

FERTILIA POSTPARTUM

Feeding Foundations



*A gentle, evidence-based guide to breastfeeding,
expressing, and the feeding mother's care*



 **fertilia**

Your Fertilia Care Team

WELCOME

Before you begin



Feeding a baby is one of the most natural things in the world, and also one of the most learned. Almost every mother has questions, wobbles and worries along the way. That is completely normal.

This little book gathers the foundations in one calm place: how milk works, the early days, knowing your baby is getting enough, latch and positioning, the common problems and how to handle them, expressing and storing milk, your own care, and the myths worth letting go of.

However your feeding journey unfolds, by breast, by bottle, by a mix of both, you are doing beautifully. A fed, thriving baby and a well-supported mother is always the real goal.

A gentle note: this guide offers general, evidence-based information, not a substitute for your own doctor or lactation consultant. If something worries you, please reach out to them. Asking early turns most feeding worries into something solvable.

This book is part of Fertilia's postpartum program. To explore the full program and the support that surrounds your fourth trimester, visit fertiliala.in/programs/post-partum.

— *With warmth, Your Fertilia Care Team*

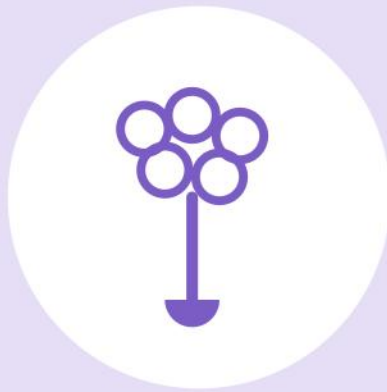
CONTENTS

What's inside



	1 Physiology & How It Works	4
	2 The Early Days	11
	3 Is Baby Getting Enough?	18
	4 Latch & Positioning	25
	5 Common Problems	32
	6 Expressing, Storing & Bottle-Feeding	39
	7 Mother's Care & Galactagogues	47
	8 Myths & Mindset	53

CHAPTER 1



Physiology & How It Works



How your body makes milk, and the simple science of supply.



PHYSIOLOGY & HOW IT WORKS

How your body makes milk

Deep inside your breast are tiny clusters of milk-making cells, a little like bunches of grapes. They draw from your blood and nutrients to create milk, which travels down small ducts toward the nipple, ready for your baby.

This system is not about breast size. Large or small, every breast has the machinery it needs. What matters is that milk is removed often, because removal is the signal to make more.

— *Dr Manjari · Lactation Consultant*



PHYSIOLOGY & HOW IT WORKS

The two hormones behind every feed

When your baby suckles, your brain releases two key hormones. Prolactin tells your breasts to make milk. Oxytocin squeezes the milk out toward the nipple, a sensation called the let-down, which some mothers feel as a tingle or tightening.

Oxytocin is also the love and calm hormone, which is why feeding can feel soothing and sleepy. Stress can briefly slow let-down, so a calm, comfortable space genuinely helps your milk flow.

— *Dr Manjari · Lactation Consultant*



PHYSIOLOGY & HOW IT WORKS

Demand and supply, the golden rule

Your body makes milk based on demand. The more often and more fully milk is removed, by your baby or a pump, the more your breasts make. The fuller the breast stays, the more it slows down.

This is the single most important idea in breastfeeding. It means frequent feeding in the early weeks is not a problem, it is exactly how you build a healthy, lasting supply.

— *Dr Manjari · Lactation Consultant*



PHYSIOLOGY & HOW IT WORKS

How your breasts prepared during pregnancy

Long before birth your body was getting ready. From early pregnancy the milk-making tissue grows, the breasts may feel fuller and tender, and the area around the nipple often darkens, helping your newborn find it.

Many women begin making colostrum, the first milk, from around the middle of pregnancy. Some leak a little, some do not, and both are completely normal. Your body has been preparing all along.

— *Dr Suganya Venkat · OB-GYN*



PHYSIOLOGY & HOW IT WORKS

Colostrum, your baby's first gold

In the first days your breasts make colostrum, a thick, often yellowish first milk. It comes in tiny amounts, just teaspoons, and that is perfect, because your newborn's tummy is very small.

Colostrum is packed with antibodies and is sometimes called the first vaccine. It also gently helps your baby pass the first sticky stools. Small in volume, mighty in value.

— *Dr Manjari · Lactation Consultant*



PHYSIOLOGY & HOW IT WORKS

What the guidelines actually say

The World Health Organization suggests starting breastfeeding within the first hour, feeding only breast milk for about the first six months, and then continuing alongside family foods up to two years and beyond.

Think of these as a gentle compass, not a pass-or-fail test. Every mother's journey looks different, and any amount of breast milk is worthwhile. The right plan is the one that works for you and your baby.

— *Dr Manjari · Lactation Consultant*

CHAPTER 2



The Early Days



The first hours, days and weeks of feeding your newborn.



THE EARLY DAYS

The golden hour, skin to skin

The first hour after birth is precious. Held skin to skin on your chest, your baby stays warm, breathes and settles more easily, and often begins searching for the breast all on their own. This early closeness helps kick-start feeding and bonding.

If your birth was complicated or this hour did not happen, please do not worry. Skin to skin works its magic at any time, in the days and weeks that follow too.

— *Dr Manjari · Lactation Consultant*



THE EARLY DAYS

When your milk comes in

For the first two to four days you make colostrum in small amounts. Then, usually between days two and five, your milk increases and changes to mature milk. Your breasts may feel full, firm, even tender, as this happens.

Feeding often during this time keeps you comfortable and tells your body how much to make. If fullness becomes hard and painful, gentle feeding and softening can ease it, which we cover in the problems chapter.

— *Dr Manjari · Lactation Consultant*



THE EARLY DAYS

How often and how long newborns feed

Newborns feed a lot, often eight to twelve times or more in twenty-four hours. Feed your baby on cue rather than by the clock. Some feeds are long and dreamy, others quick, and the length naturally varies.

Let your baby finish the first breast rather than timing each side, so they reach the richer milk that comes later in a feed. Offer the second breast if they still seem hungry.

— *Dr Manjari · Lactation Consultant*



THE EARLY DAYS

One breast or both?

Milk at the start of a feed is thinner and quenches thirst, and it gradually turns richer and creamier as the feed goes on. This is why finishing one breast well matters more than watching the clock.

Let your baby come off the first side on their own, then offer the second. They may take it or not. Next feed, simply start on the other side so both breasts stay balanced.

— *Dr Manjari · Lactation Consultant*



THE EARLY DAYS

Cluster feeding and growth spurts

Some evenings your baby may want to feed again and again, with barely a gap. This cluster feeding is normal, especially at night, and often appears during growth spurts around three weeks, six weeks and three months.

It can feel relentless and make you doubt your supply, but it is actually your baby placing an order for more milk. It usually settles within a day or two as your body responds.

— *Dr Manjari · Lactation Consultant*



THE EARLY DAYS

Why night feeds matter

Night feeds can feel exhausting, yet they do important work. The milk-making hormone prolactin runs higher overnight, so feeds in these hours are especially good for building and protecting your supply.

Your young baby also genuinely needs to feed at night, as their tummy is small and empties quickly. Keep night feeds calm and dim, and share other duties with your partner so you can rest around them.

— *Dr Manjari · Lactation Consultant*

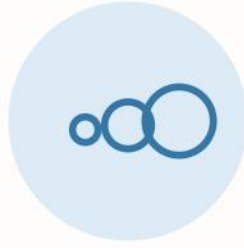
CHAPTER 3



Is Baby Getting Enough?



The reassuring signs that your baby is well fed.



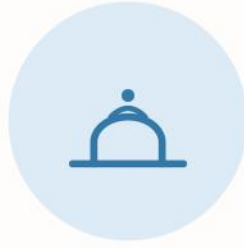
IS BABY GETTING ENOUGH?

Your baby's tiny tummy

A newborn's stomach is far smaller than we imagine. On day one it holds only about a teaspoon or two, roughly the size of a small marble. By day three it is around a walnut, and by about a week, an apricot.

This is why early feeds are small and frequent, and why colostrum in tiny amounts is exactly enough. Your baby's tummy grows quickly, and your milk grows right along with it.

— *Dr Radha Krishnan · Neonatologist*



IS BABY GETTING ENOUGH?

Early weight loss is normal

Most babies lose a little weight in the first days, often up to around seven to ten percent of their birth weight. This is expected as they pass fluid and settle into feeding, and it usually does not mean anything is wrong.

They typically regain their birth weight by about two weeks. Your doctor will keep an eye on this. Frequent, effective feeding is the best way to support a steady return.

— *Dr Radha Krishnan · Neonatologist*



IS BABY GETTING ENOUGH?

Hunger cues, before the cry

Crying is a late hunger sign. Long before it, your baby gives gentle cues: stirring, turning the head, opening the mouth, rooting toward the breast, or bringing hands to the mouth and sucking on fingers.

Feeding at these early cues makes latching calmer and easier for you both. A baby who has worked up to a full cry often needs settling before they can feed well, so try to catch the quiet signals.

— *Dr Manjari · Lactation Consultant*



IS BABY GETTING ENOUGH?

Counting nappies, the reliable sign

You cannot measure breast milk, but nappies tell the story. After the first few days, look for roughly six or more good wet nappies a day, and regular soft stools, which in breastfed babies are often yellow and seedy.

What goes in must come out, so steady wet and dirty nappies are a reassuring sign your baby is getting enough. Note any sudden drop in wet nappies and check with your doctor.

— *Dr Manjari · Lactation Consultant*



IS BABY GETTING ENOUGH?

Signs of a good feed, and a full baby

During a good feed you will see a steady rhythm of sucking with pauses, and often hear or see your baby swallowing. Their hands, tight and fisted when hungry, slowly relax open.

A full baby usually comes off the breast on their own, looks calm and sleepy, and your breast feels softer. These signs together reassure you far more than any single number ever could.

— *Dr Manjari · Lactation Consultant*



IS BABY GETTING ENOUGH?

Healthy weight gain over time

Once your baby is back to birth weight, they generally keep gaining steadily over the following months. Your doctor plots this on a growth chart, and what matters most is the overall trend, not any single weighing.

Babies, like adults, come in many healthy shapes and sizes. A baby who feeds well, has plenty of wet nappies, is alert and growing along their own curve is doing beautifully.

— *Dr Radha Krishnan · Neonatologist*

CHAPTER 4



Latch & Positioning



Comfortable, pain-free feeding for you and your baby.



LATCH & POSITIONING

What a good latch looks and feels like

In a deep latch your baby's mouth is open wide, the lips are turned out like a fish, the chin presses into the breast and the nose is clear. More of the areola shows above the top lip than below.

It may feel like a strong tug at first, but it should not pinch or hurt throughout. Pain beyond the first moments is the most common sign the latch needs adjusting, not that you are doing it wrong.

— *Dr Manjari · Lactation Consultant*



LATCH & POSITIONING

Steps to a deeper latch

Hold your baby tummy to tummy, their whole body facing you, ear, shoulder and hip in a line. Line their nose up with your nipple, not their mouth, so they tip their head back slightly.

Wait for a wide open mouth, like a yawn, then gently bring baby to breast, not breast to baby. Aim your nipple toward the roof of their mouth. If it hurts, slide a clean finger in to release and try again.

— *Dr Manjari · Lactation Consultant*



LATCH & POSITIONING

Cradle and cross-cradle holds

In the cradle hold, your baby's head rests in the crook of the arm on the same side as the breast. It is comfortable and familiar once feeding is established.

The cross-cradle is often easier for newborns. You support the baby with the opposite arm, your hand cradling the base of their head and neck, giving you more control to guide a deep latch. Use plenty of pillows for support.

— *Dr Manjari · Lactation Consultant*



LATCH & POSITIONING

Football hold and side-lying

In the football, or clutch, hold your baby is tucked under your arm at your side, body along your forearm. It is wonderful after a caesarean as it keeps weight off your tummy, and helpful for twins or fuller breasts.

Side-lying, where you both lie facing each other, is a gift for night feeds and recovery. Whatever the position, bring baby close and chin to breast, and keep yourself well supported.

— *Dr Manjari · Lactation Consultant*



LATCH & POSITIONING

Comfortable for baby, comfortable for you

Feeding can take a long time, so protect your own body too. Sit with your back supported, shoulders soft and away from your ears, and bring your baby up to the breast with pillows rather than hunching down to them.

Keep water and a snack within reach before you settle. A relaxed, well-supported mother feeds more easily, lets down more freely, and ends up with far less neck and back ache.

— *Shobhna Deepak · Postnatal Movement*



LATCH & POSITIONING

Burping, gently

Babies often swallow a little air while feeding, and a burp helps release it so they feel comfortable. Try holding your baby upright against your chest and shoulder, or sitting them supported with a hand under the chin, and pat or rub the back softly.

Breastfed babies sometimes swallow less air and may not always need to burp. If your baby is settled and asleep after a feed, there is no need to wake them just to burp.

— *Dr Radha Krishnan · Neonatologist*

CHAPTER 5



Common Problems



Spotting, soothing and solving the usual feeding hurdles.



COMMON PROBLEMS

Sore or cracked nipples

Some tenderness in the first days is common, but ongoing pain, cracks or bleeding almost always point to a shallow latch. The fix is usually in the latch, so getting it deeper is the first and best step.

To soothe, rub a few drops of your own milk into the nipple and let it air dry, wear soft cotton, and ask for help adjusting the latch. If pain is sharp or persistent, please see a lactation consultant or doctor.

— *Dr Manjari · Lactation Consultant*



COMMON PROBLEMS

Engorgement, when breasts feel rock hard

Around the time your milk comes in, breasts can become very full, firm and painful. Feeding often is the best relief. If the breast is too hard for your baby to latch, soften the area around the nipple first by hand-expressing a little.

A warm compress before feeds can help milk flow, and a cool compress after can ease swelling. Do not skip feeds to rest the breast, as that makes engorgement worse.

— *Dr Manjari · Lactation Consultant*



COMMON PROBLEMS

Blocked ducts

A blocked duct feels like a tender lump in one part of the breast, sometimes with a small area of redness. It usually means milk is not draining well from that spot.

Keep feeding from that side, gently massage the lump toward the nipple during feeds, apply warmth, and try different positions so your baby drains different areas. Rest and loosen any tight bras. Most clear within a day or two.

— *Dr Manjari · Lactation Consultant*



COMMON PROBLEMS

Mastitis, when to call the doctor

If a part of the breast becomes red, hot and painful and you feel feverish, achy or flu-like, this may be mastitis, an inflammation that sometimes needs treatment. Please contact your doctor promptly.

Keep feeding or removing milk from that breast, as this helps you recover, and it is safe for your baby. Rest, fluids and warmth support healing, and your doctor will advise if antibiotics are needed.

— *Dr Manjari · Lactation Consultant*



COMMON PROBLEMS

Worried your supply is low?

This is one of the most common worries, and most of the time supply is actually fine. Soft breasts, frequent feeds, cluster feeding and a baby who is never still are normal, not signs of failure. A pump's output does not measure your supply either.

Trust the reliable signs: steady weight gain and plenty of wet and dirty nappies. If these are not on track, frequent effective feeding helps, and a lactation consultant can find the cause and a plan.

— *Dr Manjari · Lactation Consultant*



COMMON PROBLEMS

Fast flow and oversupply

Some mothers make a lot of milk with a strong let-down. Baby may gulp, splutter, pull off, or get a windy, fussy tummy with greenish stools. It can look like a problem with baby when it is really about flow.

Leaning back so baby feeds against gravity, and taking short breaks to burp, often help. If it continues, a lactation consultant can guide gentle ways to balance your supply. Avoid pumping extra, which only signals for more.

— *Dr Manjari · Lactation Consultant*

CHAPTER 6



Expressing, Storing & Bottle-Feeding



Expressing milk and feeding it safely, by bottle or cup.



EXPRESSING, STORING & BOTTLE-FEEDING

What is expressed feeding?

Expressed feeding means removing your milk, by hand or with a pump, and giving it to your baby by bottle, cup or spoon. Mothers do this for many reasons: returning to work, building a small store, sharing night feeds, resting sore nipples, or feeding a baby in special care.

It lets your baby keep getting your milk even when you are not latching directly. Any amount you express is valuable, and it does not have to be all or nothing.

— *Dr Manjari · Lactation Consultant*



EXPRESSING, STORING & BOTTLE-FEEDING

Hand expression basics

Hand expression is a handy free skill, especially for colostrum in the early days. Wash your hands, gently massage the breast, then cup it with your thumb above and fingers below, a little back from the nipple, forming a C shape.

Press back toward your chest, then gently compress and release in a rhythm, moving your hand around the breast. Catch the milk in a clean cup. It takes practice, so be patient with yourself.

— *Dr Manjari · Lactation Consultant*



EXPRESSING, STORING & BOTTLE-FEEDING

Choosing a pump

Pumps come in a few types. Manual pumps are cheap, quiet and good for occasional use. Single electric pumps suit regular expressing for one breast at a time. Double electric pumps save time and help supply by emptying both breasts together.

Hospital-grade pumps, usually rented, are strongest and useful if baby cannot feed directly or you are building supply. Whatever you choose, a correctly fitting flange or shield matters most for comfort and good output.

— *Dr Manjari · Lactation Consultant*



EXPRESSING, STORING & BOTTLE-FEEDING

Storing breast milk safely

As a general guide, freshly expressed milk keeps at room temperature for about four hours, in the fridge for up to about four days, and in a freezer for around six months. In hot Indian rooms, lean toward the shorter end and cool the milk quickly.

Store in clean, sealed containers, label with the date, and freeze in small amounts so nothing is wasted. Leave a little space at the top, as milk expands when frozen.

— *Dr Manjari · Lactation Consultant*



EXPRESSING, STORING & BOTTLE-FEEDING

Thawing and warming stored milk

Thaw frozen milk in the fridge overnight, or stand the container in warm water. Warm milk gently by placing it in a bowl of warm water. It does not need to be hot, just body temperature, so test a few drops on your wrist.

Never use a microwave, which creates dangerous hot spots and damages the milk. Swirl rather than shake to mix. Use thawed milk within a day, and do not refreeze it.

— *Dr Manjari · Lactation Consultant*



EXPRESSING, STORING & BOTTLE-FEEDING

Feeding expressed milk

If breastfeeding is still settling in, a cup, spoon or paladai can give expressed milk without confusing a young baby. When you do use a bottle, try paced feeding: hold baby fairly upright, keep the bottle level, and let them take breaks, so it more closely mirrors the breast.

Always hold your baby for feeds rather than propping the bottle. Feed responsively to their cues, and never force the last drops.

— *Dr Manjari · Lactation Consultant*



EXPRESSING, STORING & BOTTLE-FEEDING

Cleaning bottles and pump parts

After every feed or pumping session, take everything apart and wash bottles, teats and pump pieces in hot soapy water with a dedicated brush, then rinse well. For young or premature babies, sterilising adds extra safety.

You can sterilise by boiling for a few minutes, with steam, or a steriliser unit. Let parts air dry on a clean cloth, covered, and always wash your hands before handling clean, dry equipment.

— *Dr Manjari · Lactation Consultant*

CHAPTER 7



Mother's Care & Galactagogues



Nourishing, resting and caring for the feeding mother.



MOTHER'S CARE & GALACTAGOGUES

Eat well to feel well

A feeding mother needs a little extra energy, roughly a few hundred calories a day, from real, varied food. Build meals around dal, eggs, paneer, dahi, vegetables, fruit, whole grains like ragi and millets, and healthy fats like ghee and nuts.

There is no long list of foods you must avoid. Eat warm, regular meals for steady energy, and only watch for a food if your baby clearly reacts to it. Nourishing yourself is feeding your baby too.

— *Manisha Maheswari · Nutrition*



MOTHER'S CARE & GALACTAGOGUES

Hydration while feeding

Many mothers feel a wave of thirst the moment baby latches, because oxytocin nudges you to drink. Keep water, milk or warm jeera water within reach wherever you feed, and sip through the day.

Drink to your thirst rather than forcing large amounts, as flooding yourself with water does not increase supply. Pale urine is a simple sign you are drinking enough.

— *Manisha Maheswari · Nutrition*



MOTHER'S CARE & GALACTAGOGUES

Rest and sleep, in snatches

Long unbroken sleep is rare with a newborn, so gather rest where you can. Sleep when the baby sleeps, even short daytime naps, and let your partner or family handle nappies, settling and chores so you can lie down.

Share the nights where possible. Even if you do every feed, someone else can bring the baby to you and burp and settle them after. Protecting your rest protects your milk and your mood.

— *Your Fertia Care Team*



MOTHER'S CARE & GALACTAGOGUES

Galactagogues, the honest truth

Many traditional foods are believed to support milk, such as methi, shatavari, garden cress seeds, garlic, jeera, dill, oats and gond or dry-fruit ladoos. They are nourishing and comforting, and there is no harm in enjoying them.

But here is the honest part: the evidence is limited, and nothing boosts milk like frequent, effective removal. Treat these as supportive extras, not magic, and check with your doctor before any herbal supplement, especially if you have a health condition.

— *Manisha Maheswari · Nutrition*



MOTHER'S CARE & GALACTAGOGUES

Your wellbeing shapes your feeding

Feeding goes more smoothly when you feel calm and supported. Stress can briefly hold back your let-down, though it does not ruin your supply, so a quiet corner, slow breaths and a glass of water genuinely help.

Some mothers feel a sudden, brief wave of sadness right as milk lets down. This has a name and a cause, it is not your fault, and it usually passes in a couple of minutes. If low feelings linger, please reach out.

— *Dr Varsha Viswanathan*

CHAPTER 8



Myths & Mindset



Letting go of guilt and feeding with confidence.



MYTHS & MINDSET

Common myths, gently busted

Small breasts do not make less milk. You do not need to drink milk to make milk. You usually do not have to give up your normal, even spicy, food. And a pump's output is not a measure of your supply.

Birth by caesarean, flat or inverted nipples, and a slow start do not mean breastfeeding cannot work. Most challenges have solutions, and good support makes all the difference.

— *Dr Manjari · Lactation Consultant*



MYTHS & MINDSET

Starting formula without guilt

If you choose or need to use formula, fully or alongside breastfeeding, your baby is still being fed, loved and cared for. Modern formula is safe and nourishing, and a fed baby with a well mother is what matters most.

Combination feeding is a valid, common choice, not a failure. Let go of the guilt others may pass on. You know your body, your baby and your life, and you are allowed to decide what works.

— *Dr Varsha Viswanathan*



MYTHS & MINDSET

Can you return to the breast after formula?

Yes, in many cases you can rebuild or restart breastfeeding, even after a break or after formula, through a process called relactation. It takes patience, frequent skin to skin, and regular stimulation by feeding or pumping.

It works best with good support, so a lactation consultant can guide you. Whether you return fully, partly, or decide formula suits you better, every one of those paths is okay.

— *Dr Manjari · Lactation Consultant*



MYTHS & MINDSET

It takes a village

Feeding is the mother's body, but never her job alone. A partner who brings the baby, handles burping and nappies, cooks and guards her rest is part of the feeding team. So is family who support rather than judge her choices.

And you do not have to struggle in silence. Lactation consultants, your pediatrician and your OB are there for the hard parts. Asking early turns most feeding worries into something solvable.

— *Your Fertilia Care Team*



MYTHS & MINDSET

The benefits, and why any amount counts

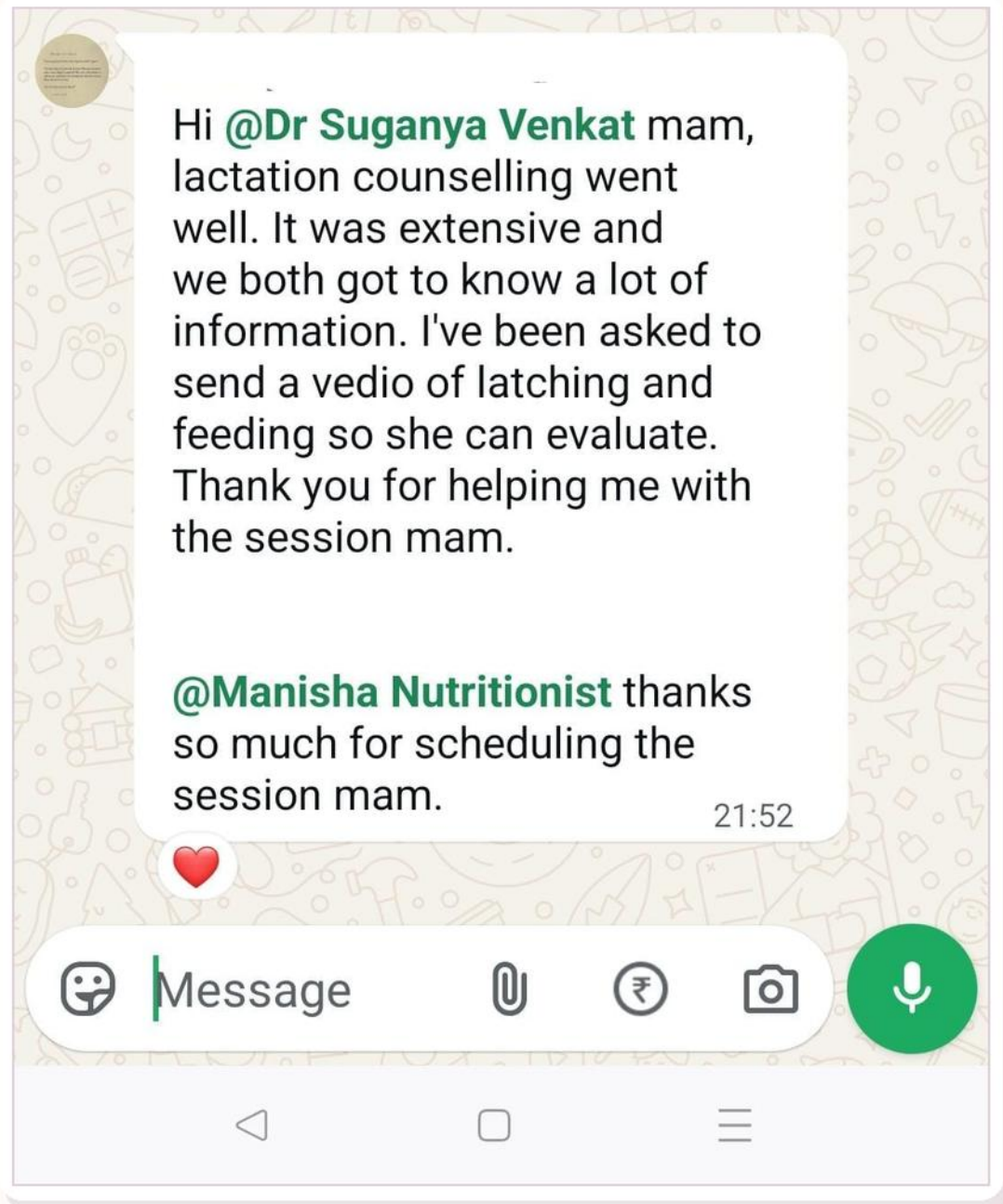
Breast milk helps protect your baby from infections, suits their digestion, and changes to meet their needs. For you, feeding helps the womb contract after birth, supports bonding, and is linked to some long-term health benefits.

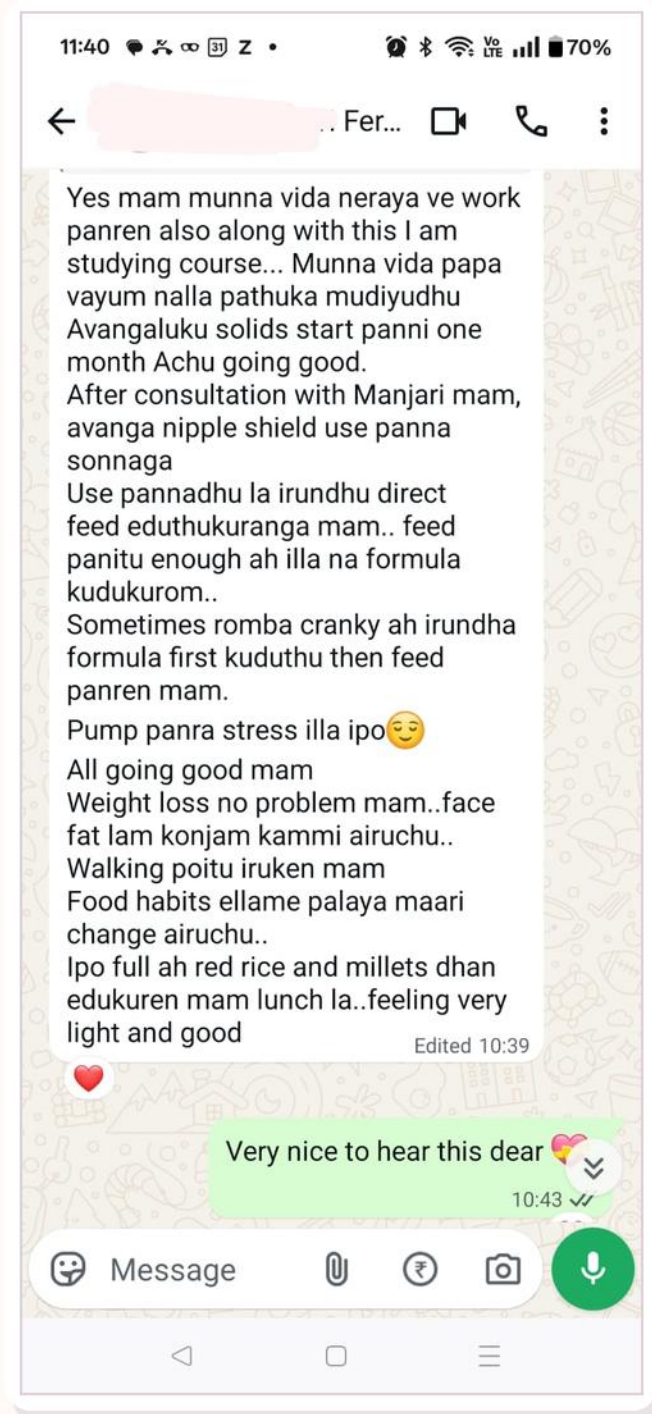
And here is the kindest truth: it is not all or nothing. Every feed, every drop of colostrum, every week you manage is worthwhile. A fed, thriving baby and a well mother is always the real goal.

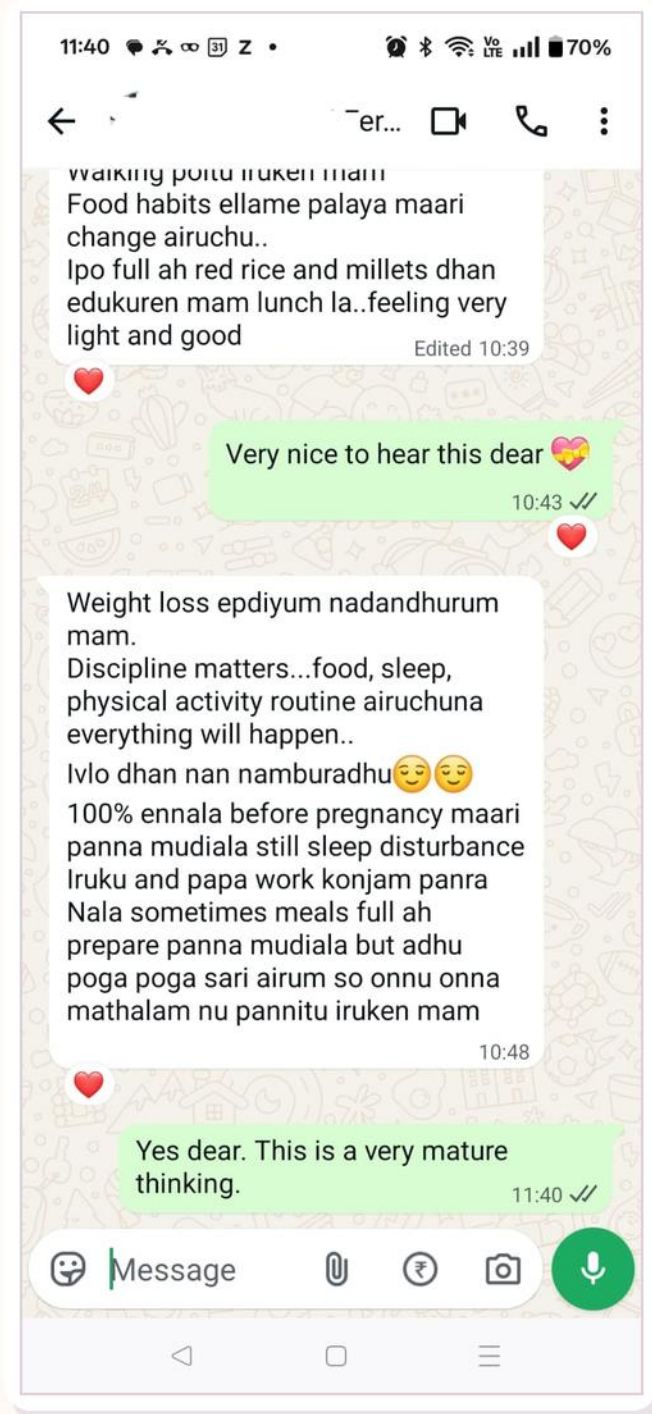
— *Dr Manjari · Lactation Consultant*

FROM OUR MOTHERS

What mothers say







CONTINUE WITH FERTILIA

The postpartum program



This book is part of Fertia's postpartum program: gentle daily and weekly support, expert-backed guidance, lactation help, and a caring team beside you through your whole fourth trimester recovery.

From feeding and healing to sleep, mood and your own wellbeing, we are here so that no mother has to find her way through these tender first months alone.

Explore the program at

fertia.in/programs/post-partum/

PLEASE NOTE

A gentle but important note



Feeding Foundations is a warm, general guide created for information and education. It is here to support and reassure you, not to diagnose or treat.

It is not a substitute for professional medical advice. Your doctor, pediatrician and lactation consultant know you and your baby personally, so their guidance always comes first.

Every mother and baby is different. If you have any concern, symptom or warning sign, please contact your doctor or nearest hospital without delay, and in an emergency seek immediate care.

By using this guide, you understand that Fertilia and its contributors cannot accept responsibility for decisions made on the basis of this information alone.