

FEEDING

At feeding time, both of you should be comfortable. Choose a chair that is comfortable for you. This will help you to be calm and relaxed during the feeding. Be sure that your baby is warm and dry before you start the feeding.

Hold the baby in your lap with his head slightly raised, resting in the bend of your elbow. You may also nurse your baby lying down.

Whether breast or bottle feeding, hold the baby comfortably close. Your love and acceptance of the baby are more important than the type of milk that he is getting.

Breast Feeding

Successful breast-feeding depends on a mother with a desire to breast feed, a father who is in agreement with the mother, and a baby with an efficient suck. Parents often have questions in the first few weeks of breast-feeding. Here are some of the most frequent ones.

1. How will I know if I have enough milk for my baby?

Breast milk production is based on supply and demand. The more effectively the baby is able to take milk from you breast, the more milk you will produce. If the baby is unable to remove milk from your breast, the less milk will be produced. Nursing frequently, every 2-3 hours, will generally be sufficient to stimulate a good volume of milk. When your baby is having 6 to 8 wet diapers per 24-hours and passing frequent stools you can be assured that your baby is getting enough milk.

2. How frequently should I feed the baby and how long on each side?

Breast-fed babies feed more frequently than formula-fed babies because breast milk is digested more rapidly and milk is emptied from the stomach more quickly. To encourage adequate milk production it is generally a good idea to nurse your baby every 2-3 hours. He may have an occasional 4-6 hour stretch in which he is not anxious to nurse. Normally, we would not recommend that you wake the baby at night to feed him. When he wakes up hungry at night he will let you know. The amount of time your baby will spend at each breast will vary from feeding to feeding. However, fifteen minutes at each breast is generally more than sufficient.

3. What do I do for sore nipples?

The primary cause of sore nipples is improper latch-on or positioning at the breast, not the length of nursing. When your baby latches on, make sure that his mouth opens wide and his lips attach beyond the nipple. This will help prevent nipple soreness. If your nipples do get sore:

- Correct the positioning of the baby.
- Air-dry your nipples after every feeding.
- Express breast milk onto end of the nipple and rub in between feedings.
- When nursing, start with the less sore side first.
- Vary nursing positions.

4. What do I do for engorgement?

Excess milk is often present when a mother's milk first comes in. This results in hard, firm and tender breasts. Applying warm moist compresses to the breasts prior to feeding and then hand expressing or pumping some of the milk from the breast prior to nursing will minimize your discomfort also help the baby to latch on more effectively. Nursing frequently helps regulate the milk supply and decrease problems of engorgement.

5. What can I eat while breast-feeding? Do I need to avoid certain foods?

Major dietary restrictions are rarely necessary. However, it is generally a good idea to avoid very spicy foods, coffee and other caffeinated beverages. Use moderation in your eating habits. Eat a well-balanced diet and drink plenty of fluids (drink to thirst). It is generally agreed that mothers should take a good multivitamin during the time that she is nursing.

6. How do I store breast milk?

Breast milk can be expressed and frozen for later use. Use the disposable plastic bags that come in a roll (Playtex, etc.). Date each bag. You can store frozen milk for several weeks or months. To defrost milk, place the container under tepid running water and shake until thawed. No microwaving, please! Thawed breast milk is good for only four hours. Expressed milk that is not frozen is good in the refrigerator for twenty-four hours.

7. What about medications and breast-feeding?

If you need to take medicines, check with your doctor or with one of us first before nursing.

Formula Feeding

For a formula fed infant, we suggest any of the well-known commercial formulas such as Enfamil or ProSobee. These may be purchased as a concentrate or in a ready-to-use form. If you use the concentrated formula be sure to add one ounce of water to every one ounce of concentrated formula that you use. The standard can contains 13 oz. of concentrate and mixes to 26 oz. of Enfamil or ProSobee Ready-to-use formula comes in convenient quart cans which may be poured directly into clean bottles. Formula may be kept refrigerated up to 48 hours. Enfamil or ProSobee also comes in powder form. This is particularly convenient for traveling. Most parents prefer to use bottled water diluting concentrated formula or reconstituting powdered formula.

ProSobee, a soy based formula, is recommended if there is a family history of milk allergy.

Test Nipples Regularly

Testing nipples regularly will save time when you are ready to feed your baby. Nipple holes should be the right size and help the baby suck easily. When the nipple holes are the right size, warm milk should drip at a moderate rate without forming a stream.

If the nipple holes are too small, babies may tire sucking before they get all the formula they need and may suck air around the nipple. If the holes are too large, babies may gulp the formula, swallow air and form gas. If the formula flows too fast, babies may not get enough sucking to satisfy them and they may vomit.

To enlarge holes that are too small, push a red-hot needle gently through from the outside. An easy way to prepare the needle is to put the blunt end in a cork and-heat the sharp end in a flame before pushing through the nipple hole. If the nipple holes are too large, the nipples should be discarded.

Techniques for Bottle Feeding

Sit comfortably, holding the baby close, and tilt the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby get formula instead of swallowing air. Air in the stomach may cause excessive spitting, vomiting or abdominal discomfort.

Your baby has a strong natural desire to suck. For them, sucking is part of the pleasure of feeding time. Babies may keep sucking on nipples even after they have emptied their bottle. Using a pacifier after feeding for short periods of time will help satisfy this urge to suck.

NEVER prop the bottle and leave the baby to feed alone. He could choke on the formula and not be able to free his mouth of the nipple, thus increasing the chance of aspirating the formula into his lungs. Remember too, your baby needs the security and pleasure derived from being fed and held. Feeding time is a time for both of you to relax and enjoy being together.

Schedule with Flexibility

Feeding schedules are usually most satisfactory if they are somewhat flexible and the baby is allowed to eat when he is hungry. Breast fed babies usually want to be fed every 2-3 hours. Formula fed babies usually need to be fed every 3 or 4 hours. Occasionally, a baby will go 5-6 hours between feedings (hopefully at night). In order to get his day/night rhythm established, it is recommended that you not allow your baby to sleep through a daytime feeding. At night, let the baby sleep as long as he will.

How Much Formula?

The amount of formula your baby takes will vary considerably between feedings. When a baby has taken enough formula he can be taken from the nipple and will seem satisfied. In general, it shouldn't take more than about 20-30 minutes to feed your baby. Most babies feed for 15 to 20 minutes. Never try to finish a bottle if you baby is not interested in doing so. The average daily amount taken by a baby varies considerably but in general this will be about 20-32 ounces per day for the first several months of life.

After Feeding

After you have fed and burped your baby, place him in his crib on his side or back. After bottle-feeding, wash the bottles and nipples in warm soapy water, rinse in clean warm water allow to air dry. Be sure to squeeze water through holes in the nipples to remove any milk that might adhere to the nipple. Using a dishwasher to wash the bottles is very acceptable.

Water

Babies do not ordinarily require extra water except during very warm weather or if instructed by the doctor. Remember, breast milk and formula are largely water.

Burping

Burping your baby helps remove swallowed air. Burp him by holding him upright over your shoulder or placing him face down over your lap. Gently pat his back repeatedly until he is allowed to burp. Babies can also be burped by holding them in a sitting position, leaning them slightly forward on your lap with your hands supporting their chest and head. Don't be alarmed if your baby spits up a small amount of formula while burping.

Breast feeding mothers usually burp their baby before switching him from one breast to the other as well as at the end of the nursing period.

Mothers who use formula usually burp their baby after he takes an ounce or two of formula and at the end of the feeding period. Sometimes your baby will not burp at all because he doesn't need to. If he doesn't burp after five minutes or so, further burping is unnecessary.

Solid Foods

Both breast milk and formula are completely sufficient for your baby's nutritional needs for the first several months of life. As a rule, additional foods such as pureed fruits, vegetables and infant cereal aren't introduced until about 4-6 months of age. Your doctor will discuss the introduction of additional foods at the appropriate well baby visit.

Vitamins

Your doctor will prescribe multi-vitamins and fluoride at the appropriate time if he considers it necessary to do so.