

Breastfeed - right from the start!

Staff Information

The *What's* and *Why's* of the 5 Tips to Successful Breastfeeding

The crib card and information on these pages were developed from research done in Colorado. Researchers found that following the 5 tips listed on the crib card increase both the rate of fully breastfeeding the duration of breastfeeding. This document provides background information for staff on these 5 tips. This is NOT a handout to be given to clients but a tool for staff to use to answer client questions about these recommendations.



Breastfeed within the first hour. Ask to comfort your baby skin-to-skin soon after birth.

It is best for a mom to breastfeed her baby during the first hour of life - a period of calm, quiet alertness when the baby is most eager to latch on for the first time. This snuggling skin-to-skin during the first hour is important to help stimulate the hormones of milk production and more importantly, to help mom and baby to get to know each other. (Skin-to-skin means the baby is placed belly-down wearing only a diaper directly on mom's bare chest).

American Academy of Pediatrics (AAP) recommends:

Healthy infants be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished.

Benefits to early breastfeeding:

- Baby's sucking causes the mom's uterus to contract, decreasing blood loss.
- The colostrum, or first milk, is a priceless source of protective immunities that shield the baby from disease.
- Skin-to-skin contact brings comfort and warmth.

Reasons to promote skin-to-skin contact: increased breastfeeding in the first few months of life, longer duration of breastfeeding, normal infant temperature and blood sugar values, reduced infant crying and increased maternal affection. Preterm infants held in skin-to-skin contact have greater head growth than babies held in a traditional way.

Promoting skin-to-skin contact: The Massachusetts Breastfeeding Coalition has an excellent handout for mothers at:http://massbreastfeeding.org/wp-content/uploads/2013/06/SkinToSkin_English_6-29-11.pdf

What you can do:

Teach Mothers to Communicate with their Health Care Provider and hospital staff. Encourage moms to share their desire to breastfeed during pregnancy, when they get to the hospital and right after they deliver. Mom's partner can also share this information. The first hour goes quickly and she (and/or her partner) will need to speak up to seize this special opportunity. A baby who does not get the first colostrum feeding during the quiet alert state (first hour or two after birth) because of staff or visitor interference will miss the ideal time to initiate breastfeeding.

Challenges to Breastfeeding in the First Hour

- **Separation:** Mom should provide expressed breast milk when she is separated from her baby due to infant or maternal illness. Moms who need breastpumps should ask hospital staff for assistance.
- **Cesarean births** are not usually a problem; most moms can hold their babies. There are different positions that are more comfortable for the moms who have c-sections. Recent research shows that a dad providing skin-to-skin contact with his newborn immediately after a cesarean birth offers calming benefits as well.



Room-in with your baby. Keep your baby in your room all day and night so you can get to know and watch over your baby. This early time of practicing breastfeeding together is important.

Early Bonding:

Babies get to know their mom by using their senses. Babies can identify their moms by time they are a day or two old. A baby's attachment instinct is highest during the first days of life and early attachment has a positive effect on brain development.

Taking Control:

Rooming-in with baby allows the mom to prevent hospital personnel from giving baby pacifiers, or unnecessary glucose water, formula or water.

Learning Baby's Cues:

Rooming-in with her newborn helps a mom learn about caring for her baby and reading her baby's hunger cues. This can increase her confidence in her ability to fully breastfeed.

Teaching Moms about Feeding Cues:

Responding to a baby's early cues will help the baby feel secure that mom is there to meet its needs. How does a mom know when it is time to feed her baby? Encourage mom to watch what her baby is doing with his/her hands and mouth:

- **Early hunger cues:** licking the top of the mouth, licking lips, sucking on lip, tongue, fingers or fist
- **Active hunger cues:** rooting (moving head in search of breast), fidgeting, fussing
- **Late hunger cue:** crying!

Feeding on cue:

Frequent breastfeeding will help stimulate milk production and keep up milk supply. Being able to feed baby "on-cue" encourages frequent long feeds and helps prevent jaundice, engorgement, plugged ducts, and mastitis. If any of these problems occur, the mother needs to continue nursing and/or pumping. A sleepy or undemanding baby needs to be wakened for feeds. A mother should nurse a minimum of 8 times in 24 hours with no restrictions on frequency or length of feeds.

Getting Enough Rest:

When baby is nearby moms and babies sleep better. Mom is more in touch with baby's needs as they cuddle and nap together. Sleep deprivation is a part of early motherhood but research shows that mom who fully breastfeed get more rest. Breastfeeding releases "mothering hormones" when milk is "let down" and these hormones act like natural tranquilizers to relax mother and baby.

Special note for moms who have a cesarean birth:

It may help to have someone stay in the hospital to help mom care for the baby. That way mom and baby will be able room in and spend time together while mom is recovering.



Breastfeed often: every 1 ½ to 3 hours, or when your baby shows early signs of hunger.

Information to share with moms prenatally

Milk production basics:

- Frequent breastfeeding makes breastmilk
- Nurse a minimum of 8-12 times in 24 hours
- Wake a non-demanding baby
- No restrictions on frequency or length of feeds
- Mom should offer both breasts at each feeding but let baby lead the switching

Signs mom is making enough milk:

- Milk is "in" by day 3- 4
- 4 or more poops by day 4
- Yellow poop by day 5
- Colorless urine at least 6-8 times daily
- Weight gain begins as soon as milk comes in; expect about 1 oz/day

After mom's milk come in:

- Breasts feel firm before feeding and softer afterwards
- Milk leaks from other breast
- Baby's cheeks are full, not sucked inward
- Baby's jaw is moving in a slow rhythm
- Baby sucks, rests, and starts to suck again
- Mom can hear the soft sounds of swallowing
- Milk may appear at the corners of baby's mouth

How to know if baby is full and satisfied:

- Baby will sometimes fall asleep
- Baby will come off breast by himself or push nipple out of mouth
- Baby is calm and alert
- Baby's hands and body are relaxed
- Baby is peaceful

Staff have the option to discuss and provide to moms the "Signs baby well fed" book mark available from the General Store.

Human Milk is for Human Babies

There is a lot of misinformation about infant feeding. When Colorado tested the crib cards some WIC moms reported that they believed that formula was as good for their baby as their breastmilk and water was good for newborns.

When moms voice these beliefs you can ask to share the following information:

- Breastmilk is superior to formula.
- Offer to share the information in the handout: "Breastmilk Has More of the Good Things Babies Need."
- Water is not necessary for newborns.
- Breast milk is 88 percent water. When a mom thinks her baby is thirsty, she should breastfeed immediately. This will give her baby all the water that baby needs.
- There are very few medical reasons for breastfeeding babies to need supplements.
- There are very few medical contraindications to breastfeeding.



Avoid using pacifiers in the first month. Babies who use a pacifier may not nurse as often. Offer your breast at the earliest sign of hunger to give your baby as much milk as possible.

American Academy of Pediatric Guidelines:

Pacifier use is best avoided during this early time of learning to breastfeeding and should only be used after breastfeeding is well established. Pacifier use can reduce the amount of breastfeeding that happens during this early time of learning to breastfeed which may cause decreased milk production.

Ways to calm baby:

Discuss with moms other ways to calm her baby besides using a pacifier. Check out Dr. Harvey Karp's 5 S's in box to right. For more information go to

http://www.aap.org/breastfeeding/files/pdf/BBM-Newsletter_winter07.pdf refer to "A Novel Approach to Calming Crying and Promoting Breastfeeding Success" commentary by Dr. Harvey Karp, MD, FAAP.

- 5 S's**
- Swaddling
 - Side/stomach position while holding baby
 - Shushing sounds
 - Swinging



Ask for a telephone number to call for help or support. All breastfeeding questions are important, especially after you go home!

Early follow up and attention to any breastfeeding issue is important:

Most breastfeeding concerns and questions occur when moms are home and after her milk comes in. Offer moms the crib card and suggest she take it to the hospital. WIC staff can fill in her clinic number and write down a number that she can call if she has breastfeeding questions or concerns. Share community resources with mom and help her identify where to get help.

American Academy of Pediatric Guidelines:

AAP recommends moms and newborns be seen by their health care provider between days 3 and 5 of life, which may mean 24-72 hours after going home from the hospital.

The AAP also recommend exclusive breastfeeding for approximately the first six months and support for breastfeeding for the first year and beyond as long as mutually desired by mother and child.

This institution is an equal opportunity provider.

Washington State WIC Nutrition Program does not discriminate.

For persons with disabilities, this document is available on request in other formats.

To submit a request, please call 1-800-841-1410 (TDD/TTY 711).