

10 Things Breastfeeding Moms Should Know Before Leaving the Hospital

1. Getting started

It is important for your baby to have skin to skin time within the first hour of life. Skin to skin time has many benefits, including helping to get breastfeeding off to a good start.



- a. Start with your baby's whole body turned toward your body, close to you with baby's nose in line with your nipple. Avoid any pressure behind baby's head or baby will reflexively push away from you.
- b. Move baby back an inch or two -- allow baby's head to tilt back. Watch for baby's mouth to open wide.
- c. When the mouth is open wide, bring baby in closer to you. Your nipple should be in the upper half of baby's mouth. Aim your nipple to the roof and to the back of baby's mouth.
- d. Your baby should be able to look up at you and make eye contact.
- e. Baby's chin should be pressing against your breast. Baby's nose can be touching or not touching your breast. You should see your areola around baby's upper lip.
- f. When baby is suckling, you should feel gentle tugging. *Pain is a sign of an incorrect latch.* If you have pain, try to make some adjustments to your hold and baby's position. If adjustments do not relieve the pain, break the suction carefully and go back to Step 1.
- g. When baby comes off the breast, your nipple may look longer but should stay the same shape as it was before nursing.

2. How often to feed

To successfully breastfeed, it is important to feed the baby whenever the baby shows signs of hunger (see #3). A newborn needs to feed at least 8 - 12 times every 24 hours. Sometimes babies like to feed several times close together and then take a longer nap. It is best when you are flexible with feeding times during the first few weeks and do not set a schedule.

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

Watch and listen for feeding cues, even when the baby is sleeping. The following signs may indicate the baby is ready to feed:



- Sucking movements of mouth and tongue
- Hand to mouth movements
- Opening the mouth wide and searching for your breast (rooting)
- Lip-smacking
- Crying is a late hunger sign, so try to breastfeed before the baby starts crying

4. How long on each side

Leave the baby on the first breast until the baby will no longer suck and swallow when you stroke the baby's cheek and massage the breast. Offer the second breast and nurse if your baby is willing. If your baby is satisfied and does not want the second breast, it is fine to nurse on just one breast. Allow the baby to decide when the feeding is over. The baby will let go of the breast and likely fall asleep. Proper attachment and positioning at the breast are the best way to prevent nipple soreness and pain.

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 swallowing (this may be hard to do in the early days of breastfeeding)
- See the baby swallow
- See or feel the baby's throat move (gently place a finger on the baby's throat to 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

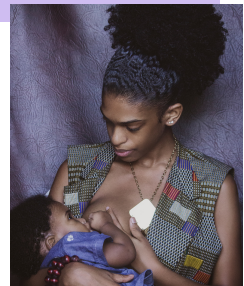
Some women find their breasts feel very full, warm, and tender from days 2 to 5, and other women may notice little change. These changes cause some swelling of the breast tissue. This will pass in 24 - 48 hours.

Some tips to manage this change are:

- Nurse often - a minimum of 8 - 12 feedings every 24 hours. Don't skip feedings.
- Apply cold packs between feedings to reduce swelling.
- Soften the nipple and areola by removing some milk to make it easier for your baby to latch. Here's how:
 - Place your thumb and fingers on the lighter skin area just behind the areola (darker area around nipple).
 - Press back toward your chest wall.
 - Press fingers gently together, keeping them just in back of the areola.
 - Rotate fingers and repeat.

7. The importance of breastfeeding with no schedule for first 3 - 6 weeks

Unless there is a medical reason, healthy, full-term babies do not need water or formula. *Colostrum* (the first milk) is the perfect food for your newborn and is present in just the right amount. A newborn's stomach is about the size of a shooter marble at birth and grows to the size of a ping-pong ball by day 3 and the size of an extra large chicken egg by day 10. Bottles flow too fast and give the baby too much milk. Bottles may also interfere with your milk supply and the baby's learning of breastfeeding. Use expressed milk when possible if your baby needs additional milk for a medical reason. Talk to your nurse or lactation consultant about your feeding options and for help getting the baby back to breastfeeding.



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

Once breastfeeding is well-established (usually between 3 and 6 weeks), an occasional bottle of pumped breastmilk can 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 breast will continue to make more milk for future feedings. The American Academy of Pediatrics (AAP) recommends just breastmilk for the first 6 months of life and then continued breastfeeding as complementary foods are introduced for a year (or as long as mutually desired for mother and baby) for maximum protection against allergies and illnesses.

8. How to store your breastmilk

- Use a clean container (baby bottle, plastic nursing bag).
- Label with the date of the first milk placed in the bottle. You may add more milk to the bottle.
- Chill freshly expressed milk before mixing it to already cooled or frozen milk.

Type of Breastmilk	Countertop 77°F (25°C) or cooler	Refrigerator 40°F (0°C)	Freezer 0°F (-18°C)
Freshly expressed or pumped	Up to 4 hours	Up to 4 days	Within 6 months optimal Up to 12 months acceptable
Thawed, previously frozen	1-2 hours	Up to 1 day (24 hours)	Never refreeze breastmilk after it has been thawed
Leftover from a feeding	Use within 2 hours after baby is finished feeding		

Breastmilk storage information for full-term infants. Retrieved May 4, 2022 from https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

9. Where to get help with breastfeeding after leaving the hospital

Your doctor or nurse will give you a list of local resources for breastfeeding support. You can also find information on the following websites:

- North Dakota Department of Health: www.ndhealth.gov/breastfeeding
- Academy of Pediatrics: www.healthychildren.org
- Supplemental Nutrition Program for Women, Infants, and Children (WIC): 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. Use the chart on the last page to help you track the baby's wet/soiled diapers for the first week.

- Your baby is getting enough milk if the baby has at least the number of feedings, soiled diapers, and wet diapers listed on the chart for each day.
- 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 bowel movements each day.
- If you are having trouble deciding if a disposable diaper is actually wet, put a clean white tissue in each new diaper. This will make it easier to see when a diaper is wet.



CALL YOUR HEALTH 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

Daily Breastfeeding Record

Baby's name: _____ Date and 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 of an **S** each time you change a soiled (poopy) diaper.
- If you cross off all the **Ws** and **Ss** and meet the daily goal(s), you'll know your baby is getting enough breastmilk.

		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: W Soiled diapers (black, tarry meconium): S	Breastfeed as soon as possible Keep baby in 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: W W Soiled diapers (black, tarry meconium): S	Nurse often: 8-10 times/24 hours Keep baby in 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: W W W Soiled diapers (green or yellow): S S	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: W W W W Soiled diapers (loose, yellow): S S S	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: W W W W W Soiled diapers (loose, yellow): S S S	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: W W W W W W Soiled diapers: S S S S	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: W W W W W W Soiled diapers: S S S S	8-12 nursings Feeling confident with breastfeeding

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