Breastfeeding Management
A Guideline for Healthy Term Newborns

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 24h
- 3 wet diapers per 24h by day 3
- stool turns yellow as milk comes in

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.

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 24h
- “grazes,” or feeds >12 times per 24h
- 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 after day 4
- bilirubin>13mg/dL at 72h associated w/poor feeding

For Mother:
- breast still heavy or full after a feed (or can’t tell)
- increased or persistently sore nipples
- compressed or misshapened nipples
- milk not in by day 4

Consultation with International Board Certified Lactation Consultant (IBCLC) as soon as possible.
Arrange prompt outpatient follow-up or admission.
Evaluate latch and position.
Supplement with breast milk or formula by feeding tube device at breast, 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.
Consider pumping to stimulate milk supply.
No supplements at this time, except possibly mother’s milk, using cup, syringe, or alternative method.

Massachusetts Breastfeeding Coalition
www.massbreastfeeding.org
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Proper latch on

Asymmetric latch: chin is buried in breast, nose is free, mouth open widely.

Extended neck allows jaw to fall open widely.

Download this tool to your smartphone!
Questions about this chart?
See our FAQs at www.massbreastfeeding.org

NOTES
* Avoid giving breastfeeding materials from formula companies.
* Making Milk is Easy, our one-page patient handout, is available in multiple languages from our homepage, www.massbreastfeeding.org.

REFERENCES


Kramer MS, Aboud F, Mironova E. Breastfeeding and child cognitive development: new evidence from a large randomized trial. Arch Gen Psychiatry 2008;65(5):578-84.


ON LINE RESOURCES:
Academy of Breastfeeding Medicine: www.bfmmed.org
US Lactation Consultants Association www.USLCA.org
US. Dept. of Health and Human Services: www.hhs.gov
Centers for Disease Control and Prevention:
wwww.cdc.gov/breastfeeding
Massachusetts Breastfeeding Coalition: www.massbreastfeeding.org
La Leche League: www.lalecheleague.org