

Nursing Your Baby

A QUICK REFERENCE GUIDE



Breastfeeding

Breastfeeding (also called nursing) provides babies with the perfect nutrition. Your milk is the only food your baby needs through six months. Your baby continues to need your milk as you gradually introduce other foods between six and twelve months. Breastfeeding well beyond a year is also healthy and beneficial.

Breastfeeding enhances bonding and comforts your baby. In addition, breastfeeding provides protection from many infections and health threats. It also gives your health added protection.

SEEKING HELP

Having a trusted lactation professional to turn to is helpful. They can help you overcome challenges and keep you on track.

Skin-to-Skin

Holding baby skin-to-skin after birth has many health benefits and helps get breastfeeding off to a great start. Often within an hour, baby's instincts help them find your nipple and latch. Delay non-essential procedures (such as weighing and bathing), which can interrupt this crucial time. Skin-to-skin continues to be beneficial in the weeks after birth.



WHEN TO FEED

Newborns need to feed at least eight to twelve times in twenty-four hours. Do not use a strict feeding schedule with a newborn. Rather, nurse any time baby shows signs of hunger (also called hunger cues):

- Rooting or sucking on hand.
- Smacking lips or using tongue.
- Squirming, fussing or being restless.
- Trying to get in position for nursing or moving body or head in search of breast.
- Note that crying is a late sign of hunger.



Latching

When you feed, hold your baby skin-to-skin and give them time to find the breast and latch. If your baby needs more help, you can line up their nose to your nipple. Then, use your nipple to tickle baby's lips and wait for them to open wide. When they do, guide their mouth toward your nipple, supporting their neck and back.

A deep, comfortable latch is important. Baby's mouth should open wide and take in a large amount of areola (the darker skin surrounding the nipple). Your baby's lips should be flared, with their chin touching the breast and head tipped back slightly. If the latch is uncomfortable, place your finger in the corner of baby's mouth to break the suction and begin again. Seek help if you experience ongoing pain or damage to your nipples (cracking or bleeding).



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The Newborn Stomach

Your newborn's stomach is very small at birth and gradually expands. As their belly grows, your baby can drink more at each feeding, but will still need frequent feedings.

Day 1: a newborn belly is marble sized and holds about 1/4 of an ounce or about 5 ml.

During the first few days, your body produces small quantities of a dense, yellowish milk called **colostrum**. Colostrum has lots of antibodies and helps develop baby's digestive system.

Day 3: baby's belly is ping pong ball sized and holds 3/4 to 1 ounce or about 25 ml. As your milk volume increases, it becomes whiter and thinner. This is called **transitional milk**.

Day 10: chicken egg sized and holds 2 ounces or about 60 ml.

Mature milk is produced after the first few weeks of breastfeeding. As your baby grows, your body responds by changing the composition of milk at each feeding so that it provides the right nutrients to your baby each time.

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Your Milk Supply

Nursing frequently in the first few weeks helps establish your milk supply. The more baby drinks, the more your body will produce. Several days after birth, your body starts to produce milk in greater volume (often called when your milk comes in) and may make more than your baby needs. You may experience engorgement (fullness in the breasts) that usually goes away within a few days with frequent feedings. If breast fullness makes it difficult for baby to latch, express just enough milk to soften them to make latching easier. You can also apply gentle pressure with your fingers on the areola at the base of the nipple to help the nipple protrude. You may need to hand express or pump some milk if you are uncomfortable after a feeding.

Newborn Stool

A newborn's stool (poop) changes over the first week.



Day 1 Stool is black and sticky, called meconium.
Day 3 Greenish, thinner and less sticky.
Day 5-6 More yellow, "mustard-like," watery and seedy.

These are normal, healthy changes that indicate baby is getting enough to eat.



Transferring Milk

When your milk volume increases, you may notice different ways your baby nurses. At first, sucking may look like "nibbling." This stimulates your breasts to release milk (called the let-down reflex). Once milk is flowing, baby will usually switch to a deep, rhythmic sucking with pauses as they swallow milk.

Feed for as long as your baby is actively nursing (baby's jaw is moving and you can hear swallowing). When activity slows, offer the other breast. Some babies will be satisfied with just one breast at a feeding.

NO EARLY ARTIFICIAL NIPPLES

The way a newborn sucks for nursing is very different from sucking on bottles or pacifiers. Using artificial nipples too early can lead to pain while breastfeeding or poor milk transfer. It is usually best to wait until breastfeeding is going well (four to six weeks).

The information in this brochure should not be construed as medical advice, nor is it intended to replace the individual care of a health care professional.

Feeding Well

There are a number of ways to be confident that your baby is getting plenty of milk.

	Week 1	Weeks 2-6
Weight Gain	Newborns may lose 7-10 percent of their body weight in the first 48 hours. Most babies regain their birth weight by 10-14 days.	Babies usually gain 5-7 ounces (142-198 grams) per week. Weight checks can reassure you that your baby is doing well.
Urine Output	At least one wet diaper for each day of life (1 on day 1, 2 on 2), and 6+ by day 4.*	At least 6 wet diapers in a 24 hour period.*
Stool Output	One stool for each day of life. Meconium will pass with frequent feedings. Stool will change as your milk increases.	3-4 or more stools a day. After 6 weeks breastfed babies may go several days without a bowel movement.
Frequency	Feed on demand, 8-12 times a day or more. Newborns may feed frequently (cluster-feed) then sleep for a longer stretch.	May be able to go longer between feedings, but be sure baby is transferring milk well. May nurse more often when growing quickly.

*Note that disposable diapers can feel dry after baby urinates. Line the diaper with a tissue and/or look for a change in weight, fullness, smell or discoloration.

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