

Breastfeeding Quick Reference

Facilitating Breastfeeding In Hospital

- ◆ Provide rooming-in service.
- ◆ Offer breast in first hour of life.
- ◆ Encourage frequent feeding.
- ◆ Do not use bottles or pacifiers.
- ◆ Do not use formula or water.
- ◆ Assist with latch as needed.

- ◆ Do routine tests and exams in mother's room.
- ◆ Observe at least 1 good feeding.
- ◆ Provide appropriate educational materials.
- ◆ Give anticipatory guidance.

Anticipatory Guidance for Early Weeks

Breastfeeding Patterns

- ◆ Feed on cue about every 1 ½ - 3 hours or 8-12 feedings every 24 hours.
- ◆ Patterns vary:
 - some babies nurse every 3 hours day and night.
 - some babies cluster feed for 4-6 hours then sleep 4-6 hours.
- ◆ Frequent unlimited breastfeeding encourages milk supply and minimizes engorgement.
Do not restrict time at breast.
- ◆ About 15-20 minutes on 1st breast and 10-15 on 2nd breast is typical. It's okay if baby does not take 2nd breast.
- ◆ Growth spurts occur at about 10-14 days and 4-6 weeks. Baby will want to nurse more often for 2-3 days.
- ◆ Breast swelling subsides by 7-10 days and is NOT a sign of decreased milk supply.

Infant Signs of Milk Transfer

- ◆ Sustained rhythmic suckle
- ◆ Audible swallows
- ◆ Relaxed arms and hands
- ◆ Moist mouth
- ◆ Satisfied after feeding

Mother Signs of Milk Transfer

- ◆ Strong tugging but NOT pain
- ◆ Thirst
- ◆ Uterine contractions
- ◆ Milk leaking from other breast
- ◆ Relaxed or drowsy feeling
- ◆ Breast softening

Infant Output

- ◆ 3 bowel movements every 24 hours after day 4
- ◆ Some babies will have a BM after each feeding
- ◆ 6 urinations per day after day 4
- ◆ BM changes from meconium to yellow, soft, watery consistency by day 4

Community Support

Lactation Consultant

Missouri WIC Program 1-800-392-8209

La Leche League 1-800-La Leche

Missouri Department of Health and Senior Services
Division of Nutritional Health and Services

PO Box 570 Jefferson City, MO 65102-0570

web: <http://www.dhss.state.mo.us/MissouriNutrition/>

1-888-435-1464

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Breastfeeding Quick Reference

Breast Support

- ◆ The C-hold provides effective support for most mothers.
- ◆ Place fingers far behind the areola, with thumb on top of breast.
- ◆ Cup fingers under breast.
- ◆ Support the breast to help keep weight off baby's chin.



Feeding Cues

Attention to early feeding cues facilitates correct latch and effective suckling.

Feeding cues include:

- ◆ Sucking movements
- ◆ Sucking sounds
- ◆ Hands to mouth
- ◆ Soft cooing or sighing sounds
- ◆ Fussiness



Crying is a late feeding cue!

How to Start Breastfeeding

- ◆ Get comfortable.
- ◆ Rest baby's head on mom's wrist or forearm.
- ◆ Bring baby's hips close and rotate bottom shoulder in toward mom's body. Baby's bottom arm should lay across his chest.
- ◆ Align baby's head so nose and nipple touch. Gently stroke upper lip.
- ◆ As baby 'roots up' to the nipple, his chin tilts toward the breast.
- ◆ Plant chin on the breast, slightly behind



nipple, so lower jaw closes on breast, not the nipple shaft.

- ◆ As baby opens

wide, hug him in with pressure on shoulders and torso – avoid pressing his head forward.

- ◆ Let baby release breast when finished.
- ◆ Alternate starting breast and position.



Assessing Latch

- ◆ Baby's chin presses into breast.
- ◆ Nose is close to breast, both cheeks touch breast.
- ◆ More areola usually shows above than below baby's mouth.
- ◆ Baby's lips flare outward.
- ◆ Tongue extends over lower jaw and cups the teat.
- ◆ Baby is alert with eyes open.
- ◆ Swallowing is heard.
- ◆ No clicking or smacking sounds are heard.
- ◆ Nipple emerges elongated but undistorted.

Correct positioning and latch minimizes nipple tenderness and trauma!



If the mother feels nipple pain, she should re-position and start over.

Remember, Let the Baby Lead the Feeding!