



# CARE INSTRUCTIONS

KAISER PERMANENTE

## Breast-Feeding: After Your Visit

### Your Kaiser Permanente Care Instructions



Football position



Cradle position

Breast-feeding has many benefits. It may lower your baby's chances of getting an infection. It also may prevent your baby from having problems such as diabetes and high cholesterol later in life. Breast-feeding also helps you bond with your baby.

The American Academy of Pediatrics recommends breast-feeding for at least a year. That may be very hard for many women to do, but breast-feeding even for a shorter period of time is a health benefit to you and your baby. In the first days after birth, your breasts make a thick, yellow liquid called colostrum. This liquid gives your baby nutrients and antibodies against infection. It is all that babies need in the first days after birth. Your breasts will fill with milk a few days after the birth.

Breast-feeding is a skill that gets better with practice. It is normal to have some problems. Some women have sore or cracked nipples, blocked milk ducts, or a breast infection (mastitis). But if you feed your baby every 1 to 2 hours during the day and use good breast-feeding methods, you may not have these problems. You can treat these problems if they happen and continue breast-feeding.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

## **How can you care for yourself at home?**

- Breast-feed your baby whenever he or she is hungry. In the first 2 weeks, your baby will feed about every 1 to 3 hours. This will help you keep up your supply of milk.
- Put a bed pillow or a nursing pillow on your lap to support your arms and your baby.
- Hold your baby in a comfortable position.
  - You can hold your baby in several ways. One of the most common positions is the cradle hold. One arm supports your baby, with his or her head in the bend of your elbow. Your open hand supports your baby's bottom or back. Your baby's belly lies against yours.
  - If you had your baby by cesarean, or C-section, try the football hold. This position keeps your baby off your belly. Tuck your baby under your arm, with his or her body along the side you will be feeding on. Support your baby's upper body with your arm. With that hand you can control your baby's head to bring his or her mouth to your breast.
  - Try different positions with each feeding. If you are having problems, ask for help from your doctor or a lactation consultant.
- To get your baby to latch on:
  - Support and narrow your breast with one hand using a "U hold," with your thumb on the outer side of your breast and your fingers on the inner side. You can also use a "C hold," with all your fingers below the nipple and your thumb above it. Try the different holds to get the deepest latch for whichever breast-feeding position you use. Your other arm is behind your baby's back, with your hand supporting the base of the baby's head. Position your fingers and thumb to point toward your baby's ears.
  - You can touch your baby's lower lip with your nipple to get your baby to open his or her mouth. Wait until your baby opens up really wide, like a big yawn. Then be sure to bring the baby quickly to your breast—not your breast to the baby. As you bring your baby toward your breast, use your other hand to support the breast and guide it into his or her mouth.
  - Both the nipple and a large portion of the darker area around the nipple (areola) should be in the baby's mouth. The baby's lips should be flared outward, not folded in (inverted).
  - Listen for a regular sucking and swallowing pattern while the baby is feeding. If you cannot see or hear a swallowing pattern, watch the baby's ears, which will wiggle slightly

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when the baby swallows. If the baby's nose appears to be blocked by your breast, tilt the baby's head back slightly, so just the edge of one nostril is clear for breathing.

- When your baby is latched, you can usually remove your hand from supporting your breast and bring it under your baby to cradle him or her. Now just relax and breast-feed your baby.
- You will know that your baby is feeding well when:
  - His or her mouth covers a lot of the areola, and the lips are flared out.
  - His or her chin and nose rest against your breast.
  - Sucking is deep and rhythmic, with short pauses.
  - You are able to see and hear your baby swallowing.
  - You do not feel pain in your nipple.
- If your baby takes only one breast at a feeding, start the next feeding on the other breast.
- Anytime you need to remove your baby from the breast, put one finger in the corner of his or her mouth. Push your finger between your baby's gums to gently break the seal. If you do not break the tight seal before you remove your baby, your nipples can become sore, cracked, or bruised.
- After feeding your baby, gently pat his or her back to let out any swallowed air. After your baby burps, offer the breast again, or offer the other breast. Sometimes a baby will want to keep feeding after being burped.

## When should you call for help?

**Call your doctor now** or seek immediate medical care if:

- You have problems with breast-feeding, such as:
  - Sore, red nipples.
  - Stabbing or burning breast pain.
  - A hard lump in your breast.
  - A fever, chills, or flu-like symptoms.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your baby has trouble latching on to your breast.
- You continue to have pain or discomfort when breast-feeding.
- Your baby wets fewer than 4 diapers a day.

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- You have other questions or concerns.

## Where can you learn more?

Go to <http://www.kp.org>

Enter P492 in the search box to learn more about **"Breast-Feeding: After Your Visit"**.

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