

BREASTFEEDING Fact Sheet

An information update for WIC staff

■ BREASTFEEDING THE SLEEPY NEWBORN

The sleepy baby is hard to rouse and often has difficulty latching on to the breast, falls asleep after a few sucks, fusses when removed from the breast and nurses fewer than 10 times a day. A sleepy baby can cause added stress to parents and concern from health-care providers. The problem, if not resolved, can result in poor weight gain, dehydration and early weaning.

WHY ARE SOME NEWBORNS MORE DIFFICULT TO WAKE THAN OTHERS?

There are many reasons it may be difficult to wake a newborn to feed or even to keep a newborn awake long enough to get a significant feed. Evaluating the baby's surroundings and obtaining a history of the mother's labor and delivery, the baby's health, and onset of sleepiness can be helpful in determining the cause of sleepiness.

Contributing Factors to Sleepiness

- **Stress** from difficult labor and delivery and some **pain medications** the mother received during childbirth may cause a baby to be sleepy.
- **Rigid feeding schedules** that limit or schedule feedings more than three hours apart can cause **low blood sugar**, which can cause a baby to be sleepy.
- A premature baby often has an **uncoordinated suck/swallow pattern**. This can cause the baby to become frustrated and give up by simply falling asleep.
- **Jaundice** can cause sleepiness. If the baby is jaundiced, remind the mother about the importance of frequent feeds. The laxative effect of the colostrum will help the baby stool more frequently and eliminate meconium (the dark, tarry stool) at a faster rate. As the meconium is eliminated, the baby should become more alert.

- A major event such as **circumcision** can cause a baby to tune out and fall asleep.
- If the baby became sleepy on the third or fourth day of life, it may be related to the **mother's mature milk coming in**. An increased amount of mother's milk may be overwhelming to a newborn and cause him to be sleepy. It may take a while for a baby to adjust to a larger volume of milk or to a strong let-down.
- A baby who is getting **supplemental foods** may be too full and sleepy to breastfeed.
- **Constant swaddling** of a baby keeps him in the fetal position with his arms pinned to his sides. This is the position in which babies are most comfortable and can cause a sleepy baby to just keep on sleeping.

TEACH EARLY HUNGER CUES

A baby will latch on best when he's in a quiet, alert state and demonstrating early hunger cues. Mothers should be taught to look for the following early hunger cues:

- rapid eye movement under the eyelids
- head moving back and forth, rooting for the breast
- hand-to-mouth movements
- small body movements (kicking)

- mouth and tongue movements
- facial movements
- small sounds

A sleepy baby needs to be awakened when he exhibits early hunger cues. A newborn baby should be fed at least every two to three hours. Feeding times should be counted from the beginning of one feed to the beginning of the next.

A baby should be fed before he gets “too hungry” — so hungry that he cries. When he’s crying, his tongue is drawn up and back, making it impossible for him to properly attach to the breast. The crying baby should be calmed down before breastfeeding is attempted to ensure a proper latch-on.

SETTING THE RIGHT ATMOSPHERE

A quiet, dimly lit room is the best environment for breastfeeding. Overstimulation from too much light and noise may cause the baby to shut the activity out by sleeping. The room should be warm enough for mother and baby to be comfortable — but not too warm. Sucking activity decreases when the surrounding temperature exceeds 80 degrees.

If a baby is swaddled, it should be in a fashion that allows him to free his arms. Long sleeves should be rolled back so the baby’s hands are exposed. This allows a baby to wake himself and bring his hands to his face and mouth, indicating a need to feed. An alternative to swaddling is to dress the baby lightly in an undershirt, socks and diaper, leaving the blanket off.

WAKING TECHNIQUES

Demonstrate or offer the following techniques to help mothers learn how to rouse a sleepy baby. NOTE: Waking techniques should not be jarring or aggressive.

- Unswaddle the baby, undress the baby and/or change the baby’s diaper.
- Skin-to-skin contact can rouse the baby and stimulate suck. Place the baby, dressed only in a diaper, on the mother’s bare chest. When the baby begins to root, move the baby to the mother’s breast to feed.
- Hold the baby in a standing position.
- Gently rub the baby’s back, hands, arms and feet. It is important to go back and forth between different areas of the body so the baby doesn’t become bored with repetition.
- Circle the baby’s lips with the tip of a finger.
- Have the mother lay the baby on her lap supporting his head with her hand and his back with her arm. Then have her sit the baby upright, bringing him to her chest, then laying him



back down. Repeat this process until the baby wakes up.

- Talk to the baby in a soft voice and try to make eye contact. (Don't try to make eye contact with a premature baby. This can be too much stimulation for a premature baby's immature neurological system.)
- Pat the baby's face with a cool, wet cloth.
- Have the mother express a small amount of breastmilk onto her nipple. The smell of the milk will help entice the baby's sucking response.

WAKING TECHNIQUES REQUIRING SUPERVISION

The following recommendations should be performed under the supervision of a well-trained breastfeeding specialist.

If the baby needs an immediate feeding:

- A nursing supplementer, a device that allows the baby to receive expressed breastmilk or formula through a tube, can be used on a temporary basis. The baby will receive a constant flow of milk from the supplementer. When the baby swallows, this in turn stimulates suck.



- A feeding syringe or eyedropper filled with expressed colostrum or breastmilk can be placed at the corner of the baby's mouth while the baby is attached to the breast. When the baby falls asleep at the breast, milk from the syringe or eyedropper can be delivered at a slow rate to stimulate suck.



HOW TO KEEP THE BABY SUCKLING

Getting the sleepy baby to latch on is one thing; keeping him latched on is another. Here are some suggestions for continuing the process.

- Have the mother try different breastfeeding positions. One position may wake a baby better than another. A slightly elevated football hold may help keep the baby sucking.
- Encourage her to speak softly to the baby or stroke his hands, feet, arms and back.
- When a baby falls asleep at the breast, have the mother break the suction and attempt to burp him. The mother can then offer the other breast.
- Have the mother gently squeeze and massage the breast when the baby pauses. This will increase milk flow and may keep the baby sucking.
- Tell the mother to try feeding the baby more frequently. Inadequate feeding causes the baby's blood sugar to drop, and that causes drowsiness.

REASSURING THE MOTHER

Inform the mother that it's normal for a newborn to be sleepy. A baby usually becomes more alert when his mother's milk becomes more plentiful on the third to fifth day.

It is common for a baby to lose weight the first three to four days after birth. This is due to the shedding of excess fluids in the baby's tissues after birth and the passage of meconium. A breastfed baby should regain his birth weight by two weeks.

Is the baby feeding?

A mother can tell if her baby is getting milk if she can:

- see and feel that most or all of the areola is drawn farther into the baby's mouth.
- see movement of the baby's jaw that causes ears to wiggle.
- hear the baby swallow.
- hear a puff of air from baby's nose.

Is the baby getting enough milk?

A mother can tell if her baby is getting enough to eat by checking the baby's diapers. Here's a chart to help gauge if the baby is getting enough breastmilk:

	Wet Diapers	Bowel Movements
Day 1	1-2	1
Day 2	2-3	2
Day 3	3-4	at least 3
Day 4	4-5	at least 3
Day 5	4-5	at least 3

After the fifth day, the average baby will have **at least** six wet diapers and three bowel movements a day until 5 to 6 weeks of age.

WHEN TO REFER

A mother should be referred to her doctor if her baby:

- does not regain his birth weight by 2 weeks of age.
- has lost more than 10 percent of his birth weight.
- has less than six wet diapers a day.
- has less than three bowel movements a day from day three through the first six weeks.
- continues to sleep, even after waking techniques have been tried.

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