

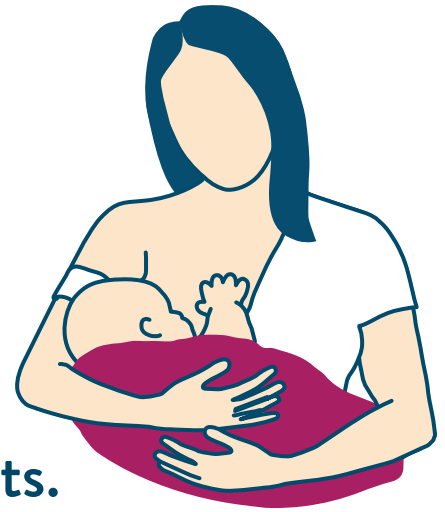


BREASTFEEDING TIPS & TECHNIQUES





BREASTFEEDING TIPS & TECHNIQUES



THE BASICS:

When it comes to feeding your baby, breastmilk offers many benefits.

Breastmilk is all your baby needs in the first 4 to 6 months of life. It:

- **CONTAINS THE PERFECT BALANCE OF NUTRIENTS** to help your baby grow and develop
- Is **CONVENIENT, ALWAYS AVAILABLE, AND IS DELIVERED** at the right temperature
- **HELPS** mom's uterus return to its pre-pregnant state
- **REDUCES** the risk of breast cancer for mom
- **SAVES** money

Learning to breastfeed

Many pregnant women are curious about whether they will succeed in breastfeeding and if they will produce enough milk. Breastfeeding is a learned skill and there are resources available to help you. Learn as much as you can and ask for help when you need it. Your doctor, midwife, nurse practitioner, lactation consultant, or another healthcare professional can help answer your questions. Other resources include the La Leche League and workplace lactation programs.

The following tips will help you get ready for breastfeeding and answer some of the questions that you may have.

REST: Enjoy visitors, but remember you need to get all the rest you can in the first few weeks. Take a nap every day, and sleep when your baby sleeps. Do not try to do too much too soon.

FEEDING SCHEDULE: Feed your baby every 1-3 hours during the first few days (beginning of a session to the beginning of the next session). This will help stimulate milk production, and lessen or prevent engorgement once your milk does come in.

LOCATION: Keep your baby near you to avoid having to move too much. Also store diapers, changing supplies, water or chilled juice, and a snack within easy reach. Some mothers enjoy sipping on cool drinking water or juice as they feed their baby, while others like to listen to soothing music or both.



THE BASICS

COMFORT: Make sure both you and your baby are as comfortable as possible when breastfeeding, using pillows or an armchair to support the weight of your baby. Some mothers use a rolled-up blanket, towel, or other soft items, rather than a pillow. Other moms find that putting something under their feet helps to support their baby better by raising the “lap” area.

BREASTFEEDING SUPPORT: Ask someone to help position your baby and get your baby latched on, especially when you are first learning to breastfeed. Many moms benefit from the help of a coach, someone experienced with the skill of breastfeeding, such as a lactation consultant, pediatrician, or nurse practitioner. Always ask for help if you need support or help in breastfeeding, or are feeling pain during nursing.

SUPPORT NETWORK: Everyone wants to help out after the baby arrives. Request help until your doctor tells you that it is okay to ease back into your normal routine. Ask family, friends, and neighbors to help prepare or pick up meals, clean, do laundry, dishes, or other household chores, watch older children, and run errands. Remember, it is okay to ask for help!

MEDICATIONS, VITAMINS, AND OTHER SUPPLEMENTS: Tell your doctor, midwife, or lactation consultant if you are taking any type of medication, vitamin, or herbal supplement, even nonprescription remedies for headaches or colds, because many medications pass through into the mother’s milk, although in very small amounts. Ask your healthcare professional about using dietary supplements during lactation. Avoid alcohol and limit caffeine.

MOM’S DIET: What you eat and drink may affect both you and your baby. Most breastfeeding moms should take in about 500 extra calories per day than they did before becoming pregnant. A healthy diet improves the nutritional quality of your milk. Consider drinking water or a healthy beverage with each breastfeeding session and remember to stay hydrated. Here’s a guide for what to eat and drink each day while breastfeeding:

- Grains (at least half as whole grains)—8 oz
- Vegetables (choose a variety)—3 cups
- Fruit (whole or cut up)—2 cups
- Dairy (low-fat or fat-free)—3 cups
- Protein (lean meats and beans)—6.5 oz

NURSING BRAS AND BREAST PADS: Choose nursing bras that are comfortable and fit well and provide support, but are not so tight that they cut into your breasts or back. Cotton cups are better than synthetic ones because they let more air circulate to the nipples. Breast pads are sometimes helpful to have on hand, as well as clothes that make it easy to breastfeed (shirts that unbutton or pull up are best).



BREASTFEEDING TIPS & TECHNIQUES



THE FIRST WEEKS:

Breastfeeding has many practical benefits but is hard work and a learned skill for both mother and baby. Here are some helpful tips as you both start this bonding experience.

AFTER DELIVERY

The best time to begin breastfeeding is almost right after your baby is born. Your baby is usually very alert right after birth, and when placed on your chest, the baby may move to your breast and begin sucking. Do not worry if you cannot breastfeed your baby right after birth. Most babies have no difficulty latching on even if breastfeeding is delayed. Your healthcare professionals can help you build and maintain your milk supply until you have an opportunity for that first special feeding.

AFTER A CESAREAN BIRTH

Breastfeeding early and often offers many benefits to both you and your baby after a cesarean birth. Your baby's sucking stimulates your uterus to contract more quickly and speeds up your healing. Breastfeeding also brings you and your baby emotionally closer, which is especially important if you were separated following the birth or if the birth was traumatic.

SKIN-TO-SKIN CONTACT (KANGAROO CARE)

Have your nurse or midwife place your baby directly on your chest with a blanket over the two of you. Snuggle the baby on your chest in the space between your breasts. Ideally, leave the baby there for at least 30 minutes or until the baby breastfeeds. Skin-to-skin contact after birth has the following benefits for your baby:

- You and your baby can get to know each other
- The baby can feel your heartbeat
- Being close to mom is the best place for your baby to adjust to their new surroundings
- More stable skin temperature, heart rate, and blood pressure
- The baby is less likely to cry



THE FIRST WEEKS

COLOSTRUM

Once your baby is born, and for 3 to 4 days afterward, your breasts produce a form of milk called colostrum, which is thicker than regular breastmilk. This yellowish or golden first milk is rich in antibodies and contains all the nutrients your newborn needs for the first few days of life, in the perfect amount. It helps protect your baby from infection, which is why it is good to start breastfeeding as early as possible. Don't worry if it seems that your baby is only getting a small amount during these first feedings. Before your milk supply increases (usually by day 3 or 4), your baby only receives a small amount of colostrum from your breasts—only teaspoons to tablespoons each feeding. This small amount is enough to nourish your baby.

FREQUENT NURSING

Nurse frequently for the first few weeks, every 1-3 hours
(beginning of a session to the beginning of the next session).

- Your baby will need to breastfeed every 1-3 hours, at least 8-12 times in a 24-hour period for at least 10 minutes or more
- Nursing longer than 30 minutes is not recommended, as it may lead to sore nipples
- Let your baby, not the clock, determine how long a feeding lasts

Frequent nursing helps:

- Build a good milk supply
- Provide your baby with nourishment, antibodies, and a variety of health benefits
- Your baby clear their first few stools (meconium)
- Lessen the chance of engorged breasts when the milk first comes in
- You practice with breastfeeding when professional support is usually available and before your breasts become full

As your baby matures, your breastmilk also matures. Within a few days, the colostrum will be replaced with mature breastmilk. Frequent feeding will help relieve the discomfort that sometimes comes with this first feeling of fullness. Beyond the first few weeks, your baby may want to breastfeed 8-12 times per 24 hours. Talk with your baby's healthcare professional if you have questions about your baby's feeding frequency.

 **SEE THE FEEDING AND DIAPER JOURNAL AT THE END OF THIS GUIDE.**



THE FIRST WEEKS

SUPPLY-AND-DEMAND

Breastmilk production is all about Supply-and-Demand: the more a baby nurses, the more milk you will produce. If nursing frequency or time is decreased, the breasts will decrease the amount of milk they produce. Follow these suggestions:

- Allow your baby to fully drain at least one breast during each feeding
- Offer the other breast after your baby empties the first breast
- If your baby does not nurse at the second breast or does not completely drain the second breast, begin nursing on that breast at the next feeding (a fully drained breast may feel softer and empty)
- Consider attaching a safety pin to your shirt or bra strap as a reminder of which breast to start with at the next feeding
- Your baby may be drowsy and content after nursing, but be sure to call your doctor or lactation consultant if you are worried

WAKING YOUR BABY TO FEED

Every baby is born with his or her own temperament and need for sleep. Most babies will sleep for 18-22 hours in their first 2-3 days following birth. During the first few weeks, your baby will need to be woken up to feed. Here are some tips for waking and nursing your baby:

- Wake your baby during the day for feeding if 3 hours have passed since the last feeding or if your breasts are uncomfortably full
- Make sure your baby is fully awake before nursing – a half-awake baby may go back to sleep when nursing. Allow 5-10 minutes before feeding to make sure your baby is fully awake. During this time, talk to, pat, unwrap, or undress your baby to help him or her wake up
- Remember that newborns do not sleep through the night



THE FIRST WEEKS

BABY'S WEIGHT

ONCE YOUR MILK SUPPLY IS WELL ESTABLISHED, your baby should gain about 2/3 ounce/day for the first 3 months. Most newborns lose a little weight in the first few days after birth. Newborns should start gaining weight after the first week. After 2 weeks, most babies are back up to their birth weight.

BABY'S DIAPERS

AFTER ABOUT DAY 4, your baby will no longer pass meconium (thick, black, or dark-green stools). Instead, your baby will have soft and greenish-to-yellow bowel movements, at least three times/day. The American Academy of Pediatrics (AAP) recommends monitoring for a minimum of six wet diapers/day after day 5. During the first month, your baby should wet a minimum of six diapers a day and continue to have 2-5 bowel movements. Your baby's urine should look nearly clear.

 **SEE THE FEEDING AND DIAPER JOURNAL AT THE END OF THIS GUIDE.**

PROPER POSITIONING

The key to successful breastfeeding is proper positioning of your breast and your baby's mouth.

Good positioning allows your baby to fully latch onto your breast. Use a pillow to help support your baby's body. You will want to nurse frequently to maintain your supply. It may take several tries to get a good latch. If your baby is not latched on properly, start over. And if the first feeding does not go perfectly, take a break! You and your baby are both new at this; so, patience is often needed. Just try again in 30 minutes or so. It's OK to ask for help. And remember to nap while the baby naps!

“

Success is no accident. It is hard work, perseverance, learning, studying, sacrifice and most of all, love of what you are doing or learning to do.” -Pele

BREASTFEEDING POSITIONS



You will need to find the position or positions that are most comfortable for both you and your baby. Some experts suggest alternating positions. That way your baby will not latch on and apply pressure at the same spot every time. Try these positions and see what works best for you.

THE CRADLE HOLD



The cradle hold is good for babies who have some head control and have matured beyond the newborn period.

- Sit in a comfortable chair, with support for your arms and back—do not lean over your baby. Use a pillow or soft rolled-up blanket, towel, or other soft item to support your arm and bring your baby to the height of the breast. Some moms find it helpful to use a stool to keep their knees at the same level as their hips.
- Place your baby facing you across your stomach, tummy to tummy, with his or her face and knees close in.
- Position your baby's head in the bend of your elbow, with his or her mouth in front of your nipple, and tuck your baby's lower arm around your waist, out of the way.
- Pull your baby onto the breast when his or her mouth is open wide, far enough onto the breast so that his or her nose, cheeks, and chin are touching your breast.



BREASTFEEDING POSITIONS

CROSS-CRADLE HOLD



This position is good for moms who've had trouble with latching on and with small or premature babies.

You can see the latch more clearly than with the cradle-hold position. For this hold, position yourself comfortably, with pillows behind you. Lean back slightly so that you don't have to lean over your baby.

- Hold your baby across your body, in the arm opposite the breast from which your baby will nurse. Support your baby's neck and head with this hand as his or her body extends along the length of your forearm.
- Use the hand on the side of the breast you are feeding from to support the breast.
- Position your baby's mouth at the level of your nipple, with his or her body on his or her side, facing you.
- Pull your baby onto your breast when his or her mouth is open wide, far enough onto your breast so that his or her nose, cheeks, and chin are touching your breast.

FOOTBALL HOLD



This position is good for moms with large breasts, for those who've had a cesarean birth, trouble with latching on, or moms with small or premature babies.

This hold can also provide you with a free hand, or enable you to breastfeed two babies at once. The advantage of this hold is that you can see your baby latch on.

- Sit in a comfortable chair, with support for your arms and back—do not lean over your baby. Use a pillow or soft rolled-up blanket, towel, or other soft item to support your arm, elbow, and baby's bottom.
- Put your baby's head in the palm of your hand, level with your breast. Tuck your baby into the side of your waist, cradled under your arm.
- Support the base of your baby's head between your thumb and forefinger. Place a soft blanket between your hand and your baby's head for padding, if you think that he or she is uncomfortable.
- Pull your baby onto the breast when his or her mouth is open wide, far enough onto your breast so that his or her nose, cheeks, and chin are touching your breast.

BREASTFEEDING POSITIONS

LYING DOWN



Good for night feedings and when sitting is uncomfortable.

- Lie on your side, using a pillow to support your head and neck, and another along your back if needed; or lie on your side with one arm bent under your head and the other hand supporting your breast.
 - Lay your baby next to you on the bed, so his or her mouth is opposite your nipple, and place a small rolled blanket, towel, or soft cloth behind your baby's back. Support the base of your baby's head between your thumb and forefinger.
- Pull your baby onto your breast when his or her mouth is open wide, far enough onto your breast so that his or her nose, cheeks, and chin are touching your breast.
 - If you need to switch breasts, hold your baby close to your body and roll onto your back, then to the other side.

IMPORTANT REMINDERS

No matter which breastfeeding position you choose, it's important to remember that:

- **Your baby's mouth should be at the same level as your nipple**
- **His or her head should be in a straight line with his or her belly—directly facing you—not turned to the side.**

Remember if your baby's head is turned to the side, it's hard for him or her to swallow. (See for yourself. Turn your head and swallow, then face forward and swallow again). Also, if your baby's head is turned, it makes it more difficult for your baby to get enough of the nipple and breast into his or her mouth.



LATCHING ON:

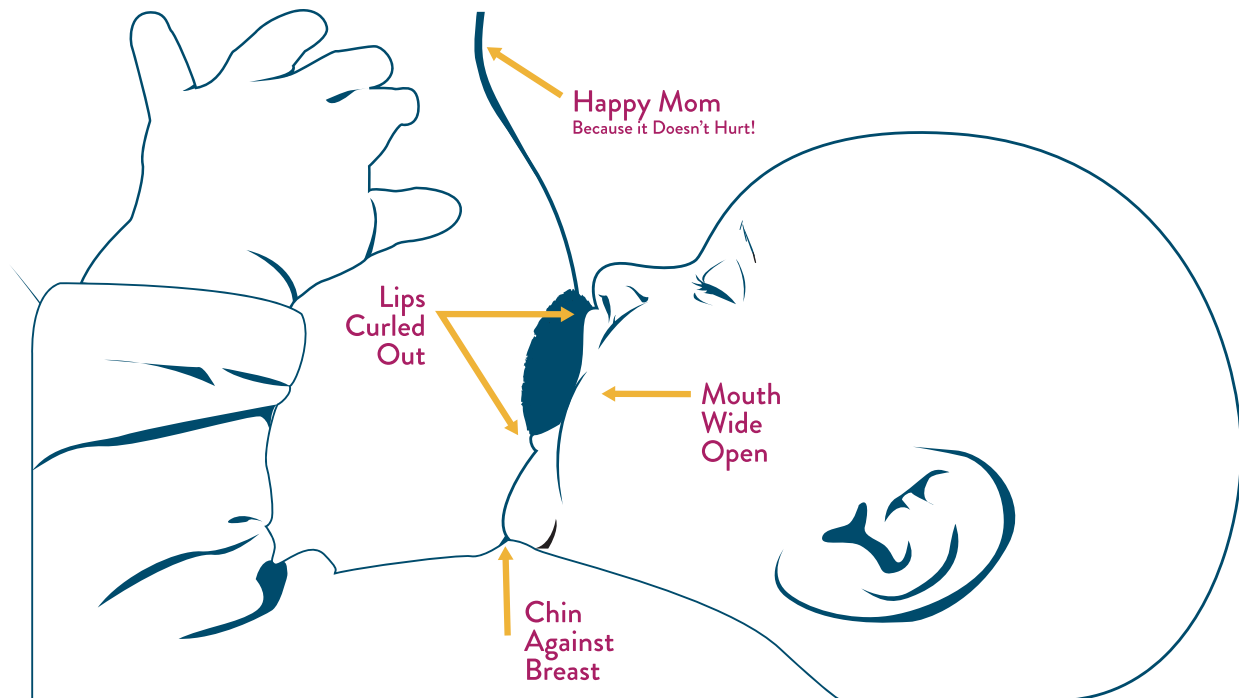
Learning to breastfeed takes time and practice for both you and your baby

POSITIONING BABY

Have your baby's face and body facing you, with your baby's head at the level of your breast. If you can draw a straight line from your baby's shoulder to hip, you have your baby in the correct position. Make sure both you and your baby are as comfortable as possible, using pillows or an armchair to support the weight of your baby.

POSITIONING THE BREAST

Gently lift and support your breast by placing your fingers below the breast and your thumb on top of the breast, well away from the areola (the dark area around your nipple). Think of cupping your breast with your hand in a "C" or "U" shape. Make sure that the fingers on the underside of your breast aren't touching the areola.





LATCHING ON

OFFERING THE BREAST

Gently stroke your baby's lower lip or cheek with your nipple in a downward motion or with your finger until your baby's mouth opens wide. If your baby's mouth does not open wide enough, repeat this stroking until it does. Then quickly pull your baby onto your breast, so that your baby's nose, cheeks, and chin are all slightly touching your breast. If your baby's nostrils are blocked, pull your baby's bottom upward and closer to you, so your baby's head will move back slightly.

Your baby needs to latch on to more than just the nipple. Your baby needs to take in at least 1" of the areola, with the mouth positioned over the pockets of milk located 1"–1 ½" behind the nipple. This way, your baby will get the most milk and you will have less likelihood of developing sore nipples.

When your baby first nurses, you will feel a tugging sensation. You should listen for the sound of your baby swallowing. If you hear a clicking sound (your baby's tongue against the roof of his or her mouth) this may mean that your baby isn't latched on well. Other signs of a poor latch include nipple pain or pinching.

ALTERNATING BREASTS

Alternate the side you start breastfeeding with because your baby sucks more efficiently on the first breast used. If your baby does not nurse at the second breast or completely drain the second breast then begin nursing on that breast at the next feeding.

REMOVING YOUR BABY FROM THE BREAST

If it is necessary to reposition your baby during feeding or get a better latch, gently slip one of your fingers into the corner of your baby's mouth to first break the suction. This helps to prevent damage to the nipple and areola. Initially it may take several tries to get the latch on correct. Two other ways to break the suction include gently pulling down on your baby's chin or pressing on the part of the breast closest to your baby's mouth.



BREASTFEEDING TIPS & TECHNIQUES

BREASTMILK STORAGE GUIDELINES

Before pumping or expressing milk, it is recommended that you:

- Wash your hands
- Inspect all equipment for cleanliness and to ensure it is properly working
- Clean the area where you will be preparing your breastmilk for storage

When storing your milk, remember to label your milk with the date that it was expressed, and use the oldest milk first when thawing.

The below guidelines can help you determine how long your breastmilk will remain safe for use in different conditions. Locate the type of breastmilk you're using in the first column, then identify the storage location along the top row to learn more about storage and usage guidelines.

	STORAGE LOCATION AND TEMPERATURES		
TYPE OF BREASTMILK	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40°F (4° C)	Freezer 0°F (-18°C) or colder
FRESHLY EXPRESSED OR PUMPED	Up to 4 hours	Up to 4 days	Within 6 months is best, but can be up to 12 months
THAWED, PREVIOUSLY FROZEN	1 -2 hours	Up to 1 day (24 hours)	Never refreeze human milk that has been thawed
LEFTOVER FROM A FEEDING (BABY DID NOT FINISH)	Use within 2 hours after the baby finished feeding		

CDC. Proper storage and preparation of breast milk. Centers for Disease Control and Prevention. Updated January 24, 2022. Accessed January 24, 2023. <https://www.cdc.gov/breastfeeding/recommendations/handling-breastmilk.htm>

Special considerations for freezing and thawing

If you will be freezing your milk for later use, then it is best to freeze your milk right away or within four hours. Remember to leave a little room in the container since the milk will expand slightly due to freezing.

When thawing frozen breastmilk, do not thaw at room temperature and do not thaw using a microwave. Instead, place the frozen breastmilk in the refrigerator for 8 to 12 hours to thaw. If you need to thaw your milk faster, then you can use lukewarm running water from the faucet or place it into a container of warm water. Be sure the opening of the milk container remains above the level of the water while thawing and use within 24 hours.



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