**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