**Breastfeeding: Cheat Sheet**

* First latch
	+ Ideal if skin-to skin immediately after birth
	+ Ideal if within the first 60-90 minutes
	+ Ideal if baby-led (parent leaning back and supported with pillows)
	+ Needs to be comfortable for both parent and baby
* Other breastfeeding positions
	+ Cross cradle (support breast with same-side hand, hold baby with opposite-side arm)
	+ Football (support baby lying along your side with same-side arm, support breast with opposite-side arm)
		- Great for after a Cesarean
	+ Side-lying
* Latching 101
	+ Baby’s tummy against parent’s body
	+ Baby’s head, neck, back, hips all in a straight line – nothing dangling
	+ Push baby’s bum inward with your forearm
	+ The heel of your hand supports baby’s neck and shoulders
	+ Don’t push head into the breast – allow head to tip back
		- Chin in breast, nose away
		- Baby gazing up at parent, *not* burrowing down into breast
	+ Wait until mouth is wide open like a yawn
	+ Asymmetric latch
		- Skin above baby’s upper lip should graze nipple
		- Aim nipple toward the roof of baby’s mouth
	+ Want lots of **lower areola** in baby’s mouth
	+ Can compress the breast like a sandwich
* When will my milk “come in”?
	+ Colostrum: first 2-6 days
		- Yellow in color = “liquid gold”
		- This is everything your baby needs
		- Remember, baby’s tummy is TINY
		- Can hand express if baby is sleepy or having trouble latching
	+ Mature milk: more volume than colostrum
		- Usually comes in 30-40 hours after birth
		- This gives baby some time to practice sucking, swallowing, and breathing
		- Increases in volume over the next 2 weeks
* \*\*Supply and Demand\*\*
	+ To make milk, you have to remove milk
	+ The more milk you remove, the more substantial your supply will be
	+ Milk removal is the most important in the first 2-3 weeks; this is when your breasts are creating their ultimate milk production capacity
	+ Nurse, nurse, nurse! Baby is “putting in an order” for the future
* Getting a good latch
	+ May pinch when baby first latches; should not be painful for the whole feed
	+ If it’s painful, get help as soon as possible!
	+ A painful latch = sore nipples for parent, poor milk intake from baby (this impacts baby’s weight gain AND your future supply—remember *supply and demand*)
	+ Nurse, postpartum doula, lactation counselor, La Leche League leader can all help with hands-on support
	+ But the gold standard for tech support in breastfeeding is an **IBCLC** (International Board Certified Lactation Consultant)
* How often do I feed?
	+ 8-12x in 24 hours *or more* (cluster feeding, particularly on the second night)
		- Watch baby, not the clock
		- Hungry signs: turning head from side to side, hands in mouth, tongue sucking or sticking out and in, opening and closing mouth
			* Crying is a late sign of hunger – try to latch baby before they get to this point!
	+ Remember! Cluster feeding means baby is putting in an order for the future
	+ The more you nurse, the more substantial your supply will be
* How do I know if baby is getting enough?
	+ Trust baby’s hands: if they are loose, floppy, with open palms, baby is satisfied
	+ Listen for swallows once milk volume increases (eh…eh…eh)
	+ 4-8 wet diapers a day; 3-6 dirty diapers a day
	+ Watch early weight loss (\*may not be indicative of true weight loss if you had lots of IV fluids in labor)
* When to reach out for help
	+ Sore, cracked, or bleeding nipples
	+ Hard breasts, milk not flowing, baby unable to latch
	+ Plugged duct (sore, hard nodule in breast tissue)
	+ Hot, red, hard, and/or tender breasts with flu-like symptoms
	+ You aren’t seeing indications that baby is getting enough
	+ Whenever you want or need to! Breastfeeding parents often need emotional support as well as technical, hands-on support