



Breastfeeding your newborn baby doesn't always come naturally or easily, especially in the beginning, and nursing can have its share of ups and downs. It can be an intensely loving, bonding experience or it can be filled with tears when nursing sessions don't go quite as planned.

Luckily, being prepared for what to expect is half the battle. Here's what you need to know about breastfeeding your newborn.

Breast milk comes in three stages

It might surprise you to know that in the beginning, your breast milk changes by the week and each formulation is designed to meet your newborn's precise needs:

- **Colostrum** - At first, you're producing a yellowy substance called colostrum. Colostrum helps provide your little one with the nutrients and antibodies he needs to fight infections in the early days. A little goes a long way, so baby only needs a few teaspoons at a time, which might be all you're producing.
- **Transitional milk** - Three to five days after birth, colostrum is replaced with transitional milk. Just as the names suggests, transitional milk — which looks like a mixture of orange juice and milk — is the stage between colostrum and mature breast milk.
- **Mature milk** - Usually between the tenth day and second week, mature milk finally comes in. It's white and slightly thinner than transitional milk, resembling watery skim milk, and can appear bluish at first.

Getting "the latch" takes practice

For some moms, baby is magnetically attached to the breast starting at birth. But for most, it takes a little more practice to master a proper latch. Once you and baby get the hang of it, latching on does come naturally. These tips can help:

- **Get comfortable.** Choose a chair or a glider with back, neck and shoulder support.
- **Line it up.** Your baby should always be tummy to tummy with you. You may need pillows to elevate baby to nipple height.
- **Guide baby into place.** Place your nipple around baby's lips, running it back and forth and waiting for a wide yawn. Bring baby toward the breast instead of leaning in toward baby, which could cause back and neck pain. Baby's chin and the tip of her nose should be on the breast.

- **Suckling and sucking are different.** You can tell that baby is latched on and suckling (extracting milk from the breast) when there's a suck-swallow-breathe pattern.
- **Get help.** If you're having trouble getting baby to latch on, a nipple shield can be an effective tool to give him something larger to aim for at first. Always work with a lactation consultant when using a nipple shield, though, as they should ideally be a temporary solution.
- **Break the seal.** If you don't get a good latch, try again. Put your finger into the corner of baby's mouth and pull your breast out. Start the cycle until you get a seal with both the nipple and the areola covered.

Breastfeeding a newborn can be a full-time job

Newborns need to be breastfed every two to three hours in the beginning, and each session can take a while. You'll know that a feeding is done when baby has completely drained at least one breast. For newborns, this can take between 20 and 45 minutes at each feeding.

It's important for baby to finish out a feeding so he gets the hind milk, which is loaded with healthy fats, in addition to the foremilk, which resembles skim milk. Let baby lead the way by letting him pull away when he has done feeding. If baby does not pull away, wait until he sucks four times for every swallow.

Finding the right position for you is ultra-important

Choosing a breastfeeding position that works best for you makes breastfeeding that much more comfortable. Experiment with a few until you find your perfect match.

- **Laid-back breastfeeding.** Lie back with your head, shoulders and neck supported. Place baby's whole front on your whole front and let gravity do the work. Place baby's cheek on your bare breast.
- **Cradle hold.** Breastfeed baby while you're cradling her in your lap with baby's head resting in your elbow bend. Use pillows to elevate baby's head to nipple level and cup your breast with the opposite hand.
- **Crossover hold.** Hold baby's head with the opposite hand from the breast that's currently nursing. Your wrist should be behind baby's shoulder blades, your thumb behind one ear, your fingers behind the other ear. Use your other hand to cup your breast.
- **Football hold.** This position works well if you've had a C-section. Use the hand on the side of the breast that's nursing to lift baby's head to nipple level, with her head facing toward you. Again, you can use pillows to help elevate baby.
- **Side-lying position.** This is a helpful position in the middle of the night (just make sure there's no loose bedding or pillows nearby). Mom and baby face each other, both lying on their sides. Use the hand that you're not lying on to cup your breast.

Get the support you need

If you're having trouble breastfeeding, you're not the first and you certainly won't be the last. Seek the support you need to deal with issues as they arise on your breastfeeding journey. Lactation consultants are available at the hospital or birthing center, and many even make house calls. Take a breastfeeding class or join a mom group in your area.

A well-fed mama means a well-fed baby

You are what you eat, and that becomes extra important when baby is also eating. While you don't have to obsess like you did when you were pregnant, a healthy postpartum diet is key to breastfeeding success. Follow these tips to start:

- **Drink up.** Your body is working hard to make baby's milk, that's why it may seem like you're thirsty all the time. Drink at least eight glasses of water a day to stave off dehydration and keep your milk flowing.
- **Eat a balanced diet.** You'll need three servings of protein, five servings of calcium, three servings of whole grains and five to six servings of fruits and vegetables daily (more vegetables than fruit).
- **Incorporate healthy fats.** Load up on brain-building healthy fats, especially omega-3 fatty acids found in low-mercury fish like salmon and sardines and DHA-enriched eggs.
- **Don't skip your prenatal vitamin.** Keep taking it until you're completely done breastfeeding. You can also keep taking your DHA supplement from pregnancy.

Breastfeeding should not be painful

Your breasts are your number one asset when you're breastfeeding. But when they're working overtime, you may hit a few roadblocks. A few common causes of breastfeeding and nipple pain include:

- **Mastitis.** This breast inflammation is caused by an infection that gets into the breast. It causes flu-like symptoms and red irritation around the breast. Mastitis often happens when germs from baby's mouth enter a milk duct through cracks in the nipple. You can avoid it by pumping or nursing baby to avoid engorgement. When the infection forms, breastfeeding helps to relieve it. Your doctor will also prescribe an antibiotic to clear the infection.
- **Blocked milk ducts.** If you notice a painful spot on your breast that's red and irritated, you may have a blocked duct. Keep breastfeeding so that your flow will eventually break through the blockage.
- **Sore or cracked nipples.** Just because your breasts are working extra hard doesn't mean they should be sore. Lanolin cream applied after each nursing session can help. But more importantly, adjust your breastfeeding position and make sure baby has a good latch.

Do not get overly anxious about your milk supply

There's nothing more stressful for new moms than worrying about whether baby is getting enough milk. It can be hard to tell whether you are producing enough, but don't worry. You don't have to measure your breast milk to know for sure.

Here are some other ways to ensure your baby is well fed:

- **Count diapers.** Dirty diapers can tell you a lot about baby's eating habits. She should have between six to 12 wet diapers and five yellow bowel movements each day.
- **Check for fussiness.** If your baby is snoozing and seems content, feeding is likely not an issue. But if she's crying and furiously sucking her fingers, she's probably still hungry.
- **Have your baby checked at well visits.** Your doctor will check baby's weight at each well-baby visit and plot it out on a growth chart. Your baby will lose body weight due to fluid loss after birth, but she should gain it back within 10 to 14 days. Babies should gain around 5 to 7 ounces a week.

Leaks happen

Leaky breasts are actually a beautiful thing because they show a mom's biological need to feed baby, but that doesn't make them any less messy.

Talking to your baby, hearing baby's voice or even seeing a picture of your little one can start the let-down process before a feeding session. This is especially true in the beginning. If you have leaky breasts, planning can help:

- Keep a stash of nursing pads on hand in a pinch.
- If leaks are becoming an issue at night, place towels under you while you sleep so you will not have to change your sheets in the morning.
- Hide leaks better by wearing dark prints instead of solids, which will buy you some time until you get home.
- Do not pump. Extra pumping does not help leaky breasts. In fact, it just ups your supply and makes the problem worse.

Breastfeeding can be an emotional rollercoaster in the beginning, but with a little time and patience, you and your baby will likely get the hang of it. So have faith! Since it is such a good way to nourish and bond with your little one, it's well worth the effort.

From the What to Expect editorial team and Heidi Murkoff, author of *What to Expect the First Year*. Health information on this site is based on peer-reviewed medical journals and highly respected health organizations and institutions including ACOG (American College of Obstetricians and Gynecologists), CDC (Centers for Disease Control and Prevention) and AAP (American Academy of Pediatrics), as well as the *What to Expect* books by Heidi Murkoff.