

## I'm home with my baby – now what?!

Your first few nights home from the hospital may be more than a little challenging! It's almost like your newborn suddenly realizes that she is no longer in the warm, safe environment of the womb and life outside is a little scary!

Baby may be fussy, may cluster feed or may forget that he knows how to nurse altogether! Some babies don't do this, but if yours does, realize this is normal newborn behavior for the first or second night home from the hospital! Realize that your baby is 'programmed' to go to the breast often. It's almost like it's his job to stimulate the transition from colostrum to mature milk. It's perfectly normal for baby to ask to go to the breast often, feed when he asks to feed.

How do you make it through?! Offer the breast whenever baby shows cues (pacifiers may hide feeding cues), hold your baby skin to skin as much as possible, watch for feeding cues and feed on cue. Babies won't over feed, they know what they need, so follow baby's lead. Try not to go longer than about three hours between feeds (timing feeds from when you start the feed to when you start the next feed), 10 -12 feedings in 24 hours, always offer both breast each time you feed. In these first couple of days, if baby is fed, freshly diapered and comfortable, you may want to hand baby off to your helping partner and get some sleep! Your partner can hold baby skin to skin, dance with and sing to baby. Just keep in mind that things are going to get better as you all adjust to your new life together.

You are encouraged to hold your baby as much as possible, don't let anyone tell you that you are 'spoiling him' or 'you baby is manipulating you'. Research tells us that babies don't realize they are separate from mom for many months after birth and by holding your baby and meeting his needs, you are teaching your baby to trust. Additionally, we are biologically programmed to 'let-down' our milk when our baby cries, so go to your baby when she needs you and know you're doing the right thing for your baby.

### What's happening to my breasts?!

The first breastmilk your baby will get is called *colostrum*. Colostrum is high nutrient, low volume and is exactly what your baby needs in these first days. It's a **superfood** and it provides baby's first protection against illness and infection. Colostrum will transition to *mature milk* usually sometime between the third and fifth day after delivery. When your milk transitions or '*comes in*', your breasts may become *engorged*; swollen, firm, lumpy and uncomfortable. During the engorgement phase, apply a cold compress to the breasts and to the areas that feel full and uncomfortable (under arm-pit up to the clavicle), nurse frequently, take a warm shower and hand express in the shower (a great place to learn how to hand express). Hand expression in the first couple of weeks has been proven to be beneficial for long term milk production.

Engorgement is about a 72-hour process. After the engorgement subsides, your breasts will feel more like normal, they may leak milk, this is perfectly normal. This may or may not continue as you continue to breastfeed and is not harmful. Be aware that a bra should not be tight or put pressure anywhere on the breasts.

## **When to feed baby?**

Put baby to breast when you see feeding cues.

**Feeding cues:** subtle indications that your baby is ready to feed – smacking lips, hands to mouth, sticking tongue out, restlessness. Crying is usually a late cue that baby is ready to feed.

**Rooting:** baby turns head and opens mouth ready to latch onto the breast and feed.

## **How to know if my baby is getting enough?**

Watch diaper output; about 1 wet and 1 stooled diaper for each day of life up to the 5<sup>th</sup> day. Once your milk comes in, your baby will have yellow, runny stools. Normal breastfed stools are always yellow, runny and seedy.

## **When should I call my doctor?**

Indications that breastfeeding may not be going well would be; if after the first couple of days, your baby:

- has a dry mouth
- has orange-colored urine
- has a yellow skin tone (jaundice)
- does not have enough wet or dirty diapers (see above)
- will not wake up to eat at least 8 times in 24 hours or is constantly feeding for hours and does not seem satisfied.

## **When should I see a Lactation Consultant?**

When latching baby onto your breast, try to get a deep latch with the mouth closing on the areola, not on the nipple. Your breastmilk actually has healing properties to it, so express a little and rub it into your sore nipples, also let air get to this sore tissue and use your lanolin as needed. After the 2<sup>nd</sup> week breastfeeding should not hurt.

If you are having difficulties with latching or positioning baby at the breast, continued nipple or breast pain or if you feel that breastfeeding just isn't going quite right, this is the time to contact the Children's Clinic and arrange for an appointment with the Lactation Consultant. She will be happy to help you and your baby with any breastfeeding issue you may have at any point during your breastfeeding season.