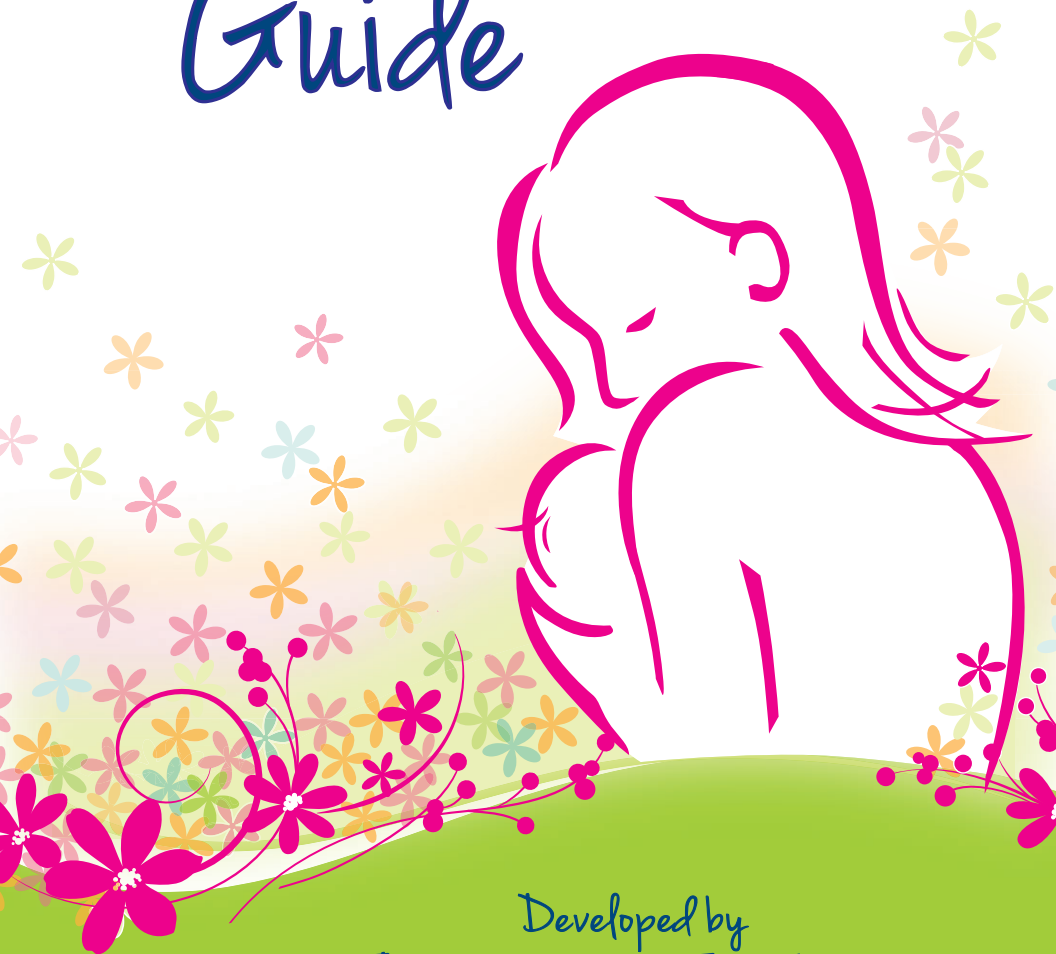




UR | THOMPSON
MEDICINE | HEALTH

Breastfeeding Guide



Developed by
The Breastfeeding Task Force of
the Finger Lakes Regional Perinatal Forum

Provided compliments of



MEDICINE of THE HIGHEST ORDER

350 Parrish Street, Canandaigua, NY

(585) 396-6000

ThompsonHealth.com

Table of Contents

How to Get Started	3
Supplies.....	4
How to Tell If Your Baby is Getting Enough.....	6
How to Increase Milk Supply	8
Positions for Breastfeeding.....	9
Correct Latch.....	10
Pumps and Pumping/Expressing.....	11
Storing and Thawing Breast Milk.....	14
Engorgement and Plugged Ducts.....	16
How to Treat Sore Nipples.....	18
Commonly Asked Questions	20
When to Get Help	25

Congratulations!

Breastfeeding is a normal and natural way to feed your baby, and a healthy choice for both of you. Do not be surprised if it takes a few practice sessions to become really comfortable with breastfeeding. Try to relax and do not get discouraged. Before you know it, it will be much easier.

Even though most babies are breastfed, some people are still misinformed. If someone you know makes negative remarks, try to realize that this person probably is not against breastfeeding, but merely lacks information.

Did You Know? *The American Academy of Pediatrics recommends breast milk as the ideal source of nutrition for all babies. Breast milk alone is all your baby needs to grow and develop for the first six months of life. The U.S. Surgeon General recommends that mothers breastfeed for at least 12 months and thereafter for as long as desired.*

Breastfeeding Benefits

For Baby: breast milk is made specifically for human babies

- Has all the necessary nutrients for proper growth in correct amounts
- Digests easily - no constipation, low incidence of colic
- Provides antibodies and protects against infection including urinary tract, respiratory, intestinal, and ear infections, thereby lowering the rate of hospitalization and sickness and speeding recovery during illness
- Reduces the risk of allergies, overfeeding (childhood and adult obesity), insulin dependent diabetes mellitus and intestinal diseases
- Promotes baby's hand-eye coordination; jaw, teeth, and speech development; brain growth

For Mother: convenience, health benefits, emotional benefits

- Saves time and money; milk is always available and night feedings are easier
- No mixing or storing is required; always the right temperature; no shopping for, cleaning or preparing bottles
- Improves bone density and uses up extra calories, making it easier to lose the pounds of pregnancy
- Reduces the risk of breast, uterine, and ovarian cancers
- Ensures close physical contact; hormonal release of "prolactin" relaxes mother

For Family: saves money – breast milk is free

- Baby has sweet smell and bowel movements are not offensive
- Breast milk has minimal odor and is rarely staining

For Society: breast is best!

- Requires no energy use for production, no packaging materials, no waste, no production animals, feed, or machinery and no transportation
- Total medical care costs for the nation are lower for fully-breastfed babies since they typically need fewer sick care visits, medications and hospital stays

How To Get Started

Hunger signs

- Mouthing and rooting (turning head in search of nipple)
- Tongue extension
- Hand to mouth activity
- Lip smacking
- Sucking on hands or fingers
- Tucking the body
- Making small fussy sounds and pre-cry grimaces

These are relaxed “first cues.”

If you wait for a cry, then the baby is tense and may feed poorly, or have difficulty latching on and usually will swallow more air. **Crying is a very late cue.**

How to begin

Find a comfortable place where you can relax. Use pillows for support as needed. Hold the baby so that you are belly-to-belly and at breast level. Gently support your breast with four fingers under the breast and your thumb on top. Make sure your fingers are clear of the darkened area around your nipple (areola) so they will not interfere with correct latch-on. Brush your baby’s lips, top to bottom, gently with your nipple (see “Positions for Breastfeeding”), until he/she opens tilts his/her head back and opens his/her mouth **wide**. Then quickly bring him/her onto your breast with his/her chin touching your breast first. **You should not feel pain.**

You may feel some tugging. Keeping in mind that when your baby is correctly positioned or “latched-on”, your nipple and much of the areola are pulled well into the baby’s mouth. A correct latch-on is important because milk flows better, it stimulates a continuing milk supply, assures that your baby grows well, prevents sore nipples and helps prevent engorgement, plugged ducts and mastitis.

How do I know the baby is “latched on?”

You will know that your baby is “latched on” correctly by making sure his/her mouth is wide open and his/her tongue is down, his/her lips are turned outward and not tucked in, and his/her chin is pressed into the breast with the nose touching lightly. The baby needs to take a “large mouthful of breast,” not just the

nipple. If you hear “smacking” sounds, or do not feel a tug at the breast, try to reposition again, although you may want to insert your finger alongside your nipple before removing baby from breast to “break the suction” (See “Positions for Breastfeeding”).

“Let the baby nurse long enough”

What is long enough? Watch your baby closely and you will note your baby is showing signs of swallowing. Watch and listen. The baby is drinking well when you see a “pause” between the open and close of a swallow. Also keep in mind your baby will pause to breathe. When babies have had enough milk, they will stop on their own and show signs of satisfaction. But in the first few days, many babies will stop sucking as the milk flow slows down. You may need to use breast compression/stimulation to increase swallowing. Ask your care provider to help you identify swallowing and teach you breast compression/stimulation. In the beginning, your baby may need waking up. Offer both breasts at each feeding, but there may be some feedings when your baby breastfeeds one side only. At the next feeding, start on the side that was used the least during the previous feeding.

A note about sucking

All babies need to suck. Most infants have been sucking their thumb, fingers, or fist in utero and will continue to do so after birth. This is called “non-nutritive sucking” – which means the baby doesn’t receive nutrients/milk – but does comfort your baby. If your baby still appears fussy after a good feeding, non-nutritive (comfort sucking) will often help settle him/her down.

Supplies

The good news is that you don’t need much to get started with breastfeeding!

Several good nursing bras

These are not absolutely necessary, but they do make breastfeeding a lot more convenient, especially when you are away from home. It is recommended that you buy your nursing bras in the last month or two of your pregnancy when your

breasts have already increased in size. When purchasing your bras, make sure you buy them with extra room in the cup. The bra should fit comfortably around your ribs when fastened at a loose setting. A bra that is too tight can lead to plugged ducts and breast infections. When trying on bras, make sure you can open the nursing flap with one hand (so as not to have to put baby down each time you feed). Initially it is suggested that you purchase only two to three bras to see if you like them and buy more as needed.

Breast pumps

Pumps are not a necessity but can be most helpful if you intend to store breast milk for your baby for when you aren't present. Before purchasing a pump, you must first decide when and where you will be using it. Do you need to transport the pump every day? Do you have a place to plug it in? What can you spend for a pump? Renting is an option since pumps can cost anywhere from \$30 for the small hand-powered pumps to double pumping electrical systems at \$275 and up. (See "Pumps and Pumping/Expressing" on page 11).

Storage containers for breast milk

You may store pumped breast milk in a variety of containers that would normally be used for food products: glass jars, PBA-free hard plastic containers (preferably polypropylene), or specially designed plastic bags for breast milk. Wash the bottle in hot soapy water, rinse well and allow to air dry between uses. The breastfeeding bags should be sealed tightly and kept in a second container (in case the bag tears and leaks as it thaws).

Nursing pads/breast pads

Some women who breastfeed (nurse) their infant like the security of using nursing pads (also known as breast pads) inside their bra. These are soft, absorbent pads – either disposable or washable – that will soak up any breast milk that may leak. There are many styles and brands on the market that you may choose from. It is best to use nursing pads without plastic liners, as the plastic often keeps moisture against the nipple and may contribute to sore nipples. Women should use clean hands and change the pad when it is damp.

How to Tell If Your Baby is Getting Enough

During the first weeks of breastfeeding, it is normal to wonder if the baby is getting enough to eat. Many new parents share this concern. As long as he/she has at least **eight to twelve feedings every 24 hours with regular swallowing** (see page 7), he/she is probably getting enough.

Most babies lose a few ounces initially and may not regain it until the second or third week. It is normal for babies to lose up to 10% of their birth weight without causing concern. **Start counting weight gain from the lowest measure of weight at two to four days old, not from birth weight.** Babies should regain their birth weight within two to three weeks after birth.

Some other reliable signs of adequate intake are:

- A gradual increase in the number of wet diapers each day until the fifth day: **at least six to eight wet cloth or five to six disposable diapers in 24 hours after the fifth day.** Urine should be pale yellow, not deep orange.
- First stools that are black and sticky (meconium) and by day three, stools that become lighter in color. From about five days old until about four to six weeks old, your baby should have at least three loose yellow, seedy stools each day. Older babies may not have a bowel movement every day, yet some babies will empty their bowels as often as they feed.
- Swallowing throughout most of the feeding.
- Your baby appears healthy, has good skin color, has some alert times each day and sleeps well for periods of time.
- Latching on well for most feedings.
- Your baby gradually begins to fill out his/her clothing and gains at least four ounces per week or a pound a month after the first two to three weeks of age through the first six months.

Some mothers find it helpful to keep a record/chart of times and length of feeding, as well as number and amount of urine voids and bowel movements. You do **not** need to weigh your infant or his/her diapers at home. If you have any concerns, as always, contact your health care provider.

What is regular swallowing?

Start with a correct latch: open mouth with the chin touching first. Your baby will suck with a fairly open mouth and swallow in a slow steady rhythm as he/she sucks. Your baby's lips should be turned out. Watching his/her chin, you will see a pause. This "pause" means a mouth full of milk. This pattern will slow and change during a feeding, but if you notice several minutes of this "pause" type feeding, it means your baby is getting plenty of milk. Short, choppy jaw motion starts the milk flow, then changes to slow, deep, steady jaw motions as the baby feeds. Swallows occur every one to three jaw strokes. Expect about 10 minutes of rhythmic sucking and swallowing at each breastfeeding.

Fussiness and growth spurts: what to expect

Some people interpret all fussiness as a sign of hunger. Just because your baby is crying does not necessarily mean that he/she is not getting enough to eat. If it has been less than one and a half to two hours since the last feeding, it is fine to nurse again, but if this does not help, look for other sources of distress and try other comforting techniques. You cannot "spoil" your baby with too much holding or feeding. Breast milk is digested very rapidly and efficiently and it may indeed be time to feed again. As the baby gets older, he/she will go longer between feedings.

"Growth spurts" commonly occur around two weeks, six weeks, three months and six months. During these times, your baby may suddenly be fussier than usual and want to nurse more often. This increases your milk supply until the next growth spurt. He/she will probably nurse every hour and a half to two hours for two to five days, then nursing will normalize. It is advisable to avoid pacifiers during these growth spurts and allow the baby to nurse on request.

Around the three-month growth spurt, some people may suggest that you introduce solids. This was a common practice years ago; however, the American Academy of Pediatrics and nutritionists now recommend that you **wait until about six months before introducing solids**. Research clearly shows that early introduction of solids often correlates with allergies and/or obesity.

Additionally, the American Academy of Pediatrics recommends that babies **not receive water or juice for the first six months** of life, as this provides empty calories and is more difficult to digest. Only breast milk or formula is recommended for the first six months. At one year of age, your health care provider will suggest what type of cow's milk is best for your child to have instead of formula. However, breast milk is always perfect!

How to Increase Milk Supply

If your baby's healthcare provider is concerned that your baby has not gained weight rapidly enough or if you want to increase your milk supply for other reasons, just remember - sucking makes milk! It is the concept of supply and demand, which explains why women can comfortably and exclusively breastfeed twins or triplets! The more your baby nurses, or the more you pump, the more milk you will make. You can offer both breasts at each feeding and repeat if necessary. Switching breasts when the baby slows his/her sucking down and swallows less often will increase your milk production and keep the baby interested. Switch two or three times. You will then use each side twice at a feeding. If your baby has been receiving formula bottles, do not cut these out abruptly, but rather gradually cut back as your milk supply increases. If the supply does not improve, seek further advice. Remember to take care of yourself. Rest, relax, drink plenty of fluids and eat well. **Nurse often, do not limit the time at the breast, and rest and nap with your baby!**

Positions for Feeding Your Baby



Cradle position

- Sit comfortably using pillows for support
- Place your baby facing you, lying on his side, his tummy to your tummy
- Support your baby at breast level. You may need pillows to raise him up until he is old enough to reach your breast while resting in your lap
- Cradle his head near the crook of your arm. Support his back with your forearm and his bottom or upper thigh with your hand
- With your free hand, support and offer your breast



Cross-cradle position

- Support your baby's head in your left hand and support her back against your forearm
- Support your right breast with your right hand
- Hold your baby tummy to tummy and offer your right breast



Football (clutch) hold position

- Sit comfortably using pillows for support
- Place one or two pillows or extra towels at your side
- Rest your baby on the extra pillows next to you
- Support her back and neck with your forearm and her head with your hand
- Your baby's body should be snuggled close to you and should be directly facing your nipple and areola
- Center your nipple in your baby's mouth and pull your baby onto your breast as she latches on



On your side

- Rest comfortably, lying on your side
- Use pillows to support your head, back and between your bent knees
- You can lay your baby on his side directly on the bed or sofa next to you
- His head should be face level with your nipple and areola
- Use your free hand to hold and offer the breast that is closest to the bed or sofa
- Relax and enjoy this quiet time with your baby

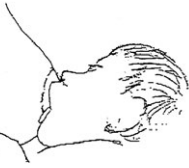
Correct Latch



- 1 Supporting and shaping your breast tissue will help the baby latch on. Gently compress your breast, fitting it to the shape of your baby's mouth.



- 2 Baby's head is tilted slightly back and baby is at breast level, tummy to tummy. Support baby's head/neck and wait until baby's mouth is wide open and tongue is down.



- 3 Bring baby to breast, allowing baby's chin to touch first. Baby's lips should be turned outward, not in. Baby should have a large mouthful of breast



- 4 Finger should be low on the breast and not interfere with correct latch. You should not hear smacking sounds.



- 5 If your breast is large, it may help to tuck a rolled up cloth diaper, towel or small pillow under your breast for support.

Pumps and Pumping/Expressing

Back to work or school

If you plan on expressing breast milk at work or school, let your employer or teachers know ahead of time that you will need to take breaks throughout the day. Ask where you can pump that is private, clean and quiet. Discuss how you plan to fit pumping (or if baby is nearby, perhaps leaving briefly to breastfeed) into your day. Make sure to discuss the benefits of breastfeeding with them, especially that breastfeeding mothers often miss fewer days from work or school to care for sick babies. If your direct supervisor cannot help you with your needs, you should be able to go to your Human Resources or counseling department to make sure you are accommodated.

What do I need to know about expressing breast milk?

If you must be separated from your baby, you can hand express or pump your milk (See "How to Get Started"). A simple manual pump is sufficient for most situations, but mothers who must pump frequently sometimes prefer using electric double pumps or hand expression. Whatever you choose, be sure to follow the instructions carefully and remember that it takes practice to become successful at it. With practice, mothers are able to pump one to four ounces for each missed feeding. It is best to wait until your baby is two to six weeks old before introducing bottles.

- Wash your hands. Containers should be clean or washed in hot soapy water, rinsed well and allowed to air dry before use.
- Freeze and store milk in two to three ounce amounts. Leave an inch of space to allow the milk to expand as it freezes.
- When possible, babies should get milk that has been refrigerated, not frozen. Some anti-infective properties are lost when milk is frozen, though frozen milk still helps protect babies from disease and allergies and is much better for your baby than formula.
- Begin pumping/expressing two to three weeks before you return to work or school. If pumping daily, try to do it at the same time each day.

- Expressed breast milk can be kept in a common refrigerator or in a thermal bag. (See “Storing and Thawing Breast Milk”) If you must be separated from your baby frequently, such as returning to work or school, it helps to nurse more frequently when you are home to maintain your milk supply. Be sure to rest when possible, eat nourishing foods and drink eight to ten glasses of water each day.
- If you have questions regarding the length of time to pump, contact your lactation consultant. This will vary depending on you, your pump, and the particulars of your pumping needs.
 - Wash hands; collect clean equipment. Have damp cloth and/or tissue near-by
 - Relax, sit comfortably or stand
 - To stimulate let-down, apply a warm, moist towel. You may also want to massage breasts by using a circular motion in one spot for a few seconds and move to a different spot (like numbers on a clock face), similar to breast self-exam. This also helps stimulate let-down. Additionally, you may want to have a picture of your baby or an item with baby’s scent on it (like a blanket) to assist with let-down

Hand expression

Place thumb above and two fingers below breast, about one to one and a half inches from nipple, near outer areola (darker skin). Each woman is different and the size of nipples and areolas vary. The pads of your finger and thumb are on your breast at opposites (six and twelve o’clock). Push into the chest wall (ribs); for larger breasts, lift, then push. Roll your thumb forward as if making a thumb print, and move pressure from middle to pointer finger at the same time. This motion compresses the milk sinuses (sacks of milk behind areola) and milk comes out without damaging breast tissue. Repeat this push-roll motion. Fingers are to remain in the same position through the push-roll motion. Move your hand position around the breast to other sinuses (thumb at two and fingers at eight o’clock, thumb at ten and finger at four, etc.) Then switch hands on same breast. Do right or left breast, 20-30 minutes, with time decreasing as you practice this method.

Pumps

Breast pumps are not a necessity but a luxury. There are many pumps on the market today. Manual pumps and mini electric pumps are cheaper, lightweight and for occasional use. Manual pumps take practice to get your milk to “let-down” or release (see more about let-down in “Engorgement and Plugged Ducts” on page 16). A healthy baby can remove milk much more efficiently from the breast than a pump can. Some women get very little milk when using a pump but have ample amounts of milk to nourish their baby. Full size electric pumps are more expensive but more efficient. They are suggested if you are away from your baby for extended times. Also, if you are working full time and planning to give your baby only your milk, you will probably want an electric pump. Remember that electric pumps are still cheaper than using formula. Rental of breast pumps may be available for WIC participants.

You may need to massage your breast before pumping. Switching back and forth from breast to breast during pumping when the milk flow slows will help empty your breasts. You can put a few drops of water, breast milk or olive oil on the flange of the pump for lubrication.

The most important thing to remember about a pump is it should not hurt. It should be a gentle pull and must always have a pull-release cycle. Make sure you do not keep constant pressure on a breast. This could damage your nipples.

There are other products on the market to help women who have inverted or flat nipples, both during the pregnancy and after. There are also products available to assist with women or their babies who have specific needs. Please consult a lactation specialist or your healthcare provider before purchasing any of these items to be sure it is right for you (See “When to Get Help”).

Storing and Thawing Breast Milk

How do I store breast milk?

It is important to know the guidelines for storing breast milk properly so that you always give your baby fresh milk. A good information source link is The National Women's Health Information Center (www.womenshealth.gov). Mature milk, or breast milk that comes in six days after the birth of your baby, can be stored in the following ways:

IF YOUR BABY WAS BORN PREMATURE OR IS VERY ILL:

Please consult your baby's health care provider.

IF YOUR BABY WAS BORN WITHIN THREE WEEKS OF YOUR DUE DATE (Full Term):

- At room temperature: Breast milk after pumping is safe kept at room temperature up to 77 degrees Fahrenheit for six to eight hours. Use immediately.
- In the refrigerator: At 32 to 39 degrees Fahrenheit for up to six days
- In a separate freezer door of your refrigerator: Either above or on the side of the refrigerator: three to six months
- In the freezer INSIDE a one-door refrigerator: Good for two weeks if frozen rock solid
- In a deep chest or upright freezer: Good for six months to one year if kept at zero degrees Fahrenheit
- Thawed milk good for 24 to 48 hours.

-
- It is helpful to freeze the milk in small amounts, such as two to four ounces, so there is less waste and you can choose the amount of milk depending on the baby's hunger. Always leave at least one inch of extra space in the container to allow for expansion while freezing. For young babies, two ounce portions may be all that is needed.
 - If milk is pumped at work or school, you may keep it in a thermal bag until you get home (good for six to ten hours).

- Small amounts of breast milk may be layered by adding *milk chilled for 30 minutes* to already frozen milk. **Warm milk should never be added to frozen milk!** Store the milk in the back of the freezer where it is the coldest.
- If the baby does not finish a bottle, **discard whatever remains within one hour after the feeding is completed.** Never add the milk left in the bottle after a feeding to an existing supply. Never re-refrigerate milk left in the bottle (Refer to chart on previous page).
- Milk thawed outside the refrigerator in warm water, that hasn't been consumed by your baby, may be stored in the refrigerator for four hours, or until the next feeding, whichever is sooner.
- Label each bottle with the date and time and use them in the order that you made them, using the oldest first. If for use in childcare or hospital settings, remember to put the baby's name on the label.

How to thaw breast milk

- Thaw the milk by running lukewarm water over the bottle or bag, or by leaving the bottle/bag in a bowl of warm water
- Thaw the milk by placing the frozen milk in the refrigerator the night before you are going to use it
- Gently shake the bottle/bag to ensure an even temperature. Test a few drops on your wrist. The milk should be near body temperature. If you have any concerns that it may be too warm – cool it down more!

Human milk may separate into a milk layer and a cream layer when it is stored. This is normal. Shake the breast milk gently to re-distribute the cream.

Human milk may also be different colors (blue, yellow, green) or appear to be of varying consistencies at different times. This too is quite normal. A mother's milk will appear different from woman to woman. The colors may reflect her diet. It is also normal for baby's bowel movements to be different colors, having stools of blue/brown, green or yellow.

NEVER heat breast milk in a microwave oven. It can cause burns in the baby's mouth! The heating may be uneven and it will destroy some of the protective qualities of breast milk.

Engorgement and Plugged Ducts

What is engorgement?

During the first weeks of breastfeeding, your breasts might feel quite full, especially around two to six days after delivery. This is especially true if it is your first time breastfeeding. These are signs that your breasts are making the final changes necessary to make enough milk for your baby. If they become firm, heavy and hot to the touch, they are engorged. The nipple may be flattened and difficult for the baby to grasp.

Normal breast fullness

Your breast may feel heavier when colostrum changes to mature milk, around three to five days. Continue to feed the baby at least eight to twelve times every 24 hours and whenever baby gives cues. Wake the baby for feeding if your breasts become full and/or uncomfortable.

Moderate engorgement

Breasts are heavy, mildly tender, warm and lumpy to the touch; the skin may be shiny but not firm. Moderate engorgement can lead to severe engorgement if not resolved.

- Manual or hand expression of areola to soften breasts before latch-on
- Nurse every two to three hours, 10 minutes or more each side
- May pump gently, just enough to relieve pressure or to soften areola (do not use pump if milk is not flowing because tissue damage may result)
- Cold compresses (a bag of frozen vegetables or frozen un-popped popcorn kernels) to breasts, areola and nipples for 20 minutes after feeding to help with swelling as desired
- You may use over the counter pain relief medications such as Motrin or Tylenol if needed.

Severe engorgement

Breasts are firm, heavy, very tender and painful and hot to the touch. The skin may appear to shine or look stretched. Firm or lumpy tissue may extend under the arm.

- **Please contact a lactation consultant** (a certified specialist who passed a national exam and has extensive training in all aspects of breastfeeding) **or your health care provider if you have severe engorgement, or if you have any further questions.**

Plugged ducts

A plugged duct is a clogging of a milk duct. You may feel tenderness, warmth or redness and if the plug is near the surface, it may be “pea-like” or larger in size and shape.

Plugged ducts occur more frequently in mothers with abundant milk supply and in the winter season. Causes may include: shortened or skipped feedings, a constricting bra, poor diet, dehydration or stress.

- Continue to breastfeed often. Begin feedings on the side with the plugged duct first
- Change baby’s position to help remove the plugged duct. If possible, position baby so his/her nose is pointing at the plug while sucking. Once the plugged duct is relieved, use a variety of positions for nursing to equally empty all ducts
- Before breastfeeding, apply warm moist heat (wash cloth) to the plugged duct area and massage the area towards the nipple with gentle and firm pressure while feeding or pumping. You may also soak the affected breast in a basin of warm water or take a warm shower and massage the breast just before feeding your baby
- Drink eight to ten glasses of water each day
- Avoid constricting clothing

You should not have a fever with plugged ducts. If you develop fever and flu-like symptoms, it may mean you have mastitis, inflammation or infection of the breast tissue or breast ducts. ***Please contact your health care provider or lactation consultant if you suspect mastitis.***

Tingling sensations/“let-down”

After baby has nursed for a few minutes, many (but not all), women feel a tingling sensation followed by a strong surge of milk. This is known as the “let-down” response and is natural and expected. This can happen with nursing, by merely seeing a baby, hearing a baby cry or even thinking about your baby. Often this let-down is accompanied by a leakage of milk from one or both breasts. To stop the milk from leaking, gently press on your nipples with a clean cloth or with your forearm. Some women wear nursing pads (without plastic liners) to help absorb leaking.

How to Treat Sore Nipples

You may feel some tenderness during the first few days of breastfeeding. If you have a lot of pain during feedings, or if your nipples are blistered or scabbed, it is usually best to continue breastfeeding, but consider the following tips:

- Check the way you hold your baby. Use proper positioning, which means your baby’s body should be facing yours **belly-to-belly**, at breast level, and tucked in close
- Change positions often (cradle hold, underarm hold, lying down) to change areas of pressure
- You may need to support the weight of your breast with your hand or a rolled up towel
- Check your baby’s latch-on (See “How to Get Started”)
- Short frequent feedings are far more beneficial than long extended periods of feeding, and reduces the likelihood of the infant being too vigorous at the breast and too irritable
- Begin each feeding on the least sore side until the milk begins to flow rapidly. Then switch to the affected breast. Continue to breastfeed on that side until active swallowing slows. Then switch back to the other side. Remember to start feeding your baby at early feeding cues

- Massage the breast and hand express a small amount of breast milk before nursing to stimulate the milk to flow. Nurse often to keep the breasts from getting too full, at least every two to three hours until healed
- Massage breast milk onto the sore area and allow it to dry. If treating thrush – a yeast infection that can form on your nipples from the milk, causing the nipples to feel itchy, dry, flaking, tender and/or pink – continue to breastfeed and follow the directions of your health care provider to treat thrush
- Do not use drying soaps, alcohol, Vaseline, A & D ointment, Bag Balm, tea bags or other creams or lotions on the nipple. Some types of lanolin such as Purelan and Lansinoh have been approved and may promote healing. These products are the purest and safest brand of modified lanolin, and do not need to be removed before feedings. Gently pat nipple dry, take a small, pea-sized portion of the product and apply carefully. If you are allergic to wool, consult your health care provider before using these products
- Allow the baby to end the feeding or break the suction carefully with your index finger between the jaws. DO NOT pull the nipple out of the baby's mouth or pull the baby off the breast
- Leave scabs alone. Do not break blisters. It may be helpful to soften blisters before nursing using breast milk or warm water. Continue to breastfeed even if nipples happen to bleed; it is not harmful for the baby to nurse
- If there are not signs of improvement within 48 hours, contact your lactation consultant or health care specialist

Commonly Asked Questions

I have small breasts. Will I be able to make enough milk?

Of course! Breast size is determined by the amount of fatty tissue, **not** by the amount of milk glands. That means the ability to make milk does not depend on your breast size. Nearly all women who wish to nurse their babies are able to.

When should I start breastfeeding?

The best time to first breastfeed your baby is within one hour of birth, right there in the labor/delivery room, even before the baby has had his/her bath. Your baby may or may not seem too interested initially, but even the small attempts he/she makes at feeding will start to stimulate milk supply and help your uterus contract faster, reducing the risk of post-partum hemorrhage for you.

Will breastfeeding cause my breast size to change or get out of shape?

Changes are more due to pregnancy and gravity than breastfeeding. During the first few days of breastfeeding, your breasts may be noticeably larger than before, due to the beginning of the milk production. However, between ten to fourteen days later, they may return nearer to your normal size as the supply and demand become better adjusted. Please do not misinterpret this reduction in fullness as a reduction in milk supply. It simply means that your breast is making milk more efficiently.

My milk looks thin. Does that mean it's not rich enough?

Breast milk may appear thin and much like cow's skim milk. This is due to the protein, which has a bluish tint. As long as your baby is nursing often enough and long enough, the milk will be rich enough and your baby will continue to grow (See "How to Tell if Your Baby is Getting Enough" on page 6).

If my baby and I must be separated, is it okay to use formula?

Ideally, breastmilk (hand expressed or previously pumped) will be given during separations, rather than formula, in order to maintain milk supply. It would be wise to consult your healthcare provider and a lactation consultant for your best options (See "Pumps and Pumping/Expressing" on page 11).

Can I breastfeed in public without exposing myself?

Absolutely! Besides special clothing available expressly for discreet nursing, wearing a two-piece outfit and pulling the shirt up from the waist works well. You may try to drape a blanket or burp cloth over your shoulder for greater coverage. Practice nursing in front of a mirror until you're comfortable with it. If you feel uncomfortable doing so in certain situations, you may wish to find a private spot, or you can give your baby a bottle of expressed breast milk.

What if I get a plugged duct or mastitis? What if I have a cold or flu?

Continue to nurse your baby frequently, changing positions. Get plenty of rest and drink lots of fluids. Call your health care provider if you get a fever or if symptoms persist for more than 24 hours. Your milk is not infected. If you are sick, continue to breastfeed. You would expose your baby to the same germs if you were bottle-feeding. Your body is making antibodies (protection) to fight the illness, and is passing these antibodies to your baby (See "Pumps and Pumping/Engorgement" on page 11).

Should I give bottles before my milk comes in?

Not unless there is a medical reason. A healthy baby has enough reserves of fluid and fat at birth to support her in the first few days of life, and the colostrum (initial milk) they drink provides more than adequate nutrition and liquid. Drinking from a bottle may confuse her while she learns to breastfeed.

Are there any foods that I should avoid while I am breastfeeding?

Most mothers can eat any foods they wish without observing a problem in the baby. If you suspect that a certain food is causing a reaction in your baby, eliminate it from your diet for 10 to 14 days, and then try to eat it again to see if the same reaction occurs. Most infant reactions from food or drink occur within six to eight hours after ingestion. It would be wise to contact your healthcare provider and lactation consultant for more advice. Contrary to what many people are told, it is **not** necessary to drink milk in order to make milk. Eating a variety of foods and nutritious snacks will give you the energy you will need as a new mother.

If I become pregnant again, must I stop breastfeeding?

No. Mother and child can continue as long as mutually desired, even after the delivery of the new baby. The usual reason to wean an older child is if you have a premature labor risk, and your health care provider will discuss this with you if this is of concern.

Is it true that if I breastfeed, I won't get pregnant because it works as a birth control method? And if I take the Pill, will I have no milk?

Breastfeeding can affect your menstrual cycle – you may not have periods – and you may have trouble getting pregnant if you are exclusively breastfeeding. However, do **not** count on this as an efficient birth control method. There are safe birth control pills your health care provider may prescribe for you to take while nursing. A small number of women find a decrease in their milk supply. Often this is not enough of a decrease to cause a problem. The “mini-pill” and “progestin-only” types are preferable. Most health care providers suggest waiting six weeks to start the Pill to make sure breastfeeding is progressing well and milk production is well established.

Can I continue to nurse when I return to work?

Yes! Many women are successfully combining breastfeeding and working. It helps to learn as much as possible ahead of time by reading books, learning from other mothers who have done this or speaking with a lactation consultant or WIC counselor (See “Pumps and Pumping/Expressing” on page 11).

What if the baby's father feels left out?

This is a common concern. When a mother breastfeeds her baby, they are bonding through skin-to-skin and eye-to-eye contact. There are many ways a father can bond with the new baby: giving baths, infant massage, cuddling, rocking, walking, talking to the baby; even changing diapers can provide special contact. It is nice for Dad to sit close to Mom and baby while she's breastfeeding. After two to three weeks of learning to breastfeed, it is usually fine for Dad to give an occasional bottle of pumped breast milk.

Isn't breastfeeding more work for the baby than bottle-feeding?

No. Studies done with premature babies found that babies had more stable temperatures, breathing patterns and heart rates while breastfeeding compared to drinking from a bottle.

Are medications or alcohol safe to take when breastfeeding?

Many medications are safe when nursing, but you **must** check with your health care provider or lactation consultant. Social drugs (marijuana, etc.) are NEVER safe, regardless of whether you are breastfeeding or not, and pass to baby through the breast milk. Alcohol also goes into the breast milk and should be limited. If you do drink any alcoholic beverage, only drink right after feeding your baby – not just before feeding. If you have consumed an excessive amount of alcohol, you should wait until you are sober before breastfeeding, and “pump and dump” until then. Once you are completely sober, the alcohol is out of your milk.

Will my baby need water or juice?

Breast milk alone is sufficient nutrition for the first six months of your baby's life. Your milk has plenty of water, so the baby doesn't even need extra bottles of water. (See “How to Tell if Your Baby is Getting Enough” on page 6).

My baby's bowel movements are very runny. Is this normal?

Breastfed babies' stools will be yellow to yellow-green. They are soft and liquid and may include curds or birdseed-like solids. This is normal because of the ease with which breast milk is digested.

Is it time to wean when a baby gets a tooth?

The best time to wean is when either you or your baby decides it is time. This can vary a lot from baby to baby. Ideally, babies should breastfeed for a least one year. Some babies with teeth may bite by mistake or in play, so take your baby off the breast as soon as he/she is done eating. Babies can easily learn to change this behavior. Babies often give clues they might bite. An advance warning is sometimes all a mom needs to prevent a bite.

I've had previous breast surgery. Will I be able to breastfeed?

Whether you have had a breast reduction, enlargement or breast tissue removed, you will still produce milk. Sometimes supplementation is needed. Refer to "When to Get Help" before or soon after your baby is born, and involve your lactation consultant and health care provider in your plans.

Is it true that giving my baby a bottle of formula will stop her from breastfeeding?

Although breast milk is always best for humans, babies will thrive and grow on formula as well. If at all possible, it is strongly suggested that mothers avoid giving their infant any formula until breast milk production is well established and mom and baby are comfortable with breastfeeding, usually at least after the first two weeks. However, after that time, an occasional bottle of formula, if needed, rarely causes the baby to "reject" the breast. You may notice, though, that baby seems to be "gassy" or "crampy" after the formula, as some babies have sensitive stomachs. Keep in mind that even some breast milk is better for your baby than no breast milk.

Can I breastfeed if I smoke?

It is always best not to smoke at all, especially in the same house as a baby. Nicotine gets into breast milk. If you are unable to quit smoking, try to avoid breastfeeding immediately after smoking to minimize the amount of nicotine the baby receives. **Never** allow anyone to smoke while holding the baby: hot ashes or accidentally dropped cigarettes will cause a severe burn.

During pregnancy, do you have to care for your nipples or breasts in any special way to prepare them?

Just make sure your bras provide enough support. Since your breasts will get larger, buy nursing bras that allow room for growth. Wash your breasts with warm water only. Soaps, lotions, and alcohol are not necessary, may be irritating and should not be used. Ask your obstetrician or family physician to examine your breasts and nipples during pregnancy.

How long does breastfeeding take?

While some infants nurse for only – five to ten minutes on one breast, it is quite common for others to stay on one side for much longer. Some feedings may be longer than others depending on your baby’s schedule and the time of day. Some babies may be nursing even though they appear to be sleeping. Each feeding may take a different amount of time, just as you do. If your baby has fallen asleep at your breast, or if you need to stop a feeding before your baby is finished, gently break the suction with your finger. Do this by slipping a finger into your baby’s mouth while he or she is still latched on. Never pull the baby off the breast without releasing the suction.

What should I do if my baby spits up or hiccups a lot?

Spitting up is a common reaction that infants have during or after feeding, and some just spit up more easily than others. There is usually no need to be concerned when your baby spits up – it is more of a laundry concern than a medical one. **If the spit up is repeatedly forceful, consistently a large volume, or green in color, call the baby’s doctor urgently.)** Hiccups are also common and the best cure is to allow a little more breastfeeding. There is no reason to give the babies sugar water or anything else to “cure” them.

When to Get Help

Let someone know if breastfeeding is not going well. If you have any concerns at any time, be sure to call your baby’s health care provider or your own healthcare provider.

After discussing your situation with your health care provider, he or she may also refer you to a lactation consultant or other resource in your area. Remember, the sooner you get help, the sooner you will be able to enjoy a satisfying breastfeeding experience.

Even though breastfeeding is a natural way to feed a baby, it does not always come naturally, so do not be embarrassed to ask for help and support. Eventually, breastfeeding will be easy and convenient, and you will be happy that you chose this healthy way to feed your baby.

In rare cases when supplements are ordered, ask for the assistance of a lactation consultant who can help you manage feedings in a manner that will not interfere with breastfeeding.

During the first two weeks, you may need to wake a sleepy baby. Undress your baby or use other methods to wake him. Babies that are not gaining weight well should be weighed regularly – every three days – on the same scale, with the same health care provider and always naked.

CALL YOUR HEALTH CARE PROVIDER IF:

- Baby is still passing meconium (dark, sticky stool) at five days old or older
- You do not see or hear swallowing
- Baby has only one bowel movement/day between five days and three weeks old
- You have nipple pain throughout feeding or after feeding
- You have severe engorgement
- Your baby is sleepy and hard to wake for nursing
- You are nursing a newborn less than six times per day
- Your baby has poor weight gain
- You have a breast infection or plugged ducts
- You believe you have a low milk supply
- You have breast pain
- Your baby is not latching on well
- Your baby's skin color or the feel of your baby's skin is noticeably different than when you left the hospital

Finding Support

It helps to have the support of others, especially from someone who has breastfed before and enjoyed it. The support that you receive from your family and friends can increase the likelihood that your breastfeeding experience will continue to be successful and enjoyable. If you do not have the support from your close ties, you may wish to attend support group meetings with other nursing mothers.

For more information about support groups in your area, call the maternity floor or birthing center at your local hospital or call your local WIC office. Use this list to write down local resources:

Health Care Provider: _____

Board Certified

Lactation Consultant: Courtney Phillips : 585-396-6295
Courtney.Phillips@ThompsonHealth.com

Home Health Nurse: _____

La Leche League Leader: _____

Maternity unit where you delivered: _____

WIC office in your area: _____

Home Visiting Program: _____

Organizations

Academy of Breastfeeding Medicine <http://www.bfmed.org/>

American Academy of Pediatrics <http://www.aap.org/>

American Academy of Family Physicians <http://www.aafp.org/>

La Leche League International <http://www.llli.org/>