



The New Mother's Breastfeeding Guide

A little more confidence for your breastfeeding journey. The basics I wish every mother was told before she left the hospital.

- ♥ Feeding cues
- ♥ Latching basics
- ♥ Common challenges
- ♥ Burping basics
- ♥ When to seek support



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A NOTE BEFORE YOU BEGIN

Hello, new mum

Breastfeeding is natural, but that doesn't mean it comes naturally to everyone straight away. It's a skill you and your baby learn together, and most of us need a little help at the start.

Keep this guide somewhere handy. Read a section while you feed, come back to it when something feels off, and please remember: if you're worried, asking for help early is always the right choice.

With love, Mansi

01 · FEEDING CUES

Reading your baby's hunger signals

Babies tell us they're hungry long before they cry. Feeding on early cues makes latching much easier, because a calm baby latches better than a frantic one.

EARLY

"I'm getting hungry"

- ♥ Stirring, waking up
- ♥ Mouth opening
- ♥ Turning head, searching (rooting)

MIDDLE

"I'm really hungry"

- ♥ Stretching
- ♥ More movement
- ♥ Hand to mouth, sucking fists

LATE

"Calm me first!"

- ♥ Crying
- ♥ Agitated movements
- ♥ Turning red

If your baby is already crying: calm them first with skin-to-skin, gentle rocking or talking, then offer the breast.

How often?

In the early weeks, most babies feed **8 to 12 times in 24 hours**, including at night. Feeds are often irregular and sometimes bunched close together (cluster feeding), especially in the evening. That's normal, and it isn't a sign of low milk.

Sleepy newborns sometimes need waking for feeds in the first days. Ask your doctor or lactation consultant how often your baby should be fed if they're very sleepy or jaundiced.

A good latch makes everything easier

A deep latch helps your baby get milk well and protects your nipples. Here's the sequence I teach most often:



- 1 **Get comfortable first.** Back supported, feet flat, pillows where you need them. You may be here a while.
- 2 **Tummy to tummy.** Your baby's whole body faces you, ear, shoulder and hip in one line.
- 3 **Nose to nipple.** Start with your baby's nose opposite your nipple, so they tip their head back slightly to reach.
- 4 **Wait for a wide mouth,** like a big yawn. Gently brushing the nipple against their top lip can help.
- 5 **Bring baby to breast,** not breast to baby. Chin touches first, then the mouth closes over a big mouthful of breast.

Signs of a good latch

- ♥ Mouth wide open, lips turned out
- ♥ Chin pressed into the breast
- ♥ More of the dark areola visible above the top lip than below
- ♥ Slow, rhythmic sucks with swallows you can hear
- ♥ Feeding doesn't hurt after the first few seconds

If it hurts

- ♥ Don't just bear it. Pain means something needs adjusting.
- ♥ Slide a clean little finger into the corner of baby's mouth to break the suction
- ♥ Try again, aiming for a wider mouth and a deeper latch
- ♥ If it still hurts, ask for help early

When things don't go to plan

Almost every mother hits at least one of these. They're common, and most get better with small changes.

Sore or cracked nipples

Usually a sign the latch needs to be deeper. After feeds, a few drops of your own milk on the nipple and air drying can soothe. Pain that continues needs a latch check.

Engorgement

Breasts that feel hard, full and painful, often around days 3–5. Feed often, hand express a little to soften the areola before latching, and use cold compresses between feeds.

"I don't have enough milk"

The most common worry, and often not the case. Watch wet nappies and weight gain rather than how full your breasts feel. Frequent feeding is the best way to build supply.

A very sleepy baby

Undress to the nappy, try skin-to-skin, and gently compress the breast during the feed to keep milk flowing. Tell your doctor if your baby is hard to wake or very yellow.

Blocked duct

A tender lump in the breast. Keep feeding from that side, try different positions, and gently massage towards the nipple.

Mastitis

A hot, red, painful area with fever or flu-like aches. **See your doctor**, and keep feeding or expressing from that breast unless told otherwise.

Is my baby getting enough?

- ♥ By day 6–7: at least **6–7 wet nappies** every 24 hours
- ♥ By day 4: stools turning **yellow**, and coming often
- ♥ Back to **birth weight by about two weeks**, then gaining at least **500 g a month**

Burping, gently

Breastfed babies often swallow less air than bottle-fed babies, so some hardly need burping. Try when switching sides and at the end of a feed. If nothing comes up after a minute or two, that's fine.

Over the shoulder

Baby upright against your chest, chin on your shoulder. Gently pat or rub their back.

Sitting on your lap

Support the chin and chest with one hand, leaning baby slightly forward. Pat with the other.

Tummy down

Baby lying across your lap on their tummy, head a little higher than the chest. Rub the back.

A little milk coming up with a burp (spit-up) is normal. Talk to your doctor if vomiting is forceful, green, or your baby seems unwell or isn't gaining weight.

Please don't wait if...

Call a lactation consultant

- ♥ Feeds are painful beyond the first few seconds
- ♥ Your nipples are cracked or bleeding
- ♥ Your baby struggles to latch or falls asleep straight away at every feed
- ♥ You're worried about your milk supply
- ♥ You'd like to build supply back up after it dropped

See your doctor promptly

- ♥ Fewer wet nappies than expected, or dark urine
- ♥ Not back to birth weight by two weeks
- ♥ Baby is very sleepy, hard to wake, or very yellow
- ♥ Baby has a fever or seems unwell
- ♥ You have a fever, or a hot, red, painful breast

I'm here to help

Consultations in person in Mumbai and online, wherever you are.

Call or WhatsApp +91 96847 04075 · Mansi@breastfeedingwithease.com

breastfeedingwithease.com/appointment

This guide is general information for healthy, full-term babies and is not a substitute for personal medical advice. © Breastfeeding with Ease, Mumbai.