



Breastfeeding

Your helpful guide to success

Congratulations on your baby!

In most cases, breastfeeding is the best feeding method for you and your baby. But it can be overwhelming during this exciting time. This booklet is designed to answer your questions about breastfeeding and reinforce the educational information you were given during your hospital stay.

Feeding	
Milk.....	2
First milk.....	2
Feeding cues	2
Frequency	2
Five common feeding positions	3
Latch-on	4
Burping.....	4
How do you know your baby is getting enough?	4
Some other things to look for	5
Baby's first 24 hours	
Skin-to-skin contact	5
Rooming-in.....	5
Baby-led feeding	5
Baby's second 24 hours	
Nurse all night.....	5
Personal care	
Breast fullness	6
Breast engorgement	6
Pumping	
If I am going to pump, what will I need?	7
How often should I pump?.....	7
Hand expression.....	7
Milk storage	8
Guide to storing thawed milk.....	8
Returning to work and feeding	8
When to get help.....	9

Feeding

Your baby will need to feed eight or more times in 24 hours.

Milk

- Gives the best, most complete nutrition for babies.
- Protects babies against illness such as ear infections, respiratory infections, stomach diseases, colds, flu, diabetes and obesity.
- Ensures the best growth, development and survival for your baby.
- Protects your health.
- Cost-effective.
- The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of a baby's life.

You and your baby need time to get to know each other and to begin learning the skills for feeding. It takes time to feel comfortable and have confidence with these skills. The goal is for you and your baby to have an enjoyable feeding experience.

First milk

Colostrum is the “first milk” made during pregnancy. It is designed for your newborn and made in small amounts. This is ideal for your baby's tiny stomach. Colostrum will completely meet the nutritional needs of your baby during the first three days.



Feeding cues

Having your baby in the same room with you helps you become familiar with your baby's feeding cues (signs they are ready to feed). Some babies need to be awakened to feed because they are very sleepy.

The following are examples of feeding cues:

1. Eyes moving fast under the eyelids.
2. Brow wrinkling.
3. Body movements.
4. Hand-to-mouth movement.
5. Sucking movements of mouth and tongue.
6. Crying – a very late feeding cue that may make it difficult to calm your baby down for feeding.



Frequency

How often your baby feeds may vary during the first few days. Your baby should feed on demand – that is, when your baby shows feeding cues.

1. During the first 24 hours, try eight or more feedings in 24 hours. Your baby may only take three to four good feedings during this first day. A good feeding is bursts of sucking.
2. You should see an increase in good feedings every day. These feedings should increase to eight or more feedings in a 24-hour period by day four. During a feeding, you should be able to see your baby's entire jaw move and hear your baby swallow.
3. It is better to watch your baby than the clock.
4. Newborns need to feed throughout a 24-hour period. Most do not sleep for a six-hour stretch until they are eight to 12 weeks old.
5. Some babies “cluster” their feedings by nursing more often than every two to three hours for part of the day. This often happens in the evening and at night.

Remember, your infant's stomach is not very big, so frequent feedings are necessary.



Five common feeding positions

Football

- Hold the baby's back and shoulders in the palm of your hand.
- Tuck the baby under your arm, keeping the baby's ear, shoulder and hip in a straight line.
- Support the breast. Touch the baby's lips. Once the baby's mouth is open wide, pull the baby quickly to you.
- Continue to hold your breast until the baby feeds easily.



Lying down

- Lie on your side with a pillow at your back and lay the baby so you are facing each other.
- To start, prop yourself up on your elbow and support your breast with that hand.
- Pull the baby close to you, lining up the baby's mouth with your nipple.
- Once the baby is feeding well, lie back down. Hold your breast with the opposite hand.



Cradle

- Cradle the baby in the arm closest to the breast, with the baby's head in the crook of your arm.
- Have the baby's body facing you, tummy to tummy.
- Use your opposite hand to support the breast.



Across the lap/cross cradle

- Lay your baby on firm pillows across your lap.
- Turn the baby to face you.
- Reach across your lap to support the baby's back and shoulders with the palm of your hand.
- Support your breast from underneath. Once the baby's mouth is open wide, pull your baby quickly onto your breast.



Laid back

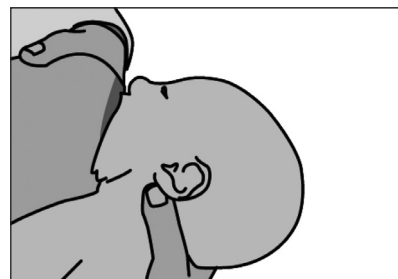
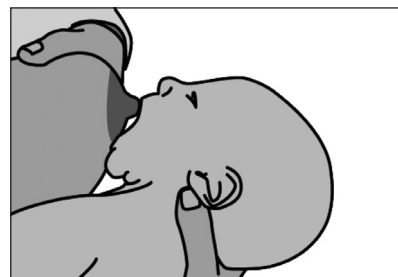
- Lean back on a bed or couch where you are well supported, not flat.
- Put your baby on your chest, so the baby's whole front touches your whole front.
- Let your baby's cheek rest near your breast.



Latch-on

It may take many tries to find a comfortable latch. A correct latch should not hurt. It may take a while before your baby is able to latch on the first time, every time.

1. Hold your breast with your hand. Place your thumb in the same direction as the baby's upper lip. Keep your thumb and fingers behind the areola (dark area around the nipple). This is called the C-hold or U-hold.
2. Position your baby with your nipple at their upper lip and wait for your baby's mouth to open wide (like a yawn).
3. When your baby's mouth opens wide, quickly pull your baby onto your breast. Your baby's chin and lower lip will touch first. Your baby should take in as much of the areola as possible. Your baby's mouth will cover more of the areola with the lower lip than with the upper lip.
4. Hold your breast during the entire feeding to help your baby keep a deep grasp. As your baby gets older, you may not need to continue with the extra support.
5. Your baby's ear, shoulder and hip need to be in a straight line.
6. Break the latch before removing your baby by putting your finger into his or her mouth and gently pressing the gum to break the seal.
7. If you have pain, unlatch your baby and try again.



Burping

You may need to burp your baby after feeding. Babies swallow air as they suck and cry.

To burp your baby:

1. Put the baby on your shoulder or the baby's abdomen across your lap.
2. Gently pat baby's back or support baby in a sitting position by placing one hand under chin.

How do you know your baby is getting enough?

By watching and listening to your baby, you can tell if your baby is getting milk. You should see many bursts of sucking and swallowing between pauses during a feeding. Your baby will stop eating when they are full. You do not need to time the feedings.

Some other things to look for:

- Your baby makes good, firm tugs at your breast.
- Your baby seems satisfied and relaxed after a feeding.
- Your baby should have at least six wet diapers a day by the end of the first week.
- Bowel movements change from black and sticky to green, then to mustard yellow by days four to five.
- At the end of the first week, you should feel fuller before and softer after a feeding.
- Your baby is feeding eight or more times in a 24-hour period by day four.
- Your baby has regained birth weight by the end of two weeks.

Baby's first 24 hours

The first hour after birth

Early initiation of feeding during the first hour after delivery is critical and is linked to continuation of feeding after leaving the hospital. You should be offered the opportunity to feed your baby as soon as possible after delivery. Separation during the first hour interrupts the baby's predictable behavior patterns of self-attachment and delays the beginning of effective suckling.

Skin-to-skin contact

Skin-to-skin contact between you and your baby should be uninterrupted during the first hour or until the first feeding is accomplished. Your baby will be placed on your abdomen or chest immediately after birth and should remain there undisturbed for at least the first hour. The American Academy of Pediatrics recommends that the baby should remain skin-to-skin throughout the recovery period. Early skin-to-skin contact improves the likelihood of continued feeding.

Skin-to-skin contact helps your baby transition easier to life outside the womb.

Rooming-in

Rooming-in is encouraged 24 hours/day for all families. Rooming-in allows for early attachment between babies and parents, helps babies adjust to life outside the womb, helps babies to feel safe and secure, and helps you learn your baby's feeding cues and behaviors. Feeding gets off to a better start and is more successful when rooming-in is practiced.

Baby-led feeding

You should watch your baby's cues, not the clock, to determine when to feed your baby. The benefits of feeding on cue include increased weight gain, less jaundice, better nutritional status for your baby, longer duration and a higher likelihood of exclusive breastfeeding.

Baby's second 24 hours

The second 24 hours can be drastically different from the first. The excitement from birth, visitors and feedings throughout the day with little sleep can be difficult. Your baby crying can be overwhelming, too.

You might feel like your baby is feeding nonstop, but this is normal. Feeding frequently and snuggling is comforting to your baby.

Keep up with frequent feedings because this gives your baby much-needed colostrum and it helps speed up your milk production.

Feed all night

The second night is often a "feed all night" scenario. It might seem like each time you finish feeding and put your baby in the bassinet, they begin to show feeding cues like crying or rooting. Sometimes this causes parents to be concerned that "they are not making enough milk" and their baby is starving. This is normal newborn behavior for the second night. Place your baby skin-to-skin as it provides comfort and your baby can hear your heartbeat and soothing voice.

Personal care

Breast fullness

Signs and symptoms of fullness:

- Starts three to five days after delivery.
- Breasts are firm (can still be gently squeezed), uncomfortable, larger, heavy and warm.
- Low-grade fever (100°F/37.5°C or less) for less than 24 hours.
- Normal milk flow.

Breast engorgement

Signs and symptoms:

- Tight, hard, unable to squeeze (swollen), hot, shiny, red, and tender or painful.
- Starts two to four days after delivery.
- Swelling may start at the collarbone and go to the lower rib cage, and from the armpit to the center of the chest.
- Fever over 100.4°F/38.1°C.
- Flattened nipples that make it hard for your baby to properly latch on.
- Milk flow has slowed down or stopped. There is not much milk flow because of swelling.

How can I prevent engorgement?

Following these measures may prevent normal fullness from turning into engorgement:

- Feed your baby within one to two hours after delivery.
- Feed your baby often – eight or more feeding attempts within a 24-hour period.
- Feed your baby on demand (follow your baby's feeding cues) or when you feel full.
- Feed your baby until your baby will not eat any longer.
- Avoid pacifiers and all forms of supplemental feedings.

How do I treat engorgement?

- Use pain relievers such as ibuprofen (Motrin® or Advil®) as ordered by your doctor.
- Before feeding, try one or more of the following:
 - Put cold compresses on your breasts for 20 minutes on and 20 minutes off. To make a cold compress, use cold washcloths, diaper wraps (pour water into a clean disposable diaper and freeze), frozen peas wrapped in a towel or gel packs.
 - Massage from collarbone down to nipple area.
 - Hand-express or pump to relieve fullness until areola is soft.
- During feeding:
 - Massage and gently squeeze your breasts between sucking bursts.
 - Try to have your baby feed on both sides as often as possible.
- After feeding:
 - If you are still hard, pump until you are comfortable.Then:
 - Apply cold compresses for 20 minutes on and 20 minutes off.
 - Wear a nursing bra that is supportive but is not too tight.



Pumping

If I am going to pump, what will I need?

- You will need a double electric breast pump to properly maintain lactation. You will also need a kit with attachments for the pump. You will need warm, soapy water to clean the attachments.
- Containers to store milk. Glass, hard plastic or specially designed plastic bags. Store your milk in two to four ounce servings, leaving an inch at the top of the bag or bottle.
- Refrigerator or freezer space.
- In some cases a hand pump may be an appropriate way to express milk.



How often should I pump?

- Begin pumping as soon as possible after delivery; within the first two hours is ideal. Massage your breasts before pumping.
- You should pump at least eight times in a 24-hour period.
- Try to stay on the same schedule as your baby would normally eat.
- Pump for 15 to 20 minutes on each side. If you have a double pump, you can pump both sides at the same time. After your milk “comes in,” extend the time that you pump; pump for two minutes after the last drop of milk is expressed.
- Hand expressing milk after you pump will increase the amount of milk you express.

Additional tips

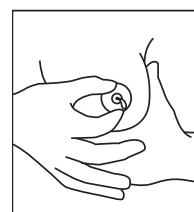
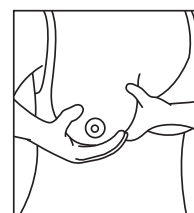
- Look at a picture of your baby, listen to soothing music or take deep breaths to help your milk let down easier.
- Wash your hands before pumping or handling milk.
- Try not to let more than four to six hours go by without pumping.
- Rest and drink plenty of fluids.
- Pump near your baby if possible.

Hand expression

Steps for hand/manual expression of milk

Before expressing milk allow yourself some time to relax, find a comfortable place and picture happy thoughts about your baby as this will help with your milk let down

1. Wash your hands with warm, soapy water.
2. Obtain a sterile container to express your milk into. Preferred containers are glass jars or hard plastic containers with lids.
3. Massage your breasts to help your milk let down.
4. Make a C with your hand. Place your thumb and forefinger of one hand at opposite sides behind your areola (the dark part).
5. Gently press inward toward your chest wall. Squeeze the thumb and forefinger together in a slight rolling motion. Do not slide your thumb and finger along the skin as this may cause irritation.
6. Rotate the position of your C shaped forefinger and thumb to make sure you are expressing milk from all angles.
7. Once you have expressed the desired amount of milk, store your milk either in the refrigerator or the freezer depending on your needs.



Milk storage

Following are storage guidelines for freshly expressed milk for healthy, full-term babies.

Place	Temperature	How long
Countertop, table	Room temp (up to 77°F)	Up to three to four hours is best.
Refrigerator	39°F or colder	Up to three days is best.
Freezer	0°F or colder	Up to three to six months is best.
Deep freezer	-4°F or colder	Up to 6 months.

Guide to storing thawed milk

	Room temperature (60°F to 85°F)	Refrigerator (39°F to colder)	Any freezers
Thawed milk	Up to 1 to 2 hours is best. Up to 3 to 4 hours is OK.	24 hours	Do not refreeze

womenshealth.gov

- Defrost frozen milk in the refrigerator, under warm running water or in a pan of warm water that has been heated on the stove.
- **DO NOT** heat milk directly on the stove or in the microwave.

Returning to work and feeding

Before returning to work you will need to collect a supply of milk for the first few days you are away from your baby:

1. Start expressing milk two to three weeks before your start date.
2. Express milk after your baby feeds.
3. A week or two before you return to work begin to introduce a bottle to your baby.
4. Talk to your employer ahead of time about your plans to return and that you will need time and space to pump.
5. Ask your caregiver if they can support your feeding and if they know how to thaw and warm human milk.
6. For an eight-hour work day plan to pump at least twice to maintain your milk supply.

Green zone: Doing well.	<ul style="list-style-type: none"> • Eight or more feedings in a 24 hour period. • Your baby sucks 10 to 30 times with short pauses; you hear swallowing. The latch is not painful and you feel tugging or pulling. 	<ul style="list-style-type: none"> • Keep it up – you are doing great. • Bring this chart to your baby's checkup appointment.
Yellow zone: Having some difficulty.	<ul style="list-style-type: none"> • Fewer than eight feedings in a 24-hour period. • Your baby does not suck 10 to 30 times with short pauses. You do not hear swallowing when your baby feeds. • The latch is painful or your baby cannot latch. Your nipples are more than tender, they are sore. You are too full/engorged. • Your baby has at least three wet diapers in 24 hours. Your baby has at least one stool in 24 hours. 	<ul style="list-style-type: none"> • Call your baby's provider with questions. Call a local lactation support service. • Don't give up – you are not alone. Help is available.
Red zone: Medical alert! Get help.	<ul style="list-style-type: none"> • Your baby has not had a stool in 24 hours. • Your baby has fewer than three wet diapers in 24 hours. 	<ul style="list-style-type: none"> • Call your baby's doctor.

Get help anytime if:

- You have pain in either breast with feedings and/or between feedings.
- You have breast tenderness or hot areas, temperature over 100°F / 37.8°C, chills, flu-like symptoms.
- Your baby is jaundiced with increasing yellow color of skin and whites of eyes.
- You start taking new medications, get sick or have unexpected surgery.

X28984 (formerly ITM 1052757) © Corewell Health 02.2024

This handout does not take the place of a discussion with your health care team.
Discuss any questions or concerns you may have with your health care team.

Approved for distribution by System Patient Education Council.

