

Information for breastfeeding military mothers



DADS AND BREASTFEEDING

The evidence is clear that a helpful and supportive father is the key to breastfeeding success. Studies have repeatedly shown that new mothers value the support of their husband more than any other form of support. Unfortunately, men are rarely completely welcomed into the breastfeeding relationship. Most books written about men in breastfeeding limit the father's role to preparing and passing the baby to mom. Fathers are capable of much, much more. Read this handout, and learn how to help and support your wife to breastfeed.

The breastfeeding family is a lot like a cohesive military unit. No unit can succeed if its members are not all working together toward a common goal, and likewise, breastfeeding families must all work together to achieve their goals in breastfeeding. Each member your unit has a specialized task that only they can do: Mom will offer the baby the breast, the baby will feed himself, and Dad will serve as a coach or guide to help make sure everything goes well.

- The Mother's job is to put the baby "in the kitchen". That means that mom has to offer the baby the breast. Breastfeeding is easiest, at least for the first few days or weeks, when the mother removes the baby's clothes and put his naked chest right up against her bare chest. Once the baby is "in the kitchen" all you really have to do is wait for him to do his job, when the time is right, he will feed himself.
- The Baby's job is to identify the breast, open his mouth VERY wide and take as much of the areola as he can deep into his mouth, and suck and swallow until satisfied. The more breast the baby takes in, the easier and more effective feeding will be. Remember, it is the baby's job to feed himself. He will be ready to feed within an hour of being born. Some babies will wait for a while, but all babies will eat when they are ready, usually within the first 24-48 hours.
- Dad, your job is to help get your baby to the breast. You are a powerful team member and your team will have a much better chance to succeed if you are actively involved. So get in there, roll up your sleeves and help your wife to breastfeed. There are three simple steps. 1) When does the baby need to eat? 2) How does the baby eat? 3) When is the baby done eating?

When does the Baby need to eat? When a baby has stress (hunger, cold, wet or dirty diapers, pain, or loneliness) he will show you some very predictable signs. He'll curl up his hands and feet and bring them to the center. He'll start to turn his head and may suck on his hands. Eventually he'll start to fuss and cry. All of these are stress signs. Sometimes he'll be hungry, sometimes lonely; but when he does those things he is asking for you to pick him up and tend to his needs. Since you won't know what he wants by looking at him, always start in the kitchen. If he's hungry, he'll take the breast when you offer it. As a general rule, newborns eat 8-12 times a day, or every 2-3 hours.

How does the baby eat? When baby is ready to eat and he's in the kitchen, he will stretch out his hands, move the breast to where he wants it, open his mouth VERY wide, and take the breast deep into his mouth. He'll latch on and suckle in bursts of 10-15 rapid sucks followed by a short pause, you may hear a soft swallowing sound, and then he'll do it again. When your baby is on the breast you need to make sure he is latched on well and that he is transferring milk well from mom to baby.

When is my baby finished eating? When baby is finished eating he will relax his hands, release the breast, pull away from the breast, and fall into a deep sleep. A baby that is satisfied after feeding, growing steadily, healthy looking and generally happy, is getting "enough" to eat.

PERSONAL USE ONLY

Signs of a Good Latch:

- **Nose and Chin touching the breast** - He should bury his face deep in the breast, never try to pull the breast away from his face because that will pull the nipple away from his mouth, or change the shape of the breast in his mouth. He will not suffocate on the breast. If he can't breathe, he'll just turn his head or pull away.
- **Full Round Cheeks** - If his mouth is full of breast, his cheeks are full of breasts. If you see dimples on his cheeks or creases around his mouth, he does not have the breast deep in his mouth and he is creating a vacuum of empty space.
- **Wide Open Jaw** - The infant has a small mouth and he has to open that mouth VERY wide to get all that breast tissue deep into his mouth. Measure the angle of his jaw. The angle from his nose, to his ear, to his chin should be greater than 90 degrees.
- **No Pain** - NO PAIN! NO PAIN! NO PAIN! Did mention it shouldn't hurt to breastfeed? When the infant pinches the nipple with his mouth or tongue your wife will be in pain. Not only will the baby hurt his mother, but he will also not be able to effectively bring milk out. When you pinch the nipple, it's like bending a straw, you can't drink from it. Don't let the baby pinch the nipple. If your wife has nipple pain, you need to fix the latch immediately, and if you can't, you need to get in to see a lactation consultant as soon as possible.
- **Flared Lips, Up and Down** - In order for a baby to take the breast deep in his mouth he will have to flare his lips as he opens his mouth widely. His tongue will extend and push out his lower lip, and he will wrap his lips around the areola. If there is a latching problem it is often failure to flare the bottom lip.

Wondering how to fix a bad latch? Don't worry, they taught you how to solve the problem when you were in basic training. Corrective action for the breastfeeding baby is the same as corrective action for the M-16 (or M-4). When a baby has a bad latch, it is almost always a double feed. You have two rounds in the chamber at the same time (in this case, breast and lower lip).

Just like any other double feed, you'll have to pull **SPORTS** (*slap, pull, observe, release, tap, and shoot*). If you remember your basic rifle marksmanship, you will know what to do without even asking.

- **S** – Slap – Put your hand on the baby's back and push him toward the breast.
- **P** – Pull – Reach one finger between the chin and the breast and pull down on the baby's chin to elicit a rooting reflex.
- **O** – Observe – Does the jaw open, do the cheeks fill and round out, do the lips flare, and does the pain go away?
- **R** – Release – let go of the chin and let the baby suckle and test the new latch.
- **T** – Tap/Try again – Repeat the first four steps two or three times to see if you can correct the bad latch.
- **S** – Shoot – Darn it! We have to take him off the breast and try again.

If you can't fix the latch with the basics of **SPORTS** you are going to need remedial action. You're going to have to *drop the magazine* (take the baby off the breast), *clear the chamber* (calm the child then elicit a rooting reflex off the breast to encourage a VERY wide open mouth), and *reload* (put him back to the breast).

Eventually these steps will almost always help solve a bad latch. Very rarely you may find that even though you do everything right your baby will not latch correctly. He may have chosen to sleep rather than eat, he may be over stimulated, or he may just need an experienced hand to help him out. Give him a break, let him rest for an hour or so, and try again. If he ever goes 24 hours without eating, get in to see a lactation consultant right away.

Fathers are powerful allies contributing to breastfeeding success. Do not allow yourself to be excluded from this time in your child's life. Study and learn, roll up your sleeves and get in the game. Your family stands a much better chance of succeeding when you actively support breastfeeding and actively help your wife breastfeed.

© 2010-2015 Robyn Roche-Paull, RN, BSN, IBCLC and Tom Johnston, CNM, IBCLC

www.breastfeedingincombatboots.com

The information contained in this handout is solely for general education and informational purposes only. Always seek the advice of your health care provider for any questions you may have regarding your or your infant's medical condition.

PERSONAL USE ONLY