Breastfeeding

A GREAT START
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by Dianne E. Moran, RN, LCCE, ICO
and G. Byron Kallam, MD, FACOG.
This book is dedicated to all new mothers

Throughout the centuries, women have breastfed their infants. This natural process is not only nutritionally sound, but also a most beautiful and intimate way of getting to know your newborn. As with anything, there are challenges. When it comes to breastfeeding, even though there are things that come natural, both you and your newborn need to learn how to successfully breastfeed.

Do not be afraid to reach out and accept help from friends who are knowledgeable about breastfeeding. Engage a lactation consultant to get the help you need. Do not feel like you are not a good mother if you are having trying times...challenges and questions come with your new bundle of joy. Now more than ever before, there are resources available to you to make this a wonderful experience.

This book is designed to answer some basic questions you may have as you return home from the hospital or birthing center. You will also have instructions from your healthcare provider on specifics for your newborn.

Enjoy this time...your newborn will develop and grow right before your eyes!

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Milwaukee, WI
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The information in this booklet is for general reference purposes only and cannot be relied upon as a substitute for medical care. You should have regular postpartum check-ups as well as consult with your healthcare provider about any special health questions or concerns. Every woman is unique and may require a special treatment program.
A Great Start

It is your job as a new mother to make sure your baby has a good nutritional start. With your choice to breastfeed, you have joined the majority of women who understand the evidence that breastfeeding is the best and most ideal way of feeding your baby. Besides being a great nutritional start, breastfeeding also contributes to emotional development of your baby. Breastfeeding will also promote wellness in your infant due to the presence of antibodies in breastmilk.

There is no doubt that breastmilk contains all the nutrients required and is perfectly matched for your baby’s needs for proper growth and development. Studies prove that breastmilk provides optimal health and benefits the newborn for life.

Suggestions to support successful breastfeeding:

- Become well-informed about breastfeeding through information you obtain from a lactation consultant or your healthcare provider’s office or take classes on breastfeeding from either your healthcare provider’s office or hospital.
- Contact a lactation consultant who can answer questions and listen to you if you have any nursing questions or problems.
- Attend a breastfeeding support group meeting.
Skin-to-Skin Connection

Seeing your baby for the first time is an experience you will never forget. All those months of preparing and dreaming have finally become real. Once the baby is born and his airway assessed, you will see your healthcare provider dry your baby with a towel. Assuming there are no complications, the baby should then be placed directly onto your chest. A member of your labor team will cover the baby with a warm blanket. Now, the bonding can begin. This connection of the unwrapped baby lying directly on your skin is called skin-to-skin contact and can provide you and your baby time to get to know each other. This initial snuggling also has very important health benefits.

According to the American Academy of Pediatrics (AAP), a healthy newborn should be placed and stay in direct skin-to-skin contact with his mother immediately after birth and until the first feeding is accomplished. Research has shown that your baby’s senses will immediately begin to react. He can hear and feel your heartbeat and become familiar with the feel of your skin. Skin-to-skin has proven to help regulate your baby’s temperature, blood sugar and heart rate. Studies have also shown that babies are much more alert and cry less during this snuggling time. In the past, hospitals would routinely separate mothers and babies after birth. They would be whisked away to be weighed, measured and foot printed. A new family would peer through the nursery window to see a line of cribs and try to identify which baby was theirs.

Your Touch is How You Communicate With Your Child

How many times have you had someone hold your hand or give you a hug and you automatically had a sense of peace and comfort? The science of touch, which is one of our five senses, is real and has been proven as an important part of bonding at birth and beyond.

Exclusive Breastfeeding Recommended

UNICEF and the World Health Organization (WHO) recommend exclusive breastfeeding for the first 6 months and continuing for 12 months or as long as mother and baby are comfortable. This is based on scientific evidence that shows benefits for infant survival and proper growth and development. Breastmilk provides all the nutrients that an infant needs during the first 6 months. Exclusive breastfeeding may also reduce infant deaths caused by common childhood illnesses such as diarrhea and pneumonia and hastens recovery during illness.

Health organizations around the world encourage and support breastfeeding for its wealth of evidence-based benefits for mother and baby.
The best start for breastfeeding is when a baby is kept skin-to-skin with the mother immediately after birth for at least an hour. The baby’s sense of smell allows him to find the breast to begin the initial latch-on. Research has shown that skin-to-skin babies breastfeed better and stay awake during the feeding. In addition, skin-to-skin babies have shown to breastfeed an average of 6 weeks longer.

Now experts agree and understand how important it is for a mother and her baby to be close to each other as early and for as long as possible in the first few weeks and months of life. There are many reasons why skin-to-skin contact is vital for a baby’s healthy growth and development. It may also allow you to feel more confident in caring for your new baby.

**Skin-to-skin contact immediately after birth has these positive effects on a newborn and new mother:**

**Babies:**
- Breastfeed better.
- Cry less and are calmer.
- Stay warmer.
- Have better blood sugar levels.
- Have more stable and normal heart rate and blood pressure.
- Are protected by some of your good bacteria.

**Mothers:**
- Breastfeed more easily.
- Learn cues that your baby is ready to feed.
- Bond more with your baby.
- Gain confidence and contentment in caring for your baby.

**For the Premature Infant**

Extended, upright skin-to-skin contact, also called Kangaroo Care, can contribute much to the care of the premature baby. Even babies on oxygen can be cared for skin-to-skin. It can help reduce their need for oxygen, and keeps them more stable in other ways as well. Skin-to-skin contact is so beneficial and therapeutic for both you and your baby. You actually get to feel your baby breathe and sense his heartbeat right next to your own. Your baby also gets to know you and may hear your heartbeat as well, which is a very familiar sound to your newborn. The nice thing about Kangaroo Care is that dad or your partner can also hold the baby this way.
Knowledge is Power

An important step that you can take in assuring your success in breastfeeding is to obtain facts and to understand the principles before you deliver your baby. Yes, breastfeeding is natural, but it is not as automatic as you might think. You and your baby will need to learn together a rhythm and pattern that works best.

By attending a class, you can gain self-confidence in your ability to breastfeed. The mother-to-mother connection that you may feel and receive in a group setting is an invaluable experience. It is often a pleasure to discover an amazing support system that develops after all the class members have had their babies.

_Breastfeeding classes allow you to:

- Create a special closeness with other new moms and their babies.
- Share concerns.
- Grow wonderful friendships.
- Work through issues.
- Bond as new mothers._

Benefits of Breastfeeding

It is very important for you to get all the facts about why breastfeeding is the best way to feed your baby. There are many benefits of breastfeeding, especially exclusive breastfeeding. For however long you choose to nurse, your baby’s immune system benefits greatly from breastmilk. The following are just a few benefits of breastfeeding for you and your baby:

_For Baby:

- Easily digested.
- Perfectly matched nutrition.
- May have protective effect against SIDS.
- Less gastrointestinal disturbances, ear and lower respiratory infections and allergies.
- Stimulates senses of taste and smell.
- Protects against infection with antibodies.
- May reduce the risk of certain chronic diseases and infections.
- Receives skin-to-skin, eye and voice contact.

_For Mother:

- Convenient and economical.
- Helps the uterus return to its normal size faster.
- Helpful with weight loss.
- Reduces the risk of osteoporosis.
- Less likely to develop breast, uterine, endometrial and ovarian cancer.
- May reduce the risk of heart disease.

_For Baby and Mother:

- Contributes to a very special and loving relationship.
- A beautiful and intimate way for you to bond with your baby.
- Saves money.
- Healthy for the environment – no waste or packaging needed.
- Families can get on-the-move easily. Breastmilk is always available fresh when you are there!

Begin a “day out” group where you can take turns watching each other’s babies. Take the time to shop, take a bath, nap or just take a “time out” for yourself.

In their most recent policy statement, “The American Academy of Pediatrics (AAP) reaffirms its recommendation of exclusive breastfeeding for 6 months, followed by continued breastfeeding, as complementary foods are introduced, with the continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. (AAP, 2012).”
Anatomy of the Breast

The breasts are delicate organs made of glandular, connective and fatty tissue. The nipple contains tiny openings through which the milk can flow. These tiny openings are surrounded by muscular tissue that causes the nipple to stand erect when stimulated. Surrounding the nipple is an area of darker skin called the areola. This area will become darker and larger in size during pregnancy due to hormonal changes. The areola contains pimple-like structures near its border that are called Montgomery glands. These glands secrete a substance that helps to lubricate and cleanse the area.

Physiology of the Breast

Stimulation of the nipple by the baby’s sucking sends messages to the tiny pituitary gland in the brain. It in turn secretes a hormone known as prolactin. Prolactin stimulates the milk gland cells within the breast to begin producing milk. This occurs after the baby is born and the placenta detaches and comes out of the birth canal.

The second hormone that is released is known as oxytocin. This hormone causes the cells around the milk glands to contract. This contraction squeezes the milk down through the milk ducts and out of the nipples. The milk pools behind the nipple and beneath the areola. This response is known as let-down or milk ejection reflex. Oxytocin also aids in the mother’s ability to relax.

Sensations of let-down that you may notice:

- Tingling sensation.
- Warm upper body sensation.
- Feeling your breasts become full.

It may take a minute to several minutes of sucking by the baby until the milk ejection reflex occurs. Some mothers only know that their milk has let-down by seeing milk in the baby’s mouth or the other breast leaking.

Things that may cause the milk to let-down:

- Your baby crying.
- Smelling a baby or baby products.
- Seeing other babies.
- Thinking of your baby.
- Massaging your breast gently before using a breast pump.
Types of Breastmilk

By 16 weeks of pregnancy, your breasts are fully capable of producing milk. Some women will notice drops of fluid on the nipple during these early months. This fluid, known as colostrum, is the “first milk.” It is what the baby will receive until your higher volume milk is produced.

<table>
<thead>
<tr>
<th>Colostrum</th>
<th>Transitional</th>
<th>Mature</th>
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<tbody>
<tr>
<td>Thick, yellow-colored milk, high in protein, antibodies and some vitamins and minerals.</td>
<td>Thin and white in appearance. Composition is approaching mature milk.</td>
<td>More watery appearance, slight bluish in color as the feeding begins and becoming white by the end of a feeding as the fat content increases.</td>
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**Colostrum**

Colostrum is the first stage of breastmilk that develops during pregnancy and lasts for a few days after the birth of the baby. It is also much thicker than the milk that is produced later in breastfeeding. Colostrum is high in protein, fat-soluble vitamins, minerals and immunoglobulins. Immunoglobulins are antibodies that pass from the mother to the baby and provide protection for the baby from a wide variety of bacterial and viral illnesses. Colostrum will be replaced by transitional milk 2 to 4 days after birth.

**Facts about colostrum:**

- Commonly called “Liquid Gold”.
- Can be yellow to clear in color.
- Beneficial in loosening mucus in baby.
- Easily digested.
- Serves as a laxative and helps clear the baby’s intestinal tract.
- Very high in protein.
- Provides protection by containing antibodies and passive immunities.
- Coats the stomach and intestines and protects against any invading organisms.

**Transitional Milk**

Transitional milk occurs after colostrum, and you will find your milk changing and increasing in quantity. When you breastfeed regularly, your breasts will be stimulated to produce transitional milk. The content of this milk includes high levels of fat, lactose and water-soluble vitamins. This milk contains more calories than colostrum and is very high in protein content.
Mature Milk

Mature milk starts being produced about 48 to 72 hours after the baby is born. It may take longer depending on when breastfeeding was initiated. Mature milk is mostly water, which is necessary to maintain correct fluid balance for the infant. The rest is comprised of carbohydrates, proteins, and fats that are necessary for both growth and energy. It is also composed of wonderful immunologic properties. These properties do not disappear after colostrum, but remain throughout breastfeeding.

How Much Can My Baby’s Stomach Hold?

**Shooter Marble**
A newborn baby’s stomach is the size of a “shooter” marble and can hold around 5 to 7 cc. The small amount of colostrum produced by your breasts matches the small amount the baby’s stomach can hold.

**Ping Pong Ball**
At 7 days, a baby’s stomach increases to around the size of a ping pong ball and can hold approximately 1½ ounces.

**Large Chicken Egg**
By day 10, baby’s stomach increases to approximately the size of a large chicken egg and can hold a little over 2 ounces.

Conversion Table

<table>
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<th>cc</th>
<th>cubic centimeters</th>
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<tr>
<td>ml</td>
<td>milliliters</td>
</tr>
<tr>
<td>1 cc = 1 ml</td>
<td>(They are equivalent)</td>
</tr>
</tbody>
</table>

1 tablespoon = 15 cc = 15 ml
1 teaspoon = 5 cc = 5 ml
1 tablespoon = 3 teaspoons
1 ounce = 30 cc = 30 ml = 2 tablespoons = 6 teaspoons
8 ounces = 240 cc = 240 ml
Becoming Acquainted With Your Baby

Years ago, babies would spend most of their hospital stay in the newborn nursery. Today, parents, as well as the healthcare team, know how important it is for babies to stay with their families as much as possible. When the new mother and her partner keep the baby in the room with them always and care for his needs, it is called Family Centered Maternity Care. One nurse cares for the mother and the baby together. You may hear this called rooming-in or rooming-together. Whatever your hospital calls it, you should not be expected to provide total care to your newborn in the hospital room. You have a nurse that helps and assists you with getting to know your baby, as well as teaches you how to care for your baby.

Research has shown that minutes after birth, babies begin to interact with their parents and give “cues” as to what they need and want. Learning the “cues” your baby gives is vital to help brain growth and development, as well as helping new parents gain experience and feel comfortable in caring for and interacting with their new baby. Being able to ask questions of the healthcare team and having their skills available if needed allows new parents to feel more secure about the prospect of going home.

When you and your partner have the baby with you in the hospital room, you will find that you become comfortable with your baby early on. You will learn to recognize your baby’s smell, noises, expressions and movements. You will also learn how to handle and comfort your newborn. With the baby in your room, it will be easier for you to recognize the early feeding cues. Your baby, on the other hand, becomes familiar with you and your partner’s touch. He also learns how to feel safe in your arms. In addition, keeping mother and baby together is enormously beneficial for breastfeeding as it facilitates infant-led feedings. It has been shown that a baby who stays in mom’s room is generally more content, cries less and seems to develop more regular sleep-wake cycles earlier. This is because you are recognizing your baby’s cues and sleep-wake cycles and feeding your baby frequently (at least 8 to 12 feedings within a 24-hour period). This is beneficial for early and plentiful milk production.

Mothers and babies should stay together unless otherwise indicated or the mother makes a fully informed decision to allow the baby to reside in the nursery. If your baby stays in your room, you actually tend to get more rest. Sleep when your baby sleeps. Most facilities offer and most parents choose to have their baby “room-in” the whole time they are in the hospital.


**Safety tips for rooming-together in the hospital:**

- Call for help anytime.
- Remember—NEVER leave your baby unattended or alone for any reason.
- Pull the emergency cord or push the button if you need help from the nursing staff.
- When you need to use the restroom or shower, and you are alone, wheel the crib to the restroom door and keep it open, so you will be able to see and hear your newborn.
- Keep the baby close to your hospital bed – the furthest point away from the doorway.
- Do not give your baby to anyone you do not know. All personnel should properly identify themselves.

**Preparation for Breastfeeding**

There is very little that you need to do to prepare for breastfeeding. Your body has already done most of the necessary preparation. As mentioned on page 8, the Montgomery glands, situated all around the areola, secrete a substance that lubricates and helps to cleanse the area. Prepare yourself by becoming knowledgeable about your important role in nurturing your baby. Take classes and speak with a breastfeeding educator or lactation consultant to get your questions answered. Your body was made to breastfeed your baby so surround yourself with positive encouragement from your loved ones and healthcare team.

**Helpful suggestions for breastfeeding mothers:**

- The best preparation is to become knowledgeable by attending breastfeeding classes.
- If leaking colostrum, you may want to purchase breast pads. The pads may be either disposable or washable. Do not use a "mini-pad" inside your bra. With the sticky area on them, it prevents air from being able to circulate and may cause nipple soreness.
- Have someone knowledgeable about nursing bras help you with the purchase of a well-fitting bra.
- Be careful about underwire bras. The wires may place pressure on the ducts and cause a blockage of milk if not properly fit.
- You may find that you will need to buy a bra that is 1 to 2 cup sizes larger toward the end of your pregnancy, although wearing a bra is not necessary.

**Nipple Types**

Assessment of your nipples is important. Occasionally, a mother will exhibit an inverted nipple. Nipples may appear "flat" but will stand erect when stimulated. If you have or suspect you have either of these nipple types, talk with your healthcare provider or lactation consultant for advice. This should not discourage you from trying to nurse because a positive nursing experience is possible.
Helpful Tips

Once you get home from the hospital, you want to find a quiet spot that will allow you and your baby to relax. Keep the lights low and surround yourself with soft, soothing music. As important as all this is in the beginning, you will be surprised where you will find yourself breastfeeding as time marches on and you become an old pro! As the weeks pass by, do not be surprised if you are breastfeeding in a busy mall or the back seat of your car. This is when the “mood” becomes the exception rather than the rule!

Nurse your baby at the first sign that he is interested in feeding (see page 21 for feeding cues). Frequent feedings are important to help your baby become skillful at latching on and sucking properly. This frequency also allows for a milk supply that matches your baby’s requirement. Emotional support plays an important role in successful breastfeeding. Your partner needs to tell you what a great job you are doing those first few challenging days. Words of encouragement from him, as well as from friends and family, are very affirming and valuable toward your self-confidence and abilities as a great mother.

First Few Days at Home

• Rest as much as you can – sleep when the baby sleeps.
• Limit visitors the first few days at home.
• Accept help from your partner, friends or family to cook meals, clean the house or care for your other children.
• Make an effort to eat a balanced diet.
• Drink to satisfy thirst.
• Be sure you are comfortable and relaxed before you start to nurse your baby.
• Find a person who is knowledgeable about breastfeeding to talk with when concerns arise.
• Have the number for a lactation consultant before you are discharged from the hospital. A lactation consultant can be an invaluable source of comfort and support.

“Watch your baby and not the clock” is advice to live by the first days at home.
Breastfeeding Relationship

For many women, breastfeeding is a new experience. It is for the baby as well. As a new mom, you may tend to have unrealistic expectations of yourself and your newborn. Even though a baby can suck, swallow and breathe by reflex, they have to LEARN to eat. Please know that you both will learn together through trial and error.

Readiness is important. Before you start breastfeeding, there are “3 C’s” you should review with yourself each and every time you begin. See the chart on the left side of this page.

Supply and Demand

As long as your baby nurses immediately after birth, frequently thereafter, and is allowed to finish the feeding completely, he will have all the milk needed for proper growth and development. Milk production is regulated by supply and demand. The concept being the more milk that is removed, the more milk that is made. The less milk that is removed; the less milk that is made.

Breastfeeding: When and How

Research has shown that 2 hours following birth, a baby is in a state of quiet alertness. If possible, it is best to initiate breastfeeding within the first hour after birth. Putting the baby to breast as soon as possible after birth allows for a great starting point on an amazing connection and bond between mother and baby.

While in the hospital, learn as much as you can from your nurse or lactation consultant about breastfeeding your baby. ASK QUESTIONS! Have the nurse or lactation consultant watch you latch the baby on so you can feel comfortable going home and confident that you understand the proper techniques. Take your first breastfeeding attempts slowly and calmly. Do not expect too much of yourself or your baby at first.

The 3 C’s

Calm

Holding your baby skin-to-skin is very helpful to calm you and your baby in the early days after birth.

Comfortable

Have pillows all around you in a comfortable chair for support and elevate your legs with a small stool. This will relieve pressure on your bottom and help you get comfortable. The first days at home, turn your phones off and tape a “DO NOT RING” note across the doorbell so that you will not be interrupted.

Close

Hold and position the baby close to you. Skin-to-skin contact will keep your baby warm, interested in breastfeeding and afford you a wonderful bonding experience. Proper positioning and latch-on are the keys to successful breastfeeding.
Positions for Breastfeeding

There are different positions to hold your baby while nursing. These different positions prevent placing the same pressure points on your nipples and help with a more even breast draining throughout the day. It is important to know the different options for holding your baby for a feeding. This will allow you to choose which works best for you and your baby.

**Biological Nursing or Baby-Led Latch**

This natural position is based on a semi-reclined position that is comfortable for both you and your baby. In this position, you are encouraging your own, as well as your baby’s natural instincts. With very few rules, this position allows your baby to get a better latch and helps to relax you as well. Use a bed or couch where you can comfortably recline with good support of your head, shoulders and arms.

- Allow your baby to snuggle into your chest. Gravity will allow him to stay close.
- The front of baby’s body should be touching the front of your body.
- Let the baby’s cheek rest close to your breast.
- Offer your baby help when needed.
- Relax and enjoy your new baby!

**Cradle or “Madonna” Hold**

This classic hold is a commonly used position that is often found to be comfortable for many mothers.

- Hold your baby in your lap. You can place him on top of a pillow for better support and comfort.
- His nose should line up with your nipple.
- Extend your forearm and hand down his back to support his neck, spine and buttocks. Support this arm with a pillow for your comfort, if you so desire.
- His body from his ear to his knees should be in alignment facing toward you. Tuck his lower arm under your arm.

**Cross-Cradle or Transitional Hold**

This hold differs from the cradle hold in that your arms switch roles. If you are feeding from the left breast, you will use your right arm to hold your baby.

- Hold your baby along the opposite arm from the breast you are planning to use.
- Turn his body so that his chest and tummy are directly facing you.
- Support the base of his neck loosely with your fingers. This allows the palm of your hand to support the baby’s shoulder blades and back.
- Place a pillow on your lap to help support the baby and get him to the level of your nipple.
**Side-Lying Hold**

Lie on your side and place pillows all around you to make it comfortable. (One behind your back, between your legs and under your head.)

- Pull the baby close and facing you.
- Guide his mouth to your nipple.
- You can support his back with your forearm or place a rolled towel behind his back if needed. This position allows for the mother to rest while the baby nurses. It can also be beneficial in the early weeks if a mother has had a Cesarean birth or an episiotomy.

**Clutch Hold**

In this position you tuck the baby under your arm. Place a pillow behind your back and along the side you are going to nurse on. This will help to support the baby and get his nose at the level of your nipple.

- Your forearm will support the baby’s upper back and your hand will hold his head.
- The baby’s body and feet are tucked underneath your arm on the same side that the baby is nursing, so that his legs dangle behind you.
- With this position you can use the other hand to help better position the baby’s mouth on your breast. Pillows can be used to bring the baby to the right level.
- The baby’s body should be in a straight line with his head. Support the baby’s shoulders, neck and head with the palm of your hand.

Remember – your comfort is important as well as your baby’s.

Nursing on your baby’s cues stimulates your breasts to produce plenty of milk.

Watch for early feeding cues such as lip smacking, mouth opening and hand to mouth movements. In the early days, some babies are sleepy and often do not cry when they are hungry, so stay attentive to the cues.
Correct Latch
Getting the baby to latch-on correctly is one of the most important steps in successful breastfeeding. The baby must open his mouth wide enough to get a good amount of areolar tissue into the mouth. If the baby latches on to just the nipple, you will become sore and the baby will get a limited supply of milk. It is the proper compression of the areolar tissue from the baby’s suck, along with the motion of his tongue that allows the milk to be drawn out through the nipple.

Create a Routine
Before you start breastfeeding, you want your environment to be calm. Your baby can sense when you are tense or uncomfortable, so it is important that both of you are ready for the feeding. These are some suggestions that may help to get you relaxed. Breastfeeding is a time for the 2 of you to connect. A relaxed and calm environment is important for that connection.

Things to have available when you nurse:
- A step stool to elevate your feet and take pressure off your bottom. This will also help to keep you from leaning into the baby.
- A glass of juice or water as well as a snack. This is a good time for you to drink your fluids.
- A nursing pillow to help support the baby.

Make sure that you do not set your expectations too high for your first attempts at breastfeeding. Take the time to be calm, and take things slowly. This is a time for you to learn about your baby and for your baby to learn about you.

Nursing on Demand
Newborns need to nurse frequently, instead of being on a strict schedule. This will help stimulate the mother’s breasts to produce plenty of milk. Later, the baby can settle into a more predictable routine. Breastmilk is easily digested; therefore, breastfed babies often eat frequently.

Remember the “4 P’s”
Although breastfeeding is a natural response, you must be prepared for the “learning curve” both you and your little one will go through. To help you feel more relaxed and skillful with breastfeeding, think of the “4 P’s” listed to the right.

The “4 P’s”
1. Proper Positioning
2. Patience
3. Practice
4. Peace of Mind
Proper Positioning and Latch-On

*Guidelines to help you properly position and latch the baby onto your breast:*

- Prepare yourself by washing your hands, getting comfortable and selecting a feeding position.

- Position your baby’s chest next to your tummy and align his nose with your nipple. You want him to extend his neck to have his jaw open wide.

- Gently lift and support the breast. Make sure your fingers are well away from the areolar tissue.

- Run your nipple lightly above the baby’s upper lip. This will promote the rooting response.

- Be patient until the baby opens his mouth the widest. Let the baby take the lead. Do not allow the baby to only latch on to your nipple! This may cause your nipples to break down and become sore and cracked. It is very painful if the baby only sucks on the nipple!

- Baby’s head should be slightly tilted back.

- Aim your nipple toward the roof of his mouth.

- Baby’s chin should approach breast first.

- Lower lip should be further away from the nipple. This is called an asymmetrical or “off-centered” latch.

- When the baby opens wide, quickly and gently pull him toward your breast.

- Correct latch-on is a learned response. Be patient with yourself and your baby.

*Signs of a good latch-on:*

- The entire nipple and as much of the areola as possible is in baby’s mouth.

- Lips flanged or turned out.

- Tongue over lower gum.

- Baby stays on breast.

- Absence of pinching or biting pain.

- Seeing milk transfer or hearing swallowing.

**Latch-on**

The baby is positioned on the breast with the entire nipple and a good amount of the areola in his mouth. His lips are flanged or turned out. It is the proper compression of the areolar tissue from the baby’s suck, and the baby’s tongue resting on top of the lower gum that allows him to draw the milk out through your nipple.
Taking Baby Off the Breast
To take your baby off your breast, slide your finger between the corner of the baby’s mouth and your breast to break the suction. Do not pull the baby off your breast. This may traumatize your nipples and make them sore.

Burping
You might try to burp the baby after the feeding. Not all babies will burp within the first few days after birth. There is no air in a woman’s breast, but a baby may take in a little air latching on and coming off the breast.

Effective ways of burping:
• Over the shoulder.
• Lying belly down across your lap.
• Sitting in your lap and with chin supported.

Usually the pressure on the baby’s belly is enough to bring up the air. Pat the baby’s back gently or stroke the back with an upward motion. Sometimes babies will not burp. If they did not get a lot of air in the stomach during the feeding, it is likely that they will not. After a few minutes, resume with the feeding.

Making Sure Your Baby is Receiving the Feedings He Needs to Grow and Thrive
Once breastfeeding is established, the best way to ensure a good milk supply is by allowing your baby to feed on cue.

Babies need at least 8 to 12 feedings in a 24-hour period.
In the early, sleepy days, you may need to:
• Be very attentive to feeding cues the first few weeks after birth.
• Put baby skin-to-skin to encourage frequent breastfeeding.
• Keep him interested and awake during feedings.
• Massage and compress your breast during the feeding to increase milk flow to the baby. This will gently “remind” him to continue sucking.
• Wake your baby in order for him to receive enough feedings.
Once breastfeeding is established, the best way to ensure a good milk supply is by allowing your baby to determine the frequency and duration of breastfeeding sessions.

**Nurse until baby shows signs of being full.**
- Self-detaches.
- Sucking less vigorously.
- Becomes sleepy and relaxes body.
- Breast will feel less full.
- It is important to listen for nutritive sucking.
  - First 3 days may be difficult to hear swallowing. If heard, it sounds like a soft “Ca-Ca” or a soft expiration.
  - After larger volume milk arrives, you will hear definite suck-to-swallow ratio changes.

**Offer both breasts each feeding; this helps stimulate milk production.**
- Keep your baby interested and awake during feedings.
- If he chooses to take only 1 breast at a feeding, make sure you then begin with the other breast at the next feeding.
- Alternate the breast with which you begin each feeding. This will help with proper milk removal of the breasts. To help you remember this, use a safety pin on your bra strap of the side last nursed.

Following these steps will help to ensure proper milk removal completely and regularly, increase milk production, reduce breast engorgement and nipple tenderness and maximize infant weight gain.

Your baby may have a sleepy week or 2 and you may be challenged to keep your baby interested in feeding. If he is very sleepy, try undressing him down to his diaper. The skin-to-skin contact may help keep him awake. You may need to rub the bottoms of his feet or back to keep him awake. You can also try to unwrap him so he is not so cozy and warm, which tends to make him sleepy. Talk to your baby while you are nursing. This also may help to keep him interested in finishing the feeding.

**SAMPLE**

*Nursing on baby’s cue stimulates your breasts to produce plenty of milk.*

**Take cues from your baby; he will let you know!**
How Do I Know if My Baby is Getting Enough to Eat?

A common concern that you will have is if your baby is getting enough to eat. There are many clues to indicate that everything is going well. For example, the number of feedings your baby has each day is important. Also, remember that his intake of breastmilk is usually reflected by his output of wet and dirty diapers.

**Be attentive to the following:**

- Baby eating at least 8 to 12 times every 24 hours.
  - Watch for feeding cues
- Baby wetting diapers.
  - 1 diaper in the first 24 hours after birth.
  - 2 on the second day of life.
  - 3 on the third day of life.
  - 6 to 8 wet diapers of urine that are light yellow in color once milk is in greater supply.
- Baby will be passing meconium for 1 to 2 days after birth. Meconium is the sticky, black substance that the baby passes from his bowels.
- Stool changing to mustard color, runny and seedy in texture once the milk is in greater supply.
  - 3 to 4 of these stools per day beginning by day 4 in the first month. Also may find him to stool a little after each feeding.

**Weight gain** is an important clue to your baby’s healthcare provider that the baby is feeding properly. Expect initial weight loss of baby after his birth; weight gain of 4 to 7 ounces per week once milk is in greater supply. The baby should be back to birth weight by day 10. Most offices will allow you to bring your baby in for a weight check. Sometimes, that is all you need to make you feel better!

**Other positive signs:**

- Audible swallowing – actually hearing the milk being swallowed; more obvious when mother’s milk is in greater supply.
- Breast feels less full after feeding.
- Baby satisfied – falls away from the breast at the end of feeding.

If you have any concerns about how the baby is doing, call your baby’s lactation consultant or healthcare provider.
Growth Spurts

You may find that your baby will experience days that he wants to breastfeed more than usual, or cluster feed. Many new moms may worry and fret that something is wrong, but know that this is a common occurrence with most breastfed babies. This need to breastfeed more often generally lasts a few days to a week. Please know that your baby will return to a less frequent feeding pattern. The common reason for your baby’s need to breastfeed more is “growth spurts” and is your baby’s way of increasing your milk supply so that he can grow.

Although these days may be more demanding for you, trust what your baby is telling you about his need to breastfeed more frequently and follow the baby’s feeding cues. As long as you do not hold back your baby’s need to breastfeed, your milk supply should be sufficient.

What’s Going On?

According to Deborah Ehrhardt, IBCLC, a board certified lactation consultant, breastmilk is produced on an “as-needed” basis. A baby’s demand for more milk during a growth spurt may get ahead of the mother’s milk supply temporarily. To get both mother and baby back in harmony, it is important to let baby nurse as often as he wants.

It takes between 48 and 72 hours for a mother’s milk supply to adjust to the increased demand. During the 2 to 3 days the growth spurt is happening, your baby seems to want to nurse almost non-stop. This may be a bit overwhelming for mom and the family. Some may even be ready to give up nursing because they think their bodies aren’t making enough milk or that their milk supply is decreasing. Please know that this will not last forever and your baby will return to a less frequent feeding pattern.

Although these times may be more demanding for you, trust what your baby is telling you about his need to breastfeed more frequently and follow the baby’s feeding cues. As long as you do not hold back your baby’s need to breastfeed, your milk supply should be sufficient.
**Time of Awareness**

**Engorgement**

Your breasts may become heavier and swollen 2 to 3 days postpartum. This is caused by an increased flow of blood to the breasts, swelling of the surrounding tissue and the accumulation of milk. The breasts will be swollen and uncomfortable for some women, and you may experience a throbbing sensation and discomfort with the milk ejection reflex, or let-down. Some women will feel only slightly full. As with labor, all women are different in their experiences. Breast swelling usually lessens within 24 to 48 hours.

*Effective treatment measures for engorgement:*

- Breastfeed frequently.
- Breast massage has been shown to reduce engorgement.
- Apply cold compresses to the breasts before, during or after a feeding. Use a frozen bag of peas or corn for 15 to 20 minutes. This triggers blood vessels to constrict and helps with swelling, draining and soothes any discomfort. Never apply an ice pack directly on the skin.
- Manually express or pump out milk to soften the areola and nipple. It is sometimes hard for the baby to latch-on if the breast is too hard.

**Expressing Breastmilk**

Allowing yourself to become engorged beyond the initial breast swelling associated with milk surge should be avoided if possible. Engorgement sends signals to the brain to slow down milk production and can cause other problems. As mentioned earlier, milk production is regulated by supply and demand. If you slow down your feedings, you will see a significant decrease in your milk production. If you are experiencing some engorgement, you may try pumping to soften your breasts a little before feedings. This will allow easier latch-on for the baby. It will not cause you to “make more milk” while you are dealing with engorgement. This is a common misconception. If you need more information or assistance on expressing breastmilk, call your lactation consultant or healthcare provider.

Expressing breastmilk can be done manually with your hands or with a special pump designed to remove breastmilk. If you have a healthy, full-term baby, it is not necessary to express your breastmilk routinely.

*Some reasons why a breastfeeding mother may choose or need to express her milk:*

- When returning to work.
- To collect breastmilk for a premature baby.
- If your baby is temporarily unable to feed.
- If you are ill and unable to nurse.
- To provide a supply of milk if mom is away.
- To relieve engorgement.

If the baby refuses to eat or you have to skip a feeding, pump or manually express your milk.
When you skip a feeding or if you are not nursing regularly, messages are sent back to the body to slow down or stop milk production. It may be very beneficial for you to have your healthcare team or the lactation consultant on staff show you the correct way of manually expressing your breastmilk if you are faced with one of these scenarios. That way you will feel more confident once you are at home. If you have questions once you are discharged from the hospital, do not hesitate to call your lactation consultant or healthcare team for help.

Breast Massage
- Wash your hands with soap and water.
- Take a few moments to relax and get comfortable.
- The key with massage is to trigger the let-down response or milk ejection reflex.
- Warm compresses may help the milk let-down.
- Using the pads of your fingers, massage the breasts.
- Move in a circular motion from chest to nipple, massaging the entire breast.
- Finish the massage by bending forward and gently shaking the breast (gravity helps milk to eject).

Hand Expression
- Position the thumb and first 2 fingers about 1 to 1½ inches behind the nipple.
- Push straight back toward the chest wall.
- Roll thumb and fingers forward to express milk.
- Continue this same motion, moving around the areola.
- It may be necessary to repeat this process on each breast a few times.
- Make sure you collect the milk in a clean container.
- Cover containers for storage in the refrigerator or freezer.
- Always label the container and put a date on it.

Breast Pumps
You may also want to look into a breast pump purchase or rental. There are many on the market. Not all pumps are created equal. What works best for one woman may not work for you in the same way. Some hospitals will either rent or sell breast pumps at their lactation centers or gift shops as a convenience for you. Get all the facts and information about breast pumps from your lactation consultant and be knowledgeable on how to use it before heading home.
Common Concerns

**Sore Nipples**
Usually soreness is due to improper positioning and latch-on that can be relatively easy to fix. If you cannot identify the problem, call your healthcare provider or lactation consultant. Do not let the problem get worse.

**Cracked Nipples**
This problem is usually due to improper positioning and latch-on or traumatic removal from the breast. Excessively dry tissue is another reason for this problem. Treatments of cracked nipples are correcting the improper positioning and latch-on and proper breaking of suction before removing the baby from the breast. Clean the baby’s saliva off your breast, dab some expressed breastmilk into the area and allow it to air dry. You can also talk to your healthcare provider or lactation consultant if you have any questions.

**Blocked Ducts**
These are felt as pea-size lumps under the skin and in the breast and are sore to the touch.

*Possible causes of blocked ducts:*
- Change in frequency of feedings or skipping feedings.
- Overabundant milk supply.
- A tight bra or under wire bra that puts too much pressure on a duct.
- Nursing the baby with poor positioning.
- Breast surgery.

*Treatment for blocked ducts:*
- Warm shower or compress applied to the affected area before feeding.
- Frequent feedings.
- Apply cold compress after feeding or expressing milk to reduce pain and swelling.
- Hand express or gently pump after feedings.
- Massaging of affected area toward nipple while nursing.
- Placement of the baby in a position where the baby’s chin is facing the blockage, allowing the suction to be maximized toward the area of blockage. (You may have to use some creative positioning to accomplish this, but when combined with the help of gravity, it is very effective.)

Breastfeeding should feel good – it should not hurt!
Mastitis

If the blocked duct persists and cannot be relieved, it can become inflamed and a breast infection may be possible. It is not the breastmilk that becomes infected but the tissue surrounding the blockage. This needs immediate medical attention.

Symptoms of mastitis:

- Red, very sore, hard area.
- Red streaking from the affected area or breast tissue that may look pink over a large area.
- Fever and chills.
- Flu-like symptoms.

Treatment options:

- Antibiotic therapy – finish the whole prescription – not just until you feel better.
- Apply warm compresses to the affected area.
- Nurse frequently.
- Apply cold compress after feeding or expressing milk to reduce pain and swelling.
- Massage while nursing and pointing baby’s chin toward blockage.
- Can gently pump after or between feedings to promote breast drainage.
- Get plenty of rest.
- Drink lots of fluids.

Dietary Requirements for the Mother

Nutritional requirements are similar to those of pregnancy as far as keeping your diet well-balanced. A nursing mother needs an additional 500 calories more per day. Milk production is independent of what you eat the first 4 weeks because it derives the calories it needs for production from the fat accumulated from the pregnancy. A well-balanced, healthy diet is recommended.

Another important aspect of nursing is that you will find yourself very thirsty; the best advice is to drink whenever you are thirsty. You must listen to what your body needs. The body takes water from your system to make breastmilk. Try to drink at least 6 to 8 glasses of fluid a day to prevent constipation. When you sit down to nurse, have water or juice so you get your daily requirements. No foods are universally restricted from your diet. Your baby will let you know! You can eat anything in moderation. Food affects your milk in 4 to 24 hours from the time it is eaten. Please note that the color of your breastmilk will vary with your diet. If you have any concerns or questions about your diet, call your healthcare provider or lactation consultant.
Weight Loss and Breastfeeding

“All I want is to fit into my old jeans!” You are not alone in wanting to be the size you were before you got pregnant. Just remember, it took 9 months for the weight to go on, so do not expect the extra weight you gained to fall off in a week or two. What you need to focus on initially is breastfeeding for a healthy and content baby.

Do not make drastic changes in your diet the first couple of months after the baby is born. You want to make sure your milk supply is well-established. It is a known fact that you burn calories and can lose the weight you gained if you breastfeed. Breastfeeding on average burns 200 to 500 calories per day. This is above what you needed to maintain your pre-pregnancy weight. Even without a weight loss program, you are burning extra calories.

The best way to start losing weight is by cutting out snack foods that have empty calories. Cakes, candy, cookies, chips and soda are just some examples of foods without nutritional value. Follow the advice on the next page about healthful foods and work with your healthcare provider or nutritionist on what is best for you and your nursing baby.

Tips for a healthy lifestyle:

• Instead of eating 3 regular meals a day, eat 3 smaller meals and have healthy snacks in between to keep from becoming hungry.

• Choose what you eat wisely. Stick to low in fat foods (no junk food).

• Regular exercise in moderation. Walking is an excellent exercise. Start out slowly. Remember, a person with more muscle mass than fat burns more calories a day even when sleeping.

Do not diet or “starve” yourself into regaining your pre-pregnancy shape. Nutritious eating is important for keeping you strong and healthy postpartum.
The Food Guide states that for a 2,000 calorie diet, you need the amounts from each food group shown below. For more information, go to ChooseMyPlate.gov.

Nutrition

According to the U.S. Food and Drug Administration (FDA), about 300 extra calories are needed daily to maintain a healthy pregnancy. When you are breastfeeding, you need a total of 500 extra calories each day to stay healthy and to produce nutritious breastmilk. Your diet should be balanced and contain the appropriate amount of calories and nutrients to fulfill these special needs. The MyPlate food program was developed by the U.S. Department of Agriculture to assist adults in choosing foods that provide the nutrients they require. You may lose up to 20 pounds fairly easy in the postpartum period. More weight loss will be easier with moderate exercise and a smart eating program. Choose MyPlate can serve as a guide to both balance and moderation.

Grains—Make half your grains whole: Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice or pasta every day. 1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal or ½ cup of cooked rice, cereal or pasta. Eat 6 oz. every day.

Vegetables—Vary your veggies: Eat more dark-green veggies like broccoli, spinach and other dark leafy greens. Eat more orange vegetables like carrots and sweet potatoes. Eat more dry beans and peas like pinto beans, kidney beans and lentils. Eat 2½ cups every day.

Fruits—Focus on fruits: Eat a variety of fruit. Choose fresh, frozen, canned or dried fruit. Go easy on fruit juices. Eat 2 cups every day.

Dairy—Get calcium-rich foods: Go low-fat or fat-free when you choose milk, yogurt and other milk products. If you do not or cannot consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages. Get 3 cups every day.

Protein—Go lean: Eat 5½ oz. every day. Choose low-fat or lean meats and poultry that can be baked, broiled or grilled. Vary your protein routine – choose more fish, beans, peas, nuts and seeds.

Be sure to include fish in your diet that is high in the very beneficial Omega-3 fatty acids. They are so healthy for you and your baby. You can safely consume 12 oz. of salmon, chunk light tuna, sardines, or anchovies each week without fear of getting too much mercury.

The FDA and EPA recommend pregnant women avoid fish with high mercury content such as shark, tilefish, mackerel and swordfish.

Breastfeeding Mothers

Breastfeeding mothers need extra fluid, calories, protein and calcium. Calcium and protein can be supplied by milk and other dairy products including yogurt, ice cream, cottage cheese and other cheeses. You should avoid tobacco, alcohol and non-essential medications while breastfeeding, as they can affect your baby.
The Importance of Including Omega-3 Fats in Your Diet

Many recent research studies have shown the benefits of including Omega-3 fats, most importantly DHA (Docosahexaenoic Acid), in your diet especially during pregnancy and breastfeeding.

Benefits to your baby:

- DHA is a major building block in eye and brain tissue and has been shown to help with brain and vision development.
- Increasing the amount of Omega-3 fats in the diet has been associated with a reduced risk of premature birth.

Benefits to you:

- Reduces risk of heart disease.
- Helps maintain a better mood during and after pregnancy.
- Helps lower the bad cholesterol and raise the good cholesterol.

Find your balance between food and physical activity

- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.

Know the limits on fats, sugars and salt (sodium)

- Make most of your fat sources from fish, nuts and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, trans fats and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any nutrients.

Supporting the New Mother and Her Choice to Breastfeed

As a new father, you may think that your role is not important since mom is breastfeeding. The truth of the matter is that the father or partner is one of the most important reasons in the mother’s success in breastfeeding. Supporting her choice to breastfeed allows her to relax and enjoy this special time without feeling stressed or pressured. Protect her from criticism from family or friends especially in the early weeks.

One way you can help mom out is by taking turns getting up in the middle of the night. Dads can change the baby’s diaper and take the baby to mom so she can nurse. It is amazing how much more rest you can get by sharing roles and responsibilities with your partner.

During this precious time partners should give baby their full attention. Gaze into his face and speak to him. He knows your voice!
Storage of Breastmilk

Make sure when storing breastmilk that you label and date the container so you can be sure your baby is receiving breastmilk that is not outdated. You may want to store breastmilk in 2 to 4 ounce amounts to cut down on waste. Make sure the containers you choose are clean. You may find conflicting information on the best type of container to use when storing breastmilk, whether to use glass or plastic. Ask your hospital lactation consultant about the advantages and disadvantages of each and choose accordingly. There are also special storage bags for breastmilk available.

Never microwave or boil breastmilk. Microwaving could cause “hot spots” in the milk because it heats unevenly and could potentially burn the baby’s mouth and throat. In addition, it can alter the protein make-up of the breastmilk and may destroy the antibody composition of the milk. All you need to do to bring it to room temperature is to run it under warm, tap water. You can also place it in a bowl of warm water to thaw or warm the milk. To evenly distribute the thawed breastmilk, roll the container gently between your hands. It will separate on storage and the creamy portion of the milk will need to be redistributed.

Freshly Expressed Breastmilk Storage Guidelines
(For Healthy, Full-Term Babies)

<table>
<thead>
<tr>
<th>Location</th>
<th>Temperature</th>
<th>Duration</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countertop, table</td>
<td>Room temperature up to 77°F</td>
<td>6 to 8 hours</td>
<td>Cover container and keep as cool as possible.</td>
</tr>
<tr>
<td>Insulated cooler bag</td>
<td>5 to 39°F</td>
<td>24 hours</td>
<td>Limit opening cooler bag and keep ice packs in contact with milk containers.</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>39°F</td>
<td>5 days</td>
<td>Store milk in the back of refrigerator.</td>
</tr>
<tr>
<td>Freezer compartment of refrigerator</td>
<td>5°F</td>
<td>2 weeks</td>
<td>Store milk in back of freezer to keep a constant temperature.</td>
</tr>
<tr>
<td>Freezer compartment of refrigerator with separate doors</td>
<td>0°F</td>
<td>3 to 6 months</td>
<td></td>
</tr>
<tr>
<td>Chest or upright deep freezer</td>
<td>-4°F</td>
<td>6 to 12 months</td>
<td></td>
</tr>
</tbody>
</table>


You may find that, depending on which study or resource book you read, these storage tips may vary. Please ask your lactation consultant or healthcare provider for the best storage guidelines and recommendations for your baby.
Breastfeeding Questions

Are my breasts too small?
Breast size has nothing to do with milk production. Do not let anyone tell you differently.

How can my partner find me the least bit attractive?
Sexuality and recapturing closeness as a couple takes time. You and your partner may both feel overwhelmed. Some women are embarrassed about all the changes to their bodies and feel unattractive and distant toward their partner. Men, do not take this temporary diminished interest in you as a rejection. Talk to one another about sex; laugh with one another and make time for yourselves away from the baby. Sharing feelings about sexuality is the most effective way to get back together both physically and emotionally. Communication is the key!

Will my breasts leak all the time?
It may be common for you to be out in public and have your milk let-down upon hearing another baby cry. Applying gentle pressure to the nipple will usually stop the flow of milk. Disposable or washable breast pads are available to wear on the inside of your bra to protect your clothes from obvious wet spots! Make sure to change them as needed so the dampness does not break down your nipple tissue. Leakage becomes less problematic as time goes on.

Can I breastfeed if I have had breast surgery?
Breast surgery, including augmentation as well as breast reduction with nipple relocation, can affect a woman’s milk production. Studies have shown that some women can still be successful with breastfeeding even though they have had these types of breast surgeries. A supplemental device could also be used to give a baby extra milk while at the breast. Discuss this with your lactation consultant. A baby’s weight should be carefully monitored to ensure proper weight gain.

Can I breastfeed if I am taking certain medications?
Many medications pass into the milk, although in very small amounts. Most do not pose a problem with breastfeeding. On occasion, a mom may need to pump and discard her milk while on a particular medication. Contact your lactation consultant or healthcare professional for the most updated information on a particular medication that you are taking.
A Special Note to Dad or Partner

Your role as caregiver to your new baby is a big addition to your life. It will demand an enormous change in you and your partner's lifestyle, yet it is the most rewarding time of your life. Even though the first few weeks are overwhelming, you will find a growing excitement and joy with your new little one. There is a lot of attention directed toward the mother and the baby at first. This attention along with the extreme closeness of a nursing mother and baby may contribute to feelings of isolation or jealousy in a new dad or partner. This is not abnormal for some, but be patient with yourself and your partner. Talk about your feelings. Communication with one another is so important in allaying fears and negative feelings and makes this time special.

There is no doubt that the role of the dad or partner is extremely important and an essential part in a new mother's success with breastfeeding. Studies have shown that emotional as well as everyday support increases the mother's confidence and enables her to provide your baby with a healthy milk supply. There are ways that you can become an important part of the daily routines with your baby. Diapering, bathing, cuddling and singing are great ways of feeling involved. Your touch is very important to your baby and a way he can learn about you.

Going Back to Work and Continuing to Breastfeed

Employers in the past have recognized 6 weeks as a reasonable time to recover from the birth of a baby. On occasion, your healthcare professional may require that you stay home longer because of a special medical problem. Financial considerations may require that you return to work earlier. It is well documented that the longer a woman can be with her baby and establish a good breastfeeding relationship, the better she will maintain her milk supply with pumping while separated from the baby. This fact has motivated more and more new moms to work something out with their employers.

**Hints for breastfeeding mothers who return to work:**

- Discuss your needs with your employer.
- Organize your day to incorporate regular pumping sessions.
- Wear comfortable clothes with easy access for pumping.
- Find a place to store your breastmilk.
- Take healthy snacks and drink plenty of water.

There are great breast pumps on the market today that can help support your decision to continue to breastfeed. Check with your hospital or lactation center for breast pump rental and purchase prices. Your employer may be flexible and have several options for you. You should explore all the possibilities as soon as possible.
Regardless of how well you prepare for your new baby, there will still be a period of adjustment. Excitement, nervousness, joy and being overwhelmed are just a few of the emotions you may experience. These feelings are normal. You will find that the early postpartum period involves an immense adjustment for you, your partner and your baby. It may take several weeks for you to fall into a comfortable routine, feel calm caring for your new baby and feel secure in your ability to provide nourishment. With time, you will adapt to new priorities and establish schedules as your confidence soars.

As you look back on your experience with breastfeeding, what you will remember most is the closeness and intimacy that developed between you and your baby. Only you, as the baby’s mother, can ever possibly know such an experience.

Maybe breastfeeding came easy and you were swept away by the tenderness of it all. Or perhaps you worked through some significant challenges, but now feel empowered by your capacity to overcome them and continue to provide optimal nourishment for your baby. Somehow knowing that your body is providing everything that your little one needs, gives you the greatest satisfaction as a new mother.

*Breastfeeding can be a very quiet and reflective time as you marvel in the Miracle of Birth.*
<table>
<thead>
<tr>
<th>Day</th>
<th>Goal: At least 8 to 12 nursings</th>
<th>Wet diaper:</th>
<th>Black tarry soiled diaper:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>W</td>
<td>S</td>
</tr>
<tr>
<td>2</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>W W</td>
<td>S S</td>
</tr>
<tr>
<td>3</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>W W W</td>
<td>S S S</td>
</tr>
<tr>
<td>4</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>W W W W</td>
<td>S S S S</td>
</tr>
<tr>
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<tr>
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<tr>
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<tr>
<td>9</td>
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<tr>
<td>10</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>W W W W W W</td>
<td>S S S S</td>
</tr>
</tbody>
</table>

Directions: Circle the numbers to mark the times of breastfeedings. Circle "W" for wet diapers and "S" for soiled to see if baby is having enough dirty diapers in a day.
## Baby's Daily Feeding Record

<table>
<thead>
<tr>
<th>Day</th>
<th>Goal: At least 8 to 12 nursings</th>
<th>Wet diaper:</th>
<th>Yellow soiled diaper:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 11</td>
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<td>W W W W W W W</td>
<td>S S S S</td>
</tr>
<tr>
<td>Day 12</td>
<td></td>
<td>W W W W W W W</td>
<td>S S S S</td>
</tr>
<tr>
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<td>S S S S</td>
</tr>
<tr>
<td>Day 14</td>
<td></td>
<td>W W W W W W W</td>
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**Please be advised:** Some babies may have more wet or soiled diapers per day. If on a certain day your baby has less wet diapers and/or less dirty diapers than listed on your breastfeeding log, contact your baby's healthcare provider or lactation consultant. This log is designed for use with a well, full-term newborn. Ask your baby’s healthcare provider what you need to know about breastfeeding your premature or special-needs newborn.
Glossary

**Antibodies** – Proteins produced by cells in the body to fight infection.

**Areola** – The dark ringed area around the nipple.

**Bacteria** – A one-celled organism visible only through a microscope. Bacteria live all around us and within us and are important because they can cause illness.

**Breast Engorgement** – The filling of the breasts after birth with milk that may cause pain and swelling.

**Breastfeeding** – To feed a baby from a mother’s breast. Immune properties in breastmilk can help the baby fight off infections.

**Burping** – Relieving air from the baby’s stomach. Patting the baby’s back gently or stroking the back in an upward motion usually brings up any air in the stomach. Not all babies will burp every time.

**Colostrum** – A yellowish fluid, rich in antibodies and minerals, that a mother’s breasts produce after giving birth and before breastmilk is fully established.

**Expressed Breastmilk** – Milk excreted from the breast either by hand or using a device such as a breast pump.

**Family Centered Maternity Care** – A baby-friendly type care that features mother-baby nursing. It recognizes the importance of these new relationships and responsibilities. The goal of family-centered care is to obtain the best possible healthy outcome for all members of the family.

**Feeding Cues** – Signs that let you know that your baby is hungry. These can be lip-smacking, mouth opening and hand-to-mouth motion.

**Growth Spurts** – During a growth spurt, breastfed babies nurse more often than usual and often act fussier than usual. The increase in baby’s milk intake during growth spurts is temporary. Most babies go through several growth spurts (also called frequency days) during the first 12 months. Your baby is demanding more for physical growth and development.

**Hormone** – The secretion of an endocrine gland that is transmitted by the blood to the tissue on which it has a specific effect.

**Immunoglobulins** – Any of several classes of structurally related proteins that function as antibodies or receptors and are found in plasma and other body fluids and in the membrane of certain cells.

**Involution** – The process of the uterus returning to its normal size after the birth process.
Lactation Consultant – Lactation consultants are healthcare professionals with special training and experience in helping breastfeeding mothers and babies.

Latch-On – The baby positioned on the breast with the entire nipple and at least an inch of the areolar tissue in his mouth. The compression of the suck and the baby’s tongue resting on the lower gum allows the baby to draw milk through the nipple.

Let-Down (Milk Ejection Reflex) – The release of milk from the milk glands stimulated by the baby as he nurses.

Mastitis – Infection of the breast causing soreness, fever and flu-like symptoms.

Mature Milk – Produced around 48 to 72 hours after the baby is born, it is comprised of 90% water to maintain correct fluid balance. The other 10% is carbohydrates, proteins and fats necessary for both growth and development.

Meconium – The first stool of the newborn that is typically thick, dark, sticky and usually odorless.

Milk Ejection Reflex (Let-Down) – The release of milk from the milk glands stimulated by the baby as he nurses.

Montgomery Glands – Pimple-like structures near the border of the areola. These glands secrete a substance that aids in lubricating and cleansing the area.

Nipple – Tissue that contains several tiny openings through which milk can flow.

Oxytocin – A hormone in a woman’s body that contributes to the start of labor and later to effect the “let-down” response.

Pediatrician – A doctor who specializes in the care of newborns and children.

Pituitary Gland – A small oval endocrine gland, located at the base of the brain, that produces various hormones that regulate growth and reproduction.

Prolactin – A hormone secreted from the pituitary gland that stimulates the milk gland cells in the breast to begin producing milk.

Rooting – The tendency of an infant to open his mouth and turn toward an object. It can be elicited by stroking the baby’s cheek or mouth.

Transitional Milk – Colostrum is replaced by a creamy white milk called transitional milk before the mature breast milk is established.
Breastfeeding—A Great Start


Keeffe, MR (1987); Comparison of neonatal time sleep/wake patterns in nursery versus rooming-in environments; Nursing research, 36(3): 140–144.


Robson, B. A. Breast engorgement in breastfeeding mothers; Doctoral dissertation, Case Western Reserve University, Cleveland, Ohio, 1990. UMI order #PUZ9023094.


Yamauchi, Y, Yamanouchi, I (1990); The Relationship Between Rooming-In/Not Rooming-In and Breastfeeding Variables; Acta Paed Scand, 79: 1017–1022.
Important Personal Information

**Important Phone Numbers**

Lactation Consultant

Address

Phone

Mother’s Healthcare Provider

Address

Phone

Baby’s Healthcare Provider

Address

Phone

**Other Phone Numbers**

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone