Breastfeeding 101

Getting started

You can do it!
How Breastfeeding Works

• Changes
  – Inside
  – Outside

• Hormones!
Prenatal Preparation

• Hormones of pregnancy do all the work

• What you can do:
  – Line up your support system
  – Check out nursing bras & pads
First Feeding

• “Welcome to the world!”

• Your baby has never experienced:
  – Hunger or thirst
  – Heat or cold
  – Bright lights
  – Gravity!

• Hold your baby skin-to-skin on your chest
  – Helps regulate his heart rate, breathing, blood sugar & body temperature
  – Helps your baby find the “restaurant”
First days in the Hospital

- Your baby “rooms in” with you
- Whenever your baby wakes, he’s hungry
- Newborns are awake at night
- Day 1: sleepy
- Day 2: interested
- Day 3: hungry!
First Food: Colostrum

• Baby’s digestive tract:
  – Is sterile
  – Has never digested anything
  – Tiny stomach
  – Needs to pass first BM (meconium) to minimize jaundice

• Colostrum:
  – Is sterile
  – Easily digested, high in protein & antibodies
  – Tiny servings
  – Laxative effect to help pass first BM (meconium)
Feeding cues

“Mother and infant should sleep in proximity to each other to facilitate breastfeeding.” AAP, 2012

- Mouthing motions, tongue thrusting
- **Hands to mouth, or to face**
- Stirring, stretching, head bobbing
- Making “chirpy” sounds
- Crying is a sign that feeding cues were missed
Latch-on, Your view

- Nose to nipple
- Close contact
- In alignment, slightly flexed
• Lower lip stays curled out

• Upper lip goes over the nipple

• Press your baby in close
If your baby is well-latched:

• Full, rounded cheeks

• Asymmetric latch

• ARE YOU COMFORTABLE?
Positioning: Laid Back Latch

- Recline back
- Baby is prone on your body
- Let your baby lead*
- Relax!

*Also called “Baby Led Latch”
Positioning: Cross cradle

• Support your baby’s back

• Your fingers and thumb behind your baby’s ears

• Support your breast
Positioning: Football or Clutch

Good position to use after C/section

- Support your baby
- Nose to nipple
- Support your breast
Latch-on: Side-lying

• Face each other
• Nose to nipple
• Pull your baby in close
• Rest while you feed your baby
What next?

• It’s a multi-course meal!
• Offer both sides
• Burping
• Alternate the breast you start with
• Ending the feeding
  – How to know if your baby has finished
  – How to take your baby off the breast
Engorgement Care

- Frequent feedings
- Between breastfeedings: cold compresses
- Reverse pressure softening, if your areola is too firm
What about pacifiers?

- AAP: NO pacifiers or other artificial nipples in the first 3-4 weeks
- Can interfere with learning how to breastfeed
How to know if we’re doing this right

By day 4-5:

Input:
• 8+ feedings
• 20-40 minutes each
• Signs of oxytocin
• One breast softens well

Output:
• 6-8 wet diapers
• Pale urine
• 3+ BMs
Diapers

How much is enough?

“brick dust”

Meconium stool
Day 1-2

transitional stool
Day 3-4

Watery stool
“Sesame seed” stool
Day 5-6+
Bumps on the Road:
Sore nipples

- Transient discomfort (first week)
- Soreness at latch that doesn’t go away
- Compression stripe
- Cracking, blisters
Breast discomfort

- Plugged ducts
- Mastitis
- Thrush
Other early concerns

• Flat or inverted nipples
  – Babies breastfeed, they don’t nipple-feed!

• Prior breast surgery
  – Frequent weight checks to assess

• Ask for help in the hospital
Nutrition

• How much should you eat?
  • Eat when you are hungry
  • Eat foods you love
  • Make your calories count

• How much should you drink?
  – Drink to thirst
Any foods to avoid?

• What about foods that make us “gassy”?

• Your milk is made from your blood, not directly from the food you eat
Foods you CAN eat while you are breastfeeding

- Listeria concerns:
  - Sushi
  - Soft cheeses (like Brie, Camembert, blue)
  - Luncheon meats
  - Hot dogs
  - Paté
  - Smoked seafood
What about fish & seafood?

Concerns about mercury:

• NO: shark, swordfish, king mackerel, tilefish, orange roughy, marlin, big-eye (ahi) tuna

• Tuna

• 70% of seafood is safe
Alcohol

- Limit your alcohol intake (AAP, 2012)
- In your milk in the same concentration as in your blood
- Peaks in 30-60 mins
- Wait 2-3 hours before feeding your baby
- Don’t “pump & dump”
Caffeine

• > 25 oz. of coffee may cause problems

• Tea

• Chocolate

• Some soft drinks
What about partners?

• Want to be involved

• How to help mom:
  – Diaper changes
  – Bath time
  – Calming a fussy baby
Att: Partners

• You can:
  – Provide tasty meals
  – Encourage her to drink to thirst
  – Help her find time to express milk
Milk expression

• Hand expression

• Hand pump
Double electric pumps: Check with your insurance

- For personal use
- Established milk supply
- To provide milk for baby when mom can’t be there

- Used in hospital
- For building milk supply
  - Baby in NICU
  - Not breastfeeding directly
  - Preemie (<37 weeks)
  - Multiples
## Storage Recommendations

<table>
<thead>
<tr>
<th>Storage Method</th>
<th>Freshly expressed</th>
<th>Previously frozen and thawed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At room temp</strong></td>
<td>≤79°F 6-8 hours</td>
<td>About one hour</td>
</tr>
<tr>
<td></td>
<td>80-90°F 3-4 hours</td>
<td></td>
</tr>
<tr>
<td><strong>Cooler w/ ice</strong></td>
<td>≤59° 24 hours</td>
<td>About one hour</td>
</tr>
<tr>
<td><strong>In a refrigerator</strong></td>
<td>At 32-39° 4-8 days</td>
<td>24 hours</td>
</tr>
<tr>
<td><strong>In a freezer</strong></td>
<td>6-12 months</td>
<td>NEVER REFREEZE!</td>
</tr>
</tbody>
</table>

Academy of Breastfeeding Medicine, 2010
Getting milk ready

• Warming it up

• NEVER:
  – In the microwave

• Why? Temps >130°:
  – Destroy vitamins & immune factors
  – Denature proteins

• Microwave heating creates hot spots & steam
Thawing frozen milk

• Easiest & safest: In the refrigerator overnight.

• Quick: In a container of warm water, or a bottle warmer
Refrigerated milk

• In a container of warm water, or bottle warmer

• Takes about 5-10 minutes

• What is serving temperature?
  – Room temperature is just fine

(C) Elizabeth M. Sargent, IBCLC, RLC, 2018