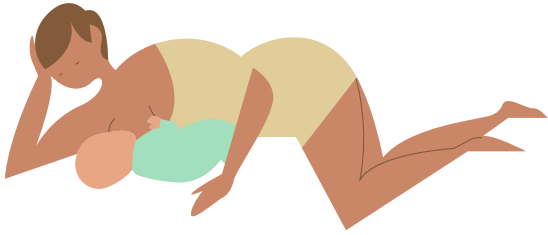


BREASTFEEDING GUIDE



Benefits of Breastfeeding

MOM

Linked to the decreased risk of:

- Postpartum Depression
- Type 2 Diabetes
- Cardiovascular Disease
- Breast/Ovarian Cancers

NEWBORN

Can protect the baby from:

- Diarrhea
- Eczema
- Ear Infections
- Necrotizing Enterocolitis
- Asthma
- Respiratory Infections
- Sudden Infant Death Syndrome

Successful Breastfeeding Tips

Education

Be informed about breastfeeding. Ask your provider about how you can initiate breastfeeding, resources, and where you can find support groups for when your little one is here. Consider taking breastfeeding classes, seeking a doula, or using other educational resources.

Breastfeeding Positions

Have your provider and healthcare team assist you in learning about the different breastfeeding positions. Try out the positions and see what works best for you. Remember that it may take time to become comfortable with the positions.

The Golden Hour

This is the first hour after birth in which the mother has uninterrupted skin-to-skin with her newborn. This is an important step in the early initiation of breastfeeding.

Rooming In

Room in with your baby so that you can learn about your baby's feeding cues, habits, and breastfeed on demand.

Expectations

Setting realistic expectations for yourself with breastfeeding is important. Remember that there is a learning curve. Breastfeeding can be hard, which is why it is important to have a support system.

CUE BASED FEEDING

- Encourages good milk supply
- Encourages a satisfied baby
- Prevents engorgement

ROOMING IN

- The baby can smell/hear you and will sleep longer
- Will help you learn your baby's feeding cues
- The American Academy of Pediatrics recommends sleeping in the same room, not the same bed

SKIN-TO-SKIN

- Regulates temperature of mother and baby
 - Helps with breastfeeding initiation
 - Helps with mother/baby bonding
 - Regulates baby's blood glucose levels
 - Regulates baby's breathing and heart rate
-
- Try to initiate as soon as possible
 - Try to do skin-to-skin as often and as long as possible
 - If you are unable to do it, have your partner do it

BREASTFEEDING GUIDE

Breastfeeding Positions

Signs Of A Good Latch

- The baby's lips flange out, like a "fish face"
- Baby's chin is touching the breast
- There are no clicking sounds during feeding
- The baby's cheeks are round and not dimpling
- The baby's ears may move slightly during feeding
- All or most of the areola is in baby's mouth

Signs Of A Poor Latch

- You are feeling sharp pain/pinching during the feed
- There is creasing, soreness, blistering, or flattening of the nipple observed after the feed
- There are clicking/sucking sounds during the feed
- Baby shows inconsistent sucking

FOOTBALL

- Place the baby on his/her back laying next to you on the side you will be feeding
- Use pillows to prop up your arm and support the baby
- The baby's legs should be at your side under your arm
- Use your palm to support the upper back while placing your thumb by one ear and index finger by the other ear, with the arm that is holding the baby
- Support your breast with the free arm
- Bring the baby to your breast, not your breast towards the baby



CRADLE

- Cradle your baby on the side you will be feeding on
- Your baby's head should be resting on the bend of your arm and baby's body should be on your arm
- The baby should be on his/her side, facing toward the breast
- Use pillows to support the arm holding baby
- Use your free hand to support your breast



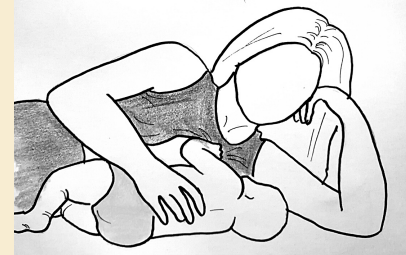
CROSS CRADLE

- Place a pillow on your lap to support the baby and your arm
- Use the arm opposite from the breast you will be feeding with to support the baby
- Use your palm to support the upper back while placing your thumb by one ear and index finger by the other ear
- Use the arm on the side you will be feeding on, to support your breast (create a breast sandwich)



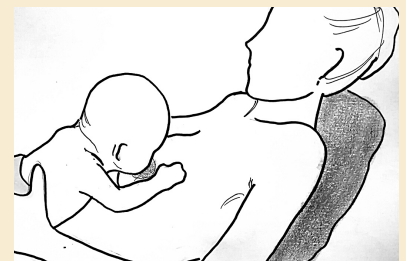
SIDE LYING

- Lay on the side you will be feeding and place your arm under your head
- Place the baby on his/her side facing toward your breast close to you
- You may use your hand to either hold baby on the side or support your breast to make it easier for baby to latch on



RECLINING

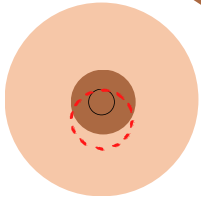
- Lean back on some pillows so that you are reclining
- Place baby belly-to-belly with you
- The baby may bob his/her head to your breast or you may offer your breast by creating a "breast sandwich" with your hand
- Great position for resting



BREASTFEEDING GUIDE

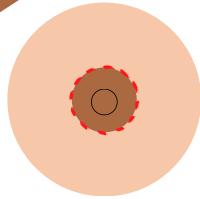
Asymmetrical Latch

An asymmetrical latch is when the baby has more of the areola near the chin and less of the areola near the nose. This is NOT the "bull's eye" method of feeding where the baby has the nipple directly (perpendicular) inside the mouth. Having an asymmetrical latch allows for a deeper latch, whereas the "bull's eye" latch will have a shallower latch.

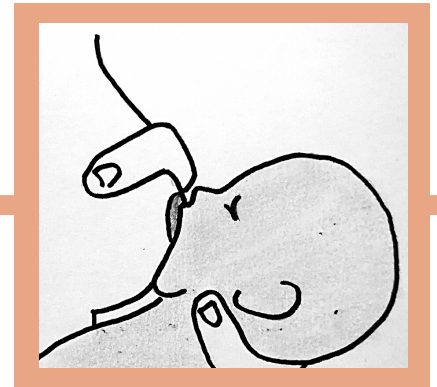
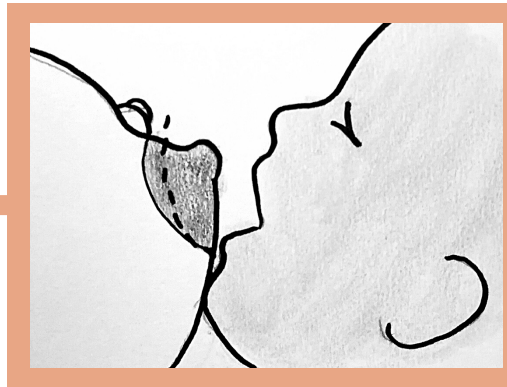
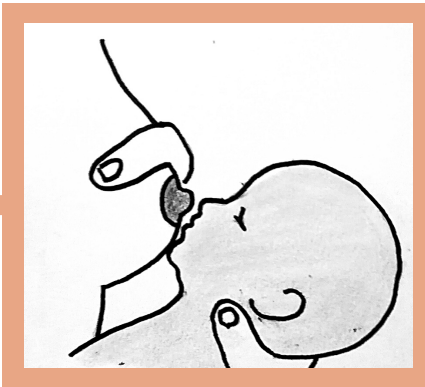


Asymmetrical

VS



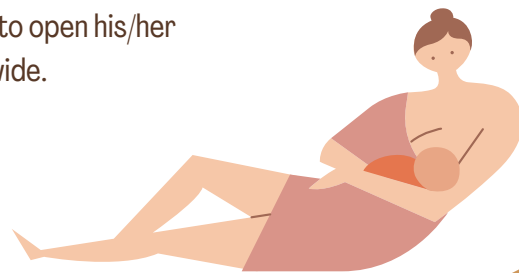
Bulls Eye



- Place the baby belly-to-belly on you, without any barriers in between.
- Position the baby so that you are placing your thumb and index fingers next to each ear. Your palm should be supporting the base of the baby's neck and upper back. The baby's nose should be aligned with your nipple.
- Use your free hand to support the breast you are offering the baby.

- Offer the baby the breast in a "sandwich hold".
- When doing this hold, make sure you are making a "C" shape with your thumb and fingers, and gently compressing the breast so that the "sandwich" is horizontal to the baby's mouth (like in the image).
- The nipple should be pointed upwards, in between the baby's nose and top lip.
- Stroking that area with the nipple will get the baby to open his/her mouth nice and wide.

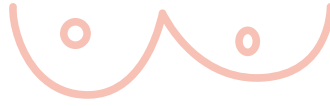
- When you see the baby open the mouth very wide, place the baby's lower lip on the lower part of your areola, and bring the baby towards your breast (NOT the breast to the baby).
- The baby's chin should be touching the breast.
- You should be feeling pulling or tugging (not pinching).
- Look for wide jaw movements and flanged out lips (fish face).



BREASTFEEDING GUIDE

Poor Feed VS Good Feed

Here are some ways to tell whether a breastfeeding session is successful or needs extra attention..



SIGNS OF A POOR FEED

Inadequate number of stools and wet diapers

Inconsistent and weak sucking

Baby is not satisfied after feeds

Rapid/excessive weight loss

Engorgement, nipple trauma

Adequate number of stools and wet diapers

Breasts feel softer after a feed

Consistent sucking and hearing swallowing during feed

Seeing milk in your baby's mouth

Small amount of weight loss in the first few days

SIGNS OF A GOOD FEED

BREASTFEEDING GUIDE

Colostrum: Liquid Gold

What is Colostrum?

This highly concentrated and protein packed milk is extremely nutritious for your baby. This is the "first milk" that comes in a few weeks before birth and in the few days after delivery. Colostrum is often referred to as liquid gold because of how nutrient dense it is for your baby. The composition of colostrum includes high amounts of carbohydrates, protein and antibodies. Colostrum is easy to digest and is low in fat.

Many mothers worry that they do not have enough milk to feed their baby initially. However, even though colostrum may be produced in small amounts and is thick, it is full of the nutrients especially made for your baby. Breastfeeding your baby colostrum will help you into transitioning to produce "mature milk".

GUT PROTECTION

Colostrum contains antibodies, which line the gastrointestinal tract and serves as protection from diseases/illnesses. Colostrum also helps strengthen the gut by preventing certain proteins from penetrating the mucous membrane. Colostrum can help support the good bacteria that lives inside the gut.

TRANSITION

After a few days, the thicker, yellow, minimal colostrum transitions to the second milk. This milk has a different composition to colostrum. Frequently breastfeeding your baby colostrum will help you produce the second milk, which is creamier and more white in appearance.

IMMUNE SYSTEM

Colostrum has large amounts of white blood cells. This helps protect the baby from illnesses.

JAUNDICE

Colostrum helps prevent jaundice by acting as a laxative and encouraging the baby to pass the first stool (meconium).

BREASTFEEDING GUIDE

Amazing Breast Milk

In general, breast milk is made of many different things. Some of these include immune system supporting white blood cells, proteins, enzymes, growth factors, hormones, antibodies, vitamins, and minerals. The composition changes throughout your breastfeeding journey. Breast milk is amazing because it is tailored to your baby's needs!

Colostrum

- Baby feeds in the first few days
- Usually a pale or dark yellow
- Usually comes in smaller quantities
- Includes high levels of white blood cells, antibodies, vitamins, and proteins

Transitional Milk

- Usually day 5-14
- White and creamier than colostrum
- Higher amounts of fats, calories, and lactose

Mature Milk

- From week 4 and onwards
- Milk becomes fully mature
- High levels of protein, sugar, minerals, growth factors, hormones, and enzymes
- Composition changes as your baby's needs change

Breast Milk Fun Facts

SMELLS

Smells in breastmilk can change depending on the mother's food and the different spices the foods include. Smells can also be different depending on how the breastmilk is stored.

TASTES

Taste of breast milk can differ depending on the mother's food intake and help the baby become familiar with foods that are usually eaten by the family. Taste can also be affected by exercise because of lactic acid that is produced while working out.

COLORS

Colors such as green, pink, and orange, may be normal depending on the mother's food intake (spinach, beets, carrots).

BREASTFEEDING GUIDE

Breast Milk Storage

Breast milk that is pumped and hand expressed can be stored in several ways. Remember to keep the container in which the breast milk will be stored clean at all times. You may use breast milk storage bags, glass or plastic containers. Please remember, these guidelines are for healthy, full term babies. Ask your provider for specific instructions if your baby is preterm or ill.

	Room Temperature (<77 deg F)	Refrigerator (<40 deg F)	Freezer (<0 deg F)
Fresh (Pumped/Expressed)	<4Hours	<4 Days	6-12 Months
Thawed	1-2 Hours	<24 Hours	NEVER
Leftover	Use within 2 hours of the feeding		

REMEMBER!

- When freezing breastmilk, keep contents in the area of the freezer that will not experience temperature fluctuations.
- Freeze milk in feeding size quantities.
- Thaw milk in lukewarm water (never use a microwave to thaw)
- Use portable cooler bags when transporting breast milk (i.e. from work, school, etc.)