

A Short Guide To Breastfeeding Success

Congratulations on the birth of your baby! Numerous studies show that breastfeeding your baby is the healthiest choice for both mom and baby. Primary Pediatrics is committed to helping you be successful in your breastfeeding endeavors. I am Georganne Walker, both a pediatric nurse practitioner and certified lactation consultant with many years of experience with breastfeeding babies and the care of new families. The newborn period can be a very stressful time for parents. A new little person, with a personality all his (or her) own, has entered your lives. Pair that with adjusting to your new role as parent, sleep deprivation, hormonal changes, and the physical stress of childbirth, learning a new skill, and it is no wonder breastfeeding can present a host of challenges you may have not given much thought to before this time.

Here are a few tips to help and guide you navigate your new role:

1. **Observe and respond to your baby's feeding cues:** It is helpful to understand that baby's sleep and wake states are much more fluid than adults'. This means that they drift from one state to another rather quickly. For this reason, it is important to watch him/her for feeding cues, such as stretching, rooting, sucking on his fist, licking his lips, and even waking up and looking quietly around. These can all be interpreted as a sign your baby is ready to eat. Babies are much more able to focus on learning to breastfeed while in a quiet, alert state. You will be better able to guide them to the breast then too! Crying is a LATE feeding cue, and often when the baby is least receptive to breastfeeding.
2. **Skin to Skin contact** will go a long way towards establishing successful breastfeeding. Babies are very tactile creatures, meaning they feel most comfortable, relaxed, and calm when they are physically close to their parent (partners can do skin-to-skin too!). Added advantages of skin to skin are that it is much easier for baby to latch if clothing, bras, and blankets are not in the way. Skin-to-skin makes it easier to see and respond quickly to feeding cues. Baby is using all of his senses in learning to breastfeed. When he sees, hears, smells, tastes and feels mom, he will start incorporating these sensations into his breastfeeding behaviors, such as opening his mouth and latching on to your breast.
3. **Good ergonomics:** Find a comfortable place (not just your bed) in your home, where you can relax. Pillows can be very helpful to ensure you do not strain your back, shoulders or neck while nursing. Breastfeeding pillows such as My Brest Friend or the Boppy are popular and good choices. Hydrating and feeding yourself is important, so make sure you have something to eat and/or drink while breastfeeding. In the first weeks, you will probably be doing a lot of eating "on the fly," so make sure you have nutritious and easy to eat choices at home. Try to remember to bring the baby to you, not you to the baby—this will prevent hunching over and will ultimately help prevent sore nipples. A footstool can also help by bringing your lap higher.
4. **Observe the baby for proper attachment:** Gently touch your baby's nose with your nipple—express a little milk onto it to help him zero in on the breast. Your baby's mouth should be wide open before you bring him onto the breast quickly, supporting his neck, shoulders, and back with your forearm but being careful not to push his head directly onto the breast. His lips should be flanged out around the nipple and extend onto the areola, the dark skin surrounding your nipple. He should be facing you, tummy to tummy if lying across your belly. Continue to hold him in close throughout the feeding—his chin should be nestled into your breast. Remember, you will NOT suffocate your baby by holding him in close! As baby settles into a rhythm, you should hear active swallowing. A suck-suck-pause rhythm is normal. Babies take breaks during drinking, much as adults do. A baby who is well latched should not have any dimpling of his cheeks or make any smacking noises while nursing. If this is happening, break the suction and start again. Sometimes in the early days of nursing, you may need repeat this often before

getting a latch that both looks good and feels comfortable. It is normal in the early weeks of breastfeeding to feel nipple tenderness in the first minute or so of latch-on; however, this should quickly subside and feel more like pulling or tugging and should NOT be painful. **If you have any skin breakdown, i.e. cracking, blisters, bleeding or scabs, please make an appointment to see me. If sore nipples continue to be a problem and you think you have done everything to ensure a good latch, please make an appointment with me.**

5. Your mature milk usually comes in on the 3rd to 4th day after delivery. If you have had a C-section, there is sometimes a slight delay in this process because your body has the added stress of recovering from a surgical procedure. It is important to remember that colostrum, the first milk, is measured in drops not ounces! Colostrum is unique in providing both immunity to your baby a coating to his/her stomach and intestinal tract, making it a healthy place for the mature milk which comes next. **Resist the temptation to give formula because you think your baby is not getting enough nutrition from you in the first days, unless your provider thinks it is medically necessary.** In spite of what you may think or hear from others (or the internet!), a healthy, full-term baby of normal weight is designed to not need more than colostrum in the first few days of life. After all, his stomach is the size of a ping pong ball!
6. **You are building a milk factory for your baby.** The first 3 weeks are essential to making a big factory! Your body is depending on regular nipple stimulation and milk removal in order to calibrate/make a healthy supply for your growing baby. This means that the baby should be breastfeeding approximately 8-12 times per day to provide that stimulation and to give him the practice he needs to be a good nurser! Cluster feeding (feeding frequently over a short period of time) is a normal behavior. **Babies do not know how to tell time, so watch your baby for feeding cues, not the clock!!!!**
7. **Your comfort is important.** Pain medication is your friend. Both Tylenol (acetaminophen) and Motrin (Ibuprofen) are safe to take as directed while breastfeeding. Nipple tenderness can be helped by using gel pads, specially designed for breastfeeding moms. My favorite brand is TendHers Nipple Pillows by Pariday. These are available online through Amazon. After breastfeeding, hand express some milk onto the nipple. , then apply purified lanolin or nipple butter.
8. **Many studies show that partners are an integral part of breastfeeding success.** Why? Because they can support moms by feeding her, attending to any of her many other needs, caring for the baby when he is not feeding, i.e. burping, bathing, rocking, changing, and skin-to-skin contact. Help mom get set up in her comfortable place. Bring baby to her when she gets settled in and attend to him when he appears finished. Remember, it's not easy being a beginner, so go easy on yourselves.

I am available Tuesday and Thursday afternoons in the Alameda office. Do not hesitate to call the office (523-3123) for an appointment. – Georganne Walker, PNP, CLC