Breastfeeding – The First Three Weeks

Breastfeeding is a beautiful thing and the best food for your baby. Having said this, it can often be challenging in the early weeks. Therefore, starting off well prepared can be quite helpful in order to avoid problems. Here is a simple guide to help make your job as a nursing mother a little easier.

During Your Pregnancy
We suggest that you educate yourself. Read a good book about breastfeeding, review the handout on latching in this package, watch a DVD and/or take a breastfeeding class. It is often easier to learn visually (see our video library). This is important in order to get a handle on the basic skills of positioning and correctly latching your baby to the breast. See our website at www.midwiferygroup.ca for links to good breastfeeding sites.

The First 24 Hours
Nurse your baby as soon as possible after the birth. Most babies are eager to start feeding soon after birth. Get some help from your midwife or nurse to help you with your first latch. Refer to the latching checklist later in this package for more detailed review of latching. Your breasts already have early milk (colostrum). Your body makes this in pregnancy so your baby will have a rich food source immediately after birth. The colostrum has antibodies which will protect your baby from many diseases and illnesses.

The baby may seem frantic or upset when he/she does not latch on immediately. This is totally normal. Remember it is a learning curve for both you and the baby. Be patient and persistent as it may take several attempts before a successful latch occurs.

Some babies feed frequently in the first 24hrs but it is also normal for them to have a few hours of ‘recovery sleep’ which gives you and your partner a chance to catch up on some needed sleep. If this is your first baby, it is a good idea to start a breastfeeding record to keep track of the number of feedings and the number ofpees and poos in each 24 hr period. If the baby is interested, feed on both sides per breastfeeding session prior to the arrival of the mature milk.

• Do not tolerate a bad latch; it is ALWAYS worth it break the seal and try again to prevent damage to your nipples.
• Babies generally aren’t too hungry in the first 24 hours; offer the breast as the baby is interested and don’t worry too much about the number of times
• Attempt to feed on both breasts at each feed
• Start a breastfeeding record
• Expect 1-3 sticky tar-like meconium stools & 1 void

Day 2
In the next 24 hr period most babies will feed more frequently. Occasionally, some babies are still a little sleepy and disinterested and may need a little encouragement to start feeding more often. Your baby should have a minimum of 8 feeds in 24 hrs. Most feeds will have 20-30 mins of active sucking. However, most babies will naturally nurse more often than this, at 10+ feedings in 24hrs.

The 2nd night after the birth is often a sleepless one! Babies naturally get hungrier after the first 24 hours, and cluster feed to bring your milk in. They often seem upset or frustrated—as though they are still hungry after a feed. This is normal. Nature has provided your baby with fat stores to get through this early period before the more filling mature milk comes in. All of the stimulation at the breast is the

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baby’s way of signaling your brain to start making the mature milk. If you interfere with this process by supplementing the baby, it will delay or interrupt this natural process. Expect a very erratic pattern without any rhythm, such as: feed x20 mins, sleep x20 mins, still hungry, back to breast, feed x40 mins, sleep x35 mins, still fussing, back to breast x25 mins, etc). The baby is too young to feed on schedule; you must feed whenever the baby is interested.

- Baby needs to feed at least 8 times in 24 hours, with 20-30 mins of active sucking.
- Most babies will feed much more than this, and the feeding pattern will be erratic.
- You must feed the baby on cue; it is too early for a schedule
- Do not give any supplements without talking to your midwife or doctor
- Keep using your breastfeeding record
- Expect 1-3 sticky tar-like meconium stools & 1-2 voids today

**Days 3 & 4**

It is common for your nipples to feel tender on initial latch, many mothers feel minor discomfort in the first few seconds of the latch, it should subside if the latch is proper. Tips for your nipples are: expose them to air frequently, rub some milk or colostrum in after each feed, consider using a nipple cream, but mostly: ensure a proper latch! If your nipples are so sore that you dread the next feed – don’t give up; call your midwife and ask for help!

Your mature milk should be coming in today or tomorrow. You may notice a change in colour from the yellow of the early milk to the paler colour of mature milk. You should also notice that your breasts feel fuller or heavier and you may hear more swallowing and gulping as your baby feeds. Some moms experience engorgement (swollen, hard, hot to touch) of the breasts which can feel quite uncomfortable. The areola can get quite firm when the milk is coming in and make it difficult for the baby to achieve a proper deep latch. If this is the case for you, you may need to soften the nipple before feeding, so the baby will be able to latch on. You can do this with hand expression (see this video online to learn how to hand express [http://newborns.stanford.edu/Breastfeeding/HandExpression.html](http://newborns.stanford.edu/Breastfeeding/HandExpression.html)) or just by standing in a warm shower—the warm water running on your breasts will get the milk flowing. Cool green cabbage leaves applied around the breast for 20 mins can also help with engorgement, as can ibuprofen. However, the most important ways to relieve engorgement are achieving a proper deep latch and frequent breastfeeding.

Now that your mature milk is in you may only need to feed on one side per feed. This may change from feed to feed. As a general rule, feed on one breast until the breast feels soft (well-drained) this usually takes 20-30 mins in the first few weeks. After a burp, if the baby is still displaying feeding cues – offer the other side. For the next feed, start on the opposite side than you did the previous feed to achieve balanced stimulation in both breasts.

Your milk production gradually increases and will meet your baby’s needs. Avoid giving supplementary bottles of formula, water or expressed milk (unless otherwise recommended by your midwife). There will be plenty of time later for other family members to bottle feed the baby with expressed breastmilk if you wish. Right now, missing a feed and introducing a bottle may cause problems.

- Expect the mature milk on Day 3 or 4
- Ensure 8-10 feeds in 24 hours, about every 3 hours. Once the mature milk is in, the baby should sleep longer between feeds.
- One breast per feed is often enough now. Start the next feed with opposite breast.
Once the milk is in, the stools will change to a brownish colour, and then to a runny consistency and yellow colour. From this point onwards, expect 1-3 yellow stools per day.

The baby should pee the same number as she is days old; expect 3 pees on Day 3, expect 4 pees on Day 4, until she reaches 6-8 per day.

If the baby has already passed a lot of meconium, he or she may not have a bowel movement until about 24 hours after the milk comes in, but should still have voids.

Keep the breastfeeding record going

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**Days 5-9**

It is ok if the baby has a longer stretch of sleep at night now – as long as he/she achieves the **8-10 feeds in 24hrs**. Your midwife will weigh the baby around a week of age and this will help assess whether the frequency or length of feeds is enough. From 6 days of age onwards, expect 6-8 voids per day.

**Days 10-14**

Your breasts may feel softer now and not quite as full. Don’t worry – this is normal. Count the wet and poopy diapers to assure yourself of your milk supply.

**Days 14-21 & Beyond**

It is common for babies to go through a **growth spurt** at around 3 weeks of age. If your baby is feeding very frequently in a similar pattern to the 2nd day when the baby was trying to bring in your milk, and you are finding it difficult to do much besides breastfeed all day, don’t worry! This is your baby’s way of increasing your milk supply by increasing the demand. The best thing to do is cancel your plans and check into bed with your baby and feed on demand. It will pass in 48-72 hours, once your supply has adjusted to the baby’s more grown-up needs.

If you have had a difficult start, make sure to remember how far you have come and enjoy this wonderful relationship with your baby. It is recommended that you **exclusively breastfeed for the first 6 months**, prior to introducing solids. The length that mother’s and babies breastfeed beyond this varies based on their own personal circumstances or preferences. Research shows the health benefits of breastfeeding extend to 2 ½ years of age. However, any length of breastfeeding is a good thing!