

Breastfeeding Your Newborn





Skin-to-Skin Connection

Seeing your baby for the first time is an experience you will never forget. The American Academy of Pediatrics recommends that a healthy newborn have direct skin-to-skin contact with its mother immediately after birth until the first feeding, or for the first hour.

This “skin-to-skin” connection provides important health benefits. It helps regulate your baby’s temperature, heart rate and blood sugar and makes beginning breastfeeding easier. Newborns naturally move toward their mother’s breast.

Exclusive Breastfeeding

Breastfeeding is the best and most ideal way to feed your baby. In addition to being a great nutritional start, breast milk contains antibodies that aid with protection from diseases. It also contributes to maternal-child bonding. Exclusive breastfeeding may also reduce infant deaths from common illnesses such as diarrhea and pneumonia and may speed up recovery from illness.

There is no doubt that breast milk contains all the nutrients and antibodies your baby needs for proper growth and development. UNICEF and the World Health Organization recommend exclusive breastfeeding for the first six months of a baby’s life. Breastfeeding for the first 12 months of life provides additional benefits.

Benefits of Breastfeeding

For however long you choose to nurse, your baby’s immune system can benefit greatly from breast milk. Breast milk is easily digested, perfectly matched nutrition and is filled with antibodies that protect against infection.

Breastfed babies avoid:

- Respiratory and ear infections
- Diarrhea and constipation
- Allergies
- Obesity
- Risk of sudden infant death syndrome (SIDS)
- Doctor visits

For moms, breastfeeding is convenient, economical and helps the uterus return to its normal size faster. It can be a beautiful way to bond with your baby.

Mothers who breastfeed experience less:

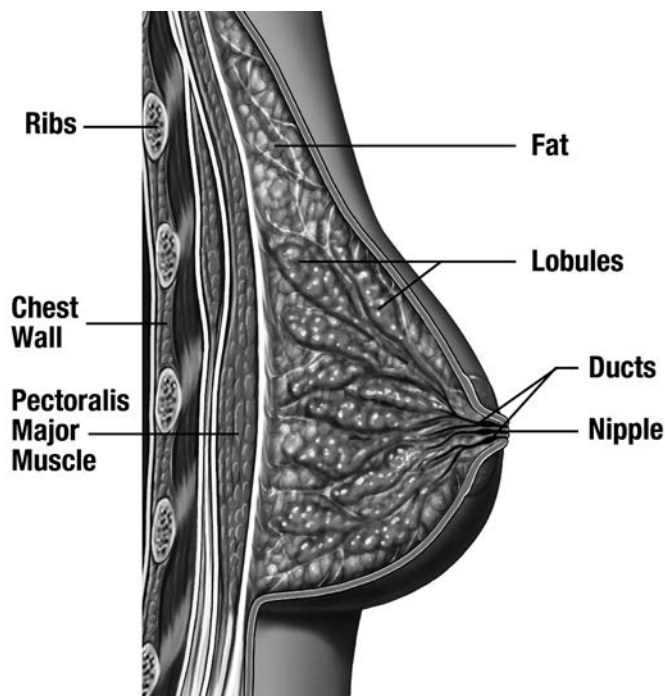
- Postpartum hemorrhage
- Postpartum depression
- Cancers, such as breast and endometrial
- Lost work time

Expert Help

Some women find breastfeeding difficult at first. Keep in mind that it is a learned art that requires patience and practice. Here are some suggestions to make it easier:

- Consult a lactation consultant or your healthcare provider about your decision to breastfeed – these professionals can help educate you and answer your questions.
- Take a lactation class.
- Join a breastfeeding support group.

Anatomy of the Breast



Breastfeeding success has nothing to do with the size of your breasts or nipples. It is a supply-and-demand process. The more you breastfeed, the more milk you will produce. Suckling at the breast stimulates the brain to release the hormones prolactin and oxytocin, which help your body make milk. Prolactin is also important in inhibiting ovulation, and oxytocin helps the uterus contract.

First Milk/Mature Milk

The first milk your breasts produce is called colostrum. It is yellow, thick, high in protein, and low in fat and sugar. Multiple antibodies protect your baby and act as a natural laxative, helping your baby pass the first stool (meconium).

Your milk will change and increase in quantity 48 to 72 hours after giving birth. The first milk to be drawn out is called foremilk, which is thin and watery to satisfy your baby's thirst. Hindmilk is released after several minutes of nursing. This milk looks like cream, is high in fat and has a relaxing effect. Hindmilk helps your baby feel full and gain weight.

Getting Started

Proper latching and positioning are important for successful breastfeeding. Babies must learn to open their mouths wide to bypass the nipple and close their gums farther back on the breast. Your nurse or lactation consultant can teach you proper latching and positioning techniques. Breastfeed early and often to avoid breast engorgement and help your baby practice while the breast is still soft.

While learning to breastfeed, avoid any artificial nipples such as bottles and pacifiers. They may confuse the baby and make latching on more difficult. Your baby does not need any water or formula supplements unless your healthcare provider determines they are medically needed.

Here are some position and latch tips:

- Hold your baby close to you with the nose in line with your nipple.
- Wait for your baby's mouth to open wide with the tongue down.
- Bring your baby up and toward you. Do not lean down toward the baby.
- If you need to guide the nipple to your baby's mouth, grasp the breast on the sides, using either a "C" hold or "U" hold. Keep your fingers away from the nipple so you don't affect how your baby latches on.
- Get approximately one inch of the areola in your baby's mouth to ensure an adequate latch.
- Ensure that your baby's tongue is over the bottom gum ridge, the mouth is wide open and the lips are outward, like a fish. If they are not, use your finger to pull the bottom one down and open up the top one.
- You will feel a painless "tug" sensation when your baby is latched correctly. In addition, your baby will have round full cheeks and rhythmic jaw movements.
- You should not hear any clicking, smacking or sucking sounds.

Breastfeeding Positions

There are many different positions for successful breastfeeding. It is important to find one that is comfortable for both you and your baby. Use pillows to prop your arms or the baby, if necessary.



Football



Cradle



Cross-Cradle



Side-Lying



Australian

Supply and Demand

The key to establishing an adequate milk supply is to breastfeed on demand (eight to 12 times in 24 hours). Avoid supplements of any kind unless medically indicated. Contact your healthcare provider if your baby refuses two or more feedings, seems lethargic or hard to wake up, or has fewer urine or bowel movements.

You should offer both breasts at each feeding. After you breastfeed on one side, burp your baby as necessary and offer the other breast. Then burp your baby again. Signs of hunger include:

- Sucking on tongue or lips during sleep
- Sucking on fingers
- Moving arms and hands towards mouth
- Fussing or fidgeting while sleeping
- Turning head from side to side

Signs of being full include:

- Falling asleep
- Relaxing the body
- Opening fists
- Relaxing the face
- Letting go of the nipple

Engorgement

Breast engorgement, especially as colostrum changes to mature milk, is normal. Symptoms include full or swollen breasts that feel hard or painful. Sometimes the nipple and areola are stretched tight, making it difficult for the baby to latch on. Engorgement is a temporary condition that will resolve in several days.

To avoid or minimize engorgement:

- Make sure your baby has a good latch
- Feed your baby frequently – at least eight to 12 times in 24 hours.
- Avoid artificial nipples, pacifiers or supplements
- Hand express or pump a little milk before a feeding to soften the breast.
- Massage breasts during feeding to help the flow of milk.
- If pumping, make sure your breast pump flange is correct.
- Stay hydrated.
- Apply a warm compress to the breasts just before feeding to help the milk flow.
- Apply a cold compress to the breasts after feeding to decrease pain and swelling.

Sore/Cracked Nipples

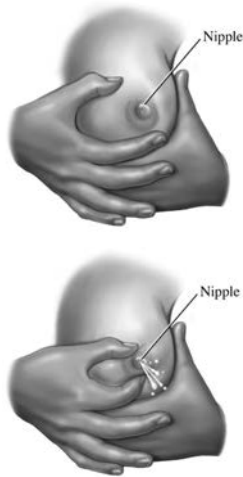
Be sure to get plenty of rest, drink fluids to quench your thirst, increase fluid intake on very hot days and nurse often – at least eight times in 24 hours. If your nipples are excessively sore, cracked, blistered or bleeding, consult your healthcare provider.

To prevent sore or cracked nipples:

- Do not use your breast as a pacifier.
- Avoid using soaps, creams or lotions on your breasts.
- Apply a few drops of colostrum or hindmilk to your nipple and areola after feedings and allow your nipples to air dry.
- Change your baby’s position during feedings so all the milk ducts are adequately drained and pressure is distributed.
- Do not skip feedings.

Hand Expression of Breast Milk

- Wash your hands.
- Use a wide-mouth container or specially designed funnel to collect the milk. Wash the container in very hot, soapy water; sterilization is not necessary.
- To increase the let-down reflex, gently massage your breasts, relax and think about your baby.
- Position your thumb, index and middle fingers an inch or two behind the nipple, with your thumb above and fingers below. Your hand should form a “C.”
- Push your fingers straight back toward your chest, keeping them the same distance apart. Then gently squeeze them together using a slight rolling motion, lifting the nipple outward. Try not to slide your fingers away from their original position. Relax your hand and repeat the motion.
- Lean forward and collect the milk in the container.
- Rotate your fingers around the nipple to help drain all areas.
- Switch back and forth from breast to breast as the flow slows to collect more milk.



Handling and Storage of Fresh-Expressed Breast Milk

Method	Full-Term Infant	Preterm Infant
Room temperature 79°F/26°C	4 hours	4 hours
Refrigerator	48 hours (hospital use) 8 days (home use)	48 hours
Completely thawed in refrigerator but not warmed	24 hours (hospital use) 48 hours (home use)	24 hours
Freezer compartment (one-door refrigerator)	2 weeks	Not recommended
Freezer compartment (two-door refrigerator)	3 to 4 months	3 months
Deep freeze (20°F/-4°C)	12 months	Less than 3 months is best



My First Week: Daily Breastfeeding Log

1. Your breastfeeding goal is eight to 12 breastfeeds every 24 hours.
2. Write down the time when your baby starts to breastfeed.
3. Circle the “W” when your baby has a wet diaper and the “S” when your baby has a stool diaper. It is okay if your baby has more wet and soiled diapers than listed. Contact your pediatrician if your baby has fewer wet or soiled diapers.

Baby's date of birth: _____ Time of birth: _____ Baby's birth weight: _____

Birth to 24 hours: colostrum (“first milk”)

Feeding times: _____

Wet diaper W

Black, tarry stool diaper S

24 to 48 hours: A little more colostrum

Feeding times: _____

Wet diaper W W

Black tarry stool diaper S S

48 to 72 hours: Even more colostrum (breastfeed a lot today to prevent engorgement)

Feeding times: _____

Wet diaper W W W

Black, tarry stool diaper S S S

Day 4: More milk is on the way

Feeding times: _____

Wet diaper W W W W W W

Black, tarry stool diaper S S S S

Day 5: Lots of wet diapers; stools are turning to bright yellow

Feeding times: _____

Wet diaper W W W W W W

Stool diaper S S S S

Day 6: Many wet diapers and stools; you are hearing swallows from your baby

Feeding times: _____

Wet diaper W W W W W W

Stool diaper S S S S

Day 7: Congratulations on exclusively breastfeeding your baby for the first week

Feeding times: _____

Wet diaper W W W W W W

Stool diaper S S S S

Breastfeeding: The First Three Weeks

The first 24 hours:

- Nurse your baby as soon as possible after birth.
- Your breasts already have first milk (colostrum).
- Your baby may seem upset if your baby does not latch on immediately. This is normal. Breastfeeding is a learning curve for both you and your baby. Be patient and persistent, as it may take several attempts before a successful latch occurs.
- Some babies feed frequently in the first 24 hours, but it is also normal for them to have a few hours of recovery sleep. Use this time to catch up on some needed sleep yourself.
- Unrestricted feeding in the first 24 hours is important, as the baby is learning how to breastfeed and establishing your milk supply.

Day two:

- In the next 24 hours, most babies will feed more frequently. Occasionally, babies are still a little sleepy and disinterested and may need some encouragement.
- Your baby should feed eight to 12 times in 24 hours. Most feeds will include 20 to 30 minutes of active sucking.
- The second night is often a sleepless one! Babies naturally get hungrier and cluster feed to bring your milk in. Your baby might seem upset or frustrated after a feed. This is normal. Nature has provided your baby with fat stores to get through this early period before your mature milk comes in.
- Chart your baby's wet and dirty diapers.
- Avoid pacifiers or supplementing with formula.

Days three and four:

- Your nipples may feel tender on initial latch, but this should go away in the first few seconds if the latch is proper.
- Your mature milk should be coming in today or tomorrow. You'll notice a change in color – from the yellow first milk to the paler mature milk.
- Your breasts feel fuller or heavier, and you may hear more swallowing and gulping as your baby feeds.
- Some moms experience engorgement, which can feel quite uncomfortable. *Refer to the tips on page 4 for relief.*
- Your milk production will gradually increase to meet your baby's needs.
- Your baby needs to feed eight to 12 times in 24 hours, with 20 to 30 minutes of active sucking.
- Once your mature milk is in, your baby should sleep longer between feeds

Days five through nine:

- It is okay if your baby has a longer stretch of sleep at night now, as long as you achieve eight to 12 feeds in 24 hours.
- From day six onward, expect six to eight wet diapers per day.

Days 10 through 14:

- Your breasts may feel softer now and not quite as full. This is normal.
- Count your baby's wet and dirty diapers to monitor your milk supply. There should be at least six to eight per day.

Days 14 through 21 and beyond:

- It is common for babies to go through a growth spurt at about three weeks of age.
- You may find that your baby is feeding frequently. Don't worry. This is your baby's way of increasing your milk supply by increasing demand. Within 48 to 72 hours, your supply should adjust to the baby's growing needs.
- If you have had a difficult start, remember how far you've come and enjoy this wonderful relationship with your baby. It is recommended that you exclusively breastfeed for the first six months.

Adapted from The Midwifery Group: midwiferygroup.ca

