



# The Stages of Breastfeeding

*Many mothers find the first 2-3 weeks to be the most challenging. This is when mothers are most tempted to stop. Most mothers who persist find that the rewards are gratifying and long-term, for both themselves and their babies. A few mothers may face on-going challenges. However, they continue because they are committed to providing the best health and brain development for their babies.*

## **Colostrum Time: Birth to 3 days old**

**Mothers are learning** how to position baby at the breast and get a deep latch.

**Babies are figuring out** how to latch and maintain a suckle that removes colostrum; they may be fussy or sleepy; they may nurse frequently or very irregularly.

**Pain medication** in labor, an epidural, a difficult delivery or a C-section may delay an effective latch.

**Circumcision** may cause a baby to be irritable or sleepy.

### **To Do:**

- Practice positioning and latch.
- Offer breast when baby roots and sucks, or every 2-3 hours, whichever comes first.
- If baby is sleepy, undress to diaper and stroke baby's lips.
- If latch hurts, start over.
- Try to get a baby to actively suckle for at least 10 to 20 minutes on one side. Baby may stay on longer if latch does not hurt and nipples are comfortable. If baby is too sleepy after one breast, offer the other breast at the next feeding.
- Sucking/stimulation of the breasts is important for long-term milk supply. If baby will not latch by 12-24 hours of age, continue to offer the breast but start pumping every 3 hours and feed baby the pumped colostrum.
- Colostrum is very low in volume, but very high in antibodies and protective factors; it is often referred to as liquid gold or medicine because it is so beneficial for baby.

## **"Hello Milk": ~2 to 5 days old**

**As colostrum changes to milk**, many babies seem to wake up and want to nurse frequently, known as cluster feeding. A mother may interpret this as something wrong. Unless baby has lost more than 7-10% of their birth weight, this is normal at this time.

**Some babies find it more difficult to latch** as the breast becomes firmer and "feels different." If the new milk is not emptied, a mother may become engorged with hard, red, sore, swollen breasts.

**Often a new mother** has just gone home from the hospital when all this occurs and may feel confused or overwhelmed.

### **To Do:**

- Continue to practice positioning and latch.
- Nurse baby at least every 2-3 hours; more often if baby starts rooting and sucking. Get in the habit of starting a feeding before baby gets upset and cries. It is harder to latch when baby is frantic. If baby is sleepy, wake baby by undressing to diaper or stroking lips.
- It is not necessary to offer both breasts at a feeding, but do allow baby enough time to "drain" at least one breast. Offer the other breast if baby still wants to nurse or if your breasts are very full.
- If breasts become engorged, apply cold packs between nursings. A good electric pump may help to soften breasts so baby can latch easier. Pump for several minutes until milk flows and breast softens, then latch baby and continue nursing.
- If latch hurts or baby refuses to latch, get help from a breast feeding expert.

## **"Getting Settled": ~4 days to ~14 days old**

**Once milk is in** and baby is latching and removing milk well, many mothers breastfeed with few difficulties.

**Nurse frequently** during the day (every 2-3 hours) and let baby wake you at night. Baby may start sleeping a little longer at night.

**Most mothers start adjusting** to the rhythm of nursing and enjoy getting a bit more sleep at night.

**Parents start** to be able to "read" their baby's needs.

**Some babies may still not be latching well** and transferring milk. This may result in nipple break down or weight loss. If baby is not having at least 6 wet diapers and 3 stools in 24 hours, make sure to wake baby to feed every 3 hours and call your baby's physician or a lactation consultant. Most babies are back to their birth weight by 10-14 days of age.

**If a baby was early** (less than 38 weeks), he/she may be especially sleepy and lazy at the breast and may need to feed more frequently. This may result in a longer "learning curve" for baby and more work for mom.

**A baby with an elevated bili level** (resulting in jaundice or yellow skin) may be sleepy, yet will require extra fluid to prevent dehydration. Nurse frequently. If baby does not suckle actively to drain the breast you may need to pump and feed the pumped milk. This extra fluid will help baby excrete the bilirubin.

### **To Do:**

- If latch is good, milk is in, nipples are comfortable and baby is nursing vigorously to satisfaction through out the day, you may find that baby only wants to nurse on one side at a feeding (usually for 10-20 minutes). This is fine as it allows baby to thoroughly "drain" one side and get the hindmilk, which has more fat and calories. Your breasts will adjust to one-sided nursing, although, if necessary, you may soften the other breast by pumping briefly.
- If baby is sleepy, try mini-nursings. Put baby to one side. When sucking stops (usually in about 5-15 minutes), compress your breast until sucking stops again. Place baby on lap in front of you and burp to awaken baby. Then put baby back to the same breast. When sucking stops, compress your breast until sucking stops again. Burp and change diaper. Offer other breast in the same manner. Baby may not take the other breast at all or may only nurse once on the other breast. At the next feeding, start on the second side.
- If latch hurts, nipples are cracked, baby is not gaining (approximately  $\frac{1}{2}$  to 1 oz per day) or baby is not back to birth weight by 10-14 days of age, see a breast feeding expert.
- Buying or renting a pump and bottle feeding expressed breast milk long term may seem like a solution if you are having problems. But it is much more work and is usually not necessary if you seek help. Most women have difficulty maintaining a milk supply long term when they exclusively pump and bottle feed.

## **"Established Breastfeeding": 2-3 weeks to 6 months old**

**For most mothers and babies**, breastfeeding settles into a comfortable pattern now. Do not be tempted to "schedule" the feedings - baby will do this for you.

**Continue to "drain" at least one breast** very well at each feeding. If baby will not do this, use a pump to help "drain" each breast at least once a day.

**Babies get very adept at latching.** Some mothers may introduce a bottle with a slow flow nipple and occasionally use it when they must be away from baby. Mothers who are returning to work may gradually start to stockpile some milk.

**Some babies change their stooling pattern** around 6 weeks of age; they may start to stool less frequently, however, the consistency of their stools should be the same.

## What are the most common problem that mothers may encounter during this time period? (3 wks to 6 months)

- **Mastitis** - especially if nipples were cracked and bleeding at one time. Your breasts may have a lumpy area and/or red streaks and you may have a temperature and feel flu-like symptoms. Seek help from your physician or a breast feeding expert.
- **Yeast** - which often presents as nipple or deep breast pain after weeks or months of pain-free nursing. Seek help from your physician or a breast feeding expert.
- **Fussiness** - throughout the day, not just in the evening, may be related to an abundant milk supply or a food sensitivity. With an abundant milk supply, a baby may get too much foremilk. Baby may be gaining well, but wants to eat constantly and is fussy and gassy. With a food sensitivity, a baby is unable to handle a certain food that is consumed by the mother. Dairy products are the most common cause. Blood in a baby's stool may indicate colitis, and inflammation of the colon due to a food sensitivity.
- **Teething** - may disrupt nursing due to soreness of a baby's gums. Occasionally, a baby will bite while nursing. A firm "no" and brief removal from the breast is usually sufficient. Keep your finger near baby's mouth to intervene quickly. Apply an antibiotic ointment if the bite should break the skin of your nipple.
- **Illnesses** - of mother or baby should not interfere with nursing unless a mother needs to take a medication that is harmful to baby. It is possible for a breastfed baby to get ill, however, the illness is usually much less severe. Nursing is often very comforting to a sick baby and will help to keep baby hydrated.

## "Starting Solids": 6-12 months old

**Around 6 months of age**, most babies will start solids. Some physicians may recommend that you delay solids if you have a strong family history of food allergies.

**Breast milk is still the most important nutrient** for a baby. However, babies have a need for additional nutrients as well, including more iron, at this age. Introduce foods gradually to your baby's diet. Whenever possible, nurse before feeding solids.

**Some babies like baby food**, prepared commercially or at home in a blender. Other babies prefer appropriate finger foods instead.

**Many babies nurse very quickly** at this age (3-5 minutes at the breast) and may become very distracted at the breast. You may find it easier to nurse in more private settings.

**Mastitis and yeast** are still possibilities, although less common.

**Most babies**, unless they have a food sensitivity, have outgrown their fussiness by now.

**Don't allow continuous "grazing"** at the breast. This can contribute to cavities.

## "Nursing a Toddler": 12 months plus

**Many mothers will continue to breastfeed beyond 12 months**, even though they may have planned to stop by one year.

**The nutritional benefits** may be less vital, however, many mothers and babies enjoy extended breastfeeding. The American Academy of Pediatrics and the U.S. Surgeon General recommend breastfeeding beyond 12 months, for as long as mother and baby want to continue.

**Many babies nurse infrequently at this age** - only once or twice a day. Others may wish to nurse more often as they begin to explore and their world expands.

**Ideally, a baby will wean gradually** as they are ready to let go of breastfeeding. If weaning must be initiated by a mother, it is recommended that it be done gradually.