

When You Go Home



Getting off to a good start with breastfeeding-

Building your milk production:

- Feed early and often, at the earliest signs of hunger.
- 8-12 feedings per 24 hours are expected, although these feedings may not follow a regular schedule.
- Avoid pacifiers or bottles, at least in the first 4 weeks.
Frequent feeds: Only use supplementation if there's a medical reason.
- Sleep near your baby, even at home. Learn to nurse lying down.

Feed at the earliest signs of hunger:

- Hands to mouth, sucking movements.
- Soft cooing, sighing sounds, or stretching.
- Crying is a late sign of hunger: don't wait until then!

Watch the baby, not the clock:

- Alternate which breast you start with or start with the breast that feels most full.
- Switch sides when swallowing slows, or the infant takes himself off.
It's OK if the baby doesn't take the second breast at every feed.
Help baby open his mouth widely: If you're having trouble with latching, get help promptly.
- If the baby is sleepy: skin-to-skin contact can encourage feeding.
- Remove the baby's top and place him on your bare chest.

Look for signs of milk transfer:

- You can hear the baby swallowing or gulping.
- There are no clicking or smacking sounds.
- Baby no longer shows signs of hunger after a feed.
- Baby's body and hands are relaxed for a short time.
- You may feel milk let-down:
 - You may feel relaxed, drowsy, or thirsty, and you may have tingling in your breasts.
 - You may feel some contractions in your uterus, or your other breast may leak milk.
- You should feel strong tugging, but NOT persistent pain. Proper latching prevents pain:
 - "Chin-to-breast, belly-to-belly"
 - "Flip lips for a sip:" baby's lips flare outward
 - Wide open mouth: baby's mouth covers part of the areola (the dark area of the breast) - not just the nipple.
- Baby has adequate weight gain.

What goes in, must come out. Look for:

- At least 3 poops and 6 wet diapers per day by day 4.
- Poops change from dark black to green/brown to lose yellow as your milk comes in.
- Urine should be pale yellow as your milk comes in.



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Overtime:

- All babies have days when they nurse more frequently.
- Breast swelling normally lessens at about 7-10 days and it is NOT a sign of decreased milk supply.
- Your milk may look thin or bluish, but it contains plenty of nutrients.

A word on bed sharing –

The American Academy of Pediatrics states the safest place for a baby to sleep is on their back on a firm, flat separate sleep surface designed for infants close to their parent's bed. The Academy of Breastfeeding Medicine states that nighttime proximity facilitates breastfeeding duration and exclusivity.

If you choose to share a bed with your baby or feed your baby while lying in bed:

- Never sleep with infants on a sofa, armchair, or surface with pillows.
- Keep the bed away from walls on both sides so the baby won't get stuck.
- Avoid heavy blankets, comforters, or pillows. The bed surface should be firm without thick covers, pillows, or other objects that could cause accidental head covering. Neither parent should be under the influence of alcohol, illegal drugs, or medications that would affect the ability to wake up.
- As with sleeping separately, put the baby to sleep on his back.
- Do not allow the baby to sleep alone in an adult bed.
- Do not allow anyone except the baby's parents to share a bed with the baby.
- Because the risk of Sudden Infant Death Syndrome (SIDS) is higher in children of smokers, parents who smoke should not bedshare but may sleep with the baby nearby.

If you have questions, persistent pain, or can't hear swallowing, ask for help right away!

