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Feeding Your Baby

The vast majority of women are physically capable of nursing their babies, and nature has seen to it that the production of mother's milk is closely related to a newborn's needs. However, some women choose to bottle-feed their infant, which is also a healthy option. The following is what you need to know about feeding your newborn in the first weeks of his or her life.





Breastfeeding Basics

Breast milk is a natural food for babies that comes with many advantages for both mother and child. While there are other healthy options, we encourage breastfeeding whenever it is possible.

- Breastfeeding develops a special closeness between a mother and her baby that is beneficial to both.
- Breastfeeding benefits your baby by providing added protection against disease and infection.
- Breast milk is the perfect food for your baby, ideally suited to his or her nutritional needs and bodily development.

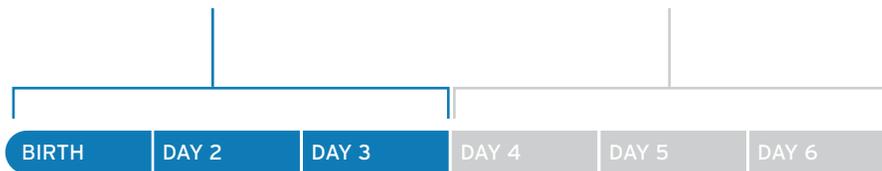


Breastfeeding: Days 1 to 3

For the first few days of life, a newborn sleeps much of the time and is content with a breast milk precursor found in the mother's breasts, called colostrum.

Colostrum is a thick, yellow-orange fluid that is rich in protein. It benefits the baby by giving him or her immediate protection against disease and infection. Colostrum also has a laxative effect and readies your baby's digestive tract for the milk she will be getting in a few days.

During the first few days of life, it is normal for babies to lose weight. It may take at least 10 days for a baby to regain her birth weight. Offering the breast frequently during the early days helps to bring milk in sooner and may help prevent severe engorgement.



Breastfeeding: Days 2 to 6

Milk comes in between days two and six of the newborn's life. As this happens, the colostrum increases in volume and becomes milky-white transitional milk. Signs that your milk is coming in include: full and tender breasts, leaking of milk, seeing milk around your baby's mouth, and hearing your baby swallow when feeding.

As this occurs, you may be aware of only mild breast changes or your breasts may become engorged, which means they will be swollen, hot, lumpy and painful. The best treatment for engorgement is frequent feeds every two to three hours for at least 10 minutes per breast.

Don't be surprised if you have a lot of middle-of-the-night feedings during the first weeks of your baby's life. These 2 a.m. feedings help bring in your milk and build up your milk supply. The more frequently you nurse, the less swelling you will have.

For a few days, warm compresses, warm showers, breast massage or hand-expressing a few drops of milk prior to the feeding may help soften the nipple and the dark area surrounding the nipple, called the areola. Applying ice packs to the breast after a feeding can also be soothing.

Breastfeeding:

General Guidelines and Information

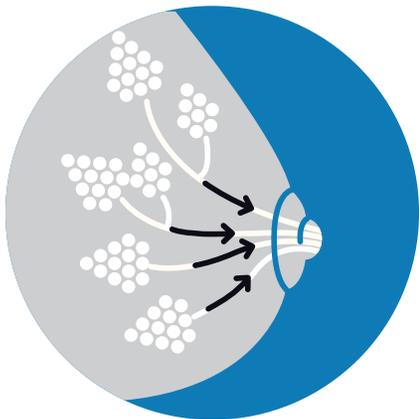
Before You Breastfeed

- Wash your hands. This helps protect your baby from infections.
- Make yourself comfortable in a relaxed and quiet atmosphere.
- Before you start nursing, you may experience what is known as “the let-down.” This is the reflex that creates the flow of milk from the back of the breast to the nipple. The let-down occurs each time the baby suckles. Signs of the let-down are different for each woman and may include cramping in the uterus, a tingle or even slight pain in the breast, a sudden feeling that the breasts are heavier, or milk dripping from the breast that’s not being used.

Breastfeeding Positions



- When your baby is ready to nurse, hold him so that his head is a little higher than his tummy. This applies whether you nurse lying on your side or sitting up. If you sit up to nurse, it helps to put a pillow on your lap under your baby and position your baby with his entire body facing you.
- Try different positions to breastfeed. Have a nurse or lactation consultant at the hospital help you with the proper positioning and latching of your baby.



While Feeding

- Many newborns don’t nurse vigorously the first few days of life. Help your baby get started nursing by holding her close so that her lips touch your breast. This will prompt her to open her mouth and search for your nipple. Give her time to find it, as she is learning too. If your breast is very full and firm, press it away from your baby’s nose so that she can breathe easily.
- The rooting reflex is initiated by touching your nipple to the center of your baby’s lower lip. This causes the baby to latch onto the nipple and areola.
- Be sure your baby takes as much of the areola as possible into her mouth and not just the nipple. You can help your baby latch by holding the top of your breast with your thumb and keeping your fingers out of the way.
- Never pull the nipple from your baby’s mouth, as this can hurt the nipple.
- To break your baby’s suction, insert a clean finger into the corner of her mouth.
- Nursing time ranges from five to 30 minutes per breast. Try to alternate the side you begin with before each feeding.

Breastfeeding:

Common Questions

HOW MUCH MILK DOES MY BABY NEED?

Your baby needs less than 1 tablespoon (15cc or ½ oz) per feeding on the first day of life and about 2 tablespoons (30cc or 1 oz) per feeding on the second day of life.

HOW LONG SHOULD MY BABY NURSE?

In the first day or two of life, some newborns are sleepy and only nurse for a few minutes at each breast or refuse

the second breast entirely. This is normal. Gradually increasing feedings up to 10 to 15 minutes per breast will help your milk supply develop and contribute to a good feeding routine.

HOW CAN I TELL THAT MY BABY IS HUNGRY?

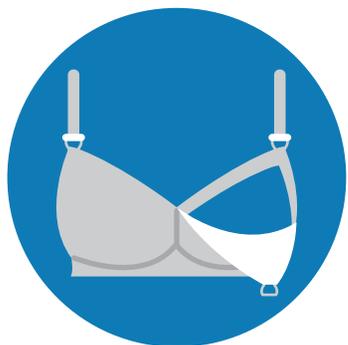
Early signs of hunger may include small movements as your baby wakes up, such as whimpering or lip smacking; pulling up her arms or legs toward her middle; stretching or yawning; waking and looking alert; putting her hands toward her mouth; making sucking motions; moving her fists to her mouth; becoming more active, and nuzzling against your breast.

After and Between Feedings



- Make sure to burp your baby after feedings. It is sometimes helpful to burp him or her during the feeding too. Either hold him upright over your shoulder or sit him on your lap by supporting him with one hand in front, and gently pat or rub his back with your other hand.
- Uterine cramps frequently occur during breastfeeding as hormones are released in response to your baby's suckling. One hormone, called prolactin, causes you to produce milk, and the other, called oxytocin, causes you to release milk and also causes uterine contractions. These contractions are nature's way of returning your uterus to its normal size and controlling bleeding.

- If your baby is not latching correctly or is not positioned properly, you may end up with cracked or sore nipples. To prevent this, try changing your baby's position at each feeding so that you are not applying pressure to the same area each time. Also, you may apply ointments containing pure lanolin to the nipples after you allow your nipples to air-dry. You do not need to clean off the lanolin prior to the next feeding. If nipple soreness is severe, you may need to see a lactation specialist.
- Wearing a nursing bra will provide support while allowing you to nurse easily. Place nursing pads inside your bra to prevent your nipples from sticking to the bra. Always air-dry your nipples after nursing, before you replace the bra flap.



Formula-Feeding Basics

Some women aren't able to breastfeed or decide that they prefer to use formula to feed their baby. It is important to remember that formula-fed babies grow up healthy and strong. Let us know if you have questions about using formula.

There are three standard types of formula:



1. Milk-based: made from cow's milk protein



2. Soy-based: made from soybean protein



3. Simple protein formula: intended for infants with gastrointestinal issues

More formula information:

- Baby formula comes in three forms: powder, liquid concentrate and ready-to-feed.
- Iron-fortified infant formula is the recommended substitute for the first year of life. Cow's milk, goat's milk, soy drinks (not soy formula) and low iron formulas should not be used.
- Your baby does not need any additional water, as formula supplies adequate calories and fluids simultaneously.



Formula Feeding: General Guidelines and Information

Before you feed your baby

- Always wash your hands with soap and water before handling the items required for formula preparation.
- When preparing formula, always use clean drinking water. There is a lot of discussion about the type of water that should be used when mixing powder formulas. The American Academy of Pediatrics suggests boiling water for the first month or two of life, and in most cases, tap water is acceptable.
- If you do decide to boil the water when preparing your baby's formula, the U.S. Food and Drug Administration recommends that you bring it to a bubbly boil for a minute or two and then let it cool. Once it has cooled, you will be ready to add it to your baby's formula.
- Boiling, hot or warm water should not be used directly when reconstituting infant formula because it can lead to clumping or separation, or cause nutrient degradation.

While feeding

- You should be comfortable and relaxed, and cradle your baby in a semi-reclined position. As your newborn is feeding, you can look into his or her eyes and sense behavioral cues of hunger, satiation, comfort or distress.



- The holes in the nipples should be large enough to allow a steady drip but not a full stream of formula. The nipple and neck of the bottle should always be filled with milk so that air is not swallowed.



- When the baby sucks, there should be a steady stream of air bubbles entering the bottle. If there is not a steady stream of bubbles, the cap may be on too tightly or the holes in the nipple may be too small.

Safety Information

Published guidelines on the handling and storage of infant formula state that it is unsafe to feed an infant prepared formula that:

- Has been stored at room temperature longer than one hour or longer than recommended by the manufacturer.
- Has been stored in the refrigerator longer than 48 hours for concentrated or ready-to-feed formula, or 24 hours for powdered formula.
- Remains in a bottle one hour after the start of feeding and/or remains in a bottle from an earlier feeding.

- Some babies will empty a bottle in five minutes while other babies will take half an hour.
- Burp your baby about halfway through the feeding and again at the end of the feeding.
- Avoid propping the bottle or letting your baby feed alone. This will minimize the risk of choking, ear infections and insufficient intake.
- Do not put your baby to bed with a bottle.