

Breastfeeding Mom & Baby



CONGRATULATIONS! You are giving a wonderful gift to your baby by choosing to breastfeed. You are so special because you can make the food that is uniquely perfect for your baby. Breast milk provides the best nutrition for your newborn as your milk has everything that your baby needs.

The first few weeks of breastfeeding are a learning period for you and your baby. It sometimes comes with challenges and that is normal. Your baby and you are learning new and important skills with many huge rewards. The good news is that you have many resources to help you be successful in your goal.

Skin-to-Skin

“Skin-to-skin” means having your baby’s skin in direct contact with your skin. It is best if your baby is only in a diaper and kept on or close to your chest between your breasts. If you are unavailable, any support person can do skin-to-skin with the newborn.

The “Golden Hour” is uninterrupted skin-to-skin time with your baby. This is an important time for bonding between you and your baby for at least the first 60 minutes of life. This has shown to be critical to the newborn’s growth, development and especially the initiation of breastfeeding. Putting the baby skin-to-skin with the mother immediately after birth, allows the baby to be colonized with the same healthy bacteria as the mother. Keeping the baby skin-to-skin for the first 60 minutes of life increases the likelihood that the baby will latch onto the breast for the first feed with little or no interventions. You should keep your baby skin-to-skin as much as possible throughout your hospital stay.



Benefits of skin-to-skin

- Regulates baby’s temperature
- Promotes bonding
- Babies cry less
- Babies breastfeed better
- Regulates baby’s heart rate
- Helps mom produce more milk
- Few feeding problems
- Promotes brain development

Baby Feeding Cues

Your baby will show you signs that he/she is getting hungry and wants to eat. These signs are called feeding cues. You can tell if your baby is hungry by watching your baby’s behavior. The importance of rooming in with your baby is so that you can begin to learn how your baby gives you different cues. Feeding cues are signs that the baby gives to show you that he/she is starting to get hungry. It is best to feed the baby when he/she is showing EARLY cues.



Some early cues are:

- Eyes moving under the eyelids
- Stirring
- Mouth opening
- Turning head
- Moving hand to mouth



This is the time to begin breast massage and hand expression to get ready to feed your baby. Crying and fussiness is a LATE cue, and your baby has already shown many of the early cues prior to crying. If your baby is fussy, it can be very difficult to get him/her to feed. You will need to calm your baby first. The best way to calm a fussy baby is placing him/her skin-to-skin with you. Keeping your baby skin-to-skin frequently will help you be more in tune with your baby's feeding cues. Avoid using pacifiers in the beginning days as you establish your milk supply.

Normal Newborn Behavior

Newborn at birth

Most full term babies are alert and eager to breastfeed within the first hour of life. Keeping your baby skin-to-skin with you until the first breastfeeding is completed is very important to establish a positive breastfeeding experience.

Sleepy baby

Babies usually get sleepy from around 2 – 8 hours old. During the baby's normal sleepy time, it is necessary to try to wake the sleepy baby to offer the breast. To wake a sleepy baby, you can un-swaddle him/her, take off his/her clothes, change the diaper and stroke the baby's back and feet. You can also place baby on your chest skin-to-skin. Massage your breasts and hand express some of your colostrum to give your baby a smell and taste. Try to latch your baby. If the baby does not successfully latch, keep baby skin-to-skin.



Fussy baby

Babies “wake up” and can be fussy. It is very normal for your baby to want to cluster feed at or around 20 – 24 hours. The best thing to do during this normal time is to feed your baby on cue (see “Baby Feeding Cues”) as much as possible. Your baby is making up for the sleepy period and preparing your body to make more milk in the next couple of days. Besides putting the baby to the breast, you can hand express your milk and give your baby your expressed milk. Mom, dad, partner or another support person can put the baby skin-to-skin as much as possible. Burp your baby before feeding, in between breasts and after feeding.



Hand Expression

Hand expression is manually massaging the breast to release breast milk. It is important to massage your breast and express your milk by hand prior to each feeding. This simple technique will allow for your milk to be ready for your baby during breastfeeding. It helps to stimulate the breasts which will increase your milk supply. Hand expression is much more effective than a breast pump in collecting colostrum in the few days after birth.

How do I hand express my milk?

1. Sit upright and lean forward slightly.
2. Massage your breasts starting at the armpit working toward the nipple. Press firmly toward your chest wall in small circular motions.
3. Place thumb and first two fingers on the breasts about 1 – 1½ inches behind the areola (darkened area of your breast). Position your fingers like a “C.”
4. Keep your thumb and fingers in line with your nipple. Do not cup your nipple.
5. Gently press back towards your chest. For large breasts, lift up before pushing back toward your chest.
6. Roll thumb forward toward the nipple, moving finger pressure from the middle finger to index finger as you roll your thumb.
7. Pause.
8. Repeat in rhythmic pattern (press, compress, release), moving your hand around the breast to empty all your milk ducts.

When should I hand express?

- Express colostrum within the first hour after delivery.
- Hand express and massage the breast before each feeding.
- Express breastmilk if you have a sleepy baby who is not latching well or if your baby is not latching properly.
- Expressing helps relieve engorgement in the first few days after delivery.

Breastmilk and Your Baby

Colostrum

The first milk you have is exactly what the baby needs. This beginning milk is called colostrum. Colostrum is also referred to as “liquid gold” because of all the wonderful benefits it has for babies. It is thick and may be yellow, white or clear in color. It is high in protein, carbohydrates and antibodies to help keep your baby healthy. Colostrum is extremely easy to digest and has laxative properties to help your baby pass her first stool called meconium.



How often should your breastfeed?

Early and often! The more milk your baby removes from your breasts, the more milk you will make. Breastfeeding your baby is all about supply and demand. The more frequently you offer the baby the breast or hand express your milk, the more milk you will make. Breastfeed your baby as soon as possible after birth, then feed your baby “on cue” (Baby Feeding Cues) at least 8 – 12 times in 24 hours for as long as your baby will suckle. Offering the breast in the early hours frequently, even to “lick and nuzzle,” is important. Feeding your baby “on cue” is also known as baby-led feeding. Avoid using pacifiers in the beginning days to help establish your milk supply.

How long should I feed my baby?

Feed your baby, not the clock! Leave your baby on the breast until the baby detaches from the breast and appears satisfied. Always offer the second breast, but he/she may not feed as long or may refuse the second side. For the next feed, start the feeding on the breast you ended on.

All babies lose weight!

It is normal for your baby to lose weight after birth. The nurse will weigh your baby every 24 hours to determine weight loss. Weight loss up to 7 – 10% the first few days of life is completely normal.

Is my baby getting enough milk?

The best way to determine if your baby is getting enough milk is by the baby's wet and dirty diapers. Your baby should have at least one wet diaper per day of life (i.e. day 1 = 1 wet diaper; day 2 = 2 wet diapers; day 3 = 3 wet diapers, etc.). It is fine for your baby to have more. Your baby's first stool is called meconium, which is a black, tar-like substance. Your baby will have 1 – 2 (or more) stools the first few days. It will transition to a brown/green color by day 3 and then to a seedy, mustard yellow color by day 5 – 6. Your baby should have 4 – 6 yellow seedy stools in 24 hours for the first 4 – 6 weeks, and then will develop his/her own stooling habits.

Breastfeeding Positions

In any position you breastfeed, you will want to make sure you are comfortable. Move pillows under your arms for support, un-swaddle and un-dress your baby. Wake a sleepy baby or calm a fussy baby (see Normal Newborn Behavior) before offering the breast. In any breastfeeding position, you and your baby should be tummy-to-tummy. Your baby's hands should be on each side of your breast and baby's nose should be at the nipple line.

Cross-cradle hold

Useful for new moms and babies to achieve a deep latch. Hold your baby along the opposite arm from the breast you are using. Support your baby's head with the palm of your hand at the base of his/her neck.



Football / clutch hold

Useful for mothers who had a C-section, mothers with large breasts, flat or inverted nipples, or a strong let-down reflex. This hold allows you to better see and control your baby's head. Tuck your baby around the side of your body, with his/her head at the level of your nipple.



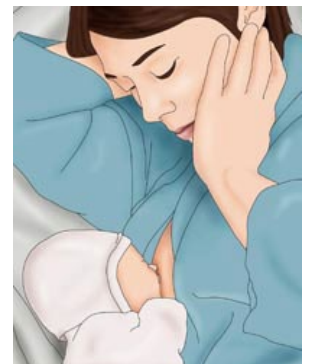
Cradle hold

An easy, common hold that is comfortable for most moms and babies. Hold your baby with his or her head on your forearm and his/her whole body facing yours.



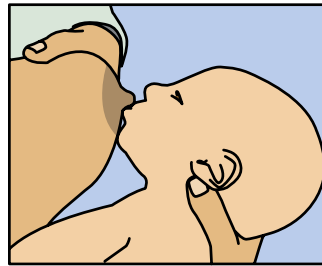
Side-lying hold

Useful for mothers who have a C-section. This hold also helps mom to get extra rest while baby breastfeeds. Lie on your side with your baby facing you. Pull your baby close so your baby faces your body.

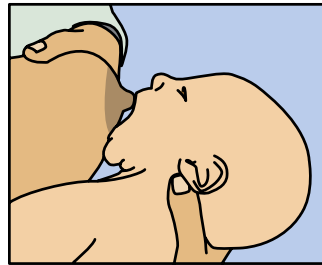


Proper Latch

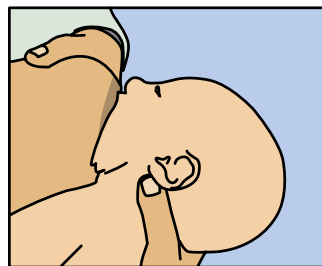
1. Hold your baby wearing only a diaper against your bare skin. Position your baby “tummy-to-tummy” or “tummy-to-rib cage” with you.
2. Adjust your baby so that his/her nose is at your nipple line. Point your nipple to the baby’s nose.
3. Place the palm of your hand between the baby’s shoulders with your thumb and index fingers under the baby’s ears to support the head.
4. Support your breast with the other hand using a “C” or “U” hold (see pictures to the right.) Avoid scissoring the breast between the fingers.
5. As the baby opens his/her mouth, let the baby’s head tilt back and point the nipple to the roof of the baby’s mouth making sure you bring your baby to your breast. Allow the baby’s chin to lead when latching.
6. Baby’s chin and cheeks will be pressed firmly in to the breast and the nose will be clear of the breast or touching slightly. The baby should have a large mouthful of breast with a wide open mouth for a deep latch.
7. Keep the baby held firmly to the breast while the baby is latched and suckling. Support your baby’s head by placing the palm of your hand between the baby’s shoulder blades. Put your thumb and index fingers below the ears. Never push the baby’s head into the breast with your hand.
8. It is normal for the latch to be slightly painful initially for about 15 – 20 seconds, but then a tugging or pulling sensation should be felt. If the latch is painful, release your baby’s latch and try again.



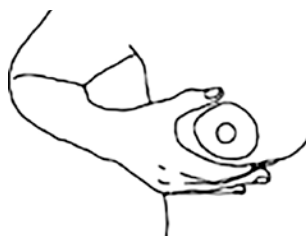
Tickle your baby’s lips with your nipple to encourage a wide open mouth.



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.



“C” Hold photo



“U” Hold photo



You will want to support your breast while breastfeeding using a “C” (football position) or “U” (cradle or cross-cradle position) hold with your fingers. You want your fingers to be parallel to your baby’s lips. Give your baby a “breast sandwich.”

At Home

Sore nipples

- Good latch and positioning will prevent or reduce nipple soreness. (See Proper Latch & Breastfeeding Positions.)
- Rotate your nursing holds to vary your baby's strongest sucking points.
- Start nursing on the breast that is less sore.
- Express some of your milk at the end of the feeding and let dry on your nipple, as it is a natural healing agent.
- Use 100% pure lanolin on nipples after feedings.
- Obtain hydrogel pads, a moist helping system that is soothing to sore nipples.

Engorgement

- Breastfeed frequently.
- Massage your breasts and hand express before and during each feeding in the direction of the milk flow.
- Rotate nursing positions to help equally empty all lobes of your breasts.
- Apply warm packs or take a hot shower before feeding to help your milk let down.
- Apply ice packs for 20 minutes at a time after feeding for severe swelling.
- Express a little milk by hand to soften the areola so your baby can latch.
- 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 engorgement has not improved in 24 – 72 hours, call UWIVMC Lactation Services for an outpatient appointment.

Maintaining milk supply

Breastfeeding frequently and properly assures your baby the best nutrition and keeps your milk supply abundant. It also decreases engorgement, clogged ducts, and the chance of mastitis (breast infection).

Watch your baby's cues, not the clock, to determine the frequency and length of feedings. The more often and effectively a baby breastfeeds, the more milk will be made. Refer back to "Breastmilk and Your Baby" for signs about whether your baby is getting enough milk. Your baby's weight gain will also be one of the best ways to determine if your baby is getting enough milk. Let your baby's doctor know if you think your baby is not getting enough milk. You can also call UWIVMC Lactation Services for any questions or concerns regarding your milk supply.

Appetite spurts

Your baby will go through appetite spurts around the ages of 2 – 3 days, 5 – 10 days, 2 – 3 weeks, 6 weeks and 2 – 3 months. This may mean that your baby may eat up to 15 – 18 times a day. This appetite spurt will usually last usually 24 – 48 hours. This is very normal and does not mean you do not have enough milk for your baby. Do not be alarmed that your milk supply is too low to satisfy your baby. Your baby is getting ready to go through a growth spurt and is getting your milk supply up for when it happens. Your baby is a genius. Follow your baby's lead because nursing more and more often will help build up your milk supply. Once your supply increases, you will likely be back to your usual routine.

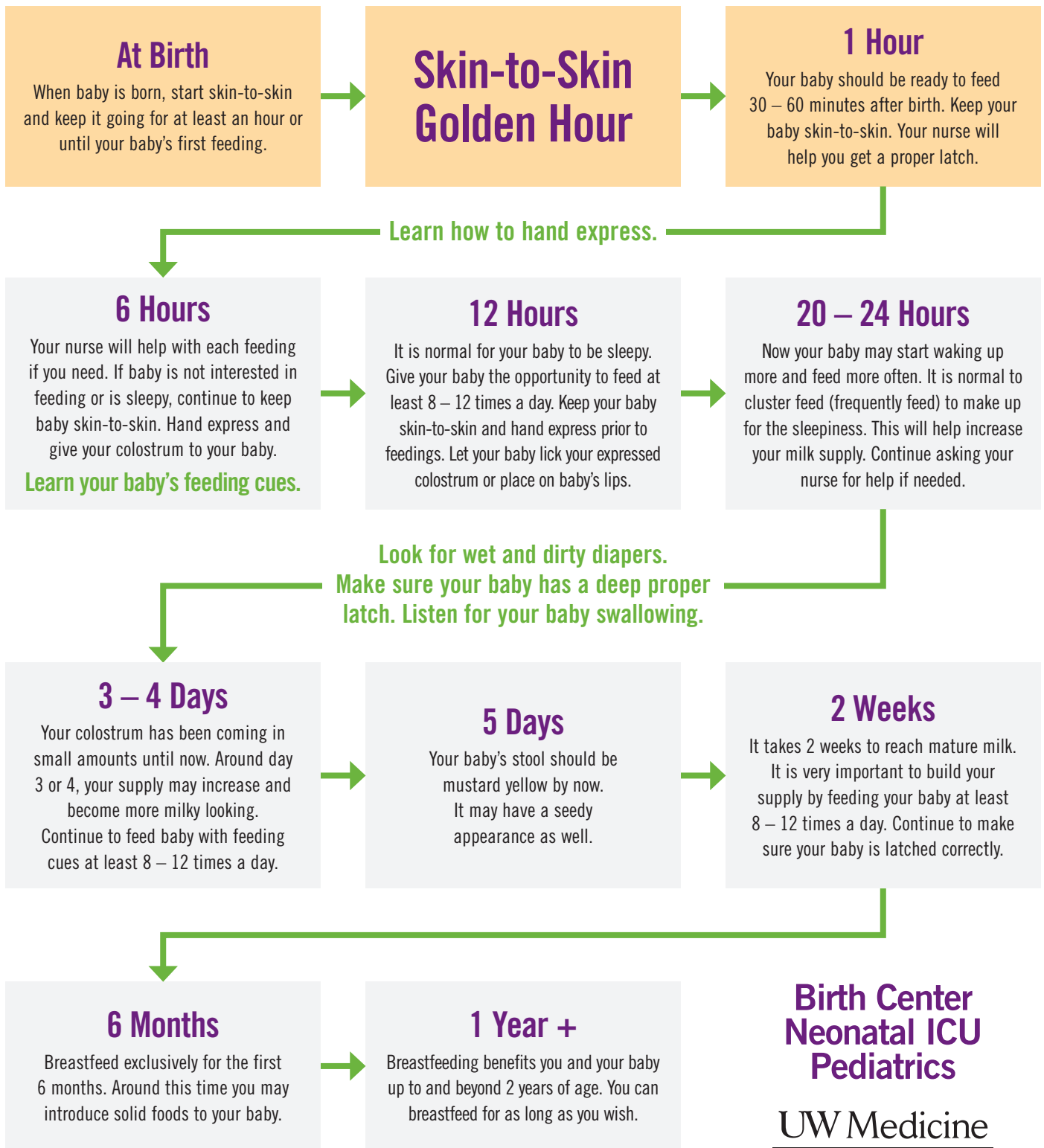
Giving a bottle or pacifier

Many studies have shown that early bottles cause problems for breastfeeding. Milk production falls, many babies do not nurse as well after being given the bottle, and women end up stopping breastfeeding before they planned. For these reasons, we encourage you to avoid bottles for the first 4 to 6 weeks. If you decide to give a bottle, try to express or pump milk at about the time your baby would be eating. This will help you keep up your supply. Talk to UWIVMC Lactation Services if you feel you need to include bottles in your feeding plan. We can help you meet your breastfeeding goals. Avoid giving your baby a pacifier to help establish your milk supply in the beginning weeks. Feed your baby with feeding cues.

Medications

If there are any questions regarding breastfeeding and the medications that you take, you can contact your doctor, baby's doctor or UWIVMC Lactation Services. Most medications are safe to take while breastfeeding. For those that are not safe, there are usually acceptable substitutions. Although mothers are frequently told they need to stop breastfeeding (temporarily or permanently) to take a medication, this is rarely necessary. Be sure to continue eating a healthy diet and take your prenatal vitamins while you are breastfeeding. Drinking 8 – 10 glasses of water a day will also ensure proper hydration.

Breastfeeding Timeline



QUESTIONS OR CONCERNS?

Contact Valley Medical Center's Lactation Services at 425.228.3440, ext. 2526.

**Birth Center
Neonatal ICU
Pediatrics**

UW Medicine

VALLEY
MEDICAL CENTER

Remarkable things happen here.™

Breastfeeding Resources

Lactation Services

Nurturing Expressions

206.763.2733

In home lactation support

Private appointments in office

Breastfeeding supplies

nurturingexpressions.com

WIC (Women, Infants and Children)

doh.wa.gov/YouandYourFamily/WIC

La Leche League

lalecheleague.org

Active groups in Kent/Covington,

Renton, Bellevue, Issaquah,

North Tacoma and Parkland

Washington La Leche League Hotline

206.522.1336

llofwa.org

Organizations and Online Support

UW Medicine Valley Medical Center

valleymed.org

Baby Friendly Hospital Initiative

babyfriendlyusa.org

World Health Organization

who.int/topics/breastfeeding/en

Centers of Disease Control and Prevention – Breastfeeding

cdc.gov/breastfeeding

US Department of Health and Human Services Office on Women's Health

womenshealth.gov/breastfeeding

University of Washington Medical Center

healthonline.washington.edu

(search “breastfeeding”)

Within Reach Washington

withinreachwa.org

Breastfeeding Online

Jack Newman, MD

breastfeedignonline.com

Kelly Mom

kellymom.com

UW Medicine Valley Medical Center Lactation Services

425.228.3440, ext. 2526

Call for an outpatient appointment
or with any questions/concerns.

Valley Medical Center Support Groups

Parent-Infant/Baby

Meets every Wednesday

1:00 – 2:30 PM

Parent-Crawler/Toddler

Meets every Wednesday

10:00 – 11:30 AM

Sign up at
valleymed.org/birthclass

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