

Information for breastfeeding families

Five Keys to Successful Breastfeeding



Keep your baby skin to skin with you until after the first feeding

The first feeding sets the pace for next several feedings. In the time right after birth, babies are often awake and ready to feed during that hour. Take advantage of this special time by asking the nurses to delay the eye treatment, weight, and routine injections until after the first feeding. Your partner can do skin-to-skin too, especially if you have had a cesarean and skin-to-skin may be delayed a bit. Ask your nurse for assistance.



Room in with your baby

Keep your baby with you during your hospital stay so you can learn your baby's hunger cues and feed on demand. Babies typically feed more than 8 times each 24 hour day for the first several weeks. Offer the breast whenever your baby seems willing.



Avoid supplementary feedings

All your baby needs is you! Rarely is there a baby who needs more than the breast in the first 24 hours. Offer the breast often. The fast flow and different feel of a bottle nipple can confuse babies and make subsequent feedings difficult.

Breastfeed whenever your baby seems hungry. Observe your baby for feeding cues: mouthing, sticking the tongue out, bringing hands to the face; offer the breast – before he begins crying.



Limit the use of pacifiers and swaddling

Anytime your baby seems hungry, offer the breast. In-between, continue your skin to skin holding. Later your health care provider may recommend the use of a pacifier to reduce the risks of SIDs, but not until breastfeeding is well established.

Babies who are constantly swaddled do not wake up as often for feeding. And their hands help them find the way, so babies' hands should be free during feedings. Frequent feedings in these early days assures that you will bring in an abundant milk supply and your baby will feed adequately.



Ask for help

If things don't seem to be going well, or your breasts become sore, ask to see the lactation consultant in the hospital. She can watch a feeding and give you tips on how to hold your baby at the breast. When you get home, contact a breastfeeding support group, a lactation consultant in the community, or other breastfeeding assistance. A family member who was successful with breastfeeding may be able to help.

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Breastfeeding Moms' Survival Guide for the First Two Weeks



Breastfeed whenever your baby shows feeding cues

It sounds like a lot, but your baby needs your milk and your breasts need the stimulation to bring in an abundant milk supply. Newborns need to be fed around the clock so that they get 8 or more feedings each 24 hour period

Wake your baby up well before feedings

A drowsy baby will not feed for long. Undress to the diaper, rub the tummy and back, talk to and rock your baby until the eyes open. A good strategy is to put the baby naked (except for a diaper) on your chest skin to skin for 1/2 hour prior to feeds.

Keep your baby sucking through the feeding

If your baby drifts off to sleep, "bug baby" to keep awake. Massage, use cool wash cloths, blow on baby's face, and talk to keep your baby feeding. Look for vigorous sucking on each breast.

Try baby led latching

Get in a reclining position and place the baby on top of you in any position that is comfortable for you. Allow the baby to locate the breast and latch-on. Baby's head will bob to locate the breast. When the chin feels the breast first, the mouth will open wide and latch-on. Try again if you feel any nipple pain.

Read this for more details.

<http://www.biologicalnurturing.com/index.html>



If your breasts get full, have your baby empty them for you by frequent feeding

Engorgement is natural in the first few days.

Emptying your breasts helps. Massage your breast during the feeding to empty them more completely. If that is not enough, you may use a breast pump prior to feedings to get the milk flowing and shape the nipple, then feed the baby. After feedings, if you are still over-filled, use the breast pump again. Ice is also a good way to slow down breastmilk production at this time. And it will feel good!

Look for one wet diaper according to baby's age until day 6

For example, 3 wet diapers on day three, four on day four, and so on. Continue with 6 wet diapers and 2-3 stools daily. More is fine, but if you are not getting these minimums, call a lactation consultant or your health care provider for evaluation of your situation and advice.

If your nipples get sore

Try the sandwich hold. Gently squeeze the breast into a "sandwich". Create an oval of the areola with your thumb lined up with your baby's nose, your fingers under the breast.

When do I get to sleep?

Sleep when your baby sleeps. Newborns tend to feed a lot at night and sleep more during the day. Around the clock feeds are grueling and you can maximize your sleep by napping when your baby does. Accustom yourself to these quick "cat-naps" to help you feel refreshed. You can also encourage the baby to spend more time awake during the day by feeding and playing.

Find your groove

It will take several weeks for you and your baby to get into a pattern of feedings and nap times. Go with the flow and learn what your baby's natural rhythms are. Schedules don't tend to work until the baby is a bit older and bigger. You can encourage a more predictable pattern later.

Baby Wearing



Benefits for Babies

- ✓ **Carried babies cry less.** Studies have shown that the more babies are held, the less they cry in the early months and in the following year. Crying can permanently alter the nervous system by flooding the developing brain with stress hormones. This can lead to babies being overly sensitive to future trauma, post-traumatic stress and panic disorders—even into adulthood.
- ✓ **Carried babies are calmer and more content.** They have a more regular respiratory rate, heart rate, and steady internal body temperature. Carrying promotes a sense of security and contentment.
- ✓ **Carried babies sleep more peacefully.** Keeping baby close helps baby organize his sleep and wake cycles. Naptimes are spent in constant motion. Night-times are dark with a loving parent nearby. This helps baby know the difference between daytime and nighttime.
- ✓ **Carried babies gain weight better.** Premature babies who are touched and held gain weight faster and are healthier. Full-term babies nurse more frequently when they are close to the nursing parent.
- ✓ **Carried babies have better digestion.** The constant motion and frequent small feedings associated with carrying help promote good digestion. Babies who are carried spit up less after feedings.
- ✓ **Carried babies develop better.** Carrying enhances motor skills by stimulating the vestibular system used for balance. Baby constantly readjusts his muscles as mom or dad moves around. Carried babies are less likely to have an asymmetrical head shape because the soft carriers keep the pressure off the backs of their heads. Frequent eye contact and speaking to baby helps promote greater visual alertness and language development.

Benefits for Parents

- ✓ **Carrying babies frees your hands** and lets you get on with your life. You can go out confidently, knowing that baby is in a comfortable, safe place.
- ✓ **Carrying babies makes you physically stronger** and allows you to take walks with your baby. No muscle fatigue in your arms.
- ✓ **Need to work?** Working on the computer – no problem if you've got baby in a sling. Dusting, sweeping, washing dishes – baby is right there with you, enjoying the movement!

Learn more at:

<https://www.askdrsears.com/topics/health-concerns/fussy-baby/baby-wearing/benefits-babywearing>

<http://babywearinginternational.org/pages/safety.php>



Cautions:

Check to ensure that your baby is not curled up tightly in a chin-to-chest position; this compresses your baby's airway. Make sure there is a fingers' width or two between their chin and chest is a good guide. Make sure your baby's back is straight and supported.

Monitor your child at all times. Make sure nothing is obstructing their face. Be aware of how your movements affect the baby: avoid any bumping or jarring motions.

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Breast Massage and Compression

Breastmilk flows easily when a let-down reflex occurs and slowly between these reflexes. The first one usually occurs within 2-3 minutes of the start of the feeding. The baby may stop sucking when the milk slows down. Breast massage and compression can encourage your baby to continue feeding.

Breast Massage and Compression is Useful for:

- A sleepy, sluggish baby
- When your baby does not routinely empty your breast
- When your baby stops suckling before the feeding is finished
- Poor weight gain
- When you are pumping
- If you experience plugged ducts or mastitis



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Massage

Firm but gentle massage can be done in the way most comfortable to you:

- Finger tip massage in circles
- Flat of the hand from the outer towards the center of the breast
- Side of the thumb from the outer towards the center of the breast

Compressions

Firmly and gently squeeze the breast near the chest wall, not near the nipple.

Compress when the baby pauses feeding or is suckling but not swallowing. Release and return to massage when your baby begins suckling again.

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Selecting a Breast Pump



It is hard to make a decision about which one will be effective and comfortable for you! The basic parts of a breast pump will vary from manufacturer to manufacturer. But these are typical.



Flange goes over the breast



Connector



Tubing for electric pump



Bottle

Breast pumps can remove milk from one breast at a time or both breasts simultaneously. Pumping both sides at once cuts the time in half and stimulates the hormones of lactation better.

Pumps fall into 4 basic categories:

- Hospital grade - Generally rental pumps used while establishing a milk supply if your infant is premature or ill
- Personal use pumps - Generally used by employed mothers at work
- Battery or small electric pumps - Sometimes used by employed mothers or for occasional use
- Manually operated breast pumps - Best used for occasional use

Adjustable suction and cycle frequency: You want your pump to mimic the typical suction patterns of a baby at the breast. Therefore the suction range should be adjustable up to about 240 mm Hg and cycle about 48-50 times per minute. Breast pump packages are not labeled with this information at this time.

Portability: Where will you use your pump? Will there be times you will need to quickly put it in your purse or wear it as a backpack? Or will you always be sitting in a designated pumping room?

Versatile power source: It is useful that an electric pump can be plugged in and also could be operated on batteries at other times. In the case of a power outage, you should be able to operate it manually.

Safety: If it is operated by electricity, the pump should be rated by the Underwriters Laboratory as safe. Check to assure it will automatically cut off at suction levels above 240 mm Hg which could damage the breast tissue.

Ease of cleaning: Check the small parts. Is it likely that small, but essential, parts could slip down the sink and be lost? Is the pump easy to reassemble? The pump should be washed with soap and water after each use.

Resources

FDA Breast Pump Website – Basic information on breast pumps

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/BreastPumps/default.htm>

Breast Pump Comparisons – User reviews of various breast pumps

<http://www.breastpumpcomparisons.com/category/first-years-breast-pump-reviews>

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If your baby refuses your breast



If your newborn has had some bottles or uses a pacifier a lot, your baby may be confused or even refuse to go to the breast.

Skin to skin holding

Try this several times each day for an hour or two. Not only is skin-to-skin contact great for promoting breastfeeding, it helps enhance your baby's nervous system and is fun to do.

Laid-back breastfeeding

If your baby needs more assistance, try laying back for the feeding. Babies seem to feed better when their tummy is in full contact with the mom.

All you have to do is lean back, find a comfortable position, and lay the baby near the breast. When ready baby will find the breast with little help from you. Watch the video of this "Laid Back Breastfeeding" at

<http://www.biologicalnurturing.com/video/bn3clip.html>



Give him a taste

Express a few drops of milk on your nipple, or drip some milk over your nipple for your baby to taste. Stroke your baby's lips with your nipple (from nose towards chin) until the mouth opens wide. Be patient and let your baby take the lead.

Sandwich hold

If your nipple is difficult to grasp, roll it gently between your fingers to make it stand out. Make your breast into a "nipple sandwich" by gently compressing behind the edge of the areola. Keep your thumb in line with your baby's nose and your fingers on the opposite side.



Temporary feeding measures

Sometimes lactation consultants recommend additional feedings given in a way that will not compromise breastfeeding in addition to trying at the breast. Some lactation consultants recommend that you feed the baby a little at first to take the frantic edge of hunger off but end the feeding at the breast so the sense of contentment of fullness happens there. You want the breast to be a pleasant place for your baby to be, not a battle ground.

Get advice on alternative feeding methods. Don't confuse your baby with bottle nipples or pacifiers at this time. After breastfeeding is going well, they can be used. While you are working on transitioning the baby to the breast, be sure to use a hospital grade breast pump at least 8 times per day to maintain your milk supply. Returning the baby to the breast is always easier if there is an abundant flow of milk available.

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Your Newborn is Crying, Now What?

Try these quick solutions to restore calm

➤ **Hold the baby skin-to-skin**

Skin to skin contact reduces stress levels for both mother and baby. When the baby is calm, then offer the breast

➤ **Let the baby suck**

Offer a finger (or pacifier) for the baby to suck on for a minute or two. Sucking is a way babies sooth themselves.

➤ **Give a taste**

Hand express milk from the nipple for the baby to taste. Or dribble milk over the nipple to entice him to the breast.

➤ **Provide motion**

Pick the baby up, rock, walk, bounce or dance. Babies are used to constant motion while in the uterus. Providing motion reminds them of “home.”

➤ **Check skin temperature**

Feel your baby’s tummy and make sure it is not too hot or too cool.

➤ **Stay Calm**

Babies are sensitive to your stress level. Remain calm and your baby may follow suit.

➤ **Reduce the stimulation**

Too much stimulation, for too long, can be over-whelming for babies. Dim the lights, make no sounds and give the baby a break. Sometimes white noise like the sound of a hair dryer helps.

➤ **Burp your baby**

Maybe there is a burp that needs to come up or gas that needs to go down.

➤ **Do something different**

If none of these solutions work, distract your baby with something different. Sing or hum, hold your baby up over your head or give a bath.

Watch for feeding cues for the next feeding:

- Waking up
- Licking lips & sticking tongue out
- Sucking sounds
- Rooting
- Hand to mouth activity
- Generalized body movements

Feed the baby before the last feeding cue...

- Crying

You won’t spoil your baby by attending to needs!



Check List for Essentials of Positioning And Latch-on

Positioning

- ✓ Tuck baby close to mom with back straight
- ✓ Use pillow to support baby's bottom
- ✓ Hold head behind ears, baby's head slightly extended
- ✓ Line up baby's nose with nipple



Offer the breast

- ✓ Line your fingers up with baby's lips, behind the areola
- ✓ Use sandwich hold (squeeze areola gently)
- ✓ Aim your nipple between baby's nose and top lip
- ✓ Place baby's lower lip on lower edge of areola
- ✓ Bring baby to breast, not breast to baby, quickly, chin first



Check the latch-on

- ✓ Look for flanged lips, open mouth to 140°
- ✓ Place most of areola in baby's mouth
- ✓ Ensure no pain, no wedged or creased nipple
- ✓ Check that chin is touching breast, asymmetrical latch-on

Assess milk transfer

- ✓ Watch for wide jaw movements
- ✓ Look for consistent sucking
- ✓ Listen for swallowing (after milk comes in)





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Colostrum First

Colostrum is the **“first milk”** that a breastfeeding mother produces in the weeks before delivery and in the early days of breastfeeding. It is just waiting for your baby to be born. This special milk is low in fat and high in carbohydrates, protein, and antibodies; it is also extremely easy to digest. Although the amount of colostrum is low, it is high in concentrated nutrition. It is the perfect first food!

If you worry that you have no milk the first few days after delivery, remember that a little bit of colostrum goes a long way. Put your baby to breast often for him to “sip” on colostrum. This helps bring in your “second milk,” the mature milk, sooner.

To help your baby get the full benefit from colostrum, make sure the first several feedings are colostrum. If supplementation becomes necessary for a medical concern, try expressing some of your own colostrum. You can express some colostrum by hand or use a breast pump and feed your pumped milk to your baby by spoon or syringe. Ask your lactation consultant for assistance. Make sure your baby’s gut is first protected by colostrum before other fluids are given.

- Colostrum has a laxative effect on your baby, helping him pass meconium which aids in the first bowel movements and helps prevent jaundice.
- Colostrum is often called “white blood” because it provides large amounts of living cells (lymphocytes and macrophages, similar to those in blood) which will defend your baby against infections and illnesses.
- Colostrum has an especially important role in protecting your baby’s gastrointestinal tract. A newborn’s intestines are very permeable (leaky). Colostrum seals the microscopic holes by “painting” the gastrointestinal tract with a barrier which prevents most foreign proteins (from food the mother has eaten or from infant formula) from penetrating the gut and possibly sensitizing your baby to an allergy.
- Colostrum is considered your baby’s first immunization because it contains large quantities of an antibody called secretory immunoglobulin A (sIgA).
- As breastmilk changes from colostrum to mature milk, the concentration of immune factors and antibodies decreases but the volume of breastmilk greatly increases. Therefore, the amount of infection fighters your baby receives remains fairly constant throughout breastfeeding.



Your Diaper Bag

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How to choose a diaper bag

Look for lots of pockets inside and out to keep all of your things organized.

A neutral color is probably best if your partner may use the bag too. And bags that can function as a backpack or shoulder bag and clip or hang on your stroller may be a big advantage.

Look for a diaper changing pad you can spread out for a clean surface no matter where you are.

And consider your things too – cell phone, water bottle, wallet. In many cases you will not want to carry a diaper bag **and** a purse. Let your diaper bag work for both of you.

Items for your diaper bag

You don't have to have a diaper bag that looks like one; you have a lot of choice these days. But choose one that will be handy for baby gear **and** will be useful later after the diaper stage.

1. Six Diapers
2. Package of wipes (at least 30)
3. Food (snacks and bottle of water for breastfeeding parent, and as child grows, snacks for them too!)
4. Bags for dirty diaper disposal (they come in a travel roll, or reuse grocery store bags)
5. Large Ziploc Bag (freezer size) at bottom of bag for emergency (someplace to put REALLY dirty clothes, etc.)
6. Extra set of clothes for baby including socks and onesie in a sealed bag
7. Another set of baby clothes and possibly shirt for Mom/Dad
8. Diaper changing pad and/or 1-2 disposable changing pads for big messes
9. One lightweight receiving blanket (all purpose – useful as a breastfeeding cover up, for warmth, spit-up, etc.)
10. Burp pad or cloth
11. Cloth drool bib (if your baby is eating solids, plastic)
12. Breast pads
13. Small tube/sample of diaper cream (save all samples for bag and/or travel)
14. Hand sanitizer
15. For baby 6-8 weeks +, 3 toys for grasping, hanging in the car

***Don't forget to replenish supplies
as they are used!!!!***

How to “Dry Up” a Milk Supply

There are many reasons why a mother may not breastfeed, including choice, health concerns, or infant loss. Regardless, a woman's body will begin to produce more milk approximately 48-72 hours after birth. There are several ways to reduce the discomfort of engorgement and assist with reduction or “drying up” the milk supply.

Many of our grandmothers were told to buy an elastic bandage and simply “bind the breasts”, deal with the pain and in a few days, it would be gone. Some of these women were also given the “dry up shot”. We now know that binding of the breasts can lead to a breast infection (mastitis) and the injection of bromocriptine can cause other serious health problems.

The current recommendations include:

- **Avoid** nipple stimulation
- **Wear** a comfortable (but not tight) bra
- **Apply ice** to breasts. A bag of frozen vegetables (peas or lima beans) will mold well to the breasts and ease discomfort.
- **Apply raw cabbage leaves** to breasts. Take a few leaves from the head of cabbage, squeeze slightly in hand to “get the juices flowing” and apply directly to breast. After 45 minutes or when the leaves wilt, apply fresh leaves.
- **Use ibuprofen** for pain as recommended by your health care provider.
- **Discuss with your health care provider** the use of antihistamines or decongestant. For example, 60-120mg of pseudoephedrine every 4-6 hours as needed may help reduce milk supply.
- **Consider drinking** 1-4 cups of sage tea per day.
- **Peppermint oil** has been anecdotally (word of mouth) shown to reduce milk production. Specifically, peppermint Altoids. Either suck or swallow them.
- **If breasts** are severely engorged and the above techniques are not helpful, consider hand expressing a few drops to relieve the pressure in the breast. The milk can be given to the baby.
- **If abrupt weaning** is a medical necessity for the health and safety of the mother, discuss with your doctor the possibility of taking cabergoline.



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LactationTraining.com

If you have a fever over 101°F (38.3°C), pain and/or redness in a specific area of the breast, feel like you are coming down with the flu, it could be a sign of breast or other infection. It may be temporarily necessary to remove a majority of the milk from the breasts by hand expression or pumping to help the infection clear, along with the use of antibiotics. Contact your primary care provider.

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The Employed Breastfeeding Mother

Returning to work can be stressful situation and emotional. The good news is you CAN do it.

Getting Ready

Choosing someone to care for your baby is one of your most important decisions. If care is available in your workplace, that is ideal since you could breastfeed at work.

There are many breast pumps to choose from. A rental hospital grade pump or a personal use breast pump are most suitable for a mother who wishes to maintain her supply by pumping at work. Talk to your employer about a private, clean place that you can use your pump. Make sure you know how to attach your pump kit and how to use the pump.

You may want to stockpile some milk prior to returning to work to use as a “back-up.” About 1 week’s worth of milk in your freezer will give you confidence that you have some breastmilk to fall back on as you get adjusted to the new routine.

Pumping

Plan to pump the same number of times that the baby will be feeding while you are gone. Try to maintain a routine in your scheduled pumping sessions. Skipping or postponing pumping too often will affect your milk supply. Do the best you can. The more you pump the more milk you will make, so make a priority of pumping on a regular basis. If you see your supply wane during the week, breastfeed exclusively on your days off and do a bit of extra pumping if you have time.

Start the suction on low each time you pump and gradually increase the suction (over the first 2-3 minutes) to the maximum setting that is comfortable for you. Watch for 2-3 let-down reflexes. Pump for 2-3 minutes after the last drops of milk. If you are pressed for time, short frequent sessions are better than just one long one.

Storing your milk

- ✓ Freshly pumped breastmilk is good at room temperature for 4 hours. Or you may choose to chill it for the trip home if it will be longer than 4 hours. Freezer packs are handy for this.
- ✓ Breastmilk stored in the refrigerator is good for 5-7 days
- ✓ Breastmilk can be frozen for 3-6 months. Once you have thawed previously frozen breastmilk, it is only good for 24 hours!

It is a good idea at first to keep milk in small quantities until you have a good idea of how much your baby will take at one time. Milk left over in the bottle must be discarded if not consumed. You will hate to do that!

Pump directly into a feeding bottle or a plastic storage bag



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Breast Engorgement



Breastmilk usually "comes in" two to five days after delivery. This means your milk changes from colostrum, or early milk, to mature milk. Your body may make more than your baby needs during this period, and it is easy to become overly full.

To prevent engorgement:

- Begin feeding soon after delivery
- Nurse frequently, on demand, 8 or more times per day around the clock
- Make sure your baby latches-on well to empty your breasts effectively
- Keep your baby actively nursing throughout the feeding
- Do not skip feedings or give formula feedings during the first several weeks.

For moderate engorgement:

(Your breasts are as firm as the tip of your nose)

- Apply warmth before feedings to soften the breast and encourage the let-down reflex.
- Stand in the shower and let warm water run over your breasts. This will feel good and encourage leaking.
- Do some gentle breast massage. With your fingertips, gently massage your breast from under the nipple up toward your armpit. Then stroke from the outer breast toward the nipple.
- Watch this excellent video of hand expression of breastmilk

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

- Apply cold after feedings to reduce the swelling and provide comfort. You can use ice packs or bags of frozen vegetables wrapped in a light towel. Apply for 10 - 20 minutes.



For extreme engorgement:

(Your breasts feel as hard as your forehead)

- Apply cold to the breasts, no heat. This will reduce swelling, slow re-filling of the breasts and provide some comfort.
- Lying on your back helps the excessive fluid in your breasts be reabsorbed by your body.
- Apply cold as previously discussed.
- Cabbage leaves may be applied to the breasts before feedings to reduce swelling. Although this may sound like an unusual treatment, many women have found it effective in relieving the pain and fullness of engorgement. Place the chilled cabbage leaf in your bra for 15-30 minutes 2-3 times per day or until your breasts begin to soften. Not more. More can reduce your milk supply. *Do not use cabbage applications if you are allergic to cabbage or you develop a skin rash.*
- You may then want to try the reverse pressure softening technique shown in this video:
https://www.youtube.com/watch?v=2_RD9HNR0J8&has_verified=1
- If latch-on is difficult at the beginning of a feeding because of the fullness, you can use hand expression to make your nipples graspable or use a breast pump for a few minutes. Hand expression may work best at this time.
- If your baby doesn't empty your breasts sufficiently during feedings or only feeds on one breast, you may use hand expression or a breast pump after feedings for a day or two. It is important to treat engorgement before your breasts become very full and painful. This back pressure on the milk producing cells in your breast can damage them and reduce your over-all milk supply.
- If, despite using these methods, you cannot obtain relief, seek help from a lactation consultant or other knowledgeable health care provider.

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Help From Friends and Family



New mothers need help and support in the early days of breastfeeding. Partners, grandparents, siblings, and friends all can play a critical role in meeting the needs of a new mother. Everyone needs to be on the same “wave length” when offering help and suggestions. Be aware of differences in culture and changes in parenting philosophy from generation to generation.

How to Help

- Watch for feeding cues and bring the baby to mom for feedings
- Change diapers
- Burp the baby
- Hold the baby skin-to-skin
- Walk, rock, swing, and cuddle the baby
- Take care of household duties
- Bathe the baby
- Take care of the other children
- Offer encouragement
- Be there!

What Has Changed

- No feeding schedules. Feed on demand.
- No “crying it out”
- Minimal pacifier use
- Continue breastfeeding while employed by using a breast pump at work

Notes from Dad to Mom

- Treat me like I know what I am doing; teach me when I don't
- Look at me like you used to
- Let me help when you are tired
- Spend some alone time with me
- Take my advice
- Be agreeable with my family
- Encourage me to be part of the special relationship you have with the baby
- Ask me what my concerns are and listen
- Ask for help if you need it

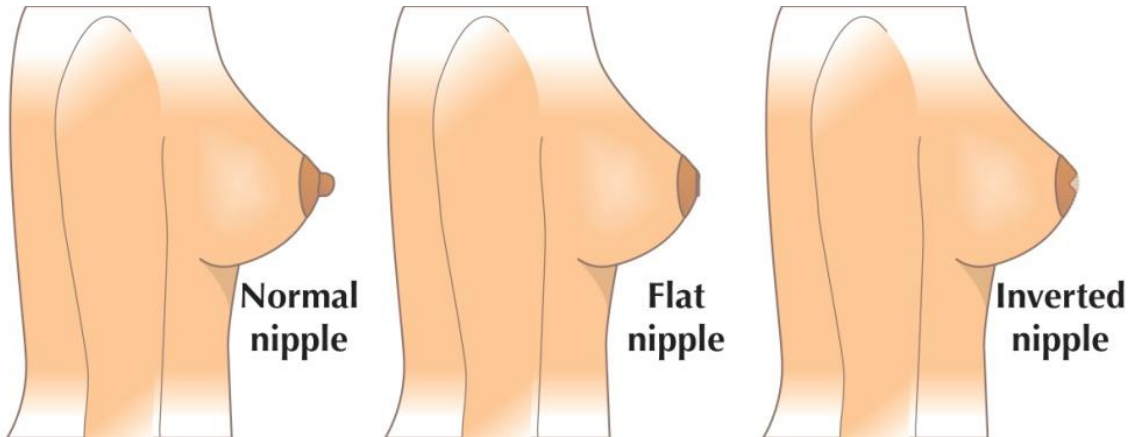
Notes from Mom to Dad

- Take the baby for awhile and give me a break
- Tell me I am doing a good job
- Be my “breastfeeding coach”
- Plan something special for the two of us
- Give me a massage
- Send me flowers
- Limit my visitors
- Make dinner or breakfast in bed
- Be agreeable with my family
- Don't question purchases to make breastfeeding easier/more comfortable
- Wash the pump kit
- Do some of the housework
- Plan time so I can sleep
- Just listen and offer support
- Be our advocate for nursing
- Get involved in our baby's care
- Ask for help if you need it
- Talk proudly to your friends about breastfeeding



Do I Have Flat or Inverted Nipples?

Flat or inverted nipples can sometimes be problems when starting to breastfeed. It is a good idea to know your nipple shape before starting to breastfeed. Compare yourself to these examples. Gently squeeze at the edge of the areola to see how your nipples react. There are three basic shapes.



Normal Nipples

These normally shaped nipples are easy for most babies to latch-on to. The nipple is erect at rest or becomes erect when it is stimulated or the mother is chilled. If you gently squeeze at the edge of this nipple it remains everted.



Flat nipples

These nipples can be difficult for an infant to attach to. They are flat and remains flat even when stimulated.

Occasionally lactation consultants recommend the use of breast shells prior to the baby's birth. Regularly gently rolling and pulling the nipple it may help it become more erect. Do not wear breast shells or pull your nipples if you are at risk for preterm delivery.

The use of a breast pump just before feedings will help the nipples become more erect.

Check with your lactation consultant or knowledgeable health care provider to determine solutions that will work best for your situation.



Inverted Nipples

These nipples actually retract at rest or when stimulated. Try gently squeezing at the edge of the areola. Usually these nipples remain inverted.

Occasionally lactation consultants recommend the use of breast shells prior to the baby's birth.

They may suggest a breast pump just before feeding the baby to pull these nipples out for the baby. Check with your lactation consultant or knowledgeable health care provider to determine which solution will be best for your situation.



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Information for Breastfeeding Families

Is My Baby Getting Enough?

Often a new parent's biggest concern is about how much and how often the baby breastfeeds.

Here are some guidelines to help you know if your baby is getting enough:

- ✓ Your newborn baby should nurse on demand, 8 or more times in 24 hours during the first 2 - 3 weeks. As your baby gets older feedings will become more efficient and may be less frequent.
- ✓ Some feedings may be close together, even an hour or so apart. Other feedings will be less frequent. Feedings do not need to be evenly spaced and are often irregular in the newborn baby. Wake your baby if he doesn't awaken to feed within 3 hours during the day. Night time feedings can be less frequent.

Typical patterns for wet diapers are

- 1 wet diaper on day one
- 2 wet diapers on day two
- 3 wet diapers on day three
- 4 wet diapers on day four
- 5 wet diapers on day five
- 6 wet diapers on day six and from then on.

Look for light yellow to clear urine.

Typical patterns for stools are several per day

- Day 1 Meconium (dark & tarry)
 - Day 2 Brownish
 - Day 3 Brownish yellow
 - Day 4 Dark yellow, soft
 - Day 5 Yellow, semi-liquid
- Some newborns stool after every feeding. Stools taper off and may not even occur every day as your baby gets older.

Babies generally lose a little weight in the first few days after birth and then begin to gain. This is a normal pattern. Ten percent is considered the maximum acceptable weight loss. Have your baby's weight checked a couple of times during the first 2 weeks, especially if you are concerned that your baby is not eating enough. A weight check is the only sure way to determine adequate intake. Once your baby has regained birth weight, at about 2 weeks, you can relax and let your baby set the pace for the feedings.

Sometimes babies seem to take a good feeding at the breast but wake within a few minutes wanting more. Offer the breast again. It will likely be a short "top off" feeding and your baby will drop off to sleep.

Is My Baby Getting Enough?

Signs of hunger Rooting Mouthing movements Tense appearance Grunting, other sounds Hand-to-mouth activity Kicking, waving arms Crying	Signs of a good latch-on Relatively comfortable, latch-on pain subsides quickly Lips at the breast at least 140° angle or greater All or most of the areola in the baby's mouth with more areola covered from the area near chin (asymmetrical latch-on) Lips flanged (rolled out)
Signs the Baby is Full Drowsiness, sleepiness Baby comes off the breast spontaneously Relaxed appearance Hands and shoulders are relaxed Sleeps for a period of time before arousing to feed again	Signs of a good feeding Easy latch-on, stays latched-on Swallowing you can hear Noticing that the breasts are softer after feedings Feeling strong, deep, "pulling" sucking Seeing milk in your baby's mouth Leaking from the other breast or feeling of a "let-down" reflex Vigorous sucking Wide jaw movements and consistent sucking

Please see the advice of a Lactation Consultant or another healthcare provider if:

1. Your baby has not begun to gain weight by his fifth day after birth or has not regained birth weight by 2 weeks
2. Your baby is not voiding at least 6 - 8 times per day
3. Your baby is not having several stools per day

These signs can indicate inadequate feedings and can become a serious concern if not corrected quickly. You may wish to keep a written record of when your baby voids, stools, and feeds for a few days so you can accurately report this to your health care provider. Please seek help if your problem does not resolve quickly.

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Information for breastfeeding families

Hand Expression



Hand expression is a handy skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first week or so, use hand expression to provide the milk needed!

Hand expression routine:

1. Apply heat, massage, and stroke breasts
2. Position fingers behind areola
3. Press back toward the chest
4. Compress fingers together to express milk
5. Relax and repeat, getting a rhythm going
6. Express for 5-7 minutes
7. Move fingers to a different position
8. Massage and stroke the breast
9. Press back toward the chest
10. Compress fingers together to express milk
11. Express milk for 3-5 minutes
12. Massage and stroke breasts
13. Move fingers to a different position
14. Express milk for 1-2 minutes
15. Complete cycle takes 20-30 minutes



***Watch these videos while you are hand expressing
to see the technique in action!***

<https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>

<https://firstdroplets.com/?sfns=mo>

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Information for breastfeeding families

Hands-on Pumping



Using a breast pump is important if your baby is ill, premature, or unable to breastfeed for any reason. You will obtain more milk from the pumping session if you use breast massage at the same time. You will have more milk to save for feedings, and your milk supply will increase.

Hands on pumping routine:

- Begin breast pumping within 6 hours of delivery
- Use a hospital grade breast pump with a double pump kit 8 times or more per 24 hours
 - Does not need to be a regular schedule, do whenever convenient
- Assure the flanges are appropriate size
 - Nipple moves freely in and out during suction cycle
 - Breasts are emptied completely, no areas of lumps
 - No pain while pumping
 - No white ring around areola
- Wear a bra or bustier that will hold the flanges in place while you pump so your hands can be free for massaging
- Start with slow massage to stimulate let-down
- Apply the breast pump and use the maximum suction level that is comfortable, not painful
- Watch the sprays of milk and adjust hand position to where milk flows the most easily
- When the sprays of milk subside, switch to single pumping so you can be more vigorous with the massage
- When the sprays of milk subside again, turn off the pump and hand massage into the pump flange. Some mothers can double their output this way. This is hind milk, the richest milk for the baby.
- Pay special attention to the outer margins of the breast



***Watch this video while
you are pumping!***

<http://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

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Information for breastfeeding families

Infant Hunger Cues



Babies show several cues in readiness for breastfeeding. Tuning into your baby's cues will make your feeding more successful and satisfying for both your baby and for you.

Your baby does not have to cry to let you know he is hungry. ***Crying is the last hunger cue!***

- ❖ Awakening
- ❖ Soft sounds
- ❖ Mouthing (licking lips, sticking tongue out)
- ❖ Rooting towards the breast (turning the head and opening the mouth)
- ❖ Hand to mouth activity
- ❖ Crying beginning softly and gradually growing in intensity



Try to catch your baby's feeding cues early in the cycle – avoid crying – and begin breastfeeding!

Information for breastfeeding families

I wish someone had told me...



Moms who have successfully breastfed their babies can give great advice. Here are some of their gems.

Take a breastfeeding class before delivery

Breastfeeding is a wonderfully natural thing to do, but learning how can help. Spend a little time learning about what happens after delivery.

Start breastfeeding right in the delivery room

Your baby will be interested in feeding within a few minutes of birth. Keep skin-to-skin and enjoy an early feeding.

It's all about the latch

How your baby holds your nipple and areola is the key to comfortable breastfeeding. Make sure the mouth is opened wide and baby gets a big mouthful. If it hurts, get help ASAP!

Feed throughout the night at first

No matter how tired or sore you are, you do need to feed around the clock in the beginning. This brings in a excellent supply of milk and assures that your baby starts gaining weight quickly.

Babies cry more on their second day of life

This can be upsetting and you might not know what to do to sooth your baby. Crying doesn't always mean hunger. Hold your baby skin to skin and offer the breast frequently. This fussiness is common and is called "Second Night Syndrome" although it can happen during the daytime also.

You don't need a breast pump right away

Your newborn is the best pump, and frequent feedings get breastfeeding off to a good start. If a breast pump does become necessary for a medical reason, a lactation consultant (IBCLC) can give you advice about the best kind for your situation.

Use it or lose it

The best way to make more milk is to feed the baby. An empty breast makes more milk. Don't skip breastfeeding sessions in the early days.

Don't wait too long to try a bottle

Breastfeeding exclusively for the first 4-6 weeks gets breastfeeding off to a good start. But if you are planning on going back to work or will need to give a bottle for some reason, start between around 4 weeks and offer it weekly to keep the baby in practice.

The best milk to use in the bottle is your pumped breastmilk. A breast pump can make that an easy thing to do.

If you are going to be home with your baby, you can skip this step.

You might make too little or too much milk for your baby

Feed often in the early days to get a good start. If your baby is not gaining weight well or you are overflowing with milk, get advice from a lactation consultant (IBCLC).

Attend a breastfeeding moms group

Just seeing other moms breastfeed and chatting with them can be a world of reassurance.

The leader will sometimes be a lactation consultant who can answer questions and help you troubleshoot problems.

Nurse lying down

Recline with your baby "on top of you" or lie on your side while your baby feeds. Use pillows to get yourself and your baby comfortable. You need a little rest too!

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The Importance of Latch-on

Sore nipples, engorgement, excessive weight loss, and jaundice

New mothers sometimes run into problems with breastfeeding. Sometimes a single problem develops, but often a “cluster” of problems occur that all have the same cause. These four issues (sore nipples, engorgement, excessive weight loss and jaundice) are often seen together and are often the result of poor latch-on. You can likely avoid this by following these simple steps:

✓ ***Keep your newborn with you at all times***

This allows you to respond to your baby quickly at any time that he seems to want to feed. Your baby needs to see, feel, and smell you. Studies show that babies are calmer, sleep better, and cry less when they are in constant contact with mom.

✓ ***Feed early and often***

His first feeding should occur sometime during the first hour after birth and he should not be removed from skin-to-skin contact on your tummy until that first feeding is complete. For subsequent feedings, look for early feeding cues: licking and smacking his lips, sticking his tongue out, putting his fist in his mouth, turning his head to the side and opening his mouth (rooting reflex). Newborns normally feed 8 or more times each 24 hours. They don't follow a schedule. Night feedings are important at this stage.

✓ ***Use good positioning and check for a good latch-on***

Your baby only gets milk when he is well attached. Some tenderness and sensitivity is normal at first, but pain is not. If breastfeeding hurts, the baby is not attached properly. Look for the following: **Positioning** - Position your baby at breast height, using pillows to support his weight. Roll your baby “belly to belly” directly facing the breast. Line up your baby's nose with your nipple so he has to reach “up” to get the nipple. **OR** Lay back and place your baby on top of you in any position that seems comfortable and natural. Let your baby locate the breast (may take a few minutes) and latch-on himself.

✓ ***Offer the breast***

Use a “sandwich hold” supporting the breast behind the areola and squeezing the breast gently to make it into an oval that fits in the baby's mouth. Keep your thumb near your baby's nose and the rest of your fingers on the opposite side of your breast. Stroke your nipple from your baby's nose to chin rolling out lower lip as you stroke down. Bring baby to the breast, not the breast to baby.

✓ ***Check the latch-on***

Your baby's lips are flanged (rolled out), mouth open to 140°. There should be no pain, no wedged or creased nipple at the end of the feeding. Your baby's chin is touching your breast; his nose is free, with an asymmetrical latch-on (More breast tissue from the bottom of your areola is in the baby's mouth than from the top of the areola).



✓ ***Assess milk transfer***

Wide jaw movements. Consistent sucking.
Audible swallowing (after milk comes in).

If you need assistance, ask before a little problem becomes a whole cluster!

Information for breastfeeding families

Increasing Your Breastmilk Supply



During the first few days and weeks, frequent stimulation of the breasts by breastfeeding or by using a breast pump is essential to establish an abundant breastmilk supply. If you find your milk supply is low, try the following recommendations.

More breast stimulation

- Breastfeed more often, at least 8 or more times per 24 hours
- Discontinue the use of a pacifier
- Try to get in “one more feeding” before you go to sleep, even if you have to wake the baby
- Offer both breasts at each feeding
- Empty your breasts well by massaging while the baby is feeding
- Assure the baby is completely emptying your breasts at each feeding.

Use a breast pump

- Use a hospital grade breast pump with a double kit
- Pump after feedings or between feedings
- Apply warmth to your breasts and massage before beginning to pump
- Try “power pumping.” Pump for 15 minutes every hour for a day; or try pumping 10 minutes, resting 10 minutes, pumping 10 minutes and so on, for an hour

Mother care

- Reduce stress and activity. Get help
- Increase fluid intake
- Eat nutritious meals; continue to take prenatal vitamins
- Back rubs stimulate nerves that serve the breasts (central part of the spine)
- Increase skin-to-skin holding time with your baby; relax together
- Take a warm, bath, read, meditate, and empty your mind of tasks that need to be done

Avoid these things that are known to reduce breastmilk supply

- Smoking
- Birth control pills and injections
- Decongestants, antihistamines
- Severe weight loss diets
- Mints, parsley, sage (excessive amounts)

Keep records

- It is important to keep a daily log with the 24 hour pumping output totals - this amount is more important than the pumped amount at each session. This will help you see your progress over the days.
- Keep in touch with your healthcare provider to monitor your progress and modify your care as necessary.

Retained placenta

- If you are not seeing improvement and you are still having vaginal bleeding after 2 weeks, discuss the possibility of retained placental fragments with your healthcare provider. Small bits of the placenta can secrete enough hormones to prevent the milk from coming in.

Low thyroid

- Have your healthcare provider check your thyroid levels. Low thyroid can affect milk supply.

If supplementation is recommended

- Determine the amount needed with your healthcare provider
- Pump after the feeding
- Offer the supplement in a way that won't interfere with breastfeeding such as a tube or syringe at the breast or a cup or spoon
- Wean your baby off the supplements gradually.

Other resources

- <http://www.lowmilksupply.org/>

Information for breastfeeding families

Promoting Let-down and Milk Flow



“Let down” occurs when the milk releases and generously flows from the breast, stimulated by the hormone oxytocin. It usually occurs about 1-3 minutes after the start of breastfeeding or using a breast pump. Try these suggestions to let the milk flow.

Promote relaxation

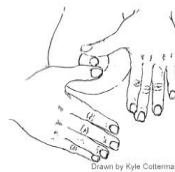
- ✓Take several deep breaths and close your eyes before you begin
- ✓Visualization:
 - *Imagine the beach or other relaxing place: Use all five senses: imagine the sights, smells, taste, sound and sensations around you in this location
 - *Try to visualize and "feel" what the let-down response feels like.
 - *Imagine your milk flowing or use images of waterfalls or a river of milk
 - *Think of your baby's soft little hand moving at your breast
- ✓Look at pictures of your baby
- ✓Listen to the sound of your baby cooing or “talking” to you. Even a cry can be helpful.
- ✓Smell your baby's unwashed shirt or blanket
- ✓If you are in any pain, take Advil or Tylenol about 30 minutes before you expect to nurse. Pain can cause stress and inhibit let-down
- ✓Set up a “nursing nook” where you always go to breastfeed or pump that is quiet and without distraction. Have a comfy chair, pillows, footstool, soothing music, and warm beverages easily available
- ✓Hold your baby skin-to-skin
- ✓Get in a warm bath with baby and nurse there
- ✓Singing or humming may speed let-down
- ✓Distract yourself – listen to a podcast, talk on the phone, read a book, etc.
- ✓Place a heating pad or warm herb pack on your shoulders and/or across your breasts
- ✓Have a helper massage your back and shoulders before and while you nurse

Nipple stimulation to release oxytocin

One minute of moist heat, massage, nipple rolls and gentle tugging. Rest two minutes then pump or feed your baby.

Reverse Pressure Softening

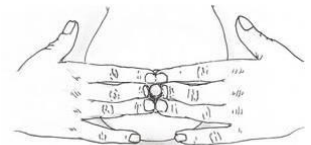
Apply direct pressure on the areola with your fingertips



Drawn by Kyle Cotterman



Drawn by Kyle Cotterman



Drawn by Kyle Cotterman

Breast massage

- ✓Helper stands behind mom using non-scented lotion or massage oil
- ✓Warm compresses
- ✓Start around the areola
- ✓Work tips of fingers in circles around breast clockwise
- ✓Gently and gradually apply pressure to stubborn areas
- ✓Apply breast compressions periodically



Hands-on pumping
<https://med.stanford.edu/newborns/professional-education/breastfeeding-maximizing-milk-production.html>

Plugged Ducts & Mastitis

Plugged Ducts

If you notice a small lump the size of a pea in your breasts, it may be a plugged duct. This occurs when a portion of the breast does not get emptied completely during feedings.

Remedy:

- Apply a warm compress to the area before feeding
- Massage the lump towards the nipple during a feeding
- It may take 2 or 3 feedings for it to completely empty. Position your baby's chin or nose towards the area of the lump. This is where the greatest emptying will occur.
- If you find a persistent lump that does not respond to these measures, please see your healthcare provider. It could be a different problem.



Plugged Nipple Pore (Bleb)

This appears as a small white dot on the tip of the nipple and is usually very painful. It is one milk duct that has become plugged.

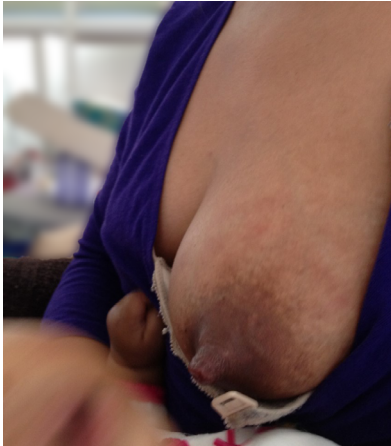


Remedy:

- Warm soaks and gentle rubbing with a warm towel may be effective to release the milk.
- In persistent cases, you may need to see your health care provider for unroofing (taking the upper layer of skin off of the bleb)

Mastitis

This occurs most frequently in mothers who have had a cracked or blistered nipple or who are undergoing a period of stress such as returning to work, participating in holiday activities, or experiencing a change in normal daily routine.



Symptoms may include:

- High fever, starting suddenly
- Hot area
- Red streaks
- Pain and a lump in the breast
- Hard, wedge-shaped area
- Flu like symptoms and chills
- Extreme tiredness
- Discoloration of skin, may appear red in lighter skin tones

Remedy

- Early, frequent breastfeeding
- Applying moist heat before feeding (shower or compress)
- Correct positioning and alignment to achieve deep latch
- Gentle massage and compression during a feed
- Hand express or pump for relief before or after feeding, if needed
- Ice pack after feeding



Your health care provider will prescribe an antibiotic. You must take a full 7-10 day course of medication. Do not stop taking it until the prescription is gone even though you start to feel better. Inadequately treated mastitis is more likely to return.



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Date: December 2020
Reviewed By: Nekisha Killings MPH, IBCLC



Positioning & Latch-on: Baby-led Latching

The way you hold your baby and how your baby latches on to the breast are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch-on can prevent many of the common problems mothers encounter when starting to breastfeed.

Baby-led latching is good for the first feeding and for all feedings after that when the baby is awake and willing to participate.

Getting comfortable

Choose a bed or sofa where you can lean back about halfway or more, whatever is comfortable for you.

Positioning your baby

Position the baby between your breasts and allow your baby to wake skin-to-skin. Holding your newborn skin-to-skin is one of the best ways to make breastfeeding easy!

Be Patient

Your baby will gradually realize food is nearby! Baby will slowly begin to move towards the breast. Provide support and assist a bit if it seems necessary, but avoid directing the baby. Your baby will locate the nipple and latch-on with minimal assistance from you. Let your baby lead the way.

Importance of Skin to Skin contact

Babies tend to feed best when they have direct contact with mother, in skin-to-skin contact. Not only does it keep baby warm, the smells and feel of the breast encourage the baby to locate the breast and begin feeding.



This baby located the breast and latched on independently



Information for breastfeeding families

Positioning & Latch-on: Mother-led Latching



The way you hold your baby and the latch-on to the breast are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch-on can prevent many of the common problems mothers encounter when starting to breastfeed.

Mother-led latching is good for any time the baby needs additional assistance, is too sleepy to latch spontaneously, or you have sore nipples.

Getting comfortable

Choose a comfortable chair or sofa with good support for your back. Use a footstool to bring your knees up so your lap is slightly inclined and the pressure is off the small of your back. Position pillows wherever needed to support your arms and relax your shoulders.

Positioning your baby

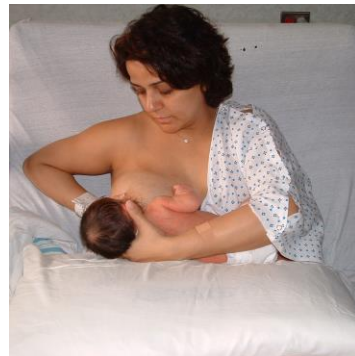
With any position you choose to hold your baby, turn your baby completely "tummy to tummy," so your baby's mouth is directly in front of the breast and there is no need for the baby's head to turn to the side to reach the nipple.

Position your baby nose to your nipple so baby has to "reach up" slightly to grasp the nipple. The chin should touch the breast first, then grasp the nipple.



Place your baby's lower arm around your waist. This will draw your baby close to you. Look for a straight line from your baby's ears, to shoulders, to hips. The head should not be tucked into the chest or tipped backwards. Your baby's legs should curl around your waist.

The cross-cradle hold is one of the preferred positions for the early days of breastfeeding. You will have good control of the position of your baby's head when you place your hand behind your baby's ears. Roll the baby to face you "belly to belly."



The football hold (clutch hold) is good for mothers who have had a cesarean delivery because the weight of the baby is not on the abdomen. Tuck the baby under your arm with pillow support to place the baby at breast height. Tuck a pillow or rolled receiving blanket under your wrist for support.

Using a C-hold, place your baby facing you with baby's mouth at nipple height. Baby's hips should be flexed with legs and feet tucked under your arm.



Side lying is great for getting a bit of rest while your baby nurses or if you want to avoid sitting because of soreness. Notice the pillow support and your back and the baby's back, and between your legs. Roll the baby towards you "belly to belly".



The Cradle hold is great for after the baby is nursing easily and the latch-on is easy. It is the most common position and you will often see this in pictures of breastfeeding mothers. Please wait to use this position until your baby latches easily.



Latch-on

Compress your areola slightly to make a "nipple sandwich" for the baby. This will allow the baby to get a deeper latch-on. Make sure your fingers are well behind the edges of the areola (1 to 1 ½" from the base of the nipple). Allow your baby's head to lean back slightly so the chin touches the breast first.



An easy way to remember how to hold your hand is to keep your thumb by your baby's nose and your fingers by the baby's chin. That way you will automatically rotate your hand to match the baby's positioning.

Touch your nipple to the philtrum (the skin between his nose and lips). Your baby will open wide and you can bring baby to the breast. If your baby doesn't open wide, tickle the philtrum and wait for a WIDE (like a yawn) mouth and the tongue to come forward. There should be a "big mouthful" of the areola in the mouth. Bring the baby to the breast, not the breast to the baby!

Check your latch-on

Your baby's **chin** should touch the breast and the nose should be free.

Worried that your baby can't breathe while at the breast? Don't! If babies truly can't breathe, they will let go. Usually, babies can breathe easily even when pressed close to the breast because they can breathe around the "corners" of their noses. Do not press on the breast to make a breathing passage for the baby to breathe. If necessary, pull the baby's hips in closer to you. This should free up the nose.

The angle of your baby's lips at the breast is 140 degrees or greater.



Most of the areola is in your baby's mouth and both upper and lower lips are rolled out. You feel deep pulling sensation as the baby nurses. It should not be sharp pain or last more than a moment during the latch-on.

If you feel pain, reattach your baby. But **first** try to tuck your baby in closer and slide baby down an inch or two to see if that will help.

If you need to remove your baby from the breast, slip your finger between lips and gums to break the suction

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Storage and Handling of Breastmilk



Mothers who are pumping breastmilk for their infants should store the milk in the cleanest and safest way. It can be stored in any clean container: plastic, glass or nurser bags. Recommendations for storage temperatures and times vary greatly from one authority to another. We are recommending guidelines based on research and common sense.

Room Temperature

Freshly pumped breastmilk can be kept at room temperature for 4 hours. If it will need to be kept longer, please refrigerate. Milk that has been previously chilled should be kept at room temperature for no longer than an hour or so.

Refrigerated

Breastmilk may be stored in a refrigerator 4-8 days. If you think that you may not use it within that time period, freeze it. If you find you have milk that has almost reached its expiration date in the refrigerator, you may freeze it for later use.

Frozen

Breastmilk may be stored in a freezer for up to 3 months and in a deep freeze for up to 12 months. The freezer is cold enough if it keeps your ice cream solid. That will be about 0°F or -20°C. It should be placed in a part of the freezer that will not be subject to changes in temperature as the door is opened and closed. If plastic nurser bags are used, they should be doubled or protected from being bumped and torn in the freezer.



Layering Breastmilk

You may add “new” milk to previously chilled or frozen milk. Chill the “new” milk prior to adding it to the container of milk. The expiration date of that container of milk will be from the date of the original milk.

It is best to freeze milk in feeding-sized quantities. If you are just starting to pump, you may not yet have an idea of what will be the right size for your baby. Freeze in 2-3 oz quantities to start. You don’t want to thaw out more milk than your baby will take in 24 hours. You can always get more if necessary, but you will be dismayed if you have to discard pumped breastmilk. After you have some experience with how much your baby takes from a bottle, you can freeze milk in that quantity.

Thawed

Breastmilk can be thawed in lukewarm water in just a few minutes. Then it can be warmed to serving temperature in the same manner. Never make it warmer than body temperature. Never use a microwave to thaw or warm breastmilk. Discard any milk left in a bottle after a feeding. Thawed breastmilk must be discarded after 24 hours. Do not re-freeze it.



Transporting

Chill any milk that you pump at work either in a refrigerator or a portable cooler bag. A cooler bag can be used to transport the milk home.

Information for breastfeeding families

Congratulations on the Birth of Your Baby!



Here are some basic guidelines to keep in mind for the first few weeks.

Wet diapers = 6+ per day

Stools = 3+ per day

Feedings = at least 8 times, on demand, around the clock for the first 2-3 months

Signs of good feedings

- ✓ Feeling a deep, strong pulling sensation without sharp pain
- ✓ Consistent sucking with only brief pauses
- ✓ Hearing swallowing (after the milk comes in)
- ✓ Latch-on is easy
- ✓ Vigorous sucking at the breast
- ✓ Breasts are softer after the feeding
- ✓ Seeing milk in your baby's mouth
- ✓ Feeling a let-down reflex or seeing a change in the baby's feeding rhythm
- ✓ Adequate wet diapers and stools
- ✓ Minimal weight loss during first few days
- ✓ Baby regains birth weight by 2 weeks and gains $\frac{3}{4}$ to 1 oz daily thereafter

Signs of poor feedings

- ✓ Feeling pain during feedings
- ✓ Sleepy baby
- ✓ Inconsistent, flutter (weak) sucking
- ✓ Difficulty latching-on and staying on
- ✓ Clicking or popping sounds in your baby's mouth
- ✓ Prolonged nursing (more than 20-25 minutes on each side)
- ✓ Infrequent nursing (baby does not wake to feed at least every 3 hours)
- ✓ Baby is not satisfied at the end of the feeding
- ✓ Engorgement
- ✓ Inadequate wet diapers and stools
- ✓ Rapid or excessive weight loss (more than 7-10%) during the first few days
- ✓ Has not regained birth weight by 2 weeks
- ✓ Slow weight gain thereafter (less than $\frac{1}{2}$ – $\frac{3}{4}$ oz per day)

Good latch-on
with wide mouth



Poor latch-on
with shallow
attachment

