

# Lactation Support After Your Baby's Birth

Newton-Wellesley Hospital Lactation Department



NEWTON-WELLESLEY  
HOSPITAL

PARTNERS  
HEALTHCARE

FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL  
AND MASSACHUSETTS GENERAL HOSPITAL

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After leaving the hospital, new mothers often have questions and concerns regarding breastfeeding and milk production (lactation). We are pleased to provide the information in this booklet to help you.

In addition, here are some options for breastfeeding support and advice:

- You may first want to check with your baby's pediatrician to see if they have a Lactation Consultant in their office or if there is someone in the community that they refer to.
- Newton-Wellesley Hospital offers a free drop-in **Breastfeeding Support Group** for mothers who have questions about nursing their baby and are looking for mom-to-mom support. The group is facilitated by an International Board Certified Lactation Consultant (IBCLC) to provide group advice. Individualized consultations are not offered as part of this group but are available at our Lactation Clinic. The group meets Tuesdays and Thursdays from 2:00 - 3:00 pm in the Wells Avenue Conference Room at the Newton-Wellesley Ambulatory Care Center.
- The Newton-Wellesley **Outpatient Lactation Clinic** provides individualized, one-on-one appointments with a Lactation Consultant. The Clinic sees mothers who are having more complex issues feeding their baby, which can include poor weight gain in their newborn, latching difficulties, low milk supply, mastitis, sore cracked nipples, and milk oversupply issues. The Outpatient Lactation Clinic is located on the 5th floor of Newton-Wellesley Hospital. Clinic visits are covered by insurance. You can make an appointment by calling the NWH Lactation Office at 617-243-6314.
- You also can find help through the **Massachusetts Breastfeeding Coalition**. Go to [zipmilk.org](http://zipmilk.org) and enter your zip code to locate a Lactation Consultant in your area. You may have just a few questions, or you may want or need a home visit. Check with your health insurance company to see if they reimburse for home lactation visits.

Success with your breastfeeding goals is closely associated with the support you receive after you and your baby go home from the hospital. Please remember that breastfeeding is a process that can take time to establish – but with patience and the right support, you CAN be successful.

We also invite you to visit our website at [NWH.org/lactation](http://NWH.org/lactation) for additional information, or call Newton-Wellesley's Lactation Department at 617-243-6314.

# Essentials of Positioning and Latch-On For Breastfeeding

## Positioning:

- Tuck your baby close to you with his back straight
- Use a pillow to support your baby's bottom
- Hold your baby's head behind the ears, baby's head slightly extended
- Line up baby's nose with your nipple



## Offer the Breast:

- Line your fingers up with your baby's lips, behind the areola (dark part of your nipple)
- Use the sandwich hold (squeeze your areola gently)
- Aim your nipple between baby's nose and top lip
- Place baby's lower lip on lower edge of your areola
- Bring baby to breast, not breast to baby, quickly, chin first



## Check the Latch-On:

- Look for baby's flanged (rolled out) lips, open mouth to 140°
- Place most of your areola in baby's mouth
- Ensure no pain, no wedged or creased nipple
- Check that baby's chin is touching your breast, asymmetrical latch-on



## Assess Milk Transfer:

- Watch for your baby's wide jaw movements
- Look for consistent sucking
- Listen for swallowing (after your milk comes in)

# Mother-Led Latching

The way you hold your baby and how he latches on to your breast are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch-on can prevent many of the common problems that mothers encounter when starting to breastfeed.

Mother-led latching is a technique that is good for any time your baby needs additional assistance, is too sleepy to latch spontaneously, or you have sore nipples.

## Getting Comfortable

Choose a comfortable chair or sofa with good support for your back. Use a footstool to bring your knees up so your lap is slightly inclined and the pressure is off the small of your back. Position pillows wherever needed to support your arms and relax your shoulders.

Look for a straight line from your baby's ear to his shoulder to his hips. His head should not be tucked into his chest or tipped backwards.



## Positioning Your Baby

With any position you choose to hold your baby, turn your baby completely onto his side, "tummy to tummy," so his mouth is directly in front of your breast and he does not need to turn his head at all to get to your nipple.

Position your baby with his nose to your nipple so he has to "reach up" slightly to grasp your nipple. His chin should touch your breast first, before he grasps your nipple.

Place your baby's lower arm around your waist. This will draw him close to you. Look for a straight line from your baby's ears, to shoulders, to hips. His legs should curl around your waist.



# Basic Positions for Breastfeeding

Beginner's positions (first few days or weeks) are: • Cross-Cradle Hold • Football Hold

Advanced positions (after the latch-on is easy and quick) are: • Side Lying • Cradle Hold

## Cross-Cradle Hold

This is one of the preferred positions for the early days of breastfeeding. You will have good control of the position of your baby's head when you place your hand behind your baby's ears. Roll the baby to face you "belly to belly."



## Football Hold

Also called the clutch hold, this is good if you have had a cesarean delivery because the weight of the baby is not on your abdomen. Tuck your baby under your arm with pillow support to place the baby at breast height. Tuck a pillow or receiving blanket under your wrist for support.

Using a C-hold, place your baby facing you with the baby's mouth at nipple height. Your baby's hips should be flexed with legs and feet tucked under your arm.



## Side Lying

This is great for getting a bit of rest while your baby nurses or if you want to avoid sitting because of soreness. Use pillows or rolled towels to support your back and your baby's back, and between your legs if desired. Roll the baby towards you "belly to belly."



## Cradle Hold

This is great for after your baby is nursing easily and the latch-on is easy. It is the most common position, and you will often see this in pictures of breastfeeding mothers. Please wait to use this position until your baby latches easily.



# Latch-On Techniques

Compress your areola slightly to make a “nipple sandwich” for your baby. This will allow the baby to get a deeper latch-on. Make sure your fingers are well behind the edges of your areola (about 1 to 1½ inches from the base of your nipple). Allow your baby’s head to lean back slightly so his chin touches your breast first.

An easy way to remember how to hold your hand is to keep your thumb by the baby’s nose and your fingers by the baby’s chin. That way you will automatically rotate your hand to match the baby’s positioning.

Touch your nipple to the skin between his nose and lips (the philtrum). Your baby will open wide and you can bring him on your breast. If he doesn’t, tickle the philtrum and wait until he opens WIDE (like a yawn) and his tongue comes forward. He should get the nipple and a “big mouthful” of the areola in his mouth. Bring your baby to your breast, not your breast to your baby.

Listen for swallowing every 3 to 5 sucks (may not be apparent until your milk volume increases). Once your milk is in, you will notice swallowing with every suck.

Typically newborns feed more than 8 times each 24 hours. Let your baby nurse for as long as he wishes on the first side, then offer the second side.



## Check Your Latch-On

Your baby’s chin should touch your breast, and his nose should be free.

Worried that your baby can’t breathe while at your breast? Don’t! If your baby truly can’t breathe, he will let go. Usually babies can breathe easily even when pressed close to the breast because they can breathe around the “corners” of their noses. Do not press on your breast to make a breathing passage for your baby. If necessary, pull your baby’s hips in closer to you. This should free up his nose.

Some mothers describe pain as their baby latches on that eases as the milk begins to flow. This will subside over time, as your body adapts to breastfeeding. If it persists, remove your baby from your breast and reattach him. The angle of your baby’s lips at your breast should be 140 degrees or greater.

Most of your areola should be in your baby’s mouth and both his upper and lower lips are flanged (rolled out). You will feel a deep pulling sensation as your baby nurses. It should not be a sharp pain or last more than a moment during the latch-on.

If you feel pain, reattach your baby. But first try to tuck him in closely, and slide him down an inch or two to see if that helps.

If you need to remove your baby from your breast, slip your finger between his lips and gums to break the suction. Wait for the suction to release, then remove him.



# Breast Engorgement

Breast milk usually “comes in” sometime during the first several days after delivery. Your milk changes from colostrum, or early milk, to mature milk. Your body may make more than your baby takes in at a feeding as it adjusts to your baby’s needs.

Engorgement is different from normal fullness. With normal fullness, your breasts can be heavy, warm, and sore. In this case, you can try breast massage, putting your baby to your breast, and changing positions while nursing. With engorgement, your breasts may be painful and your baby may have trouble nursing. The information below can help with engorgement.

## To Prevent Engorgement:

- Start early – begin feeding soon after delivery.
- Nurse frequently, about 8-12 times per day around the clock.
- Make sure your baby latches-on well so he will drain your breasts effectively.
- Keep your baby actively nursing throughout the feeding.
- Do not skip feedings or give formula feedings during the first several weeks.

## For Moderate Engorgement (when your breasts are as firm as the tip of your nose):

- Apply warmth before feedings to soften your breast and encourage your let-down reflex.
- Do some gentle breast massage. Make circular motions in small areas with your fingertips and move your hand all around your breast. Then put your baby to your breast.
- Stand in the shower and let warm water run over your breasts. This feels good and encourages leaking.
- Watch these excellent videos of hand expression: <http://newborns.stanford.edu/Breastfeeding/HandExpression.html> and <https://vimeo.com/65196007>
- Apply cold after feedings to reduce any swelling and provide comfort. You can use ice packs or bags of frozen vegetables wrapped in a light towel. Apply for 10-20 minutes.

## For Extreme Engorgement (when your breasts are as firm as your forehead):

- Apply warmth, not cold, to your breasts before feedings.
- Lying on your back helps the excessive fluid in your breasts get reabsorbed by your body.
- If latch-on is difficult at the beginning of a feeding because of the fullness, you can use reverse pressure softening or hand expression to make your nipples graspable or use a breast pump for a few minutes. Hand expression may work best at this time.
- For reverse pressure softening, apply gentle back and upward pressure at the base of your areola for several minutes to temporarily remove swelling. This forms dimples or pits where your fingers were and makes your nipple easier to grasp.
- If your baby doesn’t drain your breasts sufficiently during feedings or only feeds on one breast, you may use hand expression after feedings for a day or two. It is important to treat engorgement before your breasts become very full and painful. This back pressure on the milk-producing cells in your breast can damage them and reduce your overall milk supply.
- If, despite using these methods, you cannot obtain relief, seek help from a Lactation Consultant or other knowledgeable health care provider.

# Hand Expression

Hand expression is a helpful skill to have whenever you need to drain your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first week or so, use hand expression to provide the milk he needs!

Hand expression routine:

1. Apply warmth, and massage and stroke your breasts
2. Position your fingers behind your areola
3. Press back toward your chest
4. Compress your fingers together to express milk
5. Relax and repeat, getting a rhythm going
6. Express for 5-7 minutes
7. Move your fingers to a different position
8. Massage and stroke your breast
9. Press back toward your chest
10. Compress your fingers together to express milk
11. Express milk for 3-5 minutes
12. Massage and stroke your breasts
13. Move your fingers to a different position
14. Express milk for 1-2 minutes
15. Complete cycle takes 20-30 minutes

Watch these videos on hand expression to see the technique in action:

<http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>  
and <http://vimeo.com/65196007>



# Infant Hunger Cues

Babies show several cues when they are ready to breastfeed. Tuning into your baby's cues will make your feedings more successful and satisfying for both your baby and you.

Your baby does not have to cry to let you know he is hungry. In fact, crying is the last hunger cue!

Infant hunger cues are:

- Awakening
- Soft sounds
- Mouthing (licking lips, sticking tongue out)
- Rooting towards the breast (turning his head and opening his mouth)
- Hand-to-mouth activity
- Crying, beginning softly and gradually growing in intensity

Try to catch your baby's feeding cues early in the cycle – avoid crying if possible – and begin breastfeeding.



# Nipple Care and Breastfeeding Comfort

## Preventing Sore Nipples

- Breastfeeding is meant to be a comfortable experience. When you are first getting started with breastfeeding, it may take some practice. You and your baby are learning a new skill.
- Breastfeeding is not supposed to hurt. You should feel a tugging at the breast, not pain.
- Comfortable breastfeeding is all about the way your baby latched onto your breast. The way your baby latches and the positions in which you nurse can help prevent sore nipples.
- Contact a Lactation Consultant or healthcare professional to assist you with breastfeeding techniques.

## Signs of a Good Latch

- You feel a tugging sensation, no pinch or pain.
- Your baby's mouth is open wide against your breast and his lips are flanged (rolled out).
- Your baby's cheeks are full.
- You can see and hear your baby swallowing.
- Your nipple appears round after feeding, not creased or misshapen.

## Treatment of Sore Nipples

- If you feel discomfort while feeding, try to fix your baby's latch.
- After your baby is done feeding, when your nipples are wet with colostrum or milk, let your nipples air dry.
- Putting a moist warm cloth to your nipples prior to feeding can reduce discomfort and aid in healing.

- If you choose to use lanolin, wash your hands, then put a very small amount of lanolin in your finger and place it on your nipple only.
- If you choose to use gel pads, change them every 48 hours or as needed.
- If discomfort continues or you have questions regarding breastfeeding, contact Newton-Wellesley's Lactation Department at 617-243-6314.

## Setting Up Your "Nesting Station"

- Make sure you are in a comfortable spot to breastfeed.
- You may want a pillow behind your back and supporting your arms.
- Another pillow can support your baby level with your breast.
- You also may want a footstool so you can put your feet up.
- Keep within reach:
  - o Snacks that you can eat with one hand (for example, cut-up fruit, cheese, crackers) as well as water or juice
  - o Your cell phone and TV remote, if desired
  - o Diapers, wipes, burp cloth
- Then, when you sit down to breastfeed, you will have everything you need in your Nesting Station.

# When to Call a Lactation Consultant

We recommend that you call a Lactation Consultant for additional instruction and support if your baby:

- Is jaundiced (yellowing of his skin and the whites of his eyes)
- Refuses to latch-on
- Is not gaining weight quickly (3/4 to 1 ounce per day is typical)
- Is gaining weight too quickly (more than 1½ ounces per day)
- Cries a lot and is fussy
- Feeds “all of the time”
- Is premature or is a “late preterm” baby
- Spits up a lot

We also recommend that you call a Lactation Consultant for additional instruction and support if you:

- Have flat or inverted nipples
- Have sore nipples
- Are engorged
- Are ill or need to have surgery
- Have a low milk supply
- Are returning to work
- Experience mastitis (a breast infection)
- Wish to breastfeed an adopted baby
- Are experiencing stress around feedings
- Need to take medications
- Need advice about selecting an appropriate breast pump
- Are receiving conflicting advice or discouragement regarding breastfeeding
- Are unsure if breastfeeding is going well

**Remember, you may call Newton-Wellesley Hospital’s  
Lactation Department at 627-243-6314  
with any breastfeeding questions or concerns.**



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