

What You Need To Know About Breastfeeding Your Newborn

Breastfeeding is Natural

but not necessarily intuitive or initiated with ease.

The breasts of mothers have been lactating and breastmilk has been sustaining and mamas have been providing 100% of babies' early nutritional needs - and supplementing beyond - since the very beginning of human reproduction. Breastmilk remains the most common and necessary first source of nutrition for the majority of babies, worldwide.

Even so, it has become less visible and more culturally complex in modern American society.

In our own familial circles, we're less likely to have heard that our grandmothers breastfed and heard or saw our mothers and aunts breastfeeding their young. Sometimes, society and community pressures may discourage us and narrate ambivalence and disappointment from the personal and historical experiences of the collective.

With these prevalent realities - gathering credible information, talking with women who look like us who have experienced breastfeeding success, worked through challenges, found joy in their journey and practicality in their approaches; reaching out to breastfeeding professionals like lactation counselors and consultants to equip, educate, and empower us on our own journeys, being gracious and gentle with ourselves as we practice and develop a system that works for us - are all remarkably effective methods towards welcoming ease in the breastfeeding relationship between momma and baby(ies).



MOTHER OF EASE

Preparation During Pregnancy

breasts don't need seasoning.

Contrary to the myth that nipples need twisting for toughening and breasts need massaging or pumping to encourage production - there are no physical preparatory maneuvers to endure during pregnancy. Let your body do the work it knows to do and begin thinking about how your early days spent breastfeeding after baby is born will be best supported.

Deciding to deliver at a birth place that supports breastfeeding and immediate skin-to-skin between mother and baby after delivery is an important preparatory step. When choosing to birth at home or in a free-standing birth center - unless there is an emergency event that requires a separation between the dyad (mother & baby), this environment will naturally encourage such. In a hospital setting, be certain to find out if the facility is a dedicated Baby-Friendly® hospital (at the very least) and ask your doctor or midwife how they (& their practice) encourage breastfeeding in the early moments of a babies' life and what may contraindicate (medically discourage or cancel) them from supporting skin-to-skin immediately after birth.

Begin to imagine for yourself and discuss with your partner and support system what a successful breastfeeding relationship looks, feels, sounds like to you. What are your breastfeeding goals? When you and baby have settled home after birth - what kind of environment, tools, practicalities will you need for it to look/sound/feel like success to you.

The First Hour

maybe two.

The first hour after birth is the most critical time for ensuring* an adequate and abundant milk-supply. It cannot be overstated - just how important it is for your body to know that you've had a baby, and that it needs to start producing milk. Milk receptors that are not stimulated will begin to shut-down and never return - not until or if you become pregnant with another baby. Therefore, if allowed and encouraged - a fragile milk-supply is concretely built shortly after birth. Anyone who tells you that you can get this hour (sometimes two) back has lended you a false narrative and at minimum, a flow of frustration.

Folks are unlikely to ever tell you this! I didn't learn it myself until my lactation training course in 2021. I'd birthed and breastfed five whole babies prior and had not an inkling. And let me tell you, I struggled immensely with milk production with my first. She was not placed on my chest for uninterrupted skin-to-skin during that first hour. Labeled "failure-to-thrive" for her entire first year of life. We had doctor's appointments for her once a week from 2 - 10 months old. I know you can imagine just how stressful and heart-wrenching that first year of life felt. I often wondered, *how was everything I poured into her, day in and day out - not nourishing, not enough?* If only I knew then what I know now. It's the little things - and here, during this 60-120 minute window - that can and will make all the difference.

*If you've had breast surgery for any reason - reduction, enhancement, medicinal - speak with an LC before birth to determine how and if it may have affected your ducts and what is possible and helpful for production and your personal breastfeeding journey



The First Hour

continued...

I've imagined a few reasons why medical professionals rarely tell you this:

- They don't know this information, or they do but they're not permitted to follow it. Did you know it usually takes fifteen years to see evidence-based research implemented into practice?
- The system they work within doesn't actually support real-life breastfeeding - even if they say they do.
- They don't take the time to encourage and explain to populations of people with lower-breastfeeding endurance rates, high pre-term birth rates, planned and emergency cesareans rates (it is rare to find a hospital that will skin-to-skin (not blanket swaddle to mom's cheek skin) a baby with their mother immediately after a cesarean birth (even when planned) and support latching in the OR) - that what they need for the thriving of their babies and their milk, is oft determined by what does and does not happen while in these birthing spaces.

Do whatever you can to advocate for yourself, starting with yourself. That begins with knowing this info. Insist that you're given the opportunity* to prepare your baby's nourishment for the years to come. It's a matter of thriving. And you and your baby deserve to thrive.

*If you're having a planned cesarean or want to be prepared with information specific to advocating for self and your breastfeeding needs if presented with a surgical emergency, please reach out to me for specific tips you'll want to know for initiating milk production



Lactation Hormones

While estrogen and progesterone prepare your breasts to make milk during your pregnancy, Prolactin and oxytocin work together after your baby is born & the placenta is delivered to make milk and respond with a milk flow.

Prolactin produces and oxytocin delivers milk.

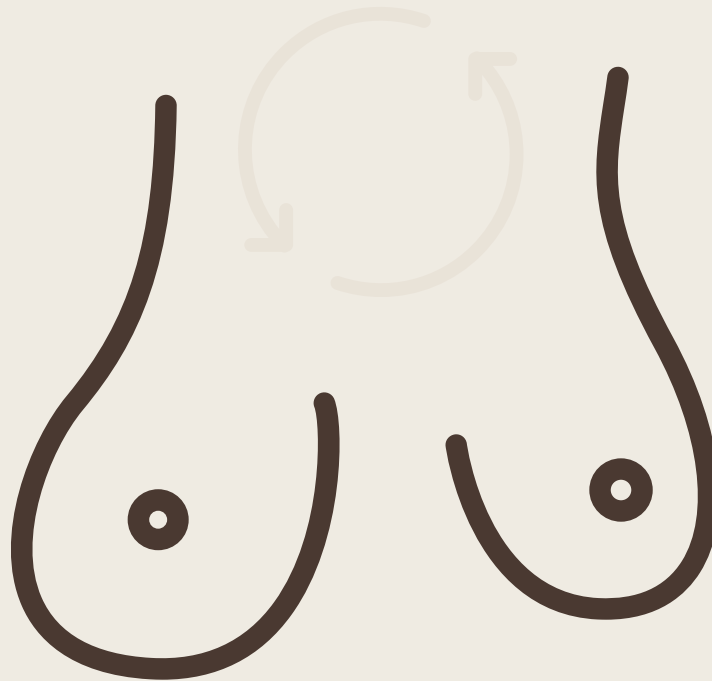
Both hormones are always present in the body - managed by the pituitary gland - and dramatically increase during pregnancy, birth, and throughout the breastfeeding journey.

ESTROGEN

PROGESTERONE

PROLACTIN

OXYTOCIN



Ensuring a Filling Breastmilk Supply

- Feeding cues are babies way of communicating that they are ready to eat. When you follow feeding cues, rather than a schedule - you'll be able to feed your baby when they're hungry and communicate to your breasts that more milk needs to be made.
- Expect your newborn to breastfeed at least 10-12 times a day.
- Wake a newborn if the beginning of their last eating session was two hours (can extend to three hours once breastfeeding is good and well established) prior to this nap. I know just how hard that is, but baby will sometimes sleep longer than they need to maintain your supply and their nourishment - you know better than they do - they need to eat often and consistently to thrive, and for your supply to thrive. Two months in, you'll be thankful you did.
- Your own food and water intake are not determining factors in your body's ability to produce milk (this is a myth!), However, you are far more likely to be able to keep up with the needs of your baby if your own needs are met - from both a physical and mental standpoint. Be sure to nourish your own body and mind - eat and hydrate throughout the day, and evening - and be kind to yourself.

Breastfeed On Cue-Demand

*Remove Milk (whether by baby, by hand expression or pump (if absolutely necessary))
Every Two Hours*

Wake Baby When Necessary

Take Care of Yourself



MOTHER OF EASE

Feeding Cues

BEGIN DURING TIMES OF ACTIVE SLEEP



01

RAPID EYE MOVEMENT

REM - subtle movements of the eyelids are the beginning signs of hunger for a newborn.

02

BODY MOTIONS

Subtle body movements are feeding cues. Baby may lightly twitch or *flutter* any part of their body.

03

BODY FLEXING

Baby is likely to flex their arms & legs. One or both fists may be tightly curled. Baby may or may not be awake at this point.

04

ROOTING

Mouthing motions with lips and tongue, looking for breasts with mouth, sucking hands and fingers, body moving towards mama's nourishment. Baby is likely to be awake by now.

05

CRYING

Crying is a late sign of hunger. Latching may be difficult and frustrating here. The open mouth of a cry is not the same as the ideal wide gape for a comfortable and effective latch. Spend some time skin-to-skin with baby until calm and try for successful latching again.

Encouraging the Optimal Latch

BEGIN WITH A CALM BABY. SKIN-TO-SKIN PRIOR TO FEEDING IS HELPFUL. BABY'S TUMMY SHOULD BE AGAINST MOTHER. LET BREASTS REST IN NATURAL POSITION*.

LINE UP BABY'S NOSE WITH MAMA'S NIPPLE. MOVE BABY BACK AN INCH OR TWO AWAY FROM BREAST. BABY'S MOUTH SHOULD GAPE (OPEN WIDE, AT LEAST 140°).

GUIDE BABY TOWARDS BREAST WITH HAND AT THE BASE OF NECK, NEAR/ON THE SHOULDERS - THE BACK OF THE HEAD NEEDS THE FREEDOM TO TILT. THE BOTTOM LIP AND CHIN WILL REACH THE BREAST FIRST.

WELCOMING A WIDE GAPE IS MORE LIKELY IF BABY'S HIPS ARE FLEXED AND FEET ARE AGAINST A SURFACE, LIKE A PILLOW OR MAMA'S ARM OR BELLY.

THE LOWER PART OF THE BREAST WILL TAKE UP MORE SPACE IN THE BABY'S MOUTH THAN THE HIGHER PART. THE NIPPLE WILL ALIGN WITH THE UPPER HALF OF BABY'S MOUTH. LATCH LOOKS "OFF-CENTER", ASSYMETRICAL.



*if you need a lift, use a rolled up, dry washcloth underneath the breast.

Characteristics of an Optimal Latch

AMIAABLE

Latch should feel comfortable to mama. Latch is not associated with nipple nor breast pain. Feel baby sucking from breast rather than sucking from nipple. Baby's arms and hands are free to gently caress and/or squeeze breasts to encourage flow.

APPEARANCE

Baby's cheeks are rounded, not dimpled. Baby's mouth moves like a "rocker", not a "piston". Nose and chin are very close to breast. Both upper and lower lip are turned outward. Lips are ideally sealed/ suctioned to breast



ACOUSTIC

In a quiet space and listening closely, milk swallowing is audible. Suck and swallow typically follows a 1:1 or 2:1, irregular pattern - indicative of nutritive sucking and transfer.

AMBIANCE

Baby releases latch and ends the feeding when satisfied. Mother may gently release suction with finger if baby does not. Baby is calm and at peace. Likely asleep. Both hands are open and relaxed.

Good Signs of an Optimal Latch



wide gape
rounded cheek
upper lip turned out
nose and chin close to breast
mama's breast in natural resting position
hand free to caress or gently squeeze breast
asymmetrical, more of the lower breast in baby's mouth



*You can do this.
You are capable.
Your body is capable.
You are wonderfully designed.
You are the mother your baby needs-
Just as you are.*

VISIT MOTHER OF EASE
TO BOOK PRIVATE LACTATION SESSIONS
OR ADDITIONAL SUPPORT AS YOU JOURNEY
ALONG THE CHILDBEARING CONTINUUM

©2023 MOTHER OF EASE LLC. ALL RIGHTS RESERVED.

Keep in Touch
MOE
Newsletter

