

Topic #3: Breastfeeding—Latch and Positioning

Breastfeeding is the gift of a lifetime, a gift that only a mother can give.

Learn About Breastfeeding and Have Support.

- Consider taking a breastfeeding class. Prepare a list of people you can call or talk to who have breastfeeding experience. This can be family, friends, the La Leche League or your clinic. The hospital will provide a list of contacts, including lactation consultants who you can call.

Ask For Help from the Hospital Staff.

- The nurses are specially trained to assist you and your baby in learning to breastfeed. You and your baby learn to breastfeed together!
- Lactation Consultants and WIC Peer Counselors are also available to assist you and your baby.
- Talk to your health care providers about pain relief options during labor. Know the risks and benefits of each method. Medications and anesthesia can prolong your labor, which can lead to difficulty or delayed successful breastfeeding.



The First Few Days:

- **Day of birth:** Place your baby on your chest right after birth with their skin next to yours. Baby may crawl to your breast and attach with very little assistance! After the first few hours, the baby may be sleepy. Take this time to sleep yourself!
- **Day one:** Baby will be more alert and want to nurse often. This time of frequent feeding gives you lots of practice with nursing. Frequent feeding also stimulates your body to produce hormones which trigger milk production.
- **Day three:** You may notice your breasts getting fuller and milk changing to be more fluid in nature. Let your baby end the feeding by falling asleep or detaching themselves. Let baby finish the first breast, then offer the second breast.
- Nonmedicated vaginal birth with immediate skin-to-skin contact is optimal for getting breastfeeding off to a good start. If you have medication and/or a cesarean birth, ask for extra support with getting breastfeeding started.

How Do I Latch My Baby to My Breast?

- Hold your baby close, next to your skin, tummy to tummy. Press their chin into your breast with your nipple just opposite their nose. Tickle the baby's upper lip with your nipple to make their mouth open wide, like a yawn. Hold your hand behind the baby's neck and shoulders. This will support the breast and compress it slightly in the same direction as their lips. This will help them to get more of a mouthful. When your baby's mouth is wide open, bring them to your breast quickly to help baby get more breast into his mouth. Baby should latch on to the areola, not just the nipple. This will enable baby to get more milk. If you feel discomfort with nursing, baby may not have enough breast in their mouth. Insert your finger between their jaws to break suction, then relatch.

Breastfeeding Positions:

- **Cross Cradle:** Hold baby tummy to tummy. Hold your forearm along baby's back with your hand, supporting the baby's neck and shoulders. Your other hand supports the breast like a U.
- **Football:** Baby's body is under your arm and your hand supports their neck and shoulders. Baby's head is under the breast, looking up at you. Your other hand supports the breast like a C.
- **Side lying:** You can rest while your baby feeds! Lay on your side, baby tummy to tummy with you. Use your upper arm to support your breast in a C hold. When baby's mouth opens wide, press baby onto breast with your lower hand between baby's shoulder blades. Another way is to hold your body up on one elbow. Place baby on their neck, under your breast. Use your upper hand to support the breast in C hold. Tickle the baby's lip to get a wide gape, then lower your breast into baby's mouth. Once baby is latched and sucking, pull out your lower arm and lay down. Turn baby in toward you.



Making Milk:

- The first milk is colostrum. Colostrum is produced from midpregnancy. The small quantity matches your baby's stomach size. It is thick and sticky. While your baby is learning to coordinate sucking, swallowing and breathing, the properties of colostrum protect your baby from overfilling or accidentally breathing it in. Colostrum also protects baby from disease. The extra water weight babies are born with provides them fluids while your colostrum meets all their nutritional needs. Baby will lose this extra water weight over the next few days.
- Milk production begins as soon as the baby is born. It increases daily in amounts to match the baby's increasing stomach size. The baby's stomach is very small at birth, about the size of a marble, and your milk is produced in that amount! On the second day, the baby's stomach is about the size of a thimble, then the next day a walnut. By the time your baby's stomach has expanded, the milk has changed so that it has more water and volume. This occurs about the third day after your baby is born.

Baby's Stomach Capacity:

| Day | Approximate Stomach Capacity |
|-------|------------------------------------|
| 1 | Shooter Marble (5–7 ml) |
| 3 | Ping-Pong Ball (22–27 ml) |
| 10 | Extra-Large Chicken Egg (60–81 ml) |
| Adult | Softball |

