

Breastfeeding

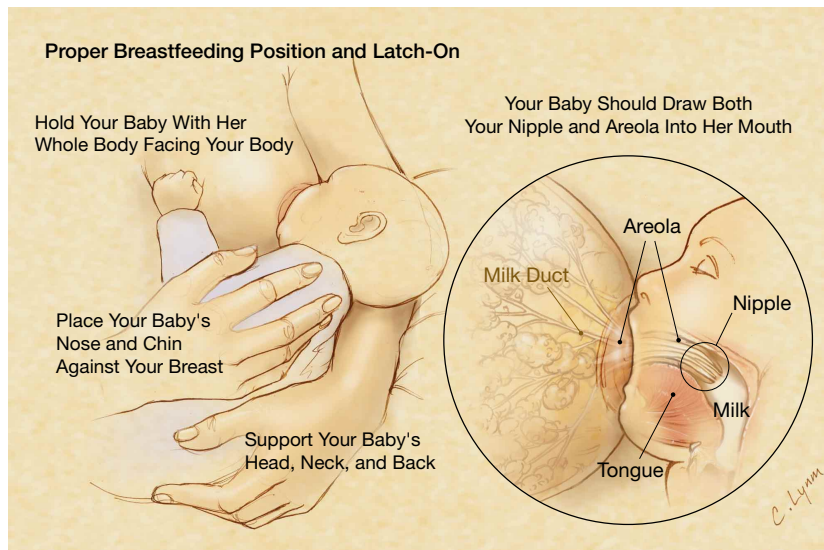
There are many considerations when deciding whether to breastfeed or bottle-feed your baby. Whichever you choose, feeding your baby provides a good time to get to know each other and bond emotionally.

An article in the January 24/31, 2001, issue of *JAMA* discusses a program to promote breastfeeding that increased the likelihood of an infant being breastfed when followed up at 3, 6, and 12 months. The study also found that infants who were breastfed had a reduced risk of developing gastrointestinal tract infections and **atopic eczema** (an inflammation of the skin caused by allergy).

TIPS FOR PROPER BREASTFEEDING POSITION

Correct positioning of your baby and proper latch-on of the breast are very important for successful breastfeeding.

- Hold your baby so that her whole body is facing your body. You may want to use pillows for support
- Support your breast with 3 fingers below the **areola** (the pigmented skin that surrounds the nipple) and 2 fingers above. Make sure your fingers are behind the areola so your baby can draw both the nipple and areola into her mouth. Brush the center of your baby's lower lip with your nipple. This will stimulate your baby to open her mouth wide and latch-on to your breast. Your baby will draw the nipple and areola into her mouth and begin sucking
- If you experience pinching or pain when your baby begins to nurse, the latch-on may be incorrect. Slip your finger into the corner of your baby's mouth to break the suction, reposition your baby, and stimulate her to open her mouth and take your breast again with her lips and gums on the areola, not on the nipple



Sources: *The American Academy of Pediatrics, The AMA Complete Guide to Your Children's Health, The AMA Complete Guide to Women's Health*

DIFFICULTIES WITH BREASTFEEDING

- **Breast discomfort** – your breasts may become too full with milk (**engorgement**) and become painful, especially when milk first begins flowing after birth. Pumping some milk from your breasts before breastfeeding may provide relief. Engorgement is a temporary condition. As you continue breastfeeding, your milk supply will adjust to meet your baby's needs
- **Sore nipples** – your nipples may become sore when you first begin breastfeeding. With correct breastfeeding position, nipple discomfort will go away
- **Mastitis** (infection of the breast) – if a milk duct becomes blocked, bacteria may infect that portion of the breast. The breast can become swollen, red, and painful. Continue nursing your baby and contact your doctor

Contact your doctor if you are experiencing severe pain or discomfort in your nipples or breasts or if your baby cannot or will not nurse.

FOR MORE INFORMATION

- American Academy of Pediatrics
A Woman's Guide to Breastfeeding
www.aap.org
- American College of Obstetricians and Gynecologists
ACOG Resource Center
Breastfeeding Your Baby (APO29)
P.O. Box 96920
Washington, DC 20090-6920

INFORM YOURSELF

To find this and previous JAMA Patient Pages, check out the AMA's Web site at www.ama-assn.org/consumer.htm. Previous JAMA Patient Pages were published on breastfeeding (March 1, 2000), newborn care (September 22/29, 1999) and avoiding passing on HIV to your child (August 11, 1999).

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