

Mother's Breastfeeding Guide

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. While breastfeeding may be natural, breastfeeding does not always come naturally for moms and babies. In fact, many moms, whether experienced or not, may need breastfeeding support either getting started or at some point in their breastfeeding journey. This booklet can provide you with what to expect as well as resources available to you.

Best wishes on your new journey!

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 _____

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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 two years or beyond (AAP and WHO).



“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 charts provided in this guide. 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:	First 24 hours your baby should have:	Stomach Capacity on Day 1:
<ul style="list-style-type: none"> • A few drops to 5ml (<1 tsp) per feeding • 8 or more feedings in 24 hours 	<ul style="list-style-type: none"> • At least one wet diaper • At least one dark, sticky dirty diaper 	Marble 

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.

Early Feeding Cues

- Your baby will have obvious awake and sleepy times. Offer your breasts when the baby is awake and giving early feeding cues like the ones shown to the right.
- 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 supplementation (formula or donor milk) 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
- Some mom's colostrum is not always yellow – it may also appear white or clear
- Small amount is perfect for baby's small stomach size
- Easily digested
- Serves as a laxative
- Helps to prevent baby from getting jaundiced (yellow color of the baby's skin)
- Helps baby to build a healthy immune system

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)
		Right					
		Left					
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Day 2

Second 24 hours your baby should have:	Second 24 hours your baby should have:
<ul style="list-style-type: none">• 5-15ml (<1/2 ounce or <1 Tbsp) per feeding• 1-4 ounces total in 24 hours• 8 or more feedings in 24 hours• May cluster feed	<ul style="list-style-type: none">• 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 they are not at breast or being held. This is normal behavior. Relax and nurse 8 or more times with cues 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 4-5 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 supplementation (formula or donor milk) 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)
		Right					
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Day 3

Third 24 hours your baby should have:	Third 24 hours your baby should have:	Stomach Capacity on Day 3:
<ul style="list-style-type: none">• 15-30ml (1/2 -1 ounce or 1-2 Tbsp) per feeding• 4-8 ounces total in 24 hours (see ping-pong ball)• 8 or more feedings in 24 hours	<ul style="list-style-type: none">• At least 3 wet diapers• At least 3 brownish-green, dirty diapers	Ping-pong ball 

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 supplementation (formula or donor milk) 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.

Effective ways to prevent/treat engorgement

- Breastfeed frequently – 8 or more times daily – 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.
- Learn more about engorgement (pages 20-21) and hand expression (page 28) for removal of milk.

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:	Fourth 24 hours your baby should have:
<ul style="list-style-type: none">• 30-60ml (1-2 ounces or 2-4 Tbsp) per feeding• 8-16 ounces total in 24 hours• 8 or more feedings in 24 hours	<ul style="list-style-type: none">• 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 they are 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 their 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 feeding 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 supplementation (formula or donor milk) 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 if 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 or 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:	Fifth 24 hours your baby should have:
<ul style="list-style-type: none">• 45-60ml (1.5-2 ounces or 3-4 Tbsp) per feeding• 12-16 ounces in 24 hours• 8 or more feedings in 24 hours	<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:

- There is no feeding schedule when breastfeeding. Your baby will continue to feed 8 or more times with hunger cues.
- If your baby is sleepy and not showing feeding 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 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 supplementation (formula or donor milk) 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:	Sixth 24 hours your baby should have:
<ul style="list-style-type: none">• 45-60ml (1.5-2 ounces or 3-4 Tbsp) per feeding• 12-16 ounces in 24 hours• 8 or more feedings in 24 hours	<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)
		Right					
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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.

	A	B
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 or more 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 your baby
- The perfect food made just for your baby
- Fewer ear infections
- Less likely to become obese
- Less likely to die from Sudden Infant Death Syndrome (SIDS)
- Contains antibodies to build your baby's immune system so they will become sick less often
- Breast milk is easier to digest than formula (less gas and constipation)

Benefits for you

- Uses up extra calories, making it easier to lose the pounds of pregnancy
- Helps uterus return to original size and lessens any bleeding after birth
- Do not have to purchase, measure, or mix formula which will save time and money
- Less likely to get breast and ovarian cancer
- Less likely to get diabetes and heart disease
- Can help lessen the likelihood of postpartum depression

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 24 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 baby close to you to learn to recognize his or her 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 (see page 29).

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 or 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.

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.

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 baby will go through periods of wanting to nurse often. When breastfeeding frequently, it is normal for your breasts to feel softer 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.

Average feedings based on baby's age

- First week after day 4: 1-2 oz (30-60ml)
- 1-3 weeks old: 2-3 oz (60-90ml)
- 1-6 months: 3-5 oz (90-150ml)



Baby's Stomach Capacity

- **Shooter marble** = stomach capacity on Day 1
- **Ping-pong ball** = stomach capacity on Day 3
- **Large chicken egg** = stomach capacity on Day 10
- **Softball** = stomach capacity of an adult



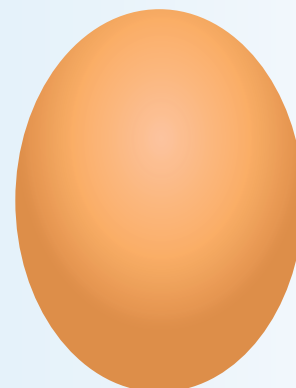
Day 1

(actual size)



Day 3

(actual size)



Day 10

(actual size)

Positions



Football or Clutch Hold

This position helps to control baby's head and neck and to bring baby to your breast. It's great if you've had a Cesarean birth, need to see better to get baby to latch on, have large breasts, are nursing a small baby or if your baby tends to slide down the areola onto the nipple.

- Sit upright with one pillow at the small of your back and one alongside your body.
- Baby will lie alongside you on the pillow, as if you were carrying a football or purse.
- Support your baby with your forearm with his or her 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 level with your breast with baby looking directly at it.
- With your free hand, make the letter "C" or "U" with your hand so that your thumb and fingers are on the breast near baby's nose and chin.



Cradle Hold

This position is most commonly used after the first few weeks of breastfeeding.

- Cradle your baby in your arm. Baby's whole body should face you, with the lower arm tucked out of the way. This places baby's mouth close to your breast.
- With your free hand, make the letter "C" or "U" with your hand so that your thumb and fingers are on the breast near baby's nose and chin.
- Once your baby has latched, you can relax the hand that was holding the breast.



Cross Cradle Hold

- If needed, lay a pillow across your lap to help support baby at the level of your breast.
- Position your baby on his or her side on the pillow, whole body facing you.
- Cup your baby's neck and shoulders in the palm of your hand. Support baby's back against your forearm.
- Support the breast with your free hand and offer to baby.



Laid Back or Self-Attachment

This position helps babies use their natural instincts to move to the breast and latch comfortably. A baby wearing only a diaper placed on mom's bare chest and stomach with no bra (skin-to-skin) will use their hands and face to root and find the nipple on their own. Skin-to-skin is a good way to wake a sleepy baby to feed. It can also help calm a fussy baby before feeding.

- Lean back into a chair and place your baby between your breasts. This way your body takes your baby's weight.
- Babies often naturally search for the nipple using all their senses in this position.
- Place your hands on baby's back and buttocks to help baby feel secure.
- As baby works toward the nipple, give any help needed to latch on.

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

1. Position your baby at nipple level with their head and body aligned and close to your body.
2. Support the breast with one hand forming the letter "C" or "U".
3. Hold the baby firmly at the back of the neck with the other hand.
4. Tilt baby's head back slightly so the nose is not pushing into the breast.
5. Tickle baby's upper lip with the nipple.
6. Wait for baby's mouth to open wide and bring baby to the breast.
7. Baby's chin and lower lip should touch the breast first.
8. Aim nipple toward the roof of baby's mouth.
9. Baby should pull in a mouthful of the areola (the dark brown skin around the nipple).
10. Keep baby's body close to mom in an uncursed position.

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
- Nipple is round and not compressed when removed from baby's mouth



Good Latch



Bad Latch

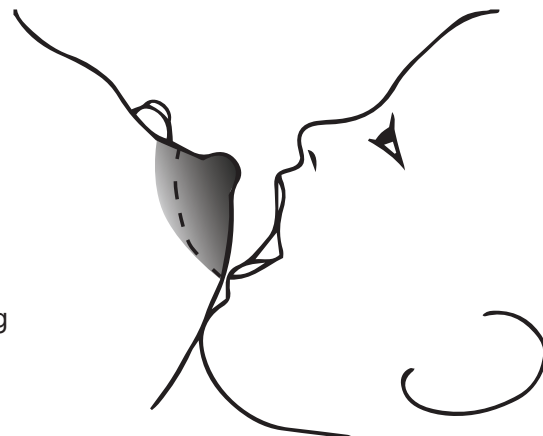
Sore Nipples

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 your nipple is damaged, reach out to a certified lactation consultant.



***A deep asymmetric latch
can help prevent sore nipples.***

Image courtesy La Leche League International

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

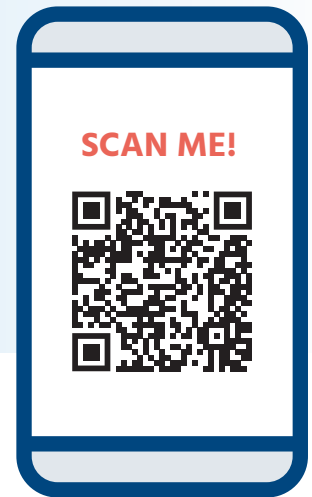
Engorgement

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 key!

Frequent removal of milk from the breast and keeping the swelling down is all you need to remember.

In situations of severe engorgement, you can perform massage to encourage lymphatic drainage. Scan this code for an instructional video:



Lymphatic Drainage

The lymphatic drainage technique encourages GENTLE therapeutic breast drainage. The technique uses light sweeping of your skin and a very gentle touch, similar to the amount of pressure one might use to pet a cat.

Follow these 3 steps or watch the video by scanning the code above.



La Leche League (2023). Mastitis, slowed milk flow, and milk blisters. Courtesy Illusa.org/mastitis

1. Make 10 small circles at the base of your neck, just above your collarbone.
2. Make 10 small circles where your breast meets your underarm.
3. Sweep from your nipple toward your chest, collarbone, and underarm.

Avoid any deep massage or use of massaging tools such as an electric toothbrush or vibrator, which can aggravate inflammation.



Breast Engorgement

Breastmilk usually "comes in" two to five days after delivery. This means your milk changes from colostrum, or early milk, to mature milk. Your body may make more than your baby needs during this period, and it is easy to become overly full.

To prevent engorgement:

- Begin feeding soon after delivery.
- Nurse frequently, according to your baby's cues, 8 or more times per day around the clock.
- Make sure your baby latches well to "empty" your breasts effectively.
- Keep your baby actively nursing throughout the feeding. Make sure they are swallowing after a few sucks.
- Do not skip feedings or give formula feedings during the first several weeks.

For moderate engorgement:

(Your breasts are as firm as the tip of your nose)

- Apply warmth before feedings to soften the breast and encourage the let-down reflex.
- Stand in the shower and let warm water run over your breasts. This will feel good and encourage leaking.
- Do some gentle breast massage. With your fingertips, gently massage your breast from under the nipple up toward your armpit. Then stroke from the outer breast toward the nipple.
- Watch this excellent video of hand expression of breastmilk: <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>
- Apply cold after feedings to reduce the swelling and provide comfort. You can use ice packs or bags of frozen vegetables wrapped in a light towel. Apply for 10 - 20 minutes



For extreme engorgement:

(Your breasts feel as hard as your forehead)

- Apply cold to the breasts, no heat. This will reduce swelling, slow re-filling of the breasts and provide some comfort.
- Lying on your back helps the excessive fluid in your breasts be reabsorbed by your body.
- Talk to your health care provider about taking an anti-inflammatory. This may help you to feel better.
- Cabbage leaves may be applied to the breasts before feedings to reduce swelling. Although this may sound like an unusual treatment, many parents have found it effective in relieving the pain and fullness of engorgement. Place the chilled cabbage leaf in your bra for 15-30 minutes 2-3 times per day or until your breasts begin to soften. Not more. More can reduce your milk supply. Do not use cabbage applications if you are allergic to cabbage or you develop a skin rash.
- You may then want to try the reverse pressure softening technique shown in this video: <https://www.youtube.com/watch?v=tCWisBRmzpw>
- If latch is difficult at the beginning of a feeding because of the fullness, you can use hand expression to make your nipples graspable or use a breast pump for a few minutes. Hand expression may work best at this time.
- If your baby doesn't "empty" your breasts sufficiently during feedings or only feeds on one breast, you may use hand expression or a breast pump after feedings for a day or two. It is important to treat engorgement before your breasts become very full and painful. This back pressure on the milk producing cells in your breast can damage them and reduce your over-all milk supply.
- If, despite using these methods, you cannot obtain relief, seek help from a lactation consultant or other knowledgeable health care provider.

Mastitis and Plugged Ducts

Mastitis

Occasionally, some women may experience signs and symptoms of a breast infection called mastitis. This can occur in mothers who have had cracked or blistered nipples or who go long periods of time without removing milk.

Symptoms include high fever that starts suddenly, hot area of breast, pain and a lump in the breast, a hard wedge shaped area, flu-like symptoms and chills, extreme tiredness, discoloration of skin that may appear red in lighter skin tones. **If you develop any of these symptoms, first contact your OB provider.**

Remedy

1. Continue with direct breastfeeding and/or effective milk removal.
2. Ensure correct positioning and alignment of the baby to achieve more effective milk removal.
3. Apply a cold compress to the area between feedings to reduce inflammation.
4. Avoid firm and deep pressure to the breast. Use only gentle massage towards the armpit area.
5. Taking a pain reliever that has anti-inflammatory properties as well can help relieve pain symptoms as well as fever. Talk with your health care provider about the safety of taking ibuprofen for symptoms relief.
6. Your healthcare provider may prescribe antibiotics if symptoms are not improved. You may feel better after a few days, yet it is important to take all of the medication prescribed.

Plugged Ducts

If you notice a small lump the size of a pea in your breast, it may be a plugged duct. This occurs when a portion of the breast does not get emptied completely during feedings.

Remedy

1. Avoid firm and deep pressure to the breast. Use only gentle massage toward the armpit area.
2. Discuss strategies for effective milk removal with your lactation consultant.
3. It may take 2-3 feedings for the breast to feel more comfortable.
4. Position your baby's chin or nose towards the area of the lump.
5. Apply a cold compress to the area of the plug to reduce the inflammation.

Plugged Nipple Pore (Bleb)

This appears as a small white dot on the tip of the nipple and is usually very painful. It is one milk duct that has become plugged.

Remedy

1. Warm soaks and gentle rubbing with a warm towel may be effective to release the milk.
2. In persistent cases, discuss with your health care provider about the possibility of a topical steroid cream, oral lecithin, or further evaluation and intervention.



Photo courtesy lactationcounselingservices.com

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 calm and comfortable
- Maintains baby's normal temperature, breathing and blood pressure
- Helps baby gain weight
- Helps establish healthy bacteria and natural probiotics in baby's gut
- Makes breastfeeding easier
- Helps baby tolerate pain
- Baby will cry less

Benefits for mom

- Lowers her stress level and keeps her feeling calm
- Makes breastfeeding easier
- Helps boost her immune system and pass this to baby through breast milk
- Helps with bonding
- Keeps blood sugar level higher



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 "Breast Massage and Compression" on page 29 for specific instructions)



Breast Pumping

Reasons a breastfeeding mother may need to pump

- **Engorgement** is common in the first few days of milk coming in. If baby is unable to latch due to a very full breast, pumping for a few minutes before latching can soften the breast tissue enough for the baby to latch.
- **Anytime your baby is unable to latch for a feed** (because they are apart from you or due to an inadequate latch) it will be necessary to continue to remove milk at least 8 times in 24 hours to protect your milk supply.
- **If after baby nurses, your breasts are still very full and lumpy**, you may need to express a little milk to soften up the knotty areas.
- **When planning to go back to work or school**, it will be necessary to begin pumping in preparation to be separated from your baby. Pumping after the first morning feed can be an effective way to begin collecting milk for a planned separation. Four weeks after your baby's birth is a good time to start doing this.
 1. While you are away from baby, you will want to pump anytime you are away for a feeding. If you miss three feedings, pump 3 times. Each pumping session should last about 10-20 minutes.
 2. Once you and your baby are breastfeeding successfully, pumping after 1-2 nursing sessions can help you store milk for when you will be away from your baby.

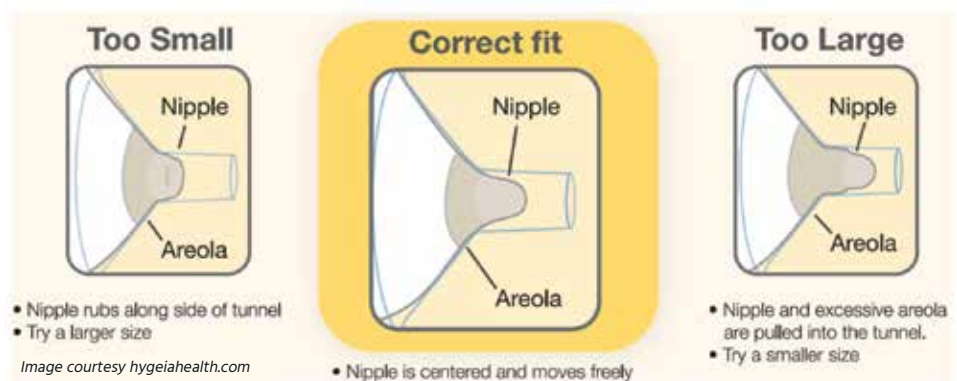
Pump settings

- **Suction Level:** Set your pump suction or vacuum level at the highest level that is comfortable for you, but not so strong that it hurts.
- **Speed:** Pumping at a faster speed when you begin a pumping session will get your milk flowing more quickly (it can take 2-3 minutes for your milk to let down or begin flowing). Once your milk is flowing, using a slower speed can help drain the breast better. You may have more than one let-down. Going back to a faster speed can encourage the next let-down.

Flange Size

Using the correct size flange or breast shield will help optimize milk output. If a flange is too small, it could restrict the tissue, potentially causing clogged milk ducts. If the flange is too large, it may not remove all the milk, which could contribute to a lower milk supply. Using an ill-fitting flange can also cause nipple pain or injury.

If pumping hurts, check to see if your flange may be too big or too small.



STORAGE AND PREPARATION OF BREAST MILK

BEFORE EXPRESSING/PUMPING MILK

Wash your hands well with soap and water.



Inspect the pump kit and tubing to make sure it is clean.

Replace moldy tubing immediately.



Clean pump dials and countertop.



STORING EXPRESSED MILK



Use breast milk storage bags or clean food-grade containers with tight fitting lids.



Avoid plastics containing bisphenol A (BPA) (recycle symbol #7).

HUMAN MILK STORAGE GUIDELINES

TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40 °F (4°C)	Freezer 0 °F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1–2 Hours	Up to 1 Day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

STORE

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in **small amounts of 2 to 4 ounces** to avoid wasting any.



When freezing leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for **up to 24 hours** when you are traveling.

If you don't plan to use freshly expressed milk **within 4 days**, freeze it right away.

THAW

Always thaw the oldest milk first.

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk **within 24 hours** of thawing in the refrigerator (*from the time it is completely thawed, not from the time when you took it out of the freezer*).

Use thawed milk **within 2 hours** of bringing to room temperature or warming.

Never refreeze thawed milk.



FEED

Milk can be **served cold, room temperature, or warm.**

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.

Do not heat milk directly on the stove or in the microwave.



Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, **not hot.**

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used **within 2 hours.**

CLEAN

Wash disassembled pump and feeding parts in a clean basin with soap and water. **Do not wash directly** in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

For extra germ removal, sanitize feeding items daily using one of these methods:

- clean in the dishwasher using hot water and heated drying cycle (*or sanitize setting*).
- boil in water for 5 minutes (*after cleaning*).
- steam in a microwave or plug-in steam system according to the manufacturer's directions (*after cleaning*).





Hand Expression

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

Hand expression routine:

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



Watch these videos while you are hand expressing to see the technique in action!



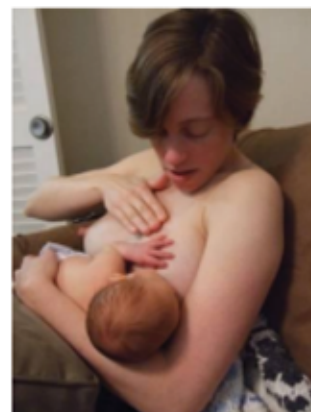


Breast Massage and Compression

Breastmilk flows easily when a milk ejection or “let-down” reflex occurs. The first one usually occurs within 2-3 minutes of the start of the feeding. The baby may slow or stop sucking when the milk slows or doesn’t come out quickly. Gentle breast massage and compression can encourage your baby to continue feeding.

Gentle 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.



Gentle Massage

Breast massage should be gentle and comfortable. Like touching your baby’s face.

- Massage from areola towards armpit.
- Massage from base of breast towards nipple.
- Gently tap fingers all around breast.

Compressions

- Gently squeeze the breast near the chest wall, not near the nipple.
- Compress when the baby pauses feeding or is suckling but not swallowing.
- Release and return to gentle massage when your baby begins suckling again.



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.
- **Drink when you are thirsty.** You do not have to drink milk to make milk. You do not have to drink an excess amount of liquids.
- **If you choose to drink caffeine, do so in moderation.** The CDC says that 200-300mg of caffeine a day (2-3 cups of coffee) is considered safe to consume while breastfeeding. Excess caffeine can cause irritability in infants.
- **The CDC says that not drinking alcohol is the safest option for breastfeeding mothers.** Alcohol levels are usually highest in breast milk 30-60 minutes after an alcoholic beverage is consumed and can be generally detected in breast milk for about 2-3 hours per drink after it is consumed. However, the length of time alcohol can be detected in breast milk will increase the more alcohol a mother consumes. The alcohol level in breast milk is essentially the same as the alcohol level in a mother's bloodstream.

Expressing or pumping milk after drinking alcohol, and then discarding it ("pumping and dumping"), does NOT reduce the amount of alcohol present in the mother's milk more quickly. As the mother's alcohol blood level falls over time, the level of alcohol in her breast milk will also decrease. A mother may choose to express or pump milk after consuming alcohol to ease her physical discomfort or adhere to her milk expression schedule. We recommend pumping and dumping if you are under the effects of alcohol during the time you would normally feed your infant. Milk removal can help ensure you maintain your milk supply and prevent over-engorgement and mastitis.

- **Exposure to THC/marijuana may produce long term changes to your baby's mental and developmental health.**

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. For example, choose a medicine that may 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 InfantRisk Center at 1-806-352-2519 or visit infantrisk.com for further information on medication safety while breastfeeding.
- Alcohol, tobacco, vaping, and caffeine are also considered drugs. Also, use caution with herbal substances. 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



Scan this 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
Ochsner Lafayette General Medical Center	337-289-7227
Ochsner Rush Medical Center	601-703-9227

AAPCC (Poison Control)1-800-222-1222 | [PoisonHelp.org](https://www.poisonhelp.org)

Free medical advice 24/7 through the Poison Help Line and the online tool.

Online Resources

International Breastfeeding Centre[ibconline.ca](https://www.ibconline.ca)
Dr. Jack Newman’s online resource provides videos, articles, and information sheets.

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

Droplet.....firstdroplets.com
Breastfeeding needs the most attention in the first five days after birth. Droplet encourages parents to take advantage of this critical window with effective breastfeeding techniques in order to prevent common challenges.

Global Health Media.....globalhealthmedia.org

Videos that teach and empower mothers and caregivers.

InfantRisk Center.....1-806-352-2519 | infantrisk.com

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

Kelly Mom.....kellymom.com

Provides online information on breastfeeding and parenting.

La Leche League.....lllallmsla.org | llli.org

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

Work and Pump.....workandpump.com

Information about breastfeeding for working moms.

Louisiana Resources

Louisiana Breastfeeding Coalition.....1-800-251-BABY (2229) | louisianabreastfeeding.org

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

Louisiana Breastfeeding Support.....LaBreastfeedingSupport.org

Zip code search of breastfeeding resources in your area.

Partners for Healthy Babies.....1-800-251-BABY (2229) | 1800251baby.org

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

WIC.....1-800-251-2229 | ldh.la.gov/WIC

A statewide 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.

New Orleans Area Resources

Ascension DePaul Services.....dcsno.org

Community Health Centers are located in Algiers, Bywater, Carrollton, Gentilly, Gretna, Higgins, Kenner, Metairie, New Orleans East and Prytania. Offers pediatric services, women's health services, WIC services and more.

Baby Café.....babycafeusa.org

Free, drop-in, informal breastfeeding support groups offering professional lactation care and intervention.

Birthmark Doula/New Orleans Breastfeeding Center.....birthmarkdoula.com

Infant feeding drop-in clinics, lactation services, support groups and education programs.

Cafe au Lait.....504-535-4913 | facebook.com/groups/cafeaulaitlouisiana

Free breastfeeding support group for families of color.

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

La Leche League - Jefferson Parish.....LLLJefferson.com | facebook.com/llljefferson
In-person and virtual mother-to-mother support groups with education, information support, and encouragement
to women who want to breastfeed.

Mothers' Milk Bank of Louisiana at Ochsner Baptist.....504-703-MILK (6455)
.....ochsner.org/services/mothers-milk-bank-at-ochsner-baptist
Despite their best efforts, sometimes mothers are unable to provide their own milk. If there is ever a time you
cannot produce enough milk, donor milk is the next best thing. Also accepting donors.

NOLA Nesting.....504-655-1819 | nolanesting.com
In-person and virtual support for families through pregnancy, birth and early parenthood.

Baton Rouge Area Resources

Telephone Help Warm Line & Breast Pump Rentals.....225-755-4448
Offers phone counseling in addition to in person consultations in the outpatient clinic.

Lafayette Area Resources

Ochsner Lafayette General Medical Center outpatient lactation consultations.....337-289-7227
Telephone Help Warm Line (Mon-Sat).....337-289-7227

Ochsner Lafayette General Medical Center breast pump rentals.....337-289-7194
Available through the hospital gift shop on the first floor. Open Mon-Fri 8 am - 8 pm, Sat and Sun 10 am - 6 pm.

Acadiana Breastfeeding Coalition.....acadianabreastfeeding.org
A diverse group of professionals and individuals who are dedicated to protecting, promoting, and supporting
breastfeeding in Acadiana through community awareness events and resources.

Cafe au Lait - Opelousas.....communitybirthcompanion.org/cafe-au-lait-breastfeeding-circle.php
Free monthly breastfeeding support group for families of color. Every 2nd Tuesday of the month, 6-7 pm. CBC
Pregnancy & Breastfeeding Clinic, 2206 George Drive Opelousas, LA.

The Family Tree.....acadianafamilytree.org
Offers resources for families such as Healthy Start, a free program for pregnant women and caregivers with children
up to 18 months of age who live in Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermilion parishes.

Shreveport/Bossier City Area Resources

Lactation Resource Centerlactationresourcecenter.com | 318-862-0112
Offers lactation consultations for breastfeeding families in the Shreveport/Bossier City area.

La Leche Leaguefacebook.com/LLShreveportBossier | 318-47-LECHE
Free breastfeeding and parenting support group meets in-person and online.

Monroe Area Resources

La Leche League of Monroe1-877-4-LA-LECHE | donn487@gmail.com | kayla9214@gmail.com
Free breastfeeding and parenting support group monthly meetings – days and evenings.

Mississippi Resources

Breastfeeding Resources - Mississippi State Dept. of Healthmsdh.ms.gov (under Women's Services)
Find resources and info about planning for breastfeeding, its benefits, and help with breastfeeding successfully.

Center for Pregnancy Choices - Meridiancpcofmeridian.com | 601-527-8829
2401 9th St., Meridian, MS. Call or text 24/7.

Gulf Coast Breastfeeding Centergulfcoastbreastfeedingcenter.com
GCBC Lactation Consultants serve Gulfport Mississippi, including Hattiesburg, Mobile Alabama, Southeastern LA, and the surrounding areas.

Mississippi Breastfeeding Coalitionmsbfc.org
Promotes and supports breastfeeding with families, health providers, and communities.

South Mississippi Breastfeeding Coalitionsmbfc.org
Find breastfeeding resources and support groups in your area.

WIC Nutrition Program - Mississippi State Department of Healthms.gov

Lauderdale County	601-693-2451
Clarke County	601-776-2149
Neshoba County	601-656-4371
Kemper County	601-743-5865
Newton County	601-635-2337
Scott County	601-469-4941
Jasper County	601-764-2419

Alabama Resources

WIC Nutrition Program | Alabama Department of Public Healthalabamapublichealth.gov

Choctaw County	205-459-4026
Sumter County	205-652-2320

Notes

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Notes

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FEEDING CUES

1. EARLY CUES: "I'm hungry"



Stirring



Mouth opening



Turning head
Seeking/rooting

2. MID CUES: "I'm really hungry"



Stretching



Increasing movement



Hand to mouth

3. LATE CUES: "Calm me, then feed me"



Crying



Lots of movement



Color turning red

**CALM CRYING BABY
BEFORE FEEDING**

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



**LOOK FOR EARLY
FEEDING CUES**



1-866-OCHSNER | ochsner.org

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