Your Guide to Successful Breastfeeding

VirtuaBaby
Breastfeeding Resources & Support Systems

Virtua Voorhees Hospital Breastfeeding / Lactation Line
(856) 247-2793

Virtua Memorial Hospital Breastfeeding / Lactation Line
(609) 914-7258

Virtua Breastfeeding Support

Group Support
Lactation consultants conduct support groups every Wednesday
11 am to 12:30 pm at Virtua Memorial, first floor conference room
2 – 3:30 pm at Virtua Voorhees, garden level conference room, lobby B
No registration required | Baby scale available | Free parking

One-on-one Support
Lactation consultants conduct one-on-one support by appointment
Virtua Voorhees, Breastfeeding Resource Center, lobby B
Call 1-888-VIRTUA-3 to book an appointment

La Leche League
Community Breastfeeding Support
www.lalecheleaguenj.org
La Leche League International
1-800-La Leche (1-800-525-3243)

WIC Offices
WIC is for low- or no-income mothers and children at risk for nutrition or health problems.

Burlington County:
609-267-4304

Camden County:
Alico: 856-809-2111
Blackwood: 856-302-1405
Camden: 856-225-5050

Gloucester County:
Paulsboro: 856-423-7160
Sewell: 856-218-4116
# Table of Contents

Breastfeeding Resources and Support Systems........1

Why Breastfeeding is Important..................................................3

Changes in Your Breasts and Milk Production.................5

Getting to Know Your Baby..........................................................7

Learning to Breastfeed.................................................................8

Getting Started-
  - Positioning.................................................................9
  - Bringing Your Baby to the Breast.................................10
  - Signs of a Good Latch/
    Help with Latch Problems..............................................11
  - Tips for Making it Work................................................12
  - Making Plenty of Milk...................................................13
  - How to Know Your Baby is
    Getting Enough Milk..................................................14

How to Soothe Your Baby..........................................................15

Common Challenges.................................................................16

Common Questions.................................................................23

Pumping and Milk Storage..........................................................26

Introducing Bottles & Supplemental Feedings....................29

Going Back to Work.................................................................30

Nutrition and Fitness...............................................................32

FAQs: A Recap..........................................................33

Breastfeeding Log.................................................................35

Virtua is Baby Friendly..........................................................39

Quick Tips for Successful Breastfeeding.........................41
Why Breastfeeding is Important

Breastfeeding Protects Babies

1. Early breast milk is liquid gold.

Known as liquid gold, colostrum (coh-LOSS-trum) is the thick yellow first breast milk that you make during pregnancy and just after birth. This milk is very rich in nutrients and antibodies to protect your baby. Although your baby only gets a small amount of colostrum at each feeding, it matches the amount his or her tiny stomach can hold. (See page 14 to see just how small your newborn’s tummy is!)

2. Your breast milk changes as your baby grows.

Colostrum changes into what is called mature milk. By the third to fifth day after birth, this mature breast milk has just the right amount of fat, sugar, water, and protein to help your baby continue to grow. It is a thinner type of milk than colostrum, but it provides all of the nutrients and antibodies your baby needs.

3. Breast milk is easier to digest.

For most babies – especially premature babies – breast milk is easier to digest than formula. The proteins in formula are made from cow’s milk, and it takes time for babies’ stomachs to adjust to digesting them.


The cells, hormones, and antibodies in breast milk protect babies from illness. This protection is unique; formula cannot match the chemical makeup of human breast milk.

In fact, among formula fed babies, ear infections and diarrhea are more common. Formula fed babies also have higher risks of:

- Necrotizing (nek-roh-TEYE-zing) enterocolitis (en-TUR-oh-coh-lyt-iss), a disease that affects the gastrointestinal tract in pre-term infants
- Lower respiratory infections
- Atopic dermatitis, a type of skin rash
- Asthma
- Obesity
- Type 1 and type 2 diabetes
- Childhood leukemia

Breastfeeding has also been shown to lower the risk of SIDS (sudden infant death syndrome).

Formula feeding can raise health risks in babies, but there are rare cases in which formula may be a necessary alternative. Very rarely, babies are born unable to tolerate milk of any kind. These babies must have soy or another type of special formula. Formula may also be needed if the mother has certain health conditions and she does not have access to donor breast milk.
Mothers Benefit from Breastfeeding

1. **Breastfeeding can make your life easier.**

Breastfeeding may take a little more effort than formula feeding at first. But it can make life easier once you and your baby settle into a good routine. When you breastfeed, there are no bottles and nipples to sterilize. You do not have to buy, measure, and mix formula. And there are no bottles to warm in the middle of the night.

2. **Breastfeeding can save money.**

Formula and feeding supplies can cost well over $1,500 each year, depending on how much your baby eats. Breastfed babies are also sick less often, which can lower health care costs.

3. **Breastfeeding can feel great.**

Physical contact is important to newborns. It can help them feel more secure, warm, and comforted. Mothers can benefit from this closeness, as well. Breastfeeding requires a mother to take some quiet relaxed time to bond. The skin-to-skin contact can boost the mother’s oxytocin (OKS-ee-TOH-suhn) levels. Oxytocin is a hormone that helps milk flow and can calm the mother.

4. **Breastfeeding can be good for the mother’s health, too.**

Breastfeeding is linked to a lower risk of these health problems in women:

- Type 2 diabetes
- Breast cancer
- Ovarian cancer
- Postpartum depression

Experts are still looking at the effects of breastfeeding on osteoporosis and weight loss after birth. Many studies have reported greater weight loss for breastfeeding mothers than for those who don’t. But more research is needed to understand if a strong link exists.

5. **Nursing mothers miss less work.**

Breastfeeding mothers miss fewer days from work because their infants are sick less often.

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Breastfeeding During an Emergency

When an emergency occurs, breastfeeding can save lives:

- Breastfeeding protects babies from the risks of a contaminated water supply.
- Breastfeeding can help protect against respiratory illnesses and diarrhea. These diseases can be fatal in populations displaced by disaster.
- Breast milk is the right temperature for babies and helps to prevent hypothermia when the body temperature drops too low.
- Breast milk is readily available without the need for other supplies.

Breastfeeding Benefits

The nation benefits overall when mothers breastfeed. Recent research shows that if 90 percent of families breastfed exclusively for 6 months, nearly 1,000 deaths among infants could be prevented. The United States would also save $13 billion per year – health care costs are lower for fully breastfed infants than for never-breastfed infants. Breastfed infants typically need fewer sick visits, prescriptions, and hospitalizations.

Breastfeeding also contributes to a more productive workforce, because mothers miss less work to care for sick infants. Employer medical costs are also lower.

Breastfeeding is also better for the environment. There is less trash and plastic waste compared to that produced by formula containers and bottle supplies.
Changes in Your Breasts and Milk Production

During Pregnancy

Breast changes
Breasts become larger and tender with darkening of the areola (the dark area around the nipple) due to increased levels of the hormones estrogen and progesterone. Women who have darker complexions may notice more pronounced pigmentation.

Milk production
Milk-producing glands become larger and greater in number during pregnancy, and begin producing colostrum (first milk) early in pregnancy. You may experience some leaking in the third trimester.

After Delivery

Breast changes
At first, you probably will not notice any changes in your breasts, but don’t worry, you are making all the milk your baby needs. After a few days, your breasts will feel fuller and heavier, a sure sign that you are making more milk.

Milk production
Milk production is directly related to the frequency of nursing. In other words, the more often your baby nurses, the more milk you produce. Stimulation of the breast during breastfeeding or pumping releases a hormone called prolactin from the anterior pituitary gland. Prolactin stimulates the milk secreting cells in the breast to produce milk. The levels of prolactin begin to drop about three hours after breastfeeding. When you breastfeed frequently, it keeps the hormone levels high, ensuring you have plenty of milk for your baby.

Stages of Human Milk Production

• Colostrum (Days 1-2) Colostrum is the initial milk that is readily available (thick, sticky, and clear or creamy yellow in color), small in volume, but very rich in protein, fat-soluble vitamins, minerals, and antibodies. The rich composition helps to keep your baby satisfied during the first few days after delivery. It is always available at birth and gradually converts to mature milk.

• Transitional Milk (Days 2-5) As the breasts continue to be stimulated, milk production increases. Transitional milk may be light yellow in color, and contains plenty of fat, water-soluble vitamins, and calories.

• Mature Milk (Day 6+) Mature milk is lighter in color and greater in volume. Your breasts become fuller and heavier, and baby will be gulping and swallowing frequently. Mature milk consists of foremilk and hindmilk. Milk production will continue to increase slowly during the first month.

  • Foremilk: Milk that flows at the start of a feeding is called foremilk. Watery, high in protein and lactose (milk sugar), and low in fat, it quenches your baby’s thirst.

  • Hindmilk: As you continue to feed, the milk that flows as your breast empties is called hindmilk. Hindmilk is richer in fat, high in calories, and satisfies the baby’s hunger.
What is a let-down reflex?

A let-down or milk ejection reflex is a conditioned reflex that ejects milk from the alveoli, through the ducts, to the sinuses of the breasts and the nipple. This reflex makes it easier to breastfeed your baby. Let-down happens a few seconds to several minutes after you start breastfeeding your baby. It can also happen a few times during a feeding. You may feel a tingle or slight discomfort in your breast, but some women don’t feel anything.

If your milk lets down as a gush and it bothers your baby, try expressing some milk by hand before you start breastfeeding.

Let-down can happen at other times, too, such as when you hear your baby cry or when you are thinking about your baby.

Special cells inside your breasts make milk. These cells are called alveoli (al-VEE-uh-lee). When your breasts become fuller and tender during pregnancy, this is a sign that the alveoli are getting ready to work. Some women do not feel these changes in their breasts. Others may sense these changes after their baby is born.

The alveoli make milk in response to the hormone prolactin (proh-LAK-tin). Prolactin rises when the baby suckles. Another hormone, oxytocin (oks-ee-TOH-suh), causes small muscles around the cells to contract and move the milk through a series of small tubes called milk ducts. This moving of the milk is called the let-down reflex.

Oxytocin also causes the muscles of the uterus to contract during and after birth. This helps the uterus to get back to its original size. It also lessens any bleeding a woman may have after giving birth. The release of both prolactin and oxytocin may be responsible in part for a mother’s intense feeling of needing to be with her baby.

Another hormone, CCK (which stands for cholecystokinin), is released in both mother and baby during suckling, which causes both of you to feel sleepy. This is nature’s way of helping you get additional rest, and helping your baby to be content until your milk volume increases.
Getting to Know Your Baby

**Infant States**

**Quiet sleep:** A deep sleep; only very intense stimuli will arouse the baby. Care giving should be limited during this time. The average length of a sleep cycle is 50-80 minutes.

**Active sleep:** Usually precedes waking. The baby may make brief fussy or crying noises, but he or she is not necessarily ready to breastfeed.

**Quiet alert:** Quietly alert babies are attentive to their environment. During the first few hours after birth, infants are in this state before going into a long period of sleep. This state is the optimal time to begin breastfeeding.

**Active alert:** Variable activity level; the baby may become fussy or increasingly sensitive to stimuli.

**Waking for Feedings**

Babies are often very sleepy during the first few days after birth, and may need to be awakened for feedings. Watch your baby for signs of an active sleep state, which can be a good time to wake him or her. If you see that your baby is starting to stir, it is probably a good time to pick him or her up. Cuddling your baby skin-to-skin is also a nice way to begin to wake your baby.

**Tips to awaken a sleepy baby:**

- Dim the lights and unwrap the baby’s blanket. You may need to undress the baby down to just a diaper.
- Change the baby’s diaper.
- Massage gently, but with firm pressure, on the spine and feet.
- Lightly stroke or tap the baby’s lips with your finger, or with your baby’s hand, to stimulate the rooting reflex.
- Express a small amount of colostrum and rub it onto your baby’s lips.
- Wipe the baby’s forehead with a cool cloth.
Learning to Breastfeed

Breastfeeding is a process that takes time to master. Babies and mothers need to practice. Keep in mind that you make milk in response to your baby sucking at the breast. The more milk your baby removes from the breasts, the more milk you will make.

After you have the baby, these steps can help you get off to a great start:

- Breastfeed as soon as possible after birth.
- Ask for a lactation consultant to come help you.
- Try not to give your baby other food or formula, unless it is medically necessary.
- Allow your baby to stay in your hospital room all day and night so that you can breastfeed often. Or, ask the nurses to bring your baby to you for feedings.
- Try to avoid giving your baby any pacifiers or artificial nipples so that he or she gets used to latching onto just your breast. (See pages 10-11 to learn about latching.)

How often should I breastfeed?

Early and often! Breastfeed as soon as possible after birth. Then breastfeed at least 8 to 12 times every 24 hours to make plenty of milk for your baby. In the first few days after birth, you may need to wake your baby for feedings about every three hours, even during the night, but follow your baby’s cues if your baby is waking more frequently and showing you signs that he or she is ready to eat. After the first few sleepy days, your baby will wake more often for feedings. Healthy babies will develop their own feeding schedules. Follow your baby’s cues for when he or she is ready to eat.

How long should feedings be?

Feedings may be 15 to 20 minutes or longer per breast. But there is no set time. Your baby will let you know when he or she is finished. If you are worried that your baby is not eating enough, talk to your baby’s doctor. See the breastfeeding log on pages 36-39 to keep track of your baby’s feedings and diapers.
Getting Started

Positioning

Proper positioning is important for effective breastfeeding, as it allows the baby to have a deep latch. Using good positioning is the best way to avoid sore nipples, and it may even help prevent engorgement. Basic principles to remember include keeping the baby at breast level, turned toward you (chest-to-chest), with the chin and nose touching the breast.

**Cradle hold:** Hold the baby in the crook of your arm, close to the breast, facing you, chest-to-chest. Your baby should be up high on your chest, legs even with your other breast. When the baby opens his or her mouth wide, bring the baby to your breast with your forearm. Your baby should not be in your lap or turned onto his or her back, as this can cause an improper latch that will damage your nipple. Although this may feel like the most natural way to hold your baby for breastfeeding, it may be harder to use this hold when you are just starting out, as you may not be as easily able to guide the baby onto the breast for a deep latch. Once you and your baby have some practice, this hold will become much easier.

**Football or clutch hold:** Tuck the baby along your side with her feet up against the back of the chair or bed, with pillows underneath the baby to bring him or her up to the level of your breast. Support the baby’s neck with your hand, and use your forearm to support his or her upper body. Be sure to tuck the baby far enough back along your side so that you are not leaning forward over the baby; you should be sitting comfortably upright when you guide the baby to your breast. This is a good position to use after a c-section, when you don’t want the baby to touch your abdomen. It is also good if your breasts are large, or you are nursing a small or premature baby.

**Cross-cradle hold:** Support the baby’s neck and back as in the football hold, and hold the baby across your chest to the opposite breast. Support your breast with your other hand. This position, like the football hold, gives you more control in guiding the baby to the breast for a deeper latch.

**Side-lying:** As with the cradle hold, your baby should be facing you. Lay the baby along your side, and nurse from the side on which you are lying. You may need to use a pillow to bring the baby up to breast level. The side-lying position is especially good if you are uncomfortable sitting, or for nursing at night.
Bringing Your Baby to the Breast

When awake, your baby will move his or her head back and forth, looking and feeling for the breast with his or her mouth and lips. The steps below can help you get your baby to latch on to the breast. Keep in mind that there is no one way to start breastfeeding. As long as the baby is latched on well, how you get there is up to you.

- Hold your baby, wearing only a diaper, against your bare chest, with his or her head under your chin. Your baby will be comfortable in that cozy valley between your breasts. You can ask your partner or a nurse to place a blanket across your baby’s back, or bring your bedcovers over you both. Your skin temperature will rise to warm your baby.
- Support his or her neck and shoulders with one hand and hips with the other. He or she may move in an effort to find your breast.
- Your baby’s head should be tilted back slightly to make it easy to suck and swallow. With his or her head back and mouth open, the tongue is naturally down and ready for the breast to go on top of it.
- At first, your baby’s nose will be lined up opposite your nipple. As his or her chin presses into your breast, his or her wide open mouth will get a large mouthful of breast for a deep latch. Keep in mind that your baby can breathe at the breast. The nostrils flare to allow air in and out.
- Tilt your baby back, supporting your baby’s head, upper back, and shoulders with the palm of your hand, and pull your baby in close.

Getting your baby to latch:

- Tickle the baby’s lips to encourage him or her to open wide.
- Pull your baby close so that the chin and lower jaw moves into your breast first.
- Watch the lower lip and aim it as far from the base of the nipple as possible, so the baby takes a large mouthful of breast.

Some babies latch on right away, and for some it takes more time.
Signs of a Good Latch

- The latch feels comfortable to you, without hurting or pinching. How it feels is more important than how it looks.
- Your baby’s chest is against your body and he or she does not have to turn his or her head while drinking.
- You see little or no areola, depending on the size of your areola and the size of your baby’s mouth. If areola is showing, you will see more above your baby’s lip and less below.
- When your baby is positioned well, his or her mouth will be filled with breast.
- The tongue is cupped under the breast, although you might not see it.
- You hear or see your baby swallow. Some babies swallow so quietly, a pause in their breathing may be the only sign of swallowing.
- You see the baby’s ears “wiggle” slightly.
- Your baby’s lips turn out like fish lips, not in. You may not even be able to see the bottom lip.
- Your baby’s chin touches your breast.

Help with Latch Problems

Are you in pain? Many moms report that their breasts can be tender at first until both they and their baby find comfortable breastfeeding positions and a good latch. Once you have done this, breastfeeding should be comfortable. If it hurts, your baby may be sucking on only the nipple. Gently break your baby’s suction to your breast by placing a clean finger in the corner of your baby’s mouth and try again. Also, your nipple should not look flat or compressed when it comes out of your baby’s mouth. It should look round and long, or the same shape as it was before the feeding.

Are you or your baby frustrated? Take a short break and hold your baby in an upright position. Try holding him or her between your breasts, skin-to-skin. Talk, sing, or provide your finger for sucking for comfort. Try to breastfeed again in a little while. Or, the baby may start moving to the breast on his or her own from this position.

Does your baby have a weak suck or make only tiny sucking movements? Break your baby’s suction and try again. He or she may not have a deep enough latch to remove the milk from your breast. Talk with a lactation consultant or pediatrician if your baby’s suck feels weak or if you are not sure he or she is getting enough milk. Rarely, a health problem causes the weak suck.
Tips for Making It Work

1. Learn your baby’s hunger signs. When babies are hungry, they become more alert and active. They may put their hands or fists to their mouths, make sucking motions with their mouth, or turn their heads looking for the breast. If anything touches the baby’s cheek – such as a hand – the baby may turn toward the hand, ready to eat. This sign of hunger is called rooting. Offer your breast when your baby shows rooting signs. Crying can be a late sign of hunger, and it may be harder to latch once the baby is upset. Over time, you will be able to learn your baby’s cues for when to start feeding.

2. Follow your baby’s lead. Make sure you are both comfortable and follow your baby’s lead after he or she is latched on well. Some babies take both breasts at each feeding. Other babies only take one breast at a feeding. Help your baby finish the first breast, as long as he or she is still sucking and swallowing. This will ensure the baby gets the “hind” milk – the fattier milk at the end of a feeding. Your baby will let go of the breast when he or she is finished and often falls asleep. Offer the other breast if he or she seems to want more.

3. Keep your baby close to you. Remember that your baby is not used to this new world and needs to be held very close to his or her mother. Being skin-to-skin helps babies cry less and stabilizes the baby’s heart and breathing rates.

4. Avoid nipple confusion. Avoid using pacifiers, bottles, and supplements of infant formula in the first few weeks unless there is a medical reason to do so. If supplementation is needed, try to give expressed breast milk first. But it’s best just to feed at the breast. This will help you make milk and keep your baby from getting confused while learning to breastfeed.

5. Sleep safely and close by. Have your baby sleep in a crib or bassinet in your room, so that you can breastfeed more easily at night. Sharing a room with parents is linked to a lower risk of SIDS (sudden infant death syndrome).

6. Know when to wake the baby. In the early weeks after birth, you should wake your baby to feed if 4 hours have passed since the beginning of the last feeding. Some tips for waking the baby include:
   - Changing your baby’s diaper
   - Placing your baby skin-to-skin
   - Massaging your baby’s back, abdomen, and legs

If your baby is falling asleep at the breast during most feedings, talk to the baby’s doctor about a weight check. Also, see a lactation consultant to make sure the baby is latching on well.

How long should I breastfeed?

Many leading health organizations recommend that most infants breastfeed for at least 12 months, with exclusive breastfeeding for the first 6 months. This means that babies are not given any foods or liquids other than breast milk for the first 6 months. These recommendations are supported by organizations including the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, American Dietetic Association, and American Public Health Association.
## Making Plenty of Milk

Your breasts will easily make and supply milk directly in response to your baby’s needs. The more often and effectively a baby breastfeeds, the more milk will be made. Babies are trying to double their weight in a few short months, and their tummies are small, so they need many feedings to grow and to be healthy. Most mothers can make plenty of milk for their baby. If you think you have a low milk supply, talk to a lactation consultant.

### What Will Happen with You, Your Baby, and Your Milk in the First Few Weeks

<table>
<thead>
<tr>
<th>Time</th>
<th>Milk</th>
<th>The Baby</th>
<th>You (Mom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Your body makes colostrum (a rich, thick, yellowish milk) in small amounts. It gives your baby a healthy dose of early protection against diseases.</td>
<td>Your baby will probably be awake in the first hour after birth. This is a good time to breastfeed your baby.</td>
<td>You will be tired and excited.</td>
</tr>
<tr>
<td>First 12-24 hours</td>
<td>Your baby will drink about 1 teaspoon of colostrum at each feeding. You may or may not see the colostrum, but it has what the baby needs and in the right amount.</td>
<td>It is normal for the baby to sleep heavily. Labor and delivery are hard work! Some babies like to nuzzle and may be too sleepy to latch well at first. Feedings may be short and disorganized. As your baby wakes up, take advantage of your baby’s strong instinct to suck and feed every 1-2 hours. Many babies like to eat or lick, pause, savor, doze, then eat again.</td>
<td>You will be tired, too. Be sure to rest.</td>
</tr>
<tr>
<td>Next 3-5 days</td>
<td>Your mature (white) milk comes in. It is normal for it to have a yellow or golden tint first. Talk to a doctor and lactation consultant if your milk is not yet in.</td>
<td>Your baby will feed a lot (this helps your breasts make plenty of milk), at least 8-12 times or more in 24 hours. Very young breastfed babies don’t eat on a schedule. Because breast milk is more easily digested than formula, breastfed babies eat more often than formula-fed babies. It’s ok if your baby eats every 1-2 hours for several hours, then sleeps for a while, maybe up to 4 hours. This is referred to as “cluster feeding”. Feedings may take about 15-20 minutes on each side. The baby’s sucking rhythm will be slow and long. You might hear gulping.</td>
<td>Your breasts may feel full and leak. (You can use disposable or cloth pads in your bra to help with leaking.)</td>
</tr>
<tr>
<td>The first 4-6 weeks</td>
<td>Mature (white) breast milk continues.</td>
<td>Your baby will likely be better at breastfeeding and have a larger stomach to hold more milk. Feedings may take less time and will be farther apart.</td>
<td>Your body gets used to breastfeeding so your breasts will be softer and the leaking may slow down.</td>
</tr>
</tbody>
</table>
How to Know Your Baby is Getting Enough Milk

Many babies, but not all, lose a small amount of weight in the first days after birth. Your baby’s doctor will check his or her weight at your first visit after you leave the hospital. Make sure to visit your baby’s doctor within three to five days after birth and then again at two to three weeks of age for checkups.

You can tell if your baby is getting plenty of milk if he or she is mostly content and gaining weight steadily after the first week of age. From birth to three months, typical weight gain is 2/3 to 1 ounce each day.

Other signs that your baby is getting plenty of milk:
- He or she is passing enough clear or pale yellow urine, and it’s not deep yellow or orange (see the breastfeeding log on page 36).
- He or she has enough bowel movements (see the breastfeeding log on page 36).
- He or she switches between short sleeping periods and wakeful, alert periods.
- He or she is satisfied and content after feedings.
- Your breasts feel softer after you feed your baby.

Talk to your baby’s doctor if you are worried that your baby is not eating enough.

Bowel movements

It is not unusual for the frequency of your baby’s bowel movements to change at around 4-6 weeks of age. At that time, the baby may go 3 or more days without a bowel movement. As your baby gets older, the digestive system gets more efficient, so there is less waste. In addition, the gastrocolic reflex begins to lessen. As long as your baby’s stools appear soft and loose, your baby is not constipated. If you are concerned about constipation, please speak with your health care provider.

How Much Do Babies Typically Eat?

A newborn’s tummy is very small, especially in the early days. Once breastfeeding is established, exclusively breastfed babies from 1 to 6 months of age take in between 19 and 30 ounces per day. If you breastfeed 8 times per day, the baby would eat around 3 ounces per feeding. Older babies will take less breastmilk as other food is introduced. Every baby is different, though. At birth, the baby’s stomach can comfortably digest what would fit in a hazelnut (about 1-2 teaspoons). In the first week, the baby’s stomach grows to hold about 2 ounces or what would fit in a walnut.

Growth spurts

At times, it may seem like your baby wants to eat constantly. Your baby will probably have feeding frequency days known as “growth spurts.” They usually occur around 2-3 weeks, 6 weeks, 3 months, and 6 months. During these times, your baby may feed more frequently for 2-3 days until your breasts have time to respond to the increased stimulation. The increased feeding will increase the volume of milk and change the composition of your milk to better meet your baby’s needs. Avoiding supplementation during this time will help your body meet the demands of your growing baby.
How to Soothe Your Baby

All babies cry, often because they have a difficult time getting used to all the new stimuli present in life outside of mom’s body. The Happiest Baby on the Block method developed by Dr Harvey Karp has been known to help turn on a baby’s calming reflex during the first few months of life by mimicking experiences in the uterus. There are five simple steps to this method that are known as the 5 ‘S’s.

1. Swaddling: Tight swaddling or wrapping provides the continuous touch and support that your baby experienced while in the womb.

2. Side/stomach position: Place your baby, while holding him or her, either on his or her left side to aid in digestion, or on his or her stomach to provide support. Once your baby is asleep, you can place the baby in the crib, on his or her back.

3. Shushing sounds: “Shhhhhh” triggers your baby’s calming reflex by imitating the continual whooshing sound made by the blood flowing through the arteries near the womb. You have to say it as loud as your baby’s crying and close to his or her ear or he or she may not notice. A white noise machine or a recording of your hair dryer or vacuum cleaner can also mimic the noise.

4. Swinging: Newborns are used to the swinging motions they felt when they were still in their mother’s womb. Rhythmic movements imitate the sensations your baby felt inside your uterus, and activate the calming reflex. Rocking, car rides, and other swinging movements can all help.

5. Sucking: Your breast, your finger, or, later (ideally after 3-4 weeks), a pacifier can be used.

Supplementation with formula

The American Academy of Pediatrics recommends exclusively breastfeeding (that is, giving no other food, beverage, or formula) for the first 6 months. Many of the health benefits of breastfeeding come during these first few months from the protective antibodies found in breast milk. There may be times, however, when it is medically necessary to supplement with formula. For example, if the baby has low blood sugar, jaundice, significant dehydration, has a low birth weight, or is premature, formula supplements may be necessary. Administer supplemental feedings using a cup, syringe, or teaspoon instead of a bottle so as to not interfere with your baby’s ability to breastfeed. As with pacifiers, it is best to wait until your baby is 3-4 weeks old before introducing bottles and pumping for supplemental feedings. It takes time for your milk supply to become well established and for your baby to learn how to nurse well. Additionally, some babies have difficulty going back and forth between breast and bottle, especially in the early weeks.

Use of pacifiers

The American Academy of Pediatrics (AAP) advises waiting 3-4 weeks until breastfeeding is well established before using a pacifier. Studies indicate that the quantity of milk a mother makes in the long term is largely determined by how well the baby drains the breasts in the first weeks. According to the AAP, pacifier use can break the milk production cycle and result in chronically low milk production. In addition, some babies find it difficult to adjust to the differences between the breast and a pacifier. If you need to use a pacifier in the early days and weeks of breastfeeding, try to limit it to short periods of time and infrequent occasions.
Common Challenges

Breastfeeding can be challenging at times, especially in the early days. But it is important to remember that you are not alone. Lactation consultants are trained to help you find ways to make breastfeeding work for you. And while many women are faced with one or more of the challenges listed here, many women do not struggle at all! Also, many women may have certain problems with one baby that they don’t have with their second or third babies. Read on for ways to troubleshoot problems.

Challenge: Sore Nipples

Many moms report that nipples can be tender at first. Breastfeeding should be comfortable once you have found some positions that work and a good latch is established. Yet it is possible to still have pain from an abrasion you already have. You may also have pain if your baby is sucking on only the nipple.

What you can do

1. A good latch is key, so see pages 10-11 for detailed instructions. If your baby is sucking only on the nipple, gently break your baby’s suction to your breast by placing a clean finger in the corner of your baby’s mouth and try again. (Your nipple should not look flat or compressed when it comes out of your baby’s mouth. It should look round and long, or the same shape as it was before the feeding.)

2. If you find yourself wanting to delay feedings because of pain, get help from a lactation consultant. Delaying feedings can cause more pain and harm your supply.

3. Try changing positions each time you breastfeed. This puts the pressure on a different part of the breast.

4. After breastfeeding, express a few drops of milk and gently rub it on your nipples with clean hands. Human milk has natural healing properties and emollients that soothe. Also try letting your nipples air-dry after feeding, or wear a soft cotton shirt.

5. If you are thinking about using creams, hydrogel pads, or a nipple shield, get help from a health care provider first.

6. Avoid wearing bras or clothes that are too tight and put pressure on your nipples.

7. Change nursing pads often to avoid trapping in moisture.

8. Avoid using soap or ointments that contain astringents or other chemicals on your nipples. Make sure to avoid products that must be removed before breastfeeding. Washing with clean water is all that is needed to keep your nipples and breasts clean.

9. If you have very sore nipples, you can ask your doctor about using non-aspirin pain relievers.

Ask a lactation consultant for help to improve your baby’s latch. Talk to your doctor if your pain does not go away or if you suddenly get sore nipples after several weeks of pain-free breastfeeding. Sore nipples may lead to a breast infection, which needs to be treated by a doctor.
**Challenge: Low Milk Supply**

Most mothers can make plenty of milk for their babies. But many mothers are concerned about having enough. Checking your baby’s weight and growth is the best way to make sure he or she is getting enough milk. Let the doctor know if you are concerned. For more ways to tell if your baby is getting enough milk, see page 14.

There may be times when you think your supply is low, but it is actually just fine:

- When your baby is around six weeks to two months old, your breasts may no longer feel full. This is normal. At the same time, your baby may nurse for only five minutes at a time. This can mean that you and baby are just adjusting to the breastfeeding process — and getting good at it!

- Growth spurts can cause your baby to want to nurse longer and more often. These growth spurts can happen around two to three weeks, six weeks, and three months of age. They can also happen at any time. Don’t be alarmed that your supply is too low to satisfy your baby. Follow your baby’s lead — nursing more and more often will help build up your milk supply. Once your supply increases, you will likely be back to your usual routine.

**What you can do**

1. Make sure your baby is latched on and positioned well.
2. Breastfeed often and let your baby decide when to end the feeding.
3. Offer both breasts at each feeding. Have your baby stay at the first breast as long as he or she is still suckling and swallowing. Offer the second breast when the baby slows down or stops.
4. Try to avoid giving your baby formula or cereal as it may lead to less interest in breast milk. This will decrease your milk supply. Your baby doesn’t need solid foods until he or she is at least six months old. If you need to supplement the baby’s feedings, try using a spoon, cup, or a dropper.
5. Limit or stop pacifier use while trying the above tips at the same time.

**Challenge: Oversupply of Milk**

Some mothers are concerned about having an oversupply of milk. Having an overfull breast can make feedings stressful and uncomfortable for both mother and baby.

**What you can do**

1. Breastfeed on one side for each feeding. Continue to offer that same side for at least two hours until the next full feeding, gradually increasing the length of time per feeding.
2. If the other breast feels unbearably full before you are ready to breastfeed on it, hand express for a few moments to relieve some of the pressure. You can also use a cold compress or washcloth to reduce discomfort and swelling.
3. Feed your baby before he or she becomes overly hungry to prevent aggressive sucking. (Learn about hunger signs on page 12.)
4. Try positions that don’t allow the force of gravity to help as much with milk ejection, such as the side-lying position or the football hold. (see page 9 for illustrations of these positions.)
5. Burp your baby frequently if he or she is gassy.

Some women have a strong milk ejection reflex or let-down (see page 6). This can happen along with an oversupply of milk. If you have a rush of milk, try the following:

1. Hold your nipple between your forefinger and middle finger or with the side of your hand to lightly compress milk ducts to reduce the force of the milk ejection.
2. If baby chokes or sputters, unlatch him or her and let the excess milk spray into a towel or cloth.
3. Allow your baby to come on and off the breast at will.

**Ask a lactation consultant for help if you are unable to manage an oversupply of milk on your own.**

Let your baby’s doctor know if you think the baby is not getting enough milk.
Challenge: Engorgement

It is normal for your breasts to become larger, heavier, and a little tender when they begin making more milk. Sometimes this fullness may turn into engorgement, when your breasts feel very hard and painful. You also may have breast swelling, tenderness, warmth, redness, throbbing, and flattening of the nipple. Engorgement sometimes also causes a low-grade fever and can be confused with a breast infection. Engorgement is the result of the milk building up. It usually happens during the third to fifth day after birth, but it can happen at any time.

Engorgement can lead to plugged ducts or a breast infection (see page 19), so it is important to try to prevent it before this happens. If treated properly, engorgement should resolve.

What you can do

1. Breastfeed often after birth, allowing the baby to feed as long as he or she likes, as long as he or she is latched on well and sucking effectively. In the early weeks after birth, you should wake your baby to feed if four hours have passed since the beginning of the last feeding.
2. Work with a lactation consultant to improve the baby’s latch, if needed.
3. Breastfeed often on the affected side to remove the milk, keep it moving freely, and prevent the breast from becoming overly full.
4. Avoid overusing pacifiers and using bottles to supplement feedings.
5. Hand express or pump a little milk to first soften the breast, areola, and nipple before breastfeeding.
6. Massage the breast.
7. Use cold compresses in between feedings to help ease pain. Ice packs help to relieve swelling.
8. If you are returning to work, try to pump your milk on the same schedule that the baby breastfed at home. Or, you can pump at least every four hours.
9. Get enough rest, proper nutrition, and fluids.
10. Wear a well-fitting, supportive bra that is not too tight.

Ask your lactation consultant or doctor for help if the engorgement lasts for two days or more.
Challenge: Plugged Duct

It is common for many women to have a plugged duct at some point when breastfeeding. A plugged milk duct feels like a tender and sore lump in the breast. It is not accompanied by a fever or other symptoms. It happens when a milk duct does not properly drain and becomes inflamed. Then, pressure builds up behind the plug, and surrounding tissue becomes inflamed. A plugged duct usually only occurs in one breast at a time.

What you can do

1. Breastfeed often on the affected side, as often as every two hours. This helps loosen the plug, and keeps the milk moving freely.
2. Massage the area, starting behind the sore spot. Use your fingers in a circular motion and massage toward the nipple.
3. Use a cold compress on the sore area.
4. Get extra sleep or relax with your feet up to help speed healing. Often a plugged duct is the first sign that a mother is doing too much.
5. Wear a well-fitting supportive bra that is not too tight, because this can constrict milk ducts. Consider trying a bra without underwire.

If your plugged duct doesn’t loosen up, ask for help from a lactation consultant. Plugged ducts can lead to a breast infection.

Challenge: Breast Infection (Mastitis)

Mastitis (mast-EYE-tis) is soreness or a lump in the breast that can be accompanied by a fever and/or flu-like symptoms, such as feeling run down or very achy. Some women with a breast infection also have nausea and vomiting. You also may have yellowish discharge from the nipple that looks like colostrum. Or, the breasts may feel warm or hot to the touch and appear pink or red. A breast infection can occur when other family members have a cold or the flu. It usually only occurs in one breast. It is not always easy to tell the difference between a breast infection and a plugged duct because both have similar symptoms and can improve within 24 to 48 hours. Most breast infections that do not improve on their own within this time period need to be treated with medicine given by a doctor. (Learn more about medicines and breastfeeding on page 24.)

What you can do

1. Breastfeed often on the affected side, as often as every two hours. This keeps the milk moving freely and keeps the breast from becoming overly full.
2. Massage the area, starting behind the sore spot. Use your fingers in a circular motion and massage toward the nipple.
3. Apply heat to the sore area with a warm compress. Ice may also help to relieve swelling.
4. Get extra sleep or relax with your feet up to help speed healing. Often a breast infection is the first sign that a mother is doing too much and becoming overly tired.
5. Wear a well-fitting supportive bra that is not too tight, because this can constrict milk ducts.

Ask your doctor for help if you do not feel better within 24 hours of trying these tips, if you have a fever, or if your symptoms worsen. You might need medicine.

See your doctor right away if:
- You have a breast infection in which both breasts look affected.
- There is pus or blood in the milk.
- You have red streaks near the area.
- Your symptoms came on severely and suddenly.

Even if you are taking medicine, continue to breastfeed during treatment. This is best for both you and your baby. Ask a lactation consultant for help if needed.
**Challenge: Fungal Infections (Thrush)**

Thrush is a common problem among breastfeeding mothers and babies, and can range from an annoying nuisance to an extremely painful experience. Thrush is an infection caused by the overgrowth of yeast, which are one-celled organisms that normally live in and on our bodies. It is only when yeast overgrows that it becomes a problem. As pregnancy progresses, a woman is more likely to have an overgrowth of yeast. At birth, a vaginal overgrowth of yeast can be transferred to the baby, and the baby can end up with oral thrush (a yeast infection in the baby’s mouth). A yeast infection on your nipples can also be transferred to your baby during breastfeeding.

**Predisposing factors (causes) of thrush include:**
- Pregnancy
- Infancy
- A history of vaginal yeast infections
- Recent antibiotic use
- Nipple damage

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**Probiotics**

Women who have recently given birth may have been treated with antibiotics for a c-section or for GBS (Group B Streptococcal infection). Treatment with antibiotics destroys some of the body’s helpful bacteria, as well as the harmful bacteria. One function of the good bacteria is to keep yeast from overgrowing. If you have been on antibiotics recently, or were administered antibiotics during your delivery, we recommend that you take a probiotic (acidophilus, lactobacillus, or bifidus), which is an oral nutritional supplement that helps re-establish the good bacteria in your body. Probiotics can be found in your local pharmacy, grocery store, health food store, or natural food store. The label will state how often to take the probiotic to help avoid yeast overgrowth. The recommended dose is at least 1-2 billion units or more. If you have a thrush infection, you may need to take higher doses. Discuss this with your lactation consultant.

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**Signs of thrush in mothers:**
- Painful, burning, or sore nipples between, during, and after feedings
- Nipple pain that develops when breastfeeding was previously going well
- Burning or shooting pain in the breast during or after a feeding
- Red nipples or areola
- Itchy nipples or shiny, peeling skin
- Sore nipples that do not respond to treatment
- Nipple pain that occurs while using a breastpump correctly
- Cracked nipples that do not heal
- Repeated breast infections

**Signs of thrush in babies:**
- White spots in the mouth, on the tongue, or inside the lips that look like pearls, curds, or streaks of milk that won’t wipe away
- Red, irritated rash in the diaper area
- Gassiness and crankiness
- Baby repeatedly pulls off the breast during a feeding

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If you suspect that you or your baby has a yeast infection, call both of your health care providers. Treatment for mother and baby must occur at the same time, even if only one of you has symptoms. If you are not treated simultaneously, you and your baby can re-infect each other.
What you can do (treatment for mom):

1. Call your health care provider/obstetrician for medicine for your nipples. Most often an antifungal cream will be prescribed, or perhaps an over-the-counter antifungal cream will be recommended.

2. After each feeding, you may rinse your nipples with water or a solution of one tablespoon cider vinegar in one cup of water. Allow your nipples to air dry.

3. Apply a small amount of the antifungal cream to your nipples, areola, and any part of the breast that comes in contact with your baby’s mouth. Do this after each feeding until two weeks after all signs of thrush are gone. Gently wash away any obvious residue of medicine that has not been absorbed before breastfeeding.

4. Wash your hands thoroughly before and after feedings, and also after you apply medicine to your nipples.

5. If your nipples are too painful for you to nurse your baby, pump or express your milk until your nipples feel better. Ibuprofen or acetaminophen may help reduce pain.

6. Breast shells may provide relief if nipple pain makes it uncomfortable to wear clothing.

7. If you are pumping your milk, feed it to your baby the same day. If you save it for a later time, you may re-infect your baby. Freezing does not kill yeast. Discard previously stored milk.

8. Avoid foods that encourage yeast to grow:
   - Sugar (including artificial sweeteners)
   - Yeast breads
   - Milk and dairy products
   - Fermented beverages (wine, beer)
   - Peanuts and peanut butter
   - Mushrooms

9. Take supplements that prevent the growth of yeast:
   - Probiotics (acidophilus, lactobacillus, or bifidus)
   - Garlic
   - B-complex vitamins

10. It is best not to use breast pads. If you do use them, replace them as soon as they get wet.

11. Boil items that come into contact with your breast (breast shells, pump parts) for 20 minutes every day.

12. If your nipple pain does not improve after five days of treatment, contact your health care provider. You may need a different antifungal cream or ointment. If you experience shooting or burning pain in your breasts, you may need to be treated with an oral antifungal medication for two weeks or more. This medicine can be used safely by most breastfeeding mothers and babies.

What you can do (treatment for baby):

1. Call the baby’s health care provider/pediatrician for medicine, usually an oral antifungal solution.

2. Put the measured amount of medicine into a medicine cup or small paper cup. Swab the medicine onto the inside of the baby’s mouth with a cotton swab or your finger. Do not use the medicine dropper that comes with the medication, as you could contaminate the medicine. Apply the medicine to all surfaces of the baby’s mouth after feedings, at least 4-6 times each day. This medication works best by direct contact with the yeast. Have your baby drink what is left in the cup.

3. Boil things that go into your baby’s mouth (pacifiers, teething toys, bottle nipples) for 20 minutes each day, and replace them after 1 week of treatment.

4. Wash your hands before and after putting medicine in your baby’s mouth, and after diaper changes.

5. If your baby has a diaper rash, antifungal cream should be applied after each diaper change.

For yeast infections that are difficult to eliminate, Gentian Violet can be very effective, and can be used at the same time as other antifungals. Talk with your health care provider or lactation consultant for instructions on using Gentian Violet or for any additional concerns about treating yeast infections.
Challenge: Inverted, Flat, or Very Large Nipples

Some women have nipples that turn inward instead of protruding or that are flat and do not protrude. Nipples can also sometimes be flattened temporarily due to engorgement or swelling while breastfeeding. Inverted or flat nipples can sometimes make it harder to breastfeed. But remember that for breastfeeding to work, your baby has to latch on to both the nipple and the breast, so even inverted nipples can work just fine. Often, flat and inverted nipples will protrude more over time, as the baby sucks more.

Very large nipples can make it hard for the baby to get enough of the areola into his or her mouth to compress the milk ducts and get enough milk.

What you can do

1. Talk to your doctor or a lactation consultant if you are concerned about your nipples.
2. You can use your fingers to try and pull your nipples out. There are also special devices designed to pull out inverted or temporarily flattened nipples.
3. The latch for babies of mothers with very large nipples will improve with time as the baby grows. In some cases, it might take several weeks to get the baby to latch well. But if a mother has a good milk supply, her baby will get enough milk even with a poor latch.

Ask for help if you have questions about your nipple shape or type, especially if your baby is having trouble latching well.
Common Questions

Should I supplement with formula?
Giving your baby formula may cause him or her to not want as much breast milk. This will decrease your milk supply. If you are worried that your baby is not eating enough, talk to your baby’s doctor.

Does my baby need cereal or water?
Your baby only needs breast milk for the first six months of life. Breast milk alone will provide all the nutrition your baby needs. Giving the baby cereal may cause your baby to not want as much breast milk. This will decrease your milk supply. Even in hot climates, breastfed infants do not need water or juice. When your baby is ready for other foods, the food should be iron rich.

Is it okay for my baby to use a pacifier?
If you want to try it, it is best to wait until the baby is 3-4 weeks old to introduce a pacifier. This allows the baby to learn how to latch well on the breast and get enough to eat.

When should I wean my baby?
The American Academy of Pediatrics recommends breastfeeding beyond the baby’s first birthday, and for as long as both the mother and baby would like. The easiest and most natural time to wean is when your child leads the process. But how the mother feels is very important in deciding when to wean.

Is my baby getting enough vitamin D?
Vitamin D is needed to build strong bones. All infants and children should get at least 400 International Units (IU) of vitamin D each day. To meet this need, all breastfed infants (including those supplemented with formula) should be given a vitamin D supplement of 400 IU each day. This should start in the first few days of life. You can buy vitamin D supplements for infants at a drug store or grocery store. Sunlight is a major source of vitamin D, but it is hard to measure how much sunlight your baby gets, and too much sun can be harmful. Once your baby is weaned from breast milk, talk to your baby’s doctor about whether your baby still needs vitamin D supplements. Some children do not get enough vitamin D through diet alone.

Is it safe to smoke, drink, or use drugs?
If you smoke, it is best for you and your baby to quit as soon as possible. If you can’t quit, it is still better to breastfeed because it can help protect your baby from respiratory problems and sudden infant death syndrome. Be sure to smoke away from your baby and change your clothes to keep your baby away from the chemicals smoking leaves behind. Ask a health care provider for help quitting smoking!

You should avoid alcohol, especially in large amounts. An occasional small drink is okay, but avoid breastfeeding for two hours after the drink.

It is not safe for you to use or be dependent on an illicit drug. Drugs such as cocaine, marijuana, heroine, and PCP harm your baby. Some reported side effects in babies include seizures, vomiting, poor feeding, and tremors.
Can I take medications if I am breastfeeding?

Although almost all medicines pass into your milk in small amounts, most have no effect on the baby and can be used while breastfeeding. Very few medicines cannot be used while breastfeeding. Discuss any medicines you are using with your doctor and ask before you start using new medicines. This includes prescription and over-the-counter drugs, vitamins, and dietary or herbal supplements. For some women with chronic health problems, stopping a medicine can be more dangerous than the effects it will have on the breastfed baby. You can learn more from Medications and Mothers’ Milk, a book by Thomas Hale, found in bookstores and libraries. The National Library of Medicine also offers an online tool for learning about the effects of medicines on breastfed babies. The website address is: http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm.

Can I breastfeed if I am sick?

Some women think that when they are sick, they should not breastfeed. But, most common illnesses, such as colds, flu, or diarrhea, can’t be passed through breast milk. In fact, if you are sick, your breast milk will have antibodies in it. These antibodies will help protect your baby from getting the same sickness.

Breastfeeding is not advised if the mother:

- Has been infected with HIV or has AIDS.
- 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, but such nuclear medicine therapies require only a temporary break from breastfeeding.

What should I do if I have postpartum depression?

First, postpartum depression is different than postpartum “blues.” The blues—which can include lots of tears, and feeling down and overwhelmed—are common and go away on their own. Postpartum depression is less common, more serious, and can last more than two weeks. Symptoms can include feeling irritable and sad, having no energy and not being able to sleep, being overly worried about the baby or not having interest in the baby, and feeling worthless and guilty.

If you have postpartum depression, work with your doctor to find the right treatment for you. Treatment may include medication such as antidepressants and talk therapy. Research has shown that while antidepressants pass into breast milk, few problems have been reported in infants. Even so, it is important to let your baby’s doctor know if you need to take any medications.

Let your doctor know if your blues do not go away so that you can feel better. If you are having any thoughts about harming yourself or your baby, call 911 right away.

Will my partner be jealous if I breastfeed?

If you prepare your partner in advance, there should be no jealousy. Explain that you need support. Discuss the important and lasting health benefits of breastfeeding. Explain that not making formula means more rest. Be sure to emphasize that breastfeeding can save you money. Your partner can help by changing and burping the baby, sharing chores, and simply sitting with you and the baby to enjoy the special mood that breastfeeding creates. Your partner can also feed the baby pumped breast milk.
Do I have to restrict my sex life while breastfeeding?

No. But, if you are having vaginal dryness, you can try more foreplay and water-based lubricants. You can feed your baby or express some milk before lovemaking so your breasts will be more comfortable and less likely to leak. During sex, you also can put pressure on the nipple when it lets down or have a towel handy to catch the milk.

I heard that breast milk can have toxins in it from my environment. Is it still safe for my baby?

While certain chemicals have appeared in breast milk, breastfeeding remains the best way to feed and nurture young infants and children. The advantages of breastfeeding far outweigh any possible risks from environmental pollutants. To date, the effects of such chemicals have only been seen rarely—in babies whose mothers themselves were ill because of them. Infant formula, the water it is mixed with, and/or the bottles or nipples used to give it to the baby can be contaminated with bacteria or chemicals.

Does my breastfed baby need vaccines? Is it safe for me to get a vaccine when I’m breastfeeding?

Yes. Vaccines are very important to your baby’s health. Breastfeeding may also enhance your baby’s response to certain immunizations, providing more protection. Follow the schedule your doctor gives you, and, if you miss any, check with him or her about getting your baby back on track. Breastfeeding while the vaccine is given to your baby—or immediately afterward—can help relieve pain and soothe an upset baby. Most nursing mothers may also receive vaccines. Breastfeeding does not affect the vaccine. Vaccines are not harmful to your breast milk.

What should I do if my baby bites me?

If your baby starts to clamp down, you can put your finger in the baby’s mouth and take him or her off of your breast with a firm, “No.” Try not to yell because it may scare the baby. If your baby continues to bite you, you can:

• Stop the feeding right away so the baby is not tempted to get another reaction from you. Don’t laugh. This is part of your baby learning limits.

• Offer a teething toy, or a snack (if older baby), or a drink from a cup instead.

• Put your baby down for a moment to show that biting brings a negative consequence. You can then pick your baby up again to give comfort.

What do I do if my baby keeps crying?

If your baby does not seem comforted by breastfeeding or other soothing measures, talk to your baby’s doctor. Your baby may have colic or may be uncomfortable or in pain. You can also check to see if your baby is teething. The doctor and a lactation consultant can help you find ways to help your baby eat well.
Breastfeeding Guide

Pumping and Milk Storage

If you are unable to breastfeed your baby directly, it is important to remove milk during the times your baby normally would feed. This will help you continue to make milk. Before you express breast milk, be sure to wash your hands. Also, make sure the area where you are expressing is clean.

If you need help to get your milk to start flowing, have one of the following items nearby – a picture of your baby, a baby blanket, or an item of your baby’s clothing that has his or her scent on it. You can also apply a warm moist compress to the breast, gently massage the breasts, or sit quietly and think of a relaxing setting.

Most health insurance plans will cover the cost of a breast pump. Check with your insurance company for details.

Hospital-grade electric pumps can be rented from a lactation consultant at a local hospital or from a breastfeeding organization. These pumps work well for establishing milk supply when new babies can’t feed at the breast. Mothers who have struggled with other expression methods may find that these pumps work well for them. Most health insurances cover breast pumps as a benefit. Check with your insurance company for details.

<table>
<thead>
<tr>
<th>Type</th>
<th>How It Works</th>
<th>What’s Involved</th>
<th>Average Cost</th>
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<tbody>
<tr>
<td>Hand Expression</td>
<td>You use your hand to massage and compress your breast to remove milk.</td>
<td>Requires practice, skill, and coordination. Gets easier with practice; can be as fast as pumping. Good if you are seldom away from baby or need an option that is always with you. But all moms should learn how to hand express.</td>
<td>Free, unless you need help from a breastfeeding professional who charges for her services.</td>
</tr>
<tr>
<td>Manual Pump</td>
<td>You use your hand and wrist to operate a hand-held device to pump the milk.</td>
<td>Requires practice, skill, and coordination. Useful for occasional pumping if you are away from baby once in a while.</td>
<td>$30 to $50</td>
</tr>
<tr>
<td>Automatic, Electric Breast Pump</td>
<td>Runs on battery or plugs into an electrical outlet.</td>
<td>Can be easier for some moms. Can pump one breast at a time or both breasts at the same time. Double pumping may collect more milk in less time, so it is helpful if you are going back to work or school full time. Need places to clean and store the equipment between uses.</td>
<td>$150 to over $300</td>
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Storage of Breast Milk

Breast milk can be stored in clean glass or hard BPA-free plastic bottles with tight-fitting lids. You can also use milk storage bags, which are made for freezing human milk. Do not use disposable bottle liners or other plastic bags to store breast milk.

• Never put a bottle or bag of breast milk in the microwave. Microwaving creates hot spots that could burn your baby and damage the components of the milk.
• Swirl the milk and test the temperature by dropping some on your wrist. It should be comfortably warm.
• Use thawed breast milk within 24 hours. Do not re-freeze thawed breast milk.

After Each Pumping

• Label the date on the storage container. Include your child’s name if you are giving the milk to a childcare provider.
• Gently swirl the container to mix the cream part of the breast milk that may rise to the top back into the rest of the milk. Shaking the milk is not recommended – this can cause a breakdown of some of the milk’s valuable components.
• Refrigerate or chill milk right after it is expressed. You can put it in the refrigerator, place it in a cooler or insulated cooler pack, or freeze it in small (2 to 4 ounce) batches for later feedings.

Tips for freezing milk:
• Wait to tighten bottle caps or lids until the milk is completely frozen.
• Try to leave an inch or so from the milk to the top of the container because it will expand when freezing.
• Store milk in the back of the freezer – not in the freezer door.

Tips for thawing and warming up milk:
• Clearly label milk containers with the date it was expressed. Use the oldest stored milk first.
• Breast milk does not necessarily need to be warmed. Some moms prefer to take the chill off and serve at room temperature. Some moms serve it cold.
• Thaw frozen milk in the refrigerator overnight, by holding the bottle or frozen bag of milk under warm running water, or setting it in a container of warm water.

You can keep germs from getting into the milk by washing your pumping equipment with soap and water and letting it air dry.
# Guide to Storing Fresh Breast Milk for Use with Healthy Full-Term Infants

<table>
<thead>
<tr>
<th>Place</th>
<th>Temperature</th>
<th>How Long</th>
<th>Things to Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countertop, table</td>
<td>Room temp (60°F-85°F)</td>
<td>6-8 hours</td>
<td>Containers should be covered and kept as cool as possible; covering the container with a clean cool towel may keep milk cooler. Throw out any leftover milk within 1 to 2 hours after the baby is finished feeding.</td>
</tr>
<tr>
<td>Small cooler with a blue-ice pack</td>
<td>59°F</td>
<td>24 hours</td>
<td>Keep ice packs in contact with milk containers at all times; limit opening cooler bag.</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>39°F or colder</td>
<td>5-7 days</td>
<td>Store milk in the back of the main body of the refrigerator.</td>
</tr>
<tr>
<td>Freezer</td>
<td>24°F or colder</td>
<td>Up to 6 months is best. Up to 12 months is okay if milk is stored at 0°F or colder.</td>
<td>Store milk toward the back of the freezer where temperature is most constant. Milk stored at 0°F or colder is safe for longer durations, but the quality of the milk might not be as high.</td>
</tr>
</tbody>
</table>

### Guide to Storing Thawed Breast Milk

<table>
<thead>
<tr>
<th>Room Temperature (60°F to 85°F)</th>
<th>Refrigerator (39°F or colder)</th>
<th>Any Freezers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1-2 hours is best. Up to 3-4 hours is okay.</td>
<td>24 hours.</td>
<td>Do not re-freeze.</td>
</tr>
</tbody>
</table>
Introducing Bottles & Supplemental Feedings

When to Start

It is best to wait until your baby is 3-4 weeks old before introducing bottles and pumped milk for supplemental feedings. It takes time for your milk supply to become well established, and for your baby to learn how to nurse well. Some babies have difficulty going back and forth between breast and bottle, especially in the early weeks. Others may not have any trouble, but you may risk compromising your milk supply if supplemental bottle feedings are initiated too early. By the time your baby is 3-4 weeks old, your milk supply should be well established, so that you are making milk automatically to meet your baby’s needs.

Once breastfeeding is well established, the following routine will help you begin storing a supply of breastmilk to use at a later date, or when returning to work, and will also familiarize your baby with an occasional bottle.

How to Begin Pumping

- Start by pumping once a day to begin storing milk. Most women find that they are able to pump more milk in the morning, because the supply tends to be more abundant at that time of day. Pumping before a feeding will enable you to get more volume, but this volume may consist of more watery foremilk, which has less fat. If the baby is ready to eat, however, you may need to wait until after the feeding to pump. Pumping after a feeding will give you milk with a higher fat content (hindmilk). Or, you could try nursing the baby on one breast while pumping the other at the same time. The baby’s suck will better stimulate the hormones that enhance milk production and milk flow, and this may allow you to get more milk from the other breast.

- Pump for about 10-15 minutes on one or both breasts and store this amount in the freezer. Most women will obtain 1-3 ounces per breast per session, depending on what kind of pump you are using and how well your body responds to the pump. This amount may increase after a few days if you pump every day at around the same time. When pumping in addition to nursing, your body responds to the increased stimulation and your breasts will make more milk.

- To begin offering an occasional bottle of breast milk, every third day that you pump, store that morning’s pumped milk in the refrigerator instead of the freezer. Offer this milk as a snack in a bottle around dinnertime. This can give you a chance to get out for a bit without skipping an entire feeding. Giving a supplemental bottle during the night can interfere with your milk supply. Warm the milk by placing the storage container or bag in a small bowl or cup of warm water until the milk reaches room temperature. Some babies may be more willing to accept this supplemental bottle if someone other than mom offers it, but other babies will happily accept a bottle feeding from their mother.
Breastfeeding Guide

Going Back to Work
Planning ahead for your return to work can help ease the transition. Learn as much as you can ahead of time and talk with your employer about your options. This can help you continue to enjoy breastfeeding your baby long after your maternity leave is over.

During Pregnancy
- Join a breastfeeding support group to talk with other mothers about breastfeeding while working.
- Talk with your supervisor about your plans to breastfeed.
- Discuss different types of schedules, such as starting back part time at first or taking split shifts.
- Find out if your company provides a lactation support program for employees. If not, ask about private areas where you can comfortably and safely express milk. The Affordable Care Act (health care reform) supports work-based efforts to assist nursing mothers.
- Ask the lactation program director, your supervisor, wellness program director, employee human resources office, or other coworkers if they know of other women at your company who have breastfed after returning to work.

After the Baby is Born
- Follow the steps on page 12 to set up a breastfeeding routine that works for you and your baby.
- Ask for help from a lactation consultant or your doctor if you need it.

During Your Maternity Leave
- Take as many weeks off as you can. At least six weeks of leave can help you recover from childbirth and settle into a good breastfeeding routine. Twelve weeks is even better.
- Practice expressing your milk by hand or with a quality breast pump. Freeze 2 to 4 ounces at a time to save for your baby after you return to work. See pages 25-28 for more information about pumping and storage.
- Help your baby adjust to taking breast milk from a bottle (or cup for infants 3 to 4 months old) shortly before you return to work. Babies are used to nursing with mom, so they usually drink from a bottle or cup when it’s given by somebody else.
- See if there is a childcare option close to work, so that you can visit and breastfeed your baby, if possible. Ask if the facility will use your pumped breast milk.
- Talk with your family and your childcare provider about your desire to breastfeed. Let them know that you will need their support.

Back at Work
- Keep talking with your supervisor about your schedule and what is or isn’t working for you. Keep in mind that returning to work gradually gives you more time to adjust.
- If your childcare is close by, find out if you can visit to breastfeed over lunch.
- When you arrive to pick up your baby from childcare, take time to breastfeed first. This will give you both time to reconnect before traveling home and returning to other family responsibilities.
- If you are having a hard time getting support, talk to your human resources department. You can also ask a lactation consultant for tips.

Get a Quality Breast Pump
A good quality electric breast pump may be your best strategy for efficiently removing milk during the workday. Contact a lactation consultant or your local hospital, WIC program, or public health department to learn where to buy or rent a good pump. Electric pumps that allow you to express milk from both breasts at the same time reduce pumping time. Most health insurance plans will cover the cost of a breast pump. Check with your insurance company for details.
Find a Private Place to Express Milk

Work with your supervisor to find a private place to express your milk. The Affordable Care Act (health care reform) supports work-based efforts to assist nursing mothers. The Department of Labor is proposing a new regulation to allow nursing women reasonable break time in a private place (other than a bathroom) to express milk while at work. (Employers with fewer than 50 employees are not required to comply if it would cause the company financial strain.)

If your company does not provide a private lactation room, find another private area you can use. You may be able to use:

- An office with a door
- A conference room
- A little-used closet or storage area

The room should be private and secure from intruders when in use. The room should also have an electrical outlet if you are using an electric breast pump. Explain to your supervisor that it is best not to express milk in a restroom. Restrooms are unsanitary, and there are usually no electrical outlets. It can also be difficult to manage a pump in a toilet stall.

Pumping Tips

It may take time to adjust to pumping breast milk in a work environment. For easier pumping, try these tips for getting your milk to let-down from the milk ducts:

- Relax as much as you can
- Massage your breasts
- Gently rub your nipples
- Visualize the milk flowing down
- Think about your baby – bring a photo of your baby, or a blanket or item of clothing that smells like your baby

When to Express Milk

At work, you will need to express and store milk during the times you would normally feed your baby. (In the first few months of life, babies need to breastfeed 8 to 12 times in 24 hours.) This turns out to be about 2 to 3 times during a typical 8-hour work period. Expressing milk can take about 10 to 15 minutes. Sometimes it may take longer. This will help you make enough milk for your childcare provider to feed your baby while you are at work. The number of times you need to express milk at work should be equal to the number of feedings your baby will need while you are away. As the baby gets older, the number of feeding times may go down. Many women take their regular breaks and lunch breaks to pump. Some women come to work early or stay late to make up the time needed to express milk.

Storing Your Milk

Breast milk is food, so it is safe to keep it in an employee refrigerator or a cooler with ice packs. Talk to your supervisor about the best place to store your milk. If you work in a medical department, do not store milk in the same refrigerators where medical specimens are kept. Be sure to label the milk container with your name and the date you expressed the milk.
Nutrition and Fitness

Healthy Eating

Many new mothers wonder if they should be on a special diet while breastfeeding, but the answer is no. You can take in the same number of calories that you did before becoming pregnant, which helps with weight loss after birth. There are no foods you have to avoid. In fact, you can continue to enjoy the foods that are important to your family – the special meals you know and love.

As for how your diet affects your baby, there are no special foods that will help you make more milk. You may find that some foods cause stomach upset in your baby. You can try avoiding those foods to see if your baby feels better and ask your baby’s doctor for help.

Keep these important nutrition tips in mind:

- Drink plenty of fluids to stay hydrated (but fluid intake does not affect the amount of breast milk you make). Drink when you are thirsty, and drink more fluids if your urine is dark yellow. A common suggestion is to drink a glass of water or other beverage every time you breastfeed. Limit beverages that contain added sugars, such as soft drinks and fruit drinks.

- Drinking a moderate amount (up to 2 to 3 cups a day) of coffee or other caffeinated beverages does not cause a problem for most breastfeeding babies. Too much caffeine can cause the baby to be fussy or not sleep well.

- Vitamin and mineral supplements cannot replace a healthy diet. In addition to healthy food choices, some breastfeeding women may need a multivitamin and mineral supplement. Talk with your doctor to find out if you need a supplement.

- See page 23 for information on drinking alcohol and breastfeeding.
FAQs: A Recap

How often should I feed my baby?
Early and often! Breastfeed as soon as possible after birth, then breastfeed at least 8 to 12 times every 24 hours to make plenty of milk for your baby. In the first few days after birth, you may need to wake your baby for feedings about every three hours, even during the night, but follow your baby’s cues if your baby is waking more frequently and showing you signs that he or she is ready to eat. After the first few sleepy days, your baby will wake more often for feedings. Healthy babies will develop their own feeding schedules. Follow your baby’s cues for when he or she is ready to eat.

How long should feedings be?
Babies should nurse for 15 to 20 minutes or longer on one or both breasts. Allow the baby to nurse on the first breast, up to 30 minutes, then encourage nursing on the second breast until the baby is finished.

Should my baby always nurse on both breasts?
It is a good idea to encourage your baby to nurse on both breasts at each feeding, but he or she may not always want to. Let your baby nurse on the first breast until finished, then attempt to burp the baby and offer the second breast. If your baby has nursed well on the first breast, and just won’t stay awake up for the other, then start on that breast at the next feeding. As your baby becomes more alert for longer periods of time, he or she will probably nurse from both breasts at each feeding.

Do I have to wake my baby for feedings?
Yes, it is important to wake your baby for feedings. Babies are often too sleepy to wake on their own for the first few days. By encouraging your baby to wake up about every three hours for feedings, you help to make sure he or she is getting the calories and nutrients needed for the energy to wake and feed the next time. Without those breast milk calories, the baby may sleep more and more and not get enough to eat. After the first few days, however, babies usually begin waking on their own for feedings.

When should I burp my baby?
Attempt to burp the baby after each breast. Pat the baby on his/her back for about a minute or so, then continue feeding on the second breast. He or she may or may not burp. There is no air in your breast, the breast fills the baby’s mouth, and there is not much milk volume in the first few days, so the baby isn’t likely to be taking in much air. You may find that the baby burps more readily after you have more milk volume.

Can I use a pacifier?
It is best to try to avoid pacifiers if you can until the baby is 3-4 weeks old, as recommended by the American Academy of Pediatrics. If your baby needs to suck, ideally it should be at the breast until breastfeeding is well established. If you need to use a pacifier, try to limit it to short periods of time and infrequent occasions.

Is it okay to give my baby formula supplements?
It is best to avoid supplements in the early days and weeks of breastfeeding. Giving your baby formula may cause him or her to not want as much breast milk. This will decrease your milk supply.

When can I introduce bottles?
It is a good idea to wait until your baby is about 3-4 weeks old to introduce a bottle. Some babies have trouble going back and forth between breast and bottle in the early weeks. Help your baby learn how to nurse well and get your milk supply well established before introducing the bottle.
Breastfeeding Guide

When should I start pumping?

Again, it is best to wait until your baby is 3-4 weeks old before you begin pumping for supplemental feedings. It is best to get your milk supply well established and be sure that your baby has learned how to nurse well before beginning to pump.

How will I know my baby is getting enough milk?

Watch your baby’s diapers. Babies should have at least one wet diaper in the first day, two the second, and so on up to the sixth day. Then expect 6-8 wet diapers every day. Your baby should also have 1-2 stools in the first few days, then at least 3 each day once your milk comes in. You can use the breastfeeding log on pages 36-38 to keep track of this information.

How can I prevent sore nipples?

Use careful positioning and latch techniques (see pages 10-12). Hold your baby up to breast level, facing you chest-to-chest, nose and chin touching the breast. In the early days of breastfeeding, it can also be very helpful to support your breast from underneath with your hand or with a rolled-up infant T-shirt or small towel throughout the feeding. Your baby’s jaw muscles are not yet strong enough to support the weight of the breast, and the baby’s mouth can easily slip down onto the nipple and cause damage. Use pillows to support your arms so that you can relax and be comfortable.

How should I treat sore nipples?

Use careful positioning and latch techniques (see pages 9-11) to avoid further damage. Nurse on the least sore side first, because your baby sucks harder at the start of the feeding. Warm compresses before nursing can be soothing. Express a few drops of breast milk/colostrum after the feeding, rub it gently over your nipple, and allow it to air-dry. Human milk has natural healing properties and emollients that soothe. You can also use lanolin ointment to promote healing and comfort. See page 16 for more information about dealing with sore nipples.

How should I treat engorgement when my milk comes in?

Nurse your baby frequently to help keep your milk moving. Use ice packs or cold compresses to relieve swelling, and gently massage your breasts before feedings. You may need to pump or express a small amount of milk before feeding to soften the breast to allow for a better latch, and again after feeding to relieve pressure.

How long can I store breast milk?

Breast milk can be stored in the refrigerator for 5-7 days, and in the freezer for 6-12 months. Thawed breast milk should be used within 24 hours. See pages 26-28 for more information about storing breast milk.

What foods should I avoid while I am breastfeeding?

None, unless your baby tells you that something you ate bothers him or her. Most foods in your normal diet should be fine while breastfeeding, including caffeine, garlic, “gassy” foods, spicy foods, and so on. If your baby reacts to something that you have eaten, you may need to avoid it for awhile. Use moderation as your guideline for anything you eat.

How much water should I drink?

Try to drink something each time you nurse the baby, and, of course, drink whenever you are thirsty. You may find that you are more thirsty while you are nursing; this is your body’s way of reminding you to replace the fluids that your baby is getting through your milk.

If you have additional questions or concerns about breastfeeding, please ask your nurse, lactation consultant, or call the lactation line (see inside front cover for contact information).
Breastfeeding Log Instructions

To begin the log:

Your nurse or lactation consultant will begin the log by filling in the delivery date, time, and the baby’s birth weight.

Beginning with the block labeled ‘Delivery Day,’ circle the hour that your baby begins to eat. For example, if your baby begins to feed at 10:15 a.m., you would circle the ‘10.’ Do this for each feeding throughout the day, and then count the number of feedings for the whole day. The first few days, because newborns are often very sleepy, we expect about 6-8 feedings per day. Beginning on the third day, babies need to nurse more frequently, usually 8-12 times each day.

Each time you change your baby’s diaper, circle a ‘W’ if the diaper is wet and an ‘S’ if the diaper is soiled. The minimum number of diapers to expect each day is printed in each block, but you can add ‘W’s and ‘S’s if your baby has more diapers. More diapers indicate that your baby is getting plenty of milk.

Continue to use the log until you feel confident that your baby is getting enough milk and gaining an appropriate amount of weight.

If your baby has fewer wet or soiled diapers than you expect on a given day*, or if you are having any other problems with breastfeeding your baby, please call your pediatrician or the lactation line.

Note: When your milk first comes in (days 3-5), your baby may not have quite as many bowel movements as is indicated on the chart. The baby may be getting full on the watery foremilk, and not getting as much of the rich hindmilk, due to the initially large volume of milk. Give the baby a day or so to catch up, but call for assistance if you don’t notice the number of soiled diapers increasing.
# Daily Breastfeeding Log

**Baby’s birth date:** _____ / ____ / ____

**Time baby was born:** ____ AM / ____ PM

**Baby’s birth weight:** _____ lbs. / _____ oz.

7% Loss ____________

10% Loss ____________

(Gain of 5 ounces/week. Back to Birthweight by Day 10.)

**Instructions:**
- Circle the hour when your baby begins to feed.
- Circle the W when your baby has a wet diaper.
- Circle the S when your baby has a soiled diaper (stool).

## Delivery Day (Feeding goal: 6-8 times)

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<tr>
<th>AM</th>
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<tbody>
<tr>
<td>Wet Diaper</td>
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<td>Black Tarry Stool</td>
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## Day 1 (Feeding goal: 6-8 times)

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## Day 2 (Feeding goal: 6-8 times or more)

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<td>Black/Brown Stool</td>
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## Day 3 (Feeding goal: 6-8 times or more)

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## Day 4 (Feeding goal: 8 or more times)

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## Day 5 (Feeding goal: 8 or more times)

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## Day 6 (Feeding goal: 8 or more times)

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**Virtua**

Your baby may have more wet or soiled diapers than printed on each day above. **If your baby has fewer feedings or diapers than the number printed, call your baby’s doctor and/or the Lactation Line.**
### Daily Breastfeeding Log

This is an additional log to continue keeping track of your baby’s feedings.

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Baby Friendly
Supporting exclusive breastfeeding for moms and babies

Virtua is committed to supporting exclusive breastfeeding for moms and babies based on the Baby-Friendly Hospital Initiative. The initiative is a global effort to implement practices that protect, promote and support breastfeeding. As such, every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.
Quick Tips for Successful Breastfeeding

✓ Breastfeed 8-12 times in a 24-hour period, about every 1½-3 hours during the day. You may have to work to keep your baby awake for a full feeding in the first few days.

✓ To help your baby latch on correctly, support your breast with four fingers underneath and thumb on top (this is called a 'C' hold). Be sure that your fingers are well behind the areola (the dark area around your nipple). The baby’s entire body should face you, chest-to-chest, with the baby’s legs at breast level. The baby’s nose and chin should be touching the breast.

✓ Tickle or stroke the baby’s lips lightly with a downward motion until the baby opens his or her mouth wide (like a yawn) with the tongue down, then quickly bring the baby onto your breast.

✓ The baby should take the entire nipple plus ½-1 inch of the areola into his or her mouth. If your baby is sucking only on the nipple, gently break your baby’s suction to your breast by placing a clean finger in the corner of your baby’s mouth and try again.

✓ Your baby will suck several times, then pause for a moment, then suck again several times. You should see movement in the baby’s jaw, ears, and temples with each correct suck.

✓ Let the baby finish the first breast before offering the second. Watch the baby, not the clock. The baby receives more hindmilk (richer, higher in fat) as the feeding continues. Alternate the breast you begin with at each feeding.

✓ It is normal to feel a very strong pulling sensation when the baby is at the breast. Although you may feel some tenderness when the baby first latches on, you should not experience pain throughout the entire feeding. The most common cause of nipple soreness or pain is incorrect positioning.

✓ During days 1-4, before your mature milk comes in, your baby receives colostrum. Colostrum is rich in nutrients, but small in quantity. Expect at least one wet diaper on day 1, two wet diapers on day 2, and three wet diapers on day 3. The baby should have at least one stool in the first 24 hours, and then stools should increase in frequency.

✓ Once your milk is in (days 3-5 and beyond), expect 6 or more wet diapers in a 24 hour period. The urine should be a pale yellow color. The baby should also have frequent yellow, seedy, loose stools, at least 3 in 24 hours. Your baby should be content after feedings.

✓ Exclusive breastfeeding (no bottles or pumpings and limited use of pacifiers) in the first 3-4 weeks helps to establish a good milk supply.
If you have any questions or concerns about your breastfeeding experience, please call the lactation line to speak to a lactation consultant. If you feel your concern needs to be addressed immediately, or if you have an emergency, please call your health care provider or go to the nearest emergency room.

Telephone Support

Virtua Voorhees
(856) 247-2793

Virtua Memorial
(609) 914-7258

Group and One-On-One Support
1-888-VIRTUA-3

Rentals and Insurance-Covered Pumps
PPS Lactation Services
(888) 848-PUMP (7867)

Pinnacle Homecare
(866) 617-8674