

Lactation Assistance

How can I get help with breastfeeding?

You may need assistance from a lactation consultant if you have had any history of breast surgery, prior poor breastfeeding experience, or questions or concerns regarding breastfeeding or medical contraindications to breastfeeding.

- Schneck Medical Center has assistance for lactation support by highly trained staff nurses, certified lactation counselors and a board certified lactation consultant.
- Breastfeeding Support Group: this group provides expert and peer support to all breastfeeding mothers. Support Group is offered every Wednesday from 9-11 AM
- Breastfeeding Class: this class helps prepare mothers for successful breastfeeding. Classes are offered one evening of each month

Second Trimester Breastfeeding Education



Benefits of Breastfeeding



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Breastfeeding Latch

How can I help my baby latch on correctly?

Proper latch ensures your baby gets enough milk, ensures you produce enough milk and prevents nipple soreness.

- Cup your breast in your hand and stroke the baby's lower lip with your nipple. This stimulates baby's rooting reflex. The rooting reflex is a baby's natural instinct to turn towards the nipple, open his/her mouth, and suckle. The baby will open his/her mouth wide, like a yawn. Pull baby close to you, aiming the nipple towards the roof of the mouth. Remember to bring the baby to the breast, not the breast to the baby.
- The entire nipple and a good deal of the areola in his/her mouth. Baby's nose will be touching your breast. Baby's lips should be curled out on your breast. Suckling should be smooth and even. You should hear the baby swallow. You may feel a tugging of the breast or nipple.
- If baby is not latched on properly, then start over. Break the suction by gently inserting your finger between the breast and baby's gums, when you feel the suction release then pull nipple out of baby's mouth.

Breast Feeding Cues

How do I know my baby is hungry? How do I know my baby is full?

Recognizing your baby's feeding cues helps your baby to be settled and content, prevents breastfeeding complications and ensures a good milk supply.

- When hungry, babies will nuzzle against the breast, make suckling motions, put hands in mouth, stick out tongue, open mouth or turn head from side to side.
- Feed baby on demand, this should be at least 8-12 times/24 hours, or minimally every 2-3 hours.
- Let baby set his/her own schedule. Many newborns breastfeed for 10-15 minutes on each breast, but some feed for longer times. Offer both breasts, but do not be concerned if baby does not eat from both breasts at each feeding. Just remember to start the next feeding with the breast from which you ended the previous feeding. This alternating ensures equal milk production for both breasts.
- When baby is full he/she will fall asleep and stop suckling or unlatch from the breast.

Resource: The American College of Obstetricians and Gynecologists: FAQ029

Breastfeeding Difficulties

How do I know if I am having problems with breastfeeding?

It is normal for minor problems to arise in the days and weeks when you first begin breastfeeding. If any of the following problems occur, contact your provider or lactation consultant:

- Nipple pain: some soreness/discomfort is normal when beginning breastfeeding. Nipple pain or soreness that continues past the first few weeks is not normal. This may be a sign of poor latch. Make sure baby is opening mouth wide and taking in much of the areola around the nipple. Applying a small amount of breast milk to the nipple, or using lanolin, after each feeding may speed up the healing process. Try different feeding positions to avoid sore areas.
- Engorgement: when breasts are full of milk, they can feel hard, full and tender. Once your body figures out how much milk your baby needs, the problem should go away. To ease the engorgement, breastfeed more often to drain the breasts. Before feeding, gently massage the breasts to express a little milk to soften them. Between feedings, apply warm compresses or take a warm shower to help ease discomfort.
- Blocked Milk Duct: is a duct clogged with unused milk that forms a hard knot in the breast. To clear the blockage and to get the milk flowing again, try breastfeeding long and often on the breast that is blocked. Apply heat with warm compresses, hot water bottles, or warm showers. Massage the clogged area during feeding.
- Mastitis: is an infection in the breast. It can cause flu-like symptoms, such as fever, aches, and fatigue. The breast may be swollen, red, painful and warm to the touch. If you have these symptoms, call your healthcare provider for treatment with antibiotics. Continue breastfeeding frequently during mastitis.