

Breastfeeding – A Review

1. When should you feed your newborn baby?
2. How often should you nurse your baby? What is the minimum number of feedings per day? What is the longest time a newborn should go in between feedings?
3. How long should you nurse your baby during each feeding?
4. Describe some of the ways your baby would communicate to you that he is hungry?
Full? Very gassy?
5. On Day 1 – 5: How many wet or dirty diapers should you expect? After Day 6 or so, when mature milk is in, how many wet or dirty diapers per day?
6. What are some elements of a good breastfeeding position?
7. What are some signs of a good latch?
8. What should you do to prevent / minimize sore nipples?
9. What can you do to relieve engorgement?
10. What are some resources you can use if you need breastfeeding support?

1. When: Feed on demand, anytime the baby is hungry. Watch for hunger cues.
2. Minimum number of feedings: 8 – 12 feedings per day (may be more). Some babies may want to nurse every hour or two. Newborns should not go more than 3 hours between feedings in the daytime, no more than 4 hrs at night.
3. How long: Nurse on 1st side for *at least* ten minutes (may be longer). Give baby a chance to burp, then switch sides, nurse until he shows cues that he's full.
4. Hunger Cues: rooting, sucking, tongue thrusts, bringing hands to mouth, becoming active after being in quiet alert stage. Full: Falls asleep, pulls away, pauses more than he sucks, spreads fingers out wide. (Note, if he has eaten less than 10 minutes, he needs to eat more!) Gassy: when a baby has a lot of gas, his belly will feel very full and taut, he may make faces, and he may arch his back.
5. Diaper counts: Day 1-5, at least one wet or dirty diaper per day old. (e.g. on day 3, there should be at least 3 wet/dirty diapers.) There may be more, if baby is eliminating a lot of meconium. After Day 6, you should see 7 – 10 wet or dirty diapers per day. At least three of those should be bowel movements.
6. Good Position: Mom makes herself comfortable first, brings baby up to her breast (with pillows, etc) rather than leaning over to baby. Baby is belly to belly, or chest to chest with mom. Baby's chin and nose are up against breast. Baby's ears, shoulders, and hips are in a straight line.
7. Good latch. Look: Baby's lips are flanged out over breast, with "most" of the areola in baby's mouth. Listen: Should hear swallowing after day 5. Shouldn't hear lip smacking or tongue clicking. Feel: Nipple should be far back in baby's mouth, with baby's gum line pressing on the areola, not the nipple. Any pain or discomfort should only last for a minute or so: it shouldn't hurt the full time.
8. Sore Nipples: Wash them only with warm water, no soap. After nursing, dry off, express a little breastmilk and rub it in to moisturize. Try to expose your nipples to fresh air a little bit every day. Keep nipples dry between nursings. Don't leave wet nursing pads on, change regularly. Watch for thrush: white patches in baby's mouth that won't wipe off with a washcloth. Feed baby more often, for less time per feeding.
9. Engorgement: Massage your breasts, stroking out toward the nipple. Warm compresses: Get washcloths wet with very warm water. Squeeze it out enough that it doesn't drip, and lay them on your breasts till the washcloths cool off. Repeat until breasts have softened somewhat. Hand express (or pump) a little bit of milk, just enough to soften breast, then feed baby.
10. Swedish's New Parent Info Line. Staffed by a registered nurse / lactation consultant, from 7 am – 11 pm. (206)386-MOMS. King County Resource Guide www.breast-friends.org. Info about breastfeeding and local La Leche League (breastfeeding support group) meetings www.lalecheleague.org. General: www.breastfeeding.com. Anytime you have specific questions, check with your doctor, your baby's doctor, or a lactation consultant for information specific to you and your baby.