



## Second Trimester Breastfeeding Education

# BENEFITS OF BREASTFEEDING

### BREASTFEEDING LATCH

*Achieving a good latch is key for comfortable and effective breastfeeding. Here's how to help your baby:*

- **Encourage Opening:** Cup your breast and use your nipple to stroke your baby's lower lip. This triggers their rooting reflex, causing them to turn and open their mouth wide, like a yawn.
- **Bring Baby Close:** When your baby opens their mouth wide (like a yawn), bring them to your breast, aiming your nipple towards the roof of their mouth. Remember: baby to breast, not the other way around.
- **Check the Latch:** A good latch includes the entire nipple and much of the areola in your baby's mouth, their nose touching your breast, and their lips turned outwards. You'll see smooth sucking, hear swallowing, and might feel a gentle pull.
- **Troubleshooting:** If the latch feels wrong or looks incorrect, gently break the suction with your finger and try to latch again.

### BREASTFEEDING CUES

*Understanding your baby's feeding cues helps them stay content, prevents breastfeeding issues, and supports a good milk supply.*

- **Hunger Cues:** When hungry, babies will nuzzle against the breast, make suckling motions, put hands in mouth, stick out tongue, open mouth or turn head from side to side.
- **Feeding Guidelines:** Feed your baby on demand, ideally 8-12 times every 24 hours, or at least every 2-3 hours. Let your baby guide the length of each feeding. Some newborns feed 10-15 minutes per breast, while others take longer. Offer both breasts, but don't worry if your baby only feeds from one. Remember to start the next feeding on the breast you finished with to ensure balanced milk production.
- **Fullness Cues:** When baby is full he/she will fall asleep and stop suckling or unlatch from the breast.

### BREASTFEEDING DIFFICULTIES

*While some minor issues are common in the early stages of breastfeeding, certain signs indicate a need for professional help. Contact your healthcare provider or a lactation consultant if you experience any of the following:*

- **Persistent Nipple Pain:** Some initial soreness is normal, but pain that lasts beyond the first few weeks is not. This often signals a poor latch. Ensure your baby has a wide-open mouth and takes in a significant portion of the areola. Applying breast milk or lanolin after feeding can aid healing. Try different feeding positions.
- **Engorgement:** Breasts feeling hard, full, and tender is common initially. However, if it persists, breastfeeding more frequently to drain the breasts can help. Gentle massage before feeding and warm compresses or showers between feedings can also provide relief.
- **Blocked Milk Duct:** A hard, tender knot in your breast may indicate a blocked duct. Breastfeeding frequently on the affected side, applying warmth (compresses, showers), and gently massaging the area during feeding can help clear it.
- **Mastitis:** This breast infection can cause flu-like symptoms (fever, aches, fatigue) along with a swollen, red, painful, and warm breast. If you have these symptoms, contact your healthcare provider for antibiotic treatment. Continue breastfeeding frequently.

### LACTATION ASSISTANCE

*Need breastfeeding support? Schneck offers several resources to help you succeed:*

- Our team includes highly trained staff nurses, certified lactation counselors, and a board-certified lactation consultant, ready to provide expert assistance.
- Join our **Breastfeeding Support Group** for expert advice and connection with other breastfeeding mothers. Meets every Wednesday from 9-11 AM.
- Prepare for success by attending our **Breastfeeding Class**, offered one evening each month.

You might especially benefit from speaking with a lactation consultant if you have a history of breast surgery, a previous challenging breastfeeding experience, or any specific questions or concerns about breastfeeding or medical reasons why it might be difficult.