

Mother's Breastfeeding Guide



Baby's Name _____

Date of Birth _____ Time _____ Birth Weight _____

Length _____ Head _____ Chest _____

Baby's Doctor _____

Baby's Weight at discharge _____

Baby's Weight at first visit _____

Baby's Weight at second visit _____

To our wonderful Moms and Babies,

Congratulations on the birth of your new baby. We praise you for giving your baby the absolute best start in life by breastfeeding!

Breastfeeding is one of the most amazing experiences and something you will never forget or regret. The benefits are endless and the bond that you will feel with your baby is so very special.

We want you to get off to the best start possible and achieve your breastfeeding goals. Please reach out to us if you have any questions or just need a little reassurance.

We love helping our moms and babies with breastfeeding and want you to be successful.

Best wishes on your new journey!
The Lactation Consultants of Ochsner Health System

Congratulations on your decision to breastfeed!

You have chosen to give your baby an amazing gift, your breast milk. Your decision as to how to feed your baby is one of the most important of all. You understand that breastfeeding is the best and ideal way to feed your new baby.

Breast milk is perfectly matched to meet your baby's needs as he or she grows. Studies show that breast milk provides immunity and will protect your new baby as long as you continue to breastfeed. It also contributes to your baby's emotional development. Breastfeeding is life altering and will have a lifelong impact on your baby's health, as well as yours.

The American Academy of Pediatrics and the World Health Organization recommend exclusive breastfeeding for the first 6 months. This means babies are not given any foods or liquids other than breast milk for the first 6 months of life. Both organizations recommend the introduction of solid foods at 6 months of age while continuing to breastfeed for at least one (AAP) or two years (WHO) of age or beyond.

"A newborn baby has only three demands. Warmth in the arms of their mother, food from her breasts and security and knowledge of her presence. Breastfeeding satisfies all three."

- Grantly Dick-Read

How to use this guide

Please use this guide to help you through the first week of breastfeeding. During this time, it is important to record feedings, wet diapers and bowel movements using the daily chart. Information on what to expect each day will guide you along the way.

Bring this guide to your baby's first appointment with the pediatrician and to any appointments with the lactation consultants. They may want to review your baby's feeding history.

Day 1

First 24 hours your baby should have:

- A few drops to 5ml (<1 tsp) per feeding
- 2-10ml total in 24 hours *(see image below)*
- “8 or more in 24”

First 24 hours your baby should have:

- At least one wet diaper
- At least one dark, sticky dirty diaper

What to expect today:

- Most full term healthy babies are eager and ready to begin breastfeeding immediately after birth.
- You have all the milk your baby needs.
- The best way to make more milk is to keep breastfeeding your baby. Your milk supply is based on supply and demand. The more your baby nurses, the more milk your body will make.
- Keep your baby with you and hold your baby skin-to-skin as often as possible in the hours and days to come. Dad or family members can hold baby skin to skin too.
- Your baby will have obvious awake and sleepy times. Offer your breasts when the baby is awake and giving early feeding cues. NOTE: Pictures of feeding cues are located on the last page.
- If your baby is sleeping a lot, cuddling skin-to-skin may help wake your baby up.
- If baby has not latched by 5 hours after birth, contact your nurse for assistance.
- If baby continues to be sleepy or have difficulty latching, ask your nurse to teach you how to hand express your breast and spoon/cup feed your baby.
- Your breasts will feel soft today, just as they were during your pregnancy.
- It is normal for your baby to lose weight during the first 72 hours after birth.
- *Avoid giving formula now unless medically necessary.* It may result in you making less milk later and change the normal flora or good bacteria of the baby’s intestines.
- *Avoid using a pacifier.* It may cause you to miss important feeding cues and cause breastfeeding problems.
- Take advantage of Quiet Time each afternoon to get some rest and nap.

Facts about Colostrum (your first milk)

- commonly called “liquid gold” because of its yellow-gold color and disease fighting abilities
- small amount is perfect for the baby’s small stomach size
- easily digested
- serves as a laxative
- helps to prevent the baby getting jaundiced (yellow color of the baby’s skin)
- helps your baby to build a healthy immune system

Shooter Marble = Stomach Capacity on Day 1



Baby's First 24 hours

Date	Time	Minutes at breast		Wet Diaper	Dirty Diaper	Skin to Skin time (Y/N)	Swallows Seen/Heard (Y/N)
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Day 2

Second 24 hours your baby should have:

- 5-15ml (<1/2 ounce or <1 Tbsp) per feeding
- 1-4 ounces total in 24 hours
- “8 or more in 24”
- May cluster feed

Second 24 hours your baby should have:

- At least 2 wet diapers
- At least 2 dark, sticky dirty diapers

What to expect today:

- Your baby may act hungry and show feeding cues whenever he/she is not at breast or being held. This is normal behavior. Relax and nurse with cues (8 or more in 24) to make plenty milk.
- Do not wait for your baby to cry. Crying is a sign of distress. It may be difficult to calm the baby and to get breastfeeding started.
- Cluster feedings are periods of time when your baby wants to nurse frequently. This is normal. Continue to follow your baby’s feeding cues. Nursing frequently will help your milk to come in faster and will lead to a good milk supply.
- Expect your baby to be more awake and to feed frequently tonight.
- You should feel tugging at your nipples when the baby nurses. Breastfeeding should not be painful. Tell your nurse if it hurts to feed your baby.
- If after 5 hours, your baby is not showing feeding cues, place your baby skin to skin, change the baby’s position or diaper, talk to baby, gently rub baby’s back and call your nurse for help if unable to latch baby within 30 minutes.
- Keep your baby with you and hold your baby skin to skin as much as possible. Dad or a family member can hold baby skin to skin too.
- Your breasts may still feel soft today. This is normal. However, you are making teaspoons of colostrum. This is the perfect amount for your baby’s small stomach.
- It is normal for your baby to lose weight over the first 72 hours of life.
- *Avoid giving formula now unless medically necessary.* It may result in you making less milk later and change the normal flora, or good bacteria, of the baby’s intestines.
- *Avoid using a pacifier.* It may cause you to miss important feeding cues and cause breastfeeding problems.
- Take advantage of Quiet Time each afternoon to get some rest and nap.

Tips for at home

- It is normal for newborns to be sleepy during the day and awake and active at night. It is also normal for your baby to breastfeed frequently at night.
- Continue to feed your baby with early cues until the baby is content.
- Rest often – take naps and sleep when the baby sleeps.
- Limit visitors for 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.
- Eat when you are hungry and drink when you are thirsty.
- Be sure you are comfortable and relaxed before you start to nurse your baby.

Baby's Second 24 hours

Date	Time	Minutes at breast		Wet Diaper	Dirty Diaper	Skin to Skin time (Y/N)	Swallows Seen/Heard (Y/N)
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Day 3

Third 24 hours your baby should have:

- 15-30ml (1/2 -1 ounce or 1-2 Tbsps.) per feeding
- 4-8 ounces total in 24 hours *(see image below)*
- “8 or more in 24”

Third 24 hours your baby should have:

- At least 3 wet diapers
- At least 3 brownish-green, dirty diapers

What to expect today:

- Your baby will need to breastfeed frequently, day and night. It may help to keep baby beside your bed in his or her own safe sleep environment. Cluster feedings may continue especially at night.
- If your baby is not showing feeding cues, place baby skin to skin, change your baby's position or diaper, talk to baby, gently rub baby's back.
- Keep your baby with you and hold skin to skin as much as possible. Dad or family member can hold baby skin to skin too. You may continue skin to skin holding at home after you leave the hospital. Remember the tips taught to you about safe sleep.
- Your breasts may begin to feel full, warm, lumpy, heavy, and leak milk. You may also feel a tingling sensation. These are signs that your milk volume is increasing.
- Your baby's weight loss should be slowing. Have your baby's weight checked 24-48 hours after leaving the hospital at the pediatrician's office.
- *Avoid giving formula now unless medically necessary.* It may result in you making less milk later and change the normal flora or good bacteria of the baby's intestines.
- *Avoid using a pacifier.* It may cause you to miss important feeding cues and cause breastfeeding problems.

Facts about Engorgement

Engorgement may occur 3 to 4 days after delivery. As your milk production increases, your breasts may become swollen and uncomfortable with milk and edema. Engorgement usually decreases in 24-48 hours.

Effectives ways to prevent/treat engorgement:

- Breastfeed frequently, “8 or more in 24” and “on cue till content”
- Avoid pacifier use
- Apply warm compresses for 10 minutes prior to feeds if the milk is flowing followed by gentle massage for 5 minutes prior to breastfeeding
- If it is difficult for your baby to latch on, hand express or pump out enough milk to soften the areola and lengthen the nipple.
- Apply cold treatments (ice packs or frozen vegetables) wrapped in a soft, thin cloth to breasts for 20 minutes after each feeding. This will relieve the swelling and help with discomfort.
- If your obstetrician/midwife has prescribed an anti-inflammatory medication (ibuprofen), take it as ordered.
- See page 22 for more about engorgement, hand expression and removal of milk.

Ping Pong Ball = Stomach Capacity on Day 3

 **Ochsner Health**

Ping Pong
Ball

Baby's Third 24 hours

Date	Time	Minutes at breast		Wet Diaper	Dirty Diaper	Skin to Skin time (Y/N)	Swallows Seen/Heard (Y/N)
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Day 4

Fourth 24 hours your baby should have:

- 30-60ml (1-1.5 ounces or 2-3 Tbsps.) per feeding
- 8-12 ounces total in 24 hours
- “8 or more in 24”

Fourth 24 hours your baby should have:

- At least 4 pale yellow wet diapers
- At least 3-4 greenish-yellow, seedy dirty diapers

What to expect today:

- Your baby will continue to breastfeed frequently day and night. It is important that you continue feeding your baby on cue. No feeding schedule exists.
- Your baby will act hungry and show cues to feed whenever he is not at breast or being held. This is normal behavior. Nursing frequently will help you to make milk and avoid engorgement.
- Keep the baby close to you and beside your bed in his or her own safe sleep environment. This will let you notice the early feeding cues.
- It is normal for your breasts to feel full and heavy today.
- If your baby is sleepy and not showing feedings cues, place baby skin to skin, change your baby's position or diaper, talk to baby, gently rub baby's back.
- Your baby's weight loss should slow and/or stop. Have your baby's weight checked 24-48 hours after leaving the hospital at the pediatrician's office.
- *Avoid giving formula now unless medically necessary.* It may result in you making less milk later and change the normal flora or good bacteria of the baby's intestines.
- *Avoid using a pacifier.* It may cause you to miss important feeding cues and cause breastfeeding problems.

How to know your baby is getting enough to eat

- Your baby is breastfeeding 8 or more times in 24 hours.
- Your baby is having 4 or more wet diapers and 3 or more dirty diapers in 24 hours.
- Your baby's stool is changing to mustard, yellow color and becoming more frequent.
- You hear or see frequent swallowing throughout the feeding.
- Your breasts feel heavy and full before the feeding and less full and softer after a feeding.
- Your baby pulls away from the breast after feeding, is very relaxed and acts satisfied.
- You see milk in the baby's mouth when he/she comes off the breast.
- Your baby is content between feedings.

Baby's Fourth 24 hours

Date	Time	Minutes at breast		Wet Diaper	Dirty Diaper	Skin to Skin time (Y/N)	Swallows Seen/Heard (Y/N)
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Day 5

Fifth 24 hours your baby should have:

- 45-60ml (1.5 ounces or 3-4 Tbsps.) per feeding
- 12-18 ounce in 24 hours
- “8 or more in 24”

From day 5 on, your baby should have:

- At least 5 – 6 pale, yellow wet diapers
- At least 3 - 4 yellow, watery, seedy dirty diapers (medium to large size)

What to expect today:

- There is no feeding schedule when breastfeeding. Your baby will continue to feed “8 or more in 24” with hunger cues.
- If your baby acts sleepy and is not showing feeding cues, hold baby skin to skin, change your baby’s position or diaper, talk to baby, gently rub baby’s back.
- Your baby’s weight loss should stop. Your baby should begin to gain about 1 ounce per day and be back to birth weight between 10-14 days of age.
- It is recommended that you have your baby’s weight checked 24-48 hours after you leave the hospital.
- *Avoid giving formula now unless medically necessary.* It may result in you making less milk later and change the normal flora or good bacteria of the baby’s intestines.
- *Avoid using a pacifier.* It may cause you to miss important feeding cues and cause breastfeeding problems.



Baby's Fifth 24 hours

Date	Time	Minutes at breast		Wet Diaper	Dirty Diaper	Skin to Skin time (Y/N)	Swallows Seen/Heard (Y/N)
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Day 6

Sixth 24 hours your baby should have:
<ul style="list-style-type: none">• 45-60ml (1.5 ounces or 3-4 Tbsps.) per feeding• 12-18 ounce in 24 hours• "8 or more in 24"

From day 6 on, your baby should have:
<ul style="list-style-type: none">• At least 5 - 6 pale yellow wet diapers• At least 3 - 4 yellow, watery, seedy dirty diapers (medium to large size)

What to expect today:

- Frequent breastfeeding is normal.
- Now that your milk volume has increased, your baby should be more content after breastfeeding.
- It may take 10-14 days for your baby to get back to birth weight. Once back to birth weight, breastfeeding is well established, and your baby is consistently gaining weight you may discontinue charting of feedings, wet and dirty diapers.

Congratulations!
You are well on your way
to reaching your breastfeeding goals!

Baby's Sixth 24 hours

Date	Time	Minutes at breast		Wet Diaper	Dirty Diaper	Skin to Skin time (Y/N)	Swallows Seen/Heard (Y/N)
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First Alert Questionnaire

This form should be completed between _____ and _____.

This questionnaire is a means for you to determine how well you and the baby are breastfeeding and may “First Alert” you to any real or potential breastfeeding problems.

If you circle any answers in column ‘B,’ please call the Lactation Center Support Line for assistance.

	<u>A</u>	<u>B</u>
1. Has your milk come in?	Yes	No
2. Are you able to easily latch the baby onto both breasts?	Yes	No
3. Do you have very sore, tender nipples?	No	Yes
4. Are your nipples scabbed, cracked, blistered, or bleeding?	No	Yes
5. Do you usually have to wake the baby to feed?	No	Yes
6. Does the baby breastfeed at least 8-10 times in a 24 hour period?	Yes	No
7. Do you hear/see the baby swallowing throughout the breastfeeding session?	Yes	No
8. Do your breasts feel softer after the baby has finished nursing?	Yes	No
9. Does the baby act hungry by rooting or sucking on his fingers after feeding?	No	Yes
10. Have the baby's bowel movements changed from a dark sticky stool to a bright yellow, soft, watery stool?	Yes	No
11. Does the baby have at least 3 or 4 medium sized stools in a 24 hour period?	Yes	No
12. Does the baby have dark yellow or pink colored urine diapers?	No	Yes
13. Are you more comfortable and confident about breastfeeding?	Yes	No

“Screening Form Early Follow-up of Breast-Fed Infants”

Adapted with permission from The Lactation Program, Denver, CO.

Benefits of Breastfeeding

According to the US Department of Health and Human services, there are many benefits to breastfeeding. Even if you are able to do it for only a short time, your baby's immune system can benefit from breast milk. Here are some of the many benefits of breastfeeding for a mother and baby:

Benefits for Your Baby: Breast milk has just the right amount of fat, sugar, water, and protein that is needed for a baby's growth and development. Colostrum, sometimes referred to as your "first milk" is a yellowish liquid that is produced by the breasts a few months before the birth of your child. This is what your baby will drink when nursing in the early days after birth. It is high in carbohydrates, protein and antibodies and is low in fat. These antibodies will help build your baby's immune system so that he/she will become sick less often. Colostrum also has a mild laxative effect which encourages the infant to have its first bowel movements, thereby decreasing the risk of the baby getting jaundice.

- *Fewer ear infections*
- *Less likely to become obese*
- *Less likely to die from Sudden Infant Death Syndrome (SIDS)*

Benefits for You: Nursing uses up extra calories, making it easier to lose the pounds of pregnancy. It also helps the uterus to get back to its original size and lessens any bleeding you may have after giving birth. You do not have to purchase, measure, or mix formula which will save time and money. Additionally, when you breastfeed, there are no bottles and nipples to sterilize. Unlike human milk straight from the breast, infant formula has a chance of being contaminated. A long term benefit of breastfeeding is that it is known to prevent breast cancer, ovarian cancer and osteoporosis, a disorder in which the bones become increasingly porous, brittle and at risk for fracture.

- *Less likely to get breast cancer*
- *Less likely to get diabetes and heart disease*

Feeding Basics

Every baby has his or her own feeding pattern. Some feed more often than others. Let your baby breastfeed as much as he or she wants. (If your baby is very sleepy, please refer to page 21 for waking techniques.) Watch for your baby's early hunger cues. This is his or her way of saying "I'm hungry" or "I need comfort." These cues are:

- Beginning to wake or stir
- Bringing the hands close to the mouth
- Making sucking motions with the mouth or tongue
- Rooting or turning toward anything that brushes the mouth

Keep the baby close to you to learn to recognize the early hunger cues and be able to quickly respond to your baby.

There is no certain amount of time a baby needs to feed from a breast. Let your baby feed from the first breast until he or she releases the breast or falls asleep and no longer sucks even while using breast compression.

If your baby still acts hungry after finishing the first breast, offer the other one. If not, start the baby on the breast that was not fed from at the next feeding. Sometimes babies will feed from one breast at a feeding and other times they will feed from both. Expect to feed your baby 8-12 more times in a 24-

hour period. Some feedings may be clustered together with the baby feeding more frequently for a three-to-four-hour period then he or she may sleep for a longer stretch.

Babies are supposed to suck for comfort and pleasure as well as food. Do not expect your breastfed baby to sleep through the night, especially during the first weeks to months of life. Your baby may have one long sleep period of up to five hours without waking to feed. The reason breastfed babies feed more often than formula fed babies is because breast milk is natural and made especially for their bodies. It digests more easily and quickly.

Crying is a sign of distress. We do not encourage waiting until the baby cries to breastfeed. He or she is often irritable at this point, which can make latching onto the breast more difficult for your baby.

Your body will begin producing larger amounts of milk between 3 to 5 days after your baby's birth. Prior to that, the first milk is produced in small amounts. Initially, your baby will receive teaspoons at feedings because his or her stomach is about the size of a marble, and that is all it can hold. For this reason, babies tend to feed more often before the larger volume of milk comes in.

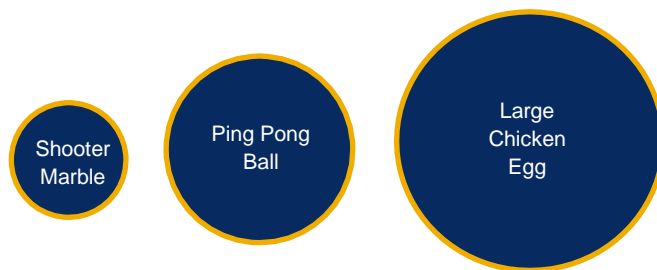
Your baby will go through periods of wanting to nurse often. When breastfeeding frequently, it is normal for your breasts to feel softer than and not as full as they typically do. Your baby will feed often to increase your milk supply in order to meet his or her growing needs. The feedings will become less frequent once your supply increases. Don't try to go longer between feedings because you think the breasts will be fuller and your baby will get more. Full breasts produce milk more slowly and drained breasts produce milk more quickly. The longer you go between feedings, the less milk your body will make.

Shooter Marble = Stomach Capacity on Day 1

Ping Pong Ball = Stomach Capacity on Day 3

Large Chicken Egg = Stomach Capacity on Day 10

Softball = Capacity of an Adult



Positions



Football or Clutch Hold

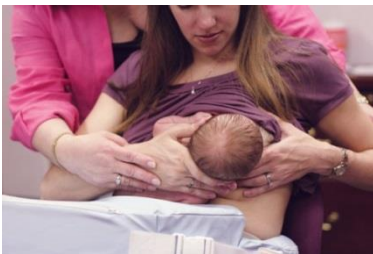
Sit upright with a pillow behind the small of your back and one along the side of your body that your baby will lie on during nursing. Place your baby on the pillow with his body supported by your forearm and his legs flexed upward. Angle your baby's body into your body.

Cup your baby's neck and shoulders in the palm of your hand. Bring your baby's head to the level of your breast with your baby looking directly at it. With your free hand, hold your breast in a "C" hold. Make the letter "C" with your hand. Your thumb should be resting gently on top of your breast, and your fingers should be below and in back of the areola. Neither your thumb nor your fingers should touch the areola.

This is a wonderful learning position because of the head and neck control it provides you in bringing your baby to your breast. This is also a terrific position if you have had a cesarean birth, need more visibility in getting your baby to latch on, have large breasts, are nursing a small baby, or have a baby with a tendency to slide down the areola onto the nipple.

Cradle

Cradle your baby in your arm so he/she is lying on his side with his whole body facing you. His lower arm will be tucked out of the way and his mouth will be close to your breast. With your free hand, hold your breast in a "C" hold to help your baby latch. Once your baby has latched, you may relax the hand that was holding your breast. Note: This position is most commonly used after the first few weeks of breastfeeding.



Cross Cradle Hold

Position your baby so he is lying on his side, with his whole body facing you. To help support your baby at the level of your breast, lay a pillow across your lap. When your baby is older, he can rest in your lap. Support your baby's head in your hand and support his back against your forearm. Offer him your breast while supporting the breast with your free hand.

Side Lying Position

Lie on your side with your baby's stomach against your stomach. Hold your breast in a "C" hold to offer it to your baby. This position is especially good for mothers who:

- Have had a cesarean birth
- Are uncomfortable sitting up
- Need help from someone else to get the baby latched on
- Are nursing during the night
- Have a baby who is sleepy or reluctant to nurse

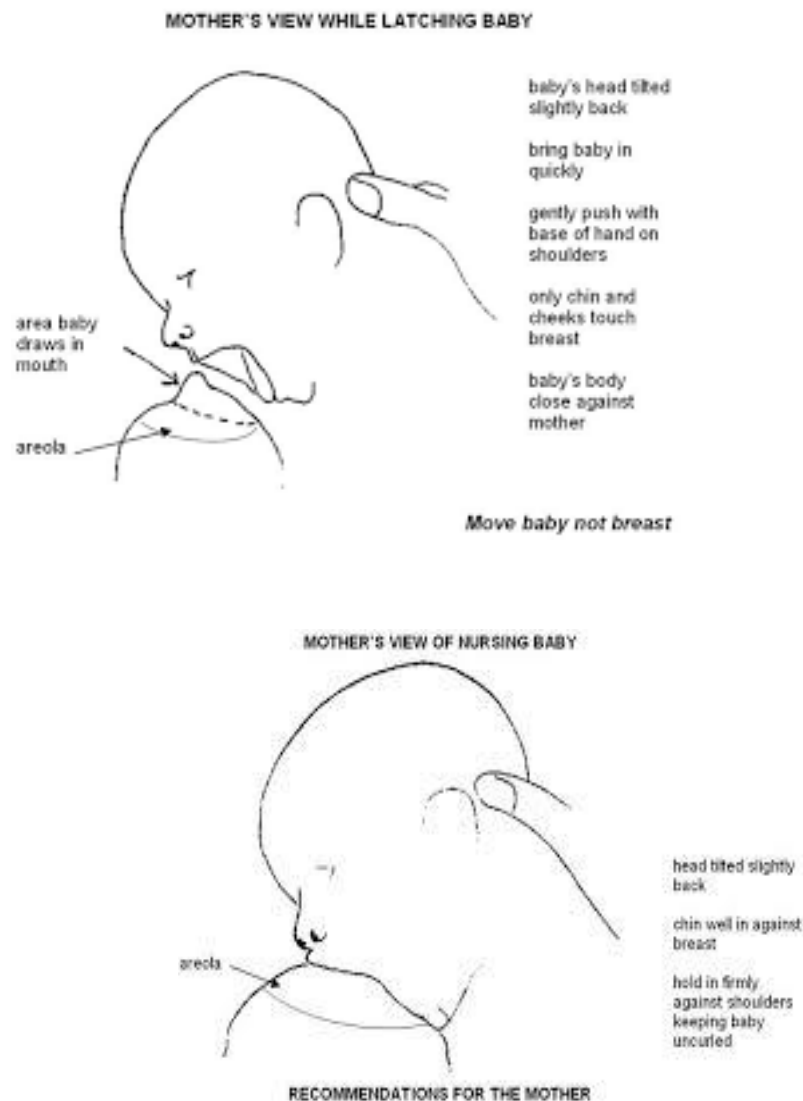


Latch

Latching is the process of the baby's mouth connecting to the mother's breast. A correct latch ensures that your baby receives the proper amount of nutrition and is essential for a successful breastfeeding experience.

Proper Latch Technique

- Position your baby at nipple level with head and body aligned and close to your body
- Support the breast with one hand forming the letter "C"
- Hold the baby firmly at the back of the neck with the other hand
- Tilt the baby's head back slightly so the nose is not pushing into the breast
- Tickle baby's upper lip with the nipple
- Wait for the baby's mouth to open wide and bring the baby to the breast
- Baby's chin and lower lip should touch the breast first
- Aim nipple toward roof of mouth
- Baby should pull in a mouthful of the areola (the dark brown skin around the nipple)



Signs of Good Attachment

- Baby acts calm and sucks contentedly
- See/hear swallows with sucks
- See more of the areola at the top of breast than at the bottom of the breast
- Chin indents breast
- Mouth is stretched open wide like a shout
- Lips are flipped out
- Cheeks are rounded
- Latch is comfortable

Another method of latching baby to the breast is called “self-attachment.” A human baby has natural instincts to search and latch onto the breast just like other mammals. If baby is placed wearing only a diaper on mom’s bare chest (no bra) and stomach, he will use his hands and face to root and find the nipple on his own. Mom just supports baby by placing her hands on the middle of his back and his buttocks so he feels secure. As baby works his way towards the nipple mom can then give him any needed help to latch him on. Placing a baby wearing only a diaper on mom’s naked chest and stomach is called skin-to-skin. It is a good way to wake a sleepy baby for breastfeeding or to calm a fussy baby.

Sore Nipples

Correct latch and positioning of the baby at the breast is the key to prevention of sore nipples. You should feel strong tugs or pulls, but you should not feel pinching or biting when baby is latched on correctly. When the nipple comes out of baby’s mouth, it should look the same as it did when it went in, not pinched or flattened. Make sure you feel comfortable with latching baby before leaving the hospital.

Tenderness when the baby first pulls the breast into the mouth is common. This should ease as the feeding continues. Use deep breathing until the tenderness passes. After several days, this tenderness should go away.

Cracked, bleeding, bruised or blistered nipples are not normal. Ask for help from the hospital nurses or lactation consultant if this happens. Even though the nipple is damaged, you can still nurse your baby if the discomfort is not too great. If pain persists or nipple is damaged, reach out to a certified lactation consultant.

Let-Down

Let-down is a reflex caused by hormones in your body that cause milk to flow toward the nipple. When your baby is latched on well and sucking strongly, you may notice the following:

- Uterine cramps (similar to those you experience during your menstrual cycle)
- Pins and needles feeling in the breast
- Sleepiness or thirstiness
- Milk leaking from the breast baby is not sucking on

Waking a Sleeping Baby

Babies tend to be very sleepy in the first day or two after birth. If your baby is not waking on his or her own for feedings, please use the waking techniques described below to ensure 8 or more feedings in a 24 hour period.

Waking Techniques

- Undress the baby to a diaper only
- Place the baby skin-to-skin with your bare chest
- Change the baby's diaper
- Burp the baby
- Express milk onto your nipple and rub it on his or her lips
- Use breast compression if he or she falls asleep while feeding (refer to the "Breast Compression" section on page 23 for specific instructions.)

Benefits of Skin-to-Skin Holding

The many benefits of skin-to-skin contact and holding immediately after birth and beyond are well documented by medical research. Skin-to-skin contact is holding your baby naked, or dressed only in a diaper, against your bare chest. Both you and the baby will be covered with warm, dry blankets. Dad can snuggle and hold the baby skin-to-skin too.

Benefits for Baby

- Keeps baby warm
- Stabilizes baby's heart rate and respiratory rate
- Keeps blood sugar level higher
- Keeps baby calm
- Makes breastfeeding easier
- Helps to relieve pain
- Baby will cry less
- Colonizes baby's gut with parent's normal skin flora

Benefits for Mom

- Lowers mom's stress level – keeps her feeling calm
- Makes breastfeeding easier
- Helps with bonding



Engorgement

Engorgement can occur when the milk volume first increases and/or when the breasts are not adequately and regularly emptied. The breast tissue may become swollen to the point where it will not allow the milk to be drained when the baby sucks at the breast or when you attempt to hand express or pump it out. Prevention of engorgement is the key! Frequent removal of milk from the breast and keeping the swelling down is all you need to remember.

- If the milk is flowing, use wet or dry heat applied to the breasts for approximately 10 minutes prior to each feeding as a comfort measure to facilitate the milk ejection reflex/ flow of milk
- Follow heat treatment with breast massage to soften hard/lumpy areas of the breast
- Use unrestricted, frequent, effective feedings
- Wake baby to feed if necessary
- Avoid pacifier use and bottle feedings
- Hand express or pump breasts to the point of comfort as needed
- Use cold treatments in the form of ice packs/gel packs/frozen vegetables wrapped in a soft thin cloth and applied to the breasts for approximately 20 minutes after each feeding until engorgement is resolved
- Wear comfortable, supportive bra (avoid underwire bras)
- Take pain medicine as needed
- Use anti-inflammatory medications if prescribed by physician

More Milk to the Baby – Breast Compression

Information for breastfeeding families

Breast Massage and Compression



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

Breast Massage and Compression is Useful for:

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



Lactation Education Resources. This handout may be freely duplicated



Massage

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

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

Compressions

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

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

More Milk to the Baby – Hand Expression

Information for breastfeeding families

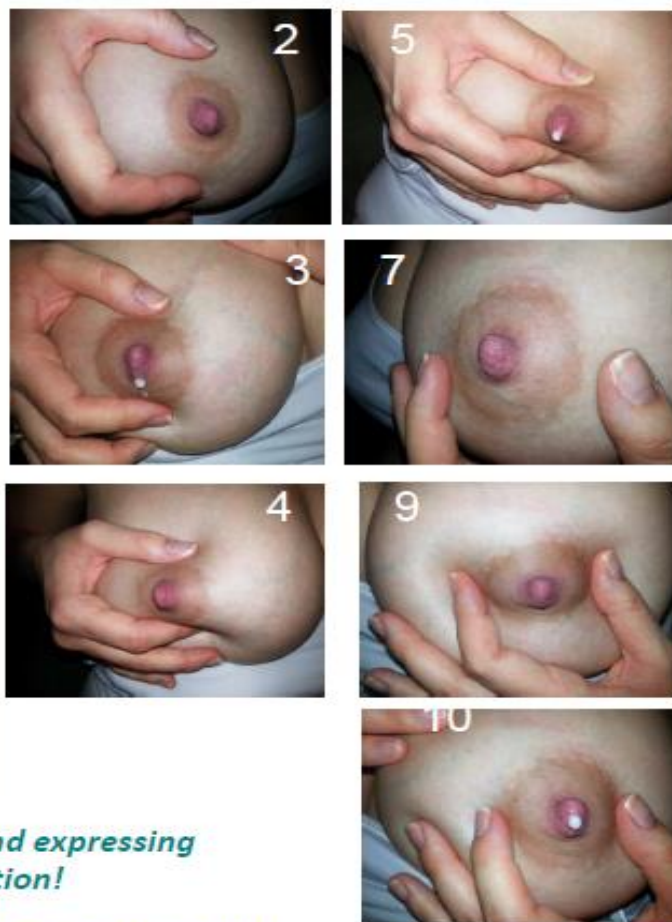
Hand Expression



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

Hand expression routine:

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



**Watch this video while you are hand expressing
to see the technique in action!**

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

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Milk Storage and Handling

Working mothers or others who are pumping breast milk for their infants should store the milk in the cleanest and safest way. It can be stored in any clean container: plastic, glass or breast milk storage bags. Recommendations for storage temperatures and times vary from one authority to another. We are recommending guidelines from the Centers for Disease Control and Prevention (CDC).

- **Room Temperature** – Freshly pumped breast milk can be kept at room temperature for 6-8 hours. If it will need to be kept longer, please refrigerate. Milk that has been previously chilled should be kept at room temperature for no longer than an hour or so.
- **Refrigerated** – Breast milk may be stored in the back of the main body of a refrigerator up to 5 days. If you think that you may not use it within that time period, freeze it. If you find you have milk that has almost reached its expiration date in the refrigerator, you may freeze it for later use.
- **Frozen** – Breast milk may be stored in a freezer compartment of a refrigerator with separate outside doors for 3-6 months and in a chest or upright deep freeze for 6-12 months. The freezer is cold enough if it keeps your ice cream solid. That will be about 0°F or -20°C. Store milk towards the back of the freezer, where the temperature is most constant. If plastic nursery bags are used, they should be doubled or protected from being bumped and torn in the freezer.
- **Layering Breast milk** – You may add “new” freshly expressed milk to previously chilled or frozen milk. Chill the “new” milk prior to adding it to the container of milk. The expiration date on the container of milk will be from the date of the oldest milk. It is best to freeze milk in feeding sized quantities. If you are just starting to pump, you may not yet have an idea of what will be the right size for your baby. Freeze in 1-2 oz. quantities to start. You don’t want to thaw out more milk than your baby will take in 24 hours. After you have some experience with how much your baby takes from a bottle, you can freeze milk in that quantity.
- **Thawed** –The oldest milk should be used first. Breast milk can be thawed and brought to room temperature by briefly standing the container of milk in warm water. Never make it warmer than body temperature. Never use a microwave to thaw or warm breast milk. Discard any milk left in a bottle within 1 hour after a feeding. Thawed, refrigerated breast milk must be discarded after 24 hours. Do not re-freeze it.
- **Transporting** – Chill any milk that you pump at work either in a refrigerator or a portable cooler bag. A cooler bag with frozen gel packs can be used to transport the milk home.



Tips for Mom

Two of the most important things for successful breastfeeding is a calm, well rested mother and support from significant others in your life. Make caring for yourself and your baby a top priority in the first weeks you are home.

- Don't try to get back to doing house chores too soon
- Limit your visitors
- Eat a well-balanced diet and drink plenty of fluids
- Find time to rest
- Allow your significant other, friends and family to help with physical tasks or keeping an eye on the baby or other children while you rest

Diet and Nutrition for You

There is no special diet that must be followed during breastfeeding. Women all over the world breastfeed their babies and have different diets. However, you will need to:

Eat when you are hungry. Eat smaller, more frequent meals if you are too tired or busy to eat three regular meals. You do not have to drink milk to make milk. You do not have to drink an excess amount of liquids. Drink when you are thirsty.

Use of Medications while Breastfeeding

Ask your doctor or your baby's doctor to recommend medications that are safe to use while breastfeeding. Here is some general information about taking medications while breastfeeding.

- Try to take a medication just after you have finished breastfeeding. That way, it will likely be at a lower level in your system for the next feeding.
- Choose shorter acting medications. It would be better to choose a medicine that could be taken every 4 hours rather than every 8 hours or more, if possible.
- Be aware of drugs that might decrease your milk supply like cold and sinus medicines and any birth control pills or products with hormones. Discuss birth control with your obstetrician and inform him or her that you are breastfeeding when you go for your follow up office visit.
- Contact the Infant Risk Center at 1-806-352-2519 for further information on medication safety while breastfeeding.
- Alcohol, tobacco, and caffeine are also considered drugs. Please contact your pediatrician for advice on use of these products.
- Recreational/street drugs can be harmful to your baby. These should NOT be taken while breastfeeding.

Coffective Mobile App

Use this Coffective QR code or search for "Coffective" in your mobile device app store to learn more about best practices for maternal-infant bonding and infant feeding.



Community Resources for Breastfeeding Mothers

Hospital Breastfeeding Centers/Lactation Consultants

Ochsner Baptist	504-842-5210
Ochsner West Bank	504-391-5195
Ochsner Kenner	504-464-8345
Ochsner Baton Rouge	225-755-4448
Ochsner St. Anne	985-537-8291
Ochsner LSU Health Shreveport	318-626-1380
Ochsner LSU Health Monroe	318-330-7305

AAPCC (Poison Control)

Free medical advice 24/7 through the Poison Help Line and the online tool.
1-800-222-1222
PoisonHelp.org

Baby Café

Free breastfeeding support and care. No appointment needed.
Babycafeusa.org
Find your local Facebook group

Breastfeeding, Inc.

Dr. Jack Newman's online resource provides videos, articles, and information sheets.
ibconline.ca

Café Au Lait - New Orleans

Breastfeeding support group that focuses on women of color, pregnant or parenting.
504-535-4913
cafeaulaitnola@gmail.com
Facebook-Café au Lait Louisiana

Collective

Download the free mobile app to help get off to a great start with breastfeeding.
collective.com

First Droplets

Making plenty of milk is the key to successful breastfeeding. Info is for full term and preterm babies.
Firstdroplets.com

Global Health Media

Videos that can be used to teach and empower mothers and caregivers.
globalhealthmedia.org

Healthy Start New Orleans

Serves women of childbearing age and addresses issues for pregnant women and their children from birth to the age of two.
504-658-2600 (Orleans Parish)
504-247-0592 (Jefferson Parish)
nola.gov/health-department/healthy-start



Infant Risk Center

Provides up to date information for medication use by moms during pregnancy and while breastfeeding.
1-806-352-2519

Kelly Mom

Provides online information on breastfeeding and parenting. Information is provided for educational purposes only.
kellymom.com

La Leche League

Mother to mother support groups with education, information support, and encouragement to women who want to breastfeed.

lila.org

lilaalmsla.org

LLLJefferson.com

Facebook-LLLJefferson

Louisiana Breastfeeding Coalition

Find local breastfeeding support, including lactation consultants, WIC clinics, support groups and more.

1-800-251-BABY (2229)

louisianabreastfeeding.org

Louisiana Breastfeeding Support

Zip code search of breastfeeding resources in the area.

LaBreastfeedingSupport.org

Mobile Infant Feeding Clinic

Located at Children's Hospital Parenting Center. Open to all pregnant and parenting families. Baby scale available.

504-515-1243

nolabreastfeedingcenter.org/mobile-clinics/

Mothers' Milk Bank of Louisiana at Ochsner Baptist

Mother's milk is especially important in meeting the needs of all babies. If ever there's a time when you cannot produce enough milk, donor milk is the next best thing. If you would like to become a donor, call the Milk Bank.

504-703-MILK (6455)

ochsner.org/mothersmilkbank

New Orleans Breastfeeding Center

Infant feeding visits in clinic with Nurse Practitioner and Lactation Consultant, covered by most insurances and Medicaid.

504-515-1243 (text messages accepted)

info@nolabreastfeedingcenter.org

nolabreastfeedingcenter.org

Support for families through pregnancy, birth and early parenthood.

nolanesting.com

Connects Louisiana moms and their families to health and pregnancy resources. Available 24/7.

1-800-251-BABY (2229)

1800251baby.org

Support for families to help with infant sleeping, calming, bonding, and feeding. Support for parents who are stressed, overwhelmed, or are having issues with postpartum mood or anxiety.

504-988-9222

tbears.org

A nutrition program for pregnant, breastfeeding, and postpartum women, infants, and children (under 5 years old). Provides foods and nutrition information. Also provides breastfeeding support by peer counselors.

1-800-251-2229

ldh.la.gov/WIC

Notes

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.

Baby Feeding Cues (signs)



EARLY CUES - "I'm hungry"



- Stirring



- Mouth opening



- Turning head
- Seeking/rooting

MID CUES - "I'm really hungry"



- Stretching



- Increasing physical movement



- Hand to mouth

LATE CUES - "Calm me, then feed me"



- Crying



- Agitated body movements



- Colour turning red

Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking

