



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS

FAQ029

LABOR, DELIVERY, AND POSTPARTUM CARE

Breastfeeding Your Baby

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How does breastfeeding benefit my baby?

Breastfeeding benefits your baby in the following ways:

- Breast milk provides the perfect mix of vitamins, protein, and fat that your baby needs to grow.
- The **colostrum** that your breasts make during the first few days after childbirth helps your newborn's digestive system grow and function.
- Breast milk has **antibodies** that help your baby's **immune system** fight off viruses and bacteria.
- Breast milk is easier to digest than formula.
- Breastfeeding decreases the risk of **sudden infant death syndrome (SIDS)**.
- If your baby is born **preterm**, breast milk can help reduce the risk of many of the short-term and long-term health problems that preterm babies face.

How does breastfeeding my baby benefit me?

Breastfeeding is good for you for the following reasons:

- During breastfeeding, the hormone **oxytocin** is released. Oxytocin causes the uterus to contract and return to its normal size more quickly.
- Breastfeeding may help with postpartum weight loss.

- Women who breastfeed have lower rates of breast cancer and ovarian cancer than women who do not breastfeed. It also has been shown to reduce the risk of heart disease and rheumatoid arthritis.
- Breastfeeding saves time and money.

How long should I breastfeed my baby?

It is recommended that babies breastfeed exclusively at least for the first 6 months of life. Your baby can continue to breastfeed beyond his or her first birthday as long as you and your baby want to.

How can I help my baby to begin breastfeeding?

Babies are born with all the instincts they need to breastfeed. A healthy newborn usually is capable of breastfeeding without any specific help within the first hour of birth. Immediately after the birth, your baby should be placed in direct skin-to-skin contact with you if possible. A nurse or lactation consultant (a health care provider with special training in breastfeeding) can help you find a good position.

What can I do to help my baby latch on?

To begin breastfeeding, the baby needs to attach to or “latch on” to your breast. Cup your breast in your hand and stroke your baby’s lower lip with your nipple. This stimulates the baby’s rooting reflex. The rooting reflex is a baby’s natural instinct to turn toward the nipple, open his or her mouth, and suck. The baby will open his or her mouth wide (like a yawn). Pull the baby close to you, aiming the nipple toward the roof of the baby’s mouth. Remember to bring your baby to your breast—not your breast to your baby.

How do I know if the baby is latched on correctly?

The baby should have all of your nipple and a good deal of the **areola** in his or her mouth. The baby’s nose will be touching your breast. The baby’s lips also will be curled out on your breast. The baby’s sucking should be smooth and even. You should hear the baby swallow. You may feel a slight tugging. If the baby is not latched on well, start over. To break the suction, insert a clean finger between your breast and your baby’s gums. When you hear or feel a soft pop, pull your nipple out of the baby’s mouth.

When should I switch breasts during breastfeeding?

When your baby empties one breast, offer the other. Do not worry if your baby does not continue to breastfeed. The baby does not have to feed at both breasts in one feeding. At the next feeding, offer the other breast first.

How long should each breastfeeding session last?

Let your baby set his or her own schedule. Many newborns breastfeed for 10–15 minutes on each breast, but some may feed for longer periods. A baby who wants to breastfeed for a long time—such as 30 minutes on each side—may be having trouble getting enough milk or may be just taking his or her time to feed.

How can I tell when my baby is hungry?

When babies are hungry, they will nuzzle against your breast, make sucking motions, or put their hands to their mouths. Crying usually is a late sign of hunger.

How often should I breastfeed my baby?

It is recommended that you breastfeed at least 8–12 times in 24 hours, or about every 2–3 hours, in the baby’s first weeks of life.

How will I know when my baby is full?

When full, the baby will fall asleep or unlatch from your breast.

When is it okay to let my baby use a pacifier?

Until your baby gets the hang of breastfeeding, experts recommend limiting pacifier use to only a few instances. You may only want to give a pacifier to help with pain relief (while getting a shot, for instance). After about 4 weeks, when your baby is breastfeeding well, you can use the pacifier at any time. Pacifier use at nap or sleep times may help reduce the risk of SIDS.

What problems may I encounter while breastfeeding?

It is normal for minor problems to arise in the days and weeks when you first begin breastfeeding. If any of the following problems persist, call your health care provider or ask to see a lactation specialist:

- Nipple pain—Some soreness or discomfort is normal when beginning breastfeeding. Nipple pain or soreness that continues past the first week or does not get better usually is not normal. Nipple pain may be caused by the baby not getting enough of the areola into his or her mouth and instead sucking mostly on the nipple. Make sure the baby’s mouth is open wide and has as much of the areola in the mouth as possible. Applying a small amount of breast milk to the nipple may speed up the healing process. Try different breastfeeding positions to avoid sore areas.
- Engorgement—When your breasts are full of milk, they can feel full, hard, and tender. Once your body figures out just how much milk your baby needs, the problem should go away in a week or so. To ease engorgement, breastfeed more often to drain your breasts. Before breastfeeding, you can gently massage your breasts or express a little milk with your hand or a pump to soften them. Between feedings, apply warm compresses or take a warm shower to help ease the discomfort.

- Blocked milk duct—If a duct gets clogged with unused milk, a hard knot will form in that breast. To clear the blockage and get the milk flowing again, try breastfeeding long and often on the breast that is blocked. Apply heat with a warm shower, heating pad, or hot water bottle.
- Mastitis—If a blocked duct is not drained, it can lead to a breast infection called mastitis. Mastitis can cause flu-like symptoms, such as fever, aches, and fatigue. Your breast also will be swollen and painful and may be very warm to the touch. If you have these symptoms, call your health care provider. You may be prescribed an **antibiotic** to treat the infection. You may be able to continue to breastfeed while taking this medication.

What can I do to ensure that I provide the best nutrition for my baby and myself?

The following tips will help you meet the nutritional goals needed for breastfeeding:

- You need an extra 450–500 calories a day while breastfeeding.
- Your health care provider may recommend that you continue to take your prenatal multivitamin supplement while you are breastfeeding. The baby's health care provider may recommend that you give your baby 400 international units of vitamin D daily in drop form. This vitamin is essential for strong bones and teeth.
- Drink plenty of fluids and drink more if your urine is dark yellow. It is a good idea to drink a glass of water every time you breastfeed.
- Avoid foods that may cause stomach upset in your baby. Common culprits are gassy foods, such as cabbage, and spicy foods.
- Drinking caffeine in moderate amounts should not affect your baby. A moderate amount of caffeine is about 200 milligrams a day.
- If you want to have an occasional alcoholic drink, wait at least 2 hours after you drink to breastfeed.
- Always check with your health care provider before taking prescription or over-the-counter medications to be sure they are safe to take while breastfeeding.
- Avoid smoking and using illegal drugs. Both can harm your baby. Taking prescription drugs (such as codeine, tranquilizers, or sleeping pills) for nonmedical reasons also can be harmful.

What are some birth control methods that I can use while breastfeeding?

Progestin-only methods, including pills, the implant, and the injection, can be started immediately after childbirth while you are still in the hospital. Methods that contain **estrogen**, such as combination birth control pills, the vaginal ring, and the skin patch, should not be used during the first month of breastfeeding. Estrogen may decrease your milk supply. Once breastfeeding is established, estrogen-containing methods can be used.

What should I know about returning to work if I am breastfeeding?

By law, your employer is required to provide a reasonable amount of break time and a place to express milk as frequently as needed for up to 1 year following the birth of a child. The space provided by the employer cannot be a bathroom, and it must be shielded from view and free from intrusion by coworkers or the public. You also will need a safe place to store the milk properly. During an 8-hour workday, you should be able to pump enough milk during your breaks.

Glossary

Antibiotic: A drug that treats infections.

Antibodies: Proteins in the blood produced in reaction to foreign substances, such as bacteria and viruses that cause infection.

Areola: The darker skin around the nipple.

Colostrum: A fluid secreted in the breasts at the beginning of milk production.

Estrogen: A female hormone produced in the ovaries.

Immune System: The body's natural defense system against foreign substances and invading organisms, such as bacteria that cause disease.

Oxytocin: A hormone used to help bring on contractions of the uterus.

Preterm: Born before 37 weeks of pregnancy.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant and in which the cause is unknown.

If you have further questions, contact your obstetrician–gynecologist.

FAQ029: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.