

# MAMAKA TOKYO INTRO TO BREASTFEEDING WORKSHOP MATERIALS

---

Dear Mama-to-be,

*Thank you for taking the time to read through these materials. So much of your ability to reach your breastfeeding goals will come from sheer willpower and that mindset often begins during pregnancy. It may be difficult to imagine now, but the birth of your baby is really just the beginning. It's possible that breastfeeding will become more important than you ever imagined, and it's also possible that your expectations will not match the reality. Maybe a little bit of both. I would encourage you to refer back to these materials before and after birth, as much as you need to. Also, know that you can contact me any time with questions or concerns and I am happy to help. It's never an inconvenience and no issue is too small to mention! I hope you enjoy this workshop and take something away from it that will be useful to you once your baby has arrived. Now, let's get started!*

*-Jocelyn Saito, Mamaka Tokyo Lactation Support*

---

## WHY BREASTFEED? SOME ANSWERS FROM OUR WORKSHOP PARTICIPANTS:

PRACTICAL	HEALTH-RELATED
<ul style="list-style-type: none"><li>- No bottles or sanitizing to worry about</li><li>- You can do it anywhere and only need you and your baby</li><li>- You never run out of milk and don't rely on stores to stock it (especially important during a crisis)</li><li>- Cost effective (no need to buy formula)</li></ul>	<ul style="list-style-type: none"><li>- Baby receives passive immunity from the mother through drinking breastmilk (especially important during a global pandemic)</li><li>- Reduced chance of ear infections and illnesses</li><li>- Breastmilk is like a built in probiotic. Just one bottle of formula can affect the gut flora of the baby. It takes 4 weeks for the gut to recover from drinking just one bottle of formula. In most cases, the gut of a breastfed baby is performing optimally</li></ul>

## SOME FACTS ABOUT BREASTFEEDING

1. Breastmilk contains live cells that go on to become other cells in your baby's body, such as in the heart, liver, and bones.
2. Breastmilk also contains live antibodies, which help your baby fight off infection from the very beginning. Formula does not contain any antibodies.
3. Colostrum (the first milk you produce) contains special proteins that coat baby's intestines and help fight possible infection.
4. The taste of your milk varies slightly based on what you eat, which means that breastfed babies have a lower chance of being picky eaters once solids are introduced.
5. Your breastmilk constantly changes to adjust to the needs of your baby. From month to month and even feed to feed, the composition of your milk is never the same because it is always adapting to your baby.
6. Breastfed babies have a reduced chance of ear infections and common childhood illnesses.
7. Breastfeeding mothers reduce their risk of breast cancer and ovarian cancer by 5% for every 12 months they breastfeed in their lifetime (even over multiple children).

---

## THE BASICS & WHAT TO EXPECT IN THE FIRST FEW WEEKS

### **Supply and Demand - The Basic Principle of Breastfeeding**

Breastmilk can only increase in volume if the breasts are stimulated, either by a nursing baby or a breast pump. So what does this mean for the first few weeks? Your baby needs to be on the breast as much as possible!

***Efficient Latch + Frequent Unscheduled Feeding = Successful Breastfeeding***

TIME	WHAT TO EXPECT
Day 1-2	For You: You will be recovering from birth, either vaginal or surgical. You may feel some discomfort and have difficulty sitting up. As soon as your placenta passes, your hormones are triggered to begin milk production although colostrum (the first milk) will already exist in your breasts from pregnancy.

	<p>For Baby: Maybe may be sleepy (especially if you had any drugs during labor) or very alert. If they are sleepy, they may need extra encouragement to nurse. All baby needs for nourishment at this stage is your colostrum, either expressed and given in a cup/syringe or from the breast. You do not need to give formula at this stage!</p>
<p>Days 3-5</p>	<p>For You: Your mature milk will begin to come in around this time. It can take longer if you have a difficult birth or if you are separated from your baby during days 1-2. You may feel some nipple discomfort at the beginning of a feeding as your nipple protracts, but it should go away as the feed progresses.</p> <p>For baby: This is when the baby will begin to nurse frequently and gain weight back. It is normal for breastfed babies to lose 7-10% of body weight in the first week and should regain it within the first 7-10 days.</p> <p>*If you have an epidural or IV fluids during labor, it is possible that the baby is weighed heavier than they are because of water weight! This weight is lost rapidly and therefore can cause some alarm. Please ask your caregiver about this if this is your situation*</p>
<p>Week 1</p>	<p>For You: Your mature milk should come in and your breasts may be engorged. Try to bring baby to the breast as frequently as possible to relieve them versus pumping. You can hand express a little bit if they are uncomfortable.</p> <p>For Baby: Baby will be getting the hang of nursing now and should be feeding around 8-12 times per day with 6 wet diapers.</p>
<p>Week 2</p>	<p>For You: Your breasts may still be engorged but you should be experiencing less and less nipple discomfort at the beginning of a feeding.</p> <p>For Baby: Baby will start putting on weight during this time. However, this a scale is not the most accurate way to tell if baby is getting enough milk. Diapers are! Baby should have at least 5 wet and 3 dirty diapers every day.</p>
<p>Week 3</p>	<p>For You: Your supply will begin to regulate to meet baby's needs. You may notice that your breasts are not as engorged as before and more comfortable. You should not feel any nipple discomfort while nursing.</p>

For Baby: Baby is still nursing 8-12 times in 24 hours. They may want to “cluster feed”, or nurse very frequently in a short period, usually in the evenings. This is actually in order to boost your supply in preparation for a growth spurt that happens at this time and is completely normal. Your breasts may feel empty but they are not!

# Breastfeeding 101

Prepared by Hannah Tello  
LLL of Andover, MA

## Newborn Feeding: What's Normal for Healthy Babies



The first milk, called colostrum, is a thick, syrupy, yellow-gold liquid that is nutrient dense and perfect for the first few days of life



Newborns are equipped with many reflexes that help them locate the breast (breast-crawling), latch on (rooting), and breastfeed (suckling)



Newborns nurse frequently, usually at least 12 times per day; sessions may last just a few minutes, or sessions may occur one after another over the course of several hours (cluster feeding)



Newborns thrive on skin-to-skin contact and resist separation; it is normal for a newborn to only be content when held closely on your chest or in your arms

### How Much Breast Milk Your Baby Needs

Baby's Age	Stomach Size	Stomach Capacity	Wet/Dirty Diapers (24hrs)
1-2 Days		5-7 ml; 1 - 1.4 tsp	1-2 wet; passing of greenish black meconium
2-6 Days		22-27 ml; .75-1 oz.	5-6 wet; at least 3 dirty (may still appear greenish)
6+ Days		45-60 ml; 1.5-2 oz.	At least 6 wet; at least 3 dirty (yellow, seedy, runny)
6+ Weeks		80-150 ml; 2.5-5 oz.	At least 6 wet; stools may be less frequent but larger in size

### Try To's and Try Not To's

You don't have to be perfect. You, your baby and your partner are still learning. Instead of strict Do's and Don'ts, here are some suggestions of things to try to do, or try to avoid in those early days of breastfeeding.

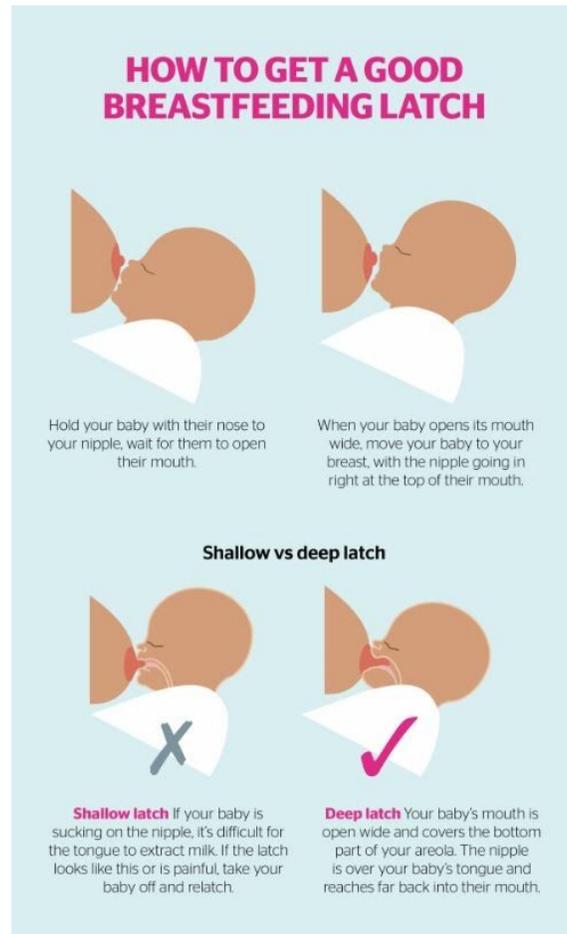
#### Try To...

-  Keep your baby close to you, preferably skin-to-skin, unwaddled. Try a wrap or a sling during the day, and keep the baby in the same room as you at night.
-  Nurse on-demand when your baby seems hungry, even if you feel like you just finished nursing.
-  Take care of yourself as well as you take care of your baby. Ask a partner to help you make sure you have time to eat, rest or do other acts of loving self-care.
-  Find and trust your inner mothering instinct. If something feels wrong, contact a local La Leche League Leader or IBCLC for support and help.

#### Try Not To...

-  Try not to panic. Most challenges can be overcome with some loving support and guidance.
-  Try not to introduce items, like pumps, bottles and pacifiers, that would interfere with the normal course of nursing, unless directed to by a health professional.
-  Try not to schedule feedings according to a clock. Healthy babies will usually eat at least every two hours, but variations are okay as long as your baby has enough wet and dirty diapers, and reasonable weight progression.

# LATCHING AND POSITIONING



## DEEP LATCH CHECKLIST

- Baby is showing hunger signs (clenched fists, opening and closing mouth, etc) but not yet crying
- You are relaxed and in a comfortable position to nurse
- Baby's body is close to yours and their head is supported by your hand or arm
- You aim your nipple at baby's nose instead of their mouth and wait for them to open wide
- Baby's lips are flanged outward like a fish, the bottom lip should cover more of your areola than the top
- Baby's chin is touching your breast and the nose is free to breathe
- You experience no nipple discomfort
- Baby is making sucking and swallowing noises but no clicking or gasping

# STARTING OUT RIGHT TO INCREASE YOUR CHANCES OF SUCCESSFUL BREASTFEEDING

- Skin to skin (kangaroo care) as soon as possible after birth with access to the breast (even if after a cesarean section or birth with many interventions)
- Skin to skin contact as frequently as possible after birth and for the first few weeks of life
- Rooming in with baby 24/7 during your stay at the hospital or birth center (even if it is suggested to you that you should “rest” and allow your baby to be taken to the nursery)
- Feeding “on demand” from birth vs on a schedule (ex. every 2-3 hours) and with no restriction on length or frequency of nursing sessions.
- Avoid artificial nipples and pacifiers in the first few weeks. Particularly during the first few days at the hospital when baby will only be getting colostrum. If baby requires supplementation, a cup, spoon, or syringe may be used to avoid nipple preference.
- Politely decline free formula samples or advertisements the hospital may suggest to you. You also don’t need to stock up on formula or bottles “just in case” if you plan to exclusively breastfeed.
- If you cannot have the family support you hoped for during your hospital stay, organize for as much of it as possible once you return home. In a perfect world, your only responsibility in the first few weeks postpartum should be to rest and breastfeed!

---

## COMMON BREASTFEEDING ISSUES

ISSUE	HOW TO SOLVE IT
“Low milk supply”	Keep baby at the breast as much as possible. Frequent and early feeding is the best way to

	<p>prevent low milk supply and maintain your supply. You should be feeding 8-12 times in 24 hours (and more often closer to 12) in the first months.</p> <p>If you are feeding frequently but baby still isn't gaining weight, you may need to get their latch assessed by a lactation consultant to make sure milk is transferring effectively.</p>
<p>ISSUE</p> <p>Nipple Discomfort</p>	<p>HOW TO SOLVE IT</p> <p>Such a common issue! It usually comes down to the latch being too shallow because of positioning. Have a midwife or lactation consultant assess your latch. If the latch looks good but you are still having pain, you may want to look into your baby having a lip or tongue tie.</p> <p>Often times nipple discomfort comes at the beginning of a feed as the nipple protracts, but then stops as the feed continues. This is fairly normal. If pain continues throughout the feed, there is an underlying issue that needs to be addressed.</p>

---

## WHERE TO GO FOR HELP AND COMMUNITY

### **Lactation Consultants, Coaches and Counselors:**

- *Jocelyn Saito, Mamaka Tokyo Lactation Support*  
Call or message me anytime if you need support! I also offer individualized services such as one-on-one consultations and prenatal/postnatal packages. Please see my website, [www.mamakatokyo.com](http://www.mamakatokyo.com), for more info.
- *Stephanie Kawai, Tokyo Doula Support*  
Birth doula, La Leche League leader, and founder of Tokyo Mother's Group and Tokyo Pregnancy Group
- *Celia Hughes, Sage Femme Tokyo*  
Birth doula, IBCLC, and La Leche League Leader
- *Iona McNab, IBCLC (based in Australia but available for Skype consultations)*

**Breastfeeding Support Organizations:**

*La Leche League Tokyo Central*

Breastfeeding support organization that meets monthly (generally the first Friday of the month at the Franciscan Chapel in Roppongi)

**Online-based Support:**

*Tokyo Nursing Circle Facebook Group*

A group for nursing parents in Tokyo

<https://www.facebook.com/groups/TokyoNursingCircle/>

*La Leche League Tokyo Central Facebook Page*

Good to stay up to date on upcoming LLL events

<https://www.facebook.com/LLLTokyoCentral/>

# MY BREASTFEEDING PLAN - FROM BIRTH TO WEANING AGE

Today's Date: \_\_\_\_\_ Expected Due Date: \_\_\_\_\_

My name is \_\_\_\_\_ and I want to feed my baby...

- Breast milk only
- Breast milk and formula

I want to breastfeed my baby until they are \_\_\_\_\_ months/years old.

## On a scale of 1-5:

How important is it for you to breastfeed? \_\_\_\_\_

How confident are you that you will meet your breastfeeding goals? \_\_\_\_\_

If I am unable to answer questions about my choices, please speak to my partner  
\_\_\_\_\_ or my care provider \_\_\_\_\_.

*Please place a checkmark next to all that apply to you:*

## Immediately after my baby is born...

- I want my baby to be placed skin to skin with me for at least one hour (or whatever time allows)
- I want to watch my baby for signs they are ready to feed
- I want my baby to be left skin to skin with me until the completion of the first feeding
- If I am unavailable or unable to do skin to skin with my baby after birth, I wish for them to do skin to skin with \_\_\_\_\_
- If my baby requires special care, I wish to be able to do skin to skin as soon as they are well enough

## During my stay at the hospital/birth center...

- I want to exclusively breastfeed my baby
- I want to room in with my baby 24 hours a day
- I want to watch my baby for hunger cues and breastfeed at the first signs of hunger

- I want to be offered assistance with breastfeeding within 6 hours of delivery and as needed afterward
- I want my partner/support person, \_\_\_\_\_, to be welcome to stay with us in the room day and night as I wish
- If my baby needs to be separated from me, I wish to be shown how to express my milk using a breast pump
- If there is a medical reason for supplementing my baby, I want to speak to someone about expressing or pumping milk and feeding it to the baby
- If my baby needs to be supplemented, I wish for it to be done using a cup or syringe instead of a bottle
- If my baby needs to be supplemented, I wish to make an informed decision about how to supplement

**When I get home...**

- I wish to continue to exclusively breastfeed my baby
- I will watch my baby for feeding cues and continue to feed based on those cues
- I will make sure that my baby feeds at least 8 times in 24 hours
- I will watch that my baby is passing urine and stool often enough and according to what is typical of their age
- I will have my baby checked by a health care provider within the first week (or two weeks if you stay in the hospital/birth center for one week)
- I will ask my care provider to use the growth charts provided by the WHO as they are most accurate for breastfed babies
- I will give my baby a vitamin D supplement every day

**If I have any issues or questions regarding breastfeeding, I know I can contact:**

Lactation Professional: \_\_\_\_\_

Family member/friend who successfully breastfed: \_\_\_\_\_

Local health unit: \_\_\_\_\_

**As my baby grows...**

- There will be times when my baby wants to feed more often and longer and that is normal
- I will continue to breastfeed my baby in response to their hunger cues
- I will drink when I feel thirsty, eat healthy meals and snacks when I feel hungry, and rest when I feel tired
- When I feel tired or need help, I will call a friend or family member

**When I need a break for awhile, two things I can do are:**


**When I am looking to spend time with other breastfeeding mothers, I will go to these groups/places for support:**

---

---

---

**I know...**

- That I am making enough milk for my baby, even though I can't see how much milk my baby is getting
- That it is normal to sometimes feel like my baby wants to be fed even when I have just fed them
- That my baby is changing all the time and it is unlikely they will follow an eating and sleeping pattern - that will come later
- That breastfeeding is more than food and it is okay to comfort my baby by breastfeeding
- That if people say discouraging things to me, I will continue to trust my baby and my body and know that I am doing the right thing

**At around 6 months...**

- My baby needs only breastmilk for the first 6 months
- In addition to breastfeeding, I can start offering solid foods once my baby is showing signs of readiness
- I will remember that breastmilk still remains the primary source of nutrition for the entire first year even if I have introduced solid foods

**At around 12 months...**

- I can continue to breastfeed for two years or longer and wean when one or both of us is ready
- I can continue to breastfeed even if I return to work or school

- I know that there will be a time of transition for me and my baby as our lives change

**To help with the adjustment of going back to work or school, I can try the following tips...**

- Adjust the times my baby breastfeeds to before and after I return to work/school
- Express and store breastmilk for the times when I am away
- Talk to my work/school about my return and ways to support breastfeeding
- Make arrangements so I can express my milk while at work or school

**Deciding to wean...**

- My child will begin to wean from breastfeeding when they are ready. My body will reduce the amount of milk it produces gradually and weaning will happen at a natural pace
- If I need or want to stop breastfeeding before my child is ready, I will:
  - Plan ahead, choosing a non-stressful time
  - Decrease breastfeeding gradually so my breasts do not become sore
  - Be ready to give my child more comfort and cuddles
- If I am feeling emotional about deciding to wean, I will contact \_\_\_\_\_

---

## FINAL GOAL

**Date:** \_\_\_\_\_

Specifically, what is your breastfeeding goal? How will you accomplish it? How do you know your goal is possible? When will you know you have reached your goal?