

Breastfeeding Support

La Leche League
Welcomes You &
Your Little One(s)!

A gift to start you on your mothering journey.



la leche league

in Idaho | LLL-Idaho.org

Mom,

You are baby's home
and where baby wants to be.

You are warmth,
health, and life.

You are Mom to this
new little one.

Your breast is not merely best:
It's normal, beautiful,
and life-giving.

Welcome home, little one!

La Leche League in Idaho



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WELCOME & WARM WISHES!

Enclosed are some tips and ideas for the early weeks. This is your starter booklet to help until you can reach out to a La Leche League (LLL) Leader and begin attending La Leche League meetings. We are your community for breastfeeding support.

Breastfeeding is natural. It's also learned.

It's normal to need help and encouragement, have questions, and not know all the answers or options.

The information in this booklet and your LLL Leaders can help!

Your local Leader will hear you, address your questions, connect you with other moms and babies via meetings. In some cases, Leaders may suggest reaching out to breastfeeding knowledgeable healthcare professionals.

LLL-Idaho.org

Why Breastfeed?

SOME CONSIDERATIONS

- Breastfeeding is normal. It's what your body and your baby's body expect after birth. The World Health Organization (WHO) lists breastfeeding as the first choice for feeding a baby. Formula is listed by WHO as being in fourth and last place.
- Risk of Sudden Infant Death Syndrome (SIDS) is greater for babies who do not breastfeed.
- Breastfeeding reduces the risk of many cancers—including breast, ovarian, and leukemia—and diseases—including diabetes and obesity—in mom and baby.
- Your colostrum is a nutrient-rich fluid loaded with immune, growth, and tissue-repair factors, produced around the birth. It is just right for your baby. Thick and power-packed, it helps pass your baby's tarry first stool and prepare his intestines for life outside the womb.
- Your milk contains many amazing qualities including antibodies and other antibacterial components, multiple growth factors, hormones, and nutritional elements.
- Your milk is as portable as you are. It is the right amount and the right temperature. No packing, no emergency stashes needed: Just you and your baby!
- Your milk changes as your baby grows, to provide exactly what she needs.
- Sucking at the breast supports normal oral development and dentition.
- Breastfeeding helps you and your baby bond. It's much more than nutrition!

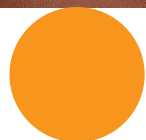
BREASTFEEDING & WORK

Many moms are away from their baby at work and continue their satisfying breastfeeding relationship. You can, too!

Federal laws require most employers to provide a private place—that is not a bathroom—for you to pump, for up to a year after the birth of your baby. More information here: LLL-Idaho.org.

If you aren't sure whether your employer is covered by the law, have questions on how to work and breastfeed, or want to know more about breastfeeding, pumping tricks, etc., we are your community. Attend La Leche League meetings. Contact your LLL Leader!





Feeding Cues

- A baby starts with subtle nursing cues
 - eyes move beneath eyelids
 - eyelids flutter before eyes open
 - hands form into fists and come toward face
 - mouth movements, e.g., licking or smacking lips, sucking, opening and closing
- Then more obvious cues
 - rooting toward your chest
 - whimpering or squeaking
- If you offer to nurse when you see the above cues, your baby likely will take your breast gently and easily.
- As hunger builds, baby's body and mouth tense. Baby gets stressed and may begin to breathe fast or start to cry. She can get distressed and disoriented really quickly.
- Once crying starts, it's harder to latch. Crying is a late sign of hunger and stress. If this should happen, perhaps try calming your baby before starting to feed.
- Breastfeeding is easier when you answer your baby's requests instead of waiting for his demands.
- Begin before your breasts feel full. A full breast has already started to slow down production. The more you nurse, the more your body knows to make more milk.
- Offer any time you like. You cannot overfeed at the breast.

Adapted from © 2010 La Leche League International, *The Womanly Art of Breastfeeding*, Chapter 20.



● WHAT ARE SOME SIGNS THAT YOUR BABY IS WELL FED?



- Baby is nursing frequently, 8–12 times in a 24-hour period.
- Baby seems content and happy after a feed, releasing the breast on her own.
- Baby's hands may be in fists before feeding. They relax and open as he nurses.
- Weight gain is about ½–1 ounce per day until about four months of age.



- **Wet Diapers:** About 2–4 tablespoons of liquid. You can measure 2 tablespoons of water, pour it onto a clean diaper, and feel the weight for comparison.
 - Day two: 2 wet diapers
 - Days three and four: 3 or more
 - Day five and beyond: usually 6 or more
- **Stools**
 - Day one: 1 black and tarry is normal
 - Day two: 2
 - Day three: probably 3
 - Days four and five: probably 4 or 5
 - Day five and beyond: stools generally transition to a yellow color with a loose and seedy texture.
- Baby is alert and active when awake and meeting developmental milestones.

WHAT ARE SOME SIGNS THAT YOUR BABY MIGHT NOT BE GETTING ENOUGH MILK?

- Baby is very sleepy or lethargic. A baby who isn't getting enough milk will have low energy and will *consistently* sleep 4 or more hours at a time.
- Baby takes too little or too much time at the breast. A baby who is not feeding well may *regularly* take longer than 30–40 minutes per feed.
- Latching is painful or shallow. A poor latch can prevent a baby from getting enough milk.
- Baby hasn't regained his birth weight by around 10–14 days or gains more slowly than expected.
- Baby is not stooling often. See the chart above.
- Baby's urine is not pale or you see reddish-brown "brick dust" in the diaper.
- It is noteworthy that if you had IV fluids during your birth, weigh your baby about 24–36 hours later. This is the baby's birth weight minus IV fluids. Use this number for weight calculations because you don't want the weight gain matter unduly handicapped by the excess weight from the IV fluids.
- If your baby shows signs of not getting enough milk, seek help from your LLL Leader and a breastfeeding knowledgeable healthcare provider. You are the expert on your baby. If something doesn't seem right, trust your intuition. Reach out for help.

Excerpts adapted from: www.llli.org/breastfeeding-info/is-baby-getting-enough



● Laid-back Breastfeeding



Laid-back breastfeeding means getting comfortable with your baby and encouraging your and your baby's natural breastfeeding instincts.

- Dress yourself and your baby lightly, as you choose.
- Find a space such as your bed where you can lean back and be well supported—not flat, but comfortably leaning back so that when you put your baby on your chest, gravity will keep him in position with his body molded to yours.
- Your head and shoulders should be well supported. Let your baby's whole front touch your front.
- Since you're leaning back, you don't have a lap. Your baby can rest on you in any comfortable position. Be sure her whole front is against you.
- Let your baby's cheek rest somewhere near your bare breast.
- Help her as much as you like. Help her do what she's trying to do. You're a team.
- Gently hold your breast or not, as you like. If you hold it, be sure your fingers are well back from the areola (the darker circle around your nipple) so that milk isn't blocked and can flow.
- Relax and enjoy each other.

Adapted from © 2010 La Leche League International, The Womanly Art of Breastfeeding, Chapter 20.





PARTNER, YOU ARE A SUPER IMPORTANT TEAM MEMBER!

Mom breastfeeds. Your baby doesn't need you to feed him. What can you do? Anything else!

You are The Safe Person Who Is Not Mama. Nursing and Mama are the center of your baby's world now. But your baby's world keeps getting bigger. You are the first person added.

You are Different. Your shape, voice, hands, and smell are different. You hold your baby differently. You teach differently. When your baby is frazzled, you may be her just-right difference. Some things you can do:

- Wear a sling or other carrier with your baby's head well supported and breathing easily and go for a walk.
- Go out and about. Babies are social people.
- Read to your baby. Your baby knows your voice. That is a comfort.
- Take on diaper duty, even if he doesn't seem to love diaper changes, he may soon.
- Nap together.
- Talk to her about things around the house.
- Take a bath or shower together.
- Take him to his mother whenever he needs her.
- Sleep safely with her.
- Use the Magic Baby Hold: Baby straddles, tummy down, on forearm of adult with head toward elbow of the adult and tush supported in the adult's hand. (See photo, p. 17)
- Gently jiggle and sway. Babies tend to like side-to-side motion. Explore what comforts your baby. Know that this can change moment to moment or day to day.

You are the main person to support breastfeeding, mama, and baby. While a "relief bottle" may seem helpful, it likely will cause breastfeeding problems and health risks for your baby. Instead:

- Protect your partner from criticism.
- Keep her fed.
- Help her get the support she craves. Help her get to La Leche League meetings, where mamas share their concerns and support, along with a trained leader.
- The care you give her nourishes her as she cares for and nourishes your baby.
- Your two separate roles work together and form a strong, secure safety net for the World's Best Baby.



Preemie Babies & Breastfeeding



Premature babies are born before 37 weeks. Some early pre-term babies need more time to mature than later pre-term or full-term babies and progress may seem slow at first. Hang in there!

Your baby can breastfeed. Breastfeeding exclusively is possible for almost all nursing moms and babies. It uses less energy than bottle feeding.

The milk you make is specifically for your early baby. It is power packed with vital components that are ever changing and unmatched. Moms of preemies have different milk from the mama who birthed at full term. This helps your baby “catch up” in growth, providing what she needs and averts the risks of formula. No one and nothing can provide what you can!



- On the first day, if not feeding at the breast, hand expressing is optimal.
- Colostrum is thick, sticky, and small in volume. It and your arms are the best you can give your tiny one. Colostrum and breast milk exclusively (no formula) reduce baby's risk of disease and death.
- Many moms find an at-breast supplementer helpful if using pumped milk, donated milk, or formula. Sucking and pumping signal your body to make more milk.
- Your preemie baby may need time for muscles and brain development to catch up. Give your baby lots of skin-to-skin care. Remember he would be in the womb with 24/7 contact. Time will pass. Your baby will get stronger and more coordinated.
- Bottle feeding is more stressful for babies than breastfeeding.
- Pump often. Aim for 8–12 times a day, at least once at night. The more frequently milk is removed, the more milk is made.
- If you are using a bottle to supplement, a slow flow nipple is generally preferred to set the stage for breastfeeding later. Explore using a cup or spoon, rather than a bottle.
- If you are bottle feeding, consider using paced bottle-feeding, including slow flow nipples.
- A mother's helper can be useful, while your baby is in the NICU and when you get home, to "mother" you.
- It's ok if the dishes are dirty and the house is a mess, your baby is (or babies are) tiny only once.
- Sleeping near your baby—at least in the same room, preferably within reach—leads to more sleep, less stress, better attachment and bonding, and longer duration of breastfeeding.
- During this early time where tubes and medical procedures may be necessary, you are the mom, you are the expert on your baby. Ask questions, ask for help, snuggle in, talk and sing to your baby. Babies with tubes and lines can be held on mom's chest. This kangaroo care speeds healing and supports normal development. (See photo, p. 14)
- Many procedures can be done while you hold your baby. Putting your baby to your breast reduces pain and stress. Crying has energy costs. Nursing increases calmness, bonding, and milk supply.
- This is a journey. Reach out to your La Leche League community for encouragement.
- Support is available, reach out to your LLL Leader when you have questions or want encouragement and information. You are the expert on your baby. When you have reservations about something, trust your instincts and explore.
- More information on preemies is available at LLL-Idaho.org.



● Cesarean-Section Birth: Tailored Tips



Yes, your baby can breastfeed, too!

If you will have a planned C-section birth, consider hand expressing and freezing small vials of colostrum for the baby before your birth and bring those with you to the hospital. (Baby's tummy is the size of a grape, when she is born. So giving her about a teaspoon of colostrum at a time is the perfect amount.) This extra step is not necessary for all moms and babies, but it might be helpful. Reach out to your LLL Leader to learn more.





Some moms arrange to use a birth doula, to advocate for mom and baby. Mom meets with the doula before the birth to discuss her plans and wishes. The doula stays with the mom during the birth at the hospital (depending on hospital policies), to support the process. Many moms and dads appreciate this service.

AFTER YOUR PROCEDURE

- Ask for your baby to be skin-to-skin with you as soon as is possible—even on the operating table—and breastfeed in the first hour. This helps the uterus to contract and limits blood loss. It helps you two bond. It gives your baby the perfect yet normal start after birth. Among other things, it helps your baby’s vital signs to stabilize. He feels once again “at home” at your breast with the recognizable scent and sounds of you. This is a gift to your breastfeeding relationship and the future of your health and your baby’s.
- When you are out of anesthesia and able, have skin-to-skin, breastfeeding, and time to connect with your baby.
- The anesthesia that you had, your baby had, too. Expect her to be groggy, for a day or two, or more.
- The IV fluids that you had, your baby had, too. His “birth” weight will be more accurate 24–36 hours after the C-section, when he will have peed off most of the IV fluids. This is important when determining weight gain and loss.





IN THE NICU

- If your baby goes to the NICU, have Dad or another family member accompany the baby. You can follow as soon as you are stitched up and able.
- Kangaroo care (holding the baby on your chest, even medically-fragile babies) helps your baby to regulate and heal faster, breastfeed sooner, and go home sooner. It helps you two bond and heal from the birth, too. If there are many tubes and wires, the nurse can help you transfer your baby to your chest. If you are not able, Dad or another family member can have this privilege.
- Research from 2008 on recognizes that breastfeeding does not require more energy than bottle-feeding and that breastfeeding provides many normal, positive factors and interactions that bottle feeding does not. If a nurse tells you your baby needs to bottle feed before, or instead of, breastfeeding, perhaps you can discuss this. More information here: LLL-Idaho.org.



MILK PRODUCTION AFTER A C-SECTION BIRTH

- Your milk may take a few more days to come in than with a vaginal birth, maybe around day five. It is important for your milk to be removed 8–12 times each day by hand expressing on the first day or by pumping thereafter as breastfeeding becomes established. Milk removal needs to happen at least once during the night.
- If you are separated from your baby and not able to breastfeed, hand express for the first day then switch to a closed-system hospital-grade double electric pump. If the hospital is not able to provide this for you, call your LLL Leader.
- You may ask your doctor to write an order that the baby is to be given only your breast milk or supplemented, if necessary, only with donor breast milk. This reduces the immediate risk of serious diseases such as necrotizing enterocolitis and other health challenges later in baby’s life.
- Massaging your breasts before pumping, a bit during, and hand expressing afterward can facilitate milk removal. This helps stimulate normal supply especially as you become accustomed to pumping.

FINDING SUPPORT

- You are Mom. Your baby is yours. Hold him, love him, feed him (or hold him as he feeds, if with an NG tube). Notice and accept your feelings. It might be an emotional roller coaster. Reach out to your LLL Leader. We are your community.
- Welcome help! You are healing from major surgery and keeping a small human alive. Let others do anything else: bring casseroles, clean and do laundry, arrange meal trains or pay for house cleaners. Paper plates can be helpful, too.
- The football hold can be helpful for breastfeeding. It can keep pressure off your incision, as you heal. Some moms prefer the laid-back position with lots of pillows or a wedge, for support, and a helper nearby, at first, to assist.
- As your baby learns to breastfeed, when not in the laid-back position, hold her with her ear, shoulder, and hip in a straight line for easiest feeding.
- Is having a family member or friend around super helpful? You could plan ahead to have someone visit for an hour or two, a day or two, or a week or two and help out. If that would be exhausting for you and you would rather bond in peace and quiet, you get to choose! Some moms hire a postpartum doula to assist, to “mother the mother.” Do what works for you.
- Having baby sleep close (same room, nearby) helps with breastfeeding, rest and recovery, health, and bonding.

More information is available on LLL-Idaho.org on the Resources tab, see “Cesarean birth.”



● What's normal when it comes to milk production?

Normal behaviors or signs that are often mistaken for milk supply issues.

Concern: Your baby is fussy in the late afternoon or evening

Fact: Many babies have a fussy time, often in the evening.

Concern: Your baby feeds “frequently”

Fact: 8–12 or more in 24 hours is usual. A range around this is normal. Cluster feeding, very frequent nursings in a condensed period of time, can bring the number higher still.

Concern: 2–3 days of increased feeds

Fact: This could be a developmental stage, fighting a bug, or a growth spurt. Honor your baby's need for more!

Concern: Your baby wants and needs to nurse at night more

Fact: Babies nurse around the clock. Learn about safe sleep and nap-time strategies.

Concern: Your baby takes a bottle after nursing

Fact: Sucking is a normal reflex. Bottle intake is not an indicator of your milk production or your baby's hunger. It is challenging or impossible for baby to stop the bottle flow.

Concern: No leaking or dripping of milk from your breasts

Fact: Breasts vary. Some drip; some don't; some do at first; many don't drip after a few days or weeks into the breastfeeding journey.

Concern: Not much milk is obtained with a pump

Fact: A pump is not a baby. They work very differently. If you need an assessment, training with your pump, or help finding one that works for you, reach out to your LLL Leader.

You are the expert on your baby. If something doesn't seem right, trust your head, heart, and intuition and look at your baby. Reach out to your LLL Leader and a breastfeeding knowledgeable healthcare provider. When you have concerns, connect with your La Leche League community.

Main bullet points adapted with permission from Linda J. Smith, Bright Future Lactation Resource Centre



● Fussy Baby Ideas



Contact, carry, walk, and talk are age-old baby soothers. Here are some variations:

- Magic Baby Hold: Baby straddles, tummy down, on forearm of adult with head toward elbow of the adult and tush supported in the adult's hand.
- Low lights and soothing motions, if your baby isn't too wound up.
- A shared bath with lights low. It might be nice if you have someone there who can console your baby while you get the bath ready. This may work better for a baby who isn't super distressed.
- A little jounce rather than swaying. Put a bit of a bump in your walk while supporting baby's head and neck—maybe using a safe baby-wearing device.
- Gently dance together, especially once you find his favorite music.
- Sing and talk to your baby. Give a tour of your home, narrating as you go.
- Running water, radio static, a vacuum, or washer might act as white noise.
- Change of scenery—a different room, a different angle, outdoors.
- Shopping! A car ride and other people and sights can break the fussy spell.
- Small bounces on an exercise or birthing ball with your baby.
- Dress for the weather and take a walk outdoors, with your baby in a sling. This can soothe your baby, and you get exercise! Your baby can even nurse discreetly in the sling while you walk.
- Nurse your baby “again.” Hunger isn't always the initial problem, but nursing almost always ends up being the solution. Nursing soothes your baby and increases your calming mothering hormones.

Adapted from © 2010 La Leche League International, The Womanly Art of Breastfeeding, Chapter 20.



● Sleep: Safe Surface Checklist

If you are a nonsmoking, sober, unimpaired, breastfeeding mother, your baby is healthy and full-term, on his back, and lightly dressed, and you both are on a safe surface, research indicates your automatic behaviors and responsiveness as a breastfeeding mother will stop you from rolling over on him. A bed-sharing partner also needs to be sober, unimpaired, and nonsmoking. Other smothering risks are simple to deal with and covered below.

Avoid these possible smothering risks:

- Sofas and recliners
- Mattress softness or sagging that keeps a baby from lifting her head free
- Spaces between mattress and headboard, or side rails and wall where a baby might get stuck
- A bed partner who thrashes or sleeps exceptionally soundly
- Other children
- Pets that could interfere

Clear your bed of:

- Unused pillows
- Stuffed toys
- Heavy covers and comforters
- Anything nearby that dangles or tangles (such as cords, strings, scarves, ribbons, elastics)

Check your bed for possible hazards:

- Distance to floor
- Landing surface
- Sharp, poking, or pinching places



From Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family ©2014, by La Leche League International

l.li.org/breastfeeding-info/sleep-safe-surface-checklist/





Resources

La Leche League in Idaho LLL-Idaho.org

Online Resources

The Womanly Art of Breastfeeding, at your local library or bookstore or
lli.org/resources/womanly-art-breastfeeding

Breastfeeding Info A to Z
lli.org/breastfeeding-info

Sweet Sleep
lli.org/resources/sweet-sleep

Feed Yourself, Feed Your Family
lli.org/resources/feed-feed-family

La Leche League Online Support Resources
lli.org/la-leche-league-online-support-resources

Other Resources

Idaho Breastfeeding Coalition
idahobreastfeeding.org/community-resources

Additional Breastfeeding Information
kellymom.com

The Baby Book
askdrsears.com/news/latest-news/new-baby-book-revised-2

Breastfeeding—Sleeping with Baby
cosleeping.nd.edu/frequently-asked-questions

Medications and Mother's Milk
infantrisk.com

Experts, Sources for more information

Dr. Helen Ball – Infant Sleep

Dr. Niels Bergman – Kangaroo Care

Dr. James McKenna – Breastfeeding/Co-sleeping

Dr. Darcia Narvaez – Breastfeeding and nighttime parenting, issues of sleep training

Dr. Jack Newman – Breastfeeding

Dr. Thomas Hale – Lactation and Pharmacology

This booklet is intended to help you, especially in your first few days as you reach out to your LLL Leader and your La Leche League community.





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