



Erlanger Women's Health

Breastfeeding Booklet



RESOURCES



Erlanger East Hospital, Building C



Erlanger Lactation Consultants:

Erlanger Baroness Hospital - Lactation Office: 423-778-6247

Erlanger East Hospital - Lactation Office: 423-680-8789

Erlanger Breastfeeding Clinic

Our board-certified lactation consultants are available for individualized breastfeeding guidance and encouragement. Please call 423-778-4181 for an appointment.

Two Convenient Locations:

Kennedy Outpatient Center

900 E. 3rd Street | Chattanooga, TN 37403
(Monday, Tuesday, Thursday, and Friday)

Children's Specialty Clinic

Erlanger East Hospital, Building C

1635 Gunbarrel Road, Suite 410 | Chattanooga, TN 37421
(Wednesday)

Free valet parking at both locations.

Additional Resource:

Tennessee Breastfeeding Hotline: 855-423-6667

Infant Risk Center

Call 1-806-352-2519 with any questions about medications and breastfeeding. (Monday - Friday | 8 AM - 5 PM CST)

Visit infantrisk.com or scan the code ►



Postpartum Support International

Perinatal Mental Health Information Flyer ►





PATIENT Information Guide

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feeding your baby **THE GOLD STANDARD**

COLOSTRUM & BREAST MILK... The perfect food for your baby!

Formulas & Breastfeeding

.....

Giving formula to a breastfed baby can cause problems with feeding:

Breast Refusal: The suck on a bottle is different from the suck on a breast. A baby who gets a bottle too early can get used to the bottle and have difficulty latching on to the breast.

Sore Nipples: A mother's nipples become sore because of the improper suck developed by the baby using a bottle nipple.

Reduced Milk Supply: Lack of breast stimulation from bottle-feeding can result in delay in the milk production and a long term reduction in breast milk production.

Shortened Duration of Breastfeeding:

Because problems that develop may be difficult to resolve, your baby may quit breastfeeding sooner than you wanted.

Breast milk is Best

Breast milk contains antibodies that help your baby fight off colds, flu, and stomach viruses now and chronic diseases such as high cholesterol, diabetes, and hypertension for the rest of their life.

Breast milk reduces your baby's risk of having asthma and allergies.

Breastfed babies are more likely to gain the right amount of weight as they grow rather than become overweight children.

Breastfed babies score higher on IQ exams.

Moms who breastfeed decrease their risk of postpartum bleeding, postpartum depression as well as breast and ovarian cancer.

The American Academy of Pediatrics recommends that . . .

NO formula supplements should be given to breastfeeding newborns unless a medical indication exists.



EXCLUSIVE breastfeeding

Exclusive breastfeeding is when your baby only gets breast milk without any extra food or drink (water included). Breast milk is all your baby needs in the beginning, so exclusive breastfeeding should be your goal. The American Academy of Pediatrics and the World Health Organization recommend exclusive breastfeeding for the first 6 months. After 6 months, babies should receive a mix of breast milk and complimentary food until 2 years old. You can continue to breastfeed until mutually desired.

Tips:

- Room-in with your baby
- Place baby skin-to-skin as much as possible (see page 8)
- Have a quick response to baby's feeding cues
- Avoid giving formula unless there is a medical reason
- Avoid using pacifiers or bottle nipples in the first few weeks
- Find support through friends, family, or support groups
- Reach out to a lactation consultant if you need help

Scan the code to view a video about the benefits of breastfeeding and breast milk production ▶



Risks Associated With the Use of Pacifiers:

- Missed feeding cues (see page 5)
- Decreased number of breastfeedings leading to complications
- Shorter duration of exclusive breastfeeding and reduced milk supply
- Altered suckling rhythm at breast leading to breastfeeding difficulties
- Dental and orthodontic problems
- Increased risk of oral thrush, ear infection and other infections
- Delayed speech development
- Increased risk of early weaning

COMBO breastfeeding

Exclusive Pumping

- Not everyone feels the need or desire to latch the baby to the breast.
- Expressing and using a slow-flow nipple and bottle is a great way to continue feeding your baby your own milk.
- You will need to pump a minimum of 8 times in 24 hours for 10–20 minutes to maintain a good supply.

(See page 16 for breast pump information.)

During your hospital stay you will have the option of donor breast milk or formula. Once discharged, if you don't have access to donor breast milk outside of the hospital, you might have to choose a formula until your transitional milk comes in.

Did You Know?

Formulas cost approximately **\$2,000 – \$3,000 PER YEAR!**

(If you have WIC, remember that WIC only provides about HALF the formula your baby will need the first year.)

Combination Breastfeeding: Balancing Breast and Bottle Feeding for Optimal Infant Health

- Combination breastfeeding is when mom chooses to feed both by breast and bottle or alternative feeding methods (see page 7).
- Bottle may be filled with expressed breast milk, donor breast milk, or formula.
- Partial breastfeeding still provides some protection against diarrhea, ear infections, SIDS & respiratory infections. (Note: that's true only as long as you continue to mix in breastmilk).
- Moms might believe that just one drop of formula will change a baby's microbiome, and in doing so, the baby may have lifelong consequences for its immune and metabolic health. That has yet to be proven true.
- Keep in mind that many things such as antibiotics, how the baby was born, and the types of foods it eats, can also alter the microbiome.

WARNING

- **Wait until 3–4 weeks old to start combo breastfeeding (when possible)**
- **Choose conical, wide-base nipples**
- **Use a paced style when bottle feeding (see page 19)**
- **Maintain your milk supply by pumping if doing sole bottle feeds periodically.**

Formula Recommendation

- Cow's milk and soy proteins are much bigger than breast milk proteins.
- Standard formulas with full-size proteins will have the following in the ingredient list: nonfat milk, milk protein isolate, whey protein, or soy protein isolate
- Partially hydrolyzed formulas have much smaller proteins. The proteins in partially hydrolyzed formulas are broken down to be smaller in size, closer to the size of breast milk proteins.
- Partially hydrolyzed formulas have "partially hydrolyzed" in front of the protein on the ingredient list.
- Studies on partially hydrolyzed formulas have been proven to reduce Atopic Dermatitis in at-risk infants. Atopic Dermatitis could also be a symptom of cow-milk allergy.



FEEDING and SATIETY

Feeding Cues

When your baby is ready to breastfeed, they'll show feeding cues. Rooming in and placing your baby skin-to-skin will help you learn your baby's cues and allow you to respond to them quickly.

Common feeding cues:

- Licking lips
- Stirring or rooting (turning head side to side)
- Sucking movement (mouth and tongue)
- Hands to mouth
- Fidgeting (moving arms and legs)

To learn strategies on how to successfully breastfeed your baby, including on-demand feeding and feeding cues, scan the code:



Satiety Cues

Signs that your baby is satisfied with the feed:

- Baby self-detaches from breast or won't suck anymore.
- Hands are no longer in a fist
- Hunger cues are gone
- Baby is relaxed and in a state of bliss.

REMEMBER: The baby does not get much air at the chest but should burp after feeding for the first 6 months. Until the baby can sit up alone.



stomach SIZE



Newborn Stomach Size



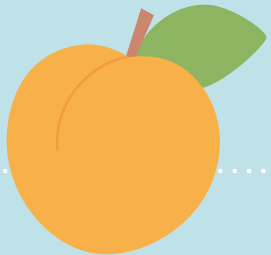
DAY 1

Size of a grape
5-7 ml | 1 - 1½ tsp



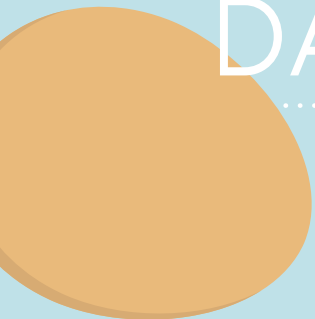
DAY 3

Size of a cherry tomato
22-27 ml | 1 ½ - 2 tbsp



DAY 7

Size of an apricot
45-60 ml | 1 ½ - 2 oz



DAY 30

Size of an egg
80-150 ml | 3-5 oz

80 ml
45 ml
22 ml
5 ml

Guidelines for Supplementing Newborns

| Hours of Age | Term | Preterm |
|--------------|-----------------------|----------------------|
| 0-24 hours | 5-10 ml per feeding | 5-7 ml per feeding |
| 24-48 hours | 15-20 ml per feeding | 15-20 ml per feeding |
| 48-72 hours | 30 ml per feeding | 20-30 ml per feeding |
| 72+ hours | As much as baby wants | |

Supplement Late Preterm Baby:

- If baby feeds for less than 10 minutes
- If swallows not noted
- If baby not satisfied after feeding

Donor Milk

Pasteurized or heat-treated human milk is donated milk that comes from a certified milk bank and is specially processed so it can be given to any baby. Pasteurization is used to kill known viruses and bacteria if present in the milk.

Is pasteurized human milk safe?

Donor milk is carefully screened for safety. All donors are healthy nursing moms who must meet the Mother's Milk Bank strict standards, including:

- Free from medication while collecting milk
- Pass blood tests with no detection of HIV-1 and HIV-2, Hepatitis B and C, HTLV-1 and 2 and syphilis

All milk is pasteurized, and appropriate laboratory tests are performed prior to milk distribution.

Learn more:



supplementing FEEDING METHODS

Feeding Methods:

- Spoon
- Cup
- Finger Feeding/Syringe
- SNS
- Paced bottle (see page 19)

For more information about alternative feeding methods, scan the code:



Scan this code to learn about the cup feeding method:



breastfeeding POSITIONS



Scan to watch demonstrations of the four most common breastfeeding holds:



There are different styles you can use when breastfeeding, but the important thing is to make sure your baby is in the proper position for feeding.

- Start nipple to nose
- You and baby are chest-to-chest or tummy-to-tummy
- Baby's ears, shoulders, and hips are in a straight line
- Support baby's head by holding ear-to-ear
- The palm of your hand will rest between baby's shoulder blades

Baby-Led Latch:

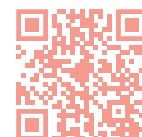
Laid-back breastfeeding allows the baby to lead. It also allows for a comfortable feeding position for you both. Following baby's lead during feedings helps both you and your baby's natural instincts. Babies have primitive neonatal reflexes just for breastfeeding. These areas are located on a baby's arms, chest, and inside of the knees.

Laid-Back Position:

- Lean back with good support for your head, shoulders, and arms
- Let baby snuggle into your chest
- Let baby's cheek rest close to your breast
- Support baby's neck and shoulders with one hand and their hips with the other
- Follow baby's lead
- Stay calm and relaxed as baby seeks your breast



naturalbreastfeeding.com ▶





breastfeeding POSITIONS

Mother-Led Latch

Cross Cradle Position:

- Line up you and your baby's chests, with their nose near your nipple
- Support baby ear-to-ear with one hand
- Use a C hold with the other hand
- Lightly stroke baby's upper lip with your nipple in a downward motion. Use your thumb to slightly tilt the nipple up.
- When baby opens up, bring baby in through the shoulders toward your breast quickly and gently.
- Be patient until baby opens their mouth wide
- Do not let go of the breast until baby has started suckling
- Baby's mouth should cover your nipple and the lower part of the areola
- Once baby has committed to the feed, get into cradle position
- Make sure the nose is in "sniffing" position to allow for best movement of milk. If it isn't, the motion can feel like chewing or biting and baby is unable to move the milk.

Pro Tip:

If the latch looks shallow, you can move the chin down with one finger before unlatching the baby from the breast. If unlatching is required, Slide a finger between the corner of the baby's mouth to break the suction.

Signs of proper latch

- Sniffing nose position
- Baby stays on breast
- No biting or pinching pain
- Lips are turned out
- Wide gape
- Long pulls (no nibbling)
- Swallows heard

To watch the video
**Signs of
Proper Latch,**
scan the code.



Be patient with yourself and your baby.
A good latch is a learned response.

SKIN -to- SKIN



Benefits of Skin-to-Skin:

There are many proven benefits to keeping baby in close skin contact with mother after birth. Being skin-to-skin (STS) with your newborn:

- Stimulates more frequent breastfeeding
- Improves baby's sleep
- Reduces crying
- Enhances baby's brain development
- Regulates baby's temperature, heart rate and breathing

And your baby loves being with you! STS also enhances mom's milk production and releases the hormone oxytocin, which helps contract her uterus, reduces postpartum bleeding, decreases stress, lowers risk of postpartum depression, and promotes feelings of well-being.

Safe Positions for Skin-to-Skin:

Because STS is so good for you and your baby, we encourage doing it as often as possible. It is also important to safeguard your newborn's breathing during STS.

Here's how to do STS safely:

- Mom is awake and undistracted (set your phone aside until later)
- If mom is sleepy, someone is watching mom and baby
- Mom is leaning back in bed at an incline or leaning back in a chair with hips forward
- Bare chest of mom to bare chest of baby (baby in diaper only)
- Baby's legs are flexed ("frog" position)
- Baby's shoulders are flat against mom
- Baby's face is visible, nose and mouth are not covered
- Baby's head is turned to one side
- Baby's neck is straight, not bent
- Baby's chin is up in "sniffing" position

To understand the benefit to mother, father and baby of bonding with your newborn baby through skin to skin contact, watch this video. ▶



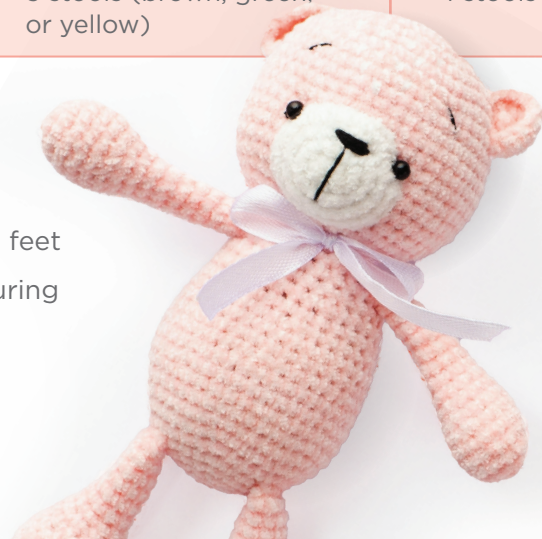
FEEDING patterns

Newborn Feeding Patterns

| Day 1 (First 24 Hours) | Day 2 (24 to 48 Hours) | Day 3 (48 to 72 Hours) | Day 4 & 5 (96 to 120 Hours) |
|---|--|--|---|
| <p>Babies are usually eager to eat the first 1-2 hours after birth. They then sleep for many hours and often eat less in the first 24 hours.</p> <p>Watch for feeding cues and wake your baby if necessary to meet a minimum of 8 feeds in 24 hours. Lots of supervised skin-to-skin will help!</p> | <p>Babies will start to show more feeding cues and will want to feed more often. Your baby may feed many times together, known as “cluster feeds.”</p> <p>Keep your baby with you and allow your baby to feed as often as they desire. Remember that sucking is not only for hunger, but comfort. Make sure baby is burped well.</p> | <p>Babies will continue to cluster feed on this day. Keep baby skin-to-skin and watch for feeding cues.</p> <p>If baby falls asleep with first breast, then change diaper or just hold STS for an additional 5-10 minutes before offering second breast.</p> | <p>Your milk supply will increase and your baby will be eating more at each feeding. Swallows should be heard.</p> <p>Baby may drift off to sleep after a satisfied feeding. Weight gain is accomplished when babies feed 8-12 times in 24 hours.</p> |
| <p>A minimum of:</p> <ul style="list-style-type: none"> • 1 wet diaper • 1 stool (black) | <p>A minimum of:</p> <ul style="list-style-type: none"> • 2 wet diapers • 2 stools (black/dark green) | <p>A minimum of:</p> <ul style="list-style-type: none"> • 3 wet diapers • 3 stools (brown, green, or yellow) | <p>A minimum of:</p> <ul style="list-style-type: none"> • 4-5 wet diapers • 4 stools (yellow) |

Waking Tips:

- Undress down to diaper
- Gently rub back, legs, hands, feet
- Massage/compress breast during feedings
- Switch breasts
- Talk to your baby



FEEDING patterns



Second Night Syndrome

The Second Night Syndrome is very common and happens about 24 hours after birth. Almost every baby will experience this. Your baby will want to be on the breast constantly but quickly fall asleep. If put down, your baby will probably wake up. If put to breast, the baby will feed for a short time and fall asleep. You may go back and forth with this many times, which can be exhausting. This is normal and will help your milk to transition from the thick colostrum into the thinner milk.

Helpful Tips for the Second Night

Hold baby skin-to-skin

Skin-to-skin holding is very soothing to your baby. Babies are familiar with the feel and smell of their mother's body. You should also get your partner to do skin-to-skin with baby. For safe skin-to-skin practices, see page 8.

Offer the breast when your baby wants to eat

Frequent nursing is the key to an abundant milk supply. Just make sure your baby has a good latch at the breast. Your nurse or lactation consultant can give you pointers on positioning, latching, and how to know your baby is working well at transferring milk.

Hand express colostrum and top-off after breastfeeding

Hand expression of colostrum can help your milk supply and aid in longer rest times between feeds. This extra colostrum can be given via finger feed/syringe, spoon or medicine cup.

Assure that baby is drinking

Make sure your baby is getting milk while at the breast

- Check for a wide, deep latch on the breast
- Awaken your baby if drowsy while nursing
- Listen for swallows every 5-15 sucks
- It should not feel like a nibble, chew, chomp, bite, or pinch.

Nap when baby naps

Take a short nap whenever your baby is asleep. It is likely your baby will want to be fed several times through the night, so take advantage of any quiet time to rest.

Ask for help

Work out a plan with your partner, family, or anyone who can spend the night with you. They can take turns holding and walking or rocking the baby while you take a break.

FEEDING patterns

Cluster Feeding

Cluster feeding is very common for newborns. They will feed many times close together at certain times of the day, generally feeding frequently over a 2-3 hour period followed by 3-4 hours of deep sleep. Some babies will want to feed more often than others. It is not uncommon for babies to feed up to 14 times per day. The goal is at least 8 feeds in 24 hours.

Helpful tips:

- Make sure you're eating and drinking
- Make sleep a priority
- Let baby feed whenever they want to
- Do not supplement with formula (formula fed babies still have fussy phases)
- Get support - Talk to other moms
- Ask for help when you need it
- Reach out to your local IBCLC support person

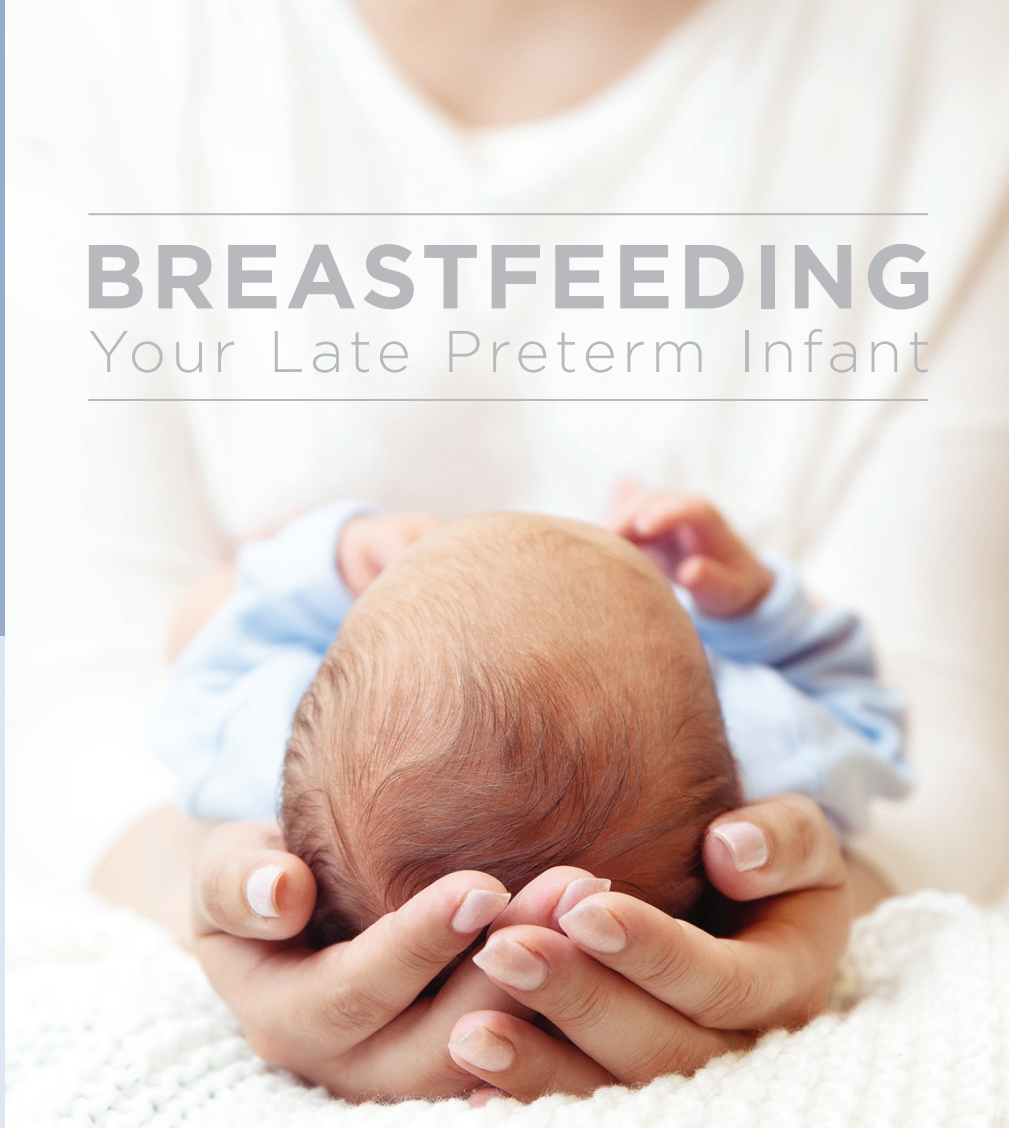


late PRETERM

Infants who are born “just a little early” (34-36 weeks, 6 days gestation) need special attention. Although they are healthy, they are not fully mature and often need more assistance when beginning to breastfeed.

BREASTFEEDING

Your Late Preterm Infant



Breastfeeding

Begin breastfeeding during the first hour after birth if your baby is stable. An early start is the best way to assure long-term success. If baby is not interested, hand express for your supply and to help baby get started. Hold your baby skin-to-skin as much as possible. Babies who are held skin-to-skin cry less and have less pain, and mothers who hold their babies develop more breast milk.

Feed your baby whenever you see hunger cues or every three hours, getting at least 8 feeds in 24 hours. If you feel your baby does not nurse well for at least 15 minutes or is unwilling to feed frequently, begin hand expressing your milk. If this lasts more than a few feedings, begin using a breast pump. Ask your nurse to provide a pump and instructions on how to use it. Pump after incomplete feedings or when your baby has missed a feeding. You may need to continue to use a breast pump for a few days or weeks after you go home.

Feed your baby frequently to assure adequate intake in the early days. Your provider can give you recommendations if temporary supplementation is needed. The breast milk that you pump can be used for a supplement to prevent jaundice and low blood sugar.

late PRETERM

Special Concerns

Sleepiness

Your baby may be sleepy and difficult to awaken for feedings. This is normal but most babies will need help with feeding successfully. Feed whenever the baby seems hungry or attempt at least every three hours, getting at least 8 feeds in a 24-hour period. If your baby falls asleep during a feeding, try changing their diaper, changing breasts, rubbing their back and the bottoms of their feet, or use other ways to keep your baby awake for a full feeding. Short frequent feedings usually work best. Your goal is 15-30 minute feeds where the baby works on both breasts.

Unable to maintain body temperature

Your baby may chill easily. Skin-to-skin holding is the best way to keep your baby warm and will also make it easy to breastfeed often. When not skin-to-skin, make sure that your baby is dressed warmly and away from drafts.

At risk for jaundice and low blood sugar

It is important to feed frequently and well to prevent complications and decrease the risk of issues. Late preterm infants are at a greater risk of becoming jaundice and maintaining their own blood sugars.

Infections

Your baby may have an underdeveloped immune system and be more susceptible to infections. Breast milk provides immune factors and infection-fighting factors to help protect your baby.

Information is provided by Lactation Education Resources.

Your Baby's Personal Feeding Plan:

Triple Feeding

STEP 1: Breastfeed

- Every 3 hours
- Feed as long as baby is suckling (maximum 20 minutes)
- If baby won't latch proceed to step 2

STEP 2: Pump

- Double pump for 15-20 minutes
- Pump right after breastfeeding

STEP 3: Supplement

- Volume to be determined by pediatrician
- Alternative methods of delivery can be used: Finger feed/syringe, spoon, medicine cup, or SNS.
- Larger volumes might require a bottle.

This process should not last longer than 45 minutes or be required for longer than 2 weeks.

breast PUMPS



Breast Pumps

Automatic electric pumps are as close as you can get to real breastfeeding and are recommended for longer/regular separations from your baby. These pumps mimic the feeling of breastfeeding and allow you to pump both breast at the same time. Your lactation consultant will talk more about your pumping options.

Unless otherwise advised, you can begin collecting and storing breast milk for future feedings after approximately 3 weeks. It may take several pumping sessions to collect enough breast milk for a feeding. To pump for volume, wait one hour after nursing to pump to allow your body to recover. Make sure you will not be breastfeeding within one hour of baby's feed, as it will take volume away from your baby. Women normally have more volume in the morning and right before bed. Most women find they can pump more at that time to store away. There are different ways, reasons, and times to pump. Reach out to your IBCLC if you have questions.

How to choose a breast pump ▶



Expressing Breast Milk

Hand Expression

Hand expression is a nice skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first week or so, use hand expression to provide the milk needed.

Hand expression routine:

Complete cycle takes 20-30 minutes

1. Apply heat, gently massage, and stroke breasts
 2. Position fingers behind areola
 3. Press back toward the chest
 4. Compress fingers together to express milk
 5. Relax and repeat, getting a rhythm going
- ▶ Express for 5-7 minutes
 - ▶ Move fingers to a different position and repeat steps 1-4
 - ▶ Express milk for 3-5 minutes
 - ▶ Move fingers to a different position and repeat steps 1-4
 - ▶ Express milk for 1-2 minutes

Watch and learn hand expression techniques ▶

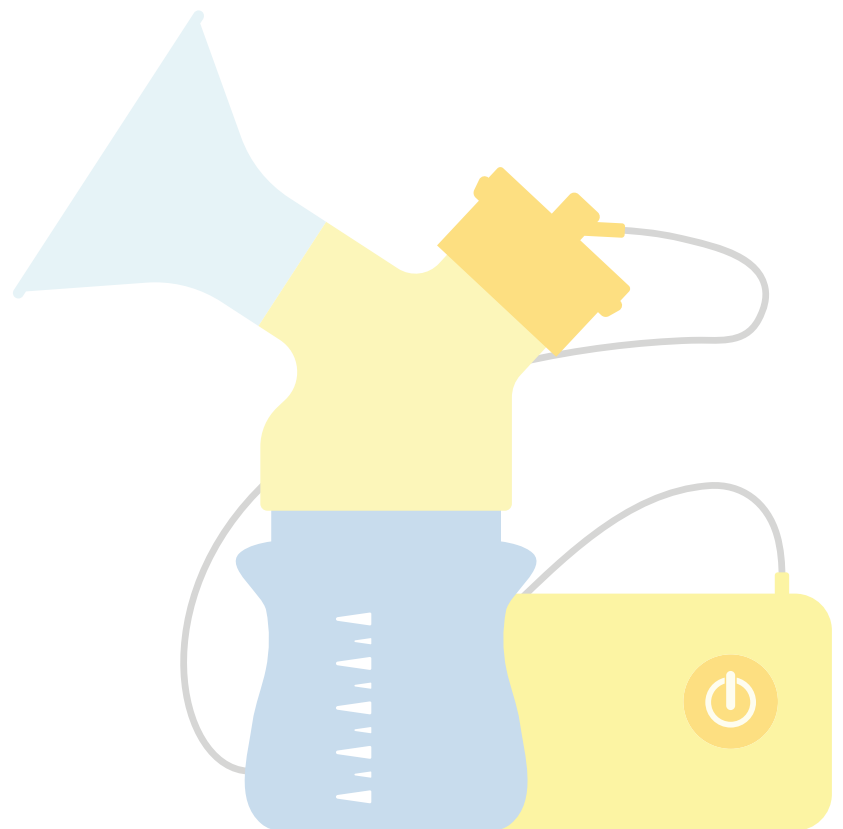




breast MILK

Storing Breast Milk

- ▶ Write the date on the container label
- ▶ Store in small amounts (2-4 oz)
- ▶ Organize milk collected by days
- ▶ It is okay to combine breast milk from different expressions during a single day, but refrigerate newly collected milk for 1 hour before adding to already collected milk
- ▶ Thaw milk by putting container under warm running water or in a bowl of warm water
- ▶ **Do NOT microwave or boil breast milk**



| Breast Milk Type | Storage Location | | | |
|------------------------------|---|-----------------------|---|-----------------------|
| | Countertop 60-80 F° (room temperature) | Refrigerator 40 F° | Freezer 0 F° or colder | Deep Freezer -4 F° |
| Freshly Pumped | 4 hours | 4 days | 6 months | 12 months |
| Thawed, Previously Frozen | 2 hours | 24 hours | Never refreeze breast milk after it has been thawed | |
| Left Over from Feeding | Use within 2 hours after baby is finished feeding | | | |

CLEANING pump



Sanitizing Pump Tips

- Sanitize pumps parts, wash basin, and bottle brush at least once daily.
- Sanitizing can be done using steam, a dishwasher with a sanitize setting, or in boiling water for 5 minutes.
- Sanitizing is important when baby is less than 2 months old, born prematurely, or has a weakened immune system.
- Scan the code to learn more tips:



Information is provided by Centers for Disease Control and Prevention. Learn more about safe and healthy diapering and infant feeding habits at www.cdc.gov/healthywater/hygiene/healthychildcare

Cleaning Your Breast Pump

Before every use:

- **Wash your hands** well with soap and water for 20 seconds
- **Inspect and assemble** clean pump kit. If your tubing is moldy, discard and replace immediately.
- **Clean pump dials**, power switch, and countertop with disinfectant wipes, especially if using a shared pump.

After every use:

- **Store milk safely.** Cap milk collection bottle or seal milk collection bag, label with date and time, and immediately place in a refrigerator, freezer, or cooler bag with ice packs.
- **Clean pumping area**, especially if using a shared pump. Clean the dials, power switch, and countertop with disinfectant wipes.
- **Take apart** breast pump tubing and separate all parts that come in contact with breast/breast milk.
- **Rinse** breast pump parts that come into contact with breast/breast milk by holding under running water to remove remaining milk. Do not place parts in sink to rinse.
- **Clean pump parts** that come into contact with breast/breast milk as soon as possible after pumping. You can clean your pump parts **in a dishwasher or by hand** in a wash basin used only for cleaning the pump kit and infant feeding items.

CLEANING pump

Clean by hand:

- **Place pump parts in a clean wash basin** used only for infant feeding items. **Do not place pump parts directly in the sink!**
- **Add soap and hot water** to basin.
- **Scrub** items according to pump kit manufacturer's guidance. If using a brush, use a clean one that is used only to clean infant feeding items.
- **Rinse** by holding items under running water, or by submerging in fresh water in a separate basin.
- **Air-dry thoroughly.** Place pump parts, wash basin, and bottle brush on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Do not use a dish towel to rub or pat items dry.
- **Clean wash basin and bottle brush.** Rinse them well and allow them to air-dry after each use. Wash them by hand or in a dishwasher at least every few days.

Or clean in dishwasher:

- **Clean pump parts in a dishwasher**, if they are dishwasher-safe. Place small items into a closed-top basket or mesh laundry bag. Add soap and, if possible, **run the dishwasher using hot water and a heated drying cycle (or sanitizing setting).**
- **Remove from dishwasher** with clean hands. If items are not completely dry, place items on a clean, unused dish towel or paper towel to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry.

After Cleaning

Store Safely:

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

bottles & nipples



Choosing Bottles and Nipples for Your Baby

Navigating the many choices for bottles and nipples can be overwhelming. Figuring out what works best for your baby may take some experimenting. Start with one type and let your baby try it a few times. Do not give up if baby rejects it the first time. Just be patient and observe your baby's reaction to learn their likes and dislikes.

When choosing nipples, keep these things in mind:

- The nipple holes should allow one drop per second when you turn a full, unshaken bottle upside down.
- If the holes are too big, the milk/formula will flow too fast.
- Read the label to determine which nipple flow is best for your baby's age and size.
- Silicone nipples are more firm and hold their shape longer.
- Latex nipples are softer but do not last as long and may cause your infant to develop an allergy.
- Standard bulb-type nipples are ideal for both breastfed and bottle-fed babies.
- Orthodontic-type nipples still require infant to suck on widened base. Not recommended for breastfeeding infants.

Be sure to inspect the nipples regularly. If you notice tearing, cracking, or stickiness, replace them right away.





—PACED— bottle feeding

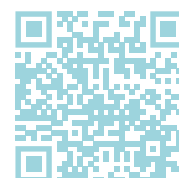
Breastfeeding and bottle feeding are different in almost every way. For this reason, we recommend you feed exclusively from the breast for the first several weeks while you and your baby learn and adjust to each other.

| Breastfeeding | Bottle Feeding |
|--|-------------------------------------|
| Soft nipple | Firm nipple |
| Back of the mouth position (near juncture of hard and soft palate) | Front of the mouth position |
| Nipple elongates during sucking | Inelastic nipple |
| Flow is delayed until the let-down occurs | Flow begins instantly |
| Flow is slow, faster during let-down | Flow is very fast |
| Feeding takes 30-45 minutes | Feeding is very quick |
| Suckling at breast is peristaltic tongue movement | Sucking on bottle is suction/vacuum |
| Tongue is forward cupped around the nipple | Tongue is humped in back of mouth |

Paced Bottle Feeding

- Hold the baby almost upright.
- Encourage your baby to take the nipple into the mouth until there is a wide latch and it is deep in the baby's mouth. Let the baby seek for the nipple.
- Let baby take 5-10 sucks with an empty nipple.
- Hold the bottle horizontal just filling the nipple with fluid.
- The feeding should take 10-20 minutes. If the baby drinks too fast, tip the bottle down or remove it to slow the pace of the feeding.
- You can hold the baby's cheek to breast for the feeding.
- Burp well after feeding.

Watch the video to learn how:



—milk— SUPPLY

Tips to Help You Relax While Pumping

- Look at a picture of your baby. Smell baby smells. Picture yourself holding your baby.
- Relax your shoulders. Do shoulder rolls.
- Use visualization. Think about rivers of breast milk, streams, or waterfalls.
- Listen to relaxing music - sounds of nature or recorded sounds of your baby.
- Eat a snack or drink a beverage.
- Pump before an expected stressful event.
- Have your spouse rub your neck and shoulders skin to skin.

Increasing Your MILK SUPPLY

Are you making enough milk?

The first few days we are only expecting drops of colostrum. Sometimes a woman may get a few milliliters of milk the first pumping, and it can be normal to get nothing for a few expressions. The chart below shows what to expect while pumping 8 times in 24 hours each day.

By day 14 you should be getting a full milk supply of 25 to 35 ounces per day. Most mothers find that if they hand express in addition to pumping they will get more milk than pumping alone.

| Day | Milliliters | Ounces |
|-----|-------------|---------|
| 1-3 | drops | drops |
| 3 | 25-75 | 1-2.5 |
| 4 | 75-150 | 2.5-6 |
| 5 | 150-225 | 6-7 |
| 6 | 225-300 | 7-10 |
| 7 | 300-375 | 10-12.5 |
| 8 | 375-450 | 12.5-15 |
| 9 | 450-500 | 15-17 |
| 10 | 500-600 | 17-20 |
| 11 | 600-650 | 20-22 |
| 12 | 650-700 | 22-23 |
| 13 | 700-750 | 23-25 |
| 14 | 750 or more | 25-35 |

For more information on hand expression, we recommend Jane Morton's video. Please visit newborns.stanford.edu/breastfeeding and select the "Hand Expressing Milk" video.



—milk— SUPPLY

Pumping Do's & Don'ts

How are you pumping?

Are you pumping both breasts at the same time at least 8 times in 24 hours for at least 15 minutes? Some mothers, especially those with more than one baby, may need to pump 20–30 minutes to express all of their milk. Milk that remains in the breasts for a long period of time tells the brain it is making too much milk, and then your milk supply will decrease. So waiting longer times between pumpings to get more milk in one pumping session will actually decrease your milk supply. If you are not pumping 8 times in 24 hours, increase the frequency of pumping to 8–10 times in 24 hours and you should notice an increase in milk supply in 2–4 days. Frequent stimulation of the breasts by using a hospital grade double electric breast pump is essential to establish and maintain a full milk supply. Pump for 10 minutes after you see the last drop fall and it will send a strong signal to your body to make more milk.

Do I have to pump every 3 hours?

No, but you do need to pump 8 times in 24 hours. It may be that you pump sometimes 1 hour apart and others 3 hours. You may sleep one stretch of 5 hours at night. Just make sure that you pump at least once between midnight and 6 AM. For example one mom pumped at 9 AM, noon, 2 PM, 4 PM, 5:30 PM, 7:30 PM, 9 PM, 11 PM, 4 AM, and 7 AM.

Should I turn the suction up so that I get more milk?

Not necessarily. Make sure the suction setting is comfortable for you. If it feels like the pump is pinching or hurting it is too high. Turn the suction back a few notches. If you have the suction up too strong and it hurts you can collapse your milk ducts and you will get less milk.

**Make a rice sock: Fill a new tube sock with uncooked rice and sew the open end shut. Pleasant fragrance such as lavender or chamomile may be added to aid in relaxation. Heat the rice sock in the microwave for a minute or two (make sure it does not get too hot) and apply to the body. These can become very hot. Wrap in a towel at first to help prevent skin burns.*

Additional Pumping Tips

- Don't watch the collection bottles. Cover up with a baby blanket that smells like your baby.
- Drink plenty of fluids (most nursing women drink 3–4 liters of water a day).
- Eat oatmeal for breakfast. It will increase your milk supply.
- Warm your breasts with a warm shower/bath or either a homemade rice sock* or store-bought gel pack.
- Buy a hands free pumping bra or use a sports bra with an X cut in the center so that you can have your hands free to massage your breasts while pumping.



—milk— SUPPLY



HELPFUL RESOURCES



Breastfeeding Videos



Information Sheets

Here are some good times to pump:

After a warm shower or bath

After you visit your baby

After holding your baby skin to skin (kangaroo care)

8 or more times in 24 hours

After you have applied a warm compress to your breast, breast massage, and manual express to help the milk to start to flow

Whatever time works best for you as long as you get at least 8 times in 24 hours

Things to avoid that are known to reduce breast milk supply:

Caffeine (more than 300 mg a day)

Birth control with estrogen (pills and injections)

Weight loss diets (most mothers need at least 1,700 calories per 24 hour to produce milk)

Decongestants, antihistamines

Smoking (if you smoke, try to smoke immediately after you have pumped)

Large amounts of peppermint, parsley, or sage



—milk— SUPPLY

Not Enough Milk?

- Make sure your flange size fits your nipple properly
- Massage breasts while pumping
- Massage until milk stops flowing, then hand express
- Use a pump log to keep track of your pumping frequency.
- Google “lactation cookies.” Look for an oatmeal based cookie recipe with peanut butter or nuts for protein, flax and chia seeds for Omega 6.
- Take brewer’s yeast 3 times daily, can be increased by 1/2 tsp daily (or equivalent in capsules) until results are seen.

If your milk supply is still low, here are some other things to ask your healthcare provider:

Some women take fenugreek 3 capsules 3 times a day. Most women notice an increase in their milk supply in 3-5 days. **Avoid fenugreek if you are asthmatic or allergic to peanuts or other legumes.** Fenugreek is available at most vitamin shops or health food stores. Your urine and sweat will smell like maple syrup. That is to be expected and means that you have enough fenugreek in your body. Most women take blessed thistle 3 capsules 3 times a day along with the fenugreek. Blessed thistle helps the fenugreek work better. A reliable source of herbs and herbal blends is Mother Love Herbals and Gaia Herbs.

Prescription medications sometimes help increase milk supply. Metoclopramide (Reglan) has been used with limited success. Some women have been diagnosed with postpartum depression while using Reglan.



HEALTHY lifestyle

Dangers of Smoking and Vaping:

- Nicotine passes through breast milk
- It takes about 95 minutes (1.5 hours) for Nicotine to clear the system
- Nicotine decreases milk supply

Marijuana (Cannabis):

- Tetrahydrocannabinol (THC), is the main active component of marijuana
- It can be detected in breast milk for up to 6 weeks
- In any form (edibles, oils, or other concentrates) THC is passed to the baby through breast milk
- THC has the potential to affect a variety of neurological development processes in the baby
- Cannabidiol (CBD) products, like THC, may contain other contaminants (for example, pesticides, heavy metals, bacteria, and fungi) that could be dangerous

Exercise

If you had an uncomplicated pregnancy and vaginal delivery, it's generally safe to begin exercising a few days after giving birth or as soon as you feel ready. If you had a C-section, extensive vaginal repair, or a complicated birth, talk to your healthcare provider about when to start an exercise program. Start slowly and don't push yourself too hard.

Taking the time to exercise will:

- Give you more energy
- Help you sleep better
- Relieve stress
- Help prevent postpartum depression

Guidelines:

- Walk often - it's a great way to start
- Stay active for 20-30 minutes a day
- Do simple exercises to strengthen back and stomach muscles
- Drink plenty of water!

DID YOU KNOW?

The long flat muscles that meet in the middle of your abdomen may separate during pregnancy and cause a visible bulge between them. Ask your healthcare provider about specific exercises to help tone these muscles and how soon to begin.

Can Mothers Who Smoke Breastfeed?

Smoking is not recommended, as exposure to secondhand smoke is known to increase the risk of SIDS.

To minimize exposure to the infant, mothers and others who smoke should:

- Not smoke near the infant
- Smoke outside
- Have smoke-free rules for the car/home
- Smoke right after feeding infant
- Change clothes and wash hands after smoking and prior to handling the infant

HEALTHY eating

Eating Healthy

Breastfeeding burns 500 calories a day. It is important that you eat a variety of whole foods when you get hungry. Remember to continue taking your prenatal vitamins while you're breastfeeding. Don't starve yourself to get back to your pre-pregnancy weight. It's far more important to eat a balanced meal to stay healthy and strong – for you and your baby.

Protein (2-3 servings a day)

- Meat, poultry, seafood, eggs, cheese, milk, yogurt, cottage cheese, tofu, dried beans

Calcium (1,300 milligrams per day)

- Milk, yogurt, hard cheese, calcium-fortified orange juice, tofu

Iron (10 milligrams per day)

- Meat, poultry, seafood, dried beans, dried fruits, egg yolks

Vitamin C (120 milligrams per day)

- Citrus fruits, broccoli, melon, potato, pepper, tomato, kiwi, cauliflower, cabbage

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- If you notice when you eat certain foods, your baby's behavior changes (irritability or fussy sleep), stop eating them for a few days and see if it makes a difference.
 - The FDA warns people who are breastfeeding to avoid eating fish high in mercury like swordfish, shark, and king mackerel.
 - Limit the amount of canned tuna to 1 time per week.
 - Salmon can be served 2-3 times per week.

TIP

To make it easier to fit nutritious snacks into your day, prepare some quick options ahead of time, like a bag of nuts, string cheese, fruits and vegetables, or celery and peanut butter.

Stay Hydrated!

It is helpful to drink an 8-ounce glass of water, juice, or milk at each meal and every time you breastfeed. Some mothers find that having something warm to drink helps them relax and triggers the letdown reflex.

Limit caffeinated beverages:

- No more than 3 cups of coffee, tea, or soda

Limit alcohol consumption:

- No more than 1 drink per day
- Wait a minimum of 2 hours per drink of alcohol before breastfeeding your baby

For detailed nutritional information, visit:

www.choosemyplate.gov



BREAST engorgement

Breast milk usually comes in 2-5 days after delivery. This means your milk changes from colostrum, or early milk, to mature milk. Your body may make more than your baby needs during this period, and it is easy to become overly full.

To Prevent Engorgement:

- Begin feeding soon after delivery.
- Nurse frequently, according to your baby's cues - at least 8 times in 24 hours.
- Make sure your baby latches well to empty your breasts effectively.
- Keep your baby actively nursing throughout the feeding. Make sure they are swallowing after a few sucks.
- Do not skip feedings or give formula feedings during the first several weeks.



Moderate Engorgement (Breasts are as firm as the tip of your nose)

- Apply warmth before feedings to soften the breast and encourage the let-down reflex.
- Stand in the shower and let warm water run over your breasts. This will provide relief and encourage leaking.
- With your fingertips, gently massage your breast from under the nipple up toward your armpit. Then stroke from the outer breast toward the nipple.
- Apply cold after feedings to reduce the swelling and provide comfort. You can use ice packs or bags of frozen vegetables wrapped in a light towel. Apply for 10-20 minutes.



BREAST engorgement

Extreme Engorgement

(Breasts feel as hard as your forehead)

- Apply cold to the breasts. This will reduce swelling, slow re-filling of the breasts and provide some comfort.
- Lying on your back helps the excessive fluid in your breasts be reabsorbed by your body.
- Talk to your healthcare provider about taking an anti-inflammatory. This may help provide relief.
- Cabbage leaves may be applied to the breasts before feedings to reduce swelling. Although this may sound like an unusual treatment, many have found it effective in relieving the pain and fullness of engorgement. Place the chilled cabbage leaf in your bra for no more than 15–30 minutes, 2–3 times per day or until your breasts begin to soften. Do not use cabbage applications if you are allergic to cabbage or if you develop a skin rash.
- If latch is difficult at the beginning of a feeding because of the fullness, you can use hand expression to make your nipples graspable or use a breast pump for a few minutes. Hand expression may work best at this time.
- If your baby doesn't empty your breasts sufficiently during feedings or only feeds on one breast, you may use hand expression or a breast pump after feedings for a day or two. It is important to treat engorgement before your breasts become very full and painful. This back pressure on the milk-producing cells in your breast can damage them and reduce your overall milk supply.
- If you cannot obtain relief after these methods, seek help from a lactation consultant or your healthcare provider.

Things I Wish I Knew:

- **It's all about the latch:** How your baby holds your nipple and areola is the key to comfortable breastfeeding.
- **Use it or lose it:** The best way to make more milk is to feed the baby. Don't skip breastfeeding sessions in the early days.
- **Don't wait too long to use a bottle:** Breastfeeding exclusively for the first 4 weeks gets breastfeeding off to a good start. But if you are planning on going back to work or will need to give a bottle for some reason, start around 4 weeks and offer it weekly to keep the baby in practice.

If you are going to be home with your baby, you can skip this step.
- **Attend a breastfeeding support group:** Just seeing other parents breastfeed and chatting with them can be a world of reassurance. The leader will sometimes be a lactation consultant who can answer questions and help you troubleshoot problems.

PLUGGED DUCTS and MASTITIS



Plugged Nipple Pore

This appears as a small white dot on the tip of the nipple and is usually very painful. It is caused by a milk duct that has become plugged.

Remedy:

- Warm soaks and gentle rubbing with a warm towel may be effective to release the milk.
- In persistent cases, discuss with your healthcare provider about the possibility of a topical steroid cream, oral sunflower lecithin, or further evaluation and intervention.

Plugged Ducts

If you notice a small lump the size of a pea in your breast, it may be a plugged duct. This occurs when a portion of the breast does not get emptied completely during feedings.

Remedy:

- Hold the breast with both hands. Gently stretch the breast up and down, side to side, rotate in a circle, one way then the other.
- Avoid firm and deep pressure to the breast. Use only gentle massage towards the armpit area.
- Discuss strategies for effective milk removal with your lactation consultant.
- Position your baby's chin or nose towards the area of the lump.
- Apply a cold compress to the area of the plug to reduce the inflammation after the feed.
- It may take 2-3 feedings for the breast to feel more comfortable.





PLUGGED DUCTS and MASTITIS

Mastitis

This occurs most frequently in mothers who have had a cracked or blistered nipple or who are undergoing a period of stress such as returning to work, participating in holiday activities, or experiencing a change in normal daily routine. Overpumping and firm touch can lead to mastitis, so be gentle on your breasts.

Symptoms may include:

- High, sudden fever
- Hot area
- Pain and a lump in the breast
- Hard, wedge-shaped area
- Flu-like symptoms and chills
- Extreme tiredness
- Discoloration of skin, may appear red in lighter skin tones

Remedy:

- Continue with direct breastfeeding and/or effective milk removal.
- Ensure correct positioning and alignment of the baby to achieve more effective milk removal.
- Hold the breast with both hands. Gently stretch the breast up and down, side to side, rotate in a circle, one way then the other.
- Apply a cold compress to the area between feedings to reduce inflammation.
- Avoid firm and deep pressure to the breast. Use only gentle massage towards the armpit area.

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If symptoms are not improved, your healthcare provider may prescribe antibiotics. You may feel better after a few days, yet it is important to take all of the medication prescribed.

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NICU

parent education

YOU ARE THE BEST MEDICINE

We know that when your premature/ill baby was born the last thing on your mind was expressing your breast milk. However, giving your baby expressed breast milk is critical even if you don't intend to breastfeed.

Your milk is the only food that contains antibodies and other living cells that help to protect your baby from infection and disease. Breast milk is so precious we encourage you to start expressing your breast milk as soon as possible, even if your baby is extremely premature and is unable to tolerate feeds. We have refrigerators and freezers in the NICU to store the breast milk for your baby. The sooner you start expressing, the more likely you will have a full milk supply and the easier it will be to maintain. In fact, studies show that if mothers hand express their colostrum within the first hour, these mothers will get more milk than as well as later pumpings.

Medicinal benefits of breast milk for your baby:

- Your milk is specifically made for your baby and has the special nutrients that your baby needs.
- Breastfed babies often have a shorter stay in the hospital.
- Your milk aids in the development of your baby's digestive system.
- Your milk is easy for baby to digest for fewer tummy aches.
- Premature babies have immature digestive systems, and breast milk is the perfect food for their tiny bellies. Studies show that premature babies digest breast milk better than they digest artificial baby milk.
- Babies who receive their mother's milk are healthier and less likely to develop asthma, diarrhea, ear infections, Sudden Infant Death Syndrome (SIDS), sepsis, meningitis, and respiratory infections such as pneumonia and bronchiolitis, now and even later in life.





benefits of BREASTFEEDING

Other benefits of breastfeeding for infants:

Better fat absorption is an important benefit of breastfeeding a premature baby. Your breast milk contains lipase which helps your baby digest the fat in breast milk more completely than other food sources.

Breastfeeding strengthens the bond between mother and baby.

The sugar (lactose) in breast milk makes it easier for your baby to absorb minerals that are needed to complete bone and muscle growth.

The carbohydrate in breast milk prevents dangerous bacteria from sticking to the inside of the baby's bowels, which is thought to contribute to the reduction of necrotizing enterocolitis (NEC) seen in premature babies.

Your breast milk has cholesterol and DHA that are needed for ideal brain growth.

Breastfed babies have higher IQ score due to the brain building components in your milk.

Through your breast milk, you pass on all the antibodies you have built up over your life time, which in turn helps build their defenses to germs.

Ways you may benefit from breastfeeding:

- You may feel stomach cramps the first couple of weeks while you are pumping. This is normal and is helping your uterus return to its normal size.
- Moms can lose up to 2 pounds a week while breastfeeding or pumping and providing breast milk to their babies.
- Breastfeeding may also reduce a mother's risk of breast and ovarian cancers, as well as Type 2 diabetes.
- Providing your milk for your baby is something very important that only you can do. You are an important part of your baby's healthcare team. Many mothers feel a sense of accomplishment and pride from nourishing their baby with breast milk.

NICU

parent education



In the Neonatal Intensive Care Unit (NICU), providing the best possible nutrition for premature or ill babies is paramount. Breast milk is the optimal choice.

Helpful Tips & Information

Pumping Breast Milk for Your Baby

- Wash your hands.
- Pump both breasts at the same time for 15 minutes 8 times in 24 hours.
- After pumping, place one of the printed labels provided on the bottle of breast milk. Date and time when you pumped.
- Clean the attachment pieces in hot soapy water, rinse and place on a clean towel to air dry. Do not leave attachment parts soaking in soapy water until the next time to pump.
- Breast milk storage bottles will be provided by NICU.

Transporting Breast Milk to the NICU from Home

- If you will be visiting your baby within 24 hours, you may store your breast milk in the refrigerator and transport the milk packed in a cooler using an ice pack (when possible) instead of ice. If you won't be able to visit within 24 hours, the milk should be frozen and transported frozen.
- Do not add freshly pumped breast milk to cold or frozen milk.
- Thawed frozen breast milk can not be refrozen.

Transport breastmilk in a cooler using reusable ice packs instead of ice.

Take your breast milk to the NICU within 1 hour after pumping while admitted to the hospital.

NEED HELP?

Call the NICU Lactation Consultant at 423-778-8304 if infant is in the NICU at Erlanger Baroness Hospital.

NICU parent education

Tips for Moms

- Don't skip meals. Eat three meals plus two to three healthy snacks each day. Increase fluids. Drink a glass of water every time you pump.
- Take a 1 hour rest break or nap everyday.
- Use Pump Diary on the next page to help stay on track.
- To increase supply, massage your breasts or manual express for 1 to 2 minutes before pumping.

Pumps for Home

You will need an electric breast pump for home. There are several options available. The NICU Lactation Consultant and Social Worker will help you locate a pump for home.

Pumps to Rent

Aerocare (Erlanger Medical Mall) | 423-498-9895
Cleveland Medical Pharmacy | 423-476-5547

Examples of good double electric breast pumps to purchase:

Storage of Breast Milk for NICU Babies:

- **Fresh pumped breast milk should be refrigerated within 1 hour.**
- Fresh pumped breast milk can be stored in the refrigerator for up to 2 days.
- Fresh pumped breast milk can be stored in the refrigerator freezer up to 6 months.
- Fresh pumped breast milk can be stored in the deep freezer for 1 year.
- Thawed breast milk out of the freezer can be stored in the refrigerator for 24 hours.
- Place a label on the bottle with the date and time the breast milk was collected.
- Use an insulated cooler with ice packs to keep milk cold when transporting it from home or the Ronald McDonald House to the NICU.
- A pumped/EBM breast milk bottle that a baby has used is only good for 2 hours at room temperature (72° F).

PUMP DIARY

Pump 8 times a day. Both breasts at the same time for 15 minutes.

| Time You Pumped | Day 1 Amount | Day 2 Amount | Day 3 Amount | Day 4 Amount | Day 5 Amount | Day 6 Amount | Day 7 Amount |
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| Daily Total | | | | | | | |

Expectations

Drops first and then small amounts of colostrum are expected for the first 1 to 2 days. Colostrum is thick clear to yellow. Your baby needs every drop! Between days 3 to 5, your milk volume increases. The milk changes in color to creamy or white.

The most common reason for low supply is not pumping 8 times a day, both breasts at the same time for 15 minutes. If you experience decreased supply ask your baby's nurse to page the NICU Lactation Consultant or call her office at 423-778-8304 for assistance.



NICU

parent education

| Time You Pumped | Day 8 Amount | Day 9 Amount | Day 10 Amount | Day 11 Amount | Day 12 Amount | Day 13 Amount | Day 14 Amount |
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Kangaroo Care

Kangaroo Care or holding baby skin-to-skin comforts and relaxes baby. This special way of holding also can increase your milk supply and encourages earlier and more successful breastfeeding. Ask your baby’s doctor, nurse practitioner, or nurse when you can begin this special experience with your baby. Dad, you can provide Kangaroo Care too!

breastfeeding & diaper schedules

All babies should feed 8 or more times in 24 hours

BREASTFED BABIES:

DAY 1: 1 wet diaper/1 black tarry stool

DAY 2: 2 wet diapers/2 black/brown stools

DAY 3: 3 wet diapers/3 greenish brown stools

DAY 4: 4 wet diapers/4 greenish seedy stools

As volume increase: 6-8 wet diapers a day and 4 or more stools

| Date | Time | L. Breast Minutes | R. Breast Minutes | Alternate feedings: expressed milk/ formula | Spoon, Bottle, SNS | Time | Wet | Stool |
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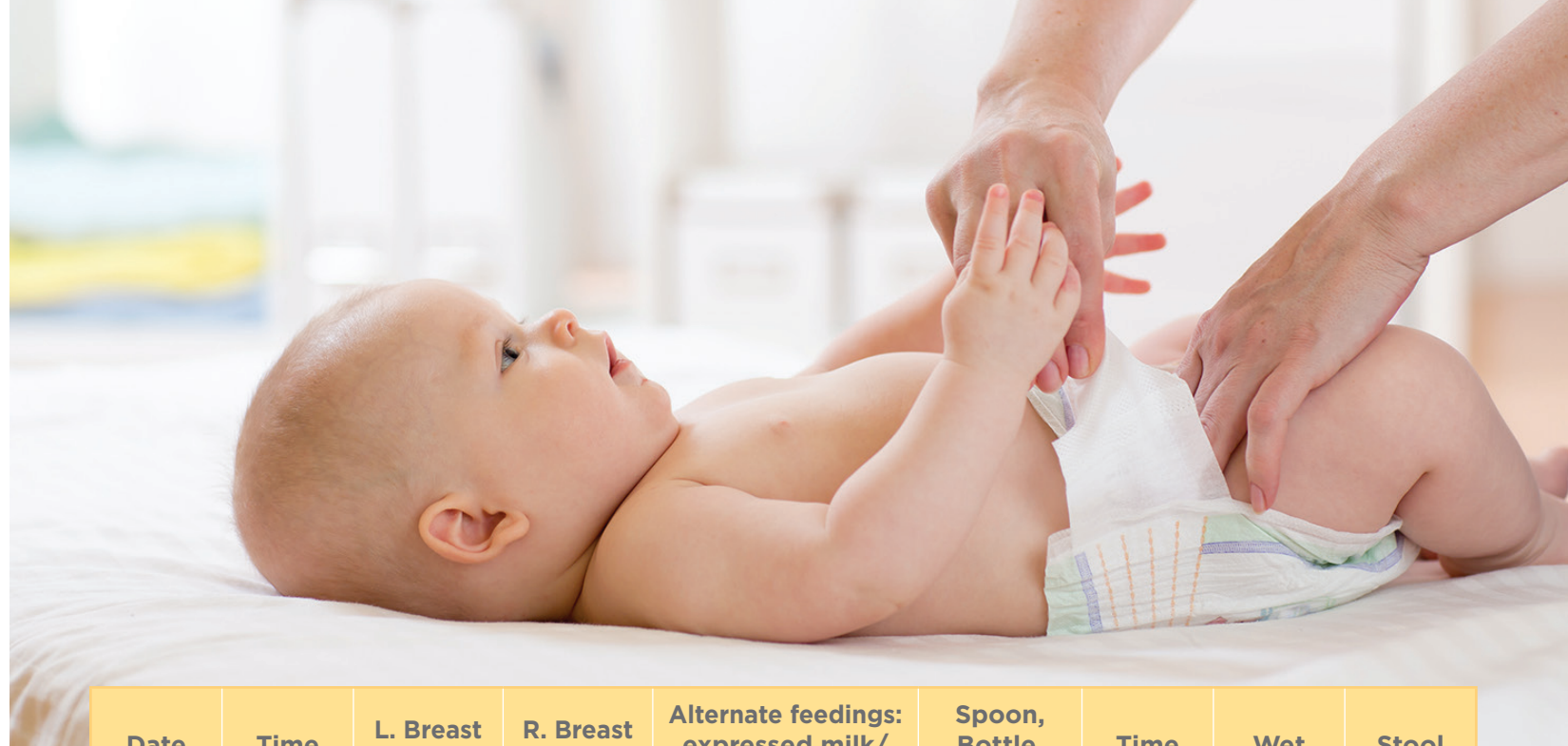


| Date | Time | L. Breast Minutes | R. Breast Minutes | Alternate feedings: expressed milk/ formula | Spoon, Bottle, SNS | Time | Wet | Stool |
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Day 5 Checklist

- Nursing lasts at least 10 minutes with every feed
- Feedings are at least 8 times in 24 hours
- Breasts feel full before feeding
- Breasts feel soft after feeding
- My nipples are not cracking or bleeding
- I can hear my baby swallowing during feedings
- Baby seems satisfied and relaxed after feeding
- Baby has at least 6 wet diapers in a 24 hour period
- Baby has at least 4 dirty diapers in a 24 hour period
- Baby's stools are yellow

| Date | Time | L. Breast Minutes | R. Breast Minutes | Alternate feedings: expressed milk/ formula | Spoon, Bottle, SNS | Time | Wet | Stool |
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| Date | Time | L. Breast Minutes | R. Breast Minutes | Alternate feedings: expressed milk/ formula | Spoon, Bottle, SNS | Time | Wet | Stool |
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