

## **GUIDELINES FOR BREASTFEEDING – THE FIRST WEEK IS YOUR NEWBORN WELL FED?**

The first few days of your baby's life is so exciting – and yet sometimes so confusing. Why is your baby crying? Are they hungry? Why are they sleeping so much – or sleeping so little? How can you tell whether your baby is drinking enough at breast?

First of all, trust your intuition. If you are concerned about your baby, call for medical advice. Don't hesitate because you "don't want to be a nuisance" or "it's a silly question". As new parents you are supposed to have a lot of questions and concerns, so make a list and call or message your baby's physician.

Please start by reviewing this video:

<https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk>

Here are some ways to tell breastfeeding is going well right from the start:

### **A Comfortable Latch**

Your baby needs to be attached to the breast correctly in order to have a good feed. A *good latch does not hurt*. Sharp pain at latch, even if it eases after a minute or two, usually means the breast is not deep enough in baby's mouth and is being compressed against the hard palate. This can result in visible damage. There are many videos on latching but see if these help. If not please seek help from a lactation consultant familiar with post-discharge issues.

Ameda latch video: <https://www.youtube.com/watch?v=t8F7LAO7B3E>

<https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/>

### **Number of Wet Diapers**

For the first week this number should be at least equal to your baby's age in days, for example, on day three you should see at least three wet diapers. The amount and color is just as important as the frequency: urine should not be scant, dark and smelly.

### **Number of Poopy Diapers**

Expect several meconium (dark, tarry) stools daily for the first two days. On day three there may be no stools. On day four look for at least three lighter-colored and wetter stools. By day seven your well-fed baby may be pooping with each feed. Color will be yellow.

### **Number of Feeds**

Your baby should be waking and signaling hunger every two to three hours for at least eight feeds each day. Let your baby feed as long and as often as they want. A full-term, good-weight infant should wake themselves for most feeds. Most newborns will "cluster feed" for a few hours, often in the middle of the night. After this feeding frenzy your baby may sleep as long as four hours.

## **A Good Feed**

Please offer your baby as many breasts as it takes for a complete feed. If you have a high supply your baby may only need one breast, but most newborns will need both breasts and take twenty to thirty minutes to finish. Please keep your baby actively feeding by compressing your breasts when swallows slow down, and switching breasts when that no longer works. A full baby will release the breast to show satiety and is either asleep or quietly awake, not fussing.

## **Swallowing**

Number of minutes at breast does not indicate intake. Watch the swallows. A swallow may be an obvious gulp (especially when the milk is copious) but more typically you will hear a soft, nasal exhalation - "kuh". Listen for this and watch your baby's chin. Short, choppy movements are sucks only. Swallows are longer, slower movements. See <https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk>

## **Pacifiers**

If your baby is giving any hunger cues (fussing, hand to mouth, eager to suck your finger) offer the breast. You cannot overfeed! It is okay to use a pacifier for those moments when it's not possible to feed. For example, baby is in the car seat or having a diaper change.

## **Formula**

If all goes as nature intended your milk will be enough for your baby. However, research shows that about 25% of first-time mothers may have a bit of a delay in full milk onset. If your baby is endlessly crying and hungry please check with your baby's physician about starting formula, and starting some pumping to give your milk supply a boost.

## **SEEK MEDICAL HELP IF**

- Urine is dark and/or less frequent than the guidelines.
- No stools on day four.
- Baby is lethargic, does not wake self for feeds or is difficult to wake.
- Latches onto breast readily, sucks a minute or two and seems to go to sleep.
- Feeds endlessly without seeming satisfied. If put down, sleeps briefly then fusses to feed again. Only content if held.
- Full milk onset not evident on day four. When the milk is "in" the breast will feel firm before a feed and softer after. Baby may spit up. Breasts may leak.
- Breasts are painfully hard and swollen. This is called primary engorgement and may be an indicator that the baby is not breastfeeding well. Full and firm breasts, as the milk comes in, are a positive sign. Hard, painful, hot breasts are a concern. See engorgement handout.
- Nipples are too sore for you to enjoy breastfeeding. A little nipple sensitivity during the first week is not unusual. Sharp pain and/or damage are signs that the latch is wrong, no matter how good it may look.