

Breastfeeding

Introduction

How to know if your breastfeeding baby is getting enough — and some breastfeeding basics.

FEEDINGS

- Feed your baby when you see your baby's feeding cues: rooting, fist sucking, smacking, and searching.
- Babies need at least 8 feedings in 24 hours; 10-12+ is normal.
- Sleepy newborns may need to be awakened every two to three hours.
- Try unwrapping baby from blankets, change the diaper, take off baby's shirt, and breastfeed skin-to-skin.
- Count feedings from the beginning of one feeding to the beginning of the next feeding.

POSITION

- Get comfortable, with good back support, and relax. Prop yourself and baby well with pillows.
- Feed skin-to-skin whenever possible.
- Hold baby close, tummy to tummy, facing breast with mouth at nipple level.
- Your arm and hand provide support to keep baby securely at breast. Your other hand supports your breast with a "C" hold.
- Your fingers need to be well back from the areola (the darker skin around the nipple) so baby can latch on.

LATCH

- Hand express to make the nipple wet.
- Stroke the baby's nose to chin with your nipple until baby's mouth opens wide and tongue is down.
- With nipple centered over baby's tongue, quickly guide well onto breast. Remember to bring baby to the breast rather than the breast to the baby.
- Look for baby's upper and bottom lip to be turned outwards over areola, sealed tight on breast, and at least one inch beyond the tip of the nipple. Baby's chin and chest should be held in close to mother's breast.

SUCK

- You should feel a snug tug, strong suction, and taut pull (moreso at beginning of feeding).
- Baby's cheeks remain full and rounded, not dimpled inward.
- Look for a smooth regular suck/swallow pattern with brief rest pauses.
- In the first few days, baby may need to suck a few times before a swallow is seen, felt, or heard. After day 2, swallowing will be more frequent.
- Pain throughout the feeding, or any change in nipple appearance, often means that baby is not latched well or is sucking incorrectly.

DIAPERS

- A newborn baby who is getting enough breast milk will have 4-6 wet diapers in 24 hours before the milk "comes in".
- After your breast milk "comes in", baby should have at least 6 wet diapers in 24 hours.
- Your breast milk usually will "come in" 3-5 days after baby is born.
- Most newborns require 8-12 diaper changes each day after the first week.
- A newborn's first bowel movement is called meconium and looks like a sticky, black tar-like substance.
- The color gradually changes in a few days from black meconium to greenish-brown or a greenish-yellow, then to a gold-yellowish "mustard" color if baby is breastfeeding.
- The stools have a soft, mushy consistency.
- A breastfeeding baby that is getting enough breast milk will have at least 3 stools each day by the baby's third day of life.

ATTENTION!!!

Call your baby's doctor if:

- You have any questions or concerns about breastfeeding.
- You have persistent nipple pain during feeding.
- You have reddened, painful areas in the breast.
- Mom has fever greater than 100°F.
- Baby's skin, eyes, or urine turn yellow.
- Your baby develops jaundice (a yellow-orange tinge to their skin) in the first few days of their life. Most often this condition is not a problem and should resolve in 1-2 weeks. If baby has developed jaundice, call your baby's doctor. You will probably be asked to bring your baby to the office for a blood test. The results from the test will determine the level of jaundice and whether treatment is necessary.



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Breastfeeding

Daily Checklist

Baby's Name _____ Date of Birth _____

Please check (✓) boxes each day to track feeding, wet diaper, and bowel movement totals.

| Date _____ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 24 Hour Total |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|---------------|
| Feedings (goal is at least 8) | | | | | | | | | | | | | |
| Wet Diapers | | | | | | | | | | | | | |
| Bowel Movements | | | | | | | | | | | | | |

| Date _____ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 24 Hour Total |
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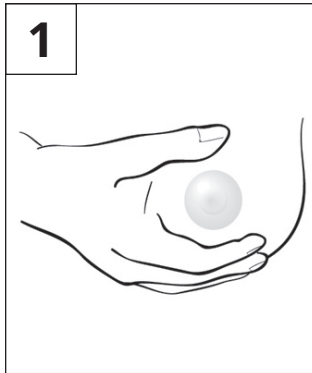
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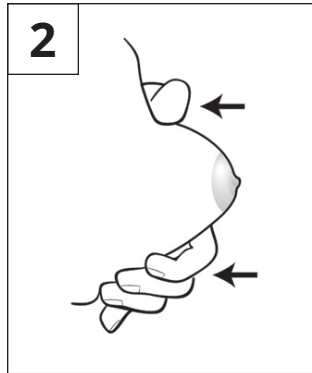
Breastfeeding

Hand Expression

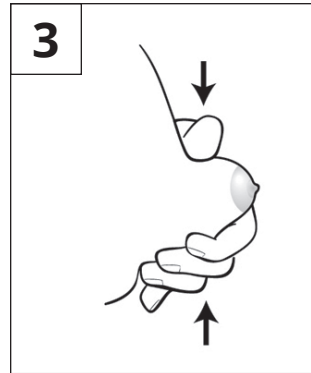
Massage your breasts and apply a warm compress, then follow these steps:



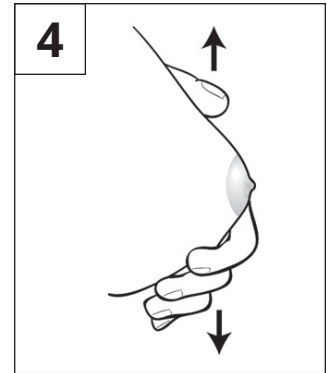
1
Place fingers on opposite sides of areola.



2
Press back toward chest.



3
Press fingers toward each other, drawing slightly toward nipple, but not sliding skin.



4
Release pressure and relax hand.

- Repeat these steps several times.
- Don't expect anything immediately.
- You may need to shift the position of your fingers to find the spot that works for you.
- Continue massaging whenever you like.
- Shift hand to a different position to move milk from other ducts.

Colostrum: collect drops on plastic spoon, tip into baby's mouth or collect with dropper.

Milk: Express into pump funnel or large bowl.

See *Hand Expressing Milk* video at:

<http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>



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Breastfeeding Milk Storage Guidelines

| Storage Type | Temperature | Maximum Storage Time |
|-------------------------|-------------------------|----------------------|
| Room Temperature | Colder than 77°F (25°C) | 6-8 Hours |
| Room Temperature | Warmer than 77°F (25°C) | 4 Hours |
| Cooler with Ice Pack | | 24 Hours |
| Refrigerator | Colder than 39°F (4°C) | 5 Days |
| Freezer in Refrigerator | 0°F (-18°C) | 3-6 Months |
| Deep Freezer | -4°F (-20°C) | 6+ Months |

TIPS

- Write the date on the container.
- The newest milk is closest to the needs of your baby.
- Leave an inch of space in the container for the milk to expand when frozen.
- Chill the new batch of milk before adding it to previously cooled milk.
- Store milk in the back of the refrigerator or freezer where the temperature is more stable.
- Thaw milk in warm water.
- Do not microwave milk.
- Store milk in bottles with lids or milk storage bags (do not use ziplock-style bags).

CLEANING

- Pump parts should be cleaned between uses and sterilized once per day.
- Look at the manufacturer's recommendation regarding which parts of your pump can go in a dishwasher.

YOUR MILK MAY LOOK...

- Cloudy
- Colored (usually caused by diet)
- Layered (just shake it gently to remix)
- Soapy smelling

...AND THAT'S OKAY!

- If the milk smells "off" and the baby won't take it then do not use the milk.

Please call us at 503-362-2481 if you have any concerns or questions!



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Breastfeeding

Thrush

Treatment for thrush should include both mother and infant even if symptoms are not present in both.

The following recommendations for parent and child may be considered but do not yet have compelling clinical trials:

- Use disposable breast pads and discard as soon as they become damp.
- Restrict consumption of alcohol, dairy, grains, and sugar.
- Air dry nipples after feeds, preferably with exposure to sunlight for a few minutes twice daily.
- Use of All-Purpose Nipple Ointment (APNO) which must be compounded at a compounding pharmacy.
- Anything which comes in contact with baby's mouth or mother's breasts should be soaked for 20 minutes in a vinegar-water solution (1 Tablespoon vinegar per 1 cup water), boiled for 20 minutes or sterilized in a microwavable bag designed for sterilizing pump parts.
- Frequent handwashing with warm soapy water.
- Bath towels should be used only once and washed/dried on the hottest setting.
- Clothing should be washed on the highest heat setting.

The use of gentian violet may be considered in discussion with your provider.

Freezing expressed milk deactivates, but does not kill yeast, so it is advisable not to freeze and store pumped milk until treatment is complete and symptoms are resolved.

Other over-the-counter treatments (ie, grapefruit seed extract applied to the nipples) are an area of active research, but compelling data is not available at this time. These treatment options may be considered after discussion with your provider. The use of oral acidophilus for two weeks following treatment may be advisable as well.

Please note that symptoms may temporarily increase before resolving.

Hand expression and/or pumping may be more comfortable than breastfeeding during this time. Follow-up with an International Board Certified Lactation Consultant is recommended to resolve any issues which may have led to tissue damage precipitating the thrush.



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