



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)

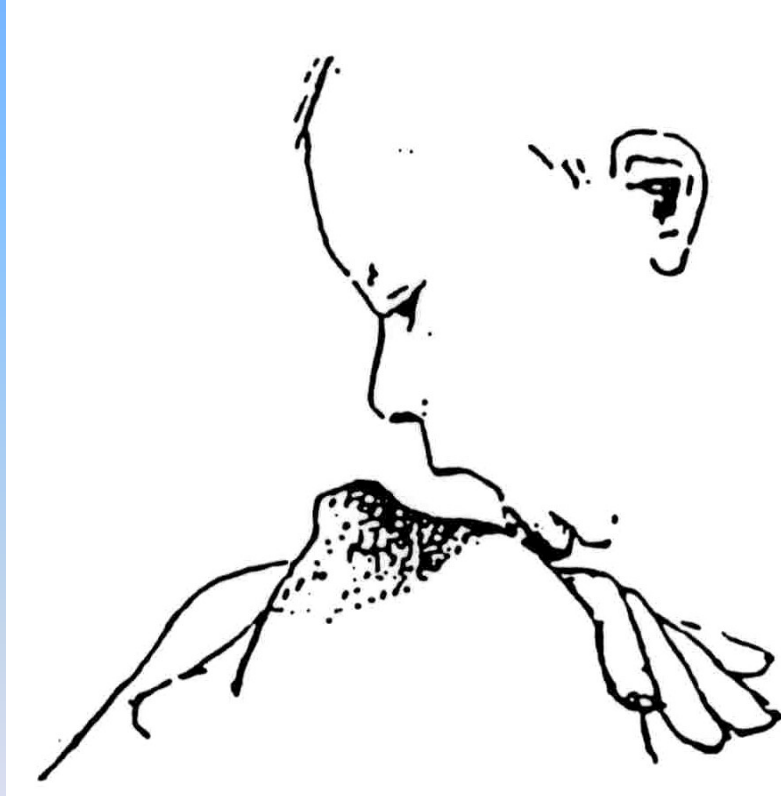
Feeding cues

“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

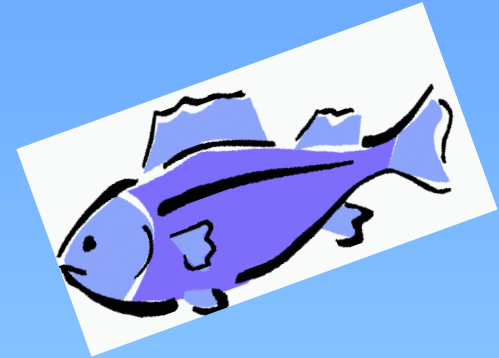


- Listeria concerns:

- 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
 - Premie (<37 weeks)
 - Multiples



Storage Recommendations

	<u>Freshly expressed</u>	<u>Previously frozen and thawed</u>
At room temp	$\leq 79^{\circ}\text{F}$ 6-8 hours $80-90^{\circ}\text{F}$ 3-4 hours	About one hour
Cooler w/ ice	$\leq 59^{\circ}$ 24 hours	About one hour
In a refrigerator	At $32-39^{\circ}$ 4-8 days	24 hours
In a freezer	6-12 months	NEVER REFREEZE!

Getting milk ready

- Warming it up
- NEVER:
 - In the microwave
- Why? Temps $>130^{\circ}$:
 - 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