

The Stages of Breastfeeding

Breastfeeding is a process that unfolds and changes as a mother and her baby master the skill. Some mothers and babies learn to breastfeed with little effort; others face challenges that require professional assistance and patience.

Many mothers find the first two to three weeks of breastfeeding to be the most challenging. This is when mothers may be tempted to stop due to ongoing challenges. Most mothers who persist find that the rewards are gratifying and long-term, for both themselves and their babies.

While Pregnant: “Getting Ready”

- Your nipples do not require any special preparation to nurse. You do not need to rub them with a towel or “toughen them up.” This will remove the protective natural moisture and may cause irritation. Likewise, you may want to avoid soap on your nipples.
- If your nipples are flat or inverted, refer to our information on **Flat Nipples**. If you are uncertain whether your nipples are inverted, have them checked by a lactation consultant or your physician.
- Take a breastfeeding class, watch a breastfeeding video, read a breastfeeding book, attend a breastfeeding mothers’ group, and talk to other mothers who are breastfeeding.
- Talk to your physician or nurse-midwife about your desire to breastfeed.
- Ask your friends where they got help with breastfeeding after their baby was born.

Birth to ~ 3 days of age: “Colostrum Time”

- Mothers are learning to watch for their baby’s feeding cues and how to position baby at the breast and get a deep latch.
- Babies are figuring out how to latch and maintain a suckle that removes colostrum; they may be fussy or sleepy; they may nurse frequently or very irregularly.
- Pain medication in labor, an epidural, a difficult delivery, or a Cesarean may delay an effective latch.
- Circumcision may cause a baby to be irritable or sleepy.

What Can You Do?

- Put your baby skin to skin (this refers to your baby, naked except for a diaper, lying on your bare chest) for the first hour after birth, if possible. Most babies will gradually latch themselves in this position, after about an hour. You may need to provide some support as your baby searches for your breast.
- Continue to practice positioning your baby and latching (refer to our information on Latching Your Baby). ♦ Offer your breast whenever your baby shows any feeding cues (smacking lips, licking, sucking, or looking for the breast), or at least every two to three hours.
- If your baby is sleepy, undress baby except for diaper, and stroke baby’s lips. If very sleepy, don’t force nursing. Try again in 30 minutes.
- If your baby seems to cry and fuss instead of latching, try more skin-to-skin contact to calm baby. You may also let your baby suck on your finger briefly and then offer the breast again.



- If latch hurts, break the suction by putting your finger in the corner of your baby's mouth, and start over. Breastfeeding should not hurt. Ask your nurse or lactation consultant for assistance.
- Try to get your baby to actively suckle for at least ten minutes on each breast. You may let baby nurse longer if the latch does not hurt and your nipples are comfortable. If your baby is too sleepy after one breast, offer the other breast at the next feeding.
- Sucking and stimulation of your breasts is important for long term milk supply. If your baby will not latch by eight hours of age, continue to offer the breast, but start pumping or hand expressing every two to three hours and spoon feed your colostrum to your baby. Research indicates that hand expression, in addition to pumping, can help bring in more milk. Watch this video for information on hand expression: <https://firstdroplets.com/>
- Frequent breastfeeding or milk removal by hand or a pump will help prevent engorgement (when breasts get very full and firm because milk is not being removed) as your milk comes in.
- Colostrum is very low in volume (amount), but very high in antibodies and protective factors. It is often referred to as liquid gold because it is so beneficial for baby. Feed your baby any colostrum that you express.

~2 to 5 days of age: "Hello Milk"

- As colostrum changes to milk, many babies seem to wake up, become fussy and want to nurse frequently (known as cluster feeding). A mother may interpret this as something wrong. This is normal for a newborn during this time.
- Some babies find it more difficult to latch as the breast becomes firmer and "feels different." If the milk is not emptied, your breasts may become engorged (hard, red, tender, and swollen). Refer to our information on **Engorgement** if your breasts become engorged.

What Can You Do?

- Keep your baby close by for feedings.
- Continue to practice positioning and latch. When your baby is removing milk, versus just suckling at the breast, you will notice deep, slower jaw movements and more swallows. Your breast should also feel softer after your baby has spent time removing milk.
- Nurse your baby at least every two to three hours; more often if your baby starts showing feeding cues. Get in the habit of starting a feeding before your baby gets upset and cries. It is harder to latch when a baby is frantic. If your baby is sleepy, wake your baby by undressing to diaper or stroking lips.
- It may not be necessary to offer both breasts at every feeding but allow your baby enough time to "drain" (noticeably soften) at least one breast. Then offer the other breast if your baby wants more.
- If your breasts become engorged, apply cold packs between feedings. Hand expression or a good breast pump may help to soften your breasts so your baby can latch easier. Express milk for a few minutes until your breast softens, then latch baby. A video demonstrating hand expression can be found at: <https://firstdroplets.com/>
- If latch hurts or your baby refuses to latch, get help from a lactation consultant.

~4 days to ~14 days of age: “Getting Settled”

- Once milk is in and baby is latching and removing milk well, many mothers breastfeed with few difficulties.
- Most mothers start adjusting to the rhythm of nursing and parents start to “read” their baby’s needs.
- Some babies may still not be latching well and transferring milk. This may result in nipple pain or weight loss. Ideally your baby will be back to birth weight by 10-14 days of age. (See our information on **Milk Supply and Weight Gain**.)
- If baby is not having at least six wet diapers and three stools in 24 hours, make sure to wake baby to feed every three hours and call your baby’s physician or a lactation consultant. Stools should be changing from black and sticky to yellow, curdy and liquid. A naked weight can help determine whether your baby is getting enough to eat.
- If your baby was early (less than 39 weeks), your baby may be especially sleepy at the breast and may have a hard time gaining weight. You may need to pump and supplement with pumped milk after breastfeeding. An early baby may have a longer “learning curve” when it comes to breastfeeding, but with time, even early babies tend to do very well. Realize it may be a bit more work in the early days and weeks.
- A baby with an elevated bilirubin level (resulting in jaundice or yellow skin) may be sleepy. Nurse frequently. If baby does not suckle actively to drain the breast, you may need to pump and feed the pumped milk. This extra food will help the baby pass the bilirubin. (See our information on **Jaundice**.)
- A baby who swallows frequently during feedings, has at least 4 yellow stools per day, and is gaining weight well, but continues to show feeding cues after a feeding may need comfort rather than more food. Sucking soothes your baby. (See our information on **Soothing Your Baby**.)

What Can You Do?

- If baby’s latch is good, your milk is in, your nipples are comfortable and baby is nursing vigorously to satisfaction throughout the day, you may find that your baby only wants to nurse on one side at a feeding (usually for 10-30 minutes). This is fine as it allows baby to thoroughly “drain” one side and get the hind milk, which has more fat and calories. Your breasts will adjust to one-sided nursing, although, if necessary, you may soften the other breast by pumping briefly. (See our information on **One Side or Both?**)
- Once baby has reached birth weight, continue to nurse frequently during the day (every two to three hours) but let baby wake you at night to feed. Baby may start sleeping a little longer at night. Keep stimulation low at night: low lights, quiet, change diaper only as necessary. You may swaddle to help baby stay calm at night until baby is trying to roll from back to front.
- If your baby is very sleepy at the breast, and/or your milk supply is low, try switch-nursing. Put your baby to your breast. When swallowing stops - usually in about five to ten minutes - compress your breast until your baby starts swallowing again. Stop compressions when your baby is no longer swallowing. Place baby on your lap in front of you and burp to awaken baby. Then put your baby on the other breast and repeat this process. After the second breast, you may burp baby again to awaken and offer both breasts again - if your baby is interested.
- If baby’s latch hurts, your nipples are sore or cracked, your baby is not gaining, or your baby is not back to birth weight by 10-14 days of age, see an internationally board certified lactation consultant (IBCLC) for a feeding assessment and individual assistance.

- Renting a pump and bottle feeding may seem like a permanent solution if you are having any problems. But it is much more work in the long run and is usually not necessary if you seek help. Also, many women have difficulty maintaining a milk supply long term when they exclusively pump and feed with a bottle.

2 weeks to 6 months of age: “Established Breastfeeding”

- For most mothers and babies, breastfeeding settles into a comfortable pattern now.
- Continue to “drain” at least one breast very well at each feeding.
- Babies get very good at latching. Some mothers may introduce a bottle with a slow flow nipple and use it when they must be away from baby. It is a good idea to introduce a bottle between two and four weeks of age, because some older babies may refuse a bottle. Mothers who are returning to work may gradually start to stockpile some milk.
- Some babies change their stool pattern around six weeks of age; they may start to stool less frequently; however, the consistency of their stools should be the same and usually babies stool at least once a day.
- As your baby grows and develops, your milk will change to meet his or her needs. This is one of the amazing characteristics of human milk and why it is the perfect food for your baby. Properties in your milk help your baby’s brain to develop optimally and other factors help your baby’s immune system to fully develop and fight off illnesses.
- At times your baby may go through “growth” spurts. You may notice that your baby is fussier, less content after feeding and may want to nurse very frequently. Often mothers question whether they have enough milk when their baby does this. This may be your baby increasing their intake temporarily. Babies vary widely as to how much they eat per day. The range is 19-30 ounces a day from one to six months of age.

What are the most common problems that mothers may encounter during this period?

- Mastitis – especially if nipples were cracked and bleeding recently. It is often related to milk sitting in the breasts too long with no removal. Your breast may have a lumpy area and/or red streaks and you may have a fever and feel flu-like symptoms. Seek help from a lactation consultant or your physician. (See our information on **Plugged Ducts/Mastitis**.)
- Fussiness – throughout the day, not just in the evening, may be related to an abundant milk supply or a food sensitivity. With an abundant milk supply, baby may be gaining rapidly, but wants to eat constantly and is fussy and gassy. With a food sensitivity, a baby is unable to handle a certain food that is consumed by his or her mother. Dairy products (milk) are the most common cause. (See our information on **Abundant Supply** and **Food Sensitivities**.)
- Teething – may disrupt breastfeeding due to soreness of a baby’s gums. Occasionally, a baby will bite while nursing. A firm “no” and brief removal from the breast is usually sufficient. Keep your finger near baby’s mouth to intervene quickly. (See our information on **Teething and Biting**.)
- Illnesses – of mother or baby should not interfere with nursing unless a mother needs to take a medication that is harmful to baby. Most medications are safe for breastfeeding mothers. Call the Infant Risk Center at 806-352-2519 or visit LACTMED at <https://www.ncbi.nlm.nih.gov/books/NBK501922/> if you have questions about a particular medication. It is possible for a breastfed baby to get ill, however, the illness is usually much less severe. Nursing is often very comforting to a sick baby and will help to keep baby hydrated.

6 to 12 months of age: “Starting Solids”

- Around six months of age, most babies will show an interest in solid foods.
- While breastmilk is still the most important nutrient for a baby, at this age babies have a need for additional nutrients, especially iron. Introduce foods gradually to your baby’s diet. Whenever possible, nurse before feeding solids. (See our information on **Introducing Solids**.)
- Some babies like baby food, prepared commercially or at home in a blender. Other babies will prefer appropriate finger foods.
- Many babies nurse very quickly at this age (three to five minutes at the breast) and may become very distracted at the breast. You may find it easier to nurse in more private settings.
- Mastitis and yeast are still possibilities, although less common. 12 months +: “Nursing a Toddler”
- Many mothers continue to breastfeed beyond 12 months.
- The American Academy of Pediatrics and the U.S. Surgeon General recommend breastfeeding beyond 2 years, for as long as a mother and baby want to continue. The World Health Organization recommends breastfeeding for at least two years.
- Many babies nurse infrequently at this age – only once or twice a day. Others may nurse more often as they begin to explore and their world expands.
- Ideally, a baby will wean gradually as they are ready to let go of breastfeeding. If weaning is initiated by a mother, it is recommended that it be done gradually to avoid mastitis or engorgement. (See our information on **Mother Led Weaning**.)

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