LEARNING TO BREASTFEED

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INTRO

Breastfeeding with body made milk is nature's way to feed babies, while getting them the perfect combination of fat, vitamins, and antibodies that they need to thrive.
Besides the amazing health properties in breastmilk, here are some of the other excellent benefits of breastfeeding;

- Helps with bonding between mother and baby.
- Skin to skin - The mother's body temperature can regulate baby’s body temperature and blood sugar levels at birth.
- Helps reduce stress in baby.
- The mother's milk can produce antibodies for baby.
- Has more health benefits compared to other forms of infant food.
- It’s free.
- There’s very little clean up.
- It’s always the perfect temperature.
- There’s no preparation.
- Reduced risk of contamination (only possible contamination of breastfeeding would come from contaminants on the mother's nipples).

While there are very little to no risks associated with breastfeeding, for some people there can be discomforts or inconveniences that would outweigh the benefits of breastfeeding, and that is totally okay!

Breastfeeding doesn’t always work out for everyone and each feeding experience can vary from baby to baby, for each person.

GETTING READY TO BREASTFEED

Breastfeeding is a natural choice. It's convenient and free, always the perfect temperature and contains enzymes and antibodies. It encourages bonding and security, acts as a natural pain relief for baby, and has so many health benefits.
It may not always be easy, so it's always best to seek the help from an IBCLC, breastfeeding educator, or breastfeeding support group before resorting to supplementation with a breast milk alternative or medication. *It's also important to note that most healthcare professionals are not trained in breastfeeding.

Before baby is born, you may want to stock up on washable or disposable nursing pads, because you might go through a few pairs per day. Having a good breast pump is also handy, because it allows you to stock your freezer with milk in case you need to leave the baby with someone for a few hours or overnight. It's also a great way to build up your milk supply if you aren't producing much. Keep in mind that the more you pump, the more you'll produce. Milk production works through supply and demand.

BIRTH INTERVENTIONS & CHALLENGES

There are a few different birth interventions or outcomes that could make the onset of breastfeeding a bit more challenging, including;

- IV - water retention in baby could make initial weight higher than it should be, so if baby looses "too much weight" in the early days, supplemental feeding may be suggested by your health care provider.
- Traumatic birth - making it more difficult for the birther to bond with baby.
- Synthetic oxytocin - Suppresses natural oxytocin levels, so when the synthetic oxytocin is turned off, the birther's body then has to try to catch up, which could make it more difficult for initial milk production.
- Cesarean section - It could be more painful to hold baby in a front feeding position, or for the mother to get into a position that's comfortable.
- Forceps or vacuum - could make baby's head or neck a bit tender, making feeding challenging or uncomfortable for baby.
- Premature birth or NICU stay - could make breastfeeding difficult or tiring for baby. This could also lower the mother's confidence in breastfeeding, especially if pumping is required and the mother has other children to take care of, making it difficult to pump frequently throughout the day.

THE FIRST HOUR

The first hour after birth is the most important in establishing a good feeding relationship and milk supply. When skin to skin is allowed immediately after birth, the mother's body not only colonizes the baby with their normal gut bacteria, it also helps to establish bonding, it calms baby, and helps regulate things like body temperature, blood sugar levels and breathing.
When baby is placed on the mother's chest, is uses its senses of touch, sight, and smell to locate the areola and find the breast. The baby will do what is called the breast crawl, by kicking and using its body to move up to the breast. The mother may also notice the baby bob it's head over to the breast that it wishes to feed on.

- Left undisturbed, babies will often find the breast and latch on their own.
- If baby doesn't feed right away, let baby sleep for a bit, but remain skin to skin.
- In the event of a cesarean, the partner can do skin to skin with baby.

Something to note: After giving birth, the uterus continues to shrink down and it can be quite painful during feeding (feeling like mild to moderate contractions), especially with subsequent babies.

GETTING BABY LATCHED

Getting the first latch can be a bit tricky at first. Before latching baby, you might want to see if baby has a tongue or lip tie - this could hinder the success of the latch, depending on the severity.

- Next, with one hand you want to "sandwich" the breast and with the other hand, support baby's head at the neck (do not cup baby's head, but allow baby to be in control). Bring baby up from underneath the breast, so that they are essentially reaching up to the breast, fully opening their airway. You can squeeze out a bit of colostrum and drop it onto baby's lips. When baby opens up wide, bring them up and over the whole areola or as much of it as possible, continuing to sandwich the breast if needed (just make sure you're not getting only the nipple in baby's mouth).

- To readjust a latch, just put your finger in the corner of baby's mouth to break the seal, then try again!

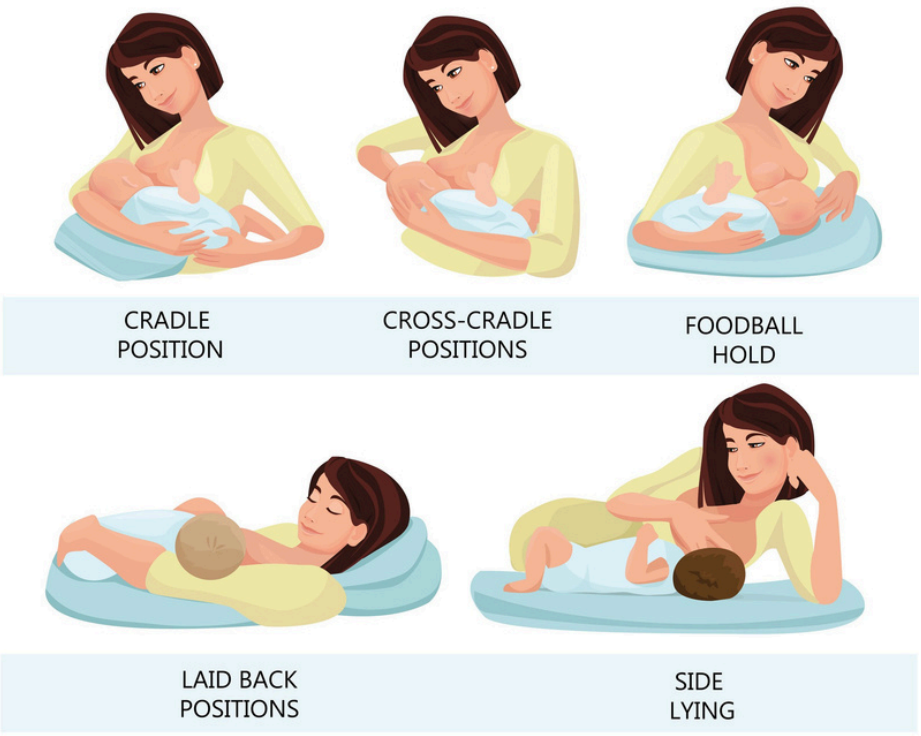
- Baby's chin should always be pointing up during the feed, it will make breathing and swallowing much easier than if baby's chin is tucked to its chest.

- Breastfeeding should never severely hurt or feel pinchy (though it may be uncomfortable for a little while). If this is the case, then try reevaluating baby's latch, try a different feeding position, or try using a nipple shield.

- Getting baby latched can be done in any position, however baby might prefer one position over another or one side over the other - this could be due to the birth experience and baby's neck or head being a bit sore or tender on one side, or baby could simply prefer the milk flow on one side versus the other. It's important to still offer the other side, or at least pump out or hand express the milk out of the other side, in order to keep up supply.

- In the first few weeks, offer both breasts during feeds and then as baby gets older, they may only need milk from one breast each feed, or they may continue eating from both.

FEEDING POSITIONS

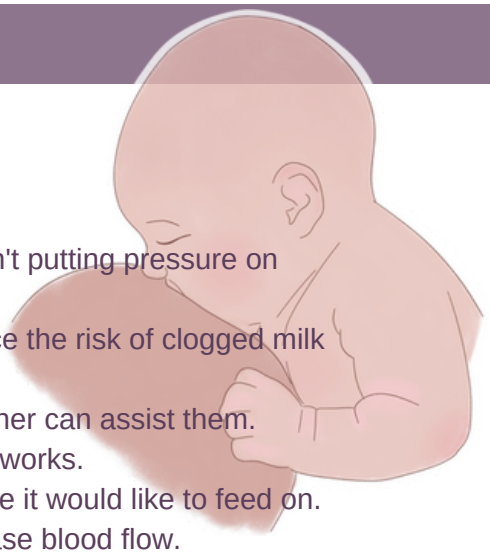


Each of these positions has a different time and place for their use. Some are easier to master than others, for both mother and baby, but all are great to try, in order to determine which is most comfortable and allows baby to get a better latch.

Things to remember;

- Baby's chin should be tilted up during the feed, to open their airway.
- Baby should have as much of the areola in their mouth as possible.
- Baby's lips should not be curled under during feeding.

FEEDING TIPS



- When breastfeeding, comfort is key.
- Try not to hunch over while feeding baby.
- Try to be as relaxed as possible.
- Football hold is best for feeding after a cesarean, so that baby isn't putting pressure on the incision.
- Feeding in different positions every so often is great way to reduce the risk of clogged milk ducts.
- Babies will often self-attach themselves to the breast, but the birther can assist them.
- If something isn't working, keep trying till you find something that works.
- When baby is lying on your chest, you can let it choose which side it would like to feed on.
- If your nipples look white after feeding, keep them warm to increase blood flow.
- If your nipples look squished after feeding, try different feeding positions, or try getting a deeper latch.
- If you need to hold your breast up during feedings, try a rolled up washcloth under your breast to support it. During side lying feeding, you can also place a rolled up washcloth under baby's face, to keep them in line with the breast.
- Putting a silicone breast pump or milk catcher on the opposite breast when you feed baby is a great way to catch your let down, and then you can store it.

COLOSTRUM/LIQUID GOLD

Earlymilk is called colostrum, which is amore concentrated form of milk.
Colostrum helps to create normal gut health in baby, while also coating the linings of the digestive tract, to protect against germs, viruses, and bacteria that try to enter into baby's system.

The first few days after your baby is born you will be producing colostrum, which is a very nutrient rich form of milk, and because baby's stomach is still so small, they don't need very much to fill them up. So don't be concerned if your milk hasn't come in yet.
Once your milk does come in (generally a few days after birth), you might feel very engorged for a few days. If your breasts are hard and tender and you just need a bit of relief, put a warm cloth on your chest, this will help relax those milk ducts. You could even sit in a bath or shower with baby and just let some of the milk drain.

GLORIOUS MILK

Breastmilk contains all sorts of good things that a baby needs, from a perfect fat composition, to flora feeding sugars (oligosaccharides).
When baby latches to the breast, the mother's body will sense what the baby needs, through baby's saliva and then create the perfect milk that baby needs at that time. If the mother's body senses that the baby may have a virus or harmful bacteria that has entered their body, it will then produce a milk that's full of extra antibodies, to help protect baby and fight off the viruses and bacteria.

FOREMILK VS. HINDMILK

Foremilk is the initial milkthat baby receives duringafeed, while hindmilk is the milk received as the feed goes on.

These terms are no longer used much in the lactation field, since the composition of milk doesn't matter at which time it's received by baby.
Milk will vary in fat content and composition throughout the day and even throughout each feed, depending on what the baby needs.

SUPPLY & DEMAND

Milk is produced through supply and demand, meaning that the more baby eats or the more you pump, the more milk you will produce.
So if you choose to express extra milk via pumping, just be aware that the more you do this, the more you could produce, which could turn you into an "over-supplier", which can be just as frustrating as an under-supply.

BARRIERS TO MILK PRODUCTION

Since milk is produced through supply and demand, there are some barriers that may get in the way from you being able to read baby's hunger cues, resulting in pushed back feeds or missed feeds. These could be things like;

- Swaddling
- Soothers
- Having baby sleep in another room
- Feeding on a schedule rather than feeding on demand
- Improper latch
- Waiting till baby is crying, before feeding
- Supplement feeding

This doesn't mean that you "can't" do these things, it just means that you need to be more watchful for hunger cues from baby, or just feeding more often in order to keep your milk supply up.

MAKING MORE MILK

Feed on demand when baby asks! On average, should be about every 2-3 hours, or during cluster feeding, could be as often as every hour. Even slight changes or skipped feeds can cause dips in milk supply, so feed feed feed if you want that supply to go up, even if it feels like there's no milk left.

Simple ways to help increase milk supply could include;

- Watch for baby's hunger cues.
- Do more direct skin to skin with baby, or baby wearing throughout the day.
- Don't push back feeds, in order to try to get an extra hour in between.
- Try not to supplement with bottles or formula.
- Go with the flow and feed on demand, whatever that may look like.
- Watch for nibbling vs. feeding and if baby isn't getting milk, try hand expressing, switching sides, readjusting the latch, or looking for a tongue tie that may have been missed.

NIBBLING VS. DRINKING

- When baby has a good latch and is drinking well, you will see baby's jaw open up and cheeks suck in for a second or two at a time, as they take a big drink of milk.

- If baby is "nibbling" the breast (fast suckling), this means that they are looking for milk, or trying to bring it down, but not necessarily getting any milk. You may need to try hand expressing the breast while baby is latched, or switch to the other breast.

- If baby continues to nibble or falls asleep and then wakes after you put them down, they may not be finished eating. Simply wake them up and switch to the other breast.

BABY'S HUNGER CUES

Typical early hunger cues from baby start with;
Stirring, mouth opening, and rooting.

From there, hunger signs may include;
Increased stretching and stirring (feeling the discomfort in their stomach), bringing their hands to their mouths.

If they still haven't been offered the breast, they may start to;
Cry, seem agitated, and not be able to calm easily.

If baby has recently eaten and is showing these signs, they could either have some gas bubbles in their tummy, they may need to eat again (cluster feed), or it could be a sign of another discomfort.

FEEDING TIMES

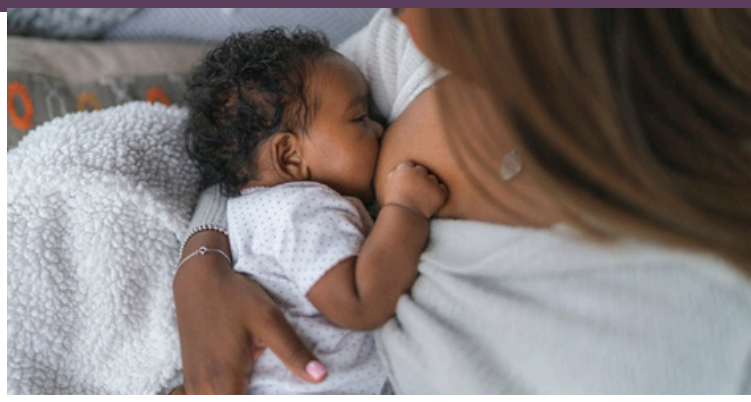
In the first few days, while you are producing colostrum, it can take a bit longer for baby to extract the amount of milk they need to satisfy them, because the milk is thicker, there's less of it and it doesn't flow as easily as mature milk. The average feed in the first few days to week can often take 20-30 minutes per side, with baby wanting to eat an hour after they finished. To you, it could feel like your baby lives on your breast, but remember that you're both learning what to do and what works best. It's like a dance between mother and baby.

When your mature milk establishes and as baby gets older and is extracting more milk, their feeds may shorten to about 20 minutes or less total. Or at times where they're going through growth spurts or feeling ill, they may want to cluster feed, where they eat for 10-20 minutes, then they're wanting to eat again half an hour later, and then continue that pattern throughout the day.

Some babies like to self soothe on the breast and that's okay too, if you're comfortable allowing them to do that. Remember that you can't spoil a baby and you won't be developing an unhealthy attachment to them or them to you.

THE LETDOWN

While you feed your baby, you may (or may not) feel a tingling in your chest and breast. This is your letdown, or milk ejection reflex (MER), which happens when baby latches to the breast and starts suckling, sending a signal to the your brain to release more oxytocin and prolactin - which both attribute to the production and release of milk.
In some women, this may make them feel a bit odd or even nauseous, whereas other women don't feel their letdown at all.



ALTERNATIVES

If there are barriers to feeding directly from the breast, like breast tenderness, nipple soreness, inverted nipples, infection, traumatic birth, lip or tongue ties, etc. there are still ways to get breastmilk into baby without them being directly on the breast.

Some of these include;

- Silicone nipple shields.
- Pumping, then spoon or cup feeding.
- Pumping, then bottle feeding.
- Hand expressing into a spoon or cup and feeding baby that way.

INTAKE & OUTPUT

INTAKE;
When babies are born, their tummies are only about the size of a cherry. Each day, their stomachs will increase in size and by one week, are around the size of an apricot.
In the first few days, when you are still producing colostrum, your baby doesn't need much to fill them up. By around day 3, when your mature milk comes in, your baby's stomach is large enough to hold a bit more milk, however you may find yourself needing to relieve your breasts of the extra milk that your baby doesn't extract.

OUTPUT;
Wet diapers - Day 1-5 follows the number by day (one wet on day 1, two wet on day 2, etc). Day 6 onward, around 5-6 wet diapers per day. If baby goes a day without a wet diaper, that would be cause for concern.
Poopy diapers - Minimum of one per day, but average of 3 per day from day 3 onward. It's also normal for breastfed babies to go a few days without pooping after the first few weeks.
Poop colour and texture - The first few days, babies will be passing meconium, which is a dark green sticky tar like poop. Around day 3, the poop will transition to a mustard yellow seedy texture. If poop is brown or green tinged at any point, that's fine too, it can be a sign of illness that their bodies are fighting or a change in your diet. If poop is bloody or grey/white, then that's cause for concern.

MILK STORAGE

- Room temperature for 8 hours.
- Refrigerated for up to 8 days (if kept at a consistent temp).
- Freezer attached to fridge: 3-6 months.
- Deep freeze: 6-12 months.

If you choose to catch milk from the other breast while feeding baby, cool the milk in the fridge, then add it to a bottle or bag and store it in the refrigerator for the day. Every time you catch excess milk, cool it first, then add it to the other milk (don't mix warm milk with cool milk). Then at the end of the day, put the milk in a freezer bag and label it with the date.

HEALTHY EATING

What we put into our bodies can directly affect our brains. It's a gut-brain connection. What we eat doesn't just affect our weight, it affects our immune systems, it affects the amount of inflammation in our bodies (and inflammation in our gut can cause inflammation in our brain), it affects our mental wellbeing (because inflammation in the brain can lead to anxiety, depression, brain fog, etc.), and it affects how our bodies eliminate toxins.

During pregnancy and while breastfeeding, it's not just yourself that you have to think about when it comes to eating, you now have a growing baby that needs nutrition. Our bodies are very smart and will get as many nutrients to baby as it can, however if our bodies are lacking in nutrients in the first place, then that could mean that we become even more depleted while feeding a baby. This can lead to many issues such as insomnia, extreme fatigue, anxiety, depression, joint pain, muscle weakness, brain fog, and more.

Healthy eating during pregnancy and breastfeeding doesn't mean that you need to change your diet entirely and completely eliminate bread and sugar, while living off protein and vegetables, it just means that you find more balance in what you eat and drink.

Pay attention to everything that you put into your body and if you choose to eat a large store bought cinnamon bun for breakfast, then maybe try to limit your sugar and gluten intake for the rest of the day. You could also try eating more vegetable rich soups, drinking more fruit packed smoothies with natural Greek yogurt, and eating more fermented foods. It could mean increasing your protein by a few more grams per day and sneaking some iron rich vegetables into your meals. Or it may mean that you pre-make and freeze some meals, so that you don't opt for store bought freezer meals or fast foods and snacks, when you're feeling too tired to cook.

Here are a few things that might make your eating habits easier to manage;

- Make a meal plan for the whole week (take the guess work out of what to make each day).
- Write up a list of your favorite meals to make and keep it on the fridge.
- Get creative with your cooking.
- Meal prep snacks that you can freeze, like protein balls or muffins.
- Keep your freezer packed with meals like crockpot stews, casseroles, soups or pasta sauces.
- Try to eat less deep fried foods.
- Try to eat more whole and raw foods.
- Don't shy away from healthy fats.
- When snacking, try to portion into bowls rather than eating from the package.
- Try keeping track of what you eat during the day, so that you're aware of whether or not you need to make some small changes.
- Nurture your gut bacteria by eating more fermented foods and drinks, or taking a probiotic and/or prebiotic, and avoiding overuse of antibiotics.

***You can help nurture your emotions and hormones by working toward eliminating and replacing synthetic fragrances in your home.**
Things like;

- Laundry detergents and scent sheets
- Perfumes and heavily scented lotions
- Scented candles, wall plugins, room sprays
- Hair products

A good replacement for these would be using scent free products, products with less fragrance, or natural fragrances - like high quality essential oils.