Pain relief methods during labor may affect breastfeeding success

It is important to learn how things that happen during labor and delivery can affect breastfeeding success.

Some factors that can affect breastfeeding are:

- Inducing labor (using medicine to cause labor to begin)
- Cesarean section (birth of baby by surgery)
- Using instruments for delivery (vacuum or forceps used to help baby be born)
- Separating mother and baby after birth (baby taken to nursery)
- Epidural (pain medication put in the space around the nerves of the spine)
- Pain medicine during labor

Mothers who have no pain medicine for labor and birth are more likely to be successful at breastfeeding. Before your baby is born, you may want to think about some other choices for pain control that can help you and your baby succeed at breastfeeding.

Some things you might choose are:

- Having a trained labor support person, or doula, with you
- Massage therapy
- Hypnosis
- Acupuncture
- Natural childbirth classes

You can find more information at
www.childbirthconnection.org/pdfs/comfort-in-labor-simkin.pdf

The importance of exclusive breastfeeding

What is exclusive breastfeeding?
Exclusive breastfeeding means giving the baby only breast milk. The baby is not given formula or other liquids, except for liquid medicine when necessary. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of a baby’s life, after which solid foods can be added.

Why is giving only breast milk so important?
- Giving a baby formula, especially during the first few days of life, can make successful breastfeeding difficult.
- Even just one bottle can change the cells in the baby’s intestines and allow germs to get through.
- Giving formula can make it take longer for the mother’s milk to “come in” and make it difficult for the mother to produce enough milk.
- Giving formula decreases the chances that the baby will be breastfeeding at 6 months of age.

Babies who receive only breast milk:
- Are healthier
- Have higher IQs
- Have fewer infections
- Have a lower risk of sudden infant death syndrome
- Have a lower risk of diabetes
- Have a lower risk of leukemia

How will you know when it is time to give your baby solid foods?
Talk to your baby’s doctor at the 4-month well child checkup.

How should solid foods be added?
- Ask your baby’s doctor for advice on starting solid foods.
- Give your baby mashed, single-ingredient foods.
- Wait five days after giving a new food before starting another one. This gives you time to see if your baby is allergic to a new food.

Breastfeeding can be continued for as long as mother and baby want. There are health benefits to breastfeeding beyond the baby’s first six months, and the American Academy of Pediatrics recommends continuing for one year or longer.

Holding your baby skin-to-skin means placing your baby, wearing only a diaper and hat, on your bare chest with a warm blanket covering both of you. This is a wonderful way to create an instant bond. Hold your baby skin-to-skin for at least one hour or until the first breastfeeding is finished. Skin-to-skin helps with breastfeeding success and is important for every new mom.

**Babies held skin-to-skin for the first one to two hours after birth:**
- Are more successful at breastfeeding
- Have more stable temperatures and blood sugar levels
- Maintain good heart and breathing rates
- Are calmer and less likely to cry or get upset
- Sleep more

The time right after your baby's birth is called the “golden hour.” This is your special time to meet and bond with your baby. Set aside this time for holding your baby skin-to-skin in a quiet room. We ask visitors to wait to see and hold the baby until after you have had this special time.

Holding your baby skin-to-skin is encouraged through your hospital stay and when you go home.

**Skin-to-skin:**
- Is the best way to calm your baby
- Is calming and soothing for mothers too
- Will help if baby is having trouble latching onto the breast
- Will help you to breastfeed longer
Rooming in: Learning hunger cues

Your baby has been inside your body for about 40 weeks. The change to the cold, brightly lit world is tough! Keeping your baby with you as much as possible during your hospital stay will help your little one adjust to these changes and help you to get to know your baby. Your baby is usually happiest snuggled on your chest, skin-to-skin. Holding your baby skin-to-skin is a beautiful way for you and your baby to bond.

Keeping your baby close helps you learn the important signals your baby gives you when he or she is hungry. It is important for you to watch your baby, not the clock, during the first days of life to figure out when your baby is hungry. Your baby will need to breastfeed eight to 12 times a day early on in order for you to produce a full milk supply.

Look for early hunger signs from your baby that tell you when your baby is hungry. When you see these early hunger signs, let your baby breastfeed. Crying is a late sign of hunger. Once your baby is crying, he or she has gone beyond being ready to eat and is just upset. Waiting too long to feed your baby can make latching on more difficult and breastfeeding more stressful for both of you.

Early hunger signs from baby:

- Restlessness or wiggling
- Hand and foot grasping
- Bringing hands to mouth or face
- Light sucking motions followed by stronger sucking
- Rooting behavior (trying to suck on anything near the mouth)
- Sticking the tongue out
- Light sounds or whimpering
- Body stretching
- Turning head to the side

Keeping your baby in your room:

- Helps you bond with your baby
- Helps you sleep better
- Helps protect your baby from hospital germs
- Allows more skin-to-skin time, which helps with breastfeeding success

Learning how to breastfeed: Latching and positioning

Tips to help you get off to a great start with your new baby:

• Breastfeed as soon as possible after birth.
• Ask for an on-site lactation consultant to help you.
• Ask hospital staff not to give your baby formula or other liquid unless it is medically necessary.
• Allow your baby to stay in your hospital room all day and night so you can breastfeed often. Or ask the nurses to bring your baby to you for feedings.
• Avoid giving your baby a pacifier or other artificial nipple so the baby gets used to latching onto your breast.

Bringing your baby to the breast to latch

Some babies latch on right away. For others, it takes more time. Keep in mind that there is no one way to start breastfeeding. As long as the baby is latched on well, how you get there is up to you. Let your baby lead the way! You may notice your baby move his or her head back and forth, looking and feeling for the breast with the mouth and lips. Follow these steps to help you get your baby to latch onto the breast to start eating:

• Hold your baby, wearing only a diaper, against your bare chest. Hold the baby upright with his or her head under your chin. Ask your partner or a nurse to place a blanket across your baby's back and bring the bedcovers over you both. Your skin temperature will rise to warm your baby.
• Support your baby's neck and shoulders with one hand and the hips with the other. Your baby may move in an effort to find your breast.
• Tilt your baby's head back slightly to make it easier for your baby to suck and swallow. With the head back and mouth open, the tongue is naturally down and ready for the breast to go on top of it.
• Allow your breast to hang naturally. When your baby feels it against his or her cheek, your baby may open the mouth wide and reach it up and over the nipple. You can also guide the baby to latch on.

• At first, your baby's nose will be lined up opposite your nipple. As your baby's chin presses into your breast, the wide-open mouth will form a deep latch. Keep in mind that your baby can breathe at the breast. The nostrils flare to allow air in.
• Do not put your hands on your baby's head. As it tilts back, support your baby's upper back and shoulders with the palm of your hand and pull your baby in close to the breast.

Try these tips if your baby doesn't latch on right away:

• Tickle your baby's lips to encourage him or her to open the mouth wide.
• Pull your baby close so that the chin and lower jaw touches your breast first.
• Aim your baby's lower lip below the base of the nipple to encourage a deep latch.
Learning how to breastfeed: Latching and positioning (continued)

**Signs of a good latch**

- The latch feels comfortable to you, with no pain or pinching. How it feels is more important than how it looks.
- Your baby’s chest is against your body and your baby does not have to turn the head while eating.
- You see little or no areola (the darkened area around the nipple). If the areola is showing, you will see more above your baby’s lips and less below.
- When your baby is positioned well, the breast will fill your baby’s mouth.
- Your baby’s tongue is cupped under the breast, although you might not see it.
- You hear or see your baby swallow. Some babies swallow so quietly that the only sign may be a pause in breathing.
- You see the baby’s ears wiggle slightly.
- Your baby’s lips turn out like fish lips, not in. You may not even be able to see the bottom lip.
- Your baby’s chin touches your breast.

**Help with latching difficulties**

A good latch is important for your baby to breastfeed effectively and for your comfort. During the early days of breastfeeding, it can take time and patience for your baby to latch on well. Take note of these possible issues:

- **Are you in pain?** Many moms report tender breasts at first, until both mom and baby find comfortable breastfeeding positions and a good latch. Once you have done this, breastfeeding should be comfortable. If it hurts, your baby may be sucking on only the nipple. Gently break your baby’s suction to your breast by placing a clean finger in one corner of your baby’s mouth. Your nipple should not look flat or compressed when it comes out of your baby’s mouth; it should be the same shape as it was before the feeding. Try the latch again.
- **Are you or your baby frustrated?** Take a short break and hold your baby in an upright position.

Try holding your baby between your breasts, skin to skin. Talk or sing to your baby, or place your clean finger in the baby’s mouth to allow sucking for comfort. Try to breastfeed again after waiting a while or when your baby starts moving to the breast on his or her own.

- **Does your baby have a weak suck or make only tiny sucking movements?** Gently break your baby’s suction and try again. Your baby may not have had a deep enough latch to remove milk from your breast. Rarely, a weak suck may be caused by a health problem. Talk with a lactation consultant or your baby’s doctor if your baby’s suck consistently feels weak or if you are not sure your baby is getting enough milk.

**How often should I breastfeed? How long should feedings last?**

- Early and often! Breastfeed as soon as possible after birth and then at least eight to 12 times every 24 hours to make plenty of milk for your baby. In the first few days after birth, your baby will likely need to breastfeed about every hour or two in the daytime and a couple of times at night. Healthy babies develop their own feeding schedules. Follow your baby’s cues for when he or she is ready to eat.
- Feedings may last 15 to 20 minutes or longer per breast, but there is no set time. Your baby will let you know when he or she is finished. If you are worried that your baby is not eating enough, talk to your baby’s doctor. Use a breastfeeding diary to keep track of when your baby wants to eat.

**Breastfeeding holds**

Some moms find the following positions helpful for getting comfortable and supporting their babies in finding a good latch. You also can use pillows under your arms, elbows, neck or back to give you added comfort and support. Keep in mind that what works well for one feeding may not work well for the next. Keep trying different positions until both of you are comfortable.

- **Cradle hold** – Hold your baby with his or her head resting on your forearm and the baby’s whole body facing yours. This is an easy, common hold that is comfortable for most mothers and babies.
Learning how to breastfeed: Latching and positioning (continued)

• **Cross cradle or transitional hold** – Hold your baby along the arm opposite the breast you are using. Support your baby’s head with the palm of your hand at the base of his or her neck. This hold is useful for premature babies or babies with a weak suck because it gives extra head support and may help babies stay latched.

• **Clutch or “football” hold** – Hold your baby at your side, lying on his or her back, with the head at the level of your nipple. (The baby is placed almost under the arm.) Support your baby’s head with the palm of your hand at the base of the head. This hold is useful for mothers who have had a cesarean section and those with large breasts, flat or inverted nipples, or a strong letdown reflex. It is also helpful for babies who prefer to be more upright. This hold allows you to better see and control your baby’s head and keeps the baby away from a cesarean section incision.

• **Side-lying position** – Lie on your side with your baby facing you. Pull your baby close against your body. This hold is useful for mothers who have had a cesarean section.

• **Laid-back breastfeeding or biological nurturing** – Lie back at about a 45-degree angle, hold your baby upright and allow your baby to self-latch. This hold is useful for mothers who are having difficulty with other latch positions or who are having nipple pain, soreness or skin breaks.

**Tips for making it work**

**Learn your baby’s hunger signs.** When babies are hungry, they become more alert and active. They may put their hands or fists to their mouths, make sucking motions with the mouth, or turn their heads looking for the breast. A hungry baby may show “rooting” behavior — if anything, such as a hand, touches the baby’s cheek, the baby may turn toward it, ready to eat. Offer your breast when your baby shows rooting signs. Crying can be a late sign of hunger, and latching on may be harder once the baby is upset. Over time, you will learn your baby’s cues for when to start feeding.

**Follow your baby’s lead.** Make sure you are both comfortable and your baby is latched on well. Some babies take both breasts at each feeding. Other babies take only one breast at a feeding. Help your baby finish the first breast to ensure he or she gets the “hind” milk — the fatter milk at the end of a feeding. Your baby will let go of the breast when he or she is finished, and may fall asleep. Offer the other breast if your baby seems to want more milk.

**Hold your baby close to you.** Remember that your baby needs to be held close to his or her mother. Being skin-to-skin helps babies cry less and stabilizes the baby’s heart and breathing rates.

**Prevent “nipple confusion.”** Avoid using pacifiers, bottles and infant formula in the first few weeks unless there is a medical reason to do so. If a bottle is needed, try filling it with expressed breast milk before using formula. Feeding at the breast is best. Regular breastfeeding helps you make milk and keeps your baby from getting confused while learning to breastfeed.

**Keep your baby near you.** Have your baby sleep in a crib or bassinet in your bedroom so you can breastfeed more easily at night. Babies who share a room with parents have a lower risk of sudden infant death syndrome.

**Follow the ABCs of sleep safety.** Babies should sleep:

- Alone
- On their back
- In a crib

**Know when to wake your baby.** In the early weeks after birth, you should wake your baby to feed if four hours have passed since the beginning of the last feeding. You can gently wake your baby by:

- Changing your baby’s diaper
- Holding your baby skin-to-skin
- Massaging your baby’s back, abdomen and legs

If your baby falls asleep at the breast during most feedings, ask your baby’s doctor to check the baby’s weight to ensure your baby is eating enough. You also might want to see a lactation consultant to make sure your baby is latching on well.
Benefits of breastfeeding

- Breast milk and formula are not equal.
- Breastfeeding is special because human milk is what newborn babies are supposed to eat. Your milk is made just for your baby. When a mother comes in contact with a germ, her breast milk produces antibodies to fight that germ.
- Formula is made from milk from a cow. It does not contain germ-fighting tools and can cause increased health risks.

Benefits for babies
- Protects from illness
- Easily digested
- Fewer stomach problems, ear infections and allergies
- Lower risk for sudden infant death syndrome
- Lower risk for being overweight and having diabetes later in life

Benefits for mothers
- Convenient
- Saves money
- Increases bonding with baby
- Helpful with weight loss
- Less bleeding after baby is born
- Reduces risk for depression after childbirth
- Lowers risk for diabetes, high cholesterol, heart disease and stroke
- Decreases risk for breast and ovarian cancer

Benefits for everyone
- If nine out of 10 mothers in the United States breastfed their babies for six months, our country would save billions of dollars in health care costs.
- Breastfeeding produces less waste and is environmentally friendly.

Source: American Academy of Pediatrics Policy Statement
“Breastfeeding and the Use of Human Milk”