

# Liquid Gold

*A concise and comprehensive guide to  
have confidence in your breastfeeding  
journey.*



Created By: Elizabeth Beeker

# About The Author

Elizabeth Beeker is a doula, certified breastfeeding specialist, childbirth educator and co-founder of By Design Birth Services based in Southern Michigan. Together, her and her business partner Karina work tirelessly to break down breastfeeding barriers, educate families, and support their community.

By Design Birth Services has served over 50 families since 2023. Elizabeth has also been featured in Voyage Magazine for her doula work and been a guest speaker on The Worldwide Doula podcast.

“This guide was created from a need that I saw in my community. I wanted to create this book as an in-between option for those who have busy lives like the rest of us. Breastfeeding shouldn’t be something you have to read a textbook on, but many moms find the ‘How-to’ articles and videos too simplified or hard to find. I wanted to create a resource that was concise, easy to read, and would cover the basics so every mom can have a confident start.”

# Breastfeeding Basics: What Every Mom Should Know

## 1. Breastfeeding Works on Supply and Demand

The more milk your baby removes (through nursing or pumping), the more milk your body will make. Frequent, effective feedings are key to establishing and maintaining supply—especially in the early weeks.

## 2. Feed Early and Often

Newborns typically need to nurse 8–12 times in 24 hours, including through the night. Their stomachs are tiny, so they need frequent feeds to stay full and stimulate your milk supply.

## 3. Watch Baby, Not the Clock

Look for hunger cues like rooting, sucking on hands, and fussing—not the time on the clock. Let baby feed as long as they need to on each breast, switching sides when they slow down or unlatch. Baby should go no longer than 3 hours without food, but a precise schedule is not necessary.





#### **4. Good Latch = More Milk + Less Pain**

A deep latch helps your baby get enough milk and protects your nipples from damage. Baby's lips should be flanged out, their mouth wide, and chin pressed into the breast.

#### **5. Colostrum Is Liquid Gold**

In the first few days, your body makes colostrum—a thick, yellowish milk packed with nutrients and antibodies. It may seem like just a few drops, but it's all your newborn needs early on.

#### **6. Weight Loss After Birth Is Normal**

It's normal for babies to lose a little weight after birth, but they should return to their birth weight by 10–14 days. After that, expect a gain of 4–7 oz per week in the early months.

## **7. Wet Diapers Tell You a Lot**

After the first few days, expect 6–8 wet diapers a day and regular yellow, seedy stools. This is one of the clearest signs your baby is getting enough milk.

## **8. It Shouldn't Hurt**

Some tenderness is normal in the beginning, but sharp, ongoing pain is not. Nipple pain, cracks, or blisters usually mean the latch needs adjusting. Seek help early!

## **9. Growth Spurts Happen**

During growth spurts, babies may nurse more frequently (called cluster feeding). This helps increase your supply to meet their changing needs—it's temporary and normal.

## **10. You Can't Spoil a Baby with Nursing**

Nursing provides comfort, connection, and nourishment. Nursing on demand helps build trust and keeps your baby calm, safe, and well-fed.



### **11. Most Don't Need to Pump and Dump**

Unless you are told by a provider, you rarely need to pump and dump. Alcohol, illness, or milk discoloration does not mean you need to pump and dump.

### **12. More Water Does Not Mean More Milk**

Stay hydrated and well nourished, but more water will not result in more milk. Actually, if someone is overhydrated this can create a problem with their milk supply. Drink to thirst and meet your needs.

### **13. There's No Magical Boost for Your Supply**

Lactation teas, supplements, cookies, body armor, oatmeal, beer...we have heard it all. None of these things will increase your milk supply. Your milk is primarily made up of your nutrition, so don't skip meals, eat well, and trust your body.

### **14. Trust Your Body and Your Baby**

Your body makes what your baby needs. Your baby communicates their needs to your body. An oversupply is not common, nor is an undersupply often the problem when it comes to weight gain. Breastfeeding is a team skill, be patient as you learn together.

# Recognizing Hunger Cues

Understanding your baby's feeding cues can help you respond before they become too upset to latch effectively. Hunger cues progress from subtle to more obvious, and catching them early often leads to more peaceful nursing sessions.

**Early hunger cues** include rooting (turning head toward your chest), smacking or licking lips, sucking on hands or fingers, opening the mouth, and head-turning as if searching for the breast. These gentle signals are your baby's first way of saying, "I'm ready to eat."

**Active hunger cues** may include fidgeting, squirming, or light fussing. At this stage, your baby is getting more insistent and may need to be called before nursing begins.



**Late hunger cues** involve crying, a red or scrunched-up face, and stiff body movements. When a baby reaches this stage, it may be harder to get them to latch well. Try soothing with gentle rocking or skin-to-skin contact before offering the breast again.

### *Tips for Calming a Fussy Baby For Breastfeeding*

- Create a calm environment
- Try Skin-to-Skin
- Express some milk onto their lips
- Try rocking or bouncing
- If you are feeling overwhelmed, let someone else soothe them.





# Signs of a Good Latch

A good latch is the foundation of successful breastfeeding. When your baby is latched well, milk flows more easily, feedings are more comfortable, and your body gets the signal to keep producing milk. A poor latch, on the other hand, can lead to nipple pain, frustration for both you and baby, and low milk transfer.

## *What Does a Good Latch Look Like?*



## Here are the signs of a deep, effective latch:

- **Wide mouth and flanged lips:** Baby's mouth should open wide, like a yawn, before latching. Their lips should be flanged outward (not tucked in) around the breast, like a fish.
- **More areola below the baby's mouth than above:** The baby doesn't latch onto the nipple alone—they should take in a good portion of the surrounding areola, especially the area below the nipple.
- **Chin and nose touching the breast:** A baby should be snug against the breast, with their chin deeply pressed in and possibly their nose too. If the nose isn't touching, that's okay—some babies have smaller noses—but the closeness helps stimulate milk flow.
- **No clicking or smacking noises:** These can be signs of a shallow latch or that baby is slipping off the breast and losing suction.

- **Rhythmic sucking and swallowing:** Once milk begins to flow, you should hear or see baby swallowing in a slow, steady pattern. In the early moments of a feed, sucking may be quick to stimulate letdown, but then it should shift to a slower rhythm with pauses as baby swallows.
- **No pain for you:** Some initial tugging or discomfort in the first moments of latching is normal in the early days, but pain that lasts throughout the feeding—or cracked, bleeding, or blistered nipples—is a sign something needs adjusting.



# How To Get a Deep Latch: Step-by-Step

1. Get comfy. Use pillows to support your back and arms, and make sure baby's head and body are in a straight line facing your breast.
2. Hold baby close. Bring baby to your breast, not breast to baby. Their nose should line up with your nipple.
3. Encourage a wide mouth. Gently brush your nipple against baby's lips to stimulate a rooting reflex.
4. Aim nipple toward the roof of baby's mouth. This helps baby get a deeper latch as they bring in more of the lower areola.
5. Support the breast if needed. Use a "C-hold" (thumb on top, fingers underneath) to guide the breast without pressing too close to the areola.



## *If It Doesn't Feel Right, Start Again*

It's okay to unlatch and try again. To break the latch, gently insert a clean finger into the corner of baby's mouth, over the nipple and remove them from the breast. By placing a finger above the nipple you protect it if baby tries to clamp down. Take a breath, reposition, and try again. You and your baby are learning this together—it's a process, not a test.

### **When to Get Help**

If you consistently experience pain, baby isn't gaining weight well, or you suspect a tongue or lip tie, reach out to a lactation consultant. Personalized support can make all the difference.



# Signs That Baby Is Getting Enough Milk

One of the most common questions new mothers have is, “How do I know if my baby is getting enough?” Here are several reliable indicators that your baby is feeding effectively:

- You can hear them swallow during feedings, especially in the first few minutes.
- Baby appears content and relaxed after feeding, often with open hands and a soft body.
- You’re changing at least 6–8 wet diapers per day, with stools that are yellow and seedy (especially after the first week).
- Weight gain is steady, typically around 4 to 7 ounces per week in the first few months.
- Your breasts feel softer after a feeding, indicating effective milk removal.

# Signs That Baby May Not Be Getting Enough Milk

If your baby seems unsettled after feedings or is not gaining weight well, there may be signs that they aren't transferring enough milk. Look out for these red flags:

- Frustration at the breast, including pulling away, arching, or crying while nursing.
- Long nursing sessions with minimal swallowing or frequent latching and unlatching.
- Falling asleep at the breast quickly, then waking again shortly after still hungry.
- Fewer than 6 wet diapers a day, especially after the first week.
- Little or no weight gain, or even weight loss after the initial birth weight drop.
- Persistent fussiness, even after what seems like a full feeding.

If you notice any of these signs, consider reaching out to a lactation consultant or IBCLC.

## How to Find Breastfeeding Support

Finding quality support for breastfeeding can be tricky because there is a lot more than what meets the eye. Things to note:

- Not all lactation consultants are trained equally, some are trained by formula companies to promote their brand, so be sure to ask about their training.
- Understand the peer counselors are not equipped to solve breastfeeding complications. They cannot diagnose or help with complex cases.
- Start with your local doulas! If you don't know where to look, ask the people who have a list of resources for moms. Almost all will be able to make a recommendation.
- Ask your local pregnancy centers, WIC offices, hospitals, or pediatrician offices.
- Go to an online IBCLC registry and search your local area.



# Building a Freezer Stash

If you're hoping to build up a stash of milk for returning to work or having occasional breaks, here are a few practical tips to help you store extra milk without compromising your supply or baby's needs:

- Pump after morning nursing sessions, when milk supply is typically at its peak. Pump again after an afternoon and evening feed.
- Use a milk collector or Haakaa on the opposite breast while nursing to catch letdown.
- Freeze in small portions, such as 2–4 ounces, to reduce waste and offer flexibility when thawing.
- Rotate your freezer stash by using the oldest milk first to maintain freshness and reduce spoilage.
- Continue to bring baby to the breast to maintain your supply.

Even small amounts added consistently can create a solid stash over time.

# Example: Breastfeeding + Pumping Schedule

Time	Action	Notes
6:30 AM	Nurse (both breasts)	Skin-to-skin. Offer second breast after burping.
7:15 AM	Pump (10–15 mins)	Use hands-on pumping to maximize output. Great for stash.
9:00 AM	Nurse	Watch for hunger cues—don't wait for crying.
11:30 AM	Nurse	Burp halfway through and switch sides.
1:30 PM	Nurse	If baby falls asleep quickly, try breast compressions to increase flow.
2:15 PM	Pump (10 mins)	After baby nurses. Even if little comes out, it signals more demand.
4:00 PM	Nurse	Use breast compressions if baby gets fussy.
6:30 PM	Nurse	Calming environment—low lights, quiet space.
8:00 PM	Nurse (cluster feed)	Babies often want to nurse more in the evening. Follow baby's lead.
9:00 PM	Pump (optional)	Great stash-building time if baby is sleeping.
11:00 PM	Nurse	Dream feed if baby is still sleeping. Helps extend stretch.
2:00 AM	Nurse	Avoid long night stretches—prolactin is highest at night.
5:00 AM	Nurse	If baby wakes hungry or you feel full, feed here.

*\*This schedule is not meant to be used exactly, babies often will want to nurse with more variability, but this is a reference point to incorporating pumping into your breastfeeding routines.*

# Storage and Thawing Tips

## 1. Don't Overfill Your Storage Bags

Yes, they will explode. Leave space in the bag—breast milk expands as it freezes. Aim to store in 2–4 oz portions to avoid waste and make thawing easier. Oh, and freeze flat to save space.

## 2. Storage Guidelines: How Long is Breast Milk Good For?

Here's the “Rule of 4s” plus a little extra:

- Freshly pumped milk:
  - Room temp (up to 77°F) – up to 4 hours
  - Fridge (at 40°F) – up to 4 days
  - Freezer (0°F or colder) – ideally 6 months (up to 12 months max)

Tip: Label each container with the date and time it was pumped!

### 3. What's That Fat Layer?

When milk separates, it's totally normal for the fat to rise to the top. Don't panic—it's not spoiled! Just gently swirl the milk to mix it back in. Avoid shaking, which can break down nutrients.

### 4. No Microwaves

Never heat breast milk in the microwave. It creates hot spots that can burn your baby and damage the milk's nutritional content.

Instead:

- Warm milk by placing the bottle or bag in a bowl of warm water
- Use a bottle warmer if you prefer

