

Feeding

Breast Feeding

The first few days of nursing will be a time of learning for you and your baby. Neither of you may accomplish a lot on your first few tries, but that's all right. A clear or yellowish fluid called colostrum that's extra rich in nutrients will come from your breasts. Although the amount will be small, it's close to what your newborn's stomach can hold. At first, your baby will nurse often - eight or more times in 24 hours.

Choose a comfortable position for feeding. Guide the baby to your nipple. If your infant has difficulty in latching on, a few drops of breast milk may be expressed to encourage the baby to grasp hold of your breast.

The baby should be nursed on cue. The interval between nursing should be somewhere between 1 and 1/2 hours to 3 hours. It is okay to let the baby sleep longer intervals during the night if he/she desires. Don't get upset if, for the first few days, you try to nurse your baby and he/she just prefers to sleep. That is normal. Babies are born with extra fluid that they use for their fluid needs for the first few days. In fact, most babies lose weight for a few days before they really become good eaters and that is normal; so, don't worry if your baby initially loses weight. He/She is supposed to. The first few days only a few minutes of nursing on each breast is necessary per feeding to stimulate adequate milk production; however, one should not limit time on the breast. The baby has both nutritive and nonnutritive sucking periods. If the nonnutritive sucking exceeds nutritive sucking then the baby may be spending longer amounts of time at the breast. Proper positioning of the infant will help decrease the likelihood of nipple soreness. As the baby becomes a better eater, he/she may actually spend less time at the breast because he/she has become a more efficient eater. Let your infant guide your feeding patterns to a point. Make sure you take advantage of the hospital nursing staff in the perinatal period to help you with proper latching technique. Don't let your infant go longer than 3 hours during daytime hours without nursing. If the baby remains sleeping at that time you can wake him/her by getting him/her naked.

Make sure your bra is not too tight, particularly across the upper outer quadrants of your breast tissue as it extends into your armpit. The upper outer quadrant is one of the most common parts of the breast for breast infection to start because it is difficult for the milk to drain out well. A bra that encroaches on that area interferes with milk drainage and can increase the likelihood of breast infection. Although breast infections are rare, it is better to try to prevent them than to have to deal with them later.

The most common problems with breast feeding in the first few days of the baby's life usually have to do with the mother's nipples. Soreness of the nipples, cracking and blisters are all common. Confirm with both your nurses and physician that the infant is latched on properly. One can also express a small amount of breast milk and use it to moisturize the nipple. This helps with feelings of drying and cracking. It will also help to let your nipples be exposed to the air as much as possible for the first week or so.

Once you get home, you can more-or-less let the baby set his/her own pace nursing. How often your baby feeds and how long he/she nurses each feeding is pretty much up to him/her. There may be times when he/she goes three to four hours between feedings. Eventually it is hoped that these intervals will even be longer for nighttime feedings. There may be times when he/she wakes up only an hour or an hour and one half after nursing and wants to nurse again, especially during a growth spurt. That is normal. There may be times when he/she wants to nurse 20 to 30 minutes on each breast and there may be times when he/she may only want to go five minutes on one breast and not take the second breast at all. This is normal. Don't be surprised if he/she falls asleep while you are nursing him/her after only five minutes' feeding, only to wake up screaming again in about one-half hour and want to eat again. This is normal and it doesn't mean that you don't have enough milk, no matter what your mother-in-law says.

Most breast-fed babies want to feed about every three hours; the length of each feeding depends on how much of the feeding consists of nutritive sucking and whether or not the infant is going through a growth spurt. The most important thing to remember is that the feeding pattern should go through a cycle; that is, a baby should eat, be burped, go to sleep, sleep well until he/she is hungry, then wake up and cry to eat again. Remember

that breast fed babies do not swallow a lot of air and may not burp after every feeding.

The interval between feeding sessions varies and the length of the feeding sessions varies but the cycle of eating, attempted burping, sleeping, crying, and eating again is pretty much constant. Babies are not supposed to sleep all of the time and are not supposed to cry all of the time. They are supposed to do a little of both. A baby that cries all of the time could have colic or be sick. A baby that sleeps all of the time is not necessarily "a good baby". He/She could be lethargic due to sickness. If you find that your baby sleeps "all of the time" or cries all of the time, you should check with us to make sure that there is not something wrong.

Finally, many people ask about what foods such be avoided during nursing. Other than alcoholic beverages, there are no foods that are absolutely forbidden. The important thing to remember is that all foods should be eaten in moderation. If there is a strong family history of allergies (especially food allergies), you might want to discuss your diet in more extensive detail. If there are certain foods that seem to be irritating to your baby, try reducing your intake of those substances or eliminating them completely. It takes approximately 5 days to clear something from your milk. One can always try reintroducing it at another time to see whether this represents a true problem or simply coincidental. The above information should not be considered a comprehensive guide to breast feeding. There are entire books written on this subject many of which contradict each other. If you have problems with breast feeding, feel free to ask for help. We will help you however we can.

Supplemental Feedings

A word about glucose water or formula supplemental feedings. If your baby is normal and of average weight, sucks well, and all is going well with the breast feedings, then it is preferred that you not give the baby supplemental glucose water, plain water, or formula. To succeed with breast feeding it is important to ensure that your baby learns to like your nipples and not get hooked on an artificial nipple. Remember that nature puts extra water into babies for them to use until your milk comes in so, if all is going well, your baby does not need supplemental feedings anyway. Almost 95% of all babies fall into this "normal" pattern and do not need supplemental

feedings. However, certain infants do require supplemental feedings. Infants that are unusually small or unusually large, for example, have a risk of hypoglycemia (low blood sugar) for the first few days of life. Therefore, supplemental feedings may be ordered.

If the situation arises in which it is felt that your baby needs supplemental feedings, we will try to explain the rationale for this decision.

After you go home with your baby, it is essential that you eat a well-balanced diet and have an extra rest with your infant. Eat a variety of foods and keep fat content down. It is important not to forget to eat but one must also not overeat. Eat until you are no longer hungry and continue to take your prenatal vitamins. Proper fluid intake is essential to ensure an adequate milk supply. Drink enough to meet your thirst needs. Your urine should be light yellow in color. If it is getting too dark, this is a sign to increase your fluid intake. A twenty to thirty minute nap or rest each day after lunch will help you to have more milk late in the afternoon when mothers tend to run short of milk and the baby acts fussy and hungry.

Bottle Feeding

Always wash your hands first. Choose a comfortable chair in which to sit and hold your baby. A mother should also alternate the arms in which she holds the baby for bottle feedings, just as she would if she were alternating breasts for nursing. This allows each side of the face to receive equal stimulation that occurs during the bonding experience of feeding. Infants may be offered formula between every one and one half to four hours as with breast feeding. Be flexible. Pick the time of your baby's feeding to suit your convenience. By two months of age, he/she'll pretty much be on an every four hour schedule. Try to stick to the schedule within an hour as babies learn through repetition and consistency. During your waking hours, if he/she goes more than an hour past his/her usual feeding time, awaken him/her and attempt to feed the infant. He/She should be allowed to sleep through night feedings as soon as he/she will. An average feeding takes 10 to 20 minutes. Nipple holes may have to be enlarged or extra holes added by penetrating the rubber nipple with a red-hot needle. This simple change is often all that is necessary to satisfy a baby during a feeding. In general, an infant may take about two ounces of formula per feeding when he/she

goes home and two to four ounces per feeding by two weeks. If your baby doesn't finish his/her formula, discard it after an hour. Never force him/her to eat!

Burping

Babies stop sucking when they need to burp, and afterward, resume interested sucking. The resounding belch (music to Mother's ears) is louder early in a feeding. If the baby doesn't swallow air, he/she will not burp. Please don't worry if it is not produced every time! This is especially true of breast-fed infants who tend to swallow less air. There are many positions in which to burp a baby, any one of which is okay.

Position After Feeding

After a feeding, place your infant on his/her side. It is no longer a safe practice to allow infants to sleep on their stomachs secondary to a perceived increased risk of SIDS (Sudden Infant Death Syndrome). Some perfectly normal, healthy babies "spit up" with a burp immediately after a feeding. These same infants may not spit up as much if placed in an infant seat for about fifteen minutes following a feeding.

Formula

The suggested starting formula for infants is Enfamil Neuropro. This convenient and readily accessible formula is correctly formulated to meet your infant's nutritional needs. It is available as either a powder, concentrated formula, or in ready to feed cans. There is no difference in the quality of these three preparations. The difference lies in the convenience and ease in preparation. The less preparation involved, the higher the cost per feeding.

Choice Of Bottle Feeding System

The choice is up to you and your baby. The Even-Flo type bottles and nipples are widely used and work quite well. The angled bottles are especially nice in reducing air and therefore reducing gas. Glass bottles are preferable since they do not scratch as easily; scratches are perfect places in which disease producing germs thrive. Bottles and nipples must be thoroughly sterilized until two months of age. This can be accomplished through the use of a sterilizer or a dishwasher. After two months they may

be simply washed with hot soapy water. In either case they must be subsequently rinsed thoroughly with clear water and air dried. The Playtex system is popular, too. Remember that the plastic pouches are disposable; therefore, they are a recurrent expense. More expensive bottles do not mean they are necessarily better. I personally found the Avent bottles to leak routinely; yet, other people have found them to be excellent. Consult with your friends who have recently had babies and compare notes.

Solid Food (When?)

Many parents are proud of the day their baby begins to take solid foods, including cereals. They view it as an accomplishment. As a result, many infants are started on solid foods before their digestive systems are really ready. From a nutritional standpoint, solid foods are not necessary during the first six months of life. Breast milk or full-year formula provides all the nutrients a baby needs. In fact, the earlier any food is introduced, the greater the chances are that a baby will have problems with it. A parent should be guided by your baby's growth and behavior rather than by well-meaning friends and relatives. One should wait until five and one half or six months of age before adding baby cereal, fruits, and vegetables. If you feel your baby is not satisfied, please contact the office prior to adding solid foods in a manner other than the above schedule.

New foods should be introduced one at a time. When a new food is introduced, no other new foods should be given over the next week. Unless instructed by the office, one should not change formulas at the same time that you are introducing a new solid food. If the food causes diarrhea, constipation, or a rash, you should discontinue subsequent feedings of that new item. By introducing new foods slowly, you give your baby's system a chance to adjust, and it's easier to track the problems back to the source. If a food doesn't agree with your baby, try it again when the baby is older. There is no special order in adding certain fruits or vegetables to your child's diet. Have fun with it. Pediatricians now encourage early introduction of such foods such as peanut based baby food or more solid type nut-based foods called Bamba. It is now believed that this may decrease the risk of nut allergy in your child. If there is a strong history of food or nut allergy in your family, please discuss with your pediatrician prior to starting these foods.