

# LATCHING CHALLENGES

**Latching can be a learning process for both you and your baby. It's common to experience difficulties in the beginning. A large percentage of babies don't latch in the first 24 hours. Here are some tips:**

- **Spoons solve everything:** if your baby isn't latching, no worries! You can spoon-feed them colostrum you hand-expressed. During the first 24 hours, all they need is 2-5 ml. over 3 hours (importantly distinctive from every 3 hours because it might take you 3 hours to hand express that amount. It's normal for the baby to come off and on the breast over 3 hours to get 2-5 ml). With spoon feeding, the baby is being fed and your breasts are being stimulated so you can patiently wait for the latch with no pressure.
- **Seek help:** Don't hesitate to ask a lactation consultant or nurse for assistance.
- **Patience is key:** It may take several days for your baby to latch. If this is the case keep your baby skin to skin for plenty of opportunities. Make sure to feed them as much as they need while maintaining your milk supply by pumping.
- **Proper positioning:** Ensure you and your baby are comfortable and supported.
- **Watch for signs:** Observe your baby's mouth and body language for cues. If your baby is full of amniotic fluid (babies take a big gulp during birth and are still spitting it up for many hours postpartum), they might not be ready to latch for a while.
- **No nipple shield with colostrum:** Nipple shields might seem like a quick and easy fix for latch issues but more often than not they cause a cascade of interventions that hinder breastfeeding. Colostrum, the first milk, is not easily removed through the shield. Babies may spend a long time at the breast but still might not get enough. Also, once the baby's latch reflex is desensitized by the aggressive stimulation of the silicone shield it might be hard for your nipple to stimulate the suck reflex. Find a lactation consultant for additional help.
- **Drip feeding:** drip feeding pumped milk from a syringe on the areola or into the baby's mouth when they are latching can facilitate a latch.



With 13 years of experience as an IBCLC-certified lactation consultant, Maya Dubinsky began her journey after overcoming breastfeeding challenges with her own daughter. She has since supported countless families in both hospital and home settings, empowering them with compassionate guidance. Adding to her expertise, she trained in holistic sleep coaching at OCN London under Lyndsey Hookway. This attachment-focused approach allows her to provide gentle, no-cry sleep strategies, prioritizing each child's emotional needs and developmental readiness. Her mission is to support families with respect, empathy, and tailored solutions for a nurturing start.

For more information visit: [www.milkcare.com](http://www.milkcare.com)

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# THE GOLDEN HOUR

## A SPECIAL BONDING TIME

The first hour after birth, often called the "golden hour," is a critical time for starting breastfeeding. Skin-to-skin contact between mother and baby during this period helps stabilize the baby's body temperature, heart rate, and breathing, while also boosting oxytocin levels—a hormone that fosters bonding and milk production.

In the golden hour, babies are typically alert and eager to breastfeed, making it an ideal moment to begin a successful breastfeeding journey. Studies show that mothers who initiate breastfeeding in these early hours tend to have a higher milk supply even six weeks later. If breastfeeding isn't possible right away, hand-expressing colostrum (the first milk) can provide similar benefits.

## COLOSTRUM - LIQUID GOLD FOR YOUR BABY

Before your mature milk arrives, your body produces colostrum—often called "liquid gold." This nutrient-rich, antibody-packed first milk is perfectly tailored for your newborn's early needs, supporting their tiny digestive system and boosting immunity. Although the quantity might seem small, colostrum is designed to match your baby's tiny stomach and provides vital protection against infections while encouraging healthy gut bacteria. Even just a little goes a long way in nourishing and safeguarding your baby. Typically thick and honey-like, colostrum has a yellow or brown tint and flows slowly, sometimes needing to be gently scraped from the nipple.