



Breastfeeding

Making a choice about how you want to feed your new baby is a big decision. The staff at Logansport Memorial Hospital want to provide you with the best possible information so that you can make an educated choice based on the latest medical evidence and research.

If you have breastfeeding questions, a certified lactation consultant on our staff can assist you with breastfeeding. She will make visits to new mothers during their hospital stay and be available for consultation after mom and baby return home.

Is breastfeeding right for you?

Many parents have questions and concerns, including:

- If I breastfeed, how can my partner help in parenting?
- Can I breastfeed even though I plan to return to work?
- If I breastfeed, won't it tie me down and make it hard for me to feed in public?

In Indiana, more than 71 percent of families leave the hospital breastfeeding.

The Family Birth Center strongly supports breastfeeding. If you plan to go back to working full-time within a few weeks after birth, you can still breastfeed your baby.

Breastfeeding is a natural way to begin the bonding process with your infant. Breast milk contains hundreds of nutrients, growth factors, hormones and antibodies, many of them so special that they are found nowhere else in nature and cannot be manufactured. Only about 40 percent of the natural components of breast milk are included in infant formula.



Breast milk is the perfect food for human infants and contains everything a baby needs to grow and stay healthy.

- The American Academy of Pediatrics, American College of Obstetricians and Gynecologists, World Health Organization and UNICEF all advise and support breastfeeding as the optimal way to feed newborns and infants.
- It is possible to breastfeed and be a working mother, maintain your modesty in public, actively involve your partner in parenting and get your figure back.
- You'll save money, including the cost of formula and equipment.

Parents often wonder what it is like to breastfeed. It is important to know that your breasts are perfectly prepared to make milk as a result of the changes that occur during pregnancy. Babies born at term have practiced sucking on their fingers and fists and have swallowed amniotic fluid before they are born. Still, in the beginning, both mother and baby will work together to learn how to breastfeed. For some babies, it is easy. For others, it is a struggle at first.

Some common challenges include:

- Temporary breast tenderness
- Concerns about whether the baby is getting enough to eat
- Dealing with advice that is often confusing and contradictory

Your nurse will help you while you are in the hospital. If you need more specialized support, the lactation specialist can answer your questions and help you overcome any problems that may arise.

If you choose to formula-feed, we will support you in your choice and we will help you with all the questions and concerns that you have about feeding your baby. If you are unsure about what decision to make, you might just try breastfeeding.

When to start trying to breastfeed

While you are in the hospital is a very important time to start breastfeeding, when you have the support of the nurses. It will help to establish a good milk supply. You and your baby can significantly benefit from trying to breastfeed, and it is easier to stop nursing than to wish you had begun. ***No matter what you decide, we are happy to assist you.***

Getting started

Offer your baby your breast for the first time within one hour after delivery. You should feed your baby whenever the baby shows any of these signs or “feeding cues” (crying is a late sign of hunger):

- Light sleep cycle
- Rapid eye movements when eyes are closed
- Moving while asleep
- Making small sounds (not crying)
- Fingers or fists to mouth
- Opening and closing mouth
- Making sucking sounds
- Quiet alert state



Additional information to help with breastfeeding

The information and tips below have helped many moms feel more comfortable with breastfeeding. Remember, if you have additional questions or concerns that are not addressed here, you may always contact our lactation consultant at 574.753.1705.

What you will experience...

The first milk that you produce, called colostrum, is important for your baby's health. Colostrum gives the baby water, some sugar, the necessary minerals and many important antibodies that will help protect your baby. Only small amounts are made, but it is all your baby needs for the first 2-3 days.

Because breast milk is rapidly digested, your baby will need to nurse very frequently in the early weeks. This means that breastfed babies need to be fed 8-12 times per day. The more that your baby nurses, the more milk that you will make.



Babies need to nurse on cue, which means whenever your baby shows signs of hunger. Hunger signs could include putting their hands to their mouth, sucking on their hands or a blanket, or making sucking sounds while waking up. Your milk will come in larger volume on the third to fifth day after birth. Nursing often will help decrease painful breast engorgement (breast fullness) and will help establish a good milk supply.

Start each time with the breast you did not nurse on last time, or only nursed on for a short time during the last feeding. Let the baby nurse as long as he or she wants. The baby may nurse for 10 to 20 minutes or more on one or both breasts in the first few weeks of breastfeeding. This is highly individual, as some babies will nurse longer, and some shorter.

Your baby should be nursing 8-12 times in 24 hours during the first several weeks. Babies who sleep all the time are probably not getting enough milk.



When babies go through growth spurts, they want to nurse more frequently for a few days. These spurts occur around the ages of 1-3 weeks, 6 weeks, 3 months, and 4-6 months.

Any time can be completely normal for your baby, though. This is nature's way of increasing your milk supply to meet your baby's needs.

What you will notice...

Your baby needs plenty of diaper changes.

You will hear or see your baby swallowing your breast milk.

Feedings may last about 10-30 minutes at each breast. You should feel tugging, not pain, when baby sucks.

Baby should be content and relaxed when he or she finishes nursing.



Baby will gain weight if eating frequently enough.

During a feeding, sometimes a baby swallows air that needs to be expelled to make baby more comfortable. Some breastfed babies never seem to need burping, while others swallow air when the breast is very full or milk comes out quickly.

Burping is also a technique to try with a fussy baby. Try burping your baby or placing him or her on your shoulder and gently patting his or her back.

Burp your baby when he or she has finished nursing. If there is no burp after a few moments, there may be no burp coming for the moment.

Babies cry for many reasons. They may have a wet diaper, have an air bubble in his or her stomach, be in an uncomfortable position, be bored or even lonely.

If baby cries, but is not showing feeding cues, try wrapping him or her in a soft blanket. Rocking and holding baby close to you may relieve his or her discomfort.

What you may be wondering about...

Many babies have late-afternoon or evening fussy time, which makes mothers doubt that they have enough milk. The breasts don't seem as full as in the morning, but there is always milk in the breast. Bottle-fed babies can have fussy times, too.

Supplemental feedings (extra bottle feedings) in the early weeks of life interfere with establishing a good milk supply. Breastfeeding works on a supply-and-demand basis.

In the first few weeks, breasts need stimulation to establish a milk supply. The more that your baby nurses at your breast, the faster your mature milk will come in larger quantities.

The American Academy of Pediatrics says that routine supplements (water, sugar water, or formula) should not be given to the breastfeeding infant. ***The healthy full-term infant does not need any supplements.*** Studies show that they decrease the chances of breastfeeding successfully.



Offering formula will result in demanding less breast milk during the day, and therefore your breasts will produce less milk. If you supplement with bottle feedings, your breasts do not get the stimulation they need to make milk. Formula also increases the time between feedings because it takes longer to digest.

It is important to breastfeed frequently and to feed your baby as often as he or she wants to be fed. If not, your breast may become hard and painfully engorged with milk -- signaling your body to stop making the milk.

The way that babies use their tongue, palate and facial muscles to nurse is different from the way they use them to suck on a rubber nipple. Because of the different sucking techniques used for breast and bottle, some babies may refuse the breast after bottle feedings. For the first 3-4 weeks, bottles should be avoided to give the baby a chance to develop his or her sucking skills at the breast. After this time, bottles may be offered if parents wish to do so.

The American Academy of Pediatrics recommends using formula when breast milk is unavailable. If you are considering formula, you should discuss this with your pediatrician. But generally, it is best to limit supplementary formula. Cow's milk formula can also set up a potential allergic response.



At the Family Birth Center, we want to make sure you feel comfortable as you make important decisions in caring for your new baby. Please don't hesitate to contact us if you have any questions.