

The Monmouth/Ocean Breastfeeding Consortium

Breastfeeding Guide



Getting Started

1. Getting Started

- Within the first hour of life, holding your baby skin to skin and allowing your infant to latch on his own can help get breastfeeding off to a good start
- When latching and positioning your baby at the breast start by holding your baby close with the baby's nose close to your nipple
- Stroke the baby's mouth with your nipple, waiting for them to open their mouth in a wide gape
- When they open wide, guide the baby in towards your nipple, pointing the nipple slightly up towards the top half of the baby's mouth (with more of the areola, the dark area surrounding the nipple, in the baby's mouth below, near the chin. More areola will be visible above, near the nose, than below)
- The baby's chin should be against your breast when latched
- A good latch should feel comfortable with no pain; however, in the beginning it is not uncommon to feel some discomfort when the infant first latches. If there are more than a few moments of discomfort, or if he is suckling only on the nipple, break the suction with your finger, remove the baby, and try again. Several tries may be necessary. The nurse or lactation consultant can help.

2. How often to feed

A new baby needs to nurse at least 8-12 times in 24 hours. To breastfeed successfully, it's important to nurse whenever the baby is hungry. Usually this works out to a feeding every 1 ½ -3 hours from the start of one feed to the start of the next, but often is erratic and can't be timed. It's best not to try to feed at scheduled times. Some babies like to bunch/cluster several feedings into only a few hours, and then may take a longer nap.

3. How to tell when your baby is ready to feed

Follow your baby's lead; watch and listen for feeding cues:

- Sucking movements of mouth and tongue
- Restlessness or increased body movements, especially hand to mouth movements
- Opening their mouth wide and turning head (rooting)
- Small sounds
- Watch for feeding cues, even if he is asleep
- Crying is a late hunger sign, so try to feed him before he starts to cry

These signs mean the baby is hungry and wants to feed.

4. How long on each side

Leave the baby on the first breast until he will no longer suck and swallow when you massage the breast or stroke his cheek. Then nurse on the other side if he is willing. It's fine to nurse on just one breast per feeding if your baby is satisfied. Let the baby decide when the feeding is over – he will let go on his own and probably fall

asleep. It is good positioning and not limits on the amount of time your baby wants to feed that prevents soreness.

5. How to know when your baby is swallowing

In the beginning your baby should swallow after every few sucks. He's swallowing if you:

- Hear him swallow (this may be hard to do in the early days of breastfeeding)
- See him swallow
- See or feel his throat move; try placing a finger gently on his throat to see if you feel movement
- See a change in sucking pattern from fast, shallow sucks to longer, deeper sucks where the jaw moves and there is a pause before they take their next suck

6. How to manage engorgement

Many women find their breasts may feel very full, warm, and sore starting on day 2 to 5, within the first week of nursing (while others may notice little change). This is a good sign that your mature milk is coming in, but may leave you temporarily uncomfortable and discouraged. This will pass in 24-48 hours.

- Nurse often, a minimum of 8-12 feedings in 24 hours; don't skip feedings.
- You may need to soften the nipple and areola to make it easier for your baby to latch
 - Place your thumb and fingers on the lighter skin area just behind the areola; the areola is the darker area surrounding the nipple
 - Press back toward your chest wall
 - Press fingers gently together, keeping them just in back of the areola
 - Rotate fingers and repeat
- Apply cold packs between feedings to reduce swelling

7. Breastfeeding without schedules, whenever your baby wants, without adding extra foods such as water or formula is important in the first 3 – 6 weeks

Healthy, full-term babies do not need bottles of water or formula unless there is a medical reason. The first milk, colostrum, is the perfect food for your newborn, and is present in just the right amount. A newborn baby's stomach is about the size of a marble, growing to the size of a shooter marble by day 3 and a golf ball by day 10 of life. Bottles flow too fast and give the baby too much milk. They may interfere with the baby's learning to breastfeed and with your milk supply. If your baby needs additional breastmilk or formula for a medical reason, using expressed breastmilk is preferred. Talk to your nurse and lactation consultant about your feeding options; they can also provide special help in getting him back to the breast.

Each time your baby nurses, he "talks" to your body, telling it how hungry he is and how much milk he needs. Your body "listens" and responds hormonally, making the right amount of milk. If schedules or bottles interfere, your body may not get the milk supply right.

Once breastfeeding is well-established, generally between 3 and 6 weeks, an occasional bottle of pumped breastmilk may be introduced without compromising breastfeeding. Every time you breastfeed, milk is removed from the breast, giving your breast a chance to make more milk for the next feeding. If you miss a chance to breastfeed, it is important to remove the milk from your breast using a breast pump, so that your breasts can continue to keep making more milk for the next feedings. The American Academy of Pediatrics

(AAP) recommends just breastmilk for the first 6 months for maximum protection against allergies and illnesses.

8. How to store your milk

Milk Storage Guidelines*

Location	Temperature	Recommendation
Room Temperature	60-85°F	3-4 hours optimal 6-8 hours acceptable
Refrigerator	39° F	72 hours optimal 5-8 days acceptable
Freezer	0°F	6 months optimal 12 months acceptable

- Use a clean container (baby bottle, plastic nurser bag)
- Label with date of the first milk placed in the bottle. You may add more milk to the bottle but if the milk is frozen, you need to chill the newly expressed milk in the fridge before adding it to already frozen milk

*Human Milk Storage, Academy of Breastfeeding Medicine, Retrieved February 27,2012 from <http://www.bfmed.org/Media/Files/Protocols/Protocol%208%20-%20English%20revised%202010.pdf>

9. Where to get help if you have problems with breastfeeding after you leave the hospital

Your physician or nurse will give you a list of local resources for breastfeeding support or you can visit the Monmouth /Ocean Breastfeeding Consortium website to find a list of local resources, <http://www.njbreastfeeding.org/>

10. How to tell if your baby is getting enough milk: The number of wet and soiled diapers can help you determine if your baby is getting enough milk.

- The chart on the last page will be your guide for the first week
- If your baby has at least the number of feedings, the number of wet diapers, and the number of soiled diapers listed on the chart for each day, he is getting enough
- After day 7, your baby should continue to have at least 6 wet diapers and 3 bowel movements every 24 hours
- By the second month, the pattern may change to fewer daily bowel movements

Is the diaper really wet? It may be difficult to tell if a disposable diaper is really wet – putting a clean white tissue in each new diaper will help you know when the baby has urinated.

Review by:

Alicia Dermer, MD, IBCLC

Rose St Fleur, MD, FAAP

CALL YOUR HEALTH CARE PROVIDER IF BABY:

HAS FEWER WET OR SOILED DIAPERS THAN SHOWN ON THE CHART NURSES FEWER THAN 8 TIMES EVERY 24 HOURS
SLEEPS MOST OF THE TIME AND IS DIFFICULT TO WAKE UP FOR FEEDINGS

OR IF MOM:

- HAS BREAST ENGORGEMENT WITH FEVER, CHILLS, AND FLU-LIKE SYMPTOMS

DAILY BREASTFEEDING RECORD

Baby's name _____ Date & time of birth _____

- Cross off the hour (or in between) each time the baby nurses
- Cross off a **W** each time you change a **wet diaper**
- Cross off an **S** each time you change a **soiled (poopy) diaper**
- If you cross off all the W's and S's for each day, and meet the goal for each day, you'll know that your baby is getting enough breast milk

GOALS:

Day 1	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: W Soiled diapers (black, tarry meconium): S	Breastfeed as soon as possible Keep baby in the room with you Keep baby skin to skin as often as possible No bottles or pacifiers
Day 2	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: W W Soiled diapers (black or brown stool): S S	Nurse often: 8-10 times/24 hours Keep baby in the room with you Keep baby skin to skin as often as possible No bottles or pacifiers
Day 3	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: W W W Soiled diapers (green or yellow): S S	8-12 nursings Breasts feel full as colostrum begins to change to milk Keep baby in the room with you Keep baby skin to skin as often as possible
Day 4	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: W W W W Soiled diapers (loose yellow): S S S	8-12 nursings Breasts may feel full as colostrum changes to milk
Day 5	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: W W W W W W Soiled diapers (loose yellow): S S S	8-12 nursings
Day 6	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: W W W W W W W Soiled diapers: S S S S	8-12 nursings
Day 7	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: W W W W W W W Soiled diapers: S S S S	8-12 nursings Feeling confident with breastfeeding