

Early Breastfeeding Expectations

First 24 Hours:

- Breastfeed within the first 30 minutes to 2 hours of birth, if possible.
- Hold baby skin to skin as much as possible between nursing sessions.
- Colostrum, though small in quantity, will adequately nourish and hydrate your baby. It is rich in nutrients and immunities. It is all your baby needs if nursing well.
- Breastfeed on demand, at least 8 times in 24 hours. You want to rouse the baby at least every 2-3 hours if you have not seen feeding cues before this time.
- Not all babies are eager to nurse in the first 24 hours. As long as the baby is full term, has adequate wet and dirty diapers (one wet and one soiled diaper), and the blood sugar and bilirubin levels are within normal limits, this is usually not a problem.
- Newborns can be very sleepy. Rousing techniques should be used to wake the infant such as: unwrapping their blanket, gently massaging baby, burping before the latch and changing the diaper.
- Latch the baby to the breast deeply, ensuring the baby's mouth is covering the areola and not just the nipple. The suck, after the first 30-60 seconds, should feel like a strong tug but not a pinch, and your nipple should come out of baby's mouth the same shape as it was going in.
- Nurse for about 15-20 minutes on the first side and then switch sides. Expect baby to nurse for about 45 minutes per feeding, but do not limit your baby's time at the breast.
- Put the baby back to breast whenever early hunger cues are observed (e.g. sucking fists and rooting) even if baby just finished nursing a short time ago.
- Your baby will probably be fussier at night and want to nurse more often. Continue to feed on demand. This is called "cluster feeding" and is a normal part of the establishment of milk supply.

Days 2 through 4:

- Continue nursing on demand, at least every 2-3 hours around the clock. Timing starts from the beginning of one feeding to the beginning of the next. Your baby should breastfeed at least 8 times in 24 hours.
- Expect your baby to nurse on one side for about 20 minutes and then switch sides. Do not limit the time on the breast as long as the suck is strong and comfortable. Start the next feeding on the side infant fed for the shortest amount of time.
- Observe baby's suck pattern. Infant should suck at least 7-10 times, pause less than 10 seconds, and go back to sucking at least 7-10 times. If your baby pauses for more than 10 seconds, you need to give gentle reminders to keep sucking. Try breast compressions, rubbing the palm or lifting the arm. If it takes you more than 2 minutes to get baby to do at least 7 sucks or suck at all, unlatch infant completely, rouse and re-latch.

- You should note intermittent swallows (heard as a sigh, gulp, or puff of air) while baby is nursing. Please ask your nurse to help you identify swallows if you are unsure.
- Do not let baby sleep while nursing. This can lead to damaged nipples and a baby who does not get adequate intake of milk. Keep baby in the above-mentioned suck pattern and work toward teaching baby efficiency at the breast.
- To identify a good suck, you should see baby's ear moving and note a forward jaw glide. If you see sucking but no ear movement, do not count this toward the 7-10 sucks.
- Babies generally lose weight prior to discharge from the hospital. Your nurse and pediatrician will closely monitor the weight loss to ensure it is not excessive (10 percent or greater). If weight loss is greater than 10 percent, supplementation may be indicated.
- Day 2-4, baby should wet as many diapers as days old and have 2-3 stools/day. The stool will change from black, to green, to brown, to seedy yellow after breasts fill.
- Your breast milk will increase in volume 3-5 days after delivery. This is an automatic process that occurs after the placenta is delivered and there is nothing you can do to "make the milk come in faster"; however, frequent feedings will help establish a better milk supply.
- Once your breasts begin to fill, focus on getting one breast as soft and empty as possible before offering infant the other breast, rather than watching the clock. Breast softening after feedings as well as a "milk-drunk baby" are good signs of milk transfer.
- Engorgement can occur if the baby does not transfer milk frequently enough. Prevent engorgement by feeding frequently (at least every 2-3 hours) and ensuring the infant is feeding actively in the above-stated suck pattern, swallowing intermittently or more frequently as the breasts fill.
- Engorgement can cause difficulty with latch-on. You may need to hand express to soften the areola. This will help infant latch deeply to your breast again.
- To relieve engorgement, it is most important to keep your breasts from getting uncomfortably full. Feed baby as often and as frequently as possible. You should notice breast softening, though you will be unable to fully empty breasts during this time. If your breasts are easily expressible, place moist heat on the breasts before feedings for about 5 minutes, massage deeply during feedings, and place ice packs on the breast after feedings for about 5 minutes. You can repeat this between feedings using a pump or hand-expressing just to comfort, not to empty the breast.
- Avoid pacifier use in the early weeks so early hunger cues can be observed.

Day 5 through Week 2:

- As the breast milk increases in volume and you begin to get more mature milk, feeding patterns may change. Baby may shorten the amount of time he or she feeds at the breast and the suck pattern will change to "suck, swallow, breathe" or "suck, suck, swallow, breathe," etc. Listen for frequent swallows throughout the feeding.
- Breasts should feel softer and baby should act satisfied after feedings.

- Continue to offer both breasts. Baby may or may not take the second side during the first month. You do not need to pump the breast to “even out.” Simply feed baby on this side at the next feeding.
- Baby should have 6-8 wet diapers with clear to pale yellow urine and 3-10 seedy yellow stools in a 24-hour period. An occasional green stool is normal.
- Keep in mind that the more frequently and completely the breast is emptied, the better your supply will be. The body works on demand and supply. What baby demands from the breast will be supplied. If there is no demand (e.g., no feeding or adequate milk transfer), your supply will diminish.
- Baby’s first growth spurt occurs from days 7-10 and then again between weeks 2-3. Your baby will go to breast more often. Think “demand and supply.” Baby is demanding more from the breast so your body knows to supply more as baby grows. You do not need to supplement during this time unless otherwise directed by your pediatrician.
- Baby should gain 0.5-1 oz. per day during the first month. Baby should also have regained his or her birth weight by day 10-14.
- Once baby is back to birth weight, voiding and stooling as above mentioned, and your pediatrician is happy with baby’s growth, you can go to on-demand feedings. You no longer need to wake infant every 2-3 hours so your baby can sleep in longer spurts, but keep in mind infant will still need to feed about 8 times in a 24-hour period.
- Avoid introducing a bottle until week 4. You can begin to pump to store your breast milk during week 3. The best time to pump is after the earliest morning feeding. Pump for about 10 minutes or to empty. Any time baby gets a bottle, you should be pumping.