

Starting to Breastfeed

Begin with skin-to-skin

The best time to start breastfeeding is within the first hour after birth. During this time, your baby is usually alert and he may be eager to suckle. Cuddle your baby skin-to-skin on your chest immediately after birth for at least an hour. “Skin-to-skin” means your bare baby is placed face down, directly on your bare chest. Your body heat will keep your baby warm. You will both be covered with a warm blanket. Your baby then smells you, hears you, feels you, knows you from others, stays warm and is loved and comforted by you.



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Skin-to-skin:

- ◆ Satisfies baby’s natural craving to be close to you.
- ◆ Steadies baby’s temperature, breathing, heart rate and blood sugar.
- ◆ Calms baby and reduces crying.
- ◆ Reduces stress in Mom and baby.
- ◆ Encourages bonding between Mom and baby.
- ◆ Promotes better breastfeeding.
- ◆ Allows Mom to learn baby’s early cues for feeding.
- ◆ Helps Mom’s recovery after childbirth.



Photo courtesy of Soledad Porta

All mothers and babies can have skin-to-skin contact, even if you require stitches or have had a cesarean birth. Skin-to-skin contact is also important for low birth weight and premature babies. Your partner can also enjoy a snuggle skin-to-skin until Mom and baby are ready for breastfeeding. All healthy babies should remain skin-to-skin until after the first breastfeeding (two hours is the ideal).

In the hospital, ask your nurse to help you. Relax and enjoy this quiet, unrushed time for you and your new family.

How will I know when my baby is ready to begin breastfeeding?



HELPFUL HINT

Routine baby care procedures such as weighing, vitamin K and eye drops can be delayed until after you have had time for skin-to-skin contact and breastfeeding.



Watch for your baby's early signs or cues of wanting to breastfeed, such as rooting, licking her lips or putting her hands in her mouth. Crying is a late hunger cue. See page 67 for more discussion about this topic. Don't worry if your baby doesn't take your breast right away. Some babies like to nuzzle and lick the nipple. This also gets the milk-producing hormones flowing. The first feeding is a new experience and both of you are learning.

Breastfeeding as soon as possible after birth is good for you and your baby. Breastfeeding early helps you to make more milk. If this does not happen, don't worry; breastfeed the first chance you have. Keeping your baby skin-to-skin and hand expressing colostrum can help with baby's first breastfeed. It can also enhance your milk production. If separated from your baby for more than six hours after birth, you will need to start expressing your breastmilk. Express your milk as often as if you were breastfeeding. Your nurse will help you begin this process.

While you are breastfeeding in the hospital, you may want to turn off your phone, limit your visitors, close your door or pull the curtain around your bed.

Rooming-in with your baby day and night

If you have a healthy, full-term baby you will have your baby stay with you in your room throughout the day and night. This is called rooming-in. Your baby's bassinet will be kept right next to your bed. This is important in helping you get off to a good start with breastfeeding and in building an abundant milk supply. You will be able to:

- ◆ Notice and respond to your baby's early feeding cues.
- ◆ Get to know your baby's normal behaviour and feeding patterns.
- ◆ Cope better with the nighttime feedings.
- ◆ Feel more confident in your breastfeeding and mothering skills.

Your partner or support person will also be there to help you and to learn. Hospital staff will be there to guide you in caring for your newborn and to keep an eye on you and your baby's recovery. When you go home you will want to continue to keep your baby close to you throughout the night. Breastfeeding at night is important because your milk-producing hormone levels are higher at night. This will make breastfeeding go more smoothly, and help you to get more rest. Make sure that you keep your baby's crib in your room for at least the first six months. Sharing a room helps breastfeeding and also offers some protection against SIDS or crib death. The safest place for your baby to sleep is in a crib near you. For more information on *Safe Sleep*, go to page 86 or talk to your public health nurse.



How do I start breastfeeding?

When you are ready to start breastfeeding, make it as easy and relaxed as possible. Wear clothes that are loose so your baby can be held skin-to-skin. Breastfeeding early and often is the key to success. Keeping your newborn baby close to you through skin-to-skin contact or by carrying your baby in a sling (often referred to as “baby wearing”) is helpful in awakening his instincts to breastfeed and in calming your baby. Respond to his cues (see page 26) to feed as often as he shows them (feeding at least 8 or more times a day is normal).

Positioning and latch-on are the two basic steps.

For all positions:

- ◆ Start when your baby is calm, in a light sleep or quietly alert.
- ◆ Make sure you are relaxed and comfortable.
- ◆ Your back and arms are well supported.
- ◆ Baby’s head is at the level of the breast with the ear, shoulder and hip in a straight line. A pillow may be helpful.
- ◆ Baby’s body has full contact with yours.
- ◆ You may gently support your breast using a “C” hold with your hand. Try not to change the shape of your breast.
- ◆ Baby’s nose is approaching your nipple and his chin is touching you.

The following positions are often used, but there are other possibilities. You will find how you and your baby best “fit together.”

Biological Nurturing or Laid-back Nursing

This position builds on a baby’s natural reflexes to find the breast and nipple to feed. It works very well in the early days to awaken normal feeding behaviors.

- ◆ Start by taking off your bra and top.
- ◆ Lean back in a semi-reclined angle, comfortable for you.



*Courtesy of Breastfeeding Protocols
for Health Care Providers
Toronto Public Health*

- ◆ Keep your baby skin-to-skin (wearing just a diaper).
- ◆ Place your baby in an upright position between your breasts with full skin-to-skin contact.
- ◆ Support your baby's bottom and back, but let gravity support him against your body.
- ◆ The baby will seek the breast by licking, nuzzling and nestling.
- ◆ Allow time for the baby to use natural reflexes to bob his head and search for the nipple.
- ◆ You can help your baby by lining up your nipple with his nose as he roots.
- ◆ Once the baby is latched, you can adjust your position for your comfort.

For more information and pictures, you can visit <http://www.breastfeeding.asn.au/bfinfo/attachment-breast>



*Courtesy of Breastfeeding Protocols
for Health Care Providers
Toronto Public Health*

Cross-Cradle Hold

Many moms find this position comfortable when they are learning to breastfeed.

- ◆ Support your baby at breast level.
- ◆ Hold your baby facing you (belly-to-belly) so his face, chest and legs are touching you.
- ◆ Support your opposite breast in a relaxed “C” hold.
- ◆ His nose is facing your nipple, with his chin touching you first.
- ◆ As the baby opens his mouth wide, point the nipple to the roof of the baby's mouth; and at the same time, tuck the baby's shoulders and bottom in closer to you.
- ◆ Bring the baby in quickly, filling the mouth with your breast.

This allows the baby to comfortably latch onto your breast with a deep latch.



*Courtesy of Breastfeeding Protocols
for Health Care Providers
Toronto Public Health*

Football Hold



This hold can be helpful for moms if they have a cesarean birth, larger breasts, a premature baby, a baby with low muscle tone or a baby having difficulty latching.

- ◆ Your baby is snuggled close at your side underneath your arm in a straight line.
- ◆ His bottom is by your elbow and his nose by your nipple.
- ◆ Your baby's head is tilted back slightly with his chin touching you.
- ◆ When the baby opens wide, bring the baby close for a deep latch.

Cradle Hold



This position is commonly used when you are comfortable with breastfeeding and your baby is latching well. Mothers can transition into the cradle hold after latching baby in the cross-cradle position.

- ◆ Support your baby at breast level.
- ◆ Hold your baby belly-to-belly by wrapping your arm around your baby so his head is just below your elbow.
- ◆ Place the baby's lower arm around your side and make sure your baby's head is tilted back slightly as he comes to the breast.

Side-lying



Some women use this position for increased comfort after a cesarean birth, painful episiotomy or if they have long or heavy breasts.

You may need help to learn this position.

- ◆ Lie on your side with your head, and back supported.
- ◆ Your baby is facing you belly-to-belly.
- ◆ You may need a folded blanket under the baby and a roll to his back to keep him facing you.

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for Health Care Providers
Toronto Public Health*

Latch-on

- ◆ Make sure your baby properly grasps or latches onto your breast. See page 18 for signs of a good latch.
- ◆ To help your baby latch onto your breast, bring him near your breast with his head slightly tilted back and his nose at the level of your nipple. Touch or stroke his lips with your nipple. Be patient and wait for baby's mouth to open wide like a yawn with his tongue down. Aim the nipple toward the roof of the baby's mouth. The chin and lower jaw should make first contact with baby's mouth open wide. The baby's lower lip and jaw should be as far away from the nipple as possible so his tongue draws lots of breast into his mouth. This also makes it easier for the nipple to extend well back in the baby's mouth where the hard and soft palates meet.
- ◆ Your baby should have a deep latch with a large amount of your areola and breast tissue under your nipple in his mouth.
- ◆ If your baby's nose is pressed into your breast and you are worried about his breathing, try moving his bottom in closer to you, using your elbow to draw him in towards your body. This will place his head and neck in a tilted back position allowing him to breathe freely and swallow your milk more easily. Just like you, baby needs his head tipped back in order to drink well. You can remove your supporting hand once baby is latched on. If you have large breasts, a tightly rolled up facecloth placed right up under your breast may help give support.



HELPFUL HINT

Undress your baby so that you breastfeed skin-to-skin.



HELPFUL HINT

When latching on, bring your baby to your breast, not your breast to your baby.



Milk-ejection reflex (let-down reflex)

The let-down reflex is your body's reaction to release milk from the breast so it is available to the baby. It usually occurs very soon after your baby begins suckling at your breast.

Let-down is different for each woman. Some women may have several let-downs during a feeding. Some women do not feel any signs of let-down, or do not become aware of this reflex

for several days or weeks after their baby is born. You may notice any of the following signs of let-down:

- ◆ A feeling of fullness or pressure in breasts.
- ◆ Milk leaking from one breast while your baby feeds from the other breast.
- ◆ Menstrual or period-like cramps while breastfeeding your baby in the early days of breastfeeding (more intense with second or more babies).
- ◆ A “pins and needles” or tingling feeling in breasts.
- ◆ A warm “rush” or burning sensation in breasts.
- ◆ A feeling of relaxation as you breastfeed.
- ◆ A change in baby’s suckle-swallow, from quick to long, slow suckles with regular swallowing.
- ◆ Milk appearing in corners of baby’s mouth.

Some mothers’ let-down may take a few minutes to occur. As you relax and become more experienced at breastfeeding, your let-down will respond more quickly and freely when your baby suckles.

Signs of a good latch

Your health care provider will watch you breastfeeding and assure you that your baby is latched on well and suckling before you leave hospital. It is very important that your baby has a deep latch to prevent sore nipples and get milk more easily. These are the signs that your baby is latched on well:



Photo courtesy of Frischknesht, Stillen Kompakt, 1. Edition 2007 © Elsevier GmbH, Urban & Fischer, Munich.

- ◆ Wide open mouth.
- ◆ Lips are curled outwards.
- ◆ More of areola showing above baby’s mouth (baby’s upper lip is closer to the nipple giving baby a bigger mouthful of the underside of the breast).
- ◆ Chin touching breast.
- ◆ No dimpling of cheeks.
- ◆ No “clicking” or “smacking” noises as your baby suckles.

- ◆ Nipple shape is the same at the end of the feeding (rounded, not pinched or creased) as it was at the beginning.

Is my baby suckling well?

When your baby first starts to suckle you will notice quick, gentle suckles that stimulate the let-down reflex. Once the milk has let-down you will notice a slow, rhythmical suckle (1–2 sucks per swallow with short pauses) as the baby settles in to your breast. This type of suckling for several minutes at each feeding helps you make milk. You may hear the baby swallowing milk. This is reassuring; however, sometimes you may not hear the swallowing and yet your baby is still getting lots of milk. Ask your health care provider to show you how you can tell that your baby is drinking your milk.

Ending a feeding

Encourage your baby to nurse at the first breast for as long as she wishes, and always offer the second breast. Your baby will let you know when she has had enough. Each baby is different. **There are no rules for how long and how often you should feed your baby.** Remember that the baby gets the higher fat milk as the breast is emptied, and this milk is important in satisfying your baby and helping her to grow well. Feed your baby often. Most healthy breastfed babies feed at least every 2–3 hours, and that means at least **8 or more** times in 24 hours. Every baby is different and some babies seem as if they are always on the breast. This may be quite normal. You will get to know your baby and continue to recognize her needs.

Your baby usually ends the feeding on her own by letting go of your breast. Often she has had enough or may need to burp. If you must take your baby off your breast, you can break the suction by placing your clean finger in the corner of your baby's mouth between her gums. Do not pull your baby off your breast as this may cause sore nipples.



HELPFUL HINT

There may be some initial discomfort (20-30 sec) as the baby latches on. If this continues and you remain uncomfortable, try tucking baby's bottom in closer to your body. You may need to take the baby off and latch him on again. 



HELPFUL HINT

In the first few days after birth your baby may nurse for shorter periods and there will be less swallowing until the milk "comes in". 

After each feeding, express a small amount of breastmilk onto your nipples and allow your nipples to air.

How should I care for my breasts?

Your breasts need very little extra care other than what you normally would do in a daily shower or bath. Avoid soap on your nipples as it may remove the protective secretions from the Montgomery glands. Drying soaps may encourage the development of cracks. A key way to keep your nipples healthy is ensuring that your baby has a deep latch at every breastfeeding. The routine use of creams and ointments is unnecessary unless they are prescribed by your physician. After each feeding, express a small amount of breastmilk onto your nipples and let them air. If you choose to wear breast pads in your bra between feedings, change the pads frequently and use cotton or cloth pads.

Burping your baby

Breastfed babies usually swallow less air and may not need to burp as often as bottle-fed babies. You can often tell a baby needs to be burped by her fussing and squirming, or coming off and on the breast. You can burp your baby before a feeding, before offering the second breast, and at the end of a feeding.

Here are four burping positions to try:



- ◆ Sit your baby on your lap. Support her head with one hand while gently rubbing her back with the other hand.

- ◆ Lie your baby on her stomach across your lap, turning her head to one





HELPFUL HINT

The third day after birth can be a challenging time for new mothers. Often this is when your milk is “coming in” and some babies struggle with latching onto a fuller breast. Also, nipple soreness is at its peak. Make sure that you know how to get help at this time. If you are ready to go home, consider if your baby is also ready or needs some more time.



Early Concerns

Trouble latching

Some babies have difficulty latching onto the mother’s breasts in the early days of breastfeeding. There may be challenges with the baby opening his mouth wide enough, or with the shape of a mother’s breasts and/or nipples. This is often more difficult around the time of the milk “coming in”. When the breasts are overfull or engorged, the baby has trouble trying to compress the tight breast (think of an overfull balloon) and often slips off the breast or latches on only to the nipple. Other possible causes include difficult labour and birth, low milk supply, stress, and forceful let-down reflex.

Some babies refuse the breast or have trouble latching because they are not sure what to do. Never force a baby to the breast. Talk to a lactation consultant or an experienced health care provider. Stay calm as your provider helps you to express your milk and feed your baby using alternate methods such as spoon, cup, lactation aid or bottle. Lots of skin-to-skin contact and quiet, unrushed time with your baby are important. Try biological nurturing or laid back nursing. See page 14.

Coping with the second night

Remember that your baby’s stomach capacity at three days is only the size of a ping-pong ball. Some mothers notice that on the second or third night their baby nurses a little bit and falls off to sleep. When you try to remove your baby from the breast, he cries and roots for the breast. This goes on for hours. You have enough breastmilk. Colostrum is low in volume but full of



Photo courtesy of Dennis Rashleigh

protein and nutrients. It is changing to become more mature breastmilk. Keep your baby skin-to-skin and offer the breast to settle and comfort him. This will also boost your milk production, your breastmilk will come in earlier, and you'll have less chance of being engorged. You will also reduce jaundice and weight loss in your baby.

Sleepy baby

It is normal for babies to become quite sleepy about 1-2 hours after birth. Your baby may sleep for 6-8 hours and then wake up and breastfeed. If he has had a good breastfeeding just after birth you will be reassured that your baby is doing well. Some babies sleep a lot in the first week or two of life. You may find that your baby breastfeeds a short time and then falls asleep. However, a baby who is sleeping too much may not be getting enough breastmilk.

You may need to encourage your baby to breastfeed. Try undressing your baby and placing him skin-to-skin. Massage your baby's back, tummy, arms and legs to stimulate him. If your baby falls asleep at the breast after the first let-down of milk and seems to be only "comfort suckling", try breast compression*. Hold your breast with one hand well back from the nipple and areola and squeeze firmly (not so hard that it hurts). This should allow more milk to flow to your baby and encourage him to suckle more effectively. Continue the squeezing (compression) of your breast until your baby stops swallowing, and then release and squeeze again. Ask your public health nurse or lactation consultant about this technique. It really works and makes your feeding more effective and efficient for sleepy babies. Because breast compression stimulates a let-down of milk your baby will get more high-fat milk.



Photo courtesy of David Jack



HELPFUL HINT

Gentle massage of the breast throughout a feeding encourages milk flow and increases the fat content of the breastmilk.



Breast fullness



HELPFUL HINT

Normal breast fullness is different from engorgement. See page 52 for information about engorgement.



Your breasts may feel full in the first week after your baby is born. You may notice an increase in the fullness of your breasts as the milk “comes in”, around days 2–4 after birth. This is normal and a sign that your breasts are making more milk. Your breasts become heavier and even a little tender. They will not always feel this way. Continue to nurse your baby often, without any time limits, and that means at least 8 or more times in 24 hours. After a few weeks, your breasts may feel softer and less full. Your milk is still there and ready for your baby. Avoid formula or water supplements and pacifiers as they reduce baby’s sucking time at the breast. Make sure that your baby is positioned and latched on well to the breast.

Early engorgement

Even though breast fullness is normal in the first few days after birth when the milk is “coming in,” sometimes the breasts can become overfull, swollen and tender. This is called engorgement and when this happens, it may be more challenging for your baby to latch on well and feed effectively. You can prevent engorgement by: feeding your baby early, often and without time limits; positioning and latching your baby well and avoiding unnecessary supplements, bottles and pacifiers. For more detailed information about engorgement see page 52.



HELPFUL HINT

Avoid supplements for your baby unless your health care provider tells you that they are necessary (medically indicated). Avoid bottles, artificial nipples and pacifiers until breastfeeding is well-established (at least six weeks).



Exclusive breastfeeding

Breastmilk is all your baby needs in order to grow well for the first six months. Exclusive breastfeeding means that your baby receives only your breastmilk and nothing else. Your baby needs no other fluids unless prescribed by your physician. That means no extra water, sugar water or formula. Babies who are exclusively breastfed stay healthier than babies who receive formula and breastmilk.