



Breastfeeding Recommendations

We are very pleased that you have decided to breastfeed your baby! Breastfeeding offers you and your little one many health benefits and your pediatric health team at Pediatric Associates wants to support you in your efforts. Below are some suggestions that will help you establish and maintain a plentiful milk supply:

1. Breast feed frequently and comfortably.

Your milk supply increases and decreases due to hormonal fluctuations and effective milk removal. Simply put -- the more often and effectively your baby nurses (and/or you pump) the more the glands in your breast produce milk. Conversely, the less often and less effectively your baby nurses (and/or you pump) the less milk is produced. This is why we encourage you to breastfeed often in the early weeks. For most babies, nursing every 2-3 hrs (timed from the beginning of one feeding to the beginning of the next feeding) is sufficient. Effective nursing means that your baby suckles vigorously for 15-20 minutes at a minimum on each breast and you can hear the swallows and feel pulling from deep in the breast without nipple pain.

2. Comfort is very important.

You can expect that you will be feeding your baby most of your waking hours so you need to be comfortable! This means putting your feet up, leaning back, and using your belly as a shelf to bring baby up to the level of the breast. Have pillows underneath your arms to take pressure off your neck and shoulders and always have a drink nearby since a feeding session could last 40 minutes or more. We recommend holding your baby in the cross-cradle hold so that you can comfortably support your baby's head and also massage your breast when feeding to help transfer your milk to your baby. This position has been shown to help prevent nipple soreness and aid in milk transfer. As baby gets better head control and has learned to consistently latch with ease, you may find the traditional cradle hold (Madonna hold) more comfortable. Typically this is when baby is about 4-6 weeks old. Additionally, breastfeeding while laying on your side may be the ideal position for some mothers while healing from delivery, so ask to be shown this position if interested.

3. Skin-to-skin.

Feeding your baby is more than just getting your milk into your baby and breastfeeding is much more than your breast in baby's mouth. It is an experience of warmth, cuddling, and interaction. Evidence suggests that a baby recognizes his/her mom's smell by 5 days of life. We encourage you to feed baby skin-to-skin in the early days. Not only can baby feel your warmth, hear your heartbeat, and smell your milk best when skin-to-skin but baby tends to be more alert and interactive too! Skin-to-skin means baby is just in a diaper and you are without a shirt or bra so baby can get up close under the opposite breast while laying on your belly as you lean back. Make sure to roll your pants down under your belly so baby is laying completely on your skin. Wearing a sweater or wrapping a blanket over your shoulders should keep you warm and if you then wrap the blanket over you and baby together, your body heat will keep baby warm too.

4. Nose-to-nipple.

Now with you reclining and baby up close supported by your arm and tucked under the opposite breast (remember to tuck your elbow in so baby's hips are close to you and legs are wrapped around your torso) align your baby's nose to your nipple. Remember -- baby will smell your milk (you can also compress the areola to express a few drops) and baby will reflexively tilt his/her head back and open his/her mouth. Most often these first few mouth movements won't be big enough so be patient and don't rush to put your nipple into baby's mouth. Wait. With baby's hands on the breast a rapid side-to-side movement of baby's head will soon occur. Look for these movements and then guide baby up onto the breast with lower lip dragging on the breast as baby reaches up onto the nipple and areola. The result -- baby's mouth is opened widely (as big as a yawn) and after the first few sucks -- no nipple pain. It is normal to feel pulling but no pinching, burning, or sharp pain. If this does occur, put your finger into baby's mouth and break suction and try again. While breastfeeding is "natural" it is a skill that needs to be learned and practiced.

5. Monitor wets and poops.

Many mothers worry needlessly about their ability to produce enough breast milk for their babies. Most mothers (the vast majority) are able to produce plenty of milk for their newborns and growing babies. But it is challenging when you can't see what's in there! Remember though, the breast is not a storage container like a bottle. Some women notice that their breasts are full and then soften after feeding; other women don't have that sensation at all. So how can you tell if baby is getting enough? Count how many wets and poops baby has in a 24-hour period. In general, a 2-day old baby will have a minimum of 2 wet diapers and 2 dark stools. A 3-day old baby will have a minimum of 3 wets and 3 stools that are changing to a lighter color (brownish green). Once a baby is 4 days old, he/she should have a minimum of 4 wets and 4 yellow seedy stools in a 24-hour period. And after day 5 of life, baby should have a minimum of 5-6 wet diapers and 4 yellow seedy stools. Once baby starts pooping yellow, baby will start to gain weight as this reflects the fat intake in baby's diet (from your milk). Wet diapers tell us baby is well hydrated and stool amount and color indicate weight gain. After day 5 of life, baby should gain 0.5-1 ounce each day; typically 5-7 ounces/week. Baby's stools can change once baby is 1

month old but most babies in the first few weeks will follow this pattern.

6. Avoid pacifiers for now.

The American Academy of Pediatrics recommends avoiding the use of pacifiers until breastfeeding is well established. Typically it takes 2 weeks to establish a good milk supply and 4 weeks to be comfortable nursing your baby and recognizing feeding cues. So whenever baby wants to suck, put him/her to the breast. There is no rule that you must wait 2-3 hrs to feed; some newborns nurse every 1 hour for a few hours (cluster feeding) and then sleep for 4-5 hours without feeding. Ideally this 4-5 hour stretch will happen at night so you can sleep so the best way to teach your baby to be awake during the day and sleep at night is to feed frequently during the day. Research has shown that when baby is in light sleep (eyes flutter when closed, lips form a smile, mouth movements/sucking while asleep) is the ideal time to put baby skin-to-skin for breastfeeding. This often results in a more relaxed and effective feeding versus when waiting for baby to cry. Actually, crying is a late feeding cue. Recognizing these early feeding cues and immediately putting baby to breast when you are awake is the first part of sleep-training your newborn. At night when you are asleep you won't be aware of these feeding cues and baby will often suck on his/her hand or fingers to self-soothe. When their need to eat goes unmet, baby will then arouse and cry which will then wake/signal you to feed.

These early weeks are a time of recovery from delivery and getting acquainted with your new baby. Breastfeeding facilitates your recovery; it is what your body expects to do next after delivery. Think about this -- you need to sit down or lay down to feed your baby -- you need to rest! What better way to rest than to cuddle with your baby. While it may seem like you are "constantly feeding" in these early weeks, it really is only the first few weeks of forever with your little one and we want you to enjoy this beautiful experience with your baby.

These suggestions are general recommendations for most mothers and full-term newborns. If you have any questions or concerns, please feel free to ask your child's health care provider. Additionally, our provider Anne-Marie Vogt APRN is also a lactation consultant and would be pleased to meet with you and your baby for an evaluation and individualized breastfeeding session. You may schedule an appointment with her by calling 203-744-1680.

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