Parents' Starter Guide to Feeding Babies

Updated information about breast/chestfeeding, bottlefeeding, and pumping...to help you meet your feeding goals.

Working with families who are expecting a baby or those who have a new baby is always an honor for me. More and more families today are planning to breastfeed/chestfeed and/or pump and they look to professionals around them for advice, information and support. Unfortunately, there's a lot to know and too much conflicting information out there (especially on the internet). The following are some simple steps and pieces of information that will allow you to be well-informed about the basics and know when to ask me or another IBCLC for customized help. I'm available in-person or via secure phone/video consultation. Don't hesitate to get in touch with me!

…Jeanette Mesite Frem, MHS, IBCLC, RLC, CCE
International Board Certified Lactation Consultant

At Birth

If you are expecting a baby (or two or more babies, of course), there are a few key things you can do to optimize feeding, starting while you are pregnant.

- Take a prenatal breastfeeding class. Many insurances are reimbursing for these classes, too. While hospitals often provide these classes, consider finding an independent class, taught by a lactation educator or an IBCLC in your community. If you just can't do an in-person class, ask me about an online class with me or one of my colleagues.
- Plan to do skin-to-skin with your baby immediately after birth for at least 1 hour but longer is better for many scientifically proven reasons! Wait on any newborn weights or newborn procedures until 1.5-2 hours (or more) after birth (there is no evidence that weights or non-emergency procedures need to be done sooner). Skin-to-skin contact is when baby's naked torso is pressed against your naked torso, ideally baby's head starts just below the level of the nipples. Partners are also encouraged to do skin-to-skin if the birthing parent isn't available. Continue doing skin-to-skin for several hours a day (for months).
- Allow baby to do the breast crawl BEFORE any weights or newborn

Breastfeeding, chestfeeding and pumping should be comfortable and babies should grow and be content. If this isn't the case for you and your baby, I'm happy to be your IBCLC, to provide you with compassionate support, updated information, creative techniques and good referrals, if needed.

interventions are done, see this video: https://globalhealthmedia.org/portfolio-items/breastfeeding-in-the-first-hours-after-birth/

- Remember that, on average, it takes 45 minutes for a freshly-born baby to latch on after doing the breast crawl...enjoy this first hour of baby's life...don't rush it, baby can latch earlier or later, too. If baby needs medical attention, try the breast crawl once baby is stable.
- Ask for a delay of bathing baby for at least 6 hours or more. They really aren't dirty...consider waiting until several days old and be sure that any soaps used are non-toxic (some of the most popular baby soaps have hidden toxic chemicals in them because US law doesn't prohibit companies from including toxins in personal care products). Plus, you may already know this: newborn babies smell sooo good!
- Encourage frequent nursing (ideally only 1.5 to 2.5 hours between nursing sessions from the start of one to the start of another feeding session, but one longer stretch of 4-5 hours per 24 hours is also okay)
- Nursing for 15-30 minutes, total, is normal, but if baby seems to be asleep, switch breasts more frequently (the old statement "15 minutes on each side" is no longer the guideline. You want to hear audible swallows and see the jaw drop down with each swallow. Watch the baby, not the clock!
- Be sure to practice the deep-latch techniques in these helpful videos: https://www.babiesincommon.com/breastfeeding/helpful-breastfeeding-videos

Having a strong milk flow can help some babies grow well but it isn't always a good thing...if baby is gagging, coming off the breast often or not growing well, it's time to seek help.

Feeding in the First Week

- Whenever possible, babies should be put to breast/chest for 9-12 feedings per 24 hours in the first 2 days and then at LEAST 8 times per 24 hours starting on day 3. This helps the parent's body know that baby needs the milk production to increase. Remember, milk-making after baby arrives is about supply and demand. If baby (or an effective pump or hands) isn't removing milk from the breast, more milk won't be made.
- Remember that the baby's first milk, known as colostrum, IS milk...just "early milk", that is ready inside your body in later pregnancy (and can sometimes be prenatally expressed starting at 37 or 38 weeks and stored for later use). See the video here for directions and guidelines: http://www.babiesincommon.com/feedingbabies/hand-expression-breast-massage-videos
- Babies are born with extra fluid inside them to help them adjust to life with the small volume of that early milk/colostrum. If you have IV fluid as part of your labor, your baby will have even more fluid in their bodies, so we need to adjust the time of the weight to account for this extra fluid. Ask for baby to be weighed around hour 24 and use that weight to calculate weight loss. If baby reaches a loss of 7% from the hour 24 mark, you'll need to discuss pumping and supplementing with pumped milk, donor milk or formula*.
- Many hospitals now have donor milk from a milk bank available, which is screened and pasteurized milk. Ask for it (sometimes you have to push a bit if they say no initially), if you aren't able to pump enough and baby isn't breastfeeding/chestfeeding effectively.
- It's best to avoid pacifiers and bottles in the first few weeks but if needed, consider doing skin-to-skin and feeding baby with their cheek on a bare chest--this is a great way to remind baby that they are normally fed in the "breastaurant".
- When latching on a breast, chest, bottle or finger, baby should have a wide open mouth with lips that flare outward (not curled in).
- If care providers are concerned about baby's blood sugar, jaundice or weight loss:
  - hand express colostrum for baby and place inside baby's lips/have baby suck on a clean finger or the spoon or syringe that holds the colostrum.
  - use any colostrum you may have brought with you from prenatal expression of colostrum

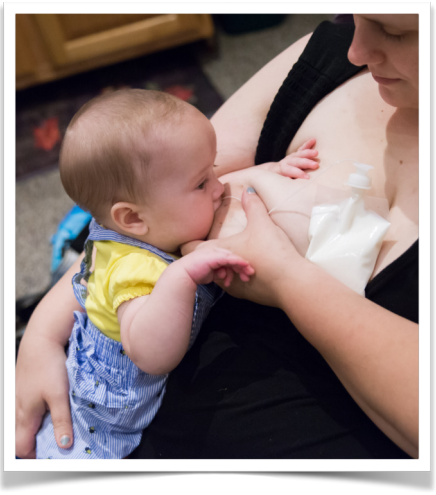
** If pumped milk or donor milk isn't available, ask for "elemental formula", as it has been shown to reduce the likelihood of a cow's milk protein allergy later on (compared to typical formula).*

- ask for donor milk from the milk bank
- formula may be needed if the three milks above are not available, but, like I stated above, donor milk is something all hospitals should have for babies.
- If baby is given donor milk or formula due to low milk production baby's inability to drink from the breast, it is VERY important for parents who want to produce milk to pump with an effective pump (ideally a multi-user pump that a hospital has or a rental pump from a local medical supply company) AND to do as many hours of skin-to-skin as possible (baby just in a diaper with their torso against the nursing parent's torso). Of course, skin-to-skin with any parent is wonderful! (And an IBCLC should be working with you in the first days AND weeks).

- Keep baby in your room at all times unless there is a medical indication that requires baby to be observed in a special care or neonatal intensive care nursery.
- Limit time that family and friends visit to 10-15 minutes and set up a "meal train" or "helper schedule" so others can bring you food, run errands and do housework.
- Watch for feeding cues--babies give us many hints they are hungry before they cry--moving their mouth, moving their head side to side, bringing their hands to their face, making little noises...try to latch baby on BEFORE they are crying.
- Nursing/chestfeeding shouldn't hurt--it should feel like like nothing or just a gentle tugging. If it hurts, re-watch the videos above and practice latching and positioning in ways that help more breast tissue into baby's mouth. A deeper latch tends to be more comfortable.
- If baby is getting any vaccines, vitamin K or heelsticks for blood draws, it's best to do those while baby is skin-to-skin with a parent and/or latched onto the breast. Skin-to-skin and suckling have been demonstrated to reduce pain perception in baby.

First Week Reassuring Signs

- Rhythmic suck-suck-suck-swallow pattern with some pauses
- Audible swallows (a "cah" sound or a gulp sound)
- Wide open mouth, lips flared out
- Chin touches breast as baby latches, starting with nipple under nose.
- At least three poops per day
- Poops are yellow by day 5 of baby's life
- 8-12 feeds in 24 hours
- 3 wet diapers per 24 hours by day 3
- Breast softens during feeding
- Nursing parent feels strong but painless tugging during nursing



First Two Weeks: Hints to Get Help

- Less than 8 feedings per 24 hours
- Baby feeds more than 12 times per 24 hours
- No audible swallows
- Feedings last more than 45 minutes at least twice per day
- Baby continues to root after feeding or is fussy, sleepy or refusing to feed
- Less than 3 stools per day after day 4
- Bilirubin (jaundice) is more than 13mg/dL at 72 hours associate with poor feeding
- No weight gain by day 3-5
- Weight loss over 7% associated with poor feeding
- Not back to birthweight by day 14
- Persistent uric acid crystal (orange crystals one may see in diaper) after milk "comes in"
- Using a feeding tube at breast
- Breast still heavy after a feeding
- Sore nipples

- Compressed or misshapen nipples after a feeding (pointy, creased or lipstick-shaped nipples post-feeding are an indication that baby is compressing nipples, which is a sign of a problem and can lead to nipple pain, damage and other symptoms in baby)
- Milk not "in" by day 4 (which really means that milk hasn't increased significantly in volume)

Hints to Get Help Quickly

- Dry mucous membranes in baby
- Weight loss of more than 10%
- Meconium stools after day 4
- Less than 6 wet diapers per 24 hours after day 4
- Bilirubin (jaundice) greater than 16mg/dL at 72 hours
- Uric acid crystals on day 4 (these look like orange/brick-colored crystals in your baby's diaper)
- Milk not in by day 5

When to Refer to an IBCLC

If you have tried all you know know how to do, it's important to see an IBCLC-lactation consultant. Of course, your baby's health care provider should also be involved but often they don't have the time nor the training to provide feeding support, despite being supportive of breastfeeding. For example, if you still can't get a comfortable latch or baby isn't latching or milk isn't "in" fully enough for baby to grow well, it is time for more specialized help. Call your local IBCLC(s) and if you can't see someone near you, feel free to contact me. Me and many of my wonderful colleagues can provide lactation support via a simple video call app via your computer, tablet or smartphone. In-person consultations are, of course, ideal.

Reasons to have a consultation with an IBCLC, related to baby

- weight loss of more than 7% associated with poor feeding as calculated from the hour 24 mark (10% if from the birthweight)
- continued rooting after feeding
- assisted delivery at birth by extra pulling by hands, vacuum extraction, use of forceps or Cesarean birth
- complicated birth
- baby fussy, sleep or refusing to feed
- supplementing with donor milk or formula due to lack of parent's milk supply
- difficulty with latch
- using a nipple shield
- no visible or audible swallowing
- suspected tongue-tie or lip-tie
- jaundice (high bilirubin (higher than 10mg/dL at 48 hours)
- torticollis (baby seems to prefers to bend head to one side or favors turning head to one side) or misshapen head

If you need to supplement, it's best to see an IBCLC so they can explore the cause and whether the situation can improve. Some parents need support to make more milk and certain herbs may be contraindicated. Some babies can't pull milk from a breast even though there is plenty of milk in that breast.

Reasons to see an IBCLC, related to nursing parent

- pushing stage lasted longer than 1 hour
- Cesarean birth
- first time parent with questions or lacking confidence about nursing or feeding
- flat or inverted nipples
- sore or damaged nipples
- engorgement of breast
- prior breastfeeding problems
- widely spaced or tubular breasts
- prior breast surgery
- diabetes
- obesity
- twins or more
- polycystic ovary syndrome
- you want reassurance
- you would like a newborn weight check and feeding support at home (some IBCLCs do office-only consultations and others do only home visits and some,do both
- you are concerned about how much milk baby is getting

Reach Out for Clinical Support

Get to know the IBCLCs in your area and if you have a question, then you'll be able to reach out to one of them to ask a question or find out if they are available to see you for a consultation in the next few days (very few IBCLCs have same-day availability). Also remember that different IBCLCs have different specialties. You are also welcome to reach out to me, if needed (see below), and I can always give you recommendations for people in other parts of athe US and even many other countries! I also have a directory of lactation professionals who have taken my workshops about pumping, flange fitting, feeding gear, and bottlefeeding. See https://www.babiesincommon.com/directory

Average Amounts Babies Eat

Remember, their stomachs are SMALL! Day one, like a small marble and not very stretchy. Day three, like a ping-pong ball and a little bit stretchy. Day 10 like an egg (but stretchier).

1 Week Old: 2.1 ounces
2 Weeks Old: 2.2 ounces
3 Weeks Old: 2.4 ounces
4 Weeks Old: 2.7 ounces
1 Month - 6 Months Old:
2.5-4.3 ounces

Average amounts babies eat if eating 8 times per 24 hours (amounts will be less if baby eating more than 8 times)...remember these are averages so some babies will eat a little less than the number and some will eat a little more:

Day 1: 2.5 ml (not much!)
Day 2: 10.5 ml
Day 3: 27.6 ml
Day 4: 44.4 ml (1.6 ounces)
Day 5: 1.8 ounces
Day 6: 2.1 ounces

Once baby is eating solid foods a few times a day in small amounts (after 6 months of age, not before), the amount of milk they need per day only reduces by 2 ounces, on average, per day, as milk is still the primary food for the whole first year. Amounts one would need to feed a baby in a bottle should rarely exceed 5 ounces, even for a baby close to a year old! Why? Because breastmilk changes hour by hour, day by day, week by week, month by month and year by year! It's amazing, it's a wliving tissue! This means no family should need bottles that hold more than 6 ounces.

A fascinating fact about human milk is that, depending on which researcher you ask, it has between 400-1000 identifiable components (some of which scientists are still discovering their purpose!). Additionally, there are over 200 components in human milk that are intended as sugars for germs to feed on and are intended to be pooped out--so it has been scientifically proven that breastfed/milkfed babies should be pooping daily!

Pumping

These are 24mm flanges, too large for many people. If you have the best size for you, you'll end up being super-comfortable while pumping, find that your pumping session can be quicker and you may end up yielding more milk!

It's typically recommended for parents to wait to pump until breast/chestfeeding is going well. Waiting until 3-6 weeks to pump and introduce a bottle is a great plan (see below for important bottlefeeding information).

For pumping, most people need flanges that are smaller than what comes with the pumps (pumps typically come with 24mm and 28mm flanges). Most people don't have nipples that are 24 or 28mm large and newer clinical information has found that smaller works better for most people. I find that most of my clients use flanges that are 12-16 mm (this is the size of the flange tunnel). You may find directions online that say to measure your nipples and add 2-5 mm (I disagree) and that the sides of your nipple shouldn't touch the inside of the flange tunnel (I also disagree). Ultimately, you can measure your nipple to find out how wide it is and get flanges that fit and that may work for you, but it's not only about how big your nipples are...it's also about comfort and milk yield (and pumping efficiency). And your left may differ from your right. I own all the flanges that are available on the US market and can do a flange fitting with you and try various sizes to find the best ones for you. We can also do this virtually, but I'd have you do a few things to prepare ahead of time (including purchasing some flanges or picking up some from me, if you're local). Please note that silicone inserts don't work as well as the correct flange size in hard plastic. Additionally, it's the is the size of nipple TIP that matters, NOT the base!)

As far as pumps, it's important to have a typical pump that has a 12v motor, as those of us who work with pumps find that those tend to work best for parents overall. Some do great with a 9v pump or even a 5v pump if they already have good milk supplies, but not all pumps are equal.

Wearable pumps are very popular these days and not all of them work for everyone. Ensure that you have been pumping with a typical pump first and are getting plenty of milk before venturing into the wearable pumps...and I'm happy to give you some customized information or even do a pumping session with you to help you choose the pumps (and flanges) that work best for you.

Ultimately, pumping should be extremely comfortable. Pumping (and nursing) should feel like nothing or a gentle tug (yes, really!). You should be able to effectively empty your breasts (well, there's always a little more milk in there, research says) in about 15 minutes of pumping. I often see parents who are not yielding enough milk and/or hate pumping due to discomfort because they aren't using the appropriate size flanges. Get fitted by someone who knows about much smaller flanges and is willing to observe an entire pumping session with you to ensure you have the right size. See above for the link to my Professionals Directory.

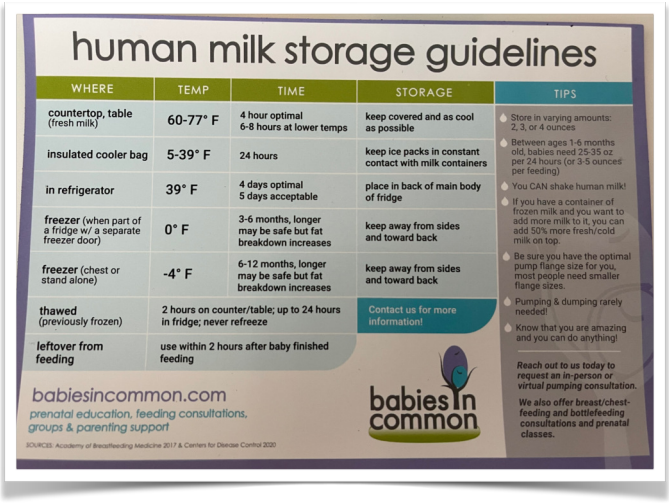
** I teach a class for IBCLCs around the world about pumping, called the Pumping & Feeding Gear Workshop, so if you're not seeing me, as your IBCLC if they've taken my class! :)*

I also teach a workshop for perinatal professionals, so ask your doula or midwife if they've taken it and if not, ask them to do so!

One more note about pumping. There are different settings possible on pumps but not all pumps use the same cycle speed or vacuum levels. You have choices. Not everyone needs the strongest pump. Not everyone should be using the same cycle speeds. Don't rely on internet memes for directions on settings. Start on the fastest mode and see how that works for you...slowly increase the vacuum power. Once you see milk coming out for about 20 seconds, switch to a slower mode and continue increasing vacuum power. Once you find a super-comfortable speed and vacuum, pump for several minutes that way...if you start to notice milk not coming out so much anymore, go back to the fast mode. Sometimes you may be able to then

increase vacuum a bit more and still be super comfortable. Comfort is key, here! But remember, there are many pumps and not all pumps work on all people, which is why more and more IBCLCs are learning more about doing flange fittings and learning more about the various pumps available*. See the last page of this Guide for how to get my Flange FITS™ Guide, which is available in more than 20 languages.

Milk Storage Guidelines



If you'd like to receive one of the 5" x 7" Human Milk Storage Guidelines magnets I've made for families (that's a picture of it to the left), let me know. You can get one for free if you've taken a Babies in Common prenatal class or received feeding support through BinC but if you haven't, you are *welcome to order one—for just $2, using this link: https://square.link/u/87MZAX25*

Bottlefeeding

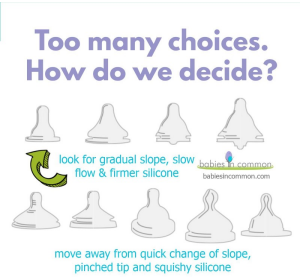
Bottles are part of our modern society but remember, babies can drink from bcups, too. Please introduce a bottle between 3-4 weeks, and then give a bottle at least three time per week, even if there's just one ounce in the bottle. If your baby is struggling with bottlefeeding, call an independent IBCLC who has experience with bottle struggles (like me!). Bottlefeeding is a skill. I'm also happy to consult with families whose babies are 100% formula-fed.

Remember that giving a bottle to a baby is technically replacing a breast or chestfeeding. If a parent is producing milk or wants to produce milk, then pumping within the hour of when a baby receives a bottle is vitally important. And for a baby under 8-12 weeks, it's of utmost important to pump in the middle of the night if a baby gets a bottle then.

How a bottlefeeding is done and with which type of bottle/nipple is also important. Traditional bottlefeeding is no longer recommended—cradling a baby and leaning the baby back and using a bottle that has a "head and shoulders" type of nipple. Now we recommend that babies lay on their sides to take a bottle, and that the nipple of the bottle is tapered, more like a pyramid or cone. It should take a baby about minutes per ounce.
I find parents and babies prefer side lying bottlefeeding more, with baby across their lap, on a pillow (or not) or held in a clutch position next to the parent's body but the baby's face hear the breast...so the baby is drinking the bottle but still in the "breastaurant".

MOST of these bottles I would never recommend for a baby. ALL of these bottles are labeled "slow flow", but that has no technical standard. Some are slow, some are fast. Look for nipples that are tapered and relatively firm.

And NO, just because your baby turns 3 months or 6 months, does NOT mean you should buy a faster flow nipple.



Did you know? The official guidelines for formula preparation state that the water should be 157 degrees BEFORE adding formula powder? It's true. Especially for younger babies.

Burping

There's too much burping of babies being done these days. Generally, babies burp on their own and don't need help from us. If they do, let them express that need and you can respond. My general recommendation: if baby is content or sleeping, don't "burp" them. Let them be calm or stay asleep! Do NOT burp a baby between breasts or between every ounce in a bottle just because someone told you to or you read it somewhere...listen to your baby! If find that babies will let you know if they want a position change, which then can help them burp. Or, when babies want you to pat them or move their body around gently and rhythmically, which helps them burp if they need to burp. But why wake a sleeping baby? Why move a baby who is content? That will likely reduce the time you have with your contented baby and reduce the time that YOU get to sleep/eat/rest.

Connecting with Other Parents

Parents tend to feel more supported, make friends and learn new things if they get together with other parents. Find out what feeding support groups and parent support groups exist in your communities and GO. Remember that each group/organization has a different vibe, so go to as many as you can and decide which ones you prefer. For example, I hosted a feeding support group for 15 years (and may do so again) and it was amazing to see parents connect with each other for life. Some still get together! There are also groups on social media, but be careful, just because something worked or was appropriate for one family, doesn't mean it's going to work for you!

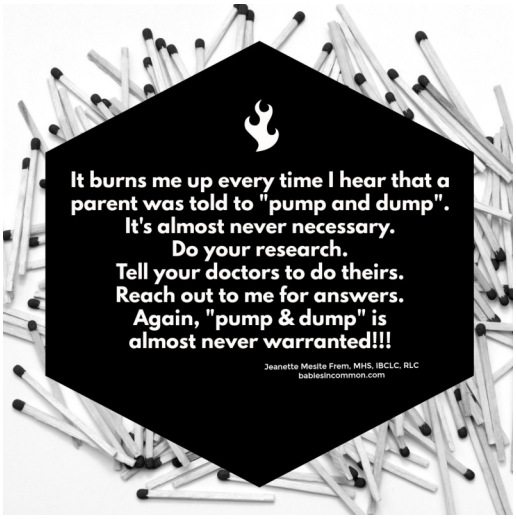


Growth Spurts

There are times called growth spurts when babies will "cluster feed"...where you may really feel like you got almost nothing accomplished that day because baby kept needing to eat. See this link for more information: https://kellymom.com/hot-topics/growth-spurts/

Medications and Alcohol Use

If a you need to/wants to take a medication for a day, a week or longer, it's EXTREMELY unlikely that you'll need to pump and dump your milk. If you are ever told that you can't nurse on a certain medication or should pump and dump for a certain amount of time, PLEASE reach out to a local IBCLC to ask them if they can research this, because it's VERY OFTEN INCORRECT to recommend pumping and dumping. If you get the facts, based on the most updated research, you can then discuss this with your baby's health care provider. I am happy to provide support in this way, too, as I have access to the most updated information by researchers whose research focuses on medications and mothers' milk, as do many IBCLCs.



Many think that alcohol is contraindicated when breastfeeding...and yes, one should not be intoxicated and breastfeeding because that's not safe (to even hold a baby). However, having an occasional drink over a couple hours (especially with a meal) is considered fine if baby is a healthy baby. If you are concerned about alcohol, then you can avoid alcohol, but you can also choose to ask an IBCLC for more information.

When to Start Solid Foods

Solids can be introduced at 6 months or after, but ensure that baby can sit up pretty-much on their own, they don't automatically gag when food is in the mouth, and baby can use their fingers to pinch food and bring it to their own mouth. Much more info on this is available in my two favorite books about this: *Baby-led Weaning* and *Why Solids Matter*, both available online. There are also some great online courses about this, *Feeding Littles* and *Solid Starts*.

Working Together

The more you create a circle of supporters, the better. Don't hesitate to reach out to family, friends, health care providers, neighbors and your friendly International Board Certified Lactation Consultant (local or online). We're all here to help!

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If you have any questions for me, feel free to contact me (see contact info below).

I offer online consultations via secure video platform. I am also available for in-person office visits (in Northborough, Massachusetts).
See babiesincommon.com for details.

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cell/text 617-686-0052
Please don't leave me a voicemail—it's best to text me or email me at
jeanette@babiesincommon.com
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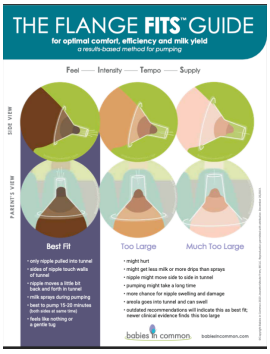
Many thanks to the Massachusetts Breastfeeding Coalition for their compilation of many of the above bulleted recommendations in their *Breastfeeding Management 2* smartphone app.



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