

Key Shared Postpartum Teaching Concepts

Normal Newborn Breastfeeding: Day 4 (97 – 120 hours old) to Day 14

- **Latching**
 - A baby should be able to latch to both breasts without any pain, although tugging or pulling is acceptable.
 - Nipples should not be cracked, blistered or bleeding.
 - Heat and massage will help with milk let-down. If firm full breasts make latching difficult, soften breasts by expressing some milk (by hand or pump).
- **Indicators of Sufficient Intake**
 - By day 4 a baby should be waking and asking for feeds 8-12 times in 24 hours and be content between feedings. Swallowing should be heard.
 - By day 4 a baby should have 6 wets and 4 yellow stools in 24 hours (at least 2 of the stools should be larger than the size of a quarter).
 - After Day 4, a baby should have no additional weight loss and should be gaining about an ounce a day.
- **Empty the Breasts Regularly**
 - Frequent breast emptying stimulates more milk production.
 - Empty/soften the first breast before switching to the second breast.
 - Use “breast compressions” to prompt a sleepy baby to keep swallowing or help empty/soften a breast. This insures that a baby gets the hind milk deep in the breast.
 - A typical baby takes about 30 minutes to complete a feeding.
 - While milk supply is establishing, always offer both breasts at a feeding. Most babies will empty one breast well and then take less milk from the second breast. Some babies will feed only from one breast at a feeding and some babies will always feed from both breasts at a feeding. The goal is a satisfied baby who is gaining well.
- **Nurse on Demand / Avoid Scheduled Feedings**
 - Babies nurse between 8-12 times in 24 hours.
 - Some babies nurse quickly and others take more time.
 - Some moms produce large volumes of milk quickly, while others slowly produce smaller amounts.
 - Since the amount of milk per feeding is unknown, babies should be fed when they act hungry. A baby should not have to “wait for” a feeding.
- **Promote Daytime Feedings So Baby Will Eventually Sleep More at Night**

- During the day, nurse at least every 3 hours (start to start). At night, allow one 4-5 hour stretch of sleep.
- Once a baby is back to birth weight, gaining adequate weight and waking for most feedings, allow baby to wake up on his/her own at night.
- Infrequent milk removal may decrease supply. Consider expressing milk at night if baby wants to sleep longer than six hours and milk supply decreases.

- **Supply and Demand**

Ideally a baby will ask for feedings and remove an adequate amount of milk, while a mother will make enough milk that her baby is satisfied and gains weight well.

- **Too little milk consumed:** An underfed baby may nurse ineffectively for long time periods (more than 40 minutes) and be hungry and fussy between feedings. Some babies will not wake and ask for feedings or act hungry but fall asleep at the breast. “Triple feeding” is a regimen that provides for time at the breast, good milk removal and good weight gain. It also allows a baby to mature and gain energy in order to breastfeed better.

Triple Feeding consists of three steps:

- 1) Put baby to breast, practicing a good latch. If baby will not latch, may hold skin to skin.
- 2) Feed baby expressed breastmilk (or donor milk or formula).
- 3) Remove remaining milk in breasts by pumping or hand expression.

Because this cycle will occur about 8 times in 24 hours, it is important to limit time at the breast to 15-20 minutes total to make sure baby gets fed well and mom has a break between feeds. Once a baby is latching, removing milk well, gaining weight well and milk supply is adequate, triple feeding may be discontinued.

- **Too much milk produced:** Some mothers produce too much milk, which may cause breast discomfort and a fussy baby. Because frequent milk removal from both breasts will increase a milk supply, the goal is to empty/soften one breast well before offering the second breast. This may involve feeding from one breast only at a feeding, or even staying on one breast for two feedings in a row. It may help to *slightly* soften the non-nursed breast with hand expression or a pump until supply slows down.

- **How to Give Supplemental Milk**

- If a baby is not latching well, or not vigorous and alert, position a feeding tube attached to a syringe or container of milk alongside your finger and encourage baby to suckle on your finger to obtain the milk.
- If a baby is vigorous and latching well, but mom’s supply is low, practice supplementing baby at the breast with a feeding tube attached to a syringe or inserted in a container of milk.
- Avoid introducing a bottle unless baby cannot be fed at the breast. Use a slow-flow nipple that requires a baby to suckle to remove milk, allows a baby to pause when desired and

makes a baby open wide. Use of a wide mouth nipple (versus a standard, regular-size nipple) often causes a baby to suckle with a “closed mouth” latch, taking just the tip of the nipple in their mouth. A bottle feeding should not cause a baby to tense or gulp or struggle to protect their airway.

- **Engorgement, Plugged Ducts and Mastitis**

- Breast swelling is common when milk first comes in. If milk is not removed frequently, engorgement may present as painful, red, shiny breasts. Tissue swelling may compress the milk ducts so milk can't flow freely. Cold packs between feedings may help reduce the swelling.
- Milk that is not removed frequently may result in “milk stasis,” which can lead to a “plugged duct,” resulting in more milk stasis. A lump or rope-like area may be noticed in the breast. Frequent milk removal, while massaging over the lump towards the nipple, should help the lump to become smaller. Warm moist heat prior to breastfeeding or pumping may also help relieve the plug.
- Mastitis can evolve from unresolved milk stasis, a plugged duct, or engorgement. An area on one breast may suddenly appear swollen, red, hot, painful and firm. A mother may have a fever, chills, body aches and fatigue. Encourage rest, apply heat to breast, and remove milk frequently (breastfeed or pump/hand express). A baby may breastfeed or drink expressed breastmilk from the affected breast. An antibiotic may be needed if symptoms don't improve in 12 to 24 hours.

- **If any of the following high risk factors are present**, mother and baby should be followed closely until back to birth weight and gaining well:

- Previous breastfeeding problems
- Breast issues: surgery, hypoplastic, asymmetrical
- Maternal health issues: diabetes, obesity, hypertension, infertility, thyroid problems or PCOS
- Latching issues: nipple pain/trauma, tongue tie
- Nipple shield dependence
- Triple feeding due to: slow weight gain, poor milk removal, or poor milk supply
- Infant jaundice

- **All babies should have a weight check at 2 weeks** to verify that baby is at or above birth weight and is gaining about an ounce a day. Babies that are slow to gain may benefit from more frequent and long term follow up. All babies require a 1 month check-up with their health care provider, at which time growth will be plotted on a growth chart and monitored thereafter.

- **Breast Milk Storage Guidelines** (American Academy of Breastfeeding Medicine, 3/10)

- Wash hands well.
- Containers - Use bpa (bisphenol A) free glass or polypropylene containers (clean, not sterile). Seal containers well.

- Storage - Guidelines are variable due to a lack of research. Influencing factors include: cleanliness of hands, pump parts and storage containers, temperature of storage environment, and access to alternative milk for the baby.
 - room temperature (16-29 C or 60-85 F) for 3 hours (optimal) to 8 hours (very clean)
 - refrigerator (≤ 4 C or 39 F) for 3 days (optimal) to 8 days (very clean)
 - freezer (≤ 17 C or 0 F) for 6 months (optimal) to 12 months acceptable.
 - Thaw frozen milk overnight in refrigerator or in container of warm water.
 - Do not store at room temperature longer than 3 hours.
 - Use within 24 hours.
 - Do not re-freeze milk.
- Once a baby drinks from a container of milk, the remaining milk may be fed to the baby up to 2 hours after the feeding has finished.
- Do not microwave breastmilk.
- Use fresh breastmilk when available. If there is no fresh milk available, use the oldest milk in the refrigerator or freezer first.