

correct positioning of the infant at the breast to achieve a deep, areolar latch; and (3) correct suckling technique. Correct suckling for breastfeeding is defined as a wide-open mouth, tongue under the areola, and expression of milk by effective alveolar compression (Fig. 7-13).

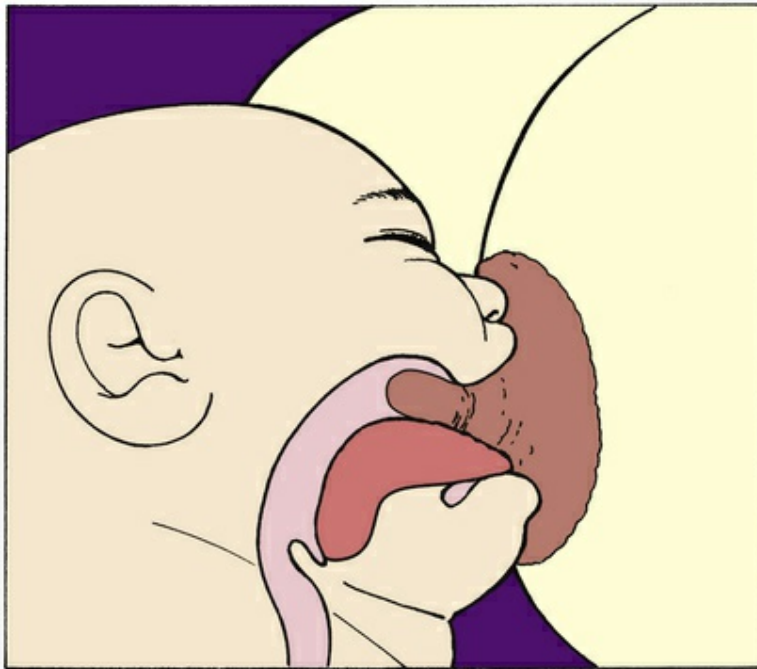


FIG 7-13 The tongue is under the areola with the tip of the nipple at the back of the wide-open mouth.

The following interventions promote breastfeeding:

- Frequent and early breastfeeding, especially during the first hour of life; immediate skin-to-skin contact; non-separation of mother and infant; and feeding on demand
- Direct modeling of the importance of breastfeeding by health care providers, such as implementing demand feeding with no formula supplementation and decreased emphasis on infant formula products
- Increased information and support to mothers after discharge, including phone follow-up
- Early breast pumping every 2 to 3 hours for 10 to 15 minutes bilaterally if the newborn is unable to breastfeed immediately (increases oxytocin production and thus milk production)