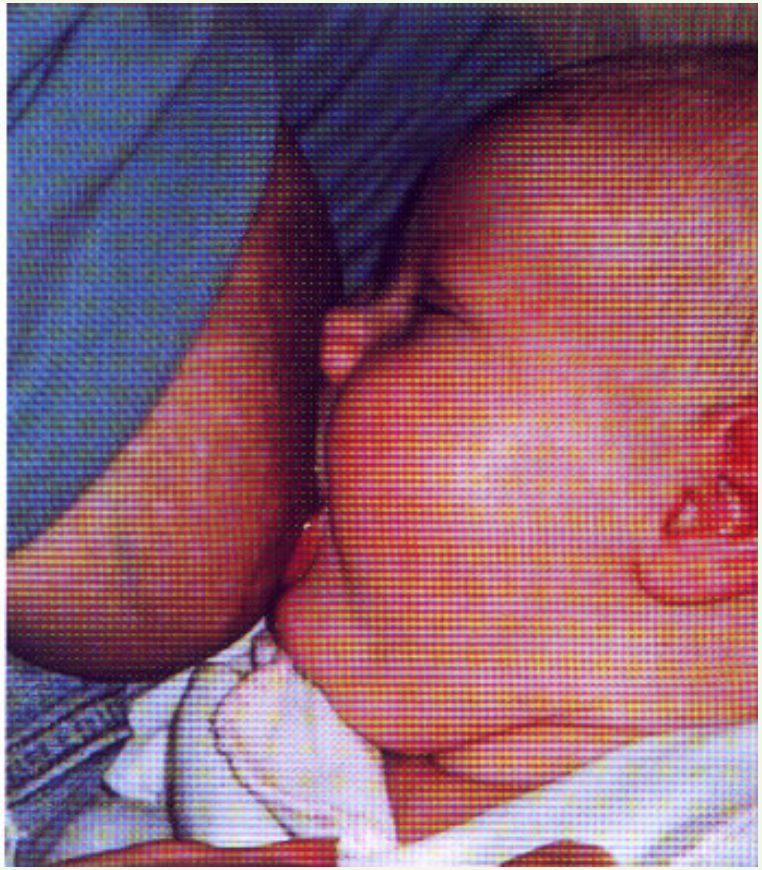
USNH Okinawa, Japan

Breastfeeding FAQ Answers

What is a proper latch?



- Tenderness but no pain
- Wide open mouth
- Lips flanged out
- Nose and chin touching the breast
- Baby close to mom

Videos of latching (no sponsor endorsement by USNH):

http://www.breastfeeding.com/helpme/helpme_videos/video_informational_1.html

How do I get a proper latch?

1) Touch the baby's mouth with your nipple so he opens wide

2) Now baby's mouth is open but your nipple is too low

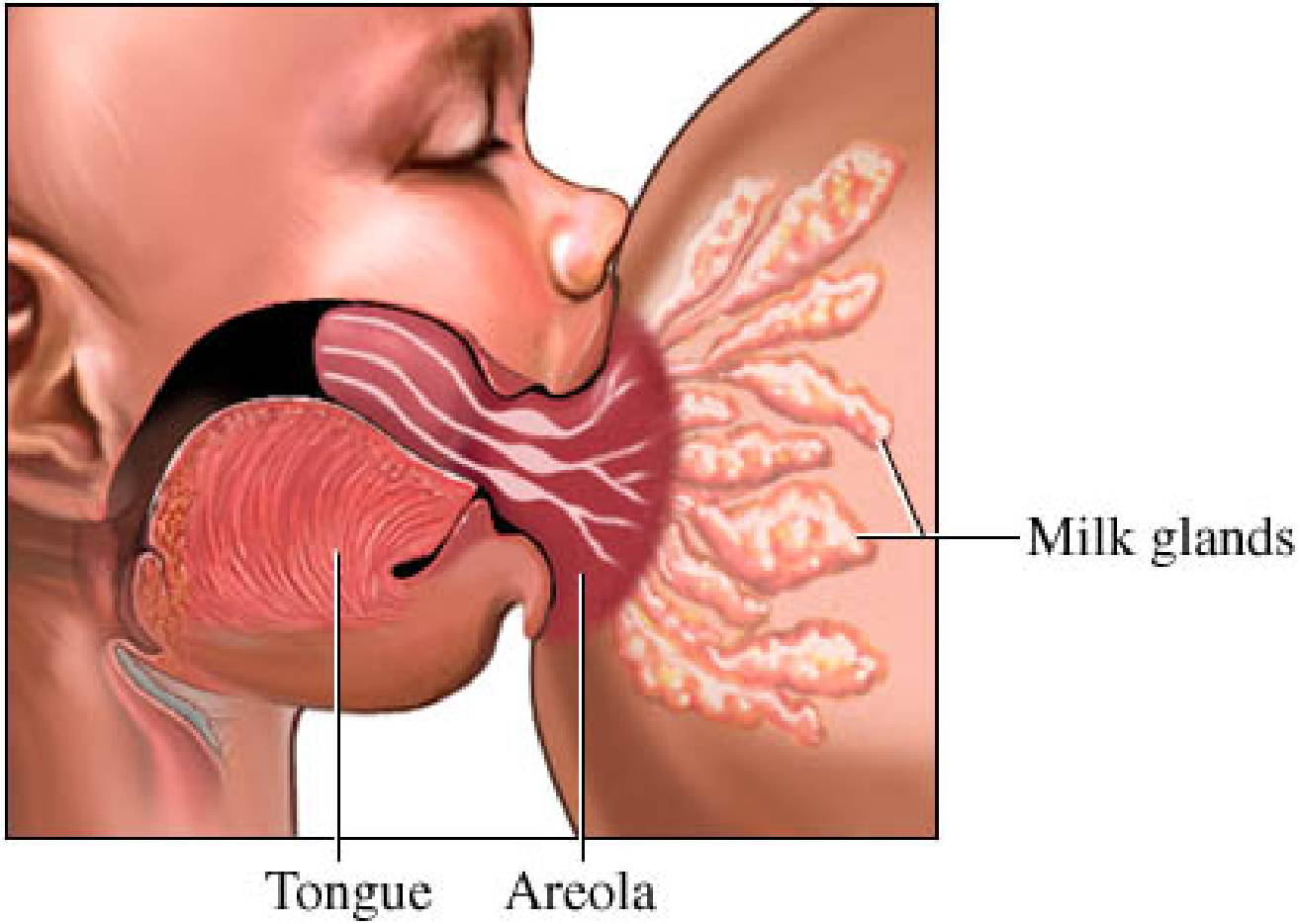
3) Reposition baby so that you nipple is closer to the top of his mouth

4) Have baby's lower lip touching the lower portion of your areola

5) Bring the baby quickly to the breast while his mouth is wide open

6) Baby should have as much of the areola in his mouth as possible. If painful beyond the first few sucks, take him off, reposition, and try again.

Proper Latch – Side View



Can baby still breastfeed if I have flat or inverted nipples?

- **FLAT OR INVERTED NIPPLES**
- ***My nipples don't stick out as much as I think they should. Will I be able to breastfeed successfully?***
- Yes, you can breastfeed even if your nipples are flat or inverted. Babies feed on areolas, not nipples. When babies latch on and suck, they draw the nipple out, making it just the right size and shape for effective breastfeeding.
- If you're wondering about whether or not your nipples are inverted, gently compress the areola (the pigmented area around the nipple) between your thumb and forefinger. Most nipples will protrude. Flat nipples don't do anything at all. Inverted nipples will retract. It's not unusual to have one nipple that is flat or inverted and one that is not.
- It used to be common practice to treat flat or inverted nipples prenatally with nipple-stretching exercises and/or breast shells (plastic cups worn inside the bra that press on the areola, forcing the nipple out). Yet studies comparing treated with untreated groups showed the treated groups actually were less successful at breastfeeding. **Most breastfeeding specialists no longer recommend prenatal nipple treatment.** They believe that all the attention given to nipples prenatally makes the mother feel that her breasts are inadequate, setting her up for breastfeeding failure.

Can baby still breastfeed if I have flat or inverted nipples? (continued)

- **GETTING STARTED**
- An alert newborn who latches on and sucks well is the best remedy for flat or inverted nipples. It's easiest for baby to learn to latch on in the first day or two after birth, before your milk comes in. Engorgement tends to make flat nipples flatter, which makes learning to latch-on more difficult. Plan on rooming-in with your baby right from the start, so that the two of you can have lots of practice with breastfeeding.
- **If you are having difficulties latching your baby on because of flat or inverted nipples try these suggestions:**
- **Pay close attention to how baby takes the breast.** Review **latching basics** and get hands-on help from a lactation consultant. Baby should grasp the breast with a wide-open mouth.
- **"Make" a nipple.** Use the "breast-sandwich" technique to get more breast tissue into baby's mouth. Hold your breast well back on the areola, with your fingers underneath and thumb on top. Press in with thumb and fingers while at the same time pushing back toward your chest wall. This elongates and narrows the areola, which enables baby to latch on more easily.
- **Use a breast pump to draw out your nipples before feedings.** The high-quality electric pumps available on hospital maternity wards will do the best job of drawing out the nipple without damaging it. You can also purchase a device specially designed to draw out an inverted nipple before feeding the Evert-It Nipple Enhancer , or ask a nurse or LC to help you make your own with a 10 cc disposable syringe. Remove the plunger, and with a sharp knife cut off a half inch from the nozzle end. Insert the plunger into the cut end of the syringe. Place the uncut open end of the syringe over your nipple so it rests up against your areola. Gently pull on the plunger to draw out your nipple just before putting baby to the breast.
- **Try wearing breast shells designed for flat or inverted nipples between feedings or for thirty minutes before feedings.** Breast shells are made of plastic. They have two parts: a back with a hole through which the nipple can protrude and a rounded dome that fits inside your bra. Pressure on the shell from your bra against the areola gradually stretches out adhesions and allows the nipple to protrude. Be sure to wash these shells with soap and hot water between feedings and discard any milk that collects in them while you wear them in your bra. Note that shells come with two types of backs; the one with the larger hole is meant for treatment of sore nipples. Be sure to use the back with the small hole, which fits close to the nipple base.
- **If baby continues to have difficulty latching on, try a nipple shield.** You can get these from a lactation consultant who will also advise you on how to use the nipple shield without compromising your milk production.

How often should baby breastfeed?

- Breastfed babies tend to feed more frequently, every 1.5-3 hours (8-12 times a day)
- If baby is sleeping for long periods, gently wake baby the first few weeks
- Some babies cluster feed almost hourly
- Feed on demand rather than scheduled times
- Growth Spurts at 3 & 6 weeks and 3 & 6 months
- Watch your baby not the clock

How long should baby nurse each feeding?

- Some babies will nurse effectively in 10 minutes, others take 30 minutes
- Try both breasts with colostrum and alternate between breasts once mature milk is in
- Babies sometimes fall asleep at the breast so try touching or rubbing the baby while still on the breast
- Do breasts still feel heavy or full after the feeding? If so then you may be able to encourage baby to nurse longer or pump. If not then baby has sufficiently emptied the breast.
- Watch your baby not the clock

How do I know baby is getting enough?

- In the hospital: 1 wet & 1 dirty diaper per day of life up to 4 days. Stool is dark & thick.
- Once milk comes in:

  * 6 wet diapers with pale yellow urine per day

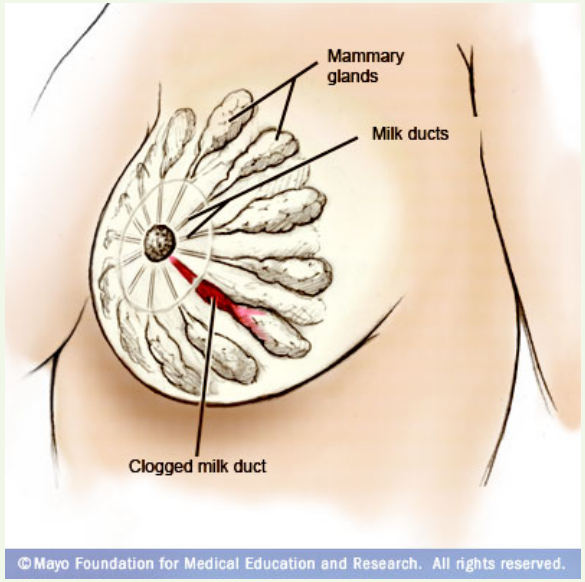
  * 2 yellow loose stools per day
- Gain back their birth weight by 2 weeks
- Steady weight gain
- Sleeps well, yet alert when awake

How do I relieve engorgement?

- Commonly occurs when milk first "comes in"
- Breasts become overfull with milk
- Feed frequently alternating breasts
- Keep breastfeeding
- Get assistance if unable to soften or lasts beyond 2-3 days

What do I do if I think I have plugged ducts?

- Feels like a hard lump or knot in the breast, usually tender
- Plugged ducts are common with breastfeeding
- Caused by not emptying breast fully, constricting bra, stress, poor nutrition
- Try a warm compress to the area, massage towards the nipple before and while feeding the baby
- Feed with baby's chin on affected area
- Can lead to mastitis if not relieved
- <u>Keep breastfeeding and seek assistance if not improving</u>



What do I do if I think I have mastitis?

•Mastitis is an infection of the breast, usually in just one
•Symptoms are redness, swelling, pain in breast, area is hot to the touch, usually accompanied by a fever, chills and generalized body aches
•Mastitis can resolve on its own with frequent nursing, breast massage and Tylenol or Motrin for low fever and discomfort

•If symptoms do not resolve or worsen with home treatment then seek medical attention as antibiotics may be needed as well
•<u>Keep breastfeeding</u>

How do I treat and prevent sore or cracked nipples?

- Breakdown usually occurs in the first few days
- Correct latch will help prevent this
- Apply Lanolin or expressed breast milk to the nipples and areolas after every feeding
- Get assistance immediately
- Breast shells may be used temporarily to keep sore nipples from touching clothing
- Nipple shield may be used temporarily if severely damaged nipple causes significant pain with nursing
- Remember: BREASTFEEDING SHOULD NOT HURT

When should I use a breastpump?

- At birth, if baby doesn't latch or you are separated for more than 6 hours then you should begin pumping both breasts every 3-4 hours for 10-15 minutes each
- Once your milk comes in (about day 3), baby may now only use one breast per feeding so use your pump to express the milk from the unused breast
- If engorged and baby is not hungry, pump one or both breasts to relieve the discomfort
- If you are returning to work and haven't already started pumping, you should begin halfway through your maternity leave. Either pump the unused breast at every feeding or if baby uses both then pump both breasts for an additional 10-15 min after nursing.
- The law of breastfeeding: Supply vs. Demand
- Any additional stimulation the breasts receive will cause your milk production to increase. It takes about 2-3 days from the time of increased stimulation until you see the increase in your volume. Be patient and don't give up.

How do I store breastmilk?

- **How long can I:**
- **Leave my freshly-expressed milk at room temperature?**
  - Up to four hours at 80 degrees F (27 degrees C)
  - Up to 10 hours at 70 degrees F (21 degrees C)
  - Up to 24 hours at 60 degrees F (16 degrees C) e.g. in a cooler with ice packs
- **Store milk in the refrigerator?**
  - Five days at 39 degrees F (4 degrees C)
- **Store milk in the freezer?**
  - Two weeks in a freezer compartment inside a refrigerator
  - Three months in a self-defrosting freezer (store away from the door)
  - Six months in a deep freeze that maintains a constant 0 degrees F (-19 degrees C)
- **Never microwave breast milk**, use warm water in a cup to thaw
- **NOTE:** You can combine milk from different pump sessions, but cool each batch first and store according to the age of the oldest milk. It is best to freeze your milk in small quantities (2 to 4 ounces depending on the age of your baby) within two days of expressing. Leave room in the container for expansion when freezing, and date each container. As your milk cools, the cream may form a thin layer on the surface. Swirl to redistribute the cream when you warm the milk.

I don’t think I’m making enough milk, what do I do?

- Breast milk volume is constantly fluctuating and should not cause worry unless it persists more than a week.
- The following link helps to determine if it’s something you’re doing that can be changed or if further assistance is needed. Always consult a lactation specialist if you’re concerned. http://www.breastfeeding.com/all_about/fenugreek/all_about_fenugreek_milk_supply.html

What's the deal with the herb Fenugreek?

- Fenugreek is a herb that is often used by nursing mothers to increase their supply of breast milk. The most common reasons for low milk supply are illness, fatigue, stress and returning to work. Often a decrease in supply is temporary but if you need a boost, Fenugreek may help you. Although Fenugreek has been used for centuries by lactating mothers to increase milk supply, its use in the United States is more recent and there are no controlled studies available about its use.

- For more information about Fenugreek, visit http://www.breastfeeding.com/all_about/fenugreek/all_about_fenugreek1.html