

Breast/Chestfeeding 101

Learn about how nursing can benefit you and your child.

Adapted from Asma Wahab's HEART collaboration



Introduction

This resource is part of our series on breast/chestfeeding. Chestfeeding is a full-time commitment that benefits parent and the child. While the decision to nurse is personal, healthcare professionals recommend exclusive chestfeeding for at least six months, and Islam recommends doing so for 2 years.

Child Health Benefits

Breastmilk contains cells, hormones, and antibodies that protect the baby from illness and significantly reduce the risk of chronic diseases. Additionally, when the lactating parent becomes ill, the body begins to produce antibodies in the breast milk to pass immunity to the baby.

Parent Health Benefits

Nursing is designed to help the birthing person's uterus contract and can reduce bleeding after birth. It also helps burn more calories and fat stores. Chestfeeding also helps lower the risk of health problems such as diabetes, breast cancer, ovarian cancer, high blood pressure, and arthritis.

A Note on Language

Though breastfeeding is the most common and recognized term, other terms, such as chestfeeding and nursing, are considered to be more inclusive. We use these terms interchangeably throughout this series to be inclusive of different gender identities and family structures.

Additional Resources

Office on Women's Health: Making the decision to breastfeed

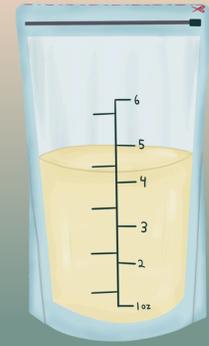
Healthline: Benefits of Breastfeeding for Baby

La Leche League

Breast/Chestfeeding FAQs

Here's the answers to common questions people have when they begin nursing.

Adapted from Asma Wahab's HEART collaboration



Introduction

You may have many questions as you begin your chestfeeding journey. This resource aims to answer some of the common questions that beginner chestfeeders have. However, it may also be useful to research and find a lactation consultant who can answer your questions before and after giving birth. In addition, make sure to talk to your partner(s) about expectations and how best they can support you.



Cradle Position



Football Hold



Cross Cradle Position

How should I hold my baby while nursing?

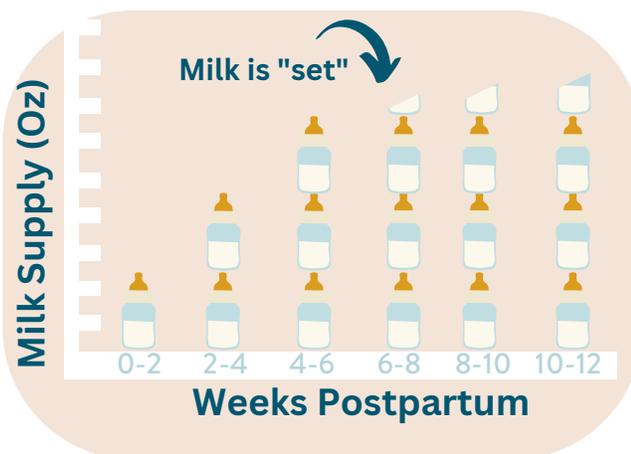
Hold your baby at the base of their neck. Refrain from holding your baby by the head or touch their head while nursing. Doing this may trigger the baby's natural push-back reflex for survival, in an attempt to prevent their airway from being blocked.



Side Lying

When is your milk supply "set"?

Your milk supply is "set" in the first 6 weeks postpartum. Research shows that after 7 weeks, you can only increase supply by half an oz per week. Those first six weeks are, therefore, crucial in one's chestfeeding journey.



Laid Back Position

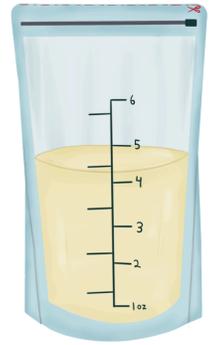
Should I take any supplements?

You may want to consider taking a high-quality probiotic supplement. These supplements can help prevent fungal breast infection, which is a common consequence of birthing parents after they're put on antibiotics during labor.



How often is it recommended to remove milk during that time?

It is recommended to remove milk 10-12 times in 24 hours in the first 6 weeks. Ideally, you should wake up the baby if needed during those weeks.



Inadequate nutrition for the baby can be caused by a poor latch or if they were born 38 weeks or earlier.

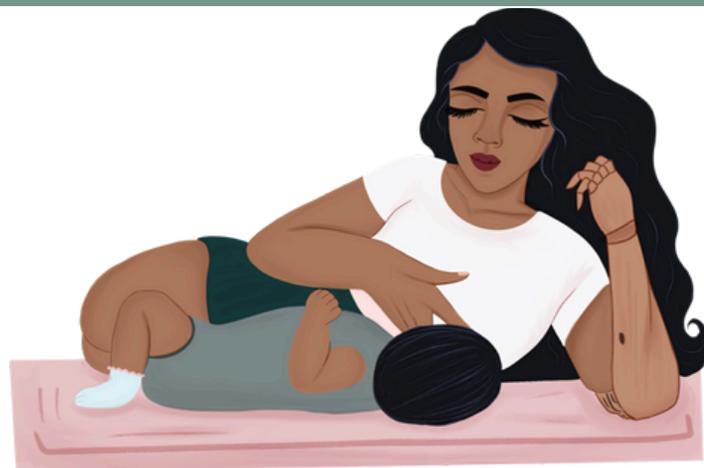


Resources

As a new parent, it can be hard to navigate the different opinions you'll hear on all subjects. Take what works for you and leave the rest!

For medical advice, ensure that you verify your information with your local La Leche League (LLL) leader or a board-certified lactation consultant.

Find your location LLL Chapter here:
<https://www.llli.org>



Breast/Chestfeeding Challenges

Learn about common issues that may arise while nursing and how to treat them.

Adapted from Asma Wahab's HEART collaboration



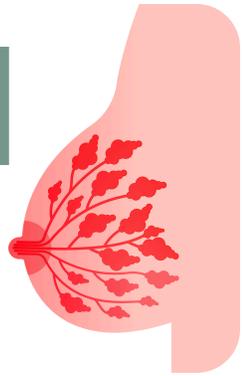
Introduction

While breastfeeding comes with tremendous benefits for parent and child, there are still potential issues that may arise. This resource is designed to provide information on common problems and their solutions.

Mastitis

Mastitis refers to inflammation of the breast. If untreated, it can progress to an infection with flu-like symptoms. To prevent mastitis, feed on demand or remove milk every 2-3 hours. Additionally, avoid wearing tight clothing or wired bras.

Remedy: If you start feeling hard or hot spots, gently massage from your armpit down to the nipple, rest, and apply heat as needed.



Milk Blebs

Milk blebs are whitish-colored dots on or around the nipple, occurring when there is a blocked milk duct. It can lead to mastitis if left untreated.

Remedy: Use a warm compress, gentle massage, and/or use a sun lecithin (thought to prevent milk clogging) as directed by your care provider.



Engorged Breasts/ Edema

This is typically experienced in the first two weeks postpartum due to IV fluids during labor. The breast and or areola may look swollen, feel heavy, and painful.

Remedy: Use the reverse pressure softening technique (RPS) before every feeding by using two fingers to apply gentle pressure while massaging away from the nipple.



Additional Resources

[La Leche League](#)