Louisiana State Breastfeeding Laws

Louisiana is one of several states that have unique laws related to breastfeeding. For instance, Louisiana prohibits any child care facility from discriminating against breastfed babies.


La. Rev. Stat. § 47:305.67 provides that the state sales and use tax shall not apply to the consumer purchase of breastfeeding items, including breast pumps and accessories, replacement parts, storage bags and accessories, and nursing bras. (2011 La. Acts, PA 331; SB 82)


2008 La. Senate Resolution 110 requests the Department of Health & Hospitals to study and/or consider a provision of providing non-emergency transportation for new mothers to allow them to visit the hospital and bring their breast milk for their babies.

2011 La. Acts, PA 269 requires certain state buildings to provide suitable areas for breastfeeding and lactation. (2011 HB 313)

2012 La. House Concurrent Resolution 52 requests the Department of Health and Hospitals to study the feasibility of establishing a breast milk bank at a hospital in northeast Louisiana. The study shall also include information about any cost savings to the Medicaid program by creating a breast milk bank.

2013 La. Acts, PA 67 requires public school boards to adopt a policy to ensure each school to provide an appropriate, private room, other than a restroom, that may be used by an employee to express breast milk. The school must also provide a reasonable amount of break time to accommodate an employee needing to express breast milk for up to one year following the birth of her child. (HB 635)
Breastfeeding Your Newborn

Congratulations
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 support you in every 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.

With your choice to breastfeed, you have joined the majority of women who understand the evidence that breastfeeding is the best and most ideal way of feeding your baby. Breastfeeding provides a good nutritional start and positively contributes towards your baby’s emotional development. Breastfeeding will also promote wellness in your baby due to the presence of antibodies in breast milk.

There is no doubt that breast milk contains all the nutrients required and is perfectly matched for your baby’s needs for proper growth and development. Studies prove that breast milk provides optimal health and benefits your baby for life.

Suggestions to support successful breastfeeding:
• Become well-informed about breastfeeding through information you obtain from a lactation consultant or your healthcare provider’s office, or take classes on breastfeeding from your healthcare provider’s office or hospital.
• Contact a lactation consultant who can listen to you if you have any nursing questions or problems.
• Attend Woman’s breastfeeding support group. Visit womans.org/classes for the schedule.

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 if you stay awake 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 your 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 your 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.

Recommendations for the Best Infant Nutrition

Exclusive Breastfeeding
Exclusive breastfeeding is when you feed your baby only breast milk. Breast milk provides all the nutrients that a baby needs during the first six months of life. 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 to achieve the best growth, development and health outcomes. This recommendation is based on scientific evidence that shows benefits for a baby’s survival and proper growth and development.

Continued Breastfeeding with Introduction of Solid Foods
Breast milk is an important source of energy and nutrients for children ages six months to two years. Solid foods may be introduced beginning at six months of age; however, the WHO recommends that breastfeeding continues with the introduction of solid foods until at least 2 years of age or beyond if the mother and child desire.
Communication with one another is so important in reducing, or partner. This is not abnormal for some, but be patient and your partner. The extreme closeness of a nursing mother and baby may contribute to feelings of isolation or jealousy in a new dad and partner. This is not abnormal for some, but be patient with yourself and your partner. Talk about your feelings. Communication with one another is so important in reducing fears and negative feelings and makes this time special.

Your role as caregiver of your new baby is a big addition to your life. Even though the first few weeks are overwhelming, you will find a growing excitement and joy with your new little one. There is a lot of attention directed toward the mother and the baby at first. This attention along with the extreme closeness of a nursing mother and baby may contribute to feelings of isolation or jealousy in a new dad or partner. This is not abnormal for some, but be patient with yourself and your partner. Talk about your feelings.

For Baby
- Easily digested
- Perfectly matched nutrition
- May have protective effect against SIDS
- Fewer gastrointestinal disturbances, ear and lower respiratory infections, and allergies
- Stimulates senses of taste and smell
- Filled with antibodies that protect against infection
- May reduce the risk of certain chronic diseases and infections
- Baby receives skin-to-skin, eye and voice contact

For Baby and Mother
- Contributes to a very special and loving relationship
- A beautiful and intimate way for you to bond with your baby
- Saves money
- Healthy for the environment – no waste or packaging needed
- Breast milk is available and fresh when you are there

For Baby and Infant
- Optimum Health
- Breastfeeding stimulates your baby’s sensory development
- Breastfeeding promotes the proper development of jaws, teeth and gums
- Breastfed babies have fewer allergies, colds, diaper rashes and ear and throat problems
- Breastfed babies are also much less likely to be overweight children

For Mother
- Antibodies and Immunities
- Breast milk is always available and fresh
- Breast milk is always clean and just the right temperature. There is no need for heating or sterilizing
- Breast milk acts to protect against infections
- Breast milk is sanitary and safe
- Breast milk is easy to digest and no formula can match its perfect nutrition
- Breastfeeding helps mother and baby stay healthy for the environment – no waste or packaging needed
- Breast milk is always available and fresh when you are there

Breastfeeding Is…

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 its perfect nutrition.

Antibodies and Immunities
- Breast milk contains natural substances (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 Staphylococcus Aureus (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, splitting 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 sensory development, which keeps pace with your baby’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 health effects. 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 available and fresh when you need it.
- 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 – 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.

The best thing you can do for your baby during an emergency?
Breastfeeding can be a lifesaver in an emergency. Breastfeeding helps mother and baby stay calm in stressful situations.

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, which helps the uterus return to its normal size quickly. Relaxation techniques, such as slow breathing, can help you cope with these contractions. Your doctor may order medication if you need it.

Choosing to breastfeed your baby is not only the healthiest choice, but also one of the best ways to prepare for an emergency such as a hurricane, flood, or other natural disaster. Consider these key points in an emergency when choosing to breastfeed:
- Breast milk is sanitary and safe
- Breastfeeding does not require electricity or water
- Breast milk acts to protect against infections that are common in emergency situations and helps lower pain levels in babies
- Breastfeeding helps mother and baby stay calm in stressful situations.
Breast Changes to Expect

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 “pre-milk” or “first milk.”

Once your baby is born and the placenta is delivered, hormones make the milk-producing glands 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.

Colostrum

By 16 weeks of pregnancy, your breasts are fully capable of producing milk. Some women will notice drops of fluid on the nipple during these early months called colostrum. This is what the baby will receive until your higher volume milk is produced, which usually takes a few days after birth.

Colostrum is the “first milk” and meets all your baby’s nutritional needs.
• Commonly called “Liquid Gold”
• Can be yellow to clear in color
• Very high in protein
• Easily digested
• Decreases risk of low blood sugar
• Coats the stomach and intestines and protects against infection

Mature Milk

Your milk will change and increase in quantity in approximately 48 to 72 hours. It may take longer depending on when breastfeeding was initiated and breastfeeding frequency. You will notice your breasts becoming fuller, firmer and heavier.

Supply and Demand

Milk production is regulated by supply and demand. The more milk your baby takes from your breast, the more milk your breasts will make. Breastfeeding your baby as soon as possible after birth and frequently thereafter is the best way to ensure that your baby will have all the milk needed for proper growth and development.

Anatomy and Physiology of the Breast

The breasts are made of glandular, connective and fatty tissue. The nipple contains tiny openings through which the milk can flow. These tiny openings are surrounded by muscular tissue that causes the nipple to stand erect when stimulated. Surrounding the nipple is an area of darker skin called the areola. This area will become darker and larger in size during pregnancy due to hormonal changes. The areola contains pimple-like structures near its border that are called Montgomery glands. These glands secrete a substance that helps to lubricate and cleanse the area.

Stimulation of the nipple by the baby’s sucking sends messages to the tiny pituitary gland in the brain. It in turn secretes a hormone known as prolactin. Prolactin stimulates the milk gland cells within the breast to begin producing milk.

The second hormone that is released is known as oxytocin. This hormone causes the coils around the milk glands to contract and squeeze the milk down the milk ducts and out of the nipples. This response is known as let-down or milk ejection reflex. Oxytocin also aids in your ability to relax.

The sensations commonly associated with let-down may not be felt until your milk volume increases.
• Tingling sensation
• Warm upper body sensation
• Feeling your breasts become full
• It may take a minute to several minutes of sucking by the baby until the milk ejection reflex occurs. Some mothers only know that their milk has let-down by seeing milk in the baby’s mouth.

Triggers other than nursing that may cause let-down:
• Your baby crying
• Thoughts of your baby
• Smell of a baby or baby products
• Seeing other babies
• Managing your breasts gently before using a breast pump.
Preparing to Breastfeed

There is very little that you need to do to prepare for breastfeeding. Your body has already done most of the necessary preparation. Prepare yourself by becoming knowledgeable about your important role in nurturing your baby. Take classes and speak with a lactation consultant to get your questions answered.

• Education is the best preparation.
• If you are leaking colostrum, you may want to purchase breast pads. The pads may be either disposable or washable. Do not use a “mini-pad” inside your bra. They have a sticky area on them and it prevents air from being able to circulate and may cause nipple soreness.
• Have someone knowledgeable about nursing bras help you with selecting a bra that fits well.
• Be careful about underwire bras. The wires may place pressure on the ducts and cause a milk blockage if not properly fit.
• You may need to buy a bra that is one to two cup sizes larger toward the end of your pregnancy, although wearing a bra is not necessary.

Safe Skin-to-Skin Care for the Term Baby

Skin-to-skin is placing baby directly onto your chest. A diaper and cap may be placed on the baby if desired, but no clothing should be between you and the baby. For healthy, stable babies, it is recommended that skin-to-skin be initiated immediately after a vaginal delivery and as soon as the mother is alert and oriented after a C-section. Skin-to-skin care should be encouraged beyond the first hours and during the early days after birth.

Correct Positioning:
• Semi-upright position, not lying flat.
• Baby and you are chest-to-chest.
• Baby’s neck is straight, in a sniffing position or turned to one side.
• Nothing is covering baby’s nostrils or mouth.

Safety First:
• Blankets should stay below baby’s shoulders.
• Keep the baby’s bulb syringe and bassinet within your reach.
• Lay the baby in the bassinet on his back if he is tired and unable to stay awake.
• Minimize distractions.
• Encourage a support person to stay with you during skin-to-skin care.
• When in the hospital, your bed should be in lowest position with the bedrails up.
• Place call light within your reach.

Getting Started

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.

There are several additional steps you can take to help you establish breastfeeding:

• 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.
• 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.

Benefits of skin-to-skin contact include:
• Provides a warm, safe environment for your baby
• Regulates temperature of both mom and baby
• Regulates your baby’s blood sugar to a normal level
• Releases relaxing hormones in you and your baby, allowing you to respond to one another
• Promotes your baby’s natural, inborn breastfeeding behaviors, such as rooting (searching for the breast) and attachment to your breast
• Provides optimal brain development

Skin-to-skin Position:

Go Topless:
Mom should be completely topless (not even a bra), semi-reclined, with baby wearing only a diaper.

Chest-to-Chest:
Place baby in a vertical position directly against your bare chest, with his shoulders resting on or above the breasts. Cover with a blanket to keep warm.

Look and Listen:
Baby’s head should be turned to one side with their neck straight, not flexed or extended, or toward your chest in a “sniffing” position. Make sure baby’s nose and mouth remain uncovered and you can see their face at all times.
Become Acquainted with Your Baby While in the Hospital

Years ago, babies would spend the majority of their hospital stay in the newborn nursery. Today, parents, as well as the healthcare team, know how important it is for babies to stay with their families as much as possible. Family-centered maternity care is when the new mother and her partner keep the baby in the room with them at all times. One nurse cares for the mother and the baby together. You may hear this called rooming-in, rooming-together or couplet care. You have a nurse who helps and assists you with getting to know your baby, as well as teaching you how to care for him. Being able to ask questions of the healthcare team and having the availability of their skills, if needed, allows new parents to feel more secure about the prospect of going home.

Having the baby rooming with you allows you to become better acquainted and comfortable with him early on. You will learn to recognize your baby’s smell, noises, expressions and movements. You will also learn how to handle and comfort your newborn. With the baby in your room, it will be easier for you to recognize those early feeding cues. Your baby, on the other hand, learns you and your partner’s touch and how to feel safe in your arms. In addition, keeping mother and baby together is enormously beneficial for breastfeeding as it facilitates baby-led feedings.

It has been shown that a baby who stays in mom’s room is generally more feel safe in your arms. In addition, keeping mother and baby together is enormously beneficial for breastfeeding as it facilitates baby-led feedings. Even if you have a hospital, it will be easier for you to recognize those early feeding cues. Your baby, on the other hand, learns you and your partner’s touch and how to feel safe in your arms. In addition, keeping mother and baby together is enormously beneficial for breastfeeding as it facilitates baby-led feedings. With the baby in your room, it will be easier for you to recognize those early feeding cues. Your baby, on the other hand, learns you and your partner’s touch and how to feel safe in your arms. In addition, keeping mother and baby together is enormously beneficial for breastfeeding as it facilitates baby-led feedings.

Benefits of keeping your baby in your room:

- **Promotes Bonding**
  - Learn your baby’s responses and behavior.
  - Become more confident in caring for your baby.
- **Better Weight and Less Jaundice**
  - Babies breastfed more frequently, and therefore gain more weight. Weight gain is linked to decreased jaundice.
- **Promotes Feeding**
  - Learn to recognize your baby’s hunger cues
  - You can feed him on demand.
  - More opportunities for skin-to-skin contact.
- **Healthier Babies**
  - Babies feed more frequently, increasing breast milk.
  - Breast milk contains antibodies which help prevent infection.
  - Babies cry less, which conserves energy.
- **Better Sleep**
  - Babies sleep deeper and longer.
  - Moms sleep better.
- **Promotes Education**
  - Opportunities for your nurses to coach you on breastfeeding.
  - Improves communication between family.
  - Facilitates discharge planning.

Safety tips for rooming together in the hospital:

- Call for help anytime.
- Remember to NEVER leave your baby unattended or alone for any reason.
- Pull the emergency cord or push the button if you feel the nurse is needed immediately.
- When you need to use the restroom or shower and you are alone, wheedle the crib to the restroom door and keep it open so you will be able to see and hear your newborn.
- Keep the baby close to your hospital bed – the furthest point away from the doorway.
- Do not give your baby to anyone you do not know or who has not properly identified themselves.

Feeding Cues

Minutes after birth, babies begin to interact with their parents and give "cues" as to what they need and want. Learning the "cues" your baby gives is vital to his brain growth and development, as well as in helping parents gain experience and feel comfortable in caring for and interacting with their new baby. In the early days, some babies are sleepy and do not often cry when they are hungry, so stay attentive to the cues.

- **Early Cues: “I’m hungry”**
  - Stirring
  - Mouth opening
  - Turning head
  - Seeking/soothing
- **Mid Cues: “I’m really hungry”**
  - Stretching
  - Increasing movement
  - Hand to mouth
- **Late Cues: “Calm me, then feed me”**
  - Crying
  - Agitated movement
  - Color turning red

Getting Started

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, nurse your baby within the first one to two hours of life. If possible, it is best to initiate breastfeeding within the first hour after birth. Research has shown that for the first two hours following birth, a baby is in a state of quiet alertness. Putting your baby to breast as soon as possible after birth begins a great bonding process between you and your baby.

Make breastfeeding your baby a 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.

Learn as much as you can from your lactation consultant or healthcare provider about breastfeeding. Ask questions!

Tips for successful breastfeeding while still in the hospital:

- Skin-to-skin
- Start within one hour of birth
- Try a laid-back position or a baby-led latch
- Breastfeed frequently
- Learn to recognize feeding signs
- Keep your baby in the room with you
Sleepy Baby
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. These signs show that a baby is lightly sleeping and may be willing to nurse. Babies do not need to become completely awake to nurse.

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.

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 baby’s feet.
- Stimulate the rooting reflex. Once 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.
Breastfeeding Positions

There are many different ways to hold your baby while breastfeeding. You will find which position works best for you and your baby.

Before you begin each feeding, review these three Cs:

- **Calm**: Holding your baby skin-to-skin is very helpful to calm your baby in the early days after birth.
- **Comfortable**: Sit in a comfortable chair with pillows for support and elevate your legs – with a small stool or ottoman. This will take pressure off your bottom and help you feel more comfortable.
- **Close**: Hold and position your baby close. Have enough pillows to bring the baby up to the level of your breast instead of leaning over. Skin-to-skin contact will help him stay warm and interested in breastfeeding. Proper positioning and latch-on are the keys to successful breastfeeding.

**Side-Lying Position** (shown below)

- This position is especially good in the early days after birth.
- Hold and position your baby close. Have enough pillows to bring the baby up to the level of your breast instead of leaning over. Skin-to-skin contact will help him stay warm and interested in breastfeeding. Proper positioning and latch-on are the keys to successful breastfeeding.

**Cradle Hold**

- This classic hold is a commonly used position that many mothers find comfortable for breastfeeding.
- Hold and position your baby close. Have enough pillows to bring the baby up to the level of your breast instead of leaning over. Skin-to-skin contact will help him stay warm and interested in breastfeeding. Proper positioning and latch-on are the keys to successful breastfeeding.

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**Laid-Back** (shown below)

- This natural position is based on a semi-reclined position that is comfortable for both you and your baby. In this position, you are encouraging your own as well as your baby’s natural instincts. With very few rules, this position allows your baby to get a better latch and helps to relax you as well. Use a bed or couch where you can comfortably recline with good support of your head, shoulders and arms.
- **Hold your baby along the opposite arm from the breast you are planning to use.**
  - Hold your baby along the opposite arm from the breast you are planning to use.
  - **Position your baby on his side with his whole body directly facing you — “Cheer-to-Chest”**
  - To help bring your baby to the level of your breast, place 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 shoulder blades and back against your forearm.**
  - Offer him your breast while supporting the breast with your free hand.

**Cross-Cradle**

- This hold differs from the cradle hold in that your arms switch roles. If you are feeding from the left breast, you will use your right arm to hold your baby.
  - Hold your baby along the opposite arm from the breast you are planning to use.
  - Position your baby on his side with his whole body directly facing you — “Cheer-to-Chest”.
  - To help bring your baby to the level of your breast, place 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 shoulder blades and back against your forearm.
  - Offer him your breast while supporting the breast with your free hand.

**Football or Clutch Hold**

- Tuck the baby under your arm. This position is good for bringing the baby’s head to your breast. If you had a C-section, to see if baby is latching, if you have large breasts, or if your baby is small or has a tendency to slide down the areola onto the nipple.
  - Sit upright with a pillow behind the small of your back and one along the side of your body. Use the pillow to help support your baby and get his nose at your nipple level.
  - Place your baby on the pillow toward your body with his legs flexed upward.
  - The baby’s body should be in a straight line with his head.
  - Use your forearm to support your baby’s upper back.
  - Support your baby’s neck and shoulders with the palm of your hand and fingers.
  - Bring your baby’s head to the level of your breast with your looking directly at your breast.
  - More pillows can be used to bring the baby to the right level.
  - With your free hand, make the letter “C” to hold your breast. Gently rest your thumb on top of your breast with your fingers not touching the areola.
  - Holding your breast this way will help to better position the baby’s mouth on your breast.
Puting Your Baby to Breast

**Latching**

Getting your baby to latch correctly is one of the most important steps in successful breastfeeding. The baby must open his mouth wide enough to get a good amount of areolar tissue into his mouth.

It is the proper compression of the areolar tissue from the baby’s suck and the baby’s tongue resting on top of the lower gum that allows him to draw the milk out through your nipple.

Therefore, if your baby latches on to just the nipple, you will develop sore nipples and your baby may not get enough breast milk.

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. Refer to the photos below for the latch-on process.

**Sucking Patterns**

In most cases, rapid sucking is first observed when a baby goes to breast. This is followed by a slow, deep rhythmic sucking pattern with audible swallowing sounds. It is very important to learn what swallowing sounds like. These sounds can vary from a soft “Ca-Ca” 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.

**Removing Baby from Breast**

Once your baby is on your breast, you will probably notice the strong suction your baby can create. To take your baby off your breast, you will feel a tugging sensation. This will traumatize your nipples and lead them to become sore and cracked.

**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.

Not all babies will burp within the first few days after birth. Some breastfed babies swallow very little air and may not burp. After a few minutes of trying to burp your baby, resume with the feeding.

Usually the pressure on the baby’s belly is enough to bring up the air. Pat baby’s back gently or stroke his back with an upward motion.

Effective ways of burping:

- Over the shoulder
- Lying belly down across your lap
- Sitting in your lap with his chin supported

**Nipple Types**

There are many variations in nipple types, so assessing your nipples is important. 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
- Occasionally a mother may have a different nipple type.

**Retracted or Inverted Nipples**

- Retracted nipples, or nipples that draw inwards, will sink slightly into the breast tissue during the pinch test.
- Some nipples are truly inverted—drawn completely inwards. These nipples usually appear inverted before the pinch test. They remain inverted or deeply pulled into the breast when stimulated.

**Flat Nipples**

- A mother’s nipples may appear “flat” but will stand erect when stimulated.
- Flat nipples point outward only slightly or remain flat with the pinch test.

If you have a flat or inverted nipple, your baby may find it hard to nurse. This should not discourage you from trying to nurse because a positive nursing experience is possible.

**Guidelines for Positioning and Latch**

- Wash your hands, get comfortable and decide on a feeding position.
- Align your baby’s chest to your tummy and align his nose with your nipple.
- You want him to extend his neck in order to have his jaw open wide.
- Hold and gently lift and support your breast. Keep your fingers away from the areolar tissue.
- Run your nipple lightly above the baby’s upper lip. This will promote the rooting response.
- Be patient until the baby opens his mouth the widest. Let baby take the lead.
- Baby’s head is slightly tilted back.
- Aim your nipple toward the roof of his mouth.
- Baby’s chin should approach the breast first.
- Baby’s lower lip should be positioned further from the nipple than the top lip. This is called an asymmetrical, or “off-centered” latch.
- When the baby opens wide, quickly and gently pull him toward your breast.
- Good latch-on is a learned response. Be patient with yourself and your baby.

**Aligning and Stimulation**

- 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.
- Very lightly brush your baby’s top lip with the tip of your nipple (to give him the signal to open his mouth widely).
- Wait for a wide-open mouth.

**Guiding Your Baby to Latch**

- Aim your nipple toward the roof of your baby’s mouth.
- With your nipple tilted upward, guide your baby onto your breast quickly and gently (with gentle pressure across the shoulders).
- The baby’s chin should press into your breast first.
- The top lip and gum just clear the nipple as the baby “scoops” the nipple and areola into his mouth as he latches on to the breast.
- **NOTE:** 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.

**Signs of a Good Latch**

- The latch is asymmetrical.
- The lips are flared, or turned out, like a wide “V”.
- Tongue over lower gum.
- All of the nipple and as much of the areola as possible in the baby’s mouth.
- The chin is buried in the breast.
- The cheeks rest against the breast.
- The lower jaw dives into the breast with each suck.
- Baby stays on breast.
- The mother experiences a pulling or tugging sensation, but no pinching or bring pain.
- Listen and watch for milk transfer or swallowing.

**Woman’s Lactation Warmline**

225-924-8239 | womans.org 17
Proper Breast Support
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 re-hook the flap with one hand. 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.

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.

Remember, proper positioning of the baby and good latch-on are most important in preventing sore or injured nipples. If you continue to have concerns or difficulty latch-ing your baby, contact our Lactation department for further advice or assistance.

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 begin-ning (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. Visit www.nomotc.org.
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 his 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. 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. Crying is a late sign of hunger.

In the first few weeks after birth and during the establishment of breast-feeding, 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. Formula supplementation should be avoided unless medically indicated.

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

Duration of Feedings

Mothers often ask how long a feeding should last. In the past, many health-care professionals have recommended very short feedings when beginning 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.

The let-down reflex takes 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 becoming relaxed. 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 breast-feed 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 or longer per breast.

Once your baby finishes feeding 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.

Most babies need at least 8 to 12 feedings in a 24-hour period. Your baby may want several feedings in a row, known as cluster feeding. It is important to feed your baby when he requests or shows signs of hunger.

In the early, sleepy days, your baby may not request feedings often enough. You may need to:

- Wake your baby in order for him to receive enough feedings.
- Watch for feeding cues.
- Put baby skin-to-skin to encourage frequent breastfeeding.
- Keep him interested and awake during feedings.
- Massage and compress your breast during feedings.
- Feed your baby on demand.

Massaging and compressing your breast during feedings can help increase milk flow. This will “gentle” remind him to continue sucking.

Call your baby’s doctor if you notice yellowing of your baby’s eyes or skin.

Growth Spurts and Cluster Feeding

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 or “cluster feed.” Many new moms may worry that something is wrong, but know that this is a common occurrence with most breastfed babies.

This does not mean you are not making enough milk. Rather, your baby’s need to breastfeed more is usually due to growth spurts and is your baby’s way of increasing your milk supply so he can grow.

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 meet your baby’s needs. This need to breastfeed more often generally lasts for a day or so. Your baby will return to a less frequent feeding pattern.

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.

Although these times may be more demanding for you, trust what your baby is telling you about his need to breastfeed more frequently. Follow your baby’s feeding cues. As long as you do not hold back your baby’s need to breastfeed, your milk supply should be sufficient.

Nurse Until Baby Shows Signs of Being Full

- Self-detaches
- Sucks less vigorously
- Becomes sleepy and relaxes body
- Breast will feel less full
- It is important to listen for sucking sounds
- During the first three days, it may be difficult to hear swallowing which sounds like a soft “Ca-Ca” or soft expiration
- After larger volume of milk arrives, you will hear definite suck-to-swallow ratio changes

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.

Foremilk

- Lighter color
- Slightly cooler
- Thinner
- Less fatty

Hindmilk

- Darker color
- Warmer
- Thicker
- More fatty

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F.E.E.D.

Following these steps will help to ensure proper milk removal completely and regularly, increase milk production, reduce breast engorgement and nipple tenderness and maximize infant weight gain. Your baby may have a sleepy week or two and you may be challenged to keep your baby interested in feeding. If he is very sleepy, try undressing him down to his diaper. The skin-to-skin contact may help him awake. You may need to rub the bottoms of his feet or back to keep him awake. You can also try to unwrap him so he is not so cozy and warm, which tends to make him sleepy. Talk to your baby while you are nursing. This also may help to keep him interested in finishing the feeding. Take cues from your baby, he will let you know!

Frequent feeding - expect your baby to feed at least 8 times every 24 hours

Effective with your baby attached correctly

Exclusive with your baby having only your milk

On Demand whenever your baby asks...
How Do I Know My Baby is Getting Enough to Eat?
A common concern that you will have is if your baby is getting enough to eat. There are many clues that indicate that everything is going well. For example, the number of feedings your baby has each day is important. Remember that his intake of breast milk is usually reflected by his output of wet and dirty diapers.

This visual tool makes it easy to show the size of your baby’s stomach and how much milk it can hold at birth. Furthermore, this reinforces that supplements are not needed and that your colostrum, or early milk, is more than enough to meet your newborn’s needs.

On Day 1:
• Your baby’s stomach is about the size of a shooter marble at birth.
• A newborn’s stomach capacity is about one-sixth to one-quarter of an ounce (5 to 7 mL) per feeding.
• Not surprisingly, this amount of colostrum is ready and waiting in the breast for your baby.

By Day 3:
• As the baby ideally gets more of these small, frequent feedings, his stomach expands to about the size of a ping pong ball.
• At this size, his stomach can now hold about 22 to 27 mL of milk per feeding (still less than an ounce).

By Day 10:
• Your baby’s stomach has reached the size of an extra-large chicken egg.
• His stomach can now hold about 60 to 81 mL per feeding.

Small, frequent feedings set up a healthy eating pattern right from the start. Even adults are now advised by experts that it is healthier to eat smaller amounts more often. The same is true for babies and children. Forcing a baby to take more milk leads to overfeeding. If feeling overfull at feedings becomes the norm for a baby, this may lead to unhealthy eating habits that contribute to childhood obesity later.

Approximate size of your baby’s stomach (1 teaspoon of liquid is about 5 milliliters)

- **Day 1**: 5-7 mL
- **Day 3**: 22-27 mL
- **Day 10**: 60-81 mL

Feedings Tips
• Offer both breasts each feeding to help stimulate milk production.
• Keep baby interested and awake during feedings.
• Your baby may take rest periods after the first breast.
• 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 he chooses to take only one breast at a feeding, begin with the other breast at the next feeding.
• If your baby still wants to breastfeed after taking the second breast, offer him the first breast again.
• Alternating breasts at each feeding. Use Woman’s Pregnancy App to help track your feedings.
• Babies who are getting the nutrition they need can nurse 8 to 12 times in each 24-hour period, wet at least 6 to 8 diapers, and have regular bowel movements.
• It’s okay to nurse more often than this, but don’t 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.
Breastfeeding the First 72 Hours

A good breastfeeding relationship takes time. Although a lot of reactions and responses come naturally, breastfeeding is a learned experience. Give yourself and your baby time to learn together.

Establishing beneficial habits and initiating a schedule early on will assist in developing a successful nursing experience.

Your Baby, the Night Owl
- Many newborns sleep for the majority of their first 24 hours as they recover from delivery.
- During the second and third nights, most babies will wake up and cry more often. They may seem to be hungry constantly. This normal behavior is displayed by both breastfed and formula-fed babies.
- Newborns cry more during the night to make sure they receive adequate care and nutrition during a time when their moms and caregivers are sleepy (smart babies!).
- If your newborn displays hunger cues (sticking out tongue, lip-smacking, rooting), then latch him on to breastfeed.

The First Three Days

If your newborn has recently completed a great feeding and still seems unhappy, then try the soothing techniques.
- Hold your undressed baby next to your bare chest. Babies stay warm and are calmed by your heartbeat when held skin-to-skin. Make sure your baby’s nose is not covered.
- Hold your baby in your arms so he is on his side or tummy. When a baby is upset, holding or placing him on his back can make him more upset. Babies should always be placed on their backs for sleep or when left unsupervised.
- Try breastfeeding your baby. Sucking causes endorphins or “feel-good” hormones to be released in babies’ brains.
- Rock or sway your baby or pat your baby’s back while holding him. Babies miss the constant movement and floating they experienced in the uterus.
- Hold your baby skin-to-skin in a vertical position against your shoulder. Make sure your baby’s nose is not covered.

Soothing Your Baby

Some babies will wake easily when you put them down, he may wake up and make him more uncomfortable and need to change positions.
- After long periods of sleep, some babies will go through a phase where they want to nurse all the time or “cluster feed.” This will stimulate your body to establish an adequate milk supply. It is not because you do not have enough milk.
- If your baby falls asleep during this frequent feeding phase, you can usually get a break from nursing if your baby is held or cuddled. If you put him down, he may wake up and want to nurse again, not necessarily because he is hungry but because this is comforting.
- Your baby finds your breast the most comforting place to be. He will gradually adjust to his new environment.

First 24 Hours
- Many babies are sleepy the first 24 hours after birth.
- A newborn’s sleep cycle is about 45 minutes to an hour.
- Look for feeding cues.
- Some babies will wake easily when you unwrap them or change their diaper.
- Unrestricted feeding in the first 24 hours is important as the baby is learning how to breastfeed and is establishing your milk supply.
- Healthy, term newborns are born with sufficient fluid stores; therefore, they do not need additional fluids unless there is a medical problem.
- Place your baby skin-to-skin on your chest or next to your breast to help him warm while you hold him.
- Place a blanket over your baby to keep him warm while your body keeps his temperature stable.
- If you may need to continue with some gentle stimulation to keep your baby nursing, such as stroking his legs, feet, and back.

24 to 48 Hours of Age
- Babies during this period begin to be more awake and alert and breastfeed better.
- Offer the breast anytime your baby starts exhibiting feeding cues.
- Try to nurse your baby at least 6 times in 24 hours. Some babies will breastfeed 10 to 12 times in a 24-hour period.
- Let baby breastfeed for as long as he wants. If your baby releases himself from the breast, unless you become uncomfortable and need to change positions.
- After long periods of sleep, some babies will go through a phase where they want to nurse all the time or “cluster feed.” This will stimulate your body to establish an adequate milk supply. It is NOT because you do not have enough milk.
- If your baby’s nose is not covered.
- If you put him down, he may wake up and want to nurse again, not necessarily because he is hungry but because this is comforting.
- Your baby finds your breast the most comforting place to be. He will gradually adjust to his new environment.

48 to 72 Hours of Age
- This is the time that your milk starts transitioning from colostrum to mature milk.
- Your breasts will become heavier and fuller over the next few days as the volume increases.
- Milk volume is related to frequency and duration of feeds as well as effectiveness of the baby at the breast.
- You should be hearing more swallow sounds from the baby at this time.
- Chart your baby’s feedings, as well as wet and dirty diapers, will help you determine if your baby is getting enough.
- Do all pacifying at the breast to meet your baby’s normal sucking needs. Continue to avoid artificial nipples (pacifiers) until your baby is nursing reliably and gaining weight.

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Soothing Your Baby

See pages 38 and 39 for a Daily Record to keep track of your baby’s intake and output.

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- Chart your baby’s feedings, as well as wet and dirty diapers, will help you determine if your baby is getting enough.
- Do all pacifying at the breast to meet your baby’s normal sucking needs. Continue to avoid artificial nipples (pacifiers) until your baby is nursing reliably and gaining weight.

8 to 12 Hours of Age

- This is the time that your milk starts transitioning from colostrum to mature milk.
- Your breasts will become heavier and fuller over the next few days as the volume increases.
- Milk volume is related to frequency and duration of feeds as well as effectiveness of the baby at the breast.
- You should be hearing more swallow sounds from the baby at this time.
- Chart your baby’s feedings, as well as wet and dirty diapers, will help you determine if your baby is getting enough.
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- Try breastfeeding your baby. Sucking causes endorphins or “feel-good” hormones to be released in babies’ brains.
- Rock or sway your baby or pat your baby’s back while holding him. Babies miss the constant movement and floating they experienced in the uterus.
- Hold your baby skin-to-skin in a vertical position against your shoulder. Make sure your baby’s nose is not covered.

Pacifier

Using a pacifier during the first 4-8 weeks may lead to suck confusion. This can negatively impact your 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.

- 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.
Supplemental Feedings
Most healthcare providers and lactation consultants will agree that until your milk is well-established and you have developed a good breastfeeding relationship, a supplemental feeding of formula is not necessary. Unless your doctor has a special reason, do not give your baby supplemental bottles of formula. The volume and rate of flow may be confusing to your baby.

If your baby’s doctor recommends that your baby receive supplemental feedings, the best choice is your own expressed breast milk. Breast milk can be stored and given to your baby.

All babies are different and have different needs. There may be special circumstances in which your baby’s doctor may prescribe a supplemental feeding with something other than your breast milk. This does not mean that you won’t be successful at breastfeeding. There are supplementation methods that do not involve artificial nipples. Talk to your lactation consultant to learn more.

How Will I Know if My Baby is Getting Enough Milk?
These are guidelines to make sure your baby is getting enough milk after the milk transitions from colostrum. Mature breast milk and increases in volume — usually about the third day after delivery.

Feeding Frequency
Your baby should nurse at least 8 to 12 times in a 24-hour period and on demand. Watch for feeding cues.

Good Latch
- A proper latch prevents pain and is necessary for good milk transfer.
- Use your nipple to tickle his nose or upper lip to help your baby open his mouth widely.
- A wide-open mouth should cover most of the areola (dark area of the breast), not just the nipple.
- Baby’s lips are flared outward.
- You may feel a strong tugging, but NOT persistent pain.

Milk Transfer
- You can hear your baby swallowing or gulping often during nursing.
- There are no clicking or smacking sounds.
- Your breasts feel softer or less full after nursing.
- During your milk let-down, you may feel relaxed, drowsy or thirsty and have tingling in your breasts.
- During let-down, you may feel some contractions in your uterus.
- During let-down, the breast that your baby is not nursing on may leak milk.

Baby is Full
- Baby appears satisfied by not showing signs of hunger after a feeding.
- Baby falls asleep and lets go of the nipple or falls away from the breast at the end of the feeding.
- Baby’s body and hands are relaxed after a feeding (opens fists; relaxes the forehead).

Weight Gain
- Weight gain is an important clue to your baby’s healthcare provider that the baby is feeding properly.
- Most pediatricians will allow you to bring your baby in for a weight check.
- Expect baby to lose weight after birth and then gain 4 to 7 ounces per week once milk is in greater volume. Your baby should be back to his birth weight by day 10.

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 (runny and seedy in texture) 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 transitions from colostrum to mature milk and volume increases.

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
- Is sleepier than usual or shows less interest in eating
- Wets very few diapers
- Nurses less than 8 times in 24 hours
Sore Nipples

You may experience temporary, mild nipple tenderness. Soreness lasting longer may be due to improper positioning and latch-on that can be relatively easy to fix. If your nipples are sore, take a warm bath or shower before nursing 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.

Frequent breastfeeding also helps because a less hungry baby nurses in a gentler manner. Begin on the least sore side first. Alternate nursing positions to take pressure off the sore areas.

Latching

The most frequent cause of sore nipples is usually due to improper latch-on. Some common causes of inadequate latch are:

• Your baby may not have taken in enough of the areola and nurses only on the nipple.
• Your nipples are flat or inverted.
• Your breasts are so engorged your baby cannot latch on properly.

While in the hospital, if you are unsure if your baby is positioned correctly, ask your nurse or lactation consultant to check your baby’s latch and his position at your breast. Do not let the problem get worse.

Thrush

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.

Cracked Nipples

This problem is usually due to improper positioning and latch-on or traumatic removal from the breast. Excessively dry tissue is another reason for this problem. Treatments for cracked nipples are correcting the improper positioning and latch-on and proper breaking of suction before removing the baby from the breast (see page 16 about breaking suction). Clean the breast of your baby’s saliva and dab some expressed breastmilk onto the area and allow it to air dry. You can also talk to your lactation consultant or healthcare provider if you have concerns.

Breast Shells

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.

Engorgement

Your breasts may become larger, heavier and swollen on the third or fourth day after delivery. This is caused by increased blood flow to the breasts, swelling of the surrounding tissue, and the increase in your milk volume as your breast milk transitions from colostrum to mature milk. You may feel a throbbing sensation and discomfort during let-down.

Engorgement can cause your breasts to be hard and the nipple and areola to become flattened and taut. This can make it difficult for your baby to latch-on. Manually express or pump breast milk to soften the breast.

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 during breastfeeding.

All women have different experiences. Breast swelling usually lessens within 24 to 48 hours from the time of onset.

Engorgement Relief

• 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.
• Massage your breasts and hand express or pump enough milk to soften the areola. This milk can be stored for future use (see information about collection and storage on page 32).
• Reverse Pressure Softening Reverse Pressure Softening is another technique that may be used to relieve engorgement and soften breasts. This moves swelling and fluid away from the nipple to allow your baby to latch properly and to help milk flow more easily.
• While lying on your back, firmly but gently press on the areola at the base of the nipple (not enough to cause pain).
• Use your thumb and/or fingers to press inward toward the chest for 1 to 10 minutes.
• Rotate your fingers around the areola to soften the nipple.
• When your breasts are soft enough for your baby to latch-on properly, nurse for at least 10 to 15 minutes on each side.
• Massage your breasts while nursing to help stimulate milk flow.
• Wake your baby to nurse every two to three hours.

Cold Compresses and Icy Diapers

Apply an ice pack or icy diapers 20 to 30 minutes to help reduce swelling. Icy diapers are made by wrapping disposable diapers moistened with water and placed in your freezer or freezer for 20 to 30 minutes. Place them inside your 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.
### Blocked or Plugged Ducts

A blocked or plugged duct is a small lump in the breast that is tender and may be slightly reddened. These are felt as pea-size lumps under the skin and in the sub-stance of the breast and are sore to the touch.

#### Causes
- Change in frequency of feedings or skipping feedings
- Overabundant milk supply
- A tight bra or underwear bra that puts too much pressure on a duct
- Nursing the baby with poor positioning
- Breast surgery

#### Prevention
- Wearing a bra that fits well and is not restrictive will help prevent a plugged duct
- Frequent breastfeeding (at least 8 to 12 times in a 24-hour period and on demand) will also help prevent a plugged duct

#### Treatment
- Breastfeed more frequently, beginning on the side with the plugged duct.
- Place your baby in a position where his chin is facing the blockage, allowing the suction to be maximized toward the area of blockage. (You may have to use some creative positioning to accomplish this, but when combined with the help of gravity, it is very effective.)
- Apply a moist heat compress to the affected breast or take a warm shower before a feeding and then massage the affected area toward the nipple while nursing.
- Apply a cold compress if there is discomfort after feeding.
- Hand express or gently pump after feedings.
- Express breastmilk when your baby nurses lazily or misses a feeding.

### Mastitis

If a blocked or plugged duct persists and is not relieved, it can become inflamed and cause a breast infection called mastitis. It is important to note that the inflammation and infection is in the breast tissue; it is not in the breast milk. **Do not stop nursing!** The best way to prevent mastitis is through frequent and effective milk removal.

#### Causes
- 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

#### Symptoms
- Flu-like symptoms:
  - Fever greater than 100.4°F
  - Chills
  - Rapid Pulse
  - Fatigue
  - Muscle aches
- Appearance of a hot, reddened, and tender hardened area on the breast
- Red streaks up the breast from the affected area (or breast tissue may look pink over large area)
- Sudden breast pain

#### Treatment
- Do not stop nursing!
- Have any breast lumps or symptoms of mastitis checked by your doctor.
- If prescribed antibiotics, finish the whole prescription — not just until you feel better.
- Breastfeed frequently.
- Apply warm, moist compresses to the affected breast area before every nursing.
- Gently massage the sore breast while breastfeeding.
- Point baby’s chin toward blockage while breastfeeding.
- Gently pump after or between feedings to promote breast drainage.
- Soothe with a cold compress or icy diaper (see page 29) after breastfeeding.
- You may take an aspirin-free pain reliever.
- Get plenty of rest. Sleep when your baby sleeps.
- Drink lots of fluids, 8 to 12 (8-oz) glasses a day.

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**Woman’s Lactation Warmline 225-924-8239 | womans.org**
Breast Massage and Hand Expression

Hand expression is a simple way to express breast milk without needing to buy special equipment. You may find it easier to express in the morning, when breasts feel fullest or after breastfeeding. Hand expression should not be painful. Make sure you are not squeezing too hard.

- Place your thumb and fingers on either side of your nipple at the outer edge of your areola forming a “C” with your thumb and fingers.
- 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 1½ inches behind the nipple.
- Press your thumb and index finger in toward the chest wall.
- Compress your thumb and fingers together, then relax your hand in a press/release rhythm behind your nipple to stimulate your milk flow.
- Express from the first breast 3 to 5 minutes or until milk flow begins to slow.
- When milk flow slows, help move milk from different parts of your breast by moving your thumb and fingers to different positions on the outer edge of your areola. Continue this motion, rotating around your entire areola.
- Express from the other breast.
- Repeat the process on both breasts.
- It is OK to switch back and forth between breasts.

Breast Milk Storage Guidelines

These milk storage guidelines apply to mothers who have a healthy, full-term baby and are storing their milk for home use. You may find that, depending on what study or resource book you read, these storage tips may vary. Please ask your lactation consultant or healthcare provider for the best storage guidelines and recommendations.

<table>
<thead>
<tr>
<th>Storage Location</th>
<th>Temperature</th>
<th>Duration</th>
<th>Instructions</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 cool as much as possible. Covering the container with a cool towel may keep milk cooler. Keep ice packs in contact with milk containers at all times. Limit opening of cooler bag. Store milk in the back of the main part of the refrigerator, not in the door.</td>
</tr>
<tr>
<td>Insulated cooler bag</td>
<td>5-19°F or -15-4°C</td>
<td>24 hours</td>
<td></td>
</tr>
<tr>
<td>Refrigerator</td>
<td>33°F or 0°C</td>
<td>5 days</td>
<td></td>
</tr>
<tr>
<td>Freezer compartment or refrigerator with one door for both</td>
<td>5° F or -13°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>
</tr>
</tbody>
</table>

Getting Ready

- Wash your hands well and choose a relaxing place and position.
- Remove your bra and any tight clothing.
- You can place a warm, wet towel on your breast and massage it gently to encourage milk flow.
- If you plan to immediately feed it to your baby, collect your expressed breast milk in a spoon (for spoon-feeding) or a small medicine cup (for cup-feeding).
- If you choose to save your expressed breast milk, use a large, clean container with a wide opening to collect it.

Breast Pumps

There are three different kinds of pumps. The pump you use will depend on your reason for pumping and the amount of money you can spend.

- **Hand-operated** pumps are sold under several names at most department or drug stores and are small and portable.
- **Battery-operated** pumps tend to pump the milk slowly and can be unreliable.
- **Electric-operated** pumps are efficient and will help maintain your milk supply. Hospital-grade pumps such as Ameda™ are recommended. Some pumps can be rented.

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. Pumping both breasts at the same time will save time and is more efficient.

Cleaning Equipment

For healthy, full-term babies receiving breast milk, wash containers in soapy water and rinse well with hot water. Let the containers air dry. It is unnecessary to sterilize items. Refer to 34 for more information.

If your baby is premature (born too early) or is in the hospital, speak to a healthcare provider who has breastfeeding expertise about cleaning containers to store breast milk.
How to Keep Your Breast Pump Kit Clean

Providing breast milk is one of the best things you can do for your baby’s health and development. Pumping your milk is one way to provide breast milk to your baby. Keeping the parts of your pump clean is critical, because germs can grow quickly in breast milk or breast milk residue that remains on pump parts. Following these steps can help prevent contamination and protect your baby from infection. If your baby was born prematurely or has other health concerns, your baby’s health care providers may have more recommendations for pumping breast milk safely.

BEFORE EVERY USE

Wash hands with soap and water.

Inspect and assemble clean pump kit. If your tubing is moldy, discard and replace immediately.

Clean pump dials, power switch, and countertop with disinfectant wipes, especially if using a shared pump.

AFTER EVERY USE

Store milk safely. Cap milk collection bottle or seal milk collection bag, label with date and time, and immediately place in a refrigerator, freezer, or cooler bag with ice packs.

Clean pumping area, especially if using a shared pump. Clean the dials, power switch, and countertop with disinfectant wipes.

Take apart breast pump tubing and separate all parts that come in contact with breast/breast milk.

Rinse breast pump parts that come into contact with breast/breast milk by holding under running water to remove remaining milk. Do not place parts in sink to rinse.

Clean pump parts that come into contact with breast/breast milk as soon as possible after pumping. You can clean your pump parts in a dishwasher or by hand in a wash basin used only for cleaning the pump kit and infant feeding items.

Follow the cleaning steps given on the next page.

Clean Pump Kit

CLEAN BY HAND

Place pump parts in a clean wash basin used only for infant feeding items.

Do not place pump parts directly in the sink!

Add soap and hot water to basin.

Scrub items using a clean brush used only for infant feeding items.

Rinse by holding items under running water, or by submerging in fresh water in a separate basin.

Air-dry thoroughly. Place pump parts, wash basin, and bottle brush on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Do not use a dish towel to rub or pat items dry!

Clean wash basin and bottle brush. Rinse them well and allow them to air-dry after each use. Wash them by hand or in a dishwasher at least every few days.

OR CLEAN IN DISHWASHER

Clean pump parts in a dishwasher, if they are dishwasher-safe. Be sure to place small items into a closed-top basket or mesh laundry bag. Add soap and, if possible, run the dishwasher using hot water and a heated drying cycle (or sanitizing setting).

Remove from dishwasher with clean hands. If items are not completely dry, place items on a clean, unused dish towel or paper towel to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry!

After Cleaning

FOR EXTRA PROTECTION, SANITIZE

For extra germ removal, sanitize pump parts, wash basin, and bottle brush at least once daily after they have been cleaned. Items can be sanitized using steam, boiling water, or a dishwasher with a sanitize setting. Sanitizing is especially important if your baby is less than 3 months old, was born prematurely, or has a weakened immune system due to illness or medical treatment.

For detailed instructions on sanitizing your pump parts, visit www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding.html

STORE SAFELY

Store dry items safely until needed. Ensure the clean pump parts, bottle brushes, and wash basins have air-dried thoroughly before storing. Items must be completely dry to help prevent germs and mold from growing. Store dry items in a clean, protected area.

Learn more about safe and healthy diapering and infant feeding habits at www.cdc.gov/healthywater/hygiene/healthychildcare.
**Warming Breast milk**

- Date stored breast milk. Use the container with the earliest date.
- Leave the container of frozen breast milk in the fridge for 4 hours.
- Place the container of frozen breast milk in a cup or bowl of warm tap water or under warm running water.
- Place the container of frozen breast milk under cool, running water. Once it has begun to thaw, run warm water to finish thawing.
- Never thaw frozen breast milk at room temperature.
- Do NOT heat frozen breast milk in a microwave or in a pan of boiling water! This type of heating destroys the nutritional quality of the breast milk.
- Frozen milk must be refrigerated after thawing and used within 24 hours.

**Thawing Frozen Breast milk**

- Place the container of frozen breast milk in a cup or bowl of warm tap water or under warm running water.
- DO NOT heat on the stove or in the microwave oven. Microwave heating is uneven, and babies have gotten burns in the mouth and throat from overheated milk.
- Never thaw frozen breast milk at room temperature.
- 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.

**Discard Unused Breast Milk Left in Bottle After Feeding**

- Bacteria from the baby’s mouth will have contaminated any unused breast milk remaining in a bottle after a feeding.
- Never reuse any milk left in a bottle after a feeding.
- Do not add it to any other milk to be stored.

**Stored Breast Milk**

**When Mom is Away**

The longer you can be with your baby to establish a breastfeeding relationship, the better you will maintain your milk supply with pumping while separated from the baby. When you need to be away from your baby at feeding times, you can begin to introduce a bottle after your baby is three weeks old and breastfeeding is well-established. 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.

**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.
- Your breasts will gradually adjust to the decrease in nursing.
- 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 when he was nursed, so the final number of bottle feedings will be fewer than the number of times he was breastfeeding.

**Breastfeeding Mothers Returning to Work**

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.

Employers in the past have recognized six weeks as a reasonable time to recover from the birth of your baby. On occasion, your healthcare professional may require that you stay home longer because of a special medical problem. Other circumstances may require that you return to work earlier.

- Discuss your needs with your employer.
- Organize your day to incorporate regular pumping sessions.
- Wear comfortable clothes with easy access for pumping.
- Find a place at work to store your breast milk.
- Eat healthy snacks and drink plenty of water.

There are great breast pumps on the market today that can help support your decision to continue to breastfeed. Check with your hospital or lactation center for breast pump rental and purchase prices. Your employer may be flexible and have several options for you. You should explore all the possibilities as soon as possible.

- Eat healthy snacks and drink plenty of water.
- Find a place at work to store your breast milk.
### My Baby's Daily Record (Days 1-10)

Circle the time of day you breastfeed and diapers.

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Goal: 8 to 12 nursings</th>
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<tbody>
<tr>
<td>Wet diaper:</td>
<td>W</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
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<tr>
<td>Black tarry soiled diaper:</td>
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<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Yellow soiled diaper:</td>
<td>S</td>
</tr>
</tbody>
</table>

If on a certain day, your baby has fewer wet diapers and/or fewer dirty diapers than listed on your breastfeeding log, contact your baby’s healthcare provider or lactation consultant. This log is designed for use with a well, full-term newborn. Ask your baby’s healthcare provider what you need to know about breastfeeding your premature or special needs newborn.

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### My Baby's Daily Record (Days 11-20)

Circle the time of day you breastfeed and diapers.

<table>
<thead>
<tr>
<th>Day 11</th>
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<table>
<thead>
<tr>
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<td>Wet diaper:</td>
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<td>12</td>
<td>1</td>
</tr>
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<td>Yellow soiled diaper:</td>
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<table>
<thead>
<tr>
<th>Day 13</th>
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</thead>
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<td>Wet diaper:</td>
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</tr>
<tr>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Yellow soiled diaper:</td>
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<table>
<thead>
<tr>
<th>Day 14</th>
<th>Goal: 8 to 12 nursings</th>
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38 womans.org | Woman's Lactation Warmline 225-924-8239

Woman's Lactation Warmline 225-924-8239 | womans.org 39
Dietary Needs for the Breastfeeding Mother

Although you may be tempted to try to lose weight after delivery, this is not the time to go on a diet.

Initially, milk production is independent of what you eat the first four weeks following delivery because the calories needed for breast milk production are derived from the fat accumulated during the pregnancy. However, beyond the first four weeks of breastfeeding, your calorie needs increase because your body uses energy to continue 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 tablespoon peanut butter, 6 graham crackers, 8 oz milk

Eating a well-balanced, healthy diet is recommended 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.

A nursing mother needs an additional 500 calories per day. Unless you have food allergies or special dietary needs, your daily diet should include:

<table>
<thead>
<tr>
<th>Bread, Cereal, Rice and Pasta</th>
<th>Vegetables and Fruits</th>
<th>Lean Protein</th>
<th>Dairy</th>
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<tr>
<td>6 to 11 servings</td>
<td>2 to 3 servings</td>
<td>4 to 6 servings</td>
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<td>5 to 9 servings (or half your plate)</td>
<td>Lean beef, pork, chicken or turkey, dried beans/peas or soy protein are good sources of lean protein. Seafood is also 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. Fat-free or low-fat milk. Soy or almond milk if you don’t drink milk. Low-fat yogurt and cheese are also good choices.</td>
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<tr>
<td>At least half of these should be whole grains. Whole grains provide more nutrients and fiber. Look for 100% whole grain or 100% whole wheat on food labels.</td>
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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. The color of your breast milk may vary with your diet as well. It typically takes about four to six hours from the time food is eaten for it 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.

If you have any concerns or questions about your diet, call your lactation consultant or healthcare provider.

Additional Dietary 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 milk. To get the energy and high-quality proteins 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

If you would like a registered dietitian to advise you on your individual needs during breastfeeding, or if you would like help in making menu selections, call our Food and Nutrition Services Department at 225-924-8451. Inform your baby’s healthcare provider if you are placed on any medications.

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If you have any concerns or questions about your diet, call your lactation consultant or healthcare provider.
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 your 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 OK if your baby doesn’t take the second breast at every feeding.

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:
  1. You may feel relaxed, drawny or thirsty and you may have tingling in your breasts.
  2. You may feel some contractions in your uterus.
  3. 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.
  1. Help your baby open his mouth widely by using your nipple to tickle his nose or upper lip.
  2. 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.”
  3. 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.

Signs of Baby 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 to Do When Your Baby Strikes Out
Watch your baby, not the clock! Don’t wait until your baby is upset. Nurse when you first see hunger cues:
• Hand-to-mouth movements
• Sucking or lip smacking motions
• Rapid eye movements under the eyelids
• Squirmy body and small sounds
• Anything other than deep sleep or quiet alert states

How Long to Nurse Your Baby
Every baby is different! Some only need to nurse for a few minutes; others nurse for more than 30 minutes. Sometimes babies go long stretches between feedings (three or more hours); sometimes they nurse frequently within a one-hour period called “cluster feeding.”
10 Steps to the Breast Start

1. All you need is breast milk!
   - Breast milk is the perfect food for your baby.
   - The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of your baby’s life.
   - Breast milk is a wonderful gift to your baby that only you can provide.

2. Frequent breast feeds — not formula.
   - It is important to remember that babies do not eat on a schedule, and breast milk is produced on a supply and demand basis.
   - The more often you breastfeed, the more breast milk you make. If you give formula, your baby will feel too full to nurse frequently.

3. Feed early and often.
   - Feed early and often — at least 8 to 12 times per 24 hours.
   - Feed your baby on demand at the earliest signs of hunger.
   - Remember that crying is a late sign of hunger.

4. The early days.
   - Long-term success with breastfeeding greatly depends on what is done the first few weeks after you deliver.
   - A newborn needs very little breast milk for the first 3 to 4 days of life.
   - Your baby will get colostrum from your breast to meet this need.
   - Colostrum is the thick, golden “pre-milk” that offers many immunity benefits for your baby.
   - On average, you can expect your milk to transition from colostrum (thick, golden “early milk”) to mature milk by the third day after delivery.
   - Weight loss in your baby of up to 7 percent from birth weight is normal.
   - Your baby should regain his birth weight by 10 to 14 days of life.

5. Latching on “Chin-to-breast, chest-to-chest”
   - Remember, if your baby is latched on and sucking correctly, it is normal to feel a tugging sensation without painful pressure on your nipple.

6. Look and/or listen for swallows.
   - To help you know if your baby is getting breast milk, look for signs and/or listen for sounds of frequent swallowing or gulping while breastfeeding.

7. Watch your baby, not the clock.
   - Allow your baby to set the feeding pace and breastfeed until he is finished.

8. Just say “no” to pacifiers and bottles.
   - Unless you plan to pump and bottle feed only, you should avoid pacifiers and other artificial nipples for the first 4 to 8 weeks.
   - Giving bottles or pacifiers before this time can lead to “nipple preference” or “nipple/suck confusion”.
   - If pacifiers and/or bottles are used when your baby is hungry, it may be difficult for you to hear or see your baby’s feeding cues. As a result, you may not be nursing often enough to make enough milk to meet your baby’s needs.

9. Just say “no” to supplemental formula unless...
   - Do not give formula or other supplements unless there is a medical reason (such as your baby having low blood sugar or if your breastmilk has not yet transitioned from colostrum to mature milk by days 5 to 7 after delivery).
   - Before supplementing your breast milk without a medical reason, discuss your decision with your baby’s doctor, lactation consultant and/or hospital nursing staff.

10. Ask for help — it’s worth it!
    - To give you and your baby the best chance at successful breastfeeding:
      - Ask your nurse for help while in the hospital.
      - Follow-up with your baby’s doctor as directed and/or with any concerns after you go home.
      - Call our Warmline at 225-924-8239 or refer to your breastfeeding guide for further guidance as needed.
      - Don’t wait too long to get the help you need to make breastfeeding easier.
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 drinking 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?
The body takes water from your system to make breast milk. To prevent dehydration and promote healing, try to drink 8 to 12 (8-oz) glasses of water or other liquids a day. This amount should:
• Prevent dehydration and keep your urine a pale yellow color
• Prevent constipation and keep your bowel movements soft

The best advice is to listen to what your body needs and drink to satisfy thirst. 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.

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.

Are my breasts too small to breastfeed?
Breast size has nothing to do with milk production. Do not let anyone tell you differently.

Will my breasts leak all the time?
It’s not uncommon for you to be out in public and hear another baby cry, causing your milk to let-down. Applying gentle pressure to the nipple will usually stop the flow of milk. Disposable or washable breast pads are available to wear on the inside of your bra to protect your clothes from wet spots. Make sure to change them as needed so the dampness does not break down your nipple tissue. Leakage becomes less problematic as time goes on.

Can I breastfeed if I have had breast surgery?
Breast surgery, including augmentation as well as breast reduction with nipple relocation, can affect a woman’s milk production. Studies have shown that some women can still be successful with breastfeeding even though they have had these types of breast surgeries. A supplemental device can also be used to give a baby extra milk while at the breast. Discuss this with your lactation consultant. A baby’s weight should be carefully monitored to ensure proper weight gain.
Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in—allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

As part of our Baby Friendly Initiative, Woman’s is committed to educating our patients on the benefits of breastfeeding and ensuring all new moms and babies have a successful breastfeeding journey. Please see our policy below:


The Ten Steps to Successful Breastfeeding form the basis of the Baby-Friendly Hospital Initiative, a worldwide breastfeeding quality improvement project created by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF).

Baby-Friendly hospitals and birth centers also uphold the International Code of Marketing of Breast Milk Substitutes by offering parents support, education, and educational materials that promote the use of human milk rather than other infant food or drinks, and by refusing to accept or distribute free or subsidized supplies of breastmilk substitutes, nipples, and other feeding devices.
Resources

Woman's Resources You May Need
Breastfeeding Consultations .................. 225-924-8239
Breastfeeding Support Group .................. 225-231-5475
Breastfeeding Warmline .................. 225-924-8239
Breastfeeding accessories and breast pump
rentals at Mom & Baby Boutique .............. 235-231-5578
Fitness (mom and baby exercise classes) ..... 225-924-8300
Genetics Clinic .................................. 225-924-8550
Health Information Management ............. 225-924-8753
Medical Records
Birth Certificates ................................. 225-924-8271
Lab Services ..................................... 225-924-8313
Patient Accounting (billing questions) ......... 225-924-8106
Patient Relations (patient satisfaction hotline) 225-231-5555
Pastoral Care (Chaplain) ......................... 225-924-8456
Photography (Newborn / Baby Photos) ...... 225-924-8997
Social Services .................................. 225-924-8456
Spa Services ..................................... 225-924-8388
Therapy Services (Adult and Pediatric) ...... 225-924-8450
Occupational Therapy
Physical Therapy
Speech Pathology
Hearing Services
Women’s, Diabetes Prevention Center ........ 225-924-8550
Women’s Website .............................. womans.org

BreastTime Virtual Consultations
If you need assistance with breastfeeding, but don’t have time to leave home, Woman’s offers live, virtual breastfeeding appointments with our lactation nurses in the convenience of your own home via iPhone™, iPad™, or Android™ phone. FEE
• Consultations are one hour
• Schedule your virtual consultation or learn more at womans.org/BreastTime.

Woman’s Pregnancy App
Woman’s Pregnancy app features helpful information as well as a breastfeeding and breast pumping log to keep you on track. Search “Woman’s Hospital Pregnancy” in the App Store or Google Play Store.
FREE

Support Group
Twice each month, moms and babies get together to share their successes and challenges. A certified lactation consultant leads this morning support group. It’s free, and registration is not required. Visit womans.org/classes for dates. FREE

Breastfeeding Classes

In-Person Classes
Learn the benefits of breastfeeding, how to prepare for breastfeeding, how to avoid common problems, and more. Visit womans.org/classes. FEE VARIES

E-Class
Our online breastfeeding class uses videos, personal stories, animations and activities to prepare for breastfeeding. Visit womans.org/classes for more information.

Community Resources
Abados Para Bebes Sanos
1-800-251-BABY (2229)
Conecta a mamás embarazadas con recursos, servicios e información
AbadosParaBebesSanos.org
Battered Women’s / Domestic Violence Crisis Line
1-800-541-9706
CDC Information Line
1-800-232-4636
Provides information on vaccines and immunizations.
Child Abuse Helpline
1-800-422-4453
Crisis Line (The Phone)
225-924-3500 or 1-800-437-0303
Greater Baton Rouge Food Bank
225-359-9940
LABreastfeedingSupport.org
Zip code search of breastfeeding resources and more
La Leche League International
Call 1-800-LALECHE (525-3243) for mother-to-mother breastfeeding support, encouragement and information
www.lalecheleague.org
Louisiana Breastfeeding Coalition
Provides breastfeeding information and resources for mothers, families and communities
Louisianabreastfeeding.org
Louisiana Poison Control
1-800-222-1222
Partners for Healthy Babies
1-800-251-BABY (2229)
Connects moms to pregnancy resources, services and information
PartnersforHealthyBabies.org
Resources for Infant Needs
United Way
211 or http://211.org/
Text4Baby.org
FREE texts on prenatal care, baby health, parenting and more.

Resources for Women, New Mothers, Infants and Children WIC will schedule a clinic visit as soon as possible after delivery for breastfeeding moms and their infants to provide timely breastfeeding support.

To locate a WIC clinic near you, please call 1-800-251-BABY (2229)
East Baton Rouge Parish WIC Clinic
225-925-1606
Livingston Parish Health Unit
225-686-7017 or 225-686-9363

Louisiana WIC
WIC provides nutritious services, breastfeeding support and supplemental food for pregnant women, new mothers, infants and children. WIC will schedule a clinic visit as soon as possible after delivery for breastfeeding moms and their infants to provide timely breastfeeding support.

To locate a WIC clinic near you, please call 1-800-251-BABY (2229)
East Baton Rouge Parish WIC Clinic
225-925-1606
Livingston Parish Health Unit
225-686-7017 or 225-686-9363

Text4Baby.org
FREE texts on prenatal care, baby health, parenting and more.

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Text4Baby.org
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FREE texts on prenatal care, baby health, parenting and more.
Look back for little ones!

Who’s in the backseat?

Backseat Reminder
Woman’s offers backseat reminder tags to families as an extra reminder to check for your child in the backseat. Ask for yours at Woman’s valet parking, main lobby information desk or cut one out from the back of this book and hang it from your rear-view mirror.

womans.org