



# A Prenatal Guide to Breastfeeding and Baby Behavior



**Dignity Health**<sup>®</sup>  
Mercy Medical Center

# Exclusive Breastfeeding Benefits

Mothers who breastfeed enjoy many benefits:

- Less risk of breast and ovarian cancer
- Less risk of diabetes (this is very important if you were diagnosed with gestational diabetes during your pregnancy)
- Faster weight loss after pregnancy
- Less bleeding after delivery (especially important if have low iron)
- Less risk of osteoporosis

Exclusive breastfeeding for six months and continued breastfeeding with the addition of appropriate foods for up to at least one year of age is recommended by all major healthcare organizations



# Risks of Supplements to Breastfeeding

Supplementing breastfeeding with bottles of formula can cause many problems, especially in the first weeks after birth:

## Your breasts do not get enough stimulation to get a full milk supply

- Frequent breastfeeding causes the breasts to make milk faster. You can increase your milk supply by breastfeeding more often. Bottles of formula make the baby nurse less often, so your breasts make less milk. Frequent breastfeeding and avoiding formula and pacifiers will help you make more milk.

## Baby will have a higher risk of certain medical problems.

- Studies show that just one formula feeding can change a baby's normal intestinal bacteria, which could increase a baby's risk of infection. Formula feeding should not be portrayed as equivalent to human milk feeding.

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## The use of bottles and pacifiers may interfere with breastfeeding.

- Offering a bottle to a baby who is learning to breastfeed can cause confusion and frustration for the baby. A baby's mouth moves differently when breastfeeding than with bottle feeding.

## You are more likely to get engorged.

- Breastfeeding frequently and avoiding formula will help protect you from engorgement. If the baby is full of formula, he/she may not breastfeed as much.





# Skin-to-Skin and Rooming In

## At the hospital:

Hospitals have practices in place that support mother and infant bonding and breastfeeding. Learning more about these practices will help you be better prepared for your hospital experience.

### Protected time immediately after birth:

- The first hours after birth are important for your baby's development, especially for bonding and breastfeeding. This special time should be protected, private, and uninterrupted.

### Feed your baby as soon as possible after delivery:

- Your baby will be alert and interested in breastfeeding for the first hour or two after delivery. If you have a cesarean delivery and are unable to nurse your baby right after birth, ask to begin breastfeeding as soon as possible.

### Rooming in:

- Your doctors, midwives, and nurses will encourage mothers and babies rooming together. Rooming in helps you learn your baby's early hunger cues.

### Plan to limit your visitors:

- Limit your visitors so you and your baby have plenty of uninterrupted time for breastfeeding and for important skin-to-skin contact.

### Pacifiers:

- Pacifiers are not given except for medical procedures.

### Plan to exclusively breastfeed

- Your doctors, midwives, and nurses will only interrupt breastfeeding with supplementary feedings if medically necessary. Water and sugar water are not given.

### Routine procedures:

- Your baby's weight and medications may be delayed to decrease separation time which is stressful to mother and baby.

### Skin-to-skin contact:

- Having your baby skin-to-skin is important immediately after birth, during your hospital stay, and at home.

### Non-pharmacologic strategies for labor pain:

- The use of pain medications or regional anesthesia may delay a baby's first feeding. Consider the use of alternate comfort measures for pain relief, such as frequent position changes or massage.

Babies who are kept skin-to-skin are more likely to breastfeed well and often, which is important for developing your milk supply.






# Breastfeeding on Cue

## Newborn baby cues and behaviors:

### Eating

Newborns need to be fed often because their stomachs are very small.

Day 1	Day 3	Day 7
		
Stomach Size: Cherry 5-7 ml (1-1.4 tsp)	Stomach Size: Walnut 22-27 ml (.75 - 1 oz)	Stomach Size: Apricot 45-60 ml (1.5 - 2 oz)

### Hunger Cues

Watch for the cues to know that your baby is hungry:

- Keeping his/her hands near their mouth or sucking on their fist
- Bending his/her arms and legs in towards the middle of their body
- Making sucking noises
- Puckering his/her lips
- Searching for the nipple (known as rooting)

### Fullness Cues

When your baby is full, he/she may:

- Suck slower or stop sucking
- Relax his/her hands and arms
- Turn away from the nipple
- Push away
- Fall asleep

### Behaviors

When your baby needs something to be different, he/she might:

- Look away, turn away, or arch his/her back
- Frown or have a glazed look in their eyes
- Stiffen his/her hands, arms, or legs
- Yawn or fall asleep

When your baby is ready to interact, learn, or play, he/she might:

- Have a relaxed face and body
- Follow your voice and face
- Reach towards you
- Raise his/her head
- Stare at your face

By breastfeeding your baby whenever they want to eat, you are letting your body know exactly how much milk to make.

Responding to cues quickly before your baby starts to fuss, may help your baby cry less.

# Effective Positioning and Latch

## Latching On:

Latching on is the way your baby attaches to the breast for feeding.

### A good latch is important to:

- Avoid sore nipples
- Make sure your baby is getting enough milk
- Help your body produce more milk

### Tips for a good latch

- Line your baby's nose with your nipple. Your baby's head can then tilt back, letting his/her mouth reach up over your nipple.
- Make sure your baby's mouth is open and wide before bringing him/her in to latch on. A wide open mouth helps your baby get more of the dark skin around your nipple (areola) in his/her mouth.
- Watch to see that your baby's chin and lower lip touch the breast first. Once on the breast, your baby's chin will be pushed in against the breast.

There are different positions to hold your baby while nursing. With practice, you will find the position that is more comfortable for you.

### Signs of a good latch

- Both of baby's lips are curled out wide, not tucked in.
- Cheeks are rounded.
- You can hear or see your baby swallowing.
- You do not feel pain while breastfeeding.



# Breastfeeding - The First Week

## What you need to know about breastfeeding in the first week

- Newborn babies have small stomachs and need to be breastfed often, about 8 or more times in 24 hours.
- Your baby may be sleepy for the first 24 hours after birth, especially if you have had medication during labor or a cesarean section.
- Your baby may become much more alert and want to feed very frequently and also cry more after this sleepy period.
- You should hear or see your baby swallow after several sucks.
- Let your baby show you how long to breastfeed. Once baby has fed well on the first side and stops or lets go, burp baby and offer the second side to see if baby is still hungry.
- Giving your baby a pacifier or bottle can make you produce less milk because baby does not breastfeed as often.
- Your nipples will be tender. If you have concerns, call WIC, your breastfeeding support person, nurse, physician, or lactation specialist.
- Baby may lose some weight but should be back to their birth weight by 10-14 days.

All babies have times when they want to eat more often. Breastfed at these times, even if your baby was just fed - you are always making milk!















You can tell if your baby is getting enough milk by the number of diapers baby uses.

**Your baby's stools will change:**

**Days 1-2:** Black, thick & sticky

**Days 3-4:** Greenish to yellow & less thick

**By Day 5:** Mustard or yellow & seedy or watery

Baby's Age	Wet Diapers	Dirty Diapers
1 day old	1 	1 
2 days old	2 	2 
3 days old	3 	2 
4 days old	4 	3 
5 days old	5 	3 
6 days old	6 	4 
7 days old	6 	4 



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