

Breastfeeding Management

A Guideline for Healthy Term Newborns

48 hours to two weeks

Signs of Success

For Baby:

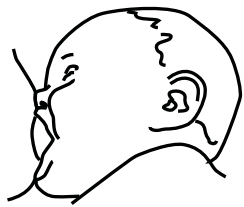
- sustained rhythmic suck-swallow pattern with occasional pauses
- audible swallowing
- correct latch and position: wide open mouth, flared-out lips, “nose-to-breast, chest-to-chest”
- at least 3 stools per day
- 8-12 feeds per 24°
- 3 wet diapers per 24° by day 3

For Mother:

- breast softens during feed
- mother feels strong tugging which is not persistently painful

- Give verbal & written guidance* to encourage sleeping near baby, and to avoid bottles & pacifiers.
- Assess parents' awareness of hunger cues & swallowing.
- Give contact info for community support services.
- Follow up 2 days after discharge & again at 2 weeks.

Proper latch on



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NOTES

* Avoid giving breastfeeding materials from formula companies.

* Making Milk is Easy, our one-page patient handout, is available in three languages from our homepage, www.massbfc.org.

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Warning Signs

Possible inadequate milk transfer

NOTE: A single sign, by itself, does not necessarily indicate a breastfeeding problem.

For Baby:

- ▲ less than 8 feeds per 24°
- ▲ “grazes,” or feeds >12 times per 24°
- ▲ no audible swallowing (or can't tell)
- ▲ feeds last >45 minutes, at least twice per day
- ▲ continued rooting after feeding
- ▲ infant irritable, restless or sleepy & refusing to feed
- ▲ less than 3 stools per day
- ▲ bilirubin >17 at 72° associated w/ poor feeding
- ▲ no weight gain by day 3 to 5
- ▲ not back to birth weight by day 14

For Mother:

- ▲ breast still heavy or full after a feed (or can't tell)
- ▲ increased or persistently sore nipples
- ▲ milk not in by day 3

- ▲ Consultation with certified Lactation Consultant within 24-48°.
- ▲ Evaluate latch and position.
- ▲ Check for tongue tie, inverted nipples, h/o breast surgery.
- ▲ Assess mother's awareness of hunger cues & swallowing.
- ▲ Encourage skin-to-skin contact, especially during feeds.
- ▲ Encourage sleeping near baby.
- ▲ Counsel against use of pacifiers & non-indicated supplements.
- ▲ Consider pre- & post-feed weight w/ accurate digital scale.
- ▲ Consider pumping to stimulate milk supply.
- ▲ **No supplements** at this time, except possibly mother's milk, using cup, syringe, or alternative method.
- ▲ Observe and reassess in 24°, while awaiting LC evaluation.

Coordinate with Lactation Consultant for feeding care plan and follow-up.

Follow recommendations for Signs of Success.

Red Flags

Probable inadequate milk transfer

For Baby:

- dry mucous membranes
- weight loss >7% associated w/poor feeding
- less than 3 stools per day after day 4
- meconium stools after day 4
- less than 6 wet diapers per 24° after day 4
- bilirubin >20 at 72° associated w/poor feeding

For Mother:

- milk not in by day 5

- Consultation with certified Lactation Consultant as soon as possible.
- Arrange prompt outpatient follow-up or admission.
- Evaluate latch and position.
- **Supplement** with breast milk or formula by cup, syringe or alternative method.
- Check for tongue tie, inverted nipples, h/o breast surgery.
- Assess mother's awareness of hunger cues & swallowing.
- Encourage skin-to-skin contact, especially during feeds.
- Encourage sleeping near baby.
- Counsel against use of pacifiers.
- Consider pre- & post-feed weight w/accurate digital scale.
- Double pump 8 times per day.

Download this tool to your PDA!

Questions about this chart?
See our FAQs at www.massbfc.org

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ON LINE RESOURCES:

Academy of Breastfeeding Medicine: www.bfmed.org

International Lactation Consultant Association: www.ilca.org

US. Dept. of Health and Human Services: www.4woman.gov

Centers for Disease Control and Prevention: www.cdc.gov/breastfeeding

Massachusetts Breastfeeding Coalition: www.massbfc.org

La Leche League: www.lalecheleague.org