

Ultimate Breastfeeding Prep

RESOURCE GUIDE

Helpful Links

- [AAP Statement on Breastfeeding](#)
- [First Three Weeks Guide](#)
- [Colostrum Harvesting](#)
- [Breast Crawl](#)
- [The Importance of Early Milk Removal](#)
- [Breast Massage](#)
- [Breast Milk Volume](#)
- [Getting a Deep Latch](#)
- [Reverse Pressure Softening](#)
- [Breastfeeding Positions](#)
- [Newborn Weight Loss](#)
- [Pee & Poop Chart](#)
- [Breastfeeding a Sleepy Baby](#)
- [When to See a Lactation Provider](#)
- [Breast Pump Cleaning Guide](#)
- [Breast Pump Quick Guide](#)
- [Breastfeeding Videos](#)
- [Hand Expression Video](#)
- [How to Store Your Breast Milk](#)
- [Alternative Feeding Methods](#)
- [Paced Bottle Feeding](#)
- [Mother's Diet While Breastfeeding](#)
- [Alcohol and Breastfeeding](#)

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Ultimate Breastfeeding Prep

Class Notes

Benefits of Breastfeeding

- The American Academy of Pediatrics **Statement on Breastfeeding** includes all of the long term health benefits for mom and baby when breastfeeding is successful.
- **The Importance of Exclusive Breastfeeding**

Golden Hour/Skin-to-Skin

- Helps get breastfeeding off to a great start.
- Helps with bonding and calms baby.
- Helps baby transition to the outside world and transfers good bacteria to baby.
- Reduces mom's anxiety and boosts confidence in her parenting ability.
- Stabilizes a newborn's vital signs: temperature, blood sugar, oxygen, heart rate.
- Initial assessments of baby's health can be done while mom is holding baby.
- Partners can do skin-to-skin anytime mom is not available.
- Room-in with baby after delivery to keep baby close to feed.



- The Importance of Early Milk Removal
- First Three Weeks Guide

Milk Making Process

- **Supply and Demand**
 - The more milk that is removed, the more milk you will make.
 - Breast Milk Volume
- **Colostrum**
 - The first milk your body began making around 16 weeks of pregnancy.
 - Colostrum Harvesting
 - It is small in volume, but packed with nutrition and antibodies.
 - Frequent feedings of colostrum are all baby needs just after birth.
- **Transitional Milk**
 - Most moms experience their milk “coming in” at 3-5 days after birth.
 - Breasts can feel full, heavy, warm and tender.
 - Engorgement lasts about 2-4 days.
 - Engorgement can be alleviated by frequent milk removal, cool compresses, breast massage and hand expression.
 - Reverse Pressure Softening
- **Mature Milk**
 - Milk is often whiter and thinner than transitional milk.
 - Milk supply continues to increase, based on demand, until about 6 weeks postpartum.

Letdown

- Also known as the milk ejection reflex.
- Milk flow is a pattern of fast and slow flows and is driven by oxytocin.
- A letdown may feel like a tingling sensation, a feeling of fullness or you notice your baby is swallowing more at the breast.



Maintaining a Healthy Milk Supply

- Nurse frequently - 8 to 12 times in 24 hours.
- Avoid artificial nipples if possible until breastfeeding is established (4-6 weeks).
- **Keep baby close** during the day and night.
- Prioritize feeding your baby during this very brief time that he or she is young.

Latch

- **Breastfeeding shouldn't be painful.**
 - Pain is a sign of a poor latch which can lead to nipple damage, inadequate weight gain, reduced milk supply, clogged ducts, and mastitis.
- **Keys to getting a good latch include:**
 - Baby is tummy-to-tummy with mom.
 - Align baby's nose to mom's nipple.
 - Use a "C" or "U" hold to shape and support the breast.
 - Bring baby to the breast with the head extended back.
 - Latch baby in an asymmetrical latch at the breast.
 - **Swaddling and Breastfeeding**
- **Signs of a good latch include:**
 - Lips are flared outward.
 - Lips are relaxed.
 - Chin touches breast.
 - Wide angle at the corner of the mouth.
 - Lots of breast and areola in the mouth.
 - No pain in the breast or nipple.
 - **Getting a Deep Latch**
 - **Getting a Deep Latch Video**
 - **Breastfeeding Videos**



Latch (cont)

- If you need to pump in the early days and/or weeks postpartum while baby's latch is being addressed by an IBCLC or other provider - here are pump resources:
 - [How to Store Your Breast Milk](#)
 - [Breast Pump Quick Guide](#)
 - [Breast Pump Cleaning Guide](#)



Positioning

- Baby's first position is the **Breast Crawl**.
- Then you can experiment with different **breastfeeding positions**.
- Body alignment is key no matter which position you use. Be sure that baby's ears, shoulders, and hips are all in alignment.
- **My Breast Friend Nursing Pillow**

Laid-Back - Feeding baby in a laid back or reclined position lets gravity help to keep baby close and is great for babies with latching difficulty.



Side-lying - This position helps you rest and recover while feeding your baby!



Cradle - A classic breastfeeding position where you sit upright with baby in front of you, with their head and neck laying along your forearm and their body against your stomach.



Cross Cradle - Similar to the cradle position, but one arm holds the breast while the other arm helps guide baby to the breast.



Football - An upright position where baby is placed alongside you and supported by your forearm.



Frequency of Feeds

- Newborns should breastfeed at least 8-12 times in 24 hours.
- It is NORMAL that baby does not feed on a schedule.
- Allow baby to be in control of when the feeding stops.
- Cluster Feeding

Feeding Cues

- Watch for mouthing, sticking out the tongue, bringing the hands to the mouth, and rooting.
- Crying is a late sign of hunger.

Hand Expression

- Hand expression can be effective at removing colostrum.
- Hand expression is a great way to express milk any time a breast pump isn't available.
- Hand Expression Video

Artificial Nipples

- It is recommended to not introduce bottles and pacifiers until breastfeeding is well-established (around 4-6 weeks).
- Syringe, cup, and finger feeding can be good alternatives if supplementation is needed in the first days after birth.
- An **SNS (supplemental nursing system)** is another alternative that is useful in some cases.
- Paced Bottle Feeding is a technique that helps to protect breastfeeding and slow the flow for babies if a bottle is needed.
- Pacifiers should not be used to suppress hunger cues or delay feedings.



Diet/Alcohol and the Effect on Breastfeeding

- There are no specific **dietary restrictions for breastfeeding**.
 - Eating enough food and hydrating well is important for milk production.
 - **Nutrients Needed While Breastfeeding**
- **Caffeine**
 - Up to 300mg of caffeine per day is ok.
 - Caffeine may increase wakefulness and irritability in babies.
- **Alcohol**
 - It is best to allow 2 hours per drink for your body to metabolize alcohol before feeding your baby.
 - **Alcohol and Breastfeeding**
- **Medications**
 - **InfantRisk** has up-to-date information regarding medications and breastfeeding.
 - **Mother To Baby** has evidence-based information about medications and other exposures during pregnancy and breastfeeding.
 - The Academy of Breastfeeding Medicine does not recommend use of herbs, foods, or medicines for increasing milk production.
 - **Supplements for Milk Supply**

Partner Support

- Be sure mom is eating and drinking.
- Hold baby while mom showers or naps.
- Change and bathe baby.
- Take on household duties.
- Arrange additional help (doula, housekeeper, family support).
- Ask how you can help.
- Tell her she is doing a good job.
- Anytime you are meeting your baby's needs, you are bonding.



Recommended Duration of Breastfeeding

- The AAP and WHO both recommend exclusive breastfeeding for the first 6 months before introducing solid foods, and then continuing to breastfeed for up to 2 years and beyond as desired by mother and child.

Signs Breastfeeding is Going Well

- **Lots of wet and dirty diapers.**
- Hearing and seeing soft swallows.
- Meeting growth and development milestones.
- Baby is active and alert during feedings.
- Feeding at least 8 times every 24 hours.
- Back to birth weight by 2 weeks of age.
- No breast or nipple pain.

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***Disclaimer:** This class is for general educational purposes only and is not a substitute for medical advice. For personalized recommendations, please consult your healthcare and/or lactation provider.*

