



Milk is In: Breast Feeding Guidelines

- **How often do I nurse? How do I get my baby to sleep longer at night?**
 - Nurse on demand, but encourage more feedings during the daytime, so your baby will eventually demand fewer feedings at night. Offer the breast at least every 2-3 hours during the daytime, and every 4 hours at night, plus on demand both day and night.
 - During the first couple of weeks, before your baby has regained her birth weight, you can let her sleep for only ONE 5 hour stretch at night. Once she is back to birth weight, allow her to sleep for longer periods at night, as long as she nurses 8-12 times per 24 hours in the end.
 - Be aware that during a long sleep period at night, your baby skips a couple of feedings, so she'll nurse more frequently during the day time to make up for it.
 - If your baby sleeps for longer periods of time on a regular basis, you may need to consider pumping half way through that time frame, for comfort and to keep your milk supply up.
- **How many minutes do I nurse? Do I nurse from one breast or both at each feeding?**
 - There is no set number of minutes to nurse your baby, as each baby is unique. Some are efficient and others are slow. Some get full from emptying one breast, some need 1½ breasts, and others need to empty both breasts at each feeding. This is because some Mom's can store lots of milk and others can store only small volumes. ***The most important thing is for baby to get the high fat / high calorie milk that comes out at the end when the breast is almost empty.*** After a while, you will learn how long it usually takes your baby to nurse, and whether or not you need to nurse from one side or both.

- **How do I know when the breast is almost empty? How do I keep my baby awake?**

- **Answer:** When you squeeze your breast to squirt milk into baby's throat, she will no longer respond by sucking and making swallowing sounds because there is no milk left.

EXPLANATION!

1. During the first couple minutes of a nursing session, your baby suckles quickly to entice your letdown.
→ Your baby is getting the foremilk / skim milk.
2. During the next several minutes, your baby suckles slower and deeper with occasional pauses, but otherwise regular swallowing. → Your baby is getting the middle milk / whole milk.
3. After several minutes of regular deep swallowing, your baby often lulls off to sleep with occasional jaw movement, but she no longer makes swallowing sounds. → Your baby is *just getting to* the hind milk / fatty creamy milk.

When you don't hear swallowing sounds anymore, wake your baby up by using **breast compressions** to "milk" the high calorie milk out of the breast and into baby's throat. If there is still milk in your breast and your baby isn't completely full, this should stimulate your baby to start sucking and swallowing some more. When your baby no longer swallows even with breast compressions, switch to the other breast to increase flow.

- **Again, do I nurse from one breast or both at each feeding?**

When your baby no longer makes swallowing sounds with breast compressions, remove her from the breast and burp her. Offer the other breast. Over time, a pattern will evolve where your baby either:

- never takes the 2nd breast, takes the second breast for only a few minutes, or completely empties the 2nd breast in addition to the 1st.
- If your baby does take the 2nd breast, remember to start the next feeding on that side.

Once your milk is in, the only way to keep producing more is to completely remove the milk from your breasts at least 8-10 times per 24 hours. If your baby isn't able to do this adequately, or your milk is slow to come in, you must resort to pumping it out. In addition, your baby may not gain weight well and may thus require supplemental feedings of expressed breast milk or formula. This is usually temporary.

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Continued from other side.....

• **Nipple care:**

- Be sure baby is latched deeply onto the breast and not just on the nipple.
- Look at the latch diagram before each feeding until it is a habit.
- Do not tolerate *any* pain. Remove baby and re-latch as necessary.
- When removing baby from the breast, break the seal with your finger.
- To avoid nipple soreness, vary the pressure points on the breast by alternating feeding positions.
- No soaps. Spread breast milk over the nipple and air dry. Use cotton breast pads *without* plastic lining.
- Triple Nipple Cream if prescribed.

WHAT TO EXPECT

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| Weight Gain | Milk intake |
| <ul style="list-style-type: none">• Babies are born with extra fluid to maintain them until your milk comes in. Thus in the first couple of days, newborns usually don't need to take in fluid other than small amounts of colostrum, and they are expected to lose weight during the first 3-4 days.• However, if your baby loses more than 7-10% of their birth weight, supplementation of formula or expressed breast milk might be needed until breast feeding is established.• Once milk is in, babies should gain about $\frac{1}{2}$ to 1 ounce per day and regain their birth weight by day 14. | <ul style="list-style-type: none">• By day 5-7, babies usually take in about 2.5 ounces of milk for each pound they weigh, and this typically results in the desired weight gain of about 1 ounce per day.• A 7 pound baby thus drinks about 17-18 ounces per day, which gradually increases over the next week or two to about 24-32 ounces per day. |
| Stools | Wets |
| <ul style="list-style-type: none">• As milk comes in, stools change from sticky black/green meconium to lighter colors of green and brown.• By day 5, typical breast milk stools are pasty to watery, mustard, green or orange, curdy or seedy.• Babies often have a squirt of stool with every diaper change plus 3-4 large stools per day. | <ul style="list-style-type: none">• By day 5, babies should have at least 6 wets per day. |

RECOMMEDATIONS:

- Triple Feed After nursing attempt offer expressed breast milk or formula until baby seems satisfied.
 double pump at least 10min. and no more than 15 min.
Save the milk for later.

NOTE: As milk supply increases, suckling improves and baby gains, you can start skipping some of the supplemental feedings and pumping sessions when directed by the doctor. If all goes well, you will eventually feed baby only from the breast.

- Supplement with Playtex VentAire® Slow Flow Nipple with Standard base (Not wide)
 Finger feeding
 Feeding tube at breast
- Use shield, with frequent attempts to nurse without it.
- Introduce bottle by 3wks of age if necessary
- Ice to breasts to decrease engorgement
- Triple Nipple Cream (You'll need a prescription. No need to wash off before feedings)
- Other:

Follow up:

Call with questions: 489-3834