

# “Mommy Help”

(The First Six Weeks of Nursing)



Although mother's milk is a natural food, nursing does not always come naturally. You and your baby will need to learn how to nurse. This booklet will help you and your baby get off to a good start.

Nursing is a close, warm and rewarding time **after** you and your baby learn how. The early weeks, however, can be a challenge. Give yourself and your baby some time and patience to learn how to nurse. It may take a few days to a few weeks. Once you work through the early challenges, nursing will become easy and convenient. And, most important, it is a precious time that only you can share with your baby.

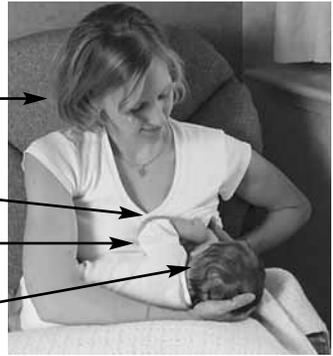
Taking care of a newborn is not easy. Being a mother is a 24 hours/7 days a week job. But the first year with your baby will go quickly even though on difficult days it may feel like 'forever.' Keep nursing your baby, even on those 'it feels like forever' days! Your own milk is a gift of love that lasts a lifetime!

# Positioning and Latch-on: The Key to Success

A key to successful nursing is correct positioning and latch-on. If the position of the baby and the latch is correct, the baby is able to drink milk. If the latch is poor, the baby gets less milk and you get sore nipples!

Whatever position you use, start with these helpful steps:

1. Mom is upright and comfortable, use pillows if needed
2. Bring baby to breast level
3. Turn baby's body towards you with chest touching your chest
4. Baby's ear, shoulder, and hip should be in a straight line



## Good Learning Positions



### Baby in front

Cradle the baby's neck in the right hand between your thumb and fingers. Support her back and bottom with your arm. Pull her in real close to your left breast.



### Baby by side

Tuck your baby's body under your left arm while cradling her neck in your hand between thumb and fingers. Pull her in close to the left breast.

Once the baby gets used to latching on, here are a couple of other positions you can try.



**Cradle Hold**



**Side Lying Hold**

No matter what position you choose, make sure that the baby is turned toward you, with his chest pressed close to yours. (“Chest to chest to get the breast!”)

## **Latch-on**

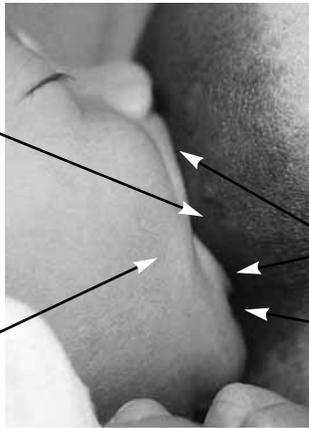
Once the baby is in good position, latch-on comes next. The following will help you help your baby to latch onto the breast:

- Baby has open, wide mouth. Use your hand to cup your breast between your thumb and fingers, keeping your fingers at least an inch away from the nipple. Stroke the baby’s lips with your nipple. Wait until he opens his mouth real wide and brings his tongue down - like a big yawn. It may take a number of tries before he opens wide enough to get a good latch so be patient. Once the baby opens his mouth wide...

- Quickly bring your baby in to the breast. Move the baby with one sweeping action of your arm. Do not push on the back of the baby's head with your hand or wrist as he is trying to latch on. Let the baby take the breast on his own as you gently support his neck in your hand.
- Aim your nipple toward the roof of his mouth. This will help keep his tongue down so he can take in a good amount of breast. (The more breast tissue he takes into his mouth, the better the latch.)

## Good Latch On

- Baby has a wide mouthful of all of the nipple and some breast tissue (it's breastfeeding not nipple feeding)
- Cheeks are rounded, not dimpled in



- Lips are flanged (“fish lips”)
- Chin is touching breast
- It doesn't hurt!

At first, your baby will suck in short rapid bursts. After a few minutes, the pace slows down. This is a good sign that the milk is flowing. When he first starts sucking, you should feel a tug on your nipple. It should not feel like pinching or sharp pain. If the latch doesn't look right or if you feel a sharp pain, remove the baby from the breast by putting your finger in the corner of his mouth to break the suction. Then try again. Remember, learning to nurse takes practice!

## Additional Latch-on Tips

- **Breast fullness 2-5 days after delivery:** Temporarily your baby may have a hard time latching on at this time. Use warm wet washcloths on the breast before the feeding and form the nipple with your fingers before latch on. Gently massage your breast while your baby is nursing to increase milk flow. Hand express or pump a little milk and then attempt latch on. Be sure to nurse often to prevent your breasts from getting too full. For comfort, you can also take Ibuprofen or Tylenol and place ice packs on the breasts after nursing to help decrease the swelling.
- **Crying baby:** Babies don't latch on well when upset or too hungry! Feed your baby when he first shows signs of hunger - sucking on fingers, smacking lips, opening mouth, etc. Calm the baby before latch on.
- **Sleepy baby:** Some babies are sleepy for several days to a week after delivery. They may only nurse for a few minutes and then fall off the breast. Wake your baby to nurse if she sleeps longer than 3 hours during the day or 5 hours at night. She should be fed at least 7-8 times each 24 hours. After the first week, she should begin to wake more readily on her own. With the sleepy baby, avoid using pacifiers or bottles as these can also make the baby not want to nurse.
- **Lazy suck:** Some babies latch-on well but come off the breast or stop sucking when the flow of milk slows down. These babies do not eat full feedings and may not gain weight the way they should. Some ways to help the baby with a lazy suck are:
  - “**Switch nursing**” – Latch the baby on and when the baby loses interest (about 5 minutes), switch to the other side. When the baby loses interest or starts to suck without swallows, switch back to the first side. If the baby still wants more, return to the second side.
  - “**Breast compression**” – While the baby is sucking, grasp the breast tissue with your hand and gently squeeze your breast between your thumb and fingers. This will help “push” milk towards the nipple and the baby will drink more. Once the baby loses interest, release the pressure on the breast. The baby may stop sucking. Wait a moment, rotate your hand and compress the breast again, stimulating the baby to suck again. Once compression does not make the baby swallow, switch sides.

■ **Small mouth/large breast:** Sometimes, mom's nipple size and baby's mouth size don't match. Before latch on, compress the breast tissue slightly between your thumb and fingers to flatten it just like you might flatten a sandwich to get it into your mouth. This may help the baby to latch on with a better "fit". The baby's mouth will grow quickly and this will no longer be a problem.

■ **Forceful milk flow:** Some moms have such a strong let-down that the milk flows faster than the baby can swallow. He may latch-on well then pull off once the milk starts flowing, or choke. Try nursing lying on your back or side (gravity slows milk flow) or express some milk before latch on.

■ **Bottles:** If a newborn is given both bottle and breast she can get confused. It would be like you trying to learn to eat with a spoon at one meal and chopsticks at the next! Babies should not be given bottles for at least 2-4 weeks after delivery or until the baby is breastfeeding well. If your baby is confused from getting a bottle, with help and patience, you can coax her back to the breast.

If you still have problems with latch, ask for help! While in the hospital, ask a nurse or lactation consultant for help. After you go home, come to WIC, or get help from local services. Express milk, by hand or by pump, and give to your baby with a spoon, cup, or bottle until you can get help with the latch. Expressing your milk until you can get help will also keep your milk supply up. Only use formula if you are unable to express milk.



## How To Make Enough Milk

It is **common** for new moms to worry about their milk supply. The tips below will help you make enough milk for your baby. You **can** meet your baby's needs after birth just as you met his needs while he was growing inside of you.

- Your newborn should nurse 8-12 times in 24 hours - about every 1½ - 3 hours during the day and 1-2 times during the night. Wake your newborn to nurse if she sleeps longer than 3 hours at a time during the day or more than 5 hours at night. Frequent feeds are necessary because your milk supply works on the same principal as a 'water faucet.' The more often you turn on the faucet in the sink, the more water you use. In the same way, the more often your baby nurses, the more milk you make. You make milk even as the baby is nursing so it doesn't matter if you just fed the baby a little while ago.
- Milk supply also works on the principle of 'unlimited refills!' But, in order for the breast to 'refill,' your baby must first drain it! Be sure your baby is actually getting the milk out of the breast ('draining the cup'). Milk that is leftover in the breast after a feeding can hinder further milk production. You can tell if the baby is emptying the breast by watching for a change in how she nurses. (When your baby first latches on, she will nurse in short, rapid bursts. After a few minutes, the pace slows down.) You may also be able to tell by how your breasts feel before and after nursing (from full to softer.)
- To ensure adequate removal of milk, let your newborn nurse as long as she wants on the first breast. Let her come off the breast on her own. Offer the second one if she wants it. If not, offer that breast first at the next feeding.

## But how can I be sure my baby is getting enough?

Here are two simple ways to tell if your baby is getting enough to eat...

- **“The scales don't lie!”** Your baby is getting enough if she is gaining weight. If you wonder about her weight gain, you can always ask the doctor's office or WIC to weigh your baby.

■ **“Enough is going in if enough is coming out!”** You can be sure your baby is getting enough by keeping track of the dirty diapers. During the first day or two, the dirty diapers will look black and tarry. Over the next couple of days, the dirty diapers will change in color from brown to yellow and will look ‘runny’ and ‘seedy.’ Usually by the 5th day, your baby should have at least 2-4 of these yellowish diapers each day. (Some babies will dirty a diaper after each feeding.) As long as the baby has at least 2-4 yellow, seedy looking diapers per day she is getting enough. (After about 6 to 8 weeks, she may dirty less diapers. This is normal.)

**False Alarms:** The following can create **unnecessary** worry.

**Frequent feeds:** Frequent feeds are just part of being a newborn. By day 10, the baby’s stomach is the size of a golf ball and breast milk digests easily. The frequent feeds do **not** mean your newborn is being underfed but rather being well fed! (As your baby grows older, he will nurse less often.)

**Breast changes:** Your breasts will go through many changes as they adjust to nursing. They will be soft right after delivery, become very full about 2-5 days later and become softer about 10 days after birth and even softer yet about 2 months after birth. All these changes are normal and do not mean that you are losing your milk supply.

**Difficulty with pumping milk:** Some moms try to ‘test’ how much milk they make by seeing how much they can pump from their breasts. Pumping is a skill that comes with practice, and the effectiveness of pumps can vary. One might work well for one mom but not another. Besides, **moms often can’t get as much milk out as the baby can.** Inability to pump milk is only a cause for concern if the baby is not nursing from the breast.

## **But What If I Get Tired?**

It may seem like you just got done nursing and the baby wants to nurse again! Although this is normal, the frequent feeds can be tiring and stressful. Let others take care of you and the house. Your job is to take care of the baby. Rest when your baby does. Put the baby’s crib right next to you to make it easier. The frequent feeds will last about 6 weeks. Then your baby will begin to nurse less often.

Some mothers decide to sleep with their babies, others don't. While nursing or cuddling, you may fall asleep with your baby whether you intend to or not. Here are some safety guidelines when feeding or holding babies in bed. These precautions will reduce the risk of entrapment or overlay and should be taken with all babies. Mothers who use formula may fall asleep with their babies too.

- Make sure the mattress is firm, not a soft mattress or water bed.
- Avoid placing your baby on a comforter or pillow. (No one should feed or cuddle with the baby on any soft surface, such as a couch or overstuffed chair, if there is a risk of falling asleep together.)
- Make sure the bedding is tight fitting.
- Remove any soft objects like loose pillows, blankets or comforters near the baby's face.
- There should not be any space between the bed and wall where the baby could become trapped.
- Never wear clothes with drawstrings or ribbons that could become tangled around the baby.
- Place the baby on her back, not her stomach.
- Avoid over bundling the baby. The baby should not feel hot to the touch.
- Do not nurse or cuddle your baby in bed if you smoke or take any medications that make you drowsy.
- Do not place the baby in bed with other children or pets.

## **Avoid The Urge To Give Formula!**

You may be tempted to give formula, especially if you feel tired or if you worry that your baby isn't getting enough to eat. Resist the urge! Follow the tips in this booklet instead of reaching for 'the bottle!' Here are two reasons why it is important to give your baby only breast milk for the first six months:

**1. Infants who are given formula or baby foods like cereal during the first six months of life are more likely to...**

- get frequent infections.
- have diarrhea or digestive problems.
- become sick or develop allergies.
- be admitted to the hospital.
- become overweight or obese.

The American Academy of Pediatrics recommends that babies be given only mom's milk for the first 6 months because of the many health benefits. Although any amount of nursing is better than none at all, delaying formula and cereal will give your baby the greatest health protection.

## **2. Giving formula will reduce your milk supply.**

Remember, the more often you nurse, the more milk you make. Replacing feedings with formula will decrease your milk supply.

Sometimes family or your doctor will suggest you give formula, especially if your baby is gaining weight slowly. You can give expressed breast milk in a cup or bottle rather than formula. Expressing your milk will maintain your milk supply until you can get help. Only give formula if you cannot express enough milk for your baby.



## **What If My Baby Gets Fussy?**

Your baby will get more fussy when he goes through a growth spurt. Newborns go through growth spurts at 10 days, 3 weeks and 6 weeks. During this time, your baby may begin to nurse more often and act dissatisfied. You may worry that your milk supply is drying up. As long as your baby has 2-4 dirty diapers per day, he is getting enough to eat. Just keep nursing on demand. A growth spurt may last for several days and then the baby will settle back down. (When your baby gets older, he will go through another growth spurt at 3 and 6 months.)

Babies usually have one or two fussy bouts each day whether they are going through a growth spurt or not. It has nothing to do with nursing. Sometimes your baby may fuss if he is too hot or cold, wants attention, or has gas or a bellyache. The following tips may help you comfort a fussy baby:



- Play music. Talk or sing in a soft voice.
- Tightly wrap your baby in a blanket.
- Gently rub your baby.
- Use a rocking chair.
- Take a bath with your baby.
- Take your baby for a ride in a car or stroller. Babies like constant motion.
- Lay your baby tummy side down on your knees. Gently move your knees back and forth to bounce your baby.
- Carry or rock your baby in a position that puts pressure on his abdomen.
- Nurse in a dark, quiet room. Burp often.
- Cuddle, hold, and walk with your baby.

## **What If I Am Going Back To Work Or School?**

You don't have to stop nursing! The WIC Program provides breast pumps at no charge to support women who must return to work and those who want to give an occasional bottle. (Both manual and electric pumps are available and the type of pump you can receive will depend on your need

and situation.) WIC staff can show you how to use the pump, how to store your own milk and give you information that you can take to your employer to ask them to be supportive of your decision. Talk to WIC about how you can fit nursing into your schedule. Don't wait until the last minute. You will need to start getting ready at least 3-4 weeks ahead of time.

## **How Can I Tell If Breastfeeding Is Going Well?**

Many moms have questions about how long and how often a baby should nurse and what changes they should expect as the baby grows. The chart on the next page will answer a lot of questions you may have during the first year of nursing. It will let you know what a great job you are doing! Your own milk gives your baby good nutrition **and** health protection!



# What is “Normal” When Nursing?

	<b>Week 1</b>	<b>Weeks 2-6</b>	<b>Weeks 6-12</b>	<b>4-6 Months</b>	<b>7-12 Months</b>
<b>Feedings: How often?</b>	8-12 feeds each 24 hours (1½-2½ hours apart) • Wake to feed if baby sleeps longer than 3 hours during day or 5 hours at night • “I’m learning to nurse” Feel tired? Rest/sleep when baby sleeps	8-12 feeds each 24 hours (1½ -3 hours apart) • “I enjoy nursing.” Still tired? Rest/sleep when baby sleeps	7-10 feeds each 24 hours (2-4 hours apart) Longer stretch between feeds at night • “Nursing is great, more sleep!” Baby is less fussy and schedule more predictable	6-8 feeds each 24 hours (2-4 hours apart) • Expect changes in schedule • Baby may feed more in evening to sleep longer at night Happy baby - may sleep all night!	4-7 feeds each 24 hours • Feeding stage • May decrease feeds • Start solids and cup training • “Nursing makes me proud”
<b>Feeding: How long?</b>	5-30 minutes each side May nurse one or both sides Encourage both	10- 40 minutes each feed May nurse on one or both sides Encourage both	10-40 minutes each feed May nurse on one or both sides	Varies May get distracted and “snack nurse”	Some feeds may be very short • “Toddler nursing”
<b>Dirty diapers</b>	Day 1-2: Black/green Day 3-5: Brown to yellow Minimum of 2-4 each 24 hours	Loose and yellow Minimum of 2-4 each 24 hours May dirty a diaper at each feed	Loose and yellow Minimum of 2-4 each 24 hours • Less diapers by 6 weeks • Older babies may dirty 1-2 each week	Each baby is different 1-2 each day to 1-2 each week is normal	Each baby is different 1-2 each day to 1-2 each week is normal • Color, consistency and smell change when solid foods started
<b>Dirty diapers = milk intake</b>	Day 1-2: Black/green Day 3-5: Brown to yellow Minimum of 2-4 each 24 hours	Loose and yellow Minimum of 2-4 each 24 hours May dirty a diaper at each feed	Loose and yellow Minimum of 2-4 each 24 hours • Less diapers by 6 weeks • Older babies may dirty 1-2 each week	Each baby is different 1-2 each day to 1-2 each week is normal	Each baby is different 1-2 each day to 1-2 each week is normal • Color, consistency and smell change when solid foods started
<b>Baby weight gain pattern</b>	Lose up to 8% birth weight Weight gain by day 7	Week: 2: Back to birth weight 3-4: 7 ounces each week 5-6: 5 ounces each week	5 ounces each week 1¼ pounds each month	3 ounces each week ¾ pound each month	2 ounces each week ½ pound each month
Remember, each baby is different! There is a wide range of “normal weight gain patterns”.					
<b>Breast Changes</b>	Colostrum day 1-5, breasts are soft More milk day 3-6, breasts may feel full, swollen and leak	Breasts softer by day 10 This is normal Less to no leaking	Breast size may decrease at 2 months Leaking stops	Plugged ducts common when: • baby starts to sleep all night • when solids started	Breast size may continue to decrease
<b>Growth Spurts</b>	Between day 7-10 Baby nurses more often	3 weeks and 6 weeks Baby nurses more often	3 months Baby nurses more often	6 months Baby nurses more often	9 and 12 months Baby will eat more solid foods



Pennsylvania WIC Program  
1-800-WIC-WINS

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