

# Gaining, Gulping and Grimacing?

Is your baby thriving... but nursing is a struggle? See if many of these sound familiar:

- My baby chokes and gulps and splutters when she nurses, especially at the beginning.
- My baby "wrestles" with my breast, pulling off, coming back on as if she's starving, pulling away and crying, backing off once she has the nipple in her mouth.
- My baby has lots of wet and poopy diapers.
- My baby sometimes - or always - has greenish or frothy stools, perhaps even with streaks of blood.
- My baby is colicky, or gassy, or spits up frequently.
- My breasts always feel full, or they spray when they let down.
- My baby is gaining really well.
- My baby grew very rapidly at first, but weight gain dropped as fussiness increased.
- My baby grimaces when she nurses, as if there's something wrong with my milk, or she frequently seems to have uncomfortable intestines.
- My baby rarely falls asleep at my breast; nursing is an athletic event rather than a peaceful one.
- I try to make a point of nursing on both sides each time.
- If it's been less than two hours, I look for some cause for fussiness other than hunger.

Those can be symptoms of a baby who's getting "too much soup, not enough cheesecake." When our babies are born, our bodies may be prepared to nurse twins... just in case. And it can take a while for our supplies to back down to what our babies actually need.

The milk that builds up in our breasts between nursings tends to be a low-fat milk. The milk that the baby pulls down during a nursing tends to have a higher and higher fat content, changing gradually from "soup" to "cheesecake". When she finishes nursing, the fat that was pulled down near the nipple but not used gradually withdraws, to be pulled down at the next nursing after the baby gets through the newly-accumulated "soup".

If we have a lot more milk than our baby needs, she may not be able to get through all the soup at one sitting. If we switch breasts partway through the nursing "to make sure she takes the other side", or if we try to space our nursings out to two hours or more, that can mean the baby plows through a whole lot of soup and never gets much cheesecake. She grows fine. But that high-fat milk is an excellent stomach-settler, because it slows the passage of milk through her intestines. Without the extra fat, milk travels through her intestines without breaking down fully en route, and can ferment in her large intestine, causing gas, discomfort, and frothy green stools.

And then there's the fire hose effect. If there's a whole lot of milk in your breasts, it can squirt into your baby's mouth faster than he can handle it, and make him feel he must swallow or drown. Not much fun. Like anyone else, your baby wants to feel in control of his meals and not have them forced on him. You may find your baby is happier and more settled if you let her "get to the bottom of the barrel", where the cheesecake is. How? By doing three things:

- Offer to nurse her whenever she signals interest, even if it's been only a few minutes. Shorter intervals between nursings mean the higher fat milk is more accessible, and she will appreciate not having to demand nursing in order to get it. Adults in this culture tend to expect babies to nurse only for food, and thus to nurse only at predictable and widely-spaced intervals. Babies tend to think otherwise, and if we use nursing mostly as a feeding method, offering it only when we think they ought to need it and offering other distractions when we think they "can't be hungry", we're much more likely to see that relationship falter, or end before we wanted it to.
- If she's happy on one side, leave her on that side. Imagine the mother dog that can see the living room clock from her basket. After ten minutes she stands up, shakes the puppies loose, and lies down facing the other way so they can reattach to different teats. Silly, right? No other mammal takes a contented baby off one nipple simply to make sure it takes another; why should we? This is one of those rules that grew out of the old "don't nurse very often" rule.
- If she hasn't gotten to the bottom of the barrel - if that side isn't nice and soft when she finishes - use it again next time. Here's where your intuition comes in. You may find that sticking to one side for a couple hours is all it takes. And after your supply has settled down to match her needs and things are running smoothly, you'll largely forget this notion... although you often see nursing mothers hefting one side and then the other to decide which they want to use. If your "oversupply" has been dramatic, or your baby is really fussy, you may find you need to spend 4 to 6 hours on one side before using the other. What's happening to the other side in the meantime? The sense of over-fullness is sending a message to cut back on production, which is what you want. If you're too overfull, you can nurse or express on that side just enough to relieve it somewhat, then go back to the side you're trying to soften completely.

These sound like rules, but they're actually just temporary rules to help you get past those two initial rules that probably started the problem - making a point of switching sides, and spacing nursings to two hours or more.

As your supply settles down, you may worry that you've "lost your milk." You may be so accustomed to heavy breasts dripping and spraying, and to seeing your child splutter, that a quiet, calm nursing from soft breasts feels "wrong." But you'll probably notice that those diapers are still very wet, and that your child nurses contentedly, with a relaxed and comfortable body, letting go gently when she's full or dozing peacefully at breast. Those are all signs of an ample - but not overfull - milk supply. If she wants to increase your supply further, all she has to do is ask to nurse more often, or fuss to go to Side Two after Side One is completely soft. Trust her to know her own needs, and trust your body to respond appropriately.

Cutting down on an oversupply is usually a simple, straightforward process, and you should begin to see a happier baby within a few days. If not, consult a breastfeeding specialist. She'll have additional ideas about the effects of an over-active let-down reflex.

