

Breastfeeding Basics

Top tips for a great start



Supply and Demand

Demand is **MILK REMOVAL** not just suckling or time at the breast! The more milk is removed from the breast, the more milk will be produced!

3 Components of Demand:

- Audible signals/cues (crying/fussing)
- Physical/structural signals (latch, tongue or lip ties)
- Ability for the system to work well and for baby to finish feeds (not stopping before they are satisfied)

The best way to maintain a good supply (barring any other problems with supply) is to respond to your babies cues and signals as soon as you can and feed your baby on demand.

Tips For a Pain Free Latch

(The Thompson Method)

- Have baby on their side, tummy to tummy against you, while you support their weight with your forearm.
- Place your hand on baby's back. Your arm should be comfortable near your side. (not stretched across your body) Always make yourself comfortable first before adjusting baby.
- Line baby up so your nipple is slightly above their top lip. Try gently brushing your nipple over baby's lips to initiate a gape.
- When baby opens wide, bring them to the breast. 4 points of contact should be made between baby's face and your breast. Their chin, cheeks & nose should all lightly touch your breast.
- The pressure you apply while latching is between the baby's shoulder blades (no pressure should be placed on the back of their head)
- This pressure and line up will ensure the baby reaches for the breast allowing them to open wider and get a deeper latch.
- Their upper lip should just pass the nipple, while their lower lip is far from the nipple.
- More of the areola will be covered by the lower lip and jaw and will help them get more milk while increasing your comfort!

Is My Baby Nibbling or Drinking?

Nibbling (trying to get milk):

- Baby's mouth is moving quickly.
- Jaw moves up and down consistently with no pause in the downward motion.
- Looks like when a baby sucks on a soother.

Baby's are not receiving milk while they nibble.

Drinking (receiving and swallowing milk):

Drinking can be seen when there is a longer pause in the downward motion of baby's jaw followed by swallowing sounds.

Lots of nibbling could mean slow milk flow. Try switching sides or use gentle compressions to increase flow.

Signs Your Baby May Not Be Finished

- falling asleep at the breast but not staying asleep once off
- rooting/sucking hands after feeds
- baby won't settle, or requires a tight swaddle to "turn off"
- baby won't sleep for a decent interval between feeds
- fussing at the breast, and eventually breast refusal.

These can also be symptoms of other issues and are often related to feeding. If you are worried or have questions, get in contact with your Dr CLC or IBCLC.

Is my Baby Getting Enough?

One of the best ways to know if your baby is getting enough breast milk is to pay attention to their diaper outputs.

Day 1: 1+ wet and 1 thick black BM

Day 2: 2+ wet and 1 thick black BM

Day 3: 3+ wet and 1+ runny, light brown, green or yellow BM

Day 4: 4+ wet and 1+ runny, light brown, green or yellow BM

Day 5: 5+ wet and 1+ runny, mustard yellow BM

Day 6: 6+ wet and 1+ runny, mustard yellow BM

Day 7: 6+ wet and 1+ runny, mustard yellow BM

Pain is NOT a normal part of breastfeeding!

Pain is often an indicator of a poor latch or other problem. Reach out to your Dr, local CLC or IBCLC to help resolve the issue!