

Utah Can Do 5

Staff Information Supporting *Can Do 5!*



Breastfeed within the first hour. Ask to comfort your baby skin-to-skin soon after birth.

It is best for mothers to breastfeed their baby during the first hour of life - a period of calm, quiet alertness when the baby is most eager to latch on for the first time. Even if the mothers' milk is not yet "in" snuggling skin-to-skin during the first hour is important. (Skin-to-skin means the baby is placed belly-down directly on mother's chest).

American Academy of Pediatrics (AAP) Guidelines for Breastfeeding during the First Hour:

Healthy infants should be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished.

Benefits to early breastfeeding:

- The baby's sucking causes the mother's uterus to contract, decreasing blood loss.
- The colostrum, or first milk, is a priceless source of protective immunities that shield the baby from disease.
- Skin-to-skin contact brings comfort and warmth.

Some other reasons to promote skin-to-skin contact:

- Positive effects of early skin-to-skin contact include: increased incidence of breastfeeding at one to three months of age, increased duration of breastfeeding, maintenance of infant temperature in the neutral thermal range, better infant blood glucose values, and more positive scores for infant crying and maternal affection during an observed breastfeed within the first few days of the baby's life.
- Preterm infants held in skin-to-skin contact have greater head growth than babies held in a traditional way.

Promoting skin-to-skin contact: The Massachusetts breastfeeding coalition has an excellent handout for mothers on their website at <http://massbfc.org/providers/SkinToSkin.pdf>.

What you can do:

Teach Mothers to Communicate with their Health Care Provider Team. Educate mothers to talk with their health care provider team about their desire to breastfeed. Breastfeeding discussions should occur during pregnancy, upon arrival at the hospital, and as soon after birth as possible. The mother's partner can also relay the information to her health care provider. The first hour goes very quickly and she (and/or her partner) will need to voice her request both before and immediately after delivery to seize this special opportunity. A baby who does not get the first colostrum feeding during the quiet alert state (first hour or two after birth) because of staff interference misses the ideal time to initiate breastfeeding.

Challenges to Breastfeeding in the First Hour

- **Separation:** Mothers should provide expressed breast milk for times when they are separated from their babies due to infant or maternal illness. In order to assist mothers who must express milk, hospitals should provide them with quality breast pumps.
- **Cesarean births** are not usually a problem; most mothers can hold their babies. There are different positions that are more comfortable for the mother who just had a c-section. Recent research shows

that a father providing skin-to-skin contact with his newborn immediately after a cesarean birth offers calming benefits as well.



Room-in with your baby. Keep your baby in your room all day and night so you can get to know and watch over your baby. This early time of practicing breastfeeding together is important. Benefits of rooming-in include:

Early Bonding:

Babies get to know their mom by using their senses. They are able to tell the difference between their mother's smell and that of another woman by the time they are one to two days old. Baby's attachment instinct is highest during the first days of life. Early attachment has a positive effect on baby's brain development.

Feeding on Demand:

Frequent breastfeeding (transferring milk from mom to baby) will help stimulate milk production and keep up milk supply. Being able to feed baby "on-demand" (because of frequent, continued feeds) helps prevent jaundice, engorgement, plugged ducts, and mastitis. If any of these problems occur, the mother needs to continue nursing and/or pumping. A non-demanding baby needs to be wakened to feed. A mother should nurse a minimum of 8 times in 24 hours with no restrictions on frequency or length of feeds.

Learning Baby's Cues:

Rooming-in helps babies regulate their body rhythms. This includes heart rate, body temperature and sleep cycle. Nurseries have lights, noise, and other distractions that can interfere with body rhythms. Rooming with her newborn helps a mom learn about caring for her baby and reading her baby's hunger cues. This can increase her confidence in her ability to exclusively breastfeed.

Teaching Mothers about Feeding Cues:

Responding to a baby's early cues will help the baby feel secure that mom is there to meet its needs.

How does a mother know when it is time to feed baby?

Look at what baby is doing with his/her hands and mouth:

- 1) **Early hunger cues:** licking the top of the mouth, licking lips, sucking on lip, tongue, fingers or fist
- 2) **Active hunger cues:** rooting (moving head in search of breast), fidgeting, fussing
- 3) **Late hunger cue:** crying!

Taking Control:

Rooming-in with baby allows the mother to prevent hospital personnel from giving baby pacifiers, or unnecessary glucose water, formula or water.

Getting Enough Rest:

Rooming with baby allows for on-demand nursing and at night it is an ideal way for both mother and baby to get more sleep. The mother stays in constant touch with baby's needs as they cuddle and nap together. Sleep deprivation is a part of early motherhood, but it is reduced with exclusively breastfeeding. Breastfeeding gives mom more time to rest because there are no bottles to scrub, sterilize, and refill with formula. Breastfeeding releases "mothering hormones" when milk is "let down." These hormones act like natural tranquilizers to relax mother and baby.

Special note for mothers who have a cesarean birth:

It may help to have someone stay in the hospital to help mom care for the baby. This way, while recovering, mother and baby will be able to have the benefits of rooming in and spending time together.



Breastfeed often: every 1 ½ to 3 hours. Your milk provides everything your baby needs. No water or other liquids are needed.

Information to Know

Milk supply basics:

- ♥ The more the baby takes; the more mom makes!
- ♥ Awaken a non-demanding baby
- ♥ Nurse a minimum of 8 times in 24 hours
- ♥ No restrictions on frequency or length of feeds
- ♥ Mom should offer both breasts at each feeding

Signs mom is making enough milk once milk is in:

- ♥ Milk in by day 4
- ♥ 4 poops by day 4
- ♥ Colorless urine at least 6-8 times daily
- ♥ Weight gain begins as soon as milk comes in; expect about 1 oz/day

How to recognize if baby is drinking milk—

Look at baby's face, jaw, and mouth: some signs are cheeks are full, not sucked inward; jaw is moving in a slow rhythm; baby sucks, rests, and starts to suck again; ears wiggle; hear sounds of swallowing; see milk in corners of baby's mouth; milk leaks from other breast.

How to know if baby is full and satisfied—

- ♥ Baby will sometimes fall asleep
- ♥ Baby will come off breast by himself or push nipple out of mouth
- ♥ Baby is calm
- ♥ Baby's hands and body are relaxed
- ♥ Baby is peaceful

If baby appears hungry (i.e., crying, sucking on hands, rooting, needing a pacifier to comfort) after feeding, baby may not be getting enough milk. Contact doctor for weight check.

Human Milk is for Human Babies

There is a lot of misinformation about infant feeding. For example, some WIC mothers who pilot tested the new crib cards reported that they believed that, a) formula is as good for their baby as mother's milk, and b) water is good for newborns.

You can help by providing correct information:

- ♥ A mother's milk is superior to formula. (See attached, "Breastmilk Has More of the Good Things Babies Need." Download additional copies from <http://ww2.cdph.ca.gov/programs/BreastFeeding/Documents/MO-HowDoesFormPosterEng.pdf>)
- ♥ Water is not necessary for newborns. Breast milk is 88 percent water. An infant's stomach is small. When a baby drinks water, there is less room left for the nourishing breast milk that is necessary

for the baby to grow healthy and strong. When a mother thinks her baby is thirsty, she should breastfeed immediately. This will give the baby all the water that is needed.

There are very few medical reasons for breastfed babies to need supplements. And, there are very few medical contraindications to breastfeeding.



Avoid using pacifiers in the first month. Babies who use a pacifier may not nurse as often. Offer your breast at the earliest sign of hunger to give your baby as much milk as possible.

American Academy of Pediatric Guidelines:

Pacifier use is best avoided during the initiation of breastfeeding and used only after breastfeeding is well established. In a separate statement on reducing the incidence of SIDS, the AAP recommends that after the first month, pacifier use may be encouraged as a preventive measure.

Supplementation:

If breastfed infants require supplementation, efforts should be made to limit the method for providing the supplementation to cup, tube or syringe to avoid introducing artificial nipple shapes.

Pacifier use may decrease breastfeeding duration:

Use of pacifiers is associated with decreased breastfeeding duration. Health care staff should not offer healthy breastfed babies pacifiers. However, there may be a role for pacifier use in the preterm or ill baby who is not able to suckle at the breast. Use of pacifiers can prevent babies from learning how to suckle at the breast and can lead to a reduction in mother's milk supply. Research findings suggest that pacifier use is a marker for breastfeeding difficulties or reduced motivation to breastfeed.

Ways to calm baby:

Find out if there are cultural expectations that pacifiers are needed to calm babies. Teach the mother other ways to calm the baby besides pacifier use (e.g., Dr. Harvey Karp's 5 S's in box to right.)

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| <p style="text-align: center;">5 S's</p> <ul style="list-style-type: none">• Swaddling• Side/stomach position• Shushing sounds• Swinging• Sucking |
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Ask for a telephone number to call for help or support. All questions are important, especially after you go home!

Early follow up and attention to any breastfeeding issue is important:

Early follow up is important for breastfeeding success. Most breastfeeding concerns and questions occur after discharge when milk comes in. Ask the mother to take the crib card to the hospital and request the staff to write down a number that she can call if she has breastfeeding questions or concerns. Share community resources with the mother and help her identify where to get follow up.

Peer Counselors help:

Have your program in place so your mothers know who her Peer Counselor is and can easily contact her.

American Academy of Pediatric Guidelines:

AAP recommends follow up with the health care provider between day 3 and 5 of life - this might mean 24-72 hours after discharge of a healthy infant.