



 Athens-Limestone Hospital

Breastfeeding Guide



You and your baby
are very special to us.

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Benefits of Breastfeeding

Athens-Limestone Hospital supports exclusive breastfeeding because of the proven health benefits. That's why our staff includes International Board Certified Lactation Consultants® (IBCLC®) and maternity nurses with special training in breastfeeding support. The World Health Organization (WHO), United Nations Children's Fund (UNICEF) and American Academy of Pediatrics (AAP) all recommend exclusive breastfeeding for the first six months and complementary foods with continued breastfeeding for up to two years of age or beyond.

According to the Academy of Breastfeeding Medicine, the benefits of breastfeeding include:

Benefits for the baby

Breast milk:

- Is rapidly and easily digested
- Contains a perfect balance of nutrients for baby
- Changes over time to meet the changing needs of a growing baby

Breastfeeding:

- Provides skin-to-skin contact that babies love
- Provides antibodies to help fight infection
- Reduces the baby's risk of ear infections,

- respiratory tract infections, diarrhea and meningitis
- Lowers the risk of the two most common inflammatory bowel diseases (Crohn's disease and ulcerative colitis)
- Decreases the incidence of Sudden Infant Death Syndrome (SIDS)
- Lowers the risk of adolescent and childhood obesity

Benefits for the mother

Breastfeeding:

- Reduces the risk of postpartum bleeding
- Contributes to a feeling of attachment between mother and baby
- Reduces osteoporosis
- Decreases the risk of ovarian and breast cancers

Tips for the best start for baby:

- Nurse your baby as soon as possible after delivery and ask for help if needed
- Do not limit the length of feedings
- Breastfeed on demand with at least 8-10 feedings in 24 hours
- Babies may or may not take both breasts at each feeding
- Avoid artificial nipples during the first few weeks

Successful Breastfeeding

Breastfeeding is the natural progression of nourishing a baby after delivery. Both you and your baby have instincts that will help guide you, but it may take time for each of you to master breastfeeding. While it should be painless and pleasant for both of you, you may experience some initial tenderness. To avoid significant soreness or damage to the nipples, we encourage you to learn correct positioning and latching the baby to the breast. It is also important to understand breast and nipple care.

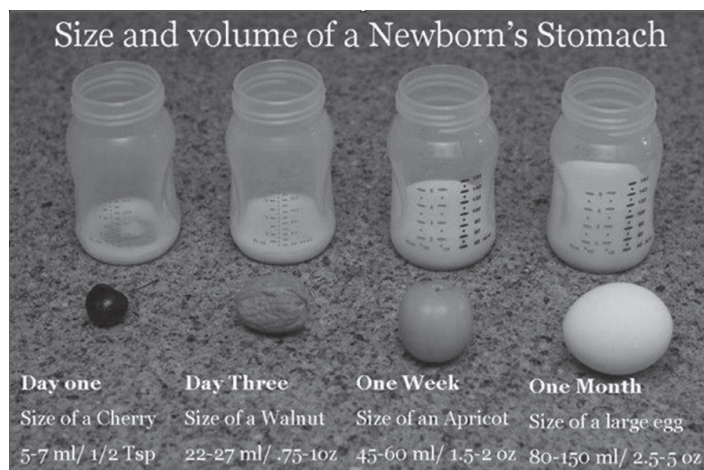
Positioning

- Relax in a comfortable position.
- Baby should be well-supported on pillows so that he is at breast level. A nursing pillow may be helpful but is not necessary.
- Holding your baby skin-to-skin will often help your baby's responsiveness to nursing.
- Position your baby so he is facing the breast with his nose across from your nipple. The rest of his body should be aligned with his head. This means that his ear, shoulder and hip will be in a straight line.
- Support your breast with your free hand. The "C" and "U" holds are common ways to support breasts while breastfeeding. It is important to keep your fingers far enough off the areola (the dark area around your nipple) so they don't interfere with the latch.
- Use a "sandwich hold" to achieve a better latch on. Gently squeeze the breast to shape it like an oval that fits deeply in your baby's mouth.

Latch

In order for your newborn to feed successfully, he must first latch on to the breast. This means that his mouth is around the nipple and a large part of the areola and pulls the breast tissue deep into his mouth. This may cause brief discomfort when he creates a seal.

- Hold the baby with your arm supporting his back and shoulders, your hand low on his head, fingers pointing to his ears.
- As you support the breast, line your thumb up with his nose and your nipple. Tickle his nose and upper lip with your nipple. This will often cause the baby to "root." Rooting is when the baby opens his mouth very wide (like a yawn). Some babies may take a minute or two to respond.
- When his mouth is wide open, 140 degrees, bring the baby in quickly, his chin reaching you first.
- Keep his body held in close to yours, his cheeks and nose touching your breast.



Nursing

After the initial latch, you will feel a tugging or pulling sensation as your baby sucks. You should not feel pain or a pinch.

- The baby will suck several times, followed by a few seconds of pause. Your baby will probably begin sucking again on his own. If he doesn't, you may compress the breast which will push some milk towards him and move the nipple in his mouth.
- Alternate which breast you start with and switch sides when swallowing slows. It is okay if baby doesn't take the second breast at every feeding.
- An asymmetric latch allows the nose to be free. It is not necessary to pull the breast away from his nose. This can cause your nipples to become sore and irritated. It may also cause him to slide back on the nipple, disrupting the latch.
- It is easier to breastfeed before your baby becomes fussy or agitated from hunger. Look for cues or signs that he is ready to feed. These include a quiet alert state, moving hands to his mouth, opening his mouth, sucking movements, licking motions, soft cooing, stretching or fidgeting.
- Avoid artificial nipples like bottles and pacifiers until breastfeeding is well-established. This usually takes 2-4 weeks. See "Pacifiers and breastfed babies" on the next page for more info.
- If your baby is agitated, place him skin-to-skin to calm him and try again.

Signs of milk transfer

- Baby's body and hands are relaxed.
- You may be able to see or hear your baby swallowing.
- You may feel relaxed, drowsy or thirsty.
- You may feel some contractions in your uterus.
- Your other breast may leak milk.

Nipple care

Tender and sensitive nipples are normal as you begin breastfeeding your new baby. However, very sore, cracked or bleeding nipples are not normal. Persistent pain and damage to nipples are almost always caused by the way a baby latches onto the breast. Significant soreness and damage can occur quickly if the baby has a shallow latch. If pain persists during a feeding, break the seal and remove the baby from the breast. Put your finger in the corner of the baby's mouth between the gums until you feel the seal break. Keep your finger there as you move the baby away to avoid irritating the nipple as you remove him. If the latch does not feel right, break the seal and start over.

- Start on the least sore side and rotate the position of your baby at each feeding.
- Correct an incorrect latch right away. Check for a wide open, 140 degree mouth.
- If damage has occurred, apply breast milk to the damaged area and allow to air dry.
- Wear breast shells between feedings if needed. Keep bra pads clean and dry.
- Avoid restrictive, tight-fitting bras and skipped feedings, both of which can contribute to plugged ducts and possibly infection.
- Use hydrogel dressings to speed healing.
- When bathing, use only water on nipples and areola. Use of alcohol, soaps or creams can remove the skin's natural oils and promote soreness or cracking of the nipple.
- If you feel things are worsening or not improving, ask for help.

Taking your breastfeeding baby home

Building your milk supply

- Feed early and often. Keep your baby with you so you are able to watch for early hunger cues.
- Only use formula supplement if there is a medical reason and you are unable to provide your breast milk.
- Breast swelling normally lessens at about 7-10 days and is NOT a sign of decreased milk supply.
- If baby is sleepy, skin-to-skin contact can encourage feeding. You can also use breast compression to stimulate a sleepy baby to eat.

When to ask for help:

- Trouble with latching
- Sore nipples
- Plugged ducts
- Slow weight gain or weight loss
- Trouble pumping or getting a pump
- General questions or concerns

Our lactation consultants are available to help you in the hospital and after you and your baby are discharged. Call (256) 658-8210 to speak with a lactation consultant.

Pacifiers and breastfed babies

Mothers often ask about the appropriate use of a pacifier. Some want to use them to calm their baby; others are afraid to. Long thought to be a help for crying babies and frazzled parents, there are some new insights into the use of pacifiers for breastfed babies.

Shorter duration of breastfeeding

Recent studies unveiled that the use of a pacifier before two weeks of age resulted in superficial

Avoid artificial nipples (pacifiers and bottles) until breastfeeding is well established.

and ineffective suckling technique in many infants, leading to greater chance of breastfeeding difficulties.

Findings suggested that the prerequisite for a smooth

breastfeeding period is correct suckling from the beginning, and that the excessive use of pacifiers and early introduction of occasional bottles should be avoided. Findings also revealed that infants using pacifiers were three times more likely to have a shorter duration of breastfeeding.

The cholecystokinin link

Cholecystokinin is a hormone that is released in the infant's gut in two waves: first by the action of suckling and second by the presence of milk/fat in the gut. This hormone causes satiety, sedation and sleepiness, and can also be triggered by sucking on a pacifier, resulting in missed feedings and failure to gain weight.

Pacifiers and Sudden Infant Death Syndrome (SIDS)

The use of pacifiers has been linked with reduction in the incidence of SIDS, with the American Academy of Pediatrics even recommending the use of a pacifier while going to sleep. However, to reduce the negative impact on breastfeeding, it is still recommended not to use the pacifier in this capacity until breastfeeding is well established (after the first few weeks). The risk of SIDS is highest in the second and third months of life, at which point the use of the pacifier is recommended as the baby falls asleep (the pacifier does not need to be replaced if it falls out of the baby's mouth while sleeping).

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Special Challenges

Breast Engorgement

Between 3-5 days after delivery, your breasts will begin to feel heavier, fuller and possibly warm. This is referred to as “the milk coming to volume” and occurs when your breasts transition from colostrum to milk. The tissue of the breasts can also become engorged (swollen, firm, hard). This may cause you discomfort and make it difficult for your baby to latch on to the breast.

Feeding your baby frequently will help minimize engorged or swollen breasts, and it will also help match your breast milk supply to the amount and frequency your baby needs. If the engorgement is severe, prolonged or if you are unable to drain the breast, seek help from a lactation consultant or other professional.

Prevention and treatment

- Breastfeed your baby 8-12 times in 24 hours.
- If the baby has trouble latching due to the fullness of the breast, soften the nipple and areola first with warm compresses and massage. Pumping or hand expression briefly may also help.
- Make sure the baby has the correct, deep latch to effectively remove milk. This also helps to avoid painful nursing and damage to the nipples.
- Massage or compress the breast during the feeding to help the breast drain.
- Allow the baby to completely drain the breast before removing the baby or switching to the other breast.

- If the baby will not latch, hand express or pump to remove milk from the breasts.
- Apply warm compresses or shower (about five minutes) and massage prior to feeding the baby.
- Use ice packs after feeding/pumping for relief of swelling and pain. You can also wrap a bag of frozen peas or corn in a light towel instead of using ice. Limit to 15-20 minutes.
- Use pain medicines or anti-inflammatory drugs as recommended by your doctor.

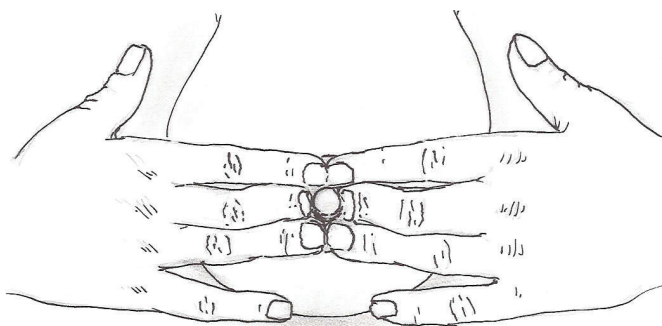
Heat, redness, flu-like symptoms and fever (101.0 F or greater) are signs of a serious infection. Call your doctor.

Reverse pressure softening

Another method to relieve engorgement and related latch issues is reverse pressure softening (this full feeling is only partly due to milk). Reverse pressure softening temporarily moves some swelling backward into the breast, allowing for easier milk flow. Delayed or skipped feedings may also cause the tissue around your milk ducts to hold extra fluid much like a sponge (this fluid never goes to your baby). Avoid long pumping sessions and high vacuum settings on breast pumps to prevent extra swelling of the areola itself.

1. Place your fingers on your areola (the circle around the nipple).

2. If breasts are very firm from swelling, lie down on your back to allow gravity to help.
3. Push gently but firmly straight inward toward your ribs.
4. Hold the pressure steady for a period of 1 to 3 full minutes.
5. Relax, breathe easy, listen to a favorite song.
6. Watch a clock or set a timer. To see your areola better, try using a hand mirror.
7. It's OK to repeat the inward pressure again as often as you need. Deep "dimples" may form, lasting long enough for easy latching. Keep testing how soft your areola feels.
8. Offer your baby your breast promptly while the circle is soft.



Returning to work

Set yourself up for pumping success by establishing a plan before returning to work. Decide in advance where and when you will pump. Plan on each pumping session taking 10-20 minutes. Remember to include your prep and clean up time. Find out if your office has a refrigerator or freezer to store your breast milk. If not, you will need to bring a cooler. Do you need a battery pack or hands-free bra? Reach out to your coworkers who have been successful at pumping for advice. You don't have to have a freezer full of milk before returning to work, but you will need some milk stored for that first day you are away from your baby. Aim to have at least 16 ounces in the freezer as backup. Pump at your regular nursing/feeding times while you are away from your baby. Try to pump within the hour of your normal nursing sessions. Do not skip pumping sessions as this can cause plugged ducts and decreased milk supply. If you cannot pump as often as you need to while at work, make sure to do some extra pumping when at home. Two to three weeks before you have to return to work, begin adding some pumping to your schedule. Several times a day, pump for 10-15 minutes after you have nursed your baby. You may not collect a lot at first as your body gets used to the

pump and your request for extra milk. The milk you pump at work can be used the following day and you can freeze any extra. Make sure to use a cooler and ice packs to carry your milk home.

Choose a breastfeeding-friendly caregiver — don't be afraid to be very specific about your feeding preferences and techniques. For example, some breastfeeding babies eat smaller amounts more often, unlike their formula-fed counterparts. Make sure your baby's caregiver knows how to do paced feedings. Encourage your caregiver to learn your baby's hunger cues.

Until you know how much your baby will take at each feeding while away, you should store your milk in smaller amounts. Your childcare provider can always warm up more if needed. It is a good idea to have a few 1-2 ounce bottles in the beginning while your baby and the childcare worker are learning each other.

Breastfeeding Late Preterm Babies

Lactation consultants

While many late preterm babies (born between 34-36 weeks, 6 days) do well, there are some techniques to ensure that your baby stays well nourished while you are learning to breastfeed. The lactation consultant will visit with you and work with your nurse and your baby's physician to develop a breastfeeding plan for you and your baby.

Alert time

Although your baby may be alert when you begin to breastfeed, many late preterm babies will fall asleep during breastfeeding and some will have trouble waking up to breastfeed. This is normal late preterm behavior. Because your baby's alert time may be shorter than a full term baby, it is very important that you wake your baby at least every 3 hours for diaper change and feeding. If you have trouble waking your baby, ask your nurse for help.

Feedings

Many late preterm babies latch on easily and feed well, but if you and your baby are having trouble ask your nurse for help. It is important that you pump both breasts for 15 minutes after each breastfeeding session. The extra stimulation will help with milk production. An electric breast pump will be delivered to your room after you arrive.

Temperature control

While it's important to keep your baby warm and wrapped in a swaddler with a cap on, it is best to remove any blankets and swaddlers when you begin to breastfeed. Being skin to skin helps keep your baby warm and awake during feeding. A tightly wrapped baby may have trouble staying awake

during the feeding. Once your baby latches on, you can place a blanket over your baby. It's a good idea to keep a cap on your baby during feeding.

How can dads/partners support breastfeeding?

Women are more likely to breastfeed longer when they are actively supported by a partner, leading to more health benefits for mom and baby and to a meaningful bonding experience for the whole family.

Give emotional AND practical support: Encouraging words and acts of kindness can go a long way to help breastfeeding mothers.

Provide stress relief: Older children, guests and other factors can make breastfeeding stressful. Talk with your partner to learn what causes stress and then take steps to minimize those things.

Make breastfeeding easier: There are many things you can do to make breastfeeding easier such as bringing dinner to mom and making sure she is comfortable and has what she needs during breastfeeding sessions (water, magazine, blanket).

Get involved in your baby's care: Giving baths, changing diapers and getting baby ready for bed will help breastfeeding moms who need to rest, and it gives you the chance to bond with baby.

Colostrum

Colostrum is the very early milk that your body makes during pregnancy and for the first few days after birth. Colostrum is different from breast milk but is still beneficial for your baby. Colostrum contains high amounts of antibodies and other substances that help protect your baby from infection, bowel disease and other health problems.

Even if your plans do not include breastfeeding, we encourage you to save colostrum so it can be given to your baby. The lactation consultant will teach you how to manually express your colostrum. Then if you choose to pump, you may only get drops of colostrum at first. Your baby will benefit even from this small amount.

Be sure you notify your nurses or lactation consultants of your plans for breastfeeding or pumping so they can assist you.

Pumping while your baby is in the Neonatal Intensive Care Unit (NICU)

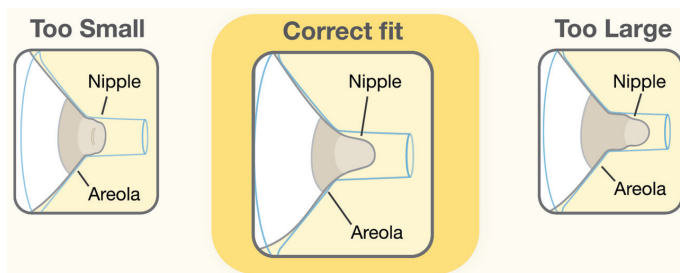
Although having a baby in need of the specialized care provided in the NICU can be unexpected, you do not have to change your plans to breastfeed. Our team of dedicated IBCLCs will help you achieve successful breastfeeding.

First, it is vital that you stimulate your breasts by pumping until your baby is able to breastfeed. Electric breast pumps are available for you to use in the hospital at no charge. These pumps are also available at the Blount Hospitality House and Shannon House. Your nurse will instruct you on how to assemble and use the breast pump. Pump each breast for 15-20 minutes every 2-3 hours around the clock. Try to not go longer than four hours at night without pumping. Double pumping is faster and has been shown to improve milk production.

Your initial milk, called colostrum, is loaded with antibodies, which are very important for your baby. Colostrum helps protect babies from infection, bowel diseases and other complications. Every drop of colostrum should be collected and saved.

To express milk:

- Be sure to wash your hands
- Sit in a comfortable position
- Relax. To help your milk let down, try thinking about your baby, looking at your baby's picture, listening to a recording of your baby's sounds or touch a blanket that has been close to your baby (you can keep blanket in sealed bag to help maintain baby's scent).
- Obtain a milk-collection kit and labels from your nurse
- When handling a pump, bottles and milk, take care not to cough, sneeze or touch inside of bottles
- Place breast flanges (shield) over your breasts. Your nipple should be centered in the shield. See diagram below for breast flange size guide. For more info, visit: youtu.be/qvV4IVLMEkA



It's normal to only see drops of colostrum on your nipple at first. Do not get discouraged. Keep pumping every 2-3 hours with a goal of 8-10 times in 24 hours. Babies in the NICU can be on varied schedules, so it is important that you continue your routine pumping schedule. You may notice an increase in milk production approximately 3-5 days after delivery. Your breasts may have extra and even uncomfortable fullness at this point. This is called breast engorgement and is temporary.

By day 7, you should be producing about 30 milliliters (1 ounce) or more of milk when you pump. If you have concerns about the amount of milk you are producing, talk with a NICU lactation consultant.

Collection and storage of breast milk for your NICU baby

- After pumping is complete, remove storage bottles from equipment and place lids on each bottle. Do not combine into one bottle.
- Label each bottle with an infant label.
- Write the date and time of the pumping session on each label.
- Your milk collection kit will include 120 blue circle stickers and 60 1-ounce collection containers. Place the blue circle stickers on the collection containers for the first 60 pumping sessions after birth (2 bottles per pumping equals 120 bottles/120 stickers).
- Write “#1” on the first two collection containers and “#2” on the second two collection containers, etc.
- During the first 2-3 days, you may only produce a few drops or nothing at all. This is normal. Any amount of colostrum or breast milk is valuable and worth saving. If you do not produce any colostrum or milk during a pumping session, be sure to discard those containers and use the next container in the number sequence at your next pumping session.
- If you have multiples (twins, triplets, etc.) place a label for each infant on the container of expressed milk.
- Refrigerate or freeze milk based upon recommendation from your baby’s nurse and bring to your baby’s NICU nurse.
- Be sure to transport milk in an insulated bag or ice chest, keeping milk frozen or cold with freezer packs.
- Milk can be refrigerated for 96 hours from the time of pumping until feeding.
- For the safety of all babies in the NICU, unlabeled bottles will be discarded.

Milk production at two weeks after delivery

At two weeks after delivery, if your supply is in the borderline range to low range, please notify a NICU lactation consultant.

Ideal	750-1000ml	(25–30 ounces) daily
Borderline	350-500ml	(12–17 ounces) daily
Low	<350ml	(12 ounces) daily

Women, Infants and Children (WIC)

WIC is a supplemental nutrition program for pregnant women, breastfeeding women, women who had a baby within the last six months, infants and children under age five. For information on income requirements refer to page 57 in the Postpartum and Newborn care portion of this book.

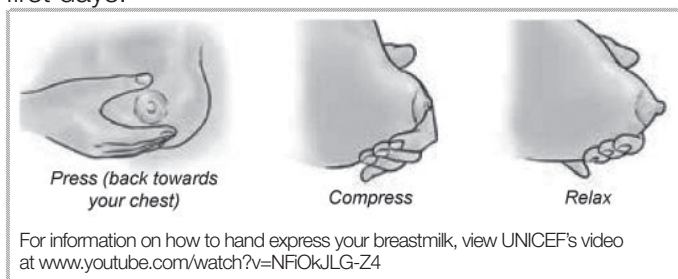
Breast Milk Collection & Storage

Collecting breast milk (pumping or hand expression)

- Sanitize hands or wash with soap and water.
- Pumping or hand expression should not hurt.
- If you are pumping, be sure you are using the correct size breast shield. A breast shield too large or too small can make pumping uncomfortable and can affect the amount of milk you collect. If your nipple does not move freely in the tunnel, it is too small.
- Some moms choose to pump both breasts simultaneously to save time. It can also increase breast stimulation.
- Strive to pump or express every three hours when you are away from baby. Sessions of just 15 minutes will help protect your milk supply.
- There are a variety of breast pumps available. Our lactation consultants can help you determine which is best for you. Many insurance plans cover the cost of purchasing a breast pump. Insurance benefits can be verified with a quick phone call.
- Remember to clean pump parts after each use with warm, soapy water.

Hand expression

There are several reasons to use hand expression to collect breast milk. It can be useful in the early days to tempt your sleepy baby to eat. It also helps soften engorged (swollen) breasts to make it easier for your baby to latch. Research shows that using hand expression early can boost long-term milk supply. Hand expression can work better than pumping in the first days.



- Begin with gentle breast massage for about one minute.
- Cup your breast with a "C" hold. With your fingers about an inch back from the areola (dark area around nipple), press back toward your chest.
- Compress (squeeze) your breast while moving your fingers forward toward the nipple. Avoid sliding the fingers.
- Relax and start again. You can change hand positions to drain breast.
- Go back and forth between each breast.
- You can express breast milk into a spoon or cup.

For additional resources, visit: med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html

Hands-on pumping

Hands-on pumping uses breast massage and compression during a pumping session, and can help you effectively drain the breast.



How to keep your breast pump kit clean*

Keeping the parts of your pump clean is critical because germs can grow quickly 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

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.

*information provided by Centers for Disease Control and Prevention

Clean pump kit 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.

Clean in a 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 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 three 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 cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding.html
- Store safely until needed. Ensure the clean pump parts, bottle brushes and wash basin 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

cdc.gov/healthywater/hygiene/healthychildcare

Storing breast milk

- Store breast milk in BPA-free collection bottles or storage bags specifically designed for breast milk.
- Avoid adding freshly pumped milk to already cooled milk.
- Freeze in smaller portions initially to help prevent waste. Be sure to leave room at the top of the collection bottle or bag.
- Label the containers with the date the breast milk was pumped. Use oldest milk first.
- If you do not plan to use milk within a few days, freeze it.
- Stored breast milk will separate as the fat rises to the top. Gently swirl to mix, do not shake.

Follow these guidelines for safely storing your breast milk:

Temperature	Fresh breast milk	Thawed breast milk
Countertop 60°-85° F	4 -6 hours	1 - 2 hours
Refrigerator ≤ 40° F	4 - 8 days	24 hours
Freezer (with separate door)	Up to 6 months	Never refreeze
Deep freezer ≤ -4° F	Up to 12 months	Never refreeze

References: HMBANA Best Practice for Expressing, Storing and Handling Human Milk in Hospitals, Homes and Childcare settings; ABM protocol #8, 2017 Human milk storage for home use; CDC/ Proper Handling and Storage of expressed breastmilk.

Defrosting breast milk

- Thaw breast milk overnight in the refrigerator, or hold the bottle under warm running water.
- Never thaw breast milk in a microwave. This can create hot spots that may burn your baby, and it can break down important nutrients in breast milk.

Newborn Breastfeeding Log

Baby's date of birth: _____

Time of birth: _____

Birth weight: _____

Track for the first two weeks.

1. Breastfeeding goal: 8-12 feedings every 24 hours (at least every 2 to 3 hours – from the start of one feeding to the start of the next).
2. Write down the times of day when your baby breastfeeds.
3. Circle the W when your baby has a wet diaper; circle the D when your baby has a dirty diaper. Some diapers will be both wet and dirty. It is okay if your baby has more wet and dirty diapers than listed. Contact your pediatrician or lactation consultant if your baby has fewer wet or dirty diapers than the number on this log.

Birth to 24 hours: Colostrum (learning milk)		Minimum
Feeding times:	_____	8
Wet diapers	W	1
Black tarry stool diaper	D	1

24 - 48 hours: A little more colostrum		Minimum
Feeding times:	_____	8
Wet diapers	W W	2
Black tarry stool diaper	D D	2

48 - 72 hours: Even more learning milk. <i>Breastfeed a lot today to prevent engorgement.</i>		Minimum
Feeding times:	_____	8
Wet diapers	W W W	3
Green stool diaper	D D D	3

Day 4: More milk is on the way. <i>Keep up the good work!</i>		Minimum
Feeding times:	_____	8
Wet diapers	W W W W	4
Yellow/green stool diaper	D D D D	4

Day 5: Lots of wet diapers, stools are turning bright yellow		Minimum
Feeding times:	_____	8
Wet diapers	W W W W W	5
Yellow stool diaper	D D D D	4

Day 6: Many wet diapers and stools; you are hearing swallows from your baby							Minimum
Feeding times:	_____	_____	_____	_____	_____	_____	8
Wet diapers:	W	W	W	W	W	W	Yellow stool diaper: D D D D 6 / 4

Day 7: Congratulations on breastfeeding your baby the first week of life!							Minimum
Feeding times:	_____	_____	_____	_____	_____	_____	8
Wet diapers:	W	W	W	W	W	W	Yellow stool diaper: D D D D 6 / 4

Day 8							Minimum
Feeding times:	_____	_____	_____	_____	_____	_____	8
Wet diapers:	W	W	W	W	W	W	Yellow stool diaper: D D D D 6 / 4

Day 9							Minimum
Feeding times:	_____	_____	_____	_____	_____	_____	8
Wet diapers:	W	W	W	W	W	W	Yellow stool diaper: D D D D 6 / 4

Day 10							Minimum
Feeding times:	_____	_____	_____	_____	_____	_____	8
Wet diapers:	W	W	W	W	W	W	Yellow stool diaper: D D D D 6 / 4

Day 11							Minimum
Feeding times:	_____	_____	_____	_____	_____	_____	8
Wet diapers:	W	W	W	W	W	W	Yellow stool diaper: D D D D 6 / 4

Day 12							Minimum
Feeding times:	_____	_____	_____	_____	_____	_____	8
Wet diapers:	W	W	W	W	W	W	Yellow stool diaper: D D D D 6 / 4

Day 13							Minimum
Feeding times:	_____	_____	_____	_____	_____	_____	8
Wet diapers:	W	W	W	W	W	W	Yellow stool diaper: D D D D 6 / 4

Day 14: Congratulations on breastfeeding your baby the first two weeks of life!							Minimum
Feeding times:	_____	_____	_____	_____	_____	_____	8
Wet diapers:	W	W	W	W	W	W	Yellow stool diaper: D D D D 6 / 4

Additional Breastfeeding Resources

Information for breastfeeding families



Sore Nipples

Tender and sensitive nipples are normal as you begin breastfeeding your new baby. However, very sore, cracked or bleeding nipples are not. This problem is usually related to the way your baby latches on to the breast. It is important that your baby get a big "mouthful" of the nipple and areola.

Positioning

1. Hold your baby's head behind his ears



2. Align him "nose to nipple"



3. Roll him "belly to belly"

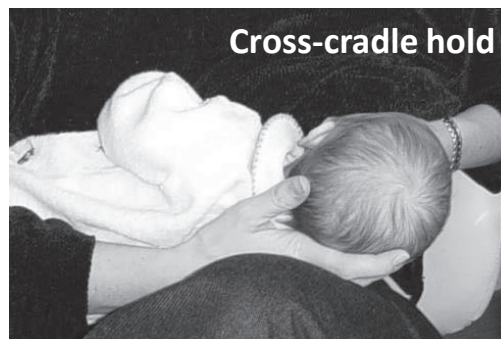


Laid back breastfeeding

Recline with your baby "on top." Use pillows to support you and your baby as needed.



This is an excellent position for feeding and may be just the trick to remedy sore nipples.

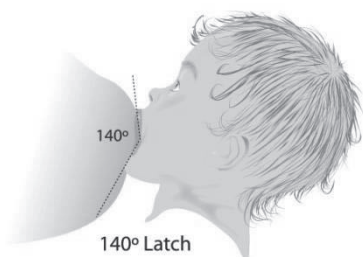
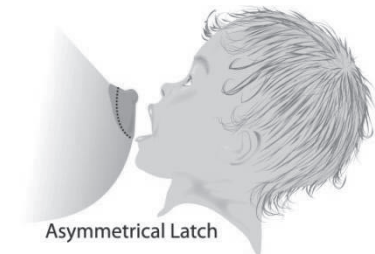


Latch-on

Use a “sandwich hold” to achieve a better latch-on. Gently squeeze the breast to shape it like an oval that fits deeply in your baby’s mouth.



Look for a wide mouth on the breast



If breastfeeding hurts, break the suction and try the latch-on again. Do not continue with a feeding if you experience pain.

Treatment

- ✓ Correct position and latch-on
- ✓ Check for open, 140° wide mouth
- ✓ Apply your expressed breast milk or purified lanolin to nipples after feeds
- ✓ Use breast shells to protect the nipple



- ✓ Look for a wide mouth on the breast
- ✓ Use hydrogel dressings to speed healing



- ✓ Feed for short, frequent feedings
- ✓ Start on the least sore side
- ✓ Rotate the position of your baby at each feeding
- ✓ If your breasts are very full, hand express some milk, use reverse pressure softening (see page 6) or use a breast pump

These measures may help you resolve uncomplicated problems with sore nipples. There are circumstances where sore nipples indicate a more severe problem. Please seek help if your problem does not resolve quickly.

Lactation Education Resources. This handout may be freely duplicated. Please be aware that the information provided is intended for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your or your infant’s medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information.

