



A Guide to Breastfeeding



Congratulations

Your decision to breastfeed is a healthy, rewarding and satisfying beginning for you and your baby.

You and your baby are working together to fulfill many nutritional, physical, and emotional needs. Remember, you are not alone! This is a transformative process and the staff at The Christ Hospital Birthing Center are happy to be here to support you and your baby any way possible.

Congratulations and best wishes to your new family!

Lactation Offices:

Warm Line: 513-585-0597

Scan this QR code to save The Christ Hospital Lactation Department to your contacts:



To schedule a breastfeeding class call: 513-585-HUGS

If your questions concern medical advice or you have an emergency, please contact your physician or nurse midwife.

Acknowledgments

We wish to acknowledge the following for providing support and information in developing this booklet.

- Helen Curless, RN, IBCLC, as the original author of this booklet. She has been an International Board Certified Lactation Consultant since 1986 and was the first person in the Greater Cincinnati area to be employed in this capacity by a hospital.
- Katharine Vincent, CLC, as contributor and facilitator of the updates to this booklet in 2014. She works in postpartum and lactation in Cincinnati and has a passion for providing mothers with support in breastfeeding both in and outside of the hospital setting.

Benefits of Breastfeeding

- Breast milk is the best food for your baby. It has the exact nutrients needed for early development.
- Breast milk has many antibodies, which lower the baby's risk of allergies and illnesses including: respiratory infections, ear infections and gastrointestinal illnesses.
- Breast milk is easy to digest and babies have less diarrhea or constipation. Many professionals note that breastfed babies have less dental and orthodontic problems later.
- Breastfeeding lowers the risk of sudden infant death syndrome (SIDS).
- Breastfeeding lowers the risk of adult-onset obesity.
- Breastfeeding enhances a baby's IQ.
- Breast milk is convenient: It's always the right temperature, always available and there is no need to transport bottles, sterilizers, etc.
- Breastfeeding is less expensive than formula feeding.
- Breastfeeding lowers a mother's risk of premenopausal breast cancer, ovarian cancer and osteoporosis.
- Breastfeeding helps a mother return to her pre-pregnancy weight.
- Breastfeeding enhances the bond between a mother and her baby.

Breast Milk Basics: Anatomy of the Lactating Breast

Lactation = Breastfeeding

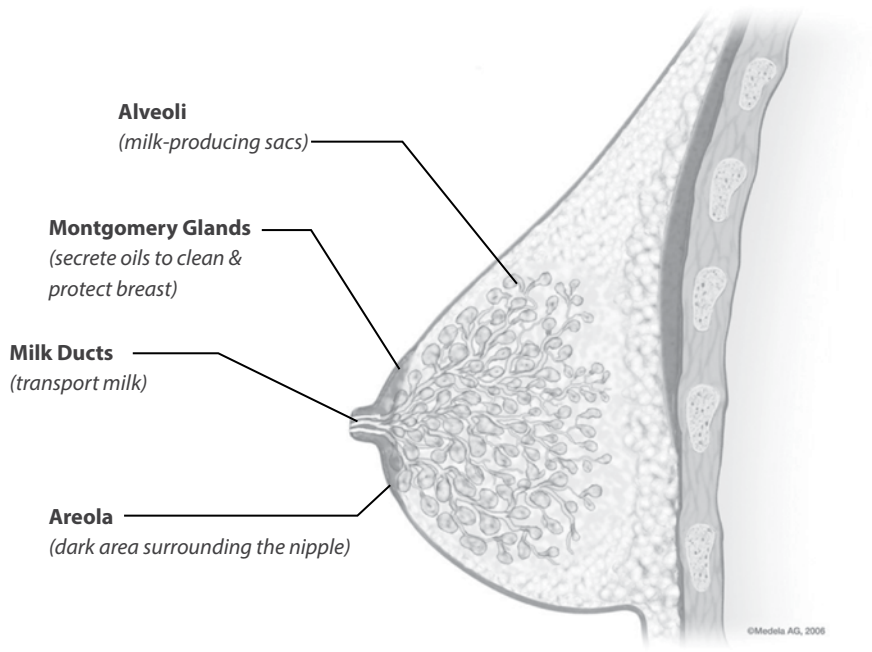
Milk Ejection Reflex or Let-Down Reflex

As the baby breastfeeds, a message is sent to the brain to release the hormone oxytocin. This hormone acts on the milk sacs and causes them to contract and “eject” milk out to the milk ducts. The baby then begins to swallow more. This may happen several times in the course of a feeding. This same hormone makes the uterus contract during the feeding. This may or may not be felt as uterine cramps during the first few days after the birth. After a few days, some mothers say they feel a tingling sensation in the breast during the let-down reflex and leak from the unused breast at that time. This is also the cause of milk leakage when a mother says that she leaks at the sound of a baby’s cry.

Milk Production

Breast size is not necessarily related to the amount of milk produced. The amount of milk produced is based on regular stimulation by proper breastfeeding or by frequent stimulation with a breast pump if mother and baby are separated. As the milk is being removed from the breasts, a message is sent to the pituitary gland to release prolactin into the blood stream. This hormone causes the milk sacs to secrete more milk. Breast milk goes through different stages of development. Those stages are as follows:

1. **Colostrum** - The first milk which contains protein, calcium, vitamins, small amounts of iron and fluoride, plus antibodies to fight infection. It may be white, clear or yellow and is present from the second trimester of your pregnancy up through the first few days postpartum. It is all your healthy baby needs in the first few days of life.
2. **Transitional milk** – This milk is a combination of colostrum and mature milk that meets the needs of a growing baby in the first week after delivery.
3. **Mature milk** – This milk may be various colors and while it may appear thin, it provides adequate nutrition for your baby. It is present after copious milk secretion. In most women, mature milk comes in around four days postpartum.



Building and Maintaining Your Milk Supply

The more milk is removed from the breast, the more milk you produce!

1. Pay attention to the latch. After breastfeeding is established, some babies start latching too close to the nipple. If this isn't corrected, it becomes a habit. This means your baby is not compressing the milk sinuses close to the edge of the areola. If the latch is not corrected you may experience loss of milk supply, poor infant weight gain and sore nipples.
2. Use milk expression techniques. You can hand express (See figure 4 on pg 5.) or use a hand breast pump or an electric breast pump to stimulate milk production if you are separated from your baby.
3. Always allow the baby to feed on the first breast until active sucking and swallowing stops. Then offer the second breast.
4. Eat a nutritious diet and drink plenty of fluids. Making milk uses calories. Most recommend an increase of 500 calories/day. Drink about six to eight glasses of fluid each day.
5. Monitor your medications. For example, some birth controls pills and sinus medications can decrease your milk supply. Check with your health care provider or lactation consultant.
6. Rest. Fatigue affects the let-down reflex, and thus the milk supply.
7. Eliminate or reduce the use of cigarettes and alcohol. In certain quantities, these have been found to reduce a milk supply and make babies fussy.

Milk Expression

- If baby sleeps through more than 1 feed or over 6 hours, hand or pump expression can stimulate your milk production.
- Hand or pump expression can relieve excess fullness and to soften nipple so baby can easily grasp during latch on. This technique is especially helpful if you have engorgement or for the first morning feed if your baby slept through the night.
- Expression should be performed if you are separated from your baby during a normal feeding time.

Gentle Hand Expressing (Figure 4)

Technique:

- a. With thumb and first finger in a C formation, place them about 1/2 to 1 inch on either side of the nipple in a 12 and 6 o'clock position. Press back toward chest wall keeping C position. Do not spread fingers or bring them together at this time.
- b. With fingers back at chest wall, squeeze fingers together into an "O" position.
- c. Repeat three to four times in each clock position.

You may see colostrum milk at tip of the nipple pores. If no colostrum is expressed, repeat exercises 2 and 3. Try to reposition the fingers one inch either toward or away from the nipple and try again.

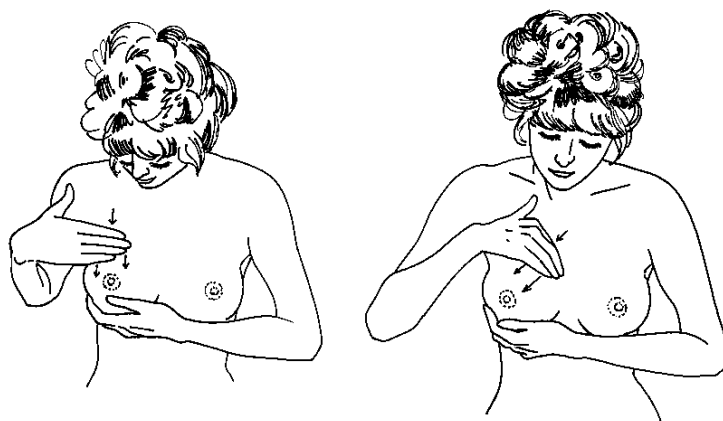


Figure 4

Pump Expression

- Routine pumping is necessary if baby is not consistently feeding or is in the Special Care Nursery.
- In the hospital, an electric pump will be provided for you along with all the necessary supplies. Take these supplies with you as they are compatible with most other pumps.
- The milk you express there may be fed to your baby via syringe, spoon or cup.
- You may wish to rent the hospital grade pump from our lactation department so that you can bring a pump home with you when you are discharged from the hospital.
- If you need help obtaining a breast pump or have any questions about the process, be sure to contact our lactation department or your health care provider as early as possible.

Hunger Cues

Your baby will give you signs to communicate with you that it is time to feed. These signs are called feeding or hunger cues, and can be seen immediately after birth. The hunger cues can be broken up into three groups based on when they are shown:

Early Hunger Cues – Baby is saying “I’m hungry.” These cues are seen while baby is asleep, eyes closed. A latch attempt during this phase is peaceful and often successful. If baby falls asleep, leave baby skin to skin and attempt again in 20-30 minutes.

- Rapid eye movement (R.E.M) - in sleep, the eyes dart back and forth under the eyelids.
- Clenched fists.
- Stirring in sleep, slight movements or jerks.
- Mouth opening, while eyes are still shut.
- Turning head and seeking or rooting movement.

Mid Hunger Cues – Baby is saying “I’m really hungry.” Latching should be attempted during this phase or the phase before.

- Stretching and yawning
- Eyes opening
- Increased physical movements and stirring
- Hand to mouth movement
- Sucking on tongue, fingers, or hand

Late Hunger Cues – Baby is saying “Calm me, then feed me.” Latching should not be immediately attempted, as it may result in more frustration for you and baby. Get baby skin to skin, talk in soothing tones and cuddle until baby is calm. Then attempt to feed.

- Crying
- Agitated body movements
- Color turning red

You will know your baby is full and satisfied when baby is fully asleep, with relaxed and open hands. Listening to your baby’s cues and feeding on demand as often as possible will lead to a satisfying, successful breastfeeding relationship.

Skin to Skin

Many studies show that mothers and their babies should be together, skin to skin as soon as possible after birth and for as long and as often as possible. Though the greatest benefits for mom and baby are experienced in the first few weeks, skin to skin should be continued as your baby ages whenever possible. These benefits include:

- **Baby and Mother are Happier:** the hormone oxytocin, known as the “love hormone” is released during skin to skin contact
- **More Stable Baby:** temperatures are stabilized by mother’s temperature, heart and breathing rates are more stable, and blood sugar elevated.
- **Improved Immunity:** skin to skin contact also allows for baby to be colonized by the same bacteria as mother. Along with breastfeeding, skin to skin can help prevent development of allergies and illnesses later on in life.

Latch-On

Getting the baby to latch-on correctly is an important step in successful breastfeeding. The baby must attach, or latch-on, properly to cause a release of milk and to prevent nipple damage to the mother.

Steps for proper latch-on:

1. Prepare yourself by getting into a comfortable position.
2. Align your baby so that you are in a “tummy to tummy” position. Align baby’s nose level with your nipple.
3. Hold your breast like a sandwich by placing your thumb by the baby’s nose and your fingers under your breast near baby’s chin. All fingers should be behind the areola.
4. Gently tickle the baby’s lip with your nipple. He should begin to root. Keep repeating this until his mouth is open wide. Then quickly bring your baby’s mouth to your nipple.
5. Signs of a proper latch-on:
 - a. All of the nipple and at least one inch of the areola is in the baby’s mouth
 - b. Your baby’s lips are shaped like “fish lips.” His chin indents the breast and his nose touches the breast.
 - c. Your baby’s tongue is over the lower gum. There are no clicking sounds while sucking.
 - d. Your baby stays on the breast. His cheeks are full and do not pucker inward during sucking.
 - e. You do not feel pain, only gentle tugs during sucking.
 - f. The latch should be asymmetrical. His lower lip should be close to the edge of the areola (at least 1 1/2” below your nipple).
6. If breastfeeding hurts, remove your baby and begin again or ask for help. To take your baby off the breast, slide your finger into the corner of his mouth between the jaws. Gently break the suction and slide baby off the breast.



Helpful Breastfeeding Positions

Cross Cradle or Cuddle Position

- Use pillows and a footstool as needed. A footstool helps level your lap and gives you better back support.
- Your baby should face you when you're feeding: (If your baby is on the right breast, hold that breast with your right hand; when feeding on the left breast, hold your breast with your left hand.)
- Hold your baby tummy to tummy.
- Support your baby by placing the palm of your hand between his shoulder blades. Place your fingers on either side of the head to stabilize his head and neck.
- Your baby's nose should be at the level of your nipple before latching on.

Football Hold or Clutch Position

- Sit with pillows and a footstool as mentioned above.
- Place pillows at your side.
- Tuck your baby under your arm at your side.
- Hold him so his bottom is against the back of the chair or bed.
- Support the baby with your arm. Place your hand between his shoulder blades and make a neck support with your fingers to stabilize his head and neck.
- Keep your baby close to you. His nose should be at the level of your nipple before latching on.

These positions work best during the first few weeks.



Figure 5



Figure 6

Cradle Position

- Sit in a comfortable chair and raise your baby to breast level by using pillows.
- Using a footstool levels your lap and helps support your back.
- Place your baby tummy to tummy, facing you.
- Cradle baby's head near the crook of your arm.
- Support his back with your hand on his hips.
- Support your breast with your free hand.
- Your baby's nose should be at the level of your nipple before latching on.



Figure 7

Side-lying or Lying Down Position

- Mom and baby should be on their sides.
- Your baby is placed tummy to tummy.
- Place a rolled blanket behind your baby.
- Use pillows to support your back and head.
- Baby's nose should be at the level of your nipple before latching on.

These positions work best after mom and baby are more experienced.

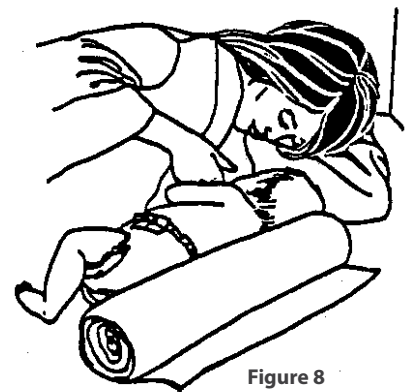


Figure 8

Sleepy Babies

Many newborns are sleepy for the first few days. Sometimes it is more pronounced because of medication exposure during labor or delivery.

Pay attention to hunger cues such as rooting, alert, moving the tongue or sucking on his fist and put him to your breast as soon as you notice these cues.

If the baby is sleepy or reluctant to feed, try placing baby with his tummy skin to your chest skin. Having your baby skin to skin with you arouses the baby from deep sleep.

You can also rub your baby's chin or back to keep him awake during a feeding.

While in the hospital, the staff is available to help you nurse if your baby's sleepiness continues.

Signs your Baby is Getting Enough

Most mothers can produce enough milk to nourish their babies.

Although you can't "see" the baby getting the milk, the following is a guideline to help you know if the baby is getting enough.

- More swallowing will be heard each day. The tongue and lips will be moist.
- After day 3-4, the breast will feel softer after the feedings.
- The baby will have periods of alertness each day and be easy to arouse.
- As mature milk comes in, baby's stools will look yellow, loose and seedy.
- After day 1, the baby should feed 8-12 times per day, which amounts to feedings every 1-3 hours.
- The baby's wet and dirty diaper count should increase each day:

Day 1-2

1-2 wets and 1-2 stools (bowel movements)

Day 3-4

3 or more wets and 2 stools

After Day 4

6-8 wets daily

2-8 stools per day

While all babies lose some weight at first, your baby should begin to regain weight by day four or five. An average weight loss of 7-10% is normal. If the baby loses more than 10% the baby's feeding should be assessed by a lactation consultant or your health care provider.

Pumping, Storing and Thawing Milk

Many types of pumps are now on the market. They vary in effectiveness and cost. Check with your local La Leche League or a lactation consultant about specific brands. Follow the manufacturer's guidelines for cleaning before and after use.

1. Store milk in small amounts to prevent waste. Do not reuse leftover milk if it has been over an hour since the initial feeding.
2. Breast milk may be refrigerated for five to eight days. It is safe at room temperature for 6–10 hours. It can be kept in the back of a refrigerator's freezer for 6 months or in a deep freeze for 12 months.
3. Milk can be stored in glass, hard, clear plastic containers, made-for-breast milk freezer bags, or cloudy plastic bottles.

Pacifier Use

Experts agree that to establish a good milk supply and prevent latching issues, we should delay the use of pacifiers. After breastfeeding is well established {after the first few weeks} you may use a pacifier, but be sure to never hang it around the baby's neck, and always check for cracks or signs of breakdown. Please do not allow your infant to skip feedings because they are using a pacifier.

4. It is not a problem to add breast milk to already frozen breast milk, provided you chill the milk first so as not to thaw the top layer of the previously frozen milk. Always date the bottle.
5. Use thawed milk within 24 hours. Do not re-freeze. You may thaw milk overnight in the refrigerator or by holding it under running warm water until it is brought to room temperature.
6. Never use the microwave to warm or thaw milk. It destroys some of the nutrients and it can create hot spots that could burn the baby.
7. Before giving the milk to your baby, swirl it gently and drip some on your wrist to test the temperature.
8. We recommend silicone, dripless or slow-flow nipples for babies under eight weeks of age. Check with your baby's doctor about how much milk to give at each bottle feeding. Below is a guideline for average feedings:

By Age

0–2 months	2–4 oz. per feeding	8 feedings per day
2–4 months	3–5 oz. per feeding	6–8 feedings per day
4–6 months	4–6 oz. per feeding	6–8 feedings per day

Resources

Breastfeeding Books

Huggins, Kathleen. *Nursing Mother's Companion and Nursing Mother's Guide to Weaning*.

The Harvard Common Press, current edition.

La Leche League. *The Womanly Art of Breastfeeding*. Sears, William. *Night-time Parenting and The Fussy Baby*.

Newman, Jack. *The Ultimate Guide to Breastfeeding*.
LaLeche League. *Breastfeeding Your Premature Baby*.
Gaskin, Ina May. *Ina May's Guide to Breastfeeding*.

Breastfeeding Organizations

La Leche League (LLL): Local groups of women who provide mother-to-mother support for breastfeeding. They are available by phone and have a monthly meeting each week around the area. (Locally they can be reached by calling 513-357-MILK.) The national number offers support at 1-800-Laleche. www.llli.org

National Organization of Mothers of Twins Clubs:
www.nomotc.org

The Triplet Connection:
435-851-1105 or www.tripletconnection.org

Childbirth Education Association of Cincinnati:
513-661-5655 or www.childbirthclassesofcincinnati.com

Online Resources: breastfeeding.com, kellymom.com, babiesfirstlactation.com, medela.com, breastfeedingonline.com, llli.org.

International Childbirth Education Association:
952-854-8660 or www.icea.org

International Lactation Consultant Association:
888-452-2478 or www.ilca.org

Consumer Product Safety Commission:
1-800-638-2772 or www.cpsc.gov

Breastfeeding Supplies

Breast pads: These can help absorb leaking milk and are available in washable and disposable. Pads with plastic liners should be avoided.

Nipple Cream: PureLan and Lansinoh are the only creams recommended for breastfeeding mothers who are experiencing some tenderness. It is safe for the baby. A small amount is applied to the nipples after feeding. It is always important to correct the cause of the soreness at the same time. Avoid use if you are allergic to lamb's wool or lanolin.

Supplemental Nursing System (SNS): There are three types of SNS: the starter kit, the full-sized and the finger-feeder. This is used to feed the baby pumped breast milk or formula. The first two are attached right to the breast. The finger-feeder is used when the baby is not feeding directly from the breast. These are alternatives to giving a bottle in the early weeks. They can also be used for babies who gain weight slowly or for adopted babies.

Nursing bras: These should be at least 70 percent cotton. Use caution when considering an underwire bra. The wire should not be so restrictive that it could potentially obstruct the flow of milk.

Nipple shields: These are not commonly used, but can be helpful when used with the guidance of a lactation consultant.

Breastfeeding pillow: When a baby is placed on this pillow during a feeding, it can help support his weight and keep him positioned directly in front of the nipple. Moms feeding two babies at a time have found this very helpful.

Many of the above products are available in our Breastfeeding Boutique or through Medela (800-TELL-YOU). Some are available through Hollister (800-323-8750) and local baby specialty shops, department and discount stores. These companies also rent and sell quality breast pumps. There are many pumps on the market, you will have to research to find the one that is right for you and your situation. Ask other breastfeeding mothers or consult with La Leche League or a lactation consultant for suggestions before you buy.

Breastfeeding Basics

BENEFITS: Just to name a few ...

For MOM

Decreased risk of breast and ovarian cancer, anemia, osteoporosis. More rapid postpartum weight loss. Decreased risk of developing Type II diabetes after having gestational diabetes. Provides pregnancy protection during the first 6 months if exclusively breastfeeding. Promotes confidence in parenting skills. Ecologically and economically best.

Convenience (always the right amount, always warmed and ready!)

For BABY

Higher visual acuity and IQ. Decreased risk of SIDS, asthma, diabetes, allergies, obesity, infectious disease, bowel disease, childhood cancers (including leukemia and Hodgkin's), cavities. Improved oral development, fewer doctor visits, fewer prescriptions, fewer days hospitalization

For BOTH

Promotes bonding. Decreased illness for infant means fewer doctor visits, less cost to insurance company and fewer co-pays and out of pocket expenses for parents. Healthier child results in fewer missed work days and increases workplace productivity

**Breastfeeding isn't just best, it's normal! Since our bodies were designed to breastfeed and to be breastfed, it's how they function optimally. We are identifying more components of breast milk and finding more benefits of breastfeeding as time goes on. The above list is FAR from all inclusive!*

RECOMMENDATIONS:

American Academy of Pediatrics recommends exclusive breastfeeding until the introduction of baby/table foods at 6 months, then continued breastfeeding for AT LEAST the first year of life.

The World health Organization recommends breastfeeding for the first 2 years of life, and after that for as long as is mutually desirable.

Notes:

KEY POINTS:

LATCH EARLY

- Within 30-60 minutes after delivery
- Skin to skin until first feeding
- Delay bundling, exams, medications
- If able, feed more than once during the quiet alert state

LATCH OFTEN

- Every 1-3 hours on demand, minimum 8 feeds in 24 hours
- Breastfeeding is supply and demand. More feeding now means more milk later!
- Frequent feeding may "program" milk supply for the duration of breastfeeding
- Cluster feeding is normal!
- Do not limit frequency or duration of feeding, offer both sides

THE EARLY DAYS

- Frequent feeding encourages supply
- May cluster feed in the hospital
- Weight loss is normal
- Possible soreness
 - What's "normal"?
 - How to treat soreness (improve latch, lanolin, expressed milk, hydrogels)
- Engorgement
 - How-to-treat engorgement (frequent-milk removal; warmth and massage, anti-inflammatory pain medications)
 - Engorgement can make latch more difficult, may need to express and soften breast before latching infant

ONGOING BREASTFEEDING:

- Most babies continue to eat at least 8 times in 24 hours until another food source is introduced. Latching becomes "second nature", more comfortable, more enjoyable
- Frequent feeding maintains supply
- Possible plugged ducts, reporting possible signs of mastitis

Notes:

WAYS TO SEE THAT BABY IS GETTING ENOUGH

FEEDING PATTERNS

On demand, at least every 3 hours, 8-12 x in 24 hours, goal is 20-30 minutes (not always achieved, especially in the first 24 hours) offer both breasts, don't limit feeds

OUTPUT PATTERNS

- Increase as intake increases
- Days 1-3: 1 wet and 1 dirty for each day old
- Day 4 onward: at least 6 wets, at least 3 stools
- Mature milk brings the arrival of yellow stools

WEIGHT

- Weight loss is completely normal and expected
- Typically stabilizes 3-4 days after delivery
- Returns to birth weight by 10-14 days after birth
- Weight loss typically does not exceed 10%

SIGNS OF MILK TRANSFER DURING FEEDS

- Swallows, increase with the arrival of larger milk volumes
- Breasts get softer and lighter with feeding
- Output meets guidelines as noted above
- Infant is satisfied after feeding

LATCH CORRECTLY

- Deep latch, nipple in back of mouth
- Maintain breast sandwiching/compression throughout the feeding (usually for the first 10-14 days) Bring baby on when mouth is wide open
- Bring infant's chin into breast, nose tipped away
- Deep latch provides for: mom's comfort, good milk flow, stimulation of milk production, continued feeding effort
 - If latch is painful, take baby off and try again
- Baby faces mother, tummy to tummy
- Support infant's upper back and neck do not hold or push head
- Common holds: cross cradle, football, side lying, cradle

Notes:

MILK PRODUCTION

COLOSTRUM

- Production begins around 16-20 weeks Produced for the first few days after delivery High in cells, antibodies, proteins
- Small amounts are all infant requires, approx. 4-7 ml at each feeding

TRANSITIONAL MILK

- Production begins 2-5 days after delivery
 - Significant increase in volume, increases over the next several days

MATURE MILK

- Produced about 10 days after delivery Driven by demand
- **Foremilk**- Beginning of feeding, stored in the breast, higher in water content, more transparent
Hind milk- Toward end of feeding, produced during the feeding, creamier, higher in fat and calories

**Leave baby on each side as long as he/she is actively feeding so as not to inhibit the intake of hind milk*

**Breast milk is about 88% water; babies don't need any additional fluids*

THE FIRST 24 HOURS

- Sleepy baby
- Babies are born well hydrated, attempt latch frequently, skin to skin contact
- Possible latch difficulties (flat nipples, etc.)

Notes:

EXPRESSION AND STORAGE

PUMPING

- Why? For ineffective feeding (latch difficulties, preterm infant, etc.), to stimulate supply (health concerns, history of low supply, twins), engorgement, removal for storage or feeding
- When? At least every 3 hours, mimic infant's patterns
- How? Double pump x 15 minutes or for 2 minutes after milk stops flowing

**Supplement with expressed breastmilk if baby is not feeding well or requires supplement, alternative feeding device or slow flow nipple.*

TYPES OF PUMPS

- Rental, hospital grade pump
- Hand pump
- Personal electric pump

HAND EXPRESSION

STORAGE GUIDELINES

- Room temp Refrigerator Freezer Deep Freeze

**Store in small amounts, how to thaw and warm, what to freeze in, what to feed from*

DIET AND MEDICATIONS

Fluid intake - No need to push fluids, caffeine considerations, alcohol

Food intake - Everything in moderation, most dietary restrictions outdated, seafood (mercury intake), dairy Medications

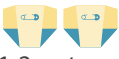

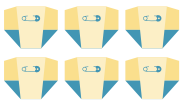



A FEW WORDS ABOUT WEANING

Mothers in North America tend to wean their infants earlier than in many places throughout the world. Breastfeeding into toddlerhood and beyond is completely normal, and from an anthropological standpoint is expected. The benefits of breastfeeding continue for as long as a mother and infant breastfeed, and are typically "dose related". Weaning is easiest when both mother and baby are ready. Infant led weaning is encouraged. Wean slowly for physical and emotional comfort.

Notes:

Breastfeeding Guidelines

Hunger Cues	Milk Expression	Cluster Feeding	Skin to Skin
<ul style="list-style-type: none"> Sucking, hand to mouth movement, rooting (opening mouth wide), and clenched fists are all signs that your baby wants to feed. Avoid routine pacifier use. It may alter your baby's suck. This can make latching difficult and can hide your baby's hunger cues. 	<ul style="list-style-type: none"> If baby sleeps through more than one feed or even six hours, hand or pump expression can stimulate your milk production. Routine pumping is necessary if baby is not continually feeding or is on the Special Care Nursery. Expressed milk may be fed to your baby via syringe or cup. 	<ul style="list-style-type: none"> Cluster feedings encourage your milk to increase in volume. Usually begins when baby is 24 hours old. Baby may feed for 20-30 minutes then feed again right away for 2-3 feedings. Watch for hunger cues and feed on cue. Let your baby determine length of the feed. 	<ul style="list-style-type: none"> Skin to skin contact with your baby helps promote your milk production and bonding with baby. It also keeps baby calm and regulates his/her temperature. Anyone can do skin to skin. Involve your partner or other close relatives if you are comfortable.

Age	Day 1	Day 2	Day 3	Day 4	Beyond Day 4
Number of feeds in 24 hours	Baby may be sleepy the first day, wake baby every 3 hours to feed 4-8 feeds is normal.	At least 8 feeds per day (may range from 8-12 feedings) for 20-30 minutes. This means baby should be feeding about every 1-3 hours. Audible swallowing should be heard. If your baby is sleepy, wake them up by undressing (except for diaper) and holding your baby skin to skin on your bare chest.			
Wet Diapers in 24 hours	 1-2 wet	 2 or more wet		 6-8 wet daily	
Soiled Diapers in 24 hours	 1-2 black or dark green	 2 or more brown, green or yellow		 2-3 large, soft, seedy and yellow	
Baby's Weight	An average weight loss of 7-10 percent is normal. If baby loses more than 10 percent of his/her birth weight, the feedings will need to be assessed by you care provider or lactation consultant.			Baby should regain his or her birth weight by 10-14 days. By this age, stools may drop in 1-2 per week.	

Breastfeeding Resources

- The Skylight Program on the TV in your room has breastfeeding videos to assist you.
- Go to Main Menu, Health Videos, Mother & Baby Breastfeeding
- Topic includes expression of milk and breastfeeding in the first day.
- To add our Lactation Department to your contacts, simply scan the QR code with your phone!



The Christ Hospital Birthing Center
The Christ Hospital
2139 Auburn Avenue | Cincinnati, OH 45219

513-585-HUGS (4847)

The Christ Hospital Lactation Department 513-585-0597

