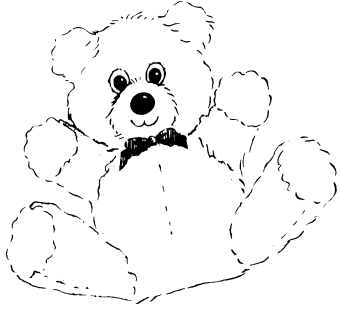


Your Baby's Fussiness and Growth Spurts



Young babies, breastfed or bottle fed, are often very fussy in the late afternoon or evening. Babies fuss for lots of reasons—it is not always due to hunger, a wet diaper, or anything you can necessarily “fix.” It is not because you have too little milk or something wrong with your milk. Try not to get discouraged if you have a fussy baby. It is important to your baby's well being that you comfort him when he needs it. Rock your baby, sing to him, take him for a walk, nurse him some more, and wear him on your body in a soft, cloth baby carrier. If you are feeling stressed, ask your family and friends for help. Babies who are held, cuddled and loved grow better and are happier.

The second week is hard for many breastfeeding mothers. Your baby may go through a growth spurt and be extra hungry and fussy. Your breasts may return to their usual size. This is normal.

Your milk supply is fine. Go along with your baby's need to breastfeed very often. Remember that he is trying to double his birth weight! After about 2 days, your milk supply will be built up. Breastfeeding will get easier for you and your baby after the first few weeks. Stick with it. Breastfeeding is worth it!

Your baby may have other growth spurts or days when he is hungrier and needs more milk: around 4 to 6 weeks; at 3 months; and at 5 to 6 months of age. Have patience. Keep in mind that your baby will only be a baby for a short time. Enjoy him!

Who to Call for Help

Taking care of a new baby is not easy. You may feel tired and full of doubts. Am I doing the right things for my baby? Do I have enough milk? Can I hang in there? Talking to people who know a lot about breastfeeding about your experiences during your first weeks at home can be reassuring.*

Who will you call?

- Your WIC Breastfeeding Educator: _____
- Your WIC Breastfeeding Peer Counselor: _____
- Your La Leche League Leader: _____
- Your Local Area Lactation Consultant: _____
- Your friend who breastfed and enjoyed it: _____
- Your mother, aunt, or sister who enjoyed breastfeeding her child(ren): _____
- Your doctor/midwife: _____
- Breastfeeding support group meets: _____



* Going to a breastfeeding mothers' support group and meeting other mothers just like you is fun and can help you make new friends.

Illustrated by: Lisa Penny.

Developed by: Nutrition Section, Idaho Dept. of Health and Welfare, Statehouse, Boise, ID 83720-1001, 1989.

Adapted and reprinted, with permission, by the Florida Department of Health, WIC and Nutrition Services.



DH 150-273, 5/99

USDA is an equal opportunity provider and employer.

FLORIDA
WIC

Breastfeeding Basics

THE FIRST SIX WEEKS



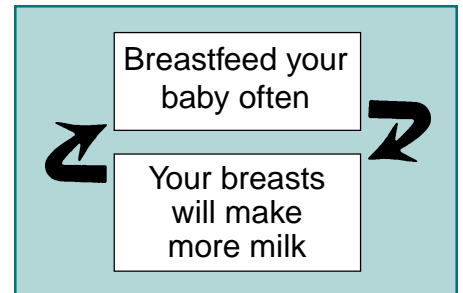
How to Make Milk

The more often you breastfeed or express milk, the more milk you will make. Breast size has nothing to do with your ability to make milk. The thick, yellow early milk that your breasts make is called “colostrum.” It helps protect your baby from infection.

Usually, 2 to 4 days after birth, your milk supply will “surge.” Your breasts will feel heavier and fuller. They may swell. This swelling goes away around the second week. You are not losing your milk. Your milk will look thin and watery and may have a yellow or bluish color. This is how it is supposed to look.

Breastfeed your baby at least 10 to 12 times in 24 hours in the first month. Newborns need to nurse very often—as often as every 1 to 3 hours. Their tummies are very tiny—about the size of their little fist—and your milk digests very quickly. You will have enough milk to feed your baby again very soon, even if you can’t see or feel it. It is usually best not to give your baby pacifiers, infant formula (artificial baby milk), water, or other foods unless a health care provider prescribes them. Giving bottles or using pacifiers causes your body to make less milk. All your baby’s suckling should be at the breast. Be sure to drink enough to satisfy your thirst. Get some rest. Check with your health provider if you are taking any medications or drugs.

Call the breastfeeding educator at the clinic right away if you have concerns about your milk supply.



How to Tell If Your Milk Has “Let Down”



Signs that your milk has “let down” to your milk sinuses may include:

- Uterine cramping during feeding for the first few days.
- A tingling feeling in your breast soon after you begin breastfeeding.
- Leaking from your other breast while breastfeeding.
- A change in the way your baby is swallowing soon after he starts breastfeeding (gulping and swallowing sounds).

To aid “let-down,” make yourself comfortable at feedings. Do some slow, deep breathing. Turn off the TV and radio. Turn down the lights. Have a healthy snack and something to drink.

You Can Prevent Common Problems

Sore Nipples: Soreness is common but not normal when beginning breastfeeding. Letting the baby suck on just the end of the nipple is the usual cause of soreness. Nursing the baby often does not cause sore nipples.

To avoid getting sore:

- Both before and after your baby’s birth, avoid routine use of soaps, lotions, and creams on your nipples.
- Change nursing positions often: that is, use the cross-cradle hold, football hold, nurse lying down, etc.
- Make sure your baby takes in a good mouthful of breast, especially the underneath part of the darker skin around the nipple (areola).*
- The baby’s nose and chin should be touching the breast.
- The baby’s lips should be curled outward, not sucked in.
- Put a clean finger in between his gums to break the suction at the end of a feeding.

After nursing:

- Apply a little bit of expressed breastmilk to nipples after nursing.
- Let your nipples air dry for a little while after feedings.

If Sore:

- Start feedings on the least sore side.
- For comfort, you can put crushed ice in a plastic baggie (covered by a thin washcloth) on your nipple, for a couple of minutes, right before nursing.
- Apply clean, warm-water compresses to nipples for 1–2 minutes after nursing.
- If nipples are bruised or cracked, apply a little bit of purified, anhydrous lanolin made just for nursing mothers after nursing.
- Call the breastfeeding educator at the clinic for help **right away** if you remain sore, have cracks or the soreness is getting worse. You may need help with learning how to position your baby better. **Keep breastfeeding. Breastfeeding is very important for your baby’s health and well being.**

Uncomfortably Full Breasts: Some fullness is normal in the first weeks. However, if milk builds up in your breasts they may feel uncomfortably full, hard, or warm to the touch. This is called “engorgement.” Your baby may have difficulty latching on and suckling if the breast is too full.

To prevent it:

- Make sure your baby is correctly positioned at the breast. It is important that your baby take in a good mouthful of breast, not just the end of the nipple.
- Breastfeed at least 10 to 12 times a day.
- Let the baby finish the first breast well, nursing until that breast is well softened. Then offer the second breast.
- It is best not to use a pacifier or bottles in the first few weeks of breastfeeding.

To relieve it:

If you are already engorged, take the same above steps and:

- Before nursing, put a warm washcloth on your breasts or take a warm shower to help your milk flow.
- Massage your breasts gently to release milk before feedings. Hand-express some milk to soften-up the areola area. If your baby is unable to latch on and nurse effectively, follow-up with using a quality electric breast pump and express milk to the point of comfort. (Ask your WIC breastfeeding educator for information about pumps.)
- After nursing, cold ice packs on the breasts may help reduce swelling further.
- Call your WIC breastfeeding educator for help if the problem is not resolved within 24 hours.

Correctly positioning your baby at the breast and breastfeeding 10 to 12 times a day in the first month will prevent most breastfeeding problems.

*See the handout *Breastfeeding Basics—GETTING STARTED*

