

# FOR IMPROVED NURSING

Breastfeeding is one of the most loving things you can do for your baby. It provides crucial bonding and touching time between you and your newborn. Studies have shown that babies from birth until age 2 (and often longer) are smarter, well adjusted and more loved if their mothers are willing to nurse them and care for them in such an intimate and nurturing way. Although it is a great sacrifice, as nursing mothers often lose more sleep and often must struggle to find a secure and modest place to nurse, the personal selflessness shown by a nursing mother makes way for benefits beyond our imaginations.

We recommend that each pregnant woman take the 7 Week formula beginning at week 35. (See information sheet for more details on this excellent supplement) Follow the instructions exactly as listed.

At week 37, you should begin adding foods from the Nursing For Health Food List. Try and include as many things from the list as possible each day.

After the baby is born, include even more foods from the list as well as drinking one quart of the Nursing tea daily (see information sheet for more details). You should still have about 2 weeks of the 7-week formula left to take as well. All of this will help to provide a rich and supple milk supply for your newborn! And always remember to drink tons of water. Distilled water is best for good rich milk supply. I would encourage a gallon daily.

Make a goal to nurse your baby for at least the first year of his or her life. Most doctors will even recommend that breast milk is critical in the development of your infant and toddler through age 2, it also provides the protection your baby needs from infection as it is the greatest immune system booster available. You should not need to introduce ANY FOODS, JUICES or SUPPLEMENTS while nursing for the first full year of your baby's life!!! Breast milk from a healthy, well fed mother is ALL your baby needs!

## Health Food List for Nursing

Apricots	Asparagus (steamed)
Green Beans (fresh or freshly canned from your garden)	Carrots (raw or steamed)
Sweet Potatoes (baked, no added sugars)	Peas (like green beans)
Pecans (best nut for milk)	Almonds

ALL Leafy Greens (especially beet greens, parsley, watercress and dandelion leaves—which can be found at Health Food Stores such as Allen's Natural foods and can be added to salads. NO ICEBURG LETTUCE.)

# Some Commonly Asked Questions About Breastfeeding

## 1. Why does my baby want to eat so often?

- a. Breastfed babies need to be fed more often than formula fed babies because breast milk is so well suited for the baby's digestive system and they digest it very rapidly. Studies have shown that in about 5 – 15 minutes breast milk can be completely broken down within a baby's body and used up entirely to meet baby's needs. This means that baby will want to and need to nurse more often to keep them well fed and satisfied for optimal growth.
- b. Breast milk protein is made of 60% whey proteins and 40% casein proteins. This makes a very soft curd that is easy and efficient to digest. (Cow's milk contains only 20% whey proteins and 80 percent casein proteins)
- c. The fat in breast milk is also highly digestible because of the enzyme lipase, which keeps the fat globules small and totally digestible. Since fat is the major source of energy for infants, its easy availability in breast milk is important for growth.

## 2. My friend told me that my milk will not meet all of my babies needs. What supplements should I take or give to my baby to be sure all his needs are met?

- a. Besides the fats and proteins spoken of above, the other major components of breast milk are water and lactose (or milk sugar). Levels of lactose are higher in animals with bigger brains, so it is not surprising that breast milk contains more lactose than cow's milk (or any other animal for that matter). This lactose is very important for newborn growth, central nervous system development, and the absorption of calcium. Breast milk also provides ALL the water an infant will need. Even in very warm, dry climates, breastfed babies do not need supplementary bottles of water.
- b. All the vitamins, minerals, and trace elements that babies need to grow, develop, and stay healthy are found in breast milk. Iron levels are low, as in all mammal milk, but the iron that is in the milk is absorbed and used far more efficiently than in iron-fortified formulas. **BREASTFED BABIES DO NOT NEED IRON SUPPLEMENTS.** One suggestion to increase iron in your baby's milk is to increase iron in your own diet. Eat foods high in iron daily and if you have a history of having low iron yourself, you can also take a liquid iron supplement.
- c. Breast milk has a higher potassium level and lower sodium levels and this may help to protect against the development of high blood pressure. Also the vitamins in breast milk meet all of baby's needs, this includes Vitamin D, which is also easily attained by simply sunning the baby carefully at the window.

## 3. I feel embarrassed about breastfeeding and am having trouble relaxing when others are around.

- a. It is critically important when breastfeeding to surround yourself with people who support your efforts and will encourage you, not tear you down. Try and fill your time with others that will build you up, find someone to call if and when you are discouraged and need support. It is wisest to choose someone who is knowledgeable about breastfeeding and will be consistent in his or her recommendations to you. Ask them if you can call them at any hour day or night and then follow through to receive the boost you need when you get down and discouraged. Breastfeeding is not easy, it requires great sacrifice on your part, but the rewards far outweigh any sacrifice made.
- b. Nursing clothing will often help you to gain confidence, as you are able to be more discreet in the company of others. Check with friends to see if you can borrow some items or look in consignment shops to keep costs to a minimum when purchasing such

clothing. 3 – 4 tops (more if you wear things other than dresses) and 4 – 5 dresses should be enough to get through your entire nursing season with confidence and ease.

#### **4. I am getting so much different advice and am often confused as to what is right and what is wrong.**

- a. Everyone has his or her own breastfeeding success and failure stories. Just as we all have our own individual and unique birth stories, but unlike birth stories, the breastfeeding stories are usually taken as advice and many mothers will try and implement the same ideas and suggestions into their own breastfeeding routines. When we try and take a little of this and a little of that, often we are prescribing our own path to failure. The best thing a mom can do is to choose one person, whether that is her doctor, midwife, lactation consultant, or a knowledgeable friend, in which to listen. Follow that persons suggestions as a whole, and you will most likely meet with success. It is when we try to mix match ideas that we often miss some of the elements of a successful regimen. Our salvation is quite like this. If we listened to a little that the Mormons said, a little from the Jehovah's Witnesses, a little from the Catholics, and a little from the Baptists, we would be some pretty confused cookies. We must listen to exactly what God prescribes in His word in its entirety! We cannot take a little of this and a little of that and expect to find ourselves faithful and obedient. It is all or nothing. Breastfeeding is quite similar to this which is why it becomes ever important to choose your source wisely and be sure it is someone who knows much about what they are advising and is willing to seek other wiser counsel in situations where they do not have the answers. Once you have received your prescription for success from the source you have chosen—STICK TO IT!!!
- b. Often it takes time to see true success with any regimen, so if you don't see results in a few hours or days, persevere. If you notice major issues arise (you will most likely get a list of things to watch for) call your practitioner. Consistency is key. It is often the wavering to other well-wishers and the unknowledgeable ones that tear you down that cause the most problems with breastfeeding. Get your plan and do all you must do to make it happen, follow through and be faithful!
- c. When people make suggestions, be polite, thank them and then call your practitioner or breastfeeding helper and run the suggestions past them first. They will most likely know how well the suggestion will fit with the plan they have suggested. They will also know of how the suggestion may damage the effectiveness of the plan and can help you avoid any problems in the future by trying something that ultimately may not work and may cause more harm than good.

#### **5. Can I prepare my breasts before delivery?**

- a. Absolutely!!! First, you need to purchase and faithfully wear a good supportive pregnancy/nursing bra throughout pregnancy. Pregnancy is not a time to go footloose and fancy free, as the size, shape, and firmness of your breasts will be altered. You will probably find that you need a larger size during pregnancy and perhaps even larger once you begin nursing, so be prepared to have to buy bras in stages throughout your pregnancy. Purchasing bras that are usable while nursing (with flaps that open) are wisest as once you begin nursing, your breasts will slowly return to a smaller size than what they are during the first couple of weeks after your milk comes in. Be sure there is a little extra room in the cup and extra hooks on the back to accommodate breast growth throughout nursing. Bras and breast pads should allow air to circulate to the nipples. This helps to prevent chapping and soreness. All cotton materials are best; avoid all bras and pads with synthetic or plastic/nylon linings.
- b. It is wonderful that a mother no longer needs to "toughen" her nipples, but there are things that should be avoided while preparing to breastfeed. You should avoid using

soap on your nipples before birth and especially while nursing as it washes away natural oils that keep the skin supple. Use of Lansinoh (the best brand) before and after delivery is also helpful in preparing nipples to remain supple for breastfeeding.

- c. Ask your practitioner to help you check your nipples to be sure they are not inverted or partially inverted. Flat or inverted nipples can make latching on to the breast more difficult for babies and is often the number one cause for breastfeeding failure. Nipples invert because tiny bands of tissue connect them to the inside of the breast. Treatment for inverted or flat nipples stretches these bands, enabling the nipple to protrude. If you have flat or inverted nipples, (and most often you cannot tell just by sight) around 32 weeks of pregnancy, begin wearing plastic breast shells. These are different than the soft plastic breast shields that some women like to wear to help breast soreness. Breast shells are made specifically to help correct flat or inverted nipples. They are made from hard, lightweight plastic in the shape of a cup. They are worn inside the bra daily. An inner ring, worn next to the skin, applies gentle pressure on the areola, causing the nipple to protrude through the center. The outer cup holds the bra away from the nipple, for comfort. Begin wearing them for a few hours a day and then gradually increase the time you use them. After the baby is born, the shells can be worn before feedings to help the nipple protrude. You can also use the Hoffman technique or nipple rolling to help bring out inverted or flat nipples. For more information on these techniques, ask your practitioner.
- d. NEVER, NEVER, NEVER, NEVER, NEVER...USE A BREAST SHIELD (Also known as Nipple Shields or Mexican Hats) WHEN NURSING!!!! Nipple or breast shields are flexible artificial nipples placed over the mother's nipple during feedings. These shields cause more problems than help by:
  - i. Contributing greatly to nipple confusion, (a problem common among babies who receive artificial nipples within their first three to six weeks)
  - ii. Decreasing the baby's ability to nurse properly and effectively (increasing engorgement)
  - iii. Decreasing stimulation to the nipple for the mother which is critical in establishing good milk supply causing a reduction in supply over time
  - iv. Causing major suckling problems which can effect the baby's nursing success long term as the first six weeks of nursing are the most critical in the development of baby's ability, desire and success with nursing, as well as establishment of milk supply
  - v. Interfering with the baby's natural ability to learn to latch on properly.
  - vi. Interfering with the proper let-down reflex, which is an absolute, must in successful nursing.
  - vii. Causing long term damage to the soft tissue surrounding the nipple.

## **6. How do I make sure to ensure success from the beginning with breastfeeding?**

- a. Feed your baby immediately after birth. This helps the baby to clear his lungs of the fluids he has been ingesting while in the womb. It is often the best thing for premature babies in helping them to work their lungs better and in many studies is the most significant factor in survival between baby's that were breastfed, skin to skin, verses those who were moved to warmers, etc. first.
- b. Feed your baby often. As mentioned earlier, breast milk is quickly digested and a breastfed baby will need to eat more often. Your newborn (through 6 weeks) should never go more than 2 hours between feedings (that is from start of a feeding to the start of the next feeding) during the day. With baby's that are gaining weight successfully, it is not necessary to wake them in the night. For baby's that are not gaining as well, a 2 hour schedule should be followed round the clock.

- c. If you have a sleepy baby, do your best to arouse them to nurse every two hours. This may be virtually impossible during the first two days of life, but you must try and awaken them and get them to nurse so they can grow properly. Sleepiness may result from a difficult labor or birth, or from medications taken during labor, or from another problem, such as jaundice or prematurity. Don't just sit back and let your baby sleep.
  - i. Most newborns should nurse at least 8 times, but more often, 12 times in a twenty-four hour period.
  - ii. Talk to him and try to arouse him slowly.
  - iii. Hold him in an upright position or bend him at the hips into gentle sit-ups on your lap.
  - iv. Change his diaper, rub his back, and wipe his face with a cool, damp cloth—anything that seems to gently stimulate him.
  - v. To prevent him from drifting off to sleep too soon during a feeding, switch sides as soon as he begins to lose interest in feeding. This is called “Switch-nursing.” When he is no longer swallowing after every one or two sucks, take him off the breast, sit him up, burp him, (even though many breastfed babies will not need or actually make a burp) and even change his diaper. Then offer the other side. When his nursing slows again, take him off, rouse him, and go back to the first side. Keep switching back and forth until you have accomplished his eating for at least 20 minutes (not including the arousal time). Then it would be ok for him to go back to sleep.
- d. Some baby's are lazy. They seem to nurse all the time and yet are never satisfied. They cry at the end of feedings. It is because of his lazy nursing style that he never stimulates the breast enough to produce let-downs during the feeding and so he does not get the rich hind-milk full of high calories that will make him truly full. He may have plenty of wet diapers, but not many bowel movements. Your milk supply may be dwindling because of his ineffective suckling and he is probably going to lose weight. He uses only his lips to suck. The switch nursing technique will work well for him as well. You may have to switch him as often as every 30 – 60 seconds at first to keep him sucking well and swallowing regularly. Pay close attention to how well he latches on.
- e. Proper latching on can mean success verses failure. A baby must take in as much as of the areola and have the nipple far into the mouth and aiming upward in order to truly latch well. A proper latch can eliminate any fear of breast infections and clogged ducts because the milk ducts will be properly stimulated with each feeding and will be drained properly as well. Proper latching on is the only way the let-down reflex will work as well. And without let-down, there is no milk.
  - i. First, the mother must be totally relaxed. Find a place where you can be calm and cool. Find a comfortable position (laying down is great for producing total relaxing and helping baby to get plenty of the good hind milk he needs to grow), play some soft, soothing music, light a candle or dim the lights to encourage relaxation, whatever it takes for you to loosen all your muscles and to give into the joy of supply for your baby's nutritional needs.
  - ii. Second, make sure you have plenty of fluids handy to keep yourself well hydrated while nursing. The more you drink, the more milk you make!
  - iii. Third, position baby comfortably in your arms, either laying down with you, in a cradle hold, a football hold, or some other modified hold. Make sure baby's belly is lined up with yours and that hands are out of the way. Be sure you and baby are well supported by pillows all throughout the feeding, as the baby can slip

down onto the breast and nipple as the feeding goes along. Remember to sit straight, not hunching over the baby.

- iv. Fourth, bring the baby to you, rather than putting the nipple in the baby's mouth as you would with a bottle. Wait for the baby to open his mouth wide, you may elicit this response by tickling baby's lips with your nipple. Once the mouth has opened wide, bring the baby's head onto your nipple, making sure to get as much as of the areola in as well as get the nipple far into the baby's mouth. Sometimes just getting the baby to open his mouth wide is a task requiring much patience. You can use the forefinger of the hand on your breast to gently force his chin down and open and to keep it open while bringing baby in for a good latch.
  - v. You will know baby is latched on well when his belly is comfortably turned toward you and when his nose and chin are touching your breast. If he does not have a good latch, slowly break the suction (by inserting your finger into the side of his mouth—NEVER JUST PULL BABY OFF—this can cause serious soft tissue damage on the nipple—to release the suction, then remove baby) and take your time to try again. The baby's lips should be opened outward. A baby that sucks his lower lip in while nursing will cause undue soreness to you. Just pull his lip gently outward while he sucks. You must also be sure that the baby's tongue is under the breast to get best latch and to eliminate nipple soreness.
  - vi. If you have trouble getting a good solid latch when feeding, you can try a technique called the "nipple sandwich." If you are interested in this technique, be sure to ask your practitioner how it works.
- f. Breast soreness is common. It is also preventable with a good solid latch on, full relaxation while feeding, and feeding frequently so as to eliminate engorgement. If your nipples do get sore, the best healing agent is your breast milk alone. Express a little milk after each feeding and spread it over the nipple and areola. Then let this air dry. The milk's antibacterial qualities will help the nipples heal. Also keeping the nipples dry between feedings will hasten healing. Leave the cups of your bra open after feedings to allow air to get at the nipples. Do not use synthetic fibers or breast pads and change your breast pads often to keep wet pads off of your nipples. Lansinoh also helps with breast soreness. If you notice extreme pain with nursing, any signs of fever or illness, redness or hotness in the breast, white patches in your baby's mouth or on your breast, call your practitioner immediately as you may have an infection that will need extra attention. The early detection of a breast infection can mean a quicker healing; so do not hesitate to call with any concerns.
- g. **AVOID ALL NIPPLE CONFUSION!!!** When you decide to breastfeed, you must make a wholehearted commitment. Do not make way for failure by having artificial nipples and other supplements available in your home. For the first few nights, allowing baby non-stop ability to suck at the breast helps your milk to come in quicker and allows baby to become acquainted with his source of nutrition. If during these first few nights, baby is crying and crying and nothing, not even the breast will satisfy, then a pacifier may be warranted if they do not find their own fingers soothing; however, once the milk comes in on day 2 or 3, all pacifiers and artificial nipples should be tossed out and not used again until nursing is well established and has been producing good results for at least 6—8 weeks. It is also advised that no bottles, even with breast milk, be given during this time either. This time is critical for developing good, healthy breastfeeding for mom and for baby. Pumping your milk should also be delayed until after this time, unless otherwise prescribed by your practitioner. Minimal hand expression as needed for engorgement is fine, but should only be done minimally so as not to make the problem worse than it already is.
- h. Feeding at the breast is quite different than bottle feeding.

- i. To take the breast, the baby must open his mouth very wide where a bottle nipple can be pushed through half-closed lips.
- ii. The breastfeeding baby uses his gums and his tongue to compress the breast tissue and get the milk out while an artificial nipple requires less participation from the baby.
- iii. A breastfed baby has his lips flanged outward while a bottle fed baby eats through tightly pursed lips.
- iv. Milk flows instantly from a bottle so there is no waiting for let-down, and when it flows too fast, the baby uses his tongue to stop it. This motion, when used at the breast, pushes the mother's nipple right out of the baby's mouth.
- v. One or two bottles are enough to affect some babies' ability to breastfeed properly. With others nipple confusion may result from just a few days of using any artificial nipple. The best thing to do is to eliminate all artificial nipples (including nipple shields, as mentioned above) and only offer the breast to baby for at least the first 6 – 8 weeks of nursing.
- vi. If your baby is already nipple confused, call your practitioner—it is never too late to make a change and get your baby nursing properly and gaining weight, as they should.

## **7. Why is my breastfed baby yellow?**

- a. Jaundice is common in newborn babies, but it is rarely ever a reason to stop breastfeeding (even for a short time) it is a result of the rapid breakdown of red blood cells in the first days of life. Babies need fewer red blood cells after birth than they did in the womb. As the extra cells are destroyed, a waste product called bilirubin is released into the blood and is eventually secreted into baby's stools. When bilirubin is made faster than it can be released, the result is jaundice. Bilirubin is a yellow pigment, and an excess of it gives the skin a yellowish cast, also making the whites of the eyes yellow.
- b. Sometimes jaundice is a result of a larger problem in the blood or liver or a sign of infection, but more often it is simply a part of the baby's adjustment to life outside the mother's womb. This, most common type, of jaundice is called physiological jaundice, because it is a normal part of the body's processes. Doctors' still cannot agree as to a level of which serious treatment is necessary for jaundice levels, however, in our research we have found that levels below 20 – 25 mg/dl are not harmful to normal, healthy full-term infants.
- c. To prevent jaundice from getting too bad, we suggest placing the baby in the sun from birth through day 7. Undress baby to the diaper and place him in a seat or bassinet in front of a window that gets sunlight (even overcast days will provide sunlight and Vitamin D that is needed). Leave baby there for 7-15 minutes, then turn baby over to sun babies back for the same amount of time. Be sure you are careful not allow baby's tender skin to burn. Sun the baby several times a day (at least 4 – 5) to be sure the jaundice stays at safe levels.
- d. Also very helpful in preventing jaundice is frequent feedings as suggested above. Although studies have found a higher incidence of jaundice in breastfed babies, many attribute this to hospital procedures making it difficult for mom to breastfeed as frequently as needed. Mom's that allow their babies to suck constantly during the first few days of life have lower incidences of problem with physiological jaundice. It is a great sacrifice, but well worth it on many levels.
- e. If you are at any time concerned with the bilirubin levels within your baby and you have been nursing frequently and sunning baby, call your practitioner to have his levels checked immediately to be sure there is not a greater problem causing the jaundice.

**8. Once I am cleared to pump or hand express, what pump should I use and how do I store my milk?**

- a. Many mom's will never need to store milk because they will have baby with them at all times, which is truly the best, but if you have a schedule that will mean you will need to give baby breast milk in a bottle on occasion, pumping will help you to do so without having to supplement with artificial and unhealthy formula or cow's milk.
- b. Ask your practitioner for information on different pump systems to find the one that is best for you. She may have a few to allow you to borrow to be sure before you spend the money on a system only to find out it is not what you wanted. Also, be sure to ask your practitioner when and what is the best way to fit pumping into your breastfeeding schedule so as not to mess up your normal feedings.
- c. Once you have begun pumping you can store your breast milk safely:
  - i. At room temperature for 6 to 10 hours after it is expressed or pumped
  - ii. In the refrigerator for up to 5 days
  - iii. In a freezer compartment inside a refrigerator for 2 weeks
  - iv. In a freezer unit with its own door for 3 to 4 months
  - v. In a deep-freeze unit at 0 degrees Fahrenheit for 6 months or longer
- d. Frozen milk that has been thawed can be kept in the refrigerator for up to 9 hours, but should not be refrozen.
- e. Freeze milk in clean containers (like the Mother's Milk Mate System) that have been washed well in hot soapy water. Leave an inch or so of room at the top since milk expands when frozen. If you want to add fresh milk to frozen, cool the fresh milk in the refrigerator for several hours and do not add more fresh than frozen, as it may cause the frozen to thaw.
- f. Always thaw breast milk under running water, first cool and then gradually warmer until the milk is ready for baby. Never heat it on the stove or in the microwave oven as many of the immunological components can be destroyed if the milk is allowed to get too hot or thawed too quickly.
- g. As breast milk is stored, the fat rises to the top. This is normal and simply shaking the bottle before using it will redistribute the cream.

**9. Is my baby gaining enough weight? And am I producing enough milk?**

- a. This is the age old question that has plagued every nursing mom from centuries past. Every baby is different and as a result will grow and eat differently than any other (including those within your family that you gave birth to previously). This is why you cannot compare your child's growth and development to any other child. All babies should grow in a steady and consistent manner from birth on; however, they will all grow at different rates. Their greatest growth occurs during the first several months of life and slowing some, with definite growth spurts (around two weeks, six weeks, three months, six months and eight months of age), as they get older. Babies do not have to be big to be healthy! Standardized growth charts represent only averages, and the charts currently being used were drawn from populations consisting largely of artificially fed infants. More recent research has found that breastfed babies may gain more slowly than formula-fed babies.
- b. The more your baby nurses, the more milk you will produce, if you are eating well and getting plenty of fluids and rest. Even at the onset of a growth spurt, it may seem you do not have enough milk, just give it a few feedings and your body will kick in and make more to suit your baby's needs. Often times, patience is the answer to you concerns. A baby will usually lose some weight right after birth and until the milk comes in. It should have regained what was lost and be back at birth weight between week 1 and week 2. An average gain of 5-8 ounces per week through the first several months can be expected after this. If your baby is not gaining steadily, call your practitioner to be



evaluated as soon as you notice the lack of gain and be prepared to do whatever it takes to assure a proper gain immediately! If baby still does not gain, a visit to a specialist will be warranted. Often times, a slow gain may be fixed with a simple change in your daily patterns and does not warrant a time of panic. But this is why it is important to recognize the need early and take care of it properly before it gets more serious.

- c. A well fed baby will be eliminating frequently! Not all breastfed babies move their bowels daily, but the more frequently you feed and the better you eat, the better their bowels will be regulated. They should definitely be wetting at least 6- 8 cloth diapers or 5-6 disposable diapers every 24 hours. After 6 weeks, as baby's bladder gets larger, the number of wet diapers may slow down.
- d. Stool patterns are also a good indicator for adequate eating. All babies begin with the tar-like substance called meconium. This meconium gets cleaned out as the milk comes in and baby's stools turn from the black tar to brownish-green to the signature yellow-seedy stools of a normal breast fed baby. If your baby's stools do not change to yellow, you may not be feeding enough and or baby is not latching on well enough to induce let-down and good, healthy milk. If your baby's stools turn from yellow back to brown or green, this may also be a sign that baby is not being adequately fed and you need to feed more often, drink more fluids, eat better and get more rest to assure that baby will be adequately nourished.

#### **10. Can I go on a diet while nursing?**

- a. Pregnancy and nursing are not times when anyone should try a diet program. A good healthy diet followed during pregnancy and continued while nursing is truly the best answer to this question. A mother that eats well will almost surely eliminate 95% of all pregnancy and labor problems before they ever begin. A good, nourished, well-rested nursing mom will eliminate any breastfeeding issues before they begin as well.
- b. Many women will shed a few of those pregnancy pounds while nursing, but don't be surprised if you do not. Our bodies require more calories to adequately feed our ever growing babies and ourselves—so many women actually gain weight while nursing. Just remember your goal—to nourish and meet the needs of your ever growing infant. There will be much time for developing a slimmer you after your baby reaches 2 and is ready to tackle the world without you being his main source of nutrition. And most women that continue on the good healthy diet from pregnancy note the weight gained during pregnancy comes off much quicker after because it was a healthy gain, not one of sweets and sugars and unhealthy foods, adding fat, not nutrition.
- c. Some babies are very sensitive and until their digestive tracts really get more mature will spit up much of what they eat. Spitting up is normal for some babies. Often caused by overeating, sometimes caused by a reaction to a food you have had, it is not an instant cause for alarm. If your baby begins to vomit profusely, cannot hold anything down, is vomiting forcefully in a projectile manner—you must be seen by your practitioner to find out what the cause may be. It could be an allergic reaction to something you have eaten, or could be a more serious problem with their digestive system. Either way, be sure to get expert advice in these instances.

#### **11. When will I need to give my baby solid foods?**

- a. Most research is proving that breast milk is enough, providing all the nutrients a baby will need through their first full year! And this truly is the best way to ensure your nursing remains adequate (as feeding food often causes a decrease in interest in nursing from baby).
- b. Baby will show you some signs that breast milk is no longer enough. An increase in appetite that is not satisfied by longer more frequent nursing sessions (you should try

this increase in nursing for at least 5 days before deciding it is not enough) and possibly a baby that has been consistently sleeping through the night for months begins to wake frequently requiring nursing. Some mothers will just adjust to their changes and nurse them through the night so as to make it to the one year mark, but if you do not feel comfortable with this and must begin solids, then follow these guidelines as a help.

- i. ALWAYS OFFER THE BREAST FIRST! At every feeding, try and get your baby to nurse. After you have nursed completely, then offer foods to your baby in small portions, trying one food at a time until you are sure he is not allergic to it. Starting with whole foods (bananas—then vegetables, then the rest of the fruits) that are raw and fresh are best. You can grind them down and add a little water to make them softer if baby has no teeth, but cooking should be at a minimum, as baby needs the nutrients raw, fresh foods will offer.
- ii. Take it slow! Don't drop baby into eating 3 meals a day, 7 days a week. If after offering the breast, baby still wants a little something, provide a snack of banana. That one banana may be all baby requires for the entire day other than your milk. Watch for baby to require and request more by his signs.
- iii. If you are planning to hold off food, do not tease baby by putting him at the table with you, or giving him tastes. If you know that you are not going to follow through with feeding him the whole thing, do not tempt him. It is better that baby never have the food touch his lips until you are ready to allow it to enter completely! This is a good principle in our lives in general. ☺

Please remember, if you have any questions, concerns, or needs, simply call your practitioner. They are supposed to be there to help you, to offer support and suggestions, as well as encouragement. Breastfeeding is one of the most precious and priceless times of a mother's life with her baby! Treasure it, enjoy it, soak up every moment of it, for like time it is fleeting and the next thing you know, your little, tiny precious infant, will be 2 years old and clogging your toilet with huge wads of toilet paper. But, that is yet another season to enjoy...LATER!