

Welcome to Breastfeeding Basics

Download a free App- Coffective

Libby Rosen PhD, RN, IBCLC

- **OB nurse for 46 years**
- **Have assisted over 2,200 babies into the world and helped many more than that with breastfeeding**
- **Helped start the Breastfeeding Clinic in 1996 at Stormont-Vail Health Care**
- **Professor at Baker University School of Nursing in OB.**
- **Nursed 4 babies who all were very different in their feeding patterns.**
- **Have 7 grandbabies who are nursed very differently too!**



- Ashley Seematter, BSN,RNC-OB, Graduate Student
 - **OB nurse for 10 years**
 - **Has attended many births with nursery and as a labor nurse- over 1,000.**
 - **Has 2 children who she has nursed and is expecting a third in May!**
 - **Works on the Birthplace and in the School of Nursing as an instructor.**

Breastmilk is:



- *EVERYTHING* your baby needs for the first 6 months of life.
- Easily digested.
- The only perfectly matched nutrition designed specifically for **YOUR** baby.
- Filled with antibodies from mom that protect against infection & allergies.

Anatomy of the Breast



- Consist of many ducts where milk is made.
- Multiple openings at end of nipple where milk comes out.
- Montgomery glands – bumps on areola.

Colostrum: “Liquid Gold”

“first milk”



- Serves as a laxative to help clear the gut.
- Provides baby protection from illness and passive immunities from mom.
- Coats the stomach & intestines to protect against any bacteria.
- The small amounts of colostrum lead baby to nurse frequently - helping mature milk to arrive faster.

Mature Milk

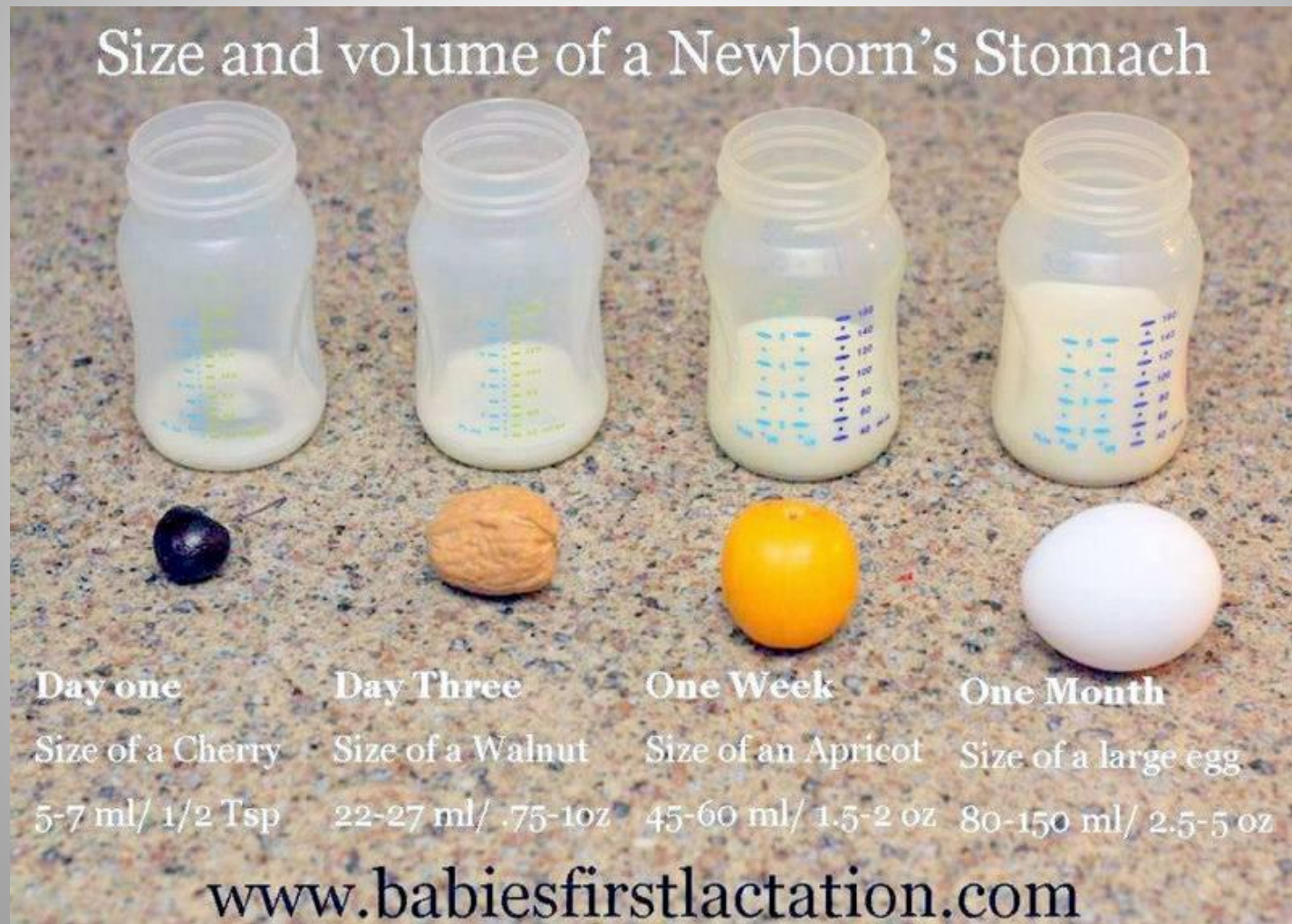
Your milk will change and increase in quantity in approximately 48-72 hours. It may take longer depending on when breastfeeding was initiated and breastfeeding frequency.

...may notice “let-down”

- Tingling sensation
- Feeling your breasts become full
- Warm upper body sensation



The amount of milk a baby's stomach can comfortably hold gradually increases over time.



Do I need to eat a special diet when I'm breastfeeding?

NO!!

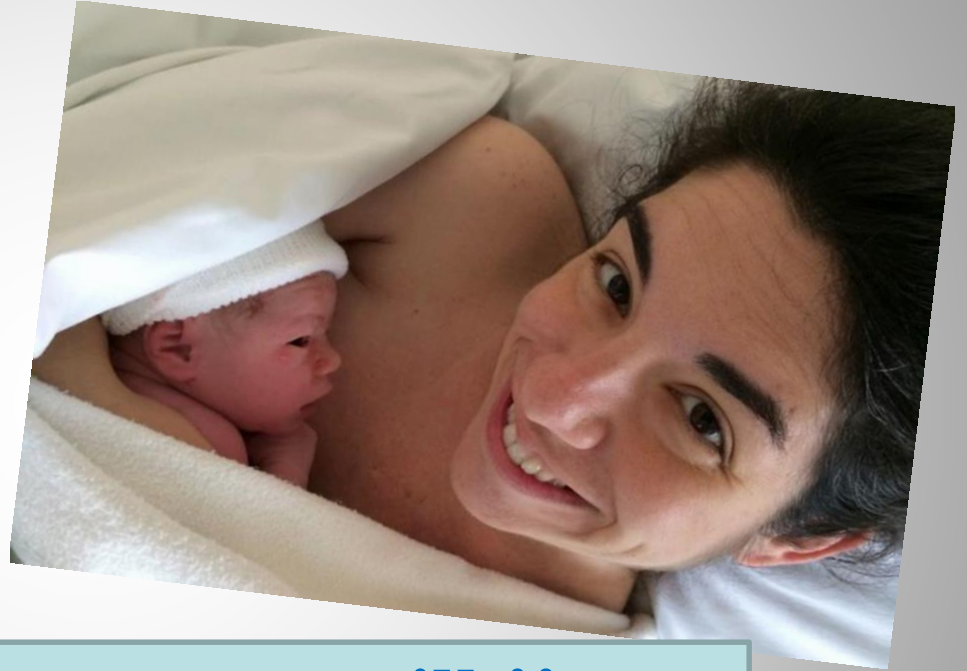
- Keep in mind you will burn at least an extra 500 calories per day while nursing.
- Baby will get what the baby needs.
- Best to continue taking prenatal or daily multivitamin.
- Spicy foods change the way the milk is flavored – babies appreciate variety.
- Caffeine – moderation is best!



Early keys to success

High 5 Practices:

1. Skin-to-skin
2. Only mom's milk
3. Room-in
4. No pacifiers
5. Good follow up



Feed early, feed often, move milk!!

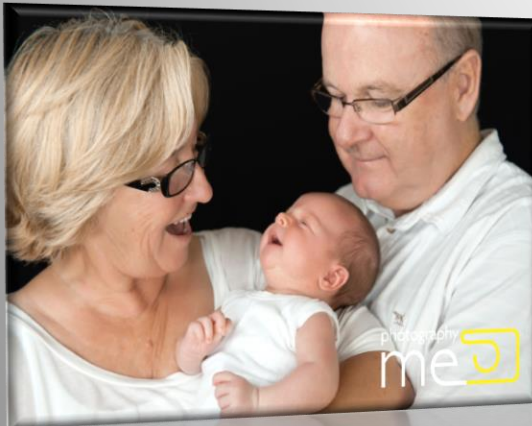
<https://www.youtube.com/watch?v=DfYdsCLXVWs>

A Note to Dads, Grandparents, Partners and Support People



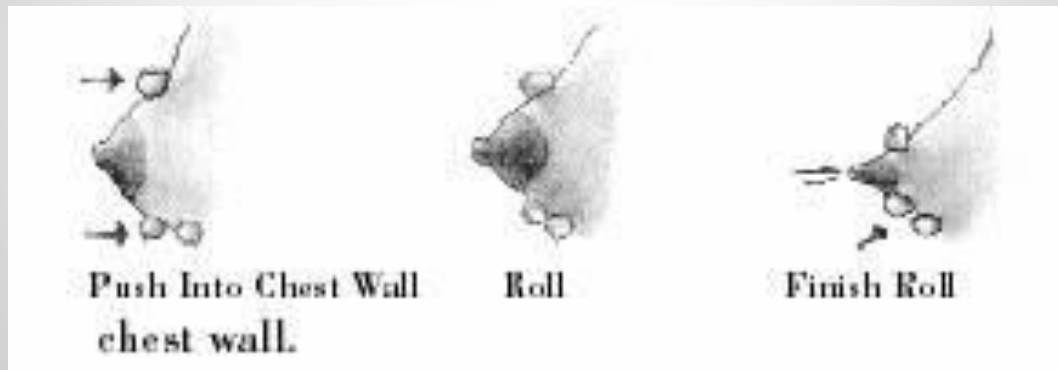
- Be patient with yourself and the new mom (and baby).
- Being supportive to a nursing mom is critical to her success.
- You can be very involved & help your partner get much needed rest!
- One job is to teach the baby that love doesn't have to come from food.

<https://www.youtube.com/watch?v=TU0f8a3Cizo>



Hand Expression

Press...Compress...Release



<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

Pumping



Helpful hints:

- Check with your insurance about pump coverage
- Not all pumps are equal!!
- Try not to watch while pumping (look @ picture of baby)
- Don't turn suction up too high
- Don't pump longer than 15 minutes per breast
- Make sure you're using the correct flange size
- Lubricate flanges with coconut oil
- Milk will look more watery at the beginning – then creamy
- Not unusual for one breast to produce more than the other
- Will get different amounts of milk at each pumping – generally produce more milk early in the day and less in the late afternoon and evening hours
- Pumping for additional 10 minutes right after morning feedings is a good way to start stocking up



Milk Storage

Use the following recommendations to ensure the safety of your breastmilk

	ON THE COUNTER	IN THE FRIDGE	FREEZER
FRESHLY EXPRESSED	4 hours or less	4 days or less	6 months or 12 months in the deep freezer
PREVIOUSLY FROZEN	2 hours or less	24 hours or less	Never re-freeze thawed milk



Bottles or Milk Storage Bags

Always date expressed milk so you can use the oldest first!

Other complexities of Post-partum

- Blues
- Depression
- PPH
- Ambivalence
- Visitors
- Returning to work
- Finding a Voice
- Relationships



BREAK!



Nipple Assessment



Flat/short



Inverted



Typical



Shells



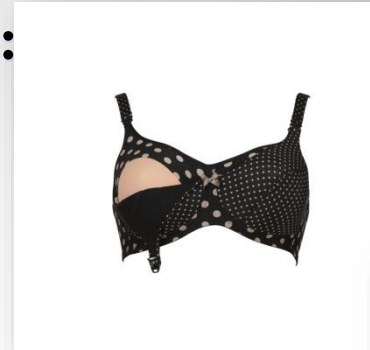
Nipple Shield



Latch Assist

General breast care tips

- Avoid soap to the nipple and areola: this will cause dryness.
- Allow breasts to air dry after shower.
- Expose both breasts to room air a few minutes every day.
- Can apply coconut oil or nipple cream after nursing.



- Wear a good supportive nursing bra for comfort.
- Be careful with under wire bras.
- If leaking, wear breast pads.

Feeding cues

1. EARLY CUES: "I'm hungry"



Stirring



Mouth opening



Turning head
Seeking/rooting

2. MID CUES: "I'm really hungry"



Stretching



Increasing movement



Hand to mouth

3. LATE CUES: "Calm me, then feed me"



Crying



Lots of movement



Color turning red

CALM CRYING BABY BEFORE FEEDING

Cuddling, Skin-to-skin on chest
Talking, Stroking



LOOK FOR EARLY FEEDING CUES

Watch for **EARLY** hunger cues – this is when you are more likely to have a successful latch and feeding! Crying is a **LATE** hunger cue!



Baby Breastfeeding Styles

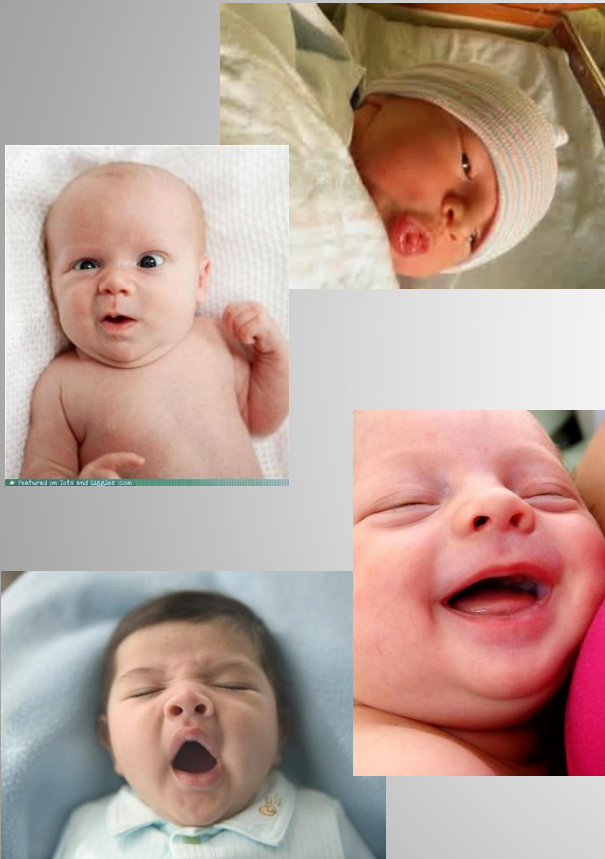


TABLE 7-5. INFANT BREASTFEEDING STYLES

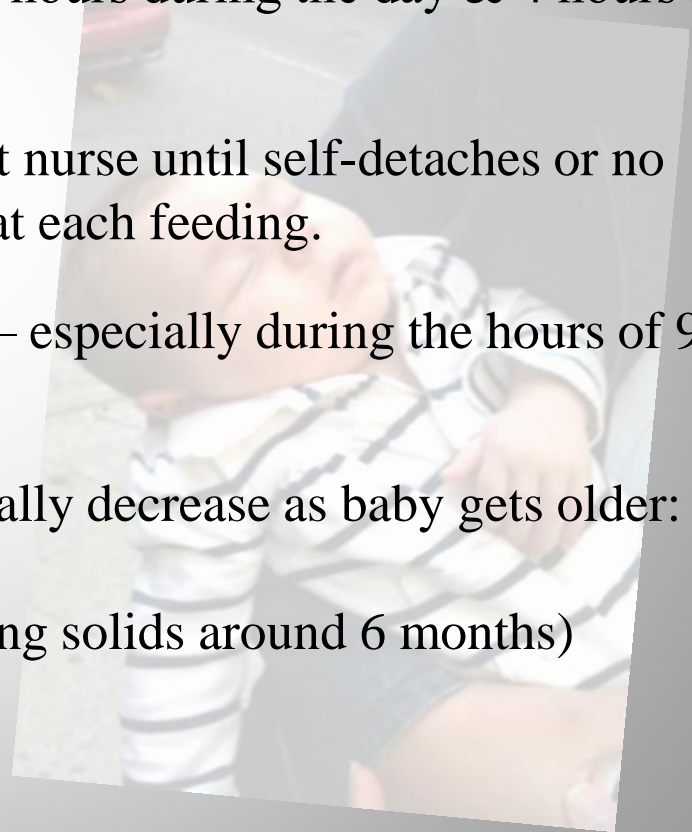
Attention to infant cues for feeding and the acceptance of a range of styles is helpful in optimizing breastfeeding.

<i>Type</i>	<i>Description</i>
Barracuda (or "Excited, effective")	Grabs the nipple and sucks energetically for 10 to 20 minutes
Excited Ineffective	Very eager and active at the breast, frustrated and crying when no milk results
Procrastinator ("Slow to start")	Waits until the milk appears before sucking, does well once started
Gourmet ("Slow feeder")	Licks and tastes little drops of milk before latch-on; attempts to hurry are met with vigorous infant protest
Rester ("Protracted feeder")	Prefers to breastfeed for a few minutes, then rest a few minutes, resulting in a longer than usual nursing time

Breastfeeding Handbook for Physicians, "Infant Breastfeeding Styles".

Feedings: how often? How long?

- Most babies need & naturally request 8 or more feedings in 24 hours.
- Every baby is different, but most will nurse at least every 1 ½ - 3 hours.
- Wake a sleepy baby if it's been longer than 3 hours during the day & 4 hours at night since the last nursing.
- Feedings will usually last 15-45 minutes – let nurse until self-detaches or no longer nutritive sucking. Offer both breasts at each feeding.
- Not unusual for babies to “cluster” feedings – especially during the hours of 9pm and 3am.
- Frequency & duration of feedings will gradually decrease as baby gets older:
 - 2-3 months of age – 6+ feedings
 - 6-9 months of age – 3-5+ feedings (adding solids around 6 months)
 - 9-12 months of age – 3-4+ feedings
 - > 1 year – 2-4+ feedings



How Do I Know my Baby is Getting Enough to Eat?

The number of nursing's, wet & dirty diapers should increase each day in the 1st week of life.

Day	Nursings	Wet diapers	Stools
one	6 - 8	1 or more	1 or more
two	6 - 8	2 or more	2 or more
three	8 - 12	3 or more	2 or more
four	8 - 12	4 or more	3 or more
five	8 - 12	5 or more	3 or more
six	8 - 12	6 or more	4 or more
seven	8 - 12	6-8 or more	4 or more

meconium



Breastmilk
stool



Stool color should gradually change from black to yellow. Normal stool texture may be liquid to soft. (# stools may decrease around 6-8 weeks)

More signs of a success...

- Audible swallowing – you can hear milk being swallowed.
- No weight loss after day 3.
- Stools are yellow and seedy by day 4 – 5.
- Back to birth weight by 10 – 14 days.
(expect initial weight loss of 7-9% after delivery)
- Weight gain of 4 - 7 ounces per week once milk is in greater supply.
- Breast feels less full after feeding.
- Baby is content after feedings.



Growth Spurts

- This is your baby's way of regulating your milk supply.
- Baby will want to eat more frequently than usual.
- They commonly occur around:
 - 7-10 days
 - 3-6 weeks
 - 3-6 months
- Babies typically double their birth weight by 4-6 months and triple it by 1 year.



Will I make enough milk?

More than 50% of women perceive they have not enough milk...

....this perception is the most common cause for weaning!

In reality, only about 5% of women will not produce adequate amounts of milk for their baby.



What can I do so I make plenty of milk?

- Skin to skin
- **Early, frequent nursing, pumping** or both
- Rest/sleep
- Oatmeal
- Mother's Milk Teas
- Wear your baby!
- Timing/type of birth control

You have to remove milk to make milk!

Latching on



- **Decide on a comfortable position for you and your baby.**
- **His nose should align with your nipple.**
- **Hold your breast in a “C” position away from the areola.**
- **Place your nipple above baby’s upper lip – this will promote the rooting response.**
- **Wait for him to open his mouth wide.**
- **Be patient! A proper latch takes practice!**
- **Tummy to tummy**
- **Nose to Nipple**
- **Chin to Breast**

Global Health Media- Attaching the Baby at the Breast

<https://www.youtube.com/watch?v=wjt-Ashodw8>

Positioning



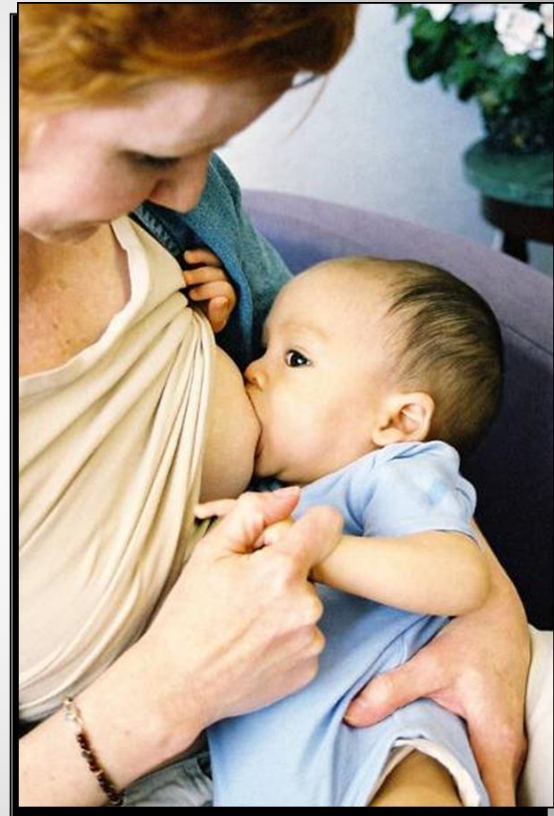
Laid Back Nursing

Cross Cradle





Cradle



Football Hold





Side-Lying



Feeding Multiples!



Burping



BREAK!



What about nipple pain?

Shallow Latch



Plugged nipple
pore

Thrush



Fig. 182 Yeast infection -- note dry appearance



Fig. 183 Yeast infection -- note shiny, red appearance



Fig. 184 Yeast infection -- note spreading discoloration



Fig. 177 Thrush on inside of cheeks



Fig. 178 Oral thrush

What about breast pain?



Engorgement relief...

- Frequent feedings
- Breast massage & compression during feeding or pumping
- Heat before & during feeding
- Ice, cabbage leaves for 20 minutes after feedings

Plugged duct...

- Red, tender spot (may feel lump)
- Massage/compression over area during feeding
- Nurse w/baby's nose or chin pointed toward painful area
- Heat during feeding
- Lecithin



Mastitis...

- Infection in soft tissue
- Requires antibiotics from doctor
- Treat symptoms same as plugged duct
- Ibuprofen

More helpful information

Medications:

- Most are safe to take while breastfeeding
- Some may impact milk supply
- Make sure baby's doctor is aware of all your medications (even herbals & over-the-counter)



LactMed App



Alcohol:

- Does pass thru to breast milk
- Best to avoid while nursing
- If feeling the effects of alcohol, do not breastfeed
- Once effects are gone, alcohol no longer in breastmilk

Smoking:

- Does pass thru to breast milk
- Best to avoid while nursing
- Can decrease milk production
- Increases baby's risk of SIDS

Street Drugs:

- Do pass thru to breast milk
- Can be potentially fatal to baby
- AVOID!!



Weaning

You're the best judge of when it's time to wean, and you don't have to set a deadline until you and your child are ready. The [American Academy of Pediatrics](#) recommends that mothers [breastfeed for at least a year](#) – and encourages women to breastfeed even longer if both you and your baby want to.

Baby led

- When baby begins to lose interest in nursing

Mother led

- When mom makes the decision to stop nursing (often more difficult when initiated by mom)



Gradual weaning is best, when possible!!

It takes a community of help!

Breastfeeding and Follow Up Clinic

Monday thru Friday 10-12

Saturday 9:30-10:30

Lactation Consultants Provide:

- Support
- Confidence
- Reassurance
- Peace of Mind



Helpful Websites

- AAP Site for Parents
 - www.healthychildren.org
- Breastfeeding and Weight Loss
 - www.breastfeedingwa.org/nutrition
- Kansas Breastfeeding Coalition
 - www.ksbreastfeeding.org
- La Leche League International
 - www.llli.org
- La Leche League of Kansas
 - www.kansaslll.org
- Medela Breastfeeding – Insurance info
 - www.medelabreastfeedingus.com/breastfeeding-insurance
- Stanford School of Medicine (good videos on latch & hand expression)
 - www.newborns.stanford.edu/breastfeeding/
- Newman Breastfeeding Clinic and Institute (good videos)
 - www.drjacknewman.com
- www.kellymom.com
- www.breastfeeding.com

Great new resources!

- Coffective App – this one is free and excellent for mom's, partners, grandparents and professionals!
- Dr. Jane Morton's newest video available on the Stanford University website. Here's a link: <https://med.stanford.edu/newborns/professional-education/breastfeeding/breastfeeding-in-the-first-hour.html>

ENJOY YOUR EXPERIENCE!



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