

Breastfeeding Support Resources

Heywood Hospital

Support Group: First Wednesday of every month at 10 a.m. in the lactation office at Heywood Hospital.

Out-patient Lactation Counseling: One to one office visit with lactation counselor/consultant. Call the lactation office @ 978-630-6990, email lactation@heywood.org, or call maternity's main phone number 978-630-6216 - to book appointments. If you do not wish to come in for a visit, but would like to speak or write to us, feel free to use the above contact information as well.

Other Community Resources

LaLeche League: Provides education, information, and support to pregnant and breastfeeding mothers. Free meetings held in various locations. Visit LaLeche League International at www.llli.org for more information.

WIC: (Women, Infants, and Children) Provides breastfeeding support through peer counseling and free lactation counseling, if you qualify for the program. For a listing of local offices and their contact information, visit - <http://www.mocinc.org/nutrition-and-wellness-2/wic-women-infants-childrens-program/>

Web Sites

- ❖ www.zipmilk.org - find listings of International Board Certified Lactation Consultants available for home visits. Most insurance companies will cover some home visits.
- ❖ www.kellymom.com - breastfeeding information
- ❖ www.lowmilksupply.org - information on managing a low milk supply
- ❖ www.bfar.org - breastfeeding after breast surgery
- ❖ www.massbreastfeeding.org - Massachusetts Breastfeeding Coalition
- ❖ www.aap.org - American Academy of Pediatrics

Helplines

National Breastfeeding helpline: 1-800-994-9662

Parental Stress Line: 1-800-632-8188

Poison Control: 1-800-222-1222

Domestic Violence Hotline: 1-877-785-2020

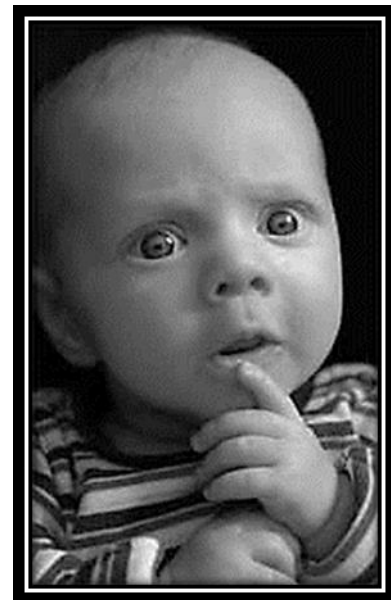
Reassuring Signs/Symptoms



- Baby is feeding a minimum of 8 times in 24 hours
- You can hear or see swallowing during feedings
- After the initial latch, breastfeeding is pain-free
- Baby has a minimum of 3 yellow/seedy bowel movements by day 4
- Baby has a minimum 5 wet diapers by day 4
- Baby appears “milk drunk” at the end of feeds
- Baby does not lose more than 10% of birth weight
- Baby gains back to birth weight by 2 weeks of age
- After your 2nd milk/mature milk comes in, breasts feel lighter/softer after feedings
- By 2 weeks you feel a “let-down” sensation after the first few minutes of feeding

Check with Baby’s Doctor and Lactation Consultant if . . .

- Your 2nd milk/mature milk has not come in by day 5
- Baby is feeding less than 8 times in 24 hours
- You do not see or hear swallowing with feeds
- You are having pain which is not improving or is getting worse
- Your breasts are painfully full or very hard
- Breast fullness does not change after feeding
- Baby has less than 3 bowel movements/day
- Bowel movements are dark in color, or formed instead of mushy
- Baby has less than 5-6 wet diapers/day or urine is dark in color
- Baby does not seem satisfied after feeding
- Baby loses more than 10% of birth weight
- Baby has not gained back to birth weight by 2 weeks
- Baby is not gaining weight as expected (first 4 months, about 7-8 oz. / week)
- After 2 weeks you do not feel any “let down” sensation





Early Issues

BABY IS SLEEPY

- After the first hour of birth most babies are sleepy for the first 24 to 48 hours
- Keep baby **Skin to Skin** as much as possible
 - Stimulates the baby's instinct to feed
 - Makes it easier to notice early feeding cues
- Attempt to feed every 2 hours during your waking hours
 - If the baby is not waking for feeds, she/he will often feed during dreaming
 - ✓ Look for signs of dreaming – changes in breathing pattern, making faces, moving
- If baby will not wake for feeding, hand express drops into the baby's mouth, or on to your finger and then put the drops into baby's mouth
 - Wash hands first
 - Do this every 1 to 2 hours until the baby feeds
 - Ask your nurse, lactation counselor/consultant for instruction on hand expression
 - See "Hand Expression Tutorial LPCH Stanford" on YouTube
- If baby is not breastfeeding by 24 hours, start breast pumping with double electric pump
 - If your milk is not coming out with the pump, continue for stimulation AND
 - Continue hand expressing as previous



Sore Nipples

Prevention

- Look for early feeding cues, do not wait for fussing/crying – baby will be less hungry & suck will not be as strong
- Feed frequently and on demand – baby will be less hungry & suck will not be as strong
- Avoid artificial nipples – early feeding cues may get missed & baby sucks differently on these
- Make sure latch is wide and asymmetrical with flanged lips
- If there is discomfort beyond the first 30 seconds to 1 minute, ask for assistance
- Break baby's suction before un-latching
- Hand express your own colostrum/milk on to nipples and allow to air dry

Interventions

- Hand express your own colostrum/milk on to nipples and allow to air dry
- May use coconut oil
- May use lanolin if you are not allergic to wool
- Warm, wet compresses may be soothing
- If pain is not decreasing or getting worse after you have gone home, make an out-patient appointment with a lactation consultant
- Ask your Dr. about a prescription for "Jack Newman's All Purpose Nipple Ointment" if you have very damaged nipples – infected, or yeast infected



Hand Expression

- Hand expression is often more effective to remove colostrum than using a pump
- Hand expressing 5 times a day, in addition to breastfeeding, can increase milk production and help 2nd milk/mature milk come in faster
 - The more that breasts are emptied, the more milk they milk
- Wash Hands
 - Prevents infection to breasts
 - Prevents infection to baby
- Place hand/fingers approximately ½ to 1 inch back from areola
- Press back towards your body – will feel firmer glandular tissues
- Continue backward pressure, compress breast, allow hand/fingers to roll forward toward nipple
- Repeat – may take several compressions to produce milk
- Every woman has slightly different optimum compression location
 - Try different placement of hand/fingers in relation to the areola/nipple
 - Try rotating hand/fingers
 - ✚ See “Hand Expression Tutorial LPCH Stanford” on YouTube



Use of Breast Pump

Wash Hands

- Prevents infection of breasts
- Prevents infection of baby

Make sure flange fits properly

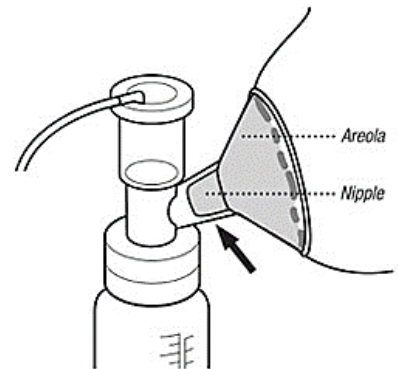
- If flange is too small, nipple will rub in the sides causing soreness and/or damage
- If flange is too big, too much breast tissue will get pulled in

During Colostrum Phase

- May use for stimulation and emptying if baby is not breastfeeding well for 24
- May not get any colostrum out because it is thicker than mature milk
- Use quickest cycles on pump – to mimic baby’s sucking during this phase
- Use strongest suction that is **comfortable**
- Pump for 10 to 15 minutes each side

Mature Milk

- Use quickest cycle at first
- After milk “lets down” – begins to come out fast – slow the cycles down
 - Some breast pumps do this automatically
 - This mimics baby’s slower sucking because they are swallowing with every suck
- Continue until milk stops dripping or for 20 to 30 minutes – whichever comes first
 - There are often multiple “let downs” during a feeding/pumping session



ENGORGEMENT

Signs/Symptoms

- Very hard, painful breasts
- Baby may be having difficulty latching
- May have difficulty emptying breasts during feedings, with hand expression, or with pumping

Prevention

- Breastfeed frequently – emptying the breasts help to prevent engorgement
- Avoid artificial nipples – pacifiers or bottles
 - may miss feeding cues
- Avoid supplementing with formula – may miss an opportunity to empty the breast

Interventions

- Apply cold between feedings
 - Ice pack
 - Bag of frozen vegetables
 - Cold cabbage leaves
 - Wash cabbage leaf before applying
 - Crush with your hands or a rolling pin before applying
 - Only use if you have too much milk
- Warm, wet compress just before feeding/pumping
- Gentle hand massage before
- Hand expression or pumping before feeding
 - May need to soften breast so that baby can draw the breast into his/her mouth
- Gentle hand massage or breast compression during feeding – to assist with release of milk
- May pump to comfort after feeding, but do not empty
 - Because of supply and demand, if you empty the breast you will continue to make too much milk
- Occasionally there is so much swelling that nothing will come out of the breast
 - Keep cold on all the time
- May take ibuprofen for comfort and to decrease swelling if you are not allergic to it, or have any other contraindications.
- Make an appointment with a lactation consultant / lactation counselor





CREATING A RESERVE SUPPLY OF BREASTMILK

Wait 3 - 4 weeks before pumping to store milk. Only pump 1 – 2 times a day about 30 to 60 minutes after breastfeeding baby. If you pump too frequently, the baby will be hungry and you may stimulate your breasts to over-fill. If you pump too close to the next feeding time the baby will be hungry. You may need to pump for a few days to save enough milk for 1 feeding.

If you are not using pumped breastmilk within 6 hours, put it in the refrigerator right away. If you want, you can refrigerate your next pumping until chilled, and add it to the milk that is already chilled. Be sure to mark stored breastmilk with the oldest date/time. Freeze milk that you will not be using within 1 week. Be sure to place milk in the back of the refrigerator/freezer, so it does not warm up when the door is opened.

When you are away from your baby, try to pump as frequently as you would be breastfeeding, every 2 – 3 hours. Some women are able to maintain their milk supply by pumping only when full, others have to pump more frequently to maintain their supply.

Suggestion for warming milk up: You can purchase a commercial bottle warmer that will keep warm water ready whenever you need to warm/thaw milk. If you have a crock pot, you can put water in it and keep it on low to warm/thaw milk whenever you need it. **NEVER MICROWAVE BREASTMILK!**

- ✓ It can create hot spots which cause burns and alter the milk's natural properties.

There is conflicting research on re-using a bottle of pumped breastmilk after a baby has fed off of the bottle. For this reason, we recommend throwing away the un-used portion of milk if not completed within 1 – 2 hours.





Average Weight Gain During the First Year

Baby's Age	Average Wt. Gain/Week	Average Wt. Gain/Month
Birth to Day 4	Less or Equal to 10% Birth wt. Loss	n/a
Day 4 to 4 Months	4 - 9 ounces	1 - 2 pounds
4 - 6 Months	4 - 5 ounces	1 - 2 pounds
6 - 12 Months	2 - 4 ounces	1 pound

Referenced from kellymom.com, askdrsears.com, Ill.org

Average Breastmilk Intake During the First 6 Months

Baby's Age	Average / Breastfeed	Times / 24 hours	Average / 24 hours
1 Day	drops - 7 milliliters	6 or more	7mL - 4 ounces
2 Days	5 - 15 milliliters	8 - 12	1 ½ - 11 ounces
3 Days	15 mL - 1 ounce (30 mL)	8 - 12	3 - 26 ounces
Day 4 - 1 Week	1 - 2 ounces	8 - 12	10 - 26 ounces
2 - 3 Weeks	2 - 3 ounces	8 - 12	20 - 26 ounces
4 - 5 weeks	3 - 5 ounces	8 - 12	25 - 35 ounces
1 - 6 Months	3 - 5 ounces	8 - 12	25 - 35 ounces
3 - 5 Months	3 - 5 ounces	8 - 12	25 - 35 ounces
6 Months	3 - 5 ounces	8 - 12	25 - 35 ounces

Referenced from: babycentre.co.uk, kellymom.com, "New Moms Who Express Milk by Hand Breastfeed Longer, UCSF Study Finds" by Juliana Bunim



Storage Guidelines

Location	Temperature	Duration	Comments
Countertop, table	Room temperature up to 77 degrees Fahrenheit (F)	6 - 8 hours	Cover container Keep as cool as possible
Insulated Cooler Bag	5 to 39 degrees F	24 hours	Limit opening cooler bag Keep ice packs in contact with milk containers
Refrigerator	39 degrees F	5 days	Store milk in the back of the refrigerator
Freezer			
Freezer compartment of refrigerator (no separate door)	5 degrees F	2 weeks	Store milk in the back of the freezer so it does not warm up when the door is opened
Freezer compartment of refrigerator With separate doors	0 degrees F	3 to 6 months	
Chest or Upright Deep Freezer (No attached refrigerator)	Minus 4 degrees F	6 to 12 months	

Referenced from Academy of Breastfeeding Medicine Princeton Junction, New Jersey: Academy of Breastfeeding Medicine