

WELCOME TO YOUR 4TH TRIMESTER

A Quick Start Guide to Your Breast/Chestfeeding Journey

Did You Just Say 4th?

I thought the 3rd was the last one! The 4th trimester was coined by Dr. Harvey Karp and is actively being studied at the University of North Carolina. It comes from the theory that human babies are born too early. Think about a baby elephant or horse: they are walking within hours after birth. Human babies are closer to a kangaroo joey who is 100% dependent on their parent. A concrete name aims to give meaning to this time. You are a parent, maybe for the first time or maybe adding to your family. Either way you are changed and need some support. Everyone is fawning over the baby, but you are the one who just produced a new life! Breast/chestfeeding is amazing for you and your baby, but it isn't always easy. You may have pain, your body isn't your own, you are tired. Please take this time to rest, recover, and allow others to care for you. The dishes, laundry, organization, work, and so on can wait. People say it takes a village to raise a child, and they are right. Find your village and allow yourself to be supported.

- *The Breastfeeding Medicine specialists at OSU Health Plan*

It's All About the LATCH

You'll hear the word "latch" over and over when talking about breast/chestfeeding. What does that mean? The latch is the attachment of the baby's mouth to the nipple and the transfer of milk. This should not hurt. It may pull, tug, or pinch for a few seconds. Lips will both flange out, mouth will be open wide, and you will hear swallows ("pa"; "ka"). The nipple will not be creased/compressed, look like lipstick or have color changes. Most importantly, your nipple will look "normal" when the baby lets go.

Engorgement can make latching difficult so try reverse pressure softening, hand expression, or laid back nursing!

What has Breast/Chestfeeding Done for You Lately?

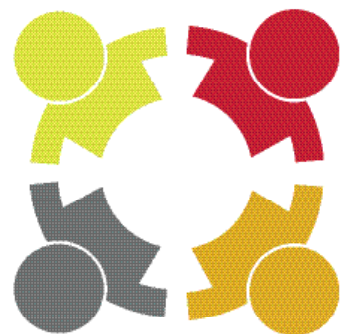
Lowers risk of

- Sudden Infant Death Syndrome
- Respiratory and GI infections in the baby
- Allergies and asthma in the baby
- Breast cancer in the birthing parent
- Diabetes and Cardiovascular disease in the birthing parent
- Postpartum depression

It Takes a Village

Let other people help you – they want to! You are not less of a parent for accepting help during this time! The key to success is knowing when and where to ask for help:

- OSU Health Plan Buckeyes for Breastfeeding support group
- Facebook: Kellymom Breastfeeding Support and Columbus Mother to Mother Nursing Support Network
- La Leche League/Central Ohio Breastfeeding
- Support groups at Nationwide Childrens and Ohio Health
- www.firstdroplets.com: learning your ABC's of breastfeeding before delivery
- www.kellymom.com: all of your questions answered by evidence
- www.drmlk.org: more reading about topics discussed in this newsletter
- www.infantrisk.com or the app "Mommy Meds" for information about medication safety while breast/chestfeeding



Getting Off to a Great Start

Studies tell us that the following tips help to establish a great feeding relationship:

- Lots of skin-to-skin contact with parents
- Frequent feeding (at least 10-12 times in 24 hours)
- Avoiding artificial nipples like pacifiers, bottles, shields
- Good self care for parents – Eat and drink (even caffeine or whatever tastes good), take power naps!

What Stuff Do I Need to Breast/Chestfeed?

You need very little! Really just a breast and a baby. Many parents, however, do like to have some things that make breast/chestfeeding more comfortable and convenient such as:

- Nursing pillow – boppy and breastfriend are the most popular. Try them out and see which you like best. Try using as lumbar support as well!
- Nursing tanks or bras. Target has cost-effective options. Bravado has many sizes and options.
- Nipple creams/ointments for soothing during the first few days. Lots of options – Motherslove, Boob-ease, Honest Company, and MediHoney.
- Breast pads – Lansinoh gets good reviews. Some women like to use bamboobies because they are reusable. Lilypadz are silicone and prevent milk from leaking.
- Nipple healing – breastmilk, lanolin, or nipple cream can be applied. You can use gel pads. Soft shells allow for nothing to touch and air to circulate so they can heal.

Barriers to Chest/Breastfeeding? Strategies That Help

So things are not going as you expected. Baby is in the NICU, has lost too much weight, is jaundiced, or your nipples are cracked. It's okay – the days are long, but the years are short. Get professional help from breast/chestfeeding specialists including doctors and lactation consultants. Stimulate your breast within an hour after birth if at all possible. If you have to pump, watch the First Droplets video on Electric Pump and Hands-on Pumping. If you have to supplement, you can use a cup, syringe, supplemental nursing system, spoon, or bottle to feed very small amounts (10ml) of donor milk or formula. If you use a nipple, do paced bottle feeding. Keep baby familiar with the breast by putting the baby skin to skin or attempting feeds when you can. Empty your breasts at least eight times per day. You can do it!



Myth or Fact

My baby is using me as a pacifier.

MYTH – Every suckle and touch on your nipple releases the hormones necessary for breast/chestfeeding. Your baby is telling your body how much milk to make for your entire journey.

My baby needs more food. Look at that big formula bottle!

MYTH – At birth, the newborn stomach is only 5ml. On day 3, it can hold 25ml, and at one week it can hold approximately 60ml. Trust your body and your baby – nature knows what it is doing.

A good latch does not hurt.

FACT – Breast/chestfeeding should not hurt. It may tug or pull. A bad latch can cause damage which may hurt while it's healing. Do not let the baby hurt you. If it hurts, break the latch and try again!

I need to buy a deep freezer and have a big stock of milk if I am returning to work.

MYTH – You should pump at work to replace each bottle so that what you pump on Monday you feed on Tuesday. An emergency stash is fine, but you do not need enough for a deep freezer! Feed from the breast directly if you are able to and start pumping a few weeks before you return to work.

My partner, family, friends, etc., need to give the baby a bottle to help me out and bond with the baby.

MYTH – Babies are the most effective at removing milk from the breast. No one loves their pump. It's also no fun to pump. There are many other ways to bond with the baby such as skin to skin. Encourage them to read, sing, and just cuddle with the baby! They can help you the most by keeping you well fed, changing diapers, and doing housework.

I'm feeling down and having odd thoughts that I don't feel I can control. I feel like a failure or I just can't do this. But it's normal right, it's just the baby blues?

MYTH – Postpartum depression and anxiety are more common than you would think. Baby blues are mild and only last a few days. If your symptoms are worse or lasting longer, please reach out for help. Check out the website www.poemonline.org

I was told I need to supplement with Vitamin D?

FACT – Human milk is deficient in Vitamin D when the the person making milk is deficient. Studies show that if you take 6400IU per day, both baby and you will have the appropriate levels! If this is not possible, the baby should be given 400IU of Vitamin drops daily.

