



Mary Washington
Healthcare

Here for You.



*The Family
Birth Place*

Breastfeeding Guide
Lactation Services

Breastfeeding: Off to a Great Start



Offer to feed your baby:

- **when you see and hear behaviors that signal readiness to feed.** Fussiness and hand to mouth motions may signal hunger. At other times, your baby is asking to be held or changed. Your baby may be showing signs of being over-stimulated or tired.
- **at least every 1 ½ to 3 hours during the day and a little less frequently at night.** Time feedings from the start of one feeding to the start of the next. Expect your baby to cluster feed to increase your milk supply, especially when going through growth spurts.
- **until satisfied.** In the early weeks and months, feeding lengths vary from 10 to 40 minutes per side. Offer both breasts at each feeding with a five to ten minute break in between sides.. Your baby may not always take the second side or feed as long on it.
- **using proper positioning.** Turn your baby towards you while breastfeeding. With a wide open mouth, your baby ideally takes in the areola along with the nipple. The cheeks and chin are touching the breast. Expect your baby to pause between suckle bursts. It is okay to gently stimulate her to suckle throughout the feeding.

Your baby is getting enough breastmilk IF:

- **there are 6 or more wet diapers by day 6.** This number will remain fairly constant after the first week. The line on your baby's diaper will change color when it is wet.
- **baby regains back to birth weight (or more) by 2 weeks of age.** Expect an initial weight loss of up to 10% in the first 3 or 4 days of life, with no weight loss after day 4 of life.
- **rate of weight gain continues at about 6+ ounces per week each week for the first few months.** Between 3 and 5 months, the rate of weight gain slows to 3 to 5 ounces each week.
- **several yellow seedy stools are passed each day by the end of the first week.** The number of stools per day may decrease after several weeks or months. If less frequent, they will be larger.
- **you hear audible swallows when your baby pauses between suckle bursts.** You will hear them more often after your milk changes from colostrum to mature milk.

1st

24 Hours
at least 6 feedings
1 urine and 1 stool

2nd

24 Hours
at least 6 feedings
2 urines and more
stool

3rd

24 Hours
8 to 12 feedings
3 wets and more
stool

Some feedings in the first few days may be attempts. With practice, patience, and persistence, breastfeeding gets easier.

Call a Lactation Consultant and/or Your Provider if you have:

- **sore nipples that are not getting better.** The number one cause of sore nipples is a problem with latch. Initial latch-on tenderness may occur during the first week. Breastfeeding that is going well is *not* painful. It is not normal to have nipples that are cracked, bleeding, stinging, or irritated. Once corrected, soreness often resolves fairly quickly.
- **engorgement that is severe or lasts longer than 24 hours.** Breast fullness may occur between days 3 and 5. Continue feeding your baby frequently. If needed, pump or hand express to relieve fullness. Apply cold compresses afterwards to reduce swelling. Placing chilled cabbage leaves over the breasts for 15 minutes up to four times on the day of engorgement may help.
- **A plugged duct, or tender sore lump in the breast.** Treatments include *gentle* massage above the affected area moving toward the nipple. If available, use the flat side of an ultrasonic toothbrush over the area. Continue feeding and/or pumping frequently to keep milk flowing.
- **mastitis, an infection that often presents as a red and swollen area on the breast,** flu-like symptoms, and a fever ≥ 100.5 degrees. Rest, drink plenty of fluids, and keep breastfeeding your baby. Call your healthcare provider and make an appointment as most of the time an antibiotic will be prescribed.
- **yeast, a fungal infection that may occur in the breasts** as a side effect of antibiotics. Having had a C-section or treatment for positive GBS status will increase your risk of getting this infection. Yeast feels like burning or stinging pains in the nipples and or breast, and treatment is available from your obstetrician and pediatrician.. Eating yogurt and or taking probiotics may lower your risk of infection.
- **newborn jaundice, which may make your baby's skin appear yellow,** can make your baby more sleepy and difficult to wake for feedings. With newborn jaundice, bilirubin levels peak between days 3 and 7 of life. Some babies with high bilirubin levels require treatment with phototherapy. Call your pediatrician with concerns and continue breastfeeding.

Take care of you and remember to:

- **stay well hydrated.** Drink something each time you breastfeed or pump. Breastfeeding will make you thirsty. You are losing extra fluid as your body makes milk.
- **eat healthy food with a lot of variety.** Include plenty of protein rich foods such as yogurt, eggs, and meats. Spicy foods, gas-forming vegetables, and small amounts of caffeine will not harm your milk or your baby.
- **continue taking your prenatal vitamin each day.** Taking medication is rarely a reason to stop breastfeeding. Many are safe to take but may affect your milk supply. Discuss medication options with your prescribing provider and your lactation consultant.
- **ask for help when you need it!**

The American Academy of Pediatrics supports **breastfeeding for two years** and continuing as long as both mother and baby desire. Babies benefit greatly from receiving a diet of **only breastmilk for the first six months** of life. At six months, start solids in addition to breastfeeding. Breastfeeding has many benefits for the whole family.

To reach a lactation consultant, call MWHC Health Link 540.741.1404.

How To Latch Your Baby Onto The Breast



You can latch your baby onto the breast using a variety of positions. Any of them work well with the same four step process: mommy gets comfortable, alert baby faces you, wait for baby to open wide, and bring the baby to the breast.

1. Get Yourself Comfortable

Sit in a comfortable chair or lie down on your bed if you wish. When sitting, use one or more pillows on your lap so that you will be able to elevate the baby to the height of your breast. This will help you remember to bring the baby to the breast and not lean over while feeding. When lying down, consider putting a pillow between or underneath your knees.

2. Position The Baby Facing You

Be sure your baby is awake prior to getting ready to breastfeed. Sleeping babies continue to sleep while on the breast! Try offering the breast when your baby is showing some signs of wakefulness, such as moving, stirring, hand to mouth motions, or vocalizations. Change a diaper, unswaddle them, or use gentle swaying and talking to wake them up.

Position your baby facing you so that their nose and belly are in the same direction. Their head is lifted enough so that the chin is not on his chest. The baby's lower lip is in alignment with your nipple. Ears are directly above shoulders, but not touching them. Baby is not on their back looking towards one side or the other. In this way, baby's head, neck, and spine are lined up to breathe, suck, and swallow effectively.

**The cross-cradle and football holds are ideal.*

3. Wait For The Gape

Once your baby is awake and properly positioned, they are ready to latch. Hold your baby a few inches in front of the breast with their lower lip even with your nipple. After about 5 to 15 seconds, your baby is likely to open wide. If they don't, try bringing them closer to your breast and gently stroking your nipple in the center of their lips. You are waiting for them to give a really wide gape, and ideally not while crying. An alert baby with a wide gape takes the nipple and areola deeply into the mouth for a comfortable latch.



4. Bring The Baby To The Breast

When your baby opens as widely as you think they will, gently, quickly, and firmly bring them to the breast. This is done while remembering to keep the baby's body in good alignment. Keep the ear, shoulder, and hip in one line to prevent your baby's body from curving in the shape of a "C". As you and your baby are learning, it may be helpful to use positions where your hand supports the nape of the neck and top of the baby's spine. Once your baby is on and suckling, you may switch your hands and arms to any position that feels comfortable, as long as it maintains their body alignment and is comfortable.



Be sure your baby is taking the areola, not just the nipple. Latching deeply onto the areola with the nipple touching the roof of the mouth stimulates the suckling reflex. Your baby's lips will be curled out or flanged. Their nose is almost touching the breast, while their cheeks and chin are touching the breast.

Breastfeeding Positions



Laid Back

Football Hold

Comfortable for moms who have had a C-section, have larger breasts, or a forceful letdown. Turn your baby with the tummy facing your side and head in the palm of your hand.

Cross Cradle Hold

Offers the baby lots of support. One hand is behind the baby's head and the other is supporting the breast in the same angle as the baby's mouth. Avoid touching the areola when latching to allow the baby to latch deeply.

Cradle Hold

For the young baby, try switching to this position once your baby has latched well using the cross cradle hold. This is a comfortable one to use once breastfeeding is well established.

Laid Back Position Hold

Great for a fast flow since milk will go against gravity. It is a nice position for the first feeding just after birth and in the middle of the night.

Side Lying Hold

Over time, this may become your favorite position, especially in the middle of night. A rolled receiving blanket can be placed behind the baby's back to keep the baby facing toward you.

Avoid sleeping with your baby while feeding.



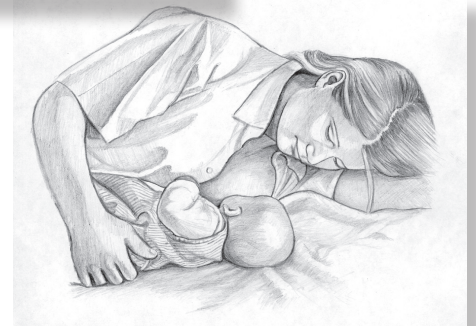
Football



Cross Cradle



Cradle



Side lying

Skin-to-Skin is High Quality Time

Newborns who bond skin-to-skin with their parents from birth through the first three months of life tend to be healthier. Aim for a total of three or more hours of skin-to-skin contact with your baby throughout the day.



Why is skin-to-skin care good for my baby and me?

This eases the transition from life inside the womb, to life outside the womb. Babies who spend time skin-to-skin have more stable heart rates, breathing patterns, and oxygen levels. A baby properly held skin-to-skin is kept warm.

When your baby is in this position and sleeping, the sleep is deep and restful. Upon waking, the baby is in a pleasant, quiet, and alert state and is much less likely to be fussy. Babies who spend time skin-to-skin breastfeed more effectively and their mothers make more milk!

How is skin-to-skin done?

With mom in a semi-reclined position, the baby is placed vertically between the mother's breasts. The mother and baby are sternum to sternum (chest to chest). The baby's head is slightly turned so that the ear is up against mom's heartbeat. The baby is now in a position that is as close to being back inside mom as possible.

Next, place a blanket over the baby's back to help baby stay warm and snug. The edges of the blankets need to be tucked in at mom's sides to help secure the baby. After spending some time skin-to-skin, your baby may begin to move around and seek out the breast. This is a great time to offer the breast for a feeding.

When is the best time to start skin-to-skin care?

The best time to start skin-to-skin contact is as soon as possible after the baby is born. Perform skin-to-skin care before a feeding to help wake the sleepy baby, in between offering both breasts, or to soothe a fussy baby. Continue spending time skin-to-skin with your baby over the next several months, through the "fourth trimester." Experts recommend that newborns spend at least 3 hours a day skin-to-skin.

Will holding my baby cause the baby to be spoiled?

There is no need to worry about spoiling your baby. This will not happen even if you spend large amounts of time caring for your baby this way. We encourage dads or partners to spend time skin-to-skin with baby as well.

Remember: always practice safe sleep. Do not hold baby skin-to-skin if you are asleep.

Relax and enjoy this special time with your baby!

It's Easy To Do...

- Sit comfortably in a semi-reclined position.
- Lay your infant, wearing only a diaper vertically against you, chest to chest.
- Gently place baby so they can hear your heartbeat.
- Cover baby's back with a blanket and tuck snugly around you so you're both cozy.
- Relax and enjoy the bond!

The "Ins and Outs" of Breastfeeding



■ **Day 1 or 2:**
Meconium:
Dark, tarry,
sticky

■ **Day 3 or 4:**
Transitional
Stool: Brown
or green

■ **Day 5 or 6:** Breast fed stools:
(3 or 4 per day for many weeks):
Yellow, seedy or watery

Count any stool
larger than a
quarter.

Urine that is reddish or orange may happen on day 1 or day 2. If you see urine in the diaper that is this color on day 3 or beyond, please contact your pediatrician.

WET DIAPERS

Day 1 - at least 1 wet

Day 2 - at least 2 wets

Day 3 - at least 3 wets

Day 4 - at least 4 wets

Day 5 and beyond - at least 6 heavy wets with pale yellow or clear urine

STOOL DIAPERS

Day 1-2 - at least 2 stools that are black or dark green

Day 3-4 - at least 3 stools that are brown, green, or yellow

Day 5-6 - at least 3 stools that are yellow, large, soft watery, or seedy

Most babies stool less frequently after a few weeks of age.

If you are concerned about your baby's "ins and outs,"
please contact your pediatrician.



Mary Washington Healthcare

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Mary Washington Hospital

1001 Sam Perry Blvd.
Fredericksburg, VA 22401

Stafford Hospital

101 Hospital Center Blvd.
Stafford, VA 22554



To schedule a lactation consultation or for additional information please call:

**Mary Washington Healthcare Health Link
540.741.1404**

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ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística sin costo alguno. Llame al 540.741.2655.

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Additional Resources

