



PREPARING FOR CHILDBIRTH

The Twenty-Four Hour Plan to Help Establish Breastfeeding

During the first few weeks after birth, the mother and baby are perfecting the art of breastfeeding. *The Twenty-Four Hour Plan* can solve some of the problems which arise, such as:

- doubts about whether the mother is making enough milk
- fatigue, lack of sleep, or anxiety in the mother
- lack of appetite, poor nourishment, or low fluid intake by the mother
- slow weight gain or weight loss by the baby
- “nipple confusion”—that is, the baby seems to prefer a rubber nipple or nipple shield to the mother’s breast

The plan has two purposes

- To nurture the mother, by giving her complete rest, plenty of good food and drink, and freedom from all responsibility other than feeding and fondling her baby.
- To nurture the baby, by encouraging prolonged skin contact with the mother and constant access to her breast.

Here is how to do the plan

- Set aside a full twenty-four hours when the mother can have your help. Use your day off or get a loved one or friend to do it. Twenty-four hours with help is essential.
- It is important that the mother not have sore, blistered, or cracked nipples when she begins the cure. The causes of the soreness need to be addressed before starting the cure. Seek help for sore nipples from a good book, a breastfeeding counselor, a childbirth educator, the mother’s caregiver or La Leche League (in the white pages of the phone book).
- The mother goes to bed with the baby. They both wear as little clothing as possible under the bedcovers so the baby can get lots of warm skin-to-skin contact, which seems to heighten the baby’s suckling reflex and interest in feeding.
- The mother may read, watch TV, chat with you (no visitors, please), or, most importantly, doze. The extra sleep makes a big difference, even though it comes in short snatches.
- She gets out of bed only to go to the bathroom — not to eat, answer the phone, do housework, or anything else.
- Supply her with liquids; place water or juice within her reach. She should drink about two quarts of liquid during the twenty-four hours.
- Fix tasty, nutritious meals for her. Tempt her appetite with foods she is unlikely to prepare for herself. If she has been relying on fast, take-out foods or cold, ready-to-eat foods, she will love a hot, home-cooked meal or two.
- The baby should stay in bed with her, except when a diaper change is necessary, or when the baby is fussy (but not willing to nurse) and needs to be walked or rocked. Then you should take care of the baby.

- Whenever the baby awakens or seems at all interested in suckling, the mother offers her breast. The whole purpose is to get the baby to suckle as much as possible. Do not give the baby a bottle of either formula or breast milk, unless he is seriously underweight. In that case, you need to consult the baby's doctor, a breastfeeding consultant, or a breastfeeding support organization, such as La Leche League (listed in the white pages of the phone book).

The combination of rest and nourishment for the mother and skin-to-skin contact and unlimited suckling for baby almost always results in a marked increase in the mother's milk production and improved suckling by the baby.

If the mother is unable to stick closely to this plan, or if this plan fails to solve the problem, consult the baby's doctor, a breast feeding consultant, or La Leche League.

In the Bellingham area call:

- La Leche League at 595-2403, 592-5052
- Maternal/Infant Health Service at 647-2329
- Your doctor

Adapted from, *The Birth Partner: Everything You Need to Know to Help a Woman Through Childbirth* by Penny Simkin