

# Breastfeeding Your Newborn



# Breastfeeding Menu

## When to Call Out

If you have tried to latch your baby but you are having trouble, you can call out for your Nurse. This Breastfeeding Menu and the videos linked by QR code throughout might also be helpful. During the daytime hours, a Lactation Consultant may be able to visit you.

## Newborn Booklet

Make sure to check the back of your hospital folder for a booklet titled “Caring for Yourself & Your Newborn.” In this booklet, you can track your baby’s daily feeds and dirty diapers. This is important information for your pediatrician to know and can be hard to remember.

## Expectations for a Healthy, Full-Term Baby

In the first 18 – 24 hours of life, your baby may not be hungry at every feeding attempt; this is normal! About every 2-3 hours (or earlier if your baby is rooting), unwrap your baby from the swaddle and put your baby skin to skin on your bare chest for at least 20 minutes.

*Swaddle your baby in the bassinet when you feel like you will fall asleep.*

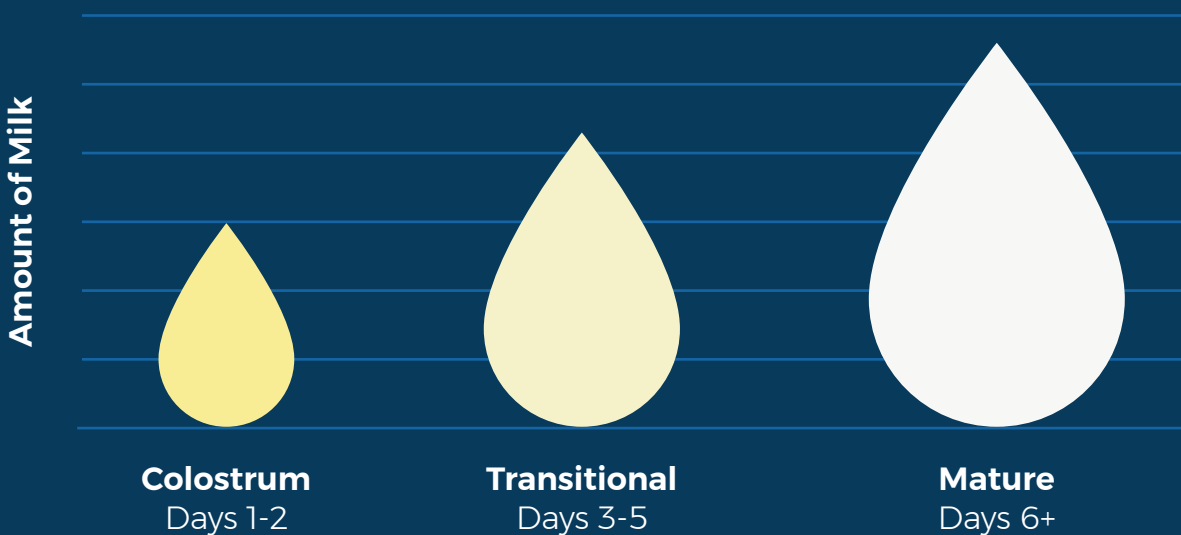
**Nighttime:** Babies are typically hungrier at night. You also make more milk at night! Try to rest at least once during the day to help you manage night feeds. Ask your partner or Nurse if you need help. After 24 hours of age, babies are expected to wake and feed more frequently. Continue to offer the breast on cue, or at least every 2-3 hours.

# Milk Production

## The Cycle of Milk Production

When your baby is born, your body has colostrum ready and waiting! This is your body's first milk. Colostrum is very thick, like honey, and comes in small quantities. Your breasts need "stimulation" (aka, milk removal) repeatedly in the first several days of life to trigger the onset of mature milk.

The amount of milk you produce depends on how often your baby latches effectively to the breast. Skin to skin also helps this process!



## Get Off to a Good Start

Do skin to skin with your baby when you are awake, at least a few times per day. Turn your baby's head to the side with the chin pointed up to make it easier for your baby to breathe.

**Recline your Bed:** While your baby is skin to skin with you, recline the bed to about a 45-degree angle. If you notice your baby lifting their head and cueing to eat, position your baby to latch at the breast. Refer to pictures and descriptions on positioning.

**Feed Only your Milk:** Unless there is a medical need for supplemental milk, your baby only needs colostrum from the breast.

**Feed on Cue:** You will hear that your baby should eat every 2 – 3 hours. This is to ensure that your baby is offered many opportunities to learn how to breastfeed. It is normal that your baby may not want to feed every few hours during the first day of life. Your Nurse and/or Lactation Consultant will help you determine whether this is appropriate for your baby.



# Why Do Babies Eat So Often?

Newborns can only comfortably take small amounts of food during each feeding. Look at the diagram below to see how their appetite grows:



**Day 1**  
5-7 ml



**Day 3**  
22-27 ml



**Day 7**  
45-60 ml



**Day 30**  
80-150 ml

## Before You Latch

1. Have your baby lying on your chest, in between your breasts, with no shirt between either of you. Cover your baby's back with blankets.
  2. Recline the bed to about a 45-degree angle.
  3. Snuggle and hang out! This relaxing position promotes bonding.
  4. If your baby starts "bobbing down" or pecking at your chest, your baby is ready to latch!
  5. If your baby has not woken up after approximately 20-30 minutes of skin to skin; lay your baby down in the bassinet to stretch for a minute. Change the diaper if needed. Use your hands to get a droplet of milk before trying your baby at breast.
- (See the graphic on "Hand Expression.")

**Keep your Baby in your Room:** Rooming in allows your baby to feel safer; allows you to learn about your baby's cues and makes it easier for your baby to feed often. In general, your baby should only be brought out of your hospital room for routine testing. There are special circumstances where it may be appropriate for your baby to be taken out of the room for 2-3 hours so that you can get uninterrupted rest. Many mothers report being able to relax and sleep better when their baby is safe and swaddled in the bassinet next to them.

**Ask for Help:** You are not expected to do this alone! Support is essential. Talk to your Lactation Consultant about outpatient Lactation support once you are discharged from the hospital. You cannot learn all you need to know about breastfeeding during your hospital stay.

# Signs of Hunger



**Open Mouth,  
Sticks Out Tongue**



**Brings Fist to Mouth**



**Roots**



**Makes Sucking Motions**



**Moves Arms & Legs**



**Cries (Late Sign)**

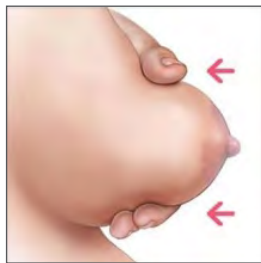
# How to Hand Express



**Step 1:**  
Massage your  
breast



**Step 2:**  
Plus thumb and  
first two fingers  
around your  
nipple



**Step 3:**  
Press against  
chest wall



**Step 4:**  
Squeeze gently



**Step 5:**  
Catch milk in a  
bottle or a clean  
container

## Hand Expression

Hand expression of breastmilk can be a helpful to learn. Please be patient! Hand expression is a skill that requires practice. It works best after skin to skin with your baby, or a few minutes of light breast massage, or applied moist heat (like a shower or soaked towel). Refer to the above graphic or watch the following video.



Watch:  
[Hand Expressing Milk](#)



# Breastfeeding Positions



**Laid-Back/Biological Nurturing**

Recline the bed to approximately a 45-degree angle. Your baby's weight should be supported by your body. You may need to help your baby latch.



**Cross-Cradle**

Support your baby's spine and your hand supporting the baby's neck and shoulders. Also, have your partner or Nurse fold pillows and blankets to support your arms and your baby's body.



**Side-Lying**

Lie on your side with that arm out in a "L" shape on the bed, or use that arm to support your baby's back. Your baby will lie down on their side facing you, belly to belly.



**Football**

You will use your arm to support your baby's spine like you do in the Cross-Cradle hold, but your baby's body will wrap around your ribcage towards your back. Your baby's belly button is up against your body and your baby is facing up towards the breast.



**Cradle**

This is a good position once your baby is a bit older and has better head & neck control. Support your baby's head in the crook of your arm. Guide your baby's nose to your nipple with the chin firmly planted on the breast. Use your supporting arm to guide your baby to the breast.



# Three Things to Remember When Breastfeeding



1. Tummy to Tummy
2. Nose to Nipple
3. Body in a Straight Line



# Latching



**Effective Latch**



**Ineffective Latch**

## Latch

Babies need to latch deeply to the breast, with more of the bottom of the areola in the mouth than the top above the nipple. This is called an Asymmetrical Latch. If your baby is only latching to the nipple, it will hurt, and your baby will not get much milk.

Sometimes the latch can be uncomfortable for several seconds, but it should improve as the baby continues to suckle. If it does not improve, unlatch your baby using your finger in the corner of your baby's mouth and ask your Nurse and/or Lactation Consultant for assistance.

There are different methods and techniques in getting a baby to latch effectively. The following video and Latching Tips on the next page may be of help to you:



**Watch:**  
**How to Latch**



# Latching (cont.)

## Latching Tips

1. Hold your baby skin to skin. Have your baby's arms hug the breast (one arm on each side of the breast).
2. Nose across from nipple: chin to breast, nose to nipple.
3. Hold your breast, if needed: Hold your breast like you would a cup, in a "C" or "U" shape. Make sure that your fingers are not touching the areola so that your baby's cheeks touch the breast.
4. Gently touch your nipple to your baby's nose. When your baby opens its mouth, use your supporting hand to guide your baby to the breast.
5. Give it a few seconds. If the latch still feels painful, break the suction with your finger near the side of your baby's mouth and try again.

## Avoiding Pacifiers and Artificial Nipples

- May make it harder for your baby to learn how to latch and how to breastfeed
- Decreases time spent at the breast, which limits milk production
- Work with a lactation consultant if you have concerns or questions

Once breastfeeding is established, you can consider offering your baby a pacifier at nap or bedtime. Studies show that pacifiers used during sleep are linked to lowering the risk of sleep-related deaths in babies.



**Watch:**  
**When to Use Pacifiers**



# Sleepy Eaters

## Wake the Baby Up to Eat

- Change their diaper and undress them
- Express a drop of milk in their mouth
- Hold them upright

## Keep the Baby Awake During Feeding

- Rub their foot or hand
- Switch breasts or change positions
- Burp them

# The First Few Days

## Sleepy Babies

Sometimes babies aren't hungry during their first day of life. While this can be normal, some babies may need extra help to eat. Your Nurse and/or Lactation Consultant will help.

## Burping

Breastfed babies don't always need to burp, especially in the first 2-3 days of life when the milk is thick. However, it is OK to practice. When your mature milk comes in, it is good practice to hold your baby upright after a feeding to see if your baby needs to burp. Your Nurse can show you some positions to burp your baby after feeds.

## Spitting Up

Many babies are "spitty" in the first 1-2 days after delivery. Babies often swallow amniotic fluid before they leave the womb. This fluid is squeezed back out during the delivery process. But if your baby came out quickly or was born by C-section or in the Birthing Tub, then your baby may have a bit more fluid to get rid of. Babies get rid of this fluid by either spitting it up or by digesting it. *This process happens more efficiently when they are held upright.* Your baby should be placed "back to sleep" in the bassinet when you are tired.

## Night Feedings

Night feedings are tough, but a fact of life during newborn days! Support and a flexible plan are essential to get you through. Try to get one or two mini rests during the day, generally after your baby has fed and settled. Limiting visitors and using white noise and low lights may help you get more restorative rest during this time.

If you have a partner to help overnight, take turns! After you finish feeding your baby, hand your baby over to your partner for burping, diaper changes, swaddling etc. Your partner may need to stand up and rock the baby for up to 30 minutes until the baby is in a deep sleep.

**It is the philosophy of The Family Birthing Center that parents and babies do best when they room together. It is not recommended for your Nurse to take your baby away from you overnight, except for testing or brief periods of rest.**



# Finding What Works for You

## What if my Baby isn't Latching?

If you have been trying to latch your baby to the breast when your baby is showing signs of hunger and you are still struggling, call out for your Nurse or Lactation Consultant to help. Each situation is unique and may require a different approach.

## Exclusive Pumping

If you do not wish to latch your baby to your breast, but would like to make milk for your baby, you can use a breast pump every time your baby eats from a bottle (approximately every 3 hours). Your Nurse or Lactation Consultant can provide a hospital grade pump and teach you how to use it. You are encouraged to do skin to skin before pumping because it allows your hormones to increase, which is a crucial first stage to milk making. Skin to skin and warm, moist heat also helps. You will likely need to supplement with formula during this time until your mature milk comes in. This is because colostrum is very thick, and a breast pump isn't as efficient at removing it.

## Symphony Breast Pump

We offer Medela Symphony breast pumps for use during the hospital stay if there is a medical indication to pump, or if you are choosing to Exclusively Pump and bottle feed.

There is a QR code on the front of the breast pump that walks you through how to set up the pump if you need extra help. There is another QR code inside the parts kit that shows you how to use the colostrum collectors. This is important because if the colostrum collectors are inserted upside down, your precious milk might fall out!

The white flap that attaches to the small yellow piece of the kit is how suction is created during pumping. If this piece is askew or not lying flat against the yellow piece, you will wonder why the pump isn't working. Try to correct these two pieces first, and if the pump still isn't working, make sure the tubes are properly connected to the yellow domes. Please call out if you need more help.

## Flange Fit & Paced Bottle Feeding

The following QR codes are videos on pumping, flange fit and paced bottle feeding. Your Lactation Consultant has a flange fit sizing tool; feel free to ask to be measured.



Watch:  
Flange Fit and Pumping



Watch:  
Paced Bottle Feeding





The Breastfeeding Menu was created for the Family Birthing Center in Manchester, CT. Picture slides were purchased from © InJoy Productions, Inc. and are for educational purposes during your hospital stay. Created in June 2025.