

boober™

breastfeeding / chestfeeding:  
top 6 tips for new parents

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# top 6 tips for new parents

Welcome to boober! As a thank-you for signing up for our newsletter, we are happy to share these 6 Tips to help you get breastfeeding off to the best start!



**breastfeeding:** As a parent-to-be, you're looking forward to the experience of connecting with your newborn this way. But you've also heard it's going to hurt. You've been told that cracked and bleeding nipples, soreness and anxiety about milk supply are all in your near future. Maybe you've already experienced these things. But the truth is, pain and suffering do not have to be part of the breastfeeding. In fact, cracked, bleeding nipples and soreness are all signs that you need to tweak something in order to make the breastfeeding experience better—much better—for both you and your baby.

*pain and damaged nipples should not be considered the norm.*

Arming yourself with a few key concepts ahead of time can help you get breastfeeding off to the best start possible, minimizing pain and increasing the likelihood of a good milk supply. In the spirit of getting you and your baby off to the best start, here are six top breastfeeding strategies for new parents!

# top 6 tips for new parents

## 1. LEARN THE BASICS OF BREASTFEEDING BEFORE YOU HAVE THE BABY

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Take a prenatal breastfeeding class, study the tips in this guide, and take any other opportunity to educate yourself. Anything you can do ahead of time to learn the basics will help you feel more confident when you have your baby.

## 2. UNDERSTAND HOW BREASTMILK PRODUCTION WORKS

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Think of the first few days of breastfeeding as your “building block” days. What happens in these days sets the foundation for your breastfeeding experience. Milk production is linked to how often your baby suckles. Your baby may want to **suckle every hour or two** in the first three days, and that’s normal! It seems crazy, but it’s true—newborns will suckle **15 or more times per day**. It doesn’t mean your baby is too hungry; it’s just your baby’s way of triggering your body to produce the amount of milk they need. The best thing you can do to encourage your developing milk supply is to let your baby suckle as often as they want in these first few days. When your baby demands milk by suckling at your breast, your brain gets the message to make milk. It’s why people call breastfeeding a “**demand & supply**” system!

Your first milk is called **colostrum**, and it comes in tiny amounts. Nothing produces more concern in new parents than worrying that there’s not enough milk. We get it. To help shift perspective, let’s rename colostrum “**newborn milk**.” Those tiny amounts are all your baby needs. Newborn milk is thick, sticky, and yellowish—it’s rich with antibodies to line and protect your baby’s gut, and very laxative to help the newborn pass its first stool (called **meconium**). Your baby will only consume about 1-2 tablespoons in the first 24 hours! Newborn milk becomes mature milk by Day 3, or in 72 hours, in most cases. Sometimes it takes until Day 4 or 5. This milk is the whitish, flowing, liquid substance you are more familiar with. (If you don’t have mature milk by Day 4 or 5, contact your pediatrician AND a Lactation Professional for assessment and help to ensure the baby is getting enough.)

# top 6 tips for new parents

A good latch ensures a good milk supply. Pain is a sign of a poor latch—and a poor latch means you are likely to produce less milk. With a **good latch**, the baby's mouth is wide open, the baby takes a big amount of breast tissue in the mouth, the lips are flared out, and the nipple is not compressed.

## 3. GET SKIN-TO-SKIN CONTACT AS SOON AS YOU CAN

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Ask your care provider ahead of time—and your nurse during labor—if you can have your baby placed on your chest immediately after giving birth for skin-to-skin (if all is medically well), and ask if you can delay newborn procedures so they don't interfere with initial breastfeeding: [The American Academy of Pediatrics \(AAP\)](#) now recommends that babies be placed in direct skin-to-skin contact right after the birth to help with breastfeeding.

The AAP also recommends that newborn medical procedures (such as eye ointment, weigh-in, and a Vitamin K shot) should not interfere with breastfeeding; this means most procedures can be done while you hold your baby.

## 4. ASK FOR A VISIT FROM THE HOSPITAL OR BIRTH CENTER LACTATION CONSULTANT

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There is no substitute for live, in-person help when it comes to the sometimes complex dance that is breastfeeding. If your hospital isn't equipped to offer you one-on-one help, or if you are feeling pain or uncertainty, boober can help you find a private Lactation Professional for an in-person visit. Just text [347-688-5070](tel:347-688-5070), and boober will connect you to the support you need. These visits can be covered by insurance so be sure to ask your insurance carrier.



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## 5. AVOID BOTTLES AND PACIFIERS IN THE EARLY DAYS OF BREASTFEEDING UNLESS MEDICALLY INDICATED

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Remember, although it may feel like you don't have enough milk in the first 24-72 hours, your colostrum, and the transitional milk that comes as your body shifts toward mature milk, is typically all your baby needs, unless you have been told otherwise by your pediatrician.

Adding bottles into the mix too early can throw off your flow. Since breastmilk is built through “demand and supply,” if you are instructed to supplement, you should also be instructed to pump your breasts, so your body keeps getting the “Build milk!” message. As we say, **Protect the Milk Supply!**

If a bottle is suggested early on, for any reason, that's a great sign that you should see a Lactation Professional right away, to help you protect and develop your milk supply.

As soon as breastfeeding is well established (usually 2-4 weeks), the baby can easily go from breast to bottle.

## 6. DON'T JUDGE YOURSELF

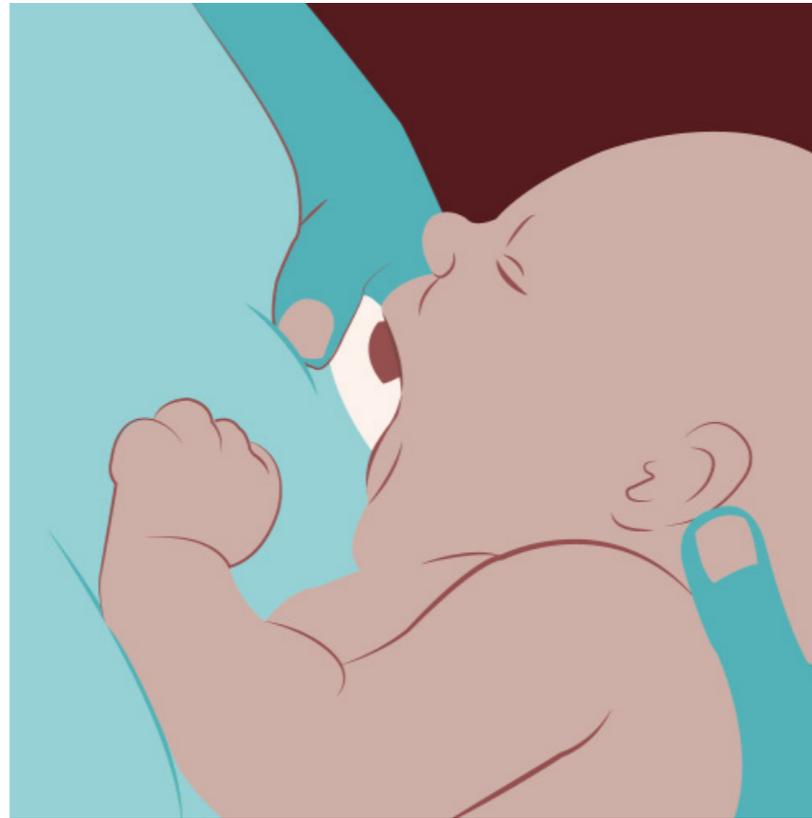
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The most important thing is that you feed your baby, one way or another. Parents have to decide for themselves what is the best way to feed, parent, and nurture their child. Be gentle with yourself as you work on breastfeeding. And ask for help if you need it!

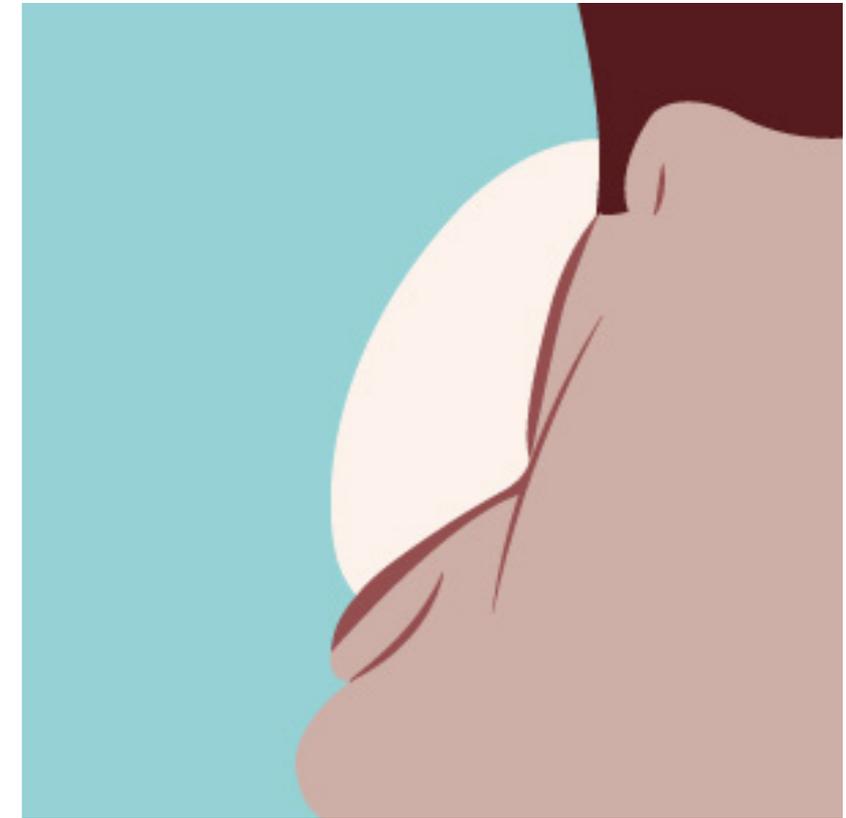
# 3 steps to getting the right latch



Hold baby as close to your body as possible. Touch baby's chin into the area of the breast below the nipple and areola. Let baby's head tip back slightly, while supporting baby's neck and head with your forefinger and thumb.



Support breast with hand. Use thumb to press down above nipple. Nipple should point up. Keep baby's chin pressed in and keep nipple out of baby's reach until mouth opens wide. Once mouth opens wide, rapidly bring baby into breast.



Once baby is latched on, baby's chin should be touching breast and nose almost touching for a slightly asymmetric latch.

# things to consider

## GENERAL POSITIONING

- Hold baby very close to your body. Tummy to tummy.
- Touch baby's chin into the area of the breast below the nipple and areola.
- Lead with the baby's chin. Baby's chin should touch first, below the nipple.
- Baby's head gently tips back.
- Support breast with hand. Use thumb to press down above nipple. Nipple should point up. Keep nipple out of reach of baby until mouth opens wide.
- Keeping baby's chin in the contact point, bring baby in FAST when you see wide open mouth.
- Once baby is on, baby's chin should be touching breast and nose almost touching for a slightly asymmetric latch.

## IDEAL LATCH

- Comfortable
- No pain, or some discomfort at first moments which dissipates quickly
- Chin pressed in against breast below areola
- Nose almost touching breast
- Lips flanged (curled out)
- Mouth very wide-open (almost 140 degrees)
- You hear sucks and swallows
- Nipples look round and perhaps longer after feed
- Good milk supply
- Baby eliminating enough; weight gain is good per pediatrician

## POOR LATCH

- Painful or uncomfortable continually throughout the feed
- Nipple damage (cracks, bleeding, scabs)
- Odd nipple shape after nursing (flathead screwdriver or edge of lipstick)
- Mouth is not wide open
- Chin does not touch breast
- Nose is far away from breast
- Baby's body is turned away from breast
- Clicking, slurping, air-sucking sounds
- Low milk supply, poor weight gain

**boober**<sup>™</sup>

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