second nature (and easy to accomplish discreetly), even in the most public places.

**Less stress.** Some women worry that they’re too impatient or tense by nature to breastfeed. Given a try, you may find, however, that nursing is actually very relaxing: a stress-buster, not a stress-inducer (at least once it’s well established).

**Making the Choice to Breastfeed**

For more and more women today, the choice is clear. Some know they’ll opt for breast over bottle long before they even decide to become pregnant. Others, who never gave it much thought before pregnancy, choose breastfeeding once they’ve read up on its many benefits. Some women teeter on the brink of indecision right through pregnancy and even delivery. A few women, convinced that nursing isn’t for them, still can’t shake the nagging feeling that they ought to do it anyway.

Undecided? Here’s a suggestion: Try it—you may like it. You can always quit if you don’t, but at least you will have cleared up those nagging doubts. Best of all, you and your baby will have reaped some of the most important benefits of breastfeeding, if only for a brief time.

**Nursing After Breast Surgery**

Many women who have had breast reductions are able to breastfeed, though most don’t produce enough milk to nurse exclusively. Whether you will be able to breastfeed your baby—and how much you’ll need to supplement your milk supply with formula—will depend at least in part on how the procedure was performed. Check with your surgeon. If care was taken to preserve milk ducts and nerve pathways, chances are good that you’ll be able to produce at least some milk. (The same applies if you had breast surgery because of breast cancer or because of fibrocystic breasts.)

If your surgeon is reassuring, increase your chances of success by reading up on breastfeeding and working with a lactation consultant who is familiar with the challenges of nursing after a breast reduction. Closely monitoring your baby’s intake (by keeping an eye on growth and the number of dirty and wet diapers) will be especially important. If you don’t end up making enough milk, supplement with bottles of formula (do the combo). Also consider using a nursing supplementation system, which allows you to breastfeed and supplement with formula at the same time and can encourage milk production while ensuring that your baby gets enough to eat. Remember, any amount of breastfeeding—even if it doesn’t turn out to be baby’s only or even primary source of nutrition—is beneficial. Visit bfar.org for more information on breastfeeding after reduction.

Breast augmentation is far less likely to interfere with breastfeeding than a breast reduction, but it depends on the technique, the incision, and the reason why it was done. While many women with implants are able to nurse exclusively, a significant minority may not produce enough milk. To make sure your supply meets your baby’s demand, you’ll need to keep close tabs on his or her growth and the number of dirty and wet diapers accumulated daily.
The pregnancy guide that reassuringly answers the questions of mothers- and fathers-to-be, from the planning stage through postpartum. Featuring a week-by-week look at the growth of your baby and complete chapters on pregnancy lifestyle, preconception, carrying twins—and more.

By Heidi Murkoff and Sharon Mazel

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