



# 10 Things Breastfeeding Moms Should Know Before Leaving the Hospital



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## 1. Getting Started

- Within the first hour of life, holding your baby skin to skin and allowing your baby to latch onto your breast on his or her own can help get breastfeeding off to a good start. When latching and positioning your baby at the breast, start by holding baby close with the baby's nose close to your nipple.
- Stroke the baby's mouth with your nipple and wait for the baby's mouth to open wide.
- Then guide the baby's mouth toward your nipple, pointing the nipple slightly up toward the roof of the baby's mouth with more of the lower areola (the dark area surrounding the nipple) in the baby's mouth. More areola will be visible above the nipple than below.
- The baby's chin should be against your breast when latched.
- A good latch should feel comfortable with no pain. In the beginning, some slight discomfort is normal when the infant first latches. If there are more than a few moments of discomfort or if baby is suckling only on the nipple, break the suction with your finger, remove the baby, and try again. Several tries may be necessary. The nurse or lactation consultant can help.

## 2. How often to feed

To breastfeed successfully, it's important to feed the baby whenever feeding cues are shown (see #3). A new baby needs to feed at least 8-12 times in 24 hours. This is about a feeding every 1½ -3 hours from the start of one feed to the start of the next. Some babies like to bunch several feedings together and then take a longer nap. It is best to be flexible with feeding times in the early weeks and avoid schedules.

## 3. How to tell when your baby is ready to feed

Follow your baby's lead and watch and listen for feeding cues, even when the baby is asleep. These signs mean the baby is ready to feed:

- Sucking movements of mouth and tongue
- Restlessness or increased body movements, especially hand to mouth movements
- Opening the mouth wide and turning head (rooting)
- Small sounds
- Crying is a late hunger sign, so try to breastfeed before the baby starts to cry

## 4. How long on each side

Leave the baby on the first breast until the baby will no longer suck and swallow when you massage the breast or stroke the baby's cheek. Then nurse on the other side if your baby is willing. It's fine to nurse on just one breast per feeding if your baby is satisfied. Let the baby decide when the feeding is over.



When satisfied, baby will let go of the breast and probably fall asleep. It is good positioning that prevents soreness, not limits on the amount of time baby spends at the breast.

### 5. How to know when your baby is swallowing

Newborns begin a feeding with several quick sucks to bring down the milk then they swallow after every suck or two.

The baby is swallowing if you:

- Hear the swallowing (this may be hard to do in the early days of breastfeeding)
- See the baby swallow
- See or feel they baby's throat move; place a finger gently on the baby's throat to see if you feel movement
- See a change in sucking pattern from fast, shallow sucks to longer, deeper sucks where the jaw moves and there is a pause before the baby takes the next suck.

### 6. How to manage engorgement

Many women find their breasts may feel very full, warm, and tender from days 2 to 5, while other women may notice little change. This is a good sign that your first milk is changing to mature milk. This change causes some swelling of the breast tissue. This will pass in 24-48 hours.

Some tips to manage this change are:

- Nurse often, a minimum of 8-12 feedings in 24 hours; don't skip feedings.
- To make it easier for your baby to latch, soften the nipple and areola by removing some milk.  
Here's how:
  - Place your thumb and fingers on the lighter skin area just behind the areola, which is the darker area surrounding the nipple.
  - Press back toward your chest wall.
  - Press fingers gently together, keeping them just in back of the areola.

- Rotate fingers and repeat.

- Apply cold packs between feedings to reduce swelling.

### 7. Breastfeeding without schedules, whenever your baby wants, is important in the first 3 – 6 weeks.

Healthy, full-term babies do not need bottles of water or formula unless there is a medical reason. The first milk, colostrum, is the perfect food for your newborn, and is present in just the right amount. A newborn baby's stomach is about the size of a marble, growing to the size of a shooter marble by day 3 and a golf ball by day 10. Bottles flow too fast and give the baby too much milk. Bottles may interfere with the baby's learning to breastfeed and with your milk supply. If your baby needs additional milk for a medical reason, using expressed breastmilk is preferred. Talk to your nurse and lactation consultant about your feeding options. They can also provide special help in getting the baby back to the breast.

Each time your baby nurses, your body gets a hormonal message to make enough milk to satisfy baby's hunger. If feedings are scheduled or bottles are fed to baby, your hormone levels drop and your milk supply can decrease. Breastfeeding is supply and demand: the more milk taken out of the breast, the more milk the breast makes for the next feedings.

Once breastfeeding is well-established, generally between 3 and 6 weeks, an occasional bottle of pumped breastmilk may be introduced without compromising breastfeeding. If you miss a chance to breastfeed, it is important to remove the milk from your breast, so that your breasts can continue to keep making more milk for the next feedings. The American Academy of Pediatrics (AAP) recommends just breastmilk for the first 6 months for maximum protection against allergies and illnesses.

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## 7. How to store your milk

Milk Storage Guidelines\*

Location	Temperature	Recommendation
Room Temperature	60-85° F	3-4 hours optimal 6-8 hours acceptable
Refrigerator	39° F	72 hours optimal 5-8 days acceptable
Freezer	0° F	6 months optimal 12 months acceptable

- Use a clean container (baby bottle, plastic nurser bag)
- Label with date of the first milk placed in the bottle. You may add more milk to the bottle. If the milk is frozen, chill the newly expressed milk in the fridge before adding it to already frozen milk

\*Human milk storage information for home use for full-term infants, Retrieved July 18, 2014 from <http://www.guideline.gov/content.aspx?id=23797>

## 9. Where to get help if you have problems with breastfeeding after you leave the hospital

Your physician or nurse will give you a list of local resources for breastfeeding support or you can visit any of the following websites for information and to find lists of local resources.

- North Dakota Department of Health: [www.ndhealth.gov/breastfeeding](http://www.ndhealth.gov/breastfeeding)
- Academy of Pediatrics: [www.healthychildren.org](http://www.healthychildren.org)
- Supplemental Nutrition Program for Women, Infants & Children (WIC): [www.ndhealth.gov/wic/](http://www.ndhealth.gov/wic/)

## 10. How to tell if your baby is getting enough milk

- The number of wet and soiled diapers can help you determine if your baby is getting enough milk.
- The chart on the last page will be your guide for the first week
- If your baby has at least the number of feedings, the number of wet diapers, and the number of soiled diapers listed on the chart for each day, then your baby is getting enough.
- After day 7, your baby should continue to have at least 6 wet diapers and 3 bowel movements every 24 hours
- By the second month, the pattern may change to fewer daily bowel movements

Is the diaper really wet? It may be difficult to tell if a disposable diaper is really wet. Putting a clean white tissue in each new diaper will help you know when the baby has urinated.

### CALL YOUR HEALTH CARE PROVIDER IF BABY:

**HAS FEWER WET OR SOILED DIAPERS THAN SHOWN ON THE CHART, NURSES FEWER THAN 8 TIMES EVERY 24 HOURS, SLEEPS MOST OF THE TIME AND IS DIFFICULT TO WAKE UP FOR FEEDINGS**

### OR IF MOM:

**HAS BREAST ENGORGEMENT WITH FEVER, CHILLS AND FLU-LIKE SYMPTOMS**



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# DAILY BREASTFEEDING RECORD

Baby's name \_\_\_\_\_ Date & time of birth \_\_\_\_\_

- Cross off the hour (or in between) each time the baby nurses
- Cross off a **W** each time you change a **wet diaper**
- Cross off an **S** each time you change a **soiled (poopy) diaper**
- If you cross off all the Ws and Ss for each day, and meet the goal for each day, you'll know that your baby is getting enough breast milk

		GOALS
Day 1	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: <b>W</b> Soiled diapers (black, tarry meconium): <b>S</b>	Breastfeed as soon as possible Keep baby in the room with you Keep baby skin to skin as often as possible No bottles or pacifiers
Day 2	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: <b>W W</b> Soiled diapers (black, tarry meconium): <b>S</b>	Nurse often: 8-10 times/24 hours Keep baby in the room with you Keep baby skin to skin as often as possible No bottles or pacifiers
Day 3	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: <b>W W W</b> Soiled diapers (Green or Yellow): <b>S S</b>	8-12 nursings Breasts feel full as colostrum begins to change to milk Keep baby in the room with you Keep baby skin to skin as often as possible
Day 4	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: <b>W W W W</b> Soiled diapers (Loose Yellow): <b>S S S</b>	8-12 nursings Breasts may feel full as colostrum changes to milk
Day 5	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: <b>W W W W W</b> Soiled diapers (Loose Yellow): <b>S S S</b>	8-12 nursings
Day 6	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: <b>W W W W W W</b> Soiled diapers: <b>S S S S</b>	8-12 nursings
Day 7	AM 12 1 2 3 4 5 6 7 8 9 10 11 PM 12 1 2 3 4 5 6 7 8 9 10 11 Wet diapers: <b>W W W W W W W</b> Soiled diapers: <b>S S S S</b>	8-12 nursings Feeling confident with breastfeeding

