



Holistic Breastfeeding Help

Breastfeeding is one of the best gifts you can give your child. There are so many benefits and no inherent risks. Yet, though it is normal, natural, and oh-so-good, it is not always easy. Here you will find information on what healthy breastfeeding looks like, what common issues occur, and how to prevent or correct these issues.



Healthy Breastfeeding

A newborn should nurse between 8-12 times in 24 hours for the first 2-3 weeks. As your baby gets older, her feedings may be less frequent. It is very common for babies to cluster feed (many feedings, close together). If everything else seems fine, cluster feedings are no reason to worry and will normally resolve themselves in a short time.

To make ensure a good breastfeeding experience, follow these guidelines:

- **Positioning**
 - Position your baby with pillows so he is breast height. This reduces strain on your nipple and prevents soreness
 - Roll the baby completely on his side so he is "belly to belly" with you. This also reduces nipple strain and soreness.
 - A cross-cradle hold or football hold works best to achieve a good latch-on with a newborn. Position your baby with his nose to your nipple so he has to reach "up" slightly to reach the nipple. If you have very large breasts, you can work on the side-lying latch.
- **Latch-on**
 - Compress your areola slightly to make a "nipple sandwich" for the baby. This will allow the baby to get a deeper latch-on.
 - Be sure to stroke his lips with your nipple and pull him quickly to the breast when he opens his mouth wide. Wait for his mouth to open WIDE and his tongue to come forward. Then pull him to the breast so he gets a good mouthful.
 - Most of areola (dark part) should be in your baby's mouth.
 - Baby's lips should be flanged (rolled out) and more toward the underside of your areola.
- **Breaking the Latch/Switching Sides**
 - When baby becomes drowsy, she may break the latch spontaneously.
 - If baby does not break the latch spontaneously, when baby's feeding slows, place a finger in the corner of her mouth and press the breast inward, breaking the suction and allowing you to move your nipple out of baby's mouth
 - Burp baby, change baby, or simply set baby up for a short time to rouse them.
 - Then switch breasts, finishing on the alternate breast.
 - For the next feeding, start on the breast you left off on last.

Attempt to feed your baby whenever she is hungry, and before she becomes very upset or fussy.

You should feel deep pulling sensation as the baby nurses. It should not be sharp pain or last more than a moment during the latch-on. Listen for swallowing every 3 to 5 sucks after your milk comes in.

Some women are worried that they are not making enough milk. You can tell if your baby is getting adequate milk by:

- Counting Wet Diapers – it is common for babies to have at least 5 wet diapers in a 24 hour period
- Count Soiled Diapers – a baby who is eating will have several stools per day.
- Weight Gain – a newborn tends to lose weight in the first few days after birth, and then begin to gain it back. Typically, babies will begin gaining weight by her fifth day.
- Signs of Fullness – see the information below to know if your baby is full after a feeding.

<p>Signs of hunger</p> <ul style="list-style-type: none"> • Rooting left or right (searching for the breast) • Mouthing movements • Tense appearance • Grunting, other sounds • Hand-to-mouth activity • Kicking, waving arms • Crying 	<p>Signs of a good latch-on</p> <ul style="list-style-type: none"> • Relatively comfortable, latch-on pain subsides quickly • Lips at the breast at least 140o angle or greater • All or most of the areola in the baby's mouth with more areola covered from the area near his chin • Lips flanged (rolled out)
<p>Signs Baby is Full</p> <ul style="list-style-type: none"> • Drowsiness, sleepiness • Baby comes off the breast spontaneously • Relaxed appearance • Hands and shoulders are relaxed • Sleeps for a period of time before arousing to feed again 	<p>Signs of a good feeding</p> <ul style="list-style-type: none"> • Easy latch-on, stays latched-on • Hearing swallowing • Noticing that the breasts are softer after feedings • Feeling strong, deep, "pulling", sucking • Leaking from the other breast or feeling of a "let-down" reflex • 15 - 20 minutes vigorous sucking on each breast or 20 – 30 minutes on one side • Wide jaw movements and consistent sucking

As stated before, just because it is normal and natural does not mean it is always easy. Some of the issues that women encounter while nursing are breast engorgement, cracked nipples, thrush, tongue tie, low milk supply, and mastitis. We will discuss each of these, what they mean, and how to holistically remedy these issues.

Breast Engorgement

Breast milk usually "comes in" sometime during the first week after delivery. This means your milk changes from colostrum, or early milk, to mature milk. Your body may make more than your baby needs during this period and it is easy to become overly full.

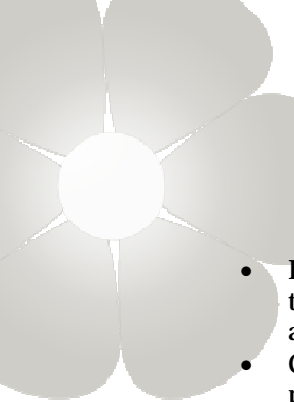

To prevent engorgement:

- **FREQUENCY** - Nurse frequently, about 8-12 times per day
- **LATCH** - Make sure your baby latches-on well so he will empty your breasts effectively.
- **REGULARITY** - Do not skip feedings or give formula feedings during the first several weeks.

For moderate engorgement:

(Your breasts are as firm as the tip of your nose)

- **HEAT** - Apply heat before feedings to soften the breast and encourage the let-down reflex. Stand in the shower and let warm water run over your breasts. This will feel good and encourage leaking.
- **MASSAGE** - Do some gentle breast massage. Make circular motions in small areas with your finger tips and move your hand all around the breast. Then stroke from the outer breast toward the nipple.
 1. Place your hand in a "C" position at the breast, fingers under and thumb on top
 2. Place your fingers behind the edge of the areola, about 1 to 1 ½' from the base of the nipple
 3. Press your fingers back toward your chest

- 
- 
4. Squeeze your fingers together
 5. Rotate your hand to empty all sections of your breast
- **EMPTYING** - Empty one breast, then repeat the process on the other breast. Go back and repeat the process on each breast again to remove additional milk. There is a video on hand expression at: <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>
 - **COLD** - Apply cold after feedings to reduce the swelling and provide comfort. You can use ice packs or bags of frozen peas wrapped in a light towel. Apply for 10 - 20 minutes.



For Extreme Engorgement:

(Your breasts feel as hard as your forehead)

- **COLD** - Apply cold to the breasts, no heat. This will reduce swelling, slow the re-filling of the breasts and provide some comfort. Lying on your back helps the excessive fluid in your breasts be reabsorbed by your body. Ice in a re-sealable bag or bags of frozen vegetables over the breasts will feel good and reduce swelling. Use a towel or cloth between you and the ice.
- **PUMP** - You may need to use a breast pump for a few minutes to remove some milk from your breasts **before** feedings. This will help soften and shape the nipple to make it easier for the baby to latch-on.
- **CABBAGE** - Cabbage leaves may be applied to the breasts before feedings to reduce swelling. Although this may sound like an unusual treatment, many women have found it effective in relieving the pain and fullness of engorgement. Scrape (or pound) the cabbage to release the juices. Apply cabbage to your breasts. Wear the cabbage inside your bra for 15-30 minutes at a time, 2-3 times per day or until your breasts begin to soften. Not more. More can reduce your milk supply. *Do not use cabbage applications if you are allergic to cabbage or you develop a skin rash.*

If your baby doesn't empty your breasts sufficiently during feedings or only feeds on one breast, you may need to use a breast pump after feedings for a day or two. It is important to treat engorgement before your breasts become very full and painful. This back pressure on the milk producing cells in your breast can damage them and reduce your over-all milk supply.

Cracked/Sore Nipples

Tender and sensitive nipples are normal as you begin breastfeeding your new baby. However, very sore, cracked or bleeding nipples are not. Usually this problem is related to the way your baby latches-on to the breast. So, first thing to do is to review the latch-on information above and make sure you have a good latch.

Next, check to make sure that baby can stick his/her tongue out. If not, check the section under tongue tie.

If you are sure you have good latch, and there are no issues with the tongue, try these options for healing your nipples:

- **VARIETY** - vary the position you hold your baby in at each feeding. Try positions you haven't tried before.
- **LANOLIN** – try a light application of pure lanolin. Breastmilk works well too. Massage it into the nipple and areola
- **PUMPING** – if your breasts are very full and this makes it difficult for baby to get a good latch, you can always hand express a little milk, just enough to soften the breast, which will allow the nipple to be easier for baby to get a good latch with.
- **TEA** – brew a cup of tea, remove the bag and place it in a cup of ice for about a minute. Then place the wet tea bag on the sore nipple and cover with a nursing pad under your bra for several minutes while you enjoy a cup of tea. The tannic acid in the wet tea will soothe and help heal the sore nipple.



Thrush

Thrush is a fancy word for a yeast infection in the mouth of a baby and/or in the breast/nipple of the mother. Thrush is the result of an overproduction of candida albicans. Thrush can affect the mother's nipples and the baby's mouth, often time both, but can affect one and not the other.

Thrush can be a result of mother's antibiotic use (either during pregnancy, birth, or postpartum) – lessen the chance of thrush affecting you if you are using an antibiotic by pairing it with acidophilus

The nipple pain caused by thrush is usually burning (rather than sharp/stabbing), lasts throughout the feeding, may radiate to the armpit or back, and may cause no change in appearance of the nipple.... Or it could cause redness, scaling or super smooth and shiny.

Thrush in a baby's mouth looks just like a yeast infection, but in the mouth. Usually concentrated between the gum and the lip, or under the tongue, it will be thick and creamy white. Baby's suffering from thrush may be fussier than normal, try sucking all of the time (to scratch the itchy thrush), or may pull off the breast in frustration.

It is safest to treat both mom and baby at the same time so that they don't continue to pass it back and forth when one is healthy and the other is not.

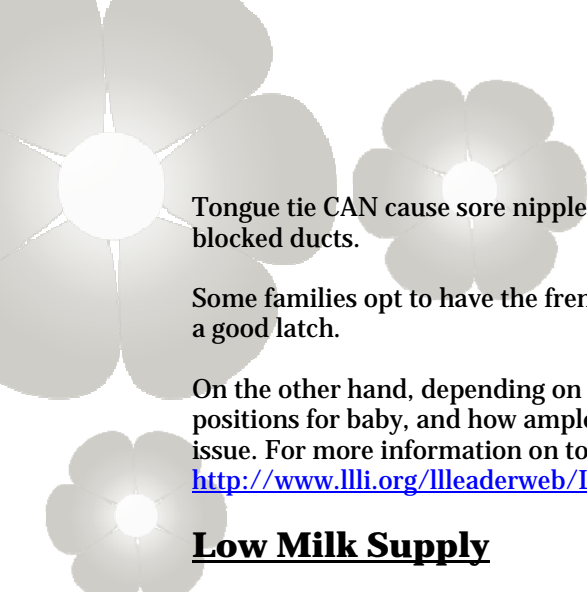
Some ways to treat thrush homeopathically:

- Pair acidophilus and/or garlic supplements with any of the below.
- Gentian violet – use once a day for 4 to 7 days. Use until the pain is GONE (not better). Stop after 7 days no matter what. Gentian violet is messy, but works well. To use:
 - Dip a Q-tip into Gentian Violet
 - Put the purple end of the swab into baby's mouth and let him suck on the swab for a few seconds (to coat his mouth)
 - Put the baby to breast – this treats both baby and your nipple
 - If you have a baby with a purple mouth and two purple nipples at the end of the feeding, you are treated well. If you only have one purple nipple, paint the other one with the swab. Let dry before clothing back up.
- Grapefruit seed extract - can be used directly on the nipples and/or orally. If used directly on the nipples, it should be diluted (5 to 15 drops in 30 ml or 1 ounce of water), applied on the nipples with a Q-tip, then allowed to dry. By mouth, grapefruit seed extract can be taken as a pill, 250 mg three times a day (by mother).
- Sunshine and air – let your nipples dry completely, even if it means walking around shirtless while at home. Moist, dark places (like the inside of a nursing bra with a damp breast pad) can be a great breeding ground for candida. Likewise, if you can get away with it, sunbathe topless. Candida hates sunshine.

Tongue Tie

Tongue tie is a term used to describe either a short frenulum (small strip of skin that attaches the underside of the tongue to the floor of the mouth) or one that has attached to far out on the tongue. This inhibits the baby from sticking her tongue out, which is one of the key components to both getting a good latch on the nipple and a good pulling suck to bring the milk down.

To check if a baby is tongue-tied, look at her and stick your tongue out. Most babies will try to imitate that. If she cannot extend her tongue fully, or if it is heart shaped on the tip, you may want them evaluated for tongue tie. You can also try putting your finger in his mouth (pad side up) until he starts sucking. See if his tongue extends over his gum line to cup the bottom of your finger. If not, you may want to have him checked.



Tongue tie CAN cause sore nipples, mastitis, slow or no weight gain in the newborn, cracked nipples, or blocked ducts.

Some families opt to have the frenulum clipped, allowing for the baby to stick her tongue out and, thus get a good latch.

On the other hand, depending on the severity of the tongue tie and/or mom's ability to be creative in positions for baby, and how ample her areola is, some babies have little to no difficulty in nursing with the issue. For more information on tongue tie, severity, and nursing with tongue tie, see here:

<http://www.llli.org/llleaderweb/LV/LVAprMay02p27.html>

Low Milk Supply

Many women worry unnecessarily that they are not producing enough milk. In some cases, though, they are right. Review the previous information in the "Healthy Breastfeeding" section. If your baby is showing signs that they may not be getting enough, there are some homeopathic/natural remedies to increase milk supply.

Diet

Make sure that you are well hydrated. It is a good rule of thumb that, when baby drinks, so should mama. Ask that your partner bring you a glass of water every time that you sit down to nurse, it is a great way to get partners involved in breastfeeding and ensures that you are well hydrated.

Make sure that you are eating an adequate number of calories in a day. You need 500 calories *just* to create milk.

Eat a bowl of cooked oatmeal daily or take 3 tablespoons of Brewer's yeast daily, increasing by ½ teaspoon daily until results are seen (or equivalent in capsules).

Lifestyle

Make sure that you are well rested. A stressed mama who has severe sleep deprivation will be more at risk for reduced breast milk supply. Sleep when baby sleeps and let others help with the housework and meals. Take a warm, bath, read, meditate/pray – take time for your spiritual, mental, emotional, and physical health.

Pamper yourself. You can ask your partner to give you a nice backrub. Back rubs stimulate nerves that serve the breasts (central part of the spine). On the same token, look into acupressure or acupuncture and chiropractic care.

Also be sure that you don't have any habits that will inhibit good milk production. These things are known to reduce breast milk supply:

- Smoking
- Caffeine
- Birth control pills (including shots)
- Decongestants, antihistamines
- Weight loss diets
- Sage and jasmine tea, parsley, and peppermint candies

Herbs/Homeopathics

- Fenugreek elevates prolactin levels. Doses of 3-5 capsules (580-610 mg), three times per day are commonly recommended. *Avoid fenugreek if you are diabetic, hypoglycemic, asthmatic or allergic to peanuts or other legumes.* Taken as directed, it may cause a faint maple body odor. Make sure you are NOT getting fenugreek and thyme combos. If you would like to read more about fenugreek, go to http://www.breastfeeding.com/all_about/all_about_fenugreek.html

- Blessed thistle is known to be a good option for the same reason above and should be taken 3 capsules, 3 times a day or 20 drops of tincture, 3 times a day. Blessed Thistle and Fenugreek work best when combined or traded off. They also work fast, when they do work, and you will see results in 3-4 days.
- Red Raspberry Leaf aids milk ejection reflex by increasing oxytocin
- Goat's Rue can help to increase milk supply if your breast size didn't increase with initial lactation.
- Fennel works for some reason because it increases estrogenic effects, which increases milk supply
- Mother's Milk Tea or More Milk Tinctures are combinations of these galactagogues. Using a tea instead of a capsule or tincture is only *really* helpful if taken often throughout the day. Be sure that, after you steep the tea, you squeeze the tea bag! A reliable source of herbs and herbal blends is MotherLove Herbals or Wish Garden Herbs.

If you are still not seeing an increase in milk production after the above, you can call your doctor and talk about the possibility of low thyroid or retained placenta, both of which can inhibit breast milk production.

Blocked Ducts

A blocked duct will present itself as a swollen, firm, painful lump in the breast. The skin may seem red as well, similarly to mastitis, but less severe. As with almost all breastfeeding problems, a *poor latch*, and thus, poor draining of the breast sets up the situation where blocked ducts are more likely to occur.

Blocked ducts will usually resolve themselves spontaneously within 24-48 hours after onset, even without any treatment. While experiencing a blocked duct, it is not uncommon, though for baby to be fussy when nursing on that side, as the swelling often inhibits let-down.

Blocked ducts can be encouraged to drain by:

- Nursing on the affected side.
- Drain the affected side more frequently. This is easier achieved by positioning baby so that her chin 'points' toward the blocked duct. You can also achieve this by massaging or compressing the area affected while baby is nursing.
- Applying heat to the affected area (by use of a heating pad or water bottle.
- REST, even if it means resting with baby in the same room with you so that you can rest and nurse on demand.
- Lecithin – if you find that you have reoccurring blocked ducts, 1200mg Lecithin capsules 3-4 times daily have been shown to prevent recurrent blocked ducts.

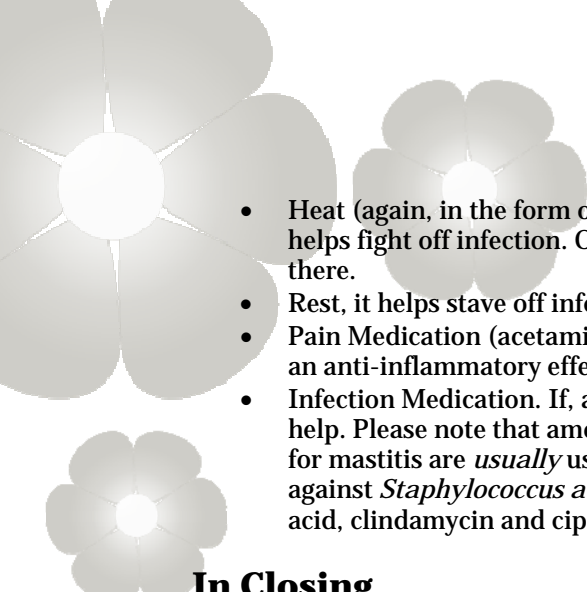
If your blocked duct forms a blister on the nipple (which sometimes occurs) you can open it with a sterile needle. Simply puncture the blister, then either squeeze the firm milk out or let baby drain it for you while nursing. These surface blockages often are resolved nearly immediately when they are drained through a needle prick.

Mastitis

Mastitis looks a lot like a blocked duct, but is usually also associated with fever and more intense pain. Additionally, most Mastitis cases don't resolve themselves within 24 hours, but instead will progressively worsen before getting better. As with almost all breastfeeding problems, a *poor latch*, and thus, poor draining of the breast sets up the situation where mastitis is more likely to occur.

Ways to encourage the mastitis to resolve itself without becoming a severe case:

- Continue breastfeeding if you can. If it is just too painful, be sure to express your milk. Some women find it easier to nurse while in the shower when they are experiencing mastitis (and even blocked ducts) because the combination of the relaxation, ability to 'let it all hang out' and the warmth create for a less painful and uncomfortable situation. Continuing breastfeeding helps mastitis to resolve more quickly.

- 
- Heat (again, in the form of a hot water bottle or heating pad). Likewise, remember that fever helps fight off infection. Only treat your fever if it is making you feel badly, not just because it is there.
 - Rest, it helps stave off infection
 - Pain Medication (acetaminophen, ibuprofen) for pain if needed. Ibuprofen is more useful as it has an anti-inflammatory effect.
 - Infection Medication. If, after all of the above, it does not get better, you should seek a doctor's help. Please note that amoxicillin, plain penicillin, and many other antibiotics often prescribed for mastitis are *usually* useless for mastitis. If you need an antibiotic, make sure that it is effective against *Staphylococcus aureus* (i.e. cephalexin, cloxacillin, flucloxacillin, amoxicillin-clavulanic acid, clindamycin and ciprofloxacin).



In Closing

Remember that nursing is extremely beneficial to mom and baby. In some cases, though, that means hard work and determination. Also remember that you were never intended to do all of the hard work and carry all of the determination. Enlist the help of friends, family, partners, your doula, your care provider or pediatrician, and your local La Leche League (<http://www.llli.org/>).

We want you to succeed, and will help and support you all of the way!