

Other Breastfeeding Positions

Clutch or "Football" Hold

This position is useful for mothers with large breasts or inverted nipples. Hold your baby at your side, lying on his back, with his head at the level of your nipple. Support his head with the palm of your hand at the base of his head.



Side-Lying Position

This position allows mother to lie and rest while baby nurses. It is often useful for mothers who had a Cesarean birth, but it can be harder to guide the baby during the latching process. Lie on your side with your baby facing you. Pull baby close and guide his mouth to your nipple.



Five Key Points to Successful Breastfeeding

The first few weeks post delivery are crucial for breastfeeding success. The following steps are a guideline during this time period.

- Step One** Nurse often and on demand (every 2-3 hrs).
- Step Two** Be sure your baby is positioned and latched on properly.
- Step Three** Give your baby only breast milk. Do not use extra fluids, formula or artificial nipples.
- Step Four** Care for Nipple (See #9 on reverse page).
- Step Five** Ask for help and support whenever you need it.

Going Back to Work

Continuing to breastfeed after you go back to work is very beneficial to your baby's health. You can continue to breastfeed your baby directly or you can pump and store your breast milk and have your childcare provider feed it to your baby.

Key points to remember are:

- Make a plan early for how to breastfeed when returning to work;
- Educate yourself;
- Ask for help and support when you need it and talk to your supervisor to get support;
- Find a private place to pump.

For more information, refer to the Resource Guide on the back of this pamphlet.

Resource Guide

More information about breastfeeding is available at:

Maryland Department of Health and Mental Hygiene
www.marylandbreastfeeding.org

Centers for Disease Control and Prevention
www.cdc.gov/breastfeeding

U.S. Dept. of Health and Human Services
www.womenshealth.gov/breastfeeding

American Academy of Pediatrics
www.aap.org/healthtopics/breastfeeding.cfm

La Leche League International
www.llli.org

National Breastfeeding Helpline
1-800-994-9662



Martin O'Malley, Governor
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BREASTFEEDING

KNOW-HOW



INSIDE:

- ▶ Step-by-Step Guide to Breastfeeding
- ▶ Five Key Points to Successful Breastfeeding
- ▶ Going Back to Work
- ▶ Resource Guide

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Step-by-Step Guide to Breastfeeding

Although breastfeeding is a natural process, it is a new skill for every mother and baby as they breastfeed for the first time. Below is a basic guide to use as you learn to breastfeed.

1. Be patient and gentle with yourself and your baby. Remember that breastfeeding is a new skill that you will learn together. Get comfortable. Make sure your back is well supported and that you are not leaning forward. Using a stool under your feet can be helpful.
2. Place a pillow on your lap to help support your baby and bring him* close to your breast.
3. Hold your baby so that she is facing your nipple.
4. Support your breast with your thumb on top and four fingers underneath. Keep your fingers well behind the areola (the darker skin around the nipple) to allow your baby to latch on properly.
5. Brush or tickle your baby's lips with your nipple to encourage him to open wide. Wait until he has opened his mouth very wide, like a yawn. Be patient and do not try to push the nipple into your baby's mouth.



6. When the baby's mouth is wide open, quickly guide your nipple to the center of her mouth as you bring her close to you with your holding arm. (Bring the baby to your breast. Don't lean forward and bring your breast to the baby.) The baby's whole body should face yours and her chin should touch your breast.



Your baby's mouth should deeply grasp all of the nipple and about 1 to 1 ½ inches beyond it.

7. Both of your baby's lips should be turned out, not tucked in. Sometimes it is hard to tell if the lower lip is turned out. If you press gently on the lower chin this might pull out the lower lip. Your baby's tongue should be extended over his gum line and cup under your breast, around the underside of your nipple.

The baby's lips are around the nipple AND the areola, and the chin is touching the breast.



8. Babies, especially newborns, do not need to nurse on both breasts at each feeding. If your baby does take both breasts at a feeding, be sure to nurse for at least 10-15 minutes on the first side before you put him on the other side. Each feeding you should alternate the breast with which you begin.
9. After nursing, let your nipples air-dry. Squeezing a few drops of milk to coat your nipple is helpful in healing any early nipple cracks. This can be done routinely after each feeding. Avoid using soap on your nipples. Soap may remove helpful natural oils and cause drying and cracking, making your nipples more prone to soreness.
10. Drink water, juice or milk each time you nurse your baby to help yourself stay well hydrated and keep a plentiful milk supply.

Breastfeeding should not hurt. If it hurts, take the baby off of your breast and try again. The baby may not be latched on deep enough. Break your baby's suction to your breast by gently placing your finger in the corner of her mouth between the gums, then try to get a deeper latch. Remember that breastfeeding is a new skill to you and practice is helpful. If you repeat the latch steps and breastfeeding still hurts, call a breastfeeding specialist for help (see Resource Guide on the back of this brochure).

Breastfeeding Positions

There are several ways you can hold your baby while breastfeeding.

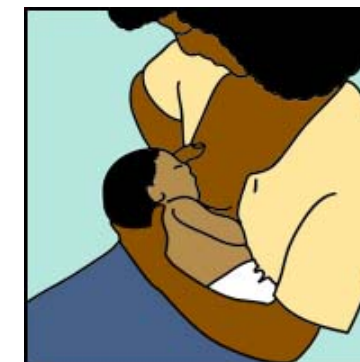
Cradle Hold

This common position is comfortable for most mothers. Hold your baby with his head on your forearm and his whole body facing yours.



Cross Cradle or Transitional Hold

This position is useful for premature babies or babies who are having problems latching on deep enough. Hold your baby along the opposite arm from the breast you are using. Support her head with the palm of your hand at the base of her neck.



*In this brochure we use both he and she when referring to baby.