

Information for breastfeeding families



Breastfeeding Begins Before Birth

Gather Your breastfeeding team

Everyone needs help as a new breastfeeding parent. Before you deliver, locate those who can help you get started.

- ✓ Friends who have breastfed before
- ✓ Family member
- ✓ Obstetrician/Midwife
- ✓ Pediatrician
- ✓ Lactation Consultant
- ✓ WIC counselor
- ✓ Home visitor



Learn about breastfeeding

- ✓ Read a breastfeeding book/brochure
- ✓ Attend a breastfeeding class
- ✓ Ask about things you have heard that you might wonder about or might be untrue
- ✓ Learn about the Baby Friendly Hospital Initiative and how it will help you get started with breastfeeding
- ✓ Access additional helpful resource sheets <https://www.lactationtraining.com/resources/educational-materials/handouts-parents/handouts-lactation>



Key points

- ✓ Hold your baby skin-to-skin right after birth until he has fed the first time
- ✓ Delay common procedures until the first feeding is done (newborn weight, eye treatments, vitamin K)
- ✓ Keep your baby in your hospital room around the clock (rooming-in)
- ✓ Feed your baby when ever he shows feeding cues around the clock (at least 8 times per 24 hour day)
- ✓ Plan for quiet time without visitors during your hospital stay
- ✓ Do not use pacifiers; offer your breast if your baby is fussy or wants to eat
- ✓ Use no supplemental bottle feedings unless your healthcare provider says there is a medical reason
- ✓ Do not accept samples of formula or other items that might distract from breastfeeding



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Five Keys to Successful Breastfeeding



Keep your baby skin to skin with you until after the first feeding

The first feeding sets the pace for next several feedings. In the time right after birth, babies are often awake and ready to feed during that hour. Take advantage of this special time by asking the nurses to delay the eye treatment, weight, and routine injections until after the first feeding. Your partner can do skin-to-skin too, especially if you have had a cesarean and skin-to-skin may be delayed a bit. Ask your nurse for assistance.



Room in with your baby

Keep your baby with you during your hospital stay so you can learn your baby's cues and feed whenever he seems hungry. Babies typically feed more than 8 times each 24 hour day for the first several weeks. Offer the breast whenever your baby seems willing.



Avoid supplementary feedings

All your baby needs is you! Rarely is there a baby who needs more than the breast in the first 24 hours. Offer the breast often. The fast flow and different feel of a bottle nipple can confuse babies and make subsequent feedings difficult.

Breastfeed whenever your baby seems hungry. Observe your baby for feeding cues: mouthing, sticking the tongue out, bringing hands to the face; offer the breast – before he begins crying.



Limit the use of pacifiers and swaddling

Anytime your baby seems hungry, offer the breast. In-between, continue your skin to skin holding. Later your pediatrician may recommend the use of a pacifier to reduce the risks of SIDs, but not until breastfeeding is well established.

Research shows that babies who are constantly swaddled do not wake up as often for feeding. Frequent feedings in these early days assures that you will bring in an abundant milk supply and your baby will feed adequately.



Ask for help

If things don't seem to be going well, or your breasts become sore, ask to see the lactation consultant in the hospital. She can watch a feeding and give you tips on how to hold your baby at the breast. When you get home, contact a breastfeeding support group, a lactation consultant in the community, or other breastfeeding assistance. A family member who was successful with breastfeeding may be able to help.

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Breastfeeding in the Hospital



Getting the best start, right in the hospital in the first few days of your baby's life, is key to long-term breastfeeding.

Talk to your obstetrician or midwife during your pregnancy so he/she is aware of your wishes. Talk to your labor nurse when you arrive at the hospital to assure that she knows your wishes and can help you when the time arrives. Talk to your pediatrician in a prenatal consultation so he/she can follow-up with your ideal plan.

First, ask that your baby be put on your tummy right after delivery

- Hold your baby skin to skin and watch him crawl up to the breast for his first feeding. This may happen from 10 to 40 minutes after birth.
- Keep your baby skin-to-skin until he has fed for the first time.
- Delay the eye treatment, first weight, newborn injections and other procedures that are common right after delivery until the first feeding is finished.
- If you give birth by cesarean-section, your partner can hold your baby skin-to-skin until you are able to hold him and breastfeed.

Second, keep your baby right with you at all times (rooming-in)

- If you are moved from the delivery area to the maternity area after the birth is over, hold your baby skin-to-skin during this transfer. Cover you both with blankets.

- Your baby can't breastfeed in the hospital nursery. Keep your baby with you so you can respond easily and quickly every time he shows feeding cues.
- Feed your baby 8-14 times each 24 hour day. If it seems like a lot, allow your baby to tell you how hungry he is.
- Look for feeding cues:
 - Waking up, becoming agitated
 - Rooting (turning his head and opening his mouth)
 - Licking, smacking, mouthing movements
 - Sucking on fingers or fist
 - Crying is the last cue, don't wait for that!
- Continue holding your baby skin-to-skin, before feedings, after feedings, whenever your baby is upset.

Avoid unnecessary supplementation

- Feeding right after birth assures that your baby gets a nice big feeding right away. Then offer the breast often.
- If you are unsure your baby is breastfeeding properly, ask for help! Your nurse can give you pointers and if you need more assistance, ask to see the Lactation Consultant.

Feel free to duplicate Lactation Education Resources 2016

Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your healthcare provider for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information.