



A Guide to Breastfeeding Success for Patients & Families

NEW BEGINNINGS



Saint Francis Hospital
Trinity Health

Baby Steps

Baby Not the Clock

Feed your baby when you see feeding cues: sucking, licking, hands to mouth, rooting or rapid eye movements. Once latched, allow a sucking and swallowing baby to feed as long as they like. If the baby comes off, you can offer the other breast.

Right Position and Right Latch

Position baby facing your breast, nose to nipple, mouth opened WIDE, head tilted back, chin tucked into breast and lips fanned out. With proper positioning and latch, nursing should be comfortable.

Early and Often

Breastfeed your baby as soon after delivery as possible, then 8-12 times every 24 hours. Feed according to feeding cues. Frequent feedings help build your milk supply.

Avoid Bottles or Pacifiers

If medically necessary, supplements of expressed breast milk can be given using alternative feeding methods such as cup, spoon or finger feeding. Pacifier use may decrease supply or cause nipple confusion.

Skin to Skin

Between feedings, keep your baby skin to skin on your chest. This will keep your baby warm, regulate blood sugar and breathing, and make your baby feel safe and loved. You will see feeding cues and know when to nurse your baby.

Take Good Care of Mom

Breastfeeding mothers should have a nutritious diet, drink fluids to stay hydrated, and rest whenever the baby rests.



Building and Maintaining a Milk Supply

Correct positioning and latch will ensure comfort and a good milk flow to the baby.

- When he opens his mouth widely, gently, but quickly bring his back and shoulders toward your breast. Bring the baby to you, not you to the baby.
- Aim his lower lip as far away from the base of the nipple as possible. The top lip will be closer to your nipple than the bottom lip. This brings the baby's chin to your breast first.
- The upper lip will touch your breast second and baby's nose will be tilted away from your breast.



- **Do not push on baby's head.** Pushing baby's head will force their chin down to their chest, making it almost impossible to get a good, deep latch.
- Once latched, baby's top lip will be close to your nipple and your areola may still be visible. Baby's lower lip may cover the areola.
- Your nipple will be 'off centered' in his mouth. Baby's chin will indent into your breast. And, your nipple will be deep inside his mouth. This is called an asymmetric latch.
- In the early days of breastfeeding, most couplets find the cross cradle, or football hold to be the most successful in achieving a comfortable latch.

If baby is unable to go to the breast, begin hand expression within 1-2 hours of birth, then begin using a hospital grade, automatic cycling, and double electric pump within 6 hours of birth.

Pump every 2-3 hours for a total of 8-12 pumping sessions in 24 hours. Pump both breasts at the same time if possible for 15-20 minutes, or 2 additional minutes after the milk stops flowing whichever is longer.

Mother's who use manual expression 5 times or more in the first 3 days, in addition to using the electric pump, produce 63% more milk.

Skin to Skin

Practice skin to skin, or Kangaroo Care, as soon as baby is stable and as long and as frequent as possible. Baby is naked except for a diaper and a birthing hat and placed on mother's bare chest between her breasts, with a blanket covering the mother and baby. There are numerous health benefits to both mother and baby including earlier and more successful breastfeeding and enhanced milk production.

Power Pumping

Power pumping is an option that can be included in the 8-12 pumping sessions per day:

- Double pump 10 minutes, rest 10 minutes, pump 10 minutes- in other words, pump 10 minutes, rest 10 minutes, off and on, for a total of 1 hour.
- In the evening or when visiting your baby in the NICU, double pump 15-20 minutes every hour for 3-4 hours.

When preparing to pump, warm, moist compresses can be applied to the breast followed by circular massaging starting at the outer breast and moving towards nipple. Compressing the breasts intermittently during pumping can increase milk flow.

When using the hospital pump or a 2-phase pump at home, turn it on for 5 minutes, turn it off, and immediately restart. Turn it off, then on, every 5 minutes for a total of 15-20 minutes. This pattern may stimulate the letdown reflex better.

Relax when pumping. Have a quiet, comfortable place to pump. Pump at your baby's bedside, just after doing skin to skin or a feeding attempt. At home, look at a picture of your baby. Have a loved one massage your neck and shoulders and listen to relaxing music.

Cover your chest and pump parts with one of your baby's blankets. This will keep you from staring at the bottles and tensing up if the milk is slow to flow.

- Let your doctor or lactation consultant know if you are taking any medications or herbal products. Some medications, birth control methods, or herbs can impact milk production even if they are over the counter.
- Eat well. Stay hydrated, drink when you are thirsty.
- Foods that enhance lactation:
 - Oatmeal (not instant), barley and barley water, dark green vegetables. **There is no substitute for breast stimulation by baby or pumping.**
- Avoid foods that decrease milk supply:
 - Peppermint, sage and parsley

Easing Engorgement

The secret to minimizing engorgement is making sure your newborn baby is positioned and latched well at the breast, and feeds frequently and unrestrictedly after birth.

Frequent feedings (8-12 times every 24 hours) removes the colostrum and incoming milk so that normal postpartum breast fullness is less likely to develop into painful engorgement.

Some babies may breastfeed as often as a few minutes every hour, while others may breastfeed for hours at a time. This type of cluster feeding is most often seen on postpartum days 2-3, but also occurs anytime the baby experiences a “growth spurt.”

If your baby is not yet latching to the breast after the first 24 hours, it is important for you to pump frequently (8-12 times every 24 hours) to mimic a baby’s breastfeeding pattern, develop a full milk supply, and minimize engorgement.

Substituting formula feedings in the early weeks increases the chance for engorgement.

If you do experience engorgement, here are some tips to help:

- Apply warm compresses or warm shower before feedings to help milk flow.
- Use hand massage to encourage milk flow.
- Use reverse pressure softening (ask your nurse or lactation consultant how to use this technique).
- Wake baby for frequent feedings.
- If breast is too full for baby to latch, hand express or pump just enough to soften breast (1-2 teaspoons).
- Apply ice packs after feedings to reduce swelling.
- Wear a comfortable, non-tight supportive bra at all times.
- Call a lactation consultant for help.

Breastfeeding Warm Line: 860-714-6025



Human Milk Storage Guidelines

By following recommended storage and preparation techniques, nursing mothers and caretakers of breastfed infants and children can maintain the safety and quality of expressed breast milk for the health of the baby.

These are general guidelines for storing human milk at different temperatures. Various factors (milk volume, room temperature when milk is expressed, temperature fluctuations in the refrigerator and freezer, and cleanliness of the environment) can affect how long human milk can be stored safely.

TYPE OF BREAST MILK	COUNTERTOP 77°F (25°C) or colder	REFRIDGERATOR 40°F (4°C)	FREEZER 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best. Up to 12 months is acceptable.
Thawed, Previously Frozen	1-2 Hours	Up to 1 Day (24 Hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (Baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

Breastfeeding Checklist

Baby should continue to have at least one more wet diaper per day until reaches one week of age and then will have at least 6-8 wet diapers in 24 hours.

Bowel movements should be yellow and at least 4 in 24 hours in the early weeks after birth.

If you can answer “yes” to each of these questions when your baby is one week old then you know breastfeeding is going well. If you answer “no” to any of these questions, call your baby’s health care provider or a breastfeeding support group. Getting help early is best for enjoyable breastfeeding.

- Is breastfeeding going well?
- Baby latches, suckles and swallows during feeding?
- Feeds 8 to 12 times a day during the first week? Baby offered breast frequently, according to the baby’s readiness cues?
- Baby ends feeding by coming off breast before offered second side?
- Mother and baby are comfortable during feedings?
- Baby is satisfied between feedings and baby is gaining weight?
- Does your baby have at least 4 large bowel movements each day?
- Is your baby getting only breastmilk (No formula or water)
- Is your baby happy or sleepy after breastfeeding?
- Are your breasts and nipples comfortable?

Breastfeeding for the First Week

First breastfeeding should be encouraged soon after birth when the baby is usually in a wakeful state. The baby may nuzzle, snuggle, lick or may latch and suckle. Some babies cry. Remember, this is the first of many early times you and the baby will use to get to know each other. Colostrum - the first “milk” - is present in your breasts for your baby.

Offer the baby the breast, watching for the baby hunger cue signs that are listed below.

General Guidelines:

- Keep the baby nearby and put the baby to breast frequently.
- It’s never too early to offer the breast.
- Baby may be sleepy at one session and more wakeful within a short time.
- It may take a number of minutes before the baby latches on.
- Let baby come off the first breast before offering the second side.
- Nursing is comfortable when baby is latched correctly.
- Feedings are frequent in the first weeks. Watch baby, not the clock.
- **Avoid the use of nipples, pacifiers, and supplemental feedings** (unless medically indicated)

Baby Readiness Cues:

- Baby is rooting and starting to bring fist to mouth.
- He or she is in a light sleep or quiet awake state.
- Newborns keep their eyes closed most of the time.
- The deep sleep state is more difficult to rouse the baby to feed.
- Soothe the baby a few minutes if crying. It is best to feed baby before he or she is in this state of arousal.

Discharge Instructions

Goals for Feedings:

- 8-12 times/ every 24 hrs.
- Latch is comfortable, not painful.
- Follow baby's cues, not the clock.
- Let baby end feeding – pulls off or falls asleep.
- Cluster feeding (every hour or more) is expected at times.
- Avoid bottles or pacifiers in first 3-4 weeks.

Is Baby Getting Enough?

- Listen for swallowing or gulping during feeding.
- Has at least 6 heavy, wet diapers/day by one week of age.
- Has at least 4 loose, yellow bowel movements/day by one week of age.
- Baby is content after feedings and usually falls asleep.
- Baby is gaining weight.

Is Baby Sleepy? (Less Than 8 Feedings/Day):

- Wake for feedings every 2-3 hrs. Unwrap, change diaper, wash face.
- Place baby skin to skin.
- Watch for early feeding cues: stretching, licking, rooting, and sucking on hands.

Is Baby Not Yet Latching? (Over 24 Hrs Old):

- Attempt breastfeeding with early feeding cues.
- Feed the baby – cup feed, finger feed, spoon feed, dropper feed!
- Pump every 2-3 hours for 15 minutes, unless baby latches well.
- Keep baby skin to skin.

Notes

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**If you have questions, concerns,
or pain with breastfeeding, call for help!**

Breastfeeding Warm Line:

860-714-6025

Postpartum Support Group:

trinityhealthofne.org/events



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