

# Breastfeeding in the 1<sup>st</sup> Week

## A Counseling Guide for Health Care Professionals

Counseling Message for Mothers	Background for Professionals
It is important to hold your baby skin-to-skin after birth and breastfeed within the first hour. There are many benefits to breastfeeding skin-to-skin for several weeks. It has been shown to increase breastfeeding duration, enhance growth and development, and builds your confidence.	Skin-to-skin contact (i.e., no clothing or bedding between mother and baby) helps baby transition to extrauterine life, stabilizes baby and facilitates the first feeding. Routine medications and the initial weight can be delayed for an hour.
Offer the breast at least 8-12 times every 24 hours and let your baby feed until baby is satisfied, falls asleep and releases the breast.  Babies have been fed continuously in utero and therefore need to learn the sensation of hunger and be able to communicate this to you. Feeding cues may include: <ul style="list-style-type: none"> <li>• Rooting reflex</li> <li>• Small fussing sounds</li> <li>• Hand-to-mouth activity</li> <li>• Smacking lips</li> <li>• Pre-cry facial grimaces</li> </ul> Crying is a late signal of needing to be fed and babies cry for many other reasons beside hunger.	Colostrum, the first milk, is available in small amounts. Colostrum provides everything healthy newborns need. Newborns need to nurse often because their stomachs are small and breastmilk is quickly digested. Frequent feeding and skin-to-skin contact also helps to prevent hypoglycemia, minimize jaundice, and stimulate milk supply. Limited and scheduled feedings may prevent establishment of a good milk supply. By day 3, babies are more alert and have longer periods of wakefulness. Babies usually nurse every 1½ to 3 hours for a total of at least 8-12 feedings every 24 hours. If baby breastfeeds less than 8 times per day, evaluate the feeding pattern to make sure baby is feeding often enough. Information on appropriate intake and weight gain on the other side.
Proper position and latch helps get breastfeeding off to a good start. The following steps tell how: <ul style="list-style-type: none"> <li>• Turn baby's whole body toward you.</li> <li>• Bring baby's chest close to your chest and baby's nose and chin close to your breast.</li> <li>• Hold baby so that baby's nose is across from your nipple (pillow or folded blanket may help).</li> <li>• Touch baby's upper or lower lip gently with your nipple so baby will open mouth. Your baby may not open wide enough if both lips are touched at the same time.</li> <li>• Hold your baby close so when baby's mouth is wide open baby can latch on.</li> </ul>	Both mother and baby should be comfortable during feedings. Encourage mothers to support their breasts during feeding. Hold the breast with the thumb across from baby's nose and four fingers below the breast and behind the areola.  Help mothers to learn several feeding positions — side-lying, laid-back, cradle, cross-cradle and football.  Many mothers experience gentle tugging or tenderness during the early days. However, breastfeeding should not hurt. Pain that causes a woman to question whether to continue breastfeeding is <u>not</u> normal and she should be referred to an individual who has been trained to help mothers with breastfeeding problems.
Most prescriptions and over the counter medicines can be taken during breastfeeding. <ul style="list-style-type: none"> <li>• Check with health care providers (yours and your baby's) before taking anything.</li> <li>• Tell your provider how important breastfeeding is to you and ask them to help you continue.</li> </ul> The Infant Risk Center at 806-352-2519 takes calls from parents and professionals on questions about medicines and herbs. The website, <a href="http://www.infantrisk.org">www.infantrisk.org</a> is a good resource as well.	Prescribe medications that will expose the baby to the least amount of drug; i.e., those with the shortest half life, lowest dose possible and time the dose related to the baby's typical feeding schedule.  Check credible resources like Thomas Hale's book, <u>Medications and Mother's Milk</u> and the website Lactmed. If temporary weaning is necessary, provide instructions about how to maintain a full milk supply with a quality electric breast pump.



## Breastfeeding in the 1<sup>st</sup> Week (continued)

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Avoid pacifiers and bottles for the first month of your baby’s life.	Breastmilk is all that healthy babies need. It takes some practice for breastfeeding to go smoothly. Encourage mothers to wait until milk supply is established before introducing bottles or pacifiers. Babies suck differently on bottle nipples and pacifiers which may make it hard for baby to go back to the breast. Early supplemental feedings decrease mother’s milk supply and negatively affect baby’s intestinal flora.															
<p>Look for signs that baby is getting enough:</p> <ul style="list-style-type: none"><li>• Listen for swallowing.</li><li>• Count the number of wet and dirty diapers.</li></ul> <p>The minimum number of wet and dirty diapers per day for the first week is listed below.</p> <table><tr><th>Day</th><th>Wets</th><th>Stools</th></tr><tr><td>1</td><td>1</td><td>1 dark color</td></tr><tr><td>2</td><td>2</td><td>2 dark to greenish-brown</td></tr><tr><td>3-4</td><td>3+</td><td>1-2 greenish-brown to yellow</td></tr><tr><td>5-7</td><td>6+</td><td>3-4 yellow</td></tr></table>	Day	Wets	Stools	1	1	1 dark color	2	2	2 dark to greenish-brown	3-4	3+	1-2 greenish-brown to yellow	5-7	6+	3-4 yellow	<p>Teach mothers to evaluate how baby is feeding.</p> <ul style="list-style-type: none"><li>• When milk begins to flow, mother should be able to hear the soft “ka, ka” sound as baby swallows.</li><li>• Wet and dirty diapers are an excellent indicator of how much breastmilk baby is getting. The stool changes in color and consistency as mature milk replaces colostrum. Once the meconium is eliminated, stools will be loose and unformed, with a consistency of seedy mustard. After 4 weeks of age, stooling patterns change. The volume of stool usually increases and the frequency decreases, however, each baby is different.</li></ul>
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<p>Have your baby’s weight checked at 3 to 5 days of age by one of the following:</p> <ul style="list-style-type: none"><li>• Baby’s health care provider</li><li>• Certified lactation consultant</li><li>• The hospital nursery</li><li>• A visiting nurse</li><li>• A well child clinic</li><li>• A WIC clinic</li></ul>	<p>An early weight check gives a new mother confidence in her ability to produce enough milk and an opportunity for you to answer questions and provide support. Babies discharged with a weight loss <math>\geq 7\%</math> should be seen by their health care provider within 2 days of discharge.</p> <p>Babies lose weight the first 4 days after birth. Then most breastfed babies begin gaining weight at the rate of <math>\frac{1}{2}</math> to 1 ounce per day. By 2 weeks of age, babies should be at or over birth weight. If not, careful assessment is needed and a referral to someone knowledgeable on breastfeeding management. For further information see the Academy of Breastfeeding Medicine’s clinical protocol #3 on supplementation, at <a href="http://www.bfmed.org">www.bfmed.org</a>.</p>															
The only thing your baby needs other than breastmilk is vitamin D.	All healthy newborn breastfed infants should receive 400 IU of vitamin D per day beginning in the first few days of life to prevent rickets and vitamin D deficiency.															
<p>Questions? Call one of the following:</p> <ul style="list-style-type: none"><li>• Certified breastfeeding educator/counselor</li><li>• Certified lactation consultants (IBCLC)</li><li>• Health care professionals</li><li>• La Leche League</li><li>• Peer support groups</li><li>• Physicians</li><li>• WIC staff</li></ul>	<p>Mothers and babies are not born knowing how to breastfeed. It takes patience and practice to learn and recognize each other’s signals. Identify sources of support from family, friends, and the community. Encourage mothers to call with questions or for advice.</p> <p>Identify community resources that can assess and recommend strategies to help with any breastfeeding problems.</p>															

