

The Twenty-Four Hour Cure For Breastfed Babies and their Mothers By Penny Simkin

From *The Birth Partner: Everything You Need to Know to Help a Woman Through Childbirth*
By Penny Simkin

During the first few weeks after birth, the mother and baby are perfecting the art of breastfeeding. The Twenty-Four Hour Cure can solve some of the problems which arise, such as the following:

- Doubts about whether the mother is making enough milk.
- Fatigue, lack of sleep, or anxiety in the mother.
- Lack of appetite, poor nourishment, or low fluid intake by the mother.
- Slow weight gain or weight loss by the baby.
- "Nipple confusion" – that is, the baby seems to prefer a rubber nipple or nipple shield to the mother's breast.

The cure has two purposes:

- To nurture the mother, by giving her complete rest, plenty of good food and drink, and freedom from all responsibility other than feeding and fondling her baby.
- To nurture the baby, by encouraging prolonged skin contact with the mother and constant access to her breast.

Here is how to do the cure:

- Set aside a full twenty-four hours when the mother can have your help. Use your day off or get a loved one or friend to do it. Twenty-four hours with help is essential.
- It is important that the mother *not* have sore, blistered, or cracked nipples when she begins the cure. The causes of the soreness need to be addressed before starting the cure. Seek help for sore nipples from a good book, a breastfeeding counselor, a childbirth educator, the mother's caregiver, or La Leche League (in the white pages of the phone book).
- The mother goes to bed with the baby. They both wear as little clothing as possible under the bedcovers so the baby can get lots of warm skin-to-skin contact, which seems to heighten the baby's suckling reflex and interest in feeding.
- The mother may read, watch TV, chat with you (no visitors, please), or most importantly, doze. The extra sleep makes a big difference, even though it comes in short snatches.
- She gets out of bed *only* to go to the bathroom – not to eat, answer the phone, do housework, or anything else.
- Supply her with liquids; place water or juice within her reach. She should drink about two quarts of liquid during the twenty-four hours.
- Fix tasty, nutritious meals for her. Tempt her appetite with foods she is unlikely to prepare for herself. If she has been relying on fast take-out foods or cold ready-to-eat foods, she will love a hot, home-cooked meal or two.
- The baby should stay in bed with her, except when a diaper change is necessary, or when the baby is fussy (but not willing to nurse) and needs to be walked or rocked. Then you should take care of the baby.
- Whenever the baby awakens or seems at all interested in suckling, the mother offers her breast. The whole purpose is to get the baby to suckle *as much as possible*. Do not give the baby a bottle of either formula or breast milk, unless he is seriously underweight. In that case, you need to consult the baby's doctor, a breastfeeding consultant, or a breastfeeding support organization, such as La Leche League (listed in the white pages of the phone book).

The combination of rest and nourishment for the mother and skin-to-skin contact and unlimited suckling for the baby almost always results in a marked increase in the mother's milk production and improved suckling by the baby.

If the mother is unable to stick closely to this plan, or if the Twenty-Four Hour Cure fails to solve the problem, consult the baby's doctor, a breastfeeding consultant, or La Leche League.

In the Seattle area, call the Breastfeeding Center, (206)367-2327, or call Penny Simkin, (206) 325-5098.