

Feeding Your Baby: Successful Breastfeeding

Breastfeeding

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. Immediate skin-to-skin contact has been proven to help set you and your baby up for success.³ 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.

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 getting 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. Position has a lot to do with latching, and that's why skin-to-skin contact helps in the beginning! 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 it 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 open their mouth really wide for a good, deep latch.

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.

Feeding Cues

There are natural movements and behaviors that signal when a baby is 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 yours or 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.

Breast Milk is Liquid Gold

In the beginning, your newborn will get colostrum – which contains nutrients and antibodies. Colostrum helps coat the intestines to ward off germs and microorganisms and helps to clear out meconium, the black stool built up from their time in the womb.



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If you can't breastfeed right after birth, you can hand express into a small cup to feed your baby. Remember, they only get about an ounce that first day. To do this, begin by massaging your breasts to help prompt the let-down reflex. Then try the press-compress-release technique. Hold your breast with your hand in a C shape around your nipple, then press your hand into your chest. Leaning forward to let gravity help, compress your breast between your thumb and fingers and release the pressure without removing your hand. Repeat until you've collected enough milk.

This technique may also be helpful later if your breasts are engorged or you need to pump milk while away from your baby.

Be sure to alternate breasts each feeding—even if your baby seems to prefer one side—so that your supply is not affected.⁵

What to Know as Baby Gets Older

Feeding cues change⁶

Feeding cues can change as babies get older. From birth to five months, hungry babies clench their fists, put hands to mouth, or turn toward the breast. When full, they relax their hands, close their mouths, and turn away. After 6 months, your baby may excitedly reach for food, or use hand motions or sounds to show they are hungry.

Cluster Feedings⁷

Sometimes in the evenings, your baby may be fussier and want to eat every 30 minutes to an hour. This is called cluster feeding and is perfectly normal. It doesn't mean they're not getting enough; it's just their way of filling up before a longer sleep.

Growth spurts7

Babies also go through growth spurts many times during their first year. They usually last a few days, and your baby may be fussier or nurse more often or longer. This increase in feedings helps increase your milk supply when they need it. During these times, be sure to take care of yourself by staying hydrated, getting rest, and eating well!

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.

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