Breastfeeding is healthy and natural. So are the questions and concerns that come with it. Whether you just decided to breastfeed or you have planned on it as long as you can remember, you may have new concerns. Mothers who have breastfed their other children may now have a baby who acts differently. First-time mothers may wonder if their questions or problems are common.

Sometimes breastfeeding questions and concerns bring about conflicting advice from well-meaning friends or family. We think you will be better able to make your best choices if we give you information rather than advice. The following responses to some of the most common breastfeeding concerns come from research findings.

**I am not sure if my baby is getting any milk.**

When your baby is breastfeeding, listen closely for the sound of swallowing. At first when your breasts are making small amounts of early milk, called “colostrum,” you’ll hear your baby swallow every 10 sucks or so. In a few days, your breasts will make a lot more milk and you’ll hear her swallow more loudly and with every suck.

**I don’t know if my baby is getting enough milk.**

To find out if your baby is getting enough milk, count wet and dirty diapers:

**Urine**

Look for at least 1 wet diaper on the first day of life, 2 on the second day of life, and 3 on the third. Once your baby is 5 days old, your milk volume will increase and you should see at least 6 wet diapers in 24 hours.
**Bowel Movements**

During the first few days, there should be at least 1 or 2 bowel movements every day. These will start out dark and sticky and turn to brownish and soft. Once your baby is 5 days old, you should see at least 4 dirty diapers in 24 hours.

After the first few days, the bowel movements of a breastfed baby look mustard yellow. Some babies start to have fewer bowel movements after the first month of life.

Be sure to take your baby to those first follow-up visits for weight checks. Your baby’s weight is the key factor that tells us that she is getting enough to eat.

**My baby is still fussy or crying, even after being breastfed.**

Often babies have fussy times. Sometimes they need burping or just comforting. But, in the first days, some babies need to breastfeed very often and even do some “cluster feedings” where they seem to be awake for a couple hours and nurse a lot during that time. Often, after cluster feeding, your baby will sleep.

Studies show that mothers have a better milk supply and less engorgement when their babies nurse more than 8 times a day. Their babies gain weight better and have less jaundice than babies who eat less often.

Crying may increase around 4 to 6 weeks of age. All babies, whether fed at breast or bottle, spend about 2 hours a day in a fussy or crying state. This does not mean anything is wrong and is quite normal. Don’t expect a predictable routine until after 4 months. Check your baby’s diapers as noted above to ensure that she is getting enough to eat.

**I don’t know how long each feeding should take.**

Babies let you know that they are finished with a feeding by slowing down their sucking and swallowing. Your baby’s body will become limp and relaxed. Research shows that it is best not to interrupt the feeding from the first side just to get to the other breast during each feeding. When your baby
is done from the first breast, she may let go of your nipple and fall asleep. Or, if she wants the other side, she will open her mouth as if searching for the nipple. You can burp her first and then offer the other side.

A feeding usually lasts for about 20 to 45 minutes. Some feedings are faster and some are slower than this. In the first days, it is normal for your baby to get small amounts of the colostrum, and staying on the breast for long periods of time can help her feel satisfied.

If your baby is latched well to your breast, long feeding sessions do not lead to sore nipples. Prevent nipple soreness with careful latching, not with feeding time limits.

**When should I switch to the other side?**

As noted above, let your baby lead the way on this. If your baby is satisfied, it is fine to breastfeed from just one breast at some feedings. The milk your baby gets after several minutes of feeding from one breast (hindmilk) will be higher in fat than the milk at the start of the feeding. This makes for a well-balanced meal. Just start the next feeding on the other breast.

**How often should my baby breastfeed?**

In the first days, some babies seem to be awake and eating most of the time and others would sleep right through the feedings they need. In the first week or so, breastfeed at least every 3 hours during the day when you are awake – or sooner if your baby acts hungry. If she’s still asleep 3 hours from the start of the last feeding, undress her and change her diaper.

If she still doesn’t wake up, let her sleep for another 15 to 25 minutes, but watch for signs of hunger (mouth movements, sucking, bringing hands to mouth). It will be easier to feed her when you see these signs than if you try to wake her from a deep sleep. A good guideline to keep in mind is at least 8 feedings in a 24-hour period. As your baby gets older it will be easier to tell when she needs to eat and you can depend on her and not the clock to let you know when it’s time to feed.
I can’t tell if my baby is latched onto my breast well.

It is best to position your baby at your breast without a blanket. Remove her blanket and clothing from the waist up. Hold her close to you – “tummy to tummy” – with her whole body turned toward you. When her body is lined up facing you, then she can swallow easily and she doesn’t have to turn her head to nurse.

Let her head tilt back a little, placing your nipple across from her nose. Express a little drop of colostrum or milk to help her pay attention. Then, wait for her mouth to open very wide with her tongue forward. Only when you see that wide mouth should you bring her quickly onto your breast.

Her lips should be curled out around your areola (dark part around the nipple). More than just the nipple tip should be in her mouth. Her chin and nose should touch your breast. If the sucking is painful after a slow count to 10, then use your finger to break the suction and start over. Some babies have to learn to suck the right way, but the more times they practice it right, the better they get at it.

Allowing your baby to suck in a way that is painful for you is not good for either you or your baby. Ask for help if you are struggling.

My baby won’t stay latched on.

Again, some babies have to learn to suck the right way. And, you can help. In the first day or two, you may need to help your baby re-latch several times till it seems to work.

Sometimes a baby will seem to be on correctly but if she comes off easily, it may be that she didn’t get enough breast in her mouth to begin with. After a few days, most babies have figured it out and you will not have to pay such careful attention to latching. (See Position and Latch for Breastfeeding, pages 41 to 48 in this booklet.)
My baby wants to stay latched on all day.

In the first days it is normal and healthy to have your baby in your arms and at your breast much of the time. This encourages frequent feedings, helps keep your baby warm and safe, and helps your milk come in. By about the fourth day, the amount of milk will have increased and your baby will likely have some longer sleep times between feedings. Studies have shown that giving pacifiers in the early days leads to breastfeeding problems. If your baby wants to suck, she should come to the breast. This helps bring in your milk and encourages correct sucking at the breast. As the weeks go by, you may find that giving your baby a pacifier from time to time does not cause problems with feeding.

My nipples hurt.

Some tenderness in the first days can be normal. Often the first seconds after the baby latches feel painful. Then, as your baby gets into the rhythm of sucking, you will feel strong pulling, but it should not feel painful. After a few days, your milk will come in, and that almost always improves the normal tenderness.

If the pain does not seem like normal discomfort, does not improve a lot when milk is in, or if you see skin damage, call the Lactation Consultant. If you have breast pain and a fever, call your doctor or midwife. See Sore Nipples, pages 49 and 50 in this booklet.

My breasts hurt.

Normal breast engorgement happens around the second, third, or fourth day after birth. This is a sign that your milk is coming in. See Comfort Measures for Postpartum Engorgement, pages 59 and 60 in this booklet.

After the normal engorgement time, if you have pain in one breast or you feel a lump that doesn’t soften after breastfeeding a few times, call the lactation consultant so we can help find out what might be going on.
What if my baby is born prematurely?

Full-term babies are born with fat and fluid stores that are meant to last until milk supply normally increases by about the third day. A premature baby has often been born before those stores have occurred. For that reason, preterm babies sometimes need extra food for a short time until amounts of milk have increased.

Breast pumping makes it possible for your baby to get as much milk as you have. Formula is needed for many preterm babies just until milk supply is up. Preterm babies are also often sleepy and may not be able to breastfeed well at first. Pumping will help stimulate breasts and milk supply.

I have trouble breastfeeding in public.

In the first weeks, most women feel that it is difficult to be discreet about breastfeeding. You may be working on the latch, or helping your learning baby. Often it requires you to open up your shirt to see that the positioning is correct. As your baby gets better at breastfeeding, you will likely find that you are thinking less about how you do it, and your baby will practically find your breast without help.

Try to wear tops that open wide or lift from the waist. Nursing bras that you can open with one hand can be helpful. Using a pretty blanket, shawl, or large scarf to cover yourself may make it easier to breastfeed in public. Some women just decide that private breastfeeding works best for them.

I’m tired. Can we feed our baby a bottle?

Many studies have shown that early bottles cause problems for breastfeeding. Milk production falls, many babies do not nurse as well after being given the bottle, and women end up stopping breastfeeding before they planned. For these reasons, we encourage you to avoid bottles for the first 4 to 6 weeks.
If you decide to give a bottle, try to express or pump milk at about the time your baby would be eating. This will help you keep up your supply. Talk to the lactation consultant if you feel you need to include bottles in your feeding plan. We can help you meet your breastfeeding goals. You may want to read *Pumping and Storing Breastmilk*, pages 61 to 64 in this booklet.

**Questions?**

Your questions are important. Call Lactation Services if you have questions or concerns.

**Lactation Services:**
206-598-4628
Monday through Friday, 9 a.m. to 9 pm.
Weekends and holidays, 9 a.m. to 1 p.m.