

M E M P H I S Parent

What Pregnant Moms Want to Know About Breast-feeding

AUGUST IS NATIONAL BREAST-FEEDING Awareness Month. The U.S. Department of Health and Human Services (HHS) promotes research that suggests that babies who are exclusively breast-fed for six months are less likely to develop ear infections, diarrhea, and respiratory illnesses and may be less likely to develop childhood obesity. Beyond the obvious health benefits, breast-feeding also promotes a special bond between mother and child.

We asked Dr. Julie Ware, a pediatrician and certified lactation consultant with Pediatric and Adolescent Medicine of East Memphis, to talk about common concerns new moms have when it comes to breast-feeding.

Does breast-feeding hurt?

It shouldn't hurt, but positioning is everything. Pull the baby directly to the breast (lap pillows help), make sure the baby's mouth is wide open, and get as much of the breast in the mouth as possible.

How long does it take for baby to latch on?

This varies. Some know how to do it immediately, others take a few days. Make sure your baby isn't gnawing on the nipple. An open mouth means more milk transfer.

Does breast or nipple size affect your ability to nurse?

No. Most breast sizes can nurse a baby. Sometimes there can be a mismatch, such as with large breasts, which simply means the baby's mouth needs to get used to it, but inverted nipples, previously pierced nipples, giant breasts, and tiny breasts can nurse.

How often should I nurse?

Babies need to be fed eight to 12 times a day, every two to three hours, which is calculated from the beginning of the feeding.

What if I can only nurse for a month or two?

Breast-feeding is best for the first year of life. Babies should also be exclusively breast-fed for the first six months. But any breast-feeding is better than none at all.

How do I know if baby is full?

Trust your baby's cues, not the clock. When she's wiggling her hands, bringing her hands up to her face or fluttering her eyes in a light sleep — all are signs of hunger. A satisfied baby typically releases the breast on her own and relaxes. If your baby is still rooting around after feeding on one breast, switch to the other.

How can fathers help?

Fathers often feel left out. Let them be a part of the feeding by helping to massage the breasts during feeding. After feeding, mom should hand off the baby to dad for burping and go to sleep.

I'm returning to work. Can I still breast-feed?

Yes. Pumping makes going back to work easier. It does take some planning with your employer for breaks, but with an electric pump, you can express milk in 10 to 15 minutes. Be sure to store it in a clean container in the refrigerator.

How should I use a lactation consultant?

They can help mothers with positioning, low milk supply or oversupply, jaundice in the baby (a common occurrence in first few weeks of life), nipple soreness, and excessive weight loss in the baby. Hospitals have lactation consultants or talk to your

pediatrician. If breasts become engorged due to an oversupply of milk, or baby won't nurse, call your doctor immediately.

The most common reasons women don't breast-feed?

According to a survey conducted by the HHS, many women fear breast-feeding will hurt too much, worry they won't have enough milk, or are concerned that poor diet and bad habits make their milk less than beneficial for baby. These are untrue.

Research shows the overall benefits of breast-feeding outweigh the negative effects of moderate smoking, drinking, and eating unhealthy foods. — *Holli W. Haynie*

Learning how to nurse are Allison and Josh Doty with their baby Judd, born July 19.

