



**Baby Bonds**

# *Breastfeeding Guide to Success*





# Medical Disclaimer

This guide offers an understanding of Tongue Tie and information on Tongue Tie Releases. Baby Bonds is offered strictly as an educational resource. By using the website, or any webpages or services related thereto, including but not limited to the Telehealth services or breastfeeding guide the user agrees that the Website and Services do not constitute medical advice and are not to be construed as giving or receiving medical advice, nor to set up a client/lactation consultant relationship. The Website and Services are not a substitute for appropriate medical care. Please consult with your medical/healthcare provider for medical advice and for specific questions relating to your medical situation. Telehealth visits, clinic consults, and home visits are available but will require a signature on a consent form before private services can be offered.







# Benefits for Babe



Increased bonding



Fewer ear infections



Immunities of mother  
pass to child



Fewer allergies, asthma  
and obesity



Studies have shown  
higher IQ



Helps form the entire mid  
face with functional  
breastfeeding-  
orthodontia, airway, etc.



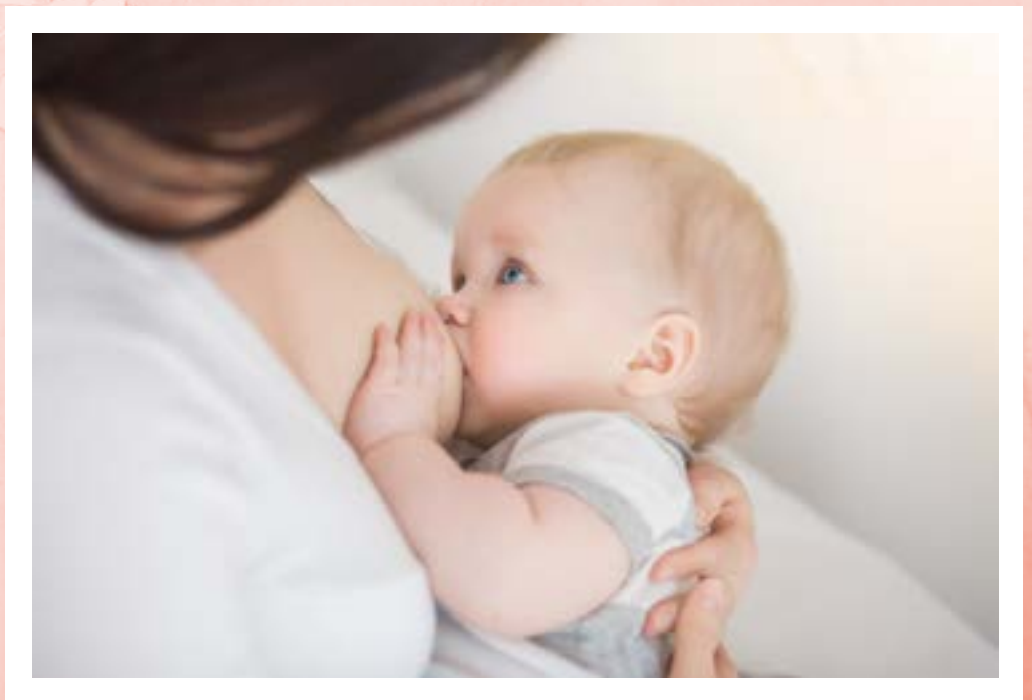
Decreases risk of SIDS





# Benefits for Mom

- ♥ Decreased risk of hemorrhage
- ♥ Decreased risk of osteoporosis
- ♥ Feel closer to your baby
- ♥ Decreased risk of postpartum depression when breastfeeding is going well
- ♥ Convenient-no bottle cleaning
- ♥ Lower incidence of ovarian and breast cancer
- ♥ Up to \$2000+ per year savings
- ♥ Lower risk of diabetes, high blood pressure, and high cholesterol
- ♥ Delayed return of period







# Safe Bed Sharing

- Baby is exclusively breastfed- as soon as we introduce bottles, the safety is decreased
- NO smoking parent
- NO alcohol consumption by anyone sharing the bed
- NO sleep or pain medication
- DO NOT swaddle baby when they are in bed with you
- Baby is safest next to mom with mom between babe and dad
- Make sure there are no gaps at baseboard and there should not be any blankets or pillows near baby

Co-sleeping (baby sleeping in the same room as parents) has been shown to decrease risk of SIDS. However, bed sharing when not following the safety guidelines, has been shown to increase the risk of suffocation





# Differences Between Breastmilk and Formula

## What's in Breastmilk?

Breastmilk has **MORE** of the essentials that babies need to thrive instead of just simply **SURVIVE**. Some of these include:

- ➔ Antibodies
- ➔ Hormones
- ➔ Anti-viruses
- ➔ Growth factors
- ➔ Enzymes







# Getting Off to a Good Start

## Antenatal Expression

- ♥ Helps increase colostrum
- ♥ Most moms will get small drops of colostrum- this is normal and ok
- ♥ Decreases jaundice risk
- ♥ Pumping will cause colostrum to be lost within the flange and bottle
- ♥ Decreases hypoglycemia risk
- ♥ Hand expression is usually more effective
- ♥ Brings milk in sooner
- ♥ If you bring to hospital, make sure you have a way to keep it cold until use- some hospitals do not allow it in their fridge
- ♥ Saved expressed colostrum in freezer can be given to baby
- ♥ Cup, spoon, or syringe feed colostrum after each breastfeeding session
- ♥ Some studies show it may start labor, so make sure you are at term (37 weeks) and have approval from your midwife or OBGYN





# Getting Off to a Good Start

## Labor & Birth

- ♥ Try to avoid epidural as it can decrease babe's ability to latch
- ♥ Try to avoid pain meds as it can decrease babe's ability to latch
- ♥ Immediate skin on skin
- ♥ Request that they examine babe on mom
- ♥ Allow babe to do breast crawl if able, but if not assist latch before first hour is over
- ♥ Breastfeed first and then hand express or pump colostrum
- ♥ Cup, spoon, or syringe feed colostrum after each breastfeeding session
- ♥ As much skin on skin as possible
- ♥ Rest, rest, rest
- ♥ Breast compressions during the first few days feeds to increase babe's transfer







# Getting Off to a Good Start

## Delay Bathing

- Crucial for breastfeeding success to delay bathing 24-48 hours
- Smell of the vernix helps baby find the breast
- Vernix acts as a protection to baby from outside germs
- Vernix lubricates baby's skin and keeps it from drying





# Getting Off to a Good Start

## Breast Crawl

 [Breast Crawl Video](#)

- ➔ Increases chances of successful breastfeeding by allowing baby to find the nipple on their own
- ➔ Place baby on mother's chest. The infant should search and crawl for the breast- can take up to 1 hour
- ➔ It's crucial to initiate feeding within the first hour







# *First Feeding Hour*

The first hour is crucial and studies have shown that babies that have their first feeding in the first hour are able to receive larger amounts of colostrum than those that feed after the first hour. Milk supply can also be adversely affected long term if babe does not feed in the first hour





# Skin to Skin Contact



Increases oxytocin release, which is the milk ejection hormone



Helps mom to read baby's cues easier and increases bonding



Crucial in the first few weeks to bring in milk supply



Helps to regulate baby's:

- Temperature
- Heart rate
- Breathing rate







# Oxytocin

## *Factors that Inhibit Oxytocin*

- Pain
- Doubt
- Anxiety/Stress
- Embarrassment





# Colostrum

- Thick yellow substance rich in nutrients
- Has amazing immunological properties
- Starts being produced around 16 weeks of pregnancy
- Followed by transitional milk around 3-5 days, mature milk in second week







# Size of Baby's Tummy

A typical newborn will eat 8-12 times per day and sometimes more because their tummy is so small. On day one it is the size of a large marble. By day 7 it is the size of a egg. The recommendation is to feed on demand; your newborn knows their needs better than a clock. Once milk is in, 8-12 feedings a day is the norm and if babe is feeding more then that, there is likely a supply issue and/or a tongue tie.





# Hunger Cues



Licks lips, sucking hands



Moving head side to side or bobbing towards breast



tight fists



Crying is a late cue and ideally we want to feed babe before that happens







# *Is Baby Getting Enough?*

- Audible swallows sound very soft
- Relaxed hands after feeds
- Strong pulling sensation in breast
- Breasts should soften during feed
- Does baby seem satiated after feeds and can go 3 hours between feeds most of the time
- Some weight loss (up to 9% is safe)
- Regain birth weight by week 2, but ideally by week 1
- Diaper output equivalent for days old in the first week  
1 on day 1, 2 on day 2, and so forth but once milk is in we want to see 6-10 diapers a day

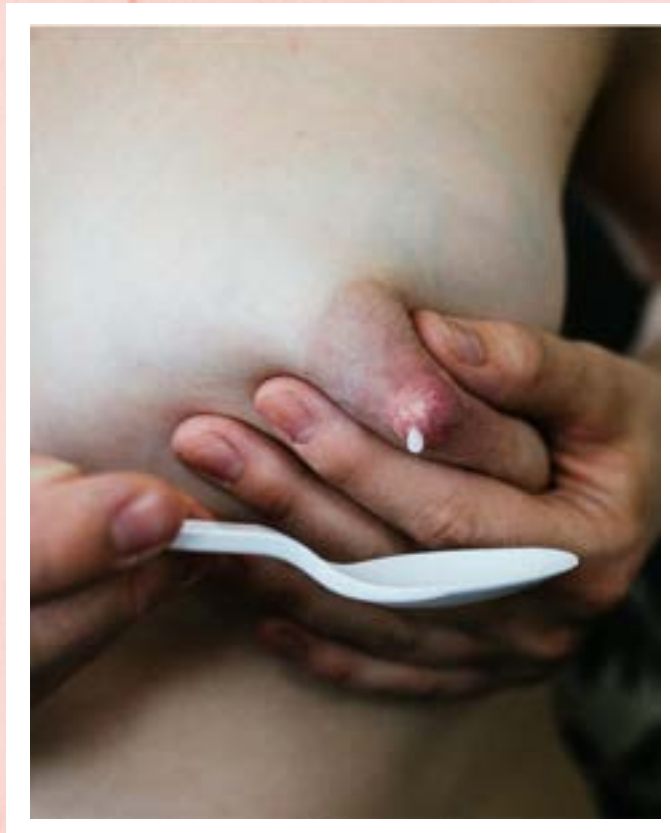




# Hand Expression

The first few days are crucial and will determine the amount of milk you make through the entire breastfeeding relationship. After baby breastfeeds, hand express the remaining colostrum and spoon feed it to baby.

- ➔ Massage breast
- ➔ Press back toward rib cage
- ➔ Squeeze fingers together and roll toward nipple
- ➔ If you are not successful at hand expressing colostrum, see if pumping is more effective



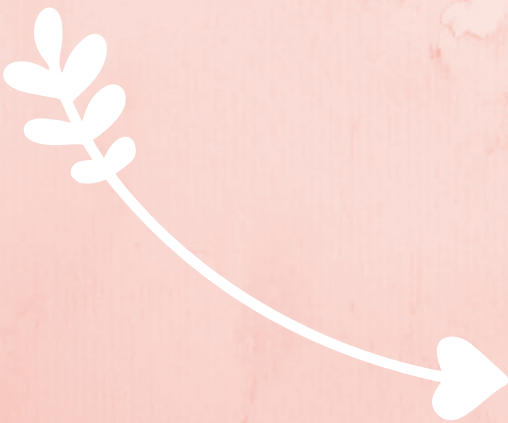
Hand Expression  
Tutorial





# What about the poop?

- ♥ First few stools are meconium and are black and tarry- this is normal
- ♥ Breastfed babies should have yellow, seedy poop by day 3-5, if not please contact your pediatrician
- ♥ Does not smell bad
- ♥ Can have several stools a day
- ♥ Formula fed babies' diapers do tend to smell stronger, are darker, and usually more firm.





# Sleepy Babies at the Breast

● Difficult birth

● Drugs at birth

● Hypoglycemic

● Jaundice

● How to wake:

- Undress
- Massage
- Stroke Feet
- Bath
- Massage breast during feed to encourage sucking
  
- If babe is having a nutritive feed (hearing swallows) while sleeping, then it is ok for them to sleep while they are breastfeeding







# Positions for Successful Breastfeeding

## Cross Cradle



MOTHER LAYS BABY ACROSS CHEST USING THE HAND OPPOSITE HER EXPOSED BREAST TO GUIDE BABY'S HEAD, AND USES THE OTHER HAND TO HOLD HER BREAST.



[Purchase](#)  
[Breastfeeding Pillow](#)



# Positions for Successful Breastfeeding

## Cradle



**MOTHER LAYS BABY ACROSS CHEST USING THE ARM ON THE SAME SIDE AS HER EXPOSED BREAST TO HOLD BABY NEAR, AND USES THE OPPOSITE HAND TO GUIDE HER INFANT ONTO THE NIPPLE.**





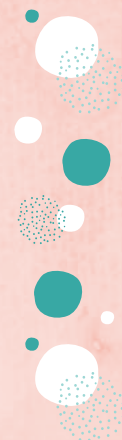


# Positions for Successful Breastfeeding

## Koala



THE KOALA HOLD WORKS WELL FOR OLDER BABIES. THE BABY STRADDLES ONE OF MOM'S LEGS. THIS IS A GREAT TRANSITION FROM BIOLOGICAL BREASTFEEDING WHEN NEEDING TO FEED IN PUBLIC.





# Positions for Successful Breastfeeding

## Football



FOOTBALL HOLD IS IDEAL FOR BABIES THAT ARE STRUGGLING TO LATCH. IT GIVES MOM A LOT MORE CONTROL. REMEMBER NOSE TO NIPPLE, SO BABY HAS TO BE BACK FAR ENOUGH TO ACHIEVE THIS. PAY ATTENTION TO YOUR POSTURE, AND AID YOURSELF WITH LOTS OF PILLOWS FOR SUPPORT.







# Positions for Successful Breastfeeding

## Aussie



THE AUSSIE HOLD IS A RESTFUL AND SAFE SLEEPING HOLD. BABY IS PLACED UP OVER MOM'S SHOULDER WITH LEGS AND BOTTOM ON SAME PILLOW AS MOM'S HEAD.





# Positions for Successful Breastfeeding

## Side-Lying



**MOTHER LAYS ON A FLAT SURFACE WITH INFANT LYING ON THEIR SIDE, MAKING SURE INFANT IS NOSE TO NIPPLE. THIS POSITION IS GREAT FOR CO-SLEEPING AND NAPS AS BABY CAN UNLATCH AND FALL BACK ASLEEP AFTER FEEDINGS WITH LITTLE DISRUPTION.**







# Positions for Successful Breastfeeding

## Biological



BIOLOGICAL BREASTFEEDING IS A VERY COMFORTABLE AND A RESTFUL POSITION. IT ALSO ALLOWS GRAVITY TO HELP ASSIST BABY TO LATCH AND STAY LATCHED.



[Purchase Wedge Pillow](#)



# Getting a Good Latch

- ♥ Start nose to nipple and tummy to tummy
- ♥ Baby's mouth is open wide to a 145 degree angle
- ♥ Both of their lips ideally are curled out
- ♥ The chin is up against the breast
- ♥ Head slightly extended to aid in easier swallowing
- ♥ You can see their tongue under the chin drop with rhythmic sucks- do not want chomping
- ♥ You can hear their swallow (it sounds like a soft "kuh")
- ♥ You should not hear any clicking, smacking, or gulping
- ♥ Assymetrical latch with more areola near chin
- ♥ You feel a strong tug while breastfeeding, but should not feel pain on nipples - contact IBCLC if you have damage/pain



*Correct Latch  
Tutorial*





# Posture is Important

*Good Positioning*

*Poor Positioning*





# The "Breast Sandwich"

A breast sandwich helps baby to get a grip on the breast tissue more easily. The most important thing to remember is that your fingers are not in the way of where baby is trying to latch so make sure you are deep into the breast, but not too deep or it won't compress correctly.

## U-Hold

U-Hold is used for cross cradle, and cradle hold.



## C-Hold

C-hold is best used for baby in biological, football, or koala hold.







# All About Supply

## Supply Tips

- Your milk is established in the first few weeks of your baby's life and poor removal can cause issues with future supply especially if issue is not corrected
- Frequent nursing develops prolactin receptor sites
- Prolactin is the milk making hormone
- Make sure baby is getting a deep latch-see IBCLC if you are struggling
- Breastfeed frequently (8-12 times in 24 hours)
- Spend lots of time skin to skin
- If you are away from babe, pump 8-10 times per day
- Milk supply can be adversely affected by alcohol, cigarettes, over the counter cold remedies, antihistamines, decongestants, and hormone-based contraceptives



# Nutrition & Fluids

- Breastfeeding mother's need 500 extra calories each day
- Oatmeal and brewer's yeast can support milk supply
- High proteins, healthy fats help to stabilize your blood sugar which can help with supply
- Limit sugar and simple carbs as it can increase risk of yeast and cause supply issues especially in diabetic and PCOS mamas
- Drink to thirst-around 100oz of water a day
- Too much water can decrease your milk supply by kicking in the anti-diuretic hormone-rare
- Pale urine means you are getting enough fluid





# Possible Causes for Low Milk

- ♥ Retained placenta-may need ultrasound to determine
- ♥ Cesarean delivery
- ♥ Prolonged second stage of delivery
- ♥ Significant blood loss
- ♥ Traumatic or high intervention birth
- ♥ Obesity
- ♥ Unresolved edema in breast
- ♥ Maternal age
- ♥ Insufficient glandular tissue
- ♥ PCOS, diabetes, thyroid issues





# Low Milk Supply Signs

- ➔ Inadequate stool or urine- Contact Pediatrician
- ➔ Low weight gain
- ➔ Lethargic or sleeping too much- Contact Pediatrician
- ➔ Baby showing no signs of fullness
- ➔ Jaundice- Contact Pediatrician







# Increasing Milk Supply

- ➔ Schedule an appointment with an IBCLC for assessment
- ➔ Have a "babymoon" (24 hours in bed, skin to skin)
- ➔ Feed baby more often
- ➔ Take it easy and rest as much as you are able
- ➔ Breast compressions
- ➔ Pump after feedings
- ➔ Acupuncture
- ➔ Herbal galactagogues: moringa, goat's rue, shatavari or herbal blend without fennugreek
- ➔ Metformin, reglan, domperidone- prescription needed





# Fenugreek

**Fenugreek, a blood thinner, should be avoided for premature infants. It can also cause digestive issues in mom and baby. In addition, if the mother has diabetes, thyroid issues, or PCOS milk supply may be negatively impacted.**







# If You Need to Supplement

## Donor Milk

- ♥ Donor milk is an option
  - Family or friends
  - Midwife or IBCLC referral
  - Eats on Feets
  - Human Milk for Human Babies

- ♥ Safety is essential
  - 75% of donated milk had bacteria contamination because of pump parts or insufficient hand washing

- ♥ Donor safety
  - A recent 3% of donors had a dangerous communicable disease that they were unaware of that would make them an unsuitable donor candidate

- ♥ Ensure your donor is aware of the potential risks to your child

## Formula- Avoid Corn Syrup

- ♥ Safe formula preparation-  
cronobacter bacteria can cause severe blood infections or meningitis
  1. Boil water
  2. Measure need water into bottle
  3. Add powdered formula
  4. Gently shake
  5. Cool to a safe temperature

**A SMALL AMOUNT OF BREASTMILK IS BETTER THAN NO BREASTMILK. KEEP FEEDING BABY AND SUPPLEMENT WHEN NEEDED.**



*Safe Formula  
Preparation Tutorial*



# Breastfeeding Problems

## Managing Oversupply

- ♥ Pump only for relief unless you have clogged ducts
- ♥ Ice after and between feedings, and wait until letdown slows to put baby to breast
- ♥ Laid back breastfeeding to slow the flow
- ♥ Block feeding- feed on one side only for 2 feedings to decrease supply
- ♥ Use container (haaka) or paper towel to contain spraying milk







# Engorgement Treatment

- Gentle massage while pumping or breastfeeding
- Frequent feeds
- Pump to relief
- Cold compresses between and after feedings
- Massage breast while feeding
- Advil
- Reverse pressure softening to help get edema out of nipple area to increase baby's ability to latch
- Lymphatic drainage
- Avoid cabbage leaves- only use if weaning as it can decrease your supply

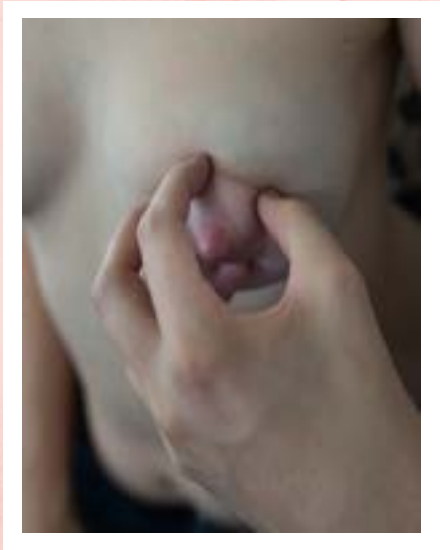


[Purchase Thermal Breast Pads](#)



# Engorgement Treatment

## Reverse Pressure Softening



[Reverse Pressure Softening Tutorial](#)

## Lymphatic Drainage



[Lymphatic Drainage Tutorial](#)





# Raynaud's

## Symptoms

- ♥ Vasospasms- nipple turns purple or white during or after feeding
- ♥ Shooting pain during or after feeding
- ♥ Severe pain with cold

## Treatment

- ♥ Work on latch
- ♥ Warm compresses
- ♥ Rub nipple after feed with warm olive oil
- ♥ Magnesium/Vitamin B6
- ♥ Keep breasts warm



# Plugged Ducts

## Symptoms

- ♥ Pain is mild and localized
- ♥ Comes on gradually
- ♥ Tender sore spot or lump

## Causes

- ♥ Baby not feeding well, often due to tongue tie
- ♥ Constrictive clothes
- ♥ Missed or shortened feeds
- ♥ Inflammation
- ♥ Wire bra
- ♥ Unhealthy diet





# Mastitis

## Symptoms

- ♥ Pain is localized
- ♥ Comes on suddenly
- ♥ Breast is red, hot, swollen
- ♥ Flu-like symptoms, often accompanied by a high fever

## Causes

- ♥ Baby not feeding well, often due to tongue tie
- ♥ Constrictive clothing
- ♥ Plugged ducts untreated
- ♥ Damaged nipple allows bacteria to enter
- ♥ Poor latch



# Treatment for Mastitis/Clogged Ducts

Mastitis is a common maternal complication of lactation and contributes to early cessation of breastfeeding. In the past, mastitis has been regarded as a single pathological entity in the lactating breast. However, scientific evidence now demonstrates that mastitis encompasses a spectrum of conditions resulting from ductal inflammation and stromal edema.

-American Academy of Breastfeeding Medicine

Avoid excessive deep massage of tissue where there is ductal narrowing, inflammation or edema. Gentle massage from bottom of plug towards nipple while feeding and/or pumping may be appropriate if the milk is moving.

Feed often with varied positions, ensure proper flange fit, pump gently to avoid inflammation and use lubrication when pumping. Ensure pump parts are clean.

Rest, rest, rest so you can heal, stress control, find your support team.

Use of Ice frequently, nipple bleb management, use of antiinflammatories, and antipyretics, management of oversupply and consideration of probiotics under the supervision of your IBCLC.

Contact medical provider if still feverish after 24 hours- antibiotics may be necessary. Persistent non systemic symptoms may also warrant a call for antibiotics, avoid antibiotics before conservative measures and reserve use for bacterial mastitis.







# Abcess

- ➔ Pus filled cyst
- ➔ Usually accompanied by fever
- ➔ Requires immediate medical attention- antibiotics and drainage necessary
- ➔ Hospitalization usually required
- ➔ Contact medical provider immediately





# Sore Nipples

## Effective Treatments

♥ Coconut oil or organic nipple ointments

♥ Nipple shields

♥ Breast milk

♥ Silverettes

♥ Salt soaks- Aids in healing and protects from yeast and bacterial infections

- 1 cup hot water
- 1 tsp salt
- Mix until dissolved
- Cool to warm temperature
- Soak nipples 2-3 times a day
- 2-3 minutes

## Inappropriate Treatments

♥ Lanolin

♥ Tea bags

♥ Vitamins A and E

♥ Products containing alcohol



[Purchase Nipple Ointment](#)





# What Causes Damaged Nipples

- Poor latch/Tongue tie
- Poor positioning
- Wrong size flange on pump
- Excessive washing of nipples
- Not breaking suction after feeding





# *Flat or Inverted Nipples*

**Biological breastfeeding will most likely be the most successful position for women with flat or inverted nipples. Using a breast pump, or manually stimulating the nipple can help it to evert. You may need to use a nipple shield for baby to properly latch.**







# Nipple Shield Usage

- Use as a last resort with the help of an IBCLC
- Can help protect nipples, however sometimes it can make damage worse
- Some babies can be more successful- late/pre-term, tongue tied, and low birth weight
- Can increase risk of clogged ducts, decreased supply, or poor weight gain



*Nipple Shield  
Tutorial*



# When Mom Has Thrush

- Shooting pain deep within breast
- Achy breasts
- Sore nipples, may be pink
- Flaky, shiny, itchy, cracked nipples
- Painful letdown
- Vaginal yeast infection
- Nipples may also have "blisters"







# Thrush Risk Factors

- ♥ Nipple trauma or fissures
- ♥ Pre-existing issues with Candida
- ♥ Weakened immune system or stress
- ♥ Breast pads not changed enough
- ♥ Vaginal birth with yeast infection
- ♥ Lanolin
- ♥ Eating high amounts of sugar
- ♥ Antibiotic or steroid use





# Common Newborn Problems

## Thrush in Newborns

- ♥ White spots in mouth that won't rub off
- ♥ Puffy, red diaper rash
- ♥ Saliva is pearly or whitish
- ♥ Gassiness or crankiness, may refuse to nurse

## How to Treat Thrush

- ♥ Sterilize pump parts, bottle nipples, pacifiers often
- ♥ Treat both mom and baby at the same time
- ♥ Decrease sugars and simple carbs
- ♥ Probiotics
- ♥ Grapefruit seed extract
- ♥ Diflucan
- ♥ Talk to medical provider if yeast infection does not clear up. Diflucan or APNO prescription may be needed





# Common Newborn Problems

## When Baby Has a Tongue Tie

♥ Cracked, bleeding, blistered nipples

♥ Plugged Ducts

♥ Discomfort while nursing

♥ Thrush

♥ Mastitis

♥ Compromised milk supply

♥ Lipstick shaped nipple after feeding

♥ Sleep deprivation because baby isn't able to nurse efficiently





# Tongue Tie Symptoms

♥ Reflux

♥ Dislikes tummy time

♥ Colic

♥ Excessive drooling

♥ Difficulty latching

♥ Fussy

♥ Gassy

♥ Poor sleeping

♥ Poor weight gain

♥ Significant jaundice

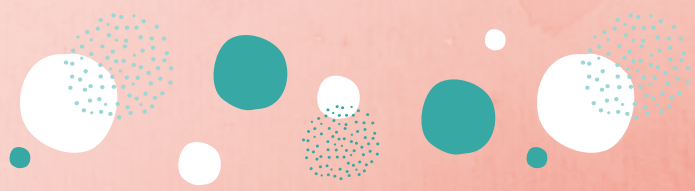
♥ Lip blisters

♥ Prefers bottle feeding

♥ Bubble or cathedral palate

♥ Hypertonic- tight muscles

♥ Tongue may be heart shaped







# What To Do When Baby Has A Tongue Tie

- Make sure baby is getting enough
- Protect mother's supply
- Find an IBCLC with TT training
- Find a provider with good reviews
- Learn about the aftercare
- Pain relief purchased before release
- Chiropractic and craniosacral therapy before and after frenectomy is crucial for best results and to avoid reattachment



[14 Signs Your Baby Has a Tongue Tie](#)





# Common Newborn Problems

## Neonatal Jaundice

- ♥ Build up of bilirubin in the fatty tissue
- ♥ Take seriously- can cause brain damage if prolonged
- ♥ Newborns have more red blood cells than adults
- ♥ Biliblankets can be used at home
- ♥ Liver immaturity results in NORMAL jaundice
- ♥ Jaundice starts in face, moves to trunk, then extremities
- ♥ Delayed cord clamping increases risk of jaundice
- ♥ Sometimes supplementation is needed if mom's supply is low







# Common Newborn Problems

## Torticollis

- ♥ Tight neck muscles that pull the neck to one side - sometimes affects ability to breastfeed
- ♥ Common in tongue tie babies, or babies with birth trauma
- ♥ Often see misshapen heads if not treated; baby wearing and varied positions when resting can help
- ♥ Chiropractic care and craniosacral therapy recommended
- ♥ Monitor head shape by looking down on the top of the head to look for flattening on back of head





# Common Newborn Problems

## Reflux

- ♥ Coughing between feeds
- ♥ Fussy when placed down
- ♥ Avoid bending baby in V shape
- ♥ May need medication short-term
- ♥ Try gentle burping methods
- ♥ Feed more often, smaller amounts
- ♥ Keep upright as much as possible especially right after feeding



*Gentle Burping.  
Technique Tutorial*





# Paced Bottle Feeding

♥ Position baby in upright, with hand behind neck for support

♥ Caregiver should tickle baby's lips with bottle

♥ Allow baby to suck without milk present to mimic the effect of letdowns

♥ Hold the bottle horizontally, which slows the flow significantly

♥ After 20-30 seconds of feeding, the bottle is tipped downward or removed from baby's mouth to stop the flow of milk which is a similar pattern to breastfeeding- this can help protect breastfeeding since baby has to work to get milk

♥ Repeat until baby seems full

♥ Tips for success: Maintain proper latch even on the bottle, and use slow flow nipples which will be similar to mother's breast output



[Paced Bottle Feeding Tutorial](#)



# High Lipase in Milk

Lipase is an enzyme that breaks down the fat in breast milk so that babies can digest it. **Some** mothers have more lipase in their milk.

Those with high lipase require milk to be scalded to decrease lipase. If this is not done, the lipase will break down the fat in the milk within a few hours making the milk taste undesirable.

If baby seems to dislike the taste of pumped milk that has been in the fridge for several hours to a few days, see if milk tastes sour or soapy.

Freezing milk does not stop the break down process. Scalding of milk is necessary to stop this process.



[How to Scald High Lipase Milk](#)





# *Pacifier Use*

- Wait until breastfeeding is well established
- 4-6 weeks is a good time to introduce
- Some studies show a decreased risk in SIDS
- Make sure pacifier does not substitute feedings





# Increase Your Success

- ♥ Skin on skin as much as possible
- ♥ Babymoon- mom and baby in bed for 2 days
- ♥ Massage during feeds to increase transfer
- ♥ Biological breastfeeding for comfort and better positioning
- ♥ Try to relax- babies can sense stress
- ♥ Nose to nipple, tummy to tummy
- ♥ Find a support group
- ♥ Family
- ♥ La Leche League
- ♥ Hospital's new mom's groups
- ♥ Friends in your neighborhood



*Purchase Book 'Womanly-  
Art of Breastfeeding'*







# When to Ask for Help

- Baby continues to have difficulty latching
- Baby's urine is dark and/or small amounts and/or baby's poop has not changed to yellow by day 5
- Baby continues to lose weight after day 4-5 or baby hasn't regained birth weight by day 10-14
- Mom has flu-like symptoms (chills, fever over 100°F, aches, pains, enormous fatigue)
- Baby is very sleepy and/or is difficult to wake
- Mom's milk has not come in by day 5
- Ongoing breastfeeding pain or discomfort; breasts are painful with hard, tender, or red area
- Cracks or sores on nipples





# How Support Partners Can Help

- ➔ Massage or compress the breast during feeds
- ➔ Help position and hold newborn during feeds
- ➔ Make meals and get fluids for mom
- ➔ Watch for poor positioning of mom and baby
- ➔ Help mom feel loved and appreciated for her efforts
- ➔ Provide love and care for baby while mom rests







# Don't Worry, You've Got This!

*Best wishes on your breastfeeding journey! Know that we are here for you if there is anything you need.*

*Home and clinic visits available in Boise, Idaho. Virtual visits also available.*



[Find Baby Bonds here](#)



[Join Boise Breastfeeding Support Facebook Group here](#)





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