



Breastfeeding Basics

Breastfeeding provides optimum nutrition and emotional support for your baby. Here are some basics for getting off to a good start. Breastfeeding is natural, but it is also a learned skill by both the baby and the mother. Many women have a few challenges to work through during the first week or two, such as sore nipples or perfecting the latch. Perseverance and getting professional and knowledgeable help from your midwives will usually help you resolve any initial difficulties that arise.

Preparation

- You do not need to prepare your nipples or breasts for breastfeeding. Use only warm water. Avoid soaps and creams. You may use breast milk to coat the nipple.
- Set up an area for nursing with a comfortable chair, pillows, a footstool and a table.
- Attend a breastfeeding class/read about latching the baby prior to delivery.

Breastfeed Soon After Delivery

- Breastfeed your baby within 20-30 minutes of the delivery. Later, the baby may fall asleep and you may miss your window.
- This is a good time for bonding and getting to know the baby.
- Your milk will come in sooner. Breast stimulation is important in getting your milk to come in.
- The baby will get earlier immunological protection from the colostrum
- Breastfeeding will help your uterus to contract which controls bleeding. This is why you may experience 'afterpains' with breastfeeding.

Some babies may seem frantic and upset at the breast. Many babies come off and on the breast frequently at first. Be patient as this is a learning experience and a whole new world for the baby. This will settle.

Watch for Cues from the Baby Indicating Readiness to Feed

- Babies have a rooting reflex at birth. You will see the baby turn her head to one side and open her mouth widely.
- Other cues to watch for include nuzzling, licking, sucking fingers or hands.
- Sometimes babies play at the breast before having a good strong suck.

A Word About Colostrum

Normally the milk comes in on the third day after birth. In the meantime, the baby will be getting colostrum which is high in antibodies, vitamins and a laxative that helps clean out the meconium. Colostrum provides some hydration until the milk comes in fully.

Steps for an Effective Latch

- Use lots of pillows and get comfortable first. Place the baby at the same level as your breast with the baby directly facing you 'tummy to your tummy'.
- Skin-to-skin contact will stimulate a baby to suck and promote bonding.
- Bring the baby close in to your breast with the nipple directly in front of the baby's mouth. The baby should not need to turn her head to reach the nipple. The baby's spine should be straight.
- Use your right hand to support the baby's head and neck. The baby does not have the neck muscles developed enough to do this for herself. With your left hand make a C hold to support the breast and guide it to the
- **Important tip: Always bring the baby to the breast, not the breast to the baby. Otherwise, you will develop back pain from poor positioning.**
- Using your nipple, tickle the baby's lips. Wait until the baby opens her mouth very wide and quickly bring the baby to the breast placing the tip of the nipple at the top of the back of the baby's mouth where it will be protected from damage. Most of your areola should be in the baby's mouth.



Most nipple soreness and damage is caused by a poor latch. So take the time to perfect it.

If you are not happy with the latch or if pain persists beyond one minute, take the baby off by breaking the suction and try again until the baby is well latched.

Signs Your Baby is Well-Latched

- No pain past one minute after latch.
- Audible swallowing sounds with sucking
- You can see deep rhythmical jaw movements
- The baby's bottom lip is around the nipple, not curled under.
- The baby is not slurping or smacking.
- The baby's cheeks are not dimpling
- Your breasts feel full before feeding and soft afterwards
- The baby's chin and nose touch the breast

Important Tip: When taking the baby off the breast, always use a clean finger and insert inside one corner of the baby's mouth, gently break the suction, and pull down on the jaw before removing the nipple. This will prevent nipple damage.

Normal Feeding patterns in a Newborn

Babies should be fed on demand. A normal feeding pattern is about every 2-3 hours. Some babies will cluster feed often in the evening. Babies may sometimes need to be awakened for feedings.

How Do You Know If the Baby Is Getting Enough

- The baby feeds regularly every 2-3 hours for 10-30 minutes
- The baby has normal urinary output and bowel movements
- The baby is gaining weight normally
- The baby is satisfied with the feed

Normal Stooling and Voiding

- Day One - one wet diaper and meconium
- Day Two - two wet diapers and meconium
- Day Three three wet diapers and meconium tapering off
- After the milk comes in, 6-8 wet diapers a day and three to four bowel movements that are curdy and yellow and are often runny

Contact your Midwife If:

- You have a fever at or over 100.4 F or 37C
- You develop lumps or red areas that do not resolve with feeding
- You develop flu-like symptoms
- Your nipples are bleeding and damaged
- You cannot latch your baby
- Your baby does not rouse for feedings and misses feeds
- Your baby does not have good urine output after the milk is in
- Your baby does not seem satisfied with feeds and nurses continuously
- Your baby has jaundice that is rapidly getting worse
- You feel your baby is not responding normally or is sick