

Advanced training for the hardest job of your life.



# Breastfeeding Basics

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We know children.

# Why Breastfeed?

- Live white blood cells protect against infection and allergies
- Growth factors
- Anti-viral properties
- Anti-inflammatory properties
- Long-term protection (respiratory issues, diabetes, heart disease and obesity)
- Higher visual acuity and cognitive development
- Antibodies
- Environmental specific

# Fun Facts

Breast milk composition changes over time to the needs of the baby.



Breast milk changes in flavor based on what mom eats.

# Benefits for Mom

- It's FREE!
- Reduces risk of breast, uterine cancers and osteoporosis
- Reduces medical costs
- Helps a mother return to pre-pregnancy weight



# Benefits for Baby

- Provides superior nutrition (superfood) for optimum growth



- Especially important for babies born prematurely or with medical conditions
- Decreases the risk of respiratory issues, asthma, allergy, ear infection, GI issues, SIDS

# Benefits for Baby

- Protects against acute illness due to antibody transfer from mom to baby
- Long term health benefits into adulthood, such as decreased obesity, diabetes and heart disease



# How Long Should I Breastfeed?

- AAP recommends:
  - Exclusive breastfeeding the first six months of life
  - Followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months
  - Continuation of breastfeeding for as long as mutually desired by mother and baby.

"Breastfeeding and the Use of Human Milk," March 2012 issue of *Pediatrics*



# Breastfeeding Basics:

- Positions/Holds



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# Basics

- Correct Latch:



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# Basics

- Poor latch:



# Basics



## Supply and Demand

\*Frequent nipple stimulation and removal of milk from the breasts is essential for continued milk production.

\*Frequency should be every 2-3 hours or 8-12 times in 24 hours

# How Big Is A Newborns Stomach?

## Size of Baby's Stomach



**Day 1**  
1 tsp



**Day 3**  
0.8-1 oz



**Day 7**  
1.5-2 oz



**Day 30**  
2.5-5 oz

# Colostrum (Day 1-3)

- The first stage of breast milk that occurs during pregnancy (present in the breasts from about 12-16 weeks into the pregnancy and beyond)
  - Yellow or creamy color
  - Thick, like honey
- 
- Is high in protein, fat-soluble vitamins, minerals and antibodies



# DAY 1

## What to expect:

- First 24 hours
- Offer your breast *immediately* after delivery.
- Continue to offer every 2-3 hours
- WAKE your baby up to feed
- Average intake at the breast: 1 teaspoon or 5-7mLs





# DAY 1

## Continued:

- Wet diapers (urine): minimum of 1 (in 24 hours)
- Dirty diapers (stools): minimum of 1 (in 24 hours)
  - Will appear dark in color, be sticky and thick





# DAY 1

## Continued:

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- Your baby will be wide awake for about 2-5 hours after delivery.
- Feed as frequently as you can during this time, from both breasts.
- After the awake time your baby will sleep, for *several* hours.
- Continue to wake your baby up every 2-3 hours to breastfeed.

# DAY 2:

## What to expect

- 24-48 hours of life
- Continue to offer your breasts every 2-3 hours
- Wake your baby to feed, skin to skin
- Average intake at the breast: 2-3 teaspoons or 10-14mLs



# DAY 2

## Continued:

- Wet diapers: minimum of 2
- Dirty diapers: minimum of 2
  - Could still be meconium or starting to turn greenish brown, not as sticky or thick



# DAY 2

## Continued:

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- Your baby will continue to be sleepy and need to be woken up for feeds, especially baby boys after circumcisions
- Goal is to feed every 2-3 hours or 8-12 times today



# Day 2 Continued:

## Baby's Second Night



# This:



"Mothers are basically part of a scientific experiment to prove that sleep is not a crucial part of human life."





# Day 3

## What to expect:

- 48-72 hours of life
- Continue to wake your baby and offer your breasts every 2-3 hours
- Average intake per feeding: 22-30mLs or ½ ounce to 1 ounce



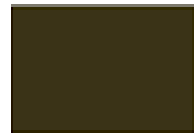


# Day 3

## Continued:

- Wet diapers: minimum of 3
- Dirty diapers minimum of 3
  - “Transitional” stools should occur
  - Will be green, brown with a hint of yellow starting

The Many Colors of the Stool of Exclusively Breastmilk-Fed Infants



Meconium  
Days 1-2 of life



Transition stool  
Days 2-3 of life



Mature Stool  
Days 3-4 of life  
(until solids introduced)

 Infant Feeding Consultants

# Remember:

## Size of Baby's Stomach



**Day 1**  
1 tsp



**Day 3**  
0.8-1 oz



**Day 7**  
1.5-2 oz



**Day 30**  
2.5-5 oz

# Colostrum's role the first few days

- Volume per feeding during the first 3 days ranges from 2-20mLs, sometimes more.
- Colostrum causes bowel movements, which helps to remove meconium, decreasing bilirubin levels



# The First 72 hours

- **Breastfeed early and often.** Watch your baby, not the clock and feed on demand (or every 2-3 hours).
  - Feeding cues to watch for:
    - “Rooting,” putting hands in mouth, opening and closing mouth, sticking out their tongue, CRYING IS A LATE SIGN OF HUNGER
- **Frequent feeds are good! NO such thing as breastfeeding too much**
- **Sleep when your baby sleeps-you NEED it and your body needs to recover and make milk**



# The First 72 hours

- Avoid pacifiers and bottles unless medically necessary.
- Keep your baby with you- even at night.
- Do a lot of skin-to-skin
- Ask for help-ask to see a Lactation Consultant every day



# Signs baby is getting enough

- Audible swallowing/gulping
- Strong, rhythmic jaw excursion
- Milk seen in mouth
- Appropriate wet and dirty diapers
- Leaking from opposite breast during a feeding
- Satisfied baby after a feeding



# What if my baby won't wake up to feed every 2-3 hours?

- Skin to skin until they wake to feed
- Keep trying every hour
- Change their diaper, stimulation
- Limit visitors-babies get overstimulated
- When all efforts to wake baby fail, start pumping





# Discharge To Home

- Lots of information on discharge day
- Baby will most likely lose weight-7-10%
- Make an appointment to see your Pediatrician and a Lactation Consultant
- Breasts will start to feel more full and firm

# When Milk Volume Increases Or Milk 'Comes In'

## Engorgement Prevention

- Breastfeed early, often and as long as baby desires
- Offer *both* breasts at every feeding
- Start to pump if other means of feedings have begun, or if baby is too sleepy to feed

# Engorgement:



# Engorgement Continued:

## Treatment

- Frequent feeding/pumping
- Warm compress **before** feeding
- Breast massage/compression **during** the feeding
- Cold compresses (frozen vegetables, ice pack) **after** the feeding for 10 minutes
- Anti-inflammatory medications (Motrin)

# Transitional Milk

- After 2-4 days, colostrum will begin to change to transitional breast milk
- Transitional milk lasts for about 2-4 weeks.
- The content of transitional milk includes high levels of fat, lactose, water-soluble vitamins and contains more calories than colostrum.

# Again:

## Size of Baby's Stomach



**Day 1**  
1 tsp



**Day 3**  
0.8-1 oz



**Day 7**  
1.5-2 oz



**Day 30**  
2.5-5 oz

# Days 4-7

## Signs Baby Is Getting Enough

- Adequate stool and urine output
- Daily weight gain 1 ounce per day
- **Back to birth weight by 2 weeks**
- Satiated and asleep between feedings  
(depends on maturation and feeding skill)





# Mature Milk

- Mature milk is the final milk that is produced.
- 90 percent is water, which is necessary to maintain hydration.
- The other 10 percent is comprised of carbohydrates, proteins and fats, which are necessary for both growth and energy.



# Changes In Color Of Milk



# 2 Weeks And Beyond

- Celebrate!
- Baby back to birth weight
- Milk supply is 'established'
- Between 2 and 6 weeks ok to start pumping and offering bottles



# Things to remember

- One size does not fit all. Babies breastfeed differently, what worked for your friend may not work for you.
- Baby should be gaining and growing.
- Breastfeeding is for comfort, as well as for nutrition.
- Babies do not use mom as a pacifier.
- Breastfeeding should not be painful.
- **Breastfeeding is not bottle feeding.** These are two totally different ways of feeding.

# Special Situations

- NICU admission



- Pump early and pump often
- Start pumping within 4 hours of delivery
- Pump every 3 hours-even at night
- Use hospital grade pump-not yours
- Skin to skin-mom *and* dad

# Possible Red Flags For Feeding Problems:

- Maternal History which includes:
  - Breast reduction/augmentation
  - Hormonal/metabolic issues (PCOS, hypothyroid)
  - Post-Partum complications
  - Infertility
  - Certain Medications



# Most Common Problems: Sore Nipples

**Pink, tender nipples are normal at first.  
Open, cracked bleeding nipples are not!**

## **Possible Causes:**

- Poor latch
- Improper fitting pump flanges
- Increased suction pressure from pumping



# Sore Nipples

- **Prevention:**

- Ensure a correct latch
- All it takes is one bad latch or bad pumping session
- If you feel pinching or pain of any kind it is not a good latch-ask for help
- Ask for a Lactation Consultant to watch you latch or pump



# Sore Nipples

- **Treatment:**

- Ask to see a Lactation Consultant if still in the hospital, or make an appointment with one
- Correct the latch
- Pump in place of feedings if too painful to feed
- Apply cream to nipples after every feeding

# Low Milk Supply

- The first 2 weeks of life establishes a baseline for milk production.
- True low supply is most often due to:
  - \*Infrequent and/or inadequate emptying
  - \*Maternal conditions
  - \*Maternal medication
  - \*Absence of milk removal by pump when baby is unable to empty the breast

# Jaundice

- **What is jaundice??**

- Yellow discoloration of a newborn's skin and eyes. Occurs because the baby's blood contains an excess of bilirubin, a yellow pigment of red blood cells.
- Infant jaundice usually occurs because a baby's liver isn't mature enough to get rid of bilirubin in the bloodstream.



# Jaundice

- **Symptoms:**

- Yellowing of the skin and the whites of the eyes — the main sign of infant jaundice — usually appears between the second and fourth day after birth.
- Sleepy baby, hard to keep awake for feedings
- Decrease in wet/dirty diapers

# Jaundice

- **Treatment:**

- Mild infant jaundice often disappears on its own within two or three weeks. For moderate or severe jaundice, your baby may need to stay longer in the newborn nursery or be readmitted to the hospital.
- Light therapy (phototherapy)
- **Breast milk!!**
- More-frequent feedings, supplemental feedings



# Care For Mom

## Nutrition and Hydration

- Simply listen to your body...and rest when you can
- Eat a well-balanced diet. Eat a variety of foods, all in moderation.
- Caloric intake is increased when providing breast milk (500-800 calories more than your pre-pregnant diet)
- Fluid intake. This can vary for each individual. 64 oz a day is a general rule.
- High protein snacks
- Continue prenatal vitamins





# What Can Dad's Do?

- Support her-offer kind words and reassurance
- Take over all household chores-even if she says she “can do it!”



# Dads

- Bring the baby to her to breast feed, burp the baby between feedings, change baby's diaper before/after the feeding



# Dads

- Skin to skin with you in between feedings



\*Takes 2 people to make a baby,  
and it takes a village to raise one.\*

# Breast Pumps

- Check with your insurance for coverage
- Need a GOOD electric pump
- **Medela:**



# Breast Pumps

- Spectra:



# Breast Pumps

- Willow:





# Manual Breast Pump

- Haakaa:



Harmony:





# When To Pump The First Few Weeks?

- Baby is unable to breastfeed-sleepy, not latching or not latching well
- Infant or maternal medical complications/separation
- Baby is being fed by another means-supplementation

**Don't worry about how to pump unless you need to.  
Focus on learning how to latch and feed**

# Breastfeeding Support

**A lactation visit within the first days following discharge allows:**

Assessment of breastfeeding to address potential issues that may lead to:

- nipple soreness
- low supply
- lack of good milk removal
- lack of weight gain

**...before they happen!**

# Breastfeeding Support

**A lactation visit within the first days following discharge allows:**

One-on-one education to provide:

- Knowing what to expect (what is normal)
- Answers to questions early on
- Reassurance
- Support
- Confidence building

**...the tools to be successful!**

# Children's Physicians Lactation Services

- Board-certified lactation consultants
- Most insurance companies cover the cost of lactation consultation
- Baby does not have to see a Children's Physicians provider

# Children's Physicians Lactation Services

Mondays – Fridays from 9 a.m. – 5 p.m.

## **Children's Physicians, Bellevue**

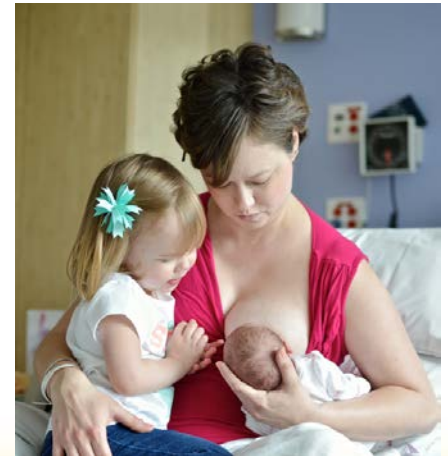
4802 Shannon Dr. | 402.955.7600

## **Children's Physicians, Embassy Park**

9202 W. Dodge Rd., Suite 101 | 402.955.7500

## **Children's Physicians, West Village Pointe**

110 N. 175th St. | 402.955.5437



# Summary

- Breastfeed every 2-3 hours or 8-12 times a day
- Keep track of wet and dirty diapers
- See a Lactation Consultant during your hospital stay (ask to see her every day and have her watch you latch)
- See a Lactation Consultant after discharge-to prevent problems

**First 2 weeks can be rough-it *will* get better!!**

# True or False

---

Baby's can over eat at the breast

**FALSE**



# True or False

---

Baby's need to eat every 3-4 hours

**FALSE**

# True or False

---

Mom's need to drink more water to make more milk

**FALSE**

# True or False

---

Moms can drink alcohol while breastfeeding

TRUE-responsibly

# True or False

---

Mom needs to sleep when baby sleeps

TRUE

# True or False

---

Breastfeeding is supposed to hurt

**FALSE**

# True or False

---

Breast milk is all the nutrition a baby needs  
for the first 6 months of life

TRUE

# Questions?

