



# Guide to **Successful Breastfeeding and Lactation**



**Virtua Health wants to help ensure your success in breastfeeding. This guide will provide you with information on what to expect, tips for success, and more.**

## Why is Breastfeeding Important?

### Benefits for Baby

**Early milk (colostrum) is liquid gold.**

This thick, sticky milk is rich in nutrients and antibodies to protect your baby.

**Your milk changes to meet your baby's needs**

Levels of fat, protein, antibodies, and other nutrients in your breast milk change as your baby grows to provide balanced nutrition for optimal development.

**Human milk is easier to digest.**

Human milk is easier for most babies (especially preemies) to digest because your body makes it specifically for your baby. Formula proteins are much more complex, making it more difficult for babies to digest.

**Your milk fights against illness.**

Formula can't match the composition of human milk. The cells, hormones, and antibodies in human milk protect babies from illnesses like ear infections, upper respiratory infections, asthma, obesity, and diabetes, as well as reducing the risk of SIDS (Sudden Infant Death Syndrome).

### Benefits for Mom

**Breastfeeding can make your life easier.**

Once you and your baby settle into a good routine, breastfeeding becomes easier. Milk is always ready when needed at the right temperature—no mixing required.

**Breastfeeding can save money.**

Not only does breastfeeding save you money on the high cost of formula and other feeding supplies, it can also save you money on health care costs. Babies who are fed human milk are sick less often.

**Breastfeeding makes you feel good.**

Breastfeeding your baby releases hormones that create strong feelings of love and connection with your baby. It's a great way to relax and enjoy time with your baby while also making your baby feel comforted and secure.

**Breastfeeding is good for your health, too.**

Nursing for at least six months can reduce your risk of health conditions like breast cancer, ovarian cancer, and type 2 diabetes. It may even be helpful in reducing postpartum depression.

**Nursing mothers miss less work.**

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

\*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.

**For more information,  
scan the QR code to visit  
[virtua.org/breastfeeding](https://virtua.org/breastfeeding).**



# Tips for Breastfeeding Success

- **Breastfeeding is ideal for as long as both mom and baby desire.** We recommend exclusive breastfeeding (no foods or liquids other than breast milk) for the first six months. Guidelines suggest continued breastfeeding combined with the appropriate diet of complementary foods for up to two years or longer.
- **Breastfeed 8 to 12 times in a 24-hour period,** about every 1 to 3 hours during the day. You may have to work to keep your baby awake for a full feeding in the first few days.
- **Practice hand expression often.** Hand expressing between feedings is a great way to boost breastfeeding hormones and support a robust milk supply. In the early days, try to express drops prior to latching to entice your baby to come to the breast with a wide gape and latch on more comfortably.
- To help your baby latch on correctly when in football/clutch position, support your breast with four fingers underneath and thumb on top (this is called a **“C” hold**). For **cross cradle** position, turn the “c” hold into a “u” to support the breast in the shape of your baby’s mouth. Remember to keep your fingers far enough back from the areola (the dark area around your nipple) so your baby can grasp deeply onto your breast. 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 to 1 inch of the areola into their 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.
- **Once your milk volume has increased (days 3 to 5 and beyond), expect six 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 three in 24 hours. Your baby should be content after feedings.

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# 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 your breasts, the more milk you will make.

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

- Breastfeed as soon as possible after birth.
- Keep your baby with you in your hospital room day and night so that you can breastfeed often. Rooming-in with your baby helps you to learn your baby's feeding cues.
- Try not to give your baby other food or formula, unless it is medically necessary.
- Ask for a nurse or lactation consultant to help you, if needed.

## Stages of Human Milk Production

<b>Days 1-2</b>	<b>Colostrum:</b> Colostrum is your initial milk. It is thick, sticky, and clear to creamy yellow in color. While small in volume, colostrum is 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.
<b>Days 2-5</b>	<b>Transitional Milk:</b> As the breasts continue to be stimulated, your milk production increases. Transitional milk may be light-yellow in color, and contains plenty of fat, water-soluble vitamins, and calories.
<b>Day 6+</b>	<b>Mature Milk:</b> Mature milk is lighter in color and greater in volume. Your breasts become fuller and heavier, and your 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.
	<b>Foremilk:</b> This is the milk that flows at the start of a feeding. It is watery, high in protein and lactose (milk sugar), and low in fat. It quenches your baby's thirst.
	<b>Hindmilk:</b> As you continue to feed, the milk that flows as your breast empties is called hindmilk. It is richer in fat, high in calories, and satisfies your baby's hunger.



## Watching for Feeding Cues

Babies can be very sleepy at times during their first few days after birth and occasionally may need to be awakened for feedings.

### Newborns should eat 8 or more times in 24 hours.

While that averages out to every few hours, babies know best when they need to eat. Your baby may have slightly longer stretches of sleep, or may “cluster feed” with several feedings closer together. Be sure to encourage at least 8 feedings every 24 hours. Rather than watching the clock, watch for cues that your baby is hungry such as the rooting reflex, chewing/sucking on hands or fingers. Early feeding cues (signs) are the best time to feed! Crying is a LATE hunger cue.



## How Often and Long Should Feedings Be?

Feedings may be 10 to 30 minutes or longer on each breast. Let your baby nurse as long as they like. 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 lactation consultant or your baby's doctor. See the breastfeeding log at the back of this guide to keep track of your baby's feedings and diapers.

# Getting Started

Proper positioning is important for effective breastfeeding, and it is necessary for your baby to have a deep latch. Good positioning is the best way to avoid sore nipples, and it may help prevent engorgement. Try to remember keep the baby at breast level, turned in toward you (chest-to-chest), and with the chin and nose touching the breast. Leaning back, relaxing your neck muscles and back can help make breastfeeding more comfortable for both you and your baby. Use pillows (or a breastfeeding pillow) to support your arms and the baby so you can be comfortably relaxed.



## 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 their feet up against the back of the chair or bed, with pillows underneath the baby to bring them up to the level of your breast.

Support the baby's neck with your hand, and use your forearm to support their 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 cesarean 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 facing you 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. Place the baby along your side, and guide your baby onto the breast. Some mothers will cradle the baby in the lower arm, guiding the baby in toward the breast with your arm, supporting the breast with your other hand.

Others prefer to guide the baby with the upper arm/hand and rest your head on your lower arm. 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.

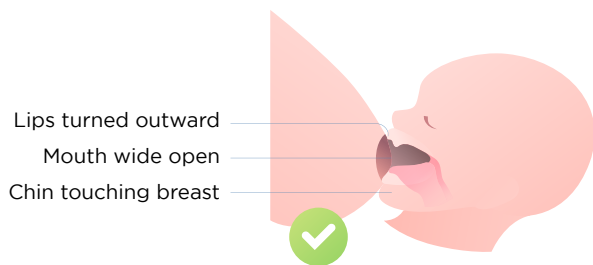


### Laid Back or Baby-Led Latching

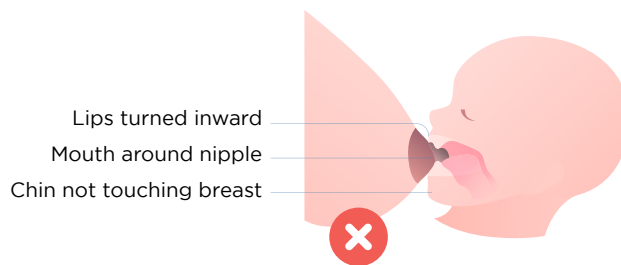
Find a bed or couch where you can lean back and be well supported—not flat, but comfortably leaning back so that when you put your baby on your chest, gravity will keep him or her in position with the baby's body molded to yours. Have your head and shoulders well supported. Let your baby's whole front touch your whole front.

Since you're leaning back, you don't have a lap, so your baby can rest on you in any position you like. Just make sure his or her whole front is against you. Let your baby's cheek rest somewhere near your bare breast, allowing baby free access to latch on. Help your baby to latch as much as needed; work as a team to help your baby do what he or she is trying to do. Research has shown that breastfeeding our babies in this reclined position stimulates natural feeding reflexes in both mothers and babies.





**Good Latch-on**



**Poor Latch-on**

**1**

Hold your baby's whole body close with their nose level with your nipple.

**2**

Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide-open mouth. When your baby's mouth opens wide, bring your baby in close.

**3**

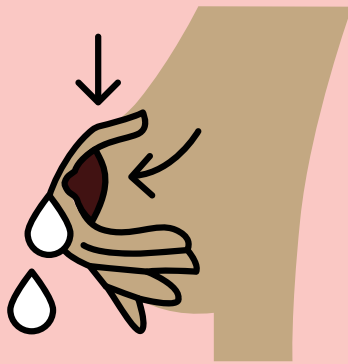
With baby's chin firmly touching and the nose close, the mouth is wide open and the lips are flared out. Your baby's cheeks will look full and rounded as they feed.

## Signs of a Good Latch

A good latch is important for your baby to breastfeed effectively and for your comfort. During the early days of breastfeeding, it can take time and patience for your baby to learn to latch on well.

- 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 their head while drinking.
- The baby's mouth is wide open, and their lips turn out like fish lips, not tucked in.
- You see little or no areola, depending on the size of your areola and the size of your baby's mouth. If your areola is showing, you will see more above your baby's lip and less below.
- You see the baby's ears "wiggle" slightly with suckling.
- Your baby's nose and chin touch your breast.
- 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 should see long, rhythmic sucks with periodic rests.
- You hear or see your baby swallow. Some babies swallow so quietly, a pause in their breathing may be the only sign of swallowing.

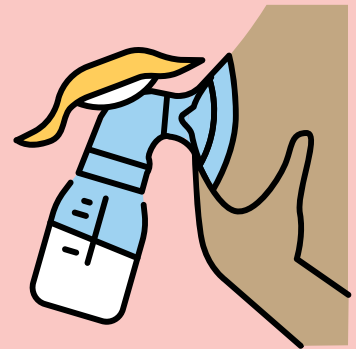




# Hand Expression of Colostrum/Milk

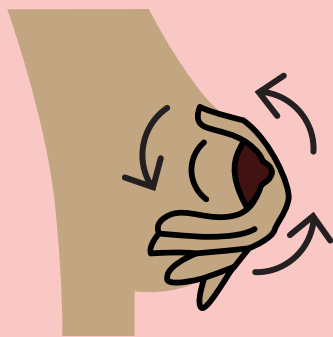
Collect the breast milk into a clean spoon, medicine cup, or container. If you are pumping, you can express directly into the pump flange.

1. Massage your breasts before expressing. Place your fingers and thumb as shown.
2. Repeat steps 2-4 without loosening your grip, until breast milk/colostrum comes out. You may need to push your fingers forward, toward the nipple, to push the colostrum out until the milk flow increases.



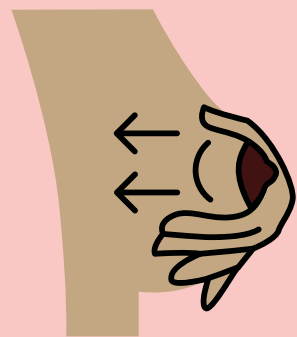
**1**

**Massage**



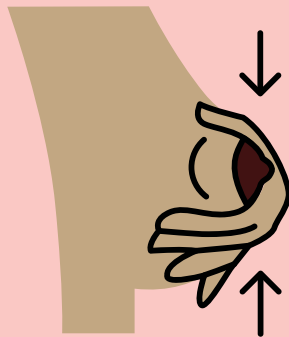
**2**

**Press Inward**



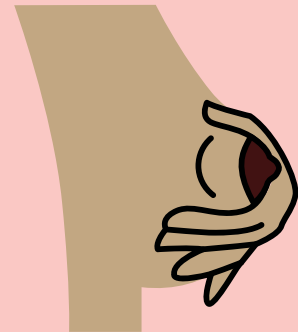
**3**

**Squeeze**



**4**

**Release**



## 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 their weight at your first visit after you leave the hospital. Make sure to visit your baby's doctor within two to three 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 they are 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:

- They are passing enough clear or pale-yellow urine, and it's not deep yellow or orange (see the breastfeeding log in the back of this guide).
- They have enough bowel movements (see the breastfeeding log in the back).
- They switch between short sleeping periods and wakeful, alert periods.
- They are 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.

## How Much Do Babies Typically Eat?

A newborn's stomach is very small, especially in the early days. At birth, the baby's stomach can comfortably digest what would fit in a hazelnut (about 1 to 2 teaspoons). In the first week, the baby's stomach grows to hold about 2 ounces, or what would fit inside a walnut. Once breastfeeding is established, exclusively breastfed babies from 1 to 6 months of age take in between 19 and 30 ounces per day. Babies will usually drink smaller amounts more frequently, and if you breastfeed eight times per day, the baby would eat around 2 to 3 ounces per feeding.

**Day 1**  
1 Tsp

**Day 3**  
1 oz



## 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. Practice hand expression often.** Express some colostrum/milk at each feeding to encourage your baby to latch. Frequent hand expression helps to boost your breastfeeding hormones and support a plentiful milk supply.
- 3. Follow your baby's lead.** Make sure you are both comfortable and follow your baby's lead after they latch 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 hindmilk—the fattier milk at the end of a feeding. Your baby will let go of the breast when they are finished and often fall asleep. Offer the other breast if they seem to want more.
- 4. Keep your baby close to you.** Remember that your baby is not used to this new world and needs to be held very close. Being skin-to-skin helps babies cry less and stabilizes their heart and breathing rates.
- 5. 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.
- 6. 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 sudden infant death syndrome (SIDS).
- 7. Know when to wake your baby.** In the early weeks after birth, you should wake your baby to feed if six 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 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 (the Five 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:** While holding your baby, place them either on their left side to aid in digestion, or stomach to provide support. Once your baby is asleep, you can place them on their back in the crib.
- 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 their ear, or they 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 three or four weeks), a pacifier can be used.





# Solutions to 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 face one or more of the challenges listed here, many do not struggle at all! Also, many people 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 their nipples can be tender at first. Expect to be tender-sore for the first week or two when the baby first latches. It should ease after 15 to 20 seconds as the milk flow begins. You will still feel pulling and tugging on your nipple when the baby sucks, but it should not be painful. Breastfeeding should be comfortable once you have found some positions that work and a good latch is established.

What you can do:

- 1.** Good positioning and a good latch are the keys to avoiding sore, damaged nipples. If your baby does not get a good latch and it causes pain, 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.
- 2.** Use pillows or a breastfeeding pillow to support your arms and the baby at breast level to avoid dragging and pulling on the nipple from the weight of the baby's body.
- 3.** Supporting your breast with your hand underneath helps to keep the baby from slipping off the nipple. Babies often need help to maintain the deep latch needed for comfortable and effective feeding.
- 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.
- 5.** Nipple creams (lanolin or other preparations intended for use with breastfeeding) or coconut oil can be helpful to keep the nipple tissue moist and promote healing. Hydrogel pads can be used for nipples with abrasions or cracks.
- 6.** Ask a lactation consultant for help to improve your baby's latch, or if the soreness does not improve after adjusting your position/latch.

## 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 combined with swelling and inflammation. It usually happens during the third to fifth day after birth, but it can happen at any time if you go too long between feedings.



What you can do:

- 1.** Breastfeed often after birth, allowing the baby to feed as long as they like. Frequent feedings help to keep the milk moving freely and keeps your breasts feeling more comfortable, preventing them from becoming overly full.
- 2.** If your baby is having a hard time latching because the breast is too full, hand express or pump a little milk to first soften the breast, areola, and nipple before breastfeeding to help baby get a good, deep latch.
- 3.** After feedings, gently massage your breasts and pump/express a small amount of milk for comfort. Emptying your breasts fully is not recommended, as it will tell your body to make more milk and continue your discomfort.
- 4.** Use cold compresses or ice packs in between feedings to reduce the swelling and inflammation, and to ease discomfort. An occasional warm compress to help the milk flow to start may be helpful, but use caution when applying heat, as it can make the swelling and inflammation worse.
- 5.** Wear a well-fitting, supportive bra that is not too tight.
- 6.** Your breasts will probably be extra full for a couple of days, and then should begin to feel more comfortable. Talk to your lactation consultant or doctor if the engorgement lasts for more than two days.



## Challenge: Fungal Infections (Thrush)

Thrush is a common problem among breastfeeding mothers and babies that can range from an annoying nuisance to an extremely painful experience. Thrush is an infection caused by the overgrowth of yeast in baby's mouth and/or on a mother's nipples.



### 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 breast pump 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
- Fussiness and crankiness
- Baby repeatedly pulls off the breast during a feeding

## Probiotics for Thrush

Women who have recently given birth may have been treated with antibiotics for a cesarean section or for Group B Streptococcal (GBS) 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 factor), which is an oral nutritional supplement that helps to reestablish the good bacteria in your body. Probiotics can be found in your local pharmacy, supermarket, or health food store. The label will state how often to take the probiotic to help avoid yeast overgrowth. The recommended dose is at least 4 billion to 5 billion units daily, or more. If you have a thrush infection, you may need to take a higher dose.

If you suspect that you or your baby has a yeast infection, call both of your health care providers. Treatment for mother and baby should occur at the same time, even if only one of you has symptoms. If you are not treated together, you and your baby can reinfect each other. Call your lactation consultant for additional advice.





## Medications and 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 (OTC) 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” by Thomas Hale. “Mommy Meds” is an app for your mobile device that provides information about breastfeeding and prescribed and OTC medications. The app is produced by the Infant Risk Center, the leading research and call center for medication safety during pregnancy and breastfeeding.

## Smoking and Drug Use

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 (SIDS). If you do smoke, do so 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.

It is not safe for you to use or be dependent on illegal or recreational drugs. Drugs such as cocaine, marijuana, heroin, and PCP harm your baby. Some reported side effects in babies include seizures, vomiting, poor feeding, and tremors.

If you are breastfeeding, do not use marijuana. Chemicals from marijuana can be passed to the baby through breastmilk, and can affect your baby’s brain development. According to the American Academy of Pediatrics, a mother’s ability to care for an infant may be impaired while using marijuana. Studies also show that infants are exposed to marijuana by inhaling it when the drug is smoked near them.



# Pumping and Milk Storage

It is best to wait until your baby is 3 to 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.

Pump around the same time every day to begin storing breastmilk.

- First thing in the morning is best.
- Pump about 1 hour after the first morning breastfeeding.
- Pump for about 15 minutes each breast.

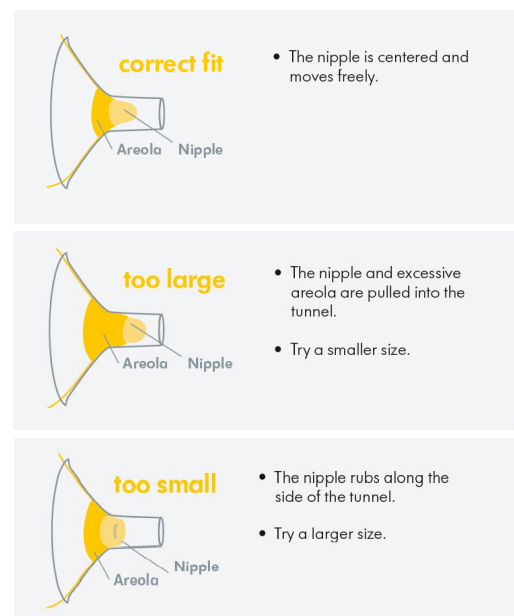
By the time your baby is 3 to 4 weeks old, your milk supply should be well established, so that you are making milk automatically to meet your baby's needs.

Once breastfeeding is well established, you can begin to store 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. Most health insurance plans will cover the cost of a breast pump. Check with your insurance company regarding breast pump reimbursement and breastfeeding support coverage.

## Finding the Proper Flange Size Fit

You know you have the correct size flange if the following apply:

- The flange fits comfortably on your breast
- Only your nipple and a small part of your areola enters the tunnel when pumping
- Your nipple moves freely in the tunnel when pumping without rubbing against the sides
- Your breasts feel soft and emptied after pumping
- Your milk supply remains the same or improves
- Overall, your pumping sessions are comfortable and pain-free





If your baby is in the neonatal intensive care unit (NICU) or special care nursery (SCN), you may benefit from the use of a hospital-grade electric breast pump. Hospital-grade electric pumps can be rented from a medical supply company. These pumps work well for establishing milk supply when new babies are not able to feed at the breast. Mothers who have struggled with other expression methods may also find that these pumps work well for them. (See back cover for breast pump rental resources.)



## Breast Milk Storage Guidelines\*

	<b>Room Temperature</b> 66-72 F	<b>Refrigerator</b> 32-40 F 0-4 C	<b>Home Freezer</b>	<b>Deep Freezer</b>
Freshly Expressed Breastmilk	4 hours	4 days	3 - 6 months	6 - 12 months
Thawed Breastmilk (Previously Frozen)	1-2 hours	24 hours	Never refreeze thawed milk	Never refreeze thawed milk

\*Standard for full-term newborns

[virtua.org](http://virtua.org)

## Healthy Eating

One of the wonders of breast milk is that it can meet your baby's nutritional needs even when you don't always eat perfectly. **Your body will use the nutrients that you have available to give your baby the best, nutrient-rich milk possible.**

Many new moms wonder how breastfeeding will affect their diet. You probably don't need to make any major changes to what you eat or drink when you're nursing, though there are a **few important considerations to keep in mind:**



- **Eat a variety** of foods from the different food groups to get the nutrients that you need for your health, and for building a good milk supply.
- There are **no specific foods you have to avoid**. The foods that you needed to avoid during pregnancy are no longer restricted.
- As for how your diet affects your baby, most babies do well with the **normal foods in your diet**. If you find that some foods cause stomach upset in your baby, you can try avoiding those foods to see if your baby feels better.
- **There are no special foods that you need to eat to make more milk**, but be sure to get enough calories for milk production—about 500 calories over your pre-pregnancy requirements. In addition to healthy food choices, some breastfeeding women may need a multivitamin and mineral supplement, such as your prenatal vitamin.
- **Drink plenty of fluids to stay hydrated** (but fluids alone do not increase your milk supply). Drink when you are thirsty; try to drink something each time you feed your baby. Water is best to drink, but other fluids are OK as well. You may find that you are thirstier while you are nursing, as this is your body's way of reminding you to replace the fluids that your baby is getting through your milk.
- **Minimize the use of alcohol**, especially in large amounts. An occasional small drink is OK, but avoid breastfeeding for two hours after the drink to allow your body to metabolize the alcohol, including your milk.

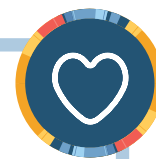
# Daily Breastfeeding Log

## 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).



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.)

<b>Delivery Day</b> (Feeding goal: 8 times or more) <b>Today's weight:</b> __ lbs. / __ oz.	<b>Day 4</b> (Feeding goal: 8 times or more) <b>Today's weight:</b> __ lbs. / __ oz.
<b>AM</b> 12 1 2 3 4 5 6 7 8 9 10 11 <b>PM</b> 12 1 2 3 4 5 6 7 8 9 10 11	<b>AM</b> 12 1 2 3 4 5 6 7 8 9 10 11 <b>PM</b> 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper <b>W</b>	Wet Diaper <b>W W W W</b>
Black Tarry Stool <b>S</b>	Yellow, Seedy Stool <b>S S S</b>
<b>Day 1</b> (Feeding goal: 8 times or more) <b>Today's weight:</b> __ lbs. / __ oz.	<b>Day 5</b> (Feeding goal: 8 times or more) <b>Today's weight:</b> __ lbs. / __ oz.
<b>AM</b> 12 1 2 3 4 5 6 7 8 9 10 11 <b>PM</b> 12 1 2 3 4 5 6 7 8 9 10 11	<b>AM</b> 12 1 2 3 4 5 6 7 8 9 10 11 <b>PM</b> 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper <b>W</b>	Wet Diaper <b>W W W W W</b>
Black Tarry Stool <b>S S</b>	Yellow, Seedy Stool <b>S S S</b>
<b>Day 2</b> (Feeding goal: 8 times or more) <b>Today's weight:</b> __ lbs. / __ oz.	<b>Day 6</b> (Feeding goal: 8 times or more)
<b>AM</b> 12 1 2 3 4 5 6 7 8 9 10 11 <b>PM</b> 12 1 2 3 4 5 6 7 8 9 *10 *11	<b>AM</b> 12 1 2 3 4 5 6 7 8 9 10 11 <b>PM</b> 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper <b>W W</b>	Wet Diaper <b>W W W W W W</b>
Black / Brown Stool <b>S S S</b>	Yellow, Seedy Stool <b>S S S</b>
<b>*Day 3</b> (Feeding goal: 8 times or more) <b>Today's weight:</b> __ lbs. / __ oz.	<b>Day 7</b> (Feeding goal: 8 times or more)
<b>AM</b> 12 1 2 3 4 5 6 7 8 9 10 11 <b>PM</b> 12 1 2 3 4 5 6 7 8 9 10 11	<b>AM</b> 12 1 2 3 4 5 6 7 8 9 10 11 <b>PM</b> 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper <b>W W W</b>	Wet Diaper <b>W W W W W W</b>
Green Stool <b>S S S</b>	Yellow, Seedy Stool <b>S S S</b>

**\*Feeding Frenzy!**



This is an additional log to continue keeping track of your baby's feedings. Simply copy this blank form before using.

Day ____ (Feeding goal: 8 times or more)	
AM 12 1 2 3 4 5 6 7 8 9 10 11	
PM 12 1 2 3 4 5 6 7 8 9 10 11	
Wet Diaper W W W W W W	Yellow, Seedy Stool S S S

Day ____ (Feeding goal: 8 times or more)	
AM 12 1 2 3 4 5 6 7 8 9 10 11	
PM 12 1 2 3 4 5 6 7 8 9 10 11	
Wet Diaper W W W W W W	Yellow, Seedy Stool S S S

Day ____ (Feeding goal: 8 times or more)	
AM 12 1 2 3 4 5 6 7 8 9 10 11	
PM 12 1 2 3 4 5 6 7 8 9 10 11	
Wet Diaper W W W W W W	Yellow, Seedy Stool S S S

Day ____ (Feeding goal: 8 times or more)	
AM 12 1 2 3 4 5 6 7 8 9 10 11	
PM 12 1 2 3 4 5 6 7 8 9 10 11	
Wet Diaper W W W W W W	Yellow, Seedy Stool S S S

Day ____ (Feeding goal: 8 times or more)	
AM 12 1 2 3 4 5 6 7 8 9 10 11	
PM 12 1 2 3 4 5 6 7 8 9 10 11	
Wet Diaper W W W W W W	Yellow, Seedy Stool S S S

Day ____ (Feeding goal: 8 times or more)	
AM 12 1 2 3 4 5 6 7 8 9 10 11	
PM 12 1 2 3 4 5 6 7 8 9 10 11	
Wet Diaper W W W W W W	Yellow, Seedy Stool S S S

Day ____ (Feeding goal: 8 times or more)	
AM 12 1 2 3 4 5 6 7 8 9 10 11	
PM 12 1 2 3 4 5 6 7 8 9 10 11	
Wet Diaper W W W W W W	Yellow, Seedy Stool S S S

Day ____ (Feeding goal: 8 times or more)	
AM 12 1 2 3 4 5 6 7 8 9 10 11	
PM 12 1 2 3 4 5 6 7 8 9 10 11	
Wet Diaper W W W W W W	Yellow, Seedy Stool S S S

Your baby may have more wet or soiled diapers than noted each day. If your baby has fewer, if you have any questions/concerns about your baby's feedings and/or soiled diapers, or if you are having problems with breastfeeding your baby, please call your pediatrician or the lactation line of your delivery hospital: **Virtua Mt. Holly Hospital (609-914-7258), Virtua Our Lady of Lourdes Hospital (856-886-6294), or Virtua Voorhees Hospital (856-247-2993).**



# Breastfeeding Resources & Support

## Breastfeeding/Lactation Lines

Virtua Voorhees Hospital	Virtua Mount Holly Hospital	Virtua Our Lady of Lourdes Hospital
856-247-2793	609-914-7258	856-886-6294

## Support Groups

Held in person and virtually every week, these free, informal gatherings of mothers and nursing babies are led by a certified lactation consultant.

Visit [virtua.org/maternityclasses](http://virtua.org/maternityclasses) for dates and registration.

## Breastfeeding Appointments

### *Private Breastfeeding Appointments – 60 minutes*

Meet one-on-one with a board-certified lactation consultant with extensive experience helping moms overcome any problems they may be experiencing. *Fees apply.*

### *Breastfeeding Telehealth Visits – 15 minutes*

A virtual visit is a convenient way for breastfeeding moms to privately talk via video with a board-certified lactation consultant in the comfort of their own home. *Fees apply.*

Register for any of these services at [Virtua.org/breastfeeding](http://Virtua.org/breastfeeding) or call 1-888-847-8823.

## Other Resources

### *Breast Pump Rentals*

Acelleron:	Aeroflow:
<a href="http://Acelleron.com/978-567-7865">Acelleron.com/978-567-7865</a>	<a href="http://aeroflowbreastpumps.com/844-867-9890">aeroflowbreastpumps.com/844-867-9890</a>

La Leche League Community Breastfeeding Support	La Leche League International	Infant Risk Center
<a href="http://www.lalacheleaguenj.org">www.lalacheleaguenj.org</a>	1-800-La Leche (1-800-525-3243)	<a href="http://www.infantrisk.com">www.infantrisk.com</a>

[ZipMilk.org](http://ZipMilk.org) (*breastfeeding resources in your area searchable by ZIP code*)

### WIC Offices

(For low- or no-income mothers and children at risk for nutrition or health problems.)

Burlington County	Camden County			Gloucester County
	Atco	Blackwood	Camden	
609-267-4304	800-328-3838	856-302-1405	856-225-5050	856-218-4116