

Successful Breastfeeding

What You Need to Know



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 time for you and your baby. Sometimes it is hard 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 start of breastfeeding. Putting the baby skin-to-skin with you immediately after birth, allows the baby to be colonized with the same healthy bacteria as you. 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 extra help needed. You should keep your baby skin-to-skin as much as possible during 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 parent produce more milk
- Few feeding problems
- Promotes brain development

Baby Feeding Cues

Your baby will show you signs that they are 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 they are starting to get hungry. It is best to feed the baby when they are 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 before crying. If your baby is fussy, it can be hard to get them to feed. You will need to calm your baby first. The best way to calm a fussy baby is placing them skin-to-skin with you. Keeping your baby skin-to-skin will often 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 them, take off their 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. Parents or support persons can put the baby skin-to-skin as much as possible. Before and after feeding, burp your baby between your breasts.



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 before each feeding. This simple technique will allow 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). Hold your fingers in a “C” shape.
4. Keep your thumb and fingers in line with your nipple. Do not cup your nipple.
5. Gently press back toward your chest. For large breasts, lift up before pushing back toward your chest.
6. Compress your finger and thumb on the areola, behind the nipple, to compress the milk glands. Do not lift your fingers.
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 very easy to digest and has laxative properties to help your baby pass their 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 often 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 often in the early hours, 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 they 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!

Your baby will begin gaining weight as your milk increases. Babies typically get back to birth weight by 10 – 14 days of age. Then your baby should gain about 1 ounce per day in the next few months.

Is my baby getting enough milk?

The best way to know 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 change 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 form their 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 you and your baby 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 their neck.



Football/clutch hold

Useful if you had a C-section, have larger 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 their head at the level of your nipple.



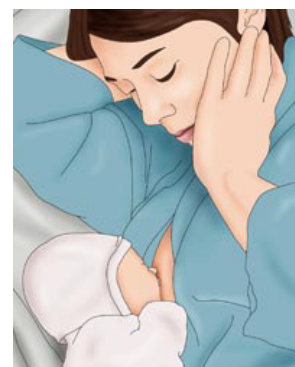
Cradle hold

A common hold that is used for breastfeeding. Hold your baby with their head on your forearm and their whole body facing yours.



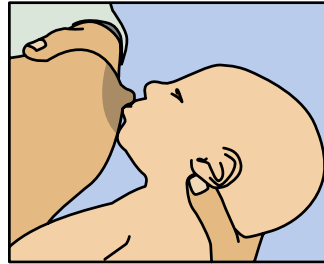
Side-lying hold

Useful if you had a C-section. This hold also helps you 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.

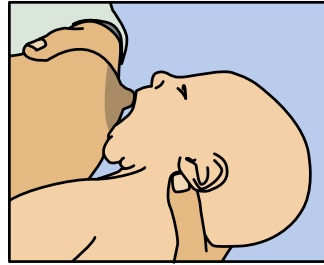


Proper Latch

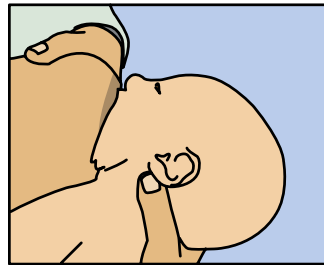
1. Hold your baby wearing only a diaper against your bare skin. Hold your baby “tummy-to-tummy” or “tummy-to-rib cage” with you.
2. Adjust your baby so that their nose is at your nipple line. Point your nipple to the baby's nose.
3. Place the palm of your hand between the baby's shoulders with your thumb 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 their 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. For about the first 15 – 20 seconds, it is normal for the latch to be slightly painful, but then a tugging or pulling sensation should be felt. If the latch is painful, release your baby's latch and try again.



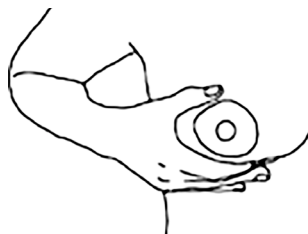
Tickle your baby's lips with your nipple to encourage a wide open mouth.



With your nipple at your baby's nose and pointing to the roof of the mouth, wait for your baby to open wide and lead with chin to get a deep latch.



Keep your baby's chin deep into the breast.



“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.
- Express some of your milk at the end of the feeding and let dry on your nipple, as it is a natural healing agent.

Engorgement

- Breastfeed frequently.
- Hand express before each feeding.
- Rotate nursing positions to help equally empty all lobes of your breasts.
- Apply ice packs for 10 – 15 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 acetaminophen (Tylenol).

Maintaining milk supply

Breastfeeding often 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 decide how often and how long to feed. 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 learn 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 Valley's Lactation Services for any questions or concerns about 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 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 building up your milk supply 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 parents end up stopping breastfeeding before they planned. For these reasons, we urge 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 Valley's Lactation Services if you feel you want 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 first few weeks. Feed your baby with feeding cues.

Medications

If there are any questions about breastfeeding and the medications that you take, you can contact your doctor, baby's doctor or Valley's Lactation Services. Most medications are safe to take while breastfeeding. For those that are not safe, there are usually acceptable substitutions. Although parents are often 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 enough water to satisfy your thirst will make sure you are well hydrated.

Breastfeeding Timeline



Breastfeeding Resources

Lactation Services

Nurturing Expressions

206.763.2733

Breastfeeding supplies

nurturingexpressions.com

WIC (Women, Infants and Children)

doh.wa.gov/YouandYourFamily/WIC

La Leche League

lalecheleague.org

Active groups across King County

lllwa.org

Organizations and Online Support

Baby Friendly Hospital Initiative

babyfriendlyusa.org

World Health Organization

who.int/health-topics/breastfeeding

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

Within Reach Washington

withinreachwa.org

Breastfeeding Online

Jack Newman, MD

breastfeedingonline.com

Kelly Mom

kellymom.com

Human Milk Storage Guidelines

Type of Breast Milk	Storage Location and Temperatures		
	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40°F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 hours	Up to 4 days	Within 6 months is best; up to 12 months is acceptable
Thawed, Previously Frozen	1 – 2 hours	Up to 1 day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

Credit: Centers for Disease Control and Prevention



VALLEY MEDICAL CENTER

400 South 43rd St, Renton, WA 98055

valleymed.org/lactation