

Congratulations on your decision to breastfeed



In deciding to breastfeed your baby, you have made a very important decision for your baby's health as well as your own—and NCH Breastfeeding Support Services will help you every step of the way: before birth, during your stay at the hospital and after discharge. In order to support that decision and help make baby's learning to breastfeeding easier, we follow the American Academy of Pediatrics' recommendation of giving your baby no bottles or pacifiers unless medically ordered.

At birth an infant's tummy is small and sterile. Colostrum, the first milk a baby receives, meets all the baby's nutritional needs, protects it from infection, and is the perfect amount for his/her small tummy. In the first 24 hours after birth a newborn's tummy is only meant to hold 5–15cc (or at most $\frac{1}{2}$ ounce) per feeding. Colostrum production is about 1 to 4oz total for the first 24 hours which is all a full-term healthy infant needs; baby will do very well while waiting for mother's full milk to come in. No additional water or formula is needed unless specifically ordered for medical reasons.

By keeping your infant with you whenever possible, you will become attuned to baby's feeding cues and able to respond as needed. The first few days of life, babies have no "feeding schedules" and their need to be at breast can be misunderstood. They may often "cluster feed" (especially at night) wanting to be close to mom not only for food but for security. Baby can also be difficult to wake even after 3–4 hours during daytime feedings.

Occasionally a mother chooses to both breast and bottle feed because she needs to return to work, school, or has other commitments that will require mom and baby to be separated. In order to protect the learning process, it is recommended that you wait until breastfeeding is well established before introducing a bottle or a pacifier. If bottle-feeding is requested or necessary on a continued basis, we recommend you start pumping in order to establish/protect your milk supply and prevent extreme engorgement when milk comes in.

NCH Breastfeeding Support Services offers counseling to help you successfully breastfeed your baby. For more information, call NCH Breastfeeding Support Services at 847.618.8545.

Recommendations for early breastfeeding success



Breastmilk is all your baby needs, unless medically indicated

- Initiate breastfeeding immediately after birth, within the first hour, or as soon as mother/baby are stable.
- Whenever possible, request routine procedures be performed after the first breastfeeding or while baby is on the mother's chest.
- Hold baby skin-to-skin (kangaroo care) whenever possible.
- Keep baby in your room in order to best identify signs of hunger: body movement, eyes flutter, rooting (baby turns when face is touched), or hands to mouth. Don't wait until baby cries.
- Ask your nurse to demonstrate good alignment, proper latch and how to recognize swallowing.
- Avoid use of bottle nipples or pacifiers until breastfeeding is well established.
- Offer your breast at least 8x in 24 hours. Some attempts may not be successful as baby may be rather sleepy the first day with increasing interest/hunger each day.
- If separated from your baby, start pumping within the first 4 hours after birth. Colostrum production (the first milk) is highest immediately after birth, decreasing in quantity by 6 hours. Pump both sides for 12–15 minutes on the highest suction without pain. If pumping is painful, check the pump settings and adjust accordingly. Repeat every 3 hours.
- Delayed stimulation and/or poor stimulation can endanger good milk production and increase engorgement discomfort when full milk is in. Start breastfeeding as soon as baby's condition permits.
- Ask for a lactation consultation if you are having difficulty with breastfeeding that is not resolved with the help of your nurse.

During the first few days expect to see dirty diapers as listed below

	Wets		Soiled	
Day 1	1	dark yellow	1	black and tarry
Day 2	2	dark yellow	2	black, dark brown or green and tarry
Day 3	3	pale yellow	2 to 3	brownish green
Day 4	4	pale yellow	2 to 3	greenish yellow
Day 5	6 to 8	pale to clear	3 or more	loose, yellow, and seedy

If you have concerns about baby's dirty diapers, other questions, or need an evaluation of your breastfeeding call NCH Breastfeeding Support Services at 847.618.8545.

When to call a Lactation Consultant



Call NCH Breastfeeding Support Services at 847.618.8545 for any of the following conditions:

Latch problems

- ☐ Failure to latch-on or poor latch
- ☐ Baby falls asleep within 5 minutes of starting
- ☐ You do not see/hear the baby swallowing
- ☐ Baby doesn't soften or "empty" at least one breast each feeding—after your milk is in
- ☐ Fussy baby at breast even with a good latch
- ☐ Baby, by day 5, has fewer than 6 soaking wet diapers and 3 seedy, yellow bowel movements each day
- ☐ Breast/nipple problems and suggestions
- ☐ Sore, damaged nipples
- ☐ Severe engorgement not improved after baby nurses
- ☐ Recommendations:
- ☐ Breastfeed frequently, alternating positions
- ☐ Ice/cold pack after feedings
- ☐ Blocked ducts or mastitis is a painful area in a specific area of a breast that may or may not be accompanied by a lump, redness or be extremely tender to touch. Baby may tend to be fussy during this time as flow of milk may be hindered.
- ☐ Recommendations:
- ☐ Warm compress for just 2–3 minutes before breastfeeding, offer affected side first
- ☐ Ibuprofen (if no allergy) to manage pain and swelling
- ☐ Cold/ice pack for 10 minutes after breastfeeding
- ☐ Rest as much as possible, drink adequate fluid
- ☐ Call your OB/midwife if your temperature is $> 100.4^{\circ}$ F. and continue the above
- ☐ If an antibiotic is ordered, continue the above and take all of the medication to prevent reoccurrence

Later concerns

- ☐ Diet – no real limitations
- ☐ Recommended breast pumps
- ☐ Building up a supply of breast milk in the freezer
- ☐ Breast milk pumping and storage guidelines
- ☐ Baby has slow weight gain
- ☐ Low milk supply
- ☐ Teething
- ☐ Weaning
- ☐ Any other concerns about breastfeeding or your breasts

We also offer outpatient appointments 6 days a week. Please call 847.618.8545.

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Policy Statements

The NCH breastfeeding policy will be communicated to all health care staff. They will be reviewed and updated bi-annually using current evidence based guidelines.

A multidisciplinary group of staff, which may include nursing staff, lactation consultants, nutritionist, physicians, educators, or other specialties, will be established to identify and eliminate barriers to breastfeeding.

Education and support of breastfeeding will be available to all pregnant patients, prenatally, during hospital stay, and post discharge. Information will include benefits of breastfeeding, contraindications to breastfeeding, and risk of formula feeding.

Staff will actively support all patients that have indicated their choice to breastfeed and document this choice on both the mother and baby's medical record.

When both mother and baby are stable, breastfeeding will be initiated immediately after birth or within the first hour. Routine procedures should be performed after the first latch on or while infant is on the mother's chest. C/S birthed babies will be encouraged to breastfeed as soon as possible.

Breastfeeding mother-infant couplets will be encouraged to remain together during their entire hospital stay, using skin-to-skin contact whenever possible.

Breastfeeding assessment, teaching, and documentation will be done at least once each shift for a minimum of 5 minutes, observing for good alignment, proper latch, and swallowing. Other documented feedings can be reported by mother.

Rubber nipples will not be routinely used with breastfeeding infants.

Newborn infants will receive no food or drink other than breastmilk, unless medically indicated

Mothers who are separated from their infants will be instructed on the following:

- ☐ How to express milk from the breast
- ☐ Frequency of expression, length of time, and expectations of output
- ☐ Skilled hand expression or proper use of an adequate electric pump
- ☐ Encouraged to breastfeed when infant's condition permits
- ☐ Proper storage and labeling of expressed milk

This policy is written using the following guidelines:

American Academy of Pediatrics

World Health Organization

American College of Obstetrics and
Gynecology

American Academy of Family Physicians

The Academy of Breastfeeding Medicine

American Dietetic Association

UNICEF/WHO code: "Ten Steps to
Successful Breastfeeding"

AWHONN

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Breastfeeding Basics



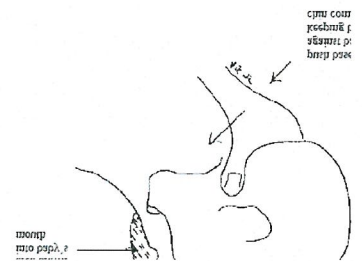
Positioning at breast

What is the best position?

- The one most comfortable for both mom and baby
- One that maintains good alignment: baby's ears, shoulders and hips are in a straight line
- Baby's nose is aligned with mom's nipple
- There is a slight upward tilt of baby's head when latching
- Baby's chin touches the breast first
- Nipple is angled toward roof of mouth
- Baby is brought to mom's breast, not breast to baby

Alignment of baby at breast

- Push baby's bottom into your body with the side of your forearm (the side of your baby finger)
- This will bring him towards your breast with the nipple pointing to the roof of his mouth.
- Push base of hand firmly against baby's shoulders keeping baby "uncurled" chin coming in first.
- Head tilted back slightly and supported but NOT pushed in against breast.
- Baby's body and legs wrapped in around mother.
- Use your whole arm to bring the baby onto the breast, when mouth wide.
- Chin and lower jaw touch breast first.
- WATCH LOWER LIP, aim it as far from base of nipple as possible, so tongue draws a lot of breast into mouth.
- Move baby's body and head together—keep baby uncurled.
- Once latched, top lip will be close to nipple, areola shows above lip.
- Keep chin close against breast.



Wide mouth/gape

- Need mouth wide before baby moved onto breast. Teach baby to open wide/gape.
- Move baby toward breast; touch top lip against nipple
- Move mouth away SLIGHTLY
- Touch top lip against nipple again, move away again.
- Repeat until baby opens wide and has tongue forward
- Or, run nipple lightly along the baby's upper lip, from one corner to the other, until baby opens wide.



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If you are having difficulty with baby initially latching or maintaining interest, here are a couple hints:

- To encourage baby to latch, try to hand express a few drops of colostrum.
- To encourage your baby to continue to suckle, try breast compression.

Ask your nurse or an NCH Lactation Consultant if you are having difficulty with this process.

Hand expression of milk

- Place the thumb and first two fingers 1 to 1.5 inches behind the nipple tissue.
- The thumb on top, fingers below the nipple, forming the letter C.
- Push straight into the chest wall.
- While fingers are pushed down, gently roll forward.
- The gentle rolling will express milk without damaging sensitive tissue.
- Releasing the fingers and rolling across the skin will not express any milk and may irritate mom's breast.
- Placing fingers too close to the nipple is also less effective and may cause discomfort.



Breast compression

- As the baby starts to suck, if no milk is swallowed, start compressions.
- Support the breast slightly further back than when hand expressing.
- Press fingers straight into the breast but not so hard it hurts.
- Hold the compression until the baby stops nutritively sucking (swallowing), then release the pressure.
- If baby does not start nutritive sucking spontaneously, repeat the compression.
- Continue this until baby does not swallow even with compressions.
- Offer the second breast if baby still seems interested.



Burping Baby

Try burping your baby after feeding from each breast. Breastfed babies do not swallow as much air as when bottle-feeding. Generally, just putting a baby over your shoulder after a feeding will initiate a burp if needed. Babies may be burped by putting them over your shoulder, sitting them in your lap, or placing them on their tummy across your lap and gently patting their back. If no burp is produced in 3–5 minutes, it is not necessary to continue burping.

Hiccups

Hiccupping is normal. Babies can hiccup often and hard, but it is painless for them. Frequency decreases as the baby's system matures. Gentle rocking, burping and putting the baby to the breast for a minute or two may help.

Sneezing

Sneezing is a natural reflex that allows the baby to clear the respiratory tract and breathe without difficulty.

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Pumping and storage

Pumping can be started at any time, but unless medically recommended, bottles should be avoided for the first 3 weeks of life. If baby needs to take a bottle in the future, one to two bottles a week is usually adequate to keep him familiar with the technique.

- For an occasional bottle: milk supply is greatest from early morning to around 1pm.
- To establish or increase supply: pump immediately after baby has been fed.
- Pump for 15 minutes with a good commercial pump—double pumping is most effective and less time consuming.

Reasons for pumping:

- Separation of mother/baby (recommended to start within 6 hours after birth or as soon as mother is able)
- Failure of baby to latch-on by 24 hours of age
- Baby is receiving a bottle in place of breastfeeding—for any reason
- Mom is too sore to breastfeed
- Engorgement
- Baby is receiving supplements
- Special occasion away from baby
- Return to work
- Low milk supply
- Plugged ducts
- Personal decision

Milk storage:

- Freshly pumped at room temperature for 4 hours (66–72°F)
- In cooler bag with 3 frozen ice packs (59°F) for 24 hours
- Refrigerator for 7 days
- Refrigerator/freezer for 3 months
- Deep freeze (0°F) for 6–12 months
- Thawed milk may be stored in the refrigerator for 24 hours—never refreeze thawed milk
- Warm to room temperature in warm water. Never in microwave or in boiling water
- Breastmilk separates while standing, rotate gently to mix, do not vigorously shake

Average Intake per Feeding		Average Number of Feedings in 24 hours	
1 week to 2 months	2 to 4 ounces	0 to 2 months	8 to 12 feedings
2 to 4 months	3 to 5 ounces	2 to 4 months	6 to 8 feedings
4 to 8 months	4 to 6 ounces	4 to 8 months	5 to 7 feedings
8 to 12 months	Up to 8 ounces	After 8 months	3 to 5 feeding (plus solid foods)

If you have concerns or questions, or need an evaluation of your breastfeeding, call NCH Breastfeeding Support Services at 847.618.8545.

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Breastfeeding log

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