

Motherwear's essential breastfeeding guide

SECTION 6

overcoming challenges
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expression, positioning, latching
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Dear mother or mother-to-be,

Nursing your baby is one of the most important choices you will ever make. And the importance of this decision will become even more evident as your children grow into teenagers and young adults. You'll remember the wonderful cuddles at the break of dawn, and will find that the relationship you develop at the breast lasts a lifetime.

As important as this relationship are the antibodies and nutrients found in breast milk, providing your child with a head start to lifelong health — a gift only you can give.

Human milk is superior to any other food for babies. It is always ready in the perfect quantity, at the perfect temperature, and in the ideal formulation for the child who will drink it. It offers antibodies for protection from many of the infections an infant may be exposed to in the first months of life. And as it nourishes children, it fosters closeness and love.

In choosing to breastfeed you make the best possible choice for your child and for yourself. Mothers who breastfeed enjoy a reduced risk of breast and ovarian cancers, lose weight faster, and save money compared to mothers who feed their babies formula. And nothing compares with the satisfaction a mother gets by holding her baby close and giving him everything he needs to grow.

We hope that Motherwear's Essential Breastfeeding Guide will give you the information you need to successfully breastfeed your baby.

From our families to yours,

Your friends at Motherwear



overcoming challenges

Challenges can arise during the early weeks, and it is important for you to recognize them and know how to move beyond them. If you have the right information, most difficulties will disappear quickly.

Sore nipples

There may be times during breastfeeding when your nipples hurt as your baby latches on, especially in the first few weeks. This is normal and does not mean that breastfeeding won't work for you.

After the initial weeks of nursing, nipple soreness is often caused by improper positioning. Your nipple should be positioned far enough in your baby's mouth that there is no friction as she sucks. A position that is too high, too low, or pulling to one side, perhaps caused by insufficient support of the baby's weight, can cause your nipples to chap, crack, or bleed.

Remove your baby from the breast by inserting your finger between your baby's mouth and your nipple to gently break the suction. Study the positions illustrated on page 12 of this guide, and try again until you get it right. Nursing is something both of you are learning, and this takes time. Change nursing positions throughout the day to prevent continual friction on any one part of the nipple.

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Don't cease nursing while your nipples heal. If you do, your breasts may become engorged, which will make it more difficult for your baby to latch on. The Womanly Art of Breastfeeding suggests avoiding ointments or creams, with the exception of Lansinoh®, a highly refined lanolin. You can also try putting a little of your milk on your nipples; breastmilk fights infection and is high in soothing fats.

Studies indicate that if nipples are exposed to air and sunlight, they heal quickly. Change nursing pads often, if you wear them, and keep your nipples well ventilated with natural-fiber bras and clothing. Very tender nipples can be protected with plastic breast shells (not to be confused with nipple shields). If you need more help, contact a La Leche League leader or lactation consultant.

Engorgement

Your breasts are full, swollen, sore, and perhaps a little shiny. You can't figure out why your baby has such a hard time latching on. She opens her mouth wide (crying, usually), but when she tries to suck, her mouth slides off your breast and onto your nipple.

Engorgement is caused by a large supply of milk in combination with extra blood and fluids supplied to your breasts in preparation for feeding. Consider full breasts your body's way of telling you it is time to nurse. Engorgement can return any time there is an unusually long interval between feedings or when your baby is not draining accumulated milk sufficiently. This can occur if nursing sessions are cut short or if your baby is not positioned properly.

Engorgement is easy to treat. To ease discomfort of engorgement, try pumping, hand-expressing, a hot shower, or a warm washcloth applied to the breast. (See "Hand expression" on page 25.) Be sure to express only enough milk to relieve your discomfort and soften the areola enough to nurse. Too much pumping or expressing can increase milk production, aggravating the problem.

BREASTFEEDING TIP

Strange as it may sound, many mothers swear by applying a large, chilled cabbage leaf (with a hole to go around your nipple) to each breast for 30 to 45 minutes. As soon as you notice relief or softening, remove the leaf and begin nursing.

Try nursing again. Gentle massage of the breast as your baby is nursing will help the milk flow. Once she is nursing efficiently, your milk production will balance with her milk consumption, and swelling will subside.



ENGORGEMENT

This baby cannot latch on because the tissue of the breast is too engorged. Expressing a small amount of milk will soften the areola and allow her to nurse.



BREASTFEEDING TIP

A few words about preparing your nipples: Mothers are sometimes advised to “toughen up” their nipples to avoid breastfeeding discomfort, but studies have shown that this has little benefit. Sore nipples are usually a result of incorrect positioning and are better prevented by learning the best positions for nursing a baby. (See “Positioning” on page 11.)

Hand expression

Manual expression is an important skill for all nursing mothers. It offers a backup technique in the event your pump gives out or is unavailable. It costs nothing and requires no special equipment.

The basic technique

STEP 1 Cup the breast in your hand with your thumb above and just behind the areola (dark area) and your fingers below, forming a “C.”

STEP 2 Squeeze your thumb and fingers together while pushing back toward the chest wall. Do not slide your fingers along the skin.

STEP 3 Roll your fingers forward, shifting the pressure from the back of the breast toward the nipple.

STEP 4 The gentle pressure produced by rolling your thumb and fingers won’t damage tender breast tissue and milk ducts but will release stored milk.

Rotate your hand around the breast in order to drain all the milk ducts. Use each hand on each breast. Work on one breast for 3 to 5 minutes, switch to the other breast, and then repeat the sequence on both breasts.

Expressing milk from both breasts using this technique takes most women 20 to 30 minutes. For additional details, consult *The Womanly Art of Breastfeeding* or another authoritative source.

BREASTFEEDING TIP

If you use a pump at the beginning to help start your milk flow going, try using your hands. You may feel more able to control the pressure used on each breast, and feel for parts of the breast that have more milk.

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STEP 1



STEP 2



STEP 3



STEP 4



Positioning

Getting yourself and your baby in the correct positions will have a tremendous effect on your early nursing success. Perhaps the most important element of proper positioning is being sure your baby takes your entire nipple and a good part of the dark area surrounding the nipple, called the areola (ah-REE-o-la), into his mouth. Incorrect positioning almost always leads to nipple soreness for the mother, insufficient milk intake for the baby, and frustration for both. For more on positioning download section three of the Essential Breastfeeding Guide.

Your baby's position

Once you are in a suitable position, find a comfortable one for your baby. If she is straining to get to your breast, she cannot latch on correctly or nurse well. Her ear, shoulder, and hip should be in a straight line, and her chest should be touching yours. Although mothers snuggle their babies in various positions when they breastfeed, we illustrate on the following page the four most popular holds, perhaps the best for you to begin with.



THE FOOTBALL HOLD

This is a good choice when you have had a cesarean birth, your breasts are very large, you are nursing twins or a premature baby, or your baby has trouble latching on. Sit upright and place a pillow by your side to support your arm and raise your infant to the level of your breast. Lay your baby on her back, supporting her head and shoulders with your arm. (Her buttocks should be against the back of the chair and her legs angled upward.) Tilt her head close to your breast to latch on.



THE SIDE-LYING POSITION

Lie comfortably on a bed, couch, or floor and bring your baby close. She should be on her side, turned toward you. Lift your breast upward with your upper hand and gently stroke your baby's mouth until she opens to latch on. Once your child has emptied the lower breast, you can either turn over and place her on her other side or raise her with a firm pillow to the level of your upper breast. You can also turn your body to lower your upper breast to her mouth.



THE CUDDLE HOLD

Sit upright and cradle your baby in your arm with his tummy against yours. (A pillow will help bring him to the correct height.) Support his head in the bend of your elbow, and tuck his lower arm between his body and yours.



THE CROSS-CUDDLE HOLD

The baby's position is the same as in the cuddle hold; you use the opposite arm. This gives you good control of your baby's head. Once he has begun to nurse, you may choose to change back to the cuddle hold.

The authors of *Bestfeeding: Getting Breastfeeding Right for You* offer these suggestions:

- Sit up straight. Good posture positions your nipples at the correct angle for nursing. Use pillows for comfort and support, especially on soft furniture.
- Make your lap flat. If necessary, raise your feet or sit on a pillow to adjust your height.
- Position your baby so she faces you, with her head, neck, and back in a straight line. She shouldn't have to turn or twist.
- Support your baby's weight so you are comfortable. Use pillows to lift her to the proper height.
- Bring your baby to you. Her upper lip and nostrils should be level with your nipple.

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You can express milk between feedings, too, to relieve your discomfort. If your breasts are very painful, try applying either heat or ice packs, or alternating the two. A long, hot shower can feel very soothing.

As we have mentioned, it is important to breastfeed frequently and thoroughly. Let your child nurse as often and as long as he wants. Let him finish at one breast before switching to the other.

You can find more complete instructions for breastfeeding and expressing milk in reference books. See “Support and resources” on page 29 for more information.

Trouble latching on

There are several reasons for latching-on difficulties, especially in the early days of breastfeeding. Each time you bring your baby to your breast, give her about 10 minutes to latch on. If she’s unsuccessful, take a break and try again later. See “Latching on” on page 13. Don’t get discouraged. Contact someone in your support network for encouragement and ideas. Practice and patience will pay off.

Latching on

Breastfeeding is an exquisite thing and, overall, a rewarding experience for a mother and child. But the first weeks can be difficult. Too many women give up because they don’t realize that, like most other things, getting it just right takes practice.

BREAST PADS

If one of your breasts leaks while your baby nurses on the other, you can use a teacup to collect the surplus milk. Store it according to the guidelines described on page 23 to feed to your baby at a later time. Leaking breasts need gentle care. Breast pads placed inside your bra will soak up surplus milk. It is important that you change pads frequently to keep nipples dry. Washable cotton pads are the most economical and environmentally sound choice.

Follow these simple steps to get started.

- When you and your baby are comfortable, place the palm of your free hand just below your breast and your thumb on top of your breast, then lift. Your fingers should touch the breast, not the areola.
- Gently touch your nipple to your baby’s cheek or lower lip. When she opens her mouth, lift your breast and pull her close so her nose and chin touch your breast. Don’t put your breast in your baby’s mouth; bring her to your breast. She should close her mouth around your areola and begin sucking. If she doesn’t latch on, repeat the process.
- Be sure both of your baby’s lips are flared outward. Nursing will be very difficult if either lip is not. To “flange” your baby’s lips for proper latching on, use your thumb, above your breast, to gently tease out her upper lip. Use your finger, below your breast, to stroke her chin and roll her lower lip outward.
- If your baby’s sucking hurts your nipple, her position is not right. Slip your finger into her mouth to break the suction. Then take her off and try again.
- Most of the areola should be in your baby’s mouth. If it’s not, take her off and position her again.

Flat or inverted nipples

It is not uncommon for a woman to have one or two flat or inverted nipples. This can make breastfeeding a little more difficult at the start, but patience and guidance can quickly alleviate the problem. Encourage your baby to take adequate amounts of your nipple and breast into his mouth. As he feeds, he may draw out the nipple. You can also try pulling on and rolling the nipple with your fingers or using a breast pump very briefly before feeding. Many women find that wearing breast shells helps to draw nipples outward. If you can’t get your baby to latch on, your lactation consultant might advise you to express milk and feed it to your child with a spoon or a cup in the early weeks; in time, breastfeeding will become easier.



Nipple confusion

If your baby receives a bottle or a pacifier at the hospital or at home during the early weeks, you might experience difficulty getting him back on the breast. Remember all the advantages of breastfeeding, and avoid the bottle and pacifier whenever possible, especially during the early weeks.

Plugged duct

A sore or tender spot on your breast is usually a plugged milk duct. If you have a plugged duct, a part of the breast may still feel firm and full after nursing. If left untreated, a plugged duct can lead to mastitis, a painful inflammation of the breast. A plugged duct is usually the result of milk improperly or incompletely drained from your breast during a feeding.

The best solution is prevention. Proper positioning of your nursing baby is important in the prevention of plugged ducts. Watch your baby nurse. He should take long, deep swallows. Quick, shallow swallowing is an indication that he doesn't have enough breast tissue in his mouth or that his position is inhibiting the strong sucking that drains the breast. The breast should be emptied fully and evenly of accumulated milk at each nursing.

Vary your nursing position throughout the day so you expose different parts of the breast to your baby's most vigorous sucking. Try the football hold (see illustration on page 12) or lying down with your baby to feed him. Be sure your bra and clothing do not constrict your breasts. If you suspect your bra doesn't fit properly, ask Motherwear consultants or other experts for help in getting the right size. Wear a proper nursing bra rather than sliding up a regular bra to nurse.

Rest, eat well, and drink ample fluids. Try to get plenty of sleep so you aren't run down. When you are breastfeeding, you need extra rest and nutrition. Structure your life in a way that makes you feel good and keeps you healthy. A plugged duct is often the first signal that you are doing too much.

Get more help, or let some housework and activities slide. Relax and enjoy your baby!

Prompt treatment of plugged ducts will usually prevent mastitis and its symptoms: fever, fatigue, and nausea. If you begin to feel flulike symptoms, or if your breast becomes hot and tender, you might have a breast infection. Breast infections are particularly common in the first weeks after birth and during times when a mother doesn't get the rest and nutrition she needs. Vary your nursing position so all areas of your breast will drain thoroughly. When you nurse lying down, put your baby on a pillow to raise her to the level of your upper breast.

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Mastitis

One of the most uncomfortable conditions a nursing mother may experience is mastitis, an inflammation of the breast usually caused by an infection. Symptoms include a hot and tender breast, fever, nausea, and exhaustion. Most often, mastitis is preceded by a plugged duct. It can also result from an infection entering the breast through a cracked nipple.

- It's more important than ever to continue nursing frequently. Your baby won't get an infection from your breast.
- Apply warm, moist compresses to the sore part of your breast before and during nursing.
- Rest. Go to bed and stay there for two or three days. Get help with all tasks.
- Contact your doctor, who might prescribe an antibiotic. Request a type that allows you to continue breastfeeding. Be sure to complete the entire course of treatment, even if the infection seems to clear quickly.
- Consider going without a bra while you recover.
- Drink plenty of liquids.
- Enjoy a little extra time with your baby.

Nursing strike

Your baby suddenly refuses to nurse, or she stops nursing after a few swallows and begins to cry. She abruptly seems to have lost interest in breastfeeding. A typical strike lasts a few days, but it can continue for as long as two weeks.

TO RELEASE A PLUGGED DUCT

- Nurse on the affected breast first and more frequently.
- Position yourself so you can nurse with your baby's chin pointing toward the plugged duct. Her tongue action will stimulate the milk to flow.
- While you are nursing on the affected breast, apply massage and heat, such as a warm, wet washcloth, to encourage proper drainage.
- Between nursings, use moist heat and massage to encourage the duct to clear.
- Gently rub the plug toward the nipple while you are showering.
- Use plain warm water to cleanse any dried secretions that may be blocking your nipple's pores.

(excerpted from *Counseling the Nursing Mother: A Reference Handbook for Health Care Providers and Lay Counselors*)

believe in yourself, trust your intuition, follow your heart

There are many possible reasons for a nursing strike. Among the most common are teething, a cold or ear infection, an unpleasant taste, a sore mouth, and discomfort from an injury or immunization. Emotional causes are also common: separation from you, a change in your baby's routine, a change in your behavior, too many distractions during nursing, and insufficient attention to your baby's needs.

An emotional reason for a strike is just as important to consider as a physical one. If your child is old enough to talk, ask him how he feels about nursing. Returning to nursing may take some gentle coaxing and extra attention, especially if the strike was set off in part by something you did, such as yelling when you were bitten. Almost all children will resume nursing, given the chance. In the meantime, you can try feeding your child your milk by cup or spoon or increasing the solid food available to a toddler. Pump or express your milk to keep up your supply.

Make offers to nurse as relaxed and pleasant as you can. Devote yourself to your child as much as possible. Try cuddling, stroking, or singing at nursing time. Keep in mind that a sleepy baby may be more willing to nurse.

Many mothers are upset to think that nursing is over. True weaning occurs gradually over weeks or months as a toddler loses interest. Some parents interpret a nursing strike as the ideal time for early weaning, but this is usually not the best choice for either of you. The nursing relationship is a bond of love and understanding as well as a food source. It usually works best to end nursing gradually, by mutual agreement.

Thrush

Thrush is a yeast infection that thrives on milk. In an infant, it appears as white spots inside the mouth and as a diaper rash resembling a mild burn or a patch of red dots. The rash may be accompanied by peeling skin, and it doesn't respond to air exposure or other ordinary treatments.

A baby with thrush may also show signs of tiredness: inefficient nursing with eyes closed, often followed by long bouts of sleep. When the yeast moves to the intestinal tract, the baby may experience gas and discomfort.

Thrush is passed to a nursing mother from her baby's mouth. Mother's symptoms include red, swollen, or cracked nipples accompanied by itching, flaking, or burning. White spots are occasionally apparent.

Thrush is caused by *Candida*, a yeast always present in the body. Prolonged sucking (sometimes caused by sleeping with a bottle or a pacifier) can injure the lining of the

mouth and allow the yeast to grow out of control, causing an infection.

Babies sometimes acquire the infection as they pass through the birth canal. This is particularly true when maternal diabetes is involved. A thrush infection may follow a cesarean birth because the antibiotics given to the mother kill the natural yeast stabilizers in her system. Antibiotics administered to an infant can also cause the infection.

Both mother and baby need treatment, but there is no need to stop nursing, even temporarily. Expose your nipples to air and sun, and exercise careful hygiene with everything that touches your breasts and your baby's mouth, such as nursing shells and baby's toys. Keep your bras clean, and change your nursing pads, if you use them, after each feeding.

Your doctor can prescribe a safe medication to treat thrush, such as nystatin. Because it is swallowed, nystatin eliminates the intestinal yeast.

Nancy Mohrbacher, author of *The Breastfeeding Answer Book*, recommends that mothers supplement their diet with *Lactobacillus acidophilus* (found in yogurt that contains live cultures), especially after taking antibiotics.¹⁶ This beneficial bacterium is present in normal human digestive tracts, where it usually keeps thrush-causing yeast in check.

Interruptions in breastfeeding

If breastfeeding is interrupted due to illness or temporary separation, you will want to express milk to keep up production. By pumping your breasts and getting your milk to your baby, you'll ensure the continuation of milk production and the best nutrition for your child.

Notes

1. Meredith F. Small, *Our Babies, Ourselves: How Biology and Culture Shape the Way We Parent* (New York: Penguin Books, 1998), 190.
2. Mary Renfrew, Chloe Fisher, and Suzanne Arms, *Bestfeeding: Getting Breastfeeding Right for You* (Berkeley, CA: Celestial Arts, 1990), 76.
3. La Leche League International, *The Womanly Art of Breastfeeding*, 6th ed. (Boston: Harvard Common Press, 1995), 365.

DO MEDICATIONS MATTER?

Any substance that affects you, a breastfeeding mother, might also affect your baby. Most drugs you take will reach your milk in some quantity. They might affect your milk production, and they can cause side effects in your baby. For example, certain hormonal contraceptives can decrease your milk supply or change its composition.¹⁷ Before taking any medication, including herbal remedies and those purchased without a prescription, consult a medical doctor, nurse practitioner, La Leche League leader, lactation consultant, or pharmacist. Many mothers also refer to websites such as <http://neonatal.ttuhscc.edu/lact> or www.motherisk.org.



support and resources

Breastfeeding is a learned skill. Get the information you need to breastfeed with confidence and success. When your baby is born, you have to learn how to breastfeed, often without knowledgeable support or example. There is a world of help available.

Locate a resource person such as a lactation consultant, La Leche League leader, or another nursing mother to guide and encourage you; read a reference text; or contact a support organization. Seek out breastfeeding women who have positive attitudes, experiences, and skills to share. Find reference materials at a library, at a bookstore, or online.

Some women who begin to breastfeed quit when a problem arises. Unfortunately for mother and child, most challenges occur during the first months of nursing. Please persevere! With time come experience, expertise, and confidence. It is extraordinarily rare that a woman is incapable of successful breastfeeding. Many women who give up breastfeeding in the early months would have continued had they had the informed support of families, healthcare professionals, and other mothers.

Your determination, along with informed guidance, can keep a problem from forcing an end to breastfeeding. If you need information or support, try one of the resources described on the following page.

“It was because of La Leche League that I was successful in nursing my babies. And breastfeeding was so gratifying.”
-Victoria Zimmer

Breastfeeding support groups

International Lactation Consultant Association Supports
lactation experts, breastfeeding women, and their families
(919) 787-5181
www.ilca.org

La Leche League International
The world’s leading breastfeeding organization
800-LA-LECHE (800-525-3243) to find a group that meets in your area and a local number to call for advice
www.lalecheleague.org

Nursing Mothers Counsel, Inc.
Free assistance from experienced mothers
(650) 599-3669
www.nursingmothers.org

Other recommended on-line resources

www.breastfeeding.com
Comprehensive information about breastfeeding

www.motherwear.com
The complete catalog and website for the nursing mother

www.parenting.ivillage.com
In-depth information about raising children

Breast pump product information

Ameda
(877) 99AMEDA
www.ameda.com

Bailey Medical Engineering
(800) 413-3216
www.baileymed.com

Medela, Inc.
(800) 435-8316
www.medela.com

We’re always looking for ways to provide educational materials, support, and encouragement to breastfeeding mothers. If you have any suggestions, please drop us a line! Motherwear, 320 Riverside Drive, Suite C, Florence, MA 01062, Attn: Guide Editor.



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Recommended references

The Nursing Mother's Companion

by Kathleen Huggins, R.N., M.S.
Information on the first days of breastfeeding, nursing premature infants and twins, mother's nutrition, transition to solids, and much more. Lots of answers to those middle-of-the-night questions.

The Womanly Art of Breastfeeding

by La Leche League International
Hundreds of women's parenting and nursing experiences. Encouragement for new moms and solutions to breastfeeding problems.

Of Cradles and Careers: A Guide to Reshaping Your Job to Include a Baby in Your Life

by Kaye Lowman
A good resource for mothers and fathers who must juggle parenting and jobs outside the home.

Nursing Mother, Working Mother

by Gale Pryor
Offers working moms the resources they need to translate intuitions into reality. An essential guide for breastfeeding and staying close to your baby after you return to work.

The Family Bed

by Tine Thevenin
Why sleep with your baby? Read this classic book on the family bed for support and encouragement on this delicate and controversial subject.

The Baby Book: Everything You Need to Know about Your Baby from Birth to Age Two

by William Sears, M.D. and Martha Sears, R.N.
An excellent and hefty resource that focuses on a baby's five needs: eating, sleeping, development, health, and comfort. Includes information on breastfeeding and the family bed.

Bestfeeding: Getting Breastfeeding Right for You

by Mary Renfrew, Chloe Fisher, and Suzanne Arms
Lots of reassurance and encouragement for breastfeeding mothers. Excellent photos.

Choosing helpers

Breastfeeding was out of fashion in this country for decades. Consequently, many healthcare professionals lack experience with successful nursing. The medical adviser you routinely see might give you inappropriate advice or encourage you to give up nursing prematurely. If you have a problem, you need to be able to consult someone whose specialty is breastfeeding. Local La Leche League leaders are warm and knowledgeable support people. Call 1-800-LA LECHE for leaders in your area.

Call your local hospital or clinic for the names of local lactation consultants. Your midwife, childbirth educator, pediatrician, or obstetrician might be able to make a recommendation. If you have Internet access, the website www.breastfeeding.com offers a map of lactation consultants organized by state.

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GLOSSARY

amenorrhea Absence or suppression of menses.

antibody A substance that protects against infection.

areola A circular disk of pigmented skin that surrounds the nipple.

colic Abdominal pain.

colostrum A fluid secreted by the breast at the end of pregnancy and shortly after childbirth that provides nutrition as well as protection against disease.

engorgement Swelling and enlargement of the breasts.

foremilk Low-fat milk obtained at the beginning of a breastfeeding session. It accumulates between feedings.

hindmilk Higher-fat milk produced during nursing, stimulated by the sucking at the breast.

hormone A chemical messenger produced in one part of the body that affects another part of the body.

lactation The action of producing and secreting milk. let-down The reflex that causes milk to be produced and to flow to the nipples.

oxytocin A hormone produced in the brain, released during nipple stimulation, that causes milk ejection and uterine contractions.

prolactin A hormone produced in the brain that stimulates breast development and controls milk production.

suck, suckle The baby's milking action at the breast; in traditional usage, a baby at the breast "sucked" while a mother "suckled."

BREASTFEEDING TIP

Start an infants' group. I did this with both of my children by just putting an ad in the local paper. It was great! We got together two or three times a week and shared our experiences.

Line art by Suzanne Riddle. Compiled by Jean Zimmer. Contributors include Carolyn Dash-Mailer, Charlotte Meryman, Jody Wright, and Jean Zimmer.