



Now what? Breastfeeding in the first weeks.

When babies have good feedings, they have good output and they tend to wake themselves for feedings. Sometimes it takes 2 to 3 weeks for a full term baby to recognize fully it's physiological need to eat. So, your baby will likely need some help from you.

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The First 24 Hours - The first 24 hours are different than what you can expect later on. Babies who feed in the first hour or two after birth will often have a big sleep. Sometimes this sleep can last 6 hours or more! Don't panic! This can give you and your partner a little time to catch up on sleep and rest after a long labour. If your baby is not waking up after 4 hours between feeds, feel free to try to wake your baby. If the baby is not waking and you have no other concerns about the baby's behavior, try again in a couple of hours. If you still cannot wake the baby after 6 hours, call your midwife. Be aware that most babies, when they take a long break, will try to 'catch up' and feed non-stop for a few hours. This is often very normal in the first couple of days. This is called cluster-feeding. Day 2 is often a cluster feeding day, this is normal but can be rough on parents. This helps bring your milk in. So get as much rest as you can in the first 24 hrs and in between feeds.

After Day 2, babies should be feeding 8 to 12 times in a 24 hour period. The best way to tell if a baby is getting enough to eat is to look at output (pees and poops).

- * Bowel movements are usually 2 to 10 times per 24 hour day and yellow and seedy by Day 5.
- * Urine output can be slow in the first week (usually at least one more pee than the baby is old, ie, 2 days old = 3 pees) and by day 6 you can expect 6 to 8 heavy, wet diapers.
- * Your midwives will be weighing your baby at around Day 5 and again at 2 weeks. Most babies will lose weight the first week of life and that is normal. The minimum expectation is that your baby will be back to his/her birthweight by 2 weeks of age.

Spend lots of time with your baby skin-to-skin. Watch your baby to learn his/her cues. Cues that your baby is getting hungry include: rooting (turning their head and opening mouth), licking lips, sticking out tongue, opening mouth, sucking on their hand or objects near mouth and/or fidgeting. Crying is most often the last cue. If your newborn is awake, they will probably want to feed soon.

Most babies will wake to feed independently and show cues for when they are hungry. To learn more about these cues see the resources at the end of this handout. However, some babies may need to be woken to feed regularly to ensure that they are getting enough. In the first few weeks, your baby should be feeding every 2 to 4 hours. If you are having trouble waking your baby to feed, please contact your midwives.

Sleepy Babies

If your newborn is sleepy, but is breastfeeding well and having adequate output, do not be concerned. Babies who have good feedings tend to wake themselves up for feedings. There are many reasons for a sleepy baby: normal pattern, medications from labour, long and difficult birth, being too warm or bundled too tightly, or not getting enough calories. Sleepy babies can sometimes be mistaken for 'good babies' and problems are not identified until 2 weeks. If you need to wake your baby for the occasional feed, here are a few tips to help.



- * remove blankets around the baby
 - * watch for early cues to feed (sucking lips, moving mouth)
 - * undress the baby
 - * keep skin-to-skin
 - * talk to your baby
 - * massage palms of hands and soles of feet
 - * gently rub your baby's lips, put a drop of breastmilk on your clean finger and gently enter the baby's mouth, rub the roof of the baby's mouth to simulate sucking and the rooting reflex
- * encourage the baby to lick and nuzzle at the breast, put breastmilk on your baby's lips

If the above methods are not working, please call your midwives for assistance.

Fullness and Engorgement

During the first postpartum week the volume of milk changes dramatically and your breasts will become heavier and fuller. This normal fullness usually diminishes during the first weeks. Infrequent and ineffective feeding will lead to engorgement which causes the breasts to feel hard, painful, and hot. It then can become difficult to breastfeed or even pump to get the milk out. Unresolved engorgement can lead to reduced milk production. Keep your breasts from becoming uncomfortably full. This will promote a more effective and comfortable latch.

Prevention

- breastfeed your baby frequently
- avoid any supplements
- if you miss any feedings, express your milk manually or use a good quality pump (talk to your midwives if this is needed)

Treatment

- apply hot, moist towels to your breasts for 10 to 20 minutes or take a hot shower prior to feeding (let the hot water hit your back and lean forward to let the milk drip out for at least 20 minutes)
- hand express some milk to soften the areola after using moist heat
- use gentle massage before and after feeding
- apply cold compresses after the feeding if the fullness persists
- if you are unable to latch the baby or the your nipples are getting blistered or cracked, call your midwives for help
- avoid pacifiers and bottles if possible in the short term, it may be feasible to feed the baby with a cup, spoon, or dropper if necessary until latching can be attained

Anything that will help the milk drip out will be beneficial in preventing problems, leaking between feeds is normal. Limit wearing a bra or nursing pads in the first few weeks in order to encourage this normal adaptation.

Manual Expression

Manual expression is beneficial to learn in the first few days in order to help you become more comfortable with your breasts. Please see the resources at the bottom of this handout for ways to do this.



Pacifiers, Supplements, and Pumping

Occasionally these things are necessary and beneficial to help establish a breastfeeding relationship with your baby, however they can also seriously hinder a healthy breastfeeding plan if not used properly. If you are considering any of these things, please discuss with your midwife ahead of time. The vast majority of healthy term infants will never require pacifiers, supplements, or for their mothers to pump.

Jaundice

Physiologic jaundice is a fairly normal newborn occurrence. Usually this is seen between 2 and 5 days of your baby's life. It looks like a yellowish tinge to the baby's skin and eyes. It usually doesn't cause any problems, but if it gets problematic it can cause your baby to become sleepy and/or having feeding difficulties.

When red blood cells are broken down they create a by-product called bilirubin which needs to be metabolized through the liver. A baby's liver is immature and it takes them longer to clear the bilirubin through their stools and their urine. While the liver is 'catching up' bilirubin gets deposited in fat cells, firstly in the skin, which is why the skin gets a yellow tinge. If the amount of bilirubin gets too high, it will start to deposit in fat cells in the brain causing the baby to become sleepy. The best way for them to clear it, is for them to eat... ALOT! So, if the baby is sleepy and won't feed, they won't pee and poop, and then the levels of bilirubin will get higher and thus starts the vicious cycle of jaundice.

If your baby is jaundiced, don't be alarmed, this is most often, very normal. If, however, you cannot wake your baby to feed, they are noticeably yellow, and not getting the appropriate output, call your midwife right away.

Resources

<https://ibconline.ca/>

<http://www.nursingbabywell.com/>

<http://www.lllc.ca/>

http://www.breastfeeding.com/helpme/helpme_video_hand_expression.html