



Pediatric Medical Associates  
160 West Germantown Pike, Suite D2  
East Norriton, PA 19401  
PH: 610-277-6400  
FAX: 610-275-8861

Pediatric Medical Associates  
1077 Rydal Road, Suite 300  
Rydal, PA 19046  
PH: 215-572-0425  
FAX: 215-572-5929

Website: [www.pmadocs.com](http://www.pmadocs.com)

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## **BREASTFEEDING: GETTING STARTED**

Congratulations on the birth of your new baby! We hope your hospital experience is a positive one. When it comes to feeding your baby, families are faced with a number of choices. Many new mothers opt to breast feed their babies – a recommendation that is endorsed by both the American Academy of Pediatrics, and by our pediatric practice. You'll likely have a number of questions about breastfeeding during your hospital stay. This handout is designed to help you get started with breastfeeding, and to help you to have a successful breastfeeding experience. A PMA physician will be in to examine your baby, and talk with you during each day of your stay, which will provide you ample opportunity to ask us questions you may have about feeding your newborn.

1. Nursing is a skill that has to be learned by both mother and baby as a unit. To be successful, the experience should be satisfying for both you and your baby. Remember, it takes time and patience! Every baby will present any mother ("veteran" or "rookie") with the challenge of getting to know each other. Babies can be described in any of three breastfeeding styles:
  - *The Barracuda:* watch out for your breasts!
  - *The Natural:* find a good book and read it while you're nursing!
  - *The Sleeper:* waking them up is the hardest thing to do!
2. Initially, your breasts produce colostrum, which is the first milk you produce for your baby immediately after birth. It is highly nutritious and studies show it may protect your baby from certain diseases. Anywhere from 2-4 days after delivery, you will experience a sensation of fullness in your breasts, and your breast milk will "come in."
3. How your baby latches on to your breast is important. A poor latch position may cause breast discomfort and irritation. Normally, you will feel a pulling sensation on your breast during nursing. Initially (during the first 2 weeks), you may feel some discomfort while your baby initially latches on. This discomfort should decrease; however, if it persists, you might want to contact our office for suggestions and the possibility of a visit with a Lactation Consultant.

4. Special breast ointments or salves can be helpful to reduce any nipple discomfort and prevent skin irritation during breastfeeding. You may apply lanolin containing creams to your nipples, such as Purelan™ 100 or Lansinoh™, both of which are safe for you and your baby.
5. Try to nurse your baby as soon as possible after birth. It may not always be possible, but it does work to hasten the establishment of an adequate milk supply. Initially, nurse your baby on demand, or approximately every 2-4 hours. Watch for early feeding cues, such as your baby becoming increasingly awake and alert, moving around in the crib, lip-smacking, rooting, and finger-sucking, and plan to put your baby to the breast up to 10 times daily for the first several days of life. Crying is a late feeding cue, so you want to try to feed your baby before crying begins. You can increase the time spent per feeding each day, to approximately 15 minutes per side. If your baby is on your breast for more than 30 minutes on one side, you may gently remove your baby from the breast and offer the other breast.
6. You should expect to see the number of wet diapers approximately equal to the day of life (ie. 1 on day 1, 2 on day 2 and so on), until about 6-8 wet diapers per day are reached, with similar stool frequency. The initial, so-called meconium stools will be dark and thick, but over the next few days they will become lighter, more pasty, and seedy in texture.
7. In some cases, we may suggest that you supplement your baby's breast feeding with formula. This is often the case if your baby is small and slow to nurse, experiences significant weight loss, or develops significant jaundice during the hospital stay. We will be happy to answer any questions you may have regarding your infant's feeding during your hospital stay. If you choose to become a patient in our practice, we will continue to answer your questions and offer ongoing support - as much or as little as you might need!
8. Investigate the different kinds of breast pumps available for rent or purchase, so you can plan to pump and store your breast milk if you plan to return to work and continue to breast feed. There is no reason to stop breast feeding when you return to work. For example, you may use an electric Medela or Ameda breast pump and a private place at work to pump your breasts 15 minutes, 2-3 times a day.
9. You should eat a normal, healthy diet during breastfeeding. Make sure your diet is rich in protein, and that you drink plenty of fluids. It is advisable to eat safe, oily fishes rich in omega-3 fatty acids at least once a week, such as salmon which are low in mercury content. If you prefer, you may try omega-3 supplements. Alcohol, drugs, caffeine and other medications can affect your breast milk – check with your obstetrician or pediatrician before using these substances. Certain medications may be safely taken with breast feeding, which may be found in Medications and Mother's Milk by Thomas W. Hale, PhD., 2000 edition.
10. We recommend breastfeeding through the first year of life, if possible. But remember, any time you can dedicate to breastfeeding your baby is beneficial!
11. You should plan to visit your pediatrician shortly after your hospital stay – usually, within 3 or 4 days following discharge. During that visit, your pediatrician will discuss your baby's feeding, so remember to ask any questions you may have about breastfeeding at that time.
12. And, above all – enjoy the breastfeeding experience! It's convenient, healthy, and offers a wonderful opportunity for you to establish a lasting, close bond with your new baby.