

BREASTFEEDING GUIDE

10 THINGS BREASTFEEDING MOMS SHOULD KNOW BEFORE LEAVING THE HOSPITAL.

ANY QUESTIONS? ASK YOUR NURSE OR LACTATION CONSULTANT BEFORE GOING HOME.

1. How to hold your baby at the breast and help him latch on comfortably

(If mom's nipple is the first nipple a baby meets, he will have an easier time learning to breastfeed.)

- Support baby on pillows at breast height, lying on his side, knees touching mom.
- Stroke his lower lip with your nipple.
- When he opens w-i-d-e like a yawn, quickly pull him in close.
- Baby needs to take both the nipple and some of the areola into his mouth.
(The areola is the darker skin around the nipple.)
- Avoid pushing on the back of baby's head; bring his *whole body* toward you.
- His nose and chin should touch the breast.

If there are more than a few moments of discomfort, or if he's sucking 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 will help, and show you other nursing positions.

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 (timed from the start of one feed to the start of the next). Some babies like to bunch several feedings into only a few hours, and then may take a longer nap.

3. 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. 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. Good positioning – not time limits – prevents soreness.

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

Watch for *feeding cues*, even if he is asleep. Try to feed him before he starts crying.

Watch and listen for:

- Sucking movements of mouth and tongue
- Restlessness or increased body movements, especially hand to mouth movements
- Small sounds
- Crying (a *late* feeding cue)

5. How to know when your baby is swallowing

Your baby should swallow after every few sucks. He's swallowing if you:

- Hear him swallow
- See him swallow
- See his throat move
- Your breasts feel softer after a feeding

6. How to manage engorgement

On day 3 or 4 your breasts may feel very full, warm, and sore. It's a good sign that your milk is coming in, but may leave you temporarily uncomfortable and discouraged. This will pass in 24-48 hours.

- Nurse often; don't skip feedings.
- Remove a little milk before feeding to soften the nipple and areola:
 - *Place your thumb and fingers just in back of the areola -the dark skin around 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 or supplements 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. Bottles may interfere with the baby's learning to breastfeed and with your milk supply. If your baby must have a bottle for a medical reason, ask your nurse or lactation consultant for 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, bottles of pumped breastmilk may be introduced without compromising breastfeeding. Just breastmilk for the first 6 months is recommended by the American Academy of Pediatrics. A diet of only breastmilk for the first 6 months offers maximum protection against allergies and illness.

8. How to store your milk

- Use a clean container (baby bottle, plastic nurser bag)
- Label with date
- Refrigerate up to 3 days
- Freeze up to 3 months (*freeze milk as soon as it's expressed*)
- Thaw under warm water (never microwave); shake to mix

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

Your nurse will give you a list of local resources for breastfeeding support.

10. How to tell if your baby is getting enough milk

The number of wet and soiled diapers per day tells you 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 the number of feedings, the number of wet diapers, and the number of soiled diapers listed on the chart for each day, you can be sure he is getting enough.

(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.)

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.

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

FURTHER READING

Breastfeeding Pure & Simple
La Leche League

Nighttime Parenting
Sears

Dr. Jack Newman's Breastfeeding Guide
Newman

Dr. Mom's Guide to Breastfeeding
Neifert

The Fussy Baby
Sears

The Nursing Mother's Guide to Weaning
Huggins

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