

What Are the Benefits of Breastfeeding for Your Baby?

[Breast](#) milk provides the ideal [nutrition](#) for infants. It has a nearly perfect mix of [vitamins](#), protein, and fat -- everything your baby needs to grow. And it's all provided in a form more easily digested than [infant](#) formula. [Breast](#) milk contains antibodies that help your baby fight off viruses and bacteria. Breastfeeding lowers your baby's risk of having [asthma](#) or [allergies](#). Plus, babies who are breastfed exclusively for the first 6 months, without any formula, have fewer [ear infections](#), respiratory illnesses, and bouts of [diarrhea](#). They also have fewer hospitalizations and trips to the doctor.

Breastfeeding has been linked to higher IQ scores in later childhood in some studies. What's more, the physical closeness, [skin](#)-to-skin touching, and [eye](#) contact all help your baby bond with you and feel secure. Breastfed infants are more likely to gain the right amount of [weight](#) as they grow rather than become [overweight children](#). The breastfeeding also plays a role in the prevention of SIDS ([sudden infant death syndrome](#)). It's been thought to lower the risk of [diabetes](#), [obesity](#), and certain cancers as well, but more research is needed.

Are There Breastfeeding Benefits for the Mother?

Breastfeeding burns extra calories, so it can help you lose [pregnancy weight](#) faster. It releases the hormone oxytocin, which helps your uterus return to its pre-[pregnancy](#) size and may reduce uterine bleeding after birth. Breastfeeding also lowers your risk of breast and [ovarian cancer](#). It may lower your risk of [osteoporosis](#), too.

Since you don't have to buy and measure formula, sterilize nipples, or warm bottles, it saves you time and money. It also gives you regular time to relax quietly with your [newborn](#) as you bond.

Will I Make Enough Milk to Breastfeed?

The first few days after birth, your breasts make an ideal "first milk." It's called colostrum. Colostrum is thick, yellowish, and scant, but there's plenty to meet your baby's nutritional needs. Colostrum helps a newborn's digestive tract develop and prepare itself to digest breast milk.

Most babies lose a small amount of weight in the first 3 to 5 days after birth. This is unrelated to breastfeeding.

As your baby needs more milk and nurses more, your breasts respond by making more milk. Experts recommend breastfeeding exclusively (no formula, juice, or water) for 6 months. If you supplement with formula, your breasts might make less milk.

Even if you breastfeed less than the recommended 6 months, it's better to breastfeed for a short time than no time at all. You can add solid food at 6 months but also continue to breastfeed if you want to keep producing milk.

What's the Best Position for Breastfeeding?

The best position for you is the one where you and your baby are both comfortable and relaxed, and you don't have to strain to hold the position or keep nursing. Here are some common positions for breastfeeding your baby:

- **Cradle position.** Rest the side of your baby's head in the crook of your elbow with his whole body facing you. Position your baby's belly against your body so he feels fully supported. Your other, "free" arm can wrap around to support your baby's head and neck -- or reach through your baby's legs to support the lower back.
- **Football position.** Line your baby's back along your forearm to hold your baby like a football, supporting his head and neck in your palm. This works best with newborns and small babies. It's also a good position if you're recovering from a cesarean birth and need to protect your belly from the pressure or weight of your baby.
- **Side-lying position.** This position is great for night feedings in bed. Side-lying also works well if you're recovering from an episiotomy, an incision to widen the vaginal opening during delivery. Use pillows under your head to get comfortable. Then snuggle close to your baby and use your free hand to lift your breast and nipple into your baby's [mouth](#). Once your baby is correctly "latched on," support your baby's head and neck with your free hand so there's no twisting or straining to keep nursing.

How Do I Get My Baby to 'Latch on' During Breastfeeding?

Position your baby facing you, so your baby is comfortable and doesn't have to twist his neck to feed. With one hand, cup your breast and gently [stroke](#) your baby's lower lip with your nipple. Your baby's instinctive reflex will be to open the [mouth](#) wide. With your hand supporting your baby's neck, bring your baby's [mouth](#) closer around your nipple, trying to center your nipple in the baby's mouth above the [tongue](#).

You'll know your baby is "latched on" correctly when both lips are pursed outward around your nipple. Your [infant](#) should have all of your nipple and most of the areola, which is the darker skin around your nipple, in his mouth. While you may feel a slight tingling or tugging, breastfeeding should not be painful. If your baby isn't latched on correctly and nursing with a smooth, comfortable rhythm, gently nudge your pinky between your baby's gums to break the suction, remove your nipple, and try again. Good "latching on" helps prevent sore nipples.

What Are the ABCs of Breastfeeding?

- **A = Awareness.** Watch for your baby's signs of hunger, and breastfeed whenever your baby is [hungry](#). This is called "on demand" feeding. The first few weeks, you may be nursing eight to 12 times every 24 hours. [Hungry](#) infants move their hands toward their mouths, make sucking noises or mouth movements, or move toward your breast. Don't wait for your baby to cry. That's a sign he's too hungry.

- **B = Be patient.** Breastfeed as long as your baby wants to nurse each time. Don't hurry your [infant](#) through feedings. Infants typically breastfeed for 10 to 20 minutes on each breast.
- **C = Comfort.** This is key. Relax while breastfeeding, and your milk is more likely to "let down" and flow. Get yourself comfortable with pillows as needed to support your arms, head, and neck, and a footrest to support your feet and legs before you begin to breastfeed.

Are There Medical Considerations With Breastfeeding?

In a few situations, breastfeeding could cause a baby harm. You should not breastfeed if:

- You are [HIV](#) positive. You can pass the [HIV](#) virus to your infant through breast milk.
- You have active, untreated [tuberculosis](#).
- You're receiving [chemotherapy](#) for [cancer](#).
- You're using an illegal drug, such as [cocaine](#) or [marijuana](#).
- Your baby has a rare condition called galactosemia and cannot tolerate the natural sugar, called galactose, in breast milk.
- You're taking certain prescription medications, such as some drugs for [migraine headaches](#), [Parkinson's disease](#), or [arthritis](#).

Talk with your doctor before starting to breastfeed if you're taking [prescription drugs](#) of any kind. Your doctor can help you make an informed decision based on your particular medication.

Having a cold or [flu](#) should not prevent you from breastfeeding. Breast milk won't give your baby the illness and may even give antibodies to your baby to help fight off the illness.

Discuss supplementation of both iron and [vitamin D](#) with your pediatrician. Your doctor can guide you on recommendations about the proper amounts for both your baby and you, when to start, and how often the [supplements](#) should be taken.

Why Do Some Women Choose Not to Breastfeed?

- Some women don't want to breastfeed in public.
- Some prefer the flexibility of knowing that a father or any caregiver can bottle-feed the baby any time.
- Babies tend to digest formula more slowly than breast milk, so bottle feedings may not be as frequent as breastfeeding sessions.

The time commitment, and being "on-call" for feedings every few hours of a newborn's life, isn't feasible for every woman.

What Are Some Common Challenges With Breastfeeding?

- **Sore nipples.** You can expect some soreness in the first weeks of breastfeeding. Make sure your baby latches on correctly, and use one finger to break the suction of your baby's mouth after each feeding. That will help prevent sore nipples. If you still get sore, be sure you nurse with each breast fully enough to empty the milk ducts. If you don't, your breasts can become engorged, swollen, and painful. Holding ice or a bag of frozen peas against sore nipples can temporarily ease discomfort. Keeping your nipples dry and letting them "air dry" between feedings helps, too. Your baby tends to suck more actively at the start. So begin feedings with the less-sore nipple.
- **Dry, cracked nipples.** Avoid soaps, perfumed creams, or lotions with alcohol in them, which can make nipples even more dry and cracked. You can gently apply pure [lanolin](#) to your nipples after a feeding, but be sure you gently wash the lanolin off before breastfeeding again. Changing your bra pads often will help your nipples stay dry. And you should use only cotton bra pads.
- **Worries about producing enough milk.** A general rule of thumb is that a baby who's wetting six to eight diapers a day is most likely getting enough milk. Avoid supplementing your breast milk with formula, and never give your infant plain water. Your body needs the frequent, regular demand of your baby's nursing to keep producing milk. Some women mistakenly think they can't breastfeed if they have small breasts. But small-breasted women can make milk just as well as large-breasted women. Good [nutrition](#), plenty of rest, and staying well hydrated all help, too.
- **Pumping and storing milk.** You can get breast milk by hand or pump it with a breast pump. It may take a few days or weeks for your baby to get used to breast milk in a bottle. So begin practicing early if you're going back to work. Breast milk can be safely used within 2 days if it's stored in a refrigerator. You can freeze breast milk for up to 6 months. Don't warm up or thaw frozen breast milk in a microwave. That will destroy some of its immune-boosting qualities, and

it can cause fatty portions of the breast milk to become super hot. Thaw breast milk in the refrigerator or in a bowl of warm water instead.
- **Inverted nipples.** An inverted nipple doesn't poke forward when you pinch the areola, the dark skin around the nipple. A lactation consultant -- a specialist in breastfeeding education -- can give simple tips that have allowed women with inverted nipples to breastfeed successfully.
- **Breast engorgement.** Breast fullness is natural and healthy. It happens as your breasts become full of milk, staying soft and pliable. But breast engorgement means the [blood](#) vessels in your breast have become congested. This traps fluid in your breasts and makes them feel hard, painful, and swollen. Alternate heat and cold, for instance using ice packs and hot showers, to relieve mild symptoms. It can also help to release your milk by hand or use a breast pump.

- **Blocked ducts.** A single sore spot on your breast, which may be red and hot, can signal a plugged milk duct. This can often be relieved by warm compresses and gentle [massage](#) over the area to release the blockage. More frequent nursing can also help.
- **[Breast infection](#) (mastitis).** This occasionally results when bacteria enter the breast, often through a cracked nipple after breastfeeding. If you have a sore area on your breast along with [flu](#)-like symptoms, fever, and [fatigue](#), call your doctor. [Antibiotics](#) are usually needed to clear up a breast infection, but you can most likely continue to breastfeed while you have the infection and take [antibiotics](#). To relieve breast tenderness, apply moist heat to the sore area four times a day for 15 to 20 minutes each time.
- **Stress.** Being overly anxious or stressed can interfere with your let-down reflex. That's your body's natural release of milk into the milk ducts. It's triggered by hormones released when your baby nurses. It can also be triggered just by hearing your baby cry or thinking about your baby. Stay as relaxed and calm as possible before and during nursing -- it can help your milk let down and flow more easily. That, in turn, can help calm and relax your infant.
- **Premature babies** may not be able to breastfeed right away. In some cases, mothers can release breast milk and feed it through a bottle or feeding tube.
- **Warning signs.** Breastfeeding is a natural, healthy process. But call your doctor if:
 - Your breasts become unusually red, swollen, hard, or sore.
 - You have unusual discharge or bleeding from your nipples.
 - You're concerned your baby isn't gaining weight or getting enough milk.