

## WEEK 2



### Lactation University Volunteer Support Program

#### Track 2: Postpartum Meetings

#### **Theme: Evaluating Feeding**

#### **OBJECTIVES:**

1. Attendees will be able to describe 4 signs that the baby is transferring enough milk
2. Attendees will be able to share 3 warning signs regarding inadequate milk transfer
3. Attendees will be able to state 3 breastfeeding challenges and how to overcome them

OPEN-ENDED QUESTION/DISCUSSION: What have you learned from your baby's poop? Or what concerns do you have about your baby's output?

#### **Education: Evaluating Baby has a good latch and milk is transferring**

- Mom will feel uterine cramping
- Baby has audible or visible swallowing
- Baby's ears wiggle
- Mom feels strong pulling sensation on the breast
- Breasts are softer after feeding, may feel let down

#### Reminders:

- Initial weight loss up to 8-10% is normal in a breastfed baby
- Expected weight gain of 4-7 oz. per week, and regain birth weight by 2 weeks (but should begin gaining weight by day 5)
- On average, babies will double their birth weight by 4-6 months and triple it in one year.

#### **Education: Babies have tiny tummies**

- First 24-48 hours: 5-7mL (1-1.5 tsp) each feed
- Day 3: 22-27mL (30 mL=1oz.) each feed
- One week: 45-60mL (1.5-2 oz.) each feed
- 1-6 months: average of 25 oz. daily (19-30 oz. per day)
- Offer the first breast for dinner, the second for dessert

#### **Education: Signs of Milk Transfer**

- **Stooling**
  - A bowel movement within 24 hours post birth
  - 2-5 bowel movements a day by day three
  - Transitioning stool color, from meconium to green by day three and to breastmilk stool by day 5
  - Yellow, seedy, soft bowel movements after day 5
  - After 6 weeks, bowel movements may decrease (once a day-once a week)
- **Urine**
  - Diapers: 1 wet diaper on day 1, 2 on day 3, 3/3...

- Clear or pale, yellow urine by day 4
- 6-8 wet diapers daily by the end of the first week

**Education: Watch for signs that baby is not getting enough breastmilk**

- **Warning Signs**

- Weak, lethargic, or sleepy “good baby syndrome”
- Not wetting or stooling appropriate amounts
- Sleeping an unusual amount of time and/or sleeping through the night (exhausted)
- Dark, yellow urine
- Mouth and lips dry
- Sunken fontanel
- Crying but not producing tears
- Difficult to wake up
- Not content
- Not gaining weight

**Education: Breastfeeding Challenges**

Some moms may experience breastfeeding challenges. There are several tools that parents may not be aware of. If baby needs to be supplemented at the breast, parents may use a supplemental feeding system or syringe. For severe soreness or learning to breastfeed after bottle feeding, a nipple shield might be an appropriate transitional tool. If a breastfeeding parent has cracked or bleeding nipples, shells can protect the healing nipple from rubbing against the fabric of a bra. These tools and others can be used under the direction of an IBCLC.

If a mom is engorged, suggest lymphatic massage or hand expression.

Mastitis protocol includes applying cold compresses between feeds, vary nursing positions and get adequate sleep. A doctor may suggest antibiotics and/or over the counter medication including supplementing with soy or sunflower lecithin to decrease inflammation (ABM recommends 5-10 gram a day) and probiotics.

**Suggested Teaching Techniques:** tiny tummy lanyard, tummy business card, gold badge reel, gold spoon, marble in bottle, fill up bottles with amount of milk each feed, show a cherry/grape

ADDITIONAL RESOURCES: Mastitis Protocol <https://www.bfmed.org/assets/ABM%20Protocol%20%2336.pdf>

Mastitis and plugged ducts: <https://www.health.state.mn.us/docs/people/wic/localagency/topicmonth/mastitis.pdf>