



 MADISON HOSPITAL

---

# Breastfeeding Guide



You and your baby  
*are very special to us.*

Our certification as a Baby-Friendly USA hospital shows we care about our infants and families. We are committed to teach and support safe feeding for both breastfeeding and formula feeding moms, and we support practices that promote mother-baby bonding.



[babyfriendlyusa.org](http://babyfriendlyusa.org)

## Table of Contents

Benefits of Breastfeeding .....	3
What is a Baby-Friendly hospital? .....	4
Successful Breastfeeding .....	6
Special Challenges .....	8
Breast Milk Collection and Storage .....	12
Newborn Breastfeeding Log .....	14
Additional Breastfeeding Resources .....	16

## Benefits of Breastfeeding .....

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

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

### Benefits for the baby

Breast milk:

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

Breastfeeding:

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

- Lowers the risk of the two most common inflammatory bowel diseases (Crohn's disease, ulcerative colitis)
- Decreases the incidence of sudden infant death syndrome (SIDS)
- Lowers risk of adolescent and childhood obesity

### Benefits for the mother

Breastfeeding:

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

### Tips for the best start for baby:

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

# What is a Baby-Friendly hospital?

By Debi Page Ferrarello MS, RN, IBCLC, as published in ICLA's "Inside Track: A Resource for Breastfeeding Mothers"

Baby-Friendly hospitals like Madison Hospital give mothers and babies the best start in feeding their babies. The Baby-Friendly Hospital Initiative (BFHI) began in 1991 as a joint program of the World Health Organization (WHO) and UNICEF. It was created to honor hospitals and birth centers that give the best care to mothers and babies related to infant feeding. To be certified as Baby-Friendly, hospitals and birth centers must follow 10 research-based steps that support breastfeeding. They also need to pay a fair price for any formula, feeding bottles and teats used by patients.

These are the 10 steps that Baby-Friendly birth hospitals and centers follow:

**1. Have a written breastfeeding policy that is routinely communicated to all health care staff.**

The breastfeeding policy guides the staff as they give care to mothers and babies. It spells out all the other steps. The policy also includes that the hospital or center will pay a fair price for any formula or baby feeding products they use.

**2. Train all health care staff in skills necessary to implement this policy.**

It is not enough just to have a policy. In Baby-Friendly hospitals, all midwives, doctors and nurses have training so they know how to follow the policy. This training helps make sure that you receive the same information from everyone. Everyone who cares for you will be able to help you breastfeed your baby.

**3. Inform all pregnant women about the benefits and management of breastfeeding.**

When health workers talk about breastfeeding with their pregnant patients, mothers are more likely to choose to breastfeed. As a pregnant woman, you need to know that breastfeeding is important for your baby's health as well as your own. You need to know that in emergencies such as hurricanes, earthquakes, fires, and blizzards, your baby will have food. You need to know that breastfeeding helps with child spacing. Breastfeeding costs almost nothing and allows you to make the best food for your baby. Feeding formula costs a lot. Learning about breastfeeding before your baby arrives will help you get off to a good start. It will help you make the best choice for you and your family. You will know that you can breastfeed:

- If your baby is born early
- If you and your baby are separated
- If you have to return to work or school

**4. Help mothers initiate breastfeeding within 30 minutes of birth (one hour in the U.S.).**

Your baby will be born knowing how to breastfeed! When your baby is placed right on your skin, he will begin to look for your breast. He may even crawl to the breast and latch on with little or no help. When your baby has this skin-to-skin time right after birth, he will probably feed well at that time and happily ever after. If you had medicine during your labor or birth, your baby may not breastfeed right away. Holding your baby skin-to-skin will help your baby to wake up and learn to feed well.

**5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.**

Choosing a Baby-Friendly hospital means that the staff will know how to help you get off to a good start with breastfeeding. If you and your baby must be apart for any reason, hospital workers will teach you how to keep making milk by using your hands or a breast pump to remove the milk from your breasts. Mothers who choose not to breastfeed for any reason receive one-on-one instruction from a health worker about how to prepare infant formula safely.

**6. Give newborn infants no food or drink other than breast milk, unless medically indicated.**

- In most cases, breast milk is the only food that your baby will need during the hospital stay. Giving even sips of water, tea, or formula can make your baby breastfeed less often. Breastfeeding very often in the first days of life will help you to make plenty of milk. More breastfeeds means more milk.
- It is good to know that in a Baby-Friendly hospital, babies only get formula when it is needed for a medical reason. Most babies don't need it at all.

## 7. Practice “rooming in” - allow mothers and infants to remain together for 24 hours a day.

During the first days after birth, you and your baby will learn to “talk” to one another. Your little one will tell you she is ready to feed with cues such as smacking lips, turning to your breast, and sucking on her hands. You will learn to answer your baby by bringing her to your breast. This dance between you and your baby makes sure that your baby’s needs are met and your body makes plenty of warm, sweet milk.

## 8. Encourage breastfeeding on demand.

One of your baby’s first jobs is to learn to eat when hungry or thirsty and to stop when satisfied. This is a lesson important for all of life! You help your baby learn this by offering your breast when he acts hungry. This is why it is so important to learn your baby’s feeding cues. When you do this, your body will make the right amount of milk and your baby will take just the right amount. Every time your baby shows signs of being ready to feed, that is the right time to breastfeed. You do not need a clock for breastfeeding.

## 9. Give no pacifiers or artificial nipples to breastfeeding infants.

Your baby will love to suck! During the first days and weeks, it is important that your baby’s sucking needs are met at your breast. This will help you make plenty of milk. Your baby’s suck tells your body to make milk. If your baby sucks on a dummy (pacifier) or a bottle, your body will not get the message to make milk.

## 10. Foster the establishment of breastfeeding support from groups and refer mothers to them on discharge from the hospital or clinic.

Most new mothers feel unsure at times. They grow more confident with sharing their fears and feelings with other mothers. You may have questions after leaving the hospital and will want to know where you can turn to find good answers. Breastfeeding support groups can meet those needs. Peer counselors can also help support new mothers with breastfeeding. Peer counselors and support group leaders are experienced mothers from the community. They have learned how to help other mothers to breastfeed. In a Baby-Friendly hospital, staff will make sure you know where to find breastfeeding help once you are home.

Baby-Friendly hospitals must also pay fair market value for formula, nipples and feeding bottles. This is so that hospitals will not be influenced by formula companies. Baby-Friendly hospitals do not give mothers “gifts” from formula companies. These gifts often make mothers think that they are supposed to give formula. The role of hospitals and birth centers is to promote and support health for patients, not market for formula companies.

Giving birth in a Baby-Friendly hospital can help you and your baby get the best start by breastfeeding more and more hospitals are working toward Baby-Friendly status.

### Find breastfeeding help fast

An IBCLC, or International Board Certified Lactation Consultant, has special training to help breastfeeding families. Visit [icla.org](http://icla.org) and click “Find a Lactation Consultant” to locate a lactation consultant in your area.

### Madison Hospital lactation consultants:

Kristine Taff • (256) 508-9009  
 Stacy Ramirez • (256) 457-0403  
 Jean Graham • (256) 527-0109  
 Elizabeth Dunaway • (256) 541-7243  
 Haley Lyda • (256) 468-1713

## Breastfeeding Mothers Group

Breastfeeding support impacts breastfeeding success. If you’re an expectant or new mom dedicated to breastfeeding, join us for our weekly support group meetings.

Meeting times:

Mondays - 10:30 a.m. to 12:30 p.m., Madison Public Library

Thursdays - 6:30 - 8:30 p.m., Madison Hospital Classroom (ground floor near cafeteria)

# Successful Breastfeeding .....

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

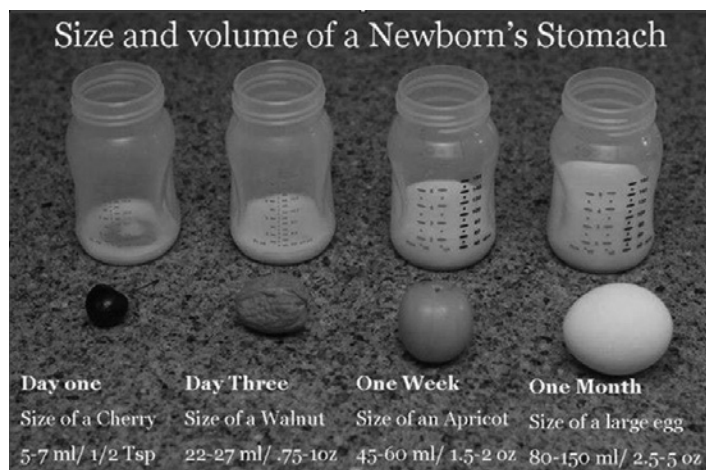
## Positioning

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

## Latch

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

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



## Nursing

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

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

## Signs of milk transfer

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

## Nipple care

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

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

## Taking your breastfeeding baby home

Building your milk supply

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

When to ask for help

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

Our lactation consultants are available to help you in the hospital and after you and your baby are discharged. Call (256) 817-5651 to speak with a lactation consultant.

## Pacifiers and breastfed babies

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

### Shorter duration of breastfeeding

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

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

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

Findings suggested that the prerequisite for a smooth breastfeeding period is

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

### The cholecystokinin link

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

### Pacifiers and Sudden Infant Death Syndrome (SIDS)

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

## References:

American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. The changing concept of sudden infant death syndrome: diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics*. 2005 Nov;116(5):1245-55

Feldens CA, Ardenghi TM, Cruz LN, Cunha Scalco GP, Vítolo MR. Advising mothers about breastfeeding and weaning reduced pacifier use in the first year of life: a randomized trial. *Community Dent Oral Epidemiol*. 2012 Dec 13. doi:10.1111/cdoe.12030.

Jaafar SH, Jahanfar S, Angolkar M, Ho JJ. Effect of restricted pacifier use in breastfeeding term infants for increasing duration of breastfeeding. *Cochrane Database Syst Rev*. 2012 Jul 11;7:CD007202

Kronborg H, Vaeth M. How are effective breastfeeding technique and pacifier use related to breastfeeding problems and breastfeeding duration? *Birth*. 2009 Mar; 26(1):34-42

Marchini G, Lindén A. Cholecystokinin, a satiety signal in newborn infants? *J Dev Physiol*. 1992 May;17(5):215-9.

Moon RY, Fu L. Sudden infant death syndrome: an update. *Pediatr Rev*. 2012 Jul;33(7):314-20. doi: 10.1552/pir.33-7-3014.

Nickel NC, Labbok MH, Hudgens MG, Daniels JL. The extent that noncompliance with the ten steps to successful breastfeeding influences breastfeeding duration. *J Hum Lact*. 2013 Feb;29(1):59-70.

Righard, L., & Alade, M. (1992). Sucking Technique and Its Effect on Success of Breastfeeding. *Birth* 19:4, 185-189.

Victoria, C., et al. (1993). Use of Pacifiers and Breastfeeding Duration. *The Lancet* 341, 404-406.

Uvnaas-Moberg, K., Marchini, G., Winberg, J. Plasma cholecystokinin concentrations after breastfeeding in healthy 4 day old infants. *Archives of Disease in Childhood*. 1993 68: 46-48.

## Special Challenges

### Breast Engorgement

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

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

### Prevention and treatment

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

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

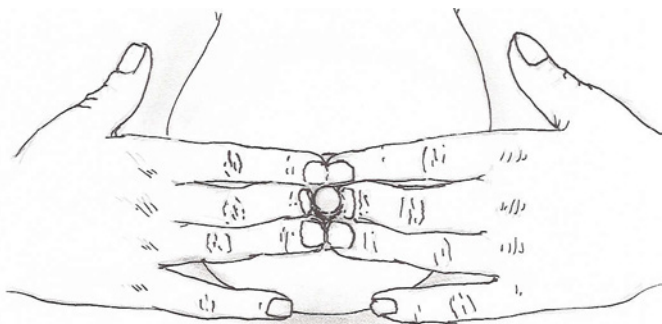
Heat, redness, flu-like symptoms and fever (101.0 F or higher) are signs of a serious infection. Call your doctor.

### Reverse pressure softening

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



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



### Returning to work

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

your schedule. Several times a day pump for 10-15 minutes after you have nursed your baby. You may not collect a lot at first as your body gets used to the pump and your request for extra milk. The milk you pump at work can be used the following day and freeze any extra. Make sure to use a cooler and ice packs to carry your milk home.

Choose a breastfeeding-friendly caregiver — don't be afraid to be very specific about your feeding preferences and techniques. For example: some breastfeeding babies eat smaller amounts more often unlike their formula fed counterparts. They may require paced feeding. Encourage your caregiver to learn your baby's hunger cues.

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

### Breastfeeding Late/Preterm Babies *Lactation consultants*

While many late preterm babies (born before 37 weeks gestation) do well, there are some techniques to ensure that your baby stays well nourished while you are learning to breastfeed. The lactation consultant will visit with you and work with your nurse and your baby's physician to develop a breastfeeding plan for you and your baby.

### *Alert time*

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

### *Feedings*

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

### *Temperature control*

While it's important to keep your baby warm and wrapped in a swaddler with a cap on, it is best to remove any blankets and swaddlers when you

begin to breastfeed. Being skin to skin helps keep your baby warm and awake during feeding. A tightly wrapped baby may have trouble staying awake during the feeding. Once your baby latches on, you can place a blanket over your baby. It's a good idea to keep a cap on your baby during feeding.

### How can dads/partners support breastfeeding?

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

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

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

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

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

### Colostrum

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

Even if your plans do not include breastfeeding, we encourage you to save colostrum so it can be given to your baby. Lactation consultants will teach you to use a breast pump to collect your colostrum, then help you swab your baby's mouth and feed your baby with the colostrum you collect. In the first days of pumping you may only get drops of colostrum. Your baby will benefit even from this small amount.

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

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

Although having a baby in need of the specialized care provided in the NICU can be unexpected, you

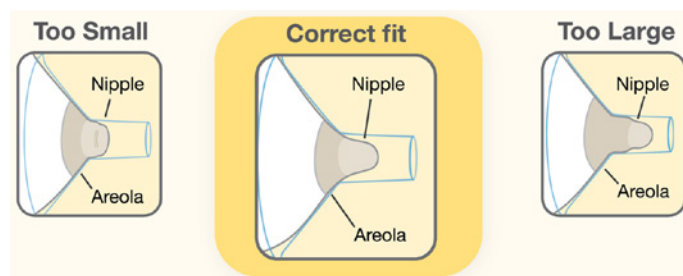
do not have to change your plans to breastfeed. Our team of dedicated IBCLCs will help you achieve successful breastfeeding.

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

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

To express milk:

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



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

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

**Collection and storage of breast milk for your NICU baby**

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

**Milk production at two weeks after delivery**

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

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

**Breast pump rental for home use**

Medela Symphony and Medela Lactina breast pumps are available to rent through Breastfeeding Support Services. Call (256) 265-7285 or speak to your NICU lactation consultant to make arrangements. A \$25 deposit is required for any breast pump rental.

<i>Pump</i>	<i>Weekly Rate</i>	<i>Monthly Rate</i>
Symphony	\$20	\$65
Lactina	N/A	\$25

If you participate in the WIC program, pumps are available through your local WIC office.

**Make sure you contact Huntsville Hospital Home Medical Equipment at (256) 883-0505 about receiving a breast pump to take home with you.**

To use any of these pumps, we will provide you with the necessary milk collection kit to use with your breast pump.

Many insurance plans cover the cost of a breast

pump. Huntsville Hospital Home Medical Equipment can verify your insurance benefits with a quick phone call. Once verification of benefits and a prescription from your obstetrician is received, a pump will be delivered to your hospital room. If you are interested in this option, call (256) 265-5565. Have your insurance information ready.

**Women, Infants and Children (WIC)**

WIC is a supplemental nutrition program for pregnant women, breastfeeding women, women who had a baby within the last six months, infants and children under age five. For information on income requirements refer to page 55 in the Postpartum and Newborn care portion of this book.

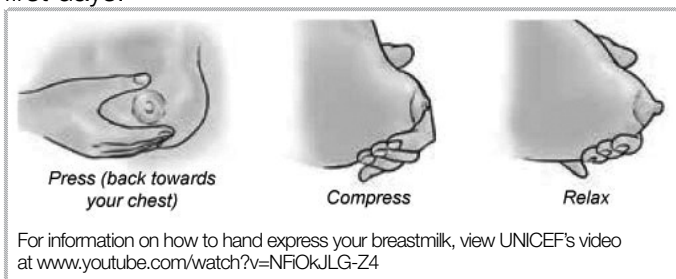
# Breast Milk Collection and Storage.....

## Collecting breastmilk (pumping or hand expression)

- Sanitize hands or wash with soap and water.
- Pumping or hand expression should not hurt.
- If you are pumping, be sure you are using the correct size breast shield. A breast shield too large or too small can make pumping uncomfortable and can affect the amount of milk you collect. If your nipple does not move freely in the tunnel, it is too small. If you need help determining the correct size, contact Breastfeeding Support Services at (256) 265-5651.
- Some moms choose to pump both breasts simultaneously to save time. It can also increase breast stimulation.
- Strive to pump or express every three hours when you are away from baby. Sessions of just 15 minutes will help protect your milk supply.
- There are a variety of breast pumps available. Our lactation consultants can help you determine which is best for you. Many insurance plans cover the cost of purchasing a breast pump. Insurance benefits can be verified with a quick phone call.
- Remember to clean pump parts after each use with warm, soapy water.

## Hand expression

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



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

- Go back and forth between each breast.
- You can express breast milk into a spoon or cup.

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

## Hands on pumping

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



## How to keep your breast pump kit clean\*

Keeping the parts of your pump clean is critical because germs can grow quickly on pump parts. Following these steps can help prevent contamination and protect your baby from infection. If your baby was born prematurely or has other health concerns, your baby's health care providers may have more recommendations for pumping breastmilk safely.

Before every use:

- Wash hands with soap and water
- Inspect and assemble clean pump kit. If your tubing is moldy, discard and replace immediately.
- Clean pump dials, power switch and countertop with disinfectant wipes

After every use:

- Store milk safely. Cap milk collection bottle or seal milk collection bag, label with date and time and immediately place in a refrigerator, freezer or cooler bag with ice packs.
- Clean pumping area, especially if using a shared pump. Clean the dials, power switch and countertop with disinfectant wipes.
- Take apart breast pump tubing and separate all parts that come in contact with breast/breastmilk
- Rinse breast pump parts that come into contact with breast/breastmilk 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/breastmilk as soon as possible after

\*information provided by Centers for Disease Control and Prevention

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.

Clean pump kit by hand:

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

Clean in a dishwasher:

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

After cleaning:

- For extra germ removal, sanitize pump parts, wash basin and bottle brush at least once daily after they have been cleaned. Items can be sanitized using steam, boiling water or a dishwasher with a sanitize setting.
- Sanitizing is especially important if your baby is less than three months old, was born prematurely or has a weakened immune system do to illness or medical treatment. For detailed instructions on sanitizing your pump parts, visit [cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding.html](http://cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding.html)
- Store safely until needed. Ensure the clean pump parts, bottle brushes and wash basin have air-dried thoroughly before storing. Items must be completely dry to help prevent germs and mold from growing. Store dry items in a clean, protected area.

Learn more about safe and healthy diapering and infant feeding habits at [cdc.gov/healthywater/hygiene/healthychildcare](http://cdc.gov/healthywater/hygiene/healthychildcare)

### Storing Breastmilk

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

Follow these guidelines for safely storing your breastmilk:

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

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

### Defrosting Breastmilk

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

# Newborn Breastfeeding Log

Day 1: Feed 8 or more times													NOTES:	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers			1											_____
Black tarry stool diaper			1											_____

Day 2: Feed 8 or more times													NOTES:	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers			1	2										_____
Black/brown stools			1	2										_____

Day 3: Feed 8 or more times													NOTES:	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers			1	2	3									_____
Brown stool diaper			1	2										_____

Day 4: Feed 8 or more times													NOTES:	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers			1	2	3	4								_____
Yellow stool diaper			1	2	3									_____

Day 5: Feed 8 or more times													NOTES:	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers			1	2	3	4	5							_____
Yellow seedy stools			1	2	3									_____

<b>Day 6: Feed 8 or more times</b>													<b>NOTES:</b>	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers	1	2	3	4	5	6	Yellow seedy stools			1	2	3	_____	
<b>Day 7: Feed 8 or more times</b>													<b>NOTES:</b>	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers	1	2	3	4	5	6	Yellow seedy stools			1	2	3	_____	
<b>Day 8: Feed 8 or more times</b>													<b>NOTES:</b>	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers	1	2	3	4	5	6	Yellow seedy stools			1	2	3	_____	
<b>Day 9: Feed 8 or more times</b>													<b>NOTES:</b>	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers	1	2	3	4	5	6	Yellow seedy stools			1	2	3	_____	
<b>Day 10: Feed 8 or more times</b>													<b>NOTES:</b>	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers	1	2	3	4	5	6	Yellow seedy stools			1	2	3	_____	
<b>Day 11: Feed 8 or more times</b>													<b>NOTES:</b>	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers	1	2	3	4	5	6	Yellow seedy stools			1	2	3	_____	
<b>Day 12: Feed 8 or more times</b>													<b>NOTES:</b>	
Circle the hours:	AM	12	1	2	3	4	5	6	7	8	9	10	11	_____
	PM	12	1	2	3	4	5	6	7	8	9	10	11	_____
Wet diapers	1	2	3	4	5	6	Yellow seedy stools			1	2	3	_____	

# Additional Breastfeeding Resources

Information for breastfeeding families

## Sore Nipples



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

### Positioning

1. Hold your baby's head behind his ears



2. Align him "nose to nipple"



3. Roll him "belly to belly"



### Laid back breastfeeding

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



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



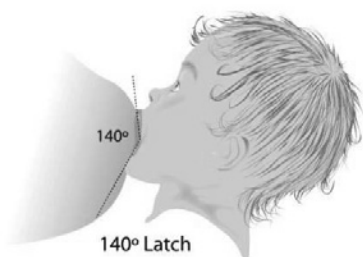
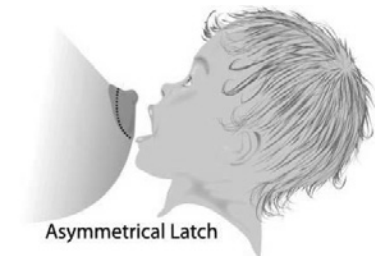


## Latch-on

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



Look for a wide mouth on the breast



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

## Treatment

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



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



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

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

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