

Breastfeeding Guide – Getting Started



Outpatient Breastfeeding Center & Helpline
614-234-MILK (6455)



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The American Academy of Pediatrics and the World Health Organization recommend feeding your baby only breast milk for the first 6 months, then starting solids and continuing with breastfeeding for at least 1 year or longer.

If you have a full-term, healthy baby that is breastfeeding well, there is usually no need to give supplemental formula. By *exclusively breastfeeding* or providing only expressed breast milk, you:

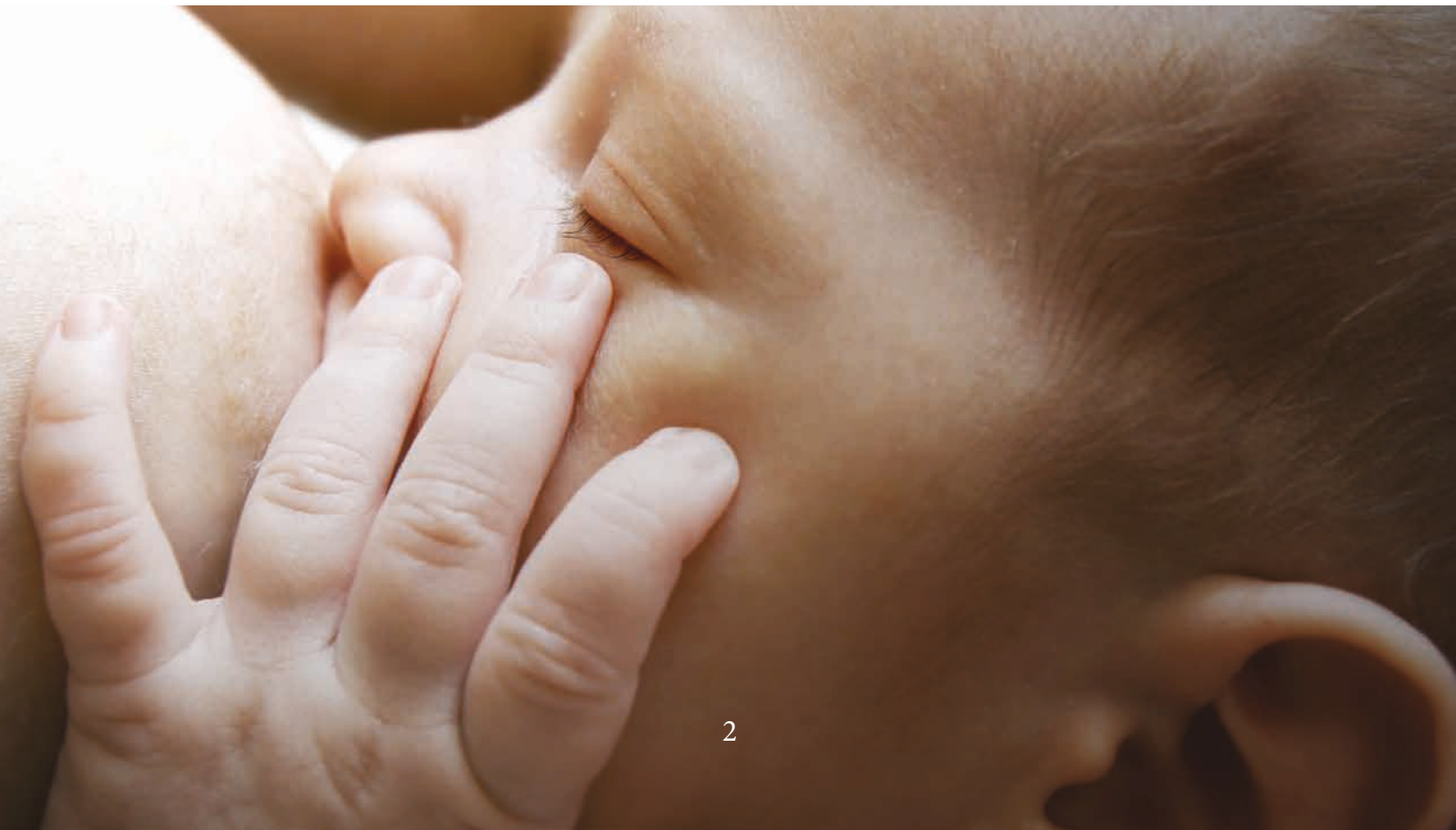
- Provide the best nutrition for your baby each feeding
- Allow your baby to learn to breastfeed well
- Help establish a full milk supply
- Decrease painful breast engorgement
- Support the infant's immune system
- Decrease the infant's risk of allergies

Direct breast-milk feedings from the mother's breast are always preferred to any artificial source or substance.

Health risks to infants not *exclusively breastfeeding* or getting only expressed breast milk include:

- Infections more than 3 times that of exclusively breastfed babies
- Increased risk of autoimmune disease such as allergies, eczema, asthma, diabetes, and inflammatory bowel

(American Academy of Pediatrics, 2012)



Congratulations!

We are happy that you have chosen to breastfeed your baby. We are dedicated to helping you have the best possible breastfeeding experience. Our board-certified lactation consultants are available to assist you before your baby is born, in the hospital, and after you are home.

Breastfeeding is a skill that takes practice. Give yourself and your baby time to learn and to enjoy breastfeeding. We are here to help if you need us.

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Getting Off to a Good Start

To help ensure that you and your baby have a good start with breastfeeding:

- **Skin-to-skin** — Cuddle your baby skin-to-skin in the early newborn period. This helps regulate baby's temperature, heart rate, and breathing. It can also make your baby more eager to feed.
- **Delay the Bath** — Delay your baby's bath 12 to 24 hours after birth for continued skin-to-skin contact. This reserves baby's energy, decreases stress hormones, and increases baby's blood sugar levels.
- **Room In** — Have your baby "room in" with you, which is helpful for early breastfeeding, milk production, and higher infant weight gain.
- Feed your baby on the earliest hunger cues.
- Wake your sleeping baby if it has been 3 to 4 hours since the last feeding.
- Soothe your crying or fussy baby before trying to breastfeed.

Latch

Baby-Led Latch

Use this method right after delivery or if your baby has little difficulty with latch.

- Hold baby skin-to-skin between your breasts. The feeling of the baby's chest against the mother's chest, skin to skin, will lead to baby's search for the breast.
- Follow the baby's lead. If baby is hungry, he will start squirming and bobbing his head against you. He will then start



twisting to one side or even moving quite vigorously — almost throwing himself sideways. Keep baby calm and comfortable so he can follow through on his instincts. Support his neck and shoulders with one hand and his hips with the other, and just follow him as he moves. Avoid the temptation to try to make him latch on or even to try to line up his mouth with your nipple.

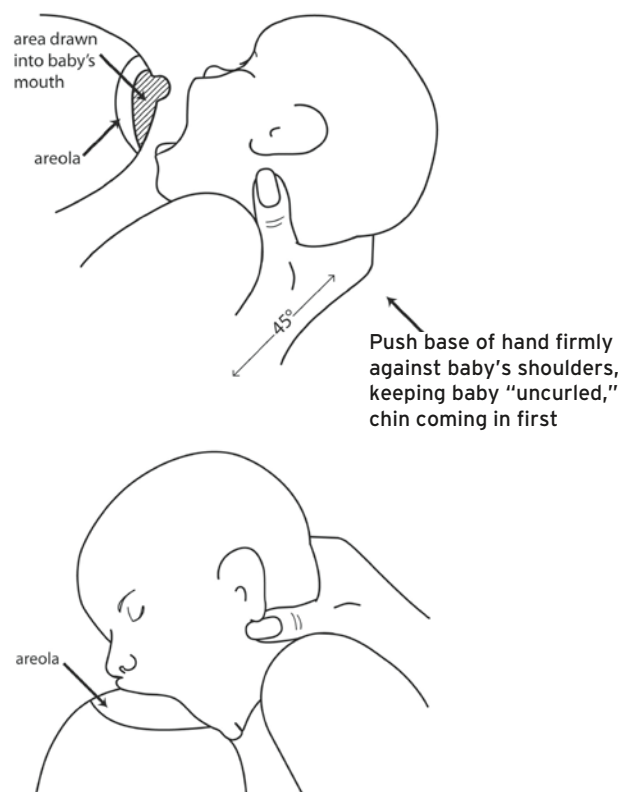
- Support the baby as he is latching. As the baby moves down, his cheek will brush the nipple or breast and turn toward it (the rooting reflex). When baby's chin hits the breast, the pressure of the breast against his chin makes him open his mouth wide and reach up and over the nipple and get a deep latch.

Mother-Led Latch

Use this method for the early weeks or if your baby has difficulty with latch.

- Sit comfortably and well supported with your baby on a pillow across your lap so he faces you at breast level.
- Place your hand around the base of baby's head and neck and your arm down baby's backbone.
- Turn baby on his side, bring in close to your body, and rest baby's cheek on your nipple so he is looking up at you.
- When baby feels the nipple, he will turn toward it with an open mouth. Use the hand behind the baby's shoulder and arm along baby's back to bring baby fully and deeply onto the nipple.
- Watch for rhythmic jaw movements and swallowing — for 10 to 20 minutes per breast in the first few weeks.
- Gently massage your breast with the hand that is supporting it to encourage milk flow and drinking.

This is the view you will have with the latch.



If baby is not latching:

- Place baby skin-to-skin for an hour and then try again when baby begins searching for the breast.
- Hand express or pump for 10 to 15 minutes after each feeding attempt. (See instruction under "Expressing Breast Milk" on page 17).
- You may only get small amounts of colostrum or milk in the early days, but removing even a small amount of milk will help your breasts produce more milk.
- Feed the baby colostrum or pumped milk if not latching.
- If problems with latching continue after discharge, call the Breastfeeding Helpline at 614-234-6455 to make an appointment with a lactation consultant for help.

How to Hold Your Baby

Try these three holds and choose which works best for you and your baby. Your nurse will help you get into position as you begin. The football and cross-cradle holds provide the best head control for the newborn.

Football Hold

1. Place your baby on a pillow (or pillows) at your side.
2. Support your breast using the hand on that side with your fingers below and your thumb above, forming a letter “C” shape.
3. Tuck her under your arm with her mouth lined up with your nipple.
4. Hold the base of her head and her upper back with the hand on the same side as the breast from which she will be feeding.



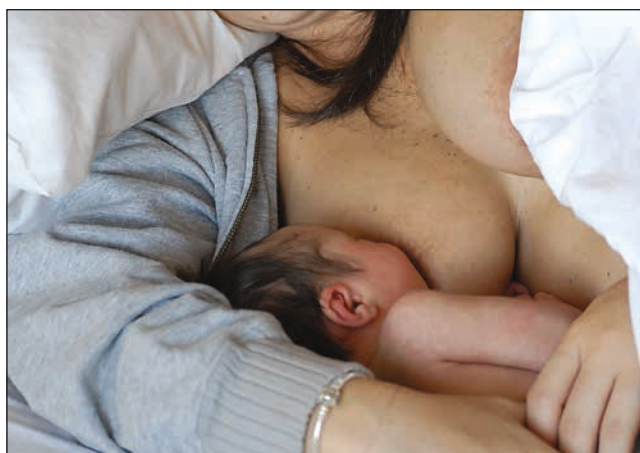
Cross-Cradle Hold

1. Place your baby on a pillow (or pillows) across your lap so he faces you at breast level.
2. Support your breast with the hand on that side with your fingers and thumb below to form the letter “U” shape.
3. Place his legs under the arm opposite the breast from which he will be feeding.
4. Support his head and back with the arm and hand his legs are under.






Side-Lying Hold

1. Make yourself comfortable by lying on the same side as the breast from which the baby will feed.
2. Use pillows for support.
3. Place your baby on his side facing your breast.
4. Cradle baby with the base of his head in the crook of your arm.



Baby's Hunger Cues

		
<p>"I'm hungry" <i>Early Cues:</i> Stirring Opening mouth Turning head Seeking or rooting</p>	<p>"I'm really hungry" <i>Mid Cues:</i> Stretching Moving more Putting hand in mouth</p>	<p>"Calm me, then feed me" <i>Late Cues:</i> Crying Moving angrily Turning red</p>

Feeding Patterns

- ▶ Your baby will probably not have a set schedule at first. Many babies nurse every 1 to 3 hours. Allow your baby to nurse as often as she needs.
- ▶ Frequent, effective feedings help signal your breasts to increase your milk supply to meet baby's need.
- ▶ It is common for babies to cluster feed in the first few days or weeks. Babies may breastfeed several times within a few hours and then sleep for a longer stretch of time.
- ▶ As your baby grows older, the demand may become more regular. She may spend less time at the breast at each feeding or eat less often.

Length of Feedings

- ▶ Nurse your baby on the first breast until you think she is done on that side. She may spit out the nipple, start to rest for long amounts of time between sucks, or start to fall asleep with the nipple resting in her mouth.
- ▶ Burp her and then offer the second breast.
- ▶ Most babies nurse on both breasts at each feeding, but some may nurse on only one side. Let her breastfeed on the second breast until you think she acts full.
- ▶ Begin to feed on the breast you ended with the last feeding. If your baby only took one breast at the last feeding, begin the next feeding on the other side.

Is My Baby Getting Enough Milk?

To understand how much your baby needs to eat, it helps to know just how small your baby's stomach is at birth and how it grows during the first weeks of life.

Newborn's Stomach Size

The illustration below shows how much breast milk a baby can take in at one feeding.



Day 1

1 to 1.4 teaspoons
5 to 7 milliliters

Day 3

.75 to 1 ounce
22 to 27 milliliters

Days 5-7

1.5 to 2 ounces
45 to 60 milliliters

After 1 month: 2.5 to 5 ounces (80-150 milliliters).

Ways to Know If Your Baby Is Getting Enough Milk

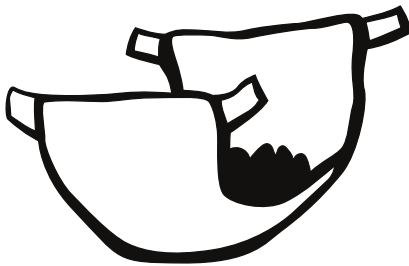
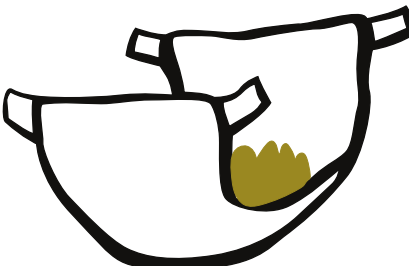
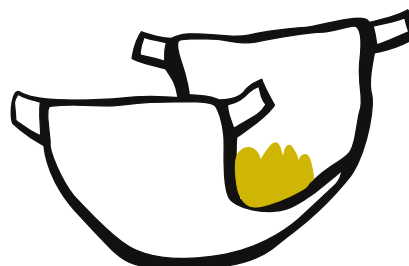
Drinking and Swallowing. A baby who is well latched and is getting milk sucks in a certain way. When a baby is getting milk, you will hear and/or see rhythmic sucking with a slight pause for a swallow. The longer the pause, the more milk the baby took in. Swallows may be heard and are seen in the neck.

Contentment. Your baby should act full, relaxed, and satisfied after most feedings. If your baby still acts hungry, put your baby back on your breast.

Bowel Movements. Your baby's stool changes from black or dark green to a lighter color by the 3rd day as baby drinks more milk. Usually by the 4th or 5th day, at least 3 to 4 yellow stools in 24 hours is a sign of adequate milk intake.

Wet Diapers. By the 6th day, a baby is soaking 6 diapers in a 24-hour period.

Weight Patterns. Your baby will lose a little weight in the first few days, but should stop losing weight by the 5th day. Most babies return to their birth weight by 2 weeks of age. After this, babies should gain ½ to 1 ounce per day, or 1 to 2 pounds a month for the first 4 months.

Your baby's stools will change during the 1st week:		
		
Days 1-2 Black or dark green, thick, and sticky	Days 3-4 Greenish to yellow and less thick	By Day 5 Mustard or yellow, seedy, and watery
And your baby will have more and more wet diapers (see chart on next page).		

Your baby should have more wet and dirty diapers during the 1st week.

Baby's Age	Wet Diapers	Dirty Diapers
1 Day Old		
2 Days Old		
3 Days Old		
4 Days Old		
5 Days Old		
6 Days Old		
7 Days Old		

Call the Breastfeeding Helpline at 614-234-MILK (6455) or your baby's doctor:

- If your baby does not have enough wet or dirty diapers (see above chart).
- If your baby has a dry mouth.
- If your baby will not wake up to eat at least 8 times in 24 hours.

You may also find it helpful to keep a diary such as the one on the following pages.

Breastfeeding Diary

Date		Goal: 8-12 Feedings Per Day			
Feeding Time	Minutes at Breast		Diaper Changes		Other
	Left	Right	Wet - Urine	Dirty - Bowel Movements	

Date

Goal: 8-12 Feedings Per Day

Feeding
Time

Minutes at
Breast

Diaper Changes

Other

Left

Right

Wet - Urine

Dirty - Bowel
Movements

	Left	Right	Wet - Urine	Dirty - Bowel Movements	

Normal Breast and Nipple Changes

It is normal for your breasts to become larger and feel heavy, full, warm, and uncomfortable when the amount of your milk increases 2 to 5 days after birth.

This may last 1 to 2 days. With normal fullness, the breasts remain soft and elastic, milk flow is normal, and latch is not affected.

How to prevent or decrease engorgement:

- Nurse early and often, at least 8 to 12 times per 24 hours. Do not skip feedings, even at night.
- Nurse on baby's hunger cues. If baby is very sleepy, wake baby to nurse every 2 to 3 hours.
- Allow baby to finish the first breast before offering the other side. Switch sides when baby pulls off or falls asleep.
- Ensure correct latch and positioning so that the baby is nursing well and softening the breasts.
- If baby is not nursing well, express your milk regularly and often to maintain milk supply and decrease engorgement.

Tips for treating engorgement:

- It helps to gently massage the breast from the chest wall toward the nipple area before nursing helps.
- Apply cool compresses for up to 20 minutes before nursing to decrease swelling and inflammation or apply warm moist compresses for a few minutes before breastfeeding, which may help the milk begin to flow.
- Hand express or pump for a few minutes before breastfeeding if swelling is making latch difficult.

- Gently compress and massage the breast while nursing to help reduce engorgement.
- If one or both breasts are still uncomfortably full at the end of a feeding or between feedings, express or pump milk to soften the breasts and help prevent them from becoming overly full or painful.

Is nipple soreness or pain normal in the early weeks?

Some mothers never experience any nipple pain at all, but studies show that many women do have some nipple pain in the beginning. Nipple pain or soreness that would be considered normal and does not usually mean there is a problem may include:

- Latch-on pain that lasts no more than 30 seconds into the feeding. This is often described as mild pain or discomfort, but some mothers feel more severe pain. The pain should not continue through the entire feeding.
- Pain that usually peaks around the 3rd day after birth and is gone within 2 weeks.

Skin damage such as cracks, blisters, or bleeding is a problem. Your nipple should look the same before and right after the feeding — not flattened, creased, or pinched.

Call 614-234-MILK (6455) to get help from a lactation consultant if you have:

- ▶ Intense, severe pain
- ▶ Severe, unresolved engorgement
- ▶ Pain that continues through the entire feeding
- ▶ Pain between feedings
- ▶ Pain that continues past the first couple of weeks
- ▶ Skin damage — cracks, blisters, or bleeding

Breast Infections (Mastitis)

Mastitis is an infection of the breast tissue and usually only happens in one breast. The best way to prevent mastitis is to keep the breasts drained (by breastfeeding or pumping 8 to 12 times a day) and to keep the nipple tissue intact. Since mastitis is often the result of breastfeeding problems such as severe breast fullness, a clogged milk duct, or a cracked nipple, please consult one of our outpatient lactation consultants by calling 614-234-MILK if you have any of these issues.

- ▶ Fever over 100.4° F (38°C) or chills
- ▶ Flu-like symptoms such as body aches
- ▶ Increased breast or nipple pain
- ▶ Redness

Continue to directly breastfeed even if you have symptoms. The infection is in the surrounding breast tissue, not in the milk.



Expressing Breast Milk

There are times when expressing breast milk is needed to:

- ▶ Relieve full breasts if engorged in the early days.
- ▶ Increase milk supply by pumping after some feedings for a short time.
- ▶ Feed the baby who is not able to directly breastfeed.
- ▶ Store milk for future use for an evening out, for while you are at work, or for a hospitalized baby.

Ways to Express Your Milk

Hand Expression

Hand expression works best when expressing colostrum, the different type of milk produced by the breasts the first days after giving birth. It is also helpful for softening the breast when very full. After washing your hands with soap and water, follow these steps:

1. Gently massage the breast.
2. Form a "C" with your fingers about 1 inch behind the edge of the areola.
3. Hold your nipple between your thumb and index finger.
4. Press back toward your chest.
5. Compress your breast with the soft pads of your thumb and index finger. Avoid sliding your other fingers down toward the nipple as you continue to press backward.
6. Relax the pressure and begin again.

Double Electric Pump

A high-quality, personal double electric pump is helpful when you need to pump if you are away from the baby, missing a feeding, or returning to work.

A hospital-grade pump may be best if your baby is not able to breastfeed or if there are milk supply concerns. Talk with a lactation consultant if you need to rent or purchase an electric pump.



Breast Milk Storage Guidelines

	Storage Locations and Temperatures		
Types of Breast Milk	Countertop 77°F (25°C) or colder	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		



Breastfeeding and Returning to Work

Before You Return to Work

- For the first 3 to 4 weeks, establish breastfeeding and good milk supply by only directly breastfeeding your baby each feeding.
- After the first 3 to 4 weeks, begin pumping 1 time each day for about 10 minutes. Use a high-quality, double electric breast pump. One hour after your baby's earliest morning feeding often works well. You may get drops of milk at first or you may get ounces, but each day you pump you will be signaling your breasts to make more milk.
- Introduce a bottle to your infant using a slow-flow nipple. Offer a bottle feeding in place of direct breastfeeding 2 to 3 times a week until you return to work. This will help to assure your baby is comfortable taking a bottle.
- See breastandbottlefeeding.com for ideas about bottle introduction.
- Talk with your manager or human resources department about your plans to breastfeed, and how to arrange time and a private place to pump. Many women use their breaks and lunchtime to pump. Some women come to work early or stay later to make up time needed to express breast milk.
- Learn about employee rights for returning to work and breastfeeding at womenshealth.gov.

Pumping Basics for Returning to Work

- Try to breastfeed your baby before you leave for work each day.
- To maintain your supply and avoid engorgement, pump both breasts together for 10 to 15 minutes every 2 to 4 hours while at work.
- Try to pump on a regular schedule each workday.
- Ask your child care provider to arrange baby's feedings so your baby will be ready to breastfeed at the end of your workday.
- Breastfeed your baby often when you are not at work.

How Much Milk My Baby Will Need

After the first 3 to 4 weeks, research shows that most infants drink between 2 and 4 ounces at a breastfeeding. Babies will sometimes eat less when away from their mothers, while some will drink more.

You may call the Breastfeeding Helpline at 614-234-MILK (6455) if you need more guidance on pumping and feeding.

Guidelines for Mothers

Nutrition and Activity

Most nursing mothers find that they can eat their regular diet. There are no specific foods that you must either eat or avoid. A well-balanced diet will help your body recover from childbirth. Breastfeeding can make you very thirsty. Try to drink at least 8 glasses of fluid each day to keep you hydrated and prevent constipation. Moderate exercise is fine for nursing mothers.

Breastfeeding When You are Sick

In most cases, you can breastfeed when you are sick. However, if you have the flu (seasonal influenza, H1N1, or other influenza) you should avoid being near your baby so you do not infect them. If possible, pump your milk so your expressed breast milk can be fed to your baby by someone who is not sick.

Most respiratory illnesses are not passed through breast milk. In fact, your breast milk has antibodies in it that will help protect your baby from getting the same illness. In limited studies, Coronavirus (COVID-19) has not been found in breast milk. However, we do not know for sure whether mothers with COVID-19 can spread the virus through breast milk. If you are sick, take the following steps to prevent spreading illness to your baby:

If you are sick and choose to direct breastfeed:

- Wear a facemask and wash your hands with soap and water for at least 20 seconds before touching your baby.

If you are sick and choose to express (pump) your breast milk:

- Express breast milk to establish and maintain your milk supply (at least 8-10 times in 24 hours, including at night).

- Wash your hands thoroughly before touching any pump or bottle parts and before expressing breast milk.
- Follow the manufacturer's instructions for proper pump cleaning after each use.
- If possible, consider having someone who is not sick feed the expressed breast milk to your infant.

Talk to your healthcare provider if you have questions about breastfeeding while you are sick.

Vitamins

Most doctors suggest that you continue to take your prenatal vitamins while you're breastfeeding. Check with your doctor about how long to take your vitamins.

Medications and Illegal Drugs

Medications and drugs that you take can pass through your milk and to your baby. Most medications prescribed by your doctor are safe with breastfeeding. Let your baby's doctor know about any prescription or over-the-counter medicine you are taking.

Illegal drugs such as cocaine, heroin, and methamphetamines pass through your breast milk and can cause serious side effects. Experts agree they are not safe with breastfeeding.

Marijuana has health risks for you and your baby. Just because it is a plant does not mean it is safe to use while pregnant or breastfeeding. Marijuana is known to pass through your breast milk. Babies exposed to THC (the active ingredient in marijuana) can have problems with feeding, paying attention, and learning. You may not see

some effects until your child is older. You can decrease your baby's exposure by reducing or stopping your use of marijuana. Never smoke marijuana around your baby.

The best way to protect yourself and your baby is to avoid taking drugs. If you use drugs and need help, talk to your healthcare provider about treatment programs.

Smoking

It's best not to smoke while you are breastfeeding. The chemicals found in tobacco, including nicotine, are passed to an infant through breast milk. If you keep smoking, cut down as much as you can. Never smoke around your baby. Exposure to secondhand smoke has been shown to increase the risk of SIDS (sudden infant death syndrome), asthma, and upper respiratory infections.

Alcohol

Nobody knows how much alcohol is safe to drink while you are breastfeeding. Alcohol does cross into your breast milk. When you drink it in large amounts, alcohol can make your baby too sleepy. It can cause your baby to get less milk. If you do drink while breastfeeding, keep your amounts very small. You should not nurse for about 2 hours for each drink you have had.

Caffeine

Studies show that caffeine goes into breast milk in small amounts. Most breastfed infants don't have any problems when their mothers drink caffeinated beverages in small amounts. If your baby is fussy or has trouble sleeping, you may want to drink less caffeine.

Resources

Websites

There are many other resources that can provide support and helpful information about breastfeeding. While many of these resources can offer valuable information, they are not a substitute for the care and advice of your healthcare team. If you have any questions, contact your healthcare provider or call the Breastfeeding Helpline at 614-234-MILK (6455).

Some helpful websites include:

- Breastfeeding and Working **workandpump.com**
- Breastfeeding after Breast and Nipple Surgeries **bfar.org**
- Dr. Jen 4 Kids **drjen4kids.com**
- Dr. William Sears **askdrsears.com**
- KellyMom **kellymom.com**
- La Leche League USA **llusa.org**
- Stanford Breastfeeding Videos: *Hand Expression of Breastmilk and Maximizing Milk Production* **<http://newborns.stanford.edu/Breastfeeding>**
- Twins/Multiples Resource **twinslist.org**
- Women's Health **womenshealth.gov/breastfeeding**

Phone Apps

- Breastfeeding Management 2
- Breastfeeding Solutions
- iBaby Feed Timer
- Milk Maid
- Nursing Log

Suggested Reading

- *The Baby Book* by William Sears, MD, and Martha Sears, RN
- *Bestfeeding: How to Breastfeed Your Baby* by Suzanne Arms, Chloe Fisher, and Mary Renfrew
- *The Breastfeeding Book* by Martha Sears, RN and William Sears, MD
- *Breastfeeding Made Simple* by Nancy Mohrbacher and Kathleen Kendall-Tackett
- *The Fussy Baby Book* by Martha Sears, RN, and William Sears, MD
- *Mothering Multiples: Breastfeeding and Caring for Twins or More!* by Karen Kerkhoff Gromada
- *Mothering Your Nursing Toddler* by Norma Jane Bumgarner
- *The Nursing Mother's Companion* by Kathleen Huggins
- *The Premature Baby Book* by William Sears, MD, Robert Sears, MD, James Sears, MD, and Martha Sears, RN
- *The Ultimate Breastfeeding Book of Answers* by Jack Newman, MD, and Teresa Pitman
- *The Womanly Art of Breastfeeding* by La Leche League International

Support

If you would like to share and exchange ideas with other breastfeeding mothers, there are support groups and other social media groups that many women find helpful. Talk with friends or family members who may be able to recommend groups.

If you need more expert advice, call the Mount Carmel Outpatient Breastfeeding Center & Helpline at 614-234-MILK (6455).



Thank You!

**Thank you for choosing Mount Carmel
for your breastfeeding needs.**

If you have any questions or concerns
please call the number below.

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September 2020