

# START OUT RIGHT – BREASTFEEDING BASICS

Breastfeeding is a natural way of feeding infants and young children, and human milk is the milk made specifically for human infants. Starting out right helps to ensure breastfeeding is a pleasant experience for both you and your baby. Breastfeeding should be easy and trouble free for most breastfeeding mothers.

The vast majority are perfectly capable of breastfeeding their babies exclusively for about six months. In fact, most breastfeeding mothers should be able to produce more than enough milk. Unfortunately, many mothers are not provided enough information and support on how to start breastfeeding their newborn.

For breastfeeding to be well and properly established, getting off to the best start immediately at the birth of the baby can make all the difference in the world. Of course, even with a terrible start, many mothers and babies manage. And yes, many breastfeeding mothers just put the baby to the breast, and it works just fine.

The basis, the key to making breastfeeding work is [getting the baby to latch on well](#). A baby who latches on well gets milk well, from the very first feeding. A baby who latches on poorly has more difficulty getting milk, especially if the milk supply is not abundant.

The milk supply is not abundant in the first days after birth; this is *normal*, as nature intended, but if the baby's latch is not good, the baby does not stimulate the flow of milk as well. It is for this reason that so many mothers “don't have enough colostrum”. The mothers almost always do have enough colostrum, but the baby is not getting what is available. Babies do not need much milk in the first few days, but they need some.

Even if the breastfeeding mother's milk production is plentiful, trying to breastfeed a baby with a poor latch is similar to giving a baby a bottle with a nipple hole that is too small—the bottle is full of milk, but the baby will not get much or will get it very slowly—so the baby suckling at the breast may spend long periods on the breast or return to the breast frequently or may not be happy at the breast, or fall asleep at the breast without getting a good feed, all of which may convince the breastfeeding mother that there is not enough milk, which is most often not true. Also, a poor or shallow latch may cause the mother sore nipples, nipple damage, cracks, bleeding etc.

All babies at birth should be checked for having a tongue tie which, if corrected early, will decrease the problems associated with a poor latch as a baby with a tongue tie cannot latch on as well as he should. Some tongue ties are obvious, but many tongue ties are more subtle and require an evaluation that goes farther than just looking, but includes feeling under the baby's tongue as well and knowing what to feel for. Poor vertical lift of the tongue is what defines a tongue tie, not whether or not the baby can stick out his tongue. Many babies with tongue ties can stick out their tongues. Unfortunately, most health professionals, including lactation consultants, have not been trained on how to evaluate whether or not the baby has a tongue tie.

When a baby is latching on poorly, s/he may also cause the breastfeeding parent nipple pain. And if, at the same time, he does not get milk well, the baby will usually stay on the

breast for long periods, thus aggravating the pain while at the same time never appearing to be satisfied. Too often breastfeeding parents are told the baby's latch is perfect, but it is easy to say that the baby is latched on well even if he is not.

Breastfeeding parents are also getting confusing and contradictory messages about breastfeeding from books, magazines, the internet, family and health professionals. Most health professionals have had very little training on how to prevent breastfeeding problems or how to treat them should problems arise. Here are a few ways breastfeeding can be made easier:

- **The baby should be skin-to-skin with the breastfeeding mother and have access to the breast immediately after birth.** The vast majority of newborns can be skin-to-skin with the breastfeeding mother and have access to the breast within minutes of birth. Indeed, research has shown that, given the chance, many babies only minutes old will [crawl up to the breast](#) from the mother's abdomen, latch on, and start breastfeeding all by themselves. This process may take only a few minutes or take up to an hour or longer, but the breastfeeding parent and baby should be given this time (at least the first hour or two) together to start learning about each other. Babies who "self-attach" run into far fewer breastfeeding problems.
- **The baby should be kept skin to skin with breastfeeding parent as much as possible immediately after birth and for as much as possible in the first few weeks of life.** Incidentally, studies have also shown that skin-to-skin contact between breastfeeding parents and babies keeps the baby as warm as an incubator. It is true that many babies do not latch on and breastfeed during this time but generally, this is not a problem, and there is no harm in waiting for the baby to start breastfeeding. The skin to skin contact is good and very important for the baby and the mother, even if the baby does not latch on immediately. If the baby does not latch on immediately, it does not mean the baby should be given a bottle.
- Skin-to-skin contact helps the baby adapt to his new environment: the baby's breathing and heart rate are more normal, the oxygen in his blood is higher, his temperature is more stable and his blood sugar higher, but normal). Furthermore, there is some good evidence that the more babies are kept skin-to-skin in the first few days and weeks of life (not just during the feedings) the better their brain development will be. As well, it is now thought that the baby's brain develops in certain ways only due to this skin-to-skin contact, and this important growth happens mostly in the first 3-8 weeks of life.
- A proper latch is crucial to success. This is the key to successful breastfeeding. Unfortunately, too many mothers are being "helped" by people who do not know what a proper latch is. If you are being told your two-day old baby's latch is good despite your having sore nipples, be skeptical and ask for help from someone else. Before you leave the hospital, you should be shown that your baby is latched on properly and that he is actually getting milk from the breast and that you know how to know he is getting milk from the breast ([open mouth wide—pause—close mouth type of suck](#)).

**Note:** Breastfeeding parents are often told that if the breastfeeding is painful, the latch is not good (usually true), so that the mother should take the baby off and latch him on again and again and again... This is not a good idea. Instead of delatching and relatching, fix the latch that you have as best you can by pushing the baby's bottom into your body with your forearm. The baby's head is tipped back so the nose is in 'sniffing position'. If necessary, you might try gently pulling down the baby's chin, so s/he has

more of the breast in his mouth. If that doesn't help, do not take the baby off the breast and relatch him several times, because usually, the pain diminishes anyway, especially once the flow of milk begins. The latch can be fixed on the other side or at the next feeding. **Taking the baby off the breast and latching him on again and again only multiplies the pain and the damage and the breastfeeding parent's and baby's frustration.**

- **The baby's feeding cues.** The baby shows long before he starts crying that he is ready to feed. His breathing may change, for example. Or he may start to stretch. The breastfeeding parent, often being in light sleep in sync with her baby, will wake up, her milk will start to flow and the calm baby will usually go to the breast contentedly. A baby who has been crying for some time before being tried on the breast may refuse to take the breast even if he is ravenous. Breastfeeding parents and babies should be encouraged to sleep side by side in hospital. This is a great way for breastfeeding parents to rest while the baby breastfeeds. Breastfeeding should be relaxing, not tiring.
- **Bathing.** There is no reason the baby needs to be bathed immediately after birth and bathing can be delayed for several hours. Immediately after birth, the baby can be dried off but it is not a good idea to wash or wipe off the creamy layer on the baby's skin (vernix) that has been shown to protect his delicate skin. It is best to wait at least until the breastfeeding mother and baby have had a chance to get breastfeeding well started, with baby coming to the breast and latching easily.
- **Artificial nipples should not be given to the baby.** There seems to be some controversy about whether "nipple confusion" exists. Thus, in the first few days, when the breastfeeding parent is normally producing only a little milk (as nature intended), and the baby gets a bottle (as nature intended?) from which s/he gets rapid flow, the baby will tend to prefer the rapid flow from the bottle.
- **No restriction on length or frequency of breastfeedings.** A baby who drinks well will not be on the breast for hours at a time. Thus, if the baby is on the breast for very long periods of time, it is usually because s/he is not latching on well and not getting the milk that is available. Get help to fix the baby's latch, and use breast compression to get the baby more milk. Breast compression works very well in the first few days to get the colostrum flowing well. Babies often feed frequently in the first few days of life—this is normal and temporary. In fact, babies tend to feed frequently during the first few days especially in the evening or night-time. This is normal and helps to establish the milk supply and facilitate mother's uterus returning to normal. Latching a baby well, using breast compressions, and maintaining skin to skin contact between breastfeeding parent and baby helps this transitional period to go smoothly.
- **Supplements of water, sugar water, or formula are rarely needed.** Most supplements could be avoided by getting the baby to take the breast properly and thus get the milk that is available. If you are being told you need to supplement without someone having observed you breastfeeding, ask for someone to help who knows what they are doing. There are rare indications for supplementation, but often supplements are suggested for "convenience" or due to outdated hospital policies.
- **Free formula samples are not gifts.**

It is unethical marketing. If you get any from any health professional, you should be wondering about his/her knowledge of breastfeeding and his/her commitment to

breastfeeding. “But I need formula because the baby is not getting enough!” Maybe, but, more likely, you weren’t given good help and the baby is simply not getting the milk that is available. Even if you need formula, nobody should be suggesting a particular brand and giving you free samples. Get good help. Formula samples are not help.

So, prepare yourself while you have time, especially in the last days of your pregnancy. Gather as much information as you can, and inform everyone associated with your and baby’s care, of your choices. Search for a good IBCLC/Lactation professional in your area who can provide hands on help when needed. And if you feel you need help, ask for it!

Enjoy your new baby!