

Breastfeeding and Making Milk for Your Baby



Dear New Parents,

Congratulations on the birth of your new baby! There are so many reasons to breastfeed your newborn and we are here to help you along the way. Some reasons you might choose to breastfeed are:

- The closeness and bonding with your baby
- The best nutrition that only you can provide
- The cost savings
- It makes nighttime feedings easier
- The many health benefits to mother and baby

Please keep in mind that feeding your new baby is a learned skill. It may take some patience and practice. You may have additional challenges if your baby was born early or if you have health problems. For some women, breastfeeding can be frustrating in the beginning. The good news is that it gets easier. The staff in the Birth Center has been trained to help you learn to feed your new baby. The Lactation Consultants are available for additional help as well.

We have also provided this booklet for you with additional information to help you as you learn to feed your newborn. The following page contains information about resources to help you in your community and online, including our phone number if you get home and find you need additional help. Most of this booklet comes from, "Your Guide to Breastfeeding," which can be found on the breastfeeding page of the Office on Women's Health. Because only part of the book is found here, some of the page numbers referenced in this book may not be present. If you would like to view the entire book, please visit their website. The remaining pages of this booklet are from Lactation Education Resources website. Their website is listed on the next page as well.

Please call the Lactation Line at 414-805-3995 with any additional questions or problems.

Sincerely,

The Froedtert Birth Center Staff and Lactation Consultants

Breastfeeding Resources

Froedtert Lactation Support

Froedtert Lactation Line: 414-805-3995

Froedtert Monthly Breastfeeding Support Group: 414-805-3945

Froedtert Returning to Work and Breastfeeding Class: 414-805-4777

Breastfeeding Support Groups in the Milwaukee Area

- La Leche League of Wisconsin <https://www.llofwi.org/find-a-group.html>
- Miltown Moms www.miltownmoms.com/#!breastfeeding/c19e
- African American Breastfeeding Network of Milwaukee aabnetwork.org/
- Local WIC Offices in Wisconsin <https://www.dhs.wisconsin.gov/wic/local-projects.htm>
- Wisconsin Directory of Breastfeeding Support
- www.wibreastfeeding.com/wp-content/.../BFResourcedirectory2014.doc

Online Breastfeeding Resources

General Breastfeeding Information:

- 1. Your Guide to Breastfeeding:**
 - The Office on Women's Health 48 page book about breastfeeding.
- 2. Lactation Education Resources: Handouts for Parents**
 - Many topics including: Engorgement, Mastitis, Plugged Ducts, Latching, Overactive Letdown, and many more.
- 3. Kelly Mom: kellymom.com**
- 4. La Leche League International: lalecheleague.org**
- 5. Dr Jack Newman: breastfeedingonline.com/newman.shtml**
- 6. Global Health Media Project: Our Videos - Breastfeeding**
 - 18 breastfeeding videos, available in 21 languages – Attaching Your Baby at the Breast and other videos may be viewed on YouTube.

Information about Latch and Positioning:

- 7. Natural Breastfeeding: For an Easier Start - Nancy Mohrbacher, IBCLC**
 - Baby-led breastfeeding.
- 8. Jessica Barton, IBCLC: youtube.com**
 - Series 7 videos showing various breastfeeding positions to improve latch.
 - Paced Bottle-feeding for the Breastfed Baby.

Information about Preterm Delivery and Expressing Milk:

9. Getting Started with Breastfeeding - Jane Morton MD

- › Breastfeeding videos and information.

10. US San Diego Health: Supporting Premature Infant Nutrition (SPIN)

- › This series of five videos follows one family with 24-week twins in their journey from skin-to-skin care through learning how to breastfeed as they get ready to go home.

11. Work and Pump: workandpump.com

- › This website provides information about breastfeeding, pumping, storing milk and going back to work.

Special Situations:

12. Low Milk Supply Website: lowmilksupply.org

- › Low Milk Causes, Oversupply, Supplementation, Increasing Milk Supply.

13. BFAR: bfar.org

Breastfeeding After Reduction website. Information about Breastfeeding after Breast and Nipple Surgeries.

14. LactMed

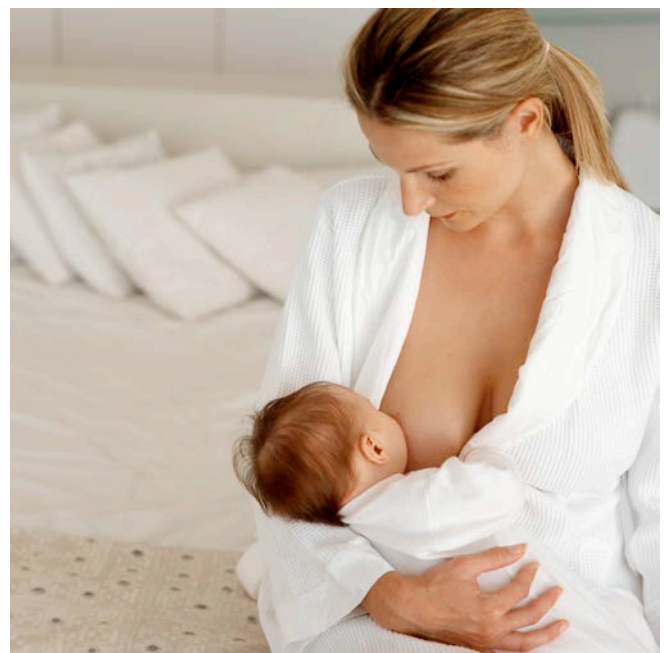
- › National Institute of Health database, recommended source for information about medications during lactation.

15. Moms Mental Health Initiative <http://momsmentalhealthmke.org/>

- › Helps moms with perinatal mood and anxiety disorders in the Greater Milwaukee area get better by leading them to effective treatment.
- › Online support group.

Breastfeeding Books

- Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers. Mohrbacher & Kendall-Tackett. 2010.
- Happiest Baby on the Block. Harvey Karp. 2003.
- Mothering Multiples: Breastfeeding and Caring for Twins or More! Kerhof-Gromada, K. 2007.
- Exclusive Pumping and Milk Supply. Glenn, Amanda. 2004.
- Working and Breastfeeding Made Simple. Mohrbacher, Nancy. 2014.
- The Nursing Mother's Companion. Huggins, Kathleen. 2010.
- The Breastfeeding Guide to Making More Milk. West, D & Marasco. 2009.
- The Womanly Art of Breastfeeding. Wiessinger, D; West, D; and Pitman, T. 2010.
- Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family. Wiessinger, West, Smith, & Pitman. 2014.



Your Guide to Breastfeeding

WHY BREASTFEEDING IS IMPORTANT

BREASTFEEDING PROTECTS BABIES

YOUR FIRST MILK IS LIQUID GOLD.

Called liquid gold for its deep yellow color, colostrum is the thick first milk that you make during pregnancy and just after birth. This milk is very rich in nutrients and includes antibodies to protect your baby from infections. Colostrum also helps your newborn infant's digestive system to grow and function. Your baby gets only a small amount of colostrum at each feeding because the stomach of a newborn infant is tiny and can hold only a small amount. (Turn to [page 19](#) to see just how small your newborn's tummy is!)

YOUR MILK CHANGES AS YOUR BABY GROWS.

Colostrum changes into mature milk by the third to fifth day after birth. This

mature milk has just the right amount of fat, sugar, water, and protein to help your baby continue to grow. It looks thinner than colostrum, but it has the nutrients and antibodies your baby needs for healthy growth.

FORMULA IS HARDER TO DIGEST.

For most babies, especially premature babies, breastmilk substitutes like formula are harder to digest than breastmilk. Formula is made from cow's milk, and it often takes time for babies' stomachs to adjust to digesting it.

BREASTMILK FIGHTS DISEASE.

The cells, hormones, and antibodies in breastmilk protect babies from illness.

This protection is unique and changes to meet your baby's needs. Research suggests that breastfed babies have lower risks of¹:

- Asthma
- Childhood leukemia
- Childhood obesity
- Ear infections
- Eczema (atopic dermatitis)
- Diarrhea and vomiting
- Lower respiratory infections
- Necrotizing enterocolitis, a disease that affects the gastrointestinal tract in preterm infants
- Sudden infant death syndrome (SIDS)
- Type 2 diabetes

DID YOU KNOW?

In some situations, formula-feeding can save lives.

Very rarely, babies are born unable to tolerate animal milk of any kind. These babies must have an infant formula that is hypoallergenic, dairy free, or lactose free. A wide selection of specialty baby formulas now on the market include soy formula, hydrolyzed formula, lactose-free formula, and hypoallergenic formula. Speak with your doctor before you decide to feed your baby anything besides your breastmilk.

Your baby may need formula if you have certain health conditions that won't allow you to breastfeed and you do not have access to donor breastmilk. To learn more about breastfeeding restrictions in the mother, see [page 29](#). To learn more about donor milk banks, see [page 36](#).

¹Stuebe, A. (2009). The Risks of Not Breastfeeding for Mothers and Infants. *Obstetrics and Gynecology*; 2(4): 222–231.

CAN BREASTFEEDING HELP ME LOSE WEIGHT?

Besides giving your baby nourishment and helping to keep your baby from becoming sick, breastfeeding may help you lose weight. Many women who breastfed their babies said it helped them get back to their pre-pregnancy weight more quickly, but experts are still looking at the effects of breastfeeding on weight loss.

WHY BREASTFEEDING IS RIGHT FOR YOU

Did you know that your baby can smell you and knows the unique scent of your breastmilk? This is why your baby will turn her head to you when she is hungry. Your baby is born with an instinct to suckle at your breasts.

LIFE CAN BE EASIER WHEN YOU BREASTFEED.

Breastfeeding may seem like it takes a little more effort than formula feeding at first. But breastfeeding can make your life easier once you and your baby settle into a good routine. When you breastfeed, there are no bottles and nipples to

sterilize. You do not have to buy, measure, and mix formula. You won't need to warm bottles in the middle of the night! When you breastfeed, you can satisfy your baby's hunger right away.

NOT BREASTFEEDING COSTS MONEY.

Formula and feeding supplies can cost more than \$1,500 each year. Breastfed babies may also be sick less often, which can help keep your baby's health costs lower.

BREASTFEEDING KEEPS MOTHER AND BABY CLOSE.

Physical contact is important to newborns. It helps them feel more secure, warm, and comforted. Mothers also benefit from this closeness. The skin-to-skin contact boosts your oxytocin levels. Oxytocin is a hormone that helps breastmilk flow and can calm the mother.

BREASTFEEDING IS GOOD FOR THE MOTHER'S HEALTH, TOO.

Breastfeeding is linked to a lower risk of Type 2 diabetes, certain types of breast cancer, and ovarian cancer in mothers.²



BREASTFEEDING GLOSSARY

Nutrients are any food substance that provides energy or helps build tissue.

Antibodies are blood proteins made in response to germs or other foreign substances that enter the body. Antibodies help the body fight illness and disease by attaching to germs and marking them for destruction.

The **gastrointestinal system** is made up of the stomach and the small and large intestines. It breaks down and absorbs food.

The **respiratory system** includes the nose, throat, voice box, windpipe, and lungs. Air is breathed in, delivering oxygen. Waste gas is removed from the lungs when you breathe out.



²U.S. Department of Health and Human Services. (2011). The Surgeon General's Call to Action to Support Breastfeeding.

BREASTFEEDING MYTHS

Moms-to-be and new moms get a lot of baby advice. Although people usually mean well, not all of it is based on fact. Myths about breastfeeding are common. The fact is that breastfeeding is a healthy way to feed your baby. The decision to breastfeed is a personal one, and it should also be an informed one.

MYTH: EVERYONE USES FORMULA.

More women breastfeed than you think. According to the Centers for Disease Control and Prevention, 80 percent of women in the United States start out breastfeeding³. Research over the past 40 years has proven that mother's milk is an inexpensive and healthy choice for babies.

MYTH: FORMULA HAS MORE VITAMINS THAN BREASTMILK.

In fact, the opposite is true. Formula cannot match the nutrients and vitamins in breastmilk. More importantly, breastmilk has antibodies, which can only be passed from your body to your baby. This is what helps protect your baby from getting sick. Breastmilk is recommended by the American Academy of Pediatrics and the World Health Organization. Breastfeeding is a great choice to ensure your baby's nutrition.

MYTH: BREASTFEEDING MAKES YOUR BREASTS SAG.

Actually, it's pregnancy that stretches the

ligaments of your breast tissue, whether you breastfeed or not. Age, genetics, and the number of pregnancies you've had also play a role.

MYTH: IF YOUR BREASTS ARE TOO SMALL, YOU CAN'T BREASTFEED.

Size and shape of breasts do not affect ability to breastfeed and have nothing to do with how much milk a woman actually makes. This includes women with large areolas (the area around the nipple), flat nipples, and even women who've had breast surgery. (Note: If you've had a massive breast reduction, milk ducts and glands might have been removed, which means you may make less milk.)

MYTH: IF YOUR BREASTS ARE TOO LARGE OR YOU'RE PLUS SIZE, YOU CAN'T BREASTFEED.

Women of all sizes can successfully breastfeed. So if you're a larger mom-to-be or new mom, you should not let the size of your breasts automatically rule it out. If you're big breasted, it may take some extra patience or some assistance from an IBCLC. Plus-size women are more likely to have C-sections, which means your milk might come in a few days later. Depending on the size of your breasts, you may need a little more practice to find a hold that works for you and your baby. But with the right help and support, you can do it!

MYTH: YOU WON'T BE ABLE TO MAKE ENOUGH MILK.

Moms almost always make enough milk to feed their babies. A newborn's stomach is only the size of a hazelnut. If you eat healthy, drink water, and nurse often, your milk supply should be plentiful.

MYTH: BREASTFEEDING SPOILS A CHILD.

After spending nine months growing inside you, it's completely natural for a baby to be attached to his or her mother and vice versa. Despite what you've heard, newborns don't need to learn to fend for themselves at such a young age. In reality, breastfeeding provides a unique bond with your child that can last a lifetime. Research shows that breastfed children grow up to be confident and self-sufficient when parents meet their needs.

MYTH: BREASTFEEDING HURTS.

Breastfeeding is not supposed to be a painful experience. In fact, pain is usually a red flag that something is wrong. Although a baby's latch can be strong, it's not actually biting, not even when the baby is cutting teeth. As with any new skill, there is an adjustment period. See [page 14](#) to learn more.

Learn more about the benefits of breastfeeding for both mom and baby on [page 4](#).

³Centers for Disease Control and Prevention, Breastfeeding Among U.S. Children Born 2002-2012, CDC National Immunization Survey, 2015.

HOW YOUR MILK IS MADE

Your breasts make milk in response to your baby's suckling. The more your baby nurses, the more milk your breasts will make. Knowing how your breast makes milk can help you understand the breastfeeding process. The breast is an organ that is made up of several parts:

ALVEOLI CELLS: grape-like clusters of tissue that make the milk

AREOLA: the dark area around the nipple

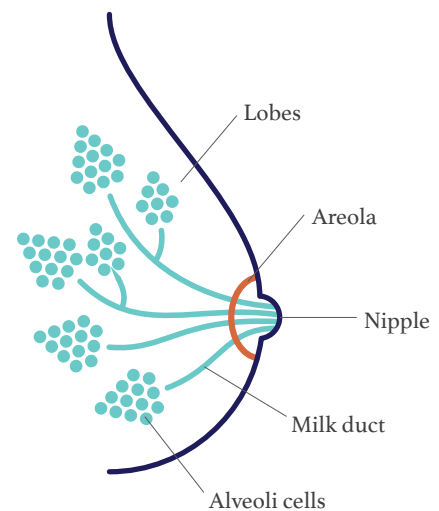
LOBES: the parts of the breast that make milk; each lobe contains alveoli cells and milk ducts

MILK DUCTS: tubes that carry milk through the breast to the nipple/areola area

NIPPLE: the protruding point of the breast

The breasts often become fuller and tender during pregnancy. This is a sign that the alveoli are getting ready to work. Some women do not feel these changes in their breasts. Other women may sense these changes after their baby is born. The alveoli make milk in response to the hormone prolactin. Prolactin rises when the baby suckles. Another hormone, oxytocin, also rises when the baby suckles. This causes small muscles in the breast to contract and move the milk through the milk ducts. This moving of the milk is called the "let-down reflex."

The release of prolactin and oxytocin may make a mother feel a strong sense of needing to be with her baby.



WHAT IS THE LET-DOWN REFLEX?

The let-down reflex (also called just "let-down" or the milk ejection reflex) happens when your baby begins to nurse. The nerves in your breast send signals that release the milk into your milk ducts. This reflex makes it easier for you to breastfeed your baby. Let-down happens a few seconds to several minutes after you start breastfeeding your baby. It also can happen a few times during a feeding. You may feel a tingle in your breast, or you may feel a little uncomfortable. You also may not feel anything.

Let-down can happen at other times, too, such as when you hear your baby cry or when you're just thinking about your baby. If your milk lets down as more of a gush and it bothers your baby, try expressing some milk by hand before you start breastfeeding.

Many factors affect let-down, including anxiety, pain, embarrassment, stress, cold, excessive caffeine use, smoking, alcohol, and some medicines. Mothers who have had breast surgery may have nerve damage that interferes with let-down.

LEARNING TO BREASTFEED

Breastfeeding is a process that takes time and practice. Keep in mind that you make milk in response to your baby sucking at the breast. Luckily, your baby loves being close to you and sucking at your breasts. All that time spent breastfeeding in your baby's first few days prepares your body to make lots of milk, whether you go on to breastfeed for three weeks or three years.

The following steps can help you get off to a great start breastfeeding:

- Cuddle with your baby skin-to-skin right away after giving birth.
 - Breastfeed as soon as possible after giving birth.
 - Ask for an IBCLC to help you.
 - Ask the hospital staff not to give your baby pacifiers, sugar water, or formula, unless it is medically necessary.
- Let your baby stay in your hospital room all day and night so that you can breastfeed often.
 - Try to avoid giving your baby any pacifiers or artificial nipples until he or she is skilled at latching onto your breast (usually around 3 to 4 weeks old).

PREPARE FOR BREASTFEEDING BEFORE YOU GIVE BIRTH

To prepare for breastfeeding, the most important thing expectant moms can do is to have confidence in themselves. Committing to breastfeeding starts with the belief that you can do it!

Other steps you can take to prepare for breastfeeding are:

GET GOOD PRENATAL CARE, which can help you avoid early delivery. Babies born too early have more problems with breastfeeding.

TELL YOUR DOCTOR ABOUT YOUR PLANS TO BREASTFEED, and ask whether the place where you plan to deliver your baby has the staff and setup to support successful breastfeeding. Some hospitals and birth centers have taken special steps to create the best possible environment for

successful breastfeeding. These places are called Baby-Friendly Hospitals and Birth Centers.

TAKE A BREASTFEEDING CLASS. Pregnant women who learn how to breastfeed are more likely to be successful at breastfeeding than those who do not. Breastfeeding classes offer pregnant women and their partners the chance to prepare and ask questions before the baby's arrival.

ASK YOUR DOCTOR TO RECOMMEND A LACTATION CONSULTANT. You can establish a relationship with a lactation consultant before the baby comes so that you will have support ready after the baby is born.

TALK TO YOUR DOCTOR ABOUT YOUR HEALTH. Discuss any breast surgery or injury you may

have had. If you have depression or are taking supplements or medicines, talk with your doctor about treatments that can work with breastfeeding.

TELL YOUR DOCTOR THAT YOU WOULD LIKE TO BREASTFEED AS SOON AS POSSIBLE AFTER DELIVERY. The sucking instinct is very strong within the baby's first hour of life.

TALK TO FRIENDS WHO HAVE BREASTFED, or consider joining a breastfeeding support group.

GET THE ITEMS YOU WILL NEED FOR BREASTFEEDING, such as nursing bras, covers, and nursing pillows. You may want to pack these in your bag to have at the hospital when you deliver your baby.

HOW OFTEN SHOULD I BREASTFEED?

Early and often! Newborns usually need to nurse at least eight to 12 times every 24 hours. This also helps make sure you will make plenty of milk.

Healthy babies develop their own feeding patterns. Follow your baby's cues for when he or she is ready to eat.

FOLLOW YOUR BABY'S LEAD

Getting your baby to “latch” on properly takes some practice and can be a source of frustration for you and your baby. One approach to learning to breastfeed is a more relaxed, baby-led latch. This laid-back, more natural breastfeeding style allows your baby to lead and follow his or her instincts to suck.

The following steps can help your newborn latch onto the breast to start sucking when he or she is ready. Letting your baby begin the process of searching for the breast may take some of the pressure off of you and keeps the baby calm and relaxed.

Keep in mind that there is no one way to start breastfeeding. As long as the baby is latched on well, how you get there is up to you.

CREATE A CALM ENVIRONMENT FIRST. Lie back on pillows or another comfortable area. Make sure you are relaxed and calm.

HOLD YOUR BABY SKIN-TO-SKIN. Hold your baby, wearing only a diaper, against your bare chest. Hold the baby upright between your breasts and just enjoy your baby for a while with no thoughts of breastfeeding.

LET YOUR BABY LEAD. If your baby is not hungry, he will stay curled up against

your chest. If your baby is hungry, he will bob his head against you, try to make eye contact, and squirm around.

SUPPORT YOUR BABY, BUT DON'T FORCE THE LATCH.

Support his head and shoulders as he searches for your breast. Avoid the temptation to help him latch on.

ALLOW YOUR BREAST TO HANG NATURALLY. When your baby's chin hits your breast, the firm pressure makes her open her mouth wide and reach up and over the nipple. As she presses her chin into the breast and opens her mouth, she should get a deep latch. Keep in mind that your baby can breathe at the breast. The nostrils flare to allow air in.

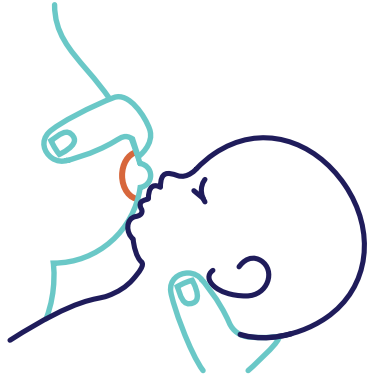
HOW LONG SHOULD FEEDINGS BE?

There is no set time for feedings. They may be 15 to 20 minutes per breast. They may be shorter or longer. Your baby will let you know when he or she is finished feeding. If you worry that your baby is not getting enough milk, talk to your baby's doctor. See [page 55](#) for a feeding tracker if you would like to write down how often your baby wants to eat.



GETTING YOUR BABY TO LATCH

If your baby is still having problems latching on, try these tips:



Tickle the baby's lips to encourage him or her to open wide.



Pull your baby close so that the chin and lower jaw moves into your breast first.



Watch the lower lip and aim it as far from base of nipple as possible, so the baby takes a large mouthful of breast.

SOME BABIES LATCH ON RIGHT AWAY, AND FOR SOME IT TAKES MORE TIME.

“When my son was born four years ago, we had a very difficult time breastfeeding because he wasn't latching correctly. He seemed almost lazy and disinterested in eating. In the first two weeks, he lost quite a bit of weight and appeared gaunt and fussy. Naturally, I was nearly frantic with worry. Luckily, I connected with an amazing lactation consultant. She put me on a rigorous, week-long regimen, which consisted of nursing, then bottle feeding breastmilk, then pumping every three hours. I was completely dedicated to the regimen, and when I met with her a week later, she was stunned by the results. My son had gained an entire pound, and she said he had developed a perfect latch. She called us the miracle mom and miracle baby! I was so proud of us. My determination paid off, and I enjoyed breastfeeding for seven months. — *Jill, Bridgewater, Massachusetts*

Information for breastfeeding families

Positioning & Latch-on: Baby-led Latching



The way you hold your baby and how he 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 half way 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 where he is and that food is nearby! He 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.



This baby located the breast and latched on independently



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.

Mix & Match Techniques

You may find that the sandwich hold would help your baby get a deeper latch-on the breast. Place thumb near the baby's nose and fingers on the opposite side of the breast, and gently compress the breast into a "sandwich". Listen for swallows to assure that your baby is drinking milk.

Feel free to use any of the Mother-led Latching techniques from the handout "Mother-led Latching" if they seem to work better at the time.

If you find breastfeeding painful or your baby is not gaining weight (2/3 to 1 oz per day), please seek the help of a lactation consultant to give you personalized guidance.

Although breastfeeding is natural, it is a learning process for both you and your baby. Allow yourself several weeks to perfect these techniques.

At any time that you are unsure that you are feeding correctly, seek the help of a lactation consultant or other knowledgeable health care provider. Once breastfeeding is fully established, it can be one of the most rewarding experiences of new motherhood.



Sandwich hold

Lactation Education Resources. This handout may be freely duplicated. Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information. 2016
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SIGNS OF A GOOD LATCH

The latch feels comfortable to you and does not hurt or pinch. How it feels is more important than how it looks.

Your baby's chest rests against your body. She does not have to turn her head while nursing.

You see little or no areola, depending on the size of your areola and the

size of your baby's mouth. If areola is showing, you will see more above your baby's lip and less below.

- When your baby is positioned well, his mouth will be filled with breast.
- Your baby's tongue is cupped under the breast, although you might not see it.
- You hear or see your baby swallow.

Some babies swallow so quietly that a pause in their breathing may be the only sign of swallowing.

- You see your baby's ears "wiggle" slightly.
- Your baby's lips turn outward like fish lips, not inward.
- Your baby's chin touches your breast.

HELP WITH LATCH PROBLEMS

ARE YOU IN PAIN?

Many moms say their breasts feel tender when they first start breastfeeding. A mother and her baby need time to find comfortable breastfeeding positions and a good latch. If breastfeeding hurts, your baby may be sucking on only the nipple. Gently break your baby's suction to your breast by placing a clean finger in the corner of your baby's mouth. Then try again to get your baby to latch on. To find out whether your baby is sucking only on your nipple, check what your nipple looks like when it comes out of your baby's mouth. Your nipple should not look flat or compressed. It should look round and long or the same shape it was before the feeding.

ARE YOU OR YOUR BABY FRUSTRATED?

Take a short break and hold your baby in an upright position. Try holding your baby between your breasts with your skin touching his or her skin (called skin-to-skin). Talk or sing to your baby, or give your baby one of your fingers to suck on for comfort. Try to breastfeed again in a little while.

DOES YOUR BABY HAVE A WEAK SUCK OR MAKE ONLY TINY SUCKLING MOVEMENTS?

Your baby may not have a deep enough latch to suck the milk from your breast. Gently break your baby's suction and try again. Talk with a lactation consultant or pediatrician if you are not sure whether your baby is getting enough milk. But

don't worry. A weak suck is rarely caused by a health problem.

COULD YOUR BABY BE TONGUE-TIED?

Babies with a tight or short lingual frenulum (the piece of tissue attaching the tongue to the floor of the mouth) are described as "tongue-tied." The medical term is ankyloglossia. Babies who are tongue-tied often find it hard to nurse. They may be unable to extend their tongue past their lower gum line or properly cup the breast during a feed. This can cause slow weight gain in the baby and nipple pain in the mother. If you think your baby may be tongue-tied, talk to your doctor.

A GOOD LATCH

A good latch is important for your baby to breastfeed effectively and for your comfort. During the early days of breastfeeding, it can take time and patience for your baby to latch on well.

BREASTFEEDING HOLDS

Some moms find that the following positions are helpful ways to get comfortable and support their babies while breastfeeding. You also can use

pillows under your arms, elbows, neck, or back to give you added comfort and support. Keep trying different positions until you are comfortable. What works

for one feeding may not work for the next feeding.



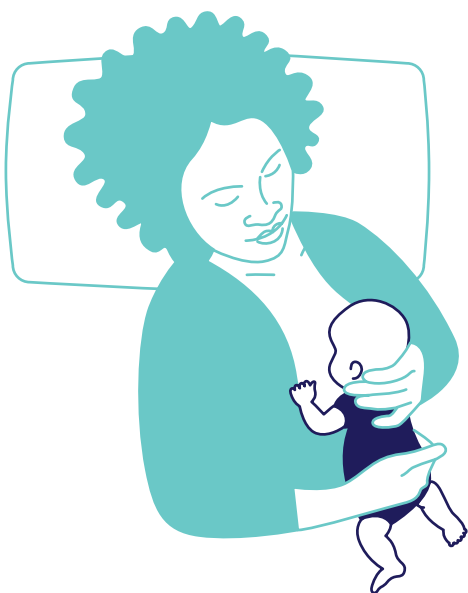
CLUTCH OR "FOOTBALL" HOLD: useful if you have had a C-section, or if you have large breasts, flat or inverted nipples, or a strong let-down reflex. This hold is also helpful for babies who like to be in a more upright position when they feed. Hold your baby at your side with the baby lying on his or her back and with his or her head at the level of your nipple. Support your baby's head by placing the palm of your hand at the base of his or her head.



CROSS-CRADLE OR TRANSITIONAL HOLD: useful for premature babies or babies with a weak suck because this hold gives extra head support and may help the baby stay latched. Hold your baby along the area opposite from the breast you are using. Support your baby's head at the base of his or her neck with the palm of your hand.



CRADLE HOLD: an easy, common hold that is comfortable for most mothers and babies. Hold your baby with his or her head on your forearm and his or her body facing yours.



LAIID-BACK HOLD (STRADDLE HOLD): a more relaxed, baby-led approach. Lie back on a pillow. Lay your baby against your body with your baby's head just above and between your breasts. Gravity and an instinct to nurse will guide your baby to your breast. As your baby searches for your breast, support your baby's head and shoulders but don't force the latch.



SIDE-LYING POSITION: useful if you have had a C-section, but also allows you to rest while the baby breastfeeds. Lie on your side with your baby facing you. Pull your baby close so your baby faces your body.

TIPS FOR MAKING IT WORK

LEARN YOUR BABY'S HUNGER SIGNS.

When babies are hungry, they are more alert and active. They may put their hands or fists to their mouths, make sucking motions with their mouth, or turn their heads looking for the breast. If anything touches their cheek, such as a hand, they may turn toward the hand, ready to eat. This sign of hunger is called rooting. Offer your breast when your baby shows rooting signs. Crying can be a late sign of hunger, and it may be harder for the baby to latch if he is upset. Over time, you will be able to learn your baby's cues for when to start feeding.

FOLLOW YOUR BABY'S LEAD.

Make sure you and your baby are comfortable, and follow your baby's lead after she is latched on well to your breast. Some babies will feed from (or "take") both breasts, one after the other, at each feeding. Other babies take only one

breast at each feeding. Help your baby finish the first breast as long as she is still sucking and swallowing. Your baby will let go of your breast when she is finished. Offer her the other breast if she seems to want more.

KEEP YOUR BABY CLOSE TO YOU.

Remember that your baby is not used to this new world and needs to be held close and comforted. Skin-to-skin contact between you and baby will soothe his crying and also will help keep your baby's heart and breathing rates stable. A soft carrier, such as a wrap, can help you "wear" your baby.

AVOID NIPPLE CONFUSION.

Avoid using pacifiers and bottles for the first few weeks after birth unless your doctor has told you to use them because of a medical reason. If you need to use supplements, work with an IBCLC. She

can show you ways that are supportive of breastfeeding. These include feeding your baby with a syringe, a small, flexible cup, or a tiny tube taped beside your nipple. Try to give your baby expressed milk first. However, unless your baby is unable to feed well, it's best to feed at the breast.

MAKE SURE YOUR BABY SLEEPS SAFELY AND CLOSE BY.

Have your baby sleep in a crib or bassinet in your bedroom so that you can breastfeed more easily at night. Research has found that when a baby shares a bedroom with his parents, the baby has a lower risk of SIDS.

If your baby falls asleep at the breast during most feedings, talk to your baby's doctor about having the baby's weight checked. Also, see a lactation consultant to make sure your baby is latching on well.

VITAMIN D

Babies need 400 International Units (IU) of vitamin D each day. Ask your baby's doctor about supplements in drop form. Learn more about vitamin D and your baby's needs on [page 29](#).

MAKING PLENTY OF MILK

Your breasts will easily make and supply milk for your baby's needs. The more often your baby breastfeeds, the more milk your breasts will make. Babies try

to double their weight in a few short months, and their tummies are small, so they need many feedings to grow and be healthy.

Most mothers can make plenty of milk for their baby. If you think you have a low milk supply, talk to a lactation consultant. See [page 6](#) for other types of health professionals who can help you.

HOW LONG SHOULD I BREASTFEED?

Many leading health organizations recommend that most infants breastfeed for at least 12 months, with exclusive breastfeeding for the first six months. This means that babies are not given any foods or liquids other than breastmilk for the first six months.

These recommendations are supported by organizations including the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, Academy of Nutrition and Dietetics, and American Public Health Association.

WHAT WILL HAPPEN WITH YOUR MILK, YOUR BABY, AND YOU IN THE FIRST FEW WEEKS

TIME	MILK	BABY	YOU (MOM)
BIRTH	Your body makes colostrum (a rich, thick, yellowish milk) in small amounts. It gives your baby early protection against diseases.	Your baby will probably be awake in the first hour after birth. This is a good time to breastfeed your baby.	You will be tired and excited.
FIRST 12–24 HOURS	Your baby will drink about 1 teaspoon of colostrum at each feeding. You may not see the colostrum, but it has what your baby needs and in the right amount.	It is normal for the baby to sleep heavily. Labor and delivery are hard work! Some babies like to nuzzle and may be too sleepy to latch at first. Feedings may be short and disorganized. Take advantage of your baby's strong instinct to suck and feed upon waking every couple of hours.	You will be tired, too. Be sure to rest.
NEXT 3–5 DAYS	Your mature (white) milk takes the place of colostrum. It is normal for mature milk to have a yellow or golden tint at first.	Your baby will feed a lot, most likely 8 to 12 times or more in 24 hours. Very young breastfed babies do not eat on a schedule. It is okay if your baby eats every 2 to 3 hours for several hours, then sleeps for 3 to 4 hours. Feedings may take about 15 to 20 minutes on each breast. The baby's sucking rhythm will be slow and long. The baby might make gulping sounds.	Your breasts may feel full and leak. (You can use disposable or cloth pads in your bra to help with leaking.)
FIRST 4–6 WEEKS	White breastmilk continues.	Your baby will now likely be better at breastfeeding and have a larger stomach to hold more milk. Feedings may take less time and may be further apart.	Your body gets used to breastfeeding. Your breasts may become softer and the leaking may slow down.

HOW TO KNOW YOUR BABY IS GETTING ENOUGH MILK

Many babies, but not all, lose a small amount of weight in the first days after birth. Your baby's doctor will check your baby's weight at your first doctor visit after you leave the hospital. Make sure to visit your baby's doctor for a checkup within three to five days after birth and then again when the baby is 2 to 3 weeks old.

You can tell whether your baby is getting plenty of milk. He will be mostly content and will gain weight steadily after the

first week of age. From birth to 3 months old, typical weight gain is two-thirds to 1 ounce each day.

Other signs that your baby is getting plenty of milk:

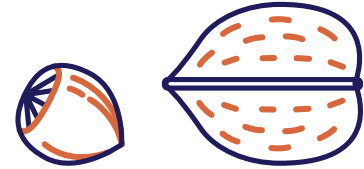
- Your baby passes enough clear or pale yellow urine. The urine is not deep yellow or orange.
- Your baby has enough bowel movements (see the chart on the next page).

- Your baby switches between short sleeping periods and wakeful, alert periods.
- Your baby is satisfied and content after feedings.
- Your breasts may feel softer after you feed your baby.

Talk to your baby's doctor if you are worried that he or she is not getting enough milk.

THE NEWBORN TUMMY

At birth, your baby's stomach can comfortably digest what would fit in a hazelnut (about 1 to 2 teaspoons). By around 10 days, your baby's stomach grows to hold about 2 ounces, or what would fit in a walnut.



Hazelnut

Walnut



HOW MUCH DO BABIES TYPICALLY EAT?

A newborn's tummy is very small, especially in the early days. Once breastfeeding is established, exclusively breastfed babies who are 1 to 6 months old take in between 19 and 30 ounces of breastmilk each day. If you breastfeed your baby eight times a day, your baby will get about 3 ounces per feeding. But every baby is different.

TYPICAL NUMBER OF WET DIAPERS AND BOWEL MOVEMENTS IN A BABY'S FIRST WEEK (IT IS FINE IF YOUR BABY HAS MORE) 1 DAY = 24 HOURS

BABY'S AGE	NUMBER OF WET DIAPERS	NUMBER OF BOWEL MOVEMENTS	COLOR AND TEXTURE OF BOWEL MOVEMENTS
DAY 1 (first 24 hours after birth)	1	The first one usually occurs within 8 hours after birth.	Thick, tarry, and black
DAY 2	2	3	Thick, tarry, and black
DAY 3	5-6 disposable, 6-8 cloth	3	Looser greenish to yellow (color may vary)
DAY 4	6	3	Yellow, soft, and watery
DAY 5	6	3	Loose and seedy, yellow color
DAY 6	6	3	Loose and seedy, yellow color
DAY 7	6	3	Loose and seedy, yellow color

COMMON CHALLENGES

Breastfeeding can be challenging at times, especially in the early days. But remember that you are not alone. Lactation consultants can help you find ways to make breastfeeding work for

you and your baby. And while many women are faced with one or more of the challenges listed here, many women do not struggle at all! Also, many women may have certain problems with one

baby that they don't have with their other babies. Read on for ways to troubleshoot problems.

Ask a lactation consultant for help to improve your baby's latch. Talk to your doctor if your pain does not go away or if you suddenly get sore nipples after several weeks of pain-free breastfeeding. Sore nipples may lead to a breast infection, which needs to be treated by a doctor.

CHALLENGE: SORE NIPPLES

Many moms say that their nipples feel tender when they first start breastfeeding. Breastfeeding should be comfortable once you and your baby have found a good latch and some positions that work.

WHAT YOU CAN DO

- A good latch is key, so see [page 13](#) for detailed instructions. If your baby sucks only on the nipple, gently break your baby's suction to your breast by placing a clean finger in the corner of your baby's mouth and try again. (Your nipple should not look flat or compressed when it comes out of your baby's mouth. It should look round and long, or the same shape as it was before the feeding.)
- If you find yourself wanting to delay feedings because of pain, get help from a lactation consultant. Delaying feedings can cause more pain and harm your milk supply.
- Try changing positions each time you breastfeed.
- After breastfeeding, express a few drops of milk and gently rub it on your nipples with clean hands. Human milk has natural healing properties and oils that soothe. Also, try letting your nipples air-dry after feeding or wear a soft cotton shirt.
- Get help from your doctor or lactation consultant before using creams, hydrogel pads (a moist covering for the nipple to help ease soreness), or a nipple shield (a plastic device that covers the nipple while breastfeeding). Some women should not use these products. Your doctor will help you make the choice that is best for you and your baby.
- Don't wear bras or clothes that are too tight and put pressure on your nipples.
- Change nursing pads (washable or disposable pads you can place in your bra to absorb leaks) often to avoid trapping in moisture.
- Avoid harsh soaps or ointments that contain astringents (like a toner) on your nipples. Washing with clean water is all that is needed to keep your nipples and breasts clean.
- If you have very sore nipples, you can ask your doctor about using non-aspirin pain relievers.

CHALLENGE: LOW MILK SUPPLY

Most mothers can make plenty of milk for their babies. But many mothers worry about having enough milk. Checking your baby's weight and growth is the best way to make sure he gets enough milk. Let your baby's doctor know if you are concerned.

For more ways to tell if your baby is getting enough milk, see [page 19](#).

THERE MAY BE TIMES WHEN YOU THINK YOUR SUPPLY IS LOW, BUT IT IS ACTUALLY JUST FINE.

- When your baby is around 6 weeks to 2 months old, your breasts may no longer feel full. This is normal. (It's also normal for some women to never experience "full" breasts.) At the same time, your baby may nurse for only a short time, such as five minutes at each feeding. These are not signs of a lower milk supply. The mother's body adjusts to meet the needs of her baby, and the baby gets very good at getting milk from

the breast. It's also normal for your baby to continue to nurse for 10 or 15 minutes on each breast at each feeding or to prefer one breast over the other. Each baby is different.

- Growth spurts can cause your baby to want to nurse longer and more often. These growth spurts can happen when your baby is around 2 to 3 weeks, 6 weeks, and 3 months of age. Growth spurts can also happen at any time. Don't be worried that your milk supply is too low to satisfy your baby. Follow your baby's lead. Nursing more often will help build up your milk supply. Once your supply increases, you will likely be back to your usual routine.

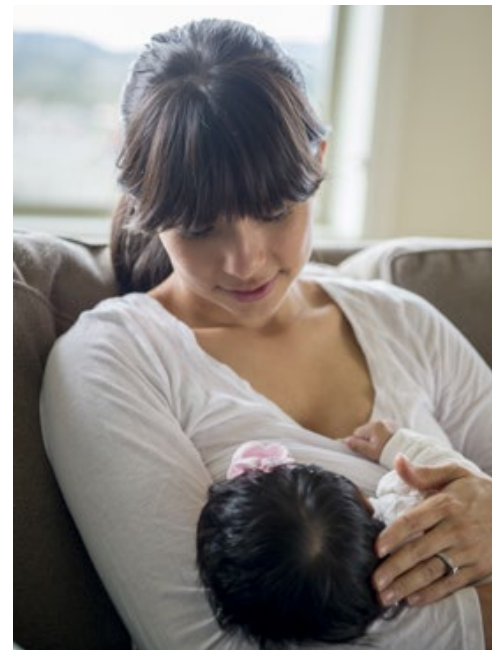
WHAT YOU CAN DO

- Make sure your baby is latched on and positioned well.
- Breastfeed often and let your baby decide when to end the feeding. If your baby does not empty the breast,

try pumping afterward. The more often you empty your breasts, the more milk your breasts will make.

- Offer both breasts at each feeding. Have your baby stay at the first breast as long as he or she is still sucking and swallowing. Offer the second breast when the baby slows down or stops.
- Try to avoid giving your baby formula or cereal in addition to your breastmilk. Otherwise, your baby may lose interest in your breastmilk, and your milk supply will then decrease. If you need to supplement your baby's feedings, try using a spoon, syringe, cup, or dropper filled with breastmilk.
- Limit or stop your baby's use of a pacifier while, at the same time, trying the above tips.
- Check with your doctor for health issues, such as hormonal issues or primary breast insufficiency, if the above steps don't help.

Talk to your baby's doctor if you think your baby is not getting enough milk.



CHALLENGE: OVERSUPPLY OF MILK

Some mothers worry about an oversupply of milk. An over-full breast can make breastfeeding stressful and uncomfortable for you and your baby.

WHAT YOU CAN DO

- Breastfeed on one side for each feeding. Continue to offer that same breast for at least two hours until

the next full feeding, gradually increasing the length of time per feeding.

- If the other breast feels too full before you are ready to breastfeed on it, hand express for a few moments to relieve some of the pressure. You also can use a cold compress or washcloth to reduce discomfort and

swelling.

- Feed your baby before he or she becomes overly hungry to prevent aggressive sucking. (Learn more about hunger signs on [page 17](#).)
- Burp your baby often if he or she is gassy.

Ask a lactation consultant for help if you are unable to manage an oversupply of milk on your own.

CHALLENGE: STRONG LET-DOWN REFLEX

Some women have a strong milk ejection reflex or let-down, which can cause a rush of milk. This can happen along with an oversupply of milk.

WHAT YOU CAN DO

- Hold your nipple between your first and middle fingers or with the side of your hand. Lightly compress your milk ducts to reduce the force of the milk ejection.

- If your baby chokes or sputters when breastfeeding, gently break the latch and let the excess milk spray into a towel or cloth.
- Allow your baby to come on and off the breast at will.

CHALLENGE: ENGORGEMENT

It is normal for your breasts to become larger, heavier, and a little tender when they begin making milk. Sometimes, this fullness may turn into engorgement, which is when your breasts feel hard and painful. You also may have breast swelling, tenderness, warmth, redness, throbbing, and flattening of the nipple.

Engorgement sometimes also causes a low-grade fever and can be confused with a breast infection. Engorgement is the result of the milk building up. It usually happens during the third to fifth day after giving birth. But it can happen at any time, especially if you are not feeding your baby or expressing your milk often.

Engorgement can lead to plugged ducts or a breast infection (see [page 25](#)), so it is important to try to prevent it before this happens. If treated, engorgement should fix itself.

Ask your lactation consultant or doctor for help if the engorgement lasts for two or more days.

CHALLENGE: ENGORGEMENT (CONT.)

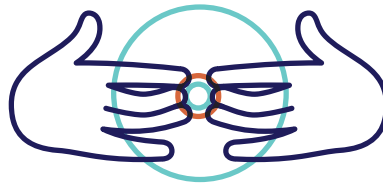
WHAT YOU CAN DO

- Breastfeed often after giving birth. As long as your baby is latched on and sucking well, allow your baby to nurse for as long as she likes.
- Work with a lactation consultant to improve your baby's latch.
- Breastfeed often on the affected side to remove the milk, keep the milk moving freely, and prevent your breast from becoming overly full.
- Avoid using pacifiers or bottles to supplement feedings.
- Hand express or pump a little milk to first soften the breast, areola, and nipple before breastfeeding.
- Massage the breast.
- Use cold compresses on your breast in between feedings to help ease the pain.
- If you plan to return to work, try to pump your milk as often as your baby breastfed at home. Be sure to not let more than four hours pass between pumping sessions.
- Get enough rest, proper nutrition, and fluids.
- Wear a well-fitting, supportive bra that is not too tight.
- Try reverse pressure softening to make the areola soft around the base of the nipple and help your baby latch. Try one of the holds in the illustrations on the left. Press inward toward the chest wall and count slowly to 50. Use steady and firm pressure, but gentle enough to avoid pain. You may need to repeat each time you breastfeed for a few days.

SIX ENGORGEMENT HOLDS*:



1. One-handed "flower hold." Works best if your fingernails are short. Curve your fingertips in toward your body and place them where baby's tongue will go.



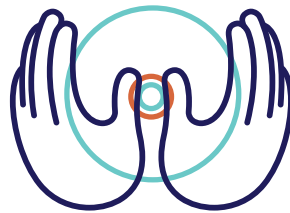
2. Two-handed, one-step method. Works best if your fingernails are short. Curve your fingertips in toward your body and place them on each side of the nipple.



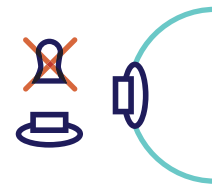
3. Use the two-handed, one-step method. You may ask someone to help press by placing fingers or thumbs on top of yours.



4. Two-handed, two-step method. Using two or three fingers on each side, place your first knuckles on either side of the nipple and move them 1/4 turn. Repeat above and below the nipple.



5. Two-handed, two-step method. Using straight thumbs, place your thumbnails evenly on either side of the nipple. Move 1/4 turn and repeat above and below the nipple.



6. Soft-ring method. Cut off the bottom half of an artificial nipple and place it on the areola. Press with your fingers.

*Illustrations adapted from Reverse Pressure Softening by K. Jean Cotterman © 2008.

CHALLENGE: PLUGGED DUCT

Plugged ducts are common in breastfeeding mothers. A plugged milk duct feels like a tender and sore lump in the breast. You should not have a fever or other symptoms.

A plugged duct happens when a milk duct does not drain properly. Pressure then builds up behind the plug, and surrounding tissue gets inflamed. A plugged duct usually happens in one breast at a time.

WHAT YOU CAN DO

- Breastfeed on the affected side as often as every two hours. This will help loosen the plug and keep your milk moving freely.
- Aim your baby's chin at the plug. This will focus his suck on the duct that is affected.
- Massage the area, starting behind the sore spot. Move your fingers in a circular motion and massage toward the nipple.
- Use a warm compress on the sore area.
- Get extra sleep, or relax with your feet up to help speed healing. Often a plugged duct is a sign that a mother is doing too much.
- Wear a well-fitting supportive bra that is not too tight, since this can constrict milk ducts. Consider trying a bra without underwire.
- If you have plugged ducts that keep coming back, seek help from an IBCLC.

If your plugged duct doesn't loosen up, ask for help from a lactation consultant. Plugged ducts can lead to a breast infection.

CHALLENGE: BREAST INFECTION (MASTITIS)

Mastitis is soreness or a lump in the breast. It can cause the following symptoms:

- Fever or flu-like symptoms, such as feeling run down or very achy
- Nausea
- Vomiting
- Yellowish discharge from the nipple that looks like colostrum
- Breasts feel warm or hot to the touch and appear pink or red

A breast infection can happen when other family members have a cold or the seasonal flu. It usually only happens in

one breast. It is not always easy to tell the difference between a breast infection and a plugged duct. They have similar symptoms and can improve within 24 to 48 hours. Some breast infections that do not improve within this time period need to be treated with medicine from your doctor. (Learn more about medicines and breastfeeding on [page 29](#).)

WHAT YOU CAN DO

- Breastfeed on the affected side every two hours or more often. This will keep the milk moving freely and your breast from becoming overly full.
- Massage the area, starting behind the sore spot. Move your fingers in a circular motion and massage toward the nipple.
- Apply heat to the sore area with a warm compress.
- Get extra sleep, or relax with your feet up to help speed healing. Often a breast infection is a sign that a mother is doing too much and becoming overly tired.
- Wear a well-fitting supportive bra that is not too tight, since this can constrict milk ducts.

Ask your doctor for help if you do not feel better within 24 hours of trying these tips, if you have a fever, or if your symptoms worsen. You might need medicine.

SEE YOUR DOCTOR RIGHT AWAY IF:

- You have a breast infection in which both breasts look affected.
- There is pus or blood in your breastmilk.
- You have red streaks near the affected area of the breast.
- Your symptoms came on severely and suddenly.

Also, talk with your doctor about any medicines you take or plan to take.

CHALLENGE: FUNGAL INFECTIONS

A fungal infection, also called a yeast infection or thrush, can form on your nipples or in your breast. This type of infection thrives on milk and forms from an overgrowth of the *Candida* organism. *Candida* lives in our bodies and is kept healthy by the natural bacteria in our bodies. When the natural balance of bacteria is upset, *Candida* can overgrow, causing an infection.

Signs of a fungal infection include:

- Nipple soreness that lasts more than a few days, even after your baby has a good latch

- Pink, flaky, shiny, itchy, or cracked nipples
- Deep pink and blistered nipples
- Achy breasts
- Shooting pains deep in the breast during or after feedings

WHAT YOU CAN DO

Fungal infections may take several weeks to clear up, so it is important to follow these tips to avoid spreading the infection:

- Change disposable nursing pads often.
- Wash any towels or clothing that come in contact with the yeast in

very hot water (above 122°F).

- Wear a clean bra every day.
- Wash your hands often.
- Wash your baby's hands often, especially if he sucks on his fingers.
- Boil all pacifiers, bottle nipples, or toys your baby puts in her mouth every day. After one week of treatment, throw away all pacifiers and nipples and buy new ones.
- Boil all breast pump parts that touch your milk every day.
- Make sure other family members are free of thrush or other fungal infections. If they have symptoms, make sure they get treated.



If you or your baby has symptoms of a fungal infection, call both your doctor and your baby's doctor so you can be correctly diagnosed and treated at the same time. This will help prevent passing the infection to each other.

“I had a terrible time learning to nurse my son. My nipples were terribly sore, and it felt like it wasn't getting any better. After visiting my doctor, the lactation consultant, and the pediatrician, it became clear that a horrible case of thrush had been the source of my pain. I honestly did not think I would make it, but I was too stubborn to quit, and I am grateful I stuck with it. I am proud to say that I breastfed my son until he was 16 months old! – Jessica, Edmonton, Alberta, Canada

CHALLENGE: NURSING STRIKE

A nursing “strike” is when your baby has breastfed well for months and suddenly begins to refuse the breast. A nursing strike can mean that your baby is trying to let you know that something is wrong. This usually does not mean that the baby is ready to wean.

Not all babies will react the same way to the different things that can cause a nursing strike. Some babies will continue to breastfeed without a problem. Other babies may just become fussy at the breast. And other babies will refuse the breast entirely.

Some of the major causes of a nursing strike include:

- Having mouth pain from teething, a fungal infection like thrush, or a cold sore
- Having an ear infection, which causes pain while sucking or pressure while lying on one side
- Feeling pain from a certain breastfeeding position, perhaps from an injury on the baby’s body or from soreness from an immunization

- Being upset about a long separation from the mother or a major change in routine
- Being distracted while breastfeeding, such as becoming interested in other things going on around the baby
- Having a cold or stuffy nose that makes breathing while breastfeeding difficult
- Getting less milk from the mother after supplementing breastmilk with bottles or overuse of a pacifier
- Responding to the mother’s strong reaction if the baby has bitten her while breastfeeding
- Being upset by hearing arguing or people talking in a harsh voice while breastfeeding
- Reacting to stress, overstimulation, or having been repeatedly put off when wanting to breastfeed

If your baby is on a nursing strike, it is normal to feel frustrated and upset, especially if your baby is unhappy. Be patient with your baby and keep trying to offer your breasts.

WHAT YOU CAN DO

- Try to express your milk as often as the baby used to breastfeed to avoid engorgement and plugged ducts.
- Try another feeding method temporarily to give your baby your breastmilk, such as using a cup, dropper, or spoon.
- Keep track of your baby’s wet and dirty diapers to make sure she gets enough milk.
- Keep offering your breast to your baby. If your baby is frustrated, stop and try again later. You can also offer your breast when your baby is very sleepy or is sleeping.
- Try different breastfeeding positions, with your bare skin next to your baby’s bare skin.
- Focus on your baby, and comfort him with extra touching and cuddling.
- Breastfeed while rocking your baby in a quiet room free of distractions.

Be sure to feed your baby during a nursing strike to ensure that your baby gets enough milk. The doctor can check your baby’s weight gain.



CHALLENGE: INVERTED, FLAT, OR VERY LARGE NIPPLES

Some women have nipples that turn inward instead of pointing outward, or that are flat and do not protrude. Nipples also can sometimes flatten for a short time because of engorgement or swelling from breastfeeding. Inverted or flat nipples can sometimes make it harder to breastfeed. But remember, for breastfeeding to work, your baby must latch on to both the nipple and the breast, so even inverted nipples can work just fine. Often, flat and inverted nipples will protrude more over time as the baby sucks more.

Very large nipples can make it hard for the baby to get enough of the areola into his or her mouth to compress the milk ducts and get enough milk.

WHAT YOU CAN DO

- Talk to your doctor or a lactation consultant if you are concerned about your nipples.
- You can use your fingers to try and pull your nipples out. You also can use a special device that pulls out inverted or temporarily flattened nipples.
- The latch for babies of mothers with very large nipples will improve with time as the baby grows. It might take several weeks to get the baby to latch well. But if you have a good milk supply, your baby will get enough milk even with a poor latch.

Ask for help if you have questions about your nipple shape or type, especially if your baby is having trouble latching well.

GOING BACK TO WORK

Planning ahead for your return to work can help ease the transition. Learn as much as you can ahead of time and talk with your employer about your options. This can help you continue to enjoy breastfeeding your baby long after your maternity leave is over.

DURING YOUR MATERNITY LEAVE

- Take as many weeks off as you can. At least six weeks of leave can help you recover from childbirth and settle into a good breastfeeding routine. Twelve weeks is even better.
- Practice expressing your milk by hand or with a breast pump. A breast pump may be the best method for efficiently removing milk during the workday. A hands-free breast pump may even allow you to work while pumping if you have a laptop or an office with a door that you can close. See [pages 38 to 42](#) for more information about pumping and storage.
- Help your baby adjust to taking breastmilk from a bottle (or cup for infants 3 to 4 months old). Babies used to nursing might prefer a bottle or cup when it's given by someone else. Wait at least a month before introducing a bottle to your infant.
- Talk with your family and your child care provider about your desire to breastfeed. Let them know you will need their support.

BACK AT WORK

- Keep talking with your supervisor about your schedule and what is or isn't working for you. Keep in mind that returning to work gradually gives you more time to adjust.
- If your child care is close by, find out whether you can visit to breastfeed over lunch.
- When you arrive to pick up your baby from child care, take time to breastfeed first. This will give you both time to reconnect before traveling home and returning to other family responsibilities.

Information for breastfeeding families

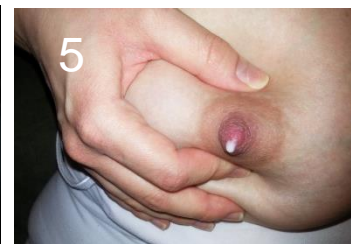
Hand Expression



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 he needs!

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!***

- <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>
- <https://vimeo.com/65196007>

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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



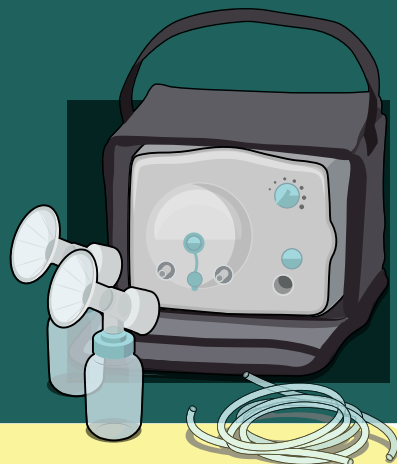
***Watch this video while
you are pumping!***

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

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How to Keep Your Breast Pump Kit Clean

Providing breast milk is one of the best things you can do for your baby's health and development. Pumping your milk is one way to provide breast milk to your baby. Keeping the parts of your pump clean is critical, because germs can grow quickly in breast milk or breast milk residue that remains on pump parts. Following these steps can help prevent contamination and protect your baby from infection. If your baby was born prematurely or has other health concerns, your baby's health care providers may have more recommendations for pumping breast milk safely.



BEFORE EVERY USE

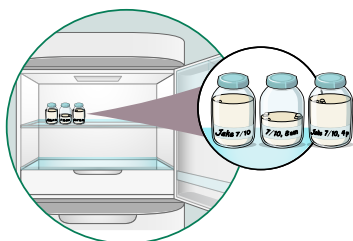


Wash hands with soap and water.

Inspect and assemble clean pump kit. If your tubing is moldy, discard and replace immediately.

Clean pump dials, power switch, and countertop with disinfectant wipes, especially if using a shared pump.

AFTER EVERY USE



Store milk safely. Cap milk collection bottle or seal milk collection bag, label with date and time, and immediately place in a refrigerator, freezer, or cooler bag with ice packs.

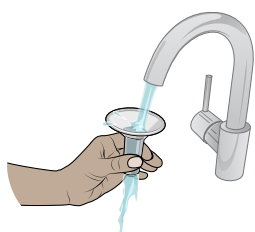
Clean pumping area, especially if using a shared pump. Clean the dials, power switch, and countertop with disinfectant wipes.

Take apart breast pump tubing and separate all parts that come in contact with breast/breast milk.

Rinse breast pump parts that come into contact with breast/breast milk by holding under running water to remove remaining milk. Do not place parts in sink to rinse.

Clean pump parts that come into contact with breast/breast milk as soon as possible after pumping. You can clean your pump parts **in a dishwasher** or **by hand** in a wash basin used only for cleaning the pump kit and infant feeding items.

Follow the cleaning steps given on the next page.



Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

Clean Pump Kit

CLEAN BY HAND



Place pump parts in a clean wash basin used only for infant feeding items. **Do not place pump parts directly in the sink!**

Add soap and hot water to basin.

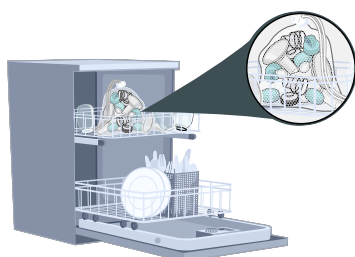
Scrub items using a clean brush used only for infant feeding items.

Rinse by holding items under running water, or by submerging in fresh water in a separate basin.

Air-dry thoroughly. Place pump parts, wash basin, and bottle brush on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Do not use a dish towel to rub or pat items dry!

Clean wash basin and bottle brush. Rinse them well and allow them to air-dry after each use. Wash them by hand or in a dishwasher at least every few days.

OR CLEAN IN DISHWASHER

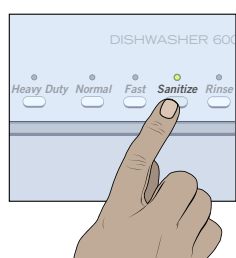


Clean pump parts in a dishwasher, if they are dishwasher-safe. Be sure to place small items into a closed-top basket or mesh laundry bag. Add soap and, if possible, **run the dishwasher using hot water and a heated drying cycle (or sanitizing setting).**

Remove from dishwasher with clean hands. If items are not completely dry, place items on a clean, unused dish towel or paper towel to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry!

After Cleaning

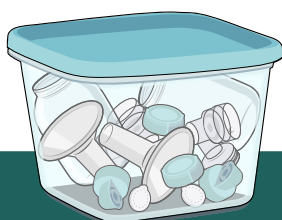
FOR EXTRA PROTECTION, SANITIZE



For extra germ removal, sanitize pump parts, wash basin, and bottle brush **at least once daily** after they have been cleaned. Items can be sanitized using steam, boiling water, or a dishwasher with a sanitize setting. Sanitizing is especially important if your baby is less than 3 months old, was born prematurely, or has a weakened immune system due to illness or medical treatment.

For detailed instructions on sanitizing your pump parts, visit www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding.html

STORE SAFELY



Store dry items safely until needed. Ensure the clean pump parts, bottle brushes, and wash basins have air-dried thoroughly before storing. Items must be completely dry to help prevent germs and mold from growing. Store dry items in a clean, protected area.

Learn more about safe and healthy diapering and infant feeding habits at www.cdc.gov/healthywater/hygiene/healthychildcare.

CS277601A

Expressing Your Milk for Your Baby

Your milk is the best food for your baby. Some babies have difficulty breastfeeding right away. If your baby is not breastfeeding well yet, you will need to remove milk from your breasts as many times as your baby would normally feed in order to let your body know you want to make milk for your baby.

Wash your hands before expressing your milk. Express at least 8 times or more in a 24 hour day, including at night, so about every 2 to 3 hours during the day and about every 3 to 4 hours at night. Keep going until you reach full milk production, which is normally about 25 to 30 oz / (750 to 900 ml) total in a 24 hour day. Once you build up your supply to full production (which normally will take about 2 to 4 weeks), most mothers can slowly decrease minutes of pumping and then number of sessions after that, while carefully maintaining volume. It's very important to track your milk production on a chart or an app to know how much you are making at first. You can use your hands or a breast pump to express milk. Many mothers find it difficult to remove the first thick milk, colostrum, with a breast pump. Hand expression is a useful technique to remove this first milk. When your breasts feel fuller, try the hands - on pumping method to help you remove more milk, by massaging your breasts while you pump. When pumping, if your arms are getting tired, you can buy or make a pumping band or bra.

How Often Should I Express Milk?

	Day 1 until about Day 4 (when breasts feel fuller) Combine both pumping and hand expression	Build Up Volume - Day 3 or 4 to Full Milk Production (25 to 30 Ounces Daily)	Maintain Full Milk Production About 25 to 30 Oz Per Day Per Baby
Number of Sessions	At least 8	At least 8	5-8
Pump	15 min*	20 to 30 min	About 10-20 min
Hand expression	About 10 minutes	Use hands-on pumping	Use hands-on pumping

**During the first 24 hours in the hospital, use the Initiate setting on the Symphony breast pump. After 24 hours, use the maintain setting.*

How Much Breast Milk Should I Feed My Baby?

	Breast Milk per Feeding	Average Amount Total per 24 Hour Day
Day 1	1 to 5 ml*	15 to 30 ml
Day 2	2 to 15 ml*	15 ml to 4 oz
Day 3	15 to 30 ml	3 to 8 oz.
Day 4 and 5	30 to 50 ml	8 to 12 oz.
Day 6 to 7	60-90ml (2-3 oz.)	14 to 18 oz.
1 to 2 weeks	60 to 90 ml (2-3 oz.)	16 to 20 oz.
2 weeks to 1 mo.	60 to 120 ml (2-4 oz.)	16 to 25 oz.
1 to 6 months	90 to 120 ml (3-4 oz.)	About 25 oz.

One ounce = 30 ml

**Some mothers get a little more or less colostrum on the first and second day. Usually we just give whatever you can collect. Milk volumes are approximate amounts and may vary based on your individual baby, their size, their feeding patterns and health. Consult your Pediatrician for more information about how much to feed your baby as well.*

Most babies tend to drink a little more formula than human milk. Formula fed infants will often drink larger volumes and space out their feedings more. Infants that are fed with human milk tend to bottle-feed more on a breastfed baby schedule. Their feedings are smaller and more frequent. For example, by one month, breast fed babies average about 25 oz. total volume per day. This is about 3 to 4 oz per feeding every 2 to 3 hours. While baby's fed formula may take closer to 30 oz and about 4 to 5 oz per feeding. By 6 months, most babies fed formula will take about 6 to 8 oz at around 4 or 5 feeds per day. While those fed their mother's milk will typically continue to eat closer to 4 oz per feed. Infant's that are fed their mom's milk also have less gas, spitting up, constipation and risk of obesity. Your milk is absorbed and digested most easily by your infant.

Whenever you collect milk for your baby place one of the baby's patient labels on the bottle and write the date and time you pumped. If your baby is in the nursery, please bring the milk to the nursery refrigerator. Please do not store breast milk in your room refrigerator. To thaw frozen or refrigerated milk place in a bowl or cup of water water. Never microwave breast milk or formula.

Human Milk Storage Times

Place	Temperature	How Long	Things to Know
Countertop Freshly Pumped	Room Temperature 60-85 Degrees F	Best = 5 hours Acceptable = 6-8 hours	Keep container covered
Cooler with Ice Pack	59 Degrees F	24 hours	Limit opening cooler
Refrigerator, fresh never frozen	Up to 39 Degrees F	Best = 72 hours Acceptable = 5-8 days	Store in the back of the refrigerator
Refrigerator thawed, previously frozen	Up to 39 Degrees F	Use within 24 hours	Once taken out of fridge use within 1 to 2 hours
Freezer	0 Degrees F or less	Best = 3 to 6 months Or 6 to 12 months in deep chest freezer	Store at the back of the freezer, use oldest milk first

When bottle-feeding your baby, we recommend pacing the feeds. For more information, view, "Paced Bottle-feeding for the Breast Fed Baby," which can be found on Youtube.

More advice from the American Academy of Pediatrics: "The most important thing to remember, whether you breastfeed or bottle-feed, is that your baby's feeding needs are unique. No book can tell you precisely how much or how often he needs to be fed or exactly how you should handle him during feedings. You will discover these things for yourself as you and your baby get to know each other."

Breastfeeding Answers Made Simple, Nancy Mohrbacher. 2010. P. 472.

AAP. Healthchildren.org. Amount and Schedule of Formula Feedings. 2015.

Human Milk Banking Association of North America. Best Practice for Expressing, Storing and Handling Human Milk. 3rd Ed. 2011.

Breastfeeding

HOW TO KNOW YOUR BREASTFED
BABY IS GETTING ENOUGH MILK

Is Baby Getting Enough Milk · Baby's Stomach · Changing Stools · Diaper Count

IS BABY GETTING ENOUGH MILK?

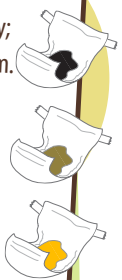
- Let your baby show you how long to breastfeed. Once baby has fed well on one breast and stops and lets go, burp your baby and then offer the other breast to see if they are still hungry.
- You should hear or see your baby swallow while nursing.
- Your baby should breastfeed 8-12 times in 24 hours.



CHANGING STOOLS

Your baby's stools will change:

- Day 1-3 - Black, thick and sticky; this is called meconium.
- Day 3-4 - Greenish to yellow and is less thick.
- By day 5 - Mustard or yellow seedy and watery.



BABY'S STOMACH



Your baby's stomach is very small and will not take very much at each feeding. At left is the size of your baby's stomach.

DIAPER COUNT

You can tell when your baby is getting enough milk by the number of diapers they use. Your baby should wet/dirty the following number of diapers per day.

BABY'S AGE	WET DIAPERS	DIRTY DIAPERS
1 DAY OLD		
2 DAYS OLD		
3 DAYS OLD		
4 DAYS OLD		
5 DAYS OLD		
6+ DAYS OLD		

After 4-6 weeks of age your baby's stools may decrease. It is not unusual for breastfed babies older than 1 month to only stool every 2-4 days or longer.

WHEN USING A BREAST PUMP:

You may not be able to express very much breast milk at first. This is normal and does not mean you do not have enough milk.

Get help from your doctor or lactation consultant if your baby:

- Has a dry mouth.
- Has red colored urine.
- Has yellow skin (Jaundice).
- Stool does not change to yellow and seedy by day 5.
- Does not have enough wet or dirty diapers (see Breastfeeding Diaper Diary on back).
- Does not wake up to eat at least 8 times in 24 hours.
- Is losing weight after day 5; is under birth weight at 2 weeks.
- or
- You are experiencing nipple pain.

CLUSTER FEEDING

If your baby is feeding every hour this is called cluster feeding and it is perfectly normal. Example: Baby breastfeeds every hour for 3-5 feedings and sleeps 3-4 hours between clusters.

WWW.HEALTH.MO.GOV

BREASTFEEDING DIAPER DIARY

INSTRUCTIONS: Each day, circle the approximate time to the nearest hour that you **start** breastfeeding.
Circle the **W** when your baby has a wet diaper. Circle the **D** when your baby has a dirty diaper.

DAY 1																								
Midnight												12												Noon
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
Wet Diaper																								
Black Tarry Dirty Diaper																								
																							Total number of feedings in 24 hours	_____
DAY 2																								
Midnight												12												Noon
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
Wet Diaper																								
Black Tarry Dirty Diaper																								
																							Total number of feedings in 24 hours	_____
DAY 3																								
Midnight												12												Noon
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
Wet Diaper																								
Green Dirty Diaper																								
																							Total number of feedings in 24 hours	_____
DAY 4																								
Midnight												12												Noon
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
Wet Diaper																								
Green Dirty Diaper																								
																							Total number of feedings in 24 hours	_____
DAY 5																								
Midnight												12												Noon
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
Wet Diaper																								
Yellow Dirty Diaper																								
																							Total number of feedings in 24 hours	_____
DAY 6																								
Midnight												12												Noon
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
Wet Diaper																								
Yellow Dirty Diaper																								
																							Total number of feedings in 24 hours	_____
DAY 7																								
Midnight												12												Noon
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
Wet Diaper																								
Yellow Dirty Diaper																								
																							Total number of feedings in 24 hours	_____

If you have any concerns or questions about breastfeeding call:

Notes





9200 W. Wisconsin Ave.
Milwaukee, WI 53226

1-800-DOCTORS
(1-800-362-8677)

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