



THE IDEAL BREASTFEEDING PROCESS

Key Components of
Breastfeeding

OVERVIEW

- Feeding expectations
- Normal newborn behaviors and cues
- Positioning
- Latching
- Suckling
- Is baby getting enough?
- Discharge recommendations



FEEDING EXPECTATIONS

- Feedings are *on demand* or *cue based*, not schedule based
- Newborns should breastfeed:
 - *at least* every 2-3 hours
 - 8-12 times in 24 hours
 - for a minimum of 10 minutes on one side
- Feedings can last up to 30 minutes
- Newborns may take one or both breasts in the same feeding
- NICU: feedings are scheduled until infant matures and progresses to an ad lib schedule per MD order

FEEDING SUCCESS IN THE FIRST 24-48 HOURS

For healthy, term babies:

- First 48 hours of breastfeeding
- On day one of life, two “nursed well” is typically a success
 - If skin to skin performed
 - Feeding cues followed
 - Additional methods of breast stimulation performed

CLUSTER FEEDING

- Bursts of frequent feedings, 3-4 times in a row
- Common and normal in the first 2 weeks of life
- Correlates with growth spurts thereafter
- Nighttime
- Pre-educate parents

CUE BASED FEEDING

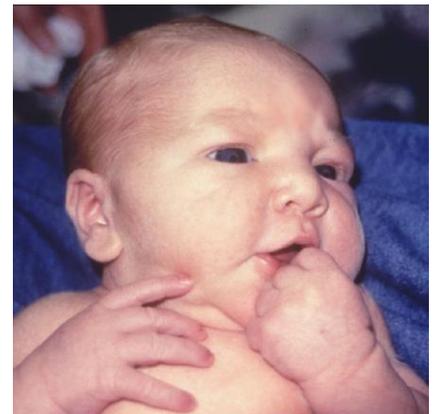
Benefits:

- ↓ sore nipples
- ↓ engorgement and plugged ducts
- ↑ milk supply
- ↑ weight gain
- ↑ maternal infant bonding
- ↑ maternal confidence and self-efficacy



FEEDING CUES

- Alertness is key!
- Early feeding cues are *subtle* and include:
 - Small sounds
 - Body movements
 - Lip smacking
 - Sucking movements of mouth and tongue
 - Hand to mouth movements
 - Rooting
- If an infant is cueing, put them to breast first
- NICU: capitalize on early feeding cues as they may not last long!



FEEDING CUE PROGRESSION

- Begins to stir
- Brings hand to mouth
- Rooting efforts increase
- Increased activity, flexed extremities, hands in fists
- Frantic movements and whimpering
- **CRYING**
- NICU: In early feedings infants may fall asleep before completely cue progression.



FEEDING CUES

Crying:

- is a sign of newborn stress
- compromises and disorganizes infant suck ability
- decreases infant sucking strength
- means you have waited too long to initiate feeding

Comfort the infant before attempting to put to breast



FEEDING CUES

Parent education is essential

- Should begin at delivery while infant is skin to skin
- Point out baby's mouthing movements and other cues throughout recovery
- Reinforce cues throughout postpartum stay
- Teach parents that responding to cues does not mean responding to cries

Lack of knowledge about hunger cues results in:

- Misinterpretation of cues
- Missed opportunities for breastfeeding
- Unnecessary supplementation

PRETERM CONSIDERATIONS

- Readiness to breastfeed is variable for each infant and depends on cues
- Rooting reflex is seen in infants around 32 weeks gestational age.
- Allow for infant led feedings, always
- Transition to the breast is often gradual
- Often will not demonstrate a predictable, cue-based feeding pattern until close to corrected term age

POSITIONING

- Tummy to tummy
- Level with breast
- Nipple to nose
- Alignment of head and body
- Placement of mother's hand



POSITIONING

Positioning of
the infant
affects proper
jaw movement



Ears/Shoulders/Hips
in a straight line

POSITIONING

Good Hand Placement



Poor Hand Placement



POSITIONING

Cross Cradle



Football Hold



POSITIONING

Cradle Hold



Side Lying

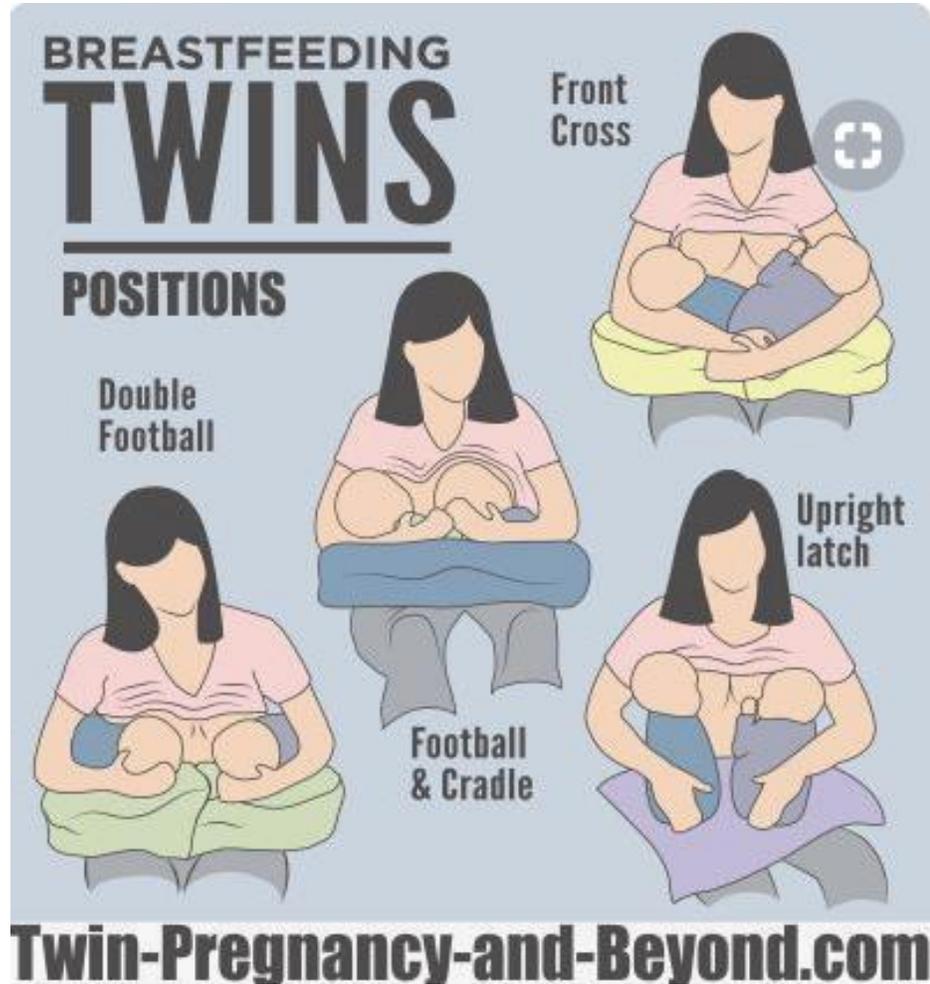


POSITIONING

Laid Back



POSITIONING WITH TWINS



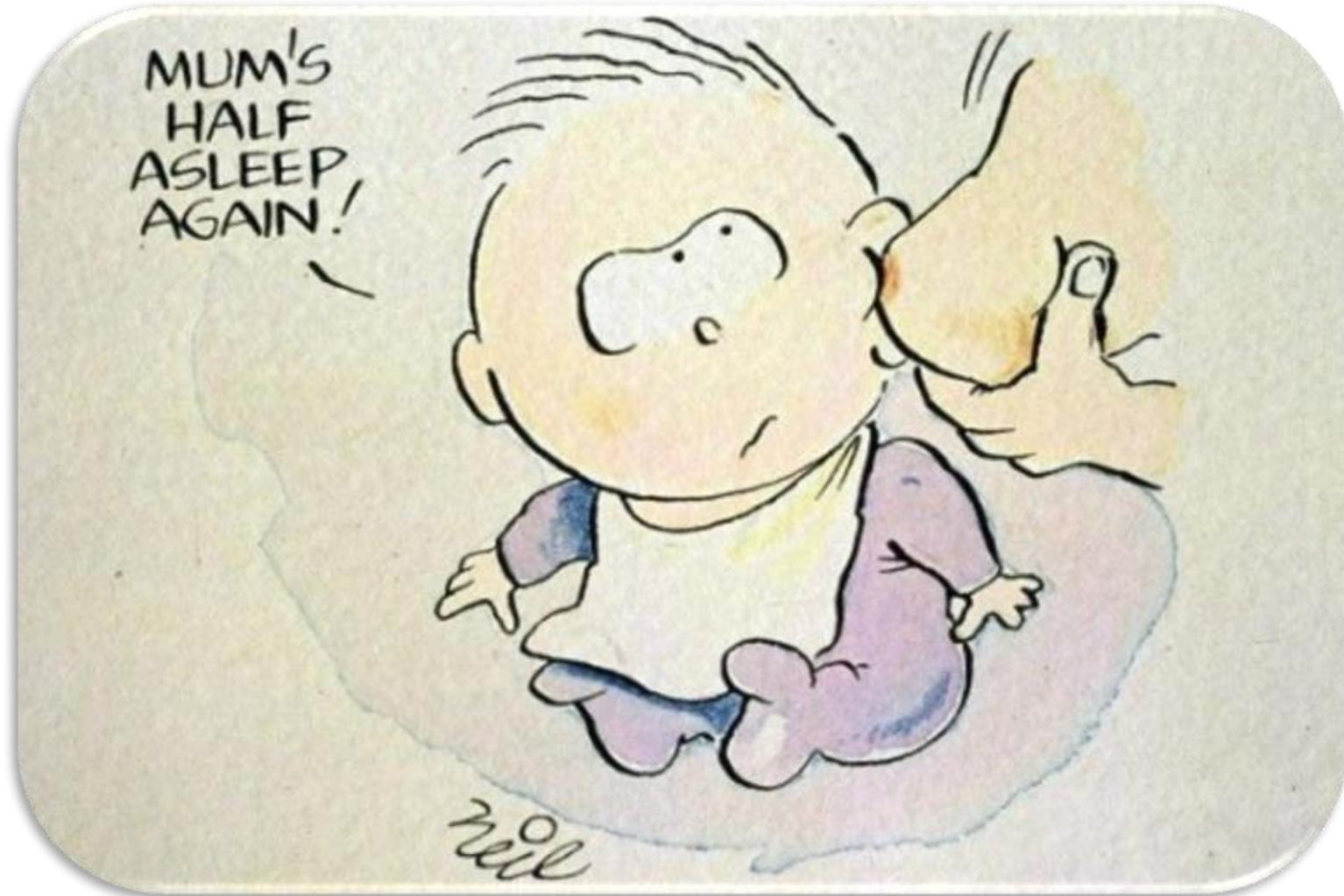
POSITIONING

Best preterm positions:

- Cross cradle
- Football



LATCHING



LATCHING — HAND USE

Benefits:

- Hugging the breast helps stabilize infant's neck and shoulders
- Increases maternal oxytocin
- Provides a guide to bring mouth to nipple
- Results in erect nipple tissue
- Pushing/pulling the breast shapes the breast and facilitates latch

LATCHING

To achieve an *asymmetrical latch*:

- Aline baby's nose to nipple
- Hold baby around shoulders
- Support head behind the ears
- Tilt the head back slightly with chin up off the chest
- Tickle baby's upper lip to stimulate the mouth to open



LATCHING

When baby's mouth opens wide:

- push with the base of hand on baby's back and shoulders
- move baby quickly onto the breast
- aim the nipple at the roof of the baby's mouth
- chin and lower jaw should touch the breast first
- the nose is usually free from the breast

Pay attention to baby's lower lip



(LAUWERS & SWISHER, 2021; MANNEL ET AL., 2013)

PICTURE FROM [HTTPS://WWW.FITPREGNANCY.COM/BABY/BREASTFEEDING/HOW-BREASTFEED-STEP-BY-STEP-GUIDE](https://www.fitpregnancy.com/baby/breastfeeding/how-breastfeed-step-by-step-guide)

LATCHING

The infant's mouth should:

- be open wide (180 degrees)
- appear to be asymmetrical in relationship to the nipple/areola
- tongue under the areola
- lips flanged outward
- nose free from the breast
- chin pushed into the breast
- no dimpling of cheeks



LATCHING

- Deep is the key
- A shallow latch leads to:
 - Ineffective suckling
 - Decreased milk transfer
 - Sore nipples
- Massaging tight jaw can promote relaxation and deeper latch
- Breaking the latch



SIGNS OF A SHALLOW LATCH

- Inability to stay latched for more than several sucks
- Pattern of breast sliding in and out of the mouth throughout sucking
- Simpling or puckering of the infant's cheeks when sucking
- Clicking or smacking noises during sucking
- Observing little to no swallowing indicates low milk transfer, possibly from poor latch

SUCKLING

It all begins with the tongue!

- Cup-shaped and moves over the lower gum to grasp the nipple
- Compresses nipple against the hard palate to stop milk flow
- Does not create friction against the nipple if latch appropriate
- Moves in a wave like motion on the nipple to remove milk from the breast

SUCKLING

An effective suck

Should

- Jaw moves in a rocking or gliding motion
- Movement by baby's ears and temple
- Cheeks are round and full
- Swallowing apparent
- Painless, pulling sensation
- Infant actively sucking
- Nipple round and extended when baby unlatches

Should Not

- Jaw moves in a "piston" or choppy motion
- Create a smacking or clicking sound
- Cheeks show dimpling
- No swallowing noted
- Painful or pinching
- Infant falls asleep soon after latching
- Nipple compressed, misshapen, or blanched when baby unlatches

IS BABY GETTING ENOUGH?

Signs of a full infant:

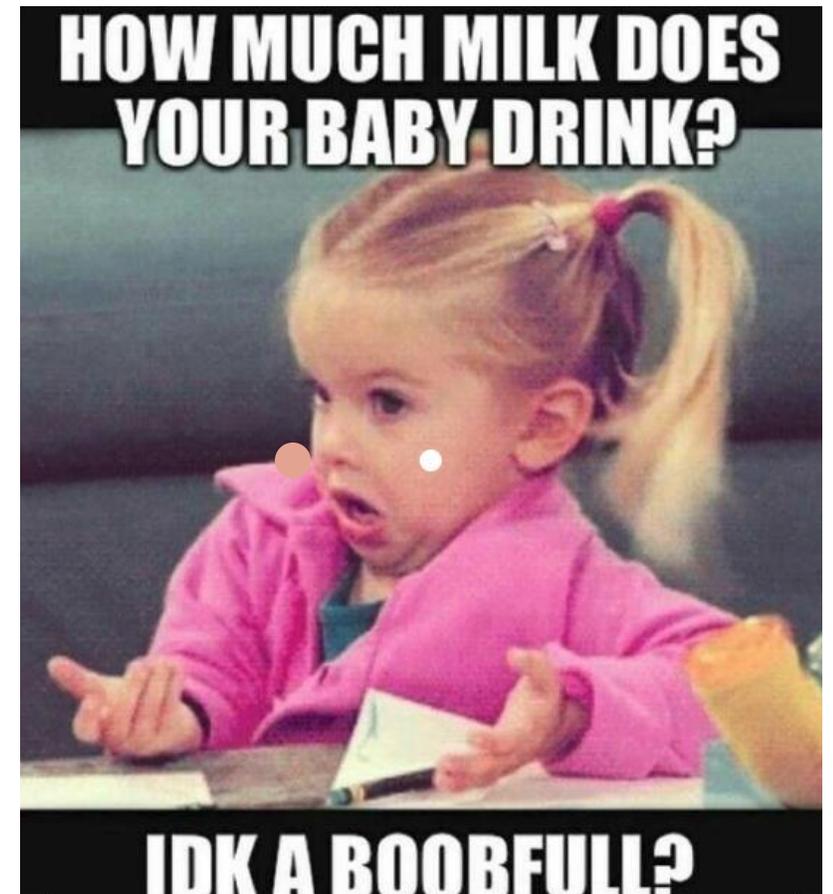
- Relaxes the body at the end of feeding
- Spontaneously unlatches
- Content between most feedings



IS BABY GETTING ENOUGH?

Signs of effective milk transfer:

- Slow, deep sucks and pauses
- Swallows/gulping at feedings
- Full breasts at the beginning of the feeding and soft at the end
- Voiding and stooling appropriate for age
- Weight within normal range
- Preterm populations:
 - Daily weights (late preterm)
 - Pre and post weights (preterm)



(USBC, 2018)

IS BABY GETTING ENOUGH?

Wet diapers:

- 1 in the first 24 hours
- 2 in second day of life
- 3 in third day of life
- 5-6 by the fourth day of life
- 6-8 in 24 hours once mother's milk is in

Stools:

- At least 1 every 24 hours
- At least 3 by the fourth day of life
- Meconium stools first 1-2 days of life
- Transitional stools are green, greenish brown, or brownish yellow
- Stools change to yellow, runny, and seedy by 5-7 days

IS BABY GETTING ENOUGH?

Baby's Age	Wet	Poops
DAY 1 (birthday)	○	●
DAY 2	○ ○	● ● ●
DAY 3	○ ○ ○ ○ ○	● ● ●
DAY 4	○ ○ ○ ○ ○ ○	● ● ●
DAY 5	○ ○ ○ ○ ○ ○	● ● ●
DAY 6	○ ○ ○ ○ ○ ○	● ● ●
DAY 7	○ ○ ○ ○ ○ ○	● ● ●



SIGNS OF DEHYDRATION

- Decreased or no stools
- Decreased UO, dark concentrated urine
- Infant sleepy at the breast, lethargy
- Infrequent feedings
- Sunken fontanelles
- Weight loss $>10\%$
- Weak cry
- Dry mucous membranes
- Decreased skin turgor



WARNING SIGNS AT DISCHARGE

- No signs of milk “coming in” by 72 hours postpartum
- Mother is unable to hand express milk
- Need for breastfeeding aid or appliances at the time of discharge
- Requires special feeding plan



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INPATIENT & OUTPATIENT FOLLOW UP

- Formal breastfeeding assessment at least once every 8 to 12 hours during the hospitalization of the mother and infant
 - Including once within 8 hours before hospital discharge
- Outpatient follow-up
 - Initial follow up appointment should be scheduled prior to discharge
 - 48 – 72 hours after discharge
 - Or sooner if indicated

LET'S PRACTICE...

Find a partner to practice positioning and latching.

Utilize the dolls and breast models.

Incorporate both good and poor latch/positioning scenarios.

Take turns each being the nurse and mother.

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