

BREASTFEEDING RESOURCE FOR PARENTS



RECOGNIZING STATES OF ALERTNESS FOR NEWBORNS:

Caring for and breastfeeding your newborn is hard work. Being able to identify the different states of alertness in your baby can help you read your baby's cues and better recognize needs.

Dr. T. Berry Brazelton, an American Pediatrician, identified these six states of alertness in newborns (Birth to 6 months) to help us understand when a baby is most alert and ready to feed.



DEEP SLEEP

- Lies still and quiet with eyes firmly closed
- Breathing is deep and regular
- Extremities have no movement
- Occasionally will startle, but will remain asleep

TIP: Deep sleep is important for growth and memory integration.



ACTIVE/ALERT

- Face and body are still
- Eyes are wide and bright
- React to sights and sounds
- Ready to play and interact

TIP: Active, alert state is the best time to feed your infant.



ACTIVE/LIGHT SLEEP

- Body may twitch or move while sleeping
- Startle at noise
- Eyelids are closed, but eyelids may rapidly move
- Arms and legs may be more active
- May smile or frown, or make other mouth movements
- More easily aroused
- Breathing may be irregular or shallow

TIP: Active/light sleep is important for brain growth.



ALERT BUT FUSSY

- Shows jerky movements
- Startles themselves
- Reacts to sights and sounds
- Eyes may be open, but less engaged
- May be soothed with a little stimulation

TIP: Alert, but fussy state is common before feeding. This is a good time to see if your baby is hungry or has another need (e.g., dirty diaper) that is not being met.



DROWSY

- Eyes may open and close, but are unfocused or glazed
- May doze off to sleep while their arms and legs move smoothly
- Breathing is irregular and shallower than in deep sleep

TIP: Drowsy babies can be stimulated to become more alert and responsive.



CRYING

- Scrunched face with eyes squeezed shut
- Color changes
- Jerky movements
- Muscle tension

TIP: Crying is the only way your newborn can communicate needs. If your newborn is hungry, uncomfortable, in pain, bored or tired, they may enter into the crying state.

INFANT FEEDING CUES: (BIRTH TO 6 MONTHS)

Feeding cues can help you see if your baby is ready to start or stop feeding. As you start to recognize your baby's cues, you will be able to better respond to their needs.

SHOWING READINESS TO FEED

- Fist moving to mouth
- Opening and closing the mouth
- Head turning toward the breast
- More alert and active
- Sucking on hands or smacking of lips

NOT ENGAGED OR NOT READY TO FEED

- Turns or looks away from the nipple
- Arches back
- Falls asleep
- Cries
- Closes lips tightly when nipple is presented

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LEARNING TO BREASTFEED TAKES TIME, AND GOOD POSITIONING IS ESSENTIAL FOR A SUCCESSFUL SESSION:

Find the position or positions that are most comfortable for both you and your baby

- No matter which breastfeeding position you choose, your baby's face and body should face you, with your baby's head at the level of your breast
- Two common breastfeeding positions are the cross-cradle and cradle hold
- View the [ANHI Breastfeeding tips & techniques guide](#) for detailed information on more positions



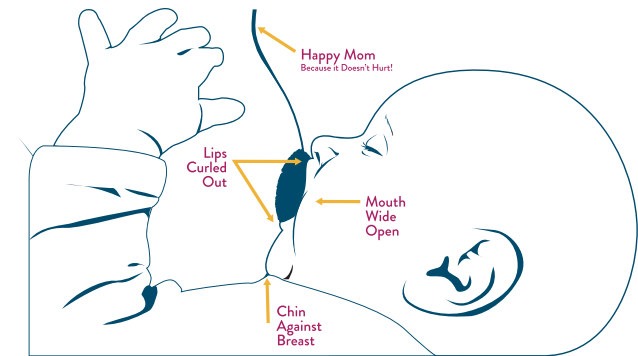
CROSS-CRADLE HOLD:

Mom is seated with baby's head in the palm of one hand. This hand supports and directs baby's mouth toward her nipple. This is a good position to try with a newborn.



CRADLE HOLD:

Mom is seated with baby's head in the crook of one elbow. Her hands support and direct baby toward her nipple. This position works better as baby grows and has more head control.



POSITIONING THE BREAST FOR A GOOD LATCH:

Now that your baby is in a comfortable position, it's time to position your breast for a good latch. A good latch is essential for your baby to get milk and for you to feel comfortable during the breastfeeding session.

- Gently lift and support your breast by cupping your breast with your hand in a "C" or "U" shape, with your fingers well away from the areola (the dark area of around your nipple)
- When cupping your breast with your hand in a "C" shape, make sure your fingers on the underside of your breast are not touching your areola
- Hold your breast with the nipple close to your baby's mouth and tickle your baby's lip with your nipple

Your baby should open their mouth wide, with their tongue flat against the floor of their mouth. Move your baby closer to your breast so their chin touches your breast and their lips are flanged outward. Much of the areola will be covered by your baby's lips, but more should be visible around the upper lip than the bottom lip.

Visit anhi.org for more breastfeeding education and a digital copy of this resource.

