

SimpliFed

Prenatal Baby Feeding Care Plan

Creating Your Plan

You can plan and prepare for months prior to your delivery. Remember, delivery looks different for everyone, every single time. Having plans mapped out can make decisions less stressful in the moment of change in delivery or while baby feeding. Take the time during pregnancy to consider what you would like labor and delivery to be like as well as baby feeding.



See our: Baby Feeding Plan | Labor Plan

Once Baby Has Arrived

Skin to skin: Skin to skin is a magical thing. Simply having contact with your baby, bare skinned, can help to relax and calm you and baby, regulate your baby's heart rate and body temperature, and promote bonding and breastfeeding. Skin to skin also benefits the baby by exchanging the bacteria present with the lactating parent. The lactating parent's milk will then be customized to support the good bacteria and fight the bad bacteria! If skin to skin is not medically permitted with the birth giver right away, it can be done with anyone. Skin to skin is beneficial with any human body! So partners, friends, and family can partake in this as well! These benefits do not magically stop at a certain age either. Skin to skin remains beneficial!

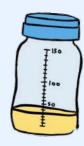


Breastfeeding

Until your baby is 1 year old, their main source of nutrition should be breastmilk or formula. If you are choosing to combo feed, you have a few different options.

Colostrum

Since your 2nd trimester, your body has been creating milk- colostrum. Colostrum has EVERYTHING your baby needs in just a small amount. Think quality over quantity during the first few days. The average amount of colostrum varies from person to person. However, in one feeding in the first 24 hours it is around 1.5 ml per feed. For that first 24 hours of your baby's life, that means that they will get about a total of 15mL (about half an oz). While this is not a lot of milk, your colostrum is jam packed with all the nutrients that your baby needs. The amount of milk you produce will continue to increase over the next few days and weeks.



Milk Transitions/Amounts

Your milk will change into transitional milk around 4 days postpartum. What this means is, your milk production will begin to increase and your milk will start to look a little different. Less thick, and a bit more white. Around 8 days PP, your milk continues to transition to "mature milk", again just increasing in amount and changing to your baby's evolving needs.

| | | # of Feeds | Amount Feed | Avg. Amount/Day |
|-------------------|--------------|------------|-----------------------------|-----------------|
| Colostrum | Oay 1 | 8–12 + | 2–10mL or 1/2–2 tsp | 30ml / 1oz |
| | Oay 2 | 8–12 + | 5–15mL or 1 tsp–1oz | 30ml / 1oz |
| Transitional Milk | ○ Day 3 | 8–12 + | 15-30mL or 1/2-1 oz | 30ml / 1oz |
| | Oays 4-6 | 8–12 + | Milk Continues to Increase! | |
| | Oay 7 | 8–12 + | 1–2oz | 10-20oz |
| Mature Milk | ○ Week 2-3 | 8–12 + | 2–3oz | 15–25oz |
| | ○ 1–6 Months | 8–12 + | 3-4oz | 25–30oz |

Through the Transition

As your milk begins to increase and transition — otherwise known as "coming in" — even though it really has been there all along, you may experience engorgement. Engorgement can lead to clogged ducts if you are not expressing or draining breast milk effectively. Different ways to relieve engorgement and early signs of clogged ducts are:



Nurse/express as normal

Adding expression sessions tell your body to make more milk- which can make the engorgement worse and potentially lead to "clogged" ducts. Essentially the area is too swollen to effectively let milk travel through your milk ducts as normal. Continue to nurse as normal to not exacerbate the issue.



Reverse Pressure Softening

Using your fingertips to apply pressure around your nipple and areola to move some of the swelling away from the area that your baby is latching onto.



Light Massage

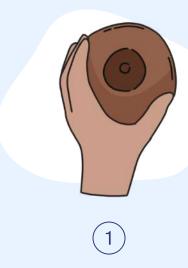
Massaging your breast prior during and after a feed can help relieve discomfort and help with effective expression. It is important to remember that this is not a deep tissue massage. This is a light massage around your breasts, chest, collar bone, and even into your armpit!



Cool Compress

It can be tempting to apply a warm compress when you are engorged. However, this can increase blood flow to the area. Which can reduce your milk's ability to travel through the milk ducts efficiently. Instead- try using a cool compress. This will reduce swelling and provide some relief to the discomfort.

Hand Expression



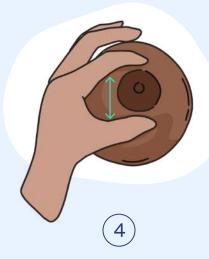
With clean hands, gently massage your breast. Almost like petting a cat!



Position your thumb and index finger in the area between your nipple and areola. They should be in a straight line.



Press back into the chest wall and simultaneously compress.



Repeat a few times and observe if you are able to express milk. If not, you can gradually move your fingertips closer to your nipple or further away to find that "sweet spot" where the milk is being expressed.



Relax and repeat until milk flow slows. Then, rotate and adjust hands to a different area of the breast and begin again.

Breastfeeding Positions

Breastfeeding Positions



Belly to Belly

When you are positioning your baby to nurse, you want the baby's belly to be up against your belly or breast (depending what nursing position you are using). Their hips and shoulders should be in line. Meaning the baby's head, shoulders, hips, and knees should be facing you. Not just their head. If their body is turning away, that means their head will be pulling that way too. This adds distance between your breast and baby's mouth, which can lead to a shallow latch.



Baby's Weight Supported

The way you support your baby's weight will be dependent on the position you choose to breastfeed in.

Bottom line, your baby should feel completely supported. You can use the semi reclined or laid back position to support their weight on top of you. Or use your elbow, forearm, and hand in the cradle, cross cradle, or football position. Nursing supports are also a great tool to help support your baby in a good position. I like to compare not feeling supported and nursing to waking up after the first few seconds of your dream when you fall and jerk awake. We DON'T want your baby to do that with your nipple in their mouth!



Support at the Back of the Ears

Your baby will need your assistance to keep their head supported. However, you do not want to hold the back of their head. Their head needs to be able to tilt back in order for them to open their mouth as wide as possible. Instead, hold your baby at the nape of their neck or behind their ears. This way, they are supported but still able to maneuver their head as needed to latch.

Activity time!

Tuck your chin into your chest and try to open your mouth. How much can you open it? Now tilt your head back and open your mouth. How much more could you open it? It is the same for your baby. We don't want your baby's chin tucked, because then their jaws range of motion is limited and won't be able to open as wide.



Hands Free

When nursing, your baby's hands should be free and placed on each side of your breast, like they are hugging it! If their hands are placed between their body and your breast, it adds distance between their mouth and your nipple. Making it difficult to get a nice, deep latch. Not to mention, they will use their hands to add stimulation while nursing. Those pushes, kicks, squeezes, and twiddling actually help promote your milk ejection reflex ("let down")!



Nipple to Nose

Now that your baby is nice and close to your breast with little distance between them and you, your nipple should be very close to their face. At this point, it's a good idea to try to align your nipple with their philtrum. What is that you ask? That is the space between your upper lip and nose. When your baby feels and smells your nipple they will instinctively try to open wide and latch. Aligning the nipple to the nose, allows for a great angle for your nipple to enter along the roof of their mouth (hard and soft palate), where your nipple will travel during their nursing session.

Latching Baby



Start with baby tummy to tummy or chest to breast. The baby's arms are hugging or on each side of your breast.



Hold the baby behind the ears and align your nipple to their nose.



Once baby opens wide, bring them closer to you with their chin hitting the bottom of your areola first.



Get a nice, deep, painless latch.

If Latching is Difficult...

- 1. Try reverse pressure softening, especially if you are experiencing engorgement. This helps to move swelling away from the area that your baby is trying to latch onto.
- 2. Express a little milk onto your nipple to keep your baby interested.
- 3. Avoid latching while your baby is crying. Calm baby and then try again.

Hunger Cues

Did you know your baby will actually tell you when they are hungry? Long before they can even talk! These are called hunger cues. These cues signal to parents and caretakers that their baby is hungry or thirsty! Knowing these cues allows you to be able to respond quicker and more effectively to baby's hunger. When you are able to respond earlier, feedings tend to be much easier and less stressful.

What do they look like?

- · REM sleep cycle
- · Sticking their tongue out
- Hands to face and mouth
- · Opening mouth and smacking lips
- Rooting/Mouthing (searching for something to latch onto with their mouth)
- Wriggling
- Stretching
- Staring
- "Ooh face"
- Sucking
- Crying



How Do I Know If My Baby is Getting Enough?



Initial weight loss (under 7% of birth weight) in the first few days is common. If it exceeds this, your provider and care team will help to develop a plan to continue to support you and your baby. **Continued weight gain is a good sign!**

| Growth | Baby growing longer and th | Baby growing longer and their head larger is a good sign! | |
|----------------|---------------------------------------|---|--|
| Frequency | Baby is eating at least 8x/d a | Baby is eating at least 8x/day . | |
| Diapers | | | |
| ● Day1 | • Day 2 | ● Day 3 | |
| 1 wet, 1 dirty | 2 wet, 2 dirty | 3 wet, 3 dirty | |
| | | | |

Day 5

5 wet, 3 dirty

Signs of a Good Feed

Day 4

4 wet, 3 dirty

It is very normal to be questioning if your baby is getting enough. You have jumped right into being responsible for this tiny human- you want to make sure all of their needs are being met! While it is normal to have concerns- take a deep breath and believe in your body and ability to care for your baby. Quantifying the amount your baby is getting during a nursing session can be hard. How exactly do you measure a "boobful"? Instead, we want to look for a few different measurements instead.

- Amount
- Diapers
- Weight
- Demeanor



Day 6

6 wet, 3 dirty

Pumps

Choosing a Pump

Breast pumps are a great tool to help you with your feeding goals but they are not necessary for every infant feeding journey. They work by attempting to mimic how the baby feeds at the breast/chest by creating a vacuum seal around the nipple, eliciting a letdown. It can be overwhelming trying to choose from all of the different options. Here are some starting points to consider:

Affordability: Is the pump covered by your insurance? Will you be responsible for a portion for the cost? Pumps can range from \$25-\$600- if you are responsible for the full cost, what is your price range?

Availability: Once you have narrowed down a range of affordable pumps, it is now time to consider the variety of pumps and their availability of flange sizes and parts that will need to be regularly replaced. Valves and membranes will need to be replaced most frequently (every 3-6 weeks). Are these parts available and convenient for purchase? Flange sizing is extremely important in creating comfort and efficiency when removing milk via breast pump. It is important that you can easily find the size you need for the pump you choose!

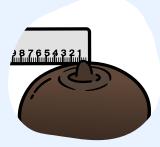
Baby Feeding Plans and Needs: Lastly, consider how you plan to use your pump. Will you be using it daily? Occasionally? Outlining these needs helps you to prioritize charging needs for the pump or even choose whether to opt for a wireless or traditional double electric pump.

Read more about choosing a breast pump **HERE!**

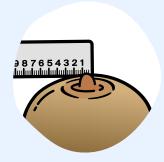
Measuring for Flanges



Nipple should be at rest.



Measure the tip of the nipple.



Comfort is key!

Spray





Efficiency





Nipple Care

If you find yourself dealing with sensitive, cracked, or damaged nipples- please reach out! Breastfeeding or pumping should NOT be painful! At most feeling like a slight tugging comparable to pulling the skin on the back of your hand gently. In the meantime of waiting for an appointment, you do the following for relief:

- Schedule an appointment ASAP!
- Ensure you are following the latching basic fundamental listed above
- Ensure you are using the right size flanges on your pump. If need be, use some lubrication (coconut or olive oil)
- Apply breastmilk to your nipples! Its magic isn't limited to babies, it can help the healing process!
- Use cool gel pads between feeding
- Use silverettes (silver cups) to help promote healing

Bottles

There are so many bottles to choose from. When it comes down to it — use what you have available and what your baby is willing to take. However, if you have the ability to prepare before offering the bottle — there are a few different things to look for in a bottle.

Slow Flow: When you are bottle feeding and breastfeeding there is a difference in the flow of the milk. When your baby is nursing at the breast, they have to work to elicit a letdown. Versus with a bottle, the milk can just come out without any stimulation. Commonly this is referred to as nipple confusion. In reality, it is really just a flow preference. By mimicking the flow at the breast, your baby will be less likely to decline either of the feeding methods!

Nipple Shape: When your baby latches onto the breast, they are able to latch onto the area behind the nipple and on the areola. To mimic that latch, the trick is to find a bottle with a wide base and gradual slope. This also helps keep the baby from latching onto the bottle nipple like a straw- which could lead to them doing the same on you! Which could end in painful latches.



How long is breastmilk good for?

| | Breastmilk | Formula |
|-------------------------------------|---|--------------------------|
| Room Temperature Temperature: 77°F | Freshly Pumped: Up to 4 hours Thawed: 1-2 hours | 2 hours |
| Refrigerator Temperature: 40°F | Freshly Pumped: Up to 4 days Thawed: Up to 1 day | Up to 1 day |
| Freezer Temperature: 0°F | 6 months is best; Up to 12 months is acceptable Never freeze after thawing | Do not freeze and reheat |

Additional resources: What's in your breast | What is in breastmilk

Combo Feeding

What is it?

Combo feeding is using any amount of breastmilk AND formula to feed your baby. This may be part of your feeding plan, necessary due to medical factors, or transitioning into either feeding method. Combo feeding can ease parent's minds as they overcome issues like low blood sugar, jaundice, latching issues, painful nipples, low supply, along with many other situations.

However, you do not have to use combo feeding-think of it as a tool that is available if needed. It also does not have to be a tool to use long term if that is not your goal. Think of it as a tool to use to get you to your next target.

How does it incorporate into our routine?

There are many ways parents choose to combo feed. A few feeds a day of just formula, topping off with a bit of formula after breastfeeding, or just a bottle of formula once a day. Working with your provider will help you create a routine that works for you. Keep in mind that when feeds are given with a bottle, you do want to express milk to keep the demand for your breastmilk even with what baby is getting.

Paced Feeding

Anytime a bottle is being fed, the paced feeding method should be used. This method allows your baby to be in charge of the feeding. This mimics the way milk flows from the breast, making it easier to go to and from breast and bottle. While also avoiding overfeeding and the troublesome tummy issues that come with it.

Paced Feeding - Step by Step

- Use a nipple with a slow flow
- Hold the bottle in a position that is almost parallel to the floor without filling the nipple with milk
- Rub the nipple along the baby's lips to encourage them to latch onto the bottle nipple
- Baby should latch onto the bottle nipple past the narrow part so that their lips are near the collar of the bottle
- Allow the baby to latch and suck on the bottle nipple for a few seconds without milk filling the nipple
- Slowly tilt the bottle so that the narrow part of the nipple fills with milk
- After 3-5 swallows or about 30 seconds, tilt the bottle back down to slow the flow and give the baby a break
- If baby unlatches, let them root for the nipple
- Feedings should take about 15-30 minutes If the baby begins to drink too fast, you can tilt the bottle down or pull the bottle away to slow down the feeding
- You can also break the bottle into increments and burp in between to keep the pace
- Once baby is showing signs of being full like not sucking between breaks, turning or pushing away, you can
 end the feeding



Formula Feeding

Formula Nutrition

Infant formula is the most regulated food product on the market. It has been created to meet the nutritional needs of babies. This regulation is overseen by the FDA under the Federal Food and Drug and Cosmetics act (FFDCA). These regulations are outlined in section 412 of the FFDCA in the 21 CFR 106 and 107. What this regulation ensures is that all infant formulas that are marketed in the US are required to meet a minimum amount of 29 essential nutrients. These nutrients include sources of protein, fats, carbohydrates, and a variety of vitamins and minerals. You can read more about what is in Infant Formula HERE.

How To Prepare Infant Formula

Did you know that powdered infant formula is not sterile? It is advised to boil water when preparing. However, this is not only because of ensuring the water is safe but because bacteria can exist in the powder directly from the manufacturer! Additionally, we run the risk of cross contamination when reaching in for the scoop! By properly preparing powdered infant formula you can reduce risk of illness.

Step 1: Start with a clean surface and clean hands. This helps to avoid cross contamination

Step 2: Boil the appropriate amount of water. You can refer to the powdered formula can for measurements and guidelines. Remember, you are boiling the water- so you may lose some to evaporation. You may want to boil more water than necessary.

Step 3: Determine the amount of powdered infant formula needed. Again, check the can for measurements! The amount will change with each child and their age.

Step 4: Add boiled water and powdered infant formula to the bottle. The water should be no cooler than 158°F when mixing.

Step 5: Mix and shake!

Step 6: Allow the bottle and its contents to cool to a safe feeding temperature. When the powdered infant formula is added, the water cools a bit. However, it will need to be cooled a bit longer. You can do this by waiting it out or running cool water over the bottle. To test the temperature, use the inside of your wrist to drip some of the formula. Once cooled, you can dry the outside of the bottle if needed.

Step 7: Pace feed your baby!

Some things to keep in mind:

- You should never use a microwave to warm bottles. This can create hot spots which can burn your baby.
- Never prop a bottle while feeding. The time spent during feeding helps support your baby's development as well as your responsiveness to their cues.
- Any formula not consumed within 2 hours of beginning the feed should be disposed of. This way you can avoid bacterial growth.