



## Breastfeeding your baby

### *General guidelines for breastfeeding a full-term, healthy baby*

This sheet goes over basic guidelines to help you over the next weeks. Be sure to talk with your baby's health care provider about feeding your baby. If you need help breastfeeding:

#### ***In the hospital:***

- Ask your nurse for help.
- **Attend the breastfeeding class.**

#### ***Once you are at home***

- Call **617-667-5765** to leave a message for a BIDMC lactation consultant.
- **Call your pediatric provider.**
- Contact the resources listed on the back of this sheet.

### **Getting started**

- Rooming-in around the clock and frequent skin-to-skin contact may promote your baby's readiness to breastfeed.
- Watch for early signs that your baby is hungry:
  - eye movements under the lids
  - stirring/stretching
  - making sucking motions
  - bringing hand to mouth
  - "rooting" (searching for breast)
  - making sounds
  - restlessness
  - slight fussiness

### **The benefits of breast milk**

Breast milk is the ideal food for your baby. It has several advantages over formula:

- It is more easily digested than formula.
- It contains a balance of nutrients that is ideal for your baby.
- It contains antibodies and special cells that help protect your baby from infections.

The American Academy of Pediatrics recommends that full-term, healthy babies, receive breast milk exclusively for at least the first 6 months of life. Premature babies and those with medical problems should also receive breast milk as soon as possible after birth, with or without supplements, according to each baby's needs.

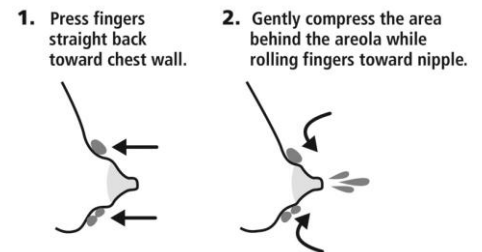
### **Remember:**

- Feed your baby at least 8-12 times every 24 hours. If your baby isn't nursing well, call your health care provider.
- Keep a written feeding and diaper record. (You will be given a form to use.) Notify your baby's health care provider if your baby is not having the recommended number of feedings or wet/soiled diapers.

- Start feeding when you see these “early” signs. Crying is a “late” sign. Try to latch your baby to the breast before he/she starts crying. If your baby is crying, try to calm him/her before beginning to breastfeed.
- Wash your hands and get comfortable. Massaging your breasts and hand-expressing some milk will help your milk to let down.
- Position the baby at the level of your breast – chest-to-chest. As your baby’s mouth opens, encourage him/her to get as much of the nipple and areola (the brown area around the nipple) into the mouth as possible.
- It may take the baby several tries to effectively “latch on” to the breast. But once successful, your baby will begin to suck. (If your baby continues to have trouble latching, ask your nurse for help.) In the early weeks, you may feel some pain at the moment the baby latches on. This “latch-on” pain should only last a few seconds. Then, as your baby nurses, you should feel a pulling sensation, but no pain.
- Make sure your baby is taking milk by watching for sucking and swallowing. (In the first few days of life, your baby will be getting “first milk,” or colostrum, and swallowing will be infrequent. In 2-4 days, your “mature milk” will come in and you should see and hear more swallowing.) Your baby will probably nurse for 5-20 minutes (or more) on one breast, then fall asleep. Try to wake him/her and offer the other side.
- The baby may come off the breast when he/she is done with one side. However, if the baby has stopped sucking but is still latched on and seems relaxed, slide your finger into the baby’s mouth to break the suction on your breast, and then remove the baby from the breast.
- See if he/she will burp. (Not all breastfed babies will burp.) Offer the other breast and see if the baby wants to continue. If the baby seems content and does not take milk from the second breast, this is okay. Keep the baby skin-to-skin after the feeding is done. During the newborn period, your baby will want to sleep when he/she is full; the extra skin-to-skin time will help your baby fall into a deep sleep.

### Hand expressing milk

- ♦ Hand expressing some milk before each feeding can help with letdown and help establish a good milk supply.
- ♦ To hand express, start by gently massaging the breast from chest wall to nipple.
- ♦ Then place your thumb on top of the breast and your first two fingers under the breast, about an inch behind the nipple.
- ♦ Press your thumb and fingers back toward the chest wall. Then move the thumb/fingers together and roll toward nipple.
- ♦ Release pressure and repeat.



- At each feeding, make a note of which breast you began the feeding with. Start the next feeding with the opposite breast. (Some women use a safety pin on the bra as a reminder.)

## How often to breastfeed

- Breastfeeding babies need to eat often, especially in the first weeks of life. Some mothers are surprised to find out just how frequently their babies want to nurse! In other cases, babies are sleepy or take more time to find a breastfeeding routine. As a general rule, remember – during the first weeks, **it is not possible to breastfeed your baby too much, but it is possible to feed him/her too little.**
- Encourage your baby to breastfeed at least every 2-3 hours during the day. If your baby is sleeping well at night, it's okay to let him/her go 4 hours between feedings at night as long as he/she is feeding well during the day. (Most babies breastfeed more at night in the first weeks.) The goal is 8-12 feedings in a 24 hour period.

### Is my baby getting enough?

Here are some signs that baby is having good feedings:

- baby is breastfeeding 8 to 12 times a day
- baby is having wet and dirty diapers (see diary)
- your breasts get softer after a feeding
- you hear gulps and swallows during a feeding

*Remember, the more your baby nurses, the more milk you will make.*

### Waking a sleepy baby to feed

Sometimes, sleepy babies need help to wake up for a feeding. This is especially true if your baby wants to sleep his/her longest stretch during the day. Encouraging daytime feeding will help your baby learn to sleep more at night. Try these tips to wake your baby:

- leave baby's hands uncovered when sleeping; he/she may bring hands to mouth and wake up
- undress baby down to diaper; change the diaper
- wash baby's face with warm water
- sit baby upright
- gently massage baby; hold him/her "skin-to-skin"
- express some milk or colostrum and place it on baby's lips

### Checking in with your pediatric office

- Bring your baby to the pediatric office 2-3 days after discharge from the hospital. Your baby will be weighed and examined.
- Sometimes, the pediatric provider may say your baby needs extra breast milk or formula in a bottle. This doesn't mean you need to stop nursing your baby or that you are doing something wrong. Sometimes babies need some extra help to get the nutrition they need. If this happens, talk with your pediatric provider about the best way to continue breastfeeding while you add supplements to your baby's diet. A lactation consultant may provide additional, ongoing support as you plan for your baby's needs. A list of lactation resources is included on the last page of this brochure.

- If your baby wants to nurse more than every 2 hours, let your baby be the guide. This not only satisfies your baby, it also builds up your milk supply. Some babies “cluster feed” during a particular time of day or night. They take such a small break between feedings, it seems as if they are nursing constantly! Cluster feeding is always temporary and it is your baby’s way of increasing your milk supply.

### **Breast fullness**

- You can expect your breasts to get full and even a little tender in 2-4 days as your mature milk comes in. If the breasts are swollen and tender, but still somewhat soft, a warm shower (or warm moist towels) and gentle massage may help the milk start flowing so that you can nurse your baby. This should relieve the swelling and tenderness. However, if your breasts feel very hard, painful, and hot, and/or the baby cannot latch, you have breast engorgement. Try the measures noted in the box to relieve engorgement.

**Engorgement** – If your breasts are hard, you may have engorgement. Try these tips to relieve breast engorgement.

- Apply ice packs to the breasts for 10 minutes.
- Massage the breasts and hand-express some milk if you can.
- Attempt to feed your baby. If the baby cannot latch, try to pump your breasts.
- Repeat this sequence as necessary.
- Your goal is to remove milk from your breasts, either by breastfeeding, pumping, or hand expressing. If these measures do not work, contact your doctor or a lactation consultant for advice.
- If these measures do work and you are able to feed your baby or pump, you may find your breasts feel engorged again in a short time. If so, repeat the measures noted above. Within 12-48 hours, the problem should resolve. If it does not, contact your doctor or a lactation consultant.
- If you have pain in one area of the breast that is not relieved by these measures, or if you have areas of redness, flu-like symptoms, or a fever, please call your doctor right away. These could be signs of infection. This is rare in the first weeks, but be sure to let your doctor know if this occurs.

### **Sore nipples**

- Many mothers have some nipple discomfort at the start of a feeding session for the first few weeks.
- Make sure your baby is latching properly to the breast and that your position

is comfortable. If your baby sucks only on the nipple, soreness can result. Encourage your baby to get as much of the nipple and areola into the mouth as possible.

- Try using different positions for breastfeeding to move the pressure of the baby's mouth to different areas of the areola.
- Feeding your baby when you have sore nipples can be difficult. Changing the baby's feeding position and feeding when your baby first shows signs of hunger may help decrease discomfort. (A very hungry baby will not latch as well on the breast.) If your nipples are sore, you should only feel discomfort at the moment the baby latches on; then the discomfort should subside. If you are having nipple pain throughout the feeding, please contact a lactation consultant for advice.
- Do not use soap or alcohol on the nipples; these cause drying. Your nipples do not need special cleaning. Leaving some breastmilk on your nipples and allowing them to air-dry for about 10 minutes can help soothe sore nipples.
- Sometimes nipple soreness can progress to cracks, blisters, or bleeding nipples. If this occurs, please contact your nurse, pediatric provider, or lactation consultant for help.

## **Eating, drinking, and medications for mother**

- You need 400-600 extra calories a day while breastfeeding. Eat a balanced diet and drink whenever you feel thirsty.
- Talk to your doctor about whether you should continue taking prenatal vitamins or another vitamin supplement. Talk about getting enough calcium in your diet or through supplements.
- Remember, almost anything you take in will end up in your milk. Although most medicines are safe, please check with your health care provider before taking any medicine while breastfeeding. This includes prescription and non-prescription medicines, vitamins, herbs, and supplements.
- Alcohol passes quickly into the breast milk. We do not recommend alcohol intake while you are breastfeeding.

## Bottle feeding, pacifiers, and pumping

- As a general rule, try not to give a bottle or pacifier for the first 3-4 weeks. This helps establish breastfeeding and a good milk supply. However, if you plan to give your baby a bottle in the future (either with pumped milk or formula), don't wait longer than 5 weeks to introduce your baby to a bottle. After 5 weeks, your baby may reject the bottle.
- Later, you may choose to pump (or hand express) and store your breast milk if you will be away from your baby during a feeding. Or, in some cases you may need to pump if the baby is not nursing well in the early weeks, or if there is a medical condition that is interfering with breastfeeding. There are several different kinds of pumps, each designed for a particular kind of use. Consult the resources at the end of this sheet for advice about what pump will be best for your needs.
- If you are pumping breast milk, please use the storage guidelines in the chart below. Put a label on each bottle of pumped milk that says the date/time it was pumped, and the date/time frozen milk was taken out of the freezer.

	<b>Baby is in the hospital</b>	<b>Baby is at home</b>
<b>Milk at room temperature</b>	Use within 1 hour	Use within 5 hours
<b>Fresh milk in refrigerator</b> (milk that has NOT previously been frozen)	Use within 48 hours	Use within 5 days
<b>Milk in freezer</b>	Use within 3 months	Use within 12 months
<b>Milk defrosting in the refrigerator</b>	Use within 24 hours	Use within 24 hours

- Do not combine milk pumped on different days.** However, milk pumped in the same 24-hour period can be combined in the same bottle as long as all the milk is at the same temperature. For example, do not mix cold milk from the refrigerator with freshly-pumped milk or milk at room temperature. Also, milk left over in your baby's bottle after a feeding must be discarded within one hour of when it was brought to room temperature. Do not put leftover milk back in the refrigerator or freezer.

## Getting help

Please be sure to read the materials in the green folder you received in your room for more information on caring for your baby and yourself. Be sure to call for help as noted below.

### **Call your pediatric office if:**

- your baby is nursing less than 8 times in 24 hours
- your baby is not having enough wet or soiled diapers (see your breastfeeding diary for more)
- you see a yellow tint to your baby's skin or eyes

### **Call your obstetric office if:**

- you have pain in your breasts, along with redness, warmth, a lump, or fever

### **Consult a breastfeeding resource or specialist (see chart on the next page) for:**

- general information or concerns about breastfeeding
- problems with nipple soreness or bleeding
- information on pumping and storing your milk
- help finding or paying for a breast pump (if needed)
- any other concerns regarding breastfeeding your baby

*For detailed information about caring for your baby, please see the green folder of information that you got in the hospital. If you have questions or problems related to breastfeeding please call*

*617-667-5765 or another breastfeeding resource for advice.*

**Resources on next page →**

### **Your family and friends can help by:**

- ✓ **Making sure you get enough rest.** You'll want to sleep when the baby is sleeping, which may not be at night. Ask for quiet time so you can re-gain your energy.
- ✓ **Preparing nutritious meals.**
- ✓ **Bringing fluids for you to sip** while you are nursing your baby.
- ✓ **Helping care for other children.**

## Resources for breastfeeding mothers

<b>BIDMC lactation consultants</b>	617-667-5765
<b>Nursing Mother's Council</b>	617-244-5102
<b>La Leche League</b>	1-800-525-3243; <a href="http://www.lalecheleague.org">www.lalecheleague.org</a>
<b>Mass Breastfeeding Coalition</b>	<a href="http://www.massbfc.org">www.massbfc.org</a>
<b>Zipmilk</b>	<a href="http://www.zipmilk.org">www.zipmilk.org</a>
<b>Office on Women's Health, US Dept. of Health and Human Services</b>	<a href="http://www.womenshealth.gov/breastfeeding">www.womenshealth.gov/breastfeeding</a>
<b>WIC – The Special Supplemental Nutrition Program for Women, Infants, and Children (You must meet income guidelines to use WIC services.)</b>	1-800-942-1007; <a href="http://www.mass.gov/wic">www.mass.gov/wic</a>

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