

Breastfeeding How-to

Breastfeeding is not normally complicated; *but sometimes it can be a bit difficult and a little frustrating*. Starting right away while still in the hospital, you and your child can learn together with the help of the lactation consultants or nurses. ***It is important to understand what is needed to support you and your baby's natural ability and know what is normal.*** This will help you to feel more confident as a brand new mom to stay committed towards your breastfeeding goals.

Feeding Cues

There are natural movements and behaviors that signal when they're ready to breastfeed. Here are some of the feeding cues to look for. **Early signs:** Smacking or licking their lips, opening and closing their mouth, sucking on their lips, tongue, hands, or anything they can, tongue thrusts. **Active signs:** Rooting, turning their head side to side looking for the nipple, diving for the nipple, anyone's nipple, fidgeting or squirming around a lot, hitting you in the arm or chest repeatedly, fussing or breathing fast. **Late signs:** Moving their head frantically from side to side, and finally, crying. Look for and respond to your baby before they begin to cry.

Getting Started: Position and Latch

Recognizing these early feeding cues and giving your baby access to your breast will encourage and support frequent feedings, a better latch to the breast, more colostrum and breast milk goes into your baby, blood sugar stability, passage of meconium, the black tarry bowel movements that newborns have, lower bilirubin levels and jaundice, and later, a good milk supply and adequate weight gain. **A hungry crying baby does not latch easily or as effectively.**

Find a comfortable position and relax. Use extra pillows and a nursing pillow to help support your back and arms. Bring your baby up to the level of your breasts. If he is too low, he will pull on your breast, causing friction. Put your baby on his side, facing you, and nestle his head in the bend of your elbow. Your hand should support your baby's bottom. His tummy should be lined up to yours, tummy to tummy. Don't let baby's body dangle away from yours.

Gently support your breast with your fingers under your breast and your thumb on top. Manually express a few drops of milk or colostrum to moisten your nipple. Brush your nipple against your baby's nose until he opens wide, like a yawn. The moment your baby opens his mouth wide, quickly direct your nipple into the center of his mouth and pull him in very close.

Your baby needs to take the whole nipple plus one inch of your breast into his mouth. His nose and chin should touch your breast. If his lower lip is tightly pursed you can press his chin down with your finger. If he is still not latched on correctly, you need to release the breast and try again.

Having a Successful Start

Success in breastfeeding starts at the beginning. Here are some tips on how to start successfully:

- Put your baby to your breast within an hour of birth.
- Keep your baby in your own room during the day and night.
- Breastfeed **as soon as** your baby shows signs of hunger, such as sucking on his hands and lips. Do not wait

until your baby begins to cry, which is a late sign of hunger.

• **Encourage your newborn to nurse frequently in those first few days.**

• Nurse your new baby every 2 to 3 hours, **day AND night** for the first 4 to 6 weeks. After that he should be fed every 3 to 4 hours. *Wake him up to eat, if necessary.*

• **In the early weeks** when you are establishing your milk supply, **let your baby nurse as frequently and as long as he wants.**

• Do not give your baby any **formula, water, or glucose water** unless medically indicated.¹

• If you must be separated from your baby and cannot breastfeed directly, express your milk to be given to your baby.

• If the baby's too sleepy and won't latch, **don't panic**, and **don't let anyone pressure you.**

• Ask to see the **lactation consultant** for support before you go home.

• Give your baby nothing but breast milk for the first six months of life.¹

• **Breastfeed your baby for the first year of life or longer.**¹

Release Techniques for Ending a Feeding

Follow your baby's lead. Some babies take both breasts at each feeding. Other babies only take one breast at a feeding. Help your baby finish the first breast, as long as he is still sucking and swallowing. This will ensure he gets the "hind" milk – the fattier milk at the end of a feeding. Your baby will let go of the breast when he is finished and often falls asleep. Offer the other breast if he seems to want more. If you need to take your baby off your breast, gently slip your clean pinky finger in the corner of your baby's mouth to break the suction. Take your baby off your breast. Position him upright by supporting his head or placing him high on your shoulder. Gently pat his back to help him burp.

Is Baby Eating Enough?

If your baby has six to eight wet diapers and two or three bowel movements each day and he is gaining weight steadily after the first week, he is usually getting plenty of breast milk.² Another way to tell if your baby is getting good nutrition is when you experience the milk letdown. You should experience a tingly feeling or a pulling sensation on your breast when the nutrient-rich hind milk is being expressed by your baby. It is not normal to feel pain while breastfeeding. Pushing through it and ignoring the signs your body is giving you will not only make breastfeeding your baby a negative experience, which it shouldn't be, but can often lead to real problems. Babies often fall asleep at the breast when they are full, but if you have not experienced the milk letdown sensation, gently wake your baby to encourage him to continue the feeding.

References and Footnotes:

1. Many leading health organizations recommend that most infants breastfeed for at least 12 months, with exclusive breastfeeding for the first 6 months. This means that babies are not given any foods or liquids other than breast milk for the first 6 months unless medically recommended. These recommendations are supported by organizations including the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, American Dietetic Association, and American Public Health Association.

2. Some mothers become concerned about their milk supply if their baby begins to have fewer bowel movements. By about 6 weeks after the birth, colostrum is no longer present in a mother's milk. So this may mean that baby's bowel movements will decrease to one every day or even a few times each week. This is normal.

Information compiled from U.S. Department of Health and Human Services, Office on Women's Health, Washington, DC found at: <http://www.womenshealth.gov/breastfeeding/> and La Leche League International, Chicago, IL., found at: <http://www.llli.org/>, accessed 12-6-2018.