



BREASTFEEDING TIPS

1. Position yourself comfortably with good back and arm support. Use pillows and a footstool. Relax. Have a glass of water or cup of tea available.
2. We recommend starting with the cross cradle hold. For example, if the baby's head is to your left, hold baby with your right arm under his or her head and cup your breast in a "C" (See tip # 3) with your left hand. This gives you added maneuverability.
3. Position baby's mouth, tummy and knees facing you so that your nipple is directly in front of the baby's nose. Keep the baby lined so the baby comes to the breast from below - if you have larger breasts, the baby will be more on his back, if you have smaller breasts, the baby will be more on his side. Bring the baby to you, not you to the baby.
4. Support the breast with your thumb by the baby's nose, your fingers by the baby's chin but not too close to the nipple as your hand must not touch the baby when he is feeding, try not to squeeze too tightly.
5. Move the baby quickly to the breast so his chin touches the breast first and that the bottom lip is as far from the base of the nipple as possible so the baby gets enough of the areola into his mouth. The baby's mouth should be open and the lips should be flanged. Latching on well will help the baby feed more efficiently and minimize nipple soreness. If you can see any areola, more should be visible by your baby's nose than by his chin.
6. Watch your baby for signs that he is ready to switch sides. Remember that the baby needs the rich "hind milk." So keep the baby on one side long enough for this to happen. As your milk comes in you will begin to hear swallowing sounds and to notice a pattern developing with each feeding: *At the beginning of the feeding*, watch for short, choppy sucks, which last from a few seconds to a few minutes and stimulate your letdown reflex. *At the middle of the feeding* look for a change to longer, more drawn out sucks, rhythmic with short pauses. *At the end of a feeding* look for a return to shorter bursts of choppy sucks with longer pauses. Now is a good time to switch breasts.
7. Alternate positions. Try the football hold, the cradle hold and lying down on your side with your baby lying on his or her side next to you. During the first few weeks while you and the baby are learning and your milk supply is being established try to keep the baby at the breast for 15-20 minutes at a time and offer both sides at a feeding. The baby may take only one breast, which is fine.
8. Alternate which breast is offered first to ensure that both breasts are stimulated.
9. Remove baby from breast by inserting your finger into the corner of the baby's mouth between the gums, pushing down into your breast tissue to release suction, then moving baby's mouth off the nipple.
10. Babies need to nurse every 2-4 hours and sometimes more often, for the first few weeks. Babies may "cluster feed", that is, they may eat in feedings that are very close together for part of the day. The rest of the day they may space their feedings further apart.
11. Until your milk supply is well-established and baby is gaining weight, you should wake baby if he or she hasn't nursed for 4 hours and attempt to nurse. If the baby is sleepy try stripping off clothing, tickling feet, cold washcloths or a diaper change to encourage the baby to wake.
12. You can tell if your baby is getting enough breastmilk by checking wet diapers. One wet diaper the first day, two the second day, etc. Disposable diapers are very absorbent and it can be hard to tell if they are wet – try putting a tissue inside the diaper when you put it on baby. When your milk comes in expect 6-8 wet diapers daily.
13. Breast care. Massage milk into nipples after nursing (except in the case of thrush) and avoid using soaps or lotions. Wear a cotton nursing bra, or go bare!
14. Cracked nipples: Try an ointment such as Lansinoh or gel pads such as Medela's Tender Care HydroGel pads. Vary baby's nursing position to change pressure points on your nipples.