

Establishing Your Milk Supply

A BABY'S NEED FOR MILK and his mother's ability to produce it in just the right quantity is one of nature's most perfect examples of the law of supply and demand. Until the mass production of artificial formula, the survival of the human race depended on mothers' ability to produce enough milk to nourish their babies. Establishing and maintaining an ample milk supply can be easy, as long as you understand how it is regulated. Knowing how to avoid things that upset the balance of supply and demand is important when establishing your milk supply. A baby who is not gaining well should be checked by a doctor. However, knowing the following information will enable you to improve weight gain while protecting the breastfeeding relationship.



Milk is produced almost continuously: the more often the baby nurses, the more milk there will be. Frequent nursing and effective sucking signal the mother's body to produce the amount of milk her baby needs. These are the keys to an abundant milk supply and a contented baby. The first milk the baby gets after

birth is called colostrum. It is rich in antibodies and other protective factors. The small quantities give babies a chance to learn how to suckle without being overwhelmed by milk. Production of colostrum starts during pregnancy and continues even after the mature milk comes in.

The delivery of the placenta tells the body to start producing milk. This happens whether a mother is breastfeeding or not. By day 3-5, mother's milk comes in and volume increases. Frequent nursing and regular removal of the milk stimulates the breast to produce more milk. Milk changes through a feeding and throughout the day to meet a baby's changing needs. Foremilk, at the beginning of a feeding session, contains less fat and more water. Hindmilk, later in the feeding, contains more fat and is higher in calories. Babies need both foremilk and hindmilk to provide total nutrition.

Breastfeeding early and often is one of the most important factors in getting breastfeeding off to a good start. Babies who are allowed to breastfeed within an hour of birth and then at frequent, unrestricted intervals, help mother establish a good milk supply sooner than those who are put on a strict feeding schedule. Newborns usually nurse about every two hours, or at least 8-12 times per day; some may nurse even more frequently. Feeds may not be spaced evenly throughout the day. Some babies cluster several feeds together and then sleep for a longer stretch.

Holding the baby skin to skin on your chest calms and soothes him after the journey of birth; it can help baby to regulate temperature and heart rate. Skin contact also heightens the hormones that naturally produce milk. Many babies can latch more easily when they are gently welcomed to the mother's breasts. In fact, many babies who are held upright between the mother's breasts respond by squirming and bobbing until they position themselves at the breast and latch on.

Allow the baby to nurse as long as he seems interested, right from the start. It may take the milk a few minutes to let down, or start to flow, so limiting breastfeeding to a short timeframe may mean the baby won't get sufficient milk. A baby needs to nurse long enough to get the milk flowing and also to receive hindmilk.

Offer both breasts at each feeding, especially in the early days. A newborn should be nursing on each breast at least every two to three hours (except for, perhaps, one longer stretch at night) in the weeks when the milk supply is becoming established. Let the baby stay on the first breast as long as he is actively sucking and swallowing to ensure he gets hindmilk. When the sucking slows down, it will be easy for you to release the latch, or your baby may come off by himself. Offer the second breast. If baby is still hungry he will latch on and suckle, showing signs of active swallowing with deeper jaw motions; if not, that is alright. At the next feeding offer this breast first. *Offer* both breasts at each feed, but let baby decide if he wants the second side.

Be sure the baby is latched and sucking effectively. Positioning the baby correctly and ensuring a good latch (attachment to the breast) prevents sore nipples and allows baby to get plenty of milk. The baby should have a large



La Leche League Canada

www.LLCC.ca

P.O. Box 700 • Winchester, Ontario • K0C 2K0
Tel. 613-774-4900 • Fax 613-774-2798 • E-mail ofm@LLCC.ca • website www.LLCC.ca
Breastfeeding Referral Service 1-800-665-4324

mouthful of breast tissue; babies breastfeed, not nipple feed. Sore nipples may be a sign of poor latch; consult a health professional or La Leche League Leader for help. Newborn babies often become sleepy after a few minutes of sucking. Your baby will feed more effectively when stimulated with some tickles or movement closer into the breast.

Breastfeed as often as your baby indicates the need; this is called cue feeding. Some cues include licking lips, restlessness, rooting (turning head towards breast) or mouthing hands. Crying is a late hunger cue. Nature intended for babies to feed frequently. Your baby is used to being fed continuously while in the womb. Some newborns take time to learn their own signs of hungry and full. They might suckle for several minutes, then come off, but start fussing or rooting if you try to put them down. Many factors, such as birth experience, maturity, human contact, and access to the breast can affect the baby's learning. Respond to his cues and he will learn to trust that his needs will be met; and you will begin to recognize patterns to your breastfeeding sessions. It gets easier as you get to know each other. If your baby regularly sleeps more than three hours between feedings and is not gaining well, he may need to be awakened for feedings at least every two hours during the day until your milk supply is well established.

The law of supply and demand also works in reverse: the less often the baby nurses, the less milk there will be. This might happen if you try to schedule feeds 3-4 hours apart, or if supplemental feedings with formula or water are introduced. Pacifiers, which satisfy the baby's need to suck, can also interfere with milk supply. However, older babies (2-3 months old) do sometimes space their feedings further apart and/or reduce the time they spend at the breast, but still gain well. This means that they can get the milk they need faster, and mother's supply is matching baby's demand.

How do I know my baby is getting enough to eat? If the baby has six very wet diapers (more if you use cloth) and three to five bowel movements, each the size of a \$2 coin, per day (after 3 or 4 days old) and is not being given anything but your milk, you can see he is getting plenty of nourishment. An older baby may have bowel movements less frequently, but they should be plentiful. The baby will also start gaining 115-200 grams (4-7 ounces) per week.

Growth spurts or frequency days occur 3-4 times in the first 3 months as the baby matures. Allowing him to nurse on cue, which may seem like all the time, for two or three days will

increase your milk supply to meet his needs. Trust that your milk supply can adjust and increase as your baby grows.

Newborns nurse for many reasons other than hunger.

Your baby may breastfeed often because he likes the feeling of security and close body contact, because he needs to satisfy his sucking need, or because he finds the sound of your heartbeat and the gentleness of your touch a great source of comfort as he adjusts to his new world. Meeting these needs will not spoil your baby; it will teach him that there are people he can trust to keep him happy, safe and comfortable.

Mothers need the support of other mothers. La Leche League meetings can be one place to find this support; Leaders are here to help you enjoy your breastfeeding experience. With the support of your health care provider to help you see that your baby is growing well, and the practical and moral support mothers find from other mothers, you can ensure your baby thrives on the milk your body provides. Find out more at www.LLCC.ca.

Quick Tips

- Breastfeed early (within an hour of birth) and often (8-12 times / 24 hours).
- Skin-to-skin contact between mother and baby enhances milk supply.
- Ensure baby has a good latch. (Get help if needed, especially if nipples are sore.)
- Offer both breasts at every feeding in the early days.
- Ensure baby is actively sucking and transferring milk while at the breast.
- Supply and Demand—the more the baby nurses, the more milk you will produce.
- What comes out must have gone in: 5-6 wet diapers and at least 3 bowel movements the size of a \$2 coin per day.
- Babies breastfeed for comfort as well as food.
- A supportive network of other mothers can help smooth out the bumps in the road.

For breastfeeding support contact:



La Leche League Canada

www.LLCC.ca

©2010 La Leche League Canada

La Leche League Canada is a charitable organization — Registration Number 11900 3812 RR0002

No. 469 – 2010

Preparing to Breastfeed

SOME WOMEN WONDER what they need to do during pregnancy to prepare for breastfeeding. Actually, your body knows what to do. Lactation (milk production) naturally follows pregnancy. The hormones produced during pregnancy prepare your breasts to make milk once your baby is born. The best preparation, and what most women need in order to breastfeed effectively, is accurate information and someone to provide support and encouragement.

During Pregnancy

At one time a great deal of emphasis was placed on preparing your nipples during pregnancy. However, it is now recognized that correct positioning and latch-on of the baby in the early days is the best prevention for



nipple soreness. So what should you expect before the baby is born?

- Your breasts will likely get bigger.
- Your breasts may feel tender.
- Nipples may become sensitive to touch.
- You may notice drops of colostrum (the first milk) leaking from your breasts.

- Avoid soap, alcohol and antiseptics on your breasts. Use plain water when you bathe.

Choosing a Nursing Bra

You will probably find a supportive nursing bra helpful for comfort, at least in the early weeks. There are many different makes and styles, but some general considerations are:

- Non-binding support. There should be no pressure points; underwires should not dig in; and soft-sided bras should provide adequate support.
- Easy access to the breast. Ideally, with practice, you should be able to unhook and refasten the flap with one hand.

- Room for expansion. Your breasts may go up a full cup size when your milk comes in.
- Breathable fabrics are best while breastfeeding.
- Consider buying only 1 or 2 bras during the final weeks of pregnancy and waiting until a couple of weeks postpartum to add more to your wardrobe. (A gift certificate for a new bra makes a great shower gift.) Many mothers-to-be like to know that their breast size will settle into a moderately larger size after about three months.

Concerns About Nipple Size or Shape

In order for the baby to suck effectively, he needs to draw your nipple far back into his mouth. Babies can breastfeed effectively with a large variety of nipple shapes. The nipple is only a part of the breast called the nipple-areola complex. The softness and stretchiness of the tissue just behind the nipple is actually more important than the nipple shape. If a mother has nipples that don't protrude, she may need to work with her baby to get a good latch. But problems are unlikely if the areola can be properly grasped by the baby's mouth.

To understand how the baby will grasp the breast, place a thumb and forefinger on the areola above and below the nipple and gently press together. Give a light tug outward. If your nipple protrudes a little more, this is the most common formation. If it appears there is barely any movement inward or outward from the base of the nipple, it is called a flat nipple. Inverted appearing nipples seem to be sunken into the breast, but, when stimulated, become erect and easily graspable. Some nipples can be inverted at rest and also retract more when grasped at the base. A true inverted nipple shrinks back into the breast when the areola is squeezed.

There is debate about whether pregnant women should be screened for flat or inverted nipples and whether treatments to draw out the nipple should be routinely recommended. Some experts believe that a baby who is latched on well can draw an inverted nipple far enough back into his mouth to



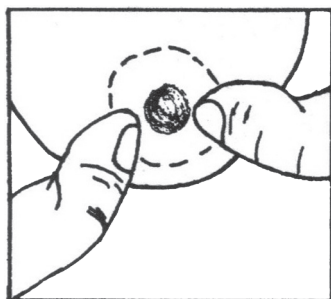
La Leche League Canada

www.LLCC.ca

P.O. Box 700 • Winchester, Ontario • K0C 2K0
Tel. 613-774-4900 • Fax 613-774-2798 • E-mail ofm@LLCC.ca • website www.LLCC.ca
Breastfeeding Referral Service 1-800-665-4324

nurse effectively. Although opinions and experiences vary, many women have found treatments for flat or inverted nipples to be helpful, and many breastfeeding experts continue to recommend them. Each mother is unique, so approaches may differ depending on the degree of inversion and denseness of areola tissue behind the nipple base. And some mothers find they don't need to do any physical preparation at all before the baby is born.

There are several techniques that have been used by mothers with flat or inverted nipples to evert the nipple during pregnancy or in the early days after birth. One such method for encouraging the flat or inverted nipple to be more outgoing is to stretch out the nipple and loosen any tightness at the base. You can do this by placing a thumb on each side of the nipple, directly at the base, not at the edge of the areola. Press in firmly against the breast tissue and at the same time pull the thumbs away from each other. Repeat this stretch five times, moving your thumbs around the base of the nipple. Repeat this exercise twice a day, working up to five times a day.



Press in firmly at the base of the nipple and pull thumbs apart to help draw out flat nipples

Being prepared to work at getting a good latch can be the most effective way to avoid difficulties; some mothers are pleasantly surprised how easily their baby latches with just attention to normal good positioning at the breast. If you have concerns about your nipples or breasts, talk to a health professional or lactation consultant during pregnancy.

The Early Days and Beyond

Skin to skin contact in the early days makes learning to breastfeed much easier, so no special clothes are needed! When it's time to get dressed, there are lots of options. Two-piece outfits—skirts, jeans or shorts, with a loose top or sweater—are ideal for discreet breastfeeding. With your top, blouse or sweater lifted from the waist for nursing, the baby covers any bare skin. When wearing a blouse that buttons down the front, you can unbutton from the bottom up. There are specialty breastfeeding clothes available; some mothers like them for everyday wear, while others only use them for special occasions.

La Leche League Canada Can Help

Talking with other mothers who have learned to breastfeed is time well spent. La Leche League information and support can help a mother as she learns how to breastfeed her baby. Having correct information—even before her baby is born—can help a mother avoid many of the common challenges. If questions arise, being able to call a La Leche League Leader is often the key to continued success. Attending La Leche League meetings during pregnancy can be the very best way to prepare for breastfeeding your baby. Find out more at www.LLCC.ca.

For breastfeeding support contact:



La Leche League Canada

www.LLCC.ca

©2010 La Leche League Canada

La Leche League Canada is a charitable organization — Registration Number 11900 3812 RR0002

No. 481 – 2010

Breastfeeding Tips

Early Start

- Put baby to the breast to nurse as soon as possible after birth. Babies placed skin-to-skin often search for the breast and start suckling.

How Often?

- Baby needs to nurse at least 8-12 times in 24 hours. The more you nurse, the more milk you will have.
- Frequent breastfeeding stimulates milk production. Breasts do not need to “fill up” between feedings.



Latching On

- Sit up comfortably (don't lean over baby).
- Hold baby very close to you with your arm. Pull baby's feet in close to your other side, so baby is tucked in just under the breasts.
- Baby's face and body are turned toward you.
- Baby's chin is leading and nose is tilted back in a sniffing position.
- Steady your breast with fingers if needed.
- Baby's bottom lip and chin are against breast and top lip brushes nipple as he opens wide.
- Quickly pull baby closer into you to latch on.



- Baby's mouth will cover a large part of the darker skin especially with the lower lip.

Colostrum

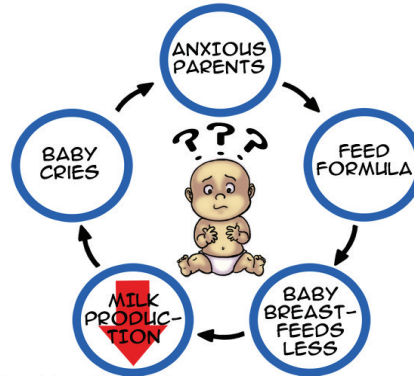
- Produced in first few days.
- Small quantity is perfect for baby's small stomach (teaspoons, not ounces).
- Protects against infection.
- Clears meconium (first stools)—Helps reduce jaundice.
- Satisfies baby's thirst and hunger.

Night Feedings are Important

Human milk is made to nourish baby's system both day and night. Night feeds boost mother's milk production hormones. Some babies cluster nurse in the evening then have a longer sleep. Others feed at regular intervals through the night.



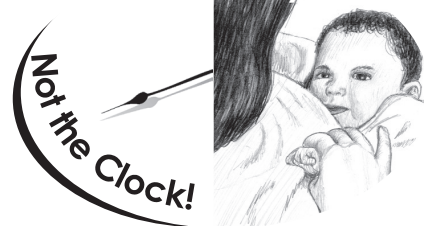
Why Avoid Bottles or Formula?



Engorgement

- Cold compresses or cabbage leaves between feedings to reduce swelling.
- Warm showers or compresses before feeding.
- Soften breasts by expressing some milk.
- Nurse often!

Watch Your Baby



Enough Milk?

After milk comes in (~day 4)

- At least 6 really wet diapers in 24 hours.
- 3-5 bowel movements per day mean baby is getting enough milk.

Milk Too Weak?

Never! Milk changes throughout the feeding. Express one drop of milk before and after a feeding and see the difference. Babies take a balance through the day.

Too Much Milk

- Offer only one breast at a feeding.
- Offer the same breast if baby wants more soon after a feeding.
- Feeding against gravity may slow the flow.

Sore Nipples

Remember: Correct positioning and latch-on are most important for preventing sore nipples.

- Break suction before taking baby off the breast.
- Offer the least sore breast first.
- Avoid plastic against nipples.
- Use only plain water for washing.
- Check with an LLL Leader for more help.

Blocked Ducts

If milk flow becomes blocked, a tender lump may appear in the breast.

- Apply heat
- Get plenty of rest
- Nurse frequently
- Check latch and try different positions
- Gentle, light massage
- See doctor if it lasts more than a day



Growth Spurts

Baby may nurse more often at times to build milk supply. These “frequency days” happen about 3-4 times in the first 3 months.

Back to Work?

- Find out about facilities at work for expressing and storing your milk.
- Delay starting work until after milk supply is well established.
- Pump or express milk at work.
- Take milk home for the next day's feedings.
- Breastfeed frequently when you're with baby.



La Leche League Canada

www.LLCC.ca

©2015 La Leche League Canada • P.O. Box 700 • Winchester, Ontario • K0C 2K0
Tel. 613-774-4900 • E-mail adc@LLCC.ca • Breastfeeding Referral Service 1-800-665-4324
La Leche League Canada is a charitable organization — Registration Number 11900 3812 RR0002

No. 456 – 2015