baby's lips are flared outward. Nursing will be very difficult if either lip is not. To "flange" your baby's lips for proper latching on, use your thumb, above your breast, to gently tease out her upper lip. Use your finger, below your breast, to stroke her chin and roll her lower lip outward.
- If your baby's sucking hurts your nipple, her position is not right. Slip your finger into her mouth to break the suction. Then take her off and try again.
- Most of the areola should be in your baby's mouth. If it's not, take her off and position her again.

A GOOD NURSING POSITION Raised by a pillow, this baby is at the perfect height. The mother's back is straight, and mother and child are tummy to tummy.



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- If your baby has any trouble breathing through her nose, bring her closer to you, or lift your breast slightly to free her nostrils.
- Be sure your baby's chin is off her chest so she'll be able to suck well.

Nursing pillows and footstools

The right nursing pillow takes the strain off your back, keeps your arms free for hugging, and brings your baby to the perfect nursing height. With the recent popularity of nursing pillows, designs have been honed to perfection. By raising your legs slightly, a nursing footstool helps you nurse more comfortably.

Nursing for proper growth

During your baby's first two weeks he should be fed at least every three hours around the clock. Wake him, if needed, to feed at this frequency; if you received an epidural anesthetic during the birth, it is likely that waking will be necessary for the first several days. When your baby is back to his birth weight and is regularly wetting and soiling diapers, waking him to feed won't be necessary.

Many lactation consultants advise against timed or scheduled nursings, though some mothers find scheduling necessary to fit into their lifestyles. Left to their own timetables, babies breastfeed as needed — sometimes in short, frequent feedings, sometimes in long ones several hours apart, often at night. Your baby knows when he needs food and will know when he has had enough. He will also get the right balance of foremilk and hindmilk for optimal growth. In most situations, you can simply leave the timing to him.

Your job is simple: Feed him whenever he is hungry and let him stay on each breast until he has had enough. Let him finish the first breast, give him a chance to burp, and offer the second.

Is your baby getting enough milk?

Breastfeeding works by the concept of supply and demand. In general, if your baby is nursing frequently, has six to eight wet diapers a day, is gaining weight, appears healthy, and receives no supplementation, she is probably getting plenty of milk.

If you suspect that your milk production is tapering off, simply increase the number of times you put your baby to the breast each day and night. The more your baby stimulates and empties your breasts by nursing (or the more you express or pump your milk), the more milk you will produce. Remember, even if your breast feels empty, it will produce milk as your child nurses.

BREASTFEEDING TIP

"There is no better nourishment for your baby than the milk your body makes."

Jean Zimmer

If you are still concerned about your milk supply, contact a La Leche League leader or a lactation consultant for advice. In most cases, a few simple steps will remedy the problem. If your baby is not gaining weight by the time he is two weeks old, keep his doctor informed.

Consider these questions:

- *Are you supplementing with juice, formula, milk, or water?* If your baby skips a nursing, your breasts produce less milk.
- *Is your baby nursing efficiently?* Perhaps he is not draining your breast, which causes your milk supply to decrease. Refer to the "Positioning" section on page 11.
- *Are you feeding on a schedule?* The best schedule is determined by your baby. Let her choose when and how long to nurse. This will ensure that you meet her nutritional needs.
- *Do you smoke; eat chocolate; or drink coffee, tea, or cola?* Caffeine can slow weight gain, and nicotine can reduce your milk supply. Both can make babies fussy.¹⁴
- *Do your breasts no longer seem full?* This is normal once your production has adjusted to your baby's needs.
- *Do your breasts no longer leak?* Leakage has nothing to do with milk supply. Many women experience leaking only during the first few months.
- *Do you no longer feel the let-down reflex, or has its intensity subsided?* This is normal. Some mothers never feel let-down, and for most, it becomes less noticeable over time.
- *Does your baby want to nurse frequently?* Babies need comfort as well as food. Frequent nursing assures your baby of plenty of milk and cuddles.
- *Has your baby suddenly changed the duration or frequency of nursing?* She may have become a more efficient nurser or be more interested in exploring. A growth spurt can make her nurse more, or she may need more time with you.
- *Is your baby fussy?* There are innumerable reasons for a baby to fuss. If nursing doesn't help, try a walk, a massage, a bath, wrapping him, or rocking him. If fussiness is almost constant, your baby may have an allergy, thrush, or an ear infection. Check with your baby's healthcare provider.
- *Are your baby's weight gain and routines different from those of your friends' babies?* There is a wide variation within the norms. Every baby grows at a different rate, and healthy babies come in a variety of shapes, sizes, and behaviors.

EASY STEPS TO INCREASE YOUR MILK SUPPLY

1. Feed your baby nothing but your own milk. If you have been supplementing with formula, cut back gradually.
2. Encourage your baby to nurse as often and as long as she wants. Don't give her a pacifier, which would replace sucking at the breast.
3. Check positioning to be sure your baby is nursing efficiently.
4. Encourage your baby to drain both breasts at each feeding. It's fine to switch back and forth a few times during feedings to keep him interested.
5. Drink plenty of fluids, especially water, and eat a nutritious diet. You may want to eat smaller, more frequent meals.
6. Rest, relax, and enjoy the closeness of your nursing time.

BREASTFEEDING TIP

"I always had a glass of ice water ready whenever we sat down to nurse. After a while a sip of cold water was all I needed to trigger a let-down."

Cindy Kunz, merchandising director

BREASTFEEDING TIP

Your baby needs both foremilk and hindmilk. Letting him nurse as long as he wants on each breast ensures that he will get the benefits of both types of milk.



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GROWTH SPURTS

At intervals in their infancy, babies experience sudden and rapid growth. After settling into some sort of routine, your baby may one day begin nursing much more frequently. Many mothers have believed that their child is hungry because they cannot make enough milk for him. This is rarely true. The frequent feedings usually last for just a day (and night) or two, until the baby has stimulated the production of the additional milk he needs to fuel his growth spurt. All you need to do is give your baby, your body, and your milk supply a chance to readjust to one another. Breastfeed your baby without restriction or supplementation. He will self-regulate his feedings to get what he needs from you, no more and no less.¹⁵

BREASTFEEDING TIP

“Remember, this is a supply-and-demand sort of thing. The more your baby nurses, the more milk you will produce.”

Stephanie Sanders Ferris

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nursing in public

Nursing a child in the tranquillity of home can be among the most memorable moments in life. Why, then, when we take this same bond of closeness and caring out in public, don't we always feel euphoric about what we're doing?

“Breastfeeding is an intimate experience that borders on magical.”

Jody Christian

Even the most liberal among us can be caught off guard at the sight of a woman's breast. The fact that a mother may be doing the most natural thing in the world — feeding her baby — registers second. A woman who wouldn't dream of wearing a low-cut blouse to the office will instinctively lift her shirt to calm her crying infant. Breastfeeding mothers know these two behaviors are different, but people who have never breastfed, or viewed a breastfeeding mother and child, may not see it this way.

We offer this information to help smooth the rough edges where nursing mothers meet a public unaccustomed to the practice. You'll find some useful ideas here. Ultimately, the most important thing is that you do what works best for you and your baby.

“I always made it a point to nurse in front of friends at first to help me become comfortable enough to nurse in public.”

Donna Maimes

You don't want to leave your baby at home whenever you go out, and there's no need to. With a little planning and practice, you'll be able to breastfeed easily and comfortably wherever you find yourselves.

“A lot can depend on doctors. Interview your doctor before the baby is born so you can make sure that he or she supports breastfeeding and will be a help, not a hindrance.”

Holly Smith-Bové

Every nursing pair has different needs when it comes to noise level, nursing position, and privacy. You and your child have a right to have these needs met, no matter where you are. If you feel at ease, the people around you will, too. If you are relaxed and confident, your baby will get started nursing more easily. Find a place where you're comfortable, whether it's a bench by a fountain, a chair in a dressing room, or a quiet corner of your favorite bookstore.

Timing

Be alert for your baby's signals of hunger. Find a place to sit and nurse at the first sign of her discomfort. Better still, take frequent breaks and breastfeed before you steer into the supermarket or head for the bank. Though not all babies are predictable, learning your baby's rhythms will help you plan your outings so you are in a convenient place when she's hungry.

Begin with the basics

If you're new to breastfeeding, you might benefit from these guidelines. Women who thought they could never be comfortable nursing in public have found that these tips preserve their privacy and give them confidence.

Three steps to discreet nursing

1. Bring your baby close. Discreetly unfasten your nursing opening and your bra.
2. Help your baby latch on, then arrange your clothing to cover your breast.
3. Look up from your baby and resume your conversation, read a magazine, or watch the passersby. Most people will be unaware that you are breastfeeding. Accept that some people will be curious, and proceed with pride!

There's no need to attract attention when you don't want it. Fumbling with your clothes or looking around nervously will make people curious. Wear loose-fitting tops or clothes with nursing openings to minimize the amount of attention you give your clothing. Meet people's eyes and smile, or create your own privacy zone by reading a book or engaging in conversation with a friend.

“Remove yourself” without leaving the scene. Create a private space with the positioning of your body. Turning away from the crowd sends out a signal that you are not available for interaction. If you choose to, carry a scarf or baby blanket to drape over your shoulders as you nurse. A blazer or sweater can create privacy, too.

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“I discovered the best places in the mall to nurse are in the big department stores. Most of them have large ‘ladies lounges,’ which are not just bathrooms but have couches and comfortable chairs and are usually quiet. If that fails, try the big, comfy chairs in the furniture departments!”

Jennifer Laidlaw

Going shopping?

You'll buy some extra time with a happy baby if you nurse in the car before you go into a mall or store. Once you're inside, locate the lounges in your favorite shopping areas (fitting rooms are handy, too). Encourage stores to set up places for nursing; for instance, if there's space for a chair, leave a note for the manager, or call with a suggestion.

Try nursing a younger baby in a baby carrier. Slings make it especially easy to position a baby to nurse while shopping. They're very discreet, and the closeness is a bonus for both of you.

“I try to remember that nursing makes a lot of people uncomfortable, so I try to be as relaxed as possible. I realize that I am, in a sense, a spokesperson for nursing.”

Jen Parlier

Traveling by bus, train, or plane

Even with the benefit of anonymity in a bus station or an airport, the sheer number of passing strangers can fluster you—and your baby. These are scenes far removed from the peaceful privacy of your home.

Larger airports often have lounges for breastfeeding and diaper changing, but train and bus stations might not. If you feel more comfortable with privacy in these places, seek the remote seats in the waiting areas. A traveling companion with a newspaper can offer “cover” when you're latching on or switching breasts. A small blanket or a shawl will provide some privacy for you and keep your baby warm. The less modest among us can use this as an opportunity to educate.

Once you're on-board, both your seat choice and your positioning can affect your comfort. Sitting beside a window keeps you away from the passing crowd and makes it less likely that your baby will be disturbed when nursing or sleeping.

“My daughter tends to pull at my clothes while she nurses. I've found that offering her one of my fingers to grip while she's sucking prevents the tugging at my clothes. This has allowed greater discretion while breastfeeding in public.”

Jo Ann Brown

Heading for the beach?

In hot weather, nothing beats a swimsuit with nursing openings. It makes discreet nursing simple. Alternatively, you can drape a beach towel, a light blanket, or a shirt over your shoulders for privacy. Take along a chair or a back rest to make long nursing sessions more comfortable.

“I bought your swimsuit expecting to wear it only a few times but wore it several times a week once I discovered how much fun it was to take my kids to the pool! I sat in shallow water and visited with other moms while I nursed my baby and watched my toddler play.”

Bonnie Zeck

A table for two — or more

There’s no reason you can’t enjoy a restaurant meal and feed your baby, too. Look for restaurants with private booths or tables. Choose a seat removed from the traffic flow. When you want to nurse, turn away to position your baby, then turn back to face the table. Remember the importance of body language and attitude. A smile will convert many people from surprise or disapproval to sympathetic understanding if your baby is fussing or nursing. If someone complains, explain that you are doing the best thing for your baby. If you’re still uncomfortable, ask for a more private table.

“Have confidence in what you’re doing. I remember going to dinner with friends and requesting a table instead of a booth so I could nurse more easily. One of my friends asked, ‘You’re going to feed her in here?’ I calmly replied, ‘We eat here, why shouldn’t she?’ and we went on to enjoy a wonderful dinner.”

Maria Lauinger

“One evening my family and I were having dinner at a restaurant. As I prepared to nurse my two-month-old son, John Patrick, my sister-in-law suggested that offering my breast in a public place might offend people in the restaurant. My dear, sweet mother rebutted: ‘She’s not offering it to the people in the restaurant, she’s offering it to John Patrick.’”

Maria S. O’Dowd

Family and friends

Not all of your friends and family members will be comfortable when you breastfeed in their company. Unfortunately, it’s often this pressure from others that makes women nurse in hiding — or wean prematurely. Remind your friends that you’re doing the best thing for your child, and remind yourself that their discomfort is their problem, not yours. You can

be sensitive to those who seem uncomfortable, but don’t let them dissuade you from breastfeeding. With a little gentle persuasion, friends and family may soon be helping to create private space for you to nurse. Most passersby won’t give you a second glance.

Is your partner embarrassed when you breastfeed in public? Call your La Leche League leader for ideas and a schedule of meetings for couples. Watch how other mothers nurse at meetings. Give your partner articles about the benefits of breastfeeding, and talk about ways to increase your privacy, minimize discomfort, and support your decision to breastfeed. A partner who is a strong ally helps make the experience a positive one for all of you.

Encourage your partner to hold your baby as much as possible. Skin-to-skin contact is believed to stimulate production of the hormones that motivate protective, supportive behaviors in men as well as women.

“Recruit your partner as a support person. Educate and include him or her in the breastfeeding process. This will be an enormous benefit if you find yourself needing support and encouragement when things get bumpy.”

Lynn Zimmerman

The toddler challenge

Many mothers find that the higher activity level of their nursing toddlers brings about changes in breastfeeding. Although long nursing sessions probably aren’t at the top of most toddlers’ “to do” lists, toddlers do like to know the option is available, so they check in now and then for reassurance. If your toddler proceeds to undo the buttons on your shirt, pull off the blanket that covers you, or reach through your shirt for your other breast when you are away from your home, you might feel uncomfortable. Discouraging these habits at home will translate to more discreet nursing in public.

If you aren’t in a position to nurse immediately, many toddlers are amenable to a certain amount of negotiation. Say “let’s look for a more private place,” or “you can nurse as soon as we get to the car” to hold off your child for the 30 seconds it takes him to get interested in something else. Just be sure to follow through on your promise.

“My husband is Japanese, and we use the Japanese word for breast: oppai. Instead of asking to nurse, my daughter asks for oppai, which has saved me from many embarrassing moments.”

Teresa Obayaski

Tandem nursing: two at a time

Tandem nursing in itself is challenging, never mind doing it in public. Success depends on anticipating your children’s needs and finding a good place to feed them before they are unhappily hungry. Nursing the first baby who wakes from a

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listen to your little one; anticipate her needs

“Establish a network of friends who breastfeed; it increases your confidence, raises your comfort level in discussing your worries, and gives you an appreciative audience to laugh with you at your child’s nursing antics. Few can share this special experience as well as other nursing mothers.”

Iris Dordoni

“I believe that if nursing mothers are confident to nurse publicly, other women will see how convenient and wonderful it is and choose it for themselves.”

Wendy A. Rowe

“From the time my son was five or six months old, I would pat my breast before I would nurse him. By seven months, he was patting my breast when he wanted to nurse. Now at 16 months, he does the same thing — I like it because it’s discreet, and it helps him communicate with me.”

Melanie Magnusen

BREASTFEEDING TIP

Choose an out-of-the-way table at a restaurant, and position yourself with your back to others when possible. If you look comfortable, others will be too.

nap or the one who isn’t occupied with a toy can simplify the task. If you do find yourself in the position of having to nurse two babies simultaneously, nursing tops with two openings will make your life much easier. If you are nursing a newborn and a toddler, feed the newborn (who is more needy of your breastmilk) first.

Getting the support you deserve

Breastfeeding confronts the rules of our culture that breasts should be covered in public. Those who disapprove of breastfeeding in public probably aren’t focusing on its purpose: nourishment of children. When we sense disapproval from those around us, we tend to retreat to more private places — or find ways to stop nursing in front of others, which can be a disservice to our children.

Need someone to call for support and information? Call a La Leche League International leader for a warm, friendly, and caring perspective. Go to La Leche League meetings and get to know other nursing mothers. Practice nursing with the support of others nursing right beside you. Start a mothers group with women in your childbirth class, or find a family center or another place in your community that offers support to infants and toddlers. Build your confidence, and soon you’ll feel at ease. (See “Support and resources” on page 29.) Many of us go through a time when we’re unsure in the midst of so many changes, and we’re swayed by others’ advice, even bad advice.

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returning to work

With the birth of your baby, you have entered an exciting, involving time of life. Given your baby's need for round-the-clock nurturing right now, you might wonder how you will ever meet the demands of your job outside the home.

Take heart. Countless mothers dovetail working and breastfeeding by interweaving the rhythm of their work with the rhythm of their baby's needs. They succeed by seeking out supportive peers, planning ahead, and evolving creative solutions. They find inspiration in the idea that breastfeeding is one of the best things they can do for their child.

"Each day, now that I am working, I look at the little person sharing my life and I am proud and happy and satisfied that I have given him a good start."

Jennifer Good, university instructor

It's worth it

Combining employment and breastfeeding requires some preparation and commitment, but working mothers say it's worth it: They say breastfeeding is simpler than bottle-feeding. Their babies are sick less often. They maintain a unique, irreplaceable bond with their babies, even when they must be away. And they find that the flood of relaxation that accompanies breastfeeding counteracts stress. For many working mothers, breastfeeding is the string that ties the two halves of their life together.

"I love our nursing relationship and wouldn't give it up for anything. It is a wonderful way to reconnect after being apart while I'm at work."

Anelise Hernandez, administrator

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It is normal to feel a mix of anticipation and apprehension at the prospect of returning to work. It might ease your anxiety to reaffirm your priorities. Reconsider your reasons for returning to work. Confirm your resolve to breastfeed your child.

"Figure out why you need or want to go back to work before you commit fully. The feelings of ambiguity are the most difficult for me. I know that I want to be teaching, but I also miss my little one, so I have to be clear on why I am doing what I am doing."

Jennifer Good, university instructor

Plan ahead

Each woman must seek the combination of breastfeeding and working appropriate to her circumstances. There are no absolutes. Every situation is different and every mother has to make decisions that fit into her life. Some factors for you to consider:

Finances

How soon must you return to work? Some women delay their return by reducing household expenses for a time. They cut costs by canceling cable TV and magazine subscriptions, picnicking or dining in rather than eating out, and postponing nonessential purchases.

Your breastfeeding expertise

Take advantage of your maternity leave to establish a good supply of milk. If possible, arrange to be off work for at least eight weeks after childbirth. Breastfeeding on demand is critical during your baby's first months and helps develop a strong, loving bond between the two of you. The more of a pro you become at breastfeeding your baby before you return to work, the easier it will be to continue after you return.

Your baby's age

Your infant's age and level of dependence can make a big difference in the ease of the transition for both of you. For example, consider that a six-month-old can eat some solids and may drink from a cup offered by a different person. In contrast, your newborn needs to breastfeed up to a dozen times per 24-hour period, usually 5 to 15 minutes on each breast.

"Stand by your decision and your right to nurse your baby when she needs it. Take this as an opportunity for changing your assumptions about yourself and the rest of the world."

Anne Frey, public relations manager

"What worked best was bringing the baby to the office in a carriage. I would place the carriage next to my desk. If he started to wake up, I could gently rock him."

Meg Duffy, educational consultant

Your work situation

Weigh your baby's needs versus your employer's expectations. Think creatively. How can you shape your job to satisfy you, your baby, and your family? How can you frame your work hours around breastfeeding sessions? Consider whether the following strategies might work for you.

- Work a part-time or flexible schedule, especially at the beginning. Fran, who waits tables in a restaurant, works evenings, her most lucrative shift and a time when her husband is available to look after their baby.
- Arrange a job-sharing situation. Marie, a registered nurse, shares her job in a clinic with two other part-time nurses.
- Extend your maternity leave. Robin, a hairstylist, negotiated for six extra weeks of unpaid leave to delay her return to work.
- Work at home part of each day or week. Jean, a college student, reads and researches at home while her baby naps.
- Take milk-expression and nursing breaks during your workday. Stephanie, a marketing director, pumps her breasts at mid-morning, breastfeeds her son at work at noon, and takes a second pumping break in the afternoon.

"I found lunchtime nursings to be a relaxing break, and it was so nice to see my daughter after four hours of work. It reinforced my commitment to breastfeeding and reminded me every day why I was doing it all in the first place."

Jillian Smith, writer and editor

- Leave work during your shift so you can feed your baby. Jody, an accountant, returns home at noon to breastfeed her son.
- If your job involves travel, request assignment to your "home" site for as long as possible. Stacy, a management consultant, worked out of corporate headquarters for the six months following her daughter's birth.
- Apply your skills to a home-based business. Elaine launched a catering business that taps into her entrepreneurial talents and lets her set a flexible schedule.
- Bring your baby to work with you. Trish, co-owner of a café, tends to her son between customers.

BREASTFEEDING TIP

Resume work on a Thursday rather than a Monday. If possible, take the next few Wednesdays off so that you aren't working more than two days in a row. This will give you and your baby time to adjust to the change in routine.

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Approach your employer

Try to be forthright with your manager. The actions and attitudes of women like you drive changes in worksite support of breastfeeding. An employer who is convinced of the importance of breastfeeding is likely to make the arrangements necessary to encourage it.



"When I had my baby I found that my department had not encountered the breastfeeding issue previously. My response was to approach it as if there was no question about the appropriateness of breast pumping."

Michele Dmohowski, engineer

Before your baby is born, educate your manager. She needs to know that your baby won't interfere with your work. Bring notes to consult from as you make your case. Show her this guide and Motherwear's "Worksite Support for Breastfeeding Employees," part of Motherwear's "Breastfeeding Welcome Here" packet. (See "Support and resources" on page 29.) Describe the benefits of breastfeeding. Because breastfed babies are healthier, you will be less apt to miss work. Assure her that by committing to your baby in this way, you'll have more peace of mind to commit to work. Explain that your need for frequent contact with your baby will not continue



forever. In six months or a year, after your baby begins to take other foods, he will be more independent of you.

Ask for a suitable place at your worksite where you can breastfeed your baby or express your milk. Request some flexibility in taking breaks. Expressing should take no more than an hour a day, about the equivalent of a lunch break.

“I explained to my employers that I needed a place to nurse my son and express my milk. Within 48 hours they had set up a lactation room for me.”

Stephanie Sanders Ferris, marketing director

After you return to work, give your employers feedback. Bring your baby to work so they can see how she is thriving. Tell them how pleased you are with their flexibility and support.

“Expressing breastmilk at work can be a sensitive subject, especially when you work with as many men as I do. When I’m asked, ‘What’s in the black case?’ (my breast pump), or

‘What is the white stuff in those bottles you keep in the refrigerator?’ I tell them that I am expressing breastmilk for my baby to take to daycare. The responses I get vary from blushing six shades of red to, ‘Oh, my wife did that for our son.’ Be discreet, yet honest. Your coworkers should understand that you are doing what is best for your baby.”

Roxanne Lambert

If your employer balks at your requests, ask your physician to furnish the current pediatric recommendations on breastfeeding. Provide information about comparable companies that offer a supportive environment for breastfeeding mothers. Some such companies are profiled in Motherwear’s “Breastfeeding Welcome Here” packet. (See “Support and resources” on page 29.)

BREASTFEEDING TIP

Encourage other family members to investigate their own baby-leave benefits. Discuss how they might arrange their work schedules to complement yours.

Locate a substitute caregiver

If you must be absent for a portion of the day, who will care for your child while you are away? Many workplaces offer child care. Perhaps your partner could care for the baby while you work. A friend or relative might help out a few times a week. Identify a primary caregiver as well as several backups. They should support your decision to breastfeed, know how to handle breastmilk safely, and agree to feed your baby in the manner you request.

BREASTFEEDING TIP

Ask your caregiver to coordinate feedings with your arrival so your baby will be eager to breastfeed when you return to her.

If you are worried about how you will react to the separation from your baby, practice leaving her with her caregiver for short intervals. This also gives your baby and her caregiver a chance to get comfortable with one another. To refine your routine, try a whole-day trial run a few days before you go back to work.

BREASTFEEDING TIP

Choose a caregiver near your place of employment rather than near your home. That way you can more easily visit your baby during breaks from work.

Take care of yourself

Many people consider breastfeeding a simple task that women can effortlessly take care of along with the other tasks society expects them to handle. Yet for many women, breastfeeding is neither simple nor effortless.

Take tender care of yourself during your first days and weeks back at work. Fatigue will be a familiar companion as you learn to manage your many roles. Consider your capacity to do it all. Is the image of the baby in a backpack, laptop in your right hand, mop in your left, realistic? In order to take the best care of your baby, keep yourself healthy and rested. Give yourself small, restoring gifts, such as 15 minutes to enjoy a warm bath, a walk, or a nap.

Every nursing mother feels at times as though she is falling apart. This sensation may be especially worrisome for “career women” who are accustomed to a sense of control. What can you do? Try to keep an open mind and a sense of humor. Ask your friends for support and diversion. Simplify your life at home. Lower your housekeeping standards. Ask for help with meals and cleaning. Eat healthy foods. Drink plenty of fluids, limiting your caffeine intake. And take every opportunity to breastfeed and cuddle with your baby.

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To maintain your milk supply

Frequency is the key. Nurse unrestrictedly throughout your evenings, nights, weekends, and days off. As long as you continue breastfeeding, even part time, you will produce milk, although your supply might diminish if you do not express for missed feedings. Remember that milk production is based on supply and demand.

If you and your baby spend time apart during the day, it is common for your baby to want to breastfeed more when you are together, to compensate. Expect an upswing in the frequency of nursings.

Returning to work

Choose the expression method that best meets your needs. If you purchase a pump, practice assembling and cleaning it. In time, you will become accustomed to the sensation of holding a plastic flange against your breast. If you opt for hand-expression of your milk, learn the technique well in advance of your return to work. Begin expressing and freezing milk about two weeks prior to resuming your work routine. The assurance you gain will make it easier for you to continue after you return to work. Try breastfeeding and expressing milk in various locations.

Delay introducing a bottle until your baby has become expert at nursing and your milk supply is well established — at least four, preferably six weeks. About two weeks before you return to work, have your baby's caregiver offer your baby a bottle. Many babies will refuse a bottle if their mother is nearby. Infants older than three months who resist the notion of drinking from a bottle might accept milk from a cup or a spoon.

Where will you express?

Look for a place where you can relax and be comfortable. It should be quiet, private, and clean, with a comfortable chair, a countertop, and an electrical outlet. You might be able to use a private office, a conference room, or a storeroom. Ask your building manager or human resources staff for suggestions. Your employer might offer to set up a lactation room. You should not be forced to pump in a bathroom stall — an unsanitary and unsatisfactory site.

“My experience with pumping was not the nurturing, loving experience that I had with breastfeeding. There is something so completely unnatural about stuffing your breast into a cup and flipping a switch while you try to experience let-down of your milk. A sense of humor is essential, and so is remembering why you are doing it. A real commitment to breastfeeding is also necessary.”

Shawn Levine, biologist

BREASTFEEDING TIP

Don't be discouraged if you express only small amounts of milk at first. With time and practice, you can produce more.

Letting your milk flow

Your body is accustomed to releasing milk in response to the feeling of your baby's soft skin and his mouth on your breast. These cues are usually missing when you pump your milk. Training your body to let down your milk in the absence of your baby involves both psychology and physiology. If you have trouble, try some of the following hints.

- Minimize distractions. Take the phone off the hook and lock the door, if possible.
- Look at a picture of your baby.
- Make a phone call to check on your baby.
- Listen to soothing music or a tape of your baby's sounds.
- Use relaxation techniques such as deep breathing.
- Bring along one of your baby's blankets or a piece of his clothing (with his smell).
- Prior to expressing, massage your breasts as you would for a breast exam.

A SAMPLE SCHEDULE

A working mother's daily schedule can be hectic. Build in extra time so you don't feel rushed.

- The night before work, prepare your outfit, meals, and a diaper bag. Set your alarm for a half hour before you need to arise.
- Enjoy a leisurely breastfeeding session with your baby in bed (even if he's sleepy).
- Breastfeed just before you leave your baby with his caregiver.
- Express milk or breastfeed your baby at intervals during the day.
- Breastfeed again when you greet your baby at his caregiver's. Relax with him for the first half hour after you return home.
- Go to bed as early as possible. Breastfeeding at night causes your prolactin hormone level to rise, helping you relax and enjoy a good night's sleep. It also helps keep your milk supply abundant and lets you and your baby share a feeling of closeness.

This free information is provided by Motherwear, the complete catalog and website for the nursing mother. Request a catalog or place an order by calling (800) 950-2500 or visiting us online at motherwear.com.

KEEP THESE IDEAS IN MIND

- Breastfeeding makes you hungry! Bring nutritious snacks and drinks to work.
- Wash your hands before you begin to express.
- Clean and sterilize your pumping accessories regularly.

BREASTFEEDING TIP

“Don’t be overwhelmed by the prospect of continuing to provide your baby with breastmilk while you are away. It can be done, and it’s not really that difficult once you get used to it and work pumping into the rhythm of your days. Write your pumping sessions into your daily calendar as you would a meeting. That way you won’t forget, you can schedule your day around it (if you have that kind of flexibility in your job), and you won’t find yourself stuck in a conference, worrying about not having gotten the chance to pump that morning.”

Jillian Smith, writer and editor



Expressing milk at home

To build up an initial milk supply, try expressing in the morning (before your baby breastfeeds), between feedings, or immediately after feedings. Many mothers get good results by expressing milk from one breast while their baby sucks on the other. Allow your baby to nurse from the side first offered until he unlatches of his own accord. If he is still interested in nursing, you can switch sides, allowing him to breastfeed on the pumped breast. You need not worry that he will be nursing on an empty breast. You produce milk as your baby nurses.

Storing your milk

Store your milk in clean glass or plastic bottles or specially designed, disposable plastic bags. Save it in quantities of 2, 3, and 4 ounces so the caregiver can choose the amount appropriate to your baby’s hunger or feeding pattern. Leave fresh, rather than frozen, milk for your baby whenever possible.

According to La Leche League and *The Womanly Art of Breastfeeding*, you can safely keep your milk for up to 10 hours at room temperature (66°F – 72°F) or for eight days in the back of your refrigerator. For longer storage, you can keep your milk for up to two weeks in the freezer compartment of your refrigerator, three to four months in a separate door freezer that is opened often, and six months or longer in a separate freezer that stays a constant 0°F. Label each container of frozen milk with the date and the quantity. Use the oldest milk first. To thaw breastmilk, place the container under cool running water, gradually increasing the water temperature until the milk is warm. Never refreeze thawed breastmilk. For more information, consult *The Womanly Art of Breastfeeding* or another authoritative source. (See “Support and resources” on page 29.)

The antibodies in breastmilk can survive freezing if the milk is properly stored, but they cannot survive intense heating, such as that from a microwave oven. For this reason, you should take care to store and thaw expressed breastmilk according to accepted guidelines, such as those described in *The Womanly Art of Breastfeeding*.

Use a separate container to store the milk each time you pump. You can later combine cooled batches for a feeding or for frozen storage. You can add refrigerated milk to frozen milk provided the amount you add is less than the amount already frozen.

BREASTFEEDING TIP

“If a woman is going to pump, I think she has to get a high-quality pump. Dual suction and industrial strength. Those wimpy pumps you can buy at the drugstore never seemed to work for me.”

Shawn Levine, biologist

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Get a pump that meets your needs

The type of breast pump you need depends on your unique situation, including the hours you work, whether you can store your pump at your worksite, and the amount of time available to express your milk. A model that lets you pump both breasts at once cuts pumping time in half. Women who work full time might find that smaller pumps are not efficient enough to maintain their milk supply. “Cycling time” refers to the suck-relax action of a breast pump. A typical baby sucks and relaxes about 60 times per minute.

Rent a pump

As an alternative to purchasing a pump, you can rent one.

- **Advantages:** Hospital-grade electric pumps most closely imitate the rhythmic sucking action of a nursing baby. Some of these pumps are available with a battery pack, car adaptor, and can be used with a regular electric outlet. They cycle 30 to 60 times per minute and feature adjustable suction levels and double-pumping capability. With some pumps you can hold the flanges onto both breasts with one hand.
- **Disadvantages:** These pumps can be bulky and heavy and may require an electrical outlet. Some models feature an optional battery pack or car adapter. Another disadvantage is no cooler storage.
- **Available from:** hospitals and lactation consultants
- **Time required to pump both breasts:** most women can pump both breasts in 10 to 15 minutes.

Buying a breast pump

TOP-GRADE ELECTRIC PUMPS

- **Advantages:** Cycle about 50 times per minute; fully automatic; adjustable cycling and suction levels; double-pumping capability. Weigh 8 lbs. or less; built into or removable from a carrying case that resembles an oversized purse, briefcase, or backpack. These pumps also have a built in cooler storage compartment. These pumps are available with a battery pack, car adaptor, and can be used with a regular electric outlet.
- **Disadvantages:** Might produce weaker suction and chop-pier pumping action than hospital-grade models.
- **Available from:** catalogs, lactation centers, and Motherwear
- **Time required to pump both breasts:** 10 to 15 minutes.

MID-GRADE ELECTRIC PUMPS

- **Advantages:** Adjustable suction; double-pumping capability; weigh less than 2 lbs. (very portable); often convertible from outlet to battery power.
- **Disadvantages:** Cycle about 30 times per minute; some produce a continuous vacuum, requiring user to re-create the rhythm of nursing manually and no cooler storage.
- **Available from:** catalogs, and lactation centers.
- **Time required to pump both breasts:** 20 to 30 minutes.



LOW-GRADE ELECTRIC OR BATTERY-POWERED PUMPS

- **Advantages:** Affordable; lightweight.
- **Disadvantages:** Tend toward long cycling times; empty only one breast at a time; some require manual modulation of suction; batteries may wear out quickly; suction can be overly strong; may be noisy and no cooler storage.
- **Available from:** catalogs, pharmacies, discount stores, and Motherwear.
- **Time required to pump both breasts:** At least 30 minutes.

MANUAL PUMPS

- **Advantages:** Affordable; weigh less than 1 lb.; require no power source.
- **Disadvantages:** Tiring for hand and arm muscles (require user to pump a piston or squeeze a lever to create suction); empty one breast at a time; most require two hands to operate, and no cooler storage.
- **Available from:** lactation consultants, pharmacies, and Motherwear.
- **Time required to pump both breasts:** At least 30 minutes.

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Hand expression

Manual expression is an important skill for all nursing mothers. It offers a backup technique in the event your pump gives out or is unavailable. It costs nothing and requires no special equipment.

The basic technique

STEP 1 Cup the breast in your hand with your thumb above and just behind the areola (dark area) and your fingers below, forming a “C.”

STEP 2 Squeeze your thumb and fingers together while pushing back toward the chest wall. Do not slide your fingers along the skin.

STEP 3 Roll your fingers forward, shifting the pressure from the back of the breast toward the nipple.

STEP 4 The gentle pressure produced by rolling your thumb and fingers won’t damage tender breast tissue and milk ducts but will release stored milk.

Rotate your hand around the breast in order to drain all the milk ducts. Use each hand on each breast. Work on one breast for 3 to 5 minutes, switch to the other breast, and then repeat the sequence on both breasts.

Expressing milk from both breasts using this technique takes most women 20 to 30 minutes. For additional details, consult *The Womanly Art of Breastfeeding* or another authoritative source.

BREASTFEEDING TIP

“I used a pump at the beginning to start the flow going, but now I just use my hands. I feel I am more able to control the pressure used on each breast, feel for parts of the breast that have more milk, etc. Besides, I have less equipment to carry”

Lynn Heng, company director

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BREASTFEEDING TIP

A few words about preparing your nipples: Mothers are sometimes advised to “toughen up” their nipples to avoid breastfeeding discomfort, but studies have shown that this has little benefit. Sore nipples are usually a result of incorrect positioning and are better prevented by learning the best positions for nursing a baby. (See “Positioning” on page 11.)

STEP 1



STEP 2



STEP 3



STEP 4





overcoming challenges

Challenges can arise during the early weeks, and it is important for you to recognize them and know how to move beyond them. If you have the right information, most difficulties will disappear quickly.

Sore nipples

There may be times during breastfeeding when your nipples hurt as your baby latches on, especially in the first few weeks. This is normal and does not mean that breastfeeding won't work for you.

After the initial weeks of nursing, nipple soreness is often caused by improper positioning. Your nipple should be positioned far enough in your baby's mouth that there is no friction as she sucks. A position that is too high, too low, or pulling to one side, perhaps caused by insufficient support of the baby's weight, can cause your nipples to chap, crack, or bleed.

Remove your baby from the breast by inserting your finger between your baby's mouth and your nipple to gently break the suction. Study the positions illustrated on page 12 of this guide, and try again until you get it right. Nursing is something both of you are learning, and this takes time. Change nursing positions throughout the day to prevent continual friction on any one part of the nipple.

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Don't cease nursing while your nipples heal. If you do, your breasts may become engorged, which will make it more difficult for your baby to latch on. *The Womanly Art of Breastfeeding* suggests avoiding ointments or creams, with the exception of Lansinoh®, a highly refined lanolin. You can also try putting a little of your milk on your nipples; breast-milk fights infection and is high in soothing fats.

Studies indicate that if nipples are exposed to air and sunlight, they heal quickly. Change nursing pads often, if you wear them, and keep your nipples well ventilated with natural-fiber bras and clothing. Very tender nipples can be protected with plastic breast shells (not to be confused with nipple shields). If you need more help, contact a La Leche League leader or lactation consultant.

Engorgement

Your breasts are full, swollen, sore, and perhaps a little shiny. You can't figure out why your baby has such a hard time latching on. She opens her mouth wide (crying, usually), but when she tries to suck, her mouth slides off your breast and onto your nipple.

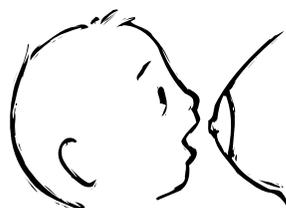
Engorgement is caused by a large supply of milk in combination with extra blood and fluids supplied to your breasts in preparation for feeding. Consider full breasts your body's way of telling you it is time to nurse. Engorgement can return any time there is an unusually long interval between feedings or when your baby is not draining accumulated milk sufficiently. This can occur if nursing sessions are cut short or if your baby is not positioned properly.

Engorgement is easy to treat. To ease discomfort of engorgement, try pumping, hand-expressing, a hot shower, or a warm washcloth applied to the breast. (See "Hand expression" on page 25.) Be sure to express only enough milk to relieve your discomfort and soften the areola enough to nurse. Too much pumping or expressing can increase milk production, aggravating the problem.

BREASTFEEDING TIP

Strange as it may sound, many mothers swear by applying a large, chilled cabbage leaf (with a hole to go around your nipple) to each breast for 30 to 45 minutes. As soon as you notice relief or softening, remove the leaf and begin nursing.

Try nursing again. Gentle massage of the breast as your baby is nursing will help the milk flow. Once she is nursing efficiently, your milk production will balance with her milk consumption, and swelling will subside.



ENGORGEMENT

This baby cannot latch on because the tissue of the breast is too engorged. Expressing a small amount of milk will soften the areola and allow her to nurse.

You can express milk between feedings, too, to relieve your discomfort. If your breasts are very painful, try applying either heat or ice packs, or alternating the two.⁴ A long, hot shower can feel very soothing.

As we have mentioned, it is important to breastfeed frequently and thoroughly. Let your child nurse as often and as long as he wants. Let him finish at one breast before switching to the other.

You can find more complete instructions for breastfeeding and expressing milk in reference books. See “Support and resources” on page 29 for more information.

Trouble latching on

There are several reasons for latching-on difficulties, especially in the early days of breastfeeding. Each time you bring your baby to your breast, give her about 10 minutes to latch on. If she’s unsuccessful, take a break and try again later. See “Latching on” on page 13. Don’t get discouraged. Contact someone in your support network for encouragement and ideas. Practice and patience will pay off.

Flat or inverted nipples

It is not uncommon for a woman to have one or two flat or inverted nipples. This can make breastfeeding a little more difficult at the start, but patience and guidance can quickly alleviate the problem. Encourage your baby to take adequate amounts of your nipple and breast into his mouth. As he feeds, he may draw out the nipple. You can also try pulling



BREAST PADS

If one of your breasts leaks while your baby nurses on the other, you can use a teacup to collect the surplus milk. Store it according to the guidelines described on page 23 to feed to your baby at a later time. Leaking breasts need gentle care. Breast pads placed inside your bra will soak up surplus milk. It is important that you change pads frequently to keep nipples dry. Washable cotton pads are the most economical and environmentally sound choice.

on and rolling the nipple with your fingers or using a breast pump very briefly before feeding. Many women find that wearing breast shells helps to draw nipples outward.

If you can’t get your baby to latch on, your lactation consultant might advise you to express milk and feed it to your child with a spoon or a cup in the early weeks; in time, breastfeeding will become easier.

Nipple confusion

If your baby receives a bottle or a pacifier at the hospital or at home during the early weeks, you might experience difficulty getting him back on the breast. Remember all the advantages of breastfeeding, and avoid the bottle and pacifier whenever possible, especially during the early weeks.

Plugged duct

A sore or tender spot on your breast is usually a plugged milk duct. If you have a plugged duct, a part of the breast may still feel firm and full after nursing. If left untreated, a plugged duct can lead to mastitis, a painful inflammation of the breast. A plugged duct is usually the result of milk improperly or incompletely drained from your breast during a feeding.

The best solution is prevention. Proper positioning of your nursing baby is important in the prevention of plugged ducts. Watch your baby nurse. He should take long, deep swallows. Quick, shallow swallowing is an indication that he doesn’t have enough breast tissue in his mouth or that his position is inhibiting the strong sucking that drains the breast. The breast should be emptied fully and evenly of accumulated milk at each nursing.

Vary your nursing position throughout the day so you expose different parts of the breast to your baby’s most vigorous sucking. Try the football hold (see illustration on page 12) or lying down with your baby to feed him.

Be sure your bra and clothing do not constrict your breasts. If you suspect your bra doesn’t fit properly, ask Motherwear consultants or other experts for help in getting the right size. Wear a proper nursing bra rather than sliding up a regular bra to nurse.

Rest, eat well, and drink ample fluids. Try to get plenty of sleep so you aren’t run down. When you are breastfeeding, you need extra rest and nutrition. Structure your life in a way that makes you feel good and keeps you healthy. A plugged duct is often the first signal that you are doing too much.

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Get more help, or let some housework and activities slide. Relax and enjoy your baby!

Prompt treatment of plugged ducts will usually prevent mastitis and its symptoms: fever, fatigue, and nausea. If you begin to feel flulike symptoms, or if your breast becomes hot and tender, you might have a breast infection. Breast infections are particularly common in the first weeks after birth and during times when a mother doesn't get the rest and nutrition she needs. Vary your nursing position so all areas of your breast will drain thoroughly. When you nurse lying down, put your baby on a pillow to raise her to the level of your upper breast.

Mastitis

One of the most uncomfortable conditions a nursing mother may experience is mastitis, an inflammation of the breast usually caused by an infection. Symptoms include a hot and tender breast, fever, nausea, and exhaustion.

Most often, mastitis is preceded by a plugged duct. It can also result from an infection entering the breast through a cracked nipple.

- It's more important than ever to continue nursing frequently. Your baby won't get an infection from your breast.
- Apply warm, moist compresses to the sore part of your breast before and during nursing.
- Rest. Go to bed and stay there for two or three days. Get help with all tasks.
- Contact your doctor, who might prescribe an antibiotic. Request a type that allows you to continue breastfeeding. Be sure to complete the entire course of treatment, even if the infection seems to clear quickly.
- Consider going without a bra while you recover.
- Drink plenty of liquids.
- Enjoy a little extra time with your baby.

Nursing strike

Your baby suddenly refuses to nurse, or she stops nursing after a few swallows and begins to cry. She abruptly seems to have lost interest in breastfeeding. A typical strike lasts a few days, but it can continue for as long as two weeks.

There are many possible reasons for a nursing strike. Among the most common are teething, a cold or ear infection, an unpleasant taste, a sore mouth, and discomfort from an injury or immunization. Emotional causes are also common: separation from you, a change in your baby's routine, a

change in your behavior, too many distractions during nursing, and insufficient attention to your baby's needs.

An emotional reason for a strike is just as important to consider as a physical one. If your child is old enough to talk, ask him how he feels about nursing. Returning to nursing may take some gentle coaxing and extra attention, especially if the strike was set off in part by something you did, such as yelling when you were bitten. Almost all children will resume nursing, given the chance. In the meantime, you can try feeding your child your milk by cup or spoon or increasing the solid food available to a toddler. Pump or express your milk to keep up your supply.

Make offers to nurse as relaxed and pleasant as you can. Devote yourself to your child as much as possible. Try cuddling, stroking, or singing at nursing time. Keep in mind that a sleepy baby may be more willing to nurse.

Many mothers are upset to think that nursing is over. True weaning occurs gradually over weeks or months as a toddler loses interest. Some parents interpret a nursing strike as the ideal time for early weaning, but this is usually not the best choice for either of you. The nursing relationship is a bond of love and understanding as well as a food source. It usually works best to end nursing gradually, by mutual agreement.

Thrush

Thrush is a yeast infection that thrives on milk. In an infant, it appears as white spots inside the mouth and as a diaper rash resembling a mild burn or a patch of red dots. The rash may be accompanied by peeling skin, and it doesn't respond to air exposure or other ordinary treatments.

TO RELEASE A PLUGGED DUCT

- Nurse on the affected breast first and more frequently.
- Position yourself so you can nurse with your baby's chin pointing toward the plugged duct. Her tongue action will stimulate the milk to flow.
- While you are nursing on the affected breast, apply massage and heat, such as a warm, wet washcloth, to encourage proper drainage.
- Between nursings, use moist heat and massage to encourage the duct to clear.
- Gently rub the plug toward the nipple while you are showering.
- Use plain warm water to cleanse any dried secretions that may be blocking your nipple's pores.

(excerpted from *Counseling the Nursing Mother: A Reference Handbook for Health Care Providers and Lay Counselors*)

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A baby with thrush may also show signs of tiredness: inefficient nursing with eyes closed, often followed by long bouts of sleep. When the yeast moves to the intestinal tract, the baby may experience gas and discomfort.

Thrush is passed to a nursing mother from her baby's mouth. Mother's symptoms include red, swollen, or cracked nipples accompanied by itching, flaking, or burning. White spots are occasionally apparent.

Thrush is caused by *Candida*, a yeast always present in the body. Prolonged sucking (sometimes caused by sleeping with a bottle or a pacifier) can injure the lining of the mouth and allow the yeast to grow out of control, causing an infection.

Babies sometimes acquire the infection as they pass through the birth canal. This is particularly true when maternal diabetes is involved. A thrush infection may follow a cesarean birth because the antibiotics given to the mother kill the natural yeast stabilizers in her system. Antibiotics administered to an infant can also cause the infection.

Both mother and baby need treatment, but there is no need to stop nursing, even temporarily. Expose your nipples to air and sun, and exercise careful hygiene with everything that touches your breasts and your baby's mouth, such as nursing shells and baby's toys. Keep your bras clean, and change your nursing pads, if you use them, after each feeding.

Your doctor can prescribe a safe medication to treat thrush, such as nystatin. Because it is swallowed, nystatin eliminates the intestinal yeast.

Nancy Mohrbacher, author of *The Breastfeeding Answer Book*, recommends that mothers supplement their diet with *Lactobacillus acidophilus* (found in yogurt that contains live cultures), especially after taking antibiotics.¹⁶ This beneficial bacterium is present in normal human digestive tracts, where it usually keeps thrush-causing yeast in check.

Interruptions in breastfeeding

If breastfeeding is interrupted due to illness or temporary separation, you will want to express milk to keep up production. By pumping your breasts and getting your milk to your baby, you'll ensure the continuation of milk production and the best nutrition for your child.

DO MEDICATIONS MATTER?

Any substance that affects you, a breastfeeding mother, might also affect your baby. Most drugs you take will reach your milk in some quantity. They might affect your milk production, and they can cause side effects in your baby. For example, certain hormonal contraceptives can decrease your milk supply or change its composition.¹⁷ Before taking any medication, including herbal remedies and those purchased without a prescription, consult a medical doctor, nurse practitioner, La Leche League leader, lactation consultant, or pharmacist. Many mothers also refer to websites such as <http://neonatal.ttuhscedu/lact> or www.motherisk.org.



support and resources

Breastfeeding is a learned skill. Get the information you need to breastfeed with confidence and success. When your baby is born, you have to learn how to breastfeed, often without knowledgeable support or example. There is a world of help available.

Locate a resource person such as a lactation consultant, La Leche League leader, or another nursing mother to guide and encourage you; read a reference text; or contact a support organization. Seek out breastfeeding women who have positive attitudes, experiences, and skills to share. Find reference materials at a library, at a bookstore, or online.

Some women who begin to breastfeed quit when a problem arises. Unfortunately for mother and child, most challenges occur during the first months of nursing. Please persevere! With time come experience, expertise, and confidence. It is extraordinarily rare that a woman is incapable of successful breastfeeding. Many women who give up breastfeeding in the early months would have continued had they had the informed support of families, healthcare professionals, and other mothers.

Your determination, along with informed guidance, can keep a problem from forcing an end to breastfeeding. If you need information or support, try one of the resources described on the following page.

"It was because of La Leche League that I was successful in nursing my babies. And breastfeeding was so gratifying."
Victoria Zimmer

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PARENTING FROM THE HEART

When you need some help nursing your baby, or just want to read about the experiences of other families, turn to Motherwear's *Parenting from the Heart*, our quarterly magazine for loving parents, full of articles and helpful advice from other breastfeeding mothers. We also publish and distribute, free of charge, "Worksite Support for Breastfeeding Employees" (part of Motherwear's "Breastfeeding Welcome Here" packet). To order a free catalog call Motherwear at (800) 950-2500. Visit our website at motherwear.com to read articles written by nursing mothers, share your views and advice on breastfeeding, meet the Motherwear models, and download additional sections of this free nursing guide.

Breastfeeding support groups

International Lactation Consultant Association

Supports lactation experts, breastfeeding women, and their families
(919) 787-5181
www.ilca.org

La Leche League International

The world's leading breastfeeding organization
800-LA-LECHE (800) 525-3243 to find a group that meets in your area and a local number to call for advice
www.lalecheleague.org

Nursing Mothers Counsel, Inc.

Free assistance from experienced mothers
(650) 599-3669
www.nursingmothers.org

Other recommended on-line resources

www.breastfeeding.com
Comprehensive information about breastfeeding

www.familyweb.com
A gathering place for families

www.motherwear.com
The complete catalog and website for the nursing mother

www.parentsplace.com
In-depth information about raising children

Breast pump product information

Ameda

(877) 99AMEDA
www.ameda.com

Bailey Medical Engineering

(800) 413-3216
www.baileymed.com

Medela, Inc.

(800) 435-8316
www.medela.com

White River Concepts

(800) 342-3906
www.whiteriver.com

We're always looking for ways to provide educational materials, support, and encouragement to breastfeeding mothers. If you have any suggestions, please drop us a line! Motherwear, 320 Riverside Drive, Suite C, Florence, MA 01062, Attn: Guide Editor.

Recommended references

The Nursing Mother's Companion

by Kathleen Huggins, R.N., M.S.

Information on the first days of breastfeeding, nursing premature infants and twins, mother's nutrition, transition to solids, and much more. Lots of answers to those middle-of-the-night questions.

The Womanly Art of Breastfeeding

by La Leche League International

Hundreds of women's parenting and nursing experiences. Encouragement for new moms and solutions to breastfeeding problems.

Of Cradles and Careers: A Guide to Reshaping Your Job to Include a Baby in Your Life

by Kaye Lowman

A good resource for mothers and fathers who must juggle parenting and jobs outside the home.

Nursing Mother, Working Mother

by Gale Pryor

Offers working moms the resources they need to translate intuitions into reality. An essential guide for breastfeeding and staying close to your baby after you return to work.

The Family Bed

by Tine Thevenin

Why sleep with your baby? Read this classic book on the family bed for support and encouragement on this delicate and controversial subject.

The Baby Book: Everything You Need to Know about Your Baby from Birth to Age Two

by William Sears, M.D. and Martha Sears, R.N.

An excellent and hefty resource that focuses on a baby's five needs: eating, sleeping, development, health, and comfort. Includes information on breastfeeding and the family bed.

Bestfeeding: Getting Breastfeeding Right for You

by Mary Renfrew, Chloe Fisher, and Suzanne Arms

Lots of reassurance and encouragement for breastfeeding mothers. Excellent photos.

Choosing helpers

Breastfeeding was out of fashion in this country for decades. Consequently, many healthcare professionals lack experience with successful nursing. The medical adviser you routinely see might give you inappropriate advice or encourage you to give up nursing prematurely. If you have a problem, you need to be able to consult someone whose specialty is breastfeeding. Local La Leche League leaders are warm and knowledgeable support people. Call 1-800-LA LECHE for leaders in your area.

Call your local hospital or clinic for the names of local lactation consultants. Your midwife, childbirth educator, pediatrician, or obstetrician might be able to make a recommendation. If you have Internet access, the website www.breastfeeding.com offers a map of lactation consultants organized by state.

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your nursing wardrobe

The whole world is clamoring to meet your baby. Preoccupied with feedings, naps, diaper changes, and marveling over your child, what you wear might be the last thing on your mind. You probably don't have much spare time, and perhaps not much inclination, to worry about what you look like. Yet those pregnancy clothes probably feel awkward and floppy now, and your new nursing curves make your old clothes a stretch. If you spend a few thoughtful moments now, you can put together a feel-good nursing wardrobe that will carry you from home to town, through your baby's weaning, and beyond. And a gift to yourself of some practical, attractive, comfortable nursing clothes might be a great way to celebrate motherhood.

Begin by asking yourself a few questions. During which seasons do you expect to nurse? Where will you be going with your baby, and what will you need to wear? A soft sweatshirt might do just fine at home, but wrangling with a one-piece swimsuit might just thwart that family picnic at the lake. And what about that evening meeting? The anniversary party? With the right clothes, you can breastfeed anywhere, anytime, comfortably and with as much discretion as you want.

Look through what's already in your closet. See what you have to work with and ask yourself the simple question: What will work for nursing? You may have a number of outfits that need only a finishing touch or two to transform them into great breastfeeding styles. Make a list of what you need to complete these ensembles, such as nursing tops to

complement pants and skirts or nursing camisoles to slip under a front-button dress. Consider adding a new dress for a special occasion, or whatever else it takes to make you feel great about yourself and nursing. A few key purchases can create a sense of comfort and confidence.

If you shop, choose items you can wear for several seasons. Most moms expect to nurse their babies for at least a year, and many nurse for several years. Select clothes you can layer so they last throughout the year. Tank tops, for example, work alone in hot weather or under other clothes on cooler days. A scoop-neck top and a sweater are a great choice for year-round wear, as are jumpers, which you can wear over tank tops or short- or long-sleeved shirts, depending on the season.

Read the label. You can extend the good look and fit by paying close attention to care instructions. Nursing bras last doubly long if you wash them by hand with a mild detergent.

Recycle! Carefully pack and store away your nursing fashions if you think another baby is in your family's future. Or keep wearing them once your baby has weaned. Motherwear styles are designed with this inevitability in mind. Or pass them along to a friend who is nursing. The moms' hand-me-down network is an important friendship tool.

BREASTFEEDING TIP

"I was sandwiched between two businessmen in coach class on a four-hour flight to Denver. They held their laptop computers, I held my son, who alternately napped and nursed. At the end of the flight, they both marveled that James had slept the entire way. They hadn't noticed that he was at my breast half the time, except to laugh at his burp. It felt great to be out in the world sharing an adventure with my little boy and a few laughs with my neighbors."

Emily Olsson

At Motherwear, we are in the business of making breastfeeding easy and accessible to help you have a long, happy breastfeeding experience. Order our catalog by phone at (800) 633-0303. Ask for advice on selection, sizing, and availability by calling us at (800) 950-2500. Or visit our website at motherwear.com. If you're looking for bargains, shop our clearance rack. Our website offers many items discounted from previous seasons. The selection changes often, and all items are first quality. If you're in New England, visit our Motherwear Store in Northampton, Massachusetts. We're open Monday through Friday from 10 AM until 7 PM, Saturday from 10 AM until 6 PM and Sunday from 12 NOON until 6 PM. Call us at (413) 586-2175 for driving directions.

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EXAMPLES OF NURSING OPENINGS



SNAP CENTER OPENING

Two side openings in the front panel access a single center opening. This underlayer is easily fastened and unfastened with a few snaps.



HORIZONTAL OPENING

Undo a few buttons to use the horizontal openings. They're nice and low to cover you during and after nursing.



SINGLE CENTERED OPENING

One hidden slit accessible from either side is the secret to Motherwear's single centered opening.



DOUBLE NURSING OPENINGS

Two hidden slits are accessible from either side of the front or within a center pleat.



HORIZONTAL CROP OPENING

Motherwear's cropped designs feature two openings on either side, accessible by lifting the top layer.



EXTENDED ARMHOLES

Our jumper features extended armholes that allow easy access to any nursing top worn underneath.

Nursing checklist

Is your wardrobe breastfeeding-accessible? You might want some or all of the following.

At home

- nursing bras
- nursing pads
- loungewear
- comfortable tops, easy pullovers
- button-down shirts

At night

- sleep bras
- nightshirts
- pajamas

Errands and outings

- fun tops and dresses with pockets
- stylish ensembles, ready in a minute
- nursing sweaters

At the office

- nursing camisoles
- classic coordinates
- matching skirts/pants

At church, synagogue, or service

- graceful nursing dresses
- dressy tops

For special occasions

- elegant nursing dresses
- contemporary ensembles

BREASTFEEDING TIP

"My favorite around-town outfit was overalls and a nursing top. I was right in vogue, and I could wrestle with a shopping cart, ride down the slide — basically, be as playful as I wanted."

Frances Hunter

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*believe in yourself,
trust your intuition,
follow your heart*

Notes

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2. Meredith F. Small, *Our Babies, Ourselves: How Biology and Culture Shape the Way We Parent* (New York: Penguin Books, 1998), 190.
3. Pryor, 19.
4. Small, 193.
5. Sara Ani, "Breastfeeding and Dental Caries," *Mothering*, vol. 37 (Fall 1985): 29.
6. La Leche League International, *The Womanly Art of Breastfeeding*, 6th ed. (Boston: Harvard Common Press, 1995), 365.
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11. Ibid, 22.
12. La Leche League International, 365.
13. Ibid, 365.
14. E. Horman, "New Breastfeeding Challenges," *Mothering*, vol. 49 (Fall 1989): 67.
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16. Mary Renfrew, Chloe Fisher, and Suzanne Arms, *Bestfeeding: Getting Breastfeeding Right for You* (Berkeley, CA: Celestial Arts, 1990), 76.
17. La Leche League International, 367.

GLOSSARY

amenorrhea Absence or suppression of menses.

antibody A substance that protects against infection.

areola A circular disk of pigmented skin that surrounds the nipple.

colic Abdominal pain.

colostrum A fluid secreted by the breast at the end of pregnancy and shortly after childbirth that provides nutrition as well as protection against disease.

engorgement Swelling and enlargement of the breasts.

foremilk Low-fat milk obtained at the beginning of a breastfeeding session, it accumulates between feedings.

hindmilk Higher-fat milk produced during nursing, stimulated by the sucking at the breast.

hormone A chemical messenger produced in one part of the body that affects another part of the body.

lactation The action of producing and secreting milk.

let-down The reflex that causes milk to be produced and to flow to the nipples.

oxytocin A hormone produced in the brain, released during nipple stimulation, that causes milk ejection and uterine contractions.

prolactin A hormone produced in the brain that stimulates breast development and controls milk production.

suck, suckle The baby's milking action at the breast; in traditional usage, a baby at the breast "sucked" while a mother "suckled."

BREASTFEEDING TIP

"Start an infants' group. I did this with both of my children by just putting an ad in the local paper. It was great! We got together two or three times a week and shared our experiences."

Lisa Tarmey

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