PRENATAL LACTATION CLASS SERIES WORKBOOK

Queen at Home

Lactation Services

GLOSSARY

5 THINGS TO KNOW BEFORE BREASTFEEDING/CHESTFEEDING YOUR INFANT:

(VIDEO #1)

Focus on your mindset!
1:11

1

- Focus on your commitment, choices and motivations
    - Benefits? Cons?
    - Preferences?
    - Do this inner work now before in the thick of it!
- **Understand your perception does not always accurately indicate your milk supply, but it does dictate your likelihood of success**!
- Your perception comes with history and personal experience. See #5 for the ACTUAL way to determine your success and optimization of milk supply
- If you perceive issues, always reach out for help and resources! https://queenlactation.com/contactus/

- Understand importance of our culture and support system in our perception
- Get help if you need it!

Consider your support system.
2:24

2

- Who is your personal support system team?
    - Partners, family members, friends, relatives?
    - Day care, paid caregiver
- Consider, research and plan what your lactation goals are. Discuss this with your support team.
    - What does this look like for you?
    - What does this look like for your team?
    - Are there any cultural or personal differences?
    - Do your caregivers have any feeding or birth concerns, history or trauma to discuss to best understand where they may come from?
- Consider, research and discuss what tools and information you and your team will need for these goals:
    - Bottle feeding & Paced bottle feeding
- https://kellymom.com/bf/pumpingmoms/feeding-tools/bottle-feeding/
        - Wait until breastfeeding/ chestfeeding well established
    - Possible alternative methods such as

- https://kellymom.com/bf/pumpingmoms/feeding-tools/alternative-feeding/
    - Cup feeding
    - Syringe feeding
    - Spoon feeding
- Pumping (*Call your insurance! Most plans will provide these for free!*)
- Milk storage & preparation
- https://kellymom.com/bf/pumpingmoms/milkstorage/milkstorage
    - How often should they be feeding your infant?
- https://www.cdc.gov/nutrition/infantandtoddlernutrition/breastfeeding/how-much-and-how-often.html
    - Do not prolong feeds/spacing
    - Best to feed on demand at most 3 hours between feedings, ideally about every 2-3 hours when exclusively breastfed
- How much volume should they be giving your infant?

https://www.ameda.com/milk-101-article/breastfeeding-guide-for-the-first-12-months/

*This site is a breast pump company that I do not endorse whatsoever. They just have a really concise page of information!

- Hunger cues

https://wicbreastfeeding.fns.usda.gov/babys-hunger-cues

https://kellymom.com/bf/normal/hunger-cues/

- Satiety cues

https://breastfeedingusa.org/content/article/how-can-i-tell-if-my-baby-full

- Signs of other issues unrelated to hunger and those alternate soothing techniques

https://www.beautifulbreastfeeding.com/why-is-my-baby-feeding-again-75-reasons-your-baby-needs-to-breastfeed-besides-hunger/

https://www.motherlove.com/blogs/all/10-reasons-besides-hunger-that-babies-feed-more-milk-plus

https://www.theatlantic.com/health/archive/2016/03/breastfeeding-pacifier-comfort-feeding/475836/

- Who is your medical support team?
  - Lactation Consultant
    - QueenLactation.com
    - Local consultants?
    - Free resources?
    - Search "Breastfeeding resources in [your area]"
    - Look into your local WIC
    - La Leche League

https://www.llli.org/get-help/

    - Hospital resources in your area
- Call about your lactation benefits in your insurance plan. The Affordable Care Act mandates that most insurance plans cover lactation education and consultation + will provide a breast pump for free with every pregnancy!
- If you have any difficulties obtaining benefit information or coverage, go the National Women's Law Center Toolkit

https://www.nwlc.org/sites/default/files/pdfs/final_nwlclogo_preventiveservicestoolkit_9-25-13.pdf

- Hope is never lost until or unless you give up! Be cognizant of your perception and remember your goals!
- **You should feel empowered by and connected to your providers who are knowledgable and evidence based.**
    - OB/Midwife - Questions to ask:
        - Birth plan opinions?
        - Does birth affect breastfeeding?
        - Your birth choices matter! See #3
    - Pediatrician - Questions to ask:
        - What growth chart do they utilize? From CDC or from WHO?
        - Percentage of clients who you recommend early supplementation of formula?
        - Reasons/parameters to recommend supplementation of formula?
        - Do they believe in or are knowledgable about the identification and management of tethered oral tissues, aka tongue ties?

Birth choices matter!
8:58

3

- Birth interventions can lead to difficulty feeding

https://evidencebasedbirth.com/effect-of-epidurals-on-breastfeeding/

- They can absolutely be mitigated and assisted with, but first we must know of the risks to be able to provide informed consent with these procedures and be prepared for possible feeding related risks afterwards
- The more interventions performed during labor & delivery, often infants will experience:
    - Very sleepy on first day of life. May be impossible to wake
    - Second day intermittently fussy and sleepy, can often be calmed by skin to skin
    - Second Night baby is often very fussy, cluster feeding throughout night and can only be soothed when on the birthing parent's chest. (It's called second night syndrome!)
- Ways to help mitigate early problems:
    - Think of ways to stimulate infant to wake for feeds

- Unwrap/unswaddle, undress, diaper change, sit them up in your lap, talk with them

- Tons of skin to skin time to help with thermoregulation (temperature control) and blood glucose stabilization (keep the blood sugar up!), as well as help infant realize they are hungry and may want to feed!
- Continue to give lots of opportunities to feed, at least 8x daily.
- If infant continues to not want to feed for first 24 hours hand express into infant's mouth, or into a spoon and spoon or syringe feed. If after 24 hours, consider beginning pumping in addition to hand expression
- Hand expression
    - Stanford video:
- https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html
    - Can increase milk supply long term
- If might need non-emergency c-section, consider researching family centered c-sections and ensure you get your golden hour as long as your infant is healthy!

https://evidencebasedbirth.com/the-evidence-for-skin-to-skin-care-after-a-cesarean/

https://evidencebasedbirth.com/tag/c-section/

- When must supplement with formula, always attempt directly breastfeeding and/or pumping

first. Then utilize spoon, syringe or cup feeding. If must use bottle, use slow flow nipple with paced bottle feeding technique of appropriate volume. Feeding should be approximately 10-15 minutes long. Watch for hunger/satiety cues. Give lots of opportunities for the infant to "tell" you they are done.

https://kellymom.com/ages/newborn/nb-challenges/decrease-formula/

http://wendywisner.com/2014/09/02/feed-the-baby-when-supplementing-saves-breastfeeding/

- Satiety cues or cues infant needs to stop bottle feeding, take a break, decrease volume or slow feeding down

http://nurturedchild.ca/index.php/2010/12/10/baby-led-bottle-feeding/

- Gasping for air
- Guzzling
- Leaking out of the corners of their mouth
- Pushing away
- Pursing lips to prevent nipple going into the mouth
- Large amounts of spit up

Know your infant's reflexes
10:00

4

- Babies are born to breastfeed!
- Their reflexes are a symphony to utilize on this dance called latching.

https://www.healthychildren.org/English/ages-stages/baby/Pages/Newborn-Reflexes.aspx

- These reflexes are most present in infants who are full term and healthy
- Reflexes:
- **Rooting** - Infant will turn the direction of something that strokes it's cheek/face
    - Can take advantage of this by bringing nose to nipple. Helps obtain deep latch!
    - Can avoid rubbing cheek when supporting infant's head so as not to inadvertently direct the infant away from the breast
- **Suckling** - Roof of mouth stimulates suckling.
    - Best utilized when obtain wide open mouth
    - Allows for effective suckling at breast
- **Moro** - Startle response, can be calmed when infant is skin to skin with you or swaddled
- **Grasp** - Infant will grasp anything placed in palm of hand

    - Best utilized with arms free and able to assist with latch, generally cupping breast/chest with one hand on either side
- **Stepping** - When supported, infant can appear to walk
    - Utilized when placed across breastfeeding/ chestfeeding parent's abdomen skin to skin with support on legs feet.
    - Depending upon position, perhaps that is the breast support pillow, chair, bed, parent's thigh or parent's arm
    - Ensuring the infant feels secured and supported while still able to move will optimize latch and decrease startle response, as well as infant pushing away or fussy at breast/chest
- If it appears a reflex "isn't working" and your infant is full term, have them spend time skin to skin before feedings. This will help them organize their nervous system and allow their instincts to activate and optimize!

5

- Feel encouraged to focus on your goals and knowledge. You know your baby best and as long as they are meeting their growth and development milestones as indicated by weight and diapers, you are doing it!
- "Stay in your lane" also is how you can know your infant is getting enough! The "vehicle" is a comfortable latch and the lanes are appropriate weight and appropriate diapers for your infant's age. Hence stay in your lane!
- If you feel like your infant isn't in "the lane". Consult with your care team! Ideally both a lactation consultant and your pediatrician! Both your infant and a feeding needs to be evaluated.
- Appropriate diapers for exclusively breastfed baby can be determined by a minimum 1 bowel movement and 1 urination diaper on day 1. 2 BM's and urine diapers on day 2. 3 and 3 on day 3. Etc for days 4 & 5. By day 5 your "mature" milk should "be in" and your infant's diapers should start increasing to 6-8 urine and

6-8 bowel movement diapers daily, as well as be a yellow, seedy look and texture.

- In first few days, your infant may lose weight. A maximum of 7-10% and should be back to birth weight by 10-14 days. These exact numbers of course depend on your pediatricians recommendations, but this range is generally accepted by most pedi's.

https://kellymom.com/hot-topics/newborn-nursing/

https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/expert-answers/infant-growth/faq-20058037

- Growth charts help track infant growth curve

https://www.who.int/childgrowth/standards/en/

- Generally infants are expected to double birth weight by 5 months and triple birth weight by 12 months.

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RESOURCES FOR VIDEO #1:

Queen At Home Lactation Services & Alyssa Queen RN, IBCLC do not endorse nor sponsor any of these websites or organizations, but these are very informative places to look for information, linked throughout the workbook for your information! We have not written or sponsored any of these pieces of information.

(WHO) World Health Organization
KellyMom
(CDC) Centers for Disease Control
Stanford Newborn Nursery
Evidence Based Birth
WIC
La Leche League International
Breastfeeding USA
Beautiful Breastfeeding
The Atlantic
MotherLove
National Women's Law Center NWLC.org
Wendy Wisner
The Nutured Child
HealthyChildren.org
Very clinical and in-depth article if parents are interested in that kind of thing:https://www.ncbi.nlm.nih.gov/books/NBK148970/

ALL ABOUT BOTTLE FEEDING: PACED BOTTLE FEEDING

Video #2 of Prenatal Series

- This video is all about bottle feeding, utilizing the very important Paced Bottle Feeding Method. This is a baby-led way anyone who needs or wants to use a bottle can do so while still helping their baby be an active participant leading the feeding.
    - This may be when infant is having difficulties and needs supplementation
    - For exclusive formula feeding or exclusive pumping and bottle feeding
    - For combination feeding or feeding when parent is separated from infant for any reason including medical needs or returning to work
- **Important bottle feeding notes:**
    - 00:28 Ideally if primarily breastfeeding, wait until breastfeeding relationship is well established or generally around 3-4 weeks old.
    - If infant is not transferring milk well, needs supplementation or is having difficulty nursing, this is a way to help them meanwhile assistance

with a lactation consultant is obtained for these feeding problems.

- Teaching infants how to bottle feed does not teach them how to breastfeed. This is an entirely different mechanism of action and functional skills. You wouldn't teach someone to learn a bike by giving them a skateboard!
- 2:12 Anytime infant is supplemented with a bottle when parent wishes to provide breastmilk, lactating parent must pump or express milk in some way to maintain supply and demand.

- 3:18 If I bottle feed my baby, I can know exactly how much my baby got!
    - Not 100% true. You will know how much you put in the bottle, but you won't know how much nourishment the infant got. Infants often spit up with bottle feeding, it is very difficult to know exactly how much the infant took in versus spit out. Foremilk/hindmilk balance unknown. Also when utilizing substance that is not breastmilk such as infant formula, it is less readily digested and will require more work on the baby's digestion to extract the nutrition. It is unknown how much waste vs work vs nutrition the infant will get with human milk substitutes.
- So, this does not mean bottle feeding is "bad" or direct feeding is "good". It's just important to realize that there is no 100% sure way to know EXACTLY how much

an infant took in unless you are doing pre and post feed weights and perhaps even performing regular creamatocrit tests on expressed milk (A breastmilk fat analysis test). It's really just important to know the signs of infant hunger versus infant satiety and other ways to know your baby is getting enough. See our first video in the Prenatal Lactation Class Series called "5 Things You Need to Know Before Breastfeeding/Chestfeeding" to get more specific facts on if your infant is getting enough!

- 5:15 In hospital culture particularly, there is often this thought that babies must be force fed, their cues and wishes can't be trusted for the sake of their wellbeing. I assert that infants know what they need, we need to learn how to help them optimize their feeds and when they are hungry and need more nourishment or not. This is especially important when would like to also keep infant at the breast when reunited/issues resolved/etc.
- 5:56 Anytime you use an artificial nipple such as a pacifier, bottle nipple, nipple shield etc., there is a risk that it can affect your latching, or direct breastfeeding/chestfeeding relationship.

*See next video, "Alternate Feeding Methods" if would like to avoid this altogether. Although even still, this is an excellent skill to learn as most caregivers generally prefer bottle feeding in western culture.

6:50 So why bother pacing the bottle? Must slow the flow! Because…

- Paced feeding, slowing the flow is more rotective of breastfeeding, lowers risk of "breast rejection", "flow confusion", "nipple confusion"
- Allows for BABY LED feeding. Important for infants developmentally, allows use of infant reflexes to optimize feeding. Gives them a chance to tell caregivers how much they need and when they are hungry or full.
- If you feed too fast and too much (just like when we eat Thanksgiving dinner!), sometimes the baby doesn't realize they're hungry until they are STUFFED.
- Too much volume will also be difficult to keep up with if/when pumping as will artificially force infant to eat more and as we all know, if you continually eat past satiety this can set you up for overeating long term. Also will decrease feeding when reunited and thus greatly lower milk supply long term.
- Don't want to "drown" baby! When tilted back, especially lying more flat, must keep swallowing literally to survive and protect airway. This leads to overeating, reflux/colic symptoms, stool problems, belly pain, gas, bloating, fussiness

8:34 Supplies/set up

- Pillows around feeding parents arms, just like breastfeeding! Do not want to rush feeding because you arms are tired!
- Should last 10-20 minutes just like a breastfeeding/chestfeeding session commonly does

- Also pillow can help support infant feet, often calming to infants

- Choose a bottle based on your comfort to hold. You can use the "most breast like" bottle in the world, but if not controlled well, marketing points towards breastfeeding are irrelevant.
  - I like more narrow bottles than are easier to hold somewhat like a pencil
  - I personally enjoy using professional and personally, Medela, Avent, Dr. Brown's
  - Ensure bottle nipple is sized and shape where infant can get on very deeply with flanged lips. If too wide can be difficult to "latch" deeply and encourages "feeding from the tip".
  - Slow flow nipple also recommended

So how do I bottle feed my baby?

- 12:34 Not in like you see in movies! Not in the crook of the arm where the baby is laying backwards and having milk guzzled on them. I don't like to eat like that! Babies are not passive!
- Just like with direct breastfeeding, always best to feed "on demand"- based on infant hunger cues, not necessarily by watching the clock.
- Sit them up (or can lay them down on their side), but upright preferred to give them control and power and preserve airway
- Head tipped back
- Hand supports back and neck

- Can also put pinky or ring finger under baby's arm pit if feels more supportive
- Hold bottle "like a pencil"
- Utilize reflexes like with BFing: Have infant "latch" onto bottle utilizing rooting reflex at top of lip, just like with BFing. Wait for nice big mouth and activity, allow him to bring nipple in. This allows stimulation of roof of the mouth. You'll want the angle of the corners of the mouth/jaw to be wide like in a deep latch.
- At first allow a couple suckles without getting immediate flow, similar to breastfeeding, where you've angle the bottle down and made the flow very slow.
- Then when ready to allow the baby to suckle milk, adjust the bottle to be in a flat, 90 degree angle with the baby so milk in tip of nipple but not completely filling nipple. This slow flow will encourage the baby to do the work to draw the milk in, instead of gravity drowning him.
- Suck, suck swallow pause. Active, but not constant "guzzling". Infant will take natural breaks or pauses when eating at the breast. Allow for these when bottle feeding to give the infant an opportunity to digest their food and identify if they want or need more, or are full.
- Tip nipple down when infant reaches natural break
- During active suckling You can even do a little bit of gentle pulling to encourage him to do work to draw into mouth
- Should take 10-20 minutes, similar to BF time
- Pulling the bottle out of the mouth during breaks vs moving angle to slow flow. Up to you and your baby's

preference! Either way, especially if the baby is suckling/swallowing too vigorously, you'll want to give them pauses amidst a nice suck, swallow breath pattern.

********It's ok that the baby may take-in some air. They will get some with bottle feeding no matter what, but swallowing air when guzzling fluids too quickly is of much more concern than swallowing air with a paced, slow feeding. A burp can take care of the minor air swallowed when feed is well paced. Gulping too fast can cause reflux symptoms, especially when continually done. *****

19:54 **Cues to look for when done:**

- Baby is done when eventually you slow the flow or pull the bottle away and the baby doesn't start suckling again. This is your baby saying they are done. Don't try to coax the baby to finish the bottle as it teaches them to ignore hunger cues and defeats the purpose of baby-led, paced feedings!
- Falling asleep
- Relaxed body language, open hands
- Turning head to side
- Closing Lips

20:40 **Warning signs to indicate you need to slow down:**

- Widening of eyes
- Furrowing of brow
- Flaring nostrils

- turning/pulling away/push away/stiffens arms or legs
- Swallowing very quickly without natural pauses/ breaks
- Milk leaking out of sides of mouth

21:26 **Things to AVOID and watch out for!**

- Jiggling/wiggling the bottle. Don't wiggle bottle to encourage more suckling and ignoring baby-led. This is common, but should be avoided!
- Massaging jaw/throat to stimulate swallowing/ suckling reflex
- NEVER prop up bottle on pillow or support of any kind. Parent should be feeding infant with both parties being active participants for infant safety and wellbeing
- Forcing nipple into mouth or waking infant to "finish" bottle when drowsed off and released bottle nipple
- Simply "pouring" milk into infant's mouth, must be baby-led and active. If having to pour in, is your baby truly hungry and exhibiting hunger cues? Is the baby too sleepy and not hungry or need to be awoken due to medical needs? Or are you not positioning correctly for infant to lead the way with appropriate tongue mobility? Are they "laying down" "too flat" and need to be more upright?
- If baby is gagging, choking, refluxing. Reassess technique, volume, hunger. If continues having problems these are signs requiring further evaluation by a lactation consultant and pediatrician!

- If not taking as much volume as the baby “should”, feed more often. Again, if continue having this issue, get further evaluation!

Any further questions go to https://queenlactation.com/contactus/

For information about our services go to https://queenlactation.com/services-packages/

If you'd like to book with us, make sure you use the coupon code "QUEEN" for $15 OFF of your first consultation!!!

RESOURCES FOR VIDEO #2

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Breastfeeding Education by IABLE YT channel called "Paced Bottle Feeding"

https://www.youtube.com/watch?v=OGPm5SpLxXY&feature=emb_rel_end

Article called "Paced Bottle Feeding For Your Breastfed Baby" by THE TOT

https://www.thetot.com/mama/paced-bottle-feeding-of-your-breastfed-baby/

Article and video by Mama Natural, By Genevieve Howland. Video by Emerald Doulas, Inspired captioned videos!

https://www.mamanatural.com/paced-bottle-feeding/

BOTTLE FEEDING MYTHS:

https://kellymom.com/bf/pumpingmoms/feeding-tools/bottle-feeding/

Region of Peel Public Health YT Channel “How to Bottle Feed your Baby: Paced Bottle Feeding”
https://www.youtube.com/watch?v=iKSSi5pi57I

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https://www.usa.philips.com/c-p/SCF693_27/avent-natural-bottles-natural-baby-bottle

Dr. Browns https://www.target.com/p/dr-brown-s-natural-flow-preemie-baby-bottle-2pk/-/A-17303135

ALTERNATE FEEDING METHODS

Video #3 of Prenatal Series

Why is it important to know about these, whether or not you plan to use them regularly?

- What if your baby won't take a bottle?
- Helps lower risk of nipple or flow "confusion", or breast rejection when need to supplement for any reason
- Easily sanitized, readily available
- These alternate feeding methods are most protective of breastfeeding when unable to directly breast/chestfeed
- These are safe options for infants/children at any age when done correctly

1:08 Paced Bottle Feeding and rest of Prenatal Education series can be found at: http://queenlactation.com/prenatal-lactation/

1:17 **1. Syringe Feeding**

- Come in variety of sizes depending on what stage of production you are in
- Generally speaking, probably would be more efficient to utilize spoon feeding or cup feeding if

feeding more than 5mls at a time. Good for first day or two after birth

How To:

• Sit infant upright

• Head slightly tiled back with palm supporting back/neck and pointer/thumb fingers supporting gently behind each ear

• Rub syringe on lips to encourage infant to utilize rooting reflex and open mouth.

• Give small amounts at time towards cheek

• Careful! Very easy to accidentally give a little too much, too fast.

• Avoid suckling on syringe. If infant is able to actively and effectively suckle and feed, might consider utilizing spoon, cup or paced bottle feeding method(s)

• Can be used when infant is struggling at the breast or as a little extra calories to wake infant before a feeding directly from breast/chest or another feeding method

5:33 **2. Spoon Feeding**

- Readily available
- Easy to clean and sanitize
- Comes in multiple sizes, generally 1 tsp is 5 milliliters and 1 tbsp is 15mls.
- Good in early days after birth

How to:

- Sit infant upright, head slightly tilted back
- Palm supporting neck/back, thumb and pointer behind ears gently supporting head

- When infant exhibits hunger cues, put cup to infant's bottom lip holding spoon in a near "pencil" hold. Have milk pointed towards end of spoon.
- Can take practice not to spill! May need to swaddle/ wrap infant
- Once spoon brought to bottom lip and milk towards edge of spoon, infant will extend tongue to taste and eventually "lap" milk, almost in a puppy-like fashion
- Allow infant to pace this movement, as their jaw tilts and tongue extends allow them to develop "lapping" rhythm.
- Allow use of natural pauses. Baby will pace this, just like at bottle or breast.
- These pauses allow them to evaluate if they are hungry for more or done with feeding.

7:38 **3. Cup Feeding**

- Readily available
- Easy to clean and sanitize
- Use whatever you have on hand! Do not need a specific cup or to purchase anything special.
    - Medicine cup, small children's cup, adult-sized cup, shot glass, breast milk pump bottle without nipple, anything!
- Can use for any amount of breastmilk or formula throughout infant/child's lifespan. Not something you need to "wean" from like with bottle feeding. Good for

oral development as prolonged use of artificial nipples can have effect on growth and development of oral-motor function and shape.

- Is most protective of breastfeeding, lower risk of breast rejection or nipple or flow "confusion"
- Great option when your baby won't take a bottle!

How to:

- Sit infant upright
- Head slightly tilted back and supported with palm behind infant neck/back and thumb and pointer fingers behind ears gently supporting head
- Bring cup to infant's bottom lip with volume of milk towards edge of cup
- Infant will extend tongue to taste and "lap", tongue forming a c-shape
    - This shaping and movement of tongue is most similar to breastfeeding movement for infant
- Can help tilt cup or infant head, but most infants will be able to lap and pause independently when cup is well positioned
- Very baby-led feeding method
- Still allow for pauses for infant to indicate would like more or is finished with feeding

12:05 **Avoid/Watch out for with all methods:**

• Avoid too much pressure on lips (upper or lower depending on method). If you notice their lip is being

extended by pressure of syringe/spoon/cup, lessen pressure. Want feeding item to gently rest on lip.

- Avoid bringing spoon/cup too far "up" against lip or back into mouth, will block tongue action needed to "lap" up milk
- Avoid pouring milk into infant's mouth. Feeding should still be baby-led activity
- Should still take 10-20 (10-15 being average*) minutes to feed
- If feel like amount is "pouring" into infant's mouth, check positioning and/or technique. Are they tilted back too far? Are you tilting the feeding device too much? Are they sleepy or need to wake more?
- If baby is gagging, choking or experiencing reflux reassess technique, volume and hunger/fullness cues
- If infant not taking as much volume as they should, feed more often. May need more breaks.

13:47 **Signs of too much or too fast, stress signals:**

- Widening eyes, looks surprised
- Furrowing brow
- Nostrils flaring
- Turning head, pulling away, pushing feeding device away
- Stiffens arms or legs
- Arches back
- Milk leaking out of sides of mouth
- Swallowing too quickly without any natural pauses

14:18 **Fullness or satiety cues:**

- Falling asleep
- Relaxed open hands and arms. Relaxed body language looking “milk drunk”
- Closing lips
- When pull syringe/spoon/cup away and they don’t seek out more milk. That natural pause keeps going and turns into a full break where the baby looks peaceful and relaxed or maybe even fully asleep.
- Turn head away

RESOURCES FOR VIDEO #3

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Global Health Media Project on YT. “Cup Feeding - Small Baby Series” *BEST HOW TO*
https://www.youtube.com/watch?v=OkhSJ16FHfY

Best demo of syringe feeding newborn with medicine cup “Incredible! Newborn baby drinking milk from tiny cup” Joao Paulo Lima
https://www.youtube.com/watch?v=-0ClSPozpYw

Syringe Feeding, love this channel: WagonBird “Alternate feeding methods for a new born baby - How To”
https://www.youtube.com/watch?v=vrrrC5NyNnQ

DISCLAIMER AND GENERAL INFO:

This information is for educational purposes only. While statements and opinions within these videos are believed to be accurate, it is not intended to replace or substitute professional medical advice for you and your infant. This information should not be utilized to diagnose or prescribe treatment for any conditions or problems. This is for general education only. If you have any health or wellness concerns for you or your infant, we encourage you to engage with us or another qualified lactation consultant for a direct assessment, in conjunction with you and/or your infant's personal healthcare provider(s).

We at Queen At Home Lactation Services can be reached via https://queenlactation.com/contactus/

For $15 off your first visit, use the coupon code "QUEEN" at check-out!