

## Pre-Birth Breastfeeding Prep Checklist:

- Pre-Delivery:
  - Antenatal Hand Expression – Freeze and take to hospital
    - Start at 36weeks (35 if inducing at 39w??)
    - Hand express 1-3x per day
    - Supplies: Heat Pad, Small medicine cup for collection, Oral Syringes, Tape/Pen for Labeling, Ziplock for freezing
    - Steps:
      - Apply warm compress for 10 mins (or shower)
      - Massage breasts for 2 mins on each side prior to expressing (FIRMLY)
        - Video: Search Stanford Hand Expression
      - Hand Express: Hand in C-shape, push hand back into chest, then compress thumb and index finger together (well behind nipple), then release.
      - Switch back and forth, applying warm compress in between
- General Advice
  - Watch the baby, not the clock. Feed as frequently and as long as baby needs
    - Especially in the first 2 weeks to establish supply
    - Many parenting book recommendations are geared towards formula (4 8oz bottles, etc)
  - Wear baby as much as possible – Vija baby-wearing tshirts
  - Let partner help with everyone else. Mom’s job = feed baby. Dad’s job = feed/hydrate mom. And diapers.
    - Dad’s job in the hospital is to fight mom’s battles for her! And to take photos. ☺
  - Post-Partum Anxiety is extremely common, even more so than depression. Talk about it. It is normal.
- Tips Immediately Post-Delivery (lactationtraining.com)
  - Immediate Skin-to-Skin – let baby creep to chest with only gentle guidance from you
  - Begin breastfeeding within the 1<sup>st</sup> hour of delivery
  - Continue skin-to-skin until after first feeding
  - Massage your breasts to increase flow to baby (hands-on breastfeeding)
    - Massage outer edges towards the nipple, then a gentle squeeze
  - Delay others from holding baby until breastfeeding off to a good start
  - Delay bathing yourself until after several feedings (they know you by smell!)
  - Delay newborn bath until after 24+ hours
  - **Hand express** between feeding attempts and collect or feed to baby on spoon/with syringe

*\*\*Compiled from advice from Dr. Milk Facebook group – compiled by non-expert, Kendra Stilwell in 11/2021. Meant to serve as a general resource and not to replace medical advice.\*\**

- Stanford video
  - This will help establish supply if baby is having trouble transferring at first (which is likely!)
- If supplement is necessary for medical reasons, limit to 5-10cc, then restart breastfeeding
- Maintain skin-to-skin when moved to post-partum unit and whenever possible for first 3-5 days
  - **Prolactin receptors are laid down in the first 5-10 days and determine your long term supply!**
    - Put baby to breast every 30-60mins for first 5 days (when awake). Then with every peep, expression of interest for the first 2 weeks
- First 3-5 days:
  - As much skin-to-skin and breastfeeding as possible. Will feel continuous. Don't watch the clock. Put to breast anytime showing interest
  - Don't think of these as "feedings" early on, more like frequent small snacks – this helps curb your expectations and sends frequent signals to your body to establish supply
  - If baby seems "like he's not getting enough", that exactly the way it's supposed to work to tell your body to make more milk! The more signals, the better!
  - Wake baby to feed frequently – same concept: frequent, small snacks
  - Baby Stomach Size by Day:
    - Day 1: Cherry – 5.-7cc
    - Day 3: Walnut – 0.75-1oz
    - Day 7: Small Apricot – 1.5-2oz
    - Day 30: Large Egg – 2.5-4oz
  - Hand express between feedings/snacks and collect or feed to baby on spoon/syringe
  - See outpatient LC ASAP after discharge and plan to see at least weekly as latch will change, and this will help your sanity and knowing that you are doing it right
  - No pacifier for first 5 days, babies don't handle secretions well (??)
- **If pain:**
  - If lasting > few sec, see LC!! Count down from 10 very slowly, deep breaths.
  - Pain occurs with shallow latch – bad for baby (poor extraction) and mom (impairs letdown, decreases supply, nipple trauma). See LC to figure out how to get a "deep latch"
  - Don't think its "normal" without evaluation for tongue tie, positioning, etc
  - If tongue tie suspected, see ENT Specialist – cut, NO LASERS
    - Tongue-tie support group on FB to find preferred provider
- Tips for the First 2 Weeks (lactationtraining.com)
  - Breastfeed whenever baby shows feeding cues

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- Your baby needs milks and your breasts need stimulation to establish supply!
    - This is often every 1-2 hours (8-10+feedings per day)
  - Wake baby up well before feedings – drowsy babies don’t feed well!
    - Undress, rub belly/back, rock, etc until eyes open
    - \*Undress to diaper and place skin-to-skin for 30 mins before feeds\*
    - If baby falls asleep during feeding, “bug” them to keep them awake!
  - Try baby-led latching (laid-back breastfeeding)
    - Recline back, place baby on top of you in any position that is comfortable
  - Engorgement is common – have baby empty you by feeding frequently
    - If not enough, use pump before feeding to get milk flowing/shape the nipple
    - If still full after, pump again after
    - Generally, don’t pump much outside of first AM feed for the first 2 weeks – increases risk of clogged ducts, mastitis, etc
  - Wet diapers – one per age until day 6 (3 wet diapers on day 3), then 6 wet +2-3 stools daily after day 6
  - It will take several weeks to establish a pattern/routine with your baby!
  - No visitors that are you not comfortable seeing your breasts for the first 2-4 weeks.
- Passive Collection Recommendations:
  - Milkies Cup, Haaka
  - Collect/combine in fridge until 2-4oz (vs 24h worth), then freeze flat for later
- Nipple Pain/Protection Recommendations
  - Go topless! (Bonus: Skin-to-skin time!)
  - Medela Soft Shells – hard shells to prevent shirt from touching nipple
  - Ameda Soft Gels
  - BamBoobies Nursing Pads (washable)
- Breastfeeding Position Tips
  - Press T-spine of baby/cervical extension to improve latch
  - Ensure baby’s torso and face are “in-line”
  - Laid-back breastfeeding (less painful, good if having trouble with latch w/ newborn)
    - [Breastfeedingusa.org/content/article/some-ins-and-outs-laid-back-breastfeeding](https://www.breastfeedingusa.org/content/article/some-ins-and-outs-laid-back-breastfeeding)
  - Breastfriend or Bobby Pillow
  - Nursing Foot Stool
  - Side-lying nursing
- Paced Bottle Feeding
- Pump Advice
  - Flanges:

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- Make sure you have the right flange size
  - Add silicone flanges (Fitme, Beaugen cushions)
  - Flange size may change throughout breastfeeding journey
  - Try adding lube (CoBoo Pumping Spray) or expressed breastmilk to flange
- Finish every pump session with hand expression
- Heating packs before and during pumping (Thera-pearl)
- Other General Advice:
  - Never quit breastfeeding on a bad day!
  - Make short goals, then extend them
  - The Magic Number = # of pumps/day to maintain supply (depends on storage capacity)
    - See Legendairy Chart (pics)
  - Baby only needs 1-1.25oz/hr, so if you are making 24-30oz per day, that is enough
    - Again, paced feeding is key
- Other Resources:
  - Stanford: [newborns.stanford.edu/breastfeeding](http://newborns.stanford.edu/breastfeeding)
  - FirstDroplets.com -- antepartum hand expression
  - LactationTraining.com
  - DrJen4Kids.com/breastfeeding/bfeeding.htm (rec by Kyle Widmer Cash)
  - Kellymom.com
  - La Leche League – for preferred LCs and Peds ENTs
- How many oz per hour/day by age
  - Day 1: 2-10mL per feed, 30mL(1oz) per day
  - Day 2: 5-15mL per feed,
  - Day 3: 15-30mL (1/2 to 1oz) per feed
  - Day 7: 30-60mL (1-2oz) per feed, 10-20oz per day
  - Day 14-21: 60-90mL (2-3oz) per feed, 15-25oz per day
  - Month 1-6: 90-120mL (3-4oz) per feed, 25-35oz per day

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