

Breastfeeding Education Plan

Getting Ready to Learn About Breastfeeding

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review this information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.

Because this teaching is about your baby's health, the staff may explain something more than once and give you small pieces of information over several days. If there is something you don't understand **it's okay to ask** us to explain.

What I Need to Learn About Breastfeeding

By the time I leave the hospital I will be able to tell the staff how I will:

1. Position and latch my baby on to my breasts.
2. Know when and how long to feed my baby at my breasts.
3. Know my baby is getting enough to eat.
4. Care for my breasts and nipples.
5. Know what engorgement is and how to prevent or decrease engorgement.
6. Be careful about medicines.
7. Express milk from my breasts and store breast milk.
8. Assemble, use and clean my breast pump if I have one.
9. Call my doctor or the lactation consultant with questions or problems concerning breastfeeding.

The staff will use three questions to teach me about breastfeeding:

1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know about breastfeeding.

What is my main problem?

One of the most common concerns new parents have, is knowing if their baby is getting enough to eat. I want to feed my baby by breastfeeding. I will know my baby is getting enough to eat if I follow the guidelines below.

What do I need to do?

I will be able to show the staff how to hold and latch my baby on to my breasts.

I will:

- Look for feeding cues. These include: mouthing, licking, hand-to-mouth activity, sucking on hands, small fussy sounds, and it looks like my baby is going to cry, and rapid eye movement.
- Massage my breast from chest wall to areola area before and during feeding.
- Massage my breast and express drops of breast milk to encourage baby to latch-on.
- Allow baby's chin to touch breast first to help with latch-on
- Show how to hold my baby in the cross-cradle or football hold at my breast.
- Latch on my baby without pain or pinching.
- Show how to break the suction when taking my baby off of my breast.

I will be able to tell the staff when and how long to feed my baby at my breasts:

I will:

- Feed my baby every 2-3 hours or 8-12 times in 24 hours. Feed my baby for at least 5 minutes of constant suckling and as long as 20

minutes on each breast. The goal is to remove as much milk as possible from the first breast before going to the second breast.

- See 6-8 wet diapers per day by 5 days of age and at least 2-3 yellow, seedy stools per day.
- Show when and how to burp my baby.

I will be able to tell the staff how I know my baby is getting enough to eat by:

- Looking at my baby's diapers helps me know he is getting enough to eat.
- My baby's diapers should be:
 - 1 wet diaper during the first 24 hours after delivery.
 - 2 wet diapers on the second day.
 - 3 wet diapers on the third day.
 - 6 to 8 wet diapers per day by the end of the first week.
 - Urine should be light yellow in color by the end of the first week.
- My baby's stools change during the first week after birth:
 - Meconium is the sticky, black stool that a baby passes during the first few days after birth.
 - Stool color changes to green or yellow-brown by the end of the first week.
 - Stools are looser and look seedy by the end of the first week.
 - The number of stools a baby has each day varies from baby to baby. My baby may have a stool after each feeding. He may have 3 to 4 stools each day, or he may have only one a day.
 - The amount of stool in each diaper should gradually increase to at least the size of a quarter by the end of the first week.
- I will know my baby is getting enough to eat if he is gaining weight. I need to keep my baby's doctor appointments. They will weigh my baby. Weight gain lets me know that my baby is getting enough to eat. My baby should:
 - Start to gain weight by the end of the first week at home.
 - Gain between 4 and 7 ounces each week.

I will be able to tell the staff how to care for my breasts and nipples.

I will:

- Wash breasts and nipples daily.
- Massage breasts from chest wall to areola area before and during feeding.
- Allow my nipples to dry after feedings.
- Apply breast milk to nipples after feeding

I will be able to tell the staff what engorgement is and how to prevent or decrease engorgement.

I will:

- Feed my baby often (8-12 times in 24 hours).
- Apply a cold compress to the outer edge of my breasts for five minutes after breastfeeding if my breasts are full and uncomfortable.
- Call my lactation consultant if baby has difficulty latching on.

I will be able to tell the staff how about being careful with what medicine I take.

I will:

- Be careful about what medicine I take because what I take will also go to my baby.
- Not take any new medicines without contacting my doctor and my baby's doctor.

I will be able to tell the staff how I will express milk from my breasts and store breast milk.

If I am pumping milk for my baby, instead of feeding from the breast, I will:

- Pump my breasts every 2-3 hours for 15 to 20 minutes.
- Store my milk in clean, food grade safe containers.
- Refer to my "Storage of Expressed Breast Milk" handout for specifics about storing, thawing and giving my milk.

I will be able to show the staff I know how to set up and use my breast pump if I have one.

- Wash the parts of the pump after each pumping session with soap and water.
- Put the pump together to use again.

I will be able to tell the staff when I will call my doctor or lactation consultant.

- Concerns to share with my doctor
 - Fever greater than 101° F.
 - Generalized achiness or chills
 - Pain or redness of my breasts
 - Nausea or vomiting.
 - Dizziness and fainting
- I will call the lactation consultant if I have questions about:
 - Breastfeeding
 - Where to find breastfeeding clothing
 - The breast pump
 - What to do for sore nipples
 - Problems my baby has latching on to my breast

Why is this important to me?

Following these directions will help me be successful with breastfeeding.

As part of my care I have received this education plan.

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Resources for Staff

- [Nursing Reference Center Plus](#)- Breastfeeding- Effects on the Mother
- [Nursing Reference Center Plus](#)- Breastfeeding- Effects on the Infant
- [The Lippincott Manual of Nursing Practice, 10th Edition](#)- Why Should I breastfeed

Teaching Tools (Items given to the patient)

- Breastfeeding Education Plan
- Welcome to the Bronson Birthplace
- Your Childbirth Experience: Pregnancy and Newborn Guide

References:

- Breastfeeding, A Guide for the Medical Profession, Fifth Edition, Lawrence, Ruth and Lawrence, Robert, (1999). St. Louis: Mosby.
- Counseling the Nursing Mother, A Lactation Consultant's Guide, Fourth Edition, Lauwers, Judith and Swisher, Anna, (2010). St. Louis, MO. Jones and Bartlett Publishers.
- [Nursing Reference Center Plus](#)
- [Nursing Reference Center Plus](#)
- [The Lippincott Manual of Nursing Practice, 10th Edition](#)

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Always close each teaching session with the question, "What questions do you have for me?"

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