

Successful Breastfeeding

What You Need to Know

THIRD TRIMESTER



UW Medicine | VALLEY MEDICAL CENTER
The Birth Center • Neonatal ICU • Pediatrics

5 Keys to Success

1. Ask for help

If you are having difficulties, ask for help! Problems have solutions. Support and encouragement is available to help you and your baby meet your breastfeeding goals.

2. Skin-to-skin

To help your baby transition from inside your womb to the outside world, place your baby skin-to-skin as soon as possible right after birth. Stay skin-to-skin for least an hour or until your baby's first feeding. Your baby may be ready to feed within 30 – 60 minutes after delivery. **Protect that “Golden Hour” right after birth.**

3. Know your baby's feeding cues

Feed your baby at least 8 – 12 times in 24 hours. Let your baby show you when he/she is hungry: getting squirmy, moving hands to mouth, licking or smacking lips, or turning the head to the touch of the cheek. These are called feeding cues and they tell you that your baby is hungry. Crying is a late cue!

4. Baby-led feeding

Use your baby's hunger or feeding cues to decide when to feed your baby—not the clock. An abundant milk supply is related to how often you feed and the complete removal of milk from your breast. Breast massage and hand expression will help with this as well.

5. Limit use of pacifiers and supplementation

Wait until feeding is going well before introducing a bottle or pacifier. It is recommended to wait 4 – 6 weeks before introducing a bottle. Early use of bottles and pacifiers often leads to feeding difficulties and early weaning (stopping breastfeeding). Bottles and pacifiers can interfere with your milk production and the amount of milk your baby will get.



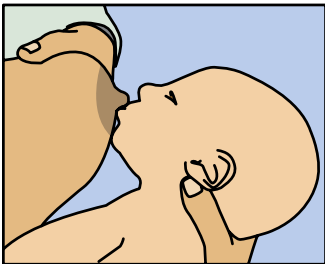
Positioning and Latch

Proper positioning

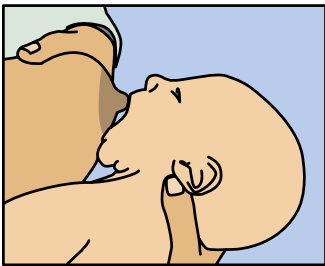
It is important for your baby to be properly positioned when feeding. Make sure your baby's whole body is turned so the tummy is toward you. Keeping your baby's head and body in a straight line will help with latching properly. Whatever position you choose, make sure you are comfortable. You can use pillows under your arms, elbows, neck or back to give you added comfort and support. Keep in mind that what works well for one feeding may not work well for the next. Keep trying different positions until you are comfortable.



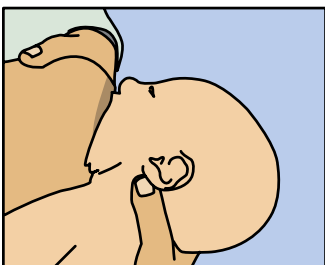
Getting a proper latch



Tickle your baby's lips with your nipple to encourage a wide open mouth.



With your nipple at your baby's nose, wait for your baby to open wide and lead with chin to achieve a deep latch.



Watch the lower lip and aim it as far from the base of the nipple as possible, so the baby takes a large mouthful.

Signs of a Good Latch

- The latch feels comfortable to you, without pinching or hurting.
- Your baby's chest is against your body and he/she does not have to turn his/her head while drinking.
- You see little or no areola, depending on the size of your areola and the size of your baby's mouth. If your areola is showing, you will see more above your baby's lip and less below.
- When your baby is positioned well, his/her mouth will be filled with breast.
- The tongue is cupped under the breast, although you might not see it.
- You hear or see your baby swallow. In the first few days, some babies swallow so quietly, a pause in their breathing may be the only sign of swallowing.
- You see the baby's ears "wiggle" slightly.
- Your baby's lips turn out like fish lips, not in.
- Your baby's chin touches your breast.
- Your nipple is rounded and elongated after your baby comes off.

What to Expect

In the early days after going home from the hospital, you may experience some of these common challenges. Every mom and baby are different, but it is good to be prepared to know what to do if or when they occur.

Engorgement

It is normal for your breasts to become larger, heavier and a little tender when they begin making more milk. Sometime this fullness may turn into engorgement when your breasts feel very hard or painful. This can happen when your milk supply increases or the breast is not emptied well. Engorgement is painful swelling of the breast tissue due to inflammation (swelling) occurring. This over-full feeling may be accompanied by pain and fever. Your baby may have more difficulty latching if you are engorged.

Treatment includes:

- Breastfeed frequently (8 – 12 times/24hours) This is the best way to avoid engorgement!
- Massage your breasts before and during each feeding in the direction of the milk flow.
- Rotate nursing positions to help equally empty all lobes of your breast.
- Apply warm packs or take a hot shower letting the water gently flow over your breasts before feeding to help your milk let down.
- Apply ice packs (frozen peas or cold, un-popped popcorn kernels in a Ziploc bag work well) 20 minutes at a time after feeding for severe swelling
- Express a little milk (by hand or by pump) to soften the areola so your baby can latch on.
- If necessary for comfort, pump your breasts after each feeding until the pressure is relieved.
- Take mild pain relievers like Ibuprofen or Tylenol.
- Wear a well fitting, supportive bra.
- If your engorgement is not improved in 24 – 72 hours, call Valley's Lactation Services.

Nighttime feedings

It is normal for your baby to want to eat more during the night. Your baby will be getting used to not being inside your womb and hearing all the familiar sounds such as your heart beating, blood rushing through the umbilical cord and gurgling of your stomach. At night when everyone is quiet and the constant motion and sounds your baby is used to are gone, your baby may become fussier and want to eat more. This is normal... your breast will be like "home"! Your hormones that make your milk are at their highest at night also. So not only will you be comforting your baby during these frequent feeds but also making more milk.

Appetite spurts

Your baby will go through growth spurts throughout the first year of life. The first happening at a few days after birth, 7 – 10 days, 2 – 3 weeks, 4 – 6 weeks and at 3, 4, 6 and 9 months of age. Every baby is different. When your baby is getting ready to go through a growth spurt, he/she will feed frequently (every hour or more at times) which is also called cluster feeding. This may make you feel like you do not have enough milk for your baby. Actually your baby is a genius! Your baby is helping you make more milk for when he/she needs it during a growth spurt. Listen and follow your baby's lead. These appetite spurts usually last a day or two.



Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

- 1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.**
- 2. Train all healthcare staff in the skills necessary to implement this policy.**
- 3. Inform all pregnant women about the benefits and management of breastfeeding.**
- 4. Help mothers initiate breastfeeding within one hour of birth.**
- 5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.**
- 6. Give infants no food or drink other than breastmilk, unless *medically* indicated.**
- 7. Practice rooming-in—allow mothers and infants to remain together 24 hours a day.**
- 8. Encourage breastfeeding on demand.**
- 9. Give no pacifiers or artificial nipples to breastfeeding infants.**
- 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.**

This facility upholds the World Health Organization/UNICEF “*Ten Steps to Successful Breastfeeding*” published in a joint statement entitled: “*Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*”

The Ten Steps to Successful Breastfeeding form the basis of the Baby-Friendly Hospital Initiative, a worldwide breastfeeding quality improvement project created by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF).

Baby-Friendly hospitals and birth centers also uphold the International Code of Marketing of Breast Milk Substitutes by offering parent support, education, and educational materials that promote the use of human milk rather than other infant food or drinks, and by refusing to accept or distribute free or subsidized supplies of breastmilk substitutes, nipples, and other feeding devices.

We want you to succeed at breastfeeding

To help you succeed at breastfeeding, Valley Medical Center follows the Ten Steps to Successful Breastfeeding.

This means that we:

- Have a written breastfeeding policy
- Have trained all health care staff in the skills they need to follow this policy
- Tell all pregnant women about the benefits of breastfeeding
- Help new mothers begin breastfeeding within 1 hour of giving birth
- Show mothers how to breastfeed and how to keep producing milk
- Give babies only breast milk unless they have a medical need
- Keep a mother and her baby together in the same room
- Encourage mothers to breastfeed “on cue”
- Refer mothers to breastfeeding support groups

Our nurses will help you and your baby get started with breastfeeding. Our lactation consultants who are registered nurses and are certified by the International Board of Lactation Consultants (IBCLC) are also available to help you.

Lactation Services

425.228.3440 ext. 2526

If you have any questions or concerns, you can call and make an appointment with a certified lactation consultant prior to giving birth to your baby.

Before coming to the hospital:

- Choose a doctor for your baby
- Get fitted for a proper nursing bra
- Know who your breastfeeding support is
- Pre-register with UW/VMC
- Get as much rest as you can
- Discuss breastfeeding with your significant other
- Talk to a lactation consultant regarding your questions
- Attend a breastfeeding class



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