



PREGNANCY

- Line up postpartum support
- Consider hiring a doula
- Attend a feeding class
- Read evidence-based feeding books
- Consult with an IBCLC (lactation consultant) or Lactation Educator about any questions/concerns
- Maintain proper nutrition



BIRTH

- Try and go into labor spontaneously (ie avoid induction)
- Avoid continuous IV fluid if possible (can cause swelling/edema making it difficult to latch baby)
- Avoid epidural if possible
- Avoid IV narcotics close to birth as they can make baby sleepy



WEANING

- Self-weaning by baby rarely happens before 1 year
- Nursing strikes: Can happen when baby is learning a new skill or during busy/chaotic time but might not mean weaning is happening
- Starting solids: When baby can sit on their own, doesn't push food out of their mouth with their tongue (tongue thrust reflex), and seems interested



IMMEDIATELY

- Uninterrupted skin-to-skin as early and often as possible
- Look for cues baby is ready to latch
- Breast crawl
- Delay bath
- Delay newborn exams
- Limit distractions/visitors until after first feed

TROUBLESHOOT

- Latch discomfort: See IBCLC to troubleshoot, check for tongue/lip tie
- Supply issues: Feed often, skin-to-skin, pump between feedings, consider herbs/medication
- Going back to work: Consult IBCLC about the best way to introduce a bottle in a way that doesn't disrupt nursing



EARLY DAYS

- Skin-to-skin as much as possible
- Look for signs baby is getting enough milk (enough wet/poopy diapers, not losing too much weight, gulping, looking satisfied after a feed, etc.)
- Feed on demand
- Avoid supplementing with artificial milk unless necessary
- Maintain proper nutrition and hydration
- If engorged, pump to comfort but don't drain breast





POSITIONS



BABY IS GETTING ENOUGH MILK IF...

- Can see or hear baby gulping/swallowing
- One wet diaper for every day of life (6+ diapers per day by Day 4)
- Yellow stool by Day 5 (no meconium)
- 3-4+ poopy diapers by Day 4
- Breast softened at end of feeding
- Baby seems relaxed/asleep at end of feeding (hands unclench)

SUPPLY

WHEN TO SEEK HELP

- Sore, cracked nipples
- Concerns about milk supply (low supply or oversupply)
- Concerns about if baby is transferring milk adequately
- Baby is having a hard time opening mouth wide, had a challenging birth, or was in an awkward position for birth (craniosacral and physical therapies can help)
- Suspected tongue, cheek, or lip tie
- Mastitis/suspected breast infection, clogged ducts
- Painful letdown
- Sleepy baby
- Baby has poor tone
- Pain throughout feeding



GETTING HELP