

Prenatal Breastfeeding Guide



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CONGRATULATIONS ON YOUR PREGNANCY AND DECIDING TO BREASTFEED!

I am so excited for you and can't wait to support you and cheer you on with your breastfeeding goals! My goal is to provide the best possible care, education, and support you as much as possible. I want you to feel heard, seen, and like you have a cheerleader for your breastfeeding and postpartum journey.

Breastfeeding provides special and unique health benefits to both you and your baby. I look forward to helping you reach your desired goals! Please don't hesitate to reach out with any questions!

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Disclaimer: This information is for educational purposes only and should not replace a uniquely made individual clinical treatment plan from your on medical provider. Latched Consulting, LLC does not diagnose, treat, or prescribe medical treatment in any way. Topics in this prenatal guide are for healthy, term babies and may not apply to all individuals depending on situation. Always seek the advice of your healthcare provider for any questions you may have regarding your or your infant's medical care and conditions.

Table of Contents

What are your goals?.....	Page 4
Breastfeeding Recommendations.....	Page 5
Starting Off Right.....	Page 6
Hand Expression.....	Page 8
Baby-led vs. Mother-led.....	Page 9
Benefits of Breastfeeding.....	Page 10
Breastfeeding Guide for the First Two Weeks.....	Page 11
Signs of a Good Latch and Good Feeding.....	Page 13
My Milk Came In!	Page 14
Engorgement	Page 15
Pumping and Milk Storage.....	Page 17
5 Tips to Successful Breastfeeding	Page 18
Positioning.....	Page 20
Review	Page 21

What are your goals?

Unsure what is realistic or possible for you? This is a journey with twists and turns, so goals can always be modified. Start with small goals such as breastfeeding in the hospital...6 weeks...6 months. Remember! Our goals can always evolve. This is a feeding journey, YOUR JOURNEY. What is right for others, may not be right for you!

Make sure you advocate for your goals. Not every person, friend, doctor, and/or nurse, will have the knowledge or same goals as you, and may question your goals. I want to make sure you feel like you are knowledgeable and ready to advocate, have discussions, and make decisions regarding your feeding journey.

My goals are to:

My pump flange size is:

Breastfeeding Recommendations

Breastfeeding, or nursing, is the process by which human breast milk is fed to a child. Breast milk may be from the breast, or may be expressed by hand or pumped and fed to the infant.

“The World Health Organization (WHO) and United Nations Children’s Fund (UNICEF) recommend that children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life – meaning no other foods or liquids are provided, including water. Infants should be breastfed on demand – that is as often as the child wants, day and night. No bottles, teats or pacifiers should be used. From the age of 6 months, children should begin eating safe and adequate complementary foods while continuing to breastfeed for up to 2 years and beyond.”



Lactation Education Resources, 2023.

Starting Off Right!

During pregnancy, your body gets ready to breastfeed. In your second trimester, your body starts making colostrum, otherwise known as “liquid gold.” Colostrum can be yellow or clear. Colostrum helps to boost baby’s immune system and help them rid their body of the meconium, the first stools. This will help to decrease the risk of jaundice.

Your newborn baby has a itty-bitty stomach – about the size of a small marble or cherry. On the first day, a baby’s stomach can only hold about one teaspoon of colostrum each time you feed him. Colostrum is the **only** thing your baby needs the first few days after he is born.

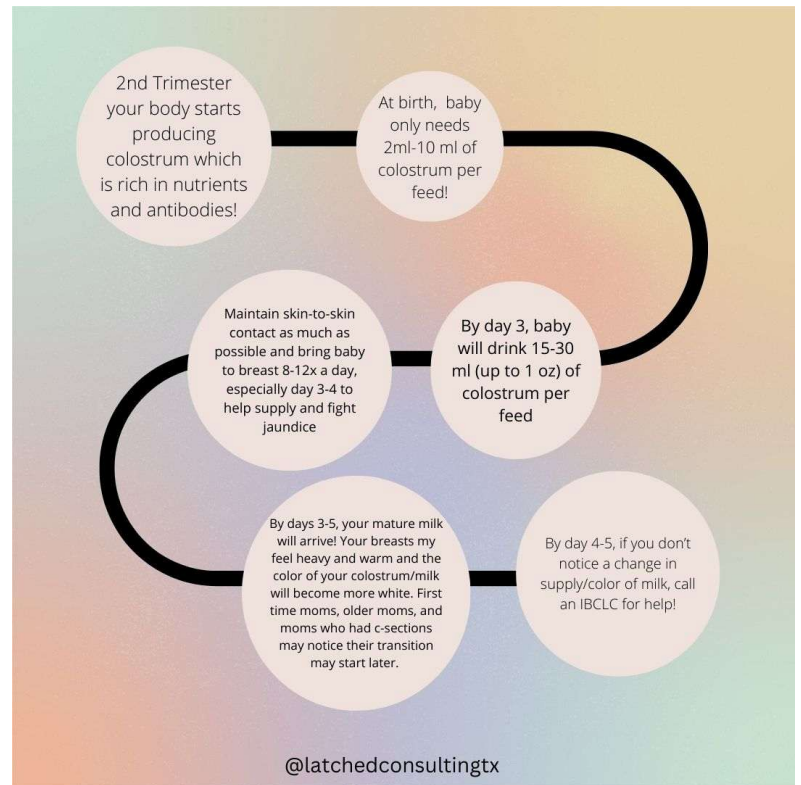


Image from <https://www.lllc.ca/newborns-have-small-stomachs>

The Golden Hour encompasses a set of evidence-based practices that contribute to the physiologic stabilization of **both mom and baby** after birth.

Important elements include:

delayed cord clamping

skin-to-skin contact for at least an hour and delayed non-urgent tasks

the performance of newborn assessments on the maternal abdomen

and the early initiation of breastfeeding

The Golden Hour contributes to regulating the babies temperature, decreased stress levels in mom and baby, and improved mother–newborn bonding. The Golden Hour is associated with increased rates and duration of breastfeeding.

When your baby is born, they should ***immediately*** be placed on your bare chest. This skin-to-skin contact will soothe your baby after the delivery and help to stabilize their heart rate and temperature. The staff can do most things they need to do while you are holding your baby. Your baby will start to look for your breast and nipple. Your baby will begin searching for your areola and nipple, as baby crawls to your breast, known as the “breast crawl”. It may take some time, but your baby will attach to your breast when he is ready. It is truly amazing to watch your baby find your breast and start feeding on their very own. If your baby does not show interest in the first hour, place their cheek on top of one of your breasts so they can feel, smell, and taste your nipple. Our bodies are amazing and our Montgomery Glands on our areolas produce the same scent as our amniotic fluid, driving baby to seek our breasts. If baby still does not show interest in eating, ask for help. Your baby should breastfeed within the first hour or so after birth.

Skin-to-skin with your birthing partner is another great option! It is also soothing to baby and helps to create a special bond. This is a wonderful option if you are unable to do immediate skin-to-skin due to caesarian or other issues post birth.



Image by Latched Consulting, LLC. Do not duplicate or share.

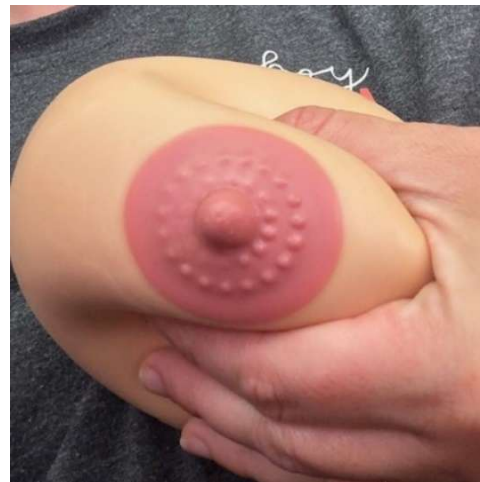
Hand Expression

Some babies are extra sleepy in the first few days or need more time to learn the technique of breastfeeding. If your baby will not feed from your breast, you may need to remove your breastmilk by hand and use an alternative feeding method. This is also a great method to help relieve discomfort when engorged. This is called “hand expression.”

To hand express: 1. Wash your hands. 2. Use a clean container with a wide opening or a spoon to collect your colostrum. 3. Hold the container near your nipple. With your other hand, place your fingers and thumb in line with your nipple and about one to two inches away from your nipple—use a “c-shape”. Press your finger and thumb toward your ribs. Squeeze gently and catch your milk in the cup. Relax your hand. Repeat the process. Press in, squeeze gently, relax, and repeat. 4. It may take a few minutes before you see any colostrum. Your baby only needs about one teaspoon each time you feed him. 5. Ask a nurse or lactation consultant to help you express and feed your colostrum to your baby. **A spoon, small cup, or even syringe** is a great way to feed baby your hand-expressed colostrum and avoid using a bottle. Have baby taste a small amount and lap the colostrum with their tongue. Colostrum can stay in the fridge for up to 96 hours.



Cup the breast in a c-shape. Image by Latched Consulting, LLC.



Push your hand back towards your chest, and then bring your thumb and fingers toward the areola. Press, compress, and release. REPEAT. Image by Latched Consulting, LLC.

Baby-led vs Mother-led

If you are using the laid back position, allow your baby to latch on when they are ready. If you are using a different position, you will use a more mother-led attachment.

Mother-led: Hold your baby so that his nose is in line with your nipple. Touch your baby's nose and upper lip with your nipple. Wait until baby's mouth opens very wide and quickly bring the baby onto your nipple and breast so that his chin touches your breast first and he gets a large mouthful of nipple and breast. Sometimes it's easier to "flip the nipple" or use the "flipple" technique! If you feel painful tugging or pinching, slide your finger into the corner of his mouth to break the suction and try again. It may take a few tries to get a good, comfortable latch.

You can tell your baby is attached well if:

- You are not feeling sharp pain. Some initial discomfort is normal but should disappear by 20-30 seconds.
- Both of your baby's lips are flanged out and baby has a wide open gape, think 140 degrees.
- More of the bottom of your areola (the dark area around nipple) is in the baby's mouth than the top.
- Baby has their chin buried in your breast with the nose tipped away slightly or lightly touching
- Hear your baby swallow. This is different from a clicking sound.
- See milk leaking from your baby's mouth or your other breast.

POST FEED: Your nipple should look the same coming out of your baby's mouth as it did - at the beginning of the feed. If your nipple looks pinched (check for a crease that would be the same direction as baby's lips), or like the top of a new lipstick, when it first comes out of your baby's mouth, your baby is not attaching deeply enough. Many babies don't attach well on the first day and it takes some learning and work. Ask for help right away and be patient. It may take a few days for you and your baby to learn what works best for the two of you!



Benefits of Breastfeeding



Breastfeeding decreases the risk of so many life long issues for both you and baby.

For your baby, the risks decrease greatly for lung and GI infections, childhood obesity, diabetes (type 1 and 2), childhood cancers, SIDS, ear infections, asthma and skin allergies, heart disease, stomach issues and colic, future autoimmune diseases (i.e. celiacs) and breastmilk is perfectly safe and nutrient dense for your baby. Breastfeeding avoids changing the bacteria in baby's GI tract, lowering the risk of illness and diarrhea.

Breastfeeding is also so beneficial for a woman's health, too. The longer the mother breastfeeds, the lower the risks of:

- Premenopausal breast cancer
- Ovarian cancer
- Obesity
- Retained pregnancy weight gain
- Type 2 diabetes
- Heart attack and heart disease
- Metabolic syndrome
- Osteoporosis
- Rheumatoid arthritis and other autoimmune diseases

Breastfeeding Guide

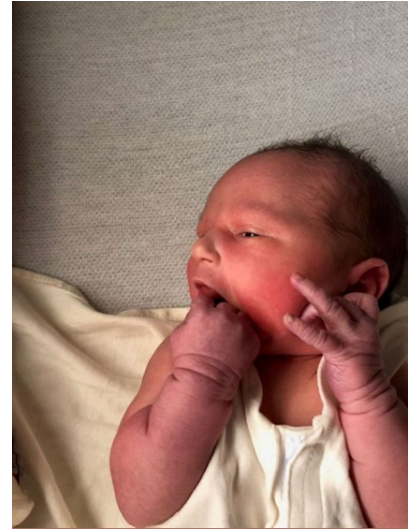
for the First Two Weeks



Breastfeed whenever your baby shows feeding cues!

Hunger cues:

- Awakening. Listen for those soft coos and squeaks!
- Licking lips and opening and closing their mouth.
- Rooting towards the breast
- Hand to mouth activity
- Crying beginning softly and gradually growing in intensity. Crying is a late hunger cue.



Newborn Hunger Cues. Image by Latched Consulting, LLC. Do not duplicate.

Newborns need to be fed around the clock so that they get 8 or more feedings each 24 hour period.

A drowsy baby will not feed for long. Undress to the diaper, rub the tummy and back, talk to and rock your baby until the eyes open. A good strategy is to put the baby naked (except for a diaper) on your chest skin to skin for 1/2 hour prior to feeds.

Keep your baby sucking through the feeding. **Breast compressions** are a great way to keep baby sucking nutritively. If your baby drifts off to sleep, continue to do compressions and see if their sucking rate picks back up! Many people recommend tickling your baby's feet or back, using cool wash cloths, or talking to keep your baby feeding. Truly, the best way is breast compression and massage! Look for vigorous sucking on each breast.

If your breasts get full, keep the milk flowing.

Engorgement is common in the first few days. Keeping the milk moving helps. Gentle massage during a feeding or pumping session can help to remove additional milk. After feeding the baby or pumping, if you still feel very full, try a bit of hand expression. Ice packs are a good way to reduce swelling in the breast and will offer comfort. (See ENGORGEMENT)

Try the sandwich hold. Gently squeeze the breast into a "sandwich". Create an oval of the areola with your thumb lined up with your baby's nose, your fingers under the breast.

Look for one wet diaper according to baby's age until day 6, and then 5-6+ from there on out. For example, 3 wet diapers on day three, four on day four, and so on. Continue with 6 wet diapers and 2-3 stools daily. More is fine, but if you are not getting these minimums, call a lactation consultant or your health care provider for evaluation of your situation and advice.

Find what works for you. It will take several weeks (I always say 6 weeks seems like the earliest perfect number!) for you and your baby to get into a pattern of feedings and nap times. Go with the flow and learn what your baby's natural rhythms are. Schedules don't tend to work until the baby is a bit older and bigger, and truly, you do you! Not everyone's schedule is going to look the same as yours!



Signs of a Good Latch and Good Feeding

Signs and Tips for a Good Latch

- Use the sandwich hold on your breast to ensure you get a large portion of the areola and breast into baby's mouth.
- The baby has a deep latch with an angle where the lips meet the breast of at least 140 degrees. Baby's mouth should be full of nipple and as much areola as can fit. More from the bottom of the areola than the top (asymmetrical latch)
- Both upper and lower lips are flanged out.
- You are comfortable through the feeding. There may be some "latch" pain that subsides quickly, within 20-30 seconds.
- There is movement in the baby's temples with sucking and the jaw moves up and down an inch or more. Make sure baby's cheeks are not puckering in.
- There is slight movement of your breast near the baby's lips



By Dr. Jack Newman, International Breastfeeding Centre, <https://ibconline.ca> - <https://ibconline.ca/the-asymmetric-latch/>, CC BY-SA 4.0, <https://commons.wikimedia.org/w/index.php?curid=78781741>

Signs of a Good Feeding

- Hearing swallowing at least every third suck once the milk comes-in. Seeing milk in the baby's mouth and consistent sucking with only brief pauses
- The breasts are softer after feedings
- Appropriate output for age. (1 wet diaper on day 1, 2 wet diapers on day 2, 3 wet diapers on day 3, 6 wet diapers on day 4 and on, and several stools each day)
- Feeling strong, deep, "pulling", sucking, **no sharp pain**
- Leaking from the other breast or feeling of a "letdown" reflex or noticing a change in the baby's sucking rhythm from faster to slower
- Your baby nurses 8 or more times per day (24 hour period) and latches easily with minimal attempts and stays latched
- Minimal weight loss during the first few days (7-10% of birth weight) and return to birth weight by 2 weeks. Some weight loss is normal. Baby will lose "water weight," especially if you received IV fluids during labor and delivery.

My Milk Came in!

Baby is here, you've seen drops of your colostrum, but when will your milk "come in?" The human body has 3 phases of Lactation: Colostrum, Transitional Milk, and Mature Milk. During pregnancy, estrogen and progesterone levels are HIGH. After delivering baby and the placenta, your bodies estrogen and progesterone levels take a huge dip and prolactin comes zooming in. Prolactin is the hormone that is the milk-making hormone. Everyone has prolactin, and the more you stimulate your breasts, the more milk you will make! Your prolactin levels rise when your baby is suckling, and fall when they're not. The journey to your transitional milk begins as you are holding that sweet baby!

We already discussed Colostrum above, so let's move on to Transitional Milk.

Phase 2: Transitional milk comes when breast milk gradually replaces colostrum. You will make transitional milk from 2-5 days after delivery until up to 10-14 days after delivery. You may notice that your breasts become heavy, fuller, and warmer and that your milk slowly changes to a bluish-white color. During this time, your breast milk changes to meet your baby's needs. Nursing often, removing milk well, and relieving engorgement will help with milk production.

Phase 3: At about 2 weeks after birth, your body starts making mature milk. While each stage of milk is unique, each one has all the nutrients your baby needs. The amount of fat in mature milk changes as you feed your baby. Let your baby empty your first breast before switching to the other breast during a single feed. This will help your baby get right balance of nutrients, especially fats, during each feed. By phase 3, we have moved onto supply/demand supply of milk! The more you remove, the more you will make!



Jozsa F, Thistle J. Anatomy, Colostrum. [Updated 2023 Feb 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. [Figure, From Colostrum to Breastmilk. #...] Available from: <https://www.ncbi.nlm.nih.gov/books/NBK513256/figure/article-19745.image.f1/>

ENGORGEMENT

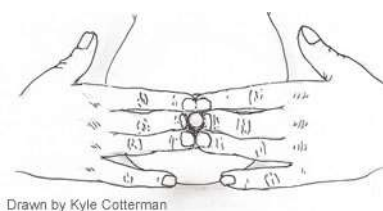
Engorgement is when your breasts are overfull! We want to keep the milk moving! They will feel hard, swollen, and usually very tender or painful. Sometimes your nipple may even not protrude as much due to the amount of engorgement. Engorgement is very common, especially when your transitional milk comes in and as you work to establish a healthy supply for your baby. Breast engorgement can also happen if:

- your baby is not attaching and feeding well
- your breasts aren't drained well during a feed
- your baby misses a feed or is feeding infrequently
- you are making more milk than your baby needs

Engorgement is usually temporary — eventually your body will adjust and make only as much milk as your baby needs. REMEMBER: SUPPLY AND DEMAND!

To reduce your chances of engorgement:

- Feed your baby often and on demand from birth. Your baby will need 8 to 12 feeds per day. It helps to sleep in the same room as your baby to help keep up the feeds.
- Gentle breast compressions during a feeding can help reduce engorgement and keep the milk flowing.
- Don't limit your baby's time at the breast. Let them feed for as long as they want. Make sure to empty the first breast before moving onto the other.
- Wake your baby for a feed if your breasts become full and uncomfortable (especially at night).
- Ensure your baby is positioned correctly and deeply latched. Sometimes reverse pressure softening (images below) may be needed if you're severely engorged.



Drawn by Kyle Cotterman



Drawn by Kyle Cotterman

Images: https://kellymom.com/bf/concerns/mother/rev_pressure_soft_cotterman/

If your breasts become engorged and painful, there are things you can do to relieve the discomfort.

Cool packs or ice packs will help relieve engorgement by soothing your breasts. Cool packs can be used for 10-20 minutes between feedings to help manage discomfort.

IF you are still uncomfortable due to engorgement AFTER a feeding, hand express enough for comfort. Remember, supply and demand. We want to limit extra removal of milk at this point to help reduce the engorgement!

Try not to let the breasts get too full, but you also don't overdo the pumping, as too much pumping will encourage overproduction. If you do need to express milk for comfort, your need to express will likely decrease gradually over time; if it does not, then try gradually decreasing the amount you express.

Unmanaged engorgement can lead to plugged ducts and mastitis. If you have any questions, feel free to reach out! If you have a fever with breast redness and tenderness, call your doctor.

Bonyata, Kelly. "Engorgement." KellyMom, 22, November, 2023, <https://kellymom.com/bf/concerns/mother/engorgement/>.

Cotterman RNC, IBCLC, K. Jean. "Engorgement Help: Reverse Pressure Softening." KellyMom, 14, January, 2018, https://kellymom.com/bf/concerns/mother/rev_pressure_soft_cotterman/

Pumping and Milk Storage

Other than hand expression, pumping is another great way to help remove milk and keep breast milk flowing. There are so many types of Pumps available in todays world. If you have any questions about which one you should get or how to use your pump, just ask!

A hand or electric pump is a great tool to have. Many insurances cover the purchase of a breast pump. Pumps can help relieve engorgement, help remove milk from the breast when baby is unable to nurse, they can be used as a tool to help build a heartier milk supply, and for many moms who are planning on returning to work, become a vital tool!

A breast pump mimics a baby suckling at the breast. Although it is not the same rhythmic negative pressure suckling that a baby creates at the breast, it is a second best option to remove milk. Manual breast pumps are exactly that: they work by you manually squeezing a lever. Electric breast pumps usually have two phases: the let down phase and the expression phase. It is important to note that breast pumps usually come with a standard size flange or breast shield. Not every woman is a standard size and being fit for the proper size is so important to make sure you are using the proper size for your body. If you have the wrong sized flange, you can either cause nipple pain/damage or not properly remove all the milk from your breast that is available. One other tip that I like to remind moms is that the higher the suction on your pump, does not equal a higher milk output.

Pumping Tips:

Make sure your hands and equipment are clean. Before your first use, sterilize the pump parts. Make sure to properly clean all washable parts of your pump after each use.

If you are away from baby, make sure to pump during that feeding window to keep your supply up to speed.


Relax! Sometimes looking at pictures of baby or smelling an item of theirs is helpful!

Breast compressions, or hands-on pumping, is another great way to maximize milk flow.

Human Milk Storage Guidelines			
TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40 °F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1–2 Hours	Up to 1 Day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

These guidelines are for healthy full-term babies and may vary for premature or sick babies. Check with your health care provider.

Find more breastfeeding resources at: WICBreastfeeding.tns.usda.gov
www.cdc.gov/breastfeeding/

5 Tips to Successful Breastfeeding



1. *Keep your baby skin to skin with you until after the first feeding*

The first feeding sets the pace for next several feedings. In the time right after birth, babies are often awake and ready to feed during that hour. Take advantage of this special time by asking the nurses to delay the eye treatment, weight, and routine injections until after the first feeding. **Your partner can do skin-to-skin too**, especially if you have had a cesarean and skin-to-skin may be delayed a bit. Ask your nurse for assistance.

2. *Room in with your baby*

Keep your baby with you during your hospital stay so you can learn your baby's hunger cues and feed on demand. Babies typically feed more than 8 times each 24 hour day for the first several weeks. Offer the breast whenever your baby seems willing.

3. *Avoid supplementary feedings*

All your baby needs is you! Rarely is there a baby who needs more than the breast in the first 24 hours. Offer the breast often. The fast flow and different feel of a bottle nipple can confuse babies and make subsequent feedings difficult.

Breastfeed whenever your baby seems hungry. Observe your baby for feeding cues: mouthing, sticking the tongue out, bringing hands to the face; offer the breast – before he begins crying.

4. *Limit the use of pacifiers and swaddling*

Anytime your baby seems hungry, offer the breast. In-between, continue your skin to skin holding. Later your health care provider may recommend the use of a pacifier to reduce the risks of SIDs, but not until breastfeeding is well established.

Babies who are constantly swaddled do not wake up as often for feeding. And their hands help them find the way, so babies' hands should be free during feedings. Frequent feedings in these early days assures that you will bring in an abundant milk supply and your baby will feed adequately.

5. *Ask for help*

If things don't seem to be going well, or your breasts become sore, ask to see the lactation consultant in the hospital. She can watch a feeding and give you tips on how to hold your baby at the breast.

When you get home, contact a breastfeeding support group, a lactation consultant in the community, or other breastfeeding assistance. A family member who was successful with breastfeeding may be able to help.

Information from Lactation Education Resources, 2023

Positioning

Positioning correctly can make a world of difference! Every mom/baby will prefer and choose to use a different position. Sometimes babies prefer one position or are able to achieve a deeper, successful latch in one position over another. Make sure baby is tummy to tummy, head and shoulders are aligned, make sure you are bringing baby to the breast and you're relaxed!

Even if the latch “looks perfect” if there is pain, the latch needs work. Pain should never be normal.

Cradle and Cross-cradle



Cross-Cradle

- Sit up with your back supported. Place a pillow in your lap to bring your baby up to breast level. Put your baby on the pillow, tummy to tummy with you, with the baby's nose across from your nipple.

- Support your baby's head by holding your hand at the base of his head. We don't want to push or force baby to the breast.

- Lift your breast to bring your nipple up to your baby's nose.

- Once your baby is latched on, you can let go of your breast and bring your arm around your baby into a regular cradle-hold. If your breast are large, you may need to support your breast the whole time.



Traditional Cradle

The cradle hold is often considered the most common hold, but it does not offer as much control as other holds. The cradle hold position usually does work well after breastfeeding is well established.



Laid-back:

- Lay back and use pillows for support and comfort.
- Place your baby face down between your breasts.
- Let your baby search, crawl up, nuzzle, and attach to your breast. Help your baby in whatever way feels natural.

Side-Lying: Lie on your side with knees bent. Place pillows between your knees, under your head and neck, and behind your back. Get comfortable!

- Put your baby on his side, facing your nipple, tummy to tummy and with their neck and shoulders aligned.
- Support your baby by placing your arm, a pillow, or a rolled-up blanket behind him.



Football hold: • Place a pillow at your side. A regular bed pillow or special nursing pillow work here.

- Put your baby on the pillow with his legs under your arm. Tuck baby's arms on your side or under your breast
- Slide your arm under your baby's back. Support the base of his head and neck with your hand. Again, never force baby's head to your breast.

All images from: <https://health.clevelandclinic.org/breastfeeding-positions>

Review:

Key Points to Consider Before Giving Birth



The golden hour is SO important!

- ✓ Hold your baby skin-to-skin right after birth until the first feed
- ✓ Delay common procedures until the first feeding is done (newborn weight, eye treatments, vitamin K). In addition, some of these can be done during skin-to-skin!
- ✓ Allow baby to breast crawl. Up to one hour post delivery is considered the normal time for a baby to initiate a latch on their own. Try and avoid having baby forced onto the breast.
- ✓ Keep your baby in your hospital room around the clock (rooming-in)
- ✓ Feed your baby around the clock whenever you see feeding cues (at least 8 times per 24 hours)
- ✓ Do not use pacifiers; offer your breast if your baby is fussy or wants to eat. Stimulating the breast will drive milk production and supply
- ✓ Use no supplemental bottle feedings unless your healthcare provider says there is a **medical reason**
- ✓ Do not accept samples of formula or other items that might distract from breastfeeding

