



The first weeks of breastfeeding



Congratulations on your new baby! The clinicians and staff at Texas Children's Pavilion for Women are glad you made the decision to give your baby the best possible nourishment: breast milk. This booklet contains information to help you get started with breastfeeding during the first few days and weeks after you leave the hospital.

Some think of breastfeeding as a dance for two partners to learn. When you first learn to dance with a new partner, you might feel clumsy and it may take some time to get used to each other. However, the more you practice and learn the steps, the easier it will become. In time, you will learn each other's cues and move smoothly together.

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ABOUT BREAST MILK

Why breast is best

The decision to breastfeed your baby is an important one. Your breast milk gives your baby the best nutrition possible. In addition to providing calories for growth, your milk contains many factors that protect your baby from infection and illness and also promotes brain growth. These factors are not found in baby formula.

How your body starts and continues to make milk

After delivery, the hormones in your body will start the milk-making process. The first 10-14 days are an especially important time because your breasts are changing to produce an ample milk supply. What happens during this period can affect the entire course of breastfeeding with your baby. We encourage you to give only breastmilk in these early days to ensure breastfeeding success.

The first kind of milk your body makes is called colostrum. Colostrum is low in volume and high in protein and antibodies that help protect your baby from infection. This is just what your baby needs right after delivery. The usual amount of colostrum that babies take in during the first 24 hours after birth is about **one to two teaspoons** at each feeding. This is just the right amount for your baby.

STEP ONE: Getting ready to breastfeed

The first step in learning the dance begins with holding your baby skin to skin on your chest. Holding your baby like this is the best start for breastfeeding. It also makes it easy to know when the baby is ready to feed, especially when he or she is sleepy.



STEP TWO: How to hold your baby while breastfeeding

How you position your baby in your arms can affect the way the baby latches on to your breast. These positions will help you and your baby be comfortable together while breastfeeding.

- Your baby's head and body need to be in a straight line to make it easier to swallow.
- Hold your baby close to you while supporting his or her back, shoulders and neck.
- Your baby should be able to tilt his or her head back easily; he or she should not have to reach out to latch on to your breast.
- Bring baby to breast, not breast to baby.

There are many positions for breastfeeding, all of which can work well. See what works best for you. The more comfortable you and your baby are, the more enjoyable breastfeeding will be.





The cradle hold is good for cuddling and bonding.



The cross cradle hold supports your baby's head and your breast.



The football hold allows you to breastfeed without putting pressure on your abdomen.



The football hold works well when breastfeeding twins at the same time.




Lying back with baby skin to skin is a natural way to start breastfeeding.



Side lying is a good position for those mothers who are unable to sit upright comfortably.



 *Bring your baby onto your breast, with his or her bottom lip attaching to your breast first.*



 *Then his or her top lip will attach to your breast for a firm latch.*

STEP THREE: How to know your baby is latched on well

Knowing when your baby is latched well to the breast is very important. It may take some time for both of you to learn, but with time and effort, you will.

Look:

- For signs that your baby is ready to feed:
 - sucking on lips, hands or fingers
 - making smacking noises or small sounds
 - searching for your nipple, also called “rooting”
- For your baby’s hips, shoulders and ears to be in a straight line
- For your baby’s mouth to cover about an inch of your areola with both lips curled out, not tucked in
- For smooth, regular sucking with active, long jaw movements and pauses to swallow

Listen:

- Hear your baby swallow (usually after day 3).
- You should not hear clicking or smacking noises during feeding.

Feel:

- The pull of your breast into your baby’s mouth.
- Nipple tenderness; stronger during first few seconds and then eases up.
- After one to two minutes, you may or may not feel mild uterine cramps during the first few days (a sign that your milk is flowing from your breast).
- After five minutes, you may feel drowsy and/or thirsty.
- After three to five days, some women experience a tingling sensation in their breasts called “let down.”

Latching off

Your baby will usually drift off to sleep and release your nipple when he or she is finished feeding. However, if you need to remove your baby from your breast:

- Slide your little finger down your breast to the corner of your baby’s mouth.
- Gently pull out the corner of your baby’s mouth to release the suction.
- Look at the shape of your nipple once baby comes off the breast; it should appear rounded, not pinched or flat.

NEXT STEPS: Getting through the second night and beyond

You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again, and now it's your baby's second night.

All of a sudden, your little one discovers that he's no longer back in the warmth and comfort of your womb where he spent many months. He isn't hearing your comforting voice, heartbeat and breathing. Instead, he's in an unfamiliar place with new noises, lights, sounds and smells. He has found his voice though, and you may find that each time you take him off the breast where he drifted off to sleep and put him in his bed, he gets fussy.

In fact, each time you put him back to the breast, he goes to sleep. Then when you put him to bed, he cries again and starts rooting around, looking for you. This goes on seemingly for hours. A lot of moms are sure it is because they do not have enough milk yet, and the baby is starving. However that is not the reason. Instead, the baby is suddenly aware that the most comforting place for him to be is at your breast. It's the closest to "home" he can get.

So what do you do?

- When he drifts off to sleep at the breast, break the suction and slide your nipple gently out of his mouth.
- Don't move him except to pillow his head more comfortably on your breast.
- Don't try to burp him; just snuggle with him until he falls into a deep sleep where he won't be disturbed by being moved.
- Babies go into a light sleep first and then in and out of light and deep sleep about every half hour or so. If he starts to root and act as though he wants to go back to the breast, that's fine. This is his way of settling and comforting.

Babies' hands are their best friends.

- While in their mother's womb, they suck on their fingers anytime they are the slightest bit disturbed or uncomfortable.
- Babies use their hands to touch and feel. This touch on your breast will increase your hormone (oxytocin, prolactin) levels, which will help boost your milk supply.



To latch your baby off, slide your little finger down your breast to the corner of your baby's mouth and gently pull to release the suction.

- Babies also use their hands to guide themselves to the breast and latch on.
- For these reasons, avoid putting mittens on the baby so he can soothe himself in a way that he is used to.

Your baby may want to snuggle at the breast often, particularly if you've changed his environment, such as going to the doctor, church, the mall, or grandparents' house. Don't let it throw you – sometimes babies just need some extra snuggling at the breast, because for the baby, the breast is “home.”

Things to know:

- Babies have a small stomach, so they feed often during the first few weeks, meaning they:
 - Breastfeed every one and a half to three hours during the day.
 - Often go no more than a four hour stretch at night without feeding.
 - Cluster feed or nurse almost nonstop at one time during the day (usually in the evening).
- The more often you breastfeed your baby, the more milk you will make.
- As you and your baby get to know each other, the pace and rhythm of breastfeeding will become more predictable.

Your and your baby's first few weeks

These first few weeks are a training period for you and your baby. The more practice you both have, the easier it will get. However, you both have already learned how to move together during pregnancy – you felt your baby's movements and the baby heard your voice and heartbeat. Therefore, it is not surprising that your baby is so happy and content when physically close to you.



If your baby is very sleepy and won't latch on, place him or her skin-to-skin on your chest and try again in 30-60 minutes.

GETTING BACK IN STEP: Addressing challenges in breastfeeding

There may be times when you feel that breastfeeding is not going well. Your baby might be sleepy or fussy, you might be tired or sore, or your baby might have trouble latching on to your breast. You may also worry if you are making enough milk for your baby. These are common concerns that most mothers experience. Use the following tips to help get back in step. If you find that things are not getting better, call your lactation consultant, nurse or doctor for assistance.

Sore nipples

You may remember your nipples becoming tender when you first learned you were pregnant. This nipple tenderness was a result of a change in your hormones. After delivery, there are similar changes taking place that cause increased nipple tenderness. This tenderness is normal and temporary. However, nipple *pain* is a warning sign that something is wrong. Proper positioning, latch-on and removal from the breast are the best ways to prevent nipple soreness and pain.

To soothe sore/tender nipples:

- Rub a little colostrum or breast milk onto your nipple area after feeding.
- Use a medical-grade lanolin (such as Lansinoh® or Purelan®) to put on your nipples after feeding.
- Apply hydrogel pads (use as directed).
- Expose your nipples to the air between feedings.

Swollen breasts

Between two to five days after your baby's birth, your milk will change from thick colostrum to thin, bluish-white milk. You will also notice your breasts feeling fuller and warm to the touch. This is a good sign, indicating that your milk production is increasing. Nursing your baby often will help prevent your breasts from becoming too full or engorged. If you are having difficulty getting your baby latched on because your breasts are swollen, use the steps below to soften the breasts so your baby can latch on more easily.

To reduce breast swelling and promote the flow of milk:

- Apply a warm, moist towel over your breast for a few minutes before feeding or pumping.

- Take a warm shower.
- Gently massage your breasts, moving your hands away from the nipple toward your chest.
- Hand express or use a breast pump to express a small amount of milk.
- Apply ice packs to your breasts for ten minutes after or between feedings.
- Use pain relief medication such as acetaminophen or anti-swelling medication such as ibuprofen.

Sleepy baby

Newborns are often very sleepy in the first few days following birth. Babies feed better when they are more alert. Keeping your baby in your room will allow you to notice when the baby is ready to feed (such as when he or she roots or makes sucking sounds). Completely undressing your baby (clothed only in a diaper) and holding him or her skin-to-skin against your bare chest will encourage wakefulness.

Ways to wake your baby:

- Change your baby's diaper.
- Rub your baby's back.
- Tickle your baby's feet.
- Wash your baby's face with a warm cloth.
- Dim the lights in the room.
- Hold your baby skin-to-skin

Ways to get your baby to latch on to your breast:

- Attempt to breastfeed for ten minutes – if you are unable to wake your baby, place him or her skin-to-skin on your chest and try again in 30-60 minutes.
- Express a few drops of colostrum into your baby's mouth.
- Let your baby suck on your little finger and then move him or her to your breast.

Extra milk

- There are times when the doctor may suggest a small amount of extra milk for your baby, such as when you have low blood sugar levels.
- If you are unable to express enough breast milk for these feedings, pasteurized donor breast milk is available for your baby.
- Although not quite as good as your own milk, it is better than formula.

Expressing breast milk

If you are separated from your baby or your baby is not breastfeeding well, you will need to express your milk. It is very important that milk is removed from your breasts frequently.

There are many ways to express milk from your breasts. Hand expression is a very easy way to express your milk. Ask your nurse or lactation consultant to help you learn how to hand-express your milk.

Another way to express milk is to use a breast pump. There is an electric pump, the Medela™ Symphony pump, in each patient room. Ask your nurse for the equipment needed and for detailed instructions on breast pump use and milk storage.

Tips for pumping and breast milk storage:

- To make the most milk for your baby, either breastfeed or pump every three hours (8 times in 24 hours).
- Wash pump parts in between each pumping session.
- Please ask your nurse for the baby's labels. Always label the milk containers so we can identify your milk for your baby.
- Always write the date and time the milk was pumped on the label.
- Freshly expressed breast milk can stay at room temperature for 4 hours.
- After 4 hours the milk should be refrigerated. There are special breast milk refrigerators on the Mother Baby Unit where you can store your milk.
- If your baby is in the Neonatal Intensive Care Unit, please take your pumped milk to the baby's nurse or Milk Bank on the 8th floor.

If you need a pump for use at home, the Pavilion for Women has a wide variety of pumps for purchase or rental in the Bella Luna Boutique located on the 3rd floor across from the Fresh Bistro. Ask your nurse or the lactation staff for more information on which pump is best to fit your needs.



The more you practice breastfeeding, the easier it will become.

HELP AND ASSISTANCE

Lactation specialists are available to help you in the hospital and after you go home. Call us if you have questions, would like to see a lactation consultant or need to schedule an outpatient visit.

Texas Children’s Lactation and Milk Bank Services832-824-6120
8 a.m. to 5 p.m. daily (including weekends and holidays)

Baby Bistro832-826-8881
Our breastfeeding clinic. Call to schedule an outpatient visit or for information on breast pump rental.

breastfeeding.texaschildrens.org

Our informative web site includes valuable information and tips about breastfeeding.

texaschildrens.org/milk

Find out more about donating your extra breast milk832-824-6455
Healthy mothers with extra breast milk above what their baby needs can donate to the Texas Children’s Hospital Mother’s Milk Bank. To qualify, mothers are able to give at least 150 ounces over a four-month period. Donated milk is tested, heat-treated and fed to hospitalized infants whose mothers are unable to provide their own breast milk.

breastfeeding@texaschildrens.org

Send your questions/concerns/comments to this address at the Lactation Program and receive a response within 24 hours Monday through Friday. Questions received on weekends will be answered on Monday.





Pavilion
for Women