



<http://www.womenshealth.gov>

1-800-994-9662

TDD: 1-888-220-5446

# Breastfeeding

**Q: Why should I breastfeed?**

**A:** Breastfeeding is normal and healthy for infants and moms. Breast milk has disease-fighting cells called antibodies that help protect infants from germs, illness, and even sudden infant death syndrome (SIDS). Breastfeeding is linked to a lower risk of various health problems for babies, including:

- Ear infections
- Stomach viruses
- Respiratory infections
- Atopic dermatitis
- Asthma
- Obesity
- Type 1 and type 2 diabetes
- Childhood leukemia
- Necrotizing enterocolitis, a gastrointestinal disease in preterm infants

In moms, breastfeeding is linked to a lower risk of type 2 diabetes, breast cancer, ovarian cancer, and postpartum depression. Infant formula cannot match the exact chemical makeup of human milk, especially the cells, hormones, and antibodies that fight disease. For most babies, breast milk is easier to digest than formula. It takes time for their stomachs to adjust to digesting proteins in formula because they are made from cow's milk.

**Q: How long should I breastfeed?**

**A:** It is best to give your baby only breast milk for the first six months of life. This means not giving your baby any other food or drink — not even water

— during this time. Drops of liquid vitamins, minerals, and medicines are, of course, fine, as advised by your baby's doctor. It is even better if you can breastfeed for your baby's first year or longer, for as long as you both wish. Solid iron-rich foods, such as iron-fortified cereals and pureed vegetables and meats, can be started when your baby is around six months old. Before that time, a baby's stomach cannot digest them properly. Solids do not replace breastfeeding. Breast milk stays the baby's main source of nutrients during the first year. Beyond one year, breast milk can still be an important part of your child's diet.

**Q: Will breastfeeding tie me to my home?**

**A:** Not at all! Breastfeeding is convenient no matter where you are because you don't have to bring along feeding equipment like bottles, water, or formula. Your baby is all you need. Even if you want to breastfeed in private, you usually can find a woman's lounge or fitting room. If you want to go out without your baby, you can pump your milk beforehand, and leave it for someone else to give your baby while you are gone.

**Q: How can I find support for breastfeeding when I go back to work?**

**A:** Before you deliver, talk to your employer about taking as much time off as you can. This will help you and your baby get into a good breastfeeding routine and help you make plenty of milk. Also, talk with your employer about why breastfeeding is important, why pumping is necessary, and how



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you plan to fit pumping into your workday, such as during lunch or other breaks. You could suggest making up work time for time spent pumping milk. If your day care is near your workplace, try to arrange to go there to breastfeed your baby during work time. If you can't breastfeed your baby directly during your work breaks, plan to leave your expressed or pumped milk for your baby. The milk can be given to your baby by the caregiver with a bottle or cup.

Learn more about how to pump and store breast milk at <http://www.womenshealth.gov/breastfeeding/pumping>.

The Office on Women's Health and the U.S. Health Resources and Services Administration (HRSA) has created The Business Case for Breastfeeding, (<http://www.womenshealth.gov/breastfeeding/programs/business-case>) a manual that helps business owners and employees support breastfeeding in the workplace. It includes tools you can use to help make your workplace a more breastfeeding-friendly environment, including:

- A letter your state's health commissioner can send to employers (PDF, 152 Kb)
- A letter you can ask your doctor to send to your employer (PDF, 92 Kb).

You can also share the program's information with your supervisor or your company's human resources department.

**Q: Will my partner be jealous if I breastfeed?**

**A:** If you prepare your partner in advance, there should be no jealousy. Explain that you need support. Discuss the important benefits of breastfeeding. Explain that not making formula means more rest. Be sure to emphasize how much money will be saved. It would cost over \$300 a month to pay for formula — money that could go to bills, savings, or a vacation. Explain that breastfeeding will give the child the best start at life, with benefits that can last well into childhood. Your partner can help by changing and burping the baby, sharing chores, and simply sitting with you and the baby to enjoy the special mood that breastfeeding creates. Your partner can also feed the baby pumped milk.

**Q: If I have small breasts or very large breasts, can I still breastfeed?**

**A:** Of course! Breast size is not related to the ability to produce milk for a baby. Breast size is due to the amount of fatty tissue in the breast and the milk storage capacity of your breast. Small breasts make plenty of milk; they just do not store a lot of milk. Therefore babies will breastfeed often from a mother with smaller breasts. Large breasts make plenty of milk, too. Women with large breasts can have special problems with positioning and latch. They may need help from a professional to find comfortable ways to breastfeed and ways to improve the baby's latch.



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**Q: Can I still breastfeed if I have had breast surgery?**

**A:** How much milk you can produce depends on how your surgery was done, where your incisions are, and the reasons for your surgery. Women who have had incisions in the fold under the breasts are less likely to have problems making milk than women who have had incisions around or across the areola, which can cut into milk ducts and nerves. Women who have had breast implants usually breastfeed successfully. If you ever had surgery on your breasts for any reason, talk with a lactation consultant. If you are planning breast surgery, talk with your surgeon about ways he or she can preserve as much of the breast tissue and milk ducts as possible.

**Q: Can I breastfeed if I become ill?**

**A:** Yes! Most common illnesses, such as colds, flu, or diarrhea, can't be passed through breast milk, and your milk will have antibodies in it to help protect your baby from getting the same sickness.

**Q: Do I have to restrict my sex life while breastfeeding?**

**A:** No. But, if you are having vaginal dryness, you can try more foreplay and water-based lubricants. You can feed your baby or express some milk before lovemaking so your breasts will be more comfortable and less likely to leak. During sex, you also can put pressure on the nipple when it lets down or have a towel handy to catch the milk.

**Q: Do I still need birth control if I am breastfeeding?**

**A:** Breastfeeding can delay the return of normal ovulation and menstrual cycles. But, like other forms of birth control, breastfeeding is not a sure way to prevent pregnancy. You should still talk with your doctor or nurse about birth control choices that are compatible with breastfeeding.

**Q: Can I breastfeed if I smoke?**

**A:** If you smoke tobacco, it is best for you and your baby if you try to quit as soon as possible. If you can't quit, it is still better to breastfeed since your baby is at higher risk of having respiratory problems and for sudden infant death syndrome (SIDS). Breastfeeding lowers the risk of both of these health problems in your baby. Be sure to smoke away from your baby and change clothes to keep your baby away from the secondhand smoke and chemicals on your clothing.

**Q: Can I breastfeed if I drink alcohol?**

**A:** You should avoid drinking large quantities of alcohol if you are a breastfeeding mother. If you have an occasional drink of alcohol, you should wait for about two hours to pass before breastfeeding. Also, many babies don't like the taste of your milk after you have had alcohol and will breastfeed more once the alcohol is out of your system.

**Q: I heard that breast milk can have toxins in it from my environment. Is it still safe for my baby?**

**A:** While certain chemicals have appeared in breast milk, breastfeeding remains the best way to feed and nurture



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young infants and children. The advantages of breastfeeding far outweigh any possible risks from environmental pollutants. Infant formula is usually not a better choice. The formula itself, the water it is mixed with, and/or the bottles or nipples used to give it to the baby can be contaminated with bacteria or chemicals. To date, the effects of such chemicals have only been seen in babies whose mothers themselves were ill because of them.

**Q: Will my baby get enough vitamin D if I breastfeed?**

**A:** All infants and children, including those who are exclusively breastfed and those who are fed formula, should have at least 400 International Units (IU) of vitamin D per day, starting during the first two months of life, to help them build strong bones. New research suggests that mothers should be getting 200–400 IU of vitamin D per day to ensure plenty of vitamin D in her milk and for her own health. You can buy vitamin D supplements for infants at a drug store or grocery store. Sunlight can be a major source of vitamin D, but it is hard to measure how much sunlight your baby gets. Ask your doctor and your baby's doctor about vitamin D as well as sun exposure.

**Q: Does my breastfed baby need vaccines? Is it safe for me to get a vaccine when I'm breastfeeding?**

**A:** Yes. Vaccines are very important to your baby's health. Breastfeeding may also enhance your baby's response to certain immunizations, providing more protection. Follow the schedule your

doctor gives you and, if you miss any, check with him or her about getting your baby back on track. Breastfeeding while the vaccine is given to your baby — or immediately afterwards — can help relieve pain and soothe an upset baby. Most nursing mothers may also receive vaccines. Breastfeeding does not affect the vaccine, and vaccines are not harmful to your breast milk.

**Q: What should I do if my baby bites me?**

**A:** If your baby starts to clamp down, you can put your finger in his or her mouth and take him or her off of your breast with a firm, “No.” Try not to yell as it may scare the baby. If your baby continues to bite you, you can try a few things:

- Stop the feeding immediately so the baby is not tempted to get another reaction from you. Don't laugh. This is part of your baby learning limits.
- Offer a teething toy, or a snack or drink from a cup instead.
- Put your baby down for a moment to show that biting brings a negative consequence. You can then pick him up again to give comfort.

**Q: I just found out that I'm pregnant. Can I still breastfeed my toddler or other baby?**

**A:** Breastfeeding during your next pregnancy is not a risk to either the breastfeeding toddler or to the new developing baby. If you are having some problems in your pregnancy such as uterine pain or bleeding, a history of preterm labor, or problems gaining weight during pregnancy, your doctor may advise



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you to wean. Some women also choose to wean at this time because they have nipple soreness caused by pregnancy hormones, are nauseous, or find that their growing stomachs make breastfeeding uncomfortable. Your toddler also may decide to wean on his own because of changes in the amount and flavor of your milk. He or she will need additional food and drink because you will likely make less milk during pregnancy.

If you keep nursing your toddler after your baby is born, you can feed your newborn first to ensure he or she gets the colostrum. Once your milk production increases a few days after birth you can decide how to best meet everyone's needs, especially the new baby's needs for you and your milk. You may want to ask your partner to help you by taking care of one child while you are breastfeeding. Also, you will have a need for more fluids, healthy foods, and rest because you are taking care of yourself and two small children.

**Q: Can I breastfeed if I adopted my baby?**

**A:** Many mothers who adopt want to breastfeed their babies and can do it successfully with some help. Many will need to supplement their breast milk with donated breast milk or infant formula, but some adoptive mothers can breastfeed exclusively, especially if they have been pregnant before. Lactation is a hormonal response to a physical action, and so the stimulation of the baby nursing causes the body to see a need for and produce milk. The more the baby nurses, the more a woman's body will produce milk.

If you are adopting and want to breastfeed, talk with both your doctor and a lactation consultant. They can help you decide the best way to try to establish a milk supply for your new baby. You might be able to prepare by pumping every three hours around the clock for two to three weeks before your baby arrives, or you can wait until the baby arrives and start to breastfeed then.

Devices such as a supplemental nursing system (SNS) or a lactation aid can help ensure that your baby gets enough nutrition and that your breasts are stimulated to produce milk at the same time. ■



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### *For More Information*

For more information about breastfeeding, call [womenshealth.gov](http://www.womenshealth.gov) at 1-800-994-9662 or contact the following organizations:

#### **American Academy of Pediatrics**

Phone number: (847) 434-4000

Internet address: <http://www.aap.org/healthtopics/breastfeeding.cfm>

#### **International Lactation Consultant Association**

Phone number: (919) 861-5577

Internet address: <http://www.ilca.org>

#### **American College of Nurse-Midwives**

Phone number: (240) 485-1800

Internet address: <http://www.gotmom.org/>

#### **La Leche League**

Phone number: (800) LALECHE or (800) 525-3243

Internet address: <http://www.llli.org/nb.html>

#### **American College of Obstetricians and Gynecologists (ACOG)**

Phone number: (202) 638-5577

Internet address: [http://www.acog.org/publications/patient\\_education/bp029.cfm](http://www.acog.org/publications/patient_education/bp029.cfm)

#### **March of Dimes**

Phone number: (914) 997-4488

Internet address: [http://www.marchofdimes.com/professionals/14332\\_9148.asp](http://www.marchofdimes.com/professionals/14332_9148.asp)

#### **American Pregnancy Association**

Phone number: (972) 815-2337

Internet address: <http://www.americanpregnancy.org/firstyearoflife/breastfeedingoverview.htm>

#### **Wellstart International**

Phone number: (619) 295-5192

Internet address: <http://www.wellstart.org>

#### **Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH**

Phone number: (800) 370-2943

Internet address: <http://www.nichd.nih.gov/health/topics/Breastfeeding.cfm>

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