

Breastfeeding

What is breastfeeding?

Breastfeeding, also called nursing, is a way to feed a baby or a young child with milk from a woman's breast. Breastfeeding can begin right after birth and can continue for as long as the mother and child are comfortable.

What are the benefits of breastfeeding?

There are many benefits of breastfeeding for both the mother and baby. Breastfeeding can strengthen the bond between a mother and baby.

Babies who are breastfed are less likely to develop the following:

- Asthma
- Allergies
- Childhood obesity
- Certain cancers, such as lymphoma and leukemia
- Diarrhea
- Ear infections

- Infections in the intestines, such as necrotizing enterocolitis
- Respiratory tract infections
- Type 1 and type 2 diabetes
- Urinary tract infections

There are also benefits of breastfeeding for the mother, including:

- Decreased risk of heart disease
- Decreased risk of ovarian and breast cancers
- · Decreased postpartum bleeding
- Sooner return to pre-pregnancy body weight

Are there any risks to breastfeeding?

In most infants, there are no risks to breastfeeding. Some infants may require vitamin D supplements or certain foods to be removed from the mother's diet, which should be discussed with your healthcare provider.

Breastfeeding is not recommended for mothers who are infected with the human immunodeficiency virus



(HIV) or for infants with a metabolic disorder called classic galactosemia.

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How often should a breastfed baby nurse?

The American Academy of Pediatrics recommends that babies start to nurse within the first hours of life, with frequent nursing 8 - 12 times per day during the first month.

Your baby should have at least 6 wet diapers per day. The bowel movements of an exclusively breastfed baby are usually liquid-like and golden yellow in color.

Some mothers think they should wait for their breasts to "fill up" between feedings to have enough milk for their babies (scheduled feedings). However, infants do best when they are allowed to feed when they are hungry. This is called "cue" or "on demand" feeding.

The American Academy of Pediatrics recommends that babies should be allowed to set their own feeding routine, rather than being placed on a feeding schedule.

What if my baby spits up while breastfeeding?

Spit-up is when the contents of the stomach move back up towards the throat. It is a normal process in infants and does not affect growth and development. Because milk acts as a natural antacid, infants who spit up do not need acid-blocking medication.

Sometimes over-supply of milk, too forceful flow of milk from a mother's breast, or over-eating can increase spitup. However, breastfeeding should continue even when a baby has spit up. In most cases, with time and further growth and development, babies will stop spitting up.

Babies who spit up do best when nursing on only one breast at each feeding session. When breastfeeding a baby who spits up, it is helpful to remember the following breastfeeding tips:

- Eliminate distractions
- Encourage skin-to-skin contact
- Position the baby so that gravity can help keep milk from coming back up
- Some babies prefer being upright, while others do better when they nurse lying down ("side by side"), with baby elevated on mom's arm
- Try feeding in either a recliner, rocker with feet raised, or resting back on pillows
- Use an over-the-shoulder baby sling or front carrier to position the baby at breast level, and nurse while standing or walking

My baby seems fussy. What if he/she is allergic to breastmilk?

Babies who drink only breastmilk may show signs of "intolerance", such as crying and excessive fussiness. It is important to determine if your baby is receiving enough breastmilk and calories.

Mothers can offer the breast more often to see if the infant is hungry. Sometimes changing the baby's position when nursing improves fussiness. A lactation consultant can help with this, if needed.

Breastmilk colitis (also called protein-induced colitis) is a form of food allergy in which a generally healthy breastfed infant has streaks of blood in the stool. Less commonly, an infant may have poor weight gain due to inflammation of the intestines.

Food allergies associated with breastfed infants are usually due to substances from the food ingested by the mother and passed into breastmilk, rather than the breastmilk itself.

Your healthcare provider may suggest an "elimination diet" in which the mother removes certain foods from her diet to remove them from her breastmilk. If an elimination diet is necessary, cow's milk should be the first food removed. Most infants will respond to removal of cow's milk from a mother's diet. It is not necessary to

eliminate multiple foods from the mother's diet at the first sign of colitis.

If your baby continues to have symptoms, your healthcare provider may suggest a specialized formula that is easier for your baby to digest. Most infants will outgrow the intolerance by 6–18 months.

Where can I find support and resources for breastfeeding?

Talk to your child's pediatrician or your obstetrician for help with breastfeeding. Meeting with a lactation consultant can be helpful and can provide tips for a better breastfeeding experience.

The American Academy of Pediatrics has further information on breastfeeding, including many resources for parents: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/default.aspx

References

Centers for Disease Control and Prevention: https://www.cdc.gov/breastfeeding/index.htm

American Academy of Pediatrics: www.aap.org

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IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general educational information as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.



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