


Breastfeeding Webinar

Sharp Grossmont Women's Hospital




Housekeeping

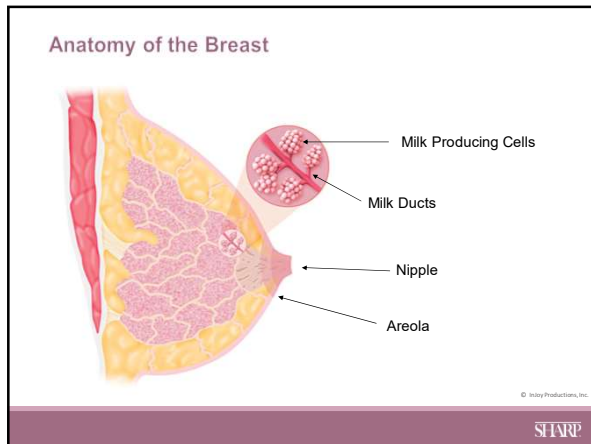
- Familiarize yourself with the platform
 - Different views
 - Microphone
- Minimize distractions.
- We encourage you to use the chat box feature. There will be plenty of opportunities to ask your questions.
- Mute microphone.
- Be sure your computer/phone is charged.
- For a more interactive class we encourage you to leave your camera on.



Breastfeeding Class Outline

- Introductions
- Breastfeeding Preparation
- Baby's First Few Days
- Feeding Patterns
- Positioning and Latch
- How to Know Baby is Getting Enough Milk
- Common Concerns
- Supporting Working Moms
- Resources & Support Groups





Physiology of the Breast

Oxytocin: Milk glands contract

Prolactin: Stimulate milk production

Let-Down:

- tingling sensation
- warm upper body sensation
- feeling your breasts become full

Breast/Nipple Types

- Flat or inverted
- Talk with M.D. or Lactation Consultant
- Avoid lotions and soaps

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Breastfeeding Preparation

- What can you do now to prepare for breastfeeding?
 - Call your insurance about breast pumps
- Have you heard from friends that there are certain foods that you should not eat when breastfeeding?

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Baby's First Few Days


Rooming-in

- Baby stays with you
- Skin to skin contact

Feeding Cues

- Sucking on tongue or lips
- Sucking on fingers
- Hands toward mouth
- Fussing or fidgeting
- Rooting
- Late cues – crying

Pay Attention to Early Cues



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Feeding Cues



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Feeding Patterns and Baby Behavior
First Day of Life (Birth to 24 hours)

- May not feel like there is any milk
- Colostrum in first few days
 - Gradual increases
 - One drop colostrum has approx. 3 million immune cells
 - Small in quantity
- Babies are sleepy the first 24 hours
- Practice skin-to-skin
- 1 wet diaper, 1 soiled diaper

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Baby's Behavior Second Day of Life

- Baby realizes they are in a new world
- Comforted by and wants to be at the breast all the time
- Mom second guesses her breasts, thinking she has no milk
- Feeding cues
- Feed 10-14 times in a 24-hour period
- Minimum of 2 wet and 2 poopy diapers



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Hints for the Baby's Second Day of Life

Baby falling asleep at the breast

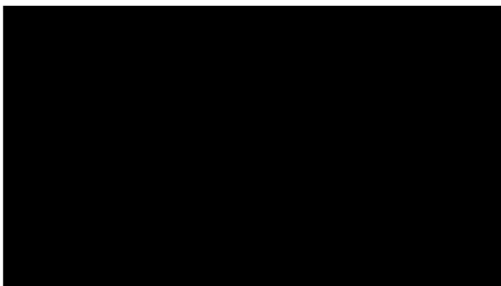
- Break the suction
- Snuggle with baby
- Babies first fall into a light sleep
- REM – easily awakened
- Cycles in and out of REM and deep sleep every 30 min
- Stay close until deep sleep



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Self-Attachment



Breastfeeding Positions

There are many different positions to hold your baby while nursing.

- Laid Back Breastfeeding
- Football/Clutch Hold
- Cross Cradle
- Cradle Hold
- Side Lying



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Proper Positioning and Latch-On

- Make sure you are in a comfortable position
- Baby's body in straight line, support your baby's head
- Hold your baby close, nose to nipple, chin off his chest
- Baby's head slightly tilted back
- Support the breast, fingers away from the nipple and not touching the areola
- Baby's mouth opens wide, quickly pull him toward the breast



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Good Latch vs. Bad Latch

GOOD LATCH



- Fish lips
- Baby is in alignment
- Chin is touching the breast

BAD LATCH



- Lips closing
- Baby only has the nipple



Correct Latch-On



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How to Know Baby Is Getting Enough

- 8-12 feedings in 24 hours
- Count wet diapers
- 6-8 wet diapers and 3-4 soiled diapers per day (after day 4)
- Swallowing sounds
- Breasts feel less full after feeding
- Baby is back to birth weight by day 10
- Then gains 4 to 7 ounces per week
- Soft, yellow, seedy stools by day 5
- Demand and supply

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How to Know Baby Is Getting Enough?



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Possible Breastfeeding Challenges

- Sleepy baby
 - Late preterm Infant
- Sore nipples
- Engorgement
- Blocked ducts
- Low milk supply
 - Tube/syringe feeding
 - Paced bottle feeding
- Mastitis
- Thrush
- Going back to work

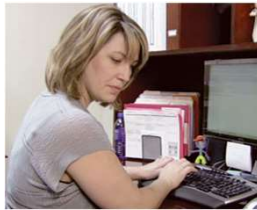


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Going Back to Work

- Pump a supply of milk prior to your return
- Discuss needs with employer
- Regular pumping sessions
- Comfortable clothes with easy access
- Breastmilk storage
- Healthy snacks and fluids



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Expressing Breastmilk

Reasons you may need to pump:

- Returning to work
- Premature baby
- If baby is unable to feed
- If you are ill and unable to nurse
- Build a supply for when you are away
- Relieve engorgement



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Types of Breast Pumps

Type of Pump	Features
Manual Hand Pump	<ul style="list-style-type: none"> For occasional use. Least expensive
Double Electric Pump	<ul style="list-style-type: none"> Used as a single or double pump Convenient; saves time
Hospital Grade Pump	<ul style="list-style-type: none"> Recommended for moms and babies who are separated (e.g. baby in NICU) or having breastfeeding challenges Recommended for increasing milk supply Most expensive to purchase; usually rented

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Breastmilk Storage Guidelines (For Healthy Full-Term Babies)

Type of Breast Milk	Storage Locations and Temperatures		
	Countertop 60-80° F (16-29° C) (room temperature)	Refrigerator 40° F (4° C)	Freezer 0° F or colder (-18° C)
Freshly Expressed or Pumped	Up to 4 hours	Up to 4 days	3-6 months 3 months ideal
Thawed, Previously Frozen	1-2 hours	Up to 1 day (24 hours)	Never refreeze human milk after it has been thawed
Left Over From a Feeding (Baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

Sources: The Academy of Breastfeeding medicine, CDC and Human Milk Banking Association of North America

Storage tips may vary. Please ask your lactation consultant or healthcare provider for the best storage guidelines and recommendations.

Introducing Bottles and Pacifiers

- Introduce bottles and pacifiers when breastfeeding is going well
 - Usually 3-4 weeks postpartum
- Paced bottle feeding supports breastfeeding
 - Slows down to flow of the milk
 - Allows your baby to be in more control over the feeding pace
- Attend Breastfeeding Support Group

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Sharp Grossmont Hospital Resources

Lactation office Warmline

(619) 740-4983

- Board Certified Lactation Consultants (RN's)
- Answers to feeding issues
- Breast pump rentals
- Medication questions
- Virtual Breastfeeding Support Group



Enjoy Your Experience



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As you look back on your experience with breastfeeding, what you will remember most is the closeness and intimacy that developed between you and your baby. Only you, as the baby's mother, could ever possibly know such an experience.