

Breastfeeding Success



R E S P E C T C A R E C O M P E T E N C E J O Y

HSHS St. Joseph's Hospital Breese upholds the World Health Organization's International Code of Marketing of Breastmilk Substitutes by offering education and educational materials that promote human milk rather than other infant foods or drinks, and by refusing to accept or distribute free or subsidized supplies of breastmilk substitutes, nipples, and other feeding devices.



Prenatal Education Topic #1

Benefits for Babies and Mothers



Breastfeeding saves time and money:

1. Formula costs more than \$1,700 for a year plus supplies. Breastfeeding is free!
2. Formula takes time to buy, mix, and prepare for feeding.
3. Formula is harder for your baby to digest.

Breastfeeding benefits babies:

1. Breastfeeding gives your baby all the nutrition and growth factors needed for normal development, as well as lifelong disease protection. Formula provides no disease protection.
2. Formula comes from non-human sources such as dairy or soy, which can lead to allergies and diabetes.
3. Breastfeeding protects against obesity.
4. Breastfeeding is comforting.
5. Babies who are breast fed have higher intelligence scores.

Breastfeeding benefits mothers:

1. Women who breast feed have less breast and ovarian cancer, diabetes, osteoporosis, rheumatoid arthritis, and depression.
2. Women who breast feed return to pre-pregnancy weight more quickly.

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

Breastfeeding gives your baby comfort and nutrition.

- Breastfeeding gives your baby the comfort of being close to you, as well as the comfort of sucking.
- Breastfeeding can help everyone feel more relaxed by decreasing stress hormones in you and baby.
- Breastfeeding has pain-relieving properties for baby.
- Breast milk contains everything baby needs to grow and develop the healthiest body possible. Breast milk naturally changes as baby grows to supply all the necessary nutrition. Since the nutrients come from a human source, they perfectly match baby's digestive system. They are rapidly and easily digested.

Breastfeeding protects your baby against disease.

- Formulas come from cow or soybean sources, which are harder for baby to digest. These foreign proteins may lead to allergies, diabetes, ear infections, and intestinal bleeding.
- Your breastmilk has many proteins that fight bacteria and viruses, and may reduce ear infections, respiratory infections, gastrointestinal diseases, colds and flu. Formula has no disease fighting or protective components.
- Breast fed infants receive protection that lasts a lifetime. Studies show a lower incidence of sudden infant death syndrome (SIDS) and serious diseases such as cancer, diabetes, and heart disease.
- Formula-fed infants have a greater incidence of ear infections, diarrhea, respiratory illness, gastrointestinal illness, cancer, heart disease, obesity, and SIDS.

Breastfeeding promotes your baby's growth and development.

- Breastmilk contains enzymes and hormones that help baby's digestion, and promote healthy growth.
- The milk of mothers whose infants were born prematurely has more protein and other nutrients specially needed to meet the growth needs of the premature baby.
- Breastmilk contains important fats that help baby's brain grow. Breastfed babies have higher intelligence scores. These important fats also promote better vision and digestion throughout his or her life.
- Formula has no enzymes or growth promoting factors. Formula fed infants are more likely to be overweight.

Breastfeeding saves you time and money.

- Formula costs over \$1,700 a year, not including supplies. Plus it takes time to buy and mix formula, and wash and prepare bottles. Breastmilk is always fresh, free, and ready to feed!
- Breast fed babies get sick less often, so less money is spent on doctor visits, medicines, and hospitalizations, and fewer vacation days are spent staying home with a sick baby.

Breastfeeding benefits your health.

- Women who breastfeed have decreased rates of breast and ovarian cancer, diabetes, osteoporosis, rheumatoid arthritis, and depression.
- Breastfeeding helps you lose more weight and reduces postpartum bleeding.

Prenatal Education Topic #2

Only Breast Milk for the First 6 Months



Babies are born with extra fluid stores.

1. This extra fluid is used over the first few days while their stomach is too small to accommodate much fluid.
2. The weight loss babies normally experience in the first few days is simply loss of this “water weight.”

Breastmilk is all your baby needs for the first six months of life.

1. Babies need no other food or fluid, including water.
2. Introducing other food or fluids can cause problems for breastfeeding and your baby’s health.

The early months of your baby’s life are essential to her long term development.

1. Breastfeeding gives your baby the body-building components that are particularly suited to his health and development.
2. Milk from other animal and plant sources does not contain the body-building components particularly suited to the human body.

The first milk is colostrum.

1. Colostrum is concentrated milk that your breasts produce from about the middle of pregnancy.
2. Colostrum gives your baby protection against disease that no formula can provide.
3. The amount of colostrum is small during the first few days so the baby’s stomach will not be overfilled. This is important while the baby is learning to coordinate sucking, swallowing and breathing.
4. Baby’s stomach is very tiny at birth and grows a little larger each day. Milk production naturally increases gradually every day, matching the baby’s stomach size.

Breastmilk is the only food your baby needs for the first 6 months of life.

- Breastmilk has all the nutrition and fluid baby needs for the first 6 months, even in hot weather. Breastmilk is better for baby than any other food or liquid. Other items may decrease baby's desire for breastmilk.

Giving your baby only breastmilk for the first 6 months is best for your baby's health.

- Your baby's body has iron stores that were obtained from your body during pregnancy. Your breastmilk has a protein that enables your baby's body to use these iron stores. If your baby is given other food or liquid that has iron, the special breastmilk protein cannot work, and then the baby may become anemic.
- Babies who have only breastmilk for 6 months have fewer illnesses than babies who eat or drink other foods or fluids. Breastfed babies have less pneumonia and other respiratory illnesses. They also have fewer intestinal diseases, ear infections, and allergies.

Baby's body is not ready to take other foods until 6 months of age.

- For the first 6 months, your baby's intestines have small pores in them, like a net. If given other foods, nonhuman proteins can go through the pores into your baby's body and cause allergies. At around 6 months, the pores in baby's intestine close up. Your baby can then eat other foods.
- Around 6 months, baby is able to sit up. A baby must be able to sit up to swallow food properly.
- Around 6 months, baby's tongue can move in to accept food. Before, baby's tongue naturally pushes out as it does while breastfeeding.
- By 6 months, the baby's mouth cavity has deepened. Baby can then eat spoonfuls of food.
- Before 6 months, a special protein in your breastmilk helps baby fight disease. At 6 months, your baby's body produces this protein.
- Prior to 6 months, baby does not produce enough stomach acid. This can cause digestive issues, problems with oxygen levels, and development of diseases if baby is given other foods or fluids.

Breastmilk should still be baby's main source of nutrition during his or her first year.

- Breastmilk is better than any other food for nutrition and disease protection. You may, however, begin to introduce solids after 6 months so baby will learn to eat different foods.
- It's important to keep breastfeeding beyond 6 months. Breastfeed prior to each meal of solids, as the "first course." Gradually increase the number of meals: one meal of solids a day at 6 months, 2 solid feedings a day at 7 months, 3 meals a day at 8 months, then 3 meals plus snacks at 9 months. Breastfeed before each meal and before and after sleep periods.
- Important fats found only in breastmilk help build the brain, eyes, and digestive system. The brain and nervous system grow a lot over the first year or two. The amount of fat in your milk also grows over this time. Breastfeeding through the second year helps baby's brain develop better, can improve eyesight, and helps build a digestive system that absorbs nutrients better. These benefits last a lifetime!

Breastfeeding may continue past your infant's first year of life.

- Breastfeeding offers comfort and emotional support. As baby develops the ability to talk and walk, he may also get separation anxiety. Breastfeeding helps baby to feel secure.
- As baby comes into contact with other children, the disease-fighting components of breastmilk help him stay healthy.
- The American Academy of Pediatrics recommends exclusive breastfeeding for 6 months, and continued breastfeeding as long as you both desire, even into the third year of life or longer. The longer you breastfeed, the greater the benefits for you and your child.
- You can breastfeed during pregnancy. You can also nurse an older child along with an infant — this is called tandem nursing.

Prenatal Education Topic #3

Breastfeeding — Latch and Positioning

Place baby's bare body on your chest after birth. This helps baby become familiar with life outside the womb, stay warm, feel safe and start breastfeeding naturally.

1. The amniotic fluid covering baby at birth smells like colostrum.
2. When held close, baby is able to smell your colostrum.
3. After spending time skin-to-skin with you after birth, baby may 'crawl' his/her way to your breast and latch on by him/herself.

The first 3 days after birth:

1. Babies are alert for the first few hours after birth. This is the best time to start breastfeeding.
2. After this wakeful period, babies typically sleep a lot the rest of their first day. During the next two days, babies tend to wake up and spend a lot of time at the breast, getting nourishment and building your milk supply.
3. Babies can get overstimulated from all the sights, sounds, and activities of their new world. Being held close and at the breast helps calm and soothe your baby.
4. This time of being close and feeding frequently facilitates bonding and releases hormones that make milk in your body.

You can help your baby learn to latch onto your breast.

1. Hold baby close, with baby's tummy facing your tummy.
2. Bring baby up to the level of your breast by putting a pillow under the baby.
3. Use one hand to support baby's neck.
4. Use your other hand to support the breast well behind the areola.
5. Have baby's chin pressed into your breast with your nipple just opposite baby's nose.
6. Tickle the baby's upper lip with your nipple to make his/her mouth open wide -
7. Then bring baby to your breast quickly.
8. Baby should latch the areola, not just the nipple. This will enable baby to get more milk, and reduce the risk of you developing sore nipples.
9. If you feel discomfort during nursing, baby may not have enough breast in his/her mouth. Insert your finger between his/her jaws to break suction then relatch.

Learn different positions and have the nurses help you with breastfeeding.

1. You can nurse with the baby across your chest, under your arm, or lying down.
2. Lying down is a great position for breastfeeding. Baby can feed while you rest!



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Learn about breastfeeding and have support.

- Consider taking a breastfeeding class. The Women & Infants Center (WIC) offers them in Breese and Highland.
- Prepare a list of people you can call or talk to that have experience — family, friends, or one of the Women & Infants Center Lactation Consultants.
- Sign up for the free weekly e-newsletter through SOGA or WIC that delivers timely news throughout pregnancy and baby's first year.

Ask for help from the hospital staff.

- Our nurses are specially trained to assist you and baby in learning to breastfeed. You can learn together!

The first few days:

Birth Day — Place baby on your chest immediately after birth, skin-to-skin. Baby may crawl to your breast and attach with very little assistance! After the first few hours, baby may be sleepy. Take this time to sleep yourself!

Day 1 — Baby will be more alert and want to nurse often. This time of frequent feeding gives you lots of practice. Frequent feeding also stimulates your body to produce hormones, which trigger milk production.

Day 2 — Baby may want to be at the breast frequently. Watch for cues and simply feed as often as he wants.

Day 3 — You may notice your breasts getting fuller and the milk changing consistency. Let baby end the feeding by falling asleep or detaching himself. Let baby finish the first breast, then offer the second breast.



How do I latch baby to my breast?

Hold baby close, next to your skin, tummy to tummy. Press his chin into your breast with your nipple just opposite his nose. Tickle the baby's upper lip with your nipple to make his mouth open wide, like a yawn. Hold your hand behind the baby's neck and shoulders. This will allow the baby to tip his head back so he can open his mouth wider. Use your other hand to support the breast and compress it slightly in the same direction as his lips. This will help him to get more of a mouthful. When your baby's mouth is wide open, bring him 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 his mouth. Insert your finger between his jaws to break suction, then relatch.



Breastfeeding positions:

Crosscradle: Hold baby tummy to tummy. Hold your forearm along baby's back, with your hand supporting 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 his neck and shoulders. Baby's head is under the breast, looking up at you. Your other hand supports the breast like a C.

Sidelying: 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 her back, 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.

Prenatal Education Topic #4

Pain Management Options



Research shows that staying out of bed and remaining active helps you have a quicker, easier birth.

1. Walking and staying active during labor helps mom feel more relaxed and in control, and helps stimulate contractions.
2. Being upright and out of bed causes gravity to help bring baby down.
3. Sitting on a birthing ball, rather than the bed, takes pressure off your tailbone and lets your pelvis open wider for baby.

Pain management during and after labor is a personal decision, but it is important to be aware of all of your options. Pain medications and anesthesia in labor have been shown to have impact on labor progress, the infant and breastfeeding. Pain medications and anesthesia in labor are associated with:

1. Longer labors, more interventions, higher rate of cesareans and vacuum-assisted deliveries.
2. Respiratory difficulties for some babies.
3. Some babies may be less alert to breastfeed and have an uncoordinated or weak suck, thus may have greater weight loss and more jaundice.
4. There may be a delay in milk production and lower volumes of milk.

There are many ways to help you get through labor without pain medications and epidurals. These methods can optimize labor progress, infant health and breastfeeding success.

1. Have a helper who is experienced with childbirth. This may be a friend, family member, or a doula.
2. Take a childbirth class where you can learn about labor, breathing, and relaxation techniques.
3. Stay at home in early labor as long as possible, and call your provider before you come to the hospital.
4. Using the shower or labor tub is relaxing, helps labor progress, and helps relieve pain.
5. Attitude is important. See labor not as something that happens to you. Rather it is the work you do to deliver your baby!
6. Play music and keep a calm, dim environment to help with relaxation.
7. What you think about during labor can really help you through it: each contraction brings you closer to your baby; labor is a normal, healthy process; your body is well-designed for this wonderful process; you are bringing a new person into the world!

Pain medications and anesthesia in labor have been shown to have detrimental effects on labor progress, the infant and breastfeeding. These detrimental effects include:

- Prolonged labor. *Am J Obstet Gynecol* 2002;186:S31-77
- Your blood pressure may drop, giving your baby less blood flow; this lowers his oxygen levels, and could lead to fetal distress. *JAOA* 106(12)Dec 2006
- You may have difficulty urinating. *Am J Obstet Gyn* 2002(186)
- Decreased infant alertness, ability, and readiness to feed. *J Hum Lact* 15(3)1999
- Your baby may have trouble breathing. *J Perinatol* 2003;5
- Disorganized infant suck. *J Hum Lact* 16(1),2000
- Depressed infant reflexes including sucking. *Birth* 2001
- Delayed milk onset. *J Am Diet Assoc* 1999;99:450-454
- Decreased milk volumes. *Int J Obstet Anesth* 2004 Jan 13(1):25-9
- Shortened duration of breastfeeding. *Anesthes* 2005;103(6)
- Increased infant weight loss. *Pediatrics* 2003;1112:607-619
- Higher cesarean section rate. *Am J Obstet Gyn* 2002;186:S31-68
- More likely to need forceps or vacuum extraction. *JAMA* 1998;280:2105-10
- More likely to need Pitocin augmentation of labor. *Am J Obstet Gynecol* 2002; 186:S81-93
- Greater incidence of fever in labor, which may lead to antibiotics. *Am J Perinatol* 1997;14:83-6
- Greater incidence of your baby being born with a fever, getting blood tests, IVs and antibiotics. *ACOG* 2002 (100)1

Research shows that non-interventive birthing practices accomplish:

- Faster, easier births. *Brit J of Anesth*, 2004;93(4):505-11
- Healthier, more active and alert mothers and newborns. *Cochrane* 2004(2):CD000111
- Mother and baby are more ready to breastfeed. *Cochrane Rev* 2000; *J Hum Lact* 1997

There are many things that help in labor besides pain medications and epidurals. These methods help your labor go faster and give the baby the best start in life. Stay active. Use breathing and relaxation. Have helpers! These help labor progress, infant health & breastfeeding success.

- Attitude is important. See labor not as something that happens to you; rather it is the work you do to deliver your baby!
- What you think about during labor can really help you through it: each contraction brings you closer to your baby; labor is a normal, healthy process; your body is well-designed for this wonderful process; you are bringing a new person into the world!
- Stay out of bed and upright, walking, standing and showering. Use gravity to help bring your baby down!
- Our telemetry monitoring allows you more mobility.
- Off the monitor, brief checks of your baby's heartbeat allow you freedom to move!
- Walking keeps you upright plus stimulates your contractions. It also keeps you off your tailbone, which opens more space for your baby to come out.
- Use a birthing ball to sit on or lean over. This helps relieve back pressure, helps you stay upright, allows your helpers to massage your back, and helps your pelvis open for the baby.
- Use the rocking chair and change your position often.
- Use the shower. Use of water in labor reduces pain. If you have back discomfort, point the shower spray over your back. If you want to sit while in the shower, you may use the ball or shower chair.
- Use the labor tub. The motion and warmth of the water lessens pain. Warm water also helps you tissues stretch so there's less tearing. It makes a comfortable transition for the baby and can speed labor.
- Have a doula. A doula is a person trained and experienced in helping women through labor; she'll give you support and guidance. Having a doula has been shown to shorten labor, decrease complications, and increase breastfeeding success.
- Take a childbirth class with your partner so you can learn and practice breathing, relaxation, and other techniques to help in labor. Have a coach to help and encourage you. Practice these things before labor.
- Playing music and having a calm, dim environment may help with relaxation.
- Sit on the toilet: not only for emptying bladder and bowel, this position helps pelvic opening.
- Talk with your provider if you desire other ways to help with a medication-free labor.

Prenatal Education Topic #5

Early Skin-to-Skin Contact



How does skin-to-skin help breastfeeding?

1. Baby can smell colostrum at birth. Amniotic fluid has a smell similar to colostrum, so baby is drawn to the breast by the familiar smell.
2. Left undisturbed between your breasts, baby may nuzzle down to the breast by himself and latch unassisted!
3. Baby has more opportunity to feed and gains weight better.
4. Baby is more aroused to feed.
5. Baby breastfeeds better and longer overall.

What is skin-to-skin?

1. Skin-to-skin means your baby is placed unclothed onto your chest, against your skin, and under a blanket or your clothing.

When can I give my baby skin-to-skin time?

1. Right after birth, or as soon as you are ready — the sooner the better for you and for baby!
2. This special time should take place as much as possible, especially while breastfeeding.

What does skin-to-skin do?

1. Stabilizes baby's temperature and vital signs.
2. Give baby better oxygenation and blood sugar levels.
3. Stimulates milk production.
4. Causes your uterus to contract and bleed less.
5. Comforts baby so he cries less.
6. Promotes feelings of closeness and protection.
7. Provides the best opportunity to get breastfeeding off to a good start.



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“Hi Mom. I’m home!”

Those are words you’ll hear several years from now, but that is also the expression that best states your baby’s desire right after birth: to be next to you! You were his “home” for the past nine or so months; the place of warmth, feeding and comfort. The best way to bring baby back into this place of comfort and warmth with you is called “skin to skin.”

What is “skin to skin”?

Simply put, the baby is placed bare-skinned onto your skin, on your chest. Any assessments or procedures that are done routinely for your baby can either be delayed for this important time together, or performed while the baby is on your chest.

What will result from having “skin to skin” time?

Happier Baby: Babies are comforted by being placed skin to skin with their mother right after birth. They are calmer and cry less. Being skin to skin is also pain-relieving to the baby, such as during an injection or heel-stick procedure.

Healthier Baby: When babies are placed skin to skin, they warm up better and learn to stay warm faster. Skin to skin helps baby’s respirations, heart rate, and blood sugar stay normal and their oxygen levels are highest when skin to skin. So you see, you are the best “recovery room” for your new baby!

Happier Mother: Being skin to skin helps lower your stress, and makes you feel closer to your baby. This is a great time for both of you to get to know one another. The bonding that takes place during skin to skin time lasts long after birth.

Healthier Mother: The movement of your baby’s body on your body stimulates hormones that cause your uterus to contract and therefore bleed less.

Better Breastfeeding: When babies are placed undisturbed on their mother’s chest, between the breasts, they often will crawl towards the mother’s nipple and latch on unassisted! Babies are able to smell the colostrum in their mother’s breasts. Since amniotic fluid is similar in smell to colostrum, babies are therefore naturally drawn to the breast. In addition, babies’ hand movements at the breast, as well as their sucking, cause the mother’s body to release milk-making hormones. Infants who have been placed skin to skin gain weight better and breastfeed better and longer. Babies need to be close to the breast to learn to breastfeed. This first skin to skin time is the best opportunity to begin breastfeeding!

The benefits continue.

Even after your first skin to skin time, continue to place your baby skin to skin over the next several days. If baby is fussy, this will help calm him. If baby is too sleepy to nurse, this will stimulate and arouse him to breastfeed. Skin to skin time continues to help make baby warm and comforted. And it continues to help make breastfeeding a successful and enjoyable experience.

Prenatal Education Topic #6

Rooming In With your Baby



What is rooming in?

Rooming in means that your baby stays with you in your room throughout your hospital stay. Your baby will not normally go to the nursery.

What are the advantages of rooming in?

1. Baby sleeps better and cries less. It is less stressful for the baby.
2. Mother's milk comes in sooner.
3. Baby gains weight better.
4. Baby develops less jaundice.
5. Baby feeds more often.
6. Women exclusively breastfeed longer and continue to breastfeed longer.
7. You can get to know your baby better.
8. You are better prepared to take care of your baby.
9. You begin to recognize your baby's feeding cues.

What about sleep?

1. Mothers have the same amount and quality of sleep when rooming in as when the baby is out of the room.
2. Get your sleep in chunks: sleep when your baby sleeps.
3. The daytime is for sleeping, too. Limit distractions and visitors.
4. Learn to nurse in the sidelying position so you can rest while baby feeds!



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Keeping your baby with you throughout your hospital stay, or “rooming in,” has many benefits for you and your baby:

Better sleep.

- Babies who room in with their mothers sleep deeper.

Less crying.

- Newborns cry less when they are with their mothers. Levels of stress hormones of infants separated from their mothers are twice as high as those of infants who room in. Being with their mother is “home” for babies.

Better breastfeeding.

- Milk comes in sooner for mothers who room in than mothers who don't room in.
- Women who room in with their infants continue to nurse their babies longer.
- Babies who room in are fed more often.
- Women who room in with their newborns have higher rates of exclusive breastfeeding. And exclusive breastfeeding, meaning babies are not fed other foods or fluids besides breastmilk, is recommended for babies' first 6 months by the American Academy of Pediatricians and many other health organizations.

Better weight.

- Babies who room in gain weight better.

Less jaundice.

- Babies who room in have decreased jaundice.

Better opportunities to get to know one another.

- You have more opportunities to learn about your new baby! Parents learn to recognize feeding cues when their babies stay in the same room. This doesn't happen when you are separated.
- You will be better prepared to care for your infant at home.
- You will have more frequent interactions with your baby while rooming in. You will have more opportunity to touch, look at, and get to know one another better.
- Women who room in are more attached to their babies.

What about sleep?

- Studies show that mothers get the same amount and quality of sleep when their infants room-in as when their infants are out of the room.
- Breastfeed in the sidelying position: baby can feed while you rest!
- Take the opportunity to rest during the day as well as the night. Ask your nurse to help with limiting day time interruptions and phone calls.
- Get your naps in along with the baby: sleep when baby sleeps!

If your baby needs to be separated from you, due to illness or prematurity:

- Pump your breasts early and regularly to provide the best medicine for your baby: your milk!
- Be with your baby as much as possible, and as soon as your baby is able, begin breastfeeding!

Prenatal Education Topic #7

Feeding On Cue



Your baby prefers you. Avoiding pacifiers and bottles will help your baby breastfeed better.

1. The sucking action on a pacifier or bottle is very different from how a baby latches the breast.
2. When a baby sucks a pacifier or bottle, the breast does not get the stimulation to make milk.
3. Formula is difficult for baby to digest.

What is “feeding on cue”?

1. Feeding on cue simply means feeding your baby whenever he/she shows feeding cues.
2. Feeding cues are signs of hunger.
3. Feeding cues are: mouthing movements, tongue protruding, rooting, hand to mouth movements, hand-sucking.
4. Crying is a late hunger sign.
5. Feed baby whenever baby wants for as long as baby wants.

What are the advantages of feeding on cue?

1. Since sucking and emptying the breasts determines milk supply, feeding the baby as often and as long as the baby wants means you will make as much milk as the baby needs.
2. Frequent feeding in the first few weeks after birth builds up milk-making tissue in your breasts, assuring a good milk supply for months to come.
3. Baby latches and feeds better when you catch his early feeding cues such as tongue movements and rooting. If you wait until he is crying, it may take more time to calm him before feeding.
4. You bring comfort and pain relief to your baby when you feed on cue. Nursing is for comfort as well as nutrition. Babies cannot be held “too much” or “spoiled.”
5. Newborns are used to constant closeness and feeding. Frequent feedings gives them that connection.
6. Babies gain weight better.
7. Babies have less jaundice.
8. Mothers have less engorgement.
9. The overall duration of breastfeeding is longer.



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Feeding cues are the signs your baby gives you to let you know he is ready to nurse.

- These are mouthing movements, tongue protruding, rooting, hand to mouth movements, and hand-sucking.
- These signs mean it is time to put your baby to breast. Crying is a late hunger sign. Try to feed baby before he/she gets too fussy. Calm baby down to get baby to latch better.

Let your baby nurse whenever he wants.

- It is helpful to think about life from the baby's perspective, in fact, the baby doesn't know that he's born! When you were pregnant, your baby was fed and carried all the time. He heard your voice and heartbeat. He felt your motion and your warmth. After he is born, he is not ready to go several hours without feeding, or be content to be by himself. Nursing is comforting to your baby; more than just obtaining food! Babies feed frequently because they are growing a lot, their food is rapidly digested, and they need the closeness for comfort.
- Milk production functions in a cycle that starts with the baby. Sucking the breasts empty calls in the order for more milk. Your body responds to the baby by producing enough milk to satisfy the baby's needs.

Frequent feeding causes your body to produce more milk.

- During the first two weeks after delivery, your breasts are developing milk-making tissue. Frequent feedings make your body produce the hormones that increase this milk-making tissue. Developing a lot of milk-making tissue during this time will assure a good milk supply for many months to come.
- After the first two weeks, regulation of milk supply is solely based on supply and demand. Your body will make as much as your baby needs, so continue to feed according to baby's cues. Babies go through growth spurts when they will feed very frequently for a day or two, then your supply increases to meet his demand. These may occur at two weeks, six weeks, 3 months and 6 months. The more you nurse your baby, the more milk you make!

Let your baby nurse as long as he wants, and finish the first side first.

- At the beginning of the feeding, the baby gets the watery protein portion of the milk, called foremilk. Toward the end of the feeding, the baby gets the fat part of the milk, called hindmilk. This fat helps the baby feel full, gain weight, and sleep better.
- By letting the baby finish the feeding, you know that she got the fat-rich hindmilk. Baby is finished when she pops off the breast or falls asleep. Burp baby, then offer the second side.
- Baby may not take the second breast as long. Start on this breast at the next feeding.

There's nothing like Mom: Avoiding pacifiers and bottles will help you have a better milk supply.

- Your body does not know when your baby sucks on a pacifier or bottle, and does not get the signal to increase your milk supply.
- Sucking a pacifier or bottle is different than sucking at the breast. At the breast, baby's jaw is relaxed wide open, his lips are flanged out, and the tongue comes forward to bring in the milk. On a pacifier or bottle, baby's jaw is tight, his lips are pursed, and the tongue is bunched behind the nipple or pacifier. Once baby has sucked a bottle or pacifier, he make not latch well at the breast.
- Pacifiers mask feeding cues: you miss baby's feeding cues when he is sucking on a pacifier.
- Nursing is comforting for your baby. If baby remains fussy, check to see if she needs to be changed or burped. Other comfort measures are: swaddling, swinging, bouncing, rocking, walking, and making comforting sounds close to baby's ears such as singing, shushing, or talking.



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