

UCLA Health

Basics of Breastfeeding

- Zoom – HIPAA Compliant
- Group Format - Consent to participate
- Personal questions in a group format
- General advice – not Medical Advice
- Please “Mute” yourself–background noise- Show Video
- “Raise Hand” or wave or use the Chat Box
- Be respectful

Why Are We Here?



Baby – Friendly Hospitals



The TEN STEPS to Successful Breastfeeding

1 HOSPITAL POLICIES
Hospitals support mothers to be breastfed by:

- Not promoting formula, bottles or teats
- Having breastfeeding care consistent practices
- Having staff or support for breastfeeding

2 STAFF COMPETENCY
Hospitals support mothers to be breastfed by:

- Training staff on breastfeeding practices
- Encouraging health workers' knowledge and skills

3 ANTENATAL CARE
Hospitals support mothers to be breastfed by:

- Encouraging the preparation and start of breastfeeding for mothers
- Preparing women to get their babies to the breast right away

4 CARE RIGHT AFTER BIRTH
Hospitals support mothers to be breastfed by:

- Encouraging skin-to-skin contact before and after birth
- Helping mothers to get their babies to the breast right away

5 SUPPORT MOTHERS WITH BREASTFEEDING
Hospitals support mothers to be breastfed by:

- Checking and supporting successful nursing
- Using practical breastfeeding support
- Helping mothers with common breastfeeding problems

6 SUPPLEMENTING
Hospitals support mothers to be breastfed by:

- Giving only breast milk unless there are medical reasons
- Encouraging clean, safe and proper preparation of feeds
- Helping mothers understand the risks of not putting their babies to the breast

7 ROOMING-IN
Hospitals support mothers to be breastfed by:

- Letting mothers and babies stay together 24 hours a day
- Helping sure that mothers stay together 24 hours a day

8 RESPONSIVE FEEDING
Hospitals support mothers to be breastfed by:

- Helping mothers know when their babies are hungry
- Not feeding breastfeeding times

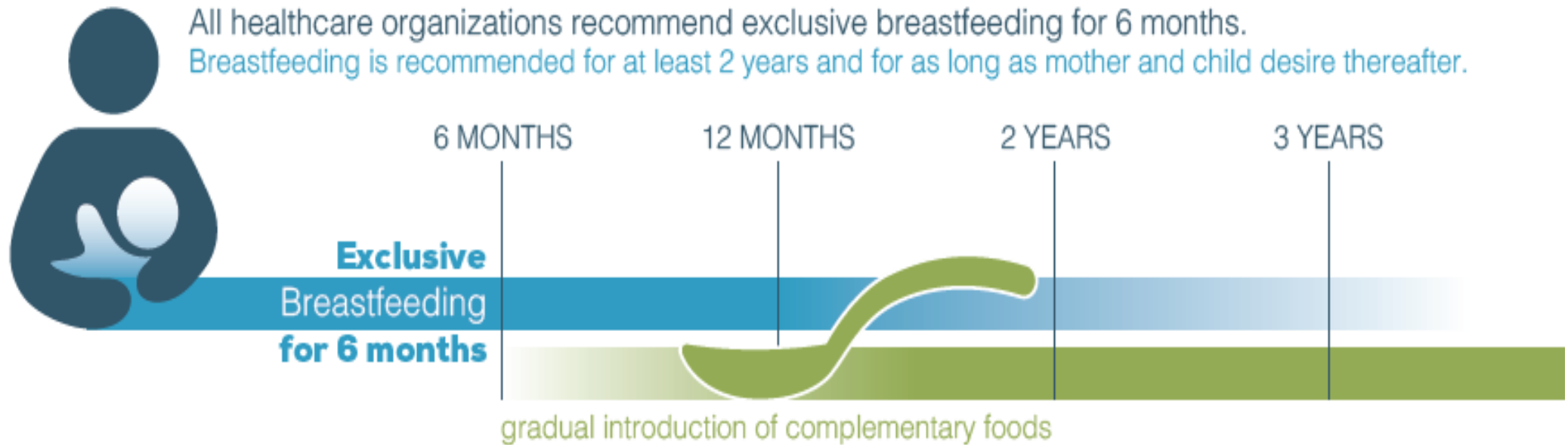
9 BOTTLES, TEATS AND PACIFIERS
Hospitals support mothers to be breastfed by:

- Choosing mothers to be the one and only role of feeding bottles, teats and pacifiers

10 DISCHARGE
Hospitals support mothers to be breastfed by:

- Encouraging mothers to continue to receive the breastfeeding support
- Working with community to ensure breastfeeding support services

World Health Organization | unicef



Benefits of Breastfeeding or The Risks of NOT Breastfeeding

- **Parent**

- ↓ Breast & ovarian cancer
- ↓ Heart disease
- ↓ Postpartum depression
 - When feeding goes well

- **Baby**

- ↓ Type 1 and 2 diabetes
- ↓ Obesity
- ↓ Infections
- ↓ SIDS





- **Ask yourself**

- What is your goal for breastfeeding?
- Setting goals = breastfeed longer!

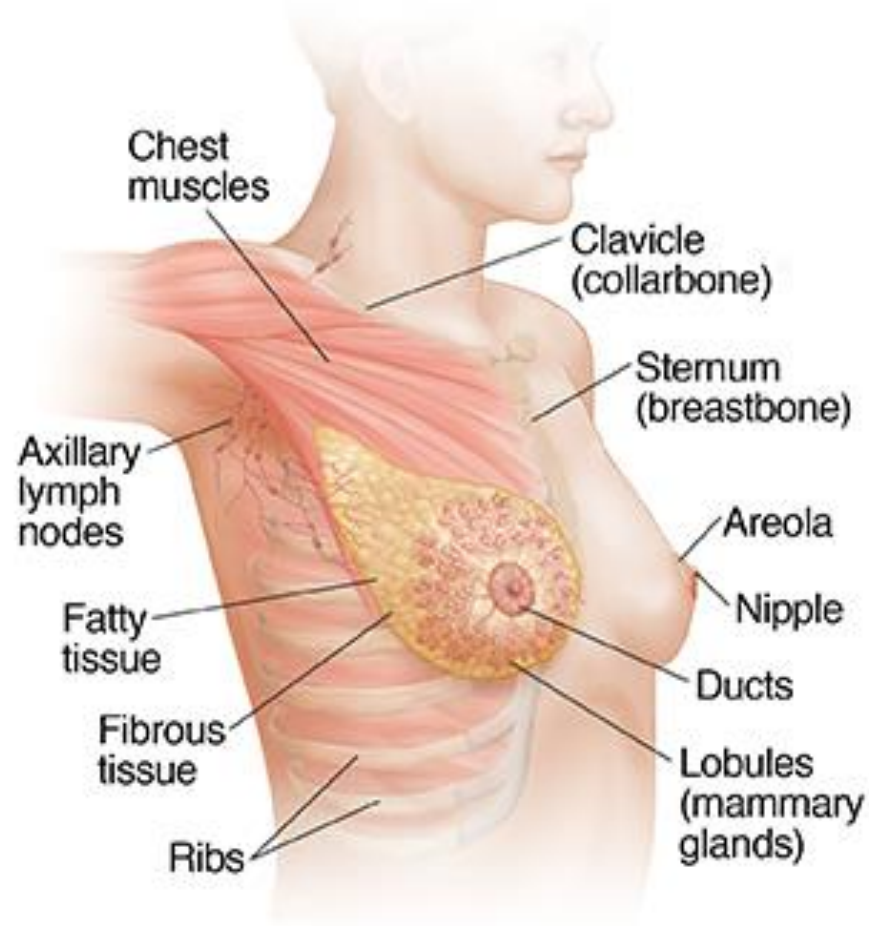
- **Our Goal**

- Help you reach your goal

How We Make Milk

Let's focus on the first few days





Are my breasts and nipples “normal”?

- Breasts and nipples come in all shapes and sizes



- The secret to milk production is...

**“You have to take it,
to make it”**

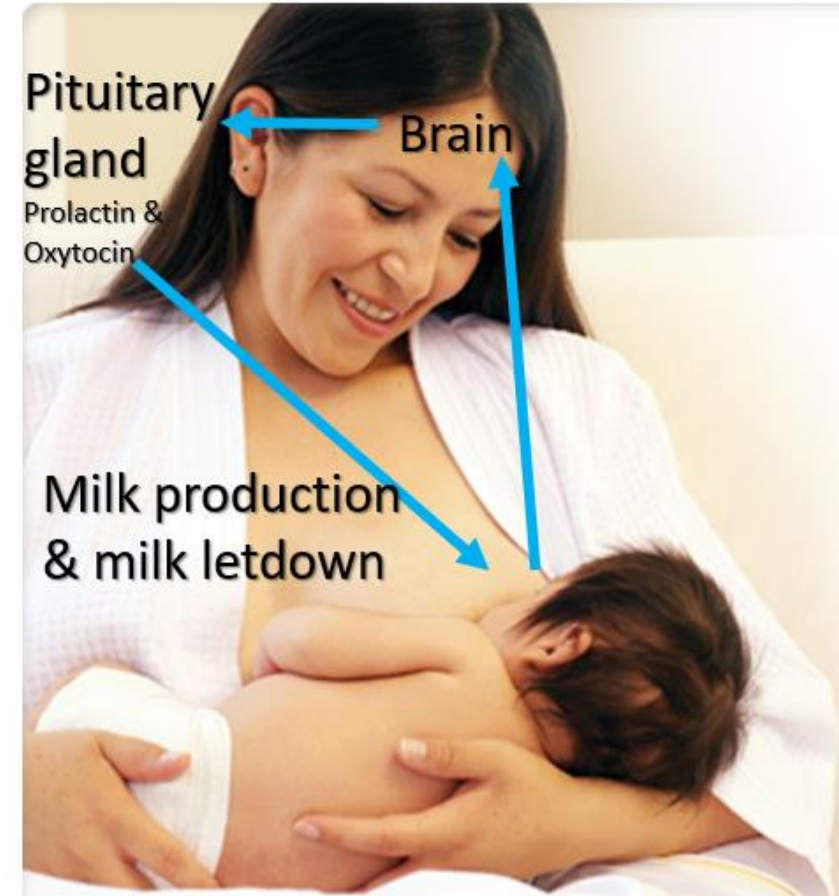




Figure 1. Mitchell, K. (2022)



Figure 2. Mitchell, K. (2022)

- You make milk at 16 weeks
- You have milk now!
- **First milk - colostrum**
 - Small in amount
 - Sticky, clear or golden
 - Natural laxative
 - “Coats” the gut and protects from germs

- **First few days**

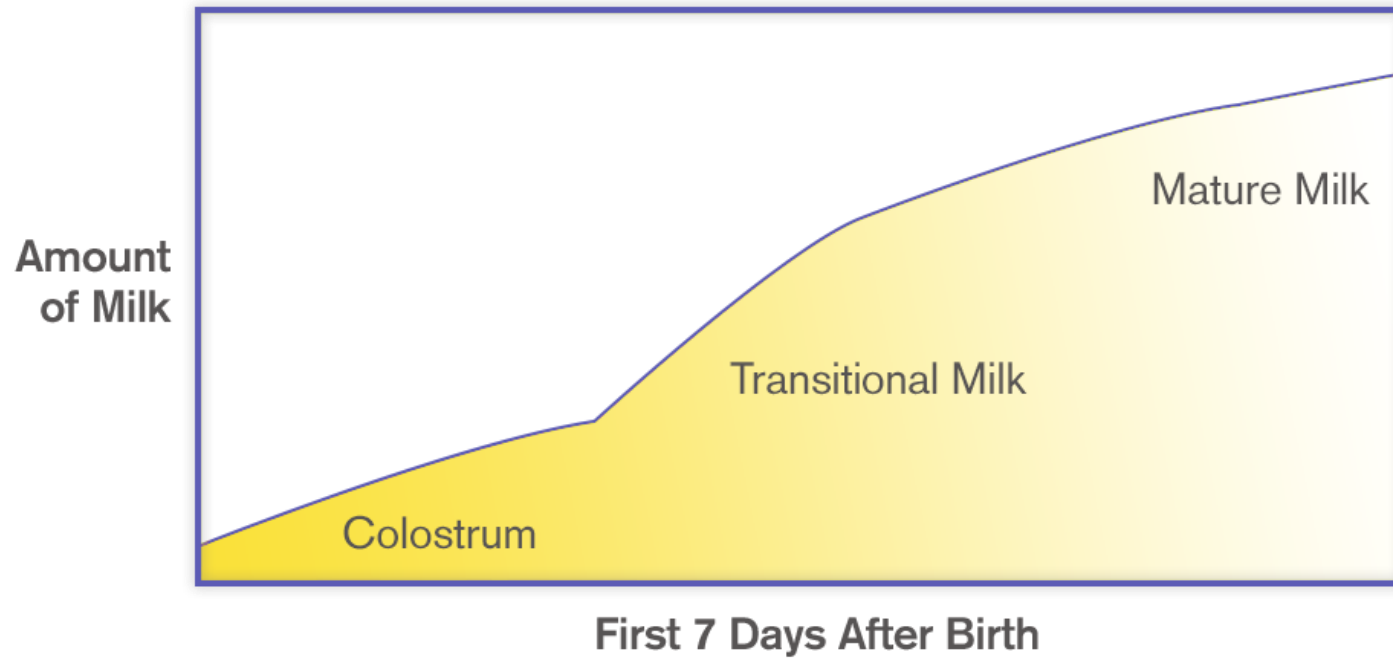
- Breasts feel same as when pregnant

- **After 2 - 5 days**

- Milk volume increases
- Breasts will feel:
 - Larger, fuller, heavy, and/or warm

- **Listen for swallows**





- **Milk removal sends signal to brain**
 - Replace and make more milk
 - Breasts are never “empty”
- **Breastfeed to cue – 8 or more x in 24h**
- **Hand expression**
- **If baby is not doing their “job”**
 - Start hand expressing and pumping
 - Keep working on breastfeeding



After the Birth

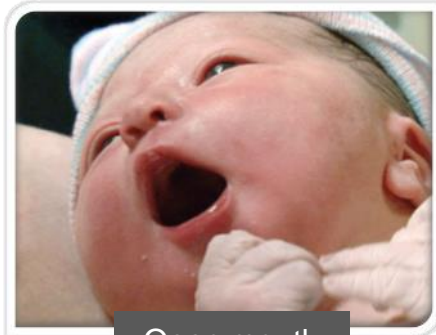


Supports baby's temperature, breathing and blood sugar levels

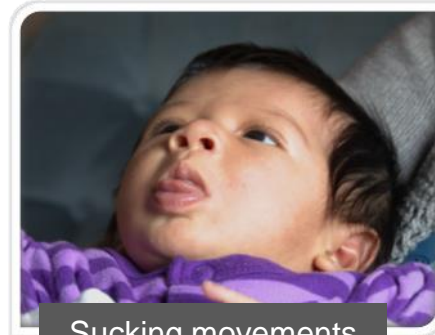
**Watch your baby,
not the clock!**



Signs of feeding readiness



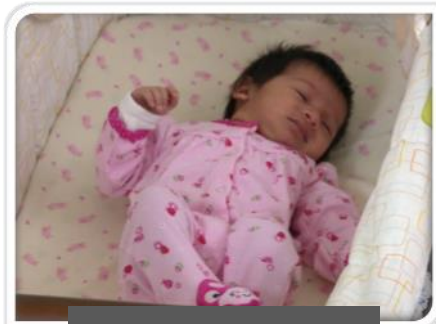
Open mouth



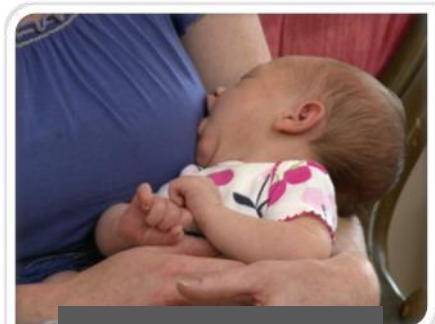
Sucking movements



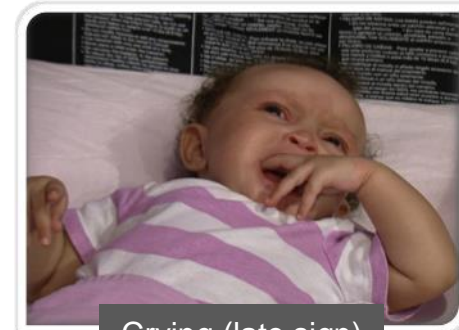
Hand to mouth



Moving or fidgeting



Rooting for a breast



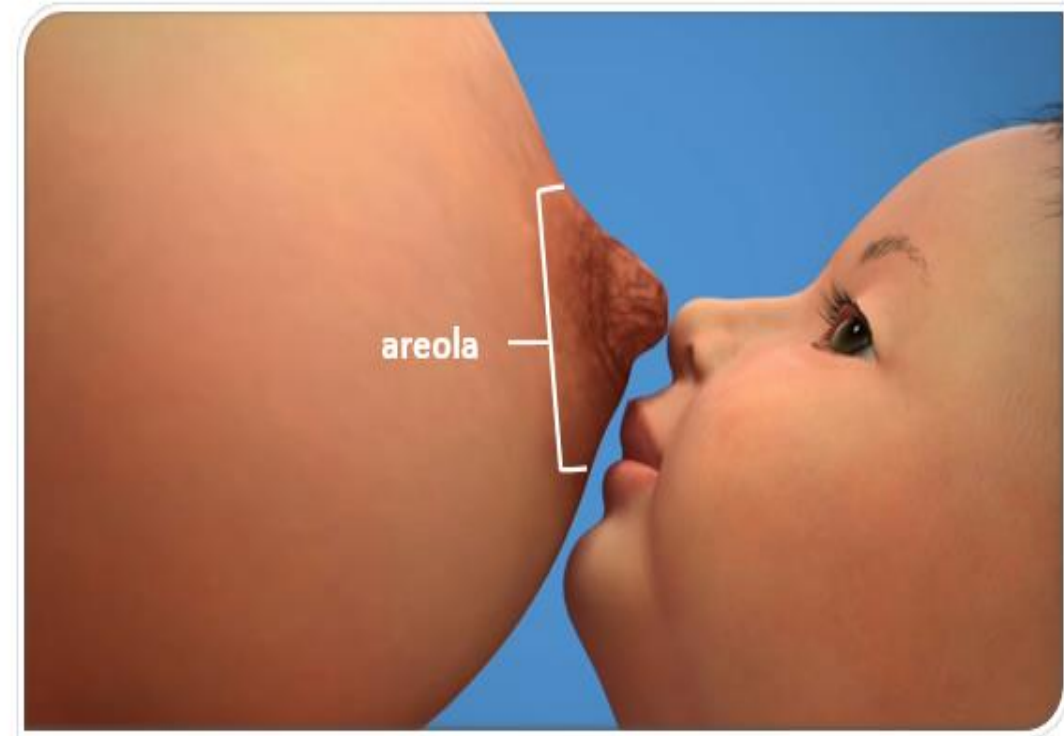
Crying (late sign)

The Art of Position & Latch

- **How baby is held at breast**
- **Bring baby to breast**
 - *Not breast to the baby*
- **Favorite positions might change as baby gets older**



- How baby attaches to breast
- “Nose to nipple”
- Chin into breast
- Lips flanged out
- Cheeks touching breast
- Asymmetrical-
 - More of lower areola in mouth than upper



Deep latch animation



Shaping the Breast Supports Latch

Other Considerations

- No “magic” foods for breastfeeding
- Herbs, drinks, teas – galactagogues – BEWARE
- Drink to thirst
- Eat a well-balanced diet: ↑ calorie needs
- There are no forbidden foods
- Exercise is fine



- **Continuous labor support - doula**
- **Calming environment**
- **Massage**
- **Visualization, focal point, breathing**



- **Most medications are safe for breastfeeding**
- **Call us with questions**
- **Continue breastfeeding if you are sick**
 - Your milk has antibodies that protect baby



- **UCLA Outpatient Lactation: 424-259-8248**
- **Online & In-Person UCLA Support Groups**
- **UCLAHealth.org/medical-services/birthplace**
- **Online resources:**
 - Breastfeeding USA: <https://breastfeedingusa.org/>
 - La Leche League: <http://www.llli.org/>
 - Kellymom: <http://kellymom.com/>



- **Making Milk:**

- Hand expression
- Position and Latching
- Common Concerns, sore nipples, engorgement, etc.
- Is baby getting enough?

- **Breastfeeding in the Hospital & Beyond:**

- The first 24 hours after delivery & baby's second night
- Early breastfeeding challenges
- How to get off to the best start with breastfeeding

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