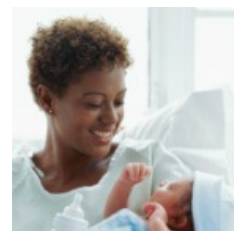




## The First Feeding

The minutes following childbirth are typically an exciting time for everyone involved. As you recover from your physical experience of labor and delivery, you may feel overwhelmed by an enormous number of new feelings, hopes, and uncertainties. Of course, this is also a time when you want the professional treatment of your newborn to proceed according to your wishes.

Ideally, you will have informed your obstetrician and pediatrician ahead of time of your desire to breastfeed. Your partner or birthing coach should remind your pediatrician and obstetrical or newborn nurses that you do not want your baby to be given water, a pacifier, or supplemental feedings without a valid medical reason.



## Skin-to-skin

Ideally, you will want your baby placed on your abdomen moments after delivery. You will want to breastfeed within an hour or so of giving birth to take advantage of your baby's suckling instinct. When placed in skin-to-skin contact with the mother, the alert, healthy infant is capable of latching on to the breast without specific assistance within the first hour after birth.

Infants who are placed on their mother's abdomen after birth and who attach to the breast within an hour have more successful breastfeeding experiences than infants who do not attach early on. Milk let-down also occurs earlier in mothers who breastfeed their infants soon after birth. In fact, babies who nurse early after delivery are more likely to still be breastfeeding at two to four months of age than infants who start nursing more than two hours after birth.

Immediate breastfeeding also starts the process of establishing your future milk supply and helps your uterus contract and return to its prepregnancy state, which decreases the chance of excessive bleeding after delivery.

Breastfeeding immediately is possible with most healthy births, when a baby needs little medical care beyond drying off and keeping warm. Offering your breast to your infant at this time will help her take advantage of her natural instincts to latch on and suckle. You should place your baby in skin-to-skin contact on your abdomen or chest, with bare skin against bare skin. Have your baby wear nothing, except a diaper if you prefer. If the baby is cold, your temperature will increase to bring the baby's temperature up. This skin-to-skin placement will also allow the baby direct access to the breast.

## Attachment

This is not to say that your newborn will instantly know what to do. Some mothers find that their babies do not actively suckle during the first few attempts but instead simply snuggle contentedly against the breast, tentatively lick the nipple, or attach to the breast and suckle briefly but then stop and look around. Many others find that their babies latch on right away and suckle as if they've been doing it for months. (Most babies have already been practicing by sucking on their fingers or arms in the uterus.)

Whether or not your infant actually breastfeeds productively at this time is not critical. Rather, this is a time for the two of you to start to get to know each other, for her to be introduced to the breast, and for her to begin to associate the sight, smell, and feel of your breasts with the satiety of her hunger and thirst. She also learns that being held skin to skin makes her feel warm, comfortable, and nurtured.

## Good for Mom, too

This first feeding is important for you, too, in that it represents your first step in establishing a breastfeeding relationship. No matter how well you have prepared ahead of time, your first real breastfeeding experience may feel a little strange. Your baby's tongue on your nipple or her firm grip on your breast may feel different from what you'd imagined, or you may find that you are unsure whether you are holding her correctly or whether she's truly latched on. You may perceive help from nurses as intrusive or feel self-conscious trying to breastfeed in a room full of observers. All of these feelings are normal for a new mother.

As in any partnership, you and your newborn will have to learn and adjust to each other's style. As with any physical skill, mastery will come with practice. For now it's best to relax, enjoy this moment, and wait until you've both had some rest before worrying about perfecting your technique. [Back to Top](#)

## If you need to wait

There are some situations in which immediate breastfeeding is not possible or advisable. If your baby is premature, ill, in fragile condition, or if you are still struggling to recover from medication given for a cesarean section or any other type of sedation, you may need to postpone nursing. If this is the case, there is still plenty of time to become acquainted with your baby. As soon as possible after a difficult delivery, request help from the hospital staff so that breastfeeding can go as smoothly as possible.

**Last Updated** 11/2/2009

**Source** New Mother's Guide to Breastfeeding, 2nd Edition (Copyright © 2011 American Academy of Pediatrics)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.