



## ***JUDGEMENT-FREE Breastfeeding Support***

**In-patient Lactation Counseling:** Our lactation consultants and nursing staff are here to support YOUR specific needs and goals. Whether you would like to partially breastfeed, exclusively breastfeed, do not want to put the baby to breast but would like to pump and give your breastmilk to your baby in a bottle, or if you would like to just try breastfeeding but are not sure how you feel about it. . . We want you to feel free of any pressure or judgement. If you decide that breastfeeding is not for you, we are here to support you.

If you want to breastfeed exclusively, we will do everything we can to assist you in meeting this goal. Your baby will not receive any formula unless it is medically necessary, or if you are requesting it. If your baby needs formula, you will be informed.

**Out-patient Lactation Counseling:** One to one office visit, or phone appointment with lactation counselor/consultant. Call maternity's main phone number **978-630-6216** to book appointments. You may also email [lactation@heywood.org](mailto:lactation@heywood.org) with questions if you do not need an immediate answer. Call for assistance with breastfeeding, pumping, weaning, or any other breastfeeding related issues.

### **OTHER COMMUNITY RESOURCES**

**LaLeche League:** Provides education, information, and support to pregnant and breastfeeding mothers. Free meetings held in various locations. Visit LaLeche League International at [www.llli.org](http://www.llli.org) for more information.

**WIC:** (Women, Infants, and Children) Provides breastfeeding support through peer counseling and free lactation counseling, if you qualify for the program. For a listing of local offices and their contact information, visit – <http://www.mocinc.org/nutrition-and-wellness-2/wic-women-infants-childrens-program/>

**Shelly Taft LPN, IBCLC** – Provides home visits. Phone: 508-203-7797.

Web site: <https://www.shellytaftibcl.com>

**Teresa Coyle Airey, CD, IBCLC** - 978-833-8240 - Lactation home/office visits. Classes. Free mother/baby support group 2<sup>nd</sup> and 4<sup>th</sup> Tuesday. 241 Main St. Townsend, MA.

More information available on web site, [www.peacefulbirthandbeyond.com](http://www.peacefulbirthandbeyond.com)

### **WEB SITES**

- [www.zipmilk.org](http://www.zipmilk.org) – find listings of International Board Certified Lactation Consultants. Most insurance companies will cover some home visits.
- [www.kellymom.com](http://www.kellymom.com) – breastfeeding information
- [www.lowmilksupply.org](http://www.lowmilksupply.org) – information on managing a low milk supply
- [www.bfar.org](http://www.bfar.org) – breastfeeding after breast surgery
- [www.massbreastfeeding.org](http://www.massbreastfeeding.org) – Massachusetts Breastfeeding Coalition
- [www.aap.org](http://www.aap.org) – American Academy of Pediatrics

### **HELPLINES**

National Breastfeeding helpline: 1-800-994-9662

Parental Stress Line: 1-800-632-8188

Poison Control: 1-800-222-1222

Domestic Violence Hotline: 1-877-785-2020

## Contraindications to Breastfeeding

Active, untreated tuberculosis

HIV positive (human immunodeficiency virus)

Taking antiretroviral medications

Hepatitis B or C positive with cracked and/or bleeding nipples.

HTLV type 1 or 2 (human T-cell lymphotropic virus)

Cancer treatment medications

Taking an illicit drug

Frequent, or large consumption of alcohol






Some Medications



## Information on Marijuana Use

- Marijuana has become more accepted as a natural remedy for multiple ailments: nausea, vomiting, anxiety, aches and pains, insomnia, and more.
- Although not considered an “illicit” drug anymore, marijuana can have negative effects on the developing fetus and the breastfed baby/child.
- The American Board of Medicine, American College of Obstetrics and Gynecology, American Academy of Pediatrics – all recommended stopping use of marijuana while breastfeeding.
- Tetrahydrocannabinol (THC) in marijuana is lipophilic – it loves fat.
  - It attaches to fat in breastmilk and can accumulate over time.
  - It can stay in your body for weeks.
  - **Levels of THC can be up to 8 times higher in breastmilk than in maternal blood levels.**
    - It may even be even higher than this as marijuana today has higher potency than that which was used during the time of the studies done

# FEEDING CUES

DEEP SLEEP	LIGHT SLEEP	QUIET ALERT	ACTIVE ALERT	CRYING
Will not feed	Good State	Good State	More Difficult	Very Difficult
<p>➤ This is also how baby should look at the end of a feedings.</p>  <p><b>"MILK DRUNK"</b></p>	<p>➤ <b>R.E.M.</b> – Rapid Eye Movement, or Dream Sleep.</p> <p>➤ Occurs approximately every ½ hour</p> 	<p>➤ Still body</p> <p>➤ Fixed eye focus</p> <p>➤ Occurs during 1<sup>st</sup> hour after birth</p> <p>➤ Talking to baby encourages this state to happen.</p> 	<p>➤ Restless</p> <p>➤ Hand to mouth</p> <p>➤ Open eyes</p> <p>➤ Rooting</p> 	<p>➤ Disorganized</p> <p>➤ May frantically root side to side</p> <p>➤ Need to change baby's state by calming him/her</p> 

## HOW LONG IS EACH FEEDING?

- ✓ Try to watch the baby more than the clock.
- ✓ Average time per feeding during the colostrum phase is approximately 10-20 minutes each breast during the colostrum phase.
- ✓ Feedings may shorten as mature milk comes in, and after your "let-down" reflex starts working.

- When baby is done with a breast, he/she will:
- Fall asleep with the breast in her mouth
  - Fall asleep and allow breast to fall out of his mouth
  - Push the breast out of her mouth
  - Get fussy at the breast
  - Baby may continue to suck but it starts to pinch
  - Swallowing frequency may decrease or stop
    - Average suck/swallow ratio during colostrums is 10-12:1
    - Average suck/swallow ratio with mature milk is 1-3:1
- If you need to un-latch your baby, push your finger into the corner of the baby's mouth until the baby unlatches. If you need assistance, please ask your nurse to help you.
- Always offer a burp and then offer the other breast. If your baby is too sleepy to take the second breast it is o.k.
- If baby take both breasts at a feeding, take turns which breast is first at each feeding.



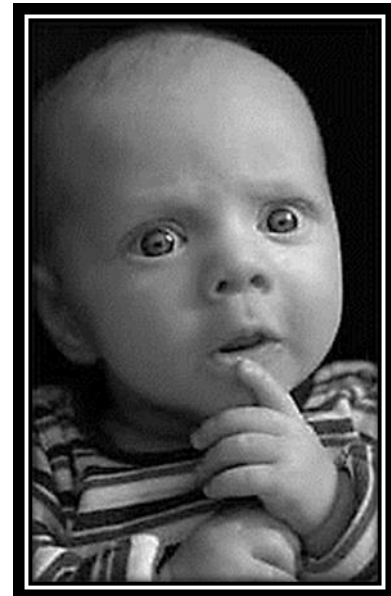
## **Reassuring Signs/Symptoms**



- Baby is feeding a minimum of 8 times in 24 hours
- You can hear or see swallowing during feedings
- After the initial latch, breastfeeding is pain-free
- Baby has a minimum of 3 yellow/seedy bowel movements by day 4
- Baby has a minimum 4 wet diapers by day 4
- Baby appears “milk drunk” at the end of feeds
- Baby does not lose more than 10% of birth weight
- Baby gains back to birth weight by 2 weeks of age
- After your 2<sup>nd</sup> milk/mature milk comes in, breasts feel full.  
After feeding or pumping breasts feel lighter/softer
- By 2 weeks you feel a “let-down” sensation. Or notice that your milk is flowing faster.

## **Check with Baby’s Doctor and Lactation Consultant if . . .**

- Your 2<sup>nd</sup> milk/mature milk has not come in by day 5
- Baby is feeding less than 8 times in 24 hours
- You do not see or hear swallowing with feeds
- You are having pain which is not improving or is getting worse
- Your breasts are painfully full or very hard
- Breast fullness does not change after feeding or pumping
- Baby has less than 3 bowel movements/day
- Bowel movements are dark in color, or formed instead of mushy
- Baby has less than 5-6 wet diapers/day or urine is dark in color
- Baby does not seem satisfied after feeding
- Baby loses more than 10% of birth weight
- Baby has not gained back to birth weight by 2 weeks
- Baby is not gaining weight as expected (first 4 months about 4 - 9 ounces/week, 1 - 2 pounds/month)
- After 2 weeks you do not feel any “let down” sensation and your milk is still flowing very slowly.





# Early Issues

## Baby is Sleepy

- After the first hour of birth most babies are sleepy for the first 24 to 48 hours.
- Keep baby **Skin to Skin** with his/her cheek against your nipple as much as possible while you are awake.
- Attempt to feed every 2 hours during your waking hours, every 3 hours during your sleeping hours.
- If the baby is not waking for feeds, she/he may feed during dreaming.
  - Look for signs of dreaming – changes in breathing pattern, making faces, moving
- If baby will not wake for feeding, hand express drops:
  - into the baby's mouth
  - on to your finger and then put the drops into baby's mouth
  - on to small spoon and feed to baby
    - ✓ See instructions for hand expression in this handout
- Hand express drops for your baby:
  - Every 1 – 2 hours while you are awake
  - Every 3 hours during your sleep time
  - Continue to do this until your baby feeds OR
  - Continue until you can hand express, or pump enough for a full feeding.
- If you do not prefer to hand express, start pumping as soon as you are up to it. Try to pump 8 – 10 times in 24 hours.
- If baby is not breastfeeding by 24 hours, or if you do not prefer to hand express, start pumping.
  - It is common for little or no colostrum to come out with a breast pump.
  - Usually, more colostrum is released with hand expression.
  - Even if no colostrums/milk is released with the pump - continue for stimulation AND
  - Continue hand expressing as previous if you are comfortable with hand expression



## Sore Nipples

### Prevention

- Make sure latch is wide and asymmetrical with flanged lips.
- For instructions on a good latch, see YouTube – Attaching Your Baby at the Breast – Breastfeeding Series (Global Health Media Project) <https://www.youtube.com/watch?v=wjt-Ashodw8>
- Look for early feeding cues, do not wait for fussing/crying
  - baby will be less hungry & suck will not be as strong
- Feed frequently and on demand – baby will be less hungry & suck will not be as strong
- Avoid artificial nipples – early feeding cues may get missed & baby sucks differently on these
- If there is discomfort beyond the first 30 seconds to 1 minute, ask for assistance
- Break baby's suction before un-latching
- Hand express your own colostrum/milk on to nipples and allow to air dry



### Interventions

- Hand express your own colostrum/milk on to nipples and allow to air dry
- May use coconut oil
- May use lanolin if you are not allergic to wool
- Warm, wet compresses may be soothing
- If pain is not decreasing or getting worse after you have gone home, make an out-patient appointment with a lactation consultant
- If your nipples are very damaged, make an out-patient appointment with a lactation consultant and your Doctor.



# Hand Expression

- Hand expression is usually better at getting colostrum out than using a pump
- Hand expressing 5 times a day, in addition to breastfeeding, can increase milk production and help 2<sup>nd</sup> milk/mature milk to come in faster
  - The more that breasts are emptied, the more milk they make
- Wash Hands
  - Prevents infection to breasts
  - Prevents infection to baby
- Place hand/fingers about ½ to 1 inch back from areola
- Press back towards your body – you will feel firmer glandular tissue
- Continue backward pressure, compress breast, allow hand/fingers to roll forward toward nipple
- Repeat – may take several compressions to produce milk
- Every woman has slightly different spot that works best.
  - Try different placement of hand/fingers in relation to the areola/nipple
  - Try rotating hand/fingers
    - YouTube - [How to Express Your First Milk \(for mothers\) - Small Baby Series](http://www.youtube.com/watch?v=NAnXZ3Ts4f8) (Global Health Media Project)



## Use of Breast Pump

### Wash Hands

- Prevents infection of breasts
- Prevents infection of baby

### Make sure flange fits properly

- Flange size is based on the size of the nipple, not the size of the breast.
- Size is approximately the diameter of the nipple in millimeters, plus 4 millimeters.
- If flange is too small, nipple will rub on the sides causing soreness and/or damage.
- If flange is too big, too much breast tissue will get pulled in.

### During Colostrum Phase

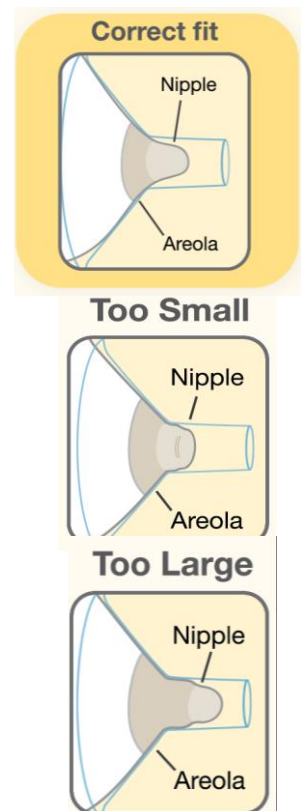
- You may not get any colostrum out because it is thicker than mature milk.
- Use quickest cycles on pump – to mimic baby’s sucking during colostrum phase.
- Use strongest suction that is **COMFORTABLE**.
- Pump for 10 to 15 minutes each side, unless you are still receiving a lot of colostrum.

### Mature Milk

- Use quickest cycle or “stimulation mode” at first.
- After milk lets down (begins to come out fast) slow the cycles down, or change to “expression mode”.
  - Some breast pumps do this automatically
  - This mimics baby’s slower sucking because they are swallowing with every suck
- Continue until milk stops dripping or for 20 to 30 minutes – whichever comes first
  - There are often multiple “let downs” during a feeding/pumping session
    - ✓ If you are exclusively pumping, the goal is 8 – 10 times / 24 hours.

### Nipple Shields

- These are sized the same way as the pump flanges.
- If you are using a nipple shield, please see a lactation consultant to be sure that the shield is applied correctly and that your baby is feeding well.



# **ENGORGEMENT**

## **Signs/Symptoms**

- Very hard, painful breasts
- Baby may be having difficulty latching
- May have difficulty emptying breasts during feedings, with hand expression, or with pumping

## **Prevention**

- Breastfeed frequently – emptying the breasts help to prevent engorgement
- Avoid artificial nipples – pacifiers or bottles
  - may miss feeding cues
- Avoid supplementing with formula – may miss an opportunity to empty the breast
- Avoid under-wire bras that may block ducts

## **Interventions**

- Apply cold between feedings
  - Ice pack
  - Bag of frozen vegetables
  - Cold cabbage leaves
    - Wash cabbage leaf before applying
    - Crush with your hands or a rolling pin before applying
    - Only use if you have too much milk
- Warm, wet compress just before feeding/pumping.
- Gentle hand massage before feeding/pumping.
- Hand expression or pumping before feeding.
  - You may need to soften breast so that baby can draw in and shape the breast into his/her mouth
- Gentle hand massage or breast compression during feeding – to assist with release of milk.
- May pump for your comfort after feeding, but do not empty breasts.
  - Because of supply and demand, if you empty the breast you will continue to make too much milk.
    - The more milk you remove, the more your body will replace.
    - The fullness in your breasts will signal your body to slow down milk production
- Occasionally there is so much swelling that nothing will come out of the breast.
  - Try keeping cold on all the time
  - May try short, frequent pumping sessions (about 7 minutes), and massage in between these sessions.
  - “Reverse Pressure Softening” (RPS) – use fingers of one or both hands, press firmly against areola just behind the nipple. Do not press hard enough to cause pain. Hold the pressure for at least one minute. Work your way around the areola, holding each spot for at least one minute. This may decrease some of the swelling, so that the milk will be free to release. (page 22 of "A Great Start, a Guide to Breastfeeding" booklet.
- May take ibuprofen for comfort and to decrease swelling if you are not allergic to it or have any other contraindications to taking ibuprofen.
- Make an appointment with a lactation consultant / lactation counselor.



## **Reserve Supply**

- If you are over-producing, you may start your reserve supply by pumping once/day after the baby breastfeeds.



## Creating a Reserve Supply of Breastmilk

If you are over-producing breast milk, you may pump a full feeding off once a day. Otherwise, wait until your baby is gaining weight well. Your baby should be at least back to birth weight, and your pediatrician should be happy with the rate at which your baby is gaining weight.

Only pump 1 – 2 times a day, shortly AFTER breastfeeding. If you pump too frequently each day, you may stimulate your breasts to over-produce. If you pump just before a breastfeeding, the baby will be hungry because most of the milk has already been removed. You may not receive much milk just after breastfeeding and may need to pump several times to save enough milk for 1 feeding.

If you are not using pumped breastmilk within 6 hours, put it in the refrigerator right away.

You can add breastmilk that is chilled to milk that is already chilled. Use the date/time of the first pumped milk on the container. Never add warm milk to cold or frozen milk. It will decrease the amount of time that it is good.

Freeze milk that you will not be using within 1 week. Be sure to place milk in the back of the refrigerator/freezer, so it does not warm up when the door is opened.

There is conflicting research on re-using a bottle of pumped breastmilk after a baby has fed from the bottle. For this reason, we recommend throwing away the un-used portion of milk if not completed within 1 – 2 hours.

When you are away from your baby, try to pump as frequently as you would be breastfeeding, every 2 – 3 hours. Some women are able to maintain their milk supply by pumping only when the breasts are full, others have to pump more frequently to maintain their supply.

Suggestion for warming milk up: Move frozen breast milk to the refrigerator overnight. Use a container of warm water or running warm water. You can purchase a commercial bottle warmer that will keep warm water ready whenever you need to warm/thaw milk. If you have a crock pot, you can put water in it and keep it on low to warm/thaw milk whenever you need it. Slowly warming breast milk preserves the fat content.

### **NEVER MICROWAVE BREASTMILK!**

Microwaving can create hot spots which can cause burns and alter breastmilk's natural properties.





## Average Weight Gain During the First Year

\*Some babies grow slower than average, some grow faster than average. If you have any concerns, talk to your pediatrician.\*

Baby's Age	Average Wt. Gain/Week	Average Wt. Gain/Month
<b>Birth to Day 4</b>	Less or Equal to 10% Birth wt. Loss	n/a
<b>2 Weeks Old</b>	Back to birth weight	
<b>Day 4 to 4 Months</b>	4 - 9 ounces (heywood pediatrics prefers at least 7 oz gain per week)	1 - 2 pounds
<b>4 - 6 Months</b>	4 - 5 ounces	1 - 2 pounds
<b>6 - 12 Months</b>	2 - 4 ounces	½ - 1 pound

Referenced from kellymom.com, askdrsears.com, Ill.org

## Average Breastmilk Intake During the First 6 Months

\* Some babies grow well on less than average intake, some require more than average.\*



Baby's Age	Average / Breastfeed	Times / 24 hours	Average / 24 hours
<b>1 Day</b>	drops - 7 milliliters	6 or more	7mL - 4 ounces
<b>2 Days</b>	5 - 15 milliliters	8 - 12	1 ½ - 11 ounces
<b>3 Days</b>	15 mL - 1 ounce (30 mL)	8 - 12	3 - 26 ounces
<b>Day 4 - 1 Week</b>	1 - 2 ounces	8 - 12	10 - 26 ounces
<b>2 - 3 Weeks</b>	2 - 3 ounces	8 - 12	20 - 26 ounces
<b>4 - 5 weeks</b>	3 - 5 ounces	8 - 12	25 - 35 ounces
<b>1 - 6 Months</b>	3 - 5 ounces	8 - 12	25 - 35 ounces
<b>6 Months</b>	3 - 5 ounces	8 - 12	25 - 35 ounces

Referenced from: babycentre.co.uk, kellymom.com, "New Moms Who Express Milk by Hand Breastfeed Longer, UCSF Study Finds" by Juliana Bunim



## Storage Guidelines



Location	Temperature	Duration	Comments
Countertop, table	Room temperature up to 77 degrees Fahrenheit (F)	4 hours optimal 6 - 8 hours acceptable	Cover container Keep as cool as possible
Insulated Cooler Bag with Ice Packs	5 to 39 degrees F	24 hours	Limit opening cooler bag Keep ice packs in contact with milk containers
Refrigerator	39 degrees F	3 days optimal 4 - 8 days acceptable	Store milk in the back of the refrigerator
<b>Freezer</b>			
Freezer compartment of refrigerator (no separate door)	5 degrees F	2 weeks	Store milk in the back of the freezer so it does not warm up when the door is opened  If using an upright deep freezer, store milk as close to the bottom as possible.
Freezer compartment of refrigerator with separate doors	0 degrees F	3 months optimal 6 months acceptable	
Chest or Upright Deep Freezer (no attached refrigerator)	Minus 4 degrees F	6 months optimal 12 months acceptable	
❖ Breastmilk moved from freezer to refrigerator to thaw is good for 24 hours			
❖ Breastmilk moved from freezer to countertop is good for 1 - 2 hours			
❖ After baby feeds from a bottle of breastmilk it is good for 1-2 hours			
❖ Never re-freeze thawed breastmilk			

Referenced from: Academy of Breastfeeding Medicine, cdc.gov, La Leche League