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BREASTFEEDING

Q. What are the advantages of breastfeeding?

A. More than two decades of research have established that breast milk is perfectly suited to nourish infants and protect them from illness. Breast-fed infants have lower rates of hospital admissions, ear infections, diarrhea, rashes, allergies, and other medical problems than bottle-fed babies.

Q. For how long should you breastfeed your baby?

A. The academy recommends that babies be breast-fed for six to 12 months. The only acceptable alternative to breast milk is infant formula. Solid foods can be introduced when the baby is 4 to 6 months old, but a baby should drink breast milk or formula, (not cow's milk,) for a full year.

Q. What are the benefits to breastfeeding?

A. The primary benefit of breast milk is nutritional. Human milk contains just the right amount of fat, sugar, water, and protein for human digestion, brain development, and growth.

Cow's milk contains a different type of protein than breast milk. This is good for calves, but human infants can have difficulty digesting it. Bottle-fed infants tend to be fatter than breast-fed infants, but not necessarily healthier. Breast-fed babies have fewer illnesses because human milk contains the mother's antibodies which help fight off disease. A breast-fed baby's digestive tract contains large amounts of Lactobacillus bifidus, beneficial bacteria that prevent the growth of harmful organisms. Human milk straight from the breast is always sterile and never contaminated by polluted water or dirty bottles, unlike infant formula.

Q. Can a baby be allergic to her mother's milk?

A. Human milk contains at least 100 ingredients not found in formula. No babies are allergic to their mother's milk, although they may have a reaction to something the mother eats. If she eliminates it from her diet, the problem resolves itself.

Many psychologists believe the nursing baby enjoys a sense of security from the warmth and presence of the mother, especially when there's skin-to-skin contact during feeding. Parents of bottle-fed babies may be tempted to prop bottles in the baby's mouth, with no human contact during feeding. But a nursing mother must cuddle her infant closely many times during the day. Nursing becomes more than a way to feed a baby; it's a source of warmth and comfort.

Q. Is breastfeeding good for mothers?

1. Breast-feeding is good for new mothers as well as for their babies. There are no bottles to sterilize and no formula to buy, measure and mix. It may be easier for a nursing mother to lose the pounds of pregnancy as well, since nursing uses up extra calories. Lactation (breastfeeding) also stimulates the uterus to contract back to its original size.

2. A nursing mother is forced to get needed rest. She must sit down, put her feet up, and relax every few hours to nurse. Nursing at night is easy as well. No one has to stumble to the refrigerator for a bottle and warm it while the baby cries. If she's lying down, a mother can doze while she nurses.

3. Breast-feeding is also economical. Even though a nursing mother works up a big appetite and consumes extra calories, the extra food for her is less expensive than buying formula for the baby. Nursing saves money while providing the best nourishment possible.

Q. Can I become pregnant if I am nursing?

A. Nursing is nature's contraceptive--although not a very reliable one. Frequent nursing suppresses ovulation, making it less likely for a nursing mother to ovulate, menstruate, or get pregnant. There are no guarantees, however. Mothers who don't want more children immediately should use contraception even while nursing. Hormone injections and implants are safe during nursing, as are all barrier methods of birth control. Birth control pills containing only progesterone are a popular method of birth control for nursing mothers.

Q. Is there any time when a woman shouldn't breastfeed?

A. Most common illnesses, such as colds, flu, skin infections, or diarrhea, cannot be passed through breast milk. In fact, if a mother has an illness, her breast milk will contain antibodies to it that will help protect her baby from those same illnesses.

A few viruses can pass through breast milk, however. HIV, the virus that causes AIDS, is an example. Women who are HIV positive should not breast-feed.

Q. Can breast cancer be passed through nursing?

A. Breast cancer is not passed through breast milk. Women who have had breast cancer can usually breast-feed from the unaffected breast. There is some concern that the hormones produced during pregnancy and lactation may trigger a recurrence of cancer, but so far this has not been proven. Studies have shown, however, that breast-feeding a child reduces a woman's chance of developing breast cancer later.

Q. Can a woman with breast implants still nurse?

A. Yes, saline breast implants usually do not interfere with a woman's ability to nurse. However, if silicone implants leak, there is some concern that the silicone may harm the baby. Some small studies have suggested a link between breast-feeding with implants and later development of problems with the child's esophagus. Further studies are needed in this area. But if a woman with implants wants to breast-feed, she should first discuss the potential benefits and risks with her child's doctor.

Q. What are some of the possible problems with breastfeeding?

A. For all its health benefits, breast-feeding does have some disadvantages. In the early weeks, it can be painful. A woman's nipples may become sore or cracked. She may experience engorgement more than a bottle-feeding mother--when the breasts become so full of milk they're hard and painful. Some nursing women also develop clogged milk ducts, which can lead to mastitis, a painful infection of the breast. While most nursing problems can be solved with home remedies, mastitis requires prompt medical care.

Another possible disadvantage of nursing is that it affects a woman's entire lifestyle. A nursing mother with baby-in-tow must wear clothes that enable her to nurse anywhere. She should eat a balanced diet and she might need to avoid foods that irritate the baby. She also shouldn't smoke, which can cause vomiting, diarrhea and restlessness in the baby, as well as decreased milk production.

Q. How can someone go back to working outside the home and still breastfeed?

A. Women who plan to go back to work soon after birth will have to plan carefully if they want to breast-feed. If her job allows, a new mother can pump her breast milk several times during the day and refrigerate or freeze it for the baby to take in a bottle later. Some women alternate nursing at night and on weekends with daytime bottles of formula.

Q. Is it safe to take medications while breastfeeding?

A. Most medications have not been tested in nursing women, so no one knows exactly how a given drug will affect a breast-fed child. Since very few problems have been reported; however, most over-the-counter and prescription drugs, taken in moderation and only when necessary, are considered safe.



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Even mothers who must take daily medication for conditions such as epilepsy, diabetes, or high blood pressure can usually breast-feed. They should first check with the child's pediatrician. To minimize the baby's exposure, the mother can take the drug just after nursing or before the child sleeps. In the January 1994 issue of Pediatrics, the American Academy of Pediatrics included the following lists.

Drugs USUALLY compatible with breast-feeding:

- Acetaminophen (like Tylenol®)
- Many antibiotics
- Antiepileptics (although one, Primidone®, should be given with caution)
- Most antihistamines
- Alcohol in moderation (large amounts of alcohol can cause drowsiness, weakness, and abnormal weight gain in an infant)
- Most antihypertensives
- Aspirin (should be used with caution)
- Caffeine (moderate amounts in drinks or food)
- Codeine
- Decongestants
- Ibuprofen (like Advil)
- Insulin
- Quinine
- Thyroid medications

Drugs That Are NOT Safe While Nursing

Some drugs can be taken by a nursing mother if she stops breast-feeding for a few days or weeks. She can pump her milk and discard it during this time to keep up her supply, while the baby drinks previously frozen milk or formula.

Radioactive drugs used for some diagnostic tests like Gallium-69, Iodine-125, Iodine-131, or Technetium-99m can be taken if the woman stops nursing temporarily.

Drugs that should never be taken while breast-feeding include:

Bromocriptine (Parlodel®): A drug for Parkinson's disease, it also decreases a woman's milk supply.

Most chemotherapy drugs for cancer: since they kill cells in the mother's body, they may harm the baby as well.

Ergotamine (for migraine headaches): Causes vomiting, diarrhea, and convulsions in infants.

Lithium (for manic-depressive illness): Excreted in human milk.

Methotrexate (for arthritis): Can suppress the baby's immune system.

Drugs of abuse: Some drugs, such as cocaine and PCP, can intoxicate the baby. Others, such as amphetamines, heroin and marijuana, can cause a variety of symptoms, including irritability, poor sleeping patterns, tremors, and vomiting. Babies become addicted to these drugs.

Tobacco smoke: Nursing mothers should avoid smoking. Nicotine can cause vomiting, diarrhea and restlessness for the baby, as well as decreased milk production for the mother. Maternal smoking or passive smoke may increase the risk of sudden infant death syndrome (SIDS) and may increase respiratory and ear infections.

Q. If I choose to breastfeed, is there any right way to do so?

A. According to the FDA, the following advice should help make breastfeeding a pleasant experience for the mother and baby.

1. Get an early start: Nursing should begin within an hour after delivery if possible, when an infant is awake and the sucking instinct is strong. Even though the mother won't be producing milk yet, her breasts contain colostrum, a thin fluid that contains antibodies to disease.
2. Proper positioning: The baby's mouth should be wide open, with the nipple as far back into his or her mouth as possible. This minimizes soreness for the mother. A nurse, midwife, or other knowledgeable person can help her find a comfortable nursing position.
3. Nurse on demand: Newborns need to nurse frequently, at least every two hours, and not on any strict schedule. This will stimulate the mother's breasts to produce plenty of milk. Later, the baby can settle into a more predictable routine. But because breast milk is more easily digested than formula, breast-fed babies often eat more frequently than bottle-fed babies.
4. No supplements: Nursing babies don't need sugar water or formula supplements. These may interfere with their appetite for nursing, which can lead to a diminished milk supply. The more the baby nurses, the more milk the mother will produce.
5. Delay artificial nipples: It's best to wait a week or two before introducing a pacifier, so that the baby doesn't get confused. Artificial nipples require a different sucking action than real ones. Sucking at a bottle could also confuse some babies in the early days. They, too, are learning how to breast-feed.
6. Air dry: In the early postpartum period or until her nipples toughen, the mother should air dry them after each nursing to prevent them from cracking, which can lead to infection. If her nipples do crack, the mother can coat them with breast milk or other natural moisturizers to help them heal. Vitamin E oil and lanolin are commonly used, although some babies may have allergic reactions to them. Proper positioning at the breast can help prevent sore nipples. If the mother's very sore, the baby may not have the nipple far enough back in his or her mouth.
7. Watch for infection: Symptoms of breast infection include fever and painful lumps and redness in the breast. These require immediate medical attention.
8. Expect engorgement: A new mother usually produces lots of milk, making her breasts big, hard and painful for a few days. To relieve this engorgement, she should feed the baby frequently and on demand until her body adjusts and produces only what the baby needs. In the meantime, the mother can take over-the-counter pain relievers, apply warm, wet compresses to her breasts, and take warm baths to relieve the pain.
9. Eat right, get rest: To produce plenty of good milk, the nursing mother needs a balanced diet that includes 500 extra calories a day and six to eight glasses of fluid. She should also rest as much as possible to prevent breast infections, which are aggravated by fatigue.

Q. What Can I Do If My Milk Supply Decreases?

Common causes for decrease in milk supply:

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|-------------------------------|------------------------|
| Insufficient rest | Maternal illness |
| Decreased nursing or pumping | Decreases fluid intake |
| Increased stress | Improper diet |
| Increased formula supplements | Medication |
| Smoking | |



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It is normal for milk supply to be less in the late afternoon and evening when you are tired. Try to pump more in the morning when your supply is larger. Be aware that if you are sick (cold, flu) your milk supply will drop temporarily while your body is working to heal itself.

Try to increase your resting time when you are home with the baby by nursing lying down.

Increase fluid intake to 8-10 glasses per day. If the color of your urine is not very pale yellow, increase your fluid intake.

Drink a malted milk (such as Ovaltine®) each day.

Stop smoking.

Increase frequency and duration of breast feedings and pump about 10 minutes between feedings as often as you can.

If pumping at work, add another pumping session if possible (preferable in the morning.)

If baby is eating solid foods, breastfeed baby first, and then offer solids. Pump after feedings.

Some oral contraceptives can affect milk supply-check with your provider about this.

A variety of non-prescription herbal medications are available. These herbal medications are not approved by the U.S. Food & Drug Administration; contact your obstetrician or pediatrician. You may try fenugreek capsules.

IF NO CHANGE IN 7-10 DAYS, CONTACT THE LACTATION CONSULTANT AT THE HOSPITAL.