

Breastfeeding: The Best Start



Breastfeeding Basics

Mother's milk gives your baby all the nutrition he needs. Your baby needs only your breast milk for the first 6 months of life—that is, he should be breastfed and not given any formula.

When table foods are introduced, at around 6 months, it is important to continue to breastfeed to a minimum of 1 year and preferably 2 years of age or as long as you and baby desire. This will give your child the nutrition and immune protection he needs.

Formula does not contain the same nutrition or ingredients as breast milk. These nutrients help protect your baby from sickness and disease. Only your milk can make those ingredients.



Babies instinctively know how to latch when they are allowed immediate skin to skin contact after birth. Be sure to let your doctor and hospital staff know that you desire immediate skin to skin after delivery until the baby's first latch and breastfeed. If this is allowed, then your baby will latch correctly and comfortably! Check out this site for breastfeeding videos on latch and positioning: www.breastfeedinginc.ca/content.php?page=videos.



Did You Know? Women with all shapes and sizes of breasts can breastfeed. If you have concerns about breastfeeding, speak with a WIC Breastfeeding Peer Counselor or other WIC staff.

Babies were born to breastfeed!

- It is normal for moms to feel uneasy and unsure at first. Breastfeeding takes practice and support. Let other members of your family help you adjust to life with your new baby.
- Contact your local WIC Clinic, your WIC Breastfeeding Peer Counselor or your health care provider for questions or assistance. Breastfeeding support groups and other resources may be found in your community at www.utahbreastfeeding.org.

Breastfeeding is easier if you know what to expect. Before your baby comes, attend classes, read books, and talk to friends about their positive experiences with breastfeeding. Learn from their experiences.

The more milk your baby removes from your breasts, the more milk your body will produce. A good latch and frequent feedings, especially during the first 4–6 weeks, will help to establish your milk supply. Believe in yourself, you can make enough milk for your baby!

In the Early Days

Request immediate skin to skin contact

If your baby is placed on your chest immediately after birth, she will find the breast and latch correctly within one hour. Babies are most alert during this time so they are less likely to have problems latching onto the breast. Ask the hospital staff to delay measuring, weighing, and cleaning until after the first breastfeed.

Hold your baby skin to skin

Holding your baby against your skin right after birth will calm your baby and help to keep him warm. Skin to skin also helps with bonding!



Room in with your baby

Your baby will be happier if you keep him close and feed him whenever he is hungry. Sharing a room with your baby will allow you to respond to his needs quickly and teach him that he can trust you.



Avoid pacifiers, bottles, or supplements

Artificial nipples and supplements (including formula or water) make it difficult to recognize hunger cues and interfere with milk production. In the early weeks, focus on responding to your baby's hunger cues and learning to breastfeed! Many babies will prefer bottles if given in the early days, and may not do as well with breastfeeding, so let them breastfeed early and often.

Ask a lactation educator to observe your latch

If you have any concerns about your latch, ask to speak to a lactation educator. Take advantage of their experience and ask questions.

Ask your WIC staff for a written Feeding Plan with this information that you can take to your hospital!

Baby Led Feeding

- Sit up and lean back in a semi-reclined position, supporting your arms and body with pillows.
- Hold your baby skin to skin. Position baby upright between your breasts.

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- Support his neck and shoulder with one hand and hips with the other. He may move in an attempt to find your breast. Help guide him to your breast.
- Allow your breast to hang naturally. When baby feels your breast against his cheek, he may open his mouth wide, bob, and reach up and over the nipple to latch.
- As baby's chin presses into your breast, his wide open mouth will take in a mouthful of breast for a deep latch. Baby's head should be tilted back slightly. This makes it easier for baby to suck and swallow.

Baby looks comfortable

- Baby's body is facing yours (chest to chest).
- Baby is supported by your arm. Support his upper back, allowing his head to tilt back slightly.
- Baby is held close and skin to skin (and not wrapped up in blankets or clothing).
- Breast may be supported with your free hand.

Baby has a good latch

- Baby's mouth is filled with breast.
- Baby's chin touches your breast. Pull baby's bottom close to your body to clear his nose airways.
- Baby's top and bottom lips flange outward.



- You can hear or see baby swallow milk.
- Watch baby's jaw moving. His ears should wiggle slightly.

Breastfeeding feels good

- You feel a slight tugging sensation.
- Breastfeeding should not be painful.
- Some nipple tenderness is normal in the first few days, but if breastfeeding hurts or lasts throughout a feeding, ask a WIC Breastfeeding Specialist or a Peer Counselor for help.



Baby is getting enough to eat

- Baby breastfeeds frequently and at every sign of hunger.
- Baby is actively sucking and swallowing during feedings.
- Baby has 6 or more wet diapers and 3–4 or more messy diapers a day by day five.
- Baby is back to birth weight by 10–14 days.
- Baby gains 4–8 ounces a week (or about $\frac{3}{4}$ ounce/day) after the first week.
- Baby is content after the feeding.

Positioning

The most important thing is for you and your baby to be comfortable.

- Cross cradle hold—useful because it gives extra head support and may help babies stay latched onto the breast. Hold your baby along the opposite arm from the breast you are using. Support your baby with the palm of your hand on his upper back, and fingers around the base of his neck to support his head.
- Football hold—allows you to better see and control your baby's head. It may be more comfortable if you had a C-section delivery. Hold your baby at your side, lying on his back, with nipple to nose. Support your baby with the palm of your hand on his upper back and fingers around the base of the neck to support his head. The baby is placed almost under the arm.
- Cradle hold—an easy, common hold that is comfortable for most mothers and babies. Hold your baby with his head on your forearm and his whole body facing yours.



- Side-lying position—useful for mothers who had a C-section or to help any mother get rest while the baby breastfeeds. Lie on your side with your baby facing you. Pull your baby close so your baby faces your body. Use a rolled up towel behind the baby’s back for support.

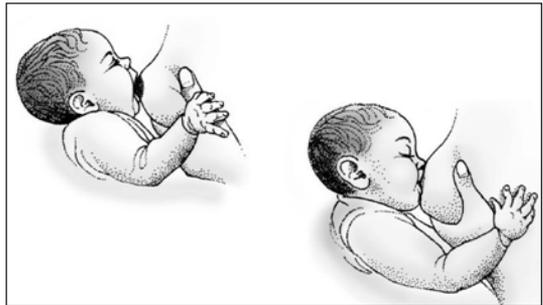


Latching onto the Breast

A good latch is important for your baby to get enough to eat and for you to be comfortable. Follow these steps to help your baby latch onto your breast.

- Watch for early signs of hunger.
- Hand express a few drops of your colostrum milk.
- Support your baby. Keep him lined up “nipple to nose.”

- Support your breast with your fingers below and your thumb above (C-hold).



- Lightly tickle baby’s lip with your nipple. When baby opens wide, like when yawning, bring your baby close so that his chin moves into your breast first and then reaches his mouth up and over your nipple.

Tips for Success

Keep your baby close to you

Holding your baby skin to skin will decrease his crying. Have your baby sleep in your room, so that you can breastfeed more easily at night.

Learn your baby's hunger signs

Your baby will show you he's hungry by turning his head toward you or by moving his head back and forth and looking and feeling for the breast with his mouth and lips. Hands to mouth or sucking hands are also signs. Crying is a late sign of hunger and can make it harder for your baby to latch.

On average, newborns need to eat every **1–3 hours or 8–12 times** in 24 hours. Breastfeed whenever you see these early signs of hunger. Times between feedings lengthen as baby gets older.

Watch your baby

Your baby should be actively sucking and swallowing and then after a while he will slow his pace, pause and then stop; that will let you know he is getting full. When baby comes off the breast, burp



him and try offering the other breast. Most mothers offer both breasts at every feeding, but don't worry if baby seems content with one breast. Feedings may be 15–20 minutes or longer per breast.

Expect your breast milk to change as your baby grows

Your breasts may feel more full around days 2–5 as colostrum changes to a higher volume milk. Frequent feedings are the best way to manage this transition. Your breasts will feel less full as your body adjusts to producing only the amount of milk your baby needs. It is normal to feel like your breasts are not as full during this adjustment in the following weeks.

You will have enough breast milk for your baby

Now that you understand how your body makes milk and how to know your baby is getting enough milk, you don't have to worry. Your baby is getting plenty of milk from you!



Trust your body. Have confidence in yourself and in your body's ability to make milk. Your breasts will respond to your baby's needs and will make enough for your baby.

Mothers who breastfeed early and often will make enough milk for their baby. Using formula will decrease your milk production. Call your Peer Counselor and ask her how she breastfed her baby.

*For additional brochures on breastfeeding
ask your WIC Breastfeeding Peer Counselor
for:*

- Breastfeeding: Tips for Success
 - Breastfeeding: Returning to Work or School
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