Woman’s Hospital has been designated by the Louisiana Maternal and Child Health Coalition to be a certified Guided Infant Feeding Techniques (GIFT) hospital for protecting, promoting and supporting breastfeeding.

The GIFT designation is a certification program for Louisiana birthing facilities based on the best practice model to increase breastfeeding initiation, duration and support. Earning the GIFT certification requires a hospital to demonstrate that it meets the “Ten Steps to a Healthy, Breastfed Baby” and the criteria for educating new parents and hospital staff on the techniques and importance of breastfeeding.

Woman’s believes in the importance of breastfeeding and improving Louisiana’s breastfeeding rates.

The Gift is a joint effort between the Louisiana Maternal and Child Health Coalition and the Louisiana Perinatal Commission and is supported by the Louisiana Office of Public Health – Maternal and Child Health Program.

Exclusive Breastfeeding Recommended

The World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) recommend exclusive breastfeeding for the first six months of a baby’s life. This recommendation is based on scientific evidence that shows benefits for a baby’s survival and proper growth and development. Breast milk provides all the nutrients that a baby needs during the first six months.
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Congratulations on your decision to breastfeed your new baby. We know you will find breastfeeding a happy, rewarding experience, and our staff is eager to help and support you in whatever way possible. The healthcare professionals at Woman’s have written this book to support the information you will receive in classes, from the nursing staff and from your doctors.

Supporting the New Mother and Her Decision to Breastfeed

The support and encouragement of the father or partner and other support persons is one of the most important indicators of the mother’s success in breastfeeding. Supporting her choice to breastfeed allows her to relax and enjoy this special time without feeling stressed or pressured. Support and encourage her decision to breastfeed in the presence of family or friends, especially in the early weeks.

One way you can help mom out is by taking turns getting up in the middle of the night. You can help by changing the baby’s diaper and bringing the baby to mom so she may breastfeed. It is amazing how much more rest you can get by sharing roles and responsibilities with your loved one.

The extreme closeness of a nursing mother and baby may contribute to feelings of isolation. Feelings of uselessness and being deprived of one of the most enjoyable ways of relating to the baby often surface the first few weeks. There are ways that you can become close to your baby even if you are not feeding the baby. Diapering, bathing and cuddling are great ways of feeling involved. Gaze into the baby’s face and speak to him. He probably already knows your voice! Your voice and touch are very important to the baby and will help him learn so much about you.

A baby is a rewarding addition to your life. Be patient with yourself and mom and remember it is important to offer support and encouragement to her.

Woman’s Hospital Resources

Breastfeeding Warmline
If you have questions or need help after you go home, call our “Warmline” at 225-924-8239. You may leave a message on our answering machine. For an emergency after hours, call the nursery at 225-924-8286.

Community Education
Our Community Education Department offers breastfeeding classes. For more information and to register for classes, call 225-231-5475 or visit our website, womans.org, and select “Classes & Programs.”

Educational Videos
We also encourage you to watch the breastfeeding programs available on the hospital’s closed-circuit television system. Please ask your nursing staff to assist you with accessing these videos.
**Lactation (Breastfeeding) Department**
Our lactation nurses offer a number of services during pregnancy, while you are in the hospital and after you go home. They can also help you choose breast pumps and supplies you can use while breastfeeding. Call 225-924-8239.

**Breastfeeding Consultations**

**Prenatal Consultations**
A member of our lactation team is available to talk to you before delivery to assist with any personal questions or concerns. You may schedule an appointment by calling our Lactation Department Warmline at 225-924-8239. Your visit will last approximately 30 minutes. There is a charge for this service.

**Hospital Consultations**
A member of the lactation team will visit you before you leave the hospital. She can help you with any particular breastfeeding problems. Our Mother/Baby nurses have received education and training in breastfeeding and can assist you as well. There may be a charge for supplies if any are needed.

**Follow-Up Consultations**
If you have any problems after you go home, a member of our lactation team is available for follow-up consultations. To schedule a consultation, call our Lactation Department Warmline at 225-924-8239. There is a charge for this service.

**Equipment and Supplies**
The Mom & Baby Boutique offers a wide selection of breastfeeding equipment and supplies. For information on items to purchase or rent, please call 225-231-5578.

The boutique is open Monday through Friday from 8:30 AM to 5:00 PM. For emergencies after hours, call the Warmline at 225-924-8239.

**Additional Community Resources**
- La Leche League International
  1-800-LALECHE
  www.lalecheleague.org
- La Leche League of Alabama, Mississippi and Louisiana
  www.lllalmsla.org
- Louisiana Zipmilk
  www.zipmilk.org
  225-342-7893
- Partners for Healthy Babies
  1-800-251-BABY (2229)
  www.1800251baby.org
- The Louisiana Maternal and Child Health Coalition
  www.lamch.org
- American Academy of Pediatrics
  www.aap.org
- Family Road of Greater Baton Rouge
  225-201-8888
  www.familyroadgbr.org

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**Quick Reference**

**Phone Numbers**

**Lactation Department Warmline:**
225-924-8239

**Mom & Baby Boutique:**
225-231-5578
Benefits of Breastfeeding

Nature’s Formula
- Human breast milk is the perfect food for a baby. The amounts and proportions of protein, carbohydrates and fat found in breast milk are exactly what your baby needs to grow. Over 100 nutrients and other ingredients are in human breast milk. Breast milk is easy to digest and no formula can match the perfect nutrition of breast milk.

Antibodies and Immunities
- Breast milk contains natural substances (called “antibodies”) that help protect your baby from developing many common viruses as well as intestinal and respiratory infections. There are a number of studies that show a possible protective effect of breastfeeding against Sudden Infant Death Syndrome (SIDS).
- Breastfed babies have fewer allergies, colds, diaper rashes and ear and stomach problems. Breastfed babies are much less likely to develop allergy symptoms (colic, vomiting, diarrhea, eczema, gas, spitting up, ear infections and asthma).

Optimum Health
- Extracting milk from the breast requires a complex, coordinated sucking effort that promotes the proper development of jaws, teeth and gums. Breastfeeding stimulates your baby’s sense of taste and smell. Breast milk has a varying composition which keeps pace with your infant’s growth and changing nutritional needs.
- Breastfed babies are also much less likely to be overweight children. Childhood obesity is a growing epidemic that has dangerous effects on the health of children. Studies show that breastfeeding protects against obesity through childhood and into the teenage and young adult years.
- Besides benefits for your baby, there are also many benefits for you. Each time you breastfeed, your body releases the hormone oxytocin. This hormone causes the uterus to contract, which helps your uterus return to its normal size.

Time Saving and Convenient
- Breastfeeding is convenient and costs less than formula. Breast milk is always clean and just the right temperature. There is no need for heating or sterilizing; breast milk is always fresh. The only cost of breastfeeding is food for the mother. (You need an extra 500 calories each day while breastfeeding – see the “Nutrition for Breastfeeding” section). You will save money on formula, bottles, refrigeration, sterilization equipment, trips to the doctor and missed work due to an illness in your baby – up to $1,600 each year.

Nurturing and Bonding
- Another special benefit of breastfeeding is the bonding that takes place between mother and baby. Your baby can feel your warmth and hear your heartbeat and breathing while nursing. Breastfeeding provides frequent eye and voice contact and can be a special time for both mother and baby. Try to make one or two feedings each day a cozy, quiet time away from all other responsibilities. You are the only person who can give this special gift to your baby.

Smart
- Breastfed babies develop better brains and nervous systems and have higher IQs.
Breast Changes to Expect

Breast tissue is formed by the skin, chest muscles, blood vessels, nerves, fatty tissue and milk-producing tissue. The areola is the darkened, circular area surrounding the nipple. Inside the breast, milk glands (lobes, lobules) contain the alveoli that make and secrete breast milk. Milk ducts transport the milk from the alveoli to the duct openings in the nipple. Montgomery glands, noticed as bumps on the areola, secrete a protective lubricant that prepares the breast for breastfeeding and keeps it clean.

Even before you thought about becoming a mother, your breasts were getting ready to someday breastfeed a baby. Milk production glands begin to develop during puberty. During pregnancy, hormones develop the breast tissue even further, although the size of your breasts does not affect your ability to breastfeed.

The breast, areola and nipple increase in size and the nipple and areola also become darker. Veins may be more noticeable as breast tissue grows, and milk glands and ducts increase in number and grow in size. Beginning in the second trimester of pregnancy, your breasts produce colostrum. You may notice a few drops of this thick, golden fluid that is also called the “premilk” or “first milk.”

Once your baby is born and the placenta is delivered, hormones make the alveoli produce milk. Additional blood and lymph fluid also go to the breasts to help produce milk. Your breasts will swell as milk begins to fill the ducts. This usually happens by the third day after delivery and normally lessens around day 7 to 10. This decrease in swelling is NOT a sign of decreased milk supply.

Preparing to Breastfeed

Natural changes in the breast prepare you for breastfeeding.

There are many variations in nipple types. To check your nipple type, use the following “pinch test.” Place your thumb and forefinger one inch behind the nipple. Pressing inward, gently squeeze the thumb and forefinger together. Note what happens to your nipple.

Most nipples point outward when stimulated. Flat nipples point outward only slightly or remain flat with the pinch test. Retracted nipples, or nipples that draw inward, will sink slightly into the breast tissue. If nipples are flat or retracted, you may need to prepare your nipples while you are pregnant so that later your baby can latch on easily.

Some nipples are truly inverted—drawn completely inward. These nipples usually appear inverted before the pinch test. They remain inverted or deeply pulled into the breast when stimulated.

If your nipples are flat, retracted or inverted, you may contact our Lactation Department or your doctor for evaluation to prepare your nipples for breastfeeding. Research has not proven that prenatal breast and nipple preparation prevents or reduces nipple soreness. Proper positioning of the baby and good latch-on are most important in preventing sore or injured nipples.

Maternity stores and department stores carry specially designed maternity nursing bras that give firm support and have flaps that can be pulled down or to the side for easy breastfeeding. Try them on before buying to be sure you can unhook and rehook the flap with one hand.
Nutrition for Breastfeeding

Although you may be tempted to try to lose weight after delivery, this is not the time to go on a diet. Your calorie needs increase during breastfeeding because your body uses energy to produce breast milk.

Calorie needs are based on individual age, desirable body weight, height, weight loss after delivery and other health considerations. Current guidelines recommend that you add 500 calories to your diet during lactation. This is 500 calories more than non-pregnant energy intake or about 200 calories more than what was recommended while you were pregnant. Extra calories can be consumed by including between-meal snacks such as:

- 8 oz juice, 1 oz low-fat cheese and 6 crackers
- low-fat grilled cheese sandwich, 8 oz low-fat milk
- 1 tbsp peanut butter, 6 graham crackers, 8 oz milk.

Eat properly to help your body heal. Eating a variety of different kinds of foods will help you get all of the nutrients your body needs to be healthy and recover after the birth of your baby. To prevent dehydration and promote healing, drink 8 to 12 (8 oz) glasses of water every day.

Unless you have food allergies or special dietary needs, your daily diet should include:

- 6 to 11 servings of bread, cereal, rice and pasta. At least half of these should be of whole grains. Whole grains provide more nutrients and fiber. Look for 100% whole grain or 100% whole wheat on food labels.
- Make half your plate vegetables and fruits (5 to 9 servings depending on your individual needs). Fruits and vegetables provide vitamins and minerals like vitamins C and A, and minerals such as calcium and magnesium. Choose fruits and vegetables of various colors (yellow, orange, red, green).
- 2 to 3 servings of lean protein such as lean beef, pork, chicken or turkey, dried beans/peas or soy protein. Seafood is a healthy protein choice twice a week. Avoid fish with high mercury levels, such as shark, swordfish, king mackerel and tilefish. Do not eat more than 6 ounces of tuna per week.
- Don’t forget the dairy. Drink 4 to 6 servings of fat-free or low-fat milk per day. If you don’t drink milk, try soy milk. Low-fat yogurt and cheese are also good choices.

Additional recommendations:

- Avoid oversized portions
- Reduce daily salt/sodium intake. This is especially important for African-Americans and anyone with high blood pressure or chronic kidney disease.
- Limit your intake of simple or refined sugars, such as cakes, pies, candies, table sugars and sugary beverages such as sodas, fruit punch or cocktails. Water is the best choice.
- Eat healthy fats and oils such as monounsaturated and polyunsaturated fats and avoid saturated fats, trans fats and synthetic trans fats. Trans fatty acids can be found in vegetable shortenings and partially hydrogenated oils.
Vegetarians
If you eat dairy products, you will need to drink extra milk and eat extra milk products.

If you do not eat dairy products, you can get calcium from some leafy dark green vegetables, nuts, calcium-processed tofu, calcium-fortified orange juice, legumes and enriched grains.

If you consume no animal foods, you will need to pay special attention to vitamin B12, vitamin D and calcium so your baby gets enough of these important nutrients. Be sure you are regularly consuming B12-fortified foods or taking supplements. Vitamin D can be made in your body if you get regular sun exposure. If you do not get out in the sun very often, look for vitamin D-fortified soy milk. To get the energy and high-quality protein you need, you should eat appropriately combined vegetables, grains and nuts.

Suggestions:
• peanut butter on wheat bread
• beans/peas and rice
• baked beans with wheat bread
• corn tortilla and beans

Frequently Asked Questions
There are very few reasons not to breastfeed. Mothers make good healthy milk even if their diets are not full of nutritious foods. Talk to your doctor about any illnesses or conditions you may have, if you smoke, or if you are taking medications.

Should I avoid drinks with caffeine?
Caffeine passes through to breast milk and may cause your baby to become irritable. If you choose to consume caffeine, you should limit caffeine consumption to two cups per day.

Can I drink alcohol while breastfeeding?
Breastfeeding mothers should avoid the use of alcoholic beverages because alcohol passes through to breast milk and is concentrated in breast milk. Alcohol can inhibit milk production and decrease the amount of milk your baby takes at the breast by disrupting your hormonal balance.

An occasional single, small alcoholic drink is acceptable, but it is recommended that breastfeeding be avoided for two hours after the drink; or have the drink right after breastfeeding to minimize your baby’s exposure.

Can smoking affect my baby?
Smoking can decrease your milk supply and can also lead to respiratory problems in your baby. Smoking within the home by you or others should be avoided and every effort to quit smoking should be made as soon as possible.

Although we encourage you to quit smoking if you smoke, tobacco smoking alone is not a reason to stop breastfeeding or decide not to breastfeed. If you are unable to quit smoking, you should continue breastfeeding because breastfeeding will help protect your baby from respiratory problems, ear infections and SIDS.

What about taking medications while breastfeeding?
Many medications pass into the breast milk, although in very small amounts. Most medications do not pose a problem with breastfeeding and most mothers who need medications for chronic conditions can breastfeed safely. On occasion, a mother may need to pump and discard her breast milk while on a particular medication. Talk to your baby’s doctor and/or your doctor for the most updated information on a particular medication you are taking and to determine if breastfeeding while on the medication is safe. Healthcare providers must consider several factors: the benefit the medication will give you; the risk of deciding not to breastfeed or temporarily interrupting breastfeeding to your baby; the risk of the medication to your baby; and the risk of the medication to your milk supply.
How much liquid should I drink?
At least 8 to 12 (8 oz) glasses of water a day should prevent dehydration, keep your bowel movements soft and keep your urine a pale yellow color. A good rule to follow is to drink something at each nursing and whenever you feel thirsty. Remember that milk, soup, fruit juice and vegetable juice are all part of your daily fluid intake. You should not need to force fluids.

Will any foods I eat cause problems for my baby?
For the most part, foods that were tolerated during pregnancy will be tolerated by you and your baby during breastfeeding. Some spices and strongly flavored foods (for example: garlic, onions, cabbage) may change the flavor of breast milk, but will not cause gas. It takes about four to six hours for food to affect breast milk.

However, babies can be allergic to foods in your diet. If you suspect a certain food upsets your baby, do not eat it for a week. Then add it again to see if you get the same reaction. If you do, you may want to call our Warmline at 225-924-8239. A lactation nurse can answer your questions or refer you to the appropriate healthcare professional. Remember, each mother and baby is different. There is no list of foods that you must avoid.

Getting Started

After nine long months of anticipation, your baby is finally here. While you are in the hospital, your nurse will be happy to answer your questions and assist you with feedings. We also encourage you to watch the breastfeeding programs on the hospital’s closed-circuit television system.

Ideally, you should nurse your baby within the first two hours of life. Breastfeeding your baby should always take priority over visitors and other non-emergency events such as daily weights, baths and photographs. Supplemental formula feedings will not be given to your baby unless specifically ordered by your doctor for a medical reason or upon your request.

You may use soap and water on your breasts and nipples during your daily bath. You should wash your hands before nursing. It is not necessary to clean your breasts before nursing the baby. Breast care remains the same as before the baby was born.

Preparation for Nursing
It is important to get in a comfortable position to nurse your baby.
You may need extra pillows to help you position your baby properly.

• Take your gown and bra off one shoulder completely. This will help you see your baby at your breast more clearly and keep you from having to hold your gown out of the way. Also, babies like skin-to-skin contact and respond better when they can feel their mother’s skin. Benefits of skin-to-skin contact include:
  – Providing a warm, safe environment for your baby
  – Releasing relaxing hormones in you and your baby, allowing you to respond to one another
  – Promoting your baby’s natural, inborn breastfeeding behaviors, such as rooting (searching for the breast) and attachment to your breast
  – Providing optimal brain development
• Take your nipple and gently roll it between your fingers to help it stand out. It may help to express a small amount of colostrum to get your baby interested in feeding.
Football or Clutch Hold
Sit upright with a pillow behind the small of your back and one along the side of your
body that the baby will lay on during nursing. Place your baby on the pillow with his
body supported by your forearm and his legs flexed upward. Angle your baby’s body
into your body.

Cup your baby’s neck and shoulders in the palm of your hand. Bring your baby’s head
to the level of your breast with your baby looking directly at it. With your free hand,
hold your breast in a “C” hold. Make the letter “C” with your hand. Your thumb should
be resting gently on top of your breast, and your fingers should be below and behind the
areola. Neither your thumb nor your fingers should touch the areola.

This is a wonderful learning position because of the head and neck control it provides
the mother in bringing the baby to the breast. This is also a terrific position if you have
had a cesarean birth, need more visibility in getting the baby to latch on, have large
breasts, are nursing a small baby, or have a baby with a tendency to slide down the
areola onto the nipple.

Cradle Hold
Cradle your baby in your arm so he is lying on his side with his whole body facing you.
His lower arm will be tucked out of the way and his mouth will be close to your breast.
With your free hand, hold your breast in a “C” hold to help your baby latch. Once your
baby has latched, you may relax the hand that was holding your breast. Note: This
position is most commonly used after the first few weeks of breastfeeding.

Cross Cradle Hold
Position your baby so he is lying on his side with his whole body facing you. To help
support your baby at the level of your breast, lay a pillow across your lap. When your
baby is older, he can rest in your lap.

Support your baby’s head in your hand and support his back against your forearm.
Offer him your breast while supporting the breast with your free hand.

Side-Lying Position
Lie on your side with your baby’s stomach against your stomach. Hold your breast in
a “C” hold to offer it to your baby. This position is especially good for mothers who:

- Have had a cesarean birth
- Are uncomfortable sitting up
- Need help from someone else to get the baby latched on
- Are nursing during the night
- Have a baby who is sleepy or reluctant to nurse

If you have had a cesarean birth, a folded towel will protect your incision
if your baby kicks.
Putting Your Baby to Breast

Latching On
This is the most crucial part of breastfeeding. If your baby does not latch on to your breast properly, you will develop sore nipples and your baby may not get enough breast milk.

With your baby facing your breast, nose opposite your nipple, very lightly brush your baby’s top lip with the tip of the nipple. Brushing the nipple lightly on your baby’s top lip will give your baby the signal to open his mouth wide. With the nipple tilted upward, quickly pull him onto your breast so his chin is pressing into your breast. There should be no need to press down on your breast to allow your baby to breathe; he will be able to breathe just fine in this position.

If your baby is latched on and sucking correctly, you should not feel any painful pressure on your nipple. Rather, you should feel a tugging sensation. If your baby does not latch on or if you feel pain, stop breastfeeding and repeat the latching-on procedure. You may have to repeat the procedure several times. Be patient with yourself and your baby. You are both learning new techniques. Feel free to call your nurse for help and for answers to any questions. The photos below display the latch-on process.

Alignment
• The baby’s head is tilted slightly back, in the drinking position
• Align the baby’s nose to the nipple with the baby’s chin and lips lightly touching the areola below the nipple
• Wait for a wide open mouth

The Latch
• The mother assists the baby to the breast with gentle pressure across the shoulders
• The baby’s chin touches the breast first
• The top lip and gum just clear the nipple as the baby latches to the breast

The Latch
• The latch is asymmetrical
• The lips are flared, like a wide “V”
• The chin is buried in the breast
• The cheeks rest against the breast
• The lower jaw drives into the breast with each suck
• The mother experiences a pulling or tugging sensation, but no pain
Taking the Baby Off the Breast

Once your baby is on your breast, you will probably notice the strong suction your baby can create. In order to take your baby off your breast, first insert your little finger in the corner of his mouth between his gums. This should break the suction he has created and allow you to gently remove your breast from his mouth. Never pull your baby from your breast without first breaking the suction, as this may damage your nipple.

Burping

You may need to burp your baby before a feeding. Ideally, your baby should be burped when he finishes nursing at one breast and at the end of a feeding. You may burp your baby by holding him over your shoulder, sitting him up or laying him across your lap. Some breastfed babies swallow very little air and may not burp.

Feedings

Suckling Patterns

In most cases, rapid sucking is first observed when a baby goes to breast. This is followed by a slow, deep rhythmic suckling pattern with audible swallowing sounds. It is very important to learn what swallowing sounds like. These sounds can vary from a soft “C” sound to a gulping sound. Swallowing sounds indicate that your baby is latched on properly and is actually getting milk. Clicking or smacking sounds or dimpling of your baby’s cheeks may indicate an improper latch.

Most newborns will not suckle continuously, but will suckle in bursts followed by pauses or brief resting periods. Some babies are vigorous nursers, while others tend to take their time. Each will take a different amount of time to complete a feeding.

Frequency of Feedings

Mothers regularly ask how often they should nurse. It is important to remember that babies do not eat on a schedule and that breast milk is produced on a supply and demand basis. The more your baby nurses, the more milk you will produce. That is why women are able to nurse more than one baby at a time. Therefore, responding to your baby’s feeding cues and breastfeeding him on demand will help him regulate your milk supply to fit his needs.

Because breast milk is very easily digested, breastfed babies will need to eat more often than formula-fed babies. During the early weeks, your baby should breastfeed at least 8 to 12 times every 24 hours. Again, your baby may need to be fed more frequently and should be breastfed on demand when he shows early signs of hunger such as increased alertness, physical activity, mouthing or rooting. Remember, crying is a late sign of hunger.

In the first few weeks after birth and during the establishment of breastfeeding, you may need to wake your baby to breastfeed if 3 to 4 hours have passed since the beginning of the last feeding. Nighttime feedings should not be skipped; doing so can cause your breasts to become engorged and affect your baby’s ability to gain weight.

Another reason to nurse often is to help your baby pass meconium (the first stool) from his intestines. Some research shows that this may help reduce the chance of jaundice (yellowing of the skin).

Couplet care (or placing mom and baby together in a room 24 hours/day) helps get breastfeeding off to a good start. Breastfed babies should be breastfed for their nighttime feedings and formula supplementation should be avoided unless medically indicated.

Duration of Feedings

Mothers often ask how long a feeding should last. In the past, many healthcare professionals have recommended very short feedings in the beginning of nursing, believing the nipples would get sore if the baby nursed a long time.

We now know that this is not true. Sore nipples are largely due to poor positioning of your baby on the nipple. We also know that it takes the let-down reflex as long as three to five minutes to occur. The let-down reflex is when hormones stimulate the breast to release the milk.
In general, your baby should nurse until he shows signs of fullness by falling asleep or unlatching himself. Time limits for breastfeeding on each side are discouraged and should be avoided. “Watch the baby, not the clock” is a good rule to follow by allowing your baby to set the feeding pace and breastfeed until he is finished. This allows your baby to determine the length of the feeding. In the beginning, you can expect most feedings to take about 10 to 20 minutes per breast (or longer).

Once your baby finishes breastfeeding on the first breast, you may then offer the second breast. Sometimes, your baby will fall asleep after nursing on only one side. If that happens, try to wake him and offer the other breast. If your baby is still hungry after nursing on both breasts, it is okay to nurse again on the first breast.

**Remember:**
- While you may offer your baby both breasts at each feeding, he may be interested in feeding only on one side per feeding during the early days.
- If your baby still wants to breastfeed after taking the second breast, he may be offered the first breast again.
- At each feeding session, the first breast you offer your baby should be alternated so that both breasts receive equal stimulation and draining.

**Foremilk and Hindmilk**

It is important to note that the makeup of breast milk at the beginning of the feeding is different from the makeup at the end. Specifically, the fat content of the breast milk increases throughout the duration of a feeding. The foremilk, or first milk, is lower in calories and fat content and higher in water content. The hindmilk is higher in fat content and calories and enables your baby to last longer between feedings and to gain weight. Therefore, limiting the length of feedings can decrease the fat and calories your baby receives from the breast milk, which could slow his weight gain and overall growth and development.

**As Your Baby Grows**

As your baby grows and after breastfeeding is well-established, the frequency of feeding may decrease to about 8 times per 24 hours. However, all babies have days when they nurse more frequently. This does not mean you are not making enough milk. Rather, your baby may increase the frequency of feedings during growth spurts or when an increase in milk volume is desired. Growth spurts generally occur at two or three weeks, six weeks and three months of age. This is nature’s way of increasing your milk supply to match your baby’s needs.

Around two weeks after your baby’s birth, you may notice a change in the size of your breasts as they become more efficient in making milk. Although your breasts are no longer large and swollen, they are still able to produce the proper amount of milk to meet your baby’s needs.

Babies who nurse 8 to 12 times in each 24-hour period, wet at least 6 to 8 diapers, and have regular bowel movements are getting the nutrition they need. Remember, it is always okay to nurse more often than this, but you should not nurse less than eight times a day in the early weeks. Call our Lactation department or your baby’s doctor if your baby nurses less than eight times a day or does not have 6 to 8 wet diapers.

Unless your doctor has a special reason, do not give supplemental bottles of formula in the first three weeks, as the volume or rate of flow may be confusing to your baby. Breast milk can be stored and given by a bottle if you are away. If your family is prone to allergies, this may be the safest way to handle feeding when you are away.

**Pacifiers**

The use of a pacifier during the first three weeks may lead to suck confusion. This can negatively impact a mother’s milk supply and may interfere with the establishment of breastfeeding. A pacifier also makes it difficult to hear or see your baby’s feeding
cues. It is best to avoid pacifiers during the initiation of breastfeeding and delay use until breastfeeding is well established.

Pacifiers may, however, be briefly used as a method of pain management during painful procedures such as circumcision and heel sticks for laboratory testing. Breastfeeding and skin-to-skin contact have also been shown to be effective comfort strategies before and after a painful procedure.

### How will I know if my baby is getting enough milk?

These are guidelines to make sure your baby is getting enough milk.

Your baby should **nurse at least 8 to 12 times in a 24-hour period and on demand.**

**After the milk comes in,** usually about the third day after delivery:

**Look for Signs of Milk Transfer:**
- You can hear your baby swallowing or gulping often during nursing.
- There are no clicking or smacking sounds.
- Baby appears satisfied by not showing signs of hunger after a feeding.
- Baby’s body and hands are relaxed after a feeding.
- Your breasts feel “softer” after nursing.
- During your milk let-down:
  - You may feel relaxed, drowsy or thirsty and you may have tingling in your breasts.
  - You may feel some contractions in your uterus.
  - Your other breast (the side your baby is not nursing on) may leak milk.
- You should feel strong tugging but NOT persistent pain.
- **A proper latch** prevents pain and is necessary for good milk transfer
  - Help baby open his mouth widely by using your nipple to tickle his nose or upper lip.
  - A wide open mouth should cover most of the areola (dark area of the breast), not just the nipple
  - Remember, “chin-to-breast, chest-to-chest.”
  - Baby’s lips are flared outward

**What Goes In, Must Come Out:**
- By days 5 to 7: baby will have 4 to 6 wet diapers per 24-hour period. A wet diaper should feel heavy and should be pale yellow or clear.
- By day 5: baby will have at least 3 bright yellow or brownish-yellow bowel movements in a 24-hour period (more are okay).
  - Bowel movements change from dark black to green/brown to loose yellow/seedy yellow as your milk comes in.

If your baby consistently has the following behavior after your milk comes in, call the Lactation department or call his doctor:
- Passes small, dark stools or no stools
- Cries soon after feedings or is not satisfied after feedings
- Nurses less than 8 times in 24 hours
- Wets very few diapers
- Is sleepier than usual or shows less interest in eating

Expect milk volume on: ____________________________

Call your baby’s doctor if you notice yellowing of your baby’s eyes or skin.
Yes, you can breastfeed two babies! Your breasts will make enough milk for your twins. It is important that each baby be fed 8 to 12 times a day so your breasts will produce enough milk. Remember the law of supply and demand: the more milk removed from the breasts, the more they will make.

**Tips for Breastfeeding Your Twins**

Some mothers feed both twins at the same time (you may find this easier) while others may feed their twins separately. You will want to experiment with different positions, especially when you nurse them at the same time. Be sure to use pillows to help support the babies. This may make breastfeeding more comfortable for you.

A favorite position for most mothers is the football hold; you just tuck a baby under each arm. Another position is to crisscross the babies in the cradle position or try one in the football position and cradle the other.

There will be times when one baby may be especially hungry and the other sound asleep. As a rule, try letting the hungrier twin set the pattern. When you are about to feed the hungrier baby, try waking the other one at the same time. This works best if both babies are about the same size.

Generally, during any one feeding, one baby nurses on one breast and the second baby nurses on the other breast. Because the babies are nursing on only one breast at each feeding, you may find that you need to allow them a little more nursing time to get full. Some mothers choose to keep each baby on one breast for an entire day and switch sides the next day while other mothers may switch more often.

Switching breasts for the babies gives the varied visual stimulation they need. Also, one baby may have a weaker suck, and it is important that both breasts are well stimulated in order to maintain an adequate milk supply.

You will have to plan your schedule. Some mothers nurse twins or even triplets, never giving any babies a bottle. Others alternate breast and bottles from the beginning (Baby A gets to breastfeed at one feeding, Baby B the bottle; then you switch at the next feeding). You will need to explore all options and do what is best for you and your babies.

Sometimes one twin is smaller or weaker than the other. Make sure the smaller one gets enough breast milk. It may be necessary for you to express your milk and feed this milk to the smaller twin in a bottle until he gets stronger.

Valuable support and information may also be obtained from the National Organization of Mothers of Twins Clubs. Consult your local telephone book for the local chapter. Or, visit their website at www.nomotc.org.
**Common Concerns**

**Engorgement**

Engorgement may occur when the volume of milk increases on the third or fourth day after delivery. The breasts usually become larger and heavier. Engorgement becomes a problem when the breasts are not emptied often enough and become so swollen that it is almost impossible for the baby to grasp the breast properly.

The best way to deal with engorgement is to prevent it. Prevention consists of frequent and effective breastfeeding – at least 8 to 12 times per 24-hour period and on demand. Make sure not to skip any feedings, including night feedings. If your baby is willing, you may try to breastfeed for longer periods. Research shows that longer nursing times help prevent engorgement.

To help relieve engorgement, the breasts must be softened so the baby can latch on properly. Try these techniques:

- Apply moist heat to your breasts for 10 to 15 minutes before nursing. You may use warm, moist towels and washcloths as a compress on the breasts or take a warm shower or bath.
- Next, massage your breasts and hand express or pump enough milk to soften the areola. (Note: This milk can be stored for future use; see section on “Collection and Storage of Breast Milk.”)
- Reverse Pressure Softening (RPS) is another technique that may be used to relieve engorgement and soften breasts to allow your baby to latch properly. While lying on your back, firmly but gently press on the areola at the base of the nipple. Using your thumb and/or fingers, press inward toward the chest for 60 seconds, rotating your fingers around the areola to soften all around the nipple. Application of pressure may be needed for up to 10 minutes for more severe engorgement. This moves swelling and fluid away from the nipple to allow your baby to latch properly and to help milk flow more easily. Pressure should not be firm enough to cause pain.
- When your breasts are soft enough for your baby to grasp properly, nurse for at least 10 to 15 minutes on each side. Longer nursing may help relieve the engorgement faster.
- Massage your breasts while nursing (this helps stimulate milk flow).
- Wake your baby to nurse every 2 to 3 hours if your baby does not awaken on his own.
- Cold compresses applied to your breasts between nursing times or pumping will be soothing and may help reduce swelling. Reducing the swelling will help the engorgement to subside faster.

The two most convenient ways to apply cold to the breasts are by:

- Using ice packs outside the bra for periods of 20 to 30 minutes at a time
- Using “icy” diapers

Icy diapers are disposable diapers moistened well with water and placed in your refrigerator or freezer for 20 to 30 minutes. These cold “icy” diapers are then worn inside your nursing bra until they lose their chill. The diapers can be placed back in the refrigerator for use after the next feeding. If you leak milk while wearing the icy diapers, throw away the diapers and replace with new ones.
If you are unable to nurse at least 8 to 12 times in a 24-hour period, pump your breasts or manually express your milk to relieve your discomfort. This milk can be collected and stored or fed to your baby. Pump your breasts for as long as the milk flows easily and readily. Continue for two minutes after the milk stops. Within a few days, your milk supply and your baby’s needs should balance.

If pumping is not effective, you can try pumping while lying flat on your back. This relieves some of the weight of the milk. Begin by placing one arm behind your head while pumping that breast (single pumping works best). After the milk starts to flow, you may sit up and continue pumping. Repeat this process for the opposite breast.

**Sore Nipples**
While in the hospital, if you are unsure if your baby is positioned correctly, ask your nurse to check your baby’s position at your breast. The most frequent cause of sore nipples is improper positioning of the baby at the breast. This has several causes: your baby does not take in enough of the areola and nurses only on the nipple; you have flat or inverted nipples; or your breasts are so engorged your baby cannot latch on properly.

Frequent breastfeeding also helps because a less hungry baby nurses in a gentler manner. Begin on the least sore side first. Before nursing, take a warm bath or shower or apply warm compresses. This helps make the milk flow. Let your nipples air dry for 15 minutes after a feeding. Using a cream on your nipples is not necessary; a little colostrum or milk rubbed into the nipple will aid healing. Some mothers find that lanolin – make sure it is the kind that is approved for breastfeeding – may help with healing.

Alternate nursing positions to take pressure off the sore areas.

You may want to try wearing breast shells inside your bra to keep the bra from rubbing against your nipples. (These are plastic shells with air holes that let air circulate.) Do not wear breast shells while sleeping because they could shift, causing too much pressure on breast tissue.

Nipple or breast pain that lasts throughout the feeding and does not improve with changing position or re-latching your baby could be due to a yeast infection called thrush. If you have thrush on your nipples, they may appear pink or red, may itch or burn, and may have a rash. If your baby has thrush, you may notice white patches inside the mouth or on the tongue or a red, bumpy diaper rash. If you suspect you or your baby has thrush, notify your doctor and your baby’s doctor for treatment.

**Flat or Inverted Nipples**
If you have a flat or inverted nipple, your baby may find it hard to nurse. To make breastfeeding easier, you can wear breast shells with a small opening that causes the nipple to stick out. You should wear them between feedings until your milk comes in. It is not recommended to sleep with them on once your milk supply has been established. If still needed after your milk is in, limit their use 30 minutes prior to each feeding. Before nursing, you may gently roll your nipple between your fingers to stimulate the nipple to protrude outward, or use a hand or electric breast pump to draw the nipple out. If you continue to have difficulty latching your baby, you should ask our lactation consultants.

**Proper Breast Support**
It may be more comfortable to wear a good support bra that fits well. It should not pinch or be too tight.

A sports bra may be a comfortable option. During engorgement, you may need to use a larger bra for a few days until your breasts return to normal size. If your bra feels too tight, you may want to remove the bra for the feeding.
**Sleepy Baby**

Having to manage a sleepy newborn baby the first few days after delivery is one of the challenges facing new parents. Many newborns are sleepy at first, and some do not fuss to show they are hungry.

A sleepy baby can become a problem when he does not feed frequently enough. Your breasts can become engorged, and eventually your milk supply will decrease. Your baby may not gain weight and grow as he should. Sleeping is not a sign that your baby is getting enough milk.

To know when to feed a sleepy baby, keep your baby with you as much as possible.

**Watch for any of the following five feeding cues:**

- Sucking movements of the mouth and tongue
- Rapid eye movement under the eyelids
- Hand-to-mouth movements
- Body movements
- Small sounds

These show that a baby is lightly sleeping and may be willing to nurse. Babies do not need to become completely awake to nurse.

**If you have difficulty waking your newborn baby, try these techniques:**

- Have skin-to-skin contact with a light blanket over both of you.
- Talk in different tones.
- Stroke your baby’s face.
- Put your baby’s hand to his mouth.
- Position your baby at the breast and gently express colostrum from the nipple.
- Loosen or remove blankets.
- Change the diaper.
- Burp your baby.
- Briskly walk your fingers up the baby’s spine.
- Rub the soles of the baby’s feet.
- Stimulate the rooting reflex.

Once the baby starts sucking or latches on, massage the breast to keep a steady flow of milk going. This will encourage a sleepy baby to keep feeding. This technique is called alternate massage.

If the baby refuses the second breast at a feeding, offer that breast when feeding cues are observed again. Try to learn about your newborn’s behavior as much as possible while in the hospital by keeping your baby with you and limiting your visitors. If you have more questions, ask your baby’s doctor or nurse or call our Lactation Warmline.

**Fussy Baby**

Breastfed babies younger than seven days old sometimes fuss because they are not latching on well and may be telling you they are hungry. You should evaluate the attachment to the breast or try nursing your baby in a different position. A different position may make it easier for your baby to grasp the breast correctly. Call your baby’s doctor or lactation consultant if you are not sure.
A baby fusses for a variety of reasons. He may be overtired, overstimulated or just plain impatient. Whatever the reason may be, you will probably need to calm your fussy baby in order to nurse him.

**There are several ways to calm a baby before feedings:**

- Observe for early feeding cues and feed when any cues are noticed.
- Swaddle your baby.
- Rock your baby from side to side, using slow, calm, deliberate movements.
- Sing or talk in a soft, soothing voice.
- Play soothing music.
- Have a calm person hold your baby.
- Breastfeed in a quiet room with dim lighting.
- Avoid jiggling the baby. Never shake your baby!
- Examine your diet for caffeine that can cause fussiness, or medications such as laxatives that can cause cramping.
- Remember to burp your baby before feeding. (Babies swallow air during vigorous crying.)

**Plugged Duct**

A plugged duct is a small lump in the breast that is tender and may be slightly reddened. Wearing a bra that fits well and is not restrictive will help prevent a plugged duct. Breastfeeding at least 8 to 12 times in a 24-hour period and on demand will also help prevent a plugged duct.

If you develop a plugged duct, you should nurse more often, beginning on the side with the plugged duct. Apply moist heat to the breast and then massage toward the nipple. It also helps to change your baby’s position at the breast. You may also express milk when your baby nurses lazily or misses a feeding.

**Mastitis**

Mastitis is a breast inflammation. It is important to note that the inflammation is in the breast; it is not in the milk. Do not stop nursing! The best way to prevent mastitis is through frequent and effective milk removal.

**Some factors that may cause mastitis are:**

- Stress
- Fatigue
- Cracked or fissured nipples
- Plugged ducts
- Missed feedings/pumpings
- Poor latch
- Oversupply of milk
- Rapid weaning
- Constriction caused by a tight bra/seat belt
- Engorgement and abrupt change in frequency of feedings
You may have some of the following symptoms:

**Flu-like symptoms:**
- Fatigue
- Muscle aches
- A fever greater than 100.4°F
- Chills
- Rapid pulse

**Other symptoms:**
- Appearance of a hot, reddened and tender area on the breast
- Red streaks up the breast
- Sudden breast pain

Let your baby nurse frequently, especially on the affected side. Apply warm, moist compresses to the breast before every nursing. You may gently massage the sore breast during feeding.

Sleep when your baby sleeps. You may need to take an aspirin-free pain reliever and drink 8 to 12 (8 oz) glasses of fluid a day. Call your doctor, as you may need antibiotics. Have any breast lumps checked by your doctor. Do not stop nursing!

**Uterine Cramps (After-birth Pains)**
You will probably notice that your uterus contracts when your baby nurses. You may feel menstrual-like cramps in your lower stomach. You may also notice an increase in lochia, the menstrual-like vaginal discharge of blood following delivery.

These symptoms are caused by the hormone oxytocin that is released when your baby nurses. This causes your uterus to return to its normal size quickly. Relaxation techniques, such as slow breathing, can help you cope with these contractions. Your doctor may order some medication if you need it.

**Collection and Storage of Breast Milk**

Breast milk can be collected by using a pump or by hand expression. Women pump or express their milk because they will be away from their babies at feeding time or because their babies are sick or unable to breastfeed. Pumping and hand expression are skills that take time to develop.

Many mothers can get only a small amount at first, but the amount will increase with practice. If you are pumping because you are returning to work, remember to take care of yourself by:
- Eating a good diet
- Drinking an adequate amount of fluid
- Getting plenty of rest

**Breast Massage and Hand Expression**
Some women may want to hand express milk instead of using a breast pump. This is perfectly acceptable. Hand expression may also be used during engorgement to help you feel more comfortable or to soften the areola to enable the baby to latch on to the breast. Begin by first doing some breast massage.
How to do Breast Massage:

• Wash your hands.
• Place warm compresses on both breasts for several minutes before massaging. This will help the milk flow more easily.
• Cup both hands around the back of one breast and slide them forward toward the nipple until they meet.
• Reposition your hands on the breast against the chest wall and repeat the above procedure.
• Do this several times on each breast.

How to do Hand Expression of Breast Milk:

Hand expression may take about 20 to 30 minutes. When using this technique, express from one breast for 3 to 5 minutes until your milk flow slows down. Express from the other breast and then repeat process on both breasts. While milk is expressed from one breast, it moves forward in the other breast as well.

• Place your thumb and index finger on your areola – with your thumb above and your index and remaining fingers below the nipple – about 1 to 1 ½ inches behind the nipple.
• Press your thumb and index finger in toward the chest wall.
• Roll your thumb and fingers forward by moving them together in a press/release rhythm behind your nipple. This will begin to stimulate your milk flow.
• Once your milk flow slows, rotate your hand and press from the sides of your areola.
• Continue this same motion, moving around your entire areola.
• It may be necessary to repeat this process on each breast a few times. Therefore, it is okay to switch back and forth between breasts.
• Hand expression should not be painful. If it is, make sure you are not squeezing too hard or squeezing your nipple.
• Make sure you collect the milk in a clean container.
• Cover containers for storage in the refrigerator or freezer.
• Always label the container and write the date on it.

Pumping

There are three different kinds of pumps:

• Hand operated
• Battery operated
• Electric

The kind of pump you use will depend on your reason for pumping and the amount of money you want to spend.

Hand pumps are sold under several names at most department or drug stores and are small and portable. The pumping action does become tiresome.

Battery operated pumps are also available, but you have the added expense of replacing the batteries. They tend to pump the milk slowly and are somewhat unreliable.

Electric pumps such as Medela™, Hollister™, Ameda™ and Avent™ are widely recommended, and most can be rented. Mothers of premature babies are advised to rent these pumps because they are very efficient and will help maintain the milk supply. Some working mothers like to use these pumps for the same reason.
Call 225-924-8239 and a lactation consultant will help you decide on the best pumping method for you. To rent or purchase breast pumps and accessories, call the Mom & Baby Boutique at 225-231-5578.

**Helpful Hints on Pumping**
Most mothers do not pump as much milk out of their breasts as the baby does when nursing. Your baby is more efficient at getting the milk out of your breasts. It will take time to become accustomed to pumping.

The let-down reflex usually comes slowly at first. Some mothers look at a picture of the baby or listen to music to help achieve let-down.

When single pumping, pump one breast for a few minutes. When the milk flow decreases, switch over to the other breast. Continue until both breasts have been pumped twice. This usually takes about 20 to 30 minutes.

Pumping both breasts at the same time will save time and is more efficient. Drinking at least 8 to 12 (8 oz) glasses of fluids per day will help you maintain your milk supply. Some mothers find it helpful to drink a glass of water while pumping.

**Storage of Breast Milk**
Any milk given to the baby should be kept as clean as possible. Even though the breasts are not sterile, there are some things you can do to keep the milk as clean as possible:

- Wash your hands before you begin to pump.
- Try to express or pump into the container in which you plan to store the milk. This does away with the possibility of contamination when transferring from one container to another.
- Always keep the milk refrigerated during the time you are traveling; small ice chests with reusable ice packages are good for this.

**Breast Milk Storage Guidelines for the Healthy Full-Term Infant**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>TEMPERATURE</th>
<th>DURATION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countertop, table</td>
<td>Room temperature (up to 77° F or 25° C)</td>
<td>6-8 hours</td>
<td>Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.</td>
</tr>
<tr>
<td>Insulated cooler bag</td>
<td>5–39° F or -15–4° C</td>
<td>24 hours</td>
<td>Keep ice packs in contact with milk containers at all times, limit opening of cooler bag.</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>39° F or 4° C</td>
<td>5 days</td>
<td>Store milk in the back of the main part of the refrigerator, not in the door.</td>
</tr>
<tr>
<td>Freezer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freezer compartment of refrigerator (with 1 door for both)</td>
<td>5° F or -15° C</td>
<td>2 weeks</td>
<td>Store milk toward the back of the freezer, where the temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but the nutritional quality of the milk may be slightly lower.</td>
</tr>
<tr>
<td>Freezer compartment of refrigerator with separate doors</td>
<td>0° F or -18° C</td>
<td>3-6 months</td>
<td></td>
</tr>
<tr>
<td>Deep freezer (chest or upright)</td>
<td>-4° F or -20° C</td>
<td>6-12 months</td>
<td></td>
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</tbody>
</table>

Centers for Disease Control and Prevention: Proper Handling and Storage of Human Milk (reviewed/updated March, 2010)
**Thawing Breast Milk**

Breast milk should be thawed in the refrigerator or by placing the storage container in a cup of warm tap water. Do not heat in a microwave or in a pan of boiling water! This type of heating destroys the nutritional quality of the breast milk.

Microwave heating is uneven, and babies have gotten burns in the mouth and throat from overheated milk. Always shake milk from the bottle onto your forearm to test the temperature before giving it to the baby. The milk needs to be room temperature. Frozen milk must be refrigerated after thawing and used within 24 hours.

Never reuse any milk left in a bottle. Bacteria from the baby’s mouth will have contaminated the milk; do not add it to any other milk to be stored. Discard the unused breast milk.

**When Mom Is Away**

**Introducing the Bottle**

Sometimes mothers need to be away from their babies at feeding times. You can begin to introduce a bottle after your baby is three weeks old. Some breastfed babies have a hard time adjusting to a rubber nipple because the sucking action at the breast is different than at the bottle.

It may take several attempts before you and your baby are comfortable using a bottle. There are several different kinds of nipples; you may have to try several shapes and sizes before you find one your baby likes. It is helpful to try a bottle for the first time when your baby is not hungry. This will allow your baby to try the artificial nipple without becoming frustrated when he is hungry.

**Working and Weaning**

**Ways to Combine Nursing and Working**

Making the decision to stay at home with your baby or return to work is difficult. The reality is that many mothers must continue to work to meet financial obligations. Some mothers prefer to discontinue nursing when they return to work, while others prefer to continue breastfeeding.

Develop your own working and breastfeeding plan. Some mothers can collect milk throughout the day for later use. Others may not have that flexibility. You may choose to leave formula for your baby while you are at work and return to breastfeeding once you are home. Your breasts will gradually adjust to the decrease in nursing.

**Weaning**

The most important key to successful weaning is planning. Gradual weaning is best for both mother and baby. Abrupt weaning can be difficult for both of you and can lead to other problems such as an irritable baby, plugged ducts and breast infections.

If abrupt weaning is necessary, you should:

- Express enough milk to feel comfortable.
- Wear a firm, nonbinding support bra.
- Restrict salt intake.
- Drink just to satisfy thirst.

There is nothing wrong with you or your baby if your baby wants to continue nursing for a long time. If your baby is allowed to wean himself, weaning usually takes place between the child’s second and fourth years of life.
Guidelines for Planned, Gradual Weaning

• Replace one feeding a day with a bottle or cup, depending on your baby’s age. Check with your baby’s doctor to see what should be substituted for your breast milk. Formula, rather than whole milk, will be ordered if the baby is less than one year old.

• Continue to eliminate a daily nursing every two or three days.

• Usually the early morning and the bedtime feedings are the last to be stopped.

• Your baby will probably not need a bottle as often as he was nursed, so the final number of bottle feedings will be fewer than the number of times he was breastfeeding.

Preparing for Discharge – Points to Remember

Establishing Your Milk Supply:

• Feed early and often.

• Breastfed babies do not follow a regular feeding schedule.

• Feed at least 8 to 12 times per 24 hours.

• Feed on demand at the earliest signs of hunger (increased alertness, physical activity, mouthing or rooting).

• Avoid pacifiers and other artificial nipples and bottles for at least the first 4 to 8 weeks.

• Do not give formula or other supplements unless there is a medical reason.

• Breast swelling normally lessens at about 7 to 10 days. This is NOT a sign of decreased milk supply.

Your First Few Days at Home:

• Rest as much as you can and sleep when your baby sleeps.

• Limit visitors for the first few days at home.

• Accept help from your partner, friends or family to cook meals, clean the house or care for your other children.

• Make an effort to eat a nutritious, balanced diet.

• Drink to satisfy your thirst.

• Be sure you are comfortable and relaxed before you start to breastfeed your baby.

• Refer to the community resources and quick reference phone numbers in this guide for invaluable support and guidance when concerns arise.

Early Signs of Hunger/Feeding Cues:

• Moving hands and arms toward mouth

• Turning head from side to side

• Rapid eye movement under the eyelids

• Sucking movements (sucking on tongue or lips during sleep and/or sucking on fingers)
• Soft cooing and/or sighing sounds
• Stretching and body movements
• Remember that crying is a late sign of hunger.

**Watch the Baby, Not the Clock:**
• Alternate which breast you offer first, or start with the breast that feels most full.
• Switch sides when swallowing slows or your baby takes himself off.
• It is okay if your baby doesn’t take the second breast at every feeding.

**Look for Signs of Milk Transfer:**
• You can hear your baby swallowing or gulping.
• There are no clicking or smacking sounds.
• You may feel your milk let-down:
  – You may feel relaxed, drowsy or thirsty and you may have tingling in your breasts.
  – You may feel some contractions in your uterus.
  – Your other breast (the side your baby is not nursing on) may leak milk.
• Your breast feels less full after a feeding.
• You may see milk in your baby’s mouth when he comes off your breast.
• You should feel strong tugging but NOT persistent pain.
• A proper latch prevents pain and is necessary for good milk transfer.
  – Help your baby open his mouth widely by using your nipple to tickle his nose or upper lip.
  – A wide open mouth should cover most of the areola (dark area of the breast), not just the nipple
  – Remember, “Chin-to-breast, chest-to-chest.”
  – Your baby’s lips should be flared outward and his tongue should be over the lower gum.

• Weight gain is an important clue to your baby’s doctor that the baby is feeding properly. Weight loss in your baby of greater than seven percent from his birth weight indicates possible breastfeeding problems. Babies should regain to their birth weight by days 10 to 14 of life.

**Signs of Being Full:**
• Baby appears satisfied by not showing signs of hunger after a feeding
• Baby becomes sleepy or falls asleep at breast
• Baby lets go of the breast/self-detaches
• Baby relaxes his hands, forehead and body

**What Goes In, Must Come Out:**
• By day 4: 3 bowel movements every 24 hours
• After day 4: 6 heavy/wet diapers per day
• Bowel movements change from dark black to green/brown to loose yellow/seedy yellow as your milk comes in.
225-927-1300
womans.org

Founded in 1968, Woman’s is a nonprofit organization, governed by a board of community volunteers, providing medical care and services in order to improve the health of women and infants, including community education, research and outreach.