Breastfeeding at 2 Weeks A Counseling Guide for Health Care Professionals

Counseling Message for Mothers	Background for Professionals
Feed your baby when you see signs of hunger.	Two-week old breastfed babies need to nurse
Your baby may nurse several times in a short period of time, and then take a longer 3-4 hour break before nursing again. This is fine as long as your baby nurses 10-12 times every 24 hours.	often. Signs of hunger include hand-to-mouth activity, rooting, pre-cry facial grimaces, and fussing sounds. Crying is a late signal of hunger. Crying may also indicate other needs.
Nurse your baby until you see signs of fullness which include: • baby slowing or stopping suckling, • letting go of the breast, • falling asleep, and • resting calmly after feeding. Hold your baby close until they fall into a deep sleep and won't be disturbed by being moved.	By 2 weeks of age, babies should be at or over birth weight, if not, refer the mother to an individual who has been trained in breastfeeding management.
Breastfed babies do not always need to burp. Burp your baby at natural breaks during the feeding like midway through or when switching breasts.	Babies can be burped by gently rubbing or patting their backs while parents hold them against their shoulder or chest or by supporting baby in a sitting position on their lap.
Breastfed babies this age still have very soft and unformed frequent stools.	It is normal for stools to look like cottage cheese and yellow mustard. The number of bowel movements will decrease as baby gets older. Breastfed infants 6 weeks and older may have a stool once every few days or as long as a week or more.
Breastfed babies often go through growth spurts at approximately these ages — 2-3 weeks, 6 weeks, 3 months and 6 months. You may notice that your breasts feel softer now than during the first week.	Baby's appetite increases during growth spurts so baby will nurse more frequently for a few days. Frequent nursing will increase mother's milk supply to meet baby's new needs.
Avoid pacifiers and bottles for the first month.	Encourage mothers to wait until their milk supply is established before introducing pacifiers or bottles. Frequent use of pacifiers makes it hard for mothers to tell when baby is hungry. Early use of bottles decreases mother's milk supply and leads to early weaning.
 Most prescriptions and over the counter medicines can be taken during breastfeeding. Check with health care providers (yours and your baby's) before taking anything. Tell your provider how important 	Prescribe medications that expose the baby to the least amount of drug; i.e., those with the shortest half life, the lowest dose possible and time the dose related to the baby's typical feeding schedule.
breastfeeding is to you and ask them to help you continue. The Infant Risk Center at 806-352-2519 takes calls from parents and professionals on questions about medicines and herbs when breastfeeding. The website, www.infantrisk.org is a good resource as well.	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 at 2 Weeks (continued)

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Unless medically necessary, do not give your baby supplements such as formula, water, sugar water, juice or baby foods. Have confidence in your ability to breastfeed.	If mothers choose to supplement for reasons other than medical issues, encourage them to wait until breastfeeding is well established (when baby is about 4 weeks old).
Supplements fill up baby, make baby less interested in breastfeeding and often lead to breastfeeding challenges such as engorgement, latching problems, and decreased milk production.	If supplementation is medically indicated, use mother's own milk, donor milk from a milk bank or iron-fortified formula. Refer to the Academy of Breastfeeding Medicine Protocol #3 for possible indications on supplementing, go to www.bfmed.org .
Breastmilk is the only food your baby needs for the first 6 months.	Developmental signs of readiness for solid foods include sitting with support and controlling the head and neck. Early introduction of solids may decrease nursing time, affect milk production, and predispose an infant to allergies.
Vitamin D is a supplement your breastfed baby needs. A daily supplement of 400 IU is recommended.	Recommend a supplement that contains only vitamin D. If a baby has been diagnosed with iron deficiency anemia or has other risk factors, an iron supplement is warranted. Fluoride supplements are not recommended for breastfed babies less than 6 months old.
You can continue breastfeeding or feeding pumped breastmilk if you return to work or school. The healthiest choice for you and your baby is to continue exclusive breastfeeding.	 Breastfeeding mothers have several feeding options: Breastfeed baby (child care provider is on-site or nearby). Breastfeed when with baby and collect/store breastmilk for feedings when apart. Breastfeed when with baby and formula-feed when apart. Tell mothers how to safely store expressed breastmilk. Recommendations can be found at the Academy of Breastfeeding Medicine website (www.bfmed.org) or the American Academy of Pediatrics website (www.aap.org).
 Questions? Call one of the following: Certified breastfeeding educators Certified lactation consultants (IBCLC) Health care professionals La Leche League Peer support groups Physicians WIC staff 	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 members, friends, and the community. Encourage mothers to call with questions or for advice. Identify community resources that can assess and recommend strategies to help with any breastfeeding problems.



