



# Breastfeeding Consultation Services



Baystate  
Medical Center

# Congratulations on the birth of your baby and for making the decision to breastfeed.

*The American Academy of Pediatrics recommends exclusive breastfeeding until your baby's 6 month birthday and up to 1 year of age or longer in addition to solid foods. We hope that this guide will be a resource to you as you begin the days and weeks ahead on your breastfeeding journey with your baby.*

Join us for a Breastfeeding Gathering every Wednesday from 1-2pm, Baystate Wesson Women's, 2nd Floor.

## Lactation Services has trained staff available to help you with your breastfeeding questions.

- Certified Lactation Counselors (CLC) will be able to provide you with breastfeeding education and help with simple problems.
- RN's specially trained in the area of lactation as International Board Certified Lactation Consultants (IBCLC) are available to help with more complex breastfeeding issues.

## When should you see a Lactation Consultant after discharge?

- Is your baby latching to the breast?
- Does your baby feed at least 8 times in 24 hours?
- Is your baby having at least 6-8 pale yellow wet diapers per day by day 6?
- Have your baby's stools changed from black to yellow by day 6?
- Is your baby having at least 2-3 stools per day?
- Do you notice your baby swallowing when breastfeeding?
- Are your nipples free from extreme soreness or cracking by day 7-10?

**If you answered "NO" to any of these questions or have other concerns, please call us!**

## To speak with a Lactation Consultant call 413-794-5312, Press 3

Your call will be returned between the hours of 9 and 4pm.

## To make an Outpatient Lactation appointment call 413-794-5312, press 1

A provider referral is required (OB/CNM or Pediatrician).  
The doctor's office can fax a referral to 413-794-8166.  
Covered by most insurance companies.



## Your Baby

**Birth – 2 hours:** Your baby may be alert immediately after birth and looking to feed at your breast within the first 1-2 hours after birth. This is the best time to do skin to skin with your baby. Your warm chest is where baby is meant to be!

### Benefits of Skin to skin:

- Stabilizes baby's skin temperature.
- Regulates heart rate and breathing.
- Decreases crying.
- Stabilizes baby's blood sugar.
- Protects baby with mom's healthy bacterial flora.
- Improves baby's sleep cycle.
- Promotes bonding and helps you to know your baby.

### Your baby uses REFLEXES AND INSTINCTS to crawl to and latch on to the breast.

- **Stepping and crawling reflex**- brings baby to the breast.
- **Sight**- the darkened areola guides baby to find the nipple.
- **Smell**- the colostrum smells like the amniotic fluid he just came from.
- **Touch**- Baby's hands massage the breast to get the colostrum flowing.
- **Root reflex**- opens baby's mouth for feeding.
- **Sucking reflex**- removes the milk from the breast.

### Baby's behavior from 2-24 hours:

- Your baby may only feed a few times and he is usually very sleepy as he recovers from birth.
- He may not latch or be interested in feeding or have only short bursts of suckling.
- There may be lots of sucks with only occasional swallows.
- Look for at least 2 "good" feedings of 5-10 minutes the first day.
- Offer breast whenever baby shows early cues to eat such as: gentle stirring, eye movement, being awake and alert, and a hand to mouth or rooting for the nipple.

### How to know your baby is getting enough

- Look for 1 wet diaper minimum in the first 24 hours after birth and the passing of baby's first thick, black meconium stool.



## Your Breasts

- During pregnancy, your breasts have changed to prepare your body to be ready to breastfeed. You may have noticed an increase in size, change in shape, a darkening color of the areola and increased veins over your breasts.
- The early milk is called colostrum and may be thick, yellow or clear and is only about 1 teaspoon (5-7ml) in quantity. It is just enough volume for your baby's very tiny stomach (about the size of a shooter marble).
- Your breasts have been under control of hormones to make the early milk that has been present since the end of your pregnancy. Your breasts now depend on the baby suckling at your nipple to change your colostrum to milk for your baby (or a pump if your baby is unable to suckle).

Day 1

Shooter  
Marble  
5-7 ml

Day 3

Ping Pong Ball  
22-27 ml

Day 10

Large Chicken Egg  
60-81 ml

## Getting Started

### ASYMMETRIC LATCH – A good latch is essential right from the start!

- Latch occurs by positioning the baby so that the chin/lower lip is the first point of contact onto the darker brown areola. This is done by putting baby in a “sniffing position” so the chin and nose tip up.
- It is important that the **chin is deeper into the breast tissue** than the upper lip (more of the brown areola shows above the lip, nose not buried in breast).
- The lower jaw is what moves on the baby's mouth, not the upper jaw. This is why having the chin deep in the breast tissue provides the best milk removal and the least pain for mom.
- This latch allows the nipple to land in the back of the baby's palate where there is soft tissue rather than the hard palate where it can compress and pinch the nipple.



Deep Latch

### Tips to remember

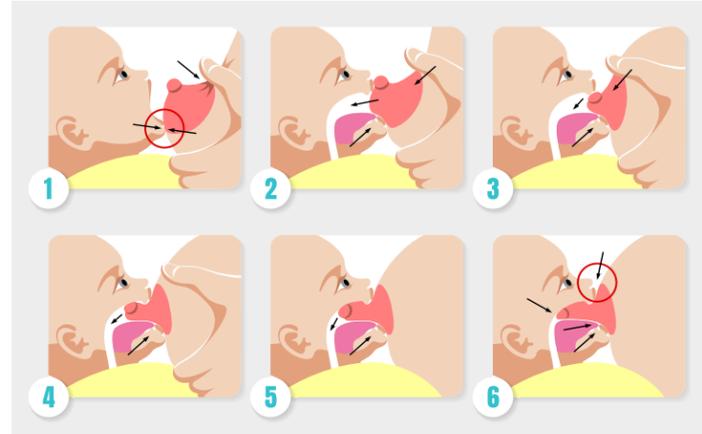
- **Massage your breasts for 1-2 minutes before you start** to stimulate the milk flow before baby latches on.
- Baby should be in a sniffing position, chin/nose tilted up.
- Nipple is at level of your baby's nose, only 1-½ inch away.
- **Support the baby at shoulders and back of neck. DO NOT hold the back of the infant's head.** Bringing baby onto the breast by using the back of the head causes a nose buried, chin out position—the opposite of what is needed.
- You **should not have to dimple your breast tissue** to allow the baby to breathe. If this is happening, shift the baby's hips back and get the chin deeper into the breast tissue until the nose is no longer buried.
- Be sure baby is **chest to chest**, not turning the head to one side. (Face your shoulder's forward, turn your head to one side and imagine yourself drinking. See how difficult that is!)
- **Use supportive pillows** and blanket rolls to help you position baby at the level of your nipple and to help support when necessary.
- Always wait for your baby to **open a wide mouth**. Don't push your nipple into the mouth or let your baby “suck his way on.” This causes nipple damage and pain.

**Nipple shields should only be used with the help from a lactation consultant.**

**If you have been given a nipple shield by your nurse, make sure you ask to see the consultant.**

## Getting the latch

- **Aim the nipple** up towards the nose.
- Use the baby's **Root Reflex to get a wide open mouth**—**Tickle the upper lip with the nipple and then PULL AWAY** the nipple until baby roots and opens wide.
- Immediately, as the mouth opens, **place the lower lip about a fingers width below the base of the nipple** and then **fold the nipple down** into the baby's mouth with your hand. **AT THE SAME TIME, bring baby up and over the nipple** with your opposite hand by **HUGGING** him in behind his shoulders.
- Always **bring baby UP TO YOU**, never lean down to baby. It is the **last GENTLE HUG**, as you bring baby UP AND OVER, which gets the nipple into the back of the mouth where it needs to be for a pain free and deep asymmetric latch.



- **Lips should be flanged** against the areola.
- There should only be a feeling of a **strong tug**. If you feel a pinch, insert your finger into the baby's mouth to break the suction and re-latch until it is comfortable.
- At the end of the feeding, your **nipple should look round when the baby comes off**. If it is flattened or compressed from the bottom, the baby's lower lip started too close to the base of the nipple during the latching process.

## Best Positions in the early weeks for a better latch

### LAI D BACK POSITION

This is the most natural and may be the easiest of all of the positions. Gravity helps to keep your baby close to you and helps baby to get a deeper latch as he comes down onto the breast instead of up to meet you.

- Position yourself in a **semi-reclined position**.
- Place the baby with his tummy comfortably against your abdomen.
- Baby will bob and lift his head until he finds the nipple and comes down over it on his own.
- Your baby can still look up towards your face and his **chin should be deep into the breast tissue**.
- Baby **coming down over the breast** helps to minimize drag on your sensitive nipples.



### CROSS CRADLE POSITION

- Place a pillow across your lap to support the baby and one under your elbow to support your arm.
- Turn **baby on his side** and hug the **HIPS close to your body** near your opposite breast so that the baby is held snuggled against you with mouth facing the breast.
- **Support baby behind the neck and shoulders** with your other arm, tipping the chin up as his head lifts towards your breast.
- Use a diaper roll to assist in head support if needed.
- **Support the breast** in a **“U” shape**. Keep fingers OFF the areola or far enough away that allows for most of the lower areola to be covered by the baby's lower jaw.



### FOOTBALL POSITION

- Place 2 pillows behind your back but extend them out to the opposite side so there is a space on the side of the bed for your baby's bottom. Use pillows under the baby to get baby at nipple level if needed.
- Place baby along your side with the **baby's hips behind you**.
- Be sure **baby is coming from under the breast** with nipple at nose level.
- **Support baby behind the neck and shoulders**, allowing the chin to tip up. Use a blanket roll to assist in head support if needed.
- **Support the breast** with the free hand in a **“C” shape**. Keep fingers OFF the areola or far enough away that allows for most of the lower areola to be covered by the baby's lower jaw.

*Imagine the latch technique as though the baby is taking a large bite out of a hamburger. The lower lip should start deep on the bottom bun, come over the burger (nipple) without touching it as the upper lip lands shallower on the top bun. “C” hold when the baby's mouth is horizontal (Ex: football position) “U” hold when the baby's mouth is vertical (Ex: cross cradle position).*



## Other positions: (Usually best once baby knows how to latch well)

### SIDE-LYING POSITION

- You may want to have **some assistance** with this position in the early days to get a deep latch because you only have one arm to get baby on by yourself.
- Lie down with **one arm under your head**.
- Place baby's **tummy against your abdomen**, below the nipple.
- Have his **chin pointed up towards the breast**.



### CRADLE POSITION

This position is not recommended in the early days because it doesn't bring baby to breast in the sniffing position. The baby's body is angled away from the mother's breast with the nose/upper lip coming into the breast first and chin in the wrong angle to get deep enough for a pain free latch.

Once your baby has learned a deep comfortable latch and is able to open a wide mouth to come over the nipple on his own, then most mothers find this position the most comfortable.

- Baby's head is in the crook of the mother's arm.
- Baby looks up towards breast to latch.
- Mother supports her breast with the opposite hand.



## If You are Separated from Your Baby

Separation can be very difficult for you and your baby. Remember, your baby depends on **COLOSTRUM that only you can provide**.

- Ask your nurse to help you get started pumping right away. This is the best way you can tell your body that you want to breastfeed once you can be together with your baby. Ask your nurse or lactation consultant for a NICU Breastfeeding booklet if your baby is in NICU or CCN.
- If you have not yet started your first pumping session, ask your nurse for a hospital grade **Medela Symphony** breast pump and get started right away.
- Make sure to ask your nurse to show you how to use the **"INITIATION" setting** starting on day 1 and use this setting **until you see 20ml of total milk volume 3 times in a row or until day 5**, whichever comes first.

Retail rental of hospital grade Medela Symphony breast pumps are available through Lactation Services. Ask your Lactation Counselor for more information or call 413-794-5312, press option 3 for more information.

### Pump Flange Fit should be COMFY

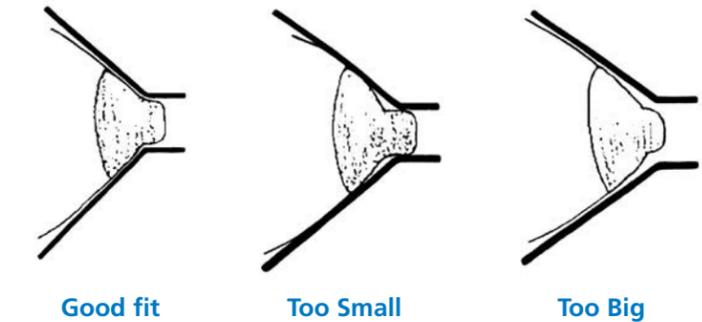
**C**entered nipple, moves freely

**O**nly a little or none of the brown areola pulled into the tunnel

**M**otion of the breast is gentle and rhythmic with each cycle

**F**eels comfortable

**Y**ields a well-drained breast (milk/colostrum flows and your breasts feel empty after pumping)



# DAY 2

*You've made it through your first 24 hours as a new mom!*

*Even if you've had other children, you are a new mom all over again... and now it's baby's second night.*

## Your Baby

### Baby's behavior 24-48 hours

- Your baby will most likely remain sleepy during the daytime hours. Remember, when you were pregnant you rocked him to sleep while you were up and walking, and while you slept he was awake. He is still on this schedule! **GET REST** during the day time today because tonight he will most likely be more wakeful.
- By the **Second Night** you should begin to see increasing wakefulness. Your **baby may feed frequently (cluster feed)** and **may be fussy** at times. Clustering is often followed by a long deep sleep.
- Many moms feel that cluster feedings are because the milk isn't in yet and the baby is starving. Remember that you have exactly what baby needs but the baby now realizes that the most comforting place is your breast! It is as close to "home" as she can get. **Placing baby skin to skin will help calm her!**
- **Cluster feeding and fussiness is TEMPORARY.** Your baby is doing the job of bringing in your milk. Once your milk comes in your baby will begin to feed more regularly and sleep longer intervals (1½-3 hours), until the next growth spurt!

**If your male infant is having a circumcision, be aware that some babies become sleepy for up to 4 hours after the procedure and may not be as interested in feeding as they usually are for a brief period of time.**

Babies are given a small amount of Sucrose during the procedure, a mild analgesic that is effective in decreasing mild pain or distress. The combination of the procedure and the medication can cause some babies to be sleepy temporarily. **If this occurs, put your baby skin to skin and offer colostrum drops by hand expression if he won't wake to latch.**



### How to know your baby is getting enough

- Look for 2 wet diapers minimum and a meconium or transitional green stool today.
- Weight loss should stay below 7-10% of baby's birth weight.

- Your baby will have a bilirubin check today for a condition known as **Jaundice**. If the level is outside of the normal range for your baby, sometimes this can be caused by insufficient feedings. Ask your doctor or nurse about your baby's level if you are concerned about a darkening yellowish color to your baby's skin tone or the whites of his eyes.

## Your Breasts

- Your breasts may begin to feel fuller today.
- The milk is transitional or may still be colostrum.
- Remember that **breast stimulation brings in your milk.**  
***There is no need to interrupt this process with formula supplementation unless there is a medical indication.***

### Are you having Sore Nipples?

- Make sure you have **a good latch!** This is the number one way to prevent sore nipples.
- **Don't let your baby "suck his way on" the nipple.** Be sure he opens wide and comes "up and over" to prevent rubbing the nipple tip.
- Be sure to **break suction** when removing baby from the breast.
- Start the feeding on the **side that hurts the least.**
- **Express a small amount of colostrum** at the end of the feeding to rub onto the nipples as a natural moisturizer.
- Keep the **nipples open to air drying** after feedings.
- Ask your nurse or lactation consultant for **Breast Shells** that can be worn inside your bra to allow air to circulate and protect your nipples from rubbing on fabric.
- Use **Lanolin Ointment** sparingly to soothe tender skin.
- Keep bras and bra pads clean and dry.
- If you have cracking, consider **Hydrogel Pads** for moist wound healing.
- Change wet breast pads frequently.

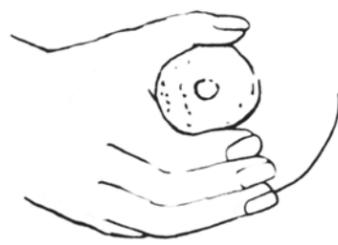
### TIP:

*Many breastfeeding products can be purchased through the lactation department at competitive prices including Lanolin ointments, Hydrogel pads, cloth or disposable bra pads and supportive nursing bras.*

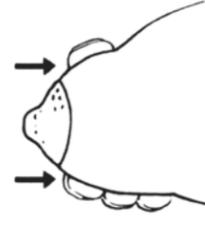
## HAND EXPRESSION

All moms should know how to hand express their milk. It is how you can attract your baby to the breast in the early days as he smells and tastes the “liquid gold” colostrum. It is also useful for applying to your tender nipples. Once your milk comes in, it is a way to empty the breast in absence of a breast pump.

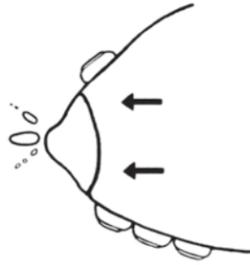
- To begin, **position your thumb at 12 o'clock and your fingers at 6 o'clock in a “C” hold** about 1-1½ inches behind the nipple.
- **Push straight back** into the chest wall.
- **Roll thumb and fingers forward** behind the nipple to express the milk.
- **Repeat** to drain the milk ducts- Position, Push, Roll.
- Rotate around the areola to reach other terminal milk ducts.



POSITION



PUSH



ROLL

## If You are Separated from Your Baby

By now you hopefully have had a few pumping sessions and you may have seen some good colostrum drops, it may be decreasing, or you might not be seeing anything. That is OKAY! Just keep up pumping at least every 3 hours around the clock. It is the stimulation that brings your milk in.

- Bring any drops of colostrum you get up to your baby's nurse. If your drops are still in the flange, ask a nurse or lactation consultant for a **special cotton swab** to swipe up the drops so that they can be collected and brought to your baby.
- If you are feeling like your nipples are rubbing inside the flanges during pumping or you are having swelling or cracking at the base of the nipple, consider asking your nurse or lactation consultant to check your flange fit as you may need to go up or down a flange size.
- Adding **5 minutes of hand expression before and after your pumping session** will help you to get more colostrum.
- If your pump tubing has any moisture inside it after pumping, turn on your pump with only the tubing attached and let it run for 5-10 minutes to air dry them. This will make sure you continue to get the suction you need.



## Your Baby

### Baby's behavior 48-72 hours

- Your baby should begin to have more regular periods of light and deep sleep.
- He will wake to feed frequently, at least 8-10 times a day, as your milk volume begins to increase.
- At the breast, you will notice your baby doing several bursts of sucking with pauses.
- The rhythm of sucking changes from fast to slower.

### How to know your baby is getting enough

- Increasing wet diapers, at least 3 in 24 hours.
- Stool should be transitioning from a dark thick green to a lighter green.
- Weight loss has remained below 10%.
- Baby has minimal jaundice color to the skin.

## Your Breasts

- Your breasts may be full and heavier today. Keep breasts empty with effective feeding and/ or pumping because latch is more difficult to full breasts.
- Milk is transitioning and is starting to change from the yellowish colored colostrum to a more white appearance.
- You may have some milk leaking from your nipples in the first few weeks. This is normal and will stop eventually. Leaking can be stopped by pressing the nipple with your finger, thumb, or heel of your hand. It also can be done more discreetly by pressing against the breast with your forearm. Don't try to stop the leaking if your breasts are engorged. Let them flow to relieve the fullness and follow the instructions for relieving engorgement.

*Some mothers can have a delay in their milk coming in, sometimes up to day 5. Situations like having a Cesarean Section, excessive IV fluids or certain medications can cause this, as well as some medical conditions. Examples might be conditions such as diabetes, high blood pressure, thyroid problems, or obesity.*

## Preventing Engorgement

As your milk comes in, your breasts may feel full, warm, heavy and even tender. Breast fullness and some swelling is normal for a day or two due to the extra blood and fluid in the breasts. Some mothers even feel chills or body aches temporarily.

The best way to **PREVENT ENGORGEMENT** is with **FREQUENT MILK REMOVAL**. Offer your baby the breast every 1½-2 hours during this engorgement time. Your breasts will eventually adjust over time to exactly what your baby needs.

If your baby is **having difficulty keeping up with the supply**, consider hand expressing or **pumping to comfort** after feedings. Some pumping until you feel comfortable will not cause oversupply. This happens only if you are feeding and pumping to empty on a routine basis.

- Avoid pacifiers and early use of bottles.
- Gently massage breasts before offering to baby to get the hormones flowing and milk moving.
- Breastfeed 8-12 times per day and don't limit baby's time at breast.
- Make sure there is a good latch for proper milk removal from the breasts (see Day 1).
- If you miss a feeding or baby is not nursing well, use hand expression or a breast pump to remove the milk.

### ENGORGEMENT MANAGEMENT

*Seek help if engorgement becomes severe, you are in pain, your baby has trouble latching on, or you develop a temperature over 100.4 °F.*

1. Apply **COLD** compresses to breasts after feedings to reduce swelling and pain. A bag of frozen vegetables or an ice pack wrapped in a thin towel works well.
2. Apply **warm moist heat with massage to the breasts only** (not nipple area) for 2-3 minutes just before feeding. Use a warm wet washcloth to wrap around the breast and massage the breasts while using it. **IMPORTANT: Using the shower or heat for extended periods (> 5 minutes) can make swelling worse!**
3. Apply **Reverse Pressure Softening** to the areolas if they are swollen or puffy from fluid that may collect around the nipple. Areolar swelling makes the nipples flatter and more difficult for the baby to latch.
4. **Hand express milk** from the breast until the nipple is pliable enough to reach back into the baby's palate during nursing. The area behind the nipple may feel firm at first and hard to get the fingers into the tissue. As you continue to hand express, the area will become softer allowing that nice deep latch needed for effective breastfeeding without damage to sensitive nipple tissue.
5. Now **feed the baby** until breast softens or baby shows signs of fullness.
6. **Pump or hand express after feeding** if the breasts are still uncomfortable, or baby is not latching until there is some mobility in the breast tissue and any lumps have softened.

**REPEAT the steps until engorgement is under control and the breasts feel softer between feedings.**

## Reverse Pressure Softening

**What it is:** A method of pushing fluid away from the areola towards the breast that causes swelling making it difficult for baby to latch.

**When to do it:** If there is a painful latch with breast fullness and your areola feels firm to the touch like your chin instead of soft like your lips or earlobe.

**How to do it:**

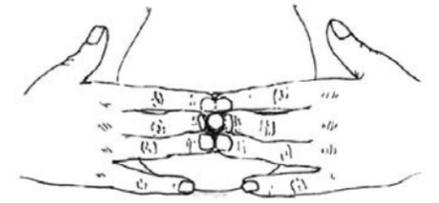
**Place your fingers on the brown circle (areola) at the base of your nipple at 3 and 9 o'clock**

**Press back gently but firmly towards your rib cage for 1-2 minutes**

**Rotate your fingers to 12 and 6 o'clock and repeat until all areas are softened**

**Important points:**

- If you are extremely swollen, you may see an outline of where your fingers were in the tissue after you release the pressure.
- Lying down while softening will allow gravity to help push back the fluids away from the nipple area.
- You will need to prepare the first side and feed or pump, and then prepare the second side. Fluid can return very quickly back to the area.
- Some mothers need to do **Reverse Pressure Softening before every feeding** for a week or more, until the generalized swelling is gone from their body.



## If you are Pumping:

**By now you might be seeing larger pumped volumes. Your colostrum may be becoming transitional milk.**

- If you are still using the hospital grade Medela Symphony breast pump and have seen a total volume of 20ml three times in a row, it is time to start using the **"Maintenance" program**. Ask your nurse to show you how.
- If your milk has come in, it is important to **pump for 1-2 minutes past the point of when the flow stops**. As you fully empty your breasts, you are telling your body to refill your breasts.

Remember; continue to **pump at least every 3 hours around the clock until you get to a full milk volume (around 750ml /25oz per day, usually by day 14 postpartum)**.

**It is the frequency of how often you pump that is important, not how long you pump at each session.**

**Once you reach full milk volume**, you can drop one pumping at night and add it to the daytime hours. Try not going more than 5-6 hours without pumping or your milk supply may drop. If you notice a drop in volume once you have spaced the timing out at night, try adding the pumping back for another week before attempting to space the time out overnight.





## Your Baby

### Baby's behavior >72 hours

- Your baby now has periods of light and deep sleep, wakes frequently to feed (8-12 times/day).
- He will have several sucking bursts with audible swallowing. The rhythm of sucking changes from fast to slower.
- Weight starts to increase by day 4-5.

### Burping the breastfed baby

- Breastfed babies need to be burped but do not usually swallow much air compared to the bottle fed baby. Give your baby a chance to burp but do not worry if your baby does not. If your baby was crying before going to the breast, she may have a little more gas than if she wasn't crying.

## SUPPLEMENTS

*Supplements (water, glucose water, formula, and other fluids) should not be given to your breastfed baby unless ordered by a physician when medically necessary. Breast milk alone is enough to support growth and development for the first 6 months.*

### How to know your baby is getting enough

- Today your baby should have at least 4 pale yellow wet diapers and 1-2 bowel movements.
- The color of the stool should be transitioning to a lighter green eventually moving towards yellow by the end of the first week.
- Baby goes from a flexed position with hunger cues to relaxed and content after feeding.
- Your breasts should feel softer after the feeding.

Age of Infant	0-2 days	3 days	4 days	5-7 days +
Wet Diapers	1 or 2 at least in 24 hours	3 to 5 in 24 hours	4-6 in 24 hours	6-8 in 24 hours
Bowel Movements (BM)	At least 1 in 24 hours	At least 2 in 24 hours	At least 2 in 24 hours	3-4 in 24 hours
Stool color	Black, sticky	Greenish-brownish	Greenish-brownish	Loose, yellow with white curd

## Your Breasts

- Today there will be increasing amounts of transitional milk in your breasts.
- Your breasts may feel heavy. You might occasionally notice small pea sized lumps nearing the time when you're due to feed your baby. It takes a few weeks for your body to regulate the exact amount of milk your baby is asking for.
- Be sure to **massage the breasts before you feed** to help get the milk to start to flow.
- Mature milk and a full milk volume happen around 14 days postpartum. For most mothers this is a volume of 25-30 ounces (750-900ml) of milk a day.
- Since it takes 2 weeks to get a full milk supply, it is important to be stimulating your breasts every 3 hours (8 times a day). **If you are offering a bottle in place of any of the 8-10 breastfeeds, you must pump at that time the bottle is given to continue to maintain your full milk supply.**

### Leaking Nipples

- You may notice that your nipples start to leak milk. This is normal during the early months of breastfeeding and eventually will stop.
- Breast pads may be used for this problem. There are disposable, cloth and even wool pads for those women whose nipples are sensitive to cold.
- **Change pads every time they are wet**, since wetness against the nipple can cause soreness.
- Leaking can be stopped by pressing the nipple with your finger, thumb, or heel of your hand. It also can be done more discreetly by pressing against the breast with your forearm.

## Breast Compressions

The purpose of breast compression is to give your baby more milk “flow” and to keep them wakeful during feedings.

- Babies respond to flow with stronger tugs and swallows.
- Once the flow slows down, babies get sleepy or disinterested in feeding because it requires more work.
- By using your hand to compress the ducts of the breast as baby suckles, there is more stimulation of your breast for the letdown (milk ejection reflex) to occur by increasing the internal pressure of the breast.

*Breast compression continues the flow of milk if the baby stops drinking. The result is the baby getting more milk that is higher in fat content, improving weight gain.*

### How to do it:

1. Hold the baby in one arm.
2. Hold the breast with the other, thumb on one side of the breast, your other fingers on the other side of the breast. Hold fairly far back from the nipple so you don't pull it out of the baby's mouth.
3. Watch for baby's drinking. “Open mouth wide–pause–then close mouth” type of suck pattern.
4. When he is **ONLY NIBBLING (sucking but not drinking)**, compress the breast gently but firmly with your hand. **“Do not roll your fingers along the breast toward the baby, just squeeze, and HOLD.”**
5. Keep the pressure up until the baby is just sucking without drinking even with the compression and then **release the pressure** to allow your hand to rest and your ducts to refill so milk will start flowing to the baby again.
6. Once baby starts to suck again, he may drink. If not, compress again as above.
7. Continue throughout the feeding.



*You've made it to day 5 and you are doing a great job!*

You may be feeling a bit sleep deprived but this is a normal part of being a new mother. Remember to **ask for help from your friends and family** as you do the important job of making milk and feeding your baby!

## Your Baby

- Weight should be increasing at this point.
- There should be audible swallows at breast.
- You should be able to recognize your baby's feeding cues as he eats 10-12 times/day.



## Your Breasts

Today, your breasts are continuing to increase the amount of milk they produce.

**Breast stimulation is required for adequate milk supply. Your body only knows to make milk when it is told to. Who tells it? Your baby suckling at the breast!**

### Tips for maintaining or increasing your milk supply:

- Continue skin to skin with your baby.
- Allow baby to have unscheduled feedings 8-12 times a day.
- Try not to go more than 3 hours between feedings at this time because your body is still trying to bring in a full milk supply which takes 14 days on average.

**The more stimulation you give in the first 2 weeks of your baby's life, the more milk you will make during your breastfeeding journey.**

*If you are separated from your baby, or if you are giving formula supplements by bottle, be sure to pump your breasts so that you send the signal to them that they need to make the volume of milk your baby requires.*

## Nutrition for Mom While Breastfeeding

**During pregnancy, your body was laying down fat stores for the upcoming months of milk production.** Making milk is such an efficient process that for some mothers the fat stored during pregnancy is all the extra stored energy your body needs. Some mothers may need an intake of an additional 500 calories but for some mothers this will be too much.

**Most mothers will automatically lose weight during breastfeeding** because it naturally mobilized the fat stores in your body. If you aren't losing weight as fast you would like try increasing your activity level and decreasing your caloric intake. **Weight loss while breastfeeding needs to be slow and gradual.** Avoid high-calorie, high-fat foods with little nutritional value. If you have any questions about eating during breastfeeding, talk with your pediatrician who can also recommend a nutritionist to help you if necessary.

<b>What happens if I don't eat well?</b>	Your baby will continue to get the perfect food he needs even with your inadequate nutritional intake. However, you will have more energy and feel better if you <b>eat a well-balanced, nutritional diet.</b> If you are not eating well, it will be your body that will make up for the lack of nutrients required for your baby. Eating a well-balanced diet is the best way for your body to make healthy nutrient rich milk. <b>If you eat a vegetarian diet, be sure to include vitamin B12 in your diet somehow or use a supplement.</b>
<b>Are there some foods or drinks that will help me make milk?</b>	There are <b>no special foods</b> that a mother needs to eat in order to produce milk. It is the baby's sucking (or pumping stimulation) that tells your body to make milk. It is important that you <b>keep yourself hydrated by drinking until you no longer feel thirsty.</b> Remember to <b>limit your intake of coffee, tea, and soda</b> , especially those with caffeine. Caffeine can cause the baby to be irritable. Because infants don't eliminate caffeine very quickly from their bodies, it tends to build up in their system. Therefore, you may not notice the symptoms for a while.
<b>Are there food I should avoid while breastfeeding?</b>	There are <b>no foods that you must avoid.</b> Most breastfeeding mothers find they can eat anything in moderation without any effect on their baby.
<b>What if my baby seems fussy after I eat a certain food?</b>	Try not to eat that food for a week. If the symptoms go away, try a small amount of the food again to see if the symptoms return. If the symptoms do return, it may be best to avoid that food. <b>Some babies may have an allergy to cow's milk.</b> If you suspect this, eliminate all dairy products (milk, cheese, yogurt, ice cream, and cottage cheese) from your diet for two weeks. You will need to eat other calcium rich foods (sardines, salmon, dried beans, greens) or take calcium supplements. <b>If the baby remains fussy or irritable, then dairy products are not the cause.</b> Often the allergy is mild so that a mother can eat cheese, yogurt, and ice cream. Try introducing one product at a time, waiting several days to see if the baby has any reactions. It is important to talk with your pediatrician since it is not common for a baby to have allergies to all dairy products.

## The Breastfeeding Checklist

Use this as a guide for feedings going forward

<b>Positioning</b>	Make sure baby is properly latched on. Be sure chin is deep in the breast tissue, lips are flanged and there is no nipple pain.
<b>Feedings</b>	Nurse at least 8-12 times within 24 hours. Be aware of Cluster Feedings when baby will nurse more frequently during growth periods. There is a pause in the chin and audible swallows as your baby nurses. Nurse until baby pulls away, pinches, or falls asleep.
<b>Breast Care</b>	Pump to comfort, only if needed.
<b>Nipple Care</b>	Massage, express, and apply breast milk before and after feedings. Expose to air and light for 10-20 minutes after each feeding.
<b>Baby's Diapers</b>	Baby has a minimum of 6-8 wet diapers and 1-2 bowel movements. Bowel movements are now yellow or yellow-green.

### Call Your Baby's Doctor and Consider Booking an Appointment with Lactation Services if:

- Baby is sleepy and is nursing less than 8 times in 24 hours.
- Baby sucks poorly at the breast or easily falls off the nipple.
- Your baby is unable to latch-on and nurse.
- Your nipples are cracked and bleeding or very sore.
- Baby's skin color is yellow.
- Your baby is not having 6 wet diapers and/or having fewer than 2 bowel movements in 24 hours.
- Your baby's bowel movements are small and dark.
- Baby wants to nurse all the time (there are no breaks between feedings when baby seems satisfied).
- You see dimples in your baby's cheeks or hear smacking or clicking noises as your baby sucks.
- You have any questions or concerns.

*If you are experiencing any of these symptoms, begin pumping every 3 hours to protect your milk supply until you can get professional assistance.*

**Lactation Services  
413-794-5312**

# WEEK 2 (DAYS 7-14)

You have been getting to know your baby and now breastfeeding is becoming more routine.

## Your Breasts

**Your milk supply is still building** and your breasts continue to lay down receptors to accept the hormone that makes your milk (Prolactin). Continue to breastfeed exclusively during this initial 2 week period so your milk supply will be adequate in the coming weeks and months.

**By now, nipple tenderness should have subsided and latch should be getting easier. If not, please call the Baystate Lactation office for an outpatient lactation appointment at 413-794-5312, press option 1; or call direct to The Women's Health Line 413-794-1335.**

**A provider's consultation referral is required. Just call and ask your provider to fax the referral directly to Baystate Lactation Services.**

**Don't hesitate to come to the appointment if the referral has not yet been obtained.**

## Your Baby

**By 14 days your baby should be back to his birth weight.**

Soon your baby may be going through his first growth spurt. This means your baby is getting bigger! Just remember, as your baby feeds more often, your breasts make more milk! As the volume of your milk increases to the baby's needs, she will slow down the frequency of feedings until the next growth period.

Common Periods of Growth	Signs of a growth spurt
7-10 days	Increased appetite
2-3 weeks	Baby is clingy
4-6 weeks	May be fussy
3 months	Wakes more frequently at night to feed
4 months	Is sleepy between feedings... Growing is exhausting!
6 months	
9 months	

## Partner Support during Breastfeeding

**Whether or not you are the biological parent, whatever your family looks like; your partner needs your breastfeeding support!**

Your baby will want to breastfeed a lot when he is awake. This is normal! Encouraging the closeness of the breastfeeding relationship will help to strengthen the love your baby has for you as she grows in the love and security breastfeeding establishes.

Your job is to support breastfeeding, not compete with it. **It may seem helpful to offer to feed a bottle so mom can get some rest but this is more likely to cause breastfeeding problems.** Resist the pressure of others to feed your baby anything but moms own milk until your baby is ready for solid foods at 6 months.

**Encourage mom, love her, and praise her for the great job she is doing. This is the best support you can give!**

### Ways to bond with your baby

- Bring him to mom when he is ready to eat.
- Burp her between breasts and at the end of the feedings.
- Help with diaper changes- this time is perfect for games and chats!
- Wear him in a carrier close to you or lay skin to skin with her.
- Take him for walks and talk to him.
- Give her a bath.

### Ways to support mom

- Make sure she has food and drinks.
- Help to cut up her food for her if she is holding the baby when eating.
- Hold the baby so she can take a shower.
- Guard against too many well-meaning visitors.
- Look after the older children. Provide them with fun activities, opportunities to exercise and help to prepare their meals.
- Help with household chores like laundry and dishes.
- Make sure you get some uninterrupted time with mom each day.



By now, your milk volumes should be up to a full supply. For most mothers this is between 24-28 ounces of milk per day. For mothers of twins, it should be closer to 30 ounces per day.

## Have confidence!

The first 4-6 weeks of breastfeeding is a learning experience for both you and your baby.

You may have noticed that your baby is **spending less time at the breast** during her feeding sessions. Also, your **breasts may have stopped leaking milk and they may feel softer** than they did the previous week. For some mothers these signs bring on worry causing unnecessary formula supplementation because they believe they don't have enough of their own mother's milk.

This is what is called **perceived low milk supply**. **Your breasts and your baby are now more efficient at their job**. The milk volume has become exactly what your baby is requiring, the breast engorgement has subsided and your baby's oral muscles have become stronger which allows her to remove more milk in a shorter period of time.

### Low milk supply should not be a concern if:

- Your baby is having 6-8 wet diapers a day.
- She stools at least 2-3 times a day.
- Your baby is gaining weight when he goes to the pediatrician's office.
- You are able to see milk if you hand express from your breasts.

### TIP:

*When you first begin, it may be easier to nurse each baby alone until they learn how to latch well. Once you're comfortable with nursing, you may find it easier to nurse both babies at the same time.*

**If you are not seeing signs of adequate milk volume, begin pumping after each feeding, call your provider, and call Lactation Services for an Outpatient appointment at 413-794-5312, Option 1.**



### TWINS:

You can successfully make enough milk to nurse twins or triplets. The key is to have good planning, support at home and lots of patience. Remember the more you nurse, the more milk you make which will allow your breasts to produce enough milk for your babies.

**MA Mother of Twins (<http://mmota.org/>) and the La Leche Organization (<https://www.llli.org/>) can also provide further information.**

If you are going back to work, now is a good time to introduce an occasional bottle of expressed breast milk to your baby.

## Tips for introducing a bottle

- Offer the bottle when your **baby is not overly hungry** and open to trying something different.
- If baby is resistant the first time, **stop and try again** a different day when he is more open to it.
- Have **someone other than mom** offer the bottle.
- Use a bottle with a **"slow-flow" nipple**. If the milk flow is too fast, your baby may have difficulty keeping up with the amount.
- **Have the baby "latch" to the nipple** by waiting for her to root and open wide instead of pushing the nipple into her mouth.
- **Pace the feeding** by allowing rests as you tip the bottle back to slow the flow between every 4-5 sucks. Feeding from the bottle is much different than feeding from the breast and it takes time for baby to get used to the difference.

## Going Back to Work

It is important to recognize that there are both physical and emotional tugs as you start to prepare for going back to work. It is hard for every mother to separate from their new little one but it is especially difficult to imagine being away when there is a breastfeeding relationship.

**It can ease your mind if you prepare in advance.** Talk to your employer beforehand about your plan by discussing your options. Ask how they plan to support you, but go with ideas of how to make it work and explain what you need. **Discuss pumping breaks in a private location with a locked door that is not a bathroom.**

### Other things to consider

- Find childcare closer to work, not closer to home.
- You may be able to feed mid-day during break.
- Encourage childcare provider to hold off late day feeding so you can breastfeed as soon as you get there.

**It is possible to work and continue breastfeeding your baby. Simplify the things in your life wherever possible and get as much support from others as you can.**





## Pumping for Storage in Preparation of Work

It is wise to start pumping at least 2 weeks ahead of when you know you are planning to go back to work.

- Pump if breasts feel full right after baby finishes feeding.
- If baby feeds off only one side, pump the other.
- Find a consistent time once a day that you can add a pumping period between feedings. Milk will start to be there after a few days of pumping.
- Store at least 1 week worth of milk volume before going back to work for emergencies.

**REMEMBER:** When you are at work, you are always pumping ahead. This means what you pump today will be used the next work day.

## Pumping at Work

Your baby may still be eating every 2-3 hours when you return to work. In order to maintain your current milk supply, it is important that you continue to stimulate frequently at work.

**Try not to go more than 4 hours without pumping at work! The more engorged your breasts get, the more you are telling your body you no longer want the milk.**

- Date milk before storing.
- Store milk in 1-4 ounce portions for easier thawing.
- Milk from different pumping sessions may be combined in one container – use the date of the first milk expressed.
- Avoid adding warm milk to a container of previously refrigerated or frozen milk – cool the new milk before combining.

### GUIDELINES FOR BREASTMILK STORAGE

Location	Temperature	Duration
Countertop	Room Temperature (77°F)	4-6 hours; Cool towel over containers will keep milk fresher
Portable Cooler	5°-39°F, milk in contact with cooler packs	Up to 24 hours
Refrigerator	39°F, place towards the back of the fridge	5-7 days
Freezer with attached refrigerator	0°F, in back of freezer	3-6 months
Chest freezer	-4°F	6 months -1 year
Thawed milk	39°F, In refrigerator	Up to 24 hours; Never refreeze

## How to Know What Type of Breast Pump to Use

Navigating the breast pump world can be difficult. There are many styles and brands to choose from but not all breast pumps are created equal. Here are some facts you should know when choosing which pump you should be using to make breastfeeding as successful as possible.

- A breast pump replaces the infant during breastfeeding, even if you are facilitating milk removal as an augmentation to difficult feedings.
- The more frequently a pump replaces the baby, the more effective the pump should be that you are using. This is because the pump becomes the main source of stimulation to regulate the milk supply when the baby can't.
- **Mothers who are exclusively pumping and bottle feeding should be using a hospital grade double electric breast pump.**
- The longer a mother depends on a breast pump, the more important it is to get an effective, efficient and comfortable pump.

Types of Pumps	Manual, Battery Operated, or Mini-Electric	Personal Double Electric	Hospital Grade Double Electric (i.e. Rental)
<b>Descriptors</b>	- Single breast - Single user - Hand pump	- Double breasts - Single user - Adjustable suction pressures - More effective than manual, battery pump	- Double breasts - Multiple users - Adjustable rate, rhythm and suction - Embedded suction pattern for initiation of breastfeeding
<b>Advantages</b>	- Inexpensive - Small size - Portable	- Convenient - Varied flange sizes	- Most effective - Varied flange sizes
<b>Uses</b>	- Intended for brief separations from a healthy breastfeeding baby - Quick expression of milk with limited or no electricity	- Intended for healthy breastfeeding baby - Return to work or school - Brief 1-2 days of separation - Not intended for partial or completely pump dependent mothers at any stage of lactation	- Recommended through research for partial or completely pump dependent mothers. (Babies that do not remove at least 80% their milk directly from the breast) - Can be used by any category of mother at any stage of lactation

**Borrowing or sharing of breast pumps is not recommended unless the pump is designed for multiple users. Bacteria can go in and out of the pump motor with every pumping. Just buying new tubing does not prevent possible contamination if it is not a “closed system” pump.**

# Common Breastfeeding Issues

The Problem	Why it Happens	What To Do
<b>Sore Nipples</b>	<ul style="list-style-type: none"> <li>Poor positioning or latch</li> <li>Some tenderness is common in the first few days but should resolve within a week's time</li> </ul>	<ul style="list-style-type: none"> <li>Check for proper positioning</li> <li>Break baby's suction and remove from breast if the latch feels incorrect or if baby begins to pinch or pull on the nipple</li> <li>Nurse on the least sore side first</li> <li>Express milk before and after nursing and allow nipples to air dry</li> <li>Avoid use of soaps and lotions</li> <li>Use lanolin ointment sparingly to prevent cracking or hydrogel pads for minor cracks</li> <li>Don't use plastic bra liners</li> <li>Change breast pads often</li> <li>If baby is latching well, check for allergic reaction, eczema, or yeast infection</li> </ul>
<b>Flat/inverted Nipples</b>	<ul style="list-style-type: none"> <li>Normal variation of breast development</li> <li>Flat nipples—may become erect with stimulation</li> <li>Inverted nipples—may evert. They can also be permanently adhered or only partially evert.</li> </ul>	<ul style="list-style-type: none"> <li>Baby suckles from not only the nipple but also the surrounding breast tissue. Make a nipple sandwich when offering the breast.</li> <li>Gently stroke or roll the nipple between your thumb and forefinger to make it stand out</li> <li>Placing your thumb 1½-2 inches behind the nipple with your finger below, push back towards your chest to get the nipple to stand out</li> <li>Use a breast pump for several minutes before feeding or ask a lactation consultant about a latch assist tool</li> <li>Wear breast shells in your bra with instructions from a lactation consultant or your nurse</li> </ul>
<b>Engorgement:</b> -Breasts are full, hard and tender -Skin may be stretched and shiny -Complaint of breast pain	<ul style="list-style-type: none"> <li>Not nursing frequently enough</li> <li>Rigid feeding schedule</li> <li>Sleepy baby</li> <li>Baby with latch or sucking problem</li> <li>Use of supplemental feedings or pacifiers</li> </ul>	<ul style="list-style-type: none"> <li>Nurse or pump as often as needed to keep breasts softer</li> <li>Use breast massage to move milk, reverse pressure softening of the areola to push away swelling and/or hand expression to soften the breast before latching or pumping</li> <li>During initial engorgement (day 3 or 4) use cool compresses between feedings to decrease swelling</li> <li>Avoid hot showers directly onto breast tissue during this time as this will increase swelling</li> <li>Engorgement should disappear within 2-3 days</li> </ul>

The Problem	Why it Happens	What To Do
<b>Slow infant weight gain</b>	<ul style="list-style-type: none"> <li>Not nursing often enough</li> <li>Poor latch and positioning</li> <li>Using nipple shield</li> <li>Overuse of pacifiers or swings to calm infant</li> <li>Possible tongue restriction causing poor milk removal from the breast</li> <li>Caffeine, smoking, drugs</li> </ul>	<ul style="list-style-type: none"> <li>Call pediatrician</li> <li>See a lactation consultant</li> <li>Nurse on demand, 8-12 times in a 24 hour period</li> <li>Offer both breasts at a feeding and allow baby to finish the first side before switching so baby can get the fattier milk</li> <li>Eat regular meals and get lots of fluids. Rest and relax as much as possible.</li> </ul>
<b>Clogged ducts:</b> -May have tenderness in one area of the breast with some possible redness -No fever	<ul style="list-style-type: none"> <li>Nursing baby in same position for all feedings</li> <li>Skipped feedings or pumping</li> <li>Pumping with wrong sized breast flange</li> <li>Tight clothing or bra</li> </ul>	<ul style="list-style-type: none"> <li>Place a warm washcloth over the area</li> <li>Massage area gently before and after every nursing session. Begin from the base of the breast and massage towards the nipple.</li> <li>Nurse frequently on both breasts and try alternate positions</li> <li>Position baby during feedings so that the nose is pointing towards the blockage</li> <li>If baby did not nurse well, pump until the breast is softer</li> </ul>
<b>Milk Blister:</b> -White tender area over on areola or at end of the nipple -Pain during feedings	<ul style="list-style-type: none"> <li>Nipple pore milk has been sealed over by skin cells and is blocked</li> </ul>	<ul style="list-style-type: none"> <li>Rub the area with a damp cloth after softening the skin in warm water or some warm olive oil on a cotton ball, and then gently peel away dead skin cells over the affected area. If unable to remove the skin use a sterile needle to lift the skin blocking the area then compress around the areola to express out any stringy plugs.</li> <li>Wear breast shells to relieve pressure from clothing</li> </ul>
<b>Breast infections:</b> -Flu like symptoms, red streak or general red area on breast -Sudden or shooting breast pain -Fever	<ul style="list-style-type: none"> <li>Untreated or unclogged ducts</li> <li>Cracks or untreated sore nipples</li> <li>Infrequent feedings or emptying of breast</li> <li>Maternal infection</li> <li>Overtired</li> </ul>	<ul style="list-style-type: none"> <li>Call OB or Midwife</li> <li>Nurse baby often</li> <li>Place warm washcloth before nursing and cool cloth after nursing on affected area of the breast</li> <li>Go to bed and rest, get plenty of fluids</li> <li>Pump if baby unable to empty the breast</li> <li>If antibiotics prescribed, finish the prescription. During and after watch for signs of yeast growth (thrush, diaper rash, sore nipples).</li> <li>Eat low or no sugar yogurt</li> </ul>
<b>Insufficient Milk Supply</b>	<ul style="list-style-type: none"> <li>Infrequent feeding</li> <li>Formula Supplementation</li> <li>Poor milk transfer by infant</li> <li>Possible infant tongue restriction</li> <li>Insufficient glandular breast tissue</li> <li>History of breast surgeries or other medical issues</li> </ul>	<ul style="list-style-type: none"> <li>Call lactation services for outpatient appointment</li> <li>Increase breast stimulation by offering on demand feedings</li> <li>Add pumping after feeding to increase breast stimulation</li> <li>Rent a hospital grade rental pump</li> <li>Call pediatrician if infant diaper counts are inadequate</li> </ul>

# Breastfeeding Resources

RESOURCE	LINK
<b>American Academy of Pediatrics</b> <i>Parenting and breastfeeding</i>	<a href="https://www.healthychildren.org">https://www.healthychildren.org</a>
<b>Black Mothers Breastfeeding</b>	<a href="http://blackmothersbreastfeeding.org">http://blackmothersbreastfeeding.org</a>
<b>Breastfeeding After Breast Surgery</b>	<a href="http://bfar.org">http://bfar.org</a>
<b>California Baby Campaign, <i>Getting To Know Your Baby</i></b>	<a href="https://vimeo.com/58647964">https://vimeo.com/58647964</a>
<b>Dr. Jack Newman: Pediatrician, Breastfeeding Specialist</b> <i>Breastfeeding information, videos, blog</i>	<a href="https://www.breastfeedinginc.ca">https://www.breastfeedinginc.ca</a>
<b>Dr. Jennifer Thomas: Pediatrician, Breastfeeding Specialist</b>	<a href="http://www.drjen4kids.com">http://www.drjen4kids.com</a>
<b>Infant Risk Center</b> <i>Medications in Mother's Milk</i>	<a href="https://www.infantrisk.com">https://www.infantrisk.com</a>
<b>International Lactation Consultant Association</b>	<a href="http://www.ilca.org">http://www.ilca.org</a>
<b>KellyMom</b> <i>Evidenced based breastfeeding information</i>	<a href="https://kellymom.com">https://kellymom.com</a>
<b>LactMed: US drug and lactation database</b> <b>LactMed App- Download from your phones app store</b>	<a href="https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm">https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm</a>
<b>La Leche League International</b> <i>Support, education, encouragement of breastfeeding mothers</i>	<a href="https://www.llli.org">https://www.llli.org</a>
<b>Low Milk Supply</b>	<a href="http://lowmilksupply.org">http://lowmilksupply.org</a>
<b>Massachusetts WIC</b>	<a href="https://www.mass.gov/service-details/get-wic-breastfeeding-support-services">https://www.mass.gov/service-details/get-wic-breastfeeding-support-services</a>
<b>Mother's Milk Bank of New England</b> <i>To order or donate human breast milk</i>	<a href="https://milkbankne.org/">https://milkbankne.org/</a>
<b>Nancy Mohrbacher , IBCLC, FILCA</b> <i>Laid-back/natural breastfeeding videos</i>	<a href="https://www.youtube.com/user/NancyMohrbacher">https://www.youtube.com/user/NancyMohrbacher</a> <b>Breastfeeding Solutions App- Download from your phones app store</b>
<b>Pioneer Valley Breastfeeding Coalition</b> <i>Breastfeeding support and information within the Pioneer Valley</i>	<a href="http://www.valleybreastfeeding.org">http://www.valleybreastfeeding.org</a>
<b>Zipmilk</b> <i>List of breastfeeding resources by zip code</i>	<a href="http://www.zipmilk.org">http://www.zipmilk.org</a>

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