

# 2

## Feeding Your Baby

Babies need to feed often in their first year, and we support the American Academy of Pediatrics' recommendations for infant feeding. Exclusive breastfeeding is recommended for the first six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding until two years and beyond, as mutually desired by you and your baby.

In cases where parents have made an informed decision to use formula, we encourage the safe preparation and feeding of formula. The following is what you need to know about feeding your newborn baby for the first few months of life.





# Feeding Basics

- All newborns need to wake and feed frequently, at least eight or more times in 24 hours. It is normal for all newborns to lose a little weight in the first few days. Newborns need to grow quickly after birth through the first 12 weeks of life. They require feedings at nighttime, so wake them every three hours at night to feed at first. Once your baby is gaining weight and feeding well, usually by the end of week two, you can let him or her sleep and wake you at night.
- It is common for newborns to prefer to wake and feed frequently at night because their days and nights are often mixed up. Usually, newborns sleep better and longer stretches at night around six weeks. Babies will still wake to feed at night at least one or two times after six weeks. Night waking is hard, but is normal, to be expected, and is very important for newborn growth. You can expect better and longer sleep stretches after 12 weeks.
- Breast milk or an FDA-approved formula are the only milks appropriate

for feeding newborns in the first year of life. Never feed other foods, milks or water to newborns unless directed to by your baby's doctor. Breast milk and/or safely prepared formula are all the fluid your baby needs to grow and stay hydrated. Your baby's doctor may recommend vitamins, such as vitamin D, which is important to give to your baby.

- If you are breastfeeding and your baby's doctor has recommended supplementation, or if bottle feeding is your preferred method, we always recommend feeding appropriate volumes of milk.
- For bottle-feeding babies, newborns rarely need more than 2 to 3 ounces per feeding after they are about 7 days old. As babies get older they will take more volume, less often, meaning they may take 4 to 5 ounces only six times per day when they are about 4 months old. Regardless of age, an older baby never needs more than 32 ounces per day. Your baby's doctor will guide you on feeding as your baby gets older.

## Responsive Feeding

Some newborns may "cluster" their feedings, in which they do several short feedings over a few hours. This is normal so long as your baby is having wet and poopy diapers and is growing well. We recommend learning your baby's feeding and fullness cues. Responsive feeding reduces underfeeding and overfeeding, which can cause weight problems. Here are some examples of feeding cues:

### 1 Early cues: "I'm hungry."



Stirring



Mouth opening



Turning head, seeking/rooting

### 2 Mid cues: "I'm really hungry."



Stretching



Increasing movement



Hand to mouth

### 3 Late cues: "Calm me, then feed me."



Crying



Lots of movement



Color turning red

**Calm a crying baby before feeding.**  
Cuddle, talk, stroke or use skin-to-skin contact on your chest.

**Look for early feeding cues**







## Tips for Good Milk Production






- It is important for you to take care of yourself by resting when you can, eating a nutritious diet and drinking adequate amounts of water.
- Remember that on the second night after delivery, your baby might want to feed a lot! The baby will also want to feed a lot during growth spurts. This is normal.
- Feeding frequently will help mature milk production and decrease engorgement as your milk supply increases.
- The number of times a baby feeds on the second night is directly related to the amount of mature milk you will have by day five.
- Learn your baby's feeding cues and feed on demand.
- Avoid supplementation with formula unless there is a medical indication.

## Assessing Your Newborn's Feedings

### Baby's stomach size

DAY 1	DAY 3	DAY 7	DAY 10
			
½ tablespoon	2 tablespoons	4 tablespoons	5-10 tablespoons

### Number of wet diapers

DAY 1	DAY 2	DAY 3	DAY 4	DAY 7
				
1	2	3	4	At least 6

### Color and texture of soiled diapers

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
				
Sticky black	Brownish	Greenish yellow	Dark yellow, soft	Yellow liquid, seedy

Contact your pediatrician if there are not enough wet and dirty diapers.



## Breastfeeding Basics

- While breastfeeding may be natural for a baby, it is a learned skill for parents. We encourage you to take a breastfeeding class before your baby is born.
- Breast milk is a natural food for babies that comes with many advantages for both mother and child. We encourage breastfeeding whenever it is possible.
- If you need help now, we encourage you to talk to a lactation consultant. For help, you can contact the UCLA Health BirthPlace office or ask your baby's provider for a recommendation.



### Breastfeeding: Days 1 to 3

For the first few days of life, a newborn sleeps much of the time and is content with a breast milk precursor found in the mother's breasts, called colostrum.

Colostrum is a thick, yellow-orange fluid that is rich in protein. It benefits the baby by giving him or her immediate protection against disease and infection. Colostrum also has a laxative effect and readies your baby's digestive tract for the milk she will be getting in a few days.

During the first few days of life, it is normal for babies to lose weight. It may take at least 10 days for your baby to regain her birth weight. Offering the breast frequently during the early days helps to bring milk in sooner and may help prevent severe engorgement.

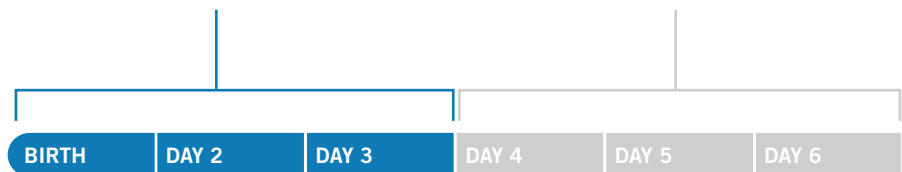
### Breastfeeding: Days 2 to 6

Milk comes in between days two and six of the newborn's life. As this happens, the colostrum increases in volume and becomes milky-white transitional milk. Signs that your milk is coming in include: full and tender breasts, leaking of milk, seeing milk around your baby's mouth, and hearing your baby swallow when feeding.

As this occurs, you may be aware of only mild breast changes or your breasts may become engorged, which means they will be swollen, hot, lumpy and painful. The best treatment for engorgement is frequent feeds every two to three hours for at least 10 minutes per breast.

It's normal to have a lot of middle-of-the-night feedings during the first weeks of your baby's life. These 2 am feedings help bring in your milk and build up your milk supply. The more often you nurse, the less swelling you will have.

For a few days, warm compresses, warm showers, breast massage or hand-expressing a few drops of milk prior to the feeding may help soften the nipple and the dark area surrounding the nipple, called the areola. Applying ice packs to the breast after a feeding can also be soothing.





## Breastfeeding: Getting Off to a Good Start

### BREASTFEED EARLY AND OFTEN

Breastfeeding is more successful when it begins as close to birth as possible. We encourage you to have your baby skin-to-skin right after delivery and to try breastfeeding right away. Ask for help if you need it. If separated from your baby, ask for help to get your milk supply started.

### SMALL AMOUNTS

After birth, your breasts will be soft and will make milk in small quantities. This is normal. The early milk is called colostrum and it is rich in vitamins and proteins. It is thick like honey and can be clear to yellow to orange in color. Colostrum coats the gut and helps protect your baby from sickness.

### FEED FREQUENTLY

Babies may be sleepy on the first day and on the second night may cluster their feedings. Offer both breasts frequently in the early days or practice hand expression and feed a little extra colostrum back to baby. Hospital staff can help you.

### INCREASED VOLUMES

Your mature milk “comes in” around days two to six. You will notice your breasts become heavy and full. The colostrum increases in volume, becomes more milky, and is easier to express.

### BREAST FULLNESS

Signs that your milk has come in include full and tender breasts, leaking of milk, seeing milk around your baby’s mouth and hearing your baby swallow when feeding. Engorgement is when your breasts are overly full, hot, swollen, hard and painful. Sometimes it becomes difficult for your baby to latch or milk won’t come out.

### MANAGING FULLNESS

You can avoid engorgement by waking baby to feed often. If necessary, use a warm compress 15 minutes before a feeding, or try breast massage and gentle hand expression. Warm showers with breast massage allow milk to come out and can also be helpful. Cold packs after feeding can help reduce swelling. Limit cold to 15 minutes about three to five times per day.

## Benefits of Breastfeeding

### Baby

- Colostrum prepares your newborn’s digestive system to function best.
- Breast milk changes throughout the day through the feedings, and as your baby grows, to perfectly meet his or her growing needs.
- Breastfed infants are sick less often. The immune system is strengthened and built by



### Mother



- Breastfeeding reduces risks of certain cancers, including breast and ovarian cancer.
- Breastfeeding is heart-healthy and reduces risks of heart disease.
- Breastfeeding causes the release of oxytocin, which promotes uterine contractions and helps decrease vaginal bleeding after delivery.

### Family/Community

- Breastfeeding is better for the environment.
- Except for your time, the cost to breastfeed is basically free.



## Breastfeeding:

# General Guidelines and Information



## Breastfeeding Positions

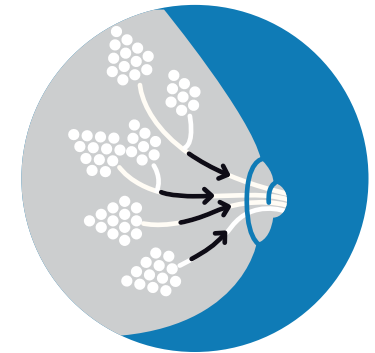
- When positioning the baby at the breast, keep baby's ear, shoulder and hip in one line.
- Hold baby close to body, belly to belly, chest to chest. Don't lay the baby on a pillow.
- Line up baby's nose with the nipple. Help baby's chin to touch the breast. Express a little milk and let it touch baby's nose. This will encourage a wide, open mouth.
- Use the arm supporting the baby to move baby farther onto the breast.
- Always bring baby to the breast. Don't try to insert breast into baby. That will cause a shallow latch and painful nipples.
- Ask for help with latching until you feel more confident.

### BEFORE YOU BREASTFEED

- Wash your hands frequently throughout the day.
- Find a comfortable position.
- Learn positioning and latching while in the hospital.

## While Feeding

- Many newborns don't nurse vigorously the first few days of life. They will suckle and pause, then suckle again. This is normal.
- After day three, babies need to sustain the feeding with audible swallows. Reach out to your provider if your baby is only "sleeping at the breast" and isn't feeding with audible swallows.
- Help your baby get started nursing by holding her close so that her lips touch your breast. This will prompt her to open her mouth and search for your nipple. Give your baby time to find it, as she is learning too.
- Touching your nipple to your baby's upper lip and nose initiates the rooting reflex as you bring the baby's chin into the breast, where the line of the areola meets the breast.
- Be sure your baby takes the breast into the mouth asymmetrically or off center with more areola in the mouth by the chin. Avoid nipple feeding.
- You can help your baby latch by grasping your breast with your thumb always opposite your baby's nose and fingers away from the areola. This grasp can help "shape" the breast so it is easier to take in more breast.
- Never pull the nipple from your baby's mouth, as this can hurt the nipple. To break your baby's suction, insert a clean finger into the corner of her mouth.
- Nursing time ranges from five to 30 minutes per breast. Offer both breasts at each feeding. (Allow your baby to finish one side and then offer the second side.) Alternate the side you begin with before each feeding.
- You may notice tingling or breast fullness while you are feeding, before and even between feedings. This is known as "the letdown." Some women feel it and some do not. Some mothers will notice the baby's eyes open more and they can hear more swallows or gulping at the breast with the letdown.

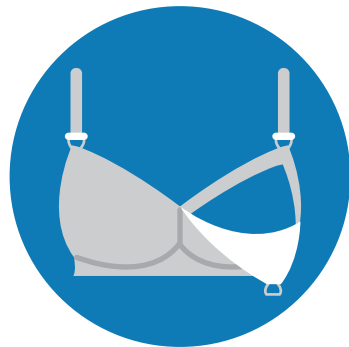


## After and Between Feedings



- Burp your baby between your breasts. This is often helpful in keeping the baby actively feeding. Hold your baby upright over your shoulder or sit the baby on your lap by supporting him with one hand in front, cupping the chin, and gently pat or rub his back with your other hand.
- You do not need to force your baby to burp or burp for a certain amount of time. Babies can burp if you sit them upright and slightly forward. Babies who need to burp will stop feeding and fidget at the breast. After the last breast, if your baby has fallen asleep, you don't have to burp and disrupt sleep. Hold him in your arms or upright on your chest until he falls into a deep sleep and then place him on his back to sleep.

- Shallow latching is the main cause of sore nipples. Learn deep latching with asymmetrical positioning to avoid cracked or sore nipples. Some women may experience some transitional soreness at the beginning. The best healing is to allow your own milk to air dry on the nipple. You may also apply ointments containing pure lanolin to the nipples after you allow your nipples to air dry. You do not need to clean off the lanolin before the next feeding. If nipple soreness is severe, you may need to see a lactation specialist.
- Wearing a nursing bra will provide support while allowing you to nurse easily. Place nursing pads inside your bra to prevent your nipples from sticking to the bra. Always air dry your nipples after nursing, before you replace the bra flap.



## Formula-Feeding Basics

An FDA-approved infant formula is the safest alternative to breast milk. Properly prepared infant formulas help babies to grow and thrive. Let us know if you have questions about using formula.

### There are three standard types of formula:



**1. Milk-based:** made from cow's milk protein



**2. Soy-based:** made from soybean protein



**3. Simple protein formula:** intended for infants with gastrointestinal issues

### MORE FORMULA INFORMATION

- Baby formula comes in three forms: powder, liquid concentrate and ready-to-feed.
- Properly prepared, iron-fortified infant formula is the recommended substitute for the first year of life.
- Never feed any other milks to baby, such as cow's, goat's, soy, almond, coconut, soy drinks (not soy formula) and/or low-iron formulas.
- Your baby does not need any additional water, as properly prepared formula gives them enough calories and fluids at the same time.

## Formula Feeding: General Guidelines & Information



### Safe formula preparation

Ready-to-feed formula is sterile and can be directly offered to your baby. Formula concentrate or powdered infant formula is not sterile and can harbor bacteria. Properly preparing and handling formula reduces the risks associated with its use. Here are the critical steps to make formula preparation safe.

- Always wash your hands with soap and water before handling the items required for formula preparation.
- Sterilize all the bottles and nipples for the number of feedings you are preparing. Boil them in the water for two minutes. Use tongs to remove and allow to air dry on a clean towel.
- Use clean, safe tap water. Measure enough water for the number of ounces you are preparing plus a little more. Bring water to a boil for two minutes. Turn off heat. Use boiled water within 30 minutes to prepare the powdered infant formula or formula concentrate. Bringing the water to a boil helps kill bacteria in the powdered infant formula.
- Always follow the formula package directions. Put boiled, but cooling, water into the containers, properly measured. Using the provided scoop, add level, nonpackaged scoops of powdered infant formula or concentrate according to package directions. It's always water first, formula second to get the right ratio of water to milk solids. Swirl to mix the water and formula together.
- Store safely prepared formula in the refrigerator for up to 24 hours. Once warmed or brought to room temperature, use it within an hour. When traveling, keep properly prepared formula on ice packs.

### Bottle Feeding

Whether it is breast milk or formula, you want to bottle feed safely.

#### HOLD BABY UPRIGHT

Find a comfortable place to sit and cradle your baby in an upright, semi-reclined position. It is important to avoid babies feeding flat on their backs. As your newborn is feeding, you can look into his or her eyes and sense behavioral cues of hunger, satiation, comfort or distress.

#### PACE FEEDINGS

Slowing the flow of milk allows your newborn to set the pace of the feeding. Hold your baby upright with the bottle perpendicular to the baby. Offer the nipple to your baby and once he has grasped the nipple, allow him to suckle before tipping the bottle up so that milk fills the nipple. Watch your baby for signs the flow is too fast and lower the bottle so he can pause and take breaks.

#### TAKE BREAKS

After an ounce or two of milk, take a break, burp your baby and switch the arm that is holding him. This allows your baby to have the benefit of feeding from both angles, similar to breastfeeding. This also helps with vision development. Giving your baby a little time to feel full from the feeding also prevents overfeeding.

#### LOOK FOR BUBBLES

When your baby sucks, there should be a steady stream of air bubbles entering

#### SAFETY INFORMATION

Published guidelines on the handling and storage of infant formula state that it is unsafe to feed an infant prepared formula that:

- Has been stored at room temperature longer than one hour or longer than recommended by the manufacturer.
- Has been stored in the refrigerator longer than 48 hours for concentrated or ready-to-feed formula, or 24 hours for powdered formula.
- Remains in a bottle one hour after the start of feeding and/or remains in a bottle from an earlier feeding.

the bottle. If there is not, the cap may be on too tightly or the holes in the nipple may be too small.

#### TIME TO EAT

Some babies will empty a bottle in five minutes while other babies will take 30 minutes with breaks.

#### NO PROPPING

To lower risk of choking, ear infections and insufficient intake, never prop the bottle or let your baby feed alone.

#### NO BOTTLES IN BED

Never put your baby to bed with a bottle.