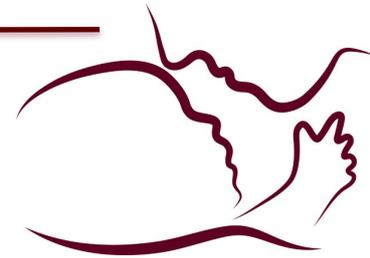


Starting up Breastfeeding



Choose, Prepare, Understand, Learn

The breastfeeding experience starts with your choice: Am I going to breastfeed or bottle feed my baby? (Read handout “[Choosing: Breastfeeding or Bottle feeding?](#)”) Once you have chosen to breastfeed your baby, you can start preparing yourself during pregnancy. (Read handout “[Preparing for Breastfeeding.](#)”) Understanding how your body produces milk will help you know how to start and maintain a good milk supply. (Read handout “[Milk Production – How it Works.](#)”)

UNICEF and WHO developed “Ten Steps to Successful Breastfeeding” (<https://www.who.int/nutrition/bfhi/bfhi-poster-A2.pdf?ua=1>).

The following five recommendations are part of these ten steps:

1. Helping mothers to put their baby to the breast right away.
2. Responsive feeding: help moms to know when baby is hungry and don't limit breastfeeding times.
3. “Rooming in”: letting mothers and babies stay together day and night.
4. Mothers should be counseled on the use and risks of feeding bottles, teats, and pacifiers.
5. Give infants only breast milk unless there are medical reasons.

1. Helping mothers to put their baby to the breast right away.

Some might have heard people say that after birth you first have to remove left-over, old milk or that you have to use some kind of microcurrent pad to open up the milk ducts. Is that correct? No, it is not! So, how to get mom and baby off to a good start with breastfeeding? All healthy term infants should be placed on the mother's abdomen, close to her heart, right after birth. Continue skin-to-skin contact until the first breastfeeding is accomplished. The first hour after birth is also called “the golden hour”, an ideal time to initiate breastfeeding. Both mother and baby are alert. Mom will instinctively talk calmly to her baby. Don't wash the mother's breasts or the baby's hands. The baby will locate the breast by feel, smell and sight. A cascade of infant reflexes will allow the baby to crawl to the breast and self-attach. Don't rush the process.

Research has shown that babies who had a period of fifty minutes or longer of undisturbed skin-to-skin contact with their mother right after birth, had the greatest chance of spontaneously finding and drinking from the breast. Watch “the breast crawl” on the following link:

<https://www.youtube.com/watch?v=-qyPKzD6brc>

2. Responsive feeding: help moms to know when baby is hungry and don't limit breastfeeding times.

It is great if you had a chance to have your baby skin-to-skin and nurse him right after birth. Whether you have been able to do this or not, it is important to breastfeed your baby regularly in the days to follow. Your newborn baby should nurse 8-12 times per 24 hours or more during the first 2-3 weeks. Start nursing when you notice early feeding cues: licking and smacking his lips, sticking his tongue out, putting his fist in his mouth, turning his head to the side and opening his mouth. First offer one breast. When the baby comes off the breast spontaneously, let him burp, then offer the other breast. (Read handout “[Knowing When to Feed Your Baby.](#)”) Babies don't know schedules at this age. Don't limit how often or how long the baby nurses. Some feedings may be close together, even an hour or so apart. Other feedings will be less frequent. During the first few weeks after birth, wake your baby if he doesn't awaken to feed



within 3 hours during the day. Night time feedings are important, but can be less frequent. Once your baby has regained his birth weight you can relax and feed your baby on demand: let him decide how often and how long to nurse (with a minimum of six feedings per 24 hours).

3. “Rooming in”: letting mothers and babies stay together day and night.

“Rooming in” assures unlimited access to the breast, allowing the mother to notice feeding cues early and let the baby breastfeed whenever he shows interest. It gives the baby a sense of security. It also gives lots of opportunity for skin-to-skin contact. ([Read handout “Skin-to-skin Contact.”](#))

4. Mothers should be counseled on the use and risks of feeding bottles, teats and pacifiers.

Use of a pacifier might cause parents to miss feeding cues, resulting in less frequent feeding at the breast, which may lead to reduced milk production and increased risk of engorgement. Sucking on a pacifier or artificial nipple is very different to drinking from the breast. Giving a pacifier or artificial nipple to breastfeeding infants may lead to “nipple confusion”, meaning that a baby who is used to drinking from a bottle might have more difficulty latching onto the breast correctly.

It is therefore recommended that a breastfeeding baby is not offered a pacifier or artificial nipple until around six weeks after birth. At this time breastfeeding is usually well established, the baby has a good drinking technique, allowing him to handle both breastfeeding and a pacifier or artificial nipple.

5. Give infants only breast milk unless there are medical reasons.

It is a big misunderstanding that you don’t have milk in the first days after birth. Production of milk has already started during pregnancy. Right after birth small amounts of high quality milk, called colostrum, are available. These small amounts are exactly right for the small size of your baby’s stomach. ([Read handout “Milk Production – How it Works.”](#)) Unless there is a medical reason, there is no need to give the baby formula before your milk comes in. But, the longer you wait to start breastfeeding, the more likely that the baby needs to be supplemented with formula.

Therefore, avoid the need for supplementation:

- Put the baby to the breast right after birth.
- Unrestricted breastfeeding, both day and night, 8-12 times per day.
- Assure the baby is correctly latched on.
- Rooming in.
- No use of pacifier or artificial nipples in the first six weeks.
- No food or other drink than breast milk, unless medically indicated.

If the baby would need to be given formula:

- Use an alternative method to feed the baby. Ask a lactation consultant to help you decide the best method to feed the baby your expressed breast milk or formula.
- Start expressing milk to stimulate your milk production and in order to give your baby your own milk.

Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this program.