

Lactation and Breastfeeding

Breastfeeding takes time, practice, and lots of patience. We are here to give you tips and support to help you be successful in breastfeeding your baby.

Breastfeeding is defined as “the action of feeding a baby with milk from the breast.” This can be achieved by feeding the baby at your breast, or from pumping/expressing. There can be any combination of the two as well. And even if you have to supplement with formula, any amount of breastmilk has benefits for your baby.

Breastmilk...

The first breastmilk that is created by your body is called colostrum. You may even begin leaking breastmilk during your pregnancy. Colostrum is thicker, fattier, and often darker in color. You often only get a few drops initially, and not normally more than a few ounces at a time. As your milk “comes in” or transitions, it becomes lighter in color and thinner. Breastmilk is comprised of foremilk and hindmilk. There is some debate on whether too much foremilk can cause GI issues in baby, but there is not much research to support this. The reason we care about the different components of breastmilk is the hindmilk is fattier and can keep baby fuller longer. So it is important to feed baby completely from one breast before switching (if needed). Breastmilk contains nutrients such as fats, proteins, sugars, vitamins, minerals (especially zinc and iron) that will help your baby grow, as well as antibodies that your body is producing (from your previous infections, immunizations, and from current infections you may have such as COVID-19).

Here is a great video that explains breastmilk and expression of the milk and its components.

<https://youtu.be/xlgRba4dRyM>

Hunger Cues

Newborns typically eat 8-12 times per 24 hours. At first these breastfeeding sessions may last from 20-40 minutes. It is recommended that for very young babies, you feed on demand. On demand means when your baby begins to show signs of hunger. Some cues to look for are:

- Closing fingers into a fist
- Moving fist to mouth
- Turning head to breast
- Sucking on lips or lip smacking
- Opening and closing mouth
- Becoming more alert

- Crying is a LATE hunger cue, try to feed baby before this point as once baby reaches this point it can be hard to latch

Is Your Baby Getting Enough

A baby's stomach is much smaller than ours as adults. At birth it is the size of a marble or a cherry. It can only hold a few milliliters or teaspoons at a time. This means baby does not need a lot of milk. And as discussed above, colostrum, the first breastmilk is thicker and you do not produce much. As your baby grows and its stomach grows, it will be able to hold more.



Signs that your baby is getting enough milk:

- Gaining weight- baby should return to birth weight by 2 weeks old (should gain about 0.5-1oz per day)
- Wet diapers-having clear to very light yellow urine
- Dirty diapers- should have one dirty diaper for each day of life (ex: 1 dirty diaper on day 1 of life, 3 dirty diapers on day 3 of life)
- Seems content after feeding

Latch...

Remember these phrases:

Shoulders, Hips and Toes in a Row
Tummy to Mummy
Nipple to Nose
Open up wide and lead with the chin

There are common mistakes that are easy to correct and can make a big difference with latch. You want the baby facing you. Imagine you are trying to take a drink out of straw, but your body is pointing away from your water bottle. It is hard to take deep swigs and swallow. Keeping everything in line better aligns the esophagus which can create a deeper latch. When you go to have baby latch, you want to position the baby's nose to your nipple, this will allow the baby to get a wide gape to allow for a deep latch. When you go to have baby latch, push the chin in towards your breast. When the baby is latched, you should see more of the top portion of your areola (the dark area around your nipple) than the bottom. Baby's lips should be wide and flanged out, not curled into your breast. When baby latches, you should not feel any pain. If there is pain, you can hook a (clean) pinky finger in their mouth and break the suction to try and relatch.

Once baby is latched, they will start to frantically, erratically suck. This will help the milk start to flow. This will continue to build until you have a let-down. Some women are unable to feel this, while others have a pins and needles sensation. This is when the milk is free-flowing. If you have an oversupply (if baby coughs/sputters/chokes) you may have to unlatch for the let-down, then relatch. After the let-down, baby will start to follow a pattern of suck-suck-swallow. You may be able to hear the baby swallow.

Here are some great videos showing a good latch:

<https://youtu.be/Rydwlle7jx4>

<https://youtu.be/wjt-Ashodw8>

Positions...

Cradle: Most Common breastfeeding position people think of. You have the baby laying up against your stomach while you are in a sitting position. You support the baby's head with that side's arm.

Cross Cradle: Similar to cradle, except you support baby with the opposite arm.

Football: You support baby with pillow/arm and have them beside you with their feet towards your back.

Side Lying: Laying on a firm, flat place with no covers/blankets, have the baby face you and have them latch on the breast closest to the bed. This is a great position for women who have oversupply issues or heavy let-downs as baby can better control the flow.

Laid Back (Down Under): You are laying flat on your back with baby on your stomach. Again, this is a great position for oversupply and heavy let-downs as this works against gravity, slowing the flow.



Common Problems...

Engorgement: Caused by the increase of milk in the ducts of the breasts. This can put a lot of pressure on your breasts and can be painful. Can use tylenol, ibuprofen, massage, and warm or cool compresses to help the inflammation. Tip: when you are engorged and uncomfortable, you do not need to completely empty your breasts as this can cause an oversupply. You can just

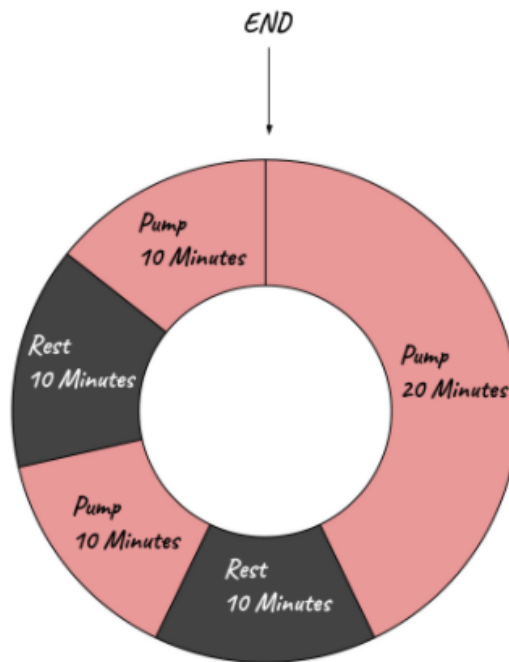
hand express enough to make you feel comfortable. You can also wear looser bras to avoid extra pressure on your breasts.

Clogged Duct: When one of the milk ducts gets blocked, but is not infected. It will create one painful area of the breast. You may feel a hard lump in your breast. Can use warm compresses, breast massage, having baby latch on that breast, to help unclog it.

Mastitis: When a clogged duct becomes infected. You will have the symptoms of a clogged duct along with fevers, chills, body aches, and a warm, red area on your breast. This does require antibiotics so please call our office if this occurs.

Nipple Pain: Can be due to dry, cracked nipples. Before breastfeeding, we do not use our nipples. So when they are being used several times a day, it can cause some skin breakdown. Also, improper latch can cause irritation of the nipple. We recommend using vaseline or lanolin to help keep the area moist, as well as prevent further rubbing and friction. These are both safe for baby. Another cause can be due to a yeast infection. This can be from increased moisture (leaking milk and baby's saliva) or from thrush in the baby. If your nipple pain is not improving, call the office for follow up and evaluation.

Supply Issues: If you feel that your supply is dropping, you can try power pumping. When our breasts are empty but there is still stimulation. By fully emptying your breasts and continuing to pump after, it sends signals to the brain to produce more of the hormone prolactin which sends signals to the breast to produce more milk. Power pumping is when you pump for 20 minutes, rest for 10 minutes, then pump again for 10 minutes, then rest for 10 minutes, then finish by pumping for another 10 minutes. This is a total time of 1 hour. We recommend doing this at one pumping session per day, and only do it for 3-5 days so you don't become an over-producer.



If you have any concerns, please call our office.

Pumping...

We don't recommend trying to pump to create a stash of milk in your freezer until 4-6 weeks. Starting any earlier than that can create an oversupply. But this does not mean that you can't collect the milk that is expressed from the breast in which your baby is not latched. You can do this by using a Haaka or a breast shell.

Be sure to speak with us once you decide which breast pump you would like to order. Don't forget to speak with your insurance first as they often cover a free breast pump. Ideally, we would like for you to have it delivered to your house before you deliver so you can be familiar with it. You can also bring it into the office and Lexi can show you how to use it. You can access the Neb Medical breast pumps here.

<https://www.nebmedical.com/shop/>

Safe Breast Milk Storage...

Please see the below table for how breastmilk can be stored.

Human Milk Storage Guidelines			
STORAGE LOCATIONS AND TEMPERATURES			
TYPE OF BREAST MILK	Countertop 77°F (25°C) or colder <i>(room temperature)</i>	Refrigerator 40 °F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1-2 Hours	Up to 1 Day <i>(24 hours)</i>	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding <i>(baby did not finish the bottle)</i>	Use within 2 hours after the baby is finished feeding		

These guidelines are for healthy full-term babies and may vary for premature or sick babies. Check with your health care provider.

Find more breastfeeding resources at: WICBreastfeeding.fns.usda.gov
www.cdc.gov/breastfeeding/

Here are some tips for freezing breast milk. When dumping into bags, be sure to get all of the air out to prevent air bubbles. Also, be sure to mark with the day pumped, amount (use a bottle to measure on the bag). Lay flat to freeze to allow for easier storage.

When reheating breast milk, DO NOT HEAT IN MICROWAVE. This can create pockets of hot milk that can either scald the baby, or denature the milk. Heat in a warm water bath. The CDC recently released a statement confirming the safety of mixing milk from two different bottles.

Breast Pump Help

Using a breast pump allows you to collect your breast milk even when you are away from your baby. This is also a great way to let your partner bond with the baby, while you can get some sleep. Insurance does cover a breast pump for you, please let us know if this is something you are interested in and we will fax over a prescription to get that ordered for you.

Examples of pumps:

Portable:

Spectra S1 | Spectra S9 | Medela Pump in Style | Medela Swing Maxi |
Medela Freestyle Flex | Lansinoh Signature Pro | Baby Buddha | Elvie Stride
Pump | Willow Hands Free Pump | Motif Luna | Motif Duo | Freemie Liberty II
| Freemie Rose | Independence II | Ameda Mya Joy | Evenflo Double Electric
Breast Pump | Zomee Z1 | Zomee Z2

Nonportable:

Spectra S2 | Medela Sonata Smart

Manual:

Spectra Handy Plus Manual Pump | Medela Harmony Manual Pump | Haaka |
Lansinoh Manual Pump | Evenflo Manual Pump

Hospital Grade:

Spectra S3 Pro | Medela Symphony

Flange Size

Just remember it should be “COMFY”

C-Center Nipples Move Freely

Your nipple should move freely in and out of the tunnel of the flange without redness or pain (if it doesn't the flange is too small)

O-Only a Little Areola Tissue Should Be Pulled Into the Tunnel of the Flange

Your nipple should move freely in and out of the tunnel of the flange without redness, pain, or pinching (If it doesn't the flange may be too small)

M-Motion of Your Breast is Gentle and Rhythmic

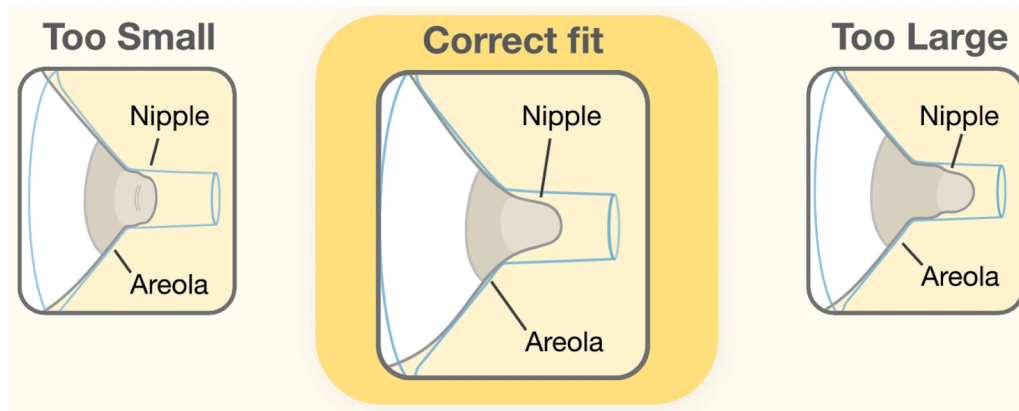
Your breast movement should be gentle, just like your nipple. This means your breasts are receiving the proper stimulation for expressing your milk.

F-Feels Comfortable

When pumping, you shouldn't feel any discomfort.

Y-Yields Well-Drained Breasts

Your breasts should feel soft and lighter after each pumping session.



Spectra

<https://spectra-baby.com.au/spectra-manuals-guides/>

<https://www.spectrababyusa.com/about-us/videos/>

<https://www.spectrababyusa.com/guide/>

Medela

<https://www.medela.us/breastfeeding/products>

<https://www.medela.us/breastfeeding/products/product-selector>

<https://www.medela.us/breastfeeding/articles/tips-for-troubleshooting-your-medela-breast-pump>

<https://www.medela.us/breastfeeding/articles/breast-shield-sizing-how-to-get-the-best-fit>

Lansinoh

<https://lansinoh.com/collections/breast-pumps>

<https://lansinoh.com/blogs/pumping/which-pump-is-right-for-me>

Motif

<https://motifmedical.com/breast-pumps>

Elvie

<https://www.elvie.com/en-us/shop/elvie-pump>

<https://www.elvie.com/en-us/support/elvie-pump>

Willow

<https://shop.onewillow.com/pages/buy>

<https://onewillow.com/size-guide/>

Evenflo

<https://www.evenflofeeding.com/products/breastfeeding>

<https://www.evenflofeeding.com/education/feeding-101>

<https://www.evenflofeeding.com/education/instruction-manuals>

Zomee

<https://zomee.com/pages/shop>

<https://zomee.com/pages/product-support>

Ameda

<https://www.ameda.com/products/>

<https://www.ameda.com/breast-pumping-guide>

<https://www.ameda.com/education>

Online Resources...

Global Health Media Project

Global Health Media Project has great resources and videos giving good and bad examples of latches, different breastfeeding positions, etc.

https://globalhealthmedia.org/language/english/?_sft_topic=breastfeeding

Videos that we recommend are:

- Early Initiation of Breastfeeding
- Breast Feeding in the First Hours
- Attaching Baby
- Breastfeeding Attachment
- Breastfeeding Positions
- How to Express Milk
- Expressing Milk
- Cup Feeding
- Is Your Baby Getting Enough
- Nipple Pain

Kellymom

Kellymom.com is another great resource. They have a lot of helpful tips and facts sheets. They also have a section with several sources where you see if medications are safe while breastfeeding.

<https://kellymom.com/>

Le Leche League

LLL is an international breastfeeding organization with great information and tips for mothers.

<https://www.llli.org/>