Breastfeeding

Covenant HEALTH
Parkwest

At Parkwest Medical Center, we are pleased to support your decision to breastfeed. We have lactation specialists on staff to assist with one-on-one breastfeeding support during your hospitalization and after you go home. For assistance or questions, call Lactation Services at 865-373-4081.

The American Academy of Pediatrics (AAP) recommends that all babies be exclusively breastfed for the first six months and then continue breastfeeding with the gradual introduction of complimentary (solid) foods. Under their new policy, the AAP "supports the continuation of breastfeeding until 2 years or beyond" as long as mutually desired by the mother and child. The World Health Organization (WHO) agrees with this recommendation.

There are many research-based benefits to breastfeeding for mom, baby and the family. Studies show that breastfeeding can have a life-long impact on your child's health.

Although breastfeeding is a natural process, it is not always easy the first few days. It is a skill that requires practice and patience as both you and your baby learn. Many mothers find that it takes two or three weeks before they become comfortable and confident. At that time, breastfeeding becomes enjoyable and rewarding.

Tips to Know Before You Start

- A mother's body is the baby's **natural habitat**.
- After delivery, place baby **skin-to-skin** (undressed with just a diaper) on mom's bare chest. Mom may be reclined but **not** flat. Baby is positioned between mom's breasts with head turned to one side so his face can be easily seen. Shoulders and hips are flat against mom's chest. Baby's head is tilted up off his chest and his neck is straight, not bent, for ease of breathing. Cover the back of the baby with mom's hand and a blanket for warmth, making sure that nose and mouth are easily seen. Both mom and baby should be monitored in this position. Skin-to-skin, or Kangaroo Mother Care, coined by Dr. Nils Bergman, enhances the hormones needed for breastfeeding and helps to stabilize the baby's body temperature, heart rate, respiratory rate and blood sugar. It also helps to make the baby's transition from the uterus to the real world easier.
- **Allow the baby to nurse within the first hour**. If the baby doesn't nurse, then leave him/her skin-to-skin **until** the first breastfeeding is completed and longer as desired.
- **Limit visitors**. Moms need to stay well-rested and have uninterrupted skin-to-skin time with their baby.
- **Oxytocin**, a hormone which releases the colostrum and milk, is very high after delivery. If the baby nurses during this time, he/she can get a moderate amount of colostrum to help sustain him/her during the sleepy period which occurs a few hours after delivery. The oxytocin surge also helps decrease a mother's bleeding post-delivery.
- **Prolactin** is another hormone which is high after delivery and for the first week following delivery. When the baby nurses, surges of this hormone help mom make more milk and also make her feel relaxed and sleepy.
- **Feed frequently**. Normal frequency is eight to twelve times in a 24-hour period because the baby's stomach capacity is small. It starts out being about the size of a marble. The baby may nurse for 10-25 minutes on both breasts or at least on one breast per feeding every 1 - 3 hours (offer both breasts). Switch breasts if the baby wants to nurse longer than 25 minutes.

- **Cluster feedings**, a series of frequent mini-feedings, are common especially at night when the prolactin hormone (milk-making hormone) is high. If the baby sleeps a lot during the day he/she may want to be awake more through the night to eat.
- **Watch for feeding cues** which are a baby's signal that he/she is ready to eat. These cues include hand-to-mouth movements, sucking motions, tongue thrusting, becoming more alert and a succession of short whimpers. Crying is a late sign of hunger. If your baby cries, calm him/her down before starting to feed.
- **Calming techniques** include swaddling, allowing the baby to suck on your clean finger, swaying side-to-side, rocking and making shushing noises close to your baby's ear. Also, make sure his/her diaper is clean, burp him/her and place him/her skin-to-skin.

- **Waking techniques** are often necessary because newborns are sleepy. If you baby is not feeding 8-12 times in a 24 hour period which is about every 2 to 3 hours, you can change the diaper, remove the clothing, hold your baby skin to skin and watch for feeding cues. This may take 30 minutes. You can also try burping, rolling gently side-to-side, or massaging his back.
- **Keep a feeding/diaper log** which allows you to keep a careful record of your baby's feedings and his/her urine output and bowel movements. The baby's output can help us determine whether or not he/she is getting enough to eat. Keep the log for the first seven to fourteen days and take it to your pediatrician's visits.
- **Proper attachment and frequent/adequate milk removal** are the two keys to successful breastfeeding.
- **Delaying the bath** allows time for newborns to transition from intrauterine to extrauterine life. Ideally, babies should be placed skin to skin after birth to allow for recovery and stabilization of body temperature, heart rate, respiratory rate, blood sugars, and feeling safe with mom. Babies tend to be very sleepy for 6-8 hours after a bath. Delaying the bath for 12-24 hours allows newborns time to learn latch and feed frequently to keep blood sugars within normal ranges.

- **Normal Output:**
  - **Urine:** Babies should have at least one wet diaper for each day of age until day five at which time they should have six to eight per day. While in the hospital, the diapers have a yellow line running down the center and length of the diaper. When urine is present, the line turns bluish-green color. If your baby urinates while his/her diaper is off, that counts too. Check bowel movement diapers for urine also.
  - **Bowel movements:** Newborns should have one to two stools every day for the first three or four days and then at least three to four per day after that. Some babies will have a stool with every feeding. Initially the stools will be black, tarry meconium, then greenish-black by day three, then should be soft, yellow and seedy by day five.

If your baby is not having appropriate output, wake him/her and feed more frequently. Listen and look for swallowing. Use breast compression techniques (shown on ibconline.ca) to maximize what the baby can drink at the breast. Call your baby's doctor or lactation consultant.

Breastfeeding One Day at a Time

Daily Pearls of Wisdom to get you through the first 1-5 days

Day 1 (0-24 hours): "Day of Recovery"

- **Pearls of Wisdom:** Most babies are very, very sleepy during this 24 hour period. Parents are too! Try to keep family and visitors to a minimum so you can take this time to rest, sleep, eat, drink, and feed the baby. A newborn's tummy size is small (about size of a marble) so expect small, frequent meals. Baby may suckle 5-6 times, swallow, then pause to help coordinate sucking, swallowing, and breathing as he is learning a new skill. Formula is not necessary unless medically indicated
- **Expected Breast feedings:** 5-8 feedings today as long as he desires. Baby will eat about 2-7 mls of concentrated colostrum per feeding. Watch baby for feeding cues. See box on the next page. Feed baby before crying which is a late sign of hunger. Baby may not be as patient to latch and learn a new skill if really hungry. If no feeding cues seen, wake baby to nurse at least every 3 hours. Baby may take one or both breasts. If baby won't nurse then hand express drops of colostrum and feed to baby. Ask nurse to show you the technique for hand expression or watch a short video at firstdroplets.com.

- **Your Body:** Your breasts will feel soft today. When baby nurses, you may feel uterine cramping, sleepy, and thirsty.
- **Separation from Baby:** If you are separated from your baby, start hand expressing 5-10 drops from each breast and/or pumping with hospital-grade pump for 15 minutes every 2-3 hours for at least 8 times/24 hours to help establish the milk supply.
- **Behaviors:** Baby may be very sleepy this first day and not show feeding cues. Undress baby and keep skin-to-skin like a tree frog for 30 mins. It may take this long before feeding cues seen. Skin-to-skin promotes bonding and desire to feed. It also helps stabilize the baby's body temperature, heart rate, respiratory rate, and blood sugar.
- **Diapers Counts:** Expect 1-2 wet diapers today. Expect 1-2 bowel movements (black, tarry meconium).

Feeding Cues

- Sucking on hands/sleeves
- Searching with mouth
- Tongue thrusting
- Becoming more awake, moving arms and legs
- Beginning to make short whimpers

Tips to Manage a Sleepy or Cluster Feeding Baby

Sleepy Baby

- Take blanket, shirt, and hat off.
- Hold skin-to-skin for 30-50 minutes to allow getting through a complete sleep cycle.
- Hand express and feed drops of colostrum on your finger and gently stroke roof of mouth to stimulate sucking reflex.
- Change diaper or burp to help wake.

Note: Newly bathed or circumcised babies may be sleepy for 6-8 hours. Do skin to skin and feed drops of colostrum every 50 minutes until baby wakes ready to nurse.

Cluster Feeding Baby

- Offer first breast with intent to keep awake and achieve an effective feeding with swallowing.
- After first breast, check diaper, burp, and redress.
- Offer second breast and allow to fall asleep.
- Gently break suction and hold baby in same position for 15-20 minutes to get into a deeper sleep cycle, then place baby in crib, slowly rotating onto his/her back. (Goal is not to wake baby when putting him/her into crib.)

Day 2 (24-48 hours): "Day of Learning"

- **Pearls of Wisdom:** You and your baby are learning a new skill together. Be patient with one another. Practice makes perfect. Practice latching in different nursing positions to see what works best for you. Even if this is not your first baby, it is a different baby. You are learning this dance with a new partner. Rest today prior to Second Night.
- **Expected Breast feedings:** At least 8 feedings today or up to 12. Baby may want to nurse every 1-3 hours. Some feedings may be clustered or grouped close together while others may be spaced farther apart. Baby will eat less than ½ ounce per feeding session. Continue to offer both breasts at each feeding; baby may take just one breast. Continue to hand express colostrum as desired and feed drops to baby.
- **Your Body:** Your breasts may be feeling fuller and your nipples may be feeling a little tender. This is normal. Hand express drops of colostrum after feedings and massage into nipples and air dry. Continue to practice and perfect the latch. Your breast is like a big sandwich, and your baby's mouth is small. Compress and sandwich the breast between your fingers to make it smaller to get more into baby's mouth. Nipple cracks, blisters, or bleeding is not normal. Ask for help!
- **Behaviors:** Baby may want to feed more frequently today. Allow baby to feed as long as he wants as long as he is latched well and it is comfortable for you. Compress breasts during pauses to aid in milk transfer. Expect to hear more swallowing at breast today. If baby gets circumcised today, he may be sleepy for a few hours as he recovers from the procedure. Wake a sleepy baby to feed regularly.
- **Diaper Counts:** Expect 2 or more wet diapers. Expect 1-2 bowel movements (black or dark green).

Second Night

On second night, babies tend to be fussy and harder to settle. You may find that the baby nurses and falls asleep at breast. As you put him back in the crib, he begins to wake and make searching motions again. Most moms will worry that their baby is still hungry because the "milk is not in yet." This cluster feeding behavior is normal and common worldwide. Stay calm, feed on demand, use tips on previous page for cluster feeding, and try to rest as much as possible before and after the Second Night.

Day 3 (48-72 hours): "Day of Doubting"

- **Pearls of Wisdom:** You made it through the Second Night! Because of the frequent feedings last night, your baby has called "his order in" and now the colostrum will be transitioning into milk. The volume of your milk should be increasing today.
- **Breast feedings:** Baby should continue to eat 8-12 times in this 24 hours. Feedings may be 1-3 hours apart. Baby should be getting about ½ -1 ounce per feeding session. The breastfeeding dance of latching and positioning should be getting easier for both of you. Continue to offer both breasts each feeding. Skin-to-skin is still important.
- **Your Body:** Your breasts may feel fuller, tender, and swollen. Your partner may even tell you that your breasts look bigger today. You may start to experience some milk leaking. Some moms may find wearing a bra now promotes more comfort during this transitional time. Uterine cramping may also continue with feedings.
- **Behaviors:** Baby may be feeding frequently and falling asleep at the breast only to wake up when put down. Try burping after feedings and checking diaper. Keeping baby dressed and swaddled for 2nd breast to help him fall asleep and stay asleep after feedings.
- **Supplements:** Unless there is a medical reason, your baby does not need formula supplements. If you want to supplement, try expressing your own milk by hand or with a breast pump and feed this to the baby.
- **Diaper Counts:** Expect 3 or more wet diapers. Expect 3 or more bowel movements which are becoming looser and greener or dark brown in color.

Is My Baby Getting Enough??

This is the most commonly voiced concern at this time!

- Is your baby alert, active and eating 8-12 times each 24 hours?
- Can you see and hear swallowing?
- Has your baby lost less than 10% of his birth weight?
- Is your baby having enough wet and dirty diapers?
- Is your baby content and sleeping between feedings?
- Are your nipples only mildly tender? (There should be no nipple cracks, bleeding, or extreme nipple soreness.)

If yes, then continue to breastfeed frequently. Don't limit feeding times.

** If no, then ask for help if you do not feel that breastfeeding is going well. Lactation consultants are available in the hospital as well as in our community. There are lactation consultants for home visits and outpatient visits.

Growth Spurts

Babies will have growth spurts which can occur at 2-3 weeks of age, 6 weeks, and 3 months. At these times, you may notice that the baby wants to nurse more frequently for 2-3 days. Your first thought may be that your milk supply has decreased.
Just remember that frequent milk removal makes more milk.

Day 4 (72-96 hours): "Day of Trusting"

- **Breast feedings:** Baby should feed 8-12 times each 24 hours as long as desired. Finish one breast before switching to 2nd breast. Baby may be getting 1-2 ounces of milk at each feeding.
- **Your Body:** Your breasts are fuller, tender, and swollen. Goal is to keep breasts soft. If baby has difficulty latching due to swelling, you may need to express a little milk to soften the areola. If milk is not easily expressed due to swelling, then apply cold packs or bags of frozen vegetables (corn or peas) wrapped in a wash cloth for 15-20 minutes after 2-3 feedings. Nipple soreness should be resolving.
- **Behaviors:** Baby should be more content after feedings and falling asleep at breast.
- **Diaper Counts:** Expect 4 or more wet diapers. Expect 3 or more looser, greenish/yellow stools.

Day 5 and Beyond

- **Breast feedings:** Baby should feed 8-12 times each 24 hours for a total of 15-45 minutes per feeding. Finish the first breast before switching sides. Baby will eat 1 ½ -2 ounces at each feeding. This amount will gradually increase as baby grows and demands more.
- **Your Body:** Your breasts may still be full, tender, and swollen before feedings but should feel softer after feedings. If breasts are still swollen after feedings, apply cold packs briefly for 15-20 minutes to relieve swelling which should resolve in few days. Don't overdo the ice! We don't want to dry up the milk.
- **Behaviors:** Baby will be more content after feedings and fall asleep at the breast.
- **Diaper Counts:** Expect at least 6 or more wet diapers every day and 3 or more yellow, seedy breast milk stools until about 3-4 months of age.

First Steps to Successful and Comfortable Breastfeeding

1. Find a quiet, comfortable place to nurse. Turn off the phone, ask visitors to leave, lock your door or place a sign on your door. Have a drink easily accessible.
2. Place baby skin-to-skin 30 minutes prior to each feeding. This assists in the release of oxytocin and let-down. Skin-to-skin helps increase the fats in your milk which is needed for brain growth and development.
3. Use warm compresses and/or gentle breast massage prior to offering the breast. Gently massage breasts in a circular motion using the flat part of your fingers. Roll your nipple between the thumb and finger. This can stimulate the let-down reflex and make expression easier.
4. **Manually express** the first few drops of colostrum. Gently support your breast with your thumb and first two fingers opposite each other approximately one to two inches away from your nipple. Press back toward your chest wall then compress your thumb and fingers gently together. Press back ➞ Compress fingers and thumb together ➞ Relax (*repeat*). You can rotate your fingers around your breast at positions similar to a clock (ex. 12 o'clock/6 o'clock or 3 o'clock/9 o'clock, etc.) (*Note: Hand expression technique is also available on video as well as on the website listed on the resource page of this booklet.*)
5. Cup and support your breast to sandwich it. (*Hint: Keep fingers way back off the areola, the dark area around the nipple. Place fingers parallel with your baby's lips.*)
6. Position your baby in the cross-cradle, football hold, or natural breastfeeding position with baby facing the breast with your hand supporting baby's upper back.
7. Tilt baby's head back so that his/her chin is off chest and chin is slightly touching the underside of mom's breast.
8. Point nipple up toward the baby's nose, resting on upper lip.
9. Tickle your baby's upper lip with your nipple.
10. Wait… for baby to open his/her mouth wide like a yawn. Then quickly but gently bring baby to your breast and insert areola with nipple pointed upward. The goal is for the nipple to land in the soft palate of your baby's mouth, the comfort zone which will make breastfeeding feel more like a tugging sensation, not pinching or painful.

11. The goal is for asymmetrical latch (*more of the lower areola in baby's mouth than the upper part of areola*).
12. After latch, your baby's nose should be off the breast. The chin should be off the baby's chest, making it easier to swallow.
13. Continue breast support with your free hand during the entire feeding session. Breast support during each feeding is recommended until the baby regains his/her birth weight around two weeks of age. It also helps to reduce nipple soreness.
14. Your baby will pause between suckles to coordinate his/her suckling, swallowing and breathing. If your baby is slow to start suckling again, or you are not hearing or seeing any swallows, compress your breast and hold the compression until he/she starts to suckle and swallow again (*see Dr. Jack Newman's website for breast compression technique*).
15. Make sure your baby's tongue is under the nipple. Upper and lower lips will be flared.
16. To release baby from the breast, break the suction by placing your finger between the baby's gums.

Proper attachment is very important. Your baby should have deep areola attachment to compress the areola for adequate breast stimulation and milk release and to promote comfortable breastfeeding. Babies sucking only mom's nipple can cause sore nipples and inadequate milk intake. Avoid pacifier and bottle nipple usage for the first 3 – 4 weeks to prevent nipple confusion or flow preference and to encourage your baby to nurse frequently enough to establish your milk supply.

Your baby is unique. Be patient and don't get discouraged if your baby is sleepy and nurses well only occasionally during the first few days. By 3-5 days of age, your baby will be waking up hungry. As his/her appetite increases, your body will determine the amount of breast milk needed by the frequency of feeding and the amount of milk removed at each feeding. Your milk supply will meet your baby's demands within two weeks.

This adjustment will also happen during growth spurts at approximately 2-3 weeks, 6 –8 weeks, three months and six months. During growth spurts, your baby will need to eat more frequently for 2 – 3 days to increase your milk supply. Avoid "holding baby off" or offering supplements which will prevent the increase in your milk supply. The more frequently you drain your breasts the more milk you will make. The more the demand, the more the supply.

Basic Breast Care

- After breastfeeding, hand express drops of colostrum or milk and gently massage into nipple.
- Air dry nipples as much as possible.
- No special cleaning of nipples is necessary before breastfeeding. During a shower or bath, cleanse daily by washing with mild soap and water to remove any bacteria.
- Wear a good wireless bra for support if you are more comfortable.
- If using breast pads, select plastic free disposable or cloth pads. Replace pads when wet.
- Leakage is normal and usually decreases after the first month. To stop leaks, apply gentle pressure on the nipples with your arm or finger.
- Breast size will increase during the first week after delivery. Then, usually breasts will become smaller and soft again. You will make plenty of milk without feeling full.

Feeding Positions

There are several ways to hold your baby while breastfeeding. Finding the position that is most comfortable for you and your baby is very important. A tense mother means a tense baby! Some mothers find sitting upright in bed or in a comfortable chair to be relaxing, while others prefer reclining about 45 degrees in bed. This is sometimes called "laid-back" or "natural breastfeeding position." Remember you may need to support your breast with your free hand during the entire breastfeeding session until your baby has regained its birth weight. **The football, cross-cradle and natural breastfeeding are recommended for the first two weeks to reduce sore nipples and minimize baby's weight loss.**

Football

- Sit either straight up in bed or in a comfortable chair with a pillow lengthwise behind your back. Prop pillows beside you to position baby at level of your breast. If using a nursing pillow, position the longer side beside you so that baby can stretch out.
- Position baby on his side facing the breast, not on his back.
- Position your baby's head with your thumb behind one ear and forefinger behind the other ear, cradling the base of the baby's head and upper back with your hand. Align the baby's nose to your nipple.
- This is a good position for mothers who have had cesarean deliveries.

Cross Cradle

- Sit either straight up in bed or in a comfortable chair with a pillow behind your back.
- Lay the baby on his/her side on a pillow across your lap at the level of your breast. Make sure the baby's nose is aligned with your nipple.
- Position your baby's head with your thumb behind one ear and forefinger behind the other ear, cradling the base of the baby's head and upper back with your hand. Do not press on the back of your baby's head.
- Support your breast with the hand on the same side with your fingers on the inside of the breast and your thumb on the outside corresponding to 3 o'clock and 9 o'clock.

Natural Breastfeeding (naturalbreastfeeding.com)

This position is especially good if baby is having difficulty latching or is sleepy. This position allows gravity to help, not hinder, baby's feeding. It maximizes baby's reflexes so he/she can breastfeed more effectively even if he is in a light sleep state.

- **Adjust your body** into a reclined position so that your baby can lay comfortably on top of you. If you're reclined far enough, your lap disappears and a longer torso allows baby more freedom of movement.
- **Adjust the baby** so that he/she is laying tummy down on top of you. His/her chin is up off his chest. He/she is positioned low enough that there is good access to the part of the breast below the nipple. Goal is asymmetrical latch with more of the lower areola in the mouth than upper areola. Baby's legs are spread with knees bent (frog-legged) to help provide balance and to keep baby on tummy. Arms should be positioned with palms up and on mom's body. Baby's feet are also in contact with your hand or a surface.
- **Adjust your breast** so that your nipple points up above baby's mouth just below his/her nose. Baby's chin should brush against the lower areola triggering a reflex for baby to open his/her mouth wide. Allow baby to lift his/her head and open mouth wider as he/she comes in toward your breast. Once latched, baby should tilt his/her head slightly to the side allowing him/her to breath and rest his head against your arm.

Cradle

- Sit either straight up in bed or in a comfortable chair with a pillow behind your back.
- Rest the baby on his/her side on a pillow in your lap.

- Place his/her head in the crook of your arm.
- Allow your breast to rest in a normal position then position your baby so that your nipple and his/her nose are in a direct line.
- Be sure the baby is tummy-to-tummy with his/her nose directly in front of the nipple.
- May use this position after the first two weeks.

Side-Lying

- Lie down on the side you are going to nurse, with your arm under your head or around the baby.
- Place a pillow behind your back for support.
- Using your free hand, cup the breast (using a "C" position).
- Either pull the baby toward your breast or roll toward the baby to attach him/her.
- Roll to the other side and repeat.
- This is a very relaxing and restful way to breastfeed! (May be easier after baby has mastered latch-on technique.)
- Use after baby is back to birth weight (usually two weeks of age).

How is Milk Produced?

Milk is produced in the mammary glands and carried through ducts. Women have an average of 9 ductal openings in each nipple for transfer of milk. Not all release milk at the same time.

When the baby starts to nurse, nerves in the nipple are stimulated and impulses are sent to the brain for milk production and milk release. As the pituitary gland receives these nerve messages, the prolactin hormone is released and milk is produced in the alveolar cells of the breast. The oxytocin hormone is also released and it contracts the muscles around the alveolar cells and forces milk down through the milk ducts. This is called letdown. Being relaxed while breastfeeding is important since stress and tension can inhibit the release of these hormones. When letdown occurs, milk may drip from the other breast.

Influences on Milk Production

The delivery of the placenta initiates milk production. The continued production of milk is influenced by many things including:

Hormones influence both production and release (or letdown) of milk. Prolactin causes milk production and oxytocin causes milk release.

Stress may inhibit letdown and/or the amount of milk being produced. Relax, get comfortable, and avoid interruptions, if possible, when breastfeeding.

Medications may come through breast milk and/or affect milk production. Most medications are safe but you should check with your doctor or lactation consultant before taking any medication whether prescribed or available over the counter. A resource for checking on the safety of medications is the Infant Risk Center which can be accessed at www.infantriskcenter.com or by phone at 1-806-352-2519. Another resource know worldwide is Dr. Thomas Hale's book, Medications and Mother's Milk, which is updated every 2 years.

Drugs Illegal, street, and "social drugs" such as cocaine, heroin, and marijuana should not be used in breastfeeding mothers. Some mothers being treated for drug abuse might be able to breastfeed as long as they stay drug-free and remain under close follow-up. This will be left to the discretion of the baby's physician.

Alcohol does pass into breastmilk. It **does not** increase milk production. It causes decreased levels of oxytocin hormone which will cause the milk ejection reflex (letdown) to be slow. Therefore, babies may nurse longer due to slower letdown reflex. To reduce the effect of alcohol on baby, only the occasional intake of 2 oz. liquor, 8 oz. wine, or 2 beers should be ingested. Mom should wait at least 2 hours or longer after the drink to minimize its concentration in the breastmilk. If alcohol is in mom's blood and she is feeling the neurological effects, then it is also in the breastmilk. It will need time to metabolize out of the milk. If mom consumes several drinks each day, a baby's motor development (i.e. ability to crawl, walk, grasp, etc.) may be affected.

Smoking can decrease milk supply and increase risks for early weaning. Smokers should breastfeed frequently. Smoke after breastfeeding to reduce the tobacco-related chemicals in your blood and milk. Smoke away from your baby. (*See section on smoking at back of this booklet.*)

Nutrition is important for you to provide a satisfactory diet for your baby. Eat a well-balanced diet. Breastfeeding may increase a mother's thirst. Drink fluids to avoid thirst. Continue taking prenatal vitamins.

Frequency of breastfeeding in the first two weeks is important in establishing an adequate milk supply. Nurse your baby 8-12 times in a 24-hour period (every 1 – 3 hours). After the baby is two weeks old and back to birth weight or better, let him/her set the schedule.

Milk Supply matches your baby's demand. Allow your baby to nurse 10 – 20 minutes per breast for the removal of foremilk ("appetizer") and the rich hindmilk ("main course of the meal") to ensure baby's satiety and weight gain. Well drained breasts make milk faster than full breasts. If breasts are full and milk is not removed, then the body will begin to decrease milk production.

Nutrition

Eating a well-balanced diet is important. This includes vegetables, fruit, milk, breads, and cereals. You should also eat four servings of protein daily. Protein foods are milk, meat, cheese, eggs, dried beans, and peas. You need to eat 500 calories per day more than you needed before pregnancy. Other guidelines include:

- **Extra amounts of vitamins**. Ask your obstetrician about continuing your prenatal vitamins (or other good quality vitamins). Increase calcium to 1,200 mg/day, eating 4-5 servings of calcium rich foods. Some good sources of calcium include milk, milk products, dark green or yellow vegetables, and nuts. If you are unable to get enough calcium in your diet, you may need a calcium supplement.
- **You should drink to quench your thirst.** A good habit is to drink a glass of water, juice, or milk each time you breastfeed. Limit your intake of caffeine (coffee, tea, and cola) to one to two eight-ounce servings per day for your first few weeks of breastfeeding.
- **Limit certain foods**. Sometimes a food in the mother's diet may increase baby's fussiness. These foods may include milk, eggs, nuts and caffeine containing food and drinks (tea, coffee, sodas, and chocolate). If your baby is fussy, limiting these foods in your diet may be helpful in reducing fussiness, particularly if there is a family history of food allergies.

Basic Breastfeeding Instructions for Normal Newborns

Feeding Goal: 8-12 feedings in 24 hour period until the baby is back to birth weight or better. Normally seen within 10-14 days of age.

Nursing every 1 – 3 hours for 10 – 25 minutes on at least one breast (offer both). Switch breasts if baby wants to nurse longer than 25 minutes.

Normal Output: Record on feeding logs for first 7-10 days and take logs to doctor visits.

WET DIAPERS: Tear open diaper to avoid missing wet diapers, or look for yellow line in the center of the diaper to turn bluish green. All urine should be light yellow.

1 – 2 days old expect 1 – 2 or more
3 – 4 days old expect 3 – 4 or more
5 days old and older expect 6 – 8 or more

BOWEL MOVEMENTS: BM's change from dark, black meconium to greenish/brown transitional then to yellow seedy stools by day 5 of life. 1 – 2 (or more) every 24 hours. As milk increase around day 5, expect 3-4 or more each day.

Waking Techniques

Newborns are often sleepy. Every 2 – 3 hours, **WAKE THEM** by: placing skin-to-skin for 30 minutes; changing the diaper; removing the blankets and/or T-shirt; baby sit-ups; gentle side to side roll; firm baby massage of back, legs, and feet; cool washcloth. At night you can let them sleep up to 4 hours, but newborns need 8 – 12 good feedings per 24 hours.

Feeding Cues

Hand to mouth movements; sucking on hands, fingers, or sleeves. Rooting - opening mouth and turning head as in search for food; tongue thrusting. Becoming more alert and moving extremities. Succession of short whimpers. ***Crying is a late sign of hunger!***

Signs Feedings Are Going Well

- ❑ Baby is alert and active (not lethargic).
- ❑ Baby is latching well and you can hear or see swallowing during feedings.
- ❑ Baby is content after feedings and sleeping between feedings.
- ❑ Output is adequate (see page 16).
- ❑ Baby loses less than 10 percent of his birth weight during the first week of life and is then back to birth weight or better by 2 weeks of age.
- ❑ Baby starts to gain 4 – 7 oz. per week.

When to Seek Help Immediately!

- ❑ Unable to wake baby for feedings.
- ❑ Baby is not latching correctly or is unable to latch due to full or engorged breast.
- ❑ Baby shows no sign of swallowing.
- ❑ Baby is restless and fussy after feedings.
- ❑ Baby is having less than 3 wet diapers every 24 hours by day 3-5, or less than 6 wet diapers every 24 hours by day 5 or after.
- ❑ Baby has not had a bowel movement in 24 hours, or stools are still black and tarry meconium at day 5.
- ❑ Baby has not regained birth weight by 2 weeks of age.
- ❑ Breasts are not feeling softer after feedings once milk comes in.
- ❑ Mother is experiencing nipple abrasions or trauma or nipple soreness lasting longer than 7 days.
- ❑ Mother is having flu-like symptoms with a temperature of 101 or greater and/or tender breast area (possible mastitis).

Management of Common Breastfeeding Concerns

Some new mothers may experience setbacks in the breastfeeding process with some common issues like sore nipples, engorgement, plugged ("clogged") milk ducts, mastitis, and hyperlactation (oversupply). Although these setbacks may be stressful, there are ways to eliminate or alleviate these issues to prevent early discontinuation of breastfeeding. Outlined below are some of these common issues and treatment options.

Sore Nipples

Sore nipples may have a number of causes including improper latch or detachment, nursing in one position too frequently, engorgement, and restricted lip and tongue movements.

Treatment of Sore Nipples.

- Review Basic Breast Care (pg. 11).
- Check your baby's mouth at breast making sure that as much of the areola as possible is in the baby's mouth. Goal is to have chin aligned with lower areola to get an asymmetrical latch with more lower areola in mouth than top; align nipple to nose. Make sure baby's tongue is under the nipple. Upper and lower lip should be flanged widely. If you need to reattach, remove the baby from your breast by inserting your finger between the baby's gum and your nipple to break the suction. This protects your nipple from being clamped down upon by baby.
- Change feeding position for each feeding, pointing the baby's chin away from the sore spot.
- Begin breastfeeding with the least sore breast. This allows the milk to letdown. Also, babies usually do not nurse as long on the second breast.
- If engorged, use hand expression or use a good quality breast pump to express enough milk to soften the breast and allow the baby to latch on correctly.
- Avoid saline soaks.
- Purified lanolin and other nipple butter/ointments are not recommended. If used, use only a scant amount warmed between your **clean** fingers. Apply gently. Consider using virgin olive oil.
- If nipples have visible damage like a blister, crack, or bruised compression stripe, then use a hydrogel to promote healing.
- Don't apply a topical ointment and a hydrogel at the same time.
- Remember to handle tissue delicately and with **clean** hands to prevent further damage or infection.
- Call your lactation consultant for additional suggestions.

Engorgement

When colostrum begins to transition to mature milk between days 3-5 after delivery, there is an increase in milk production. The breasts may swell and feel "lumpy" due to increased lymph and blood flow to the area and stretching of the transporting structures. This may last between 24-72 hours. For some people with risk factors like a Cesarean delivery or diabetes, copious milk production many be delayed for a few days and engorgement may be delayed until day 9-10. As milk begins to come

in, our goal is to feed frequently around the clock to prevent overly full breasts. Don't miss or skip feedings. If you feel that baby is not effectively removing milk, then express regularly by hand or with an effective pump for comfort, not to empty.

Symptom of Engorgement
Breasts are bilaterally warm, feel hard and tight with shiny skin; tender to the touch or have throbbing pain even into armpit; mild headache; and/or a low grade fever.

Treatment of Engorgement
- Hand express enough milk to soften areola prior to latch or use Reverse Pressure Softening (See Kellymom.com for video on RPS). This makes it easier for baby to latch correctly.
- Lightly stroke breasts in circular motions then down toward the nipple as baby nurses. Don't use deep massage.
- Nurse more frequently (usually every 2 -2 1/2 hours or sooner). Don't go longer than 3 hours during the day or 4 hours at night.
- Wear a well-fitted, non-restrictive nursing bra without an underwire both day and night. Lactating breasts are very vascular and can be heavy. Wearing a bra helps prevent dependent, lymphedema (swelling) and back/neck pain.
- Apply ice or cold compresses for 15-20 minutes after nursing to reduce swelling and provide comfort. Put ice in a plastic bag or use a bag of frozen corn or peas. Make sure to place a towel between your skin and the ice or frozen vegetables. This is very important. If you can't feel pain, heat, or cold, then you are at a greater risk for damage to the breast. (Discard frozen veggies after engorgement is relieved.)
- Continue anti-inflammatory medications (Ibuprofen) started in the hospital.
- Continue treatment for 12-24 hours after your symptoms disappear.

NOTE: If your baby does not nurse well enough to provide engorgement relief, hand express or pump enough milk to reach a point of comfort. If above tips do not provide relief within 24 hours, then call your lactation consultant for additional assistance. If engorgement is not resolved, it can progress into a plugged milk duct or mastitis.

Plugged (or Clogged) Milk Duct

When the milk is not removed, this causes more inflammation and narrowing of the ductal system. Milk can't flow easily through the narrow, clogged ducts.

Symptom of Plugged (or Clogged) Milk Duct

The breast can present with a red, tender area that can feel like a hard pebble under the skin. Unlike engorgement, usually only one breast is involved.

Treatment of Plugged (or Clogged) Milk Duct

- Continue to feed frequently and on demand.
- Don't overfeed or pump on the affected breast. This can increase inflammation.
- Position baby with chin & nose pointed toward the affected area.
- Provide the gentle circular massage of affected area with gentle stroking or sweeping downward toward nipple.
- Apply cold compress or ice to area for 15-20 mins after breastfeeding.
- Avoid commercial vibrating massagers or electric toothbrushes over affected area.

Mastitis

Mastitis is an inflammation of the mammary gland (not the milk). It can be due to inflammation from a plugged milk duct (noninfectious mastitis) or from a bacterial infection (infectious mastitis). Baby can still breastfeed and have breastmilk.

Noninfectious mastitis: caused by a clogged milk duct which decreases milk flow and increases pressure, swelling, and pain within the breasts. According to the American Academy of Breastfeeding Medicine, certain factors can contribute to mastitis: "hyperlactation (oversupply of milk), disruption of the milk microbiome (maternal genetics or medical condition), exposure to antibiotics, use of probiotics, regular or exclusive use of breast pumps, nipple shield use, and Cesarean births."

Infectious mastitis: caused by the entry of bacteria into breasts. It is not a contagious disease. No routine sterilization of pump or household items needed.

Symptoms include the following:

- Redness and pain in the breast
- Swelling in breasts or glands under the arm
- Fluid flowing from the nipple
- Nausea and/or vomiting
- Fast heart rate
- Fever
- Chills
- Body & muscle aches
- Headache
- Fatigue

Treatment of mastitis:

- Conservative care and emotional support
- Understanding that long stretches of not nursing, not pumping, or ineffective milk removal leads to less milk removal causing distention of the milk ducts and increased inflammation of the breasts which causes increased swelling, redness, and pain.
- Bathe or shower daily washing the breasts with mild soap to remove any bacteria.
- Wash hands routinely before touching breasts. Keep nipples clean and dry.
- Feed off the unaffected breast (to avoid overstimulation of affected breast).
- Feed on demand and not to "empty" breast.
- Use gentle breast massage during feeding. (No firmer massage than when you stroke your baby).
- Apply ice to affected breasts for 15–20 minutes after breastfeeding as mentioned in the section under "engorgement" and take precautions with skin.
- Wear a well-fitting, non-restrictive, supportive brea without an underwire.
- If primarily breastfeeding, minimize breast pump usage.
- If mom is exclusively pumping or pumping due to return to work, review pumping frequency. Pump only for regular milk removal and on baby's schedule at home. Express only the volume infant consumes.
- Avoid use of nipple shields as they result in inadequate milk removal. If used, mom should hand express or pump for comfort.
- If pumping needed, consider gentle "hands on pumping" which uses gentle breast compressions during pumping (Ask lactation consultant about technique).
- Consider probiotics.
- Rest, drink plenty of fluids, and use cold compresses to reduce swelling.

Note: If symptoms do not improve with above treatment options within 24-48 hours, contact physician for further medical management and contact a local lactation consultant.

Goal: Prevent mastitis! Resolve it before it turns into an abscess. If abscess is suspected, a needle aspiration may be done to evaluate fluid for bacteria. This often requires surgical drainage and treatment.

Hyperlactation (Oversupply of Breast Milk)

An oversupply of milk results in overly full breasts. This may be temporary as milk first starts coming in. Baby may initially have trouble adjusting to the change in flow from thick colostrum to the rapid and copious milk flow that occurs between days 3-5 after delivery.

Symptoms of Hyperlactation (Oversupply of Breast Milk)

MATERNAL	INFANT
Persistent or frequent breast fullness	Difficulty achieving & sustaining deep latch
Copious milk leakage	Choking, gulping, & sputtering; spitting up
Excessive breast growth (≥2 cups)	Fussiness at breast; arching away from breast
Breast/ nipple pain	Breast refusal; fills up fast → short feedings
Recurrent plugged ducts / mastitis/ blebs	Excessive weight gain
Bleb- milk clogs under surface of nipple	Clamping down on nipple to slow down the flow; unlatching
Very tender; looks yellow or like white-head	Stomach discomfort; colicy symptoms; change in stools which may be green, watery, foamy, or explosive

Treatment of Hyperlactation (Oversupply of Breast Milk)

- Try to normalize milk flow by adjusting nursing position. Feed in position where baby is above the flow like the laid-back, biological nursing position (naturalbreastfeeding.com).
- Feed on demand, not scheduled feeds.
- Allow baby to finish breast; don't cut feeding short if rhythmically suckling and swallowing.
- Unlatch for letdowns – When 1st let down occurs, gently unlatch and let milk spray out until pressure subsides; re-latch.
- Reverse pressure softening (RPS) – You use your fingers to push back the fluid, soften, and make breasts more pliable (See Kellymom.com for video on RPS).
- May use gentle breast massage and hand express a little to soften areola for deeper latch.
- Prioritize hand expression over mechanical breast pumping.

Oversupply can also be created by how we manage breastfeeding. Routine pumping after feedings, extra pumping to stock up on milk, or pumping "to empty" breasts because they are so full will continue the vicious cycle of oversupply. If you experience this, contact a local lactation consultant for recommendation on how to down regulate milk supply.

If baby continues to have trouble latching and is not effectively removing milk, then baby needs further evaluation of latch and oral cavity. Please contact a local lactation consultant.

Treatment for inverted nipples:

- Manual or electric pumps can be used to evert (pull out) the inverted nipple.
- A nipple shield may be used. Be sure to consult with a lactation consultant about using a nipple shield. Nipple shields should only be used for the first few minutes of feeding to draw the nipple out. Once the nipple is everted, remove the nipple shield and place the baby on the breast. **CAUTION: With continued use, nipple shields may decrease the milk supply and additional pumping is necessary to maintain supply.** Another concern may be baby's weight gain. Weekly weight checks for the first 3 – 4 weeks of nipple shield usage are recommended.
- Some babies may need use of a nipple shield for a short period of time, while others may need it longer. As you begin to wean from the nipple shield, contact a lactation consultant for tips on weaning.

Pumping or Expressing Milk

There are several reasons you may wish to pump or express your milk, including relief from engorgement or to store and use while you are at work or away from your baby.

- **Manual expression** of breast milk requires practice. First, massage your breast for 3-4 minutes. Gently support your breast with your thumb and first two fingers opposite each other approximately 1 - 2 inches away from the nipple. Press back toward your chest wall ➙ Compress fingers and thumb together ➙ Relax ➙ Repeat. Rotate your thumb and fingers around your breast (see pg. 9).
- Breast pumps are another method of expressing breast milk and vary widely in quality and design. Ask your lactation consultant for a list of available breast pumps for your unique situation.
- Manual breast pump systems work well and can be obtained at some retail stores. These pumps are designed for occasional use and are not recommended for increasing a low milk supply or for use if mom and baby are separated for long periods of time (i.e., baby in hospital or mom working).
- Double electric pumps are a good option for moms who are working full or part time or going to school. Double pumping is quick and increases prolactin hormone levels which increase milk supply.
- Hospital-grade electric breast pumps are good for long-term usage or to increase milk supply (i.e., if your baby is in the intensive care nursery or you are sick). Hospital-grade electric pumps are a good option and can be rented by the week or month.
- Wearable and battery-only operated breast pumps usually yield poor results because they have less suction compared to electric pumps.

Milk Collection and Storage

Breast milk collection and storage guidelines may vary for a healthy, full-term baby versus a sick or hospitalized baby. **The following recommendations are for normal, healthy, full-term infants.**

Collecting Milk:

- Wash your hands with warm soapy water for at least 20 seconds. Wash storage containers in hot soapy water, rinse well, and boil for 10 minutes or wash in a dishwasher with dryer cycle on to sterilize. Recommended storage containers should be clean and sealed. You may use glass or Bisphenol-A (BPA) free bottles or food containers.

These BPA free containers usually have the recycling code number five. If choosing milk storage bags, be sure they are freezer compatible and have an airtight seal.

- Find a private, comfortable place.
- Apply warm compresses to breasts for 1-3 minutes. Gently massage your breasts to initiate milk flow. Relax and think about your baby.
- If hand expressing, use a container with a wide mouth or opening like a coffee mug or funnel.
- Pump on a comfortable "suction" setting. Do not pump at a painful setting even if more milk is obtained. If using an electric pump with cycling controls, turn cycles on high for first 2-3 minutes to mimic the baby's quick stimulation phase, then turn cycles down midway and pump for 5 minutes for letdown phase. Then repeat for a total of 10-15 minutes of pumping.
- When pumping, pump directly into the storage container when possible. Store breast milk in single servings (2-4 ounces).

Mixing Breastmilk

- When pumping both breasts at the same time, you may combine the two bottles of milk when finished.
- You may combine small amounts of chilled breastmilk to make a serving.
- If adding to frozen milk, first refrigerate all freshly expressed milk until cold; then add to the frozen milk. The newer milk volume should be less than the frozen volume to avoid thawing.
- Date the container. Use older milk first.

Defrosting and Heating Breastmilk

- When heating or thawing breast milk, NEVER use a microwave. Microwaves can cause uneven heating and may destroy the protein in breast milk.
- Thaw frozen breastmilk in the refrigerator overnight or in a pan of warm water. Use thawed milk within 24 hours; warm milk only to body temperature. Warmed milk must be used within 4 hours or discarded.
- Breastmilk is not homogenized and will usually separate. Gently swirl the container to mix the cream back in. The color and odor of breastmilk may vary depending on mother's diet and type of storage container.
- Any milk left in the feeding container after a feeding should be discarded and not re-used.

Expressed Breast Milk Storage Guidelines for Healthy Full-Term Newborns

Storage guidelines may vary for premature or sick babies

Breast Milk Type	Room Temperature 72–79°F 22–26°C	Refrigerator 39°F (4°C)	Refrigerator-Freezer 0°F / -18°C	Deep Freezer -20°F
Freshly Expressed Breast Milk	≤ 4 hours	≤ 5 days	3 months	up to 12 months
Frozen – thawed in refrigerator (not warmed)	≤ 4 hours	≤ 24 hours	Never Refreeze	Never Refreeze
Thawed and brought to room temperature	For completion of feeding – up to an hour at room temp, then discard	≤ 4 hours	Never Refreeze	Never Refreeze
Infant has started feeding	For completion of feeding , then refrigerate ≤ 4 hours	≤ 4 hours	Never Refreeze	Never Refreeze

- When thawing frozen milk, label as thawed when no ice crystals are present.
- Store breast milk in the coldest part of the refrigerator or freezer (usually in the center back and never in the door).
- Research supports that your milk will not spoil using these guidelines. However, please note that the longer milk is stored the more vitamins and nutritional value can be lost. Baby may need vitamin supplementation if not receiving any fresh breastmilk or not doing any direct breastfeeding.

Weaning

Choosing to stop breastfeeding is called weaning. To wean, begin by offering your baby breast milk or formula in a cup or with a bottle (depending on the age of the baby) in place of the same nursing session each day until your milk is gone. Slowly weaning by eliminating one breastfeeding session every few days will promote greater maternal comfort. Adjust the timetable as needed for the comfort of you and your baby. You may experience leaking after weaning. This is natural and will stop. Any milk left in the breast will be absorbed by your body usually within two months.

If your have questions or need assistance after your return home, feel free to call our lactation consultants at Parkwest at 865-373-4081.

Smoking

- Smoking is a hard addiction to break. Some mothers may continue to smoke during pregnancy, others may stop during the pregnancy, but resume after their baby is born.
- Studies show that smoking and second-hand smoke are dangerous to your health as well as the health of your baby. Smoking has been linked with decreased cognitive development in children. It also increases the baby's risk for Sudden Infant Death Syndrome (SIDS) and life-long respiratory illness.
- Did you know that smoking and breastfeeding is better for you and your baby than smoking and formula-feeding? Breastmilk contains living cells and antibodies that help fight germs. Breastmilk also has hormones and other essential properties that help with the development of the baby's digestive system. It provides optimal nutrition for your baby's brain growth and development. It is species specific.
- If a mother breastfeeds and smokes, it is recommended to cut back as much as possible. Smoking can decrease milk supply and increase the risk for early weaning. Moms should breastfeed frequently when baby shows feeding cues not according to schedule. The more you nurse, the more milk you can make (supply for demand).
- Smoke after breastfeeding, not before, to reduce the amount of nicotine and other tobacco-related chemicals in your bloodstream when you nurse.
- Smoke away from your baby, preferably outside.
- Ideally, wear a jacket or shirt over your regular clothing to lower the exposure to toxins left on your clothes after smoking.
- Wash your hands after smoking and before touching your baby.

- Never smoke in the car with your baby.
- A smoker's expressed breast milk can smell like smoke.
- If you smoke, you may want to limit your intake of some foods that contain nicotine (Ex. cauliflower, eggplant and green and pureed tomatoes).
- For your health and the health of your baby, it is best to cut back or stop smoking. If you can't do this, then continue breastfeeding to invest in your baby's health.
- If you want to stop smoking, consult with your medical provider to discuss nicotine patches, gum and other options. Parkwest Medical Center offers smoking cessation classes that are open to the public. Ask our staff for details.

Resources

Publications

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Younger Meek J. Noble L. ; American Academy of Pediatrics, Section on Breastfeeding. Technical report: Breastfeeding and the use of human milk. Pediatrics. 2022.

Websites

babygooroo.com – Amy Spangler's site for breastfeeding, nutrition and other childhood topics

BFAR.org-Information for breastfeeding after breast surgery.

bfmedneo.com – Video on breast massage and hand expression

breastfeeding.support - Evidence based website including information on breast surgeries and breastfeeding.

drghaheri.com – Information on tongue and lip ties presented by Dr. Ghaheri

espanol.womenshealth.gov/breastfeeding-inicio lactancia maternal

firstdroplets.com - Excellent videos in English and Spanish on breastfeeding, hand expression and pumping

ibconline.ca – Dr. Jack Newman's site in Canada; breastfeeding education, APNO (All Purpose Nipple Ointment); breast compression technique

infantrisk.com – Information on medications and mother's milk

kellymom.com – Evidenced-based breastfeeding and parent issues

kiddsteeth.com – Breastfeeding and lip and tongue ties

lactationnetwork.com/request-a/consultant/ Information on insurance coverage for outpatient lactation support with an IBCLC in your area.

lowmilksupply.org – Tips for increasing milk supply

med.stanford.edu/newborns.html - Breastfeeding information; hand expression video

naturalbreastfeeding.com –Information and video in English and Spanish on how to latch a baby in a relaxed, laid back position. Can be used when traditional holds are not working.

newmomhealth.com-Evidenced based info for new moms 4th trimester project.

postpartum.net-Postpartum Support International

secretsofbabybehavior.com – Sleep states, crying, and normal newborn communication. Go to the blog archive on the right, start with November 2010, "Back to Basics Part 1: Reasons Why Babies Don't Sleep Through the Night."

usbreastfeeding.org – US Breastfeeding Committee on breastfeeding assistance and legislation; resources for returning to work

womenshealth.gov/breastfeeding-Additional information and videos

womenshealth.gov/its-only-natural - Breastfeeding support for women of color

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***Spanish speaking IBCLC is also available through breastfeeding hotline.**

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