

## Breastfeeding: How do I know if my baby is getting enough milk?

- **How many times should I nurse my baby every 24 hours?**

It is important that your baby is nursed at least 8-12 times over 24 hours. If your baby does not eat enough, you must wake your baby every 3 hours for a feeding. Time the feedings from the beginning of one feeding to the beginning of the next feeding. If you cannot wake your baby to breastfeed, please call your doctor.

- **What are “cluster” feeds?**

It is normal for your newborn to nurse in a “cluster”— 2-5 feedings, very close together, with barely any sleep in between. This occurs at least once per day, when your baby is most awake. Very often, “cluster feeds” occur in the middle of the night.

- **Should I alternate the breast that I begin each feeding?**

Yes, you should alternate the breast each time you begin a new feeding. Your baby should completely feed from at least one breast at each feeding. Your baby should have no limits at the breast. By about 2 weeks, most babies, getting plenty to eat, will nurse about 20 minutes from at least one side, every 2-3 hours.



- **Call your doctor if your baby:**

- \* nurses constantly but is never seems content.
- \* is only comforted when breastfeeding and cannot be put down without crying.
- \* is unable to settle into a comfortable eating rhythm.

These are signs that your baby may not be getting enough milk.

- **Will my baby lose weight while I'm breastfeeding?**

All babies lose weight the first few days, stop losing weight around day 4-5, and then begin to gain weight. Your baby's weight should return to birth weight by 10-14 days. Your baby should then start gaining ½ -1 ounce per day.

- **Will I notice anything different about my breasts while breastfeeding?**

Around 4 days after delivery, your breasts should feel heavy and full before the feeding. After a feeding they will feel softer. Nursing should be comfortable. Nipple soreness is a sign that your baby is not latched on well enough.

- **How many times should my baby need a diaper change?**

The number of bowel movements and wet diapers changes over the first week. See the included "**Breastfeeding Log**" and carefully keep track of your baby's feedings, bowel movements and wet diapers.



**If you have any questions about feeding your baby, call your doctor.**

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### Helpful Phone Numbers



- My Pediatrician : \_\_\_\_\_.
- My Obstetrician : \_\_\_\_\_.

My hospital's Nurse Lactation Consultants can be reached at 516-562-4447.

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#### References:

- American Academy of Pediatrics and American College of Obstetricians and Gynecologists: Breastfeeding Handbook for Physicians. Schanler RJ Ed. 2006. Elk Grove IL, Washington DC. p.78
- International Lactation Consultant Association. 2005. Clinical Guidelines for the Establishment of Exclusive Breastfeeding. p. 10

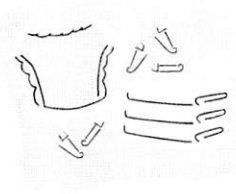
## Helpful Hints: Waking Sleeping Babies for Breastfeeding

Placing baby in “skin to skin contact” is the best way to get baby to awaken.

1. To help your baby become more alert to feed, gently encourage baby to alertness. Increase “skin to skin contact”, or give a sponge bath before feeding.

2. Babies sleep very soundly when they are kept warm.

- Remove blankets and extra clothing.
- Some babies need to be undressed to the diaper. Of course, do not allow your baby to get cold.
- Changing your baby’s diaper helps to awaken most babies.

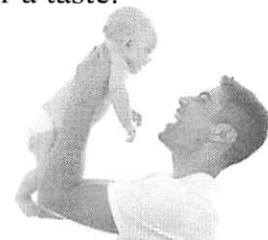


3. Laying baby down upon a hard flat surface can help stimulate movement.



4. Gently stroke and massage your baby’s body, starting at the baby's toes and moving up the body, from the arms and legs to the middle of the body. Massage the baby’s palms and the soles of their feet. Express some milk onto baby’s mouth for a taste.

5. Hold your baby 7-10 inches in front of you, face to face. Speak in variable tones and pitches. Move baby through the air, from side to side.



6. Place your baby on your lap in a sitting position. First lean baby forward and burp the baby. Then lean baby forward, supporting baby's trunk and head with your hand, and feel for the baby's spine. Once you have located it, "let your fingers do the walking" up either side of the baby's spine.

7. Wash your hands and gently tap the baby's lips. Say “open”. Mimic a wide open mouth movement. When baby responds with a wide open mouth behavior allow the baby to suck on your finger, with the pad side up. After baby has begun to suck, remove your finger, wait for the wide open mouth response, and bring baby to your breast.

8. Manually express some milk onto baby’s mouth for a taste.

### References:

- American Academy of Pediatrics and American College of Obstetricians and Gynecologists: Breastfeeding Handbook for Physicians. 2006. Schanler, RJ. Ed. Elk Grove IL, Washington DC. p.86.
- International Lactation Consultant Association. Evidence Based Guidelines for Breastfeeding Management During the First Fourteen Days. 1999. US Maternal-Child Health Bureau. p.10.

## Breastfeeding:

### Helpful Clues to Know if Each Feeding is Effective

An individual feed is considered effective if:

- Your baby is able to latch on to the areola and nipple easily and stays on the breast for at least 5-10 minutes. Longer feeds are normal.
- If you gently lower your baby's head and the mouth stays "suctioned" on (that is baby does not let go) then the baby is latched on properly.
- Once your baby is latched on, he or she suckles strongly. The baby's sucking changes from fast, pacifier-like sucking, to sucking that is deep slow, rhythmic sucking with the mouth opening widely.
- You should be able to see and hear your baby swallow. Babies need to have bursts of swallowing, mixed with brief resting pauses, and pacifier-like sucking through out the feeding. Swallowing bursts are short in the beginning and get longer as your baby becomes older and more efficient at the same time that the milk supply further develops. Breastfeeding with only pauses and pacifier like suckling are not effective feeds. Feedings are effective only if the baby swallows and gets milk.



- After a feeding, your baby should be relaxed and content. Babies allowed to feed until they are full will usually "let go" of the breast on their own. Their hands and body become relaxed. Your baby will probably sleep after most feeds. Many babies feed vigorously and let go a few times, over the course of a complete feed before they sleep for a longer 1- 2 hour stretch.

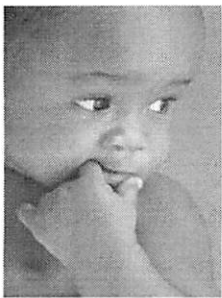
#### References:

- American Academy of Pediatrics and American College of Obstetricians and Gynecologists: Breastfeeding Handbook for Physicians. Schanler RJ Ed. 2006. Elk Grove IL, Washington DC. p.87
- International Lactation Consultant Association. 2005. Clinical Guidelines for the Establishment of Exclusive Breastfeeding. p.8
- Walker, M. (2006). Breastfeeding management for the clinician: Using the evidence. Jones & Bartlett: Boston. p.119

## How do you know when it is time to breastfeed your baby?

These are some common early signs that your baby is hungry. If your baby is crying due to hunger, it may be hard for your baby to concentrate and latch on to your breast. Crying is a late hunger sign.

- Baby's eyes are wide open – looking about
- Baby bounces head on your body
- Baby's head moves back and forth
- Arms and legs begin to wriggle
- Baby's mouth opens searching
- Mouth attempts to suck anything it touches
- Baby puts hand or fingers into mouth, fisting and finger sucking



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### References:

- American Academy of Pediatrics and American College of Obstetricians and Gynecologists: Breastfeeding Handbook for Physicians. Schanler RJ Ed. 2006. Elk Grove IL, Washington DC. P.78
- International Lactation Consultant Association. 2005. Clinical Guidelines for the Establishment of Exclusive Breastfeeding p.10