



The Breastfeeding  
Clinic

Breastfeeding  
*Guide*

# *Dedicated to...*

the thousands of babies, parents and grandparents we've met at our clinic over the years ~ you have given us insight into how babies and parents feel and what they need.

~ EN, LH & IP

**DISCLAIMER:** The information in this book is meant as a guideline only and not as a substitute for medical advice. This book should be used only as a **supplement** (and **not** as **substitute**) to breastfeeding information, support and encouragement given during consultations at The Breastfeeding Clinic. You will receive additional notes when visiting the clinic. Please note an IBCLC is an Allied Health Professional, if you are at all concerned about the health of your baby contact your baby's primary health care provider!

**Compiled by:** Erica Nesor, Leana Habeck & Ida Pistorius

**Design and layout:** Erica Nesor

**Cover photograph:** We are deeply grateful to **Joannette Kruger** of ***Kruger Photography*** for the exquisite photographs in this book ([www.capturedmoments.co.za](http://www.capturedmoments.co.za)).

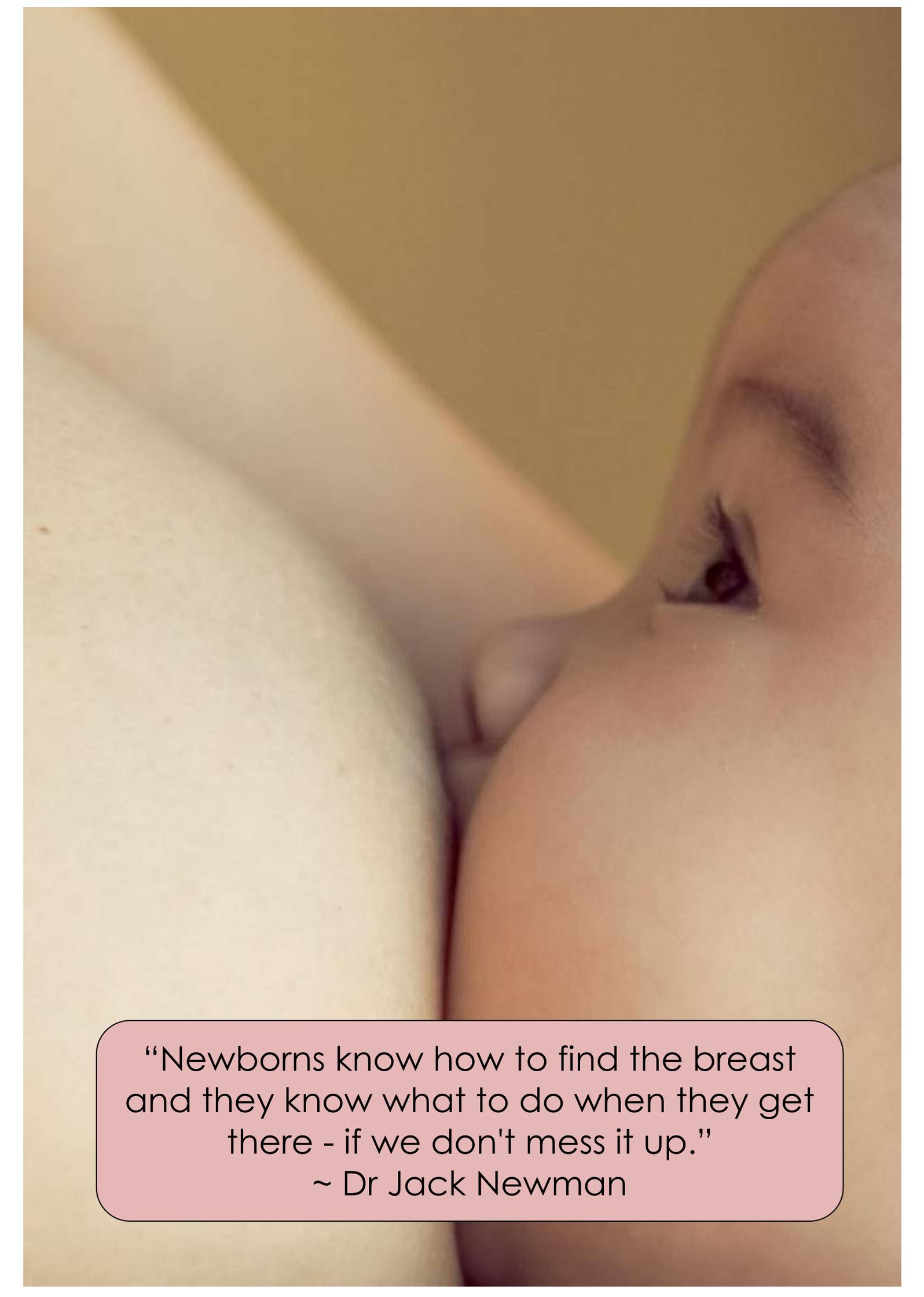
**Models:** Our heartfelt thanks to **Abigail and baby Annabel Boer** for their grace and loveliness, and for expressing the joy of breastfeeding so beautifully.

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**Erica Nesor & Leana Habeck**

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“Newborns know how to find the breast  
and they know what to do when they get  
there - if we don't mess it up.”

~ Dr Jack Newman

# Foreword



Erica & Leana

Breastfeeding my first baby was quite challenging, not because of poor milk supply or sore nipples, but because one important thing was missing: supportive health professionals. My doctor had never breastfed her own children and wasn't interested; at the clinic, a very intimidating nurse reprimanded me for "spoiling" my baby and causing colic by feeding him two hourly. Now, many years later, I am the "nurse" at the clinic. I vowed that I would help every mother who comes to our clinic, to feel confident in her ability to breastfeed. I hope that this book will help

you on your breastfeeding journey.

~ **Erica Nesper**

It is said that raising a baby should be a community effort. This does not mean other people should take over caring for your baby. No, it means while you rest and recover from the birth, others take over the cooking, cleaning and looking after the siblings so you have the time to bond with and breastfeed your new baby. The first two weeks are critical for breast milk production and we do not need all that "helpful" (is it?) advice to confuse us! PLEASE trust your parental instinct. It will tell you to keep your baby close and feed them when they want to. I hope this guide will come in very handy in the "wee" hours of the morning!

~ **Leana Habeck**

Please note in this guide we may call a baby "he/him", though info will apply to "her/she" as well ;-)



**Please keep in mind that we may not answer messages or calls late at night!  
But feel free to send a WhatsApp anytime!**



# *The Breastfeeding Clinic*

The Breastfeeding Clinic is run by Erica Nesor and Leana Habeck. They have obtained extensive experience in lactation management, working at Mediclinic Vergelegen and Mediclinic Stellenbosch Breastfeeding Clinics for many years.

## *Erica Nesor*



Doula, Breastfeeding Consultant, Infant & Child CPR Instructor, Bereavement Facilitator, author and mother of three

- Consultations in hospital
- Home visits after discharge



- Consultations at Clinic in Stellenbosch
- Weekly weight checks

**Cell: 083 292 5252** (WhatsApp preferred)

**E-mail:** [ericaneser@gmail.com](mailto:ericaneser@gmail.com)

**Website:** [www.ericaneser.co.za](http://www.ericaneser.co.za)

**Facebook:** Erica Nesor Support for Parents

**Instagram:** [@erica\\_nesor](https://www.instagram.com/erica_nesor)

# Leana Habeck



WhatsApp

Lactation Consultant (IBCLC\*),  
Registered Nurse (General,  
Psychiatric & Community) &  
Midwife, Perinatal Educator and  
mother of three



- Breastfeeding Education & Support
- Home, Clinic & Hospital consultations (practice nr 0026174)
- Weigh-in Clinic on Thursdays

**Cell: 083 415 4657** (WhatsApp preferred)

**Email:** leana.habeck@gmail.com

**Website:** [www.breastfeedingsa.co.za](http://www.breastfeedingsa.co.za)

**Instagram:** @leanahabeck

\*IBCLC = International Board Certified  
Lactation Consultant





## **Get the right help, right from the start!**

Make sure you and your baby are on the right track with a reliable assessment by a Certified Lactation Consultant at the Breastfeeding Clinic

Get help ASAP if things are not going well

Visit The Breastfeeding Clinic at the recommended times for professional breastfeeding support

# *Optimal Breastfeeding in Hospital*

## **Keep your baby with you!**

- Keep any **separation** from your baby to a **minimum**
- Hold your baby on your chest as much as possible while you semi-**recline** comfortably. You can do this **skin-to-skin or clothed**. This position helps to activate **reflexes** and **instincts** in both mom & baby
- This is especially important if you have had a caesarean birth, separation from baby, assisted delivery and/or medicated birth

## **Never force a baby onto the breast**

- Let your **baby set the pace** in the first hour or two. Keep baby on your chest while you lay back and relax
- **Pushing** baby's head towards the breast **interferes** with their latching **reflexes**, and causes baby to push their head back or flex forward
- Position your baby lying on their tummy on your chest with access to the breast, **nose-to-nipple**, arms either side of the

breast. When their face touches your nipple they may open wide and latch

- Breastfeeding is a **relationship** and takes time, work, effort to develop & establish
- Nothing about breastfeeding should hurt. Pain is a sign that something is not right – get help!

### **Respond to your baby's early feeding cues**

- A feeding cue is a sign from the baby that they are getting **hungry**. Feed at the first sign of an early feeding cue
- **Early feeding cues:**  
Baby is **awake!** Baby makes **licking**, smacking or sucking movements with mouth. Brings hands up to face. Sucks on **hands**. Makes soft cooing or sighing sounds. **Roots** (opens mouth wide, turns head in search of breast). Makes rapid eye movements. Latching and feeding tend to be **easier** at these times
- **Late feeding cues:**  
Baby is fussy, cries. Waiting until baby is **crying** from hunger, makes **latching difficult**
- Your baby will probably need to feed **8-12** times in **24 hours**

# Breastfeeding Log

To help you keep track of what is going on in the 1<sup>st</sup> few days

Circle the closest hour to the **beginning** of each feed.  
 Circle **W** when baby has a **wet** nappy. Circle **P** when  
 baby has a **poo** nappy

(We want to see LOTS of poo nappies for the 1st  
 month, though weight gain is the "acid"-test that  
 things are going well ;-)

Day 1.....1st 24 hours	Goal
6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5	8-12
Wet	1
Poo - black tarry	1

Day 2.....2nd 24 hours	Goal
6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5	8-12
Wet	2
Poo - brownish/black tarry	2

Day 3.....3rd 24 hours	Goal
6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5	8-12
Wet	3
Poo - greenish (should be getting lighter)	3

Day 4.....4th 24 hours	Goal
6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5	8-12
Wet	4
Poo - greenish-yellow	3

Day 5	Goal
6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5	8-12
Wet	5
Poo - yellow, runny	3+

# The First Days

## Normal weight loss after birth

Most babies lose weight in the first few days after birth. This is due to loss of excess water and the passage of meconium. Newborns might lose 7% of their birth weight, this usually occurs before discharge from hospital or  $\pm 72$  hours

## Intake & Output

**NB!** Human babies breastfeed **OFTEN!**  
Average **8-12 feeds in 24 hours!**



Watch your baby, not your watch! Listen for the “kah” (swallowing) sound! Notice the nice long-drop-in-the-jaw type feeding ;-)



If it ain't broken – don't fix it!  
So long as mum **and** baby is **comfortable** in  
the feeding process and baby is getting  
**milk** ;-)

### **Red flags if you DO NOT see this**

What you want to see:

- Baby has regained birth weight with-in 10 days - 2 weeks

- Breastfeeds 8-10-15x / 24 hours (every 2-3 hours day & night – maybe 3-4 hourly at night)
- NO cracked/blistered/damaged nipples
- Breastfeeding is comfortable for mom *and* baby
- Breasts softer when baby has fed (will experience this after milk is “in” around day 3-4)
- Baby has 3+ yellow stool diapers (credit card size) / 24 hours by day 4
- 6+ wet diapers / 24 hours (by Day 4 or about 24 hours after milk is “in”) ( $\pm 3$  Tablespoons water  $\pm 45\text{ml}$  = 1xwet nappy)

☞ Most breastfeeding problems have known reasons and remedies, but no one person knows them all! If breasts or nipples are sore, ask for help! Contact an IBCLC today

☞ When a baby has no urine output in a 24-hour period, they should be assessed by a health-care provider immediately



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## **Breast engorgement (“milk comes in”)**

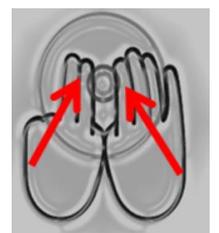
### Cause:

Breasts overfull & swollen, with milk, lymph & blood

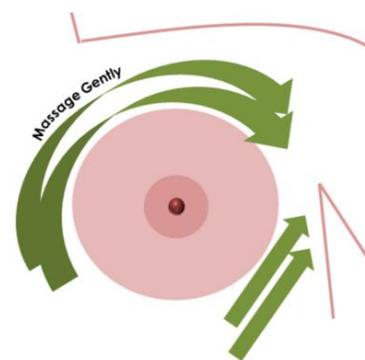
Symptoms: Occur between days 3 - 5 after birth. Breasts may appear hard, lumpy, tight, shiny, heavy, warm & may be painful & tender to touch. Nipple may be stretched flat. Baby may struggle to latch deep which results in sore nipples. Mother might have a slight fever for 24 hours

### Management:

- **Start** breastfeeding ASAP
- **Room in** with baby, better keep baby skin-to-skin
- Unrestricted **breastfeeding**
- Have feed **assessed** for effective & comfortable positioning, attachment & suckling
- **Warm** compress applied before feeds may help stimulate oxytocin reflex
- Gentle **lymph draining** massage, **Reverse Pressure Softening** & hand expressing to soften areola & facilitate **deeper** attachment



Reverse Pressure Softening



- Hand **express** for comfort in-between & after feeds for day or 2 until breasts are comfortable
- **Cool** compress (ice-pack wrapped in a towel, cool facecloth, cold gel packs, cabbage leaves) to breasts after feeds to reduce swelling & provide relief
- Pain relief medication as needed
- **Physio** could help with K-taping to decrease pain & congestion of lymphatic fluid
- Therapeutic **ultrasound** to reduce inflammation & relieve swelling

NB: Severe engorgement could lead to reduced milk supply! **GET HELP!**



# Breastfeeding support & education

@ clinic / home / hospital

## Leana Habeck

B Cur (Stell) RN, RM, RPN, CHN,  
Dip Peri Ed (UJ),  
Lactation Consultant (IBCLC),  
Trainer of trainers,  
Mother of 3



Cell: **083 415 4657** (please WhatsApp/SMS if no reply)  
Email: [leana.habeck@gmail.com](mailto:leana.habeck@gmail.com)

Education sessions available on request

PR.NO. 088 000 0026174



Judgemental words

**Good** latch. **Bad** latch. **Correct** position.  
**Wrong** hold. **Incorrect** method. **Right** technique.

Breastfeeding is a  
**RELATIONSHIP** - not a **test!**

Maybe Try:

**Deep** latch? **Shallow** latch? **Comfortable**  
position? **Uncomfortable** hold? **Less effective**  
method? **Effective** technique?

www.breastfeedingsa.co.za

## Jaundice

- In the first week of life newborn babies may develop a **yellow** colour (jaundice) in their skin and mucus membranes, due to high levels of bilirubin in the blood
- The colour is most easily seen in the white part of the **eyes**
- Bilirubin is released when red blood cells break down
- The bilirubin colours skin of babies because baby's immature liver might have a great deal to process at once & cannot handle the load efficiently, resulting in a yellow colour in baby's skin
- Levels of bilirubin beyond a certain threshold can cross the blood-brain barrier and cause **bilirubin encephalopathy** (which is a broad term for any brain disease that alters brain function or structure)
- This is a debilitating condition that can cause
  - Cerebral palsy
  - Deafness
  - Seizures
  - etc.

- Any jaundice needs to be evaluated by baby's primary health care provider.

### Management:

- Initiate **breastfeeding** as **early** as possible, preferably in the first hour after birth

- **Breastfeed** baby **often** (8-12x/24 hours)

- Optimize **breastfeeding management:**

☞ ensure an effective **latch** and

☞ adequate breast milk transfer/**intake**

since that will keep the gut moving →

conjugated bilirubin is excreted through the gut!

- Contact baby's primary health care provider if:

# your **instincts** tell you something is not right

# jaundiced baby is **sleepy** and/or not feeding well

# baby's whites of eyes are **yellow** & abdomen, arms & legs are yellow

☞ Babies with visible jaundice should have a **medical assessment** to measure the bilirubin levels and decide if treatment with phototherapy is needed.

## *When you are discharged*

You will probably be discharged on day 2, 3 or 4. Your milk may not even have “come in” yet!

### **It is normal.....**

- to feel **lost**, vulnerable and **unsure** about everything at first when you take your baby home
- to want to **phone** the hospital/ baby's doctor/ maternity ward about **small details**
- for your baby to be **unsettled** and want to **feed hourly** the first night at home!



### **IMPORTANT:**

Many people call themselves “lactation consultants” without having done any formal training or passing an exam. Be sure to consult only someone who is trained in breastfeeding management or has “IBCLC” next to their name!

## **IMPORTANT: FOLLOW UP VISITS!**

- Bring your baby to the Breastfeeding Clinic **within 2-3 days after** you are **discharged** (see last page for details) and **weekly** thereafter until approximately 6 weeks, then every 2<sup>nd</sup> week until 3 months and then monthly until whenever ;-)
- Bring your **“Road to Health” booklet** received at discharge

Follow up visits with a qualified lactation consultant can help you meet your breastfeeding goals!

### At each visit to our clinic we will:

- **weigh** your baby and **record** your baby's progress
- answer your breastfeeding and related **questions**
- **discuss** any problems you may be experiencing
- help you to formulate a **plan of action** for the coming week



la leche league  
international

llli.org

## **BREASTFEEDING?** Considering it?

- ⊙ Breastfeeding is an art and a science
- ⊙ It used to be easy and natural
- ⊙ But today breastfeeding is invisible
- ⊙ We don't know what it looks like anymore – we don't know what is normal
- ⊙ We need to know what is normal and when to seek help if it is not

**La Leche League** (a non-profit, non-sectarian volunteer organization), offers breastfeeding information, encouragement and support through:

- ✓ Monthly meetings
- ✓ Telephone help from experienced Leaders
- ✓ Lending library for members and books for sale
- ✓ **THE WOMANLY ART OF BREASTFEEDING**, an essential guide for breastfeeding mothers

**Contact Amanda on 071 334 6156**

for more information on the next gathering in  
the Helderberg area  
(meetings once a month).

Visit us at [www.llli.org](http://www.llli.org)

fb: [groups/lalecheleaguesouthafrica](https://www.facebook.com/groups/lalecheleaguesouthafrica)

## *Why Do Mothers Need Help?*

Breastfeeding is a **perfectly natural function** and women have been doing it for all of human history. So why would anyone need help with such a natural **biological function**?

Unfortunately, modern, Western life has not been very conducive to breastfeeding. Due to the loss of extended family, most young girls do not see much breastfeeding while growing up. However, human mothers and babies have **all the right instincts** to feed their baby, and may only need some encouragement to trust those instincts, and a little bit of guidance along the way.

Most women **initiate** breastfeeding because they understand its importance to their babies and themselves. Sadly, many **give up** earlier than they planned due to **problems** such as sore nipples, insufficient milk production, and infant difficulties with breastfeeding. Most of these are either

**avoidable** or **manageable** when families receive the necessary support.

When women receive **incorrect** (how-ever well-intended) or **conflicting** information, or are **discouraged** by unsupportive or uninformed health professionals, relatives or friends, it **undermines** their confidence in their ability to breastfeed successfully.

**International Board Certified Lactation Consultants** (IBCLC) help families overcome breastfeeding difficulties and thereby increase duration of breastfeeding.

### An IBCLC

- is a **specialist** in lactation management
- has **clinical expertise** in and specialized **knowledge** of lactation
- provides skilled technical **management** of breastfeeding problems
- has been **certified** by the International Board of Lactation Consultant Examiners (IBLCE).



The IBCLC credential is widely recognised as the **gold standard** in breastfeeding expertise. IBCLCs have passed a rigorous **certification exam** and keep their knowledge and skills up to date through a **compulsory recertification programme**.



## *A Lactation Consultant can help you with*

- **Antenatal** breastfeeding sessions (digest information in a quiet, peaceful way, figure out what you want, what you know, where you want to take your breastfeeding relationship)
- Assisting with the **non-latching** baby during the early postpartum days / coping with a disorganized suck & protecting the milk supply
- Coping with **engorgement**
- Help baby get a deeper latch (not “correct” a “poor” **latch!** No judgement here. Breastfeeding is a relationship!)
- **First** post-discharge **visit** (within the first week) to check baby’s latch, weight, help parents with possible engorgement, answer new-parent concerns
- Weekly **weight** checks for the 1st 6 weeks, then every 2nd week until 3 months, then monthly until a year, then every 2nd or 3rd month until 2 years
- Breastfeeding information and support when going back to **work**
- Addressing “not **enough**” milk

- Coping with breast “refusal” (newborns may have inability to latch immediately but can’t “refuse”, older babies could possibly refuse)
- Dealing with **faltered** growth
- Help with baby with arched palate & tethered oral tissues (commonly known as tongue tie/lip tie)
- Investigate reason for **sore** nipples not responding to routine care
- Breastfeeding multiples and premature babies
- Breastfeeding after breast surgery
- Help with **nipple/breast conditions** such as blocked ducts, milk blisters, vasospasm, thrush infections, mammary constriction syndrome, etc.
- Resource for medications in mother's milk
- Starting **solids**
- And much more!

## **Breastfeeding support**

- Prenatal Education sessions by appointment
- Weighing of babies at weekly weigh-in clinic
- Private one-on-one consultations
- Home/ hospital/ clinic visits by

appointment

## **Other services offered**

- Childbirth, **Breastfeeding** & Parenting Course for parents (Leana)
- **Training** for Health Care Providers / Breastfeeding Supporters (Leana)
- Infant **First Aid** Course (Erica)
- Baby **Sleep** consultations & books (Erica)
- Doula birth support (Erica)

**Visit the SSW clinic website:  
[www.breastfeedingsa.co.za](http://www.breastfeedingsa.co.za)**



# *Importance of Breastfeeding*

## **We all know.....it's**

....easy, hassle free, convenient, cheap, always fresh, at the right temperature, nothing to prepare, buy or clean, not having to get up at night... etcetera, etcetera

## **What you may NOT know....**

Colostrum (milk produced in the first days after birth): is your baby's first immunization against bacteria and viruses, contains high doses of vitamins, has a laxative effect (helping baby get rid of meconium, gets the gut moving), contributes to the establishment of the good bacteria in baby's digestive tract and so much MORE!

Babies who are **NOT BREASTFED**, have a **HIGHER RISK** of:

Allergies, bronchiolitis, asthma, pneumonia, ear infections, meningitis, diabetes type 1 & 2 obesity, high cholesterol, diarrhea, urinary tract

infections, cavities and orthodontic work, pain during immunizations & other procedures, speech impediments, lymphoma, leukemia, Hodgkin's disease and breast cancer, and more ;-(

Breastfeeding promotes/enhances:

Higher **IQ** score, the effectiveness of **vaccines**, better **jaw** development, physical **closeness** and bonding, and it can be **lifesaving** for a premature baby

Importance of Breastfeeding for you:

Helps **shrink** the **uterus** back to its "new normal", **decreases bleeding** after birth, **menstruation** returns much **later**, **extends** the time between **pregnancies**, **return** to your pre-pregnancy **weight** earlier, **decreases** the risk of **breast** and **ovarian cancer**, hip **fractures**, **osteoporosis**, **multiple sclerosis**, hormones help you to feel **relaxed** and **peaceful**, decrease in health care **costs**, **environmentally** friendly. Lactation plays an important role in "resetting" maternal metabolism after pregnancy.

**REMEMBER!** No matter how "NEW & IMPROVED" infant formula claims to be, all

it can do is to provide nutrition. It **cannot** achieve any of the benefits listed above. Formula can have many unpleasant **side-effects** and **long term health implications** for you and your baby. Make an **informed decision**, and surround yourself with a **support team** to help you if the going gets tough.



# *The First Week*

## **Expected weight gain for week 1**

Expect baby to **stop losing** weight by **day 3-4**, and start to **gain** weight steadily from **day 4-5**, at an **average** of **30g/day**. If you are worried, talk to your baby's primary health care provider.

## **Approximate milk intake for week 1**

### **Always keep numbers in perspective!**

Your milk supply increases dramatically on day 3-4. A healthy mother can **make** what her baby needs, and a healthy, full term **baby** can **take** what they need. Milk supply will **increase gradually** over the next weeks. Aim for at least 8-12 feeds in 24 hours. If baby does not self-wake to feed this often – wake baby and feed until baby does it by themselves.

## **Wee & poo for week 1**

From day 4, a breastfed baby usually has **three or more poo** nappies and **6-8 wet** nappies a day. The poo is usually **yellow**

(sunshine / mustard / butternut yellow), runny and may contain little white “flecks” or bits.

See your doctor if: your baby has continuous green stools with vomiting, fever, rash, or seems sick.

Possible causes of green stools: switching breasts before baby has finished the 1<sup>st</sup>, underfeeding, virus, irritation of bowel, iron in baby’s diet, medication, formula – but often unknown, especially if it happens only now and then.



## **Length of breastfeeds for week 1**

How long is a feed? How long is a rope?? It varies so much, **there are no fixed “rules”**. Feeds may initially take **quite a while**, due to the time it takes to get **settled** in, get positioned and latch on. Your baby may **drink** and **snooze** on and off. Baby will have a **unique** way of feeding. Watch and learn! Try not to take baby off the breast if they are **drinking actively**. If baby falls asleep or lets go by themselves, you can try burp baby, change the nappy and **offer** again. Sometimes baby will take the second breast or the one they were busy on, other times not. You and your baby will get the hang of breastfeeding with **practice** and **patience** – remember that it is a **skill** that needs to be **learned!**

**TIP:** An **EFFECTIVE LATCH** and **SWALLOWING MILK** are more important than the time it takes. Listen for the “kah” (swallowing) sound! And have baby weighed at the Breastfeeding Clinic’s for a weekly weigh-in, since weight gain is still the “acid test” that things are going well.

## Frequency of feeding for week 1

Breast milk, being optimal & perfect for your baby, **digests** quite quickly, and your baby's **stomach** capacity is **small**. Therefore baby has to **feed often**, day and night. Research shows that babies can breastfeed anything between 8 - 15 times in 24 hours. Most babies will need between **8 and 12** feeds a **day**, roughly 2-3 hourly. BUT these feeds will **not** be **evenly distributed!** Some intervals may be only 1 hour, and others may be 4 hours. Look at the total number in 24 hours and feed your baby on **demand** rather than on **schedule**. If your baby seems to be on the breast "all the time", talk to your lactation consultant.



## **Sleeping & feeding patterns for week 1**

Your baby will probably sleep from one feed to the next, and fall asleep again while feeding. You may find that baby **sleeps more** during the **day** than during the night (swapped day and night). This is **normal** after all mom has been rocking baby to sleep during the day for the past 9 months!

There may be one stretch in every 24 hours that your baby will **not settle between feeds**. Give lots of skin-to-skin contact, warmth and the soothing sound of your heart by letting baby **lie on your chest** while you rest. **Carrying** your baby in a **wrap** can also help.

### **Also keep in mind...**

- A very sleepy baby is **not** necessarily a contented/"good" baby.
- Some birthing/hospital practices and medications **interfere** with your baby's **natural rhythms**, which could make baby more sleepy.
- Sometimes it is necessary to wake your baby not for **their** sake but for **yours** – if

your **breasts** become **too full**, it can make **latching** very difficult, **decrease** your milk production and lead to other problems.

- Frequent feeding helps to **establish** your milk production.
- You may decide to wake and **feed** your baby more **often** during the day to fit in as many of the 8-12 feeds in 24 hours during the day, giving you **more rest at night**.



# *The Second Week*

## **Expected weight gain for week 2**

Expect your baby to be back to **birth weight** by **10 to 14 days**. For the next few weeks, we calculate weight gain per week. The average weight gain is about **210g / week**.

## **Approximate milk intake for week 2**

Remember, it is **not necessary to know** the exact amounts! For the first two weeks you may have had much more milk than your baby needed. Expect your supply to start settling. If top-ups are needed ask your baby's primary health care provider or IBCLC to help you determine amounts.

## **Wee & poo for week 2**

As for week one, lots of **soft, yellow**, curdy **poo** nappies is a sign that things are going well. Baby will probably have **6-8** thoroughly **wet**, clear urine nappies in 24 hours.

## Length of breastfeeds for week 2

Feeding this week might be very different from feedings in the first week! You will probably feel much more **confident** already, and **latching** will most likely get even **easier** as you go. Watch your baby, let baby decide when they are done!

## Frequency of feeding for week 2

Your baby might feed anything between **8-15 times in 24 hours** (similar to week 1). Respond to your baby's **feeding cues**. (Do you know how to read baby's cues? Ask your lactation consultant if you are unsure). Remember you are a **unique** mother-baby-breastfeeding pair. Baby asks, you feed, and your milk supply is built.

## Nipples still sore??

Consult your lactation consultant ASAP. Nipples should be getting better now, not worse.

## Evening fussiness

The first two weeks is called the “**babymoon**” period, a time for you to **recover** from the birth. Now in week two, your baby **wakes up more** and also takes in

more information through their **senses**. Because baby is unable to control how much info goes in, baby might become **over-stimulated** and start to present with evening fussiness. This day has just been too long and too busy. It is our job to **help them nap** when they are tired during the day; **help them calm down** when they become over-stimulated. For the 1<sup>st</sup> 6 weeks, after about a 40 - 60 minute awake-time, baby needs to nap to help integrate info and “reset” their brain. Keeping to this may help prevent overstimulation by the end of the day.

Typically from week 2-3 your baby may want to “**cluster feed**” for a few hours **early** in the **evening** (if you are lucky), or late evening till midnight. Baby does not want to be put down, wants to feed constantly, is **fussy, niggly, crancky** – but usually **sleeps solid after** this. This behaviour might continue on and off till 2-3 months.

Non-stop crying is never normal. Talk to baby’s primary health care provider if you are worried about your baby’s health.

## **Skin spots: Was it something I ate?**

Probably NOT!! How nice would it have been if fussiness and spots were due to what we ate – because then we could control fussiness and spots by what we eat! About one-fifth of newborns develop pimples in the first few weeks. These usually appear on the cheeks and forehead. It is thought to be a result of the maternal hormones that continue to circulate in the baby's bloodstream after birth, stimulating the sebaceous glands. They usually last 4-6 weeks or so. Do not try to break open or squeeze the pimples, as this can lead to infection. Baby acne may include red bumps, pustules or even blackheads. A typical approach is to simply clean the skin with a very mild cleanser and allow Mother Nature to resolve the situation. Talk to baby's health care provider if you are worried.

## **Fussy phases for week 2**

Many babies have an episode of frequency days at **10 to 14 days**. Baby might have a **change** in **sleeping** pattern, increased **appetite**, seem irritated and **fussy**

for no apparent reason, lasting  $\pm$  **24 to 48 hours** – they may want to feed every 1-2 hours – FEED THEM! Baby is also building your milk supply during this time – DO NOT start giving bottles! Contact your lactation consultant if you have concerns about milk supply. Contact your baby's primary health care provider if you are worried about your baby's health.

### What's Growth Spurts? Frequency days?

Around **10 days-2 weeks, 3-4 weeks, 6 weeks, 12 weeks.....for 2-3 days** baby is

- hangry (hungry & angry 😡),
- feeds non-stop,
- doesn't settle,
- cranky,
- clingy,
- crying,
- can't put baby down,
- only happy in parents' arms,
- will only sleep when held,

but overall

- ☞ growing well, pooping well,
- ☞ doesn't have a fever, not ill....



www.breastfeedingsa.co.za

Not research based but anecdotally observed in practice baby is (probably) going through a growth spurt. Follow baby's cues. Feed when s/he asks, hold and rock and love to help baby get through the growth spurts!

**NOTE: See baby's Primary Health Care Provider if you are at all worried about baby**

Read more

- La Leche League International. 2010. The Womanly Art of Breastfeeding
- Suzanne Hetzel Campbell, Judith Lauwers, Rebecca Mannel. Lactation Education Accreditation and Approval Review Committee (LEAARC) Core Curriculum for Interdisciplinary Lactation Care, Jones & Bartlett Learning, 25 Jun 2018

## Sleeping & feeding patterns for week 2

Baby can stay awake happily for about an **hour** and then needs to nap again. The length of the **longest** sleep stretch (day or night) may be **3 hours**.

## Breasts feeling SOFTER than they did before?

This is **normal!** Engorgement is **not** part of normal breastfeeding. As the milk supply settles, the breasts will feel soft most of the time unless there was an unusual long stretch since the last feed/taking milk out.



# The Third Week

## Expected weight gain for week 3

Your baby will probably continue to gain weight at  $\pm$  175-**210g/week**. If you are worried about weight gain, discuss the issue with your lactation consultant.

## Approximate milk intake for week 3

The **volume** of your baby's feeds will still be **increasing** gradually for another week or so. You may not even be aware of this, though! Remember that babies **do not drink the same amount at every feed**. It may be anywhere between  $\pm$ 480ml-1200ml in 24 hours, (if it was measured).

## Wee & poo for week 3

One or **more** yellow, runny poos a day (as good bacteria start to settle in baby's gut, baby may poo less often but more per nappy), as well as 6-8 wet nappies.



**BREAST MILK DONATION  
SAVES LIVES!**

**Can you spare 50ml a day? A bit  
more...?**

**[www.milk matters.org](http://www.milk matters.org)**



### Frequency of feeding for week 3

Not much change from last week: **8-12 feeds a day**. Intervals between feeds may stay this way for several weeks, but the feeds themselves *may* get shorter soon.

### Cramps: Was it something I ate?

**Probably not!** The role of mom's diet has been exaggerated and many moms are given a list of "forbidden foods" 😞. The percentage of babies who are truly sensitive to specific foods is pretty small, which means 9 out of 10 mums can eat a **healthy, balanced diet** and **nothing is forbidden**. Use common sense and eat **moderate** portions of everything you like. There is no need to eliminate any healthy foods from your diet. And you **may** eat chocolate! 😊 (in moderation)

Between **2 and 3 weeks**, a noticeable **developmental change** takes place. The "babymoon" is over, babies **feed more** often, are **awake** for a little **longer**, and might **cry more** or keep parents awake the whole night with their grunt-grunt-grunting! Many parents interpret this as **cramps** and

dread that their baby will become a “colicky baby”. This may be true for 20-25% of babies. However, **most babies** will have a fussy time somewhere in the day or night, during which they may **cry on an off** for an hour or more. If your baby cries for long periods, talk to your lactation consultant for ideas on how deal with this. There are lots of ways of reducing the crying. Non-stop crying is never normal. Talk to baby’s primary health care provider if you are worried about your baby’s health.

## COLIC

- ☞ Infant **colic** is a **behavioral** syndrome in **1-4 month** old babies involving long **periods** of **crying** & **hard-to-soothe** behavior
- ☞ Prolonged crying is more likely to occur in the **afternoon** or **evening** & tends to **resolve** by **3-4 months** of age (in babies born prematurely → 3 to 4 months after term)
- ☞ Crying **peaks** at about **4-6 weeks** then steadily diminishes by 12 weeks

Diagnostic Criteria for Infant Colic must include all of the following:

1. An infant who is **<5 months** of age when the symptoms start and stop
2. **Recurrent** and **prolonged periods** of infant **crying, fussing, or irritability** reported by caregivers that occur without obvious cause and cannot be prevented or resolved (for 3 or more hours per day during 3 or more days per week)
3. **No** evidence of infant failure to thrive, fever, or illness

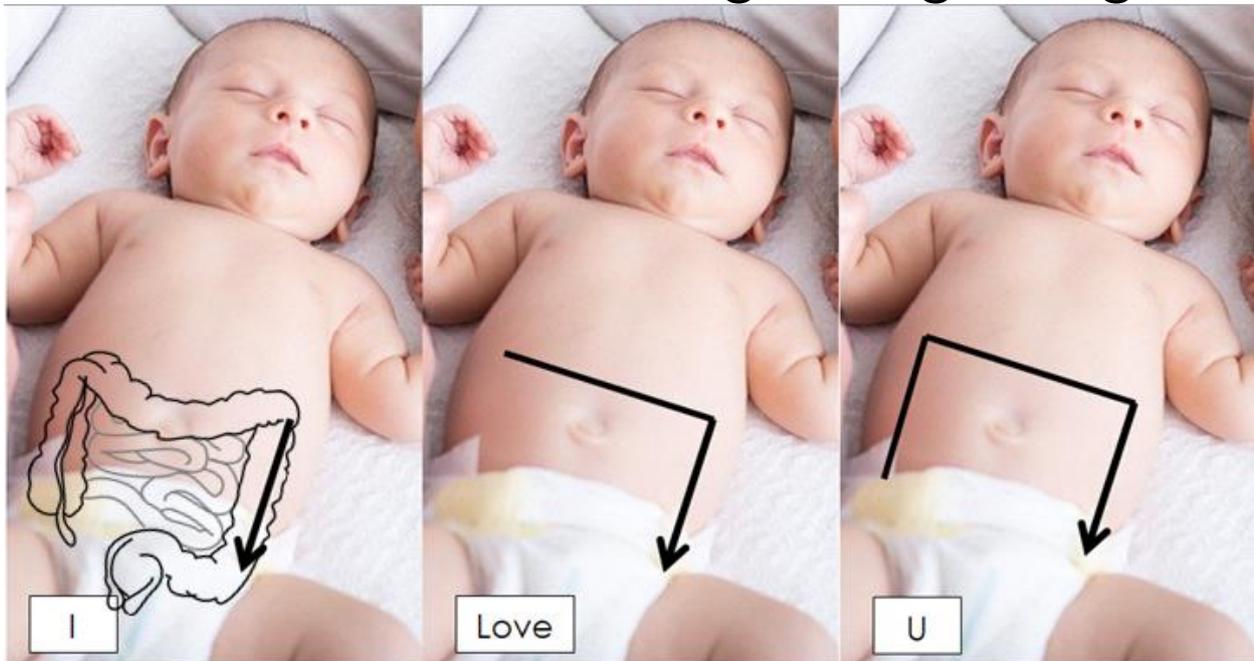
- ☞ It’s uncertain whether infant colic reflects a normal developmental phenomenon, a central nervous system dis-balance, an environmental disturbance or gastrointestinal discomfort
- ☞ In **>90%** of cases, **treatment** consists not of “curing the colic,” but of **helping caregivers get through this** challenging period in their baby’s development

- Judith Zeevenhooven, et al. The New Rome IV Criteria for FGIDs in Infants and Toddlers. *Pediatr Gastroenterol Hepatol Nutr* 2017 March 20(1):1-13

- Benninga M.A. and Nurko S. et al. Childhood Functional Gastrointestinal Disorders: Neonate/Toddler. *Gastroenterology* 2016;150:1443-1455

**NOTE: See your baby’s Primary Health Care Provider if you are at all worried about your baby’s crying**

ILU tummy massage may help baby's gut move and decrease the grunting at night:



## Baby Straining to 🍑

- ☞ Infant **dyschezia** is characterized by **straining, screaming, crying, turning red or purple** in the face while making an **effort to poop** in a child that has daily **soft stools**
- ☞ Symptoms usually persist for **10-20 minutes**, which can be distressing to parents
- ☞ The underlying mechanism behind infant **dyschezia** is considered to be related to the **failure to coordinate increased intra-abdominal pressure with relaxation of the pelvic floor muscles**
- ☞ Infant dyschezia is easily **mistaken** for constipation (which usually involves hard stools) and it is important to distinguish between these two disorders

Diagnostic Criteria for Infant Dyschezia must include in baby <9 months of age:

1. At least **10 minutes of straining** and crying before successful or unsuccessful passage of **soft stools**
2. **No** other health problems

- ☞ To encourage the baby's defecation learning, caregivers are advised to **avoid rectal stimulation**, which produces artificial sensory experiences that might be noxious, or that might condition the child to wait for stimulation before defecating. Laxatives are unnecessary.

- Benninga M.A. and Nurko S. et al. Childhood Functional Gastrointestinal Disorders: Neonate/Toddler. *Gastroenterology* 2016;150:1443-1455

**NOTE: See your baby's Primary Health Care Provider if you are at all worried about your baby's pooping**

## Vomiting & reflux: should I be worried?

During this time, some babies start to “spit up”. This is just a part of life with a baby, and is often more of a **laundry** problem than a **medical** problem. As long as the weight gain is good and your baby is happy, you don't need to worry about it.

### What helps?

- Keep baby **upright** for 20 minutes after a feed
- When changing the nappy **role** baby to their side rather than picking baby up by the ankles to lift the bum for nappy changes
- Be **gentle** when **burping** your baby, keep baby's back straight
- Give **frequent small feeds** instead of large feeds far apart
- **Avoid bouncing** your baby
- **Feed again** if your baby is hungry after vomiting
- Have baby's latch evaluated by an IBCLC

See your doctor if: your baby projectile vomits several times a day, has inadequate weight gain, is extremely fussy or cries a lot, or vomiting is accompanied by diarrhoea & fever, or if you are worried – trust your instincts!

## INFANT REFLUX

- ☞ **Regurgitation** (when reflux is high enough to be visualized) can occur at **any age**
- ☞ **Peaks** around **4 months**
- ☞ Tapers off at 6 months. Declines in frequency 12-15 months

### Diagnostic Criteria for Infant Regurgitation

Must include both of the following in otherwise **healthy** infants **3 weeks to 12 months** of age:

1. Regurgitation **2 or more times per day** for **3 or more weeks**
2. **No** "vomiting", aspiration, vomiting of blood, apnea, failure to thrive, feeding or swallowing difficulties, or abnormal posturing

- ☞ **Treatment** goals are to provide effective **reassurance** and **symptom relief** while avoiding complications

- Judith Zeevenhooven, et al. The New Rome IV Criteria for FGIDs in Infants and Toddlers. *Pediatr Gastroenterol Hepatol Nutr* 2017 March 20(1):1-13
- Benninga M.A. and Nurko S. et al. Childhood Functional Gastrointestinal Disorders: Neonate/Toddler. *Gastroenterology* 2016;150:1443-1455

- ☞ Regurgitation of gastric contents causing **complications** or contributes to tissue **damage** or **inflammation** (e.g., esophagitis, obstructive apnea, reactive airway disease, pulmonary aspiration, feeding & swallowing difficulties, failure to thrive) = is called **GERD** (gastroesophageal reflux disease)

**NOTE: See your baby's Primary Health Care Provider if you are at all worried about your baby's reflux**

## Fussy phases for week 3

Some babies go through another episode of extra-frequent feeding between **3-4 weeks**. You may see a **change** in **sleeping** pattern, increased **appetite**, baby seems irritated or **fussy** for no apparent reason,

lasting  $\pm$  **24 to 48 hours**. Remember that your milk supply is still being established and **frequent feeding helps** this process. If your baby needs feeding every two hours, do it, and don't become stressed about it. See **every feed** you give during the **day** as **one less** that you have to give at **night**. Contact your lactation consultant if you have any feeding concerns.

### **Sleeping & feeding patterns for week 3**

If baby's day and night are still swapped round and weight gain is good, you may want to wake baby more often to feed during the day and leave baby to sleep longer at night. Wake your baby if your **breasts** get **too full**. Expect to be feeding up to **three times at night**. Try to catch a power nap when baby sleeps during the day.



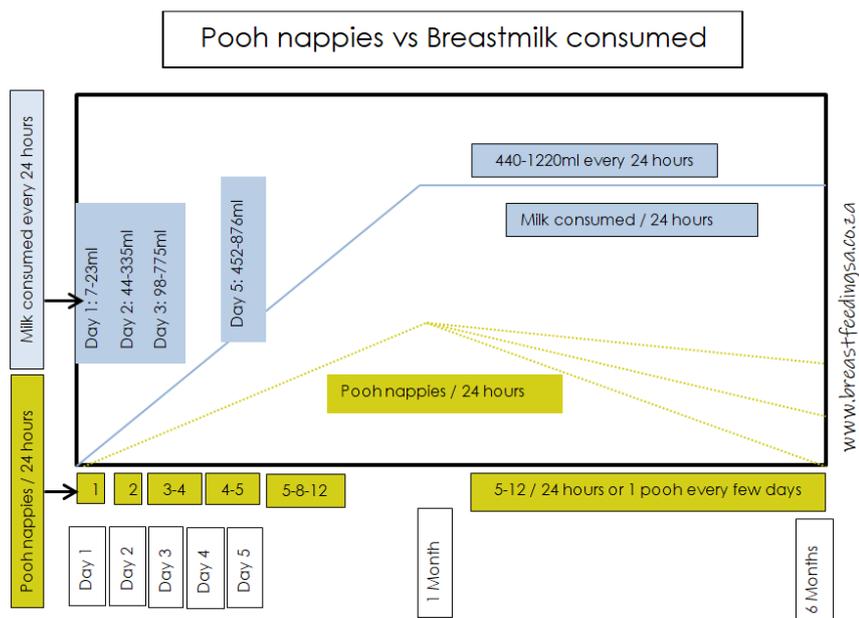
# The Fourth Week

## Expected weight gain for week 4

If all is going well, your baby will keep growing steadily and gain weight at approximately 175-**210g/week**.

## Approximate milk intake for week 4

The 24 hour volume of baby's feeds, usually start **stabilising** now. From now on the daily amount baby drinks stays roughly the same until 6 months, regardless of their weight. Remember that the amount per feed **varies greatly** between babies, and also from one feed to the next!



Kent JC, Mitoulas LR, Cregan MD, Ramsay DT, Doherty DA, Hartmann PE. Volume and frequency of breastfeeding and fat content of breast milk throughout the day. *Pediatrics*. 2006 Mar;117(3):e387-95. doi: 10.1542/peds.2005-1417. PMID: 16510619

## Wee & poo for week 4

**One or more** yellow, runny **poos** a day, as well as **6-8 wet** nappies.

## Frequency of feeding for week 4

**8-12 feeds a day.** You get the idea by now, and have probably made peace with the fact that breastfed **babies feed very often...** unless there are people who are putting pressure on you with old school advice of “feed only every four hours” 🙄. To put things into perspective: human babies are actually made to feed **3-4 times an hour!** (This is how they feed “in nature”. Now 8-12 times a day doesn't sound so bad, does it?). Have you noticed that **feeds** are a lot **quicker** these days, compared to the first week? That is because babies are **much more efficient** in draining the breast!

## Fussy phases for week 4

There are some **storm clouds** on the horizon. Don't panic, it's not a tsunami approaching, it's just a **developmental leap** – the first of **eight** such leaps for year one. And, as parents, our job is to hold our children's hands whenever they have to

take a big step forward. While these leaps are not always that much fun for us, they are very **important milestones!** According to research babies go through their first leapie at about 4.5 weeks from due date – one of the changes you will notice after the rough patch is baby's ability to smile 😊. See [www.thewonderweeks.com](http://www.thewonderweeks.com) for more info.

### **Sleeping & feeding patterns for week 4**

By now you have probably adjusted more or less to life with a baby. We no longer say things like, “I need eight hours sleep a night”. Instead we say, “I got three hours of uninterrupted sleep last night - I feel great!” At one month, your baby will no doubt still be **feeding regularly** around the clock. There may be **several shorter naps** and **one longer** one, or many **cat naps**. If you're lucky, your baby may feed more during the day than at night. If your baby is gaining weight well and is happy and healthy, you don't have to wake baby for feeds at night, you can let baby self-wake – keep the **night feeds quiet** and calm, learn to feed in bed and rest assured that your

baby is doing what human babies are supposed to do.

## **Should I give my baby water between feeds?**

Short answer: **No**. Long answer: **Noooooooooo**. If you were living in the bush, you would not have 1) clean water or 2) a way of giving it to a young baby. Mothers of the last two or three generations have been told that babies must have water. This is mainly because **formula feeding** was the **norm** in those days, and yes, formula fed babies often need extra water to help their kidneys cope with the formula, and in an attempt to prevent constipation caused by formula.

The fact is: if baby is **breastfeeding**, you **do not need to give any water**. Even when it is **hot!** Your baby may need to **feed** a little **more often**, just as you need to drink more when it is very hot. If you try to stick to a very **rigid schedule**, you may be **tempted** to give water – so just relax and breastfeed. Giving water involves a **bottle**, which comes with its own set of **risks**. If you are

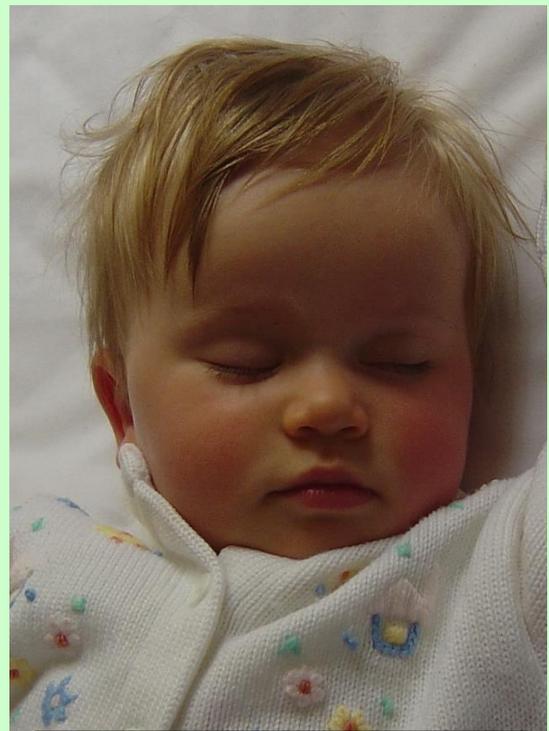
unsure about the risks of giving bottles to a breastfed baby, please ask for the special handout on this topic.

**PS:** no rooibos tea either!

# how babies & toddlers really sleep

(and how you can survive)

If you've started to look and feel like a zombie and despair when you hear about your best friend's baby who "sleeps through" every night, while you get up ten times for yours – then this is for you.



**Gentle approach:  
NO crying-it-out!**

A fun and informative book discussing

- **where** real babies sleep
- **how** they sleep (and *don't* sleep)
- **why** they wake (again and again)
- and how you can steal some **extra sleep**

**\*\* Individual and email consultations also offered\*\***

**[ericaneser@gmail.com](mailto:ericaneser@gmail.com)**

**[babysleep.co.za](http://babysleep.co.za)**

# THINKING OF SLEEP TRAINING\*...?

## IT'S UNNATURAL

Introduced by Holt in 1895, it is based on the Western idea that babies are naughty, manipulative and in need of **corrective treatment**. Mothers were warned that **holding and responding** to babies will **spoil** them.<sup>1</sup>

## IT DOESN'T WORK LONG TERM

Research has shown that there is generally **no lasting effect**. It often needs to be **repeated** but is not effective in the long term.<sup>5</sup> Parents may end up feeling that they have failed.

## IT'S NOT GOOD FOR BABY'S BODY

Increase in **stress hormones**, heart rate and blood pressure; gastric distension and vomiting. Early **stress is toxic** for life-long health.<sup>3</sup>

## IT'S NOT GOOD FOR BABY'S BRAIN

It **triggers** the brain's **stress response** system. When babies get distressed the stress hormone **cortisol** is released, which in excess can **damage** synapses and neuronal interconnections.<sup>2</sup>

## THERE ARE OTHER OPTIONS!

Contact me to learn more:

**Erica Nesor**

Lactation Consultant

ericaneser@gmail.com

www.babysleep.co.za

083-292-5252

## IT CAN CAUSE PSYCHOLOGICAL HARM

Long-lasting damage to babies' nervous system makes them vulnerable to **stress** and **panic disorders** in adulthood.<sup>4</sup> Parent responsiveness is related to **secure attachment, intelligence, empathy**, self-regulation, **social competence** and **lack of aggression** and **depression**.<sup>1</sup>



1. Narvaez, D. (2011). Dangers of "Crying It Out". *Psychology Today*.
2. Schore, A.N. (2001). The effects of early relational trauma on right brain development. *Infant Mental Health Journal*.
3. [http://developingchild.harvard.edu/index.php/resources/reports\\_and\\_working\\_papers/foundations-of-lifelong-health/](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/foundations-of-lifelong-health/)
4. <http://news.harvard.edu/gazette/1998/04.09/ChildrenNeedTou.html>
5. <http://evolutionaryparenting.com/how-effective-is-controlled-crying/>

\* Also known as: cry-it-out, controlled comforting, controlled crying, self-soothing

# One to Two Months

## Expected weight gain for months 1-2

Babies who have been gaining up to **400g/week**, might start to **slow down** a bit now. As long as your baby is happy, healthy and feeding well, this should not be cause for concern. If all is going well, your (average) baby will keep gaining weight at approximately **175-210g/week**.

## Approximate milk intake for months 1-2

Average milk intake is 480-1200ml in 24 hours. Average intake per feed can be anything between **60-120ml**. Baby may still be feeding 8-12 feeds in 24 hours though feeding very efficiently by now!

## Wee & poo for months 1-2

Baby **might poo less per day** or **might** start to skip a **day between poos**. Stools will still be soft, even if a day has passed since the last one. Poo nappies at night may decrease.

## **Length of breastfeeds for months 1-2**

Some babies become **very efficient** at draining the breast, while others are in no hurry. It is hard to say whether feeds will be as short as 10 minutes or continue to last 45 minutes! This will also **vary** from one feed to the next and from one day to the next.

## **Frequency of feeding for months 1-2**

As baby's stomach capacity increases baby is able to take in more milk per feed. But feeds might continue to be as few as 7, to as many as 15 a day.

## **Fussy phases for months 1-2**

Today's headline: All babies go through **8 developmental leaps** during their first year. These start roughly at week 5 (calculated from baby's **due** date - give or take a week or 2). Baby might be more **Clingy, Cranky and Crying** than usual. For more details, ask for the Fussy Phases Handout at the clinic.



## **Sleeping & feeding: the core night starts to emerge**

A baby's **day/night cycle** begins to **emerge** by week 5-6, as sleep becomes more concentrated during the night and **wakefulness increases** during the day. The core night is usually from **early evening to middle of the night**, so there may be **one** slightly **longer stretch** between feeds, followed by feeds at 2-3 hour intervals for the rest of the night.

## **Week 6: The crying peaks**

Crying **peaks** around 6 to 8 weeks, and **evening crying** is common. The crying then decreases gradually, with 3 months being a real turning point. There **is** light at the end of the tunnel!

Remember to ask your lactation consultant about **coping strategies** for parents.

## **How are YOU feeling?**

Feelings of **worry** and self-doubt are **normal** when your baby cries. A new mother who is home **alone** all day, responsible for her

baby non-stop and **cut off** from other adults, is vulnerable to becoming **depressed**. She may feel overwhelmed, irritable, anxious, exhausted, scared, helpless, angry or emotionally detached from her baby. She may have trouble responding to her baby.

If you think that you may be suffering from postnatal **depression**, discuss your feelings with your lactation consultant. You may be encouraged to contact your doctor or visit [www.pndsa.org.za](http://www.pndsa.org.za) for more information.



# Two Months

## **Expected weight gain for months 2-3**

By now you will probably not be counting each gram anymore, having seen that your baby is thriving. If your baby is having problems with weight gain, please discuss it with your lactation consultant. With the monthly weigh-in at the Breastfeeding Clinic we will chart baby's weight on the Road-to-Health growth curve in the middle of the booklet, this will give you a good indication of how things are going.

## **Approximate milk intake for months 2-3**

Most breastfeeding moms have no idea how much their baby is drinking per feed, let alone per day. You **don't really need to know!** If your baby is healthy, feeding well, gaining weight as expected, has adequate wee and poo nappies, then you **know** that baby is getting enough milk. For the scientific minds among us: research tells us that the **average** is approximately **480ml-1200ml in 24 hours**. Keep in mind, as with

any average, that many babies will be drinking a lot **more or less** than this amount, and the volume will **vary** from one feed to the next.



## **Wee & poo for months 2-3**

Your baby will probably only have a couple of bowel movements during the day and is **less** likely to **poo** at **night**. Baby may **skip** having a dirty nappy every **day**, though most still have at least one a day. Baby may become uncomfortably **bloated** and may be **fussy** for a while until their tummy has worked. The poo will still be a **soft** toothpaste texture and on the **yellow** side of the spectrum.

## **Frequency of feeding for months 2-3**

Your baby may start **skipping** a **feed**, hopefully during the night, which means the **number** of feeds in 24 hours **may decrease**. Alternatively, your baby may still take the same number of feeds but fit them all into daytime. This does **not** mean that you have too little **milk**. Feeds will probably be super **quick**, even as short as 5 minutes! Baby will be **curious** about their environment and may become too **distracted** to feed for long. **Offer** the breast more **regularly** and feed on **demand** to ensure baby gets plenty of opportunities to

fill up. Night feeds will most likely be relatively easy because there are not as many distractions, and your milk production is higher at night – milk making hormone prolactin, follows circadian rhythms.

### **Fussy phases for months 2-3**

Your baby may experience a **fussy** period at around **8-9 weeks** and again around **12 weeks**. If so, grin and bear it and remember it will be over soon. One day you might suddenly realise there has been **no crying** at all, and when you look at the calendar, you'll see it's your baby's three month "**birthday**"!

### **Sleeping & feeding: the core night starts to stretch\***

\*Terms and conditions apply

You'll probably find that your baby goes to bed a little **earlier** than before, and sleeps soundly for the **first half** of the night. We have seen at the breastfeeding clinic over the past 10 years that the average breastfed baby might sleep a bit longer at night from two months onwards. Having

said that, remember that we do **not** expect a baby this young to “**sleep through**” at all! (Sleeping through is considered a solid 5 hours sleep stretch).

### **Are you already feeling anxious about going back to work?**

Many mothers think that they have to stop breastfeeding when they go back to work. Not necessarily! There are many ways to **continue** giving your baby the benefits of **breastfeeding** for many more months or even years. Please discuss the matter with your lactation consultant approximately **one month before** you have to return to work. We have a special **handout** just for you.



# Three Months

## **Expected weight gain for months 3-4**

Weight again start to slow and we can see the graph on the Road-to-Health chart curving. Gain might be an average of **140g** per **week**. If your baby has one “slow” week, don’t panic, but do weigh again the next week to see that things are back on track. Your lactation consultant can assess the situation and talk you through your concerns.

## **Approximate milk intake for months 3-4**

A breastfed baby between 1 – 6 months drinks an average of **480ml – 1200ml** per 24 hours regardless of their **age** or **weight**. To **calculate** approximately how much your baby drinks in one feed count how many times baby feeds in 24 hours; for example:  $\pm 800\text{ml} \div 8$  (number of feeds in 24 hours) and  $1200\text{ml} \div 8 = \pm 100\text{ml}-150\text{ml}$  per feed.

## **Teething? Or is it gumming?**

Early **drooling** is usually **not** a sign of teething. By the second leap babies have

discovered their hands and explore it by putting it in their mouths, in the process massaging their saliva glands resulting in drooling! Teething usually starts around **6-7 months**.

### **Fussy phases for months 3-4**

Your baby will most probably experience a “sunny” period around three months. **Crying** gets **less**, babies are very **interactive** at this time, smile at you often and are generally a joy to be around. A little personality has started to emerge ;-).

### **Sleeping & feeding for months 3-4**

If you observe your baby's behaviour carefully and respond to baby's cues, you will probably notice their own **rhythm** emerging. Babies this age can stay awake for around 1½ to two hours at a time, and will usually have 2-3 **shorter naps** and **one longer** one during the day. Baby will still be **feeding often** during the day, but most feeds are **quick** at this stage. The **less** they **feed** during the **day**, the **more** they will want to **feed** at **night!**

You may see that there is one **longer stretch** between feeds at night, especially during the **first half** of the night. We do **not** expect babies this small to sleep **the whole night without milk** – they still need night feeds for several more months.

### **Are people putting pressure on you to give your baby cereal?**

If so, just answer politely that you have discussed the matter with your lactation consultant or your baby's doctor and you've been advised to **wait a bit**. Next month you will receive more information on starting solids.

### **Starting to worry about going back to work?**

As working moms ourselves, we understand this only too well. What we do know; is that **worrying** about **routine**, precise **amounts** of milk that baby has to drink and how you will ever manage to drop baby off and **be at work on time**, doesn't help too much! Try to **relax** and remind yourself that things will **fall into place** once you are there.

There are many **ways to continue** breastfeeding for many more months or

even years. Please discuss the matter with your lactation consultant approximately **one month before** you have to return to work. We have a **special handout** just for you.



## Counselling for parents

Trained counsellor with special interest in:

- birth experience
- breastfeeding challenges
- sleep problems (babies and toddlers)
- coping with a high need baby
- ante/post-partum depression & anxiety
- relationship challenges for new parents
- adapting to parenthood
- preparing for the arrival of a new sibling
- infertility
- miscarriage / stillbirth / death of an infant



**Erica Nesor**

BA Psych (UP)

Advanced Counselling

(UNISA)

ericaneser@gmail.com

083-292-5252

# Four Months

## Expected weight gain for months 4-6

Your baby will probably **double** their **birth weight** between **4-6 months**.

## Approximate milk intake months 4-6

Average milk intake is about 480-1200ml in 24 hours. Average intake per feed **60-120ml**. Surprise, surprise: 7-15 feeds (average 8-12) in 24 hours!

## Fussy phases for months 4-6

Another **fussy phase** happens around 4 months. Expect a **change** in sleeping pattern, increased appetite, baby seeming irritated, **fussy** for no apparent reason. Another **developmental leap** occurs anytime from **week 15 –19** (calculated from **due** date), according to Hetty van de Rijt and Frans Plooiij.

([www.thewonderweeks.com](http://www.thewonderweeks.com)).

## Sleeping & feeding for months 4-6

Two steps forward and one step back.... Just when we think we're getting the hang of things, they change! Many babies start

**waking more often** during the **night** around this time. There are **many reasons** that this may be happening, but most people **assume** it's because they need **solid foods**. This may **not** be the case, as several studies have shown. (Please keep reading for more information on starting solids).

Research found that **two thirds** of infants between 1 and 6 months **breastfed during the night**, receiving around 20% of their nutritional needs at night! Your baby may still have **one long stretch** during the night, and night feeds are usually pretty quick. In the “old days,” mothers were told that babies do not need to be fed at night after three or four months. We now know that **this is not true**. We do **not expect** babies this young to be sleeping through yet – so be patient and remember it is a **season** in your life, and it will pass.

### **Time for solids?**

Complementary feeding is the process of introducing solid foods while continuing **breastfeeding**. The target age range for complementary feeding is generally taken

to be 6 – 24 months of age, and breastfeeding is encouraged to 2 years **and beyond** (World Health Organization). Including complementary foods in the diet signifies a **social** and **developmental stage** for the infant, as well as meeting their increasing **nutritional needs**.

The general recommendation is that babies **start eating family foods at around 6 months**. Some babies may be ready a bit earlier and others a bit later. Parents are encouraged to follow their **baby's individual signals** for readiness.

**These include the baby's ability to:**

- Stay in a **sitting** position and hold their **head steady**
- **Co-ordinate** eyes, hand and mouth
- **Look at** food, **grab** it and **put** it **in** their **mouth** by themselves
- **Swallow** food (babies who are not ready will push the food back out, so they get more around the mouth than in it.)

## **Parents are encouraged to:**

- Eat a **healthy** diet and to give their baby the **same food as the family** (as opposed to only special pureed “baby foods”)
- Allow babies to **feed themselves** with their **hands** (as opposed to only spoon-feeding)
- Allow babies to **determine the amount** they eat
- Make meals **fun** and not just focus on getting the baby to eat, but to include baby in the **social aspect** of eating

**Whole cow’s milk** should **not** be used as the **main drink** before 12 months of age.

If you are unsure about when and how to start introducing solids, please consult your lactation consultant – we have a special **handout** on the topic. If your baby suffers from food allergies, we may refer you to a paediatric dietician.

# *Six Months and Beyond...*

## **Weight gain**

From 6 months onwards, weight gain **slows down** even more: average **100-50g/week**.

## **Milk intake**

As baby starts to take in more solids, you might notice a **decrease** in the **intake** of breast **milk**. Feeds might become shorter or further apart, or might continue to be eight feeds in 24 hours!

## **Separation anxiety**

Separation anxiety is a normal **developmental** stage when babies become upset when separated from their primary caregiver. It is a sign of the strong **bond** between you and your baby. Babies and toddlers do not understand the concept of time and do not know *when* and *if* you will return. This phase can start at 6 months, peaks at roughly 12 months and starts to decline at the age of three years.

## Breastfeeding tips for separation anxiety:

- Let your babysitter come over for several days in a row so that your baby **gets to know** her.
- **Feed** your baby just **before** leaving.
- Give hugs and kisses, say good-bye and **go**. Don't keep coming back. It makes it worse for baby (and for you).
- If you are worried about milk intake while you are away, please discuss the matter with your lactation consultant. There are many ways of feeding a baby that do not jeopardise breastfeeding.
- Separation/return and hide-and-seek **games**, short practice separations and favourite toys or blankets can help.
- Keep in mind that separation is **more upsetting** if your baby is **tired, hungry** or **sick**. Whenever possible, try to time separations when baby is fed, awake and well.

## **Teething**

Generally speaking, the lower front teeth erupt when your baby reaches **six to seven months**. By their first birthday they may have six teeth.... or none at all! The teeth will cut when the time is ripe.

Teething **does not cause** high **temperature** and **diarrhoea** – if your baby shows these symptoms, call their doctor.

Some babies experience gum discomfort while suckling. They might start to breastfeed, but then pull off and cry and not want to feed anymore. **This is not an indication that your baby wants to wean themselves.** Other babies feed frequently because it is soothing.

Your baby can suck/chew these to relieve pain before feeding:

- A refrigerated teething ring
- Ice cube wrapped in cloth, rubbed onto their gums.
- A wet facecloth that has been refrigerated

**Avoid** using **topical anaesthetics directly before** breastfeeding, as it numbs your baby's mouth and can make breastfeeding very difficult for them.

General measures to help your baby to breastfeed:

A paediatric pain reliever 30-45 minutes before feeding (ask your doctor before giving any medication to a baby)

Teething babies occasionally bite while feeding, but you do not need to wean your baby simply because of this. Ask your lactation consultant for the **handout on breastfeeding a biting baby**.

### Breastfeeding after 12 months

- Nutrition: Breast milk continues to provide substantial amounts of key nutrients well beyond the first year of life, especially **protein, fat**, and most **vitamins**.
- In the second year (12-23 months), 448 ml of breast milk provides: 29% of **energy** requirements, 43% of **protein**, 36% of **calcium**, 75% of **vitamin A**, 76% of **folate**,

94% of **vitamin B<sub>12</sub>**, 60% of **vitamin C** requirements.

- Immune system: Breastfeeding toddlers are **sick less often** and have **fewer allergies**
- Emotions: Breastfeeding toddlers are generally **smart** and **socially well adjusted**.

For mothers:

- Reduces risk of **breast, ovarian, uterine** and **endometrial cancer**
- Protection against **osteoporosis**
- Reduced risk of **rheumatoid arthritis**
- Can decrease **insulin requirements** in diabetic women

# Home/ Clinic/ Hospital Visits

## How is breastfeeding going?

- Sore, cracked or blistered nipples?
- Painful latch?
- Baby not latching? Or not feeding?
- Baby still losing weight?

## Phone a Lactation Consultant!

address the problem  
**before** it becomes permanent.

- we will come to you in hospital (2 hours)
- or to your home (2 hours)
- or you come see us (2 hours)
- or we can chat using Telehealth

## QUALIFIED Lactation Consultants:

Erica 083-292-5252 (Stellenbosch)  
Leana 083-415-4657 (Somerset West)

## *Clinic Consultation Options*

Somerset West: By Appointment

Stellenbosch: By Appointment

**Weigh & Quick Q\***

**Private @ Telehealth WhatsApp/Zoom\***

**Private @ Clinic Consultations, Office hours \***

**Private @ Home/Hospital Visits, Office hours\***

Please note: for either Telehealth, coming to us or home/hospital visit (depending on circumstances) a follow-up visit/consultation (@ fee) may be needed

**\*Please contact us for fees.**

Please note we do not submit claims to the Medical Aid, after payment, a paid invoice will be emailed to parents so they can claim their money back from their medical aid themselves.

**No Card Facility – Cash Payment,  
SnapScan or EFT**

# Times & Venues

## *Somerset West*

### **By Appointment**

**Google Location Pin will be send after booking an appointment**

## *Stellenbosch*

### **By Appointment**

**10 Ackermann Rd,  
Krigeville, Stellenbosch**

**FROM R44:** into Van Reede Str,  
LEFT @ Koch, over 3 speed bumps,  
RIGHT @ Ackermann.

**FROM CHECKERS** cnr Dorp Str: into  
Piet Retief, pass Kwikspar & Paul  
Roos, RIGHT @ Ackermann.

**Please BOOK an APPOINTMENT preferably 1-2 days in advance**

WhatsApp us the following information:

1. your **name**
2. your preferred **date & time**
3. **which clinic** (SSWest/STBosch)
4. Please tell us if this is your **1<sup>st</sup> visit**

**WhatsApp for appointment**



**Send your WhatsApp to:**

SSW: Leana **083 415 4657** / Erica **083 292 5252**

STB: Erica **083 292 5252**

Your appointment will be **confirmed** via **WhatsApp**.