

BREASTFEEDING KARDEX

Guidance for Counseling the Breastfeeding Mom

Maryland **WIC**

Better Nutrition Brighter Future
Maryland Department of Health and Mental Hygiene
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Acknowledgements

The Maryland WIC Program thanks the primary author Beth Kappauf, RN, BSN, IBCLC for her commitment to developing and publishing this kardex in 1998. She received assistance and support from:

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Jacquelyn Gelman, RD, LDN
Jane Ghaffari, RD, LDN, IBCLC
Amy Kovar, MS, RD, CSP, LDN, IBCLC
Glenda Lindsey, RD, LDN
Peg Merrill, IBCLC
Mary Noppenberger, RD, LDN
Paula Palmisano, RD, LDN
Lynne Piper, RN, BSN
Kathy Tremper, CCE
Connie Webster, MPH, RD, LDN

Special thanks is also extended to the Carroll County, Montgomery County, and Washington County local WIC agencies for piloting the Kardex and to the Harford County Health Department for supporting this project throughout its development.

Cover designed by Claudia Gabbert.

Glossary reprinted with permission from *The Breastfeeding Triage Tool*, Seattle-King County Department of Public Health, 1997.

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Reprinted: 1999, 2000, 2005 (with revisions), 2014 (with revisions).

Breastfeeding Kardex Overview

The Maryland WIC Program Breastfeeding Kardex was designed to help WIC staff:

- Provide clear, consistent and accurate information to mothers who have questions or concerns about breastfeeding.
- Quickly locate the information needed to answer specific breastfeeding questions or concerns.
- Recognize when to refer a mother with breastfeeding questions or concerns to someone with advanced breastfeeding training.

Although developed for use with WIC participants in Maryland, other WIC programs and health care providers may find it useful. The kardex is intended for use by both professional and paraprofessional staff. Staff who use the kardex should be trained in the basics of breastfeeding and have a comprehensive knowledge of the anatomy and physiology of breastfeeding, nutrition and breastfeeding, facilitating breastfeeding, common breastfeeding problems, breastfeeding promotion strategies, and counseling techniques.

The information in the kardex is designed to be read to the mother rather than paraphrased unless the staff person has advanced breastfeeding training. Reading, rather than paraphrasing, will ensure that mothers receive accurate information to meet their immediate needs until they can talk to someone with advanced training, if necessary. The kardex provides guidance on when to refer mothers for additional counseling; it may be helpful to have a referral list of breastfeeding specialists available.

The *Breastfeeding Assessment Form*, included in the kardex, should be completed each time the kardex is used, as it will assist staff in clarifying the mother's concerns and identifying problems which may not be apparent from her initial question. The assessment form can then be given to the breastfeeding specialist if a referral is made. By pulling together our strengths and resources within the breastfeeding community, we become strong and effective. Making an appropriate referral may be the most valuable counseling technique we employ to help the breastfeeding mother.

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Understanding Your Breastfeeding Assessment Form

When answering a breastfeeding call or question, it is essential to first acquire a baseline of information for several reasons:

- It allows you to get a more complete picture without being too hasty in your preliminary assessment of the problem.
- It is helpful to have the information in front of you when discussing the case with someone else or when making a referral.
- It serves as a reminder for follow-up and can serve as a permanent record.

Questions to Ask

Question	Why Is It Important?
Who is your Pediatrician and where did you deliver your baby?	Helpful in identifying sources of information and support: <ul style="list-style-type: none">➤ Is this pediatrician knowledgeable and supportive of breastfeeding?➤ Does this hospital have a lactation center—was this mother seen in the hospital?➤ Does the pediatrician's office or hospital have a lactation warm line to answer questions?
How old is your baby?	To identify if baby is at an age when growth spurts are common (first few days at home, 10-14 days, 4-6 weeks, and 3 months). Helpful in calculating weight gain. Helpful in identifying age-appropriate breastfeeding behaviors.
How much did your baby weigh at birth?	Babies should regain birth weight by 2-3 weeks of age.
How much does your baby weigh now?	For the first 6 months of life, babies should gain 4-7 ounces (113-198 grams) per week (1 oz=approximately 28 grams).

Question	Why Is It Important?
Swallowing heard?	Assessment of adequate feeding—swallowing should be heard at each feeding to assure adequate intake and successful latch-on (easiest to hear after milk “comes in”).
How is the baby behaving?	<p>A baby’s behavior provides us with a gauge for what the problem is or how well we are doing to help solve the problem—is the baby fussy, content, acting different...?</p> <p>*It is important to remember that:</p> <ul style="list-style-type: none"> ➤ The baby’s behavior may be caused by something other than breastfeeding—introduction of solids, illness, lack of sleep, diaper rash, etc. ➤ Formula-fed babies cry, too.
Other intake (formula, juice, cereal, etc.)?	Helps to identify possible reasons for decreased milk supply, nipple confusion, fussiness, etc.
Previous experience with breastfeeding?	<p>Provides information with regard to mother’s perspective on breastfeeding—no experience, bad experience, great experience, etc.</p> <p>May also provide information about the home environment or lead to a discussion about support available to mother.</p>
Problem (in her words)	Allows us to listen to the mother’s interpretation—this may uncover possible misconceptions or may reflect the mother’s level of knowledge about breastfeeding.

Breastfeeding Basics


A Message to Mom: Breastfeeding is a special gift only you can give your baby. It is natural for your breasts to produce milk, but it takes practice to get breastfeeding right for you and your baby. Spend as much time as you can getting to know your baby. Make sure that you take good care of yourself. Often mothers try to do too much. Rest when your baby rests. Eat a variety of healthy foods. You do not need to be on a special diet or give up your favorite foods. Many mothers continue to breastfeed when they return to work or school. There are several ways to manage this—a Breastfeeding Specialist can help you with your plans. How long you breastfeed your baby is up to you. Breastfeeding gives your baby the very best start in life.


Topic / Question	Information / Answer	Referral / Follow Up
Breastfeeding in the hospital	Tell all the hospital staff you want to breastfeed your baby.	
At delivery	Breastfeed as soon as possible after delivery. Babies are most alert the <u>first hour</u> after they are born.	
Rooming in	Keep your baby near you as much as possible. This is a learning period and the baby needs lots of practice nursing.	
	Insist that your baby receive no bottles in the hospital.	
How often to nurse	Nurse often—at least 8-12 times in 24 hours. Be ready to nurse as soon as the baby is awake. It is best to nurse before she gets very hungry and starts crying.	
How long to nurse	The length of time your baby nurses will vary. Some babies nurse as little as 10 minutes and take in enough milk. Others may nurse up to 30 minutes or more. It is important to allow your baby to nurse long enough to receive the hindmilk, which comes later in the feeding. It is higher in fat and promotes good weight gain.	
Nurse on one or both breasts?	You do not need to feed your baby on both breasts at each feeding unless your breasts are very full and uncomfortable. It is best to leave your baby on one breast until she is done—she will come off your breast or may fall asleep. You can then try the other side if she is interested—you may need to wake her gently or change her diaper first. (see above— <i>How long to nurse</i>).	


Topic / Question	Information / Answer	Referral / Follow Up
Breastfeeding in the hospital (cont'd)		
Sleepy baby	Some babies are sleepy for the first 24-48 hours. It is very important to wake your baby for feedings and sometimes during a feeding (see Appendix D— <i>Waking a Sleepy Baby</i> , pg 52).	<u>Yes</u> -- if mom is having difficulty keeping her baby awake to nurse, refer her to a Breastfeeding Specialist.
First milk	For the first few days your breasts will make colostrum which is thick and yellowish. Although small in amount, it is very rich in nutrients and helps to protect your baby from infection. It is the perfect first food for your baby.	
Artificial nipples	Avoid using pacifiers or bottles during the first 3-4 weeks. This is considered the learning period.	
Getting started	Ask the hospital Breastfeeding Specialist to watch you nurse. She is there to help you and answer your questions. Ask the nurse to give you the baby's discharge weight. This is often lower than her birth weight and will give you a starting point to later see how much weight your baby is gaining.	
Getting the baby attached to the breast	Start each feeding on the breast that is fullest or alternate the breast that you begin the feeding with. Hold your baby close to you – tummy to tummy – with baby's knees touching your stomach (see Appendix E— <i>Positioning</i> , pg 53). Support your breast with your thumb on top and fingers underneath, in the shape of the letter "C". Keep your fingers off the areola, the dark area around your nipple. Tickle the baby's lower lip with your nipple.	<u>Yes</u> – if there is a problem getting the baby attached, suggest that the mom have a Breastfeeding Specialist observe her feeding her baby.

Topic / Question	Information / Answer	Referral / Follow Up
<p>Breastfeeding in the hospital (cont'd)</p> <p>Signs that baby is attached well (cont'd)</p>	<p>With the room very quiet, you may hear your baby swallowing. This is easiest to hear after your milk has “come in”.</p> <p>Your baby’s chin will be lightly touching your breast. His nose may or may not be touching your breast.</p> <p>As your baby nurses, you will see the corner of her jaw moving up and down and you may notice her ear is wiggling.</p> <p>Make sure you have a list of numbers for support should you need it: a WIC peer counselor, a hospital or community lactation consultant, the baby’s doctor or a community support group such as La Leche League or Nursing Mothers.</p>	<p><u>Yes</u> -- provide referral phone number to mom.</p>
<p>Breastfeeding the first week at home</p> <p>Milk “coming in”</p> <p>How often to nurse</p> <p>How long to nurse</p>	<p>Your breasts may feel full and heavy when your milk “comes in”, 2-5 days after the baby is born. Nursing often is the best relief for this fullness (see <i>Engorgement</i>, pg 9).</p> <p>Your baby may not have the same feeding schedule every day—you should still feed her at least 8-12 times in 24 hours. The more you nurse, the more milk you will make.</p> <p>New babies cry a lot for many different reasons. Remember formula-fed babies cry too! Nursing is a good way to comfort your baby.</p> <p>The length of time your baby will nurse may vary. Some babies may nurse as little as 10 minutes and take in enough milk. Others may nurse up to 30 minutes or more. It is important to allow your baby to nurse long enough—usually at least 10 minutes—to receive the hindmilk which comes later in the feeding. It is higher in fat and promotes good weight gain.</p>	

Topic / Question	Information / Answer	Referral / Follow Up
<p>Breastfeeding the first week at home (cont'd)</p> <p>How long to nurse (cont'd)</p> <p>Nurse on one or both breasts?</p> <p>Growth spurts</p> <p>Supplements</p>	<p>Be sure your baby is positioned and attached to your breast properly so she can adequately drain milk from your breast (see “<i>Getting Baby Attached to the Breast</i>”, pg 2-3).</p> <p>You do not need to feed your baby on both breasts at each feeding unless your breasts are very full and uncomfortable. It is best to leave your baby on one breast until she is done.</p> <p>When your baby has had enough, your breasts will soften and usually your baby will move away from your breast or fall asleep. If your baby is sleeping and has only nursed for a short time, try to wake her (see Appendix D—<i>Waking a Sleepy Baby</i>, pg 52) and nurse again (see above—“how long to nurse”).</p> <p>A fussy or demanding baby may be having a growth spurt. Babies need to nurse more often during these times. Growth spurts generally last 2-3 days and usually occur at the following times:</p> <ul style="list-style-type: none"> ➤ During the first few days at home ➤ At 2-3 weeks of age ➤ At 4-6 weeks of age ➤ At 3 months of age <p>For the first 3-4 weeks of your baby’s life, avoid using formula supplements, water and pacifiers for the following reasons:</p> <ul style="list-style-type: none"> ➤ Your breasts may become uncomfortably full. ➤ Your baby becomes full from the supplement, takes less from your breast, and your milk supply drops. <p>*The more the baby nurses the more milk you will make.</p> <ul style="list-style-type: none"> ➤ Colostrum and breast milk completely meet a newborn baby’s nutritional needs. ➤ Breast milk contains plenty of water to meet your baby’s needs. No extra water is necessary. 	<p>Yes -- refer to a Breastfeeding Specialist if mom thinks her baby needs to be supplemented.</p>

Topic / Question	Information / Answer	Referral / Follow Up
Breastfeeding the first week at home (cont'd) Supplements (cont'd) Weight check Accept help	<p>➤ If bottles or pacifiers are used, your baby may be confused by the artificial nipple, which requires a different tongue and jaw motion for sucking.</p> <p>It is recommended that your baby have a weight check 1-2 weeks after she is born. Call your baby's doctor to make an appointment.</p> <p>Let family and friends help with child care and household chores. Plan to “camp out” with your baby for the first week or two. This is an excellent time for you and your baby to get to know each other.</p> <p>(If appropriate, remind mom to make a WIC appointment for herself and her baby).</p>	
How to know if the baby is getting enough <i>(The most frequent reason given for discontinuing breastfeeding is the mother's perception that her milk supply is inadequate for her baby's needs)</i>	<p>Wet diapers:</p> <p>➤ <u>Before your milk “comes in”</u>: Your baby should have at least 1 wet diaper per day of life—for example, a 2 day-old should have 2 wet diapers if mom's milk is not in yet. Your baby's urine should be pale yellow.</p> <p>➤ <u>After your milk “comes in” (usually occurs day 2-5)</u>: Your baby should have at least 6-8 wet diapers per day. Your baby's urine should be pale yellow.</p> <p>Bowel movements:</p> <p>➤ <u>After your milk “comes in”</u>: Your baby should have 2-5 bowel movements a day—her stools will be loose, seedy and yellow in color.</p> <p>➤ <u>For babies older than 4-6 weeks</u>: The normal pattern may range from 1 bowel movement per day to 1 bowel movement per week.</p>	<p><u>Yes</u> -- if the baby is not meeting these criteria, refer to a Breastfeeding Specialist and to the baby's doctor.</p> 

Topic / Question	Information / Answer	Referral / Follow Up
<p>How to know if the baby is getting enough (cont'd)</p>	<p>Weight gain:</p> <ul style="list-style-type: none"> ➤ <u>For the first 5-6 days of life:</u> It is not unusual for your baby to lose up to 7-10% of her birth weight. ➤ <u>By 2 weeks old:</u> Your baby should be back to or above her birth weight. ➤ For the first 6 months of life, babies should gain 4-7 ounces (113-198 grams) per week (1 oz=approximately 28 grams). <p>Audible swallow:</p> <ul style="list-style-type: none"> ➤ If the room is very quiet, swallowing should be heard at each feeding. This is easier to hear once your milk “comes in”. <p>Softening of breasts: After your milk “comes in”, your breasts should feel less full and softer to touch at the end of each feeding.</p>	<p><u>Yes</u> -- if the baby is not meeting these criteria, refer to a Breastfeeding Specialist and to the baby’s doctor.</p> 
<p>Common misconceptions</p> <p>Small breasts</p>	<p><i>“I have small breasts so I probably won’t make enough breast milk.”</i></p> <ul style="list-style-type: none"> ➤ Having small or large breasts does not affect how much milk you will make. The more you nurse your baby, the more milk your body will make. 	<p><u>Yes</u> -- refer to a Breastfeeding Specialist if mom still feels the baby is not getting enough breast milk.</p>

Topic / Question	Information / Answer	Referral / Follow Up
Common misconceptions (cont'd)		
Small breasts (cont'd)	<p><i>“My breasts are much smaller than before. I think my milk is drying up.”</i></p> <ul style="list-style-type: none"> ➤ By 2-4 weeks postpartum, your breasts will feel softer and seem smaller due to reduced swelling. These changes are normal and have no relation to how much milk you will make. (Unfortunately, because this happens around the same time as a growth spurt—when the baby wants to nurse more often—many mothers feel that they are not producing enough milk). 	<p><u>Yes</u> -- refer to a Breastfeeding Specialist if mom still feels the baby is not getting enough breast milk.</p>
Baby is hungry all the time	<p><i>“My baby is hungry all the time. I must not be making enough milk.”</i></p> <ul style="list-style-type: none"> ➤ Your baby may suddenly seem to want to nurse all the time—this may very well be a growth spurt. Your baby is giving your body the message that she is growing and needs more. Remember, the more she nurses the more milk you will make. These growth spurts generally last 2-3 days and usually occur: <ul style="list-style-type: none"> • during the first few days at home • at 2-3 weeks of age • at 4-6 weeks of age • at 3 months of age 	

Engorgement and Breast Soreness

To the Counselor: A mom may call you and complain that her breasts are hard and warm. Her skin may be tight and shiny. Her breast soreness is felt throughout her breast and is continuous without treatment. The nipple may be difficult for the baby to grasp when beginning a feeding.



REFER IMMEDIATELY to a Breastfeeding Specialist and a Physician if:

- ♥ Breast is red
- ♥ Tenderness is felt in only one area of breast
- ♥ Mother has fever or flu-like symptoms.



Mother should be advised to continue breastfeeding while seeking medical attention for above.

Why and When	Information / Answer	Referral / Follow Up
<p>When milk has first “come in”</p> <p>How long engorgement may last</p> <p>Tips to prevent and relieve engorgement</p>	<p>Congratulations for giving your baby the best and healthiest start in life—breastfeeding will help you do just that.</p> <p>Typically, engorgement or extreme fullness occurs on the first full day when your milk has “come in”. It usually lasts 24-48 hours.</p> <p>Feed your baby often, at least every 2 hours. You may need to wake your baby if he doesn’t wake to eat that often (see Appendix D—<i>Waking a Sleepy Baby</i>, pg 52).</p> <p>Avoid using pacifiers and giving your baby water or formula unless instructed by your baby’s doctor.</p> <p>Approximately 10 minutes before you nurse your baby, apply a warm compress to your breast. A disposable diaper or a towel wet with warm water works well. Then massage your breast toward your nipple before and while nursing your baby (see Appendix C—<i>Breast Massage</i>, pg 51).</p>	<p><u>Yes</u> -- refer to a Breastfeeding Specialist if infant is being supplemented or if mother still feels that her baby is not getting enough.</p>

Why and When	Information / Answer	Referral / Follow Up
<p>When milk has first “come in” (cont’d)</p> <p>Tips to prevent and relieve engorgement (cont’d)</p>	<p>If the area around your nipple is too difficult for your baby to grasp, either hand express or use a breast pump to soften your breast tissue.</p> <p>Remember stress may prevent your milk from “letting down”. This may prevent the milk in your breasts from being released to your baby. Use deep breathing to relax while you are nursing (see Appendix C—<i>Relaxation Tips</i>, pg 51).</p> <p>Put your baby to the most engorged breast first. Your baby’s suck is usually strongest at the beginning of the feeding.</p> <p>Nurse long enough to soften your breasts, at least 10-15 minutes per breast.</p> <p>Rest—Let family and friends help with child care and household chores. Rest or sleep when your baby sleeps.</p> <p>If recommended by your physician, take Tylenol as directed for discomfort.</p> <p>Apply a cold compress to your breasts between feedings if it relieves discomfort. A wet towel that has been placed in the freezer or a bag of frozen vegetables, such as peas or corn, works well.</p> <p>Wear a good supportive bra without underwire. Your bra should not be too tight.</p>	<p><u>Yes</u> -- refer mom to a Breastfeeding Specialist if instruction is needed in pumping or hand expressing.</p> <p><u>Yes</u> -- have mom check with her physician before taking any medication.</p>
<p>When a feeding or feedings are missed</p>	<p>If you are unable to nurse your baby, be sure to pump or hand express at the same times you would be nursing your baby (see <i>Expressing and Pumping</i>, pg 34).</p> <p>Use warm compresses and massage your breast before expressing your milk (see Appendix C—<i>Breast Massage</i>, pg 51).</p>	<p><u>Yes</u> -- refer mom to a Breastfeeding Specialist if instruction is needed in pumping or hand expressing.</p>

Sore Nipples


To the Counselor: Mom complains that nipples are sore either before, during, or after breastfeeding.





REFER IMMEDIATELY to a Breastfeeding Specialist:

- ♥ Mom is using nipple shields (hard or soft form—shaped like a bottle nipple and worn over the nipple while nursing).
- ♥ Nipple pain is so severe that mom says she cannot put her baby to her breast.
- ♥ Discomfort continues during entire nursing.
- ♥ Nipples are:
 - cracked
 - bleeding (blood will not harm the baby)
 - red or blistered
 - burning
- ♥ Nipples appear flat or inverted (when nipples appear to go in toward the chest instead of sticking out).



Topic / Question	Information / Answer	Referral / Follow Up
Discomfort from birth to first 2 weeks postpartum	<p>Congratulations for giving your baby the best and healthiest start in life—breastfeeding will help you do just that.</p> <p>Very slight nipple discomfort occurring as your baby first latches on is normal. This discomfort eases within the first 45-60 seconds of nursing. It is greatest on the 3rd to 5th day after your baby's birth and stops the 7th to 10th day. By the time your baby is 2 weeks old you should be free from nipple discomfort—hang in there, it's worth it!!</p>	 See above
Discomfort occurring after 2 weeks postpartum	<p>If you are having discomfort which continues beyond 2 weeks or begins after 2 weeks, you need to contact a Breastfeeding Specialist. Pain should not occur at this time and should be investigated.</p>	<p><u>Yes</u> -- refer to a Breastfeeding Specialist if mom is experiencing discomfort at this time.</p>

Topic / Question	Information / Answer	Referral / Follow Up
<p>Tips for Prevention/ Comfort/Relief</p> <p>Positioning and latch</p> <p>Signs that baby is latched well</p>	<p>Having your baby properly positioned and latched to your breast are the most important ways to prevent sore nipples:</p> <ul style="list-style-type: none"> ➤ Hold your baby close to you—tummy to tummy—with baby’s knees touching your stomach (see Appendix E—<i>Positioning</i>, pg 53). ➤ Support your breast with your thumb on top and fingers underneath, in the shape of the letter “C.” Keep your fingers off the areola, the dark area around your nipple. ➤ Tickle the baby’s lower lip with your nipple. ➤ Wait for baby’s mouth to open wide like a yawn. ➤ Then quickly bring the baby in close to your breast, with your nipple centered in the baby’s mouth. The baby’s nose and chin should be gently touching your breast. <p>After baby is latched, check the following:</p> <ul style="list-style-type: none"> ➤ A large portion of the areola, the dark area around your nipple, is in the baby’s mouth—1 ½ inches back from the tip of your nipple. This allows your baby’s jaw, gums and tongue to compress milk from the milk sinuses which are located behind your nipple and areola. ➤ Your baby’s lips should form a seal around your breast. Her top and bottom lips should be turned out, not tucked in over her gums. Her nose and chin should be lightly touching your breast. ➤ If you have discomfort when your baby latches on, it should go away within the first minute of nursing. 	<p><u>Yes</u> -- if mom is having difficulty, suggest she have a Breastfeeding Specialist observe her nursing her baby.</p> <p><u>Yes</u> -- if there is a problem getting the baby properly latched, suggest that mom have a Breastfeeding Specialist observe her nursing her baby.</p>

Topic / Question	Information / Answer	Referral / Follow Up
Tips for Prevention/ Comfort/Relief (cont'd) Signs that baby is latched well (cont'd) Early hunger cues Soften nipple and stimulate “let-down” Relaxation Positioning Begin nursing on least sore side first	<p>➤ With the room very quiet, you may hear your baby swallowing. This is easiest to hear after your milk has “come in.” As your baby nurses, you will see the corner of her jaw moving up and down and you may notice her ear wiggling.</p> <p>Continue to examine your nipples for any redness, cracks or scabs and report these <u>immediately</u> to a Breastfeeding Specialist.</p> <p>Watch your baby for early hunger cues (see Appendix D—<i>Early Hunger Cues</i>, pg 52) and nurse your baby before she becomes too upset. Also, nurse her frequently. Your baby will be less anxious and more relaxed while nursing if she’s not overly hungry.</p> <p>You may want to soften your nipple and areola, the dark area around your nipple, by applying a warm wet cloth. Then express some milk by hand or pump to stimulate your milk to “let-down” before attaching your baby to your breast (see <i>Expressing and Pumping</i>, pg 34 and Appendix C—<i>Signs of Milk “Let-Down”</i>, pg 51). Your baby will not have to suck as hard in the beginning of the nursing since your milk will be readily available.</p> <p>Try using relaxation exercises prior to feeding (see Appendix C—<i>Relaxation Tips</i>, pg 51).</p> <p>Alternate the way you hold your baby when nursing (see Appendix E—<i>Positioning</i>, pg 53). This will help change the direction of pressure on your nipple.</p> <p>Begin nursing your baby on the least sore side first—your baby’s suck is usually strongest when she begins to nurse.</p>	<div style="text-align: center;">  </div> <p><u>Yes</u> -- if mom reports any redness, cracks, or scabs or if soreness persists through a feeding REFER IMMEDIATELY!</p> <p>See list of symptoms—page 11.</p> <div style="text-align: center;">  </div>

Tips for Prevention/ Comfort/Relief (cont'd)		
<p>After feeding</p>	<p>After feeding your baby, express a small amount of breast milk. Rub it on your nipples and allow to dry. Your breast milk has healing properties and will form a protective shield on your nipples. Purified lanolin (such as Lansinoh® or PureLan™ 100) may be applied to the nipple to promote healing.</p>	
<p>Soaps/creams</p>	<p>Avoid using soaps or creams, other than purified lanolin, on your nipples—unless this is recommended by your doctor or a Breastfeeding Specialist (see Appendix F—<i>Nipple Care</i>, pg 54).</p>	
<p>Breast pads</p>	<p>Change breast pads as they become damp.</p>	
<p>Removing baby from the breast</p>	<p>If your baby needs to be removed from your breast, gently break suction by inserting your little finger between your baby's gums at the corner of her mouth.</p>	<p><u>Yes</u> -- if soreness persists despite using purified lanolin, refer to a Breastfeeding Specialist.</p>

Jaundice

A Message to Mom: Jaundice, (hyperbilirubinemia), is one of the most common medical conditions seen in newborns. One out of three full-term infants will develop jaundice in the first week of life. Too much bilirubin makes the skin and whites of the eyes look yellow. Most jaundice will clear up on its own in a few days. In cases where the levels are higher, infants will need to receive treatment. Breastfeeding will be helpful in minimizing jaundice.

To the Counselor:





REFER IMMEDIATELY to a Breastfeeding Specialist and the Baby's Healthcare Provider if:

- ♥ Mom states baby's skin is yellow or looks tan, but she has not spoken with the baby's doctor.
- ♥ Baby is overly sleepy.




Mother should be advised to continue breastfeeding while seeking medical attention for above


Topic / Question	Information / Answer	Referral / Follow Up
Baby is less than 2 weeks old	<p>In many cases, feeding more often will help to reduce the level of jaundice. Increasing feedings will help increase bowel movements, which will eliminate jaundice from the body. Be sure you are feeding at least 8-12 times in 24 hours. Put the baby on a 2-3 hour breastfeeding schedule to make sure the baby is having enough bowel movements.</p> <p>Jaundice often makes a baby sleepy. Wake your baby to breastfeed, at least every 2-3 hours.</p>	 <p>Yes -- refer to the Breastfeeding Specialist if the infant is being treated for jaundice or if you don't agree with what the doctor has told the mother about breastfeeding.</p>



Topic / Question	Information / Answer	Referral / Follow Up
<p>Baby is less than 2 weeks old (cont'd):</p> <p>If the doctor recommends supplementing after breastfeeding</p> <p>If the mother has been asked to stop breastfeeding her baby</p>	<p>Avoid using a bottle. Our staff can help you use something other than a bottle during this time so it will not interfere with your baby learning to breastfeed. Babies can have trouble learning to breastfeed if they are given a bottle nipple this early. Your breast milk is still the best food for your baby. We want to help you succeed at breastfeeding.</p> <p>Your breast milk has not caused the baby to become jaundiced. You will be able to breastfeed again in a day or two, when the jaundice has decreased. Let's get you started pumping so that you keep building up your milk supply.</p>	<p>Yes -- refer to the Breastfeeding Specialist to teach the mother how to use alternative feeding techniques and obtain supplies.</p> <p>Yes -- refer to the Breastfeeding Specialist for a breast pump.</p>
<p>The baby is greater than 2 weeks old</p>	<p>Call your baby's doctor because this is a concern. You should be able to start breastfeeding again once the jaundice is resolved.</p>	<p>Yes -- refer to infant's healthcare provider.</p> 


Fussy at the Breast

A Message to Mom: Congratulations on your decision to breastfeed your baby. It is not unusual for you to be having many different feelings—from pure joy, to uncertainty, to frustration. If you find that your baby is fussy at your breast or refuses to nurse, you may feel frustrated or rejected. Babies cry for many reasons—such as discomfort, hunger, loneliness, or being overtired, whether they are breastfed or formula fed. For the first few months, many babies will have a fussy time of the day—usually late afternoon or early evening. We will try and help you to work through this time so that you and your baby feel comfortable with nursing again. It is important to seek support from those around you and know that your baby needs you now more than ever.

Topic / Question	Information / Answer	Referral / Follow Up
<p>Comfort techniques for baby's general fussiness</p> <p>Suggest that mom try a few of these to soothe her baby</p> <p>Suggest that mom try to relax</p>	<p>Hold your baby and walk with him—you may want to try an infant carrier which keeps your baby close to you.</p> <p>Take him to a quiet, calm place.</p> <p>Change his diaper.</p> <p>Burp him.</p> <p>Gently massage your baby or take a warm bath together.</p> <p>Undress him and look to see if any clothes are too tight or pinching. Check fingers and toes for threads which may be caught.</p> <p>Wrap him snugly in a blanket and hold him.</p> <p>Lay him across your lap, tummy down, and pat him or rub his back.</p> <p>Rock him in a rocking chair.</p> <p>If your baby is acting unusually fussy, he may be teething, have colic, or may not be feeling well.</p> <p>Try to relax and be as calm as possible. Your baby may pick up on your feelings of stress or anxiety (see Appendix C—<i>Relaxation Tips</i>, pg 51).</p>	<p><u>Yes</u> -- refer to the Pediatrician if fussiness continues after mom tries these suggestions.</p>  <p><u>Yes</u> -- refer to the Pediatrician if mom thinks baby is not feeling well.</p>

Topic / Question	Information / Answer	Referral / Follow Up
<p>Comfort techniques for fussiness at the beginning of nursing (cont'd)</p> <p>If milk is coming out too fast</p>	<p>If your milk is coming out too fast for your baby, there are a few things you can try:</p> <ul style="list-style-type: none"> ➤ Lay back and have the baby lay on top of you to nurse. This works against gravity and may help to slow down your milk flow. ➤ Nurse frequently and nurse on one side per feeding—remember to nurse on the other side at the next feeding. ➤ Use the “scissor hold” to control milk flow—hold your breast tissue between your index and middle finger. Change the position of your fingers on your breast so you allow all areas to drain properly. <p>Try nursing your baby in a different position. Some babies will refuse to nurse in certain positions because they are not comfortable.</p> <p>*If none of these suggestions work, try to nurse your baby before he is fully awake. Try waking your baby gently and lying down in a bed to nurse while he is still sleepy and not agitated.</p>	<p><u>Yes</u>—refer to a Breastfeeding Specialist if suggestions are not helping.</p> 
<p>Comfort techniques for fussiness that begins after several minutes of nursing</p>	<p>Be sure the surrounding area is quiet and calm. Older babies become distracted easily and sometimes are sensitive to loud noises.</p> <p>Attempt to burp your baby. It may just be an air bubble causing his fussiness.</p> <p>Check for a wet or dirty diaper. This may be bothering your baby.</p> <p>(Go back to pg 17 for additional suggestions to comfort the baby).</p>	<p><u>Yes</u>—refer to a Breastfeeding Specialist if suggestions are not helping.</p>


Topic / Question	Information / Answer	Referral / Follow Up
Baby is fussy all the time. Is he getting enough to eat?	<p>This is a very common question moms ask when their babies are fussy. There are ways to tell if your baby is getting enough to eat or whether he may be going through a growth spurt (see <i>Getting Enough Milk</i>, pg 23).</p> <p>Remember crying does not always mean that your baby is hungry. Try some comfort measures to be sure there are no other reasons why your baby may be fussy (see <i>Comfort Techniques for General Fussiness</i>, pg 17).</p> <p>Resist starting your baby on solid foods too soon. Solids do not need to be introduced until the baby is ready—this happens between 4-6 months of age (see <i>Introducing Solids</i>, pg 42).</p> <p>If nursing calms your baby, then go ahead and let him nurse. Babies will often eat in clusters where feedings are close together. Then later in the day they may be spaced further apart.</p>	<p><u>Yes</u>—refer to a Breastfeeding Specialist if mother feels the baby is not getting enough breast milk.</p> 
Is the baby having difficulty getting attached to mom's breast?	<p>Engorgement</p> <p>Flat/inverted nipples</p> <p>Nipple confusion</p> <p>Tongue thrusting</p> <p>If your breasts are full and your nipples are firm, it may help if you express some breast milk before nursing to soften the nipple and make it easier for your baby to latch on (see <i>Engorgement</i>, pg 9).</p> <p>If your nipples are flat or turned inward (inverted) your baby may be having difficulty getting attached to your breast. A Breastfeeding Specialist can help you with these problems.</p> <p>If you are offering your baby both breast and bottle, your baby may be confused by the bottle nipple. Bottle nipples require a different tongue and jaw motion for sucking.</p> <p>If the baby is pushing your breast out of his mouth with his tongue, keep trying to attach him to your breast. It may take 5-10 times. The baby will usually latch on once the milk has let-down. It may help to express a small amount of breast milk onto the nipple to get your baby interested and help him attach and begin to suck.</p> <p>*If this continues, you may need extra help to correct this problem.</p>	<p><u>Yes</u>—refer to a Breastfeeding Specialist for assessment and help if problems continue.</p> 


Topic / Question	Information / Answer	Referral / Follow Up
<p>Does the baby dislike the taste of mom's milk?</p> <p>Mom's eating habits</p> <p>Is mom having her period?</p> <p>Creams, lotions, soaps</p> <p>If mom has a breast infection</p>	<p>Remember that babies from many cultures breastfeed without problems—their mothers eat all kinds of different foods.</p> <p>If you feel that your baby is reacting to something you ate, try avoiding that food for a few days and then putting it back into your diet. If the baby's fussiness improves when you avoid the food, and gets worse when you eat it again, then you may want to avoid eating it while breastfeeding. Otherwise it should be fine for you to keep eating that food.</p> <p>Sometimes a strong tasting or spicy food may change the taste of your milk, but this is unusual. Your milk would change in taste about 8-12 hours after the food is eaten and return to normal in 24 hours.</p> <p>Sometimes a baby will become fussy at the breast or refuse to breastfeed during the first day or two of a mother's period, but this is very rare. Keep trying and, if necessary, express or pump your breast milk during this time (see <i>Expressing and Pumping</i>, pg 34).</p> <p>Have you started using a different perfume, soap, lotion, powder, detergent, or fabric softener? You may want to stop using the new product to see if that helps.</p> <p>Avoid using any creams or ointments on your nipples, except purified lanolin (such as Lansinoh® or PureLan™ 100) unless this is recommended by your doctor or a Breastfeeding Specialist. The taste of some creams or ointments may bother your baby and cause him to refuse to nurse.</p> <p>If you have mastitis—an infection in one of your breasts—your milk from that breast may have a saltier taste. Continue to offer your baby the infected breast. If he refuses that breast, express or pump your milk from that side while nursing from the other breast (see <i>Expressing and Pumping</i>, pg 34). This will eventually get better and your baby will return to nursing on both breasts.</p>	<p>Yes—refer to a Breastfeeding Specialist if the baby is refusing to take mom's breast milk.</p>  <p>Yes—any mom who thinks she may have a breast infection, must be referred to her Physician and a Breastfeeding Specialist.</p>

Topic / Question	Information / Answer	Referral / Follow Up
<p>Refusal to nurse after the baby has been a “great nurser” (also known as “nursing strike”)</p> <p>4-5 months or older</p> <p>Stress or change in routine</p> <p>Could your baby be in pain?</p>	<p>As your baby gets older, he becomes more aware of his surroundings. By the time he is 4-5 months old, he may be easily distracted while nursing. This is when it is important to nurse him in a quiet place and try to minimize distractions such as other people, TV, phone, and loud noises. Remember that as your baby gets older he becomes a more efficient nurser—he can get all the milk he needs in a shorter time.</p> <p>Your baby may be sensitive to changes around him—like changes in his routine or maybe new stresses in your home such as a busy schedule, holidays, or travel. Just remember every baby is different. If you feel your baby is bothered by stress, do what you can to keep to a routine and keep things calm around him.</p> <p>Conditions such as ear infections and teething may cause pain that makes it uncomfortable for your baby to nurse. Talk with your Pediatrician for ways to tell if your baby is sick or in pain. Ask him for suggestions to make your baby more comfortable.</p>	<p><u>Yes</u>—refer to a Breastfeeding Specialist if the baby continues to refuse to nurse despite suggestions.</p> <p style="text-align: center;">↑ ↓</p> <p><u>Yes</u>—refer to Pediatrician if there are signs or symptoms of illness or pain.</p>

Getting Enough Milk

To the Counselor: One of the most common reasons a mother will stop breastfeeding is because she feels she is not making enough milk for her baby. A mother rarely is physically unable to produce enough milk for her baby. More often it is not a lack of milk but a lack of confidence or a lack of information about breastfeeding. Remind her that her body has created a beautiful baby and her body will also produce the food necessary to sustain her baby. It is our responsibility to give her the tools to help her recognize if her baby is getting enough milk and to do what we can to help build her confidence while listening to her concerns.

Topic / Question	Information / Answer	Referral / Follow Up
How to tell if the baby is getting enough	<p>Wet diapers:</p> <ul style="list-style-type: none"> ➤ <u>Before your milk “comes in”:</u> Your baby should have a least 1 wet diaper per day of life—for example a 2-day-old baby should have 2 wet diapers if mom’s milk is not in yet. Your baby’s urine should be pale yellow. ➤ <u>After your milk “comes in” (usually occurs day 2-5):</u> Your baby should have at least 6-8 wet diapers per day. Your baby’s urine should be pale yellow. <p>Bowel movements:</p> <ul style="list-style-type: none"> ➤ <u>After your milk “comes in”:</u> Your baby should have 2-5 bowel movements a day. Her stools will be loose, seedy, and yellow in color. ➤ <u>For babies older than 4-6 weeks:</u> The normal pattern may range from 1 bowel movement per day to 1 per week. <p>Weight gain:</p> <ul style="list-style-type: none"> ➤ <u>For the first 5-6 days of life:</u> It is not unusual for your baby to lose up to 7-10% of her birth weight. ➤ <u>By 2 weeks old:</u> Your baby should be back at or above her birth weight. ➤ For the first 6 months of life, babies should gain 4-7 ounces (113-198 grams) per week (1 oz=approx. 28 grams). 	<p><u>Yes</u>—if the baby is not meeting these criteria, refer to a Breastfeeding Specialist and to the baby’s doctor.</p> <p>*Refer also if the baby meets these criteria but mom is still not convinced of the adequacy of her milk supply.</p> 

Topic / Question	Information / Answer	Referral / Follow Up
How to tell if the baby is getting enough (cont'd)	<p>Audible swallow:</p> <ul style="list-style-type: none"> ➤ If the room is very quiet, swallowing should be heard at each feeding. This is easier to hear once your milk has “come in.” <p>Softening of the breasts:</p> <ul style="list-style-type: none"> ➤ After your milk has “come in,” your breasts should feel less full and softer to touch at the end of each feeding. 	<p><u>Yes</u>—if the baby is not meeting these criteria, refer to a Breastfeeding Specialist and to the baby’s doctor.</p> <p>**Refer also if the baby meets these criteria but mom is still not convinced of the adequacy of her milk supply.</p>
<p>Common Misconceptions</p> <p>Small breasts</p> <p>Breasts are getting smaller and softer</p>	<p><i>“I have small breasts so I probably won’t make enough breast milk.”</i></p> <ul style="list-style-type: none"> ➤ Having small or large breasts does not affect how much milk you will make. The more you nurse your baby, the more milk your body will produce. <p><i>“My breasts are much smaller than before. I think my milk is drying up.”</i></p> <ul style="list-style-type: none"> ➤ By 2-4 weeks postpartum, your breasts will feel softer and seem smaller due to reduced swelling. These changes are normal and have no relation to how much milk you’ll make. (Unfortunately, because this happens around the same time as a growth spurt, many mothers feel that they are not producing enough milk). 	<p><u>Yes</u>—refer to a Breastfeeding Specialist if mom feels the baby is not getting enough breast milk.</p> 

Topic / Question	Information / Answer	Referral / Follow Up
Common Misconceptions (cont'd) Baby is hungry all the time	<p><i>“My baby is hungry all the time. I must not be making enough milk.”</i></p> <ul style="list-style-type: none"> ➤ Your baby may suddenly seem to want to nurse all the time—this may very well be a growth spurt. Your baby is giving your body the message that she is growing and needs more. Remember, the more she nurses the more milk you will make. These growth spurts generally last 2-3 days and usually occur: <ul style="list-style-type: none"> • During the first few days at home • At 10-14 days of age • At 4-6 weeks of age • At 3 months of age 	Yes—refer to a Breastfeeding Specialist if mom feels the baby is not getting enough breast milk.
Maintaining mom’s milk supply Good position and latch Nurse often Nurse an adequate length of time	<p>Ask for help with breastfeeding in the beginning to get off to a good start.</p> <p>Make sure your baby is positioned and latched on correctly (See <i>Getting Baby Attached to the Breast</i>, pg 2-3).</p> <p>For the first 2-3 months, your baby may not have the same feeding schedule every day—you should still feed at least 8-12 times in 24 hours. The more you nurse your baby, the more milk you will make.</p> <p>The length of time your baby will nurse may vary. Some babies may nurse as little as 10 minutes and take in enough milk. Others may nurse up to 30 minutes or more. It is important to allow your baby to nurse long enough to receive the hindmilk which comes later in the feeding, is higher in fat, and promotes good weight gain.</p>	<p><u>Yes</u>—refer to a Breastfeeding Specialist if further assistance is needed.</p> <p><u>Yes</u>—if the baby is not meeting these criteria, refer them to a Breastfeeding Specialist and to the baby’s doctor.</p>

Topic / Question	Information / Answer	Referral / Follow Up
<p>Maintaining mom's milk supply (cont'd)</p> <p>Nurse on one or both breasts?</p> <p>Avoid supplements</p> <p>Encourage mom to take care of herself</p>	<p>You do not need to feed your baby on both breasts at each feeding unless your breasts are very full and uncomfortable. It is best to leave your baby on one breast until she is done.</p> <p>When your baby has had enough, your breasts will soften and usually your baby will move away from your breast or fall asleep. If your baby is sleeping and has only nursed for a short time, try to wake her (see Appendix D—<i>Waking a Sleepy Baby</i>, pg 52) and nurse again (see <i>Nurse an adequate length of time</i>, pg 25).</p> <p>For the first 3-4 weeks of your baby's life, avoid using pacifiers and supplements of formula or water for the following reasons:</p> <ul style="list-style-type: none"> ➤ If your baby becomes full from the supplement, she will take less from your breasts, your breast may become uncomfortably full, and your milk supply will drop. <i>*The more the baby nurses the more milk you will make.</i> ➤ Colostrum and breast milk completely meet a newborn baby's nutritional needs. ➤ Breast milk contains plenty of water which meets your baby's needs. No extra water is necessary. ➤ If bottles or pacifiers are used, your baby may be confused by the artificial nipple which requires a different tongue and jaw motion when sucking. <p>Take time to eat a variety of nutritious foods.</p> <p>Drink water and nutritious beverages—such as 100% fruit and vegetable juices or low-fat milk—to satisfy your thirst.</p> <p>Rest as much as possible—rest or sleep when the baby sleeps. Let friends and family help with child care and household chores.</p>	<p><u>Yes</u>—refer to a Breastfeeding Specialist if the mom thinks her baby needs to be supplemented.</p>

Nutrition and Breastfeeding

To the Counselor: Although it is not necessary to eat a “perfect diet,” it is important to eat a variety of nutritious foods to meet the increasing requirements for calories, protein, vitamins, and minerals.

***Suggest that mom discuss with her physician continuing prenatal vitamins while she is nursing.**

***Suggest that mom ask the pediatrician about a vitamin D supplement for the baby (if the baby is not already getting one) and fluoride (for babies getting only or mostly breast milk at 6-12 months of age).**

***Suggest that the baby remain on breast milk (with no additional solids or water) until 6 months.**

What	Recommendations	Referral / Follow Up
Nutrition Guidelines		
For mom	Milk products..... at least 3 servings Meat/poultry/fish..... a total of 6 ounces Grains..... at least 7 servings Fruits..... at least 2 cups Vegetables..... at least 3 cups	<u>Yes</u> —refer mom to a Nutritionist if she is unsure of what counts as a serving or if she has other questions regarding her diet.
General tips	<p>Choose nutritious foods, both at meal and snack times. This will help both you and your baby meet your nutrition needs. Be sure to wash all fruit and vegetables well so that pesticides are washed away.</p> <p>Many mothers of very young nursing babies feel they don’t have time to eat. If you are feeling this way, instead of planning for three meals a day, snack on mini-meals and healthy foods throughout the day.</p>	
Snack ideas	<p>Consider snacks like:</p> <ul style="list-style-type: none"> • Cheese • Peanut butter and crackers • Fresh fruit • Half a sandwich 	

What	Recommendations	Referral / Follow Up
<p>Snack ideas for mom (cont'd)</p> <p>For baby</p>	<ul style="list-style-type: none"> • Yogurt • Cereal • Hummus and pita wedges or hummus with carrot and celery sticks • Nuts or sunflower seeds • Hard-boiled egg <p>Babies grow well on breast milk alone for the first 6 months of life. Beginning at 6 months, your baby can start eating infant cereal and meats, which provide plenty of iron, as well as plain fruit and vegetables (see <i>Introducing Solids</i>, pg 42).</p>	
Vegetarian or other Special Eating Patterns	If you are restricting a certain type of food from your diet—such as dairy products—you should see a nutritionist to make sure you are meeting your nutritional needs.	<u>Yes</u> —refer mom to a Nutritionist for counseling if she is restricting an entire food group from her diet.
Energy / Calorie Intake	<p>For the first three months postpartum, you will burn approximately 700-800 extra calories a day while nursing your baby.</p> <p>Approximately 500 of these calories come from recommended increased food intake (see above guidelines).</p> <p>200-300 calories are pulled from your fat stores. This additional fat was stored during your pregnancy.</p>	
Dieting	<p>If you are concerned about losing weight, try choosing healthy foods that are low in fat and sugar. Limit fats—such as oil, butter, margarine, and cream cheese—used in cooking or added to foods to not more than 6 teaspoons per day.</p> <p>Avoid dieting. Gradual weight loss may occur naturally with breastfeeding. Make sure you are eating a well-balanced diet (see <i>Nutrition Guidelines</i>, pg 27).</p>	<u>Yes</u> —refer her to a Nutritionist for counseling if there is a concern about weight management.

Returning to Work or School

A Message to Mom: Returning to work/school does not mean you have to stop nursing. Continuing to breastfeed allows you to give your baby something very special when you cannot be with him. There are a few options you can consider when returning to school/work. (Please discuss these options with her).

- Exclusively breastfeed if you are able to bring the baby to work with you, if there is on-site day care, or if the sitter is close enough and can bring your baby to your school/work for feedings.
- Nurse your baby while you are home and pump while you are away from your baby. The sitter can give your baby pumped breast milk from a bottle.
- Nurse your baby while you are home and supplement with formula while separated from the baby—maybe you can go to the baby at lunch time.

***It is okay to mix pumped breast milk and formula in the same bottle.**

Topic / Question	Information / Answer	Referral / Follow Up
Benefits for mother	Giving your baby your breast milk allows you to feel connected to him even though you are away from each other. You will feel proud of yourself and have a special closeness with your baby. You will miss less time from work/school because your baby will be healthier.	
Benefits for baby	Breastfed babies are healthier, have fewer allergies, and fewer infections. Breast milk is the perfect food—tailor-made for your baby's needs.	

Topic / Question	Information / Answer	Referral / Follow Up
Benefits for employer/school	<p>Decreased health care costs for employer since your infant is healthier.</p> <p>Since your child will be healthier, you will miss fewer days from work/school caring for him.</p> <p>Nursing mothers who are allowed to continue to nurse/pump for their babies are more content and have a greater sense of well-being. Therefore, they are more likely to remain at their current jobs or to continue attending school.</p> <p>Breastfeeding promotion in the workplace is good for a company's image.</p>	
Issues to discuss with employer/school	<p>You may want to talk with your employer/school about possibly returning to work/school gradually. You may want to try starting out on a part-time basis and then slowly increasing your hours.</p> <p>Try returning to work/school at the end of the week to help with the transition.</p> <p>Discuss the possibility of arranging for time to breastfeed your baby at work/school or at your sitter's location.</p> <p>Is there a room to pump and collect breast milk?</p> <p>Is there a refrigerator to store pumped breast milk?</p> <p>Discuss scheduling nursing or pumping breaks every 3-4 hours.</p> <p>(Suggest that mom talk with other mothers who have nursed or pumped breast milk at her worksite/school).</p>	

Topic / Question	Information / Answer	Referral / Follow Up
<p>Preparing to return to work/school</p>	<p>Build up your milk supply by nursing frequently.</p> <p>Stay home from work as long as possible after the baby is born. Breastfeeding success increases the longer you stay home.</p> <p>If possible, choose a caregiver near work who will support your plans to continue breastfeeding.</p> <p>Discuss with your caregiver how to store and use your breast milk (see <i>Breast Milk Storage</i>, pg 40).</p> <p>Begin pumping and storing milk at least 2 1/2 weeks prior to returning to work/school (see <i>Expressing and Pumping</i>, pg 34, and <i>Breast Milk Storage</i>, pg 40).</p> <p>*Refer to <i>Weaning, How much breast milk or formula does the baby need</i>, pg 44-45. This will help the mom to anticipate her baby's breast milk or formula needs while mom and baby are separated.</p> <p>Approximately 2 weeks prior to returning to work/school, allow your baby to practice drinking from a bottle (see Appendix G—<i>Tips for Introducing a Bottle</i>, pg 55). *Share these tips with your caregiver.</p> <p>Return to work/school midweek or late in the week.</p> <p>If possible, return to work/school gradually—not beginning with full days.</p> <p>Have a trial run several days before returning to work/school.</p> <p>Nurse your baby before leaving for work/school and as soon as you pick him up. Ask your caregiver to hold off feeding him within 1 hour of pick up time.</p>	

Topic / Question	Information / Answer	Referral / Follow Up
Preparing to return to work/school (cont'd)	<p>Keep track of usual breastfeeding times at home and try to express your milk at these times—usually every 3-4 hours. Also ask your caregiver to try and feed the baby at these times.</p> <p>Exclusively breastfeed your baby while you are at home.</p>	

Expressing and Pumping Breast Milk

A Message to Mom: There are many situations which may arise in which you find that you need to express your milk. It is important to consider the following things as you explore your options for expressing your breast milk:


- Breast milk does not look like formula. It may look thin, like skim milk, and have a bluish or green tint, and, if left to sit, may separate into different layers. Swirl gently to mix.
- No breast pump is as effective as your baby in stimulating your milk supply and in withdrawing milk from your breast. A pump cannot begin to copy the action of your baby's jaw, palate, and tongue.
- The amount of milk you express **does not** usually reflect the amount of milk your baby receives. Hand expression and pumping take practice. It is not unusual in the first few pumping sessions to only get a small amount of milk (½ -1 ounce). As your comfort level and skill increase, so will the amount of milk you are able to express.

Topic / Question	Information / Answer	Referral / Follow Up
Reasons to express breast milk Is a referral needed?	If your baby is in intensive care. If you are separated from your baby due to: <ul style="list-style-type: none"> ➤ Work/school (see <i>Returning to Work or School</i>, pg 30). ➤ Illness—you or your baby. If your nipples are flat, inverted, or sore (see <i>Sore Nipples</i> , pg 11). If you are taking a medication that is not compatible with breastfeeding (see Appendix G— <i>Medications and Breastfeeding</i> , pg 55). To help increase your milk supply while you are still breastfeeding (see <i>Getting Enough Milk</i> , pg 23). To store milk for relief bottles. If possible, pumping your breast milk and feeding your baby with an artificial nipple should be postponed until after your baby is 3 weeks old. After this time your milk supply and breastfeeding will be well established.	<u>Yes</u> – have mom followed by a Breastfeeding Specialist, preferably from the hospital where the baby is admitted. <u>Yes</u> —refer to a Breastfeeding Specialist if mom indicates that her nipples are flat, inverted or sore. <u>Yes</u> —refer to a Physician and Breastfeeding Specialist if mom is taking a medication. <u>Yes</u> —refer to a Breastfeeding Specialist if mom feels her baby is not getting enough breast milk.

Topic / Question	Information / Answer	Referral / Follow Up
<p>When to Express?</p> <p>Best times (options)</p>	<p>If your baby is in intensive care, begin pumping as soon after delivery as possible.</p> <p>In the morning when your milk volume is greater and usually you are less stressed.</p> <p>Approximately 1-1½ hours after any nursing.</p> <p>While your baby is nursing on the opposite breast.</p> <p>When your breast still feels full at the end of a feeding.</p> <p>If you are pumping when you are away from your baby, it is best to pump at the same time you would normally feed your baby.</p>	<p><u>Yes</u> – have mom followed by a Breastfeeding Specialist preferably from the hospital where the baby is admitted.</p>
<p>Options for expressing breast milk</p>	<p><u>Hand expression</u>: This method is used most often by moms who need to pump now and then, or by someone who needs to pump a small amount of the milk to relieve pressure or to get the baby interested at the breast—your baby smells and tastes milk left on the nipple. This method may require some practice.</p> <p><u>Manual breast pumps</u>: Sometimes available from WIC. These pumps are often chosen by moms who only pump occasionally, such as to express milk to add to infant cereal. Most are plastic and require one or two hands to operate. It is best to choose a pump which allows you to control the suction. You may find a manual pump works for you because it is very portable, less expensive than other pumps, and requires no electricity.</p> <p>➤ Do not use the “bicycle horn” style pump—it cannot be sterilized and therefore your milk will be contaminated. Also, you are unable to regulate the amount of suction—this may hurt your breasts and nipples.</p> <p><u>Single electric and/or battery operated breast pumps</u>: These pumps require less of your energy to operate but are more expensive than manual breast pumps. They are useful for short-term or infrequent pumping. Remember that the batteries do not always last very long. If buying this type of pump, you may want a pump that allows you the option of using batteries or electricity.</p>	<p><u>Yes</u> - refer to a Breastfeeding Specialist for instruction on hand expression.</p> <p><u>Yes</u> – refer to Breastfeeding Specialist for assistance in choosing which breast pump is best for mom’s needs.</p> <p>Also</p> <p>Refer to instruction manual and Breastfeeding Specialist for instruction on how to operate and clean the pump.</p>

Topic / Question	Information / Answer	Referral / Follow Up
Options for expressing breast milk (cont'd)	<p>Double electric breast pumps (includes hospital-grade and personal use pumps; some can run on batteries or have an adapter for use in your car): Sometimes one or both of these types of pumps may be available from WIC. These pumps are best suited for frequent and potentially long term use because they allow you to pump both breasts at the same time. It is the fastest, easiest, and most effective way to express your milk, cuts pumping time in half, and yields more milk. Pumping both breasts at the same time causes a much higher rise in your milk producing hormone, prolactin, when compared with pumping one breast at a time.</p> <p><i>Personal Use Double Electric Breast Pumps:</i></p> <ul style="list-style-type: none"> ➤ Are suggested if you have a good milk supply and are separated from your baby due to illness or because you're going back to work or school. ➤ Cost more than manual and single electric breast pumps, but less than if you rented a breast pump for more than 3 to 4 months. ➤ Are generally approved for use by one person and should not be passed from mom to mom. <p><i>Hospital Grade Double Electric Breast Pumps:</i></p> <ul style="list-style-type: none"> ➤ Are suggested if you need to build up your milk supply or have a newborn who is either in the hospital or not feeding well at the breast. ➤ Are usually rented and may be covered by insurance if your baby is in the hospital. Rental prices vary, so shop around! ➤ Generally require purchase of a tubing kit to use with the pump. These kits often include a manual pump. <p>Double electric breast pumps weigh between 5-15 lbs. and the size varies. Most are the size of an average diaper bag.</p>	<p><u>Yes</u> – refer to a Breastfeeding Specialist for information on where to purchase personal use pumps.</p> <p><u>Yes</u> – refer to a Breastfeeding Specialist for information on where to rent pumps and information on purchasing necessary tubing.</p>

Topic / Question	Information / Answer	Referral / Follow Up
<p>Tips for expressing or pumping</p>	<p>If your baby is with you, you should not pump your breast milk before your baby is 3-4 weeks old. After that time, your milk supply should be well established.</p> <p>Always wash your hands with soap and water before handling your breasts, pump, bottles, and breast milk.</p> <p>Choose a comfortable, private spot to express your milk. Try to minimize distractions.</p> <p>Have a nutritious beverage within reach.</p> <p>Try a few of these tips to help you get ready. Depending on your situation, some of them may work better than others.</p> <ul style="list-style-type: none"> ➤ Approximately 10 minutes before expressing or pumping, apply a warm compress—moist or dry—to your breasts. A disposable diaper moistened with warm water works well. Some women prefer to take a warm bath or shower. ➤ Gently massage your breast either in the shower or right before expressing or pumping (see Appendix C—<i>Breast Massage</i>, pg 51). ➤ Use relaxation techniques, if needed (see Appendix C—<i>Relaxation Tips</i>, pg 51). <p>Focus all senses on your baby—have a picture of your baby nearby to look at, feel and smell a piece of your baby’s clothing or one of his blankets.</p> <p>If you are with your baby, have him close by.</p>	

Topic / Question	Information / Answer	Referral / Follow Up
Tips for expressing or pumping (cont'd)	<p>One of the most effective ways to stimulate your let-down is to express or pump your milk while your baby nurses on the opposite breast.</p> <p>Express from both breasts several times each session—switch from one breast to the other breast when your milk flow slows down.</p> <p>Massage your breasts several times each session—massage your breast before switching to that breast.</p> <p>Total pumping time: 15-20 minutes for single pump system 10-15 minutes for double pumping</p>	
Factors that may influence the amount of milk a mom is able to express <p>Practice</p> <p>Comfort</p> <p>Timing</p> <p>Time of day</p> <p>Lack of sleep</p>	<p>The amount of milk you are able to express may depend on the number of times you are nursing in 24 hours and whether or not you are supplementing with formula.</p> <p>The more practice you have and the more comfortable you are with hand expression/using a breast pump, the more milk you are likely to get.</p> <p>Are you in a comfortable place and position? Are you relaxed?</p> <p>How long has it been since the last time you nursed or pumped? Usually the shorter the time, the less milk you will get.</p> <p>What time of the day are you expressing your milk? Usually you will get more milk in the morning.</p> <p>Are you tired? Are you resting when the baby rests? Fatigue may decrease your amount of milk.</p>	<p><u>Yes</u>—if the mom is uncomfortable with expressing or is concerned with the amount of milk she is able to pump, refer to a Breastfeeding Specialist.</p> 

Topic / Question	Information / Answer	Referral / Follow Up
<p>Factors that may influence the amount of milk a mom is able to express (cont'd)</p> <p>Stress</p> <p>Illness or medication</p>	<p>Are you able to stimulate your milk to “let-down”? (see Appendix C—<i>Signs of Milk “Let-Down”</i>, pg 51). This involves a physical and psychological response. Stress, such as returning to work, worrying about your hospitalized baby, new responsibilities, or too many visitors, may inhibit “let-down”. Again, relaxation is the key.</p> <p>Are you sick or on medication? This may affect your milk supply (see Appendix G—<i>Medications and Breastfeeding</i>, pg 55).</p>	<p><u>Yes</u> — refer mom to a Breastfeeding Specialist for more information on whether the medication or illness will affect her milk supply.</p>

Breast Milk Storage

A Message to Mom: Things to remember:

- ♥ Breast milk is bluish-white and thin, like skim milk.
- ♥ When stored in the refrigerator, the fat rises to the top. Swirl gently to mix.
- ♥ All storage containers, pump parts, bottles, and nipples need to be cleaned properly in order to avoid bacterial contamination.
- ♥ Pumped breast milk should be refrigerated or placed in a cooler as soon as possible after collection.
- ♥ Freezing breast milk may destroy its ability to fight infection. If your baby is getting mostly pumped breast milk, it is recommended that you give your baby fresh, not frozen, breast milk whenever possible.
- ♥ Always refrigerate newly pumped milk before mixing it with previously pumped refrigerated or frozen breast milk.



*****The following guidelines may not apply if the baby is ill or premature—refer this mom to a Breastfeeding Specialist.***



Topic / Question	Information / Answer	Referral / Follow Up
Containers for Storage	<p>Store breast milk in plastic or glass bottles. Plastic is preferred since some of the antibodies may stick to glass.</p> <p>Store breast milk in 2-4 ounce portions. Small portions thaw quickly and there is less waste if your baby doesn't drink it all.</p> <p>Leave about a 1-inch space between your breast milk and the top of the container since the milk will expand when frozen.</p> <p>Label all breast milk containers with the date and time the milk was pumped—masking tape works well.</p>	

Topic / Question	Information / Answer	Referral / Follow Up
<p>Storage</p> <p><i>*These guidelines vary from source to source. Although somewhat conservative, we feel these guidelines are appropriate for our participants in the WIC Program.</i></p>	<p><u>Refrigerator</u> *up to 72 hours (Other accepted guidelines range from 2-8 days)</p> <p><u>Freezer</u> *up to 2 weeks (inside the refrigerator)</p> <p><u>Freezer</u> *up to 3-6 months (with separate door) (Other accepted guidelines range from 3-6 months)</p> <p>Refrigerated breast milk that is not going to be used within 48 hours should be frozen.</p> <p>When storing breast milk in the freezer, place containers in the back lower portion of the freezer—where it is coldest—as far away from the door as possible.</p> <p>Use breast milk with the oldest date first.</p>	
<p>Thawing and Warming Breast Milk</p> <p>Thawing</p> <p>Warming</p>	<p>Breast milk that has been thawed must not be refrozen and must be used within 24 hours from the time it was thawed.</p> <p>Never thaw or warm breast milk in the microwave or on the stove. The high heat will destroy nutrients and antibodies.</p> <p>To thaw frozen breast milk, place it in the refrigerator the night before use OR place the container of breast milk under warm, running tap water OR in a bowl of warm water. Do not let the water touch the lid.</p> <p>To warm breast milk, hold the container of thawed milk under warm, running tap water OR set the bottle of breast milk in a bowl of warm water just before feeding. Be sure to keep the water from touching the lid.</p> <p>Gentle swirling will help mix breast milk which has separated into layers.</p> <p>Throw away any warmed milk that your baby did not finish. Germs can grow quickly in warm milk.</p>	

Beyond Breast Milk

(Complimentary Feeding and Eventual Weaning)

To the Counselor: First congratulate mom for giving her baby the best start in life. There are many reasons—mother-led and baby-led—to wean a baby. It is important that we understand the reason for weaning. If it is because she is having a problem, we may be able to help her resolve that problem (sore nipples, feeling that she doesn't have enough milk, returning to work, etc.). It is important that we recognize what a difficult decision this is for mom—a decision only she can make.

A baby does not have to stop breastfeeding when he is old enough to begin taking solid foods regularly. The benefits of breastfeeding extend well into the second year of the baby's life and beyond. Breastfeeding may continue for as long as both mom and baby are still enjoying it.

Topic / Question	Information / Answer	Referral / Follow Up
Introducing Solids	<p>Solids do not need to be introduced until the baby is ready—this happens when the baby is about 6 months old.</p> <p>Starting solids too early can cause allergies and feeding problems. Your baby's belly is not mature enough to digest these foods.</p> <p>Look for signs that your baby is ready to start solids:</p> <ul style="list-style-type: none"> ➤ Your baby can sit without support in a high chair. ➤ Your baby begins teething. ➤ Your baby puts toys in his mouth. <p>Continue to breastfeed as you introduce solids.</p>	<u>Yes</u> —refer mom to a Nutritionist or her health care provider if she has questions about introducing solids.
When to Wean Off Breast / Breast Milk	The American Academy of Pediatrics recommends that all babies receive only breast milk until 6 months old and breast milk along with solids beginning at about 6 months of age. Breastfeeding is encouraged until 1 year of age and beyond, as long as desired by both mother and baby. Older babies and toddlers who are still nursing continue to benefit from breastfeeding.	

Topic / Question	Information / Answer	Referral / Follow Up
<p>When to Wean Off Breast / Breast Milk (cont'd)</p> <p>Natural</p> <p>Breastfeeding problems</p> <p>Mom is taking medication</p> <p>Teething</p> <p>Mom just wants to stop</p>	<p>If you want to wean naturally, look for signs from your baby that he is ready. He may no longer seem interested in nursing consistently, even when you're nursing in a quiet, relaxed place.</p> <p>If you are having a problem with breastfeeding, ask for help to correct the problem before deciding whether to stop breastfeeding. Many "problems" may be easily fixed. There are many Breastfeeding Specialists who can help you. (If a problem is identified, refer to that section of the Kardex and make referrals as needed).</p> <p>It is best to talk with a Breastfeeding Specialist if your physician suspects that the medication is not okay to take while breastfeeding. (Refer to Appendix G—<i>Medications and Breastfeeding</i>, pg 55).</p> <p>A baby does not have to stop nursing when he begins to get teeth. If your baby tries to bite, quickly and firmly tell him "NO!" and remove him from your breast. This should stop him from doing so in the future. Many moms breastfeed babies with teeth and have no discomfort.</p> <p>Even though you are not having problems and you understand the benefits of breastfeeding, you may have decided to stop breastfeeding your baby. Here are some suggestions to help you through this transition.</p> <ul style="list-style-type: none"> ➤ Gradual weaning is very important for many reasons: <ul style="list-style-type: none"> • It helps prevent engorgement. If engorgement occurs, please call us back. There are suggestions we can give you (see <i>Engorgement</i>, pg 9). • It allows you to see how the baby is doing with formula. • It gives you and your baby time to adjust to the emotions you may experience during this time ➤ Weaning from the breast can be a difficult time for you and your baby. Breastfeeding is a time for closeness and one-on-one time with your baby. While weaning, spend extra time playing with, nurturing, and cuddling your baby. <p><i>Your baby should receive breast milk or iron-fortified infant formula until at least one year of age.</i></p>	<p><u>Yes</u> – identify the problem—see Kardex, and refer as indicated.</p>

Topic / Question	Information / Answer	Referral / Follow Up				
<p>How to Wean <i>Infant-4 months old</i></p> <p>How much breast milk or formula does the baby need?</p>	<p>Weaning should be gradual to prevent you from having problems and to see how your baby is adjusting to changes.</p> <p>You may find that you want to partially wean your baby and continue to nurse part-time.</p> <p>Begin by eliminating one breastfeeding and replace it with a bottle of breast milk, formula, or combination of both (see Appendix G—<i>Tips for Introducing a Bottle</i>, pg 55). Begin with the feeding your baby is least interested in—one when he can be easily distracted.</p> <p>Continue this for a couple of days until your milk supply has adjusted, then eliminate a second feeding for a few days. It is best to stop the early morning and late evening feedings last. These are often the ones that you and your baby enjoy the most.</p> <p>Continue until you have weaned your baby from as many feedings as you wish.</p> <p>If you notice your baby has any problems such as diarrhea, vomiting, rashes, or changes in behavior, report them to your Pediatrician.</p> <p>As you wean, continue to give your baby lots of cuddling and closeness.</p> <p>A baby’s appetite varies from feeding to feeding and from day to day. Here are some guidelines for what you might expect.</p> <p><u>Typical intake by age:</u></p> <table><tr><td>0-2 months</td><td>2-5 oz per feeding</td></tr><tr><td>2-4 months</td><td>4-6 oz per feeding</td></tr></table> <p>This amount should be increased very gradually. Your baby may not take the full amount at each feeding.</p>	0-2 months	2-5 oz per feeding	2-4 months	4-6 oz per feeding	<p><u>Yes</u>—refer to Pediatrician if mother reports any of these changes.</p>
0-2 months	2-5 oz per feeding					
2-4 months	4-6 oz per feeding					

Topic / Question	Information / Answer	Referral / Follow Up
How to Wean <i>Infant-4 months old (cont'd)</i> How much breast milk or formula does the baby need? (cont'd)	<u>Typical intake by weight:</u> (this includes all feedings including nursings) 8 lbs 16-24 oz in 24 hours 9 lbs 18-27 oz in 24 hours 10 lbs 20-30 oz in 24 hours 11 lbs 22-33 oz in 24 hours 12 lbs 24-36 oz in 24 hours 14 lbs 28-42 oz in 24 hours 16 lbs 32-48 oz in 24 hours	
How to Wean <i>5-12 months old</i> Distracted during nursing How to wean	<p>At this age, many babies become very interested in their surroundings. This can be mistaken for a decreased interest in breastfeeding. At this age it is often necessary to nurse your baby in a quiet and less distracting environment. Lying down on a bed or couch often helps keep your baby focused on nursing.</p> <p>Weaning should be gradual to prevent you from having problems and to see how your baby is adjusting to changes.</p> <p>You may find that you want to partially wean your baby and continue to nurse part-time.</p> <p>Begin by eliminating one breastfeeding and replace it with a bottle of breast milk, formula, or combination of both (see Appendix G—<i>Tips for Introducing a Bottle</i>, pg 55). Begin with the feeding your baby is least interested in—one when he can be easily distracted.</p> <p>If your baby is at least 6 months old and able to drink from a cup, try putting the breast milk or formula in a cup. Some mothers will wean directly to a cup to avoid having to wean from a bottle later.</p>	

Topic / Question	Information / Answer	Referral / Follow Up
How to Wean <i>5-12 Months old (cont'd)</i> How to wean (cont'd) How much breast milk or formula does the baby need? <		

Topic / Question	Information / Answer	Referral / Follow Up
How to Wean <i>1-2 years old</i>	<p>This is often a difficult time to wean since your toddler depends on nursing for relaxation and comfort—not just for food.</p> <p>At this age, it is best to wean very slowly.</p> <p>Postpone, shorten, or replace nursings with other foods.</p> <p>Distract your baby with another activity such as playing, reading a book, or taking a walk.</p> <p>Spend lots of time cuddling and playing with your child during this time of transition.</p>	
How to Wean <i>Over 3 years old</i>	<p>Involve your child in this decision.</p> <p>Plan this milestone ahead of time. Be consistent and remind your child frequently of your plan.</p> <p>Perhaps plan a celebration to recognize this milestone.</p>	

Benefits of Breastfeeding

For Baby:

- ☑ Breast milk has all the nutrition your baby needs for the first 6 months of life.
- ☑ Colostrum, the first milk (thick and yellowish), is small in volume but high in nutrients. It is very important in helping to protect the baby from infection. It is the **perfect** first food for your baby.
- ☑ Breast milk continually changes in composition to meet the baby's changing needs, unlike formula which remains the same.
- ☑ Breast milk is easy for the baby to digest.
- ☑ Breast milk passes on your antibodies to the baby to protect him from infection.
- ☑ Breast milk promotes good health. Babies have less:
 - Constipation and colic
 - Illness and hospitalizations
 - Ear infections
 - Risk of allergies
 - Risk of being overweight
 - Tooth decay
- ☑ Breast milk promotes brain growth.
- ☑ Breastfeeding promotes proper jaw, teeth, and speech development.
- ☑ Breastfeeding is comforting to your baby and provides him with a sense of security and well being.

For Mother:

- ☑ Breastfeeding helps to slow down your bleeding after your baby is born.
- ☑ Breastfeeding helps your uterus return to its normal size faster.
- ☑ Breastfeeding aids in natural weight loss.
- ☑ Breastfeeding is less expensive.
- ☑ Breastfeeding is more convenient. Breast milk is always ready, sterile, and the perfect temperature. There is nothing to prepare—which is important in emergencies.
- ☑ Research has shown that breastfeeding reduces the risk of breast cancer occurring before menopause.
- ☑ Research has shown that breastfeeding reduces the risk of osteoporosis later in life.
- ☑ Breastfeeding slows the return of menstruation.
- ☑ Breastfeeding makes night feedings easier.
- ☑ Breastfeeding ensures close physical contact between mom and baby. There is no mistaking who mom is.

Contraindications to Breastfeeding

Condition / Maternal Behavior	Recommendation
Using Street Drugs	Do not breastfeed. Seek help from your health care provider or others who can refer you to a program that will assist you in stopping.
You or your partner are HIV positive or have AIDS	Do not breastfeed. If you are unsure, get tested before you breastfeed. Free confidential testing is available from your local health department.
You suspect or know you have active untreated tuberculosis	Do not nurse your baby until you have received treatment and your doctor says you are no longer contagious. Go immediately to a physician for diagnosis and treatment. Direct exposure to your infant should be avoided (whether breastfeeding or formula feeding), but your breast milk is okay to use. Until your doctor says you can be around your baby, you can pump your breast milk and have someone else feed it to the baby.
You have Herpes Simplex Virus lesions <u>on your breast</u>	Do not breastfeed from the breast that has lesions until they have cleared. It is okay to feed from the clear breast while pumping and dumping your milk from the affected breast. If you have lesions other places on your body, you may breastfeed while using careful hand washing.
You are infected with Hepatitis A, Hepatitis B, or Hepatitis C	You may breastfeed. However, your baby may require a special shot or series of shots. This is true whether you are breast or formula feeding. Be sure to tell your baby's doctor of your infection before delivery.
You have Chicken Pox	You may breastfeed once you and your baby are permitted to be together.
You have Lyme Disease	You may breastfeed if your baby is healthy and you have been treated.
Your baby is diagnosed with PKU or other inherited metabolic disorder	Your baby may be partially breastfed at the discretion of your baby's doctor. If breastfeeding is okayed, your baby will need to be followed closely.
You are on medication	It is best to talk with a Breastfeeding Specialist if your physician suspects that the medication is not okay to take while breastfeeding. (Refer to Appendix G— <i>Medications and Breastfeeding</i> , pg 55).

Contraindications to Breastfeeding (cont'd)

Condition / Maternal Behavior	Recommendation
Infection in mother: Mastitis (even with abscess), CMV, Toxoplasmosis, Epstein-Barr Virus or Venereal Warts	It is okay to breastfeed. Of course, if you have one of these conditions you should see your physician. And if you have mastitis, you should also see a Breastfeeding Specialist.
You smoke cigarettes	Under no circumstances should anyone smoke around your baby. You should try to quit (make a referral for assistance). Otherwise you should cut back as much as possible and smoke right after nursing your baby, rather than before or during nursing.
You drink alcohol, caffeine , or follow a vegetarian diet	Refer to <i>Nutrition and Breastfeeding</i> , pg 27.

Relaxation Tips

- ☑ Find a warm, private, and comfortable place. If you are pumping and have removed your shirt, try draping something across your shoulders to keep you warm and to help you relax.
- ☑ If necessary, take the phone off the hook or turn off your phone.
- ☑ You may want to turn on some relaxing music.
- ☑ Have a nutritious beverage and/or snack within reach.
- ☑ Plan ahead to meet the needs of your other children to cut down on distractions.
- ☑ Place a warm compress on your breast—a disposable diaper wet with warm water works well. Or take a warm shower or bath.
- ☑ Before nursing or pumping, take a few minutes to use the breathing techniques you used during labor. Imagine being in a special relaxing place.
- ☑ Focus on relaxing your muscles, starting from your head and moving down. Especially focus on relaxing the muscles of your jaw, neck, and shoulders where we tend to store a lot of tension.
- ☑ While nursing or pumping, focus all your senses on your baby. If your baby is not with you, try looking at a picture of your baby or have a piece of the baby's clothing or a blanket nearby. Imagine the sounds that your baby has made.
- ☑ **It is essential that you take time to take care of yourself and get plenty of rest. It is difficult to relax if you are stressed and tired. Accept help from family and friends.**

Breast Massage

- ☑ It is best to apply a warm compress to your breast before massaging it. A disposable diaper wet with warm water works well.
- ☑ Begin massaging one breast at a time using a small circular motion with your fingers, starting with the breast tissue furthest from your nipple. Concentrate on this one area for a few seconds and move to the next area, spiraling in toward your nipple. This is very similar to the motion used during a breast examination.
- ☑ Then, using the heel of your hand, stroke your breast from the top of your chest down toward your nipple. Continue this motion around your whole breast.
- ☑ These two techniques for breast massage can be used before and during nursing.

Signs of Milk “Let-Down”

- ☑ Cramping of your uterus—similar to labor pains. These are noticeable usually the first week after your baby is born.
- ☑ A tingling (pins and needles), fullness, or dull ache in your breasts at the beginning of a nursing.
- ☑ A feeling of being very thirsty.
- ☑ Milk dripping from one or both breasts.
- ☑ Your baby's sucking will slow down and you will begin to hear the baby swallow—it is easiest to hear after your milk has “come in”.

Waking a Sleepy Baby

- ☑ Babies may be in a sleep cycle for the first 24-48 hours after birth. It may be necessary to wake your baby in order to nurse her.
- ☑ Lay the baby on your lap and support her head with your hand and her back with your arms. Sit your baby upright, bringing her toward your chest, then lay her back down. Repeat this until she opens her eyes.
- ☑ Play with her hands and rub her feet.
- ☑ Rub her back.
- ☑ Unwrap blankets.
- ☑ Undress her and change her diaper.
- ☑ Wash her face with a cool cloth.
- ☑ Hold your baby against your bare skin and breast.
- ☑ Before your baby latches onto your breast, express a small amount of milk onto your nipple or onto your baby's lips. This will help to get your baby interested in starting to nurse.

Early Hunger Cues

It is always best to feed your baby before he becomes too terribly hungry. A calm baby will always feed better. Keeping your baby nearby will help you to pick up on these early hunger signs.

- ☑ A sleepy baby begins to stir—sometimes moving his head back and forth.
- ☑ Your baby may begin to bring his hand to his mouth.
- ☑ Your baby may turn his head and open his mouth in search of food. You can try stroking his cheek with your finger. If he is hungry, he should turn his head in the direction of your finger and open his mouth. This is called the “rooting reflex” and is the baby's way of locating your nipple.
- ♥ **Remember crying is not the first sign that your baby is hungry. If your baby is hungry and crying, try to calm him first before nursing.**

Positioning

Tips for Getting Comfortable

- ♥ Use extra pillows to support your back and arms.
- ♥ Have a beverage beside you.
- ♥ Always bring the baby to you. Once the baby is attached, don't lean toward the baby—sit back and relax!

Tips for Successful Positioning

- ♥ When supporting your breast, hold your hand like a “c”—thumb on top and fingers under your breast—keeping your fingers behind the areola, the dark area surrounding the nipple.
- ♥ No matter what position you choose, your baby's face, chest, tummy and knees should be facing your chest and tummy (tummy to tummy).
- ♥ Bring your baby in close—once attached to your breast, his mouth and chin should be gently touching your breast.

➤ *For information on how to attach the baby to the breast—see **Breastfeeding Basics**, pg 1*

Cradle

- ☑ Lay a pillow on your lap for the baby to rest on.
- ☑ Baby should lie completely on his side. Have the baby's body facing you, tummy to tummy.
- ☑ Cradle the baby in the arm closest to your breast, with the baby's head in the crook of your arm.
- ☑ Support your breast with the opposite hand.

Football / Clutch

(ideal for large-breasted, C-section and newly breastfeeding moms)

- ☑ Sit up as straight as possible.
- ☑ Lay a pillow in your lap and another one beside you on the side you plan to breastfeed.
- ☑ Let your baby's bottom rest on the pillow near your elbow.
- ☑ Support the baby's back shoulder, with his neck and base of head cradled in your hand. Do not push on the back of the baby's head.
- ☑ Once baby is nursing well, sit or lean back and relax.

Side Lying

- ☑ Position yourself on your side with a pillow under your head and shoulders and another one behind your back.
- ☑ Baby should lie completely on his side. Have the baby's body facing you, tummy to tummy.
- ☑ Cradle baby's head in the crook of your arm and support his back with your lower arm (a rolled blanket or towel can also be used to support his back).
- ☑ Some moms find it helpful to sit up slightly while baby attaches. After baby is nursing well, relax and sit back.

Modified Clutch / Across the Lap

(may provide mom with more control of baby's position)

- ☑ Lay baby on pillows across your lap.
- ☑ Baby should lie completely on his side. Have the baby's body facing you, tummy to tummy.
- ☑ Reach across your lap to support the baby's back and shoulders with the palm of your hand.
- ☑ Once baby has attached and is nursing well, lie back and relax.

Leaking

Leaking (which is normal) may occur:

- ☑ Because a feeding was missed or delayed.
- ☑ During a shower.
- ☑ When a baby cries.
- ☑ During sexual intercourse.
- ☑ From one breast while baby is nursing on the other breast.

Tips:

- ☑ Use nursing pads. Change them as they become damp. Keep extras close by. You can make your own with cotton hankies or other cotton fabric folded up.
- ☑ Avoid using milk cups or breast shells for leaking. They may actually cause your breasts to leak more because of the pressure they put on your breast.
- ☑ Apply light pressure on your breast and nipple with the heel of your hand. Do this only when necessary—it's always best to allow your breast to drain naturally.
- ☑ Nurse your baby just prior to going out or just prior to intercourse to lessen the likelihood of leaking.
- ☑ Keep a sweater or jacket nearby that can cover leaks when in public.

Nipple Care

Before the baby is born:

- ☑ There is no need to rub or toughen your nipples at this time.
- ☑ Breast shells for flat or inverted nipples should be used only under the supervision of a Breastfeeding Specialist and your Obstetrician.
- ☑ Avoid using soap on your nipples. Soap will cause your nipples to become dry.

After the baby is born:

- ☑ Breast shells for flat or inverted nipples should be used only under the supervision of a Breastfeeding Specialist.
- ☑ The bump-like structures around your nipple (Montgomery glands) secrete substances that lubricate your nipple and help to kill germs.
- ☑ Avoid using drying agents on your nipples such as soaps, alcohol, and deodorants.
- ☑ Express and rub a small amount of breast milk into your nipples after feeding and allow to dry. If needed, purified lanolin may be applied to your nipples to ease discomfort and promote healing.
- ☑ Wear a supportive bra for comfort. Be sure it is not too tight.
- ☑ Change your breast pads if they become damp.
- ☑ Washing or cleaning your nipples before nursing is not necessary.

Tips for Introducing a Bottle

- ☑ If possible, wait to introduce a bottle until the infant is at least 3 weeks old—when breastfeeding and milk supply are well established. Some babies take to bottles better if introduced by 7 weeks old.
- ☑ Start at least 10 days prior to returning to work/school.
- ☑ Introduce the bottle when your baby is not super hungry.
- ☑ Have someone other than yourself feed the baby the bottle (like the baby's father). Also feed the baby the bottle in a place other than where he usually nurses.
- ☑ Try different types of nipples. Your baby may prefer one type over another.
- ☑ Try holding the baby in different positions. When held in the cradle position some babies just want to breastfeed. Sometimes laying a baby on your lap with his head elevated works well.
- ☑ Try running the bottle nipple under warm water to bring it closer to body temperature.
- ☑ Remember that frequent burping may be necessary because the baby swallows more air when bottle feeding.
- ☑ If switching from breast milk to formula and baby is refusing formula, try mixing some of each in the bottle to help your baby adjust.
- ☑ Share these tips with your baby's caregiver.

Medications and Breastfeeding

When a breastfeeding mother needs to take medication:

- ☑ No medication is 100% safe. You should always check with your physician and a Breastfeeding Specialist before taking medication while breastfeeding.
- ☑ There are very few medications that a mother cannot take while breastfeeding.

If a physician tells the mother that she must stop nursing her baby in order to take her medication:

- ☑ Suggest that mom call a Breastfeeding Specialist to check the latest information available as to whether or not that medication is compatible with breastfeeding.*
- ☑ If the medication is not compatible with breastfeeding, suggest that mom call the physician to express her desire to continue nursing her baby. Have her ask if there is another medication that she could take that might allow her to continue breastfeeding.

*For information on medication and breastfeeding, check with:

- Local agency WIC Breastfeeding Coordinator
- Local hospital lactation center
- State WIC Breastfeeding Coordinator
- Local lactation consultant in private practice

Glossary

Alveoli – tiny glands in the breast which produce milk.

Antibody – a protein substance which helps protect against infection.

Areola – the dark, circular area surrounding the nipple.

Bili light – florescent light used to treat jaundice.

Bilirubin – a by-product of the breakdown of the hemoglobin portion of red blood cells.

Bonding – interaction between parents and infant to form a unique and lasting relationship.

Breast infection – an inflammation in an area of the breast, usually resulting from a plugged duct left untreated or a cracked nipple. Also known as mastitis.

Breast massage – hand massage of the breast used to promote let-down and expression of milk.

Breast pump – a device used to express milk from the breast.

Breast milk substitute – infant formula.

Breast shell (milk cup) – a hard, round plastic device that is worn in the bra prenatally and sometimes postnatally to correct inverted nipples. It also is used for sore nipples. It forms a plastic tent over the areola. It encourages flat nipples to protrude during engorgement.

Cluster feedings – nursings/feedings which are spaced very close together. These are usually followed later in the day by feedings that are spaced further apart.

Colic – extreme fussiness in the baby characterized by a continuous piercing cry and inability to be comforted. This occurs most of the time infant is awake, but is usually most severe in the late afternoon and evening.

Colostrum – thick, yellow or clear fluid secreted from the breast during pregnancy and the first few days postpartum, before the onset of mature breast milk. It provides nutrients and protection against infectious diseases.

Duct system – a system of tubes through which milk flows from the point of production out to the nipple pores.

Engorgement – swelling and distention of the breasts that may cause discomfort. It is common during the first week of breastfeeding and caused by vascular dilation as well as arrival of early milk. It also may occur later as a result of milk not being emptied from the breast.

Expression – extracting milk from the breasts, either by hand or by using a breast pump.

Feeding tube device (supplemental nutrition device) – a method of supplementing while breastfeeding. A plastic bottle or bag filled with breast milk or formula hangs from a string around mom's neck or clips to mom's clothes. Thin, soft plastic tubes lead from the bottle to mom's nipples. The baby takes the tube into his mouth while sucking

from the breast. Commercially available devices are Lact-Aid and Supplemental Nursing System (SNS).

Foremilk – breast milk that comes at the beginning of a feeding. It provides fluid to the infant by supplying a higher concentration of water and is lower in fat than hindmilk that comes later in the feeding.

Frenulum – fold or mucous membrane under the tongue, attaching it to the floor of the mouth.

Gestational age – the age of an infant since conception—usually measured in weeks. It is counted from the first day of the last normal menstrual period.

Growth spurt – a period of sudden growth in the baby, often marked by increased feeding frequency. Common the first few days at home, at 10-14 days, at 4-6 weeks, and at 3 months of age.

Hand expression – removal of milk from the breast using one's hands rather than a device.

Hindmilk – breast milk that is released near the end of a feeding, after active let-down of breast milk. It is 2-3 times higher in fat than foremilk. This milk is important for the infant to receive to ensure adequate growth.

Human milk fortifier – a product added to breast milk that contains protein, vitamins and minerals, commonly used in the hospital with premature infants.

Intrauterine – within the uterus.

Jaundice – a yellow coloring of the tissues, membranes and secretions due to the presence of the bile pigments (bilirubin) in the blood.

Jaundice, breast milk – a type of neonatal jaundice caused by an unknown factor in the mother's milk.

Jaundice, physiologic – a common type of neonatal jaundice resulting from the normal breakdown of red blood cells and the delay in removing their byproducts from the bloodstream. It appears by the third day of life.

Lactation - breastfeeding; secretion of breast milk.

Lactiferous ducts – see duct system.

Leaking – the involuntary release of breast milk.

Let-down reflex – see milk ejection reflex.

Malaise – discomfort, uneasiness, “flu-like” symptoms, often due to infection.

Mammary gland – breast; gland which secretes milk.

Mastitis – the medical term for a breast infection.

Mature milk – breast milk which is usually produced after 2 weeks postpartum. This milk contains no colostrum and is higher in lactose, fat and water-soluble vitamins. The composition of this milk varies to meet the needs of the individual baby.

Milk cup – see breast shell.

Milk ejection reflex – release of milk from the breast. Also known as let-down reflex. It is controlled by the hormone oxytocin, which is released during nipple stimulation and some psychological influences.

Myoepithelial cells – cells which surround the alveoli (milk-producing sacs) and contract during “let-down.” This forces the milk into the milk ducts.

Milk supply – the quantity of milk a woman produces.

Nipple – the protruding part of the breast which extends and becomes firmer upon stimulation.

Nipple, blanched – a nipple which is temporarily whitened, usually as a result of improper positioning or an unusual suck.

Nipple, flat – a nipple with a very short shank which does not become erect in response to stimulation.

Nipple, inverted – a nipple which remains retracted, both when at rest and upon stimulation.

Nipple confusion – see nipple transfer problem.

Nipple pore – outside opening through which breast milk flows.

Nipple shield – an artificial latex or silicone nipple used over the mother’s nipple during nursing.

Nipple transfer problem – difficulty in suckling resulting from alternating between breast and bottle feeding which require two different tongue and jaw motions for sucking.

Non-nutritive sucking – sucking with little or no milk flow.

Nutritive sucking – steady, rhythmic sucking with adequate positive milk flow.

Obstructed duct – blockage in a milk duct caused by accumulated milk or cast-off cells.

Oxytocin – hormone produced in the posterior pituitary gland which causes the ejection of milk (the milk ejection/let-down reflex). It is released during nipple stimulation.

Postpartum – the six-week period following childbirth.

Premature – infant born at 37 weeks gestation or before, regardless of birth weight.

Prolactin – hormone produced in the anterior pituitary gland which stimulates the production of milk as well as the development of breasts. In a nursing mother, it is regulated by amount of effective nursing or in some cases by stimulation with a pump.

Pyloric stenosis – narrowing of the opening between the stomach and small intestine. Frequently causes projectile vomiting and poor weight gain in the infant.

Relactation – process by which a woman who is adopting or who has given birth but did not initially breastfeed is stimulated to lactate (also applies to reinstituting lactation after it had been discontinued).

Rooting reflex – the natural instinct of the newborn to turn his head toward the stimulation when touched on the cheek.

Saline nose drops – drops sometimes put in infant’s nose before feeding—used to help relieve nasal congestion.

Scissor hold – positioning the nipple by holding the areola between the first two fingers of the free hand.

Spitting up – baby expelling small amounts of milk from the mouth during or after feedings; common in most babies.

Suck – to draw fluid into the mouth by forming a partial vacuum with the lip and tongue.

Suckling – the entire process of an infant breastfeeding, including sucking, compression of the areola with the jaw, forming a seal with the lips, and massaging milk out of the breast with the tongue.

Supplemental Nursing System (SNS) – see feeding tube device.

Supplementation – anything given in addition to breast milk.

Supplementary bottle – a routine bottle given in addition to breastfeeding.

Supply and demand – the process by which the baby's suckling or other stimulation (e.g. hand expression or pumping) controls the amount of milk produced. Usually the more stimulation to the breast, the more milk is produced.

Swaddle – wrapping the baby, confining the arms and legs to inhibit the startle reflex and provide a feeling of warmth and security.

Thrush – a fungal infection of the mouth characterized by white patches and ulcers. Candida infection may also occur on mother's nipples.

Transitional milk – breast milk which is produced after colostrum and before mature milk, usually first two to three weeks postpartum. This milk varies in composition continuously.

Vomiting, projectile – violent expulsion of the contents of the stomach with enough force to send it five feet or more.

Weaning – discontinuation of breastfeeding by substituting other nourishment.

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