

PREPARATION FOR BREASTFEEDING



THE ULTIMATE GUIDE

WELCOME



Dear New Mother,

Congratulations on your beautiful journey of motherhood!

As a lactation consultant, I understand the importance of breastfeeding and the numerous benefits it provides to both you and your baby.

This book, "Preparation for Breastfeeding," has been carefully crafted to empower and support you throughout your breastfeeding experience.

Here, you will find essential information, practical tips, and guidance to help you navigate this special chapter of your life successfully.



LINDSEY LACTATION

Jayne Lindsey

INTRO

First and foremost, you must realize that there is very little you need to do to prepare for nursing. By week 26 of your pregnancy, your body has completed the majority of the essential preparations and is generating colostrum (the initial type of breastmilk).

As a result, this guide covers: optional supplies you might want to get before the baby arrives, suggestions and educational handouts to start you off on the right foot



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PLUS EDUCATIONAL
MATERIALS



01

CHAPTER ONE
NURSING BRAS

NURSING BRAS

Breasts are typically larger and fuller while breastfeeding, and most women find that wearing a supportive bra makes them feel more comfortable.

If you generally wear soft cup bras, you might find that these work just as well: simply pull the cup down below your breast, exposing the nipple for nursing while still supporting your breasts.

Alternatively, special bras with flaps that extend out from the center or down from the top to expose the nipple can be purchased.

Go shopping in the latter weeks of pregnancy: The band should be able to fit on the tightest hook and relax slightly if necessary. If you can just fit your palm inside the cup, you'll be able to allow for some breast growth when nursing.




A SUPPORTIVE
BRA THAT ISN'T
TOO TIGHT CAN
HELP PREVENT
CLOGGED
DUCTS

A woman with long blonde hair and glasses is sitting on a light-colored armchair, nursing a baby. She is wearing a white button-down shirt and grey jeans. The baby is wearing a blue long-sleeved shirt. The background shows a window with white curtains. The overall tone is soft and intimate.

02

CHAPTER TWO
NURSING PADS



”
I'M ALL
MY
LITTLE
ONE
NEEDS

NURSING PADS



Breasts of nursing mothers occasionally leak milk.

If your breasts leak, simply apply light pressure to the breast with your hand or forearm until the leakage stops.

If you leak a lot, nursing pads are a good idea: tuck one in each side of your bra to keep milk from leaking through your shirt.

Wet pads should be changed as soon as possible because they can cause irritated nipples.

Some women use plastic breast shells to trap leaky milk, however this might lead to even more leakage.



03

CHAPTER THREE BREASTFEEDING CLOTHING

BREASTFEEDING CLOTHING

You may breastfeed in practically any garment you already own (t-shirts, sweaters, hoodies, etc.)

Just simply lift the shirt up from the waist, up over the lower half of your breast, then slip your bra down to expose the nipple and latch baby on. Any exposed flesh will be covered by your baby.

If you like, specific nursing garments with a choice of openings are available.

These are particularly useful for moms who are learning to breastfeed or who are concerned about nursing in public.

Nursing clothing is available at maternity stores, online, and in secondhand shops.



A woman with long, wavy brown hair is sitting on a dark grey couch, breastfeeding her baby. She is wearing a light blue button-down shirt and light grey pants. The baby is wearing a grey t-shirt and blue jeans. The woman is looking down at the baby with a gentle smile. In the background, there are some dried pampas grass decorations. The overall tone is soft and intimate.

04

CHAPTER FOUR
INVERTED NIPPLES



INVERTED NIPPLES

You may have heard of inverted nipples. These nipples sink into breast tissue rather than extending outward or turning flat when pressure is applied to the areola. They also do not stand up when chilly or agitated. Inverted nipples affect around a third of pregnant women, but only 10% of them remain inverted by the ninth month.

To check for this, gently push your thumb and forefinger together while holding your breast with your thumb and index finger at the edge of the areola. It is considered inverted if the nipple sinks into or disappears into the breast tissue. In the first few days, babies may have a harder time latching on, but suckling usually helps the nipple protrude over time.

"BREASTFEEDING
IS A MOTHER'S
GIFT TO HERSELF,
HER BABY, AND
THE EARTH."

-PAMELA K. WIGGINS



Inverted nipples can be treated in one of two ways. Wearing plastic breast shells in the final weeks of pregnancy can help to bring the nipple out gently. Hoffman exercises, on the other hand, gently stretch the nipple tissue. Surprisingly, a clinical trial concluded that these treatments provided no substantial effect and that "no treatment" proved to be the best alternative.

Nipple shields, soft plastic shields worn when feeding a baby, are recommended by some sources to assist in drawing a nipple out and prevent painful nipples. Nipple shields can interfere with milk production and should not be used without first consulting a lactation specialist.

You can ask your caregiver for a referral to a lactation consultant for a consultation before the baby is born if you have any additional specific concerns about your nipples, breast shape, previous breast surgeries, health, or any other factors that may impair nursing.



05

CHAPTER FIVE
SUPPORT NETWORK



Surround yourself with people who know about breastfeeding, support breastfeeding, and believe it will work for you and your baby before the baby arrives. Make sure your partner, other family members, your baby's doctor, and any babysitters or childcare providers you work with are all knowledgeable about breastfeeding and ready to assist you.

Newborn Hunger Cues (Signals)

The infant uses cues as their language to communicate their needs to us. When they are hungry, newborns communicate with simple, recognizable cues that are easy to spot. For all parents, learning their child's language is a new skill.

As soon as your infant shows signs of hunger, try to feed them. In order to guarantee that your baby is peaceful and able to latch or feed effectively, you may need to quiet them down before feeding them because crying is frequently a "late" hunger indicator. Calm your baby by cuddling, skin-to-skin, talking, or stroking.

EARLY CUES



STIRRING



MOUTH OPENNING



TURNING HEAD / ROOTING

I'M HUNGRY

MID CUES



STREACHING



INCREASING MOVEMENT



HAND TO MOUTH

I'M REALLY HUNGRY

LATE CUES



CRYING



AGITATED BODY
MOVEMENTS



COLOR TURNING RED

CALM ME DOWN AND FEED ME

Breastfeeding Basics

In this flyer, you will find some breastfeeding basics that will be really useful. If you have any questions, consult your baby's physician, the nurse, or a lactation consultant.

Nursing Mother's Diet

Breastfeeding does not require any special diets or foods. Some helpful tips:

- *Every day, pick different nutritious items for your meals and snacks. You and your baby will feel better if you eat healthily.*
- *Eat four to five servings of dairy products daily. You can obtain adequate calcium by taking a calcium supplement if your doctor recommends it.*
- *Whenever you feel thirsty, sip on water.*
- *Take your prenatal vitamins as your doctor has prescribed.*
- *Limit your intake of caffeine and artificial sweeteners. Tea, coffee, and chocolate all contain caffeine. Artificial sweeteners are found in several low-calorie or diet meals as well as diet soft beverages.*
- *Steer clear of alcohol. Each serving of alcohol takes roughly two to three hours to exit breast milk.*
- *Avoid diets that aim to lose weight. Increase your walking and avoid high-calorie foods to lose weight.*

Getting Strated

Your body's first milk, called colostrum, is excellent for your infant. After delivery, your breasts will feel fuller over the next few days, and you'll produce more milk. Depending on how much milk is removed and how frequently your baby eats from the breast, your milk supply will change. Your breasts will produce more milk as your baby consumes more of it.

You and your baby will be taught how to breastfeed by the nurses. Allow yourself some space to unwind and learn.

The first few days may see a lot of sleep for your newborn. Because of their small stomachs, babies need to eat frequently. During the first few days of breastfeeding, you can have moderate uterine contractions, increased thirst, and tiredness.



For the first three to four weeks or until your baby learns to eat properly, avoid giving your infant formula or breastmilk in a bottle. A different mouth motion is used when sucking from a bottle. Sucking on a bottle could interfere with the infant from feeding at the breast.

If you'd like, you can try giving your infant breast milk through a bottle after the first three to four weeks. If your child is unable to breastfeed, you can pump your milk, give it to him or her in a bottle, or freeze it in a sealed container for later use.

Feeding Cues

Your baby will show you feeding cues when they are hungry. Feeding cues may include:

- *Clenched fists,*
- *Putting hands to mouth,*
- *Licking lips,*
- *Moving arms and legs,*
- *Turning the head toward your body, sounds, and crying*

Try to start feeding your baby before he or she becomes too upset.

How is my baby doing with breastfeeding?

Keep an eye out for indications that your baby is receiving milk and is well-latched to your nipple. Signs could include:

- *When your infant first latches on, there is a quick, shallow motion in the cheeks that develops into a deep, steady, rhythmic motion.*
- *The lower jaw of your baby glides up and down, causing movement near the ear and temple.*
- *You may observe, hear, or feel your child swallowing.*
- *Experiencing a tingling in the breast.*

Breastfeeding Basics

Is my baby getting enough milk?

Your breasts will be full of milk, feel soft after feedings, and replenish between feedings if your baby is receiving enough milk. After day 4 your baby will experience the following behaviors:

- *sleep between feedings;*
- *have more than two bowel movements each day;*
- *have at least six wet diapers in a 24-hour period, and gain weight.*

No additional water or formula is required for a newborn that is healthy, full-term, and nursing normally. If you believe your baby is not receiving enough milk, consult a lactation specialist, the nurse, or your infant's doctor.

How often will my baby feed?

Feedings are timed from one feeding's beginning to the next. Try to feed your infant at least every four hours during the night and every two to three hours during the day and evening. Feed your baby if he or she indicates a need for food. Your baby can require feedings spaced out widely.

Your infant will nurse 8-12 times per day by the end of the first week. Your baby may start feeding less frequently as both they and your milk supply mature.

Even if infants can sleep for extended stretches, dreams, hunger, or a hectic day might still wake them up. Be prepared for your baby to wake up at night and possibly need to be fed.

In the first six months, babies go through growth spurts and will nurse more frequently during those times. Your body will produce more milk if you feed your baby more frequently to get through the development spurts. Typically, these bursts last 3 to 5 days.



Waking the Sleeping Baby

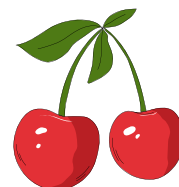
Unless told to do so by your provider, do not wake a baby who is sound asleep to give them a feeding. The optimum moment to rouse your baby for feeding is when they are sleeping but making certain bodily motions, such as eye motion under the lid, vigorous mouth, and tongue action, or sucking while sleeping.

Dim the lights and keep the space quiet at night. Steer clear of abrupt movements. You can gently move the infant to wake him or her up, or you can change the diaper. Try again an hour later if your baby is not interested in nursing after 15 minutes.

Newborn Tummy Size

Day 1

5-7 ml, is about the size of a marble or a cherry



Day 2

22-27 ml is about the size of a ping pong ball or a walnut



Day 3

45-60 ml is the size of an apricot or plum



Day 4

80-150 ml is about the size of a large chicken egg



Always talk to a doctor, nurse or lactation specialist if you have any questions or concerns.

breastmilk storage guidelines



ROOM TEMPERATURE 66-72°F / 19-22 °C

4 HOURS OPTIMAL
6-8 HOURS UNDER VERY CLEAN
CONDITIONS



COOLER WITH FROZEN ICE PACKS

24 HOURS OPTIMAL
ICE PACK SHOULD BE FROZEN, LIMIT
OPENING THE COOLER



REFRIGERATOR

4 DAYS OPTIMAL
5-8 DAYS UNDER VERY CLEAN
CONDITIONS



FREEZER & DEEP FREEZER

6 MONTHS IN FREEZER AND
UP TO 12 MONTHS IN DEEP FREEZER
STORE IN THE BACK OF THE FREEZER



THAWED MILK - DO NOT RE-FREEZE!

USE ALL OR THROW AWAY WITHIN 2 HOURS
IF NOT USED, GOOD FOR 24 HOURS,
REFRIGERATED



THANK

YOU

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