

## Feeding the Baby with a Difficult Latch

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This plan is intended for infants born at **38 weeks gestation** or greater who are having difficulty latching at the breast.

- Practice **skin to skin** contact from birth and as much as possible, especially during the first days.
- Feed your infant when hunger cues are apparent (coming out of a deep sleep, thrusting tongue, licking lips, putting hands to the mouth).
- Infants typically have a good feeding during the recovery period immediately after birth. After that, many infants go through a long sleep cycle. Some infants remain very sleepy for up to 24 hours or more. This is considered normal newborn behavior for the full term, healthy infant.
- If your infant is not awake **3 hours from the start time** of the previous feeding, wake your infant by un-swaddling them, changing the diaper, and removing some clothing if needed.
- Spend about 15 minutes attempting to latch your infant at the breast. Your infant should be able to **actively suckle for at least 10-15 minutes**. Request assistance from your nurse if needed.
- If you or your infant become frustrated or are unable to achieve a latch at the breast, stop for that feeding and continue skin to skin contact as much as possible.
- **Expressed colostrum** is the preferred milk for your infant. If your infant is experiencing this sleepy phase and unable to effectively feed every 3 hours, we recommend **hand expression** as an effective technique for expressing colostrum to supplement your infant.

**When offering your infant any supplemental feeding, use the following guidelines to determine the recommended volume:**

First 24 hours of life	25-48 hours of life	49 -72 hours of life	73-96 hours of life
2-10 ml. Every 2-3 hours At least 4-6 times per day	5-15 ml. Every 2-3 hours At least 8 times per day	15-30 ml. Every 2-3 hours At least 8 times a day	30-60 ml. Every 2-3 hours At least 8 times a day <i>Increase as needed</i>

- Unless medically indicated, there is no need to offer your infant additional formula supplements for at least the first 24 hours.
- Supplements should be offered skin to skin at the breast whenever possible to maintain your infant’s interest in the breast. Your nurse or Lactation Consultant will help you decide which supplemental method is best for your infant.
- If you are not able to express the desired amount of colostrum needed for supplementation, then infant formula is recommended **after the first 24 hours**, *unless medically indicated sooner*.
- Until your infant is more wakeful and feeding more regularly, we also recommend pumping with an electric piston style breast pump to establish a plentiful milk supply. **Pump after every feeding session for 15-20 minutes.**
- **Repeat this plan every 3 hours** or sooner if your infant shows hunger cues. Continue following this plan until your infant is able to maintain a latch, and demonstrate the ability to actively suck and swallow for at least 10-15 minutes.
- Keep track of your infant’s feeding, supplements, stools and urine each day.

- Have your infant's weight checked within 1-2 days of going home and as needed thereafter until both you and your infant's physician are confident about the infant's ability to breastfeed successfully.

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