



Breastfeeding

760 Radford Road Comox, BC V9M 3V8 ~ office: 250.890.0832 fax: 250.890.0831

Breast Care

Wear a supporting bra that is not too tight or constricting. Air dry your nipples after each feeding. It is not necessary to wash your nipples with anything but warm water. Nursing pads should be changed whenever they are wet to prevent bacterial growth from pooled milk. Do not use any creams on your nipples; it is better to let a little of your milk dry on your nipples after each feeding.

Positioning Your Baby – Step by Step Reminders

Readiness to Breastfeed

Breastfeeding your baby within 20-30 minutes following the birth is encouraged as the suckling reflex is strong at this time. This early feeding will be beneficial to both you and your baby. For you this means that uterine contractions will be stimulated to help control excessive blood loss. Benefits to your baby include:

- Attachment and bonding are enhanced
- Baby receives immediate immunological benefits of colostrum
- Jaundice will be minimized

Your baby may suckle, lick or nuzzle the nipple before a strong suck is felt. The rooting reflex is when the infant opens her/his mouth wide from stimulus. Rooting, suckling, licking and nuzzling are all cues that indicate that your baby is ready to feed.

*****If your baby has been demonstrating these cues for a time, then begins to cry, it is often an indication that the hunger cues have been missed.***

- Use a pillow and a foot stool to ensure your own comfort.
- Place your baby at the same level of your breast. You may need to elevate your baby using a pillow.
- Place your baby directly facing you, “tummy to tummy.” Skin to skin is always nice especially for the first few feeds.
- Ensure your baby’s arms are on either side of your breast, so your baby can be as close to you as possible.
- For left breast feeding, use your right hand holding and supporting your baby’s head. Place your hand and arm along the back between your baby’s shoulder blades.
- *Support your breast keeping your thumb well above the areola and the rest of your fingers below and under the breast (this is often referred to as the “C”hold).*
- Tease your baby to open with his/her mouth very wide. This is easily done by rubbing on the middle of the baby’s bottom lip with your nipple using an up and down motion.
- *You decide when your baby’s mouth is wide enough to get a proper latch. Your baby’s lips should be well over the areola.*

- Bring your baby into your breast quickly and firmly using the arm that you are supporting your baby with.

****Bring baby to you, not breast to baby!**

Do remember that the milk sinuses are found behind the areola. Compression from your baby's mouth onto the areola (behind) the milk sinuses, not in front, is the key to successful breastfeeding.

**Most nipple soreness is due to incorrect positioning of the baby at the breast. Nipple soreness should not last longer than a minute; you may need to break the suction and begin again if nipple soreness persists. To do this, always use your finger and insert inside the corner of your baby's mouth and gently but firmly pull down on your baby's jaw.

Breast Fullness

Lactating women will experience breast fullness beginning at 2-3 days after birth. Frequent feedings every 2-3 hours will decrease this fullness and you will less likely become uncomfortably engorged.

Let Down

The let down reflex or milk ejection reflex is often felt as tingling, leaking, warmth and heaviness in the breast. *Not all women feel this.*

Feeding

Feed your baby on demand! The more frequently your baby sucks, the sooner your milk will be flowing. During the early feedings before the milk comes in, offering both breasts at each feeding helps stimulate the demand/supply response. It will take approximately 6 weeks to regulate your milk production. It is therefore recommended that pacifiers and bottles not be given at this time. Nipple confusion can also occur during the first 6 weeks if your baby is offered anything other than your breast.

The colostrum that the baby drinks before the milk comes in is very nutritious and beneficial to the immune system. Colostrum may be clear, thin and watery. It is yellow with a creamy like consistency. Mature milk which comes in after 3-4 days changes colour during a feed. The hind milk which comes in toward the end of the feed is richer and creamier in consistency. When your milk is in, feed from the first breast until your baby finishes and lets go on her/his own. If your baby hasn't fallen asleep and appears to want more, then offer the second breast. Let your baby guide the frequency and lengths of each feed, (usually 20-40 minutes). It is normal and highly recommended for breastfed newborns to nurse every 2-3 hours. Your baby should be breastfeeding at least 8-12 times in a 24 hour period. Your baby may "cluster" feed (every 1-1/2 hours) often in the evening for 5-6 hours and then sleep for 4-5 hours. Sometimes a sleepy or quiet baby sleeps for 4-5 hours. This type of baby needs to be encouraged to nurse more often, especially during the day.

**Anti-infective properties found in breastmilk remain at a constant level throughout breastfeeding. In other words, during the entire course of breastfeeding, anti-infective properties protect your baby against illness.

Signs of an effective latch and that your baby is feeding well.

- No pain beyond 1 minute while breastfeeding.
- Swallowing sounds of your baby should be heard.
- Jaw action while your baby is feeding should be rhythmical and deep.
- Your baby should finish a feed on his/her own.

- Chin and nose should be touching the breast.
- Top and bottom lip should not be curled under.
- Dimpling of cheeks should not be seen.
- Slurping sounds should not be heard as this may indicate that your baby's tongue is curled up.
- Your breasts are full before feedings and soft after feedings.
- Your baby has at least 6-8 wet diapers per day after the third day after birth.
- Your baby has at least 3-4 bowel movements per day during the first 6 weeks after birth (indicates she/he is receiving hind milk).
- Your baby is content after most feedings.

Please call if:

- You have lumps or red areas in your breast after feedings.
- You have sore breasts and flu symptoms.
- You have cracked and/or bleeding nipples.
- Your baby is sleepy, difficult to rouse and missing feeds.
- Your baby's jaundice is spreading and persisting.
- Your baby wets fewer than 6 diapers after the 3rd day.
- Your baby is feeding constantly.
- You have any concerns about you or your baby at any time.

REMEMBER to call anytime you have questions or concerns.

ENJOY YOUR NEW BABY!