

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](#)
- [Lying Down Breastfeeding](#)
- [Newborn Weight Loss](#)
- [Pee & Poop Chart](#)
- [Breastfeeding a Sleepy Baby](#)
- [Breast Compressions](#)
- [When to See an IBCLC](#)
- [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**.
- 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.

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.

Lactation Amenorrhea Method

- Some mothers use the Lactation Amenorrhea Method (LAM) to delay fertility.
- This method must be followed exactly in order to be fully effective.
- Talk with your provider about family planning.

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 intended for general education purposes only and should not replace any medical direction from your healthcare provider. Please seek advice from your own healthcare provider and lactation consultant (IBCLC) for individualized recommendations.

