



Breastfeeding Guidelines

1. Breastfeeding is meant to feel good – it should not be painful.
2. Your milk should come in somewhere between the second and fifth days after delivery. Until then, your baby will receive the perfect first food – colostrum.
3. You should nurse your baby every 1 1/2 to 3 hours during the day and at least once during the night (eight to 14 feedings in 24 hours). Many babies need to be awakened for feedings.
4. Your baby should latch on correctly to your nipple without difficulty and nurse 5-15 minutes per side. You should hear the baby swallowing.
5. Your baby should nurse on both breasts at each feeding. Whenever baby begins to fall asleep, move him/her to the other breast. “Switch nursing” is beneficial to milk supply and baby’s weight gain.
6. Breastfed babies should be fed “on demand.” You cannot over-nurse your baby and the breasts are never empty. Milk is constantly being secreted as the baby nurses.
7. Your baby should appear content after nursing and may fall asleep.
8. A newborn breastfed baby should have multiple stools each day and may have one after each feeding. If your baby has less than four stools per day, it may be an indication that he or she is not getting enough milk. Breastmilk stools can usually be seen by the fourth or fifth day after birth. They look like a combination of cottage cheese and mustard and have only a mild odor.
9. Your breasts work on a supply and demand principle. The more milk the baby takes from them, the more milk there will be. Babies going through growth spurts will want to nurse very frequently for two or three days. Growth spurts usually occur at two weeks, six weeks, three months and six months, but may vary.
10. Bottles should be avoided in the early weeks until breastfeeding is well established. Approximately 95 percent of babies who are fed with a bottle in the first two weeks of life will develop nipple confusion.
11. Formula or water supplements are not necessary except in rare cases and offer no health benefits to the full-term healthy breastfed baby. If medically indicated, supplement should be given to the baby by methods that avoid rubber nipples (i.e. Medela’s SNS, eye dropper, cup, spoon, bowl).
12. Your breasts should feel firm prior to nursing and softer after. Going too long between feedings may result in engorgement, plugged ducts and/or mastitis.
13. The let-down reflex, also called the milk ejection reflex (MER) is a conditioned response that must occur for your baby to receive milk. During MER, some women feel a pins-and-needles sensation while others feel nothing. You can tell when you have had a MER because you can see milk leaking from the other breast or milk pooling around the baby’s mouth. You can also hear the baby swallowing or gulping. You may experience uterine cramps and increased blood flow during the first few days after birth. Because of the hormones, oxytocin and prolactin, you may also notice a feeling of relaxation.
14. Sore nipples are not caused by nursing too long but instead by improper latch-on and/or positioning. It is normal to have some tenderness during the first week. This usually occurs when the baby latches on but should subside as the feeding progresses. If it doesn’t, take the baby off and reposition.
15. Take naps with your baby. The most common causes of low milk supply are not nursing enough and not getting enough rest.

Information courtesy of:

Ellen Barton, RNC, IBCLC

Board Certified Lactation Consultant
Halifax Health - Center for Women & Infant Health

Women’s Services

386.425.5105

halifaxhealth.org/ob