

Breastfeeding Information



Congratulations on your decision to breastfeed your baby! The American Academy of Pediatrics (AAP) recommends breastfeeding for the first year of life. The AAP believes that breast milk is the “optimal form of nutrition for infants.”

This booklet is to provide you with basic breastfeeding information to help you and your baby get off to a healthy start. Breastfeeding should be a positive and rewarding experience. If you are having difficulties with breastfeeding please seek early follow-up with a Lactation Specialist.

Henry Mayo Newhall Memorial Hospital

Lactation Services

How you feed your baby is one of the most important decisions you will make during your pregnancy! Breastfeeding your baby can be a very positive and rewarding experience. Many studies show that breast milk is the ideal form of nutrition and provides many health benefits for both mother and baby. Here at Henry Mayo Newhall Memorial Hospital we are staffed with two Lactation Specialists (IBCLC) to assist you with your breastfeeding needs. We are committed to support you in a warm, nurturing, caring atmosphere through your breastfeeding experience.

Breastfeeding Classes

Taught by one of our very own Lactation Specialists, you will learn the art of successful breastfeeding! Learn how your hormones relate to milk production, proper positioning and latch-on techniques, common breastfeeding problems, pumping and more. We will answer questions such as; How do I know if my baby is getting enough? Am I making enough milk? How can I go back to work and continue to breastfeed? Studies show that couples who attend a prenatal breastfeeding class have a longer breastfeeding duration than those who do not.

Inpatient Consultations

We offer consultations to provide you with bedside assistance for latch-on and positioning, evaluation of the mother, baby and feeding session. We will address any breastfeeding concerns, instruct you on the use of breastfeeding tools, including breast pumps and solutions to complicated breastfeeding problems. We encourage you to meet with one of our Lactation Specialists before discharging from the hospital.

Outpatient Consultations

Continued breastfeeding support following hospital discharge. Evaluation of breastfeeding, newborn weight check, jaundice, instruction on breastfeeding tools, supplementation and pumping, education on milk supply and prevention and treatment of common breastfeeding problems.

Lactation Center

We offer a full supply of breastfeeding accessories including; hospital grade breast pump rentals, personal use breast pumps, nursing bras, nursing pillows, baby slings and more.

Breastfeeding Support Group

Come join us for our “First Weeks” 0 – 3 month weekly breastfeeding support group. Led by our Lactation Specialists, we provide a nurturing place where you can meet other breastfeeding mothers and discuss breastfeeding related issues such as; growth spurts, sleep related issues and developmental milestones. Please call for more information (661) 253-8238.

Breastfeeding

Delivery Day (first 24 hours) to Day 1

You should breastfeed your baby within the first hour after delivery. Try not to allow more than 2-4 hours lapse before attempting to feed your baby. Typically your baby will be active and alert up to four hours after delivery and then go into a deep recovery sleep sometimes lasting up to 6 hours. We encourage you to attempt to feed your baby every 2 to 4 hours (or least 5 to 6 times in 24 hours) on delivery day. Starting on day 1, breastfeed every 2 to 3 hours (or at least 8 to 12 times in 24 hours). Breastfeed on the first breast until the infant is satisfied (on average 15-20 minutes) before offering the second breast. Expect to see 1 to 2 wet (urine) and 1 to 2 black (bowel movements) diapers daily through day 2.

Colostrum is the first milk that you will feed your baby. Colostrum is a yellow or white watery fluid. Even though there is a small amount of this milk, it is just the amount your baby needs at this time. Colostrum helps protect your baby against infections and has a laxative effect (aids in passing meconium). Meconium is your baby's first stool which is described as black, sticky and tarry.

2 to 3 Days

Continue to breastfeed every 1.5 to 3 hours. Your baby may begin cluster feeding during this time. Cluster feedings are described as frequent breastfeeds every hour sometimes lasting up to 30 to 40 minutes on each breast. A baby may cluster feed on an off for 2-6 hours and then sleep for a period before awaking again for another round of cluster feeding. You may begin to wonder if you have enough milk for your baby. The answer is yes! Your baby is beginning to be more wakeful and is sensing that your transitional milk is coming in. By feeding your baby on demand and watching for feeding cues you are ensuring a healthy milk supply for your baby. Expect to see 2 to 3 wet (urine) and 1 to 2 dark brown/green (bowel movements) diapers through day 3.

3 to 4 Days

As your transitional milk comes in you will notice the color and consistency change (it will appear thinner and change color to creamy white). Your breasts will begin to feel heavy and weighted. If you are experiencing breast fullness, feed your baby every 1.5 to 2 hours by encouraging frequent drainage of the breast. Expect to see 4 to 6 wet (urine) and 1 to 10 brown/yellow (bowel movements) diapers through day 4.

Day 5 and on

Continue to feed your baby every 2 to 3 hours on each breast (at least 8 to 12 times in 24 hours) until your baby is satisfied and comes off the breast. Expect to see 6 to 8 wet (urine) and 3 to 10 yellow seedy (bowel movements) diapers in 24 hours.

How will I know when my baby is ready to feed?

You will know when your baby is ready for a feeding when your baby exhibits feeding cues.

Feeding cues include:

- **Rooting**- A newborn reflex described as the infant opening his/her mouth and turning their head to look for the breast.
- **Mouthing movements**- Lip smacking, licking lips and sucking on hands
- **Fussiness**- Irritability and Crying. Crying is a late feeding cue.

Getting Ready to Breastfeed

Always wash your hands with soap and water before you begin to breastfeed. It is unnecessary to wash your breasts before or after a feeding. Avoid using soap on your breasts in the shower as this will cause the nipples to become dry. The Montgomery glands within your breasts secrete anti-bacterial/anti-fungal oils that discourage bacterial growth.

Most mothers prefer to use the traditional cradle hold as this appears to be the most natural breastfeeding position. However, as the baby is learning to breastfeed the baby requires firm head support which often cannot be achieved by placing the infants head in the crook of the mothers' arm. We encourage you to use the cross-cradle or clutch hold until breastfeeding is well established.

Tip. It usually takes 3 to 6 weeks for a mother to feel comfortable and confident with breastfeeding!



Cross-Cradle Hold

1. Position yourself

- Sit comfortably in the bed or chair, placing two pillows behind your back so that you are sitting upright.
- Place pillows on your lap to support your arms and raise your baby to the level of your breast.
- If you are sitting in a chair a footstool may help take the strain off your back.

2. Position the baby (Cross-Cradle Hold)

- With proper pillow support place the baby completely on his/her side heart to heart with mom.
- Make sure that your baby's ear, shoulder and hip are in a straight line.
- Tuck your baby's bottom arm along side of your baby.
- If your baby is breastfeeding on the right breast, place your left arm across the baby and support the infants head by placing your thumb and index finger behind the baby's ears.

3. Offering the breast

- With your right hand support the breast by making a sandwich ("U"- hold) to match the shape of the baby's mouth. Make sure that your hand is placed far enough away from the areola (darkened pigmented area) so that your fingers don't get in the way of the latch.
- Aim the baby's nose up toward your nipple.
- Touch the baby's lips to the breast. *Remember to bring the baby to the breast, not the breast to the baby.*
- Wait for wide gape with tongue down over lower gum line
- Move baby swiftly toward breast with a scooping action. *The baby's bottom lower lip should touch the breast first when latching.*
- The baby should take 1 inch to 1½ inches behind the nipple when latched deeply.
- Baby's lips should be flanged around the areola. *If your baby's lower lip is curled in you can gently slip your index finger between you and the baby and pull downward on your baby's chin.*

4. Removing baby from the breast

- Take your baby off the breast by breaking the suction. Remove your right hand from the breast and insert your index or pinky finger into the corner of the baby's mouth between the gum line.
- Continue to provide firm head support with your left hand that way you can move the baby quickly away from the breast so that the baby does not clamp down on the nipple.



Football or Clutch Hold

1 Position yourself

- Sit comfortably in the bed or chair, placing two pillows behind your back so that you are sitting upright.
- Place two pillows folded in half at your left side bringing baby to the level of your breast.
- If you are sitting in a chair a footstool may help take the strain off your back.

2. Position the baby (Football or Clutch Hold)

- With proper pillow support place the baby completely on his/her side with your baby's feet and bottom curled up touching the back of the bed.
- Make sure that your baby's ear, shoulder and hip are in a straight line.
- Tuck your baby's bottom arm along side of your baby.
- If your baby is breastfeeding on the left breast, place your left hand on the base infants head by placing your thumb and index finger behind the baby's ears.

3. Offering the breast

- With your right hand support the breast by making a sandwich ("U"- hold) to match the shape of the baby's mouth. Make sure that your hand is placed far enough away from the areola (darkened pigmented area) so that your fingers don't get in the way of the latch.
- Aim the baby's nose up toward your nipple.
- Touch the baby's lips to the breast. *Remember to bring the baby to the breast, not the breast to the baby.*
- Wait for wide gape with tongue down over lower gum line.
- Move baby swiftly toward breast with a scooping action. *The baby's bottom lower lip should touch the breast first when latching.*
- The baby should take 1 inch to 1½ inches behind the nipple when latched deeply.
- Baby's lips should be flanged around the areola. *If your baby's lower lip is curled in you can gently slip your index finger between you and the baby and pull downward on you baby's chin.*

4. Removing baby from the breast

- Take your baby off the breast by breaking the suction. Remove your right hand from the breast and insert your index or pinky finger into the corner of the baby's mouth between the gum line.
- Continue to provide firm head support with your left hand that way you can move the baby quickly away from the breast so that the baby does not clamp down on the nipple.

Tip. Once breastfeeding is well established, you may find these other positions helpful as you and your baby become more confident with the art and skill of breastfeeding.



1 Position yourself

- Sit comfortably in the bed or chair, placing two pillows behind your back so that you are sitting upright.
- Place one pillow on your lap bringing baby to the level of your breast.
- If you are sitting in a chair a footstool may help take the strain off your back.

Traditional Cradle Hold

2. Position the baby (Traditional Cradle Hold)

- With proper pillow support place the baby completely on his/her side heart to heart with mom.
- Make sure that your baby's ear, shoulder and hip are in a straight line.
- Tuck your baby's bottom arm along side of your baby.
- If your baby is breastfeeding on the left breast, place baby's head in the crook of your left arm.

3. Offering the breast

- With your right hand support the breast by making a sandwich ("C"- hold) to match the shape of the baby's mouth. Make sure that your hand is placed far enough away from the areola (darkened pigmented area) so that your fingers don't get in the way of the latch.
- Aim the baby's nose up toward your nipple.

- Touch the baby's lips to the breast. *Remember to bring the baby to the breast, not the breast to the baby.*
- Wait for wide gape with tongue down over lower gum line.
- Move baby swiftly toward breast by hugging him/her closely into the breast. *The baby's bottom lower lip should touch the breast first when latching.*
- The baby should take 1 inch to 1½ inches behind the nipple when latched deeply.
- Baby's lips should be flanged around the areola. *If your baby's lower lip is curled in you can gently slip your index finger between you and the baby and pull downward on you baby's chin.*

4. Removing baby from the breast

- Take your baby off the breast by breaking the suction. Remove your right hand from the breast and insert your index or pinky finger into the corner of the baby's mouth between the gum line.
- Continue to provide firm head support in the crook of your arm. Tilt the baby quickly away from the breast so that the baby does not clamp down on the nipple.



1 Position yourself

- Lay down on your right side, placing one pillow behind you in the small of your back and one pillow between your bent knees.
- Place an additional pillow behind your head, neck, and shoulder.

Side-Lying Hold

2. Position the baby (Side-Lying Hold)

- Lay the baby completely on his/her side directly on the bed next to you, heart to heart with mom.
- Make sure that your baby's ear, shoulder and hip are in a straight line.
- Tuck your baby's bottom arm along side of your baby.
- If your baby is breastfeeding on the right breast, place baby's head in the crook of your right arm.

3. Offering the breast

- With your left hand support the breast by making a sandwich (“C”- hold) to match the shape of the baby’s mouth. Make sure that your hand is placed far enough away from the areola (darkened pigmented area) so that your fingers don’t get in the way of the latch.
- Aim the baby’s nose up toward your nipple.
- Touch the baby’s lips to the breast. *Remember to bring the baby to the breast, not the breast to the baby.*
- Wait for wide gape with tongue down over lower gum line.
- Move baby swiftly toward breast by hugging him/her closely into the breast. *The baby’s bottom lower lip should touch the breast first when latching.*
- The baby should take 1 inch to 1½ inches behind the nipple when latched deeply.
- Baby’s lips should be flanged around the areola. *If your baby’s lower lip is curled in you can gently slip your index finger between you and the baby and pull downward on you baby’s chin.*

4. Removing baby from the breast

- Take your baby off the breast by breaking the suction. Remove your left hand from the breast and insert your index or pinky finger into the corner of the baby’s mouth between the gum line.
- Continue to provide firm head support in the crook of your arm. Tilt the baby quickly away from the breast so that the baby does not clamp down on the nipple.

Burping Your Baby

After your baby is finished breastfeeding on the first breast, burp the baby and change the baby’s diaper. This is a good waking technique that helps transition the baby from one breast to the other. Do not attempt to burp the baby for more than 3 to 5 minutes. Breastfed babies create a good seal at the breast and ingest less air than bottle fed babies. If your baby does not burp he/she may not have to.

How do I burp my baby?

There are three effective ways to burp a baby:

- Place the baby in a sitting position sideways on your lap. While gently tilting the baby forward, cup one hand around the baby’s cheeks, supporting the chest, neck and head. You may rub or pat the baby’s back with your opposite hand.

- Place the baby on his/her tummy on your lap and rub or pat the back. Make sure the baby's head is turned to the side.
- Place the baby up over your shoulder, making sure that the baby's tummy is on top of your shoulder. You may gently rub or pat your baby's back with your opposite hand.

Sleepy Baby

It is not unusual for a newborn to be sleepy during the first few weeks of life. If your baby is uninterested in feeding or sucking here are some tips to help you awaken your baby.

- Pick up your baby every 2 hours, undress your baby down to the diaper and place him/her skin to skin in the breastfeeding position.
- Try hand expressing some colostrum onto the baby's lips.
- Sit the baby up in the burping position; perform baby sit-ups by gently rocking your baby back and forth in the sitting position.
- Changing your baby's diaper.

Breastfeeding Concerns

Sore Nipples

The most common cause of sore nipples is improper latch and poor positioning at the breast. It is normal to experience transient nipple tenderness with the baby's initial latch-on. Any tenderness past the first week is not normal and you should notify your doctor or Lactation Specialist.

How do I treat sore nipples?

Sore Nipple Management

- Check the positioning of the baby. Make sure that the baby is latched deeply on the breast.
- Vary the baby's position at the breast. Use the cross-cradle hold or the clutch hold for greater head control of infant.
- Begin feeding on the least sore side first for shorter more frequent feeds.
- Take pain medication recommended by your doctor 30 minutes prior to breastfeeding.

- Make sure the areola and breast are soft, instead of engorged, before breastfeeding. Hand express or pump to soften breast for a few minutes prior to latch-on.
- Break the suction at the end of a feeding. Pulling the baby off the breast without breaking the suction will cause trauma to the nipples.
- Hand express colostrum or you may apply a small amount of lanolin to the nipples after breastfeeding. You do not need to wipe the lanolin off prior to the next breastfeeding. Avoid using soaps on your breasts as they can cause drying and cracking.
- Breast shells for sore nipples can be worn in the bra after the colostrum or lanolin is applied to the nipples. This creates a barrier between the nipples and the bra to allow air circulation, promote healing and avoid the bra sticking to the nipple.
- Hydrogel dressings are gel pads that can be worn over the nipple to promote moist wound healing.
- If you are unable to breastfeed your baby because it is too painful, begin pumping with a double electric hospital grade pump. Pump every 3 hours for 15 minutes for 24 to 48 hours to allow your nipples to heal.

Engorgement

Around the third to fifth day after delivery the volume of milk you produce will dramatically increase. Full breasts are normal during the first week as the breasts adjust to making milk. Once the transitional milk comes in, your breasts will start to feel swollen and heavier. They may become hard, tender and hot to the touch. This is primarily due to the increase in blood and lymph fluid pooling toward the breast to nourish your milk supply. The outward appearance of the breast may look taut and shiny. The nipples may flatten, and swelling may occur all the way up to the collar bone and into the armpit. The degree of engorgement varies from woman to woman. The swelling or congestion within the breast can impinge the flow of breast milk therefore there is a backup of milk in the breasts. It is vital to drain your breasts to maintain your milk supply. Engorgement should resolve within 12 to 18 hours.

What do I do if my breasts become hard and tender due to engorgement?

Engorgement Management

Make sure the baby is latched on and positioned well. Make sure you hear audible swallows as your baby nurses and feed your newborn every 2-3 hours during the day with one longer 4-5 hour sleep period at night.

If you are having difficulty latching your baby because your breasts are full and your areola is flat and taunt, try these comfort measures:

- You may need to hand express or pump your breasts just enough to soften the areola to aid in latch on.
- Use different nursing positions such as the clutch hold or cross cradle hold.
- Gently massage breasts before nursing to get the milk leaking.
- Take a warm shower, applying warm compresses to the breasts or immersing breasts in a basin of warm water to relieve pressure and discomfort. Your goal is to get the milk leaking or flowing.
- Put cold compresses on your breasts between feedings for 10 to 15 minutes to help reduce swelling and relieve pain.
- Fully drain your breasts once or twice using an effective breast pump. Pumping your breasts once or twice will not increase the amount of milk you make. It will help the milk flow so your baby can milk your breast.

Mastitis

Mastitis is the term for a breast infection. Mastitis is primarily due to inadequate drainage from the breast. The symptoms of mastitis include a localized red, swollen, painful area of the breast that is warm or hot to the touch. You may have flu like symptoms including: nausea, body aches, fever, or chills. Mastitis must be treated with antibiotics from a medical professional. You may continue to breastfeed while the infection clears up. It may be necessary to pump with a hospital grade breast pump after breast feeding to ensure adequate drainage of the breast.

Breast Pumping

You may need to use a breast pump soon after your baby is born. Some reasons for this include.

- Baby transferred to the NICU
- Premature baby who has trouble sucking
- Flat or inverted nipples
- Re-hospitalization for you or your baby
- A baby with special needs who may have trouble latching or sucking
- A baby having difficulty learning to breastfeed
- Jaundice
- Increasing milk supply

Your nurse or a lactation specialist will get you started with pumping, if needed. It is important to use a double electric hospital grade pump when pumping. Pump both breasts at the same time every 3 hours for 15 minutes to establish your milk supply for your baby. Pump at least 8 times every 24 hours.

You may also need a breast pump if you plan to occasionally be away from your baby, going back to work or school.

Storing Breast Milk

Freshly pumped breast milk can be stored for 5 to 7 days in the refrigerator. It can be stored for three months in a freezer. Breast milk should be heated under warm running water. It should never be warmed using a microwave. Your lactation specialist will provide you with more information on pumping and storing your breast milk.

Nutrition

- Continue to eat well balanced meals as you did during your pregnancy.
- You will need to consume an additional 200 to 500 extra calories per day.
- Continue taking your daily prenatal vitamins.
- Drink to satisfy thirst.
- Do not start a weight-reduction diet immediately after childbirth. You need a good diet with plenty protein, fresh fruits, vegetables, whole grains and fluids. Eat sensibly and you will gradually lose most of the weight gained in your pregnancy. After the first month, losing more than five pounds a month may affect your milk supply.
- Limit your caffeine intake to no more than 2-4 cups per day.
- Use the attached food pyramid guide to ensure you get the nutrients you and your baby need.



MyPyramid

STEPS TO A HEALTHIER YOU

Based on the information you provided, this is your daily recommended amount from each food group.

GRAINS 7 ounces	VEGETABLES 3 cups	FRUITS 2 cups	MILK 3 cups	MEAT & BEANS 6 ounces
<p>Make half your grains whole</p> <p>Aim for at least 3 1/2 ounces of whole grains a day</p>	<p>Vary your veggies Aim for these amounts each week:</p> <p>Dark green veggies = 3 cups</p> <p>Orange veggies = 2 cups</p> <p>Dry beans & peas = 3 cups</p> <p>Starchy veggies = 6 cups</p> <p>Other veggies = 7 cups</p>	<p>Focus on fruits</p> <p>Eat a variety of fruit</p> <p>Go easy on fruit juices</p>	<p>Get your calcium-rich foods</p> <p>Go low-fat or fat-free when you choose milk, yogurt, or cheese</p>	<p>Go lean with protein</p> <p>Choose low-fat or lean meats and poultry</p> <p>Vary your protein routine—choose more fish, beans, peas, nuts, and seeds</p>

Find your balance between food and physical activity

Be physically active for at least **30 minutes** most days of the week.

Know your limits on fats, sugars, and sodium

Your allowance for oils is **6 teaspoons a day**.

Limit extras—solid fats and sugars—to **290 calories a day**.

Your results are based on a 2200 calorie pattern.

Name: _____

This calorie level is only an estimate of your needs. Monitor your body weight to see if you need to adjust your calorie intake.

SCREENING FORM FOR EARLY FOLLOW-UP OF BREASTFED INFANTS

The following questions are designed to help you determine whether you are off to a successful start with breastfeeding. Ask yourself the following true or false questions when your infant is 4 to 6 days old. If you answer false to one or more questions, call **(661) 253 - 8238** for Lactation support. The key to breastfeeding success is early intervention.

- | | |
|---|------------|
| 1. In my opinion, breastfeeding is going well. | True/False |
| 2. My breasts became fuller, heavier and weighted by day 2 to 5 following delivery. | True/False |
| 3. My baby is latching-on well to both breasts. | True/False |
| 4. My baby is able to maintain good rhythmic sucking for 10 or more minutes on each breast. | True/False |
| 5. I am not having difficulty waking my baby for feedings. | True/False |
| 6. I am feeding my baby every 2-3 hours or at least 8-12 times in 24 hours. | True/False |
| 7. I am hearing swallowing when my baby is breastfeeding. | True/False |
| 8. My breasts feel fuller at the beginning of a feeding. | True/False |
| 9. My breasts feel softer at the end of a feeding. | True/False |
| 10. I am not experiencing sore nipples. | True/False |
| 11. My baby is having at least 4 yellow seedy stools in 24 hours. | True/False |
| 12. My baby has at least 6 wet diapers in 24 hours. | True/False |
| 13. My baby appears satisfied and content following feedings. | True/False |



Henry Mayo Newhall Memorial Hospital
25727 Mc Bean Parkway
Valencia, Ca 91355-2083
Tel: 661-253-8238
www.henrymayo.com