**LACTATION BASICS**

Feeding infants

* Newborns should be breastfeeding at least every 2 hours during the day, and should not be going more than 3 hours at night without eating
* Hunger cues for baby: clenched fists, sucking, rooting – crying is a late sign!
* Newborns have small stomachs: should be fed small amounts if bottle fed
  + 1 oz at 1 week, 2 oz at 2 weeks, 3 oz at 3 weeks, 3+ beyond 3 weeks

Milk supply

* Moms produce small amounts of colostrum after birth
* Days 3-5: Mom’s mature milk starts to surge – increase in quantity, gradual change to thinner/white
* Milk removal = Milk production; Best way to increase milk supply is to stimulate/empty breasts – BF Moms should latch or pump at least 8 or more times a day
* Increasing supply: STIMULATION, unrestricted breastfeeding, foods and galactogogues not proven but commonly used: oatmeal, fenugreek, blessed thistle
* Engorged/Full (discomfort): can hand express or pump to soften

Latching

* Hold baby’s neck for control of head (hand low on neck, thumb and pointer finger by each of baby’s ears); Express some drops; Hold “breast sandwich” in shape of baby’s mouth; Tap nipple to top lip; Wait for wide open mouth and help baby take areola deeply into mouth; **4 points of contact = chin, 2 cheeks, nose**; support shoulder/neck area to maintain deep latch for entire feed
* To take baby off, insert a finger into baby’s mouth to break the seal, and then pull off
* Positions: cross cradle, football, laid back/reclining, side lying, straddle
  + Pictures: https://www.thebump.com/a/breastfeeding-positions-tips
* Latching issues
  + Nipple confusion: if getting bottle, baby gets used to firmer nipple and faster/easier flow of milk
    - Recommend slow flow, wide based soft nipple bottle that baby can get wide mouth grip on – tell Mom to tap bottle on lip and wait for wide open mouth for bottle too (reinforces good latching) – slow paced bottle feeding (baby sitting up, bottle horizontal, giving lots of breaks)
    - NIPPLE SHIELD: can help transition bottle fed baby to breastfeeding, extreme nipple damage- short term use
  + Flat/inverted nipples: harder to latch – pinch close to nipple to give baby hard surface to latch to (tea cup hold)
  + Oral anatomy issues: frenulum, tongue motion & elevation, palate shape

Breastfeeding

* Breastfed babies eat differently than bottle fed because baby decides how much he/she is taking: may be taking a snack or a meal, so length & interval of feeds vary (avg 20-30 mins)
* Baby may take pauses at the breast: if more than 5 seconds, stimulate baby by massaging ear or jiggling breast
* Allow baby to empty first breast, and then offer second breast (“like dinner and dessert”)
* Signs of a good feed: breast will feel softer, baby will relax into “milk coma,” output in diapers

Feeding issues

* Weight: should be gaining about 20-30 grams or 1 oz/day or 5-7 oz/week
  + Concern if lost more than 7-10% of birth weight or not regained birth weight by 14 days of life
* Jaundice: Bilirubin excreted in poops → breastfeed more often to increase stools
* Breastfeed every 1.5-2 hours for short term
* Triple feeds: (1) first breast, (2) second breast, (3) 0.5-1 oz of breast milk in syringe, SNS (Supplemental Nursing System) or bottle
* Refrain from over bundling: baby may sleep through feeds
  + Baby only needs one more layer than Mom is comfortable in; Does not need hat on inside
* Refrain from pacifier use: sucking releases cholecystokinin, telling baby he/she is satisfied and sleepy – if baby wants to suck, offer breast

Pumping

* Warm compresses/hot shower to help let down; Relax while pumping
* Make pumping bra (cut two small holes in sports bra) for hands-free bilateral pumping
  + Stimulation at one breast signals letdown in both – take advantage
  + Massage and compression of breasts while pumping
* Pump for 15 minutes at a time; Put suction up as high as can be tolerated without pain
* Pump after breastfeeding: wait 20-30 mins, get a snack, give your body a break, then pump for milk storage
* Pump when away from baby to replace feeding stimulation; Do not go all night without milk removal; Pump at least every 3-4 hours if not latching baby

Breast milk storage

* 5-5-5 rule: 5 hours at room temperature, 5 days in refrigerator, 5 months in freezer
* Milk pumped in same day can be combined for bottle feed; Combine at same temperature (if previous milk is in fridge, wait until new milk is cold to combine)
* Take chill of bottle before giving to baby: run under faucet or put in warm water bath
  + Never boil or microwave breast milk – will denature the good stuff

Resources

* For Mom: kellymom.com, La Leche League llli.org
* Stanford University website: [med.stanford.edu/newborns/professional-education/breastfeeding.html](https://na01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fmed.stanford.edu%2Fnewborns%2Fprofessional-education%2Fbreastfeeding.html&data=02%7C01%7Ccad387%40drexel.edu%7C5329f7a3029b43a2aaf608d5c64bda70%7C3664e6fa47bd45a696708c4f080f8ca6%7C0%7C1%7C636632951454187258&sdata=iQvHfx%2BBIgHoFDbMjNX6e%2FHqLcUqbHdyuSZX64PsH8g%3D&reserved=0)
  + “A Perfect Latch” video
* Academy of Breastfeeding Medicine (ABM) Protocols
* AAP Resident education for Breastfeeding & guidelines
* Lactmed.gov; LactMed app