



Breastfeeding Your Baby



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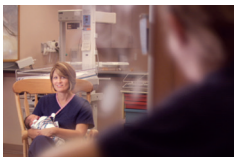
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St. TammanySM
HEALTH SYSTEM

Introduction

Breastmilk is the best food for your baby. It is perfectly matched to meet your baby’s needs as they grow. Breastfeeding is life changing and will have a lifelong impact on you and your baby’s health. We congratulate you on deciding to give your baby an amazing gift and want to give you all of the support and education you may need to reach your breastfeeding goals.

It is important to be well-informed about breastfeeding. The “Breastfeeding Your Baby” book will provide information to guide you on what to expect on your breastfeeding journey. Share this information with your support system and surround you and your baby with family and friends who understand the process and support your decision to breastfeed.

For assistance while in the hospital simply press your call light and ask for breastfeeding assistance.

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Breastfeeding Facts

Studies show that breastmilk provides immune protection and benefits the newborn as long as you continue to breastfeed. The American Academy of Pediatrics and the World Health Organization recommends exclusive breastfeeding for the first six months. This recommendation means babies are not given any foods or liquids other than breastmilk for the first six months of life. Breastfeeding is recommended for up to 2 years or longer, if mutually desired by the mother and baby.

Infants who are not breastfed have increased incidence and severity of:

- Serious illness
- Childhood obesity
- Type 1 and Type 2 diabetes
- Childhood leukemia
- Sudden Infant Death Syndrome (SIDS)

Mothers who choose not to breastfeed have increased incidence and severity of:

- Retained weight gain from pregnancy
- Greater than normal bleeding after delivery
- Type 2 diabetes
- Heart disease
- Breast and ovarian cancers

The Centers for Disease Control recommends that mothers NOT breastfeed if one or more of the following conditions are present:

1. An infant diagnosed with galactosemia, a rare genetic metabolic disorder
2. The infant whose mother:
 - Is using or is dependent upon an illicit drug
 - Has been infected with the human immunodeficiency virus (HIV)
 - Is taking antiretroviral medications
 - Has untreated, active tuberculosis

- Is infected with human T-cell lymphotropic virus type I or type II
- Is taking prescribed cancer chemotherapy agents, such as antimetabolites that interfere with DNA replication and cell division
- Is undergoing radiation therapies; however, such nuclear medicine therapies require only temporary interruption of breastfeeding

Breastfeeding Your Full Term Baby: (37-40 weeks gestation at birth)

Breastfeeding is a changing process.

- The first few weeks of breastfeeding are a learning period for both you and your baby.
- Frustration is common. Be patient with yourself and baby.
- Breastfeeding is normal. Sometimes, it takes time to learn and then becomes easy.
- When you feed frequently your milk supply increases.
- Keep your baby with you to breastfeed frequently and use skin to skin as much as possible.
- Keep a daily feeding log to mark feedings, wets and dirty diapers until your baby is gaining weight appropriately.
- Your baby should be back to birth weight at 10-14 days of life.

How To Use This Book

The “Breastfeeding Your Baby” book is designed to help guide you through the first week of breastfeeding. During this time, it is important to record each feeding, along with each wet and dirty diaper using the daily charts. You will be guided on what to expect each day along your way. Bring your journal with you to your baby’s doctor appointments and lactation consultations.

“8 or more in 24”

refers to baby breastfeeding 8 times or more in a 24 hour period.

Birth And The First 24 Hours

The first hours of your baby's life are magical. There are stages of behavior the newborn goes through that dramatically affect physical and emotional well-being. For these stages to occur the baby should be placed in skin to skin contact with mother immediately after birth or as soon as mother and baby are able to. Shortly before birth we will lay dry towels or baby blankets on your chest. At birth, baby will be placed on your chest where we will dry him. We will diaper baby and lay his chest and tummy on your chest and tummy (no clothing between the two of you, including your bra with his face turned to the side). After skin to skin, if you are not yet able to shower, we will have a fresh gown for you to put on.

- This is part of your and your baby's recovery after you deliver.
- It helps baby to adjust to life outside of your body.
- It is what all mammals do at birth and is normal.
- It decreases your baby's risk of unstable heart rate, respirations and temperature so there is a less risk of baby going to NICU.
- You will warm your baby better than a baby warmer.
- It gives you and baby the best start at breastfeeding.
- It is important you and baby stay in continuous skin to skin the first hours of life.
- If at any time during skin to skin baby's face or trunk color changes from pink to pale or blue notify nurse immediately.
- Other family members and support persons can hold baby later.
- We can ask visitors to wait in the lobby if that is your preference.

Quiet Time is a 2 hour period every day from 1:30pm until 3:30pm for Baby, Mom, and her support person to rest together uninterrupted. The staff will make every effort not to disturb you during this period, but feel free to call us should you need anything.

We established quiet time for you to enjoy and bond with your baby in your room without distractions. You may even want to take a nap with baby near you in his or her crib so you will be better able to cope with late night feeds.


We suggest you inform guests about quiet time before they come to the hospital so they can plan their visit around this time, and we encourage you take full advantage of this opportunity to rest and refresh. Even short periods of rest can make you feel better.

Baby's First 24 Hours



Date: _____ & Times	Breastfeedings 8 or more in 24 and on cue	Wet Diapers	Dirty Diapers	Skin To Skin Time

The First 24 Hours

<p>Birth to 24 hours your baby eats:</p> <ul style="list-style-type: none">• a few drops to 5ml of breastmilk per feeding (<1 teaspoon)• a few drops to 1 ounce (2 tablespoons) total in 24 hours	<p>Baby's stomach is the size of</p> <p>A Cherry</p> 	<p>Birth to 24 hours your baby should have:</p> <ul style="list-style-type: none">• at least <u>one wet diaper</u>• at least <u>one dark, sticky dirty diaper</u>
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What to Expect:

- Most full term healthy babies are eager and ready to begin breastfeeding immediately after birth.
- It may take over an hour for the baby to latch for the first time. Keep baby in continuous skin to skin for one or more hours after birth.
- A correct latch is essential for successful breastfeeding. When your baby is correctly latched he should pull a mouthful of your areola into his mouth (the dark, brown skin around your nipple), his head will be slightly tilted back, and when the nipple comes out of his mouth it will look similar to the way it did before breastfeeding. It should not be flat or pinched.
- Watch for early feeding cues. Babies often fall back asleep, missing the opportunity to feed. Consistent missed feeds can lead to weight loss, dehydration, jaundice and low milk supply.



poor latch



good latch


- Giving formula now (unless medically necessary) may result in less milk later and change the normal flora or good bacteria of the baby's intestines.
- Avoid pacifiers as they may cause you to miss important feeding cues.
- Keep your baby with you and do skin to skin as much as possible. Dad or a family member can hold the baby skin to skin too. (Keep the baby's hat on and cover with warm blankets from shoulders down.)
- It is common for your baby to be sleepy during the first 24 hours. Offer your baby the breast when you begin to notice early feeding cues. Pictures of feeding cues are located on page 27.
- If your baby is not showing feeding cues, place baby skin to skin, change positions, talk, gently rub your baby's back and call for help if unable to latch.
- You are making teaspoons of a thick, rich liquid called colostrum. This is the perfect amount for your baby's small stomach. Colostrum gives your baby a healthy dose of early protection against diseases .
- Your breasts will feel soft today, just as they were during your pregnancy.
- It is normal and expected that your baby will lose weight over the first 72 hours of life.
- During or shortly after breastfeeding you may have cramps like you feel with your period along with increased vaginal bleeding. This will decrease with each passing day.
- You may become very sleepy or thirsty with breastfeeding.

Facts about colostrum

- Commonly called "liquid gold"
- May vary in color from clear, to yellow, pink, or brown
- Easily digested
- Serves as a laxative and helps clean the baby's intestinal tract
- Very high in protein
- Provides protection by containing antibodies and passive immunities
- Coats the stomach and intestines and protects against invading organisms

To give more colostrum to your baby you can use techniques such as expressing your milk by hand and breast compression. NOTE: Information on how to perform hand expression of your breastmilk and breast compression are located on pages 28-31.

The Second 24 Hours

<p>Second 24 hours your baby eats:</p> <ul style="list-style-type: none">• 5-15ml (<1/2 ounce or <1 tablespoon) per feed,• 1-4 ounces total for this 24 hour period• Your baby may begin to act very hungry and want to feed often.• “8 or more in 24”	<p>Baby’s stomach is the size of</p> <p>A Cherry</p> 	<p><u>Second 24 hours your baby should have:</u></p> <ul style="list-style-type: none">• at least <u>2 wet diapers</u>• at least <u>2 dark, sticky dirty diapers</u>
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What to expect today:

- Your baby will want to nurse frequently. Some feedings may be clustered together with him feeding more frequently for a 3 – 4 hour period then sleeping for a longer stretch.
- This is normal. Continue to follow your baby’s feeding cues. Crying can be a late sign of hunger. It can be difficult to get breastfeeding started if your baby is crying.
- Keep your baby with you in skin to skin as much as possible. Dad or a family member can hold baby skin to skin too.
- Your baby may act hungry and cue to feed whenever he is not at your breast or being held. This is normal behavior. Relaxing and nursing very frequently will help you make milk.
- Giving formula now (unless medically indicated) may result in you having less milk later.
- Avoid pacifiers as they may cause you to miss important feeding cues
- If you have a baby boy and have him circumcised, it is common for your baby to be sleepy several hours after the procedure. Attempt to feed with feeding cues.

- If after four hours, your baby is not showing feeding cues, place your baby skin to skin, change your baby's position, talk to baby, gently rub your baby's back and call for help if unable to latch baby within 30 min.
- Your breasts may still feel soft today. This is normal. However, you are making teaspoons of a thick, rich liquid called colostrum. This is the perfect amount for your baby's small stomach.
- Healthy babies develop their own feeding schedules. Follow feeding cues and a schedule will develop in time.
- Do not expect your breastfed baby to sleep through the night, especially during the first weeks to months of life.
- It is normal and expected that your baby will lose weight over the first 72 hours of life.

Tips for your first days at home


Two of the most important things for successful breastfeeding are a calm, well rested mother and support from significant others in her 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 household chores too soon.
- Limit visitors
- Eat when you are hungry and drink when you are thirsty. There is no special breastfeeding diet.
- Rest often - sleep when your baby sleeps
- Allow your significant other, friends and/or family to help with physical tasks or keeping an eye on the baby or other children while you rest.
- Be sure you are comfortable and relaxed before you start to nurse your baby.

Baby's Third 24 Hours

Date: _____ & Times	Breastfeedings 8 or more in 24 and on cue	Wet Diapers	Dirty Diapers	Skin To Skin Time

The Third 24 Hours

<p>Third 24 hours your baby eats:</p> <ul style="list-style-type: none">• 15-30ml (1/2-1 ounce or 1-2 tablespoons) per feeding,• 4-8 ounces total• “8 or more in 24”	<p>Baby’s stomach is the size of</p>  <p>A Walnut</p>	<p>Third 24 hours your baby should have:</p> <ul style="list-style-type: none">• at least <u>3 wet diapers</u>• at least <u>3 yellow/green dirty diapers</u>
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What to expect today:

- Giving formula now (unless medically indicated) may result in less milk later, may change the type of good bacteria in the baby’s intestines and does not provide immunity to the baby.
- Avoid pacifiers as they may cause you to miss important feeding cues
- Keep your baby with you and skin to skin as much as possible. Dad or a family member can hold baby skin to skin too. You may continue skin to skin care at home after you leave the hospital but remember the tips taught to you about safe sleep.
- 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 positions, talk and/or gently rub your baby’s back.
- Your breasts may begin to feel full, warm, heavier, tingling and leak milk. This is a sign your mature milk is coming in.
- Have your baby’s weight checked 24-48 hours after leaving the hospital at the pediatrician’s office.
- After leaving the hospital, call St Tammany Health System Lactation Department for breastfeeding questions or concerns at 985-898-4446.

Facts about engorgement

Engorgement often occurs at three to four days after delivery. As your milk production increases, your breasts may be swollen and uncomfortable or sometimes only feel slightly full.

Comfort measures for breast engorgement:

- Breastfeed frequently **“8 or more in 24”**, wake baby for feedings if necessary
- Avoid pacifiers
- If the milk is flowing, use wet or dry heat applied to the breasts for approximately 10 minutes prior to each feeding as a comfort measure to facilitate the milk ejection reflex.
- Follow heat treatment with breast massage to soften hard/lumpy areas of the breast for 5 minutes prior to breastfeeding.
- Hand express or pump out enough milk to soften the areola and nipple. If your breasts are too hard, your baby may not be able to latch. Try reverse pressure softening of the nipple and areola. For instructions and photos, refer to http://kellymom.com/bf/concerns/mother/rev_pressure_soft_cotterman/
- Use cold treatments in the form of ice packs/gel packs/frozen vegetables wrapped in a soft thin cloth and applied to the breasts for approximately 20 minutes after each feeding until engorgement is resolved.
- If your obstetrician has given you a prescription for an anti-inflammatory medication such as ibuprofen (Motrin) or naproxen (Anaprox), take the medication as ordered.

Facts About Jaundice

- Jaundice is another word for yellow coloring of the skin.
- It is caused by a buildup of bilirubin, the waste product of broken down red blood cells.
- Babies are generally born with more red blood cells than they need, so more will break down.
- In the womb, your liver removes bilirubin for the baby, after birth the baby has to get rid of bilirubin on his own.
- A baby rids his body of bilirubin through bowel movements.
- The more dirty diapers he has the more a baby is passing bilirubin and the less chance he has of becoming jaundiced.
- A baby’s stool should be changing from dark and sticky to green/brown/yellow and loose.
- Jaundice usually peaks on the third to fourth day of life then begins to disappear
- To minimize jaundice breastfeed baby **“8 or more in 24”**
- The more milk the baby gets, the more he stools and the less risk he has of problems with jaundice

Baby's Fourth 24 Hours

Date: _____ & Times	Breastfeedings 8 or more in 24 and on cue	Wet Diapers	Dirty Diapers	Skin To Skin Time

The Fourth 24 Hours

<p>Fourth 24 hours your baby eats:</p> <ul style="list-style-type: none">• 15-30ml (1/2-1 ounce or 1-2 tablespoons) per feeding,• 4-8 ounces total• “8 or more in 24”	<p>Baby’s stomach is the size of</p>  <p>A Walnut</p>	<p>Fourth 24 hours your baby should have:</p> <ul style="list-style-type: none">• at least <u>5-6 pale yellow wet diapers</u>• at least <u>3-4 yellow, seedy dirty diapers</u>
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What to expect today:


- Your baby will breastfeed frequently and will not be on any schedule. It is important that you continue feeding your baby on cue.
- Your baby will act hungry and show cues to feed whenever he is not at breast or being held. This is normal behavior. Nursing frequently will help you to make milk and avoid engorgement.
- 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. Remember, babies should be placed on their backs to sleep.
- Counting wet and dirty diapers helps you to know if your newborn is getting enough milk.
- As your breasts begin to make more milk, your breasts may feel full and heavy. This is normal fullness.
- Giving formula now (unless medically indicated) may result in less milk later, may change the type of good bacteria in the baby’s intestines and does not provide immunity to the baby. This can also lead to engorgement as your milk comes in.
- Avoid the use of a pacifier, it may cause you to miss important feeding cues.
- If your baby is not showing feeding cues, place your baby skin to skin, change positions, talk and/or gently rub your baby’s back.

- Have your baby's weight checked 24-48 hours after leaving the hospital at the pediatrician's office.
- Call St Tammany Health System Lactation Department for breastfeeding questions or concerns at 985-898-4446.

How to know your baby is getting enough to eat

- Your baby is eating at least eight times every 24 hours.
- Your baby is having at least five to six wet diapers a day.
- Your baby's stool is changing to a mustard color and becoming more frequent.
- You hear and see your baby drinking/swallowing throughout breastfeeding.
- Your breasts feel less full after feeding.
- Your baby falls away from the breast after feeding and looks satisfied.
- Your baby is content between most feedings.

The Fifth 24 Hours

<p>Fifth 24 hours your baby eats:</p> <ul style="list-style-type: none">• 45-60ml (1.5 – 2 ounces or 3-4 tablespoons) per feeding,• 12-18 ounce total• “8 or more in 24”	<p>Baby’s stomach is the size of</p>  <p>An Apricot</p>	<p>Fifth 24 hours your baby should have:</p> <ul style="list-style-type: none">• at least 5-6 pale yellow wet diapers• at least 3-4 medium to large yellow, seedy dirty diapers
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What to expect today:

- There is no schedule in these first few weeks. Your baby’s frequent feeding behavior will be similar to the previous 24 hours.
- Waiting until your baby is crying is a late sign of hunger. It can be more difficult to get breastfeeding started if your baby is crying.
- If your baby is not showing feeding cues, place skin to skin, change your baby’s position, talk and/or gently rub your baby’s back.
- It is recommended that you have your baby’s weight checked 24-48 hours after discharge.
- Giving formula now (unless medically necessary) may result in less milk later and change the normal flora or good bacteria of the baby’s intestines.
- Avoid the use of a pacifier as it may cause you to miss important feeding cues.

“First Alert” Form for Breastfeeding Mothers and Babies


If you circle any answers in column “B,” please call your local Lactation Center for assistance.

	A	B
1. Has your milk volume increased?	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 eight to ten times in a 24 hour period?	YES	NO
7. Do you hear 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 three or four 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

Baby's Sixth 24 Hours

Date: _____ & Times	Breastfeedings 8 or more in 24 and on cue	Wet Diapers	Dirty Diapers	Skin To Skin Time

The Sixth 24 Hours

<p>Sixth 24 hours your baby eats:</p> <ul style="list-style-type: none">• 45-60ml (1.5 -2 ounces or 3-4 tablespoons) per feeding,• 12-18 ounce total• “8 or more in 24”	<p>Baby’s stomach is the size of</p>  <p>An Apricot</p>	<p>Sixth 24 hours your baby should have:</p> <ul style="list-style-type: none">• at least 5-6 pale yellow wet diapers• at least 3-4 medium to large yellow, seedy dirty diapers
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What to expect today:

- There is no schedule in these first few weeks.
- 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 and breastfeeding is well established, you may discontinue charting of feedings, wets and dirty diapers.

Baby's Seventh 24 Hours

Date: _____ & Times	Breastfeedings 8 or more in 24 and on cue	Wet Diapers	Dirty Diapers	Skin To Skin Time

The Seventh 24 Hours

<p>Seventh 24 hours your baby eats:</p> <ul style="list-style-type: none">• 45-60ml (1.5 -2 ounces or 3-4 tablespoons) per feeding,• 12-18 ounce total• “8 or more in 24”	<p>Baby’s stomach is the size of</p>  <p>An Apricot</p>	<p>Seventh 24 hours your baby should have:</p> <ul style="list-style-type: none">• at least 5-6 pale yellow wet diapers• at least 3-4 medium to large yellow, seedy dirty diapers
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You are well on your way to successful breastfeeding!

Facts On Use of Medications While Breastfeeding

- Rarely do you have to stop breastfeeding to take a medication.
- Ask your doctor to recommend medications that are safe to use while breastfeeding.
- Try to take a medication just after you have finished breastfeeding.
- When possible, choose shorter acting medications. For example, a medicine that could be taken every four hours would be preferred over one that could be taken every eight hours.
- Be aware of drugs that might decrease your milk supply like cold and sinus medicines and any birth control 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.

Latch

Latching on 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

- Position your baby at nipple level.
- Support the breast with one hand forming the letter "C".
- Hold the baby firmly at the back of the neck with the other hand.
- Tilt the baby's head back slightly so the nose is not pushing into the breast.
- Tickle baby's upper lip with the nipple.
- As baby opens the mouth wide, pull baby in toward the breast quickly.
- Baby's chin and lower lip should touch the breast first.
- Baby should pull in a mouthful of the areola (the dark brown skin around the nipple).

Another method of latching baby to the breast is called "self-attachment." A human baby has natural instincts to search and latch onto the breast just like other mammals. If baby is placed wearing only a diaper on mom's bare chest (no bra) and stomach, he will use his hands and face to root and find the nipple on his own. Mom just supports baby by placing her hands on the middle of his back and his buttocks so he feels secure. As baby works his way towards the nipple mom can then give him any needed help to latch him on. Placing a baby wearing only a diaper on mom's naked chest and stomach is called skin-to-skin. It is a good way to wake a sleepy baby for breastfeeding or to calm a fussy baby.

Early Feeding Cues

Metro North Hospital and Health Service
Royal Brisbane and Women's Hospital

Baby feeding cues (signs)

Early cues – “I’m hungry”



Stirring



Mouth opening



Turning head
Seeking/rooting

Mid cues – “I’m really hungry”



Stretching



Increasing
physical movement



Hand to mouth

Late cues – “Calm me, then feed me”



Crying



Agitated body
movements



Colour turning red

Time to calm crying baby

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



For more information refer to the Queensland Health booklet *Child Health Information: Your guide to the first twelve months*
Visit the Queensland Health breastfeeding website: <http://www.health.qld.gov.au/breastfeeding/>

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Consumers and/or carers provided feedback on this publication.



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Expressing milk by hand

Expressing Milk by Hand

Breastfeeding women have expressed (removed) milk by hand for generations. Hand expression may take a few sessions to learn. Once you know how, hand expressing gets easier.

When you remove milk from your breasts (either by breastfeeding or expressing), you are telling your body to make more milk. In the first few days after birth, you may express only a few drops. The amount will increase with practice and with time as your body produces more milk. Mothers who hand express in the first few days are shown to significantly increase their milk supply.

Why hand express?

- To soften your breasts if they are too full for your baby to latch on
- To relieve painful engorgement
- To maintain or increase milk production
- To collect milk if your baby is unable to breastfeed or if you are unavailable
- To remove milk when a breast pump is not available

How Do I Hand Express My Milk?

There are many ways to hand express, and with time, you will find what works best for you. The steps below are one suggested way to hand express your milk.

Supplies: To capture your milk and store for later use, use a clean feeding bottle, wide-mouthed jar, or bowl.



Figure 1

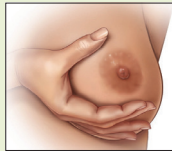


Figure 2



Figure 3



Figure 4

1. Use moist heat, such as a basin of warm water, a warm washcloth, or a shower, to promote milk release (letdown). Another way to help with letdown is to gently massage your breasts in circles and toward your areola (Figure 1).
2. Shape your hand in a "C." Place the thumb in the 12:00 position and the first two fingers in the 6:00 position about one to two inches behind the nipple (Figure 2).
3. Press your fingers and thumb back against the chest wall, trying not to stretch the skin around the nipple and areola (Figure 3).
4. Squeeze your breast gently by bringing your thumb and fingers together (Figure 4). Avoid pulling or sliding on the breast surface.
5. Compress your breast several times in this position.
6. Rhythmically repeat compressions, moving your thumb and fingers all the way around the breast, including areas near your chest and armpits.
7. Repeat procedure with the other breast.
8. Stop when the milk slows down.

Breast Compression

The purpose of breast compression is to continue the flow of milk to the baby when the baby is only sucking **without** drinking. Drinking (“open mouth wide—pause—then close mouth” type of suck—see also the video clips at the website breastfeedinginc.ca) means baby got a mouthful of milk. If baby is no longer drinking on his own, mother may use compressions to “turn sucks or nibbling into drinks”, and keep baby receiving milk. Compressions simulate a letdown or milk ejection reflex (the sudden rushing down of milk that mothers experience during the feeding or when they hear a baby cry—though many women will not “feel” their let down). The technique may be useful for:

1. **Poor weight gain in the baby**
2. **Colic in the breastfed baby**
3. **Frequent feedings and/or long feedings**
4. **Sore nipples in the mother**
5. **Recurrent blocked ducts and/or mastitis**
6. **Encouraging the baby who falls asleep quickly to continue drinking not just sucking**
7. **A “lazy” baby, or baby who seems to want to just “pacify”.
Incidentally babies are not lazy, they respond to milk flow.**

Compression is not necessary if everything is going well. When all is going well, the mother should allow the baby to “finish” feeding on the first side and **offer** the other side. How do you know the baby is finished the first side? When he is just sucking (rapid sucks without pause) and no longer drinking at the breast (“open mouth wide – pause – then close mouth” type of suck). Compressions help baby to get the milk.

Breast compression works particularly well in the first few days to help the baby get more colostrum. Babies do not need much colostrum, but they need some. A good latch and compression help them get it.

It may be useful to know that:

1. A baby who is well latched on gets milk more easily than one who is not. A baby who is poorly latched on can get milk only when the flow of milk is rapid. Thus, many mothers and babies do well with breastfeeding in spite of a poor latch, because

most mothers produce an abundance of milk. However, the mother may pay a price for baby's poor latching—for example: sore nipples, a baby who is colicky, and/or a baby who is constantly on the breast (but drinking only a small part of the time).

2. In the first 3-6 weeks of life, many babies tend to fall asleep at the breast when the flow of milk is slow, not necessarily when they have had enough to eat and not because they are **lazy** or **want to pacify**. After this age, they may start to pull away at the breast when the flow of milk slows down. However, some pull at the breast even when they are much younger, sometimes even in the first days and some babies fall asleep even at 3 or 4 months when the milk flow is slow.

Breast compression—How to do it? Hold the baby with one arm.

1. Support your breast with the other hand, encircling it by placing your thumb on one side of the breast (thumb on the upper side of the breast is easiest), your other fingers on the other, close to the chest wall.
2. Watch for the baby's drinking, (see videos at nbc.ca) though there is no need to be obsessive about catching every suck. The baby gets substantial amounts of milk when he is drinking with an "open mouth wide—pause—then close mouth" type of suck.
3. When the baby is nibbling at the breast and no longer drinking with the "open mouth wide—pause—then close mouth" type of suck, compress the breast to increase the internal pressure of the whole breast. Do not roll your fingers along the breast toward the baby, just squeeze and hold. Not so hard that it hurts and try not to change the shape of the areola (the darker part of the breast near the baby's mouth). With the compression, the baby should start drinking again with the "open mouth wide—pause—then close mouth" type of suck. **Use compression while the baby is sucking but not drinking!**
4. Keep the pressure up until the baby is just sucking without drinking even with the compression, and then release the pressure. Release the pressure if baby stops sucking or if the baby goes back to sucking without drinking. Often the baby will stop sucking altogether when the pressure is released, but will start again shortly as milk starts to flow again. If the baby

does not stop sucking with the release of pressure, wait a short time before compressing again.

5. The reason for releasing the pressure is to allow your hand to rest, and to allow milk to start flowing to the baby again. The baby, if he stops sucking when you release the pressure, will start sucking again when he starts to taste milk.
6. When the baby starts sucking again, he may drink (“open mouth wide—pause—then close mouth” type of suck). If not, compress again as above.
7. Continue on the first side until the baby does not drink even with the compression. You should allow the baby to stay on the side for a short time longer, as you may occasionally get another letdown reflex (milk ejection reflex) and the baby will start drinking again, on his own. If the baby no longer drinks, however, allow him to come off or take him off the breast.
8. If the baby wants more, offer the other side and repeat the process.
9. You may wish, unless you have sore nipples, to switch sides back and forth in this way several times.
10. Work on improving the baby’s latch.

11. Remember, compress as the baby sucks but does not drink. Wait for baby to initiate the sucking; it is best not to compress while baby has stopped sucking altogether.

You will not always need to do this. As breastfeeding improves, you will be able to let things happen naturally. See the videos of how to latch a baby on, how to know a baby is getting milk, how to use compression at ncbi.ca

Breast Compression, February 2009[©]

Written and revised (under other names) by Jack Newman, MD, FRCPC, 1995-2005[©]

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Milk Storage and Handling

Guidelines for storage of human milk for the term infant

Freshly expressed milk is safe:

- At room temperature for six hours or less.
- In a refrigerator for five days or less.
- In a deep freezer for up to 12 months or less.
- See www.hmbana.org - Human Milk Banking Association of North America for updated guidelines for the storage of human milk for the term and pre-term infant.

Milk that was once frozen then thawed in a refrigerator but never warmed can be stored in the refrigerator for less than 24 hours.

Once baby has sucked from a bottle, throw away any milk left over from a feeding. Do not use the left over milk again for another feeding.

To warm breastmilk:

- Stand container upright in warm water or hold it under warm running water keeping the cap dry.
- Never microwave breastmilk which can cause burns to the baby's mouth from hot spots!
- Do not store breastmilk in the shelf door of the refrigerator or freezer. This can greatly affect the temperature of the milk depending on the number of times the door is opened and shut.

Resources

Certified Lactation Consultants

(985) 898-4446 office; (985) 898-4536 nursery

Nancy Ferger, RN, IBCLC, RLC, Cheryl Barré RN, IBCLC, RLC or Tammie Lala, RN, IBCLC, RLC

Mother/Baby Breastfeeding Support Group

Breastfeeding Mother/Family Support Group once a month, St. Tammany Health System Parenting Center, Covington. Free.

St Tammany Health System Parenting Center (stph.org/ParentingCenter) 985-898-4435

La Leche League (llusa.org)

- A non-profit organization dedicated to helping mothers breastfeed.

International Lactation Consultant Association

- The International Lactation Consultant Association (ILCA) is the professional association for International Board Certified Lactation Consultants (IBCLCs) and other health care professionals who care for breastfeeding families.

The Mothers' Milk Bank of Louisiana at Ochsner Baptist (ochsner.org/services/mothers-milk-bank-at-ochsner-baptist)

- Collects, processes and provides donor human milk to premature and sick babies who need human milk to thrive. Accredited by the Human Milk Banking Association of North America
- St. Tammany Health System Donor Milk Depot for more information call 985-898-4555

Centers for Disease Control and Prevention (cdc.gov)

- CDC is committed to increasing breastfeeding rates throughout the United States and to promoting optimal breastfeeding practices as a means of improving the public's health.

Partners for Healthy Babies

(1-800-251-BABY(2229))

partnersforfamilyhealth.org/families-babies/

- Connects Louisiana moms and their families to health and pregnancy resources, services and information.

The Louisiana Breastfeeding Coalition **louisianabreastfeeding.org**

- This website links mothers, families and all sectors of the community to breastfeeding information and resources.

ZipMilk.org

- Provides listings for breastfeeding resources sorted by ZIP Code.

Drugs and Lactation Database (LactMed)

ncbi.nlm.nih.gov/books/NBK501922

Coffective (free mobile app)

Coffective provides much information on birth, infant care, and breastfeeding for parents as well as other support persons, including a list of best practices to guide your preparation and ensure you and baby get off to a great start together.

Helpful video clips:

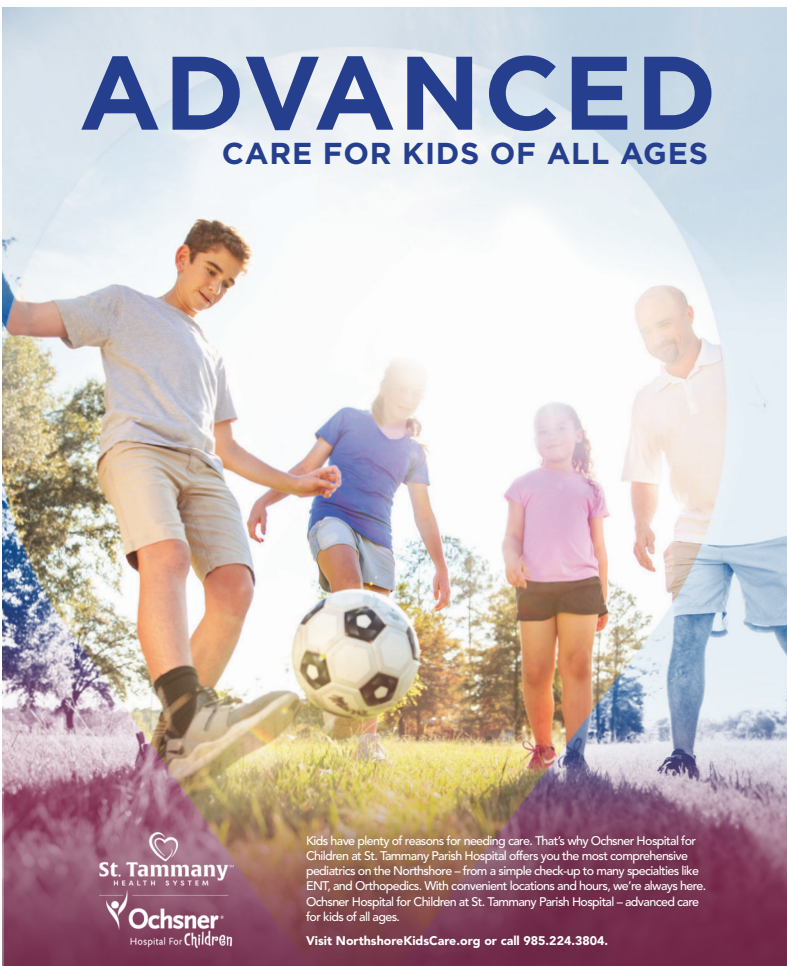
- Hand expression of breastmilk and spoon feeding
<https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>
- How to get more milk by using your hands when you pump
<https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

Pediatric Services

- Pediatric Inpatient Care
- Pediatric Intensive Care Unit
- Pediatric Emergency Services
- Pediatric Primary Care Clinic
- Express Care Clinic

Pediatric Subspecialists

- Cardiology
- Gastroenterology
- Infectious Disease
- Nephrology
- Neurology
- Oncology
- Orthopedics
- Surgery
- Urology



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Visit NorthshoreKidsCare.org or call 985.224.3804.