

Breastfeeding mothers - self-care

Definition

Breastfeeding is often an enjoyable and rewarding experience for mothers. A breastfeeding mother must continue to take care of her baby and herself, as she did during her pregnancy.

Alternative Names

Breast pump information; Nursing mothers - self-care

Recommendations

In general, lactating women should get nutrients from a well-balanced, varied diet, rather than from vitamin and mineral supplements. Eat generous amounts of fruits and vegetables, whole and grain breads and cereals, calcium-rich dairy products, and protein-rich foods (meats, fish, and legumes). Make sure you are getting enough calories.



Breast milk is the best source of nutrition for the first six months of life

 ADAM

BREASTFEEDING DAILY FOOD GUIDE

- Milk, yogurt, and cheese -- eat at least 4 servings
- Meat, poultry, fish, dry beans, eggs, and nuts -- at least 3 servings
- Vegetables -- at least 3 to 5 servings
- Fruits -- eat 2 to 4 servings (choose two foods high in vitamin C and folic acid, and one food high in vitamin A)
- Bread, cereal, rice, and pasta -- at about 6 to 11 servings
- Fats, oils, and sweets -- go easy!

This is just a guide. You may need to eat more than this based on your size and activity level.

DRINK FLUIDS

Nursing mothers need enough fluids to stay hydrated -- most experts recommend drinking enough fluids to satisfy thirst. Eight 8-ounce servings (64 ounces) of fluid such as water, milk, juice, or soup is a good goal.

FOODS

Breastfeeding mothers can safely eat any foods they like. Some foods may flavor the breast milk, but babies rarely react to this. If your baby is fussy after you eat a certain food, try avoiding that food for a while, then try it again later to see if it is a problem.

Don't limit your diet excessively. Make sure you are getting enough nutrition for yourself and your baby. If you become overly concerned about foods or spices causing problems, try to remember that entire countries and cultures have diets that contain foods that are extremely spicy. In these cultures, the mothers nurse their infants without problems.

It is possible that some highly allergenic foods (strawberries, peanuts) may be passed into breast milk, increasing the risk of a later food allergy in the baby. If this is a concern, discuss food allergies with your pediatrician.

CAFFEINE, ALCOHOL, AND SMOKING

A nursing mother can safely consume moderate amounts of caffeine (equal to 1 to 2 cups of coffee per day) without causing harm to her baby. But any more caffeine than that may cause agitation and difficulty sleeping for your baby.

Since alcohol has been found in human milk and can interfere with the milk ejection reflex, avoid alcohol while breastfeeding. An occasional drink, not exceeding two ounces of alcohol, may be safe, but you should consult your health care provider about the associated risks.

If you are a smoker, this is a great time to quit for yourself and for your baby. Nicotine and other chemicals from cigarettes are found in breast milk. If you are unable to quit, try to limit the number of cigarettes as much as possible, change to a brand with low nicotine, and visit your doctor regularly.

DRUGS IN HUMAN MILK

Many medications (prescription and over-the-counter medications) will pass into the mother's milk. Check with your physician before taking any medications. Do NOT stop taking any prescribed medication without speaking first to your doctor.

The American Academy of Pediatrics' Committee on Drugs releases a periodic statement with a list of drugs and their compatibility with breastfeeding. Your obstetrician and pediatrician are both likely to be familiar with this publication and can answer your concerns about breastfeeding while taking medications.

LACTATION AMENORRHEA

Most breastfeeding women do not have normal menstrual periods (lactation amenorrhea). Although the risk of pregnancy is less for a woman experiencing lactation amenorrhea, pregnancy CAN occur during this time. Breastfeeding should not be used for contraception, since failure is likely.

BIRTH CONTROL

Birth control choice should be discussed with your health care provider. Barrier methods (condom, diaphragm), progesterone contraceptives (oral or injectable), and IUDs have all been shown to be safe and effective. Progesterone contraception is generally not started until the milk supply is established, usually at 4 weeks postpartum.

Estrogen-containing birth control pills are not recommended for breastfeeding women, because they may affect milk supply.

WORKING OUTSIDE THE HOME

Mothers face unique obstacles in maintaining adequate milk supply once they return to work. With planning, commitment, and skilled use of a breast pump, breastfeeding mothers can maintain their milk supply and continue breastfeeding even after returning to work outside the home.

A maternity leave is helpful for establishing your milk supply and breastfeeding skills before returning to work. An ideal work place would provide a private room for breastfeeding moms, with a comfortable chair and an electric breast pump for use by all nursing mothers.

However, many moms have had success using a hand breast pump and a bathroom stall for privacy. Many women prefer the speed of the electric breast pump. Hospital-quality pumps are available for rent through medical supply stores. Personal, portable models are available for purchase.

MAINTAINING YOUR MILK SUPPLY

Here are some tips that have worked well for many breastfeeding mothers who work fulltime outside the home:

1. If you plan to return to work, introduce your baby to bottle-feeding at 3 to 4 weeks of age. This allows plenty of time to establish good feeding habits. Starting bottle-feeds before 2 weeks of age often results in nipple confusion -- the baby has difficulty changing between the different sucking patterns required for the different types of feeding.
2. Two weeks before you return to work, buy or rent an efficient and comfortable breast pump and start building up a supply of frozen milk. If the day you return to work arrives and you don't have a freezer full of breast milk, one bottle of formula fed to your baby will be an adequate supplement. After returning to work, express milk 2 or 3 times a day, every 2 to 3 hours to continue exclusively breastfeeding. If you can only get one break a day and you are unable to pump a full day's allotment in one pumping, a supplemental bottle of formula may be needed. Be aware, however, that feeding formula decreases the need for breast milk, and your milk supply will decrease accordingly.

3. Nurse your baby immediately before leaving in the morning and immediately upon return from work in late afternoon. Many mothers find that their babies nurse more frequently in the evenings on days they work. Feed on-demand when you are with your baby.
4. If possible, arrange to nurse your baby at lunch time.
5. Try to breastfeed exclusively when you are with your baby (evenings, nighttime, weekends).
6. Delegate and share household responsibilities with other members of the family.

BREAST PUMPS

There are a number of breast pumps on the market, with varying degrees of comfort, efficiency, and cost. Most require time to develop the skills to use them. Pumps may be hand-operated (manual) or work by battery or electricity.

The most dependable, efficient, and comfortable pumps are electric, have intermittent action (creates and releases suction automatically), and require minimal training.

Your local lactation consultant can help you make realistic plans and guide you to a supportive breast pump supplier.

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