

Establishing breastfeeding

There are three important things that you should know about breastfeeding:

1. Positioning the baby on the breast
2. The 'let down'
3. Supply and demand

Occasionally some women experience engorged breasts or insufficient milk supply until breastfeeding is fully established.

Positioning

Your posture

- Make yourself comfortable.
- Sit upright, but let your shoulders relax.
- Support yourself with cushions or a footstool, if necessary.

Your baby

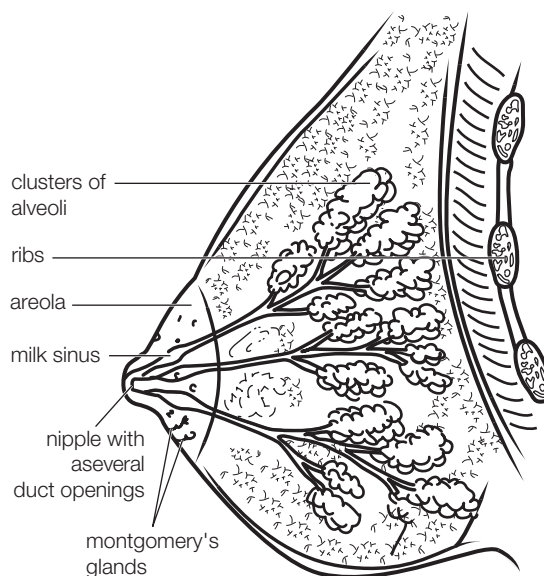
- Unwrap the baby's arms.
- Turn the baby's body towards yours.
- Have the baby's mouth at the same level as your nipple.
- Support the baby's body well.
- Hold the baby close to you.

Latching on

- Support your baby across the back of the shoulder.
- Tickle the baby's lips with your nipple until the mouth opens wide.
- Quickly move the baby onto the breast when the mouth is wide open. (Do not try to bring your breast to the baby.)
- Make sure the baby has a large mouthful of breast and not just the nipple. Aim your nipple at the top lip, so that the lower lip will be well below your nipple.
- The baby's tongue should be over the lower gum. (This is hard to see yourself.)
- If you feel the baby is not well positioned, slip your little finger into the corner of the mouth to break the suction, take the baby off and try again. You are both learning this, so take a few slow breaths and take your time.
- If you need to support your breast, use your four fingers under the breast, well away from the areola.

Let down

When your baby is feeding, the nerves in the nipple start a reflex action that allows the milk-producing alveoli to be squeezed, which pushes milk along the ducts towards the nipple. This is called the 'let down' reflex. Some women notice a tingling or a pins-and-needles sensation or a fullness when this occurs. Others notice leaking from the other breast or nothing at all. You may notice that the baby changes from sucking quickly at the breast to a slower suck-swallow-suck-swallow pattern.



Anatomy of the breast

The milk higher up in the breast (the *hindmilk*) is rich in fat and calories. It is important that you have a 'let down', so that the baby does not get only foremilk.

If you are anxious, in pain or embarrassed, your 'let down' may be slow. If possible, try to address these factors before feeding. Once breastfeeding is well established, you will be able to breastfeed anywhere, but in the early days you need a supportive environment.

Supply and demand

Your breasts produce milk on the principle of supply and demand. This means that the more the breasts are emptied, the more milk is made. When breasts are allowed to remain full, they get the message to slow down milk production.

Your baby automatically controls his or her food intake by taking as much as needed. When the baby needs to increase your supply, he or she will feed more frequently for a couple of days.

If your supply is low, you can increase it by expressing milk after feeds. You can offer this milk to your baby after the next feed or in the evening. Usually your breasts will feel fuller after a few days of resting and expressing.