10 Tips for Getting Breastfeeding off to a Good Start

JUNE 26, 2012 BY [FLEUR (NURTURED CHILD)](http://nurturedchild.ca/index.php/author/admin/) [6 COMMENTS](http://nurturedchild.ca/index.php/2012/06/26/10-tips-for-getting-breastfeeding-off-to-a-good-start/#comments)

**1: Educate yourself and establish a network of support *before*your baby arrives**

You’re preparing for the birth of your baby by reading and researching, and it’s important to prepare for breastfeeding the same way. Now is the time to find good sources of information, and determine where you can go for help and support after your baby is born. If you’ve had issues in the past with breastfeeding you may want to schedule a prenatal consult with an [International Board Certified Lactation Consultant (IBCLC)](http://www.ilca.org/i4a/pages/index.cfm?pageid=1" \t "_blank)to determine what the problems were and how to avoid or minimize them. Breastfeeding is a learned skill and we are meant to learn about it by seeing other women breastfeeding their babies.  Many of us however, grow up never having seen another woman breastfeed. Because of this, [La Leche League](http://www.llli.org/%22%20%5Ct%20%22_blank) or other peer support meetings during pregnancy are a great idea. You can see normal breastfeeding in action, gather information and add to your network of support.

**2: Minimize interventions as much as possible during labour and delivery**

Any kind of intervention during birth such as an epidural, induction, vacuum, forceps or C-section, can have a negative impact on breastfeeding. That’s not to say that breastfeeding is doomed if you do have interventions during birth, but it can certainly make breastfeeding more complicated, and it often leads to a cascade of interventions that can lead to premature weaning. Your birth has a direct impact on breastfeeding, so a  good prenatal class is not only helpful for learning how to cope during labour and delivery, but it is also helpful for getting breastfeeding off to a good start. Look for a class that will teach you and your partner how to actively manage your labour, not how to be a good patient! A doula is another wonderful way to ensure you have the support you need during labour and delivery and the postpartum period.

**3: Keep your baby skin-to-skin after birth as much as possible**

Providing there are no medical complications, your baby should be put skin-to-skin with you immediately after birth, and stay there undisturbed until after he has breastfed (or attempted to breastfeed) for the first time. Things such as weighing, vitamin K, eye ointment, etc. can all wait until after the first feed. If you’re not able to have your baby skin-to-skin immediately, and you are handed your baby all bundled up, take those blankets (and hat and mittens) off! For skin-to-skin contact your baby should be dressed in only a diaper and your chest should be bare. Among other things, skin-to-skin contact keeps your baby’s heart rate, breathing, temperature, oxygen saturation and blood sugar stable, it’s good for milk production and it also ensures that your baby is colonized with your bacteria (to which you have antibodies in your milk) rather than hospital bacteria. Keeping your baby skin-to-skin as much as possible during the early days/weeks allows you and your baby to get to know one another, helps both of you recover from birth, helps with breastfeeding and it is healing for your baby if there have been interventions during birth. Skin-to-skin contact is a great way for Dad and baby to bond too!

**4: Remember your baby knows how to latch on**

A good latch is important for both your comfort, and your baby’s ability to transfer milk. [Thoughts on latching have changed in recent years](http://www.bestforbabes.org/the-latest-on-latching%22%20%5Ct%20%22_blank), and the more we learn, the more we are reminded that babies know what to do as long as they have easy access to mom’s breast! Any help with latching should be mostly [hands off](http://blog.nurturedchild.ca/index.php/2010/11/15/why-breastfeeding-help-should-be-hands-off/%22%20%5Co%20%22Why%20breastfeeding%20help%20should%20be%20hands%20off%22%20%5Ct%20%22_blank). Forceful attempts at latching can actually cause problems such as breast aversion and make breastfeeding more difficult. The most important thing to remember about latching is that babies find your breast by feel, not sight. Their face has to be in contact with your breast so that they can figure out where they are and latch on.

**5: If things are not going well, keep baby skin-to-skin, hand express and spoon feed your colostrum**

If your baby is not latching or not nursing well, then keep your baby skin-to-skin and hand express and spoon feed. Hand expression works better than pumping  until your milk increases in volume around day three, because the small volumes of colostrum tend to get lost in the pump parts. The small volumes of colostrum in the early days are perfect for your baby’s small stomach. Frequent hand expression and spoon feeding ensures that your baby is getting what he needs, and stimulates your milk production at the same time. Along with skin-to-skin contact, hand expressing and spoon feeding, input from a skilled IBCLC is helpful to get breastfeeding back on track.

**6: Be familiar with [normal weight loss and gain](http://blog.nurturedchild.ca/index.php/2012/03/24/breastfeeding-weight-gain-and-growth-charts/%22%20%5Ct%20%22_blank)**

It is normal for babies to lose some weight in the first few days after delivery. Peak weight loss tends to be on day 3, around the same time that mom’s milk is just starting to increase in volume. From then on, we expect to see an average weight gain of about 1 oz (30g) per day in a baby who is nursing well, and we expect that baby will be back to birth weight by about 7-10 days. One thing to keep in mind in hospital is that [new research](http://www.internationalbreastfeedingjournal.com/content/6/1/9%22%20%5Ct%20%22_blank) tells us that if a mother has had IV fluids during labour and delivery, her baby’s weight loss tends to be greater. If weight loss is a concern and you are getting pressured to supplement with formula, ask for more time and get help from an IBCLC to assess breastfeeding. While you are waiting to see an IBCLC, keep your baby skin-to-skin and you can start hand expressing and spoon feeding if your baby doesn’t seem to be feeding well.

**7: Be familiar with normal newborn behaviour**

While in utero, your baby has been fed 24 hrs a day through the umbilical cord. Once your baby is born, he has to make the adjustment to intermittent feedings. He also has a tiny tummy and breastmilk is digested quickly, so frequent feedings (every 1.5-2 hrs) are perfectly normal. It is also perfectly normal for your baby to want to be held all the time and to cry when you put him down. Your baby is familiar with your scent, the sound of your voice and heartbeat and he feels safest in your arms. Many moms worry about having enough milk for their baby, but the vast majority of moms are capable of producing more than enough milk. The frequent feedings in the early weeks can be intense but they help to establish good milk production. Signs that feeding is going well include visible/audible swallowing during nursing, baby waking to feed and is feeding 8-12 times in 24hrs, baby is having 3-4 dirty diapers a day by day 4, baby is content after feeding and is gaining weight appropriately.

**8: Get help sooner rather than later, and keep your supply up!**

If things are not going well – you’re having pain, your baby isn’t gaining weight or is gaining slowly etc, then get help from an IBCLC as soon as possible. The sooner problems are identified, the easier they are to fix. If your baby is not nursing or not nursing well, then while you are waiting to be seen by an IBCLC, hand express or (once your milk “comes in”) [pump](http://www.bestforbabes.org/a-babes-guide-to-pumping%22%20%5Ct%20%22_blank) every 2-3 hours to protect your supply. Breastfeeding problems are much more difficult to correct if milk production is also an issue. Red flags that indicate a need for help with breastfeeding include: pain during nursing, cracked/bleeding nipples, no visible/audible swallowing during nursing, a baby who quickly falls asleep at breast and isn’t waking to feed every 2-3 hours by day 2, a baby who isn’t having 3-4 dirty diapers/24hrs by day 4, or a baby who is still passing meconium on day 4.

**9: Ignore the housework and accept all offers of help**

Once you’re home, it’s important to remember that you are recovering from the birthing process and you and your baby need time to get to know one another and establish your milk production. Now is the time to accept any and all offers of help so that you can focus on your baby. Make a list of all the things that need to be done, and put it on your fridge. When visitors ask how they can help, you can refer them to the list and let them choose what they would like to do.

**10: Keep in mind that breastfeeding is not just about food!**

Babies nurse for all kinds of reasons and hunger is only one of them. They nurse because they’re hungry, thirsty, tired, over stimulated, too hot or cold, in pain or not feeling well, or just because they need some cuddles with mom. All are equally valid reasons to nurse and one of the wonderful things about breastfeeding is that it solves just about everything.  You can never go wrong with putting your baby to breast, even if they just ate. It’s not possible to spoil a baby with too much love, holding or breastfeeding, and the early years go by fast so enjoy those cuddles!