

# 10 THINGS NO ONE TELLS YOU ABOUT *Breastfeeding*



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# BREASTFEEDING IS HARD AF

Motherhood is tough, and breastfeeding is one of the most challenging aspects of it. Whether you've breastfed before, or this is all new to you, just remember that it's totally normal to find it super hard.

Even if you've breastfed a baby before and think you've got it down, remember that the breastfeeding journey with each of your littles is unique. Some babies are easy, and some will have you wanting to tear your hair out.

You are not alone.

The good news is that the more you learn about techniques, what your baby likes, and what works for you, the easier it will get. Remember, breastfeeding is a skill like any other. With a bit of practice, you'll feel #boobiebliss in no time.

Even though it can be tough, feeding our babies with human milk is still worth it! In this guide, we have 10 things to remember about breastfeeding that (hopefully) will help you get the support you need.

## AND WE'RE ROOTING FOR YOU, MOMMA!

**rooting (noun):** *secure attachment; cheering for you; your baby's normal reflex to find your boobs*



### FORMULA

Minerals
Vitamins
Fat
DHA / ARA
Carbohydrates
Protein
Water



### BREASTMILK

Minerals	Antibodies
Vitamins	Hormones
Fat	Anti-Viruses
DHA / ARA	Anti-Allergies
Carbohydrates	Anti-Parasites
Protein	Growth Factors
Water	Enzymes

# 1. YOU MAY FEEL LIKE A “WALKING BOOB” AND LIKE YOUR BABY WANTS TO BREASTFEED ALL THE TIME...BUT THAT’S NORMAL!

After birth, you might feel like breastfeeding your baby is all you’re ever doing. Just know that this is typical for newborns because their tiny stomach can only handle as much: a newborn feeds up to **12 times a day** (or even more)!

Here is what your baby’s intake will look like in the first 4 days:



First 24 hours: 2-10 mL/feed (7 mL capacity)



Day 1-2: 5-15 mL/feed (13 mL capacity)



Day 2-3: 15-30 mL/feed (27 mL capacity)



Day 3-4: 30-60 mL/feed (46 mL capacity)

With small stomach capacity & immature but developing gastric function, they’re going to be on the boobs constantly. Things will improve after 4 days, but who does not like the extra cuddles, anyway?

Once they get a little older, you can expect your baby to feed around **8 times (or more)** per day, with both breasts offered. It varies from baby to baby, but boys will typically feed more often and longer than girls.

Having your baby constantly latching is also beneficial to build up your milk supply. We’re advocates of **“Breastfeeding on demand”**: the more a baby nurses, the more milk the breasts will produce.

There are lots of factors which influence the size and frequency of feeds. These include stomach capacity, baby’s gender, age, and size.

People may also think that your baby is using you as a pacifier. Remember, *momma*, you are your baby’s safe space. You’re doing it just right!

## Why do babies love to be on the boob all the time?

**Hungry**  
Needs comfort  
For eye contact  
To recover from illness  
Scared

**Sleepy**  
For pain relief  
Build immunity  
Keep up supply  
For warmth

**Thirsty**  
Wants to be held  
Growth spurt  
Relieve anxiety

**IT'S NOT ALL ABOUT HUNGER!**

## CLUSTERSUCK



Sometimes, your baby might suddenly want to feed far more frequently than usual. This is called **cluster feeding**. Researchers don't really know why this happens, but cluster feeding is normal behavior, and usually only lasts for a couple of hours.

No amount of breastfeeding & parenting books can prepare a mother to the challenge of nursing. Each baby comes with its own uniqueness & quirks. **Responsive Feeding** is highly recommended: responding to baby's feeding cues (hunger or satiety). "Watch your baby, not the clock", as many mothers say. It is also very helpful in establishing a healthy milk supply. Hang in there, momma!

## 2. A PARENT'S LIFE REVOLVES AROUND THIS MESSY TOPIC: POOP & PEE

Your baby's urine and stool are important indicators of your baby's health & wellbeing. Take note of the frequency of output and the different colors and textures of their poop.

### Typical Output (Day 1-4):

 <b>URINE</b>				 <b>STOOL</b>			
DAY 1	DAY 2	DAY 3	DAY 4	DAY 1	DAY 2	DAY 3	DAY 4
1 Diaper	2-3 Diaper	3-4 Diaper	> / 4-6 Diaper	1 Stool	1-2 Stools	3-4 Stools	4 Large-10 Small
Pale	Pale	Pale	Pale	Black	Greenish/Black	Greenish/Yellow	Yellow/Seedy
+ / - Urates	+ / - Urates	+ / - Urates	None	Tarry	Changing	Soft	Soft / Liquid

In the first 24–48 hours after birth, your baby will do a **meconium poop**. This stool is thick, dark and usually greenish in color, because it contains material that your baby has consumed while inside your uterus.

### Red flags to look out for:

- No urine in 24 hours or uric crystals beyond the 2nd and 3rd day of your baby's life
- No stool for the first 30 - 48 hours of baby's life
- Meconium stools that persist beyond the 3rd day of life

If you see these red flags, contact your healthcare provider. Most of the time, it's nothing to worry about, but it's always good to be on the safe side!

After about 4 days, your baby's pee and poop schedule will probably become more regular. Expect your baby to pee around 6-8 times a day and pass approximately 4 sizeable stools per day.

How often your baby passes urine and stool varies from baby to baby. Some will poop twice a day, and some will poop after every feed.

### Breastfed babies can go for days WITHOUT pooping

Don't panic! There's breastmilk magic. It is not unusual for breastfed babies to only have 1-2 bowel movements in a week. If their poop isn't very frequent, it should be soft, large and easy to pass. So long as your baby is gaining weight well, peeing enough and seems happy, don't worry if your baby isn't pooping much! You don't need to give the baby laxatives. In fact, it's best if you don't.

### Poops come in different colors and can indicate different things



Dark Green or Black: Meconium



Mustard Yellow: common for breastfed babies



Tan or Yellow: common for formula-fed babies



White or clay-colored: is rare, but can be a sign of an issue, so call your healthcare provider.



Green: usually nothing to worry about - this generally just indicates your baby is getting a lot of milk or their digestion is on the slower side



Brown: common for babies on solids



Red: can indicate blood, which might be harmless, but it's best to get it checked out just in case.



Black: (after the first 5 days): can be a sign of dried blood, so best to contact your healthcare provider

The scoop on a nursing baby's poop: Breastfed babies typically have very loose stool and it is completely normal! Poop explosions AKA diaper blowouts are often confused as diarrhea because of its slightly runny consistency.

How to handle: Track or count your baby's poop in a day, watch out for color & consistency changes.

Your baby should be having at least 3 loonie sized poops in a day in the first 6 weeks. Over time, breast milk is so easily absorbed that there is little left over in the baby's colon and babies don't poop more than once daily, or even once weekly.

### 3. YOUR BABY MAY LOSE SOME WEIGHT AFTER BIRTH - THIS IS TOTALLY NORMAL AND IT'S NOT YOUR FAULT

As a mother, it's common to feel worried when our baby loses weight after birth. But don't panic: this is completely normal. Babies were 'swimming' in amniotic fluid for months and they are born with extra fluid!

**Weight loss occurs in 95% of new babies**, generally between the 3rd and 4th days of life. Here's a quick guide based on percentage lost calculated from birth weight:

<7%	typical
8-10%	possibly concerning
>10%	abnormal

Keep in mind that formula fed babies are usually heavier and breastfed babies are usually leaner & lighter. But no matter what, NEVER compare your baby's weight with other babies! Our baby's growth and development is unique.

This growth chart can help you make sure your baby is healthy and on the right track: [Growth Charts - WHO Child Growth Standards](#).

## SLOW WEIGHT GAIN VS FAILURE TO THRIVE

You might find it hard to tell the difference between a healthy baby who is just on the slower growth curve when it comes to weight gain and a baby that needs medical attention.

### SLOW WEIGHT GAIN

Alert & healthy appearance  
Good muscle tone  
Good skin turgor (elasticity)  
At least 6 wet diapers/day  
Pale, dilute urine  
Frequent stools, seedy (or if infrequent, large & soft)  
8 or more feedings/day lasting 15-20 minutes  
Weight gain consistent but slow

### FAILURE TO THRIVE

Apathetic or crying  
Poor tone  
Poor turgor  
Few wet diapers  
"Strong" urine  
Stools infrequent, scanty  
Fewer than 8 feedings, often brief  
Erratic weight may lose

(Source: Ruth Lawrence & Robert Lawrence, 2016)

As mothers, it is normal for us to feel uneasy whenever something's not right with our babies. Trust your instincts, mamma.

Contact your child's pediatrician or healthcare provider to help figure out what's going on with your baby and get you the support you need. We listen to our guts, and we follow our hearts when it comes to our baby's health & safety.

## 4. YOU CAN EAT (ALMOST) ANYTHING WHILE BREASTFEEDING - AND EVEN ENJOY ALCOHOL AND COFFEE!

Breastfeeding isn't all fun and games, but there is something great about it: you can eat pretty much anything.

It's recommended that you add 330kcal to your diet every day for the first 6 months of breastfeeding, and 400kcal per day during the second 6 months.

If you want to lose weight, **you can decrease this number by 100-150kcal per day**. This way, the calories will come out of your pregnancy fat stores. Just remember to taper your calories off gradually, and listen to your body. If you're feeling tired and run down, you should probably be eating more.

## FAT CONTENT IN BREAST MILK

The amount of fat you consume will not affect the amount of fat in your breastmilk. It will affect the type of fat, but not the amount. Breast milk provides about 50% of its calories for fat content, which is important for your baby's growth and development.

## FATS Trivia

- Mothers taking virgin coconut oil had an increase in the medium-chain fatty acid content of breast milk
- Maternal fish consumption had a positive dose-dependent association with DHA in mother's milk

## MOMMA NEEDS HER COFFEE

Source: Keikha 2017

Research shows that less than 1.5% of the caffeine you consume will pass on to your milk (Berlin, Denson, Daniel & Ward 1984). That's not a lot, but babies are small and take far longer to metabolize caffeine than we do. You can drink coffee while breastfeeding, but keep an eye out if it seems to be affecting your baby's sleep. Doctors recommend drinking no more than 2-3 cups a day (less than 300mg/day).

Excessive amounts of caffeine may cause irritability in infants

Caffeine may potentially disrupt infant sleep patterns



Caffeine itself does not affect milk supply but it may cause overstimulation (when baby is unusually fussy), which could lead to dysfunctional breastfeeding = baby will not nurse well and will affect the milk supply negatively

## MOMMA NEEDS HER WINE

Not drinking alcohol is the safest option for breastfeeding mothers. However, moderate alcohol consumption (up to 1 drink/day) is not known to be harmful to the infant, waiting at least 2 hours before nursing. Exposure to alcohol above moderate levels through breast milk could be damaging to an infant's development, growth, and sleep patterns. It may also impair a mother's judgment and ability to care for her child safely. (cdc.gov)

Alcohol peak levels: 1/2 - 1 hour after drinking

Limit to 0.5 grams of alcohol / kg of maternal body weight

Use discretion for preterm, sick, or very young infants

## FOOD AND DRINKS TO AVOID WHILE BREASTFEEDING?

You can eat pretty much anything while breastfeeding. Although some spices and flavors might change the taste of the milk, research shows that your baby won't care, and it won't affect their feeding time or make them fussy.

It's a common misconception that gassy foods in your diet will produce gas in your baby. This 2017 study shows that this isn't true: your diet won't affect your baby's gas.



## LOW ALLERGEN DIET

One exception is that mothers are advised to try a low-allergen breastfeeding diet if the baby is showing persistent signs of distress or colic. You may want to try cutting high allergenic foods out of your diet - think dairy, eggs, peanuts, tree nuts, wheat, soy, and fish. Your doctor will be able to guide you if you thinking a low-allergen diet may be best for your baby.

Moderation is key, momma! And don't forget to stay hydrated as we turn water into gold one ounce at a time.

## 5. GYMNURSTICS (GYMNASTICS WHILE NURSING) & NIPPLE TWIDDLING ARE NORMAL BREASTFEEDING BEHAVIORS

Babies can do some pretty odd things when they're feeding. You might think that their nipple twiddling and twisting around like a little gymnast means that they're trying to tell you that they want to stop breastfeeding.

But, rest assured that this is normal behavior. It doesn't mean that they want to wean off the boobs. In fact, it's actually the complete opposite and shows that they feel secure and comfortable. Here are some other normal breastfeeding behaviors to look out for as baby grows:

### 4-6 months



- Patting, stroking, murmuring to the breast
- Easily distractible: may pull away to look around
- Efficient, short nursing sessions
- May nurse multiple times at night

### 6 months



- Efficient nursings
- Fluctuations in nursing patterns
- Teething and biting! This can be painful and difficult to deal with, but they'll grow out of it eventually
- May wake more at night - because they're able to do more, they miss calories during the day and have to replace them at night

### 7-9 months



- Teething
- May learn that pulling at your clothes tells you they want to nurse

### 12-15 months



- Stranger and separation anxiety
- May nurse for the sense of security and comfort that comes with it

### Also - beware of nursing strikes! Yikes!

If your baby has been breastfeeding well and then suddenly refuses to nurse, this is sometimes called a nursing strike. It can definitely be frightening to both you and your baby, but it doesn't mean they're actually ready to wean. A baby who truly wants to wean will stop breastfeeding very gradually.

Nursing strikes can be caused by a number of things and are almost always temporary. Think about if you're wearing a new deodorant, perfume or moisturizer that the baby may not like. Your baby also may have sore gums from teething or be recovering from an illness, such as an ear infection, making it uncomfortable to nurse. Stress can also be a common cause. Try not to worry, and just remember that a nursing strike should finish up on its own.

**Do not bite the boob that feeds you, little darling!**

STOP the nursing session and calmly but firmly say "no" or say nothing to teach your baby that breastfeeding and biting do not go well together. If your baby is teething, hand your baby a teething toy or something cold to chew on (breastmilk popsicles are amazing!)

## 6. BREASTFEEDING IS AS BENEFICIAL TO MOTHERS AS IT IS TO BABIES

If you're having a hard time navigating the challenges that come with breastfeeding, you might start wondering if it's all worth it. Breastfeeding can be really hard, and it's normal to have these feelings of doubt. It may help you to remember that not only is breastfeeding good for your baby, but you'll get some significant health benefits too. These include:

### Decreased risk of breast cancer

Breastfeeding reduces your lifetime estrogen exposure and pushes out aging tissue, helping you shed cells with potential DNA damage. A study by the Collaborative Group on Hormonal Factors in Breast Cancer compared women who breastfed their babies to women who had babies but didn't breastfeed. They found that for every 12 months a woman breastfed, her risk of breast cancer decreased by 4.3%.

### Decreased risk of endometrial (uterine) cancer

Findings from a collation of 17 past studies indicate that women who had breastfed their children were 11% less likely to be diagnosed with endometrial cancer than women who had children but didn't breastfeed.

### Reduced impact of osteoporosis

Based on an analysis of 12 articles, scientists found that breastfeeding reduces the risk of fractures from osteoporosis. Each month of breastfeeding gives a woman a 0.9% reduction in their risk of any fracture caused by osteoporosis. Breastfeeding also lowers the risk of hip fracture by 1.2% for each month you breastfeed.

### Reduced risk of rheumatoid arthritis

Scientists have always suspected that female hormones play a role in arthritis. Research indicates that women who breastfeed for 2 years or more cut their risk of rheumatoid arthritis in half.

### Reduced insulin requirements

If you're type 1 diabetic, you may find that breastfeeding reduces your daily insulin requirements and has a long-term positive effect on your metabolic health.

## Easier weight loss

It's definitely an understatement to say that a lot of women struggle with trying to lose weight after pregnancy. Many find that weight loss gets easier when they're breastfeeding. And it's true that it does burn between 300 and 500 calories a day. However, losing weight post-pregnancy can be a challenge and is different for everyone. Try to love your post-baby body as much as you can - after all, it's created something pretty amazing.

### Did you Know?

Breastfeeding can also be used as a method of natural Birth Control AKA **Lactational Amenorrhea (LAM)** if these conditions are met:

- Baby is 6 months or younger
- Your baby should be exclusively breastfed (baby receives only breastmilk)
- You must not have a period (amenorrhea)

*Otherwise, Progestin-only (POP or 'mini-pill') contraceptives are the preferred choice for breastfeeding mothers when something hormonal is desired or necessary.*

## 7. FORMULA IS SOMETIMES A BETTER CHOICE. IT'S OKAY TO STOP AND IT'S ALSO OKAY TO KEEP GOING!

It might seem to you like everyone around you is constantly harping on about how superior breastfeeding is to formula. However, you may find breastfeeding isn't working for you. This can be for a diverse range of reasons, such as:

### WHEN FORMULA IS A BETTER CHOICE

You're on a medication that makes breastfeeding difficult

Galactosemia

HIV

PKU

Radiation

Chemotherapy

Active untreated TB

Recreational drug use

Certain infections

And, the most common reason: **that trying to breastfeed is negatively impacting your mental health**

The pressure to breastfeed is super real - especially in first world countries. While nursing is the most natural and normal way of feeding, there's no denying that it is tough AF.

At the end of the day, you need to do what's best for you and your baby! A baby needs a happy mom more than he/she needs your breast milk. Think about your own needs and do what works for you!

## Your Breastfriend: Get the Support You Need

On the other hand, lack of knowledge and support can sometimes lead moms to jump straight to formula without considering other options. Your doctor might tell you to switch to bottles, when what you really want and need is breastfeeding support.

Before switching to formula feeding, remember there are other options. Have a look in your area for breast milk donors. This is often an overlooked alternative to breastfeeding which could be right for you and your baby.

Also, there are medications that can work well with breastfeeding. Here's one of the best database you can find on Drugs & Lactation: [LactMed](#)

### Don't be so hard on yourself, momma!

If you're having issues with breastfeeding but want to stick it out for a bit longer, contact your **IBCLC or Lactation Consultant** for holistic and informed breastfeeding advice. Surveys have shown that not all doctors have the proper knowledge of breastfeeding techniques, so you may want to seek guidance elsewhere.

## 8. BREASTFEEDING IS A TRIAD, OR A VILLAGE, A CO-MOO-NITY

Sure, you're the one with the boobs. But breastfeeding isn't just about you and baby - it's a triad: mother, baby, and father or birthing partner.

### Daddy's TO-DO List:

- ☐ Be at the delivery!
- ☐ Make mom comfortable
- ☐ Start a bath ritual for baby - this can last for many years and is a great way for dad and baby to bond
- ☐ Take baby out for a walk
- ☐ Bring baby to mom at night
- ☐ Watch after other kids
- ☐ Keep intruders away
- ☐ Do something nice for mom - change the sheets, do the dishes, and maybe buy her some sweets!

It's shown that lots of dads are encouraging of breastfeeding and want to be able to support their partner. However, they often feel helpless and even left out. Some have reported feeling excluded from antenatal breastfeeding education and unimportant when it comes to postnatal support.

Dads have indicated they want more education about what they can do, and ideas for how they can practically support their partner. So, if you have any thoughts around something your partner can do to make breastfeeding easier for you - tell them! They'll probably be happy to help. Like in most areas of life, communication will ease a lot of the tension in this situation.

### Find your Tribe, Momma!

You are not alone in this journey. “It takes a village to raise a child” and navigating through motherhood is such a complex task. We need the judgment-free connections, relationships, and support that we all deserve.

## 9. PUMPING IS ALSO BREASTFEEDING

If your baby is not able to latch/breastfeed within the first hour of life, stimulate by pumping or hand expression! The first hour after delivery is the **Golden Hour**!

### Evidence-based practices:

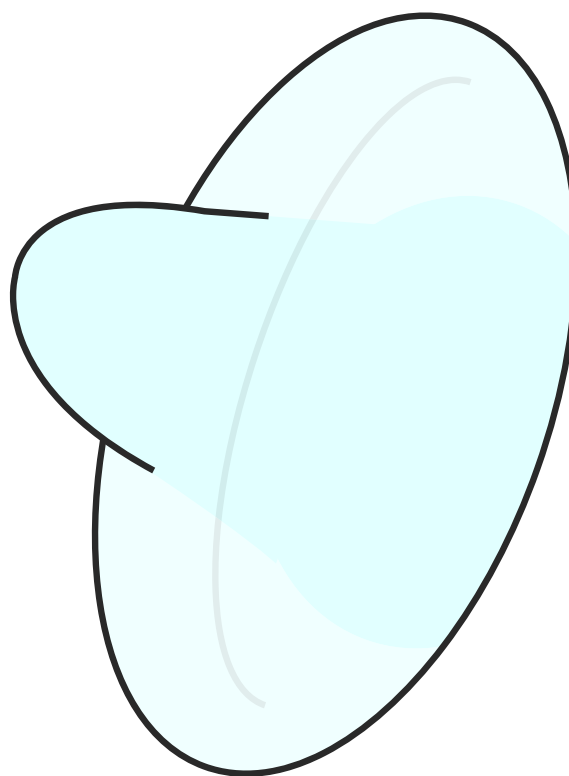
- Skin to skin care (STS)
- Initiate breastfeeding within 1 hour of birth and breastfeed 8-12 times per 24 hours
- If mother and baby are separated, express milk within 1 hour after birth
- Simultaneously pump and gently massage breast 8-12 times per day if baby isn't breastfeeding
- Massage and compression during pumping
- Use a Nipple Shield

## NIPPLE SHIELD TO THE RESCUE

If your baby isn't latching, a nipple shield (NS) could be a lifesaver! This is a small device placed over the nipple which therapeutically supplies oral stimulation. It increases the duration of sucking bursts and boosts the volume of milk consumed.

**A nipple shield is great for babies who have trouble with latching and maintaining suction.**

If you use a nipple shield, follow up with a lactation consultant. This is a temporary tool - it's used for an average of 32.5 days, and can be a great way to transition into breastfeeding.



# PUMPING MILK

Experts recommend you should prioritize your baby's needs & satiety first and then proceed to pump after you've finished feeding. Unless pumping to stimulate milk production, delay pumping until about 2 weeks after birth, or when your milk supply is established. After 2 weeks, your milk production should be at about 750 mL.

## When should you consider pumping?

- Premature or near term infant
- Flat & inverted nipples
- Excessive infant weight loss
- Breast refusal
- Engorgement
- Cleft lip/palate
- Excessive soreness
- Breast surgery
- Insufficient glandular tissue
- Lip/tongue ties
- Bariatric surgery
- If a mother chooses to pump only. Your body, your choice, momma!



### Single Pumping:

10 - 15 minutes per breast (electric)  
Up to 20 minutes per breast (manual)



### Double Pumping:

15 minutes  
\* double pumping increases prolactin level by 30%

- Occasional pumping: may pump until desired amount of milk is obtained
- Preterm/hospitalized infant: pump until milk flow stops
- To increase milk supply: pump until milk flow stops

**Remember: Many mothers don't get as much milk from a breast pump as their babies do from nursing.** Our bodies respond differently to baby's latch VS different pumps, and the relationship your baby has with your boob has evolved to be the most efficient way to get milk.

You may also get very little milk on your first time pumping, but just like with any other skill, it takes a lot of patience and practice. Go, momma!

## 10. LASTLY, YOUR BREASTFEEDING SUCCESS CHECKLIST:

- ☐ Attend a prenatal breastfeeding education program - with dad if possible
- ☐ Latch or pump within the first hour after delivery - this is the golden hour!
- ☐ Have as much Skin To Skin (STS) time with baby as you can - Dads can do this, too
- ☐ Get an intensive evaluation by a certified lactation consultant, and arrange a visit from them for a couple of days after you've gotten home from the hospital
- ☐ Breastfeeding & Pumping should not hurt - adjust positioning and change pump flange size if needed
- ☐ Pump or use nipple shields if necessary
- ☐ Find the right breastfeeding position that's comfortable for you and your baby - changing positions can help
- ☐ Stay hydrated, nourished and well rested
- ☐ Feed on demand : follow your baby's cues, not the clock
- ☐ Make use of your support system - family, friends, groups
- ☐ Hang in there...breastfeeding is a learned skill and it's unique with every baby - it will get better and easier!

**Momma's milk is magic, but the journey can be chaotic...  
and we're always here for you!**

*Love,*

*Lian, your CBS™ at Milksta and your Milksta Care Crew*

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