

Before You Breastfeed

While you're pregnant, you'll probably take childbirth classes, even though birth is a normal, natural event. Why? Because it's learned as well as instinctive. Because you haven't often seen other women give birth. And because it's a new experience for you. Breastfeeding is normal and natural, too, but it's learned as well as instinctive. You haven't often seen other women nurse. It's a new experience for you. And ours is a culture that works against breastfeeding. So what can you do to prepare?

GO TO A LA LECHE LEAGUE MEETING. You'll see lots of mothers nursing. You can ask all the questions you want. You'll have access to books, pamphlets, phone help, and friends. To find the group closest to you, call 1-800-LA LECHE or go to www.lalecheleague.org. *Contacting La Leche League is the single most important thing you can do to prepare for nursing your baby.* It can lead you to anything else you might need.

READ A BOOK ABOUT BREASTFEEDING. Some good ones are *Breastfeeding Made Simple* (Mohrbacher and Kendall-Tackett) and *The Ultimate Breastfeeding Book of Answers* (Newman and Pitman), this author's two favorites; *The Womanly Art of Breastfeeding* (La Leche League International); *Bestfeeding: Getting Breastfeeding Right For You* (Renfrew, Arms, and Fisher); and *The Nursing Mother's Companion* (Huggins).

PLAN ON LISTENING TO YOUR BABY. You're giving birth to a competent person, not a doll or a possession. Your baby knows what he needs, and he'll tell you about it, if you listen. He'll need lots of holding. Use your arms or a sling to give him the hours of body contact that build a happy, secure baby. He'll need lots of nursing. Expect your early days to be filled with meeting his needs, so freeze casseroles that you can eat with one hand or have someone cook for you at first, and be prepared to let the housework slide. He'll need to be with you most of the time, so have him close to you at night. He'll probably sleep best in your bed, the way most of the world's babies always have.

PLAN ON LISTENING TO YOURSELF. You have excellent instincts, just as your baby has. If something you're doing as a mother - or not doing - makes you uncomfortable, try doing what "feels" right, even if it's not what your mother or friend does. Women are so accustomed to doing what other people think that we may have forgotten how to listen to ourselves. If you feel better holding your baby than putting him down it's because eons of human survival instincts have made you that way. Trust yourself.

PLAN ON GETTING HELP WHEN YOU NEED IT. We are social animals who naturally rely on one another, especially in issues like birth and breastfeeding. Don't feel you need to fix problems by yourself, and don't feel embarrassed to have little or big concerns. Breastfeeding is too important to let it slip away for lack of help or good information. *You'll be so glad you called!*

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www.wiessinger.baka.com

Preparing For Breastfeeding

Your Body is already doing everything that needs to be done. By the time you are several months' pregnant, you're ready to make milk and your breasts contain colostrum, the "pre-milk" that your baby gets in the first few days after birth. "Toughening" your nipples *won't* help soreness. Learning how to hold your baby *will*. Nipples are nothing more than a "target" to help a baby know where to nurse; all shapes and sizes work. If your nipples are the kind that never stand out, they may be a bit confusing for your baby at first, so ask about ways to encourage "shy" nipples. Other than that, treat your breasts and nipples just the way you treat the backs of your knees, but without the soap. The little bumps on the darker area around your nipple produce a cleanser/moisturizer that does all the work for you. If you have very dry skin, Lansinoh®, a very pure lanolin especially for nipples, may be helpful.

Your Mind needs more preparation than your body. Nursing is learned, not instinctive, and most mothers in this country have had little chance to learn. ***Try to go to at least one La Leche League meeting before your baby is born.*** You'll see how other mothers handle their nurslings, have a chance to hear and ask questions, and meet local breastfeeding specialists. Some good breastfeeding books are *Breastfeeding Made Simple*, *The Ultimate Breastfeeding Book of Answers* (this author's two favorites), *The Womanly Art of Breastfeeding*, *Bestfeeding: getting breastfeeding right for you*, and *The Nursing Mother's Companion*. Buy or borrow at least one, and become familiar with it. Avoid all formula company information! It may sound supportive, but it's carefully designed to help breastfeeding fail.

Your Childbirth Classes and Doula are important. Breastfeeding is a basic, powerful biological system, and you can breastfeed no matter what kind of start you and your baby have. But it's easiest when your baby is born without drugs in her system, and when she has unbroken contact with you until after her first nursing. Most alert babies breastfeed within the first hour, and that first nursing may be a very long one. Take your time and enjoy it! There's plenty of time for weighing and measuring afterwards. Hiring a trained doula is a big help in avoiding interventions and having a good start. For help in sorting out the value of various birth interventions, read Henci Goer's *Obstetric Myths vs Research Realities*.

Your Wardrobe already exists. Most mothers just wear their regular two-piece outfits and pull the top up on one side to nurse. The baby's body covers everything that the top doesn't cover. A T-shirt or button-front nightgown works well at night. ***A bra is optional at all times of your life, and doesn't prevent sagging.*** If you want to wear one, make it comfortably loose so that it gives you easy access for nursing. Some stretchy ones simply pull up. Others have a nursing flap. If you're an unusual size, call La Leche League for good sources. In all bras and tops, you'll find cotton far more comfortable than synthetics. Sections of cloth diaper or diaper liners folded around layered toilet paper make inexpensive breast pads for the early weeks, although most women never use pads at all.

Other Equipment isn't necessary. You've got what it takes!

First Week Engorgement

Engorgement, sore nipples, and more-than-usual jaundice often to go together. They all relate to a baby not nursing efficiently enough or often enough.

You can probably avoid early engorgement altogether, with these 3 steps:

1) Keep your newborn in your arms and in your bed practically all the time at first. A lonely cradle is the last place she wants to be anyway, and holding and sharing sleep are healthy for both of you. Any standard exams or procedures can be done right there in your arms. Baths, weighing, and eye drops can all wait until after the two of you have had a good, leisurely first nursing - which may not occur for an hour or so after birth, but can last for well over an hour once the two of you get going. If she is taken away from you before her first nursing, it may not be as easy for her to figure out how to do it.

2) Nurse as soon and as often as your baby likes, which may be many times a day or for very long stretches at first. After that first long nursing, he may want to settle in for a long, long nap - not a problem, because he just had a good meal. But after that first many-hours-long snooze, he may want to spend most of his waking time at your breast... and he may be awake much more than you thought he would, especially if his birth was unmedicated. **Expecting babies to nurse only once every few hours causes much of the engorgement we see in this culture.** Remember, he's not very efficient right now at getting your milk or even at using the milk he gets, so expect and encourage a whole lot of nursing during this first week, even if you have to tell visitors to come back later. As your baby becomes bigger and more skilled, his efficiency (and yours) will improve.

3) Position your baby so that nursing is comfortable for your breast and your body. Some tenderness or super-sensitivity may be normal in the first week; pain is not. If nursing is painful, find informed help quickly. It usually means the baby isn't attached well enough to take milk out efficiently. Check to see that her lower lip is as far from your nipple as possible (though her upper lip may be just beyond your nipple); her chin is not tucked; her chest, navel, and thighs are pasted against you; and her cheeks are against your breast, hiding her mouth when she nurses. Most babies are held too far to the side and must tuck their chins slightly to nurse, which can cause pain. Try moving her more toward the opposite breast. You'll see that her chin lifts as you move her, freeing her nose and pressing her chin into your breast where it can work the milk out more easily.

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Some women become engorged despite early, frequent, well-positioned nursing, and some babies - especially those who were exposed to birth medications - may not be able to nurse with normal skill or frequency right away, further contributing to engorgement. Because breast tissue covers much of our chest, you may even find that your armpits are swollen!

What can you do if you do become engorged? See the other side for ideas.

- **Nurse or express your milk at least every 2 hours**, and at least twice during the night. The more milk you allow to collect in your breasts, the stuffer they get and the harder it is for fluids to move. By taking milk out often, you make it easier for all the fluids in your breast - not just the milk - to move around.
- **Wrap a bag of frozen peas in a small towel** and use it as a moldable cold compress to help bring the swelling down - twenty minutes on, twenty minutes off. Engorgement is like a sprained ankle. Blood and lymph are rushing to your breast to help get the milk factories up and running. We don't put heat on a sprained ankle, and it probably doesn't make sense to put heat on an engorged breast, either.
- **Use cabbage leaves** to help bring down swelling (it even works on sprained ankles). Discard the outer, possibly sprayed, leaves of a head of green cabbage. Now peel off one or more leaves, tear out the hard vein if you like, crumple each leaf gently in your hand, and put the leaves on your breast (not over your nipple). They should feel nice and cool, and can be held in place with a bra or shirt. Leave them on until you get tired of them, and repeat as often as you like. Maybe there's a reason cabbage leaves are shaped the way they are!
- **Lie on your back.** If your breasts are the highest part of your body, tissue fluids will tend to drain from them.
- **Move your breasts around gently.** Having them held rigidly in one position doesn't encourage drainage.
- **Stand in a shower** if the idea of heat is appealing, and let the hot water land between your shoulder blades. Or use a heating pad on your back. Some people feel that using a warm compress on the breast shortly before nursing is helpful. See what works best for you.
- Ask about taking **ibuprofen**, which can help reduce inflammation.

If your baby has trouble latching on because your cozy, soft breast has become a hard soccer ball, you can:

- **Express some milk** by hand or with a good pump, to soften the area around your nipple before he latches on
- **Press your fingertips** in a ring around the base of your nipple, and keep pressing for about a minute. You may find the area softens as fluids shift farther back in your breast.

Don't worry that you're going to make too much milk if you keep taking milk out. Right now, your goals are just to keep your baby fed and yourself comfortable. Your milk supply will settle down once this early "exuberance" is over.

If you are unable to make your breasts comfortable, or if your baby is unable to nurse effectively, call a breastfeeding specialist for help. Engorgement passes, but the sooner it passes, the happier you'll both be.

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Ordinary Newborn Jaundice

When a baby is born, and moves from his low-oxygen home inside his mother to our higher-oxygen air, he no longer needs all the red blood cells he had before birth. His new little liver takes over the job of breaking down the extra cells. It dumps the "bilirubin" from these cells into the baby's blood, which carries it to his intestines to become part of his early poopy diapers.

But what if the baby doesn't get much food at first - perhaps because he is separated from his mother, or isn't nursing effectively or often? Then he has fewer poopy diapers, and the bilirubin, instead of waiting around, travels back into his blood, making his jaundice greater than normal. That's where the yellow color of jaundice comes from. It's bilirubin that ought to be leaving the baby but isn't. It is a response not to the mother's milk but to the lack of milk. "Separation jaundice" is a good term for this too-little-food jaundice. Time together, help with positioning, and offering pumped milk if needed can all make a difference. A typical breastfed baby increases his food gradually, producing at least 1 black poopy diaper the first day, 2 dark ones the second day, 2 or 3 greenish ones the third day, 3 or 4 yellow ones the fourth day, and 3 or more yellow ones from then on. If a baby looks suntanned or orange and has fewer stools than this, he probably needs more milk. He needs lots of time with his mother, help with positioning so that he nurses efficiently, and perhaps additional expressed breastmilk. Not surprisingly, jaundiced babies often have engorged and sore mothers: milk isn't transferring well from mother to baby.

Will water help? No. Water makes wet diapers; this baby needs poopy diapers. He needs food. Most of the jaundice we see is from babies not nursing often enough or well enough. Give them more breastmilk, and the jaundice clears.

Will formula help? Yes, because formula makes poopy diapers. But giving formula to a new baby is hard on his body, can encourage allergies, increases illness risk, and makes it harder to get breastfeeding underway. Babies need to eat, and that comes first. But the best choice is breastfeeding. Next is the mother's own milk, expressed for the baby. Next is donor human milk. Commercial formula is fourth best. Just remember, though: babies need to eat, especially if they're very jaundiced.

What about breastmilk jaundice? About one baby in 200 may react to his mother's milk with jaundice that can last for weeks or even months. It begins only after the first few days, but it can overlap with (and be exaggerated by) separation jaundice. There's no evidence that it's harmful, but other forms of jaundice may be; there are lab tests that can rule out more serious forms. Some doctors want to interrupt breastfeeding, or alternate breastfeeding with a different milk, for a day or so, to be sure of their diagnosis. Instead of using formula, expressed breastmilk can be heated to 56°C for 15 minutes, then cooled, to destroy the jaundice-causing part. If breastfeeding is interrupted, ask to have the bilirubin level checked twice a day, so you can start nursing again as soon as possible.

Ordinary newborn jaundice is almost never a reason to interrupt breastfeeding. Parents deserve to have their questions answered thoroughly before they are asked to take such a serious step.