

Breastfeeding Benefits

How does breastfeeding benefit my baby?

The benefits to your baby include the following:

- Breast milk has the right amount of fat, sugar, water, protein, and minerals needed for a baby's growth and development. As your baby grows, your breast milk changes to adapt to the baby's changing nutritional needs.
- Breast milk is easier to digest than formula.
- Breast milk contains [antibodies](#) that protect infants from certain illnesses, such as ear infections, diarrhea, respiratory illnesses, and allergies. The longer your baby breastfeeds, the greater the health benefits.
- Breastfed infants have a lower risk of [sudden infant death syndrome \(SIDS\)](#) . Any amount of breastfeeding helps lower this risk.
- Breast milk can help reduce the risk of many of the short-term and long-term health problems that can affect [preterm](#) babies.

Note: Breastfeeding may also be called “chestfeeding” or “bodyfeeding” (read the question “What is chestfeeding?” below).

How does breastfeeding benefit me?

The benefits to you include the following:

- Breastfeeding triggers the release of a [hormone](#) called [oxytocin](#) that causes the [uterus](#) to contract. This helps the uterus return to its normal size more quickly and may decrease the amount of bleeding you have after giving birth.
- Breastfeeding may make it easier to lose the weight you gained during pregnancy.
- Breastfeeding may reduce the risk of breast cancer and [ovarian cancer](#) .

[\[Infographic: Breastfeeding Benefits\]](#)

Breastfeeding Basics

How long should I breastfeed my baby?

[Exclusive breastfeeding](#) is recommended for the first 6 months of a baby's life. This means feeding only breast milk and no other foods or liquids unless advised by the baby's doctor.

Breastfeeding should continue as new foods are introduced, for as long you and your baby would like. How long you continue to breastfeed is a personal choice.

Breastfeeding for 2 years or more results in the most health benefits for you and your baby. But any amount of breastfeeding has benefits, including lowering your baby's risk of SIDS.

Benefits of breastfeeding for 2 years include the following:

- Lowering your future risk of [diabetes mellitus](#) , high blood pressure, breast cancer, and ovarian cancer.
- Supporting a child's nutritional needs during a key time of growth.
- Increased bonding between you and your child.

Think about how the benefits compare to any challenges you have. Your decision can depend on a lot of factors, including how much support you have from your family and workplace.

It may help to start with short-term goals, like breastfeeding for the next week, and see how it goes. Congratulate yourself each time you reach a goal. Remember, you are the best person to decide how long you want to breastfeed.

How soon should I start breastfeeding after childbirth?

Most healthy newborns are ready to breastfeed within the first hour after birth. Holding your baby directly against your bare skin (called "skin-to-skin" contact) right after birth helps encourage the baby to start breastfeeding.

You can also ask about "rooming in," which means having your baby stay in your room with you instead of in the hospital nursery. Having your baby nearby makes it easier to breastfeed while you are still in the hospital.

How does breastfeeding work?

It takes two to breastfeed. Milk is made continuously and stored in the [milk lobules](#) in the breast. When your baby starts to breastfeed, the nerves in your nipples send a message to your brain. In response, your brain releases hormones that signal the milk lobules to contract (squeeze) and release milk into the [milk ducts](#). These ducts carry the milk to your nipples.

The more milk that is removed from your breast, the more milk you will make. If you give your baby other foods, milk production may decrease.

How do I get my baby to latch on to my breast?

Holding your baby directly against your bare skin right after birth triggers reflexes that help the baby attach or "latch on" to your breast. Cup your breast in your hand and stroke your baby's lower lip with your nipple. The baby will open the mouth wide, like a yawn. Pull the baby close to you, aiming the nipple toward the roof of the baby's mouth. Remember to bring your baby to your breast—not your breast to your baby.

Check to see if your baby is latched on correctly. If you feel discomfort or notice that your baby's mouth is not wide open, gently break the suction. To break the suction, insert a clean finger between your breast and your baby's gums. When you hear or feel a soft pop, pull your nipple out of the baby's mouth.

How can I tell if my baby is hungry?

When babies are hungry, they look alert, bend their arms, close their fists, and bring their fingers to their mouths. Offer your breast when your baby first starts bringing fingers to the mouth.

Crying is a late sign of hunger, and an unhappy baby will find it harder to latch. When full, babies relax their arms and legs and close their eyes.

How often should I breastfeed my baby?

Let your baby set the schedule. During the first weeks of life, most babies feed at least 8 to 12 times in 24 hours, or at least every 2 to 3 hours (timed from the start time of one feeding to the start time of the next feeding).

Many newborns breastfeed for 10 to 15 minutes on each breast. But they can also nurse for much longer periods (sometimes 1 to 2 hours at a time). And they can feed very frequently (every 30 minutes, which is called “cluster feeding”).

Some babies feed from one breast per feeding, while others feed from both breasts. When your baby releases one breast, offer the other. If your baby is not interested, plan to start on the other side for the next feeding.

Health and Safety

What should I know about my diet while I’m breastfeeding?

- Your body needs about 450 to 500 extra calories a day to make breast milk for your baby. If your weight is in the normal range, you need about 2,500 total calories per day.
- Eat fish and seafood 2 to 3 times a week, but avoid eating fish with high mercury levels. Do not eat bigeye tuna, king mackerel, marlin, orange roughy, shark, swordfish, or tilefish. Limit albacore tuna to 6 ounces a week. If you eat fish caught in local waters, check for advisories about mercury or other pollutants. If no information is

available, limit your intake of such fish to 6 ounces a week, and do not eat any other fish that week.

- Your [obstetrician–gynecologist \(ob-gyn\)](#) may recommend that you continue to take your prenatal multivitamin while you are breastfeeding.
- Drink plenty of fluids, and drink more if your urine is dark yellow.

Can I drink caffeine while breastfeeding?

Drinking caffeine in moderate amounts (200 milligrams a day) most likely will not affect your baby. Check the caffeine content of the coffee you drink, because it varies greatly between brands. Caffeine is also found in tea, chocolate, and other foods.

Newborns and preterm infants are more sensitive to caffeine's effects. You may want to have less caffeine in the first few days after your baby is born or if your baby is preterm.

Can I drink alcohol while breastfeeding?

If you want to have an occasional alcoholic drink, wait at least 2 hours after a single drink before you breastfeed. The alcohol will leave your milk as it leaves your bloodstream—there is no need to express and discard your milk.

Drinking more than two drinks per day on a regular basis may be harmful to your baby and may cause drowsiness, weakness, and abnormal weight gain.

How do I know if a medication is safe to take while breastfeeding?

Most medications are safe to take while breastfeeding. Although medications can be passed to your baby in breast milk, levels are usually much lower than the level in your bloodstream. The latest information about medications and their effects on breastfed babies can be found at [LactMed, a database of scientific information](#). If you are breastfeeding and need to take a prescription medication to manage a health condition, discuss this with your health care team and your baby's doctor.

Why is it important to avoid smoking and drug use while breastfeeding?

If you smoke, [quitting smoking](#) is the best thing you can do for your health and your baby's health. Secondhand smoke increases the risk of SIDS. But it's better for your baby

to breastfeed than to formula-feed even if you continue to smoke. Be sure not to smoke around the baby.

Using illegal drugs (cocaine, heroin, and methamphetamines) and taking prescription drugs in ways that were not prescribed for you can harm your baby if you use them while breastfeeding. And although marijuana is now legal in many states, you should not use it if you are breastfeeding. If you need help stopping drug use, talk with your ob-gyn, a lactation consultant, or other health care professional.

What birth control methods can I use while breastfeeding?

Many [birth control](#) methods are available that can be used while breastfeeding, including nonhormonal methods (copper [intrauterine device \(IUD\)](#) , condoms, and diaphragms) and hormonal methods.

There are some concerns that hormonal methods of birth control can affect milk supply, especially when you first start breastfeeding. If you start using a hormonal method and your milk supply decreases, talk with your ob-gyn or other member of your health care team about other options for birth control.

Read [Postpartum Birth Control](#) to learn more.

Other Questions

What should I do if I am having trouble breastfeeding?

Breastfeeding is a natural process, but it can take some time for you and your baby to learn. Most women are able to breastfeed. Sometimes breastfeeding is not possible because of medical conditions or other problems.

Lots of breastfeeding help is available. Peer counselors, nurses, doctors, and certified lactation consultants can teach you what you need to know to get started. They can also give advice if you run into challenges. And remember, if you can't breastfeed or decide not to, it's OK. There are other feeding options, and you will find the one that is best for you, your baby, and your family.

What is chestfeeding?

Some people use the terms “chestfeeding” or “bodyfeeding” when talking about feeding a child milk from their chest. These terms are most often used by [transgender](#) and [nonbinary](#) people. Some people have had breast removal surgery and are still able to produce milk. Others may not have had surgery, but still prefer the terms chestfeeding or bodyfeeding. The information on this page applies to anyone who is breastfeeding, chestfeeding, or bodyfeeding.

Resources and Glossary

Resources

Drugs and Lactation Database (LactMed)

<https://www.ncbi.nlm.nih.gov/books/NBK501922/>

Provides a searchable database of drugs and their possible effects on breastfed babies.

International Lactation Consultant Association

www.ilca.org

Offers a directory of lactation consultants as well as information about breastfeeding.

La Leche League International

www.llli.org

Provides information and support for breastfeeding. Offers referrals to local support groups.

MotherToBaby

[866-626-6847](tel:866-626-6847)

[855-999-3525](tel:855-999-3525) (text messages only)

<https://mothertobaby.org>

Fact sheets on the safety of specific medications during pregnancy and breastfeeding, available in English and Spanish. Also offers information by phone, email, or online chat.

Women, Infants, Children (WIC) Breastfeeding Support

<http://wicbreastfeeding.fns.usda.gov>

The WIC breastfeeding campaign from the U.S. Department of Agriculture offers information, resources, and support for breastfeeding.

Glossary

Antibodies: Proteins in the blood that the body makes in reaction to foreign substances, such as bacteria and viruses.

Birth Control: Devices or medications used to prevent pregnancy.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

Exclusive Breastfeeding: Feeding a baby only breast milk and no other foods or liquids, unless advised by the baby's doctor.

Hormone: A substance made in the body that controls the function of cells or organs.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Milk Ducts: Small tubes that bring milk from milk lobules to the nipple.

Milk Lobules: Small structures in the breast that make and store milk when a woman is breastfeeding.

Nonbinary: A term used to describe a person whose gender identity is neither male nor female.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Oxytocin: A hormone made in the body that can cause contractions of the uterus and release of milk from the breast.

Ovarian Cancer: Cancer that affects one or both of the ovaries.

Preterm: Less than 37 weeks of pregnancy.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant in which the cause is unknown.

Transgender: A term used to describe a person whose gender identity is different from the sex they were assigned at birth.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ029

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