Early Breastfeeding Checklist

Village Pediatrics

Baby's Name ____

Birth Weight _____________ Today's Weight _____________

Date of Birth _____________ Today's Weight _____________

The following questions are designed to help assess whether you and your baby are off to a successful start with breastfeeding. When breastfeeding problems are identified early, they are usually easier to correct. These questions are meant to be answered for a baby who is between 5-7 days old.

	Yes	No
Has your milk "come in" yet? (Did your breasts get firm and full between 2-5 days postpartum?)		
Is your baby able to latch onto both breasts without difficulty?		
Does your baby usually demand to be fed? (If you have a sleepy baby who needs to be awakened for MOST feeds, then please answer "No".)		
Does your baby nurse at least 8 times each 24 hours?		
Do your breasts feel full before feedings and softer after feedings?		
Is your baby having several bowel movements each day that are mustard yellow with curds in them?		
Is your baby wetting his/her diaper 5-7 times each day?		
Do you see rhythmic suckling & hear frequent swallowing while your baby nurses?		
Does your baby seem satisfied after MOST feedings (if baby is sucking hands, rooting, or crying after most feedings, then answer "No")		
If you had initial nipple soreness, bleeding, or pain has this resolved?		

Based on the Stanford University "The Well Fed Baby Checklist" and The Colorado Health Foundation's Lactation Program Early Breastfeeding Screening Form by Marianne Neifert

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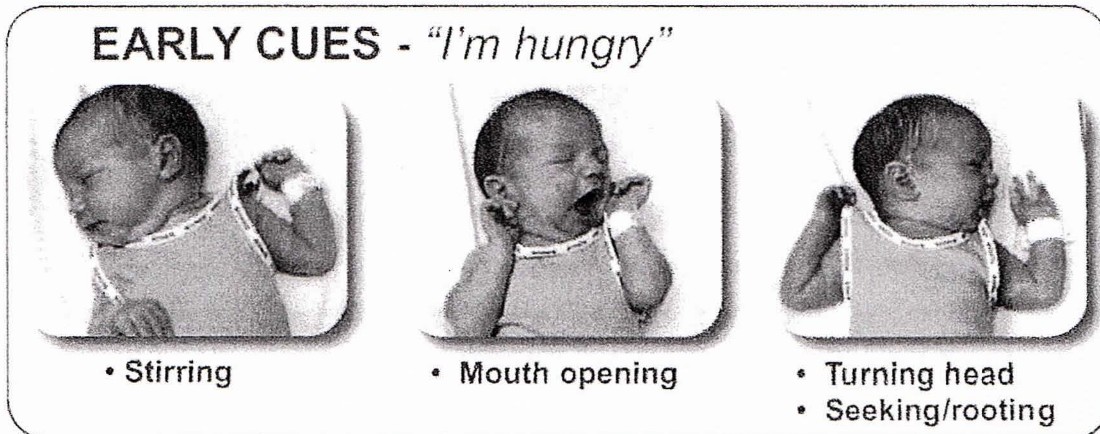
Latching Your Baby

How do I know if my baby has a "good latch"? This question is one of the most common questions that mothers have in the beginning of their baby's life. Here are some tips for latching your baby:

Check to ensure that baby is showing feeding cues. These are: sucking on hands or lips, rooting, turning head side to side, or a later sign of a hungry baby is crying. It is easier to feed your baby if you catch the early feeding cues and not wait until baby is upset and crying. Feed your baby when they show cues, even if they had a feeding not very long ago, this is a good thing. Feedings that are spaced close together have more fat content and will help ensure good milk supply.



Feed baby skin to skin if you can, especially if baby is having difficulty with feeding or weight gain.

Start with your baby positioned tummy to tummy with their body tucked in close to your body:

the "football" hold

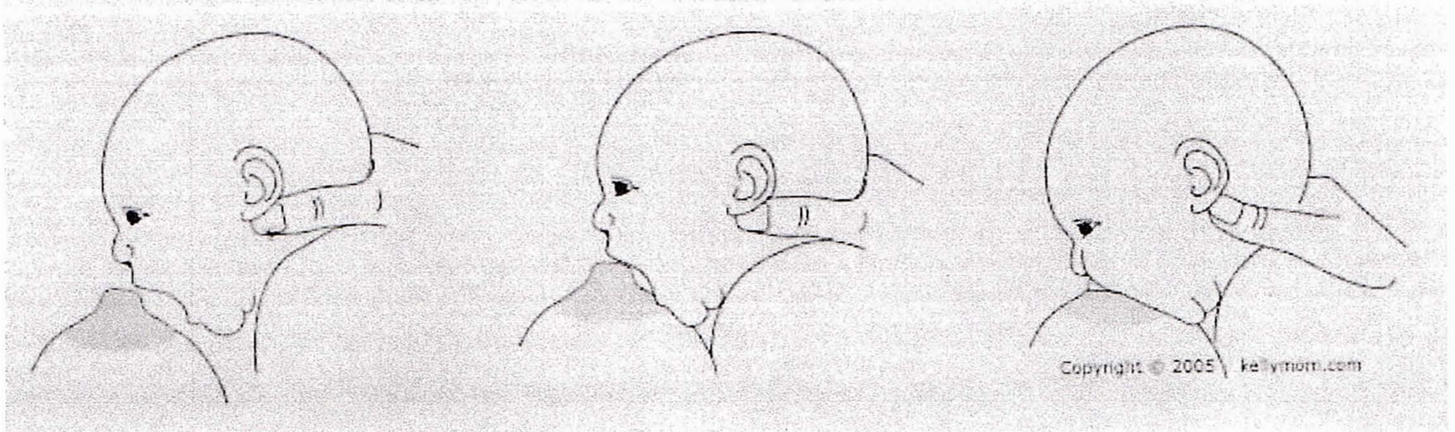
the "cross-cradle" hold

Support your breast with your free hand. Form a "C" with your fingers about an inch back from your areola, with your nipple between your thumb and index finger. Use your fingers to gently compress your breast like you do when you get ready to take a bite of a sandwich. This will shape your breast so that baby can get a deep latch. Your fingers should be in line with your baby's lips, like you are compressing a sandwich for baby to eat. Your fingers should not be so close to your areola that they are in the way of baby's latch.

You can hand express until a few drops of milk are on your nipple if you'd like. This can help baby find their food source and may make latching easier.

Start with your nipple positioned by baby's nose. Gently brush nipple on baby's nose and upper lip.

When baby's mouth opens wide, like a yawn, bring baby into your breast fast and firm. Baby's chin should be touching your breast, but their nose should be free. If this is not the case, try guiding baby's head and shoulders until their nose is free and chin is touching the breast.



If baby does not start sucking, then use breast compressions to stimulate milk flow. See our "Breast Compressions" handout.

If the latch is painful or if there are smacking/clicking/popping sounds; then gently break the suction with your finger and try again. Some babies are excited at the start of the feeding and suck vigorously for the first 30-45 seconds, if pain continues past this time limit then remove baby and try again.

You should see or hear baby take swallows during the feeding. When baby drops chin down and pauses during feeding this is when they are swallowing milk. You may also hear a small sigh or exhale when they do this. If your baby is sucking, but you don't see them swallow, then use breast compressions to increase the flow of milk.

Breastfeedinginc.ca (under the resources tab) is a great resource for videos that show what swallows look like.

Allow your baby to finish the first breast before you offer the second breast. Watch your baby, not the clock. Allowing your baby to feed on the first side for as long as they are actively feeding ensures that they are getting the higher fat content milk that is more common at the end of the feeding. Look for signs of fullness such as; fewer swallows, relaxed/open hands, or unlatching. Remember to alternate the starting breast at each feeding.

After the feeding, examine your nipple. It should be rounded without a crease at the tip and it shouldn't look misshapen like a new tube of lipstick. If nipple is misshaped or creased, then review the tips again and keep working towards a better latch, baby could also have a tongue-tie or lip tie that is impeding their latch. If these tips are not helping, then consider asking your health care provider or a lactation consultant to check on their latch.

Resources
Le Leche League's "Are Your Nipples Sore?", Diane Wiessinger's "Latching On Checklist", Jack Newman;s "Breastfeeding Starting Out Right"

Adequate Weight Gain

How do we know that baby is getting enough to eat?

- Newborns should gain between 0.5 ounces to 1 ounce per day.
- By two weeks of life, your baby should be back to their birth weight.
- Monitor your child's output. By the time they are a week old they should be
- having 6-8 wet diapers per day. Stool patterns vary greatly among breastfed babies,
- some babies stool after every feeding and others stool once a week.

Hold your baby skin to skin often. This calms your baby and creates a positive, comforting association with your breasts. Keep attempts to latch your baby low stress. Avoid pacifier use until breastfeeding is well established.

Baby should feed 8 or more times per day. Offer the breast anytime your baby shows feeding cues, such as:

- Sucking on hands or lips
- Turning head side to side, and rooting for the nipple
- Stirring, stretching, kicking, etc.
- Crying is a late hunger cue and baby may need to be calmed before attempting to latch.

Don't attempt to feed your baby on a schedule. Watch your baby, not the clock. Your baby will probably want to feed more often than you anticipate. It is important for your baby's glucose level to be fed every few hours in the newborn period. You may need to wake your baby to feed if it has been over 3 hours. You also don't need to wait until your breasts "feel full". Your body is always making milk for your baby, and studies have shown that fat levels in milk are higher when there is less time in between feedings. Frequently breastfeeding or expressing milk will also increase your milk supply.

- A longer time between feedings means less fat in your milk and your milk supply is being reduced.
- A shorter time between feedings means more fat in your milk and your milk supply is being increased.

Ensure that baby is effectively feeding at the breast:

- Watch for your baby to swallow. This can look different for each baby but they should suck a few times and then drop their chin far down and briefly pause, sometimes you can hear a small sound like a sigh or exhale. This is when they are swallowing milk.
- Breastfeedinginc.ca is a great resource. There are videos on this website that will show really good drinking and swallowing at the breast versus a shallow suck with no swallows.

If baby is not swallowing at the breast, then utilize breast compressions during the feeding. See our "Breast Compressions" handout.

As long as your baby is effectively feeding and swallowing, then let your baby feed on the first breast until they show signs they are done. Don't take your baby off after a predetermined time. Remember to watch your baby, not the clock. Signs that baby is finished with the breast are:

- Fewer swallows
- Relaxed, open hands
- Baby unlatches
- Breast feels softer than it did before feeding started.

Burp your baby and then offer the other breast. Alternate the starting breast at each feeding.

Resources:

Jack Newman's "Breastfeeding Starting Out Right", Standford Universtiy's "Making Enough Milk", and La Leche League International *The Womanly Art of Breastfeeding,* 2010.

Breast Compressions & Hands On Pumping

Breast compressions are a wonderful tool to learn. They can help a sleepy baby or a baby who is struggling to gain weight get more milk from the breast. Or you can utilize this method while pumping to remove more milk from your breasts. This is called "hands on pumping" and studies have shown that mothers can remove up to 48% more milk from their breasts this way!

Breast Compressions:

- While your baby is feeding, place your free hand on your breast. Place your thumb on top of the breast and your other fingers on the bottom side, closer to your chest wall than they are to your nipple. If you use your hands to "sandwich" your breast as your baby latches, then your hands are already in place.
- As baby is nursing, watch for swallows. This is when baby's chin drops far down and pauses briefly, you may also hear a small sigh.
- If baby stops swallowing or becomes sleepy at the breast, gently begin to compress your breast. Do not roll your fingers or move your fingers along your breast. Just squeeze and hold for about 5 seconds.
- Repeat this compression and release pattern. Watch for your baby to swallow as the flow of milk quickens.
- Feel around your breast, paying special attention to any particularly full areas. This is especially important if you have a history of clogged ducts or mastitis. You should pay special attention to these areas and ensure that they are being emptied with feedings. Empty these areas by compressing and massaging until they feel softer.

Hands On Pumping:

- As a baby nurses, they use suction AND compression to effectively remove milk. Your pump is only able to provide suction, but you can provide the other half of the equation and use your hands to compress!
- Before attaching your pump, gently massage your breasts for a few minutes. Some women find that it is hard to "let down" their milk while pumping. This massage prepares your breasts for the pump and might make it easier to let down. Many women have found that a different texture on their breasts is also effective, such as gently running a comb over your breasts or gently rubbing with a towel or briefly applying a warm compress.
- Use a hands free pumping bra or cut small slits in an old bra so that your flanges can fit through them and the bra will hold them in place, leaving your hands free.
- Pump both breasts at the same time with a double electric pump for 10-15 minutes, using the maximum suction that is comfortable for you.
- While pumping, use your hands to gently massage and compress your breasts to increase the flow of milk. Move your hands around your breast and be sure to spend time on any especially full areas or areas where you have had plugged ducts or mastitis. Be gentle, although you will feel the squeeze it shouldn't be very painful.
- Over time, you will learn the best way to place your hands and the "sweet spots" for maximizing your milk removal.
- Take a break and massage your breasts again, especially the upper/outer area below your armpit.
- Continue this process for the 10-15 minutes that you pump, taking rest breaks as needed.

References:

Morton, J., et al. (2009). Combining hand techniques with electric pumping increases milk production in mothers of preterm infants. *J Perinatal,* 29(11), pp757-764.

Morton, J., et al. (2012). Combining hand tenchiques with electric pumping increases the caloric content of milk in mothers of preterm infants. *J Perinatal.*, 32(10)L 791-796.

Lactation Outpatient & Breastfeeding Support in the KC Area

Compiled by the Greater Kansas City Lactation Consultant Association – Rev. 4/17

If you are attending a support group for the first time, **please call ahead to verify the times/locations.** Support groups are free and open to pregnant and postpartum mothers and babies. Outpatient services may vary in cost but can provide an individualized approach to more complex breastfeeding concerns.

La Leche League offers free mother-to-mother breastfeeding support groups and online and/or telephone assistance around the metro. For group info, go to www.LLLofGreaterKC.org or call 816-361-0909.

Breastfeeding USA KC Chapter offers online and phone support in the KC area. For more info, https://breastfeedingusa.org/content/kansas-city-metro-ks-chapter

Jackson County

Centerpoint Medical Center – Mondays, 5:30-7pm and Fridays, 10-11am, 3rd floor at 19600 E. 39th Street S, Independence, MO, 64057. 816-698-7399.

Research Medical Center – Tuesdays, 10-11am in the clinic room off the 2nd floor elevator. 2316 E. Meyer Blvd, Kansas City, MO, 64132. 816-276-3145.

St. Luke's Hospital – Mondays, 1-2:30pm in the private meeting room of the cafeteria. They also offer outpatient lactation services. 4401 Wornall Road, Kansas City, MO, 64111. 816-932-2511.

St. Luke's East – Mondays, 10am-noon in the Legacy conference room on the 3rd floor and also on the 1st and 3rd Wednesdays 6:30-8pm in the Hastings Conference room by the cafeteria on the 1st floor. 100 NE St. Luke's Blvd, Lee's Summit, MO, 64086. 816-347-4680.

Truman Medical Center – Tuesdays, 1-2:30pm on the 6th floor in the Family Education Center. 2301 Holmes, Kansas City, MO, 64108. 816-404-0474. Spanish speaking mothers are welcome.

Truman Medical Center Lakewood – Thursdays, 12:30-2 pm in the boardroom next to the cafeteria. 7900 Lee's Summit Road, Kansas City, MO 64139, 816-404-8260.

Uzazi Village – Walk-in breastfeeding clinic hours are Wednesdays and Friday 9:30-4:30pm. Home visits are offered with a sliding scale fee, yet if moms live within a 2 mile radius, the visit is FREE. There are scholarships available for those on Medicaid and those who utilize lifeline and safety net programs (such as TANIFF, SNAP). Chocolate Milk Café is the 1st and 3rd Tuesdays 5:30-7pm. Call Mariah at 913-486-8568 for more information, or visit the calendar section of our website at www.uzazivillage.org
3647 Troost, Kansas City, MO, 64109.

Johnson County

Home Holistic Breastfeeding Support Group – Wednesdays at 10:30am, 7927 Floyd St, Overland Park, KS 66204, www.homeholistic.com.

Johnson County OBGYN – Outpatient appointments with IBCLC available at 7440 W Frontage Road, Merriam, KS, 66203. Call 913-236-6455 for questions and to schedule an appointment, open to anyone.

Menorah Medical Center – Tuesdays, noon to 1pm and Wednesdays 4:30-6pm in the Ladies & Babies Room, 3rd floor, Family Birth Center entrance. 5721 W 119th St, Overland Park, KS 66209. 913-498-6322.

Olathe Medical Center – Tuesdays, 1-2:30pm in the Family Resource Center on the 5th floor. 20333 W. 151st St. Olathe, KS, 66061. 913-791-4415.

Overland Park Regional Medical Center – Mondays 5:30-7pm, Wednesdays 9:30-11am and Fridays 2:30-4pm in Sunflower Café Conference Room, 10500 Quivira Road, Overland Park, KS, 66215. 913-541-5208.

Pediatric Care Specialists – the 1st and 3rd Wednesdays, 5:30-6:30pm. 12541 Foster, Suite 260, Overland Park, KS, 66213. 913-906-0900.

Shawnee Mission Medical Center – Tuesdays, 10-11:30am. Current location is the Life Dynamics Building. 9100 W 74th St, Merriam, KS, 66204. *NOTE: Effective July 11th, 2017 the location of group is changing to Shawnee Mission Health Prairie Star, 23401 Prairie Star Parkway, Lenexa, KS 66227.* Visits in the Outpatient Breastfeeding Clinic can be scheduled by calling 913-632-4330.

St. Luke's South – Mondays, 12:30-2:30pm on the Maternity Floor. 12330 Metcalf Ave, Overland Park, KS, 66213. 913-317-7813.

In the Northland

Health Care for Children – "Sprouts" group meets every Tuesday from 2:30-4:30 pm, on the 1st Tuesday of each month only, from 2:30-6:30 pm. 9051 NE 81st Ter, Suite 100, Kansas City, MO, 64158. 816-792-1170.

Mosaic Life Care (formerly Heartland Regional Medical Center) – Mondays, 4:30-6:30pm. Limited outpatient visits available. 5325 Faraon St, St. Joseph, MO 64506. 816-271-7984.

Liberty Hospital – Wednesdays, 1-3pm in the Education Center. 2525 Glenn Hendren Dr, Liberty, MO, 64068. 816-792-7219.

North Kansas City Hospital – Tuesdays, 11am-12:30pm in the Frontier Room, 2800 Clay Edwards Dr., Kansas City, MO, 64116. 816-691-1688.

Priority Care Pediatrics – Mondays, 5-6:30pm. 9405 N. Oak Trafficway, KC, MO, 64155. 816-412-2900.

St. Luke's North – Wednesdays, 11am-12:30pm, Barry Medical Park (next to hospital), North Conference Room. 5844 NW Barry Rd., Kansas City, MO, 64154. 816-880-2746.

Leavenworth County

St. Luke's Cushing Hospital – Outpatient appointments available. Support Group on the 2nd Tuesday of the month from 10-11:30am and the 4th Tuesday of the month from 7-8:30pm. Held in the 2nd floor conference room, 711 Marshall St., Leavenworth, KS, 66048. For more info, call 913-684-1136.

Wyandotte County

University of Kansas Medical Center – offers outpatient services. 3901 Rainbow Boulevard, Kansas City, KS, 66103. 913-588-5640.

Wyandotte County WIC – 2nd Wednesday of the month, 11am-noon in Spanish and noon-1pm in English. 619 Ann Ave., Kansas City, KS 66101. 913-573-6720.

Children's Mercy West – 1st and 3rd Thursdays of each month, 11am–noon. 4313 State Ave, Kansas City, KS 66102. 913-233-4400.

Overcoming a Bottle Strike

Adapted from Amy Peterson & Mindy Harmer's book Balancing Breast & Bottle: Reaching Your Breastfeeding Goals

A bottle strike can be very frustrating! First, rule out any physical problems like earaches, colds, thrush or teething that could be affecting your baby's willingness to take a bottle. Next, consider the following ideas to help coax your little one back to a bottle again.

Positioning

- Try different feeding positions in your arms. Baby...
    - sitting
    - lying down
    - facing toward
    - facing away

- Try different feeding positions, not being held. In a...
    - swing or bouncy chair
    - stroller or car seat
    - tub at bath time

Timing

- Offer the bottle about 30 minutes to an hour after breastfeeding, when your baby is awake but not too hungry.

- Offer the bottle in the middle of the night or when your baby is just waking up from a nap, still slightly groggy and wanting to nurse.

- If your baby will accept a bottle from mom but not from dad, try handing baby off during a feeding and offering the bottle "together."

Associations & Distractions

- Swaddle your baby in a blanket or piece of clothing that smells like mom.

- Sing a "feeding time song." Sing a song before and while you breastfeed your baby. Sing the same song before and during a bottle-feeding, as it may help your baby associate the two. Dads and caregivers can also help by learning the "feeding time song."

Switcheroo!

- If your baby is willing to suck on your finger, slip the bottle in while baby is sucking. This will affect mouth placement temporarily but might get baby over the hump.

- Try replacing your nipple with the bottle after the first letdown so baby's initial hunger is satisfied at the breast.

Do not:

...engage in bottle battles that involve a screaming baby and frustrated parents. Whenever possible, keep feeding attempts low-stress.

...let the baby get "good and hungry" so he will take a bottle. You will have better luck offering the bottle at the earliest signs of hunger.

...plan to feed your baby long-term with a syringe, eye-dropper or medicine cup – babies like and need to suck. Alternative feeding methods have their place, but are not usually appropriate when babies need more than an ounce or two at a feeding.

Recommendations for Nipple Shield Use

Adapted from materials written by Barbara Wilson Clay, BSEd, IBCLC

Early latch-on problems are not uncommon for a new baby. For most mothers, breastfeeding takes a bit of practice! A silicone nipple shield may be helpful when:

The baby is premature, ill, or small. A nipple shield may make feeding easier for a small or weak baby. Because suction inside the nipple shield holds the nipple in an extended position, the baby can pause without 'losing' the nipple. As the baby gains weight and matures, the shield becomes unnecessary.

The mother has flat or inverted nipples. Some new mothers have nipple tissue that is not very stretchable. If it is difficult for the baby to draw in the mother's nipple, the baby may pull away, cry, or simply fall asleep. A nipple shield provides sensation deep in the mouth that stimulates the baby to keep sucking. As the milk begins to flow, the baby discovers that breastfeeding works! Over time, the mother's nipples will become more pliable, and the shield is no longer needed.

The baby has had bottles and/or pacifiers and now refuses the breast. Because the nipple shield feels similar to a bottle nipple, it can be used to coax a reluctant baby to accept the breast. Try this trick when the baby is not very hungry and the mother's breasts are full. Drip a little expressed milk onto the top of the shield to moisten it. Drip milk into the corner of the baby's mouth to reward the baby for trying. Some babies need only a few sessions with a shield to return to full breastfeeding. Others will need more practice.

Nipple shields are not recommended for every baby and should be used under the guidance of a Lactation Consultant.

Continue weekly weight checks for your baby until you are no longer using the shield.

Pump your breasts after feedings for as long as the nipple shield is being used, or until otherwise advised.

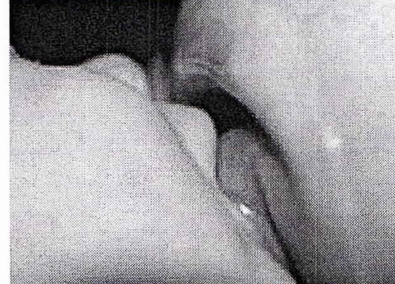
General feeding routine

1. Offer the breast 8 to 12 times in 24 hours. Look for early feeding cues.
2. Use nipple shield with each breast attempt, if it has been working well.
3. Keep breastfeeding attempts low stress.
4. If breastfeeding attempts are becoming too stressful, feed your baby using another method and keep baby skin to skin as much as possible.
5. If baby is breastfeeding well, with good and consistent swallows, allow baby to stay at breast until no longer actively sucking.
6. Always offer second breast if you observe feeding cues (rooting, mouthing hands, smacking or licking the lips, etc).
7. Offer supplement if needed.
8. Use a double electric pump, both breasts together, after feedings.

Using a nipple shield

A good latch is especially important when the mother is using a shield. The baby's jaws must close on the breast, not out on the shaft of the nipple shield. Sucking only on the nipple pinches off the milk flow and fails to stimulate the milk supply. The baby will not get enough milk, and growth may be affected. Nipple shields are not a substitute for experienced breastfeeding assistance. If you are using a nipple shield, we suggest that you keep in touch with a lactation consultant (IBCLC) and your physician as you work to breastfeed comfortably and effectively.

good latch



poor latch

Cleaning the shield

It is important to keep the nipple shield clean. Wash in hot soapy water and rinse well after each use. Boil once daily.

Protecting your milk supply

Milk supply is controlled by how much milk the baby takes. A small, weak or poorly suckling baby may under-stimulate the milk supply. When using a nipple shield, it is important to pump after nursing to make sure the breasts are well emptied. Pumped milk can be used to supplement the baby. Pumping after feeding is necessary until it is clear that the milk supply is stable and the baby is growing well. Babies should have weight checks frequently to ensure baby's health and good growth.

Weaning your baby off the nipple shield

The goal is to return to full breastfeeding with no need for special equipment. As the baby's breastfeeding ability improves, remove the shield at various times during each feeding. If the baby seems unable to nurse without the shield, this means the problem is not yet resolved. Just keep practicing. So long as the baby is growing well, the continued use of the shield is not a major problem. If it appears that the baby could manage without the shield, some mothers try spending a day in bed with the baby. Quiet time with increased skin-to-skin contact and frequent practicing will reassure the baby that he or she doesn't really need the shield any more.

References

Academy of Breastfeeding Medicine Clinical Protocol #7: Model Breastfeeding Policy (Revision 2010)

Lawrence, R&R. (2011). Breastfeeding: A Guide for the Medical Profession. 7th Edition. Mosby.

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Neifert, M. Clinical Aspects of Lactation. Clinics in Perinatology 1999, 26(2):281-306.

Riordan, J. (2014). Breastfeeding and Human Lactation, 5th Edition. Jones and Bartlett. p.249-50.

Wilson-Clay, B. Clinical Use of Silicone Nipple Shields. J Hum Lact 1996, 12(4):279-285.

Candida or thrush

What is thrush?

Candida albicans is a type of fungus that can cause infections in various warm and humid places, such as the nipples, breasts, skin, vagina, mouth, and baby's bottom. These infections are commonly called *thrush* or *yeast* infections. Candida normally inhabits the mouth, gastrointestinal tract, and vagina, but can overrun almost any part of the body under the right conditions.

Risk factors for developing thrush:

For mother:

- Recent use of certain medications like: antibiotics, birth control pills, cortisone or steroids.
- Cracked or damaged nipples
- Vaginal infections
- Diabetes
- A weak immune system
- A diet very high in sugar and yeast, or low in vitamins and minerals

For baby:

- Use of a bottle nipple or pacifier
- Use of artificial infant formula

If you have thrush, you *may* notice the following:

In the mother:

- Redness, shininess, irritation and/or peeling skin on the areola or nipple
- Nipple and/or breast pain:
  - Often at the end of a feed, or anytime during or in between feeds
  - Burning and/or itchiness of the areola or nipple
  - Deeper pain, either burning, throbbing, or shooting
  - Pain that does not get better even with a good latch

In the baby:

- White plaque in the mouth (cheeks or on the tongue) that you cannot remove
- A red rash on the bum and diaper area
- Fussiness or refusal to take the breast, gassiness or general irritability

> Once a diagnosis is made by a healthcare provider, prompt treatment of both mom and baby is appropriate, even if it appears that only one is experiencing symptoms.

What is the treatment for a candida infection?

The following treatments may be suggested by your health professional:

- **Nystatin** is a topical antifungal ointment that may be prescribed by your physician in cases where it appears that only the nipples are involved. A liquid version should also be prescribed for treatment of the baby's mouth, even if the baby is not exhibiting any symptoms.

- **Fluconazole (Diflucan)** is another prescription medication for the treatment thrush. It is typically reserved for severe, long-standing or repetitive cases of thrush. The dose is 400 mg the first day, followed by 100 mg twice a day for 2 to 4 weeks or longer, or as instructed by your physician