

# Breastfeeding Basics

## Before labor:

- Read and consider purchasing either Ina May's Guide to Breastfeeding by Gaskin or The Womanly Art of Breastfeeding by Wiessinger, West, and Pittman (or both)
- Talk with your partner about your breastfeeding goals
- Attend a breastfeeding support group (yes, while you're still pregnant)
- If returning to 9-5ish work, make a breastfeeding calendar at work
- Review your employer's policies about breastfeeding and educate them if necessary
- Learn about manual expression
- Include your breastfeeding goals/plans in your birth plan. No artificial nipples, formula, sugar water, or anything else (so long as baby is healthy). Determine which other measures you want or wish to decline.
- Take deodorant out of hospital bag: you won't want to wear it for the first few days

## During labor:

*These interventions can negatively affect breastfeeding. Research them beforehand to determine how you will include their use in your birth plan.*

IV fluids: sometimes receiving IV fluids can cause mama's breasts to engorge, making latch difficult and painful.

Hormones: if pitocin or other hormones are used to induce/augment labor they can cause more pain for mama (which she can medicate) but also for baby, causing stress at birth.

Epidural and other pain medications: babies born to mamas who have had pain medication in labor are sometimes sleepy or lethargic and might have a more difficult time breastfeeding in the first hour.

C-section: sometimes a c-section is necessary. If so, consider requesting some skin-to-skin time (sometimes cheek to cheek) or enlisting dad's support, if available. It is also important to know that milk can come in a bit later after a C-section, so don't give up.

It is important to know that breastfeeding is still possible if any of these interventions take place. At the first sign of difficulty, consult an IBCLC.

**Immediately after birth:**

Skin to skin contact with baby

Consider whether you want your newborn bathed; consider not washing baby's hands

Discuss delayed well-baby care with provider, such as eye ointment and vitamin K/Hep B vaccine

Breastfeed as often as possible, stay close and watch for cues

It is normal for the uterus to contract with breastfeeding for the first several days/week

**Before discharge from the hospital:**

Have baby's latch assessed by an IBCLC if possible

Do not leave if you have questions or pain

Obtain the hospital's IBCLC phone number

**Once home:**

Document baby's feeding and bowel habits (breastfeeding team captain!)

Communicate with provider immediately if baby is not making sufficient wet/dirty diapers

Enlist the help of others as often as possible. Don't "muscle through."

Milk will "come in" by the third day postpartum and change from colostrum (gold colored) to a whiter fluid. A sense of "fullness" is normal, but a sense of very tight skin, pain, heat, and other uncomfortable symptoms may warrant a call to the IBCLC.

Fullness is possible to alleviate with a shower, a breast bath, or warm compress for about 5 minutes prior to breastfeeding.

Babies don't need to have a schedule\*, and scheduling can be dangerous. Breastfeed as often as baby wants to feed, knowing that for the first six weeks or so they may want to feed more often than not. Do not limit baby's feeding:

\*Some babies are put on a frequent schedule by an IBCLC, and in this case a schedule is a good thing.

Get to a LLL meeting or other breastfeeding support group as soon as you can. If you have a friend or family member who wants to support you, maybe then can pick you up or go with you!