

# Breastfeeding your baby



Legacy Lactation Services .....	1
Web-based resources .....	2
Breast milk: The perfect food .....	2
Breastfeeding: Getting started.....	2
Skin-to-skin care .....	3
Learning the dance of latching .....	4
Baby's second night.....	6
What to expect the first two weeks .....	7
Baby feeding record .....	8
Five-day screening tool .....	9
Common challenges .....	10
Nutrition while breastfeeding .....	12
Collecting and storing breast milk.....	14
Breastfeeding is a family affair.....	17

*[Click here to visit the Web page with access to the rest of the Legacy guide to pregnancy, childbirth and the newborn](#)*

Breast milk (mother's milk) is the ideal food for your baby. Mother's milk has all the nutrients needed for your baby to grow and special properties that help protect your baby from illness. For these reasons the American Academy of Pediatrics recommends breastfeeding for at least the first year of your baby's life. In fact, they recommend that for the first six months, breast milk is the only food your baby receives.

At Legacy Health, we will support and encourage you to breastfeed your baby. Breastfeeding allows you and your baby to emotionally bond in a special way that cannot be matched, since breastfeeding meets both nutritional and nurturing needs. By choosing to breastfeed, you are giving your baby the healthiest start possible. Enjoy this remarkable time with your baby.

## Legacy Lactation Services

### Lactation consultants

Legacy Lactation Services provides breastfeeding support at each of the Legacy hospitals seven days a week. Our staff of international board-certified lactation consultants (IBCLC) are experienced in a wide variety of breastfeeding challenges.

### About our services

- Prenatal breastfeeding classes
- Postpartum back-to-work classes
- Inpatient consultation at the bedside
- Support for families with babies in the NICU and Pediatrics
- Outpatient visits to individualize your care
- Complimentary phone support throughout your breastfeeding experience
- Pump rental program (Medela)
- Retail products — availability varies from hospital to hospital. Be sure to ask your nurse

### Legacy Lactation Services phone numbers

To schedule an outpatient appointment with a lactation consultant, call 503-413-4840 in Oregon or 360-487-5840 in Washington, Monday–Friday, 8 a.m.–4 p.m.

Legacy Emanuel Medical Center . . . . .	503-413-2800
Legacy Emanuel Baby Boutique ( <i>breastfeeding supplies</i> ) . . . . .	503-413-1749
Legacy Good Samaritan Medical Center . . . . .	503-413-7533
Legacy Meridian Park Medical Center . . . . .	503-692-7509
Legacy Mount Hood Medical Center . . . . .	503-674-1719
Legacy Salmon Creek Medical Center . . . . .	360-487-4050

## Web-based resources

Centers for Disease Control and Prevention — [www.cdc.gov/breastfeeding](http://www.cdc.gov/breastfeeding)

American Academy of Pediatricians — [www.aap.org](http://www.aap.org)

International Lactation Consultant Association — [www.ilca.org](http://www.ilca.org)

### International breastfeeding support/peer counselors

La Leche League International — [www.llli.org](http://www.llli.org)

### Local breastfeeding support/peer counselors

Nursing Mothers Counsel of Oregon — [www.nursingmotherscounsel.org](http://www.nursingmotherscounsel.org)

### National support of high-risk OB and preterm families

Sidelines National Support Network — [www.sidelines.org](http://www.sidelines.org)

### Breastfeeding support

Northwest Mothers Milk Bank — [www.nwmmb.org](http://www.nwmmb.org)

[www.lowmilksupply.org](http://www.lowmilksupply.org)

[www.kellymom.com](http://www.kellymom.com)

[www.breastfeeding.com](http://www.breastfeeding.com)

## Breast milk: The perfect food

When your baby is born, the most important thing for him to learn is to suck, swallow and breathe. Colostrum is your “first” milk. It is rich in antibodies, is a strong laxative designed to eliminate meconium stool and it comes in the perfect amount for your baby. Colostrum coats the inside lining of your baby’s tummy, helping to create an environment that protects against any bad germs. No other fluid has such power!

Sucking, swallowing and breathing require coordination. Colostrum is the perfect first food because its thick consistency makes it easier for your baby to learn to coordinate these new skills. Although colostrum is present in small amounts compared to mature milk, it has more protein per ounce than your mature milk. This will provide your baby with everything needed to start life. Full-term babies are also born with extra fat and fluid that help to keep them healthy for the first few days while they are learning these new skills.

## Breastfeeding: Getting started

Babies are born alert and ready to breastfeed. Your first breastfeeding will be soon after birth. Feeding patterns will vary from day to day, but you can get a good idea of what to expect from the breastfeeding table on page 7. To help with your baby’s transition, spend time together skin-to-skin with your baby nestled on your chest before and after feedings. If you need help with positioning your baby skin-to-skin, your nurse or your lactation consultant will help you get started.

During the first three days after birth, many babies will want to feed more than every two to three hours and will continue this pattern until full milk production starts. It may be hard to determine a start or a finish to a nursing session. We call this cluster feeding. A newborn's stomach is very small and gradually expands over the first week as your milk comes in. An extra-hungry, eager baby will help increase milk production based on the increased demand.

Watch for your baby's feeding cues, which are a natural, innate way of letting you know it's time to eat:

- Quiet arousing with eye movements/fluttering
- Licks lips and/or sticks out tongue
- Opens mouth, turns head searching for breast (rooting)
- Hand to mouth movements
- Fussiness or crying, which is a late sign

Remember that babies cry for many reasons. In the early hours and days, it is more than likely that he is missing the womb and needs to be reassured by your closeness. Frequent breastfeeding will provide this reassurance to your baby and quickly send the message to your breasts to transition from making colostrum to making mature milk by the third or fourth day.

### Helpful hints

- Watch your baby's feeding cues, not the clock, to determine when feedings are finished.
- Each baby is unique and has his own feeding style. You will know when to switch breasts when your baby begins to take longer pauses between sucking and swallowing.
- As milk production increases, your full breasts will feel softer after the feeding.
- If your baby is not waking on his own during the first two weeks, it is important that you wake him to breastfeed at least eight times per day. Once your baby is gaining weight well (five to seven ounces per week and back to birth weight), you can rely more on your baby's cues to know when to feed.
- Wake a sleepy baby to breastfeed by gently unwrapping, offering skin-to-skin time, talking to her and changing her diaper.

## Skin-to-skin care

We encourage you to spend skin-to-skin time as often as possible with your baby (also called "kangaroo care"). Ask your nurse to help you get started.

### Benefits of skin-to-skin care

- Significant reduction in infant crying
- Promotes a sense of well-being for both mom and baby
- Increases attachment and confidence
- Increases maternal milk production

## Breastfeeding: Learning the dance of latching

*By Debra Page, R.N., IBCLC*

Did you know that babies are born with the ability to attach themselves to the breast without anyone helping them? A child or an adult has the instinct to move or dance to music. Babies have the instinct to find the breast and suckle. Watch your incredible baby latch on with little or no help and you will be amazed. You will quickly become confident and breastfeeding will become as easy as dancing.

Your first dance with a new partner can be a bit awkward. With practice, you both learn how to move with one another gracefully. With breastfeeding, your baby already knows the correct moves. A full-term baby simply needs help with positioning to find the breast. A pre-term or near-term baby may need more help than what is described here.

### Step One: The dance position

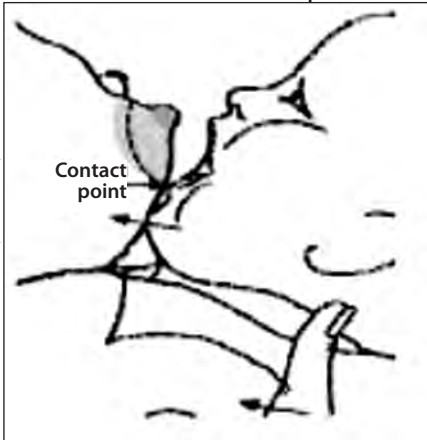
Position is important when it comes to latching. In dancing it can prevent stepping on each other's feet. In latching, it helps the mother and baby come together for an effective and pain-free feed.

- Provide lots of skin-to-skin contact, with your baby wearing only a diaper or nappy and you bare to the waist.
- Hug your baby to your chest between your breasts with your baby's head under your chin. Hugging babies skin-to-skin encourages them to wake up when they are hungry.
- Watch your baby, not the clock. Full-term will show signs when they are ready to find the breast
- Softly talk to your baby and massage your baby with firm, gentle strokes.
- When babies wake they will instinctively bob their heads back and forth, looking and feeling for the breast with their lips and mouth.

### Step Two: Baby takes the lead and you follow

You and your baby are learning this dance together. Allow your baby to take the lead. You will follow and play a supporting role. As your baby seeks the breast you can use your arms to help your baby find a good position.

- Tuck your baby's bottom under your elbow opposite the breast your baby is seeking.
- Allow your breast to fall naturally.
- Help your baby line up under your breast facing you, with your nipple opposite your baby's nose.
- Make sure your baby's mouth is open wide before you attempt to latch your baby onto the breast.
- Your baby's upper lip should barely brush past the top of the nipple. You will probably see more of the areola above the upper lip than below it.
- Let your baby's head tilt back to make it easier to suckle and swallow.
- With your baby's head tilted back properly, your baby's nose will not touch the breast.



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From Riordan, *Breastfeeding and Human Lactation*, 2005: Jones and Bartlett Publishers, Sudbury, Mass., [www.jbpub.com](http://www.jbpub.com). Reprinted with permission.

- Held in this position, your baby will attach to the underside of the breast.
- Bring your baby to the breast, not your breast to the baby.
- Hug your baby snugly with your baby's whole body facing you and your baby's chin indenting your breast.
- Allow your baby's arms to hug your breast. If hands are in the way, your baby is not close enough and needs to be hugged more snugly. There should be no gaps between you and your baby.
- As your baby's head tilts back, support your baby's upper back and shoulders with the palm of your hand. Do not put your fingers or hands on your baby's head.

### Practice makes perfect!

Just as in dancing, practice helps breastfeeding come naturally. You and your baby will learn to dance gracefully with one another. Soon you will not even have to think about it. You will simply hold your baby near the breast and your baby will latch on easily. Your baby will make long suckling movements, will pause briefly and then swallow. With a deep and effective latch, your nipple will be round after a feed. Breastfeeding will be comfortable. Relax and enjoy the dance!

### What if...

- ...your baby or you get frustrated? Move your baby back to an upright position between your breasts. Offer your finger for sucking and talk gently to your baby to provide comfort.
- ...your baby only makes tiny suckling movements? Your baby is probably not latched deeply enough to remove the milk from the breast. Help your baby achieve a deeper latch.
- ...your nipple changes shape when in the baby's mouth? Your baby is pinching the nipple. Help your baby achieve a better latch.

### Tips on positioning for success

- Always start with a calm baby and mother.
- Wear your baby like a bra — close and snug against your skin with no gaps.
- Allow your baby's arms to hug your breast.
- Remember that babies need to latch onto the underside of the breast, not the nipple.
- A well-latched baby's mouth is buried into your breast — you cannot see your baby's mouth.
- Trying to peek at the baby's lips could cause her to slip down onto the nipple.



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Published in ILCA's *Inside Track*

## Baby's second night

You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again ... and now it's your baby's second night.

All of a sudden, your little one discovers that he's no longer back in the warmth and comfort — albeit a bit crowded — womb where he has spent the last eight and a half or nine months — and it is *scary* out here! He isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs or the comforting gurgling of your intestines. Instead, he's in a crib, swaddled in a diaper, a t-shirt, a hat and a blanket. All sorts of people have been handling him, and he's not yet become accustomed to the new noises, lights, sounds and smells. He has found one thing, though, and that's his voice ... and you find that each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet — he protests, loudly!

In fact, each time you put him back on the breast, he nurses for a little bit and then goes to sleep. As you take him off and put him back to bed — he cries again and starts rooting around, looking for you. This goes on seemingly for hours. A lot of moms are convinced it is because their milk isn't "in" yet, and the baby is starving. However, it isn't that — it is baby's sudden awakening to the fact that the most comforting and comfortable place for him to be is at the breast. It's the closest to "home" he can get. It seems that this is pretty universal among babies — lactation consultants all over the world have noticed the same thing.

So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don't move him except to pillow his head more comfortably on your breast. Don't try to burp him — just snuggle with him until he falls into a deep sleep where he won't be disturbed by being moved. Babies go into a light sleep state (REM) first, and then cycle in and out of REM and deep sleep about every half hour or so. If he starts to root and act as though he wants to go back to breast, that's fine. This is his way of settling and comforting.

Another helpful hint: his hands were his best friends in utero; he could suck on his thumb or his fingers anytime he was the slightest bit disturbed or uncomfortable. And all of a sudden he's had them taken away from him and someone has put mittens on him! He has no way of soothing himself with those mittens on. Babies need to touch — to feel — and even his touch on your breast will increase your oxytocin levels, which will help boost your milk supply. So take the mittens off and loosen his blanket so he can get to his hands. He might scratch himself, but it will heal very rapidly — after all, he had fingernails when he was inside you, and no one put mittens on him then!

By the way, this might happen every once in awhile at home, too, particularly if you've changed his environment such as going to the doctor's, to church, to the mall, or to the grandparents. Don't let it throw you — sometimes babies just need some extra snuggling at the breast, because for the baby, the breast is "home."

## What to expect the first two weeks — Breastfeeding table

	First 24 hours	Day 2	Day 3–4	Day 5–10	Day 10–14
<b>Baby — what to expect</b>	<ul style="list-style-type: none"> <li>• Awake and alert 1–2 hours after birth</li> <li>• Deep sleep 2–8 hours</li> <li>• Place baby skin-to-skin every 2–3 hours before breastfeeding</li> </ul>	More awake and alert. Watch for feeding cues: <ul style="list-style-type: none"> <li>• Seeking breast</li> <li>• Sucking on fingers or hands</li> <li>• Smacking sounds or licking lips</li> </ul>	Baby may be “asking” to feed more frequently; often called “cluster feeding”	You will hear baby gulping and swallowing — satisfied after feeding	<ul style="list-style-type: none"> <li>• Back to birth weight</li> <li>• Gain ½–1 ounce per day</li> <li>• Growth spurt at 10–14 days</li> </ul>
<b>Baby’s wet/dirty (stools) diapers</b>	Baby will have at least: <ul style="list-style-type: none"> <li>• one wet diaper</li> <li>• one dirty diaper (black, dark)</li> </ul>	Baby will have at least <ul style="list-style-type: none"> <li>• two wet diapers</li> <li>• two dirty diapers (dark, less tarry)</li> </ul>	Baby will have at least: <ul style="list-style-type: none"> <li>• 3–5 wet diapers</li> <li>• three dirty diapers (starting to turn yellow)</li> </ul>	<ul style="list-style-type: none"> <li>• 6–8 wet diapers</li> <li>• 3+ dirty diapers, yellow in color (more than a stain)</li> </ul>	<ul style="list-style-type: none"> <li>• 6–8 wet diapers</li> <li>• 3+ yellow bowel movements (more than a stain)</li> </ul>
<b>Breastfeeding</b>	Your baby will want to breastfeed approximately 60–90 minutes after birth. Breastfeed as long and as often as baby shows interest.	Breastfeed on one breast until active sucking slows. Burp and offer second breast.	Breastfeed at least every three hours or sooner if baby “asks”	Breastfeed at least every three hours or sooner if baby “asks”	Breastfeed at least every three hours or sooner if baby “asks”
<b>Milk supply</b>	Most moms will produce 1 ounce of colostrum (“first milk”) in the first 24 hours (about 1 tsp, per feeding)	Breast milk supply beginning to increase to meet baby’s needs	Your breasts begin to feel more full and heavy. Mild tenderness is normal.	Breast milk supply continues to increase to meet baby’s needs.	Breast milk supply continues to increase to meet baby’s needs.

Should the following occur at any time, *call for help*:

### Mom

- Pain throughout feeding
- Breasts are hard and painful

### Baby

- No wet diaper in 12 hours or dirty diaper in 24 hours
- Baby refuses to breastfeed or is not content between feedings
- Increase in jaundice or sleepiness



## Baby Feeding Record

**If breastfeeding, feed your baby every 2–3 hours or sooner** if your baby gives signs of readiness. Signs of a hungry baby include lip smacking, rooting, sucking on hands, rapid eye movements

### Record the following:

Indicate quality of feeding:

**NW** (nursed well): Grasps breast, tongue down, lips flanged, rhythmical sucking

**NF** (nursed fair): Repeated attempts at sustained latch and suck, holds nipple in mouth, sucks with stimulation

**NP** (nursed poorly): Too sleepy or reluctant, no sustained latch or suck

### If bottle feeding:

First 24 hours: 10–15 mL every three hours

By 2–4 days: 15–30 mL every 3–4 hours

Record amount in mL

Mark ^ if baby spits up

### For all babies, record wet and dirty diapers including color of stool on graph below as follows:

- Place X every time baby has a wet diaper. Change the diaper before feedings if baby is sleepy and as needed.
- Place X every time baby has a stool. Place used diaper in garbage and wash hands afterward.

Date					
Time	Breast — Quality of feeding	Swallowing heard?	Breast milk/formula given? Amount	Wet diaper	Stool
<i>example</i>		Yes/No	F 15 mL		X
<i>example</i>	NW		BM 15 mL	X	
midnight					
1 a.m.					
2 a.m.					
3 a.m.					
4 a.m.					
5 a.m.					
6 a.m.					
7 a.m.					
8 a.m.					
9 a.m.					
10 a.m.					
11 a.m.					
Noon					
1 p.m.					
2 p.m.					
3 p.m.					
4 p.m.					
5 p.m.					
6 p.m.					
7 p.m.					
8 p.m.					
9 p.m.					
10 p.m.					
11 p.m.					

NW — Nursed well

NF — Nursed fair

NP — Nursed poorly

BM — Breast milk

F — Formula

## Five-day screening tool

**Complete this screening form when your baby is 5–7 days old.**

Circle **Yes** or **No** to each question

If you have circled any answers in the right hand column, or have any concerns not addressed in this screening tool, please call Legacy Lactation Services or your physician. The earlier problems are detected, the easier they are to correct.

1. Do you think breastfeeding is going well for you and your baby?	Yes	No
2. By the fifth postpartum day, did you notice a change in your breasts?	Yes	No
3. Were/are your breasts engorged for longer than 48–72 hours (hard, painful)?	No	Yes
4. Do your breasts feel full before nursing?	Yes	No
5. Do your breasts feel softer after nursing?	Yes	No
6. Do you hear your baby swallowing consistently for at least 10 minutes while nursing?	Yes	No
7. Does your baby seem consistently hungry after most feedings? (sucking hands, rooting, needing a pacifier)	No	Yes
8. Does your baby consistently nurse from both breasts at each feeding?	Yes	No
9. Does your baby wake on his/her own to be fed every 2–3 hours during the day, and 4–5 hours at nights (a minimum of 8 feedings every 24 hours)?	Yes	No
10. Does your baby have difficulty latching on?	No	Yes
11. Are your nipples extremely sore (or cracked/bleeding)?	No	Yes
12. Is your baby having 4+ wet diapers per day?	Yes	No
13. Is your baby having at least three bowel movements per day (approximately half-dollar size or larger, versus a slight stain)?	Yes	No
14. Is your baby having bowel movements that are seedy and yellow in color?	Yes	No

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Legacy Mount Hood Medical Center . . . . .	503-674-1719
Legacy Salmon Creek Medical Center . . . . .	360-487-4050

*Breastfeeding should not be painful. There may be discomfort for a few days, but if breastfeeding hurts longer than that, call your doctor or midwife or a lactation consultant for help.*

## Common challenges

### Sore nipples

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#### Signs

- You may feel some discomfort as your baby grasps the breast, but as suckling continues it should disappear.
- Nipple tenderness will improve daily.
- Persistent pain, blisters, cracks or bleeding nipples are not normal and require further lactation support.

#### Prevention

- Correct latch and positioning. Try again if you feel a biting or pinching sensation.
- Alternate breastfeeding positions and start feedings on the least sore breast.
- Feed frequently and always before baby gets frantic.
- Avoid early pacifier use or bottles until breastfeeding is well established.
- Massage expressed breast milk onto nipples after feedings to help with healing.

#### Relief and comfort measures

- Keep your nipples clean and dry.
- Apply purified lanolin after feedings if you are not allergic to wool. You can check with your care provider about the use of Polysporin or Bacitracin ointment for scabbed or cracked nipples. Hydrogel pads or dressings are also therapeutic.
- Pain relief with Tylenol or ibuprofen

### Engorgement

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#### Signs

- Hard, warm, painful swollen breasts
- Breasts feel heavy — may be lumpy with the skin stretched and shiny
- Nipples may flatten and be difficult for baby to grasp. Usually lasts 48–72 hours once your milk comes in

#### Prevention

- Breastfeed as soon as possible after birth.
- Breastfeed every two to three hours, at least eight to 12 times in 24 hours
- Do not skip feedings (even at night) and avoid pacifier use until breastfeeding is well established.
- Do not feed your baby additional supplements like water or formula unless medically necessary.

## Relief and comfort measures for engorgement

### Before breastfeeding

- Relax and rest as much as possible. Cuddle skin-to-skin with your baby.
- Soften engorged breasts with hand expression, pumping or a warm shower.
- Use moist, warm heat to wrap your breast for 10 minutes. Massage your breast starting with the outer edges, then move toward the nipple. After massage, express enough milk to soften the nipple and areola to help with latch.
- Wake baby every two to three hours to breastfeed. Changing the diaper, burping, infant massaging or undressing can help keep him awake for feeding.

### During breastfeeding

- Breastfeed more frequently, but at least every two to three hours, for at least 10 to 15 minutes at each breast every feeding or until baby is satisfied. Burp and switch breasts when swallowing slows.
- Continue with gentle breast massage/compression on/off during feeding to help increase milk flow.
- Touch and talk to your baby to keep him awake and swallowing.

### After breastfeeding

- Apply cold packs to your breasts for 10 to 15 minutes (frozen peas, crushed ice in a bag or cold wash cloths work well) to help with the swelling.
- Use ibuprofen for 24 to 48 hours to help with pain and swelling. Follow your health care provider's instructions and dosage directions.
- Wear a supportive bra that is adjustable, or go braless if that is more comfortable.
- Try pumping using a double electric hospital-grade breast pump to soften your breasts.

### Delayed milk production

Although rare, some women may experience a delay in milk production, making it a challenge for the baby to get enough to gain weight. The reasons for this delay are not always understood, but in many situations it can be caused from previous breast surgeries, medical or hormonal conditions, restrictive feedings or ineffective milk removal, as well as newborn feeding problems. Some mothers think they have low milk production even when they do not. There is growing evidence that stress, chronic lack of sleep and pain can impact milk production as well .

Cross-section of lactating breast

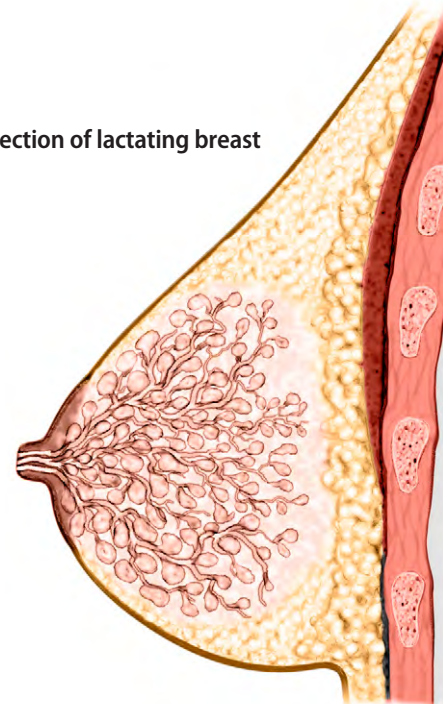


Illustration courtesy of Medela Inc

## Signs

- Transition from colostrum to mature milk is taking longer than four to five days.
- Baby has fewer than adequate wet/dirty diapers and stools have not transitioned to the yellow breast milk stool by day four or five.
- Inadequate or no newborn weight gain by 7–10 days of age
- Fussy, frantic baby at breast who may also be very sleepy
- Baby not satisfied after breastfeeding
- Lack of copious, sustained swallows at breast

## Prevention

- Breastfeed in the first hour after birth. Keep baby skin-to-skin as much as possible. Refer to the First Two Weeks Breastfeeding Chart for feeding guidelines.
- Avoid early pacifier use. Allowing your baby to comfort feed between active breastfeedings won't cause bad habits, but it will speed up milk production!
- Too many visitors may be interfering with your time for you and your baby to learn to breastfeed. Rest as much as possible between feedings.
- Make sure your baby is latching well and nipple soreness is at a minimum (1–3 on a pain scale and resolving after the first minute or so).
- Breast massage/compression during breastfeeding will stimulate more milk flow and maximize milk emptying. This also creates the signal to make more milk.
- Keep baby close to you. Breastfeed at least eight times each 24 hours.
- Do not be tempted to skip nighttime breastfeeds. Prolactin, the hormone that makes milk, surges at night in response to feedings. This will speed up milk production and help ensure an abundance of milk.
- Using side-lying position during the night can help you rest more.

## Nutrition while breastfeeding

New moms have lots of questions. Good for you! Many mothers are concerned about what foods to eat or not eat while breastfeeding. Remember that it takes about three months for your newborn's digestive system to mature and, in most cases, the occasional fussiness is not caused from the food in your diet.

Every baby is unique and what seems to bother one baby may not bother another. For this reason, it makes it difficult to provide any new mother with a list of foods to avoid. A well-balanced diet using foods that are as close to their natural state as possible is usually the best diet for everyone.

Although you may suspect that a certain food has caused your baby's tummy to become upset, true sensitivity is usually shown if baby is vomiting, has unexplained congestion or has a rash that seems out of the usual. Always check with your doctor when these concerns arise.

In the first three months, certain foods may seem to trigger sensitivity.

They are:

- Cow's milk products
- Eggs
- Nuts
- Wheat
- Corn
- Soy

This list is not intended as a “do not eat” list, but rather a guide to foods that may be a trigger for sensitivity.

The general rule is to eat a well-balanced diet that is varied. If you or your partner have real food sensitivities or allergies, it may be best to avoid those foods until your baby's digestive tract is a little more mature.

By the way, studies have found that garlic does flavor mom's milk, and babies actually like the flavor! Your baby is getting ready to taste the food that will be on the table in about six months.

## Weight loss

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Gradual weight loss through moderate dieting will not reduce your milk production. However, a sudden, dramatic decrease in calories over several days or longer (such as crash dieting) can lower it by forcing the body to cut back on noncritical uses of energy to ensure its own threatened survival. Consuming at least 1,500 to 1,800 calories per day is the minimum amount most women need to maintain their supply.

— *The Breastfeeding Mother's Guide to Making More Milk*,  
Diana West, IBCLC, Lisa Marasco, M.A., IBCLC 2009

Remember to drink plenty of water to stay hydrated. Since you are making milk, you are losing fluids, and it is important for your own hydration to maintain that balance. No need to overdo it, just drink to thirst.

The American Academy of Pediatrics recommends vitamin D supplementation for all infants who are breastfed. Talk with your pediatrician about vitamin D at your baby's two-week check-up.

## Collecting and storing breast milk

### Equipment and supplies

Legacy Lactation Services offers information and carries a variety of supplies and equipment for your breastfeeding needs. Breast pumps, nursing bras, milk storage bags and other related products are available for purchase. Electric breast pumps may be rented for short and long term needs.



### Breast milk storage guidelines

	Room temperature	Refrigerator	Home freezer	-20 C freezer
Freshly expressed breast milk	4–8 hours	5–7 days	3–6 months	6–12 months
Thawed breast milk (previously frozen)	Do not store	24 hours	Never refreeze thawed milk	Never refreeze thawed milk

### Rule of 6

#### A quick and easy way to remember storage guidelines for freshly expressed breast milk

- 6 hours at room temperature
- 6 days in the refrigerator
- 6 months in the freezer

## Collecting breast milk

- When to pump depends on you and your baby's schedule. Call Legacy Lactation Services to discuss an individualized pumping plan.
- Wash hands with soap and water just before pumping.
- Wash breast pump parts that come in contact with the breast or milk, as well as the collection containers, in either a dishwasher or by hand using hot, soapy water.
- There are several containers available for storing breast milk, including specially designed plastic bags and plastic or glass containers. There are advantages to each; use the type which is most functional for you.
- Pump or express breast milk into a clean empty collection container.
- It is normal for human milk to vary in color, consistency and odor, depending on mother's diet and the type of storage container used.

## Storage

- If you do not intend to use expressed breast milk within a few days, freeze it immediately in the coldest section of your freezer.
- Fill container only 3/4 full to allow for expansion of the milk as it freezes.
- Label each container with the date.
- Freeze milk in small portions, 2 to 4 ounces per container. Smaller amounts thaw more quickly and you will waste less milk if your baby drinks less than you anticipated.
- Seal container tightly
- You may add freshly pumped milk to previously frozen milk. First, refrigerate all freshly expressed milk until cold. Then, add the new to the frozen milk. The newly added milk must be of a lesser amount than the previously frozen milk.

## Defrosting

- Use oldest milk first
- Place sealed container in a bowl of warm water for 30 minutes or place under running water. Don't use hot water, as this can destroy some of the protective properties of the milk.
- Place frozen milk in the refrigerator the night before you will use it. Refrigerator defrosting takes eight to 12 hours.
- Thawed refrigerated milk is safe for 24 hours, if kept refrigerated. Do not refreeze
- Once at room temperature, milk must be used within one hour.
- Discard any thawed milk not used during a feeding.
- Breast milk is not homogenized and cream may rise to the top of the container. The separation of the cream is not a problem. Gently shake the container to mix the layers together.

### **Do not use a microwave**

*"Hot spots" are dangerous for baby, and microwaving can destroy beneficial components of breast milk.*



## Choosing bottles

To help minimize the effect that bottle-feeding may have on breastfeeding, the following guidelines have been suggested.

- BPA-free plastic or glass bottles are the preferred choice.

There are many different kinds of baby bottles to choose from with different shapes and sizes of nipples. How do you pick the best one for your baby?

Bottle nipples that appear to be more like the breast and offer a similar flow of milk have the following characteristics:

- Wide base that slopes gradually toward the nipple
- Short nipple length
- Round nipple vs. orthodontic shape
- Zero flow or slow flow rate
- Soft, easily compressible thin material (silicone)

Bottle nipples on the market that meet these five criteria include Gerber Comfort Latch, Evenflo Ultra or Elite and Playtex NaturaLatch Nipples.

*Reference: Lisa Marasco and Diana West, Making More Milk, 2008.*

## Working and breastfeeding

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You are planning to return to work and continue breastfeeding. Smart mommy! Breastfeeding is something that can help you and your baby to maintain that special closeness that you developed in the first few months. A little bit of preparation, family support and a high-quality breast pump can make this transition much easier for you both.

Here are some tips for planning to return to work:

- Establish a good milk supply and a worry-free breastfeeding relationship right from the beginning.
- Purchase or rent a good quality breast pump to help maintain your supply.
- Relax and enjoy this special time — it will end before you know it.
- Have your daycare arrangements worked out before your baby's birth.
- Breastfeeding at least one time during your workday is the easiest way to maintain good milk production. Try to plan your daycare around this. You can go to the baby or if your baby is being cared for in your home, consider baby coming to you.
- Introduce a bottle once breastfeeding is going well. This can be done at about four to six weeks. It's not necessary for this to be a full feeding, just an introduction to how to take a bottle. (See above for help choosing a bottle.)
- It's OK for you (mom) to offer the bottle. There are no studies to support that other people in your baby's life will make this an easier transition for your baby. After all, who knows your baby best?
- The first week of work, start slowly with a few hours or shorter days beginning mid-week. It's normal to feel tired at first, so rest as much as possible and accept help/support from family and friends.
- Discuss with your partner ways to help keep you and your baby breastfeeding when you are home. When you return from work, try breastfeeding in a comfortable chair or lying down, while dinner is being prepared. On days

off, enjoy your time together and breastfeed often. It is not necessary to keep the baby on your work/feeding schedule.

- At work, try to pump at least three times in an eight-hour shift, or if possible as often as your baby would be breastfeeding. If you are able to breastfeed during your lunch hour, you should pump once mid-morning and again mid-afternoon.

If you have more questions or concerns about how to combine work with breastfeeding, call Legacy Lactation Services.

## Breastfeeding is a family affair

Congratulations on your newest family member! Remember it takes a village to raise a child, and that means that your involvement in the care and nurturing of both mom and baby will get everyone off to the best possible start.

You may be wondering how you will fit into all this, as it may seem already that the “dynamic duo” are hardly separated. Rest assured that your involvement is crucial to their success in learning to breastfeed and to the development of your healthy family.

Mom’s birth has no doubt left her feeling exhausted and exhilarated at the same time. She could use your help in the following ways.

- Want some extra holding time? Offer to burp the baby between sides. This is a great way to help baby stay alert and learn to breastfeed more quickly.
- Skin-to-skin care in the early days promotes a sense of calmness and is a great way for you to bond with the baby while mom is taking a well-deserved rest.
- Wear your baby. You can do dishes, laundry, go for a walk or just enjoy a baby who is content in a sling. Don’t miss out on this opportunity to experience the joy of carrying your newborn this way. They love it and you will too.
- You’d like to help with feedings? That’s great; just wait until breastfeeding is well established, usually about four to six weeks .
- Did you know that mom has lots of oxytocin in her bloodstream in the first few weeks? This great hormone, in addition to helping deliver the milk, allows mom to experience a sense of overall calmness that helps her to perform repetitive activities (like breastfeeding eight to 12 times in 24 hours) effortlessly. Mother Nature sure planned it well!

## Tips for the new mom

Taking good care of yourself especially in the early weeks will help to ensure a plentiful milk supply and a speedy recovery from your birth. Here are some “pearls” to remember at this time.

- Rest as much as possible. Remember, resting increases prolactin, the milk-making hormone. Rest and frequent breastfeeding are just what the doctor ordered.
- Limit visitors at the hospital and at home. Schedule “visitation hours” to eliminate the drop-in company that can exhaust everyone.

- Let the phone answer for you. Leave all the baby stats on your machine or have a family member email those that you wish to include in your announcement.
- Accept help — with cooking, cleaning, laundry, other children — so you will have time to devote to getting to know your new baby.
- Be careful of well-meaning advice. There's lots of new information about breastfeeding that has surfaced in the past few years that is probably very different from what your relatives or even your neighbor may have learned. Be selective about where you get your advice. There certainly is more than one way to feed a baby, but this is your baby, and this is your opportunity to feed and parent in the style of your choice. Legacy Lactation Services is always available to answer questions with the most recent evidence.