

UW Medicine

# Breastfeeding

*In the hospital and at home*



*December 2017*



UW Medicine

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*Breastfeeding*

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## Your Breastfeeding Plan of Care

### *What to expect*

*This handout explains our basic plan of care for helping you breastfeed your new baby.*

At UW Medical Center, we follow “Ten Steps for Successful Breastfeeding” created by the World Health Organization and UNICEF. As part of these steps:

1. We created and follow a written breastfeeding policy.
2. We have trained our healthcare staff to implement this policy.
3. We tell pregnant women about the benefits of breastfeeding.
4. Breastfeeding is begun within an hour of birth.
5. We show mothers how to breastfeed.
6. Infants are given only breastmilk unless there is a medical need.
7. Mothers and infants stay in the same room.
8. We encourage mothers to breastfeed on demand.
9. We do not offer any artificial teats or pacifiers to the baby.
10. We refer mothers to breastfeeding support groups.



*Breastfeeding provides the perfect food and loving care only you can give.*

### **Why is breastfeeding important?**

- When you breastfeed your baby, you are giving a perfect food and the loving care that only you can provide. You are giving a gift



For helpful videos about breastfeeding, visit the Global Health Media website at [globalhealthmedia.org](http://globalhealthmedia.org). Click on “Our Videos” and then on “Breastfeeding.”

Here are just a few of the video titles:

- *Breastfeeding in the First Hours*
- *Positions for Breastfeeding*
- *Attaching Your Baby at the Breast*
- *Is Your Baby Getting Enough Milk*
- *Increasing Your Milk Supply*
- *How to Express Breastmilk*
- *Storing Breastmilk Safely*
- *What to Do About Nipple Pain*

that will last a lifetime. Breastfeeding reduces your baby’s risk for infections, cancers, obesity, and SIDS (sudden infant death syndrome).

- The skin-to-skin contact that happens during breastfeeding helps with *bonding*, the close relationship forming between you and your baby. Even if your baby is not yet ready to latch onto your breast, we encourage early skin-to-skin time because it is very good for your baby to feel the warmth of your body. It is good for you, too. While you are breastfeeding, hormones are released that can help you feel relaxed and calm. These hormones also help your uterus to contract as you recover from giving birth. When your baby sucks and takes the *colostrum* (first milk) from your breast, your breasts respond by increasing the amount of milk.
- If you can’t be near your baby because your baby is being cared for in the Neonatal Intensive Care Unit (NICU ) or Progressive Care Nursery (PCN), we will help you hand-express or pump. This will help your milk increase.
- Some parents worry that the early colostrum is not enough for their baby. But the small amounts of colostrum are packed with important nutrients that fight infection and help your baby maintain blood sugar. Colostrum also helps your baby pass their first bowel movements.
- Talk with your nurse about how to time the care you need around your baby’s need for feedings.

## **What can I expect while I am in the hospital?**

- Most parents are tired after giving birth. Do your best to sleep when your baby sleeps.
- By the time you arrive on the Mother Baby Unit, you will probably have already put your baby to your breast. You may notice that your baby was wakeful for an hour or more right after birth and then may have entered a long sleep period. Most babies sleep a lot in the first day, but each baby is different. Your baby’s first feedings can be short or long, often or less often.
- The nurses and patient care technicians are trained to help you learn to breastfeed. As needed, they will give you valuable information and support.



One of your baby's feeding cues is moving their hands to their mouth.

- As you get to know your baby, your nurses can help you learn your baby's sleeping, waking, and feeding cues. (See the chapter "Getting to Know Your Baby's Body" in this workbook.) Breastfeeding goes best when you put your baby to your breast as soon as you see feeding cues:
  - Mouth and tongue moving
  - Hands to mouth

Sometimes a baby is sleepy and you may not see feeding cues. If your baby is sleepy, we encourage you to bring your baby to your breast about every 3 hours.

- When you bring your baby to your breast:
  - Unwrap your baby, and put your baby skin to skin.
  - Then, hand-express a little milk at your baby's mouth.

This is a way to encourage your baby to wake up and feed. It also gives good hormone messages to your breasts, which helps with milk production. Hand expression is a helpful skill at different times through breastfeeding. It is easy to learn. Your nurses can help.

- Sometimes the natural act of breastfeeding can feel awkward. We are here to help you! Both you and your baby are learning a new skill. See the chapter "Attaching Your Baby to Your Breast" in this workbook for ways to help your baby deeply attach to your breast.
- Your nurse will check on how your baby is *latching* (how your baby's mouth takes your breast). At the beginning of the nursing shift, your nurse will ask you how feeding is going, ask you how you want to be helped, and make a plan with you to call when you are feeding.
- A deep latch and carefully detaching your baby's mouth are the secrets to preventing sore nipples and helping your baby take milk from your breast. See the chapter "Sore Nipples" in this workbook to learn more about preventing and treating sore nipples.
- Our lactation consultants will visit mothers who have had breast surgery, are having a hard time feeding, or have babies who are preterm or in the NICU or PCN. Please tell your nurse if you want to visit with a lactation consultant.

## What can I expect at home?

During your first week at home, many changes in breastfeeding will occur. For most mothers, this is when their milk fully “comes in.”

- To learn more about the next stages of breastfeeding, see the chapters “Common Concerns About Breastfeeding” and “Comfort Measures for Breast Engorgement.”
- To assess how your breastfeeding is going, see the chapter “How Is Breastfeeding Going?”
- For a list of breastfeeding resources, see the chapter “Breastfeeding Resources.”

Take time to look at these chapters while you are in the hospital. Doing so will help you remember to read those chapters if you need them later.

## Before You Go Home

Before you take your baby home, be sure you can check off each of these items:

- I can latch my baby to my breast, either by myself or with my helper.
- I know how to take care of nipple pain and what to do to lessen the pain.
- My baby’s weight loss is in the “normal” range.
- I have set up a well-baby checkup with my baby’s care provider for when my baby is 3 to 4 days old.

We are committed to giving you the help you need to meet your goals for breastfeeding! If you have any questions, please ask us.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

### Questions?

Your questions are important. If you have questions about breastfeeding, please call Lactation Services: 206.598.4628.



## Attaching Your Baby to Your Breast

*Laid-back, cross-cradle, football, and side-lying positions*

*This handout describes 4 positions for breastfeeding: laid-back, cross-cradle, football hold, and side-lying.*

Breastfeeding is the healthiest way to feed your baby. It is also a skill that takes time and practice.

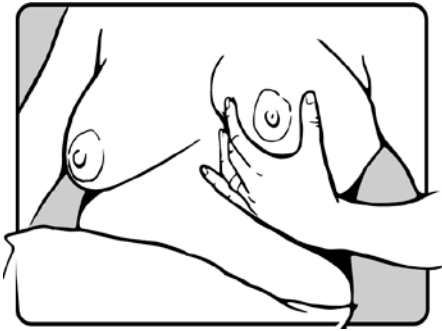
The key to good breastfeeding is deep attachment (“latch”) of your baby’s mouth to your breast. Finding the breastfeeding position that works best for you and your baby may take effort from you, your baby, and your helper. Your nurses are ready and happy to help you, too!



*Good attachment or “latch” is the key to successful breastfeeding.*

### Tips for Any Position

- Start with a calm baby. If your baby is crying, calm them down by holding them upright, rocking them gently, or giving them your clean finger to suck on.
- “Tune in” to your baby. Put down your phone, have both hands free, and sit or lie so that you feel comfortable.
- Gently touch your nipple tip to your baby’s lips. Doing this encourages your baby to lift and turn their head toward your breast. It also helps your baby’s mouth to open wide.
- Aim the tip of your nipple to the roof of your baby’s mouth.
- Make sure your baby’s mouth goes around some of your breast, not just your nipple.



Getting ready to express drops of milk, with hand in a “U” shape at your breast.



Sandwiching the breast.

- If your baby is not opening their mouth wide, try to express a drop or two of milk. This tells your baby you are ready to breastfeed. To express drops of milk:
  - With your hand scooped under your breast, place your finger and thumb in a “U” shape on the edge of your *areola* (the dark area around your nipple). See drawing at left.
  - While pressing your fingers and hand into your breast, move your fingers toward your thumb and hold for a few seconds. Do this motion several times to start milk dripping or flowing. Then rotate your thumb and finger to a “C” position. Repeat.
- For best latch, while your baby is sucking:
  - The tip of their nose should be close to or touching your breast
  - Their chin should be pressed in deep
  - Their lips should be rolled out
- Many mothers need to use their hand to support and shape their breast to keep it “sandwiched” while their baby is attaching and feeding. See drawing at left.
- Sucking is usually rhythmic. Your baby will pause for a short time and then have more bursts of sucking.
- When your baby is done, they will stop sucking and usually let go of your breast.
- When your baby is latched onto your breast correctly, you will probably feel a strong pulling. If you feel any discomfort, it should lessen after the first few sucks.
- If you still feel strong discomfort after 30 seconds, your baby is probably not latched correctly. If this happens, it is best to stop and help your baby get a better latch. If you need to try again, break suction by sliding your index finger into the side of your baby’s mouth.



Laid-back position

## Common Positions for Breastfeeding

Here are 4 common positions for successful breastfeeding. Note that some positions require a helper in the beginning. Wait until you have someone to help you before you try those positions.

### Laid-back Position

The *laid-back* position can help you feel more comfortable with your baby. It also helps your baby's natural breastfeeding instincts to become active. In this position, you can watch and help your baby as needed.

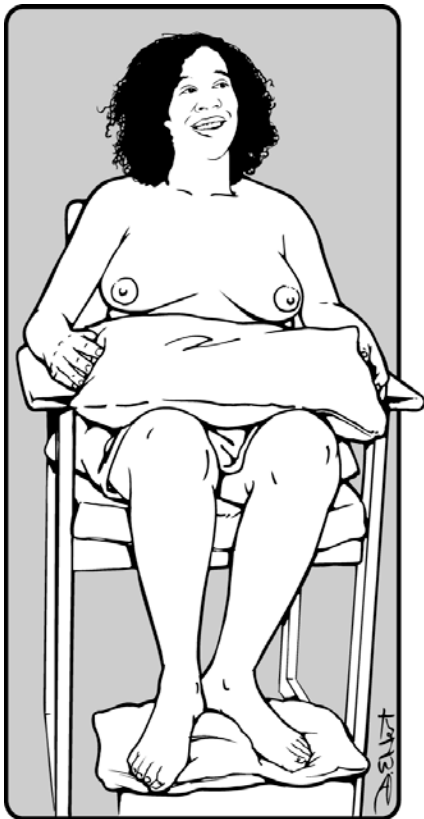
To use the laid-back position:

- Find a bed or couch where you can lean back and be well supported. Do not lie flat, but just easily lean back.
- Make sure your head and shoulders are well-supported. Use a pillow, the bed, or a chair with a high back.
- When you put your baby on your chest, give support with one or both arms. Your baby's body should be nested into yours. Make sure that the whole front of their body is against your front.
- Let your baby's cheek rest somewhere near your bare breast. Watch for signs of being ready to feed. You may see your baby's:
  - Mouth or tongue move
  - Hands move to the mouth
  - Head bob around, looking for your nipple
- Help your baby as much as you like. You're a team!
- You may or may not need to hold your breast.
- Relax and enjoy each other.

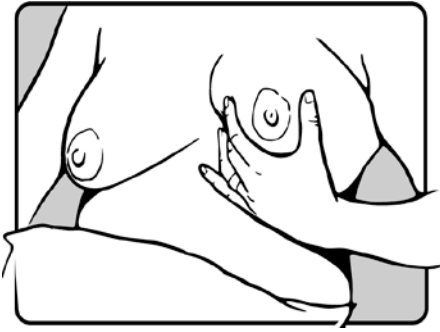
### Cross-cradle Position

The *cross-cradle* position can be helpful if you are having a hard time with latching. It lets you support, prepare, and compress your breast so it will fit better into your baby's mouth. This position also allows you to support and control your baby's head.

Most mothers find that cross-cradle works well for either breast, but here we will describe it for your **left** breast. It is best to have



Mother sitting up, getting ready to feed her baby in cross-cradle position.



*Form a “U” shape at your breast with your hand.*

someone to help with pillows and your baby. Your helper can also tend to your baby while you get settled.

Follow these steps in the order they are written, from start to finish:

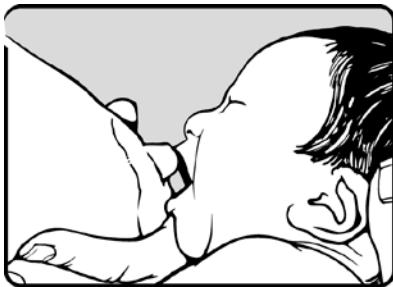
- Sit up as straight as you can in bed or in a chair. Take the time to make sure you are comfortable and relaxed. If needed, sit on a pillow or use some extra back support.
- Place 1 or 2 pillows on your lap. You may need 2 pillows since your baby needs to be at the same level as your breasts.
- If you are sitting in a chair, make sure your feet touch the floor and your knees are bent at right angles. This provides a stable place for your baby to lie. Having a footstool or a box under your feet can help.
- Scoop up your left breast with your left hand. Position your hand under your breast, with your left thumb pointing up along the outer edge of your areola.
- Curve your index finger around the inner edge of your areola. This forms a “U” shape with your hand (see drawing at left). This will help you shape your breast to fit in your baby’s mouth.
- If you hold pressure for a moment, you may see some milk. Your baby will smell and taste it. This helps your baby focus on feeding.
- Have your helper stand by your right shoulder. Your helper can place your baby (without blankets) on the pillow(s) on your lap. Make sure your baby is side-lying, with your baby’s nose right across from your left nipple.
- Place your right hand on your baby’s upper back. Do **not** put your right arm all the way under your baby. Your right thumb and fingers will hold near your baby’s ears and your hand will support their neck (see drawing below).



*Your hand will support your baby’s upper back and neck.*



*Sandwiching the breast, with baby rooting.*



*When your baby's mouth is open the widest, use your hand to bring their body toward you.*



*A mother's view of baby in cross-cradle hold.*

- Hold your baby so that their nose is tipped up just a bit. This is sometimes called a “sniffing” position. Your baby’s arms can be free to “hug” your breast, one on either side. Let your baby’s body stretch out on the pillow.
- Your right arm supports from behind. This lets you hold your baby close, skin-to-skin.
- Do not be in a hurry to get a latch. Breathe and relax.
- Hold your baby’s head so that their mouth is just close enough to tickle their upper lip with your nipple (see drawing at left). This often makes babies open their mouth wide as they search for the breast. This searching, with tongue down and mouth wide, is called *rooting*. Your hand stays in the “U” position.
- Compress your breast by moving your finger and thumb together as you did to express the drops of milk. This is called “sandwiching” the breast.
- During rooting, when your baby’s mouth is open the widest and their tongue is forward, use your right hand to quickly pull your baby forward. Press on your baby’s back with your hand. This will bring your baby’s body toward you (see drawing at left).
- Help your baby lead with their chin. Keep your baby’s body uncurled in the slight “sniffing” position. Most times, your baby will take in a big mouthful of breast.
- It might take several tries for your baby to latch on well. If you need to try again, break suction by sliding your index finger into the side of your baby’s mouth.
- You will know your baby is latched on when you feel a strong rhythmic pulling. If you are not sure your baby is latched on well, try letting their head come away from your breast just a little bit. A baby who is latched on well will not let your nipple slip out.
- When you have a good latch:
  - Your baby’s chin is pressed into your breast.
  - Your baby’s lips are curled out.
  - The tip of your baby’s nose is touching your breast.
  - More than just your nipple is in your baby’s mouth.



*Baby in football position.*

### **Football Position**

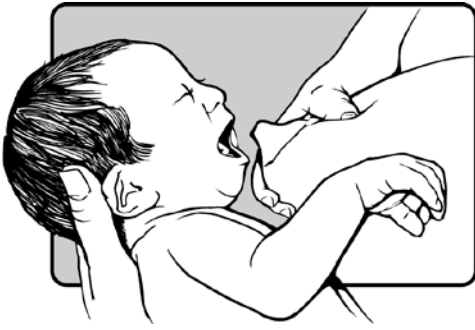
Football position is another position that can be helpful if you are having a hard time with latching and other positions are not working. Follow the steps given in the order they are written, from start to finish.

The football hold gives you more control of your breast and your baby's body. It can also work well if you are feeding twins.

Football position works best when you are sitting up very straight. This way, a helper can easily see what is happening.

Again, we will explain the position using your **left** breast as an example. It is best for your helper to stand by your left side.

- Sit up straight in a chair. Place 1 or 2 pillows between your body and your elbow on your left side. Football position is uncomfortable if your baby is too low.
- Scoop up your left breast with your right hand. As your fingers hold your left breast, place your thumb on the upper edge of your areola. Your fingers should be parallel to (in the same line as) your baby's lips.
- With your hand in this position, try to **express drops of milk by pressing your finger and thumb in toward your chest, then together behind the areola.**
- If you hold that pressure for a moment, you will probably see some colostrum or milk. Your baby will smell and taste that milk. It will help your baby focus on feeding.
- Have your helper pass you your baby. Place your baby on the pillow(s) with their feet toward the back of the chair and their head in your left hand.
- Make sure your baby's body is turned toward your breast and firmly supported on the pillow. Your right thumb, still holding your left breast, should be across from your baby's nose. Your index finger should be across from your baby's chin.
- Do not try to hold your baby on your arm. Instead, slide your left hand down to hold the base of their neck, with your thumb and fingers grasping close to their ears (see drawing at left).



*“Sandwiching” the breast in football position while the baby is rooting.*



*Feeding in football position.*

- Your baby’s nose should be tipped up just a bit in this hold. This is sometimes called a “sniffing” position.
- Your baby’s arms can be free to “hug” your breast, one on either side.
- Do not be in a hurry to get a latch. Breathe and relax.
- Hold your baby’s head so that their mouth is just close enough to tickle their upper lip with your nipple. This often makes babies open wide as they search for the breast. This searching, with tongue down and mouth wide, is called *rooting*.
- Compress your breast by moving your finger and thumb together as you did to express the drops of milk. This is called “sandwiching” the breast (see drawing at upper left).
- During rooting, when your baby’s mouth is open the widest, aim your nipple toward the roof of their mouth (see drawing at upper left).
- Use your left hand to bring your baby’s shoulders and face in close. This will cause your baby’s chin to land on the underside of your breast (see drawing at lower left).
- Quickly finish moving their mouth onto your breast.
- Your baby’s top lip should come up beyond your nipple and curl onto your areola.
- It might take several tries before your baby gets hold of your breast. You will know your baby is latched on when you feel a strong rhythmic pulling.
- For a good latch, make sure that:
  - Your baby’s chin is pressed into your breast.
  - Your baby’s lips are curled out.
  - The tip of your baby’s nose is close to your breast.
  - More than just your nipple is in your baby’s mouth.
- If you are not sure your baby is latched on well, try letting their head come away from your breast just a little bit. A baby who is latched on well will not let your nipple slip out.

## **Side-lying Position**

*Side-lying* position can be helpful for moms who need to lie down for a feeding. At first, you will need a helper for this position. This is because you will have less control of your baby's head and less control of your breast. In the hospital, you can ask your nurse help you with this position.

This is usually not the best position to try if latching is a problem. Later, when your baby has learned to latch and breastfeeding is going well, side-lying position is great for night feedings or resting during feedings. Do **not** sleep when your baby is at your breast.

Here we will describe the position for your **left** breast. You will need 3 pillows and a helper.

- Lie down flat on your left side with a pillow under your head. Turn so far onto your left side that your left breast is on the bed.
- Have your helper place a pillow firmly behind your mid-to-low back.
- Bring your right leg forward a little and bend your knee. Have your helper place a pillow under your knee.
- Curl your left arm up and place your hand by your face or under the pillow.
- Now your helper can place your unwrapped baby on their right side on the bed in front of you. You and your baby should be tummy-to-tummy.
- You can place your right hand behind your baby's shoulders or their bottom. Pull your baby in close. This helps your baby be in the "sniffing position." You may need your helper to "sandwich" your breast while you wait for your baby to latch.
- When your baby is rooting and their mouth is open the widest, quickly guide your baby forward and onto your breast. Help your baby get a big mouthful of breast. It may take several tries to get a good latch.
- When you have a good latch:
  - Your baby's chin is pressed into your breast.
  - Your baby's lips are curled out.
  - The tip of your baby's nose is close to your breast.
  - More than just your nipple is in your baby's mouth.





To watch a video about breastfeeding positions, visit [globalhealthmedia.org](http://globalhealthmedia.org).

Click on "Our Videos," then on "Breastfeeding," then on "Positions for Breastfeeding."

- Once your baby is latched, you may want to place a small rolled blanket or thick towel behind your baby for support (see drawing below).



*A rolled blanket supports the baby's back in the side-lying position.*

### **Practice Makes It Easier**

Working on the latch in the first week or so is worth the effort. A good latch can keep you from having nipple damage. And, a baby who is latched well gets more milk from your breast.

After some practice sucking in one of these positions, your baby will probably need less and less help latching. Soon, you will put your baby close to your breast and the latch will happen without any help!

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

## Questions?

Your questions are important. If you have questions about breastfeeding, call UWMC Lactation Services: 206.598.4628

## Sore Nipples

### *How to lessen nipple pain from breastfeeding*

Sore nipples are common in the first week after birth. Usually, they hurt at the start of a feeding and then feel better as the baby keeps sucking. The soreness is usually worst on the 3rd or 4th day, and starts to get better after that.

### Self-care

Before and after feedings, check your nipples to see if the skin is dry or irritated, or if you have scabs. If your nipples are sore, do these things **before** you put your baby to breast:

- Apply warm, wet compresses for a few minutes.
- Massage the *areola* (the dark area around your nipple). This will soften the area, make your nipple stand out, and express a few drops of milk.

Even before your milk volume increases, hand-expressing milk can help prepare your breasts for a feeding. To learn more, visit <http://newborns.stanford.edu/Breastfeeding>.

### During Feedings

Making sure your baby attaches deeply to your breast can help reduce nipple pain. Position yourself and your baby carefully every time you breastfeed. Wait until your baby's mouth is wide open, then quickly pull your baby onto your breast. Read the chapter "Attaching Your Baby to Your Breast" in this workbook.

If nursing hurts after 1 minute, stop. Put your finger in your baby's mouth and break the latch and start again. If your baby doesn't attach easily, call us for help.



*The key to reducing nipple soreness is making sure your baby attaches deeply to your breast.*

After your baby has been feeding for about 10 minutes, watch for changes in your baby's sucking. When there are long pauses and very little sucking, compress and massage your breast to see if your baby will suck more. If your baby does not suck more, break the suction and end the feeding. Comfort nursing is not a good idea while your nipples are sore.

## After Feedings

If your nipples are sore or misshapen after feeding, your baby may not be attaching deeply enough to your breast. See the chapter "Attaching Your Baby to Your Breast" in this workbook. And, please call Lactation Services for help with position and latch.

To ease soreness after feeding, apply a thin coat of ointment to your nipples. Try ointments like Lansinoh, Mother Love, or Purelan, or cooking oil like olive or safflower oils. You do not need to wash these ointments or oils off if you wait at least 30 minutes before breastfeeding again. To remove the ointment or oil, dab your nipples gently with a warm, wet washcloth, or soak them for a minute in warm water.

## Cracked or Broken Skin

Between feedings, you may use a gel-pad product such as **hydrogel** pads. These are water-based pads that can help heal damaged skin. Wear the pads between feedings. The pads can stay moist for at least 24 hours.

- When you are breastfeeding, place the pads gel-side down on your chest or arm.
- When you're not using the pads, store them in a plastic bag that seals. This helps them stay moist so that you can reuse them. Some moms like to chill them in the refrigerator for extra relief.

You can buy hydrogel pads online or at some maternity stores and many drugstores. Byram Medical Supplies also carries them. Call 800.456.3500 or visit [www.byramhealthcare.com](http://www.byramhealthcare.com).

### When to Call

Call Lactation Services if:

- You have pain during the entire feeding.
- The pain is not getting better by 5 days after birth.
- You have oozing, redness, or deep cracks.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

## Common Concerns About Breastfeeding

*Breastfeeding is healthy and natural. So are the questions and concerns that you may have about it.*

*Whether you just decided to breastfeed or you have always planned to do it, you may have questions. Even mothers who have breastfed their other children may now have a baby who feeds differently.*

Your friends or family may give you *advice* about breastfeeding. We think giving you correct *information* is also very helpful as you make the best feeding choices for your and your baby.

This chapter talks about the most common breastfeeding concerns and questions.

**Remember that we are here to help.** If you have any concerns about breastfeeding, no matter how small, call Lactation Services at 206.598.4628. A lactation consultant can talk with you over the phone or meet with you in person.



*We are here to help. If you have any concerns about breastfeeding, no matter how small, call Lactation Services at 206.598.4628.*

### **I am not sure my baby is getting any milk.**

When your baby is breastfeeding, listen closely for the sound of swallowing. At first when your breasts are making small amounts of early milk, called “colostrum,” you may hear your baby swallow occasionally. In a few days, your breasts will make a lot more milk and you will hear your baby swallow more loudly and very often.

### **I don't know if my baby is getting enough milk.**

One way to tell if your baby is getting enough milk is to count wet and dirty diapers:



*“Breastfeeding is rewarding. Fun, easy, and FREE! It is also the best food your baby can get.”*

*“I wish someone had told me it can take work. Even though it felt natural, it took work to get a routine down and for both of us to learn how to breastfeed well.”*

## **Wet Diapers**

Look for at least:

- 1 wet diaper on the 1st day of life
- 2 on the 2nd day of life
- 3 on the 3rd day of life

Once your baby is 5 days old, your milk volume will increase and you will probably see at least 5 to 6 wet diapers each 24 hours.

## **Dirty Diapers**

During the first few days after birth, your baby will most likely have **at least** 1 or 2 bowel movements every day. These will start out dark and sticky and then turn brownish-green and soft. Once your baby is 5 days old, you will probably see at least 4 yellow bowel movements each 24 **hours**. Some babies start to have fewer bowel movements after their first month of life.

Be sure to take your baby to those first follow-up visits for weight checks. **Your baby’s weight is the key factor** that tells us that they are getting enough to eat.

Some babies have a hard time getting enough to eat and do not gain weight as quickly as expected. If this happens, your pediatrician and lactation consultant can work with you and make sure your baby is getting enough milk.

## **Do some foods help me make milk?**

It’s always a good idea to eat a well-balanced, healthy diet and to drink plenty of water. But many cultures suggest certain foods to support a healthy milk supply. Some of those foods are oats and oatmeal, barley, fennel root, beetroot, carrots, yam, sweet potato, dark leafy greens, almonds, sesame seeds, sunflower seeds, chia seeds, flax seeds, coconut, peas, beans, dates, figs, apricots, and papaya.

“Lactation cookies” are tasty and easy to eat as a snack. You can find recipes online that include oats, brewer’s yeast, flaxseed, and more.

To read the handout “Herbs and Foods to Increase Your Breast Milk Supply,” visit [https://healthonline.washington.edu/document/health\\_online/pdf/Herbs-Foods-Increase-Your-Breast-Milk-Supply.pdf](https://healthonline.washington.edu/document/health_online/pdf/Herbs-Foods-Increase-Your-Breast-Milk-Supply.pdf).



*“Just when I was starting to wonder if my baby was getting enough to eat, my milk came in. Then she often slept a little longer after she fed and I could tell she was really getting my milk.”*

*“It’s love that is the most important thing I can give my baby.”*

## **My baby is still fussy or crying, even after being breastfed.**

Babies are often fussy. Sometimes they need burping or just comforting. But, in the first days, some babies need to breastfeed very often. They often do some “cluster feedings,” where they are awake for a couple hours and nursing a lot during that time. Often, after cluster feeding, your baby will sleep.

Mothers have a better milk supply and less engorgement when their babies nurse 8 or more times in 24 hours. Their babies gain weight better and have less jaundice than babies who eat less often.

Almost all babies start crying more when they are about 2 weeks old. Crying keeps increasing until about 6 to 8 weeks of age and then begins to lessen. Most babies, whether breastfed or bottle-fed, spend 2 or more hours a day fussing or crying. This is normal and does not usually mean anything is wrong.

Read the chapter on “Period of PURPLE Crying” in this workbook. Call your baby’s doctor if you think your baby is crying too much.

## **I don’t know how long each feeding should take.**

Watch your baby instead of the clock. Babies let you know that they are finished with a feeding by slowing down their sucking and swallowing. Your baby’s body will become relaxed.

It is best not to interrupt the feeding from the first breast just to get to the other breast during each feeding. When a baby is done feeding from the first breast, they may let go of the nipple and fall asleep. Or, if they want the other breast, they will open their mouth as if searching for the nipple.

After feeding, your baby may need a moment to burp. If your baby still shows feeding cues, then offer the other breast.

A feeding usually lasts about 20 to 45 minutes. Some feedings are shorter and some are longer than this. In the first days, it is normal for your baby to get small amounts of your colostrum. Staying on your breast for long periods can help your baby feel satisfied. It also gives your breast the message to increase milk production.

If your baby is latched deeply on your breast, long feeding sessions do not lead to sore nipples. Prevent nipple soreness with careful latching, *not* by limiting your baby’s feeding time.



*“The main thing that surprised me was how often new babies need to be fed. I thought that every 3 hours day and night was a lot, but I was totally shocked when he demanded MORE feedings for quite some time...”*

*“Don’t let anyone discourage you from doing what’s best for your baby. There are plenty of other mothers out there who can offer support if you need it.”*

## **When should I switch to the other side?**

Let your baby decide when it’s time to switch breasts. If your baby is satisfied, it is fine to breastfeed from just one breast at some feedings. If this happens, start the next feeding on the other breast.

The milk your baby gets after several minutes of feeding from one breast is called *hind milk*. Hind milk is higher in fat than the milk at the start of the feeding. This makes for a well-balanced meal.

## **How often should my baby breastfeed?**

In the first days after birth, some babies seem to be awake and eating most of the time. Others would sleep right through the feedings they need.

In the first week or so, try to breastfeed at least every 3 hours during the day when you are awake. Feed more often if your baby shows feeding cues.

If your baby is still asleep 3 hours from the *start* of the last feeding:

- Undress your baby and check or change the diaper.
- If your baby still doesn’t wake up, let them sleep a little longer, for about 15 to 25 minutes. Watch for feeding cues (mouth movements, bringing hands to mouth, rooting). Breastfeeding will be easier when you see these signs than if you try to wake your baby from a deep sleep.

A good guideline to keep in mind is **at least 8** feedings in a 24-hour period. As babies get older, it gets easier to tell when they need to eat. Then you can depend on your baby to tell you when it is time to feed, instead of needing to watch the clock.

## **I can’t tell if my baby is attached to my breast well.**

For ways to tell if your baby is well attached, see the chapter “Attaching Your Baby to Your Breast” in this workbook.

## **My baby won’t stay attached to my breast.**

Some babies have to learn how to suck well. In the first day or two, you may need to help your baby re-latch a few times.

Sometimes a baby will seem to be on the breast correctly, but will come off easily. If this happens, it may be that your baby didn’t get enough of your breast in their mouth to begin with. Read the





*“The most helpful thing was hands-on help from the nurse.”*

*“I had to return to full-time work at 12 weeks. Having that special connection to my little one, that only I could provide for her, helped me deal with taking her to day care.”*

chapter “Attaching Your Baby to Your Breast” in this workbook for step-by-step instructions.

If attachment goes well at first, but then gets harder on day 3 or 4, your breasts may become more full or engorged. This can change how your baby attaches to your breast. Try hand expressing for a few minutes before offering your breast. This can soften your breast and help attachment work better. Read the chapter “Comfort Measures for Breast Engorgement” in this workbook.

After a few days, most babies have figured it out. When that happens, you will not have to pay such careful attention to how they attach.

### **Can I give my baby a pacifier?**

It is best **not** to give a pacifier at first, since this can lead to breastfeeding problems. If your baby wants to suck, put your baby to your breast. This helps bring in your milk and helps them learn correct sucking at the breast.

In the first few days, you or your family may let your baby suck on your well-cleaned finger for short-term calming. After you have been breastfeeding for a few weeks and your baby is latching to your breast easily and gaining weight, giving your baby a pacifier from time to time should not cause problems with feeding.

### **My baby wants to stay attached all day.**

It is normal and healthy to have your baby in your arms and at your breast much of the time at first. This helps your baby feed often, keeps your baby warm and safe, and helps your milk come in.

By about the 4th day, you will be making more milk and your baby will likely have some longer sleep times between feedings.

### **My nipples hurt.**

It is normal to have some tenderness as you begin to breastfeed. You may feel some pain right after your baby latches. As your baby gets into the rhythm of sucking, you will feel strong pulling, but it should not be painful.

If sucking is still painful after you count slowly to 10, use your finger to break the suction and start over. Some babies have to learn to suck the right way. The more times they practice it right, the better they learn.



*“We had several nights of trying to work out the proper latch. She would get frustrated and then wouldn’t try. My advice is to stick with it.”*

*“I had a friend visit me a month after I had the baby, when I thought nursing was getting better. And she told me that it seems crazy but it is going to get even easier in a couple of months, and she was totally right.”*

Letting your baby suck when it causes you pain is not good for you or for your baby. Ask for help if your baby’s sucking causes you pain.

When your milk increases after a few days, your nipple tenderness will likely lessen. But, call the lactation consultant if:

- Your pain does not seem like normal discomfort
- Your pain does not go away when your milk increases
- You have skin damage

If you have both breast pain and a fever, call your doctor or midwife. Read the chapter “Sore Nipples” in this workbook.

### **My breasts hurt.**

Breasts often become engorged around the 2nd, 3rd, or 4th day after birth. This means your milk volume is increasing. Call the lactation consultant if it is after the expected engorgement time and you:

- Have pain in one breast
- Feel a lump that does not soften after breastfeeding a few times

We will help find out what might be going on. (See the chapter “Comfort Measures for Breast Engorgement” in this workbook.)

### **What if my baby was born preterm?**

Full-term babies are born with extra fat and fluid that are meant to last until their mother’s milk supply increases, by about the 3rd day. Preterm babies are born before they have a chance to store this extra fat and fluid.

Preterm babies can also be too sleepy to feed well, or they may not yet have developed strong sucking. For those reasons, some preterm babies need extra milk or formula until their mother’s milk has increased.

We can help you express or pump to help stimulate your breasts and increase your milk supply.

### **I have trouble breastfeeding in public.**

In the first weeks, many women do not feel comfortable breastfeeding in public. You may be working on the latch, or helping your baby learn. You may need to open up your clothes to see that your baby is in the right position.

As you and your baby get better at breastfeeding, you will most likely find that you are thinking less about how you do it. Your baby will find your breast with only a little help. Breastfeeding in public may feel more comfortable then.

To make it easier to breastfeed in public:

- Practice at home first. Ask your partner or a trusted support person to help you find positions or coverings that work for you.
- The first time you try breastfeeding in public, have a support person with you to help.
- Wear tops that open wide or lift from the waist. Or, you can buy tops that are designed for nursing. These are carried at maternity stores and online. You can also buy nursing bras that you can open with one hand.
- Cover yourself with a blanket, shawl, or large scarf. Or, you can use a nursing cover, which is a light blanket with a strap that goes around your neck. A nursing cover lets you easily see your baby. It also gives you some privacy.
- Think about getting a windshield screen for privacy if you need to breastfeed in your parked car.

Over time, you may find that you become more comfortable breastfeeding in public. You might also add to a healthy, breastfeeding-friendly culture in your community.

Some women just decide that private breastfeeding works best for them. If this is true for you, find private places to nurse when you are away from home. A dressing room at a clothing store is a private place where you can breastfeed. And, many stores have nursing rooms or women's lounges where you can nurse in privacy and comfort.

## **I'm tired. Can I feed my baby a bottle?**

UNICEF and the World Health Organization advise *exclusive breastfeeding* as the best feeding for babies. This means that a baby is fed **only** from the breast, using no bottles or cups and taking no formula.

**It is best to avoid bottles for the first 4 to 6 weeks.** Studies show that giving a bottle too early can cause problems with breastfeeding, even if you use your expressed milk. This is because:

- The mother’s milk production falls.
- Many babies do not nurse as well after being given a bottle.
- Many women stop breastfeeding before they planned to.

### **What if my baby cannot breastfeed well?**

There are some babies who cannot breastfeed well. These infants will need to take milk a different way. The lactation consultants can help you find ways to help make sure those babies are fed well.

If you need to give your baby a bottle:

- Try to express or pump milk at about the time your baby would be eating. This will help you keep up your milk supply.
- Talk with the lactation consultant. We can help you meet your breastfeeding goals.
- Read the chapter “Expressing and Storing Breast Milk” in this workbook.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

### **Questions?**

Your questions are important. Call Lactation Services if you have questions or concerns:  
206.598.4628

## Comfort Measures for Breast Engorgement

*What you can do*

### What is engorgement?

On about the 3rd day after birth, your breasts may feel hard and swollen. This is called *engorgement*. It may feel like a crisis, but most times it only lasts a couple of days. It usually resolves as your milk begins to flow more readily.

### Tips

#### Feed Your Baby

If you can, wake your baby for feeding every 2 hours. Nursing more often may help ease breast engorgement.



*Nursing more often may help ease breast engorgement.*

#### Warm Water

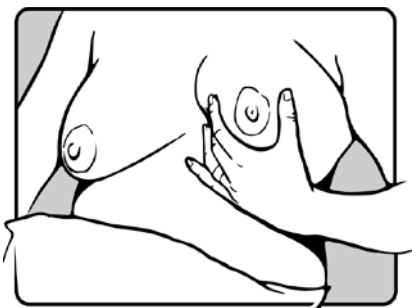
Take a warm shower or bath. While you are in the tub or shower, massage your breasts and let the milk flow out. Then wrap your breasts in warm, wet washcloths. Cover with plastic wrap or disposable diapers to keep the warmth in.

You can also dip your breasts in a basin of warm water. Let the milk flow out.

#### Massage and Hand Expression

Gently massage and compress your breasts (not just your nipples) and try to release some of the extra milk. Try one of these methods:

- With your hand scooped under your breast, place your finger and thumb on the edge of your areola in a “U” shape (see drawing on the next page). While pressing your fingers and hand into your breast, move your fingers toward your thumb and hold for a few seconds. Repeat this motion several times to start milk dripping



Hand at breast in a “U” shape.

or flowing. Then move your thumb and finger to a “C” position and repeat.

- Use an electric massager on a “vibrate” setting.
- Roll a smooth cylinder, like a jar or a rolling pin, from your underarm to your nipple.

There is a helpful online video about breast massage and hand expression at <http://bfmedneo.com/our-services/breast-massage>.

### After Nursing

- Apply cool compresses. Use cooled gel packs, a bag of frozen peas, wet washcloths chilled in the freezer, or cold, raw cabbage leaves.
- Wear a bra **only** if it fits well and feels good. Do not wear one if it digs into you and leaves red marks! If you have a stretchy bra that is designed for exercise, try wearing it during the day. You can also try wearing it to bed if the pain is keeping you awake at night.
- Take a pain reliever like ibuprofen (such as Motrin or Advil). This relieves pain and also reduces swelling. **Note: While you are still bleeding from your vagina, avoid aspirin because it can increase bleeding.**

### If All Else Fails

If nothing works to ease engorgement, use a hospital-quality electric breast pump to remove extra milk. If your baby is nursing well, you may only need to do this once or twice. If your baby is not nursing well, pumping every 2 to 3 hours will help you keep up your milk supply.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

### Questions?

If you have tried the tips in this handout and your engorgement is not relieved within 24 hours, call Lactation Services at 206.598.4628.

## Expressing and Storing Breast Milk

### *Helpful tips*

*If you are having problems with breastfeeding, or if you need to be away from your baby for more than a few hours, hand expressing or pumping can allow your baby to be fed your breast milk.*

Breastfeeding gets off to the best start when babies feed only at the breast for the first month or so. During this time, your baby will learn to attach to your breast and take the amount of milk needed for each feeding. Your breasts respond by refilling and producing the right amount of milk based on how much your baby drinks. Your milk supply adjusts to meet your baby's demands.

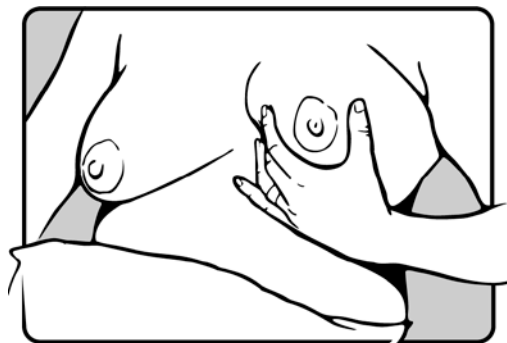
When breastfeeding is going well, there is usually no need to pump. But, when you are sure that your baby is attaching easily, nursing well, and gaining weight, there may be times when you choose to hand express or pump milk for a bottle feeding. Pumping or expressing can be very helpful for working mothers who are away from their babies.

### **Hand Expression**

Hand expression is a helpful skill. With practice, many women are able to take milk out of their breasts very well this way. Some women even learn to express from both breasts at the same time.

Here are the steps to follow when hand expressing:

- First, scoop your hand under your breast. Place your finger and thumb on the edge of your areola in a “U” shape.
- While pressing your fingers and hand into your breast, move your fingers toward your thumb and hold for a few seconds. Repeat this motion several times to start milk dripping or flowing.
- Then move your thumb and finger to a “C” position and repeat.



*To hand express, first place your finger and thumb on the edge of your areola in a “U” shape.*



*A breast pump will help you collect your breast milk quickly and easily.*

To watch a helpful video about breast massage and hand expression, visit <http://bfmedneo.com/our-services/breast-massage>.

### **When should I use a breast pump?**

Most women find that using a good breast pump is the best way to collect milk for bottle feedings. Even if you have a busy work schedule, if you take milk from your breasts often and well, your breasts can keep making all the milk your baby needs.

There are also other reasons for pumping. It is very important to ask for help and start breast pumping if:

- Your baby has lost more than 10% of their birth weight
- You have a low milk supply
- You have nipple pain or breast pain that causes problems with breastfeeding
- Your baby is preterm or in the hospital
- Your baby cannot breastfeed

### **What will I see when I pump?**

As your nipple and surrounding breast are gently pulled into the plastic breast pump set, you will probably see milk drip from several *ducts* (small openings) in your nipple. A *hormone* (a natural substance inside your body) is released early in a pumping session. The hormone *oxytocin* causes the let-down reflex to allow milk to spray from the ducts.

Some women describe a tingling sensation with let-down. The milk looks white and sometimes thin in the first minutes of pumping. It usually looks thicker by the end of the session. It looks different from the clear or yellow colostrum you may have seen in the first days after your baby was born. It is all good milk. Sometimes one breast produces more milk than the other breast. Usually this is not a problem.

### **How often do I pump?**

To keep up your full milk supply when you are away, plan on pumping around your baby's feeding times. Pumping tells your breasts to make the amount of milk your baby needs. Your breasts will start to make less milk if they remain "full" for too



long. This is why you should rarely go more than 4 hours between feedings or pumping sessions in the first 1 or 2 months.

Most women find that 10 to 15 minutes of double pumping will “empty” their breasts. If you are using a single pump, it could take 15 minutes or longer for each side.

## **How do I store breast milk? How long does it keep? Can I freeze it?**

- When you have just expressed your milk and you are going to feed it to your baby within 6 hours, you can leave the breast milk out of the refrigerator, if the room is cooler than 77°F (25°C).
- If you will be using the milk within a week, you can store it in a glass or plastic container in the refrigerator.
- You can store breast milk for 6 months in a freezer that freezes ice cream solid, or up to 12 months in deep freeze (-4°F or -20°C).
- Milk can be frozen in glass or BPA-free plastic containers. If you use plastic bottles or bags, protect them from punctures. Allow room in the containers for the milk to expand as it freezes.

An easy way to remember safe storage for breast milk is the “**Rule of 6**”:

- Fresh milk is safe at room temperature for **6 hours**.
- Chilled milk is safe in the refrigerator for **6 days**.
- Frozen milk is safe in the freezer for **6 months**.

If you have warmed milk from storing any of these ways, use it within **1 hour**.

## **How do I thaw frozen breast milk?**

- Thaw containers of frozen milk in the refrigerator or in a bowl of hot **but not boiling** water. Using hot water is also a good way to warm chilled milk.
- Do **not** use a microwave to thaw or warm breast milk. Some healthy benefits of the milk may be affected, and hot spots can occur from uneven heating.
- Once milk is thawed, use it within 24 hours and do not refreeze it. Storage guidelines may be different for preterm babies or babies who are in the hospital.



### **Rule of 6**

- Fresh milk is safe at room temperature for **6 hours**.
- Chilled milk is safe in the refrigerator for **6 days**.
- Frozen milk is safe in the freezer for **6 months**.

## **How do I get a breast pump?**

Almost all insurance companies include breast pumps as one of the benefits for new mothers. Call your insurance company to find out how your insurance can help you get a pump.

If you get services from WIC, you may be able to get a pump from your WIC clinic.

UW Medicine does not rent or sell pumps or pump equipment. But, we can help answer questions as needed.

## **Which breast pump is best for me?**

### **Rental Pumps**

Hospital grade pumps are the best-quality pumps. Since they are very costly, most mothers rent them, if needed.

Most women find that they collect more milk in less time when they use a hospital-grade pump. This can be very important if your baby is premature or if your baby is in the hospital and you cannot be together.

### **Double Electric Pumps**

These pumps work well when your milk supply is well established or when you only need to use the pump a few times a day. An electric pump can be very helpful when you are returning to work after your baby is born. Most people buy double electric pumps rather than renting them.

### **Hand Pumps**

Hand pumps are meant to be used once in a while. They are less costly but also slower than other kinds of pumps. This may be the type of pump you choose if your baby is breastfeeding well and often, and you are rarely away from your baby.

### **Questions?**

Your questions are important.

If you have questions about expressing and storing milk, please call Lactation Services at 206.598.4628.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

## How Is Breastfeeding Going?

*Questions to ask when your baby is about 4 days old*

Ask yourself these questions when your newborn is about 4 days old. Circle “Yes” or “No” for each question.

1. **Do you feel breastfeeding is going well for you and your baby at this time?**

Yes                  No

2. **Has your milk come in?** Did your breasts get firm and full when your baby was 2 to 4 days old?

Yes                  No

3. **Is any nipple soreness starting to get better?**

Yes                  No

4. **Does your baby usually ask to feed?** Answer “No” if your baby is sleepy and needs to be awakened for most feedings.

Yes                  No

5. **Is your baby able to attach to your breasts easily?**

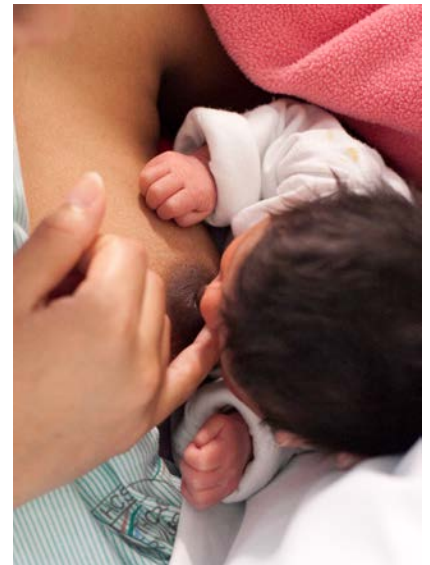
Yes                  No

6. **Does your baby suck in rhythm for at least 10 minutes at each feeding?**

Yes                  No

7. **While you are nursing, do you hear your baby swallow with at least every 3rd suck?** A baby’s swallowing sounds like “uh” or “uh-huh.”

Yes                  No



*By the 4th day, most mothers notice changes in their breasts and in their baby’s nursing habits.*

8. **Right after feedings, does your baby seem satisfied?**  
This means your baby is not rooting or sucking on their hands.  
Yes            No
9. **Does your baby nurse every 1½ to 3 hours, with no more than 1 long break of up to 5 hours each day?**  
This is at least 8 feedings each 24 hours.  
Yes            No
10. **Do your breasts feel full when your baby goes a long time without nursing, and softer after nursing?** “A long time” is 3 to 5 hours.  
Yes            No
11. **Is your baby having at least 4 good-sized bowel movements each day?** “Good-sized” means that each one is more than just a stain on the diaper.  
Yes            No
12. **Are your baby’s bowel movements turning yellow and soft, almost runny?**  
Yes            No
13. **Is your baby wetting diapers at least 4 to 5 times a day?**  
Yes            No

### **If You Circled “No”**

If you answered “No” to 1 or more of these questions, **call UWMC Lactation Services at 206.598.4628**. Breastfeeding problems are easier to correct when you first start to breastfeed, and harder to solve if you wait.

### **Questions?**

Your questions are important. If you have questions about breastfeeding, please call Lactation Services: 206.598.4628.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

*Adapted from The Lactation Program, 901 E. 19th Ave., Denver, CO 80203*

## Is This Safe to Take While I'm Breastfeeding?

*This chapter explains what we know about how some common drugs and substances affect breast milk and breastfeeding.*



### Alcohol

Alcohol goes into breast milk very quickly. It can limit the “let-down” reflex, so your baby may get less breast milk.

If you drink once in a while:

- **Do not breastfeed for 3 hours** after having 1 drink. “1 drink” is 4 ounces of wine, 12 ounces of beer, or 1 ounce of hard liquor.
- **Wait 1 extra hour** before breastfeeding for each drink after your first. For instance, if you have 2 drinks, wait 4 hours to nurse.

*Some recreational drugs, medicines, and other substances might affect your breast milk and breastfeeding.*

If you drink every day or you “binge” drink, talk with your provider.

### Anesthesia Drugs

Sometimes mothers are told to pump and throw away their milk after they receive *anesthesia* (drugs that make you sleep during surgery). But, very little of these drugs enter your breast milk, and even less are absorbed by your baby. The American Academy of Pediatrics (AAP) and other medical sources agree that anesthesia and most pain medicines do not affect breastfeeding.

If you receive anesthesia, you can start breastfeeding again as soon as you have recovered from the effects of the drug.

### Contraceptives (Birth Control Methods)

Your risk of getting pregnant **in the first 6 months** after giving birth is lower:

- **If** you are feeding your baby **only** by breastfeeding.
- **And** your menstrual periods have not returned.

Still, you may want to use a contraceptive to decrease the chance that you might get pregnant right away. To make sure you have a good plan for contraception after your baby is born, please talk with your doctor about family planning:

- At your prenatal care visits
- In the hospital after you give birth
- At your 6-week postpartum visit

### **Birth Control Without Hormones**

These birth control methods are safe for your baby, do not contain hormones, and do not affect your milk supply:

- Condoms
- Diaphragms
- Cervical caps
- Some IUDs

### **Contraceptives That Contain Hormones**

Contraceptives that contain estrogen may reduce your milk supply. These include some pills, patches, and vaginal rings. Contraceptives that contain progesterone seem to be a better choice during breastfeeding. These include some pills, some IUDs, shots, and implants. Some experts caution mothers to wait to start using any hormones until after their milk supply is established.



*If you drink coffee, limit yourself to 2 servings a day while you are breastfeeding.*

### **Caffeine**

Caffeine enters breast milk in fairly small amounts. It is considered safe for breastfeeding mothers to drink 2 servings a day. One serving is about 8 ounces of coffee (150 mg of caffeine).

In a study of breastfed infants whose mothers had 8 to 9 servings of caffeine a day, the babies had problems sleeping and were more fussy than usual.

### **Cocaine**

**If you use cocaine, do not breastfeed.** Babies can have severe health problems from exposure to cocaine through breast milk.

They can:

- Have seizures
- Be very fussy

- Have diarrhea
- Vomit

If you plan to stop using cocaine so that you can breastfeed, get help from a drug treatment program.

If you are breastfeeding and you use cocaine, pump and discard your milk for at least 36 hours after using the drug.

Do **not** let people use cocaine around your baby. Secondhand smoke from freebased cocaine can cause the same symptoms in your baby as it does in the user.

## **Methadone**

Women who are on methadone maintenance can breastfeed their infants, according to the AAP.

## **Cold Medicines**

The AAP says it is OK for breastfeeding mothers to use decongestants, but these medicines may reduce your milk supply. If your milk production is already low, do not use decongestants.

A saline nasal spray or nasal wash with sterile water can help clear nasal congestion. It can also help you recover from a cold faster.

## **Local and Dental Anesthetics**

Numbing medicines (*anesthetics*) for dental work or other procedures are usually found only at very low levels in breast milk. You do not need to stop breastfeeding if you are given local anesthetics.

## **Marijuana**

Do **not** breastfeed for several hours after using marijuana. The drug can reach high levels in breast milk. Marijuana:

- Delays your baby's motor development
- May inhibit the hormones you need for breast milk production
- May impair your ability to care for your baby well

## **Pain Medicines**

- **Acetaminophen (Tylenol and other brands):** Only small amounts of acetaminophen get into breast milk. The AAP says it is OK for breastfeeding mothers to use acetaminophen.



*Talk with your healthcare provider about taking cold medicines while you are breastfeeding.*

- **Ibuprofen (Advil, Motrin, and other brands):** Ibuprofen gets into milk in very low levels. The AAP approves ibuprofen for use by breastfeeding mothers.
- **Naproxen (Aleve, Naprosyn, and other brands):** Naproxen is approved for use by the AAP. But, because it stays in your body longer than acetaminophen or ibuprofen, some nursing mothers choose those pain medicines instead.



*If you smoke, it will harm your baby, both before and after birth.*

## Tobacco

**Make every effort to stop smoking during pregnancy and while you are breastfeeding.** Nicotine passes easily into breast milk. The more cigarettes you smoke, the more nicotine is in your breast milk. Nicotine can:

- Decrease your milk supply
- Cause these symptoms in your baby:
  - Vomiting
  - Diarrhea
  - Restlessness
  - Colic

If you cannot stop all the way, smoke as little as possible. **Never** smoke just before nursing. **Never** smoke in the room your baby is in. Also, do not let others smoke near you and your baby.

## Ultrasound, X-rays, and Radiopaque Dyes

The American College of Radiology says that nursing mothers do not need to stop breastfeeding if they have an ultrasound or an X-ray. Even if you need to take *contrast* (X-ray dye) for a test, only very small amounts of the dye enter your breast milk. The iodine in these dyes is not absorbed by your baby.

## Foods You Avoided During Pregnancy

Some foods that you avoided while you were pregnant are OK to eat while you are breastfeeding. These include soft cheeses, sushi, and luncheon meats.

### Questions?

Your questions are important. If you have questions about medicines and other substances and breastfeeding, call Lactation Services at 206.598.4628.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**



## **Breastfeeding Resources**

### *Websites and phone numbers*

*This chapter provides websites and phone numbers for organizations that you may find helpful as you breastfeed your new baby.*

### **Videos**

These websites offer videos about attaching your baby to your breast, hand expression, pumping, breast massage, feeding small babies, problems that can arise, and more.

#### ***Breastfeeding Medicine of Northeast Ohio***

Basics of latching and breast massage:

<http://bfmedneo.com>

#### ***Global Health Media***

Videos for breastfeeding mothers and their care partners:

[www.globalhealthmedia.org/videos/breastfeeding](http://www.globalhealthmedia.org/videos/breastfeeding)

#### ***Stanford Medicine***

Videos on many aspects of breastfeeding:

<http://med.stanford.edu/newborns/professional-education/breastfeeding.html>

### **General Information**

#### ***Kelly Mom***

A resource for many aspects of breastfeeding and parenting:

[www.kellymom.com](http://www.kellymom.com)



*Your nurse can teach you breastfeeding methods and answer your questions about feeding your newborn. Lactation specialists can also help if there are any problems.*



UWMC has earned an award called the “Baby Friendly Hospital Initiative” from UNICEF and the World Health Organization. This award is given to hospitals that provide a positive environment for breastfeeding families by following the “Ten Steps to Successful Breastfeeding.”

## **Groups, Classes, and Support Services**

### ***Valley Medical Center***

Drop-in breastfeeding and parenting group: 425.228.3440

### ***NW Hospital***

Drop-in breastfeeding group: 206.368.1882

### ***PEPS (Program for Early Parent Support)***

A nonprofit organization helping parents connect and grow as they begin their journey into parenthood. PEPS parent support programs educate, inform, and create community:

[www.peps.org](http://www.peps.org)

206.547.8570

### ***La Leche League***

For mother-to-mother support and education:

[www.llusa.org](http://www.llusa.org) or [www.lalecheleague.org](http://www.lalecheleague.org)

877.452.5324 (helpline), 800.525.3243, 206.522.1336 (Seattle)

### ***NAPS (Northwest Association for Postpartum Support)***

Doula service: [www.napsdoulas.com](http://www.napsdoulas.com)

206.956.1955

## **Medicines, Drugs, and Breastfeeding**

### ***Infant Risk Center***

Research center for medicine safety during pregnancy and breastfeeding: [www.infantrisk.com](http://www.infantrisk.com), 806.352.2519

### ***LACTMED***

Facts on drugs and other chemicals that might affect your breast milk and breastfeeding: [www.toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT](http://www.toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT)

## **Breast Pumps and Supplies**

Check with your health insurance company to find out how to get a breast pump using your plan’s coverage. See the chapter “Expressing and Storing Breastmilk” in this workbook.

You can buy supplies and parts for breast pumps online or at Northwest Medical Supply, Nurturing Expressions, and Village Maternity (see next page).

### ***Northwest Medical Supply***

Rents and sells pumps and equipment. Located in the pharmacy on the Northwest Hospital campus.

206.365.2277

### ***Nurturing Expressions***

Delivers rental pumps to UW Medical Center. Their staff helps with billing for many insurance plans and medical coupons:

[www.nurturingexpressions.com](http://www.nurturingexpressions.com)

206.763.2733

### ***Our Perfect Baby***

Verifies insurance coverage for breast pumps, helps you get a prescription, and ships pumps to your home:

[Ourperfectbaby.com](http://Ourperfectbaby.com)

425.563.1209

### ***Village Maternity***

A retail store at University Village, 10 minutes north of UW Medical Center:

[www.villagematernity.com](http://www.villagematernity.com)

206.523.5167

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

Many WIC offices have breast pump loaner programs for their clients who are returning to work or school, or who have a medical need that requires pumping. To learn more:

[www.doh.wa.gov/YouandYourFamily/WIC.aspx](http://www.doh.wa.gov/YouandYourFamily/WIC.aspx)

800.322.2588

## **Breast Milk Storage and Use**

### ***Centers for Disease Control and Prevention***

How to handle, store, prepare expressed breast milk:

[www.cdc.gov/breastfeeding/recommendations/handling\\_breast\\_milk.htm](http://www.cdc.gov/breastfeeding/recommendations/handling_breast_milk.htm)

## **Milk Banks**

### ***Human Milk Banking Association of North America***

[www.hmbana.org](http://www.hmbana.org)

### ***Northwest Mother's Milk Bank***

[www.donatemilk.org](http://www.donatemilk.org)

## **Books**

*The Breastfeeding Mother's Guide to Making More Milk*  
Diana West (2008)

*Mother Food*, 1st edition  
Hilary Jacobson (2004)

*The Nursing Mother's Companion*, 6th edition  
Kathleen Huggins (2010)

*The Womanly Art of Breastfeeding*, 8th edition  
LLL International (2010)

## **Return to Work**

***UW Lactation Stations on UW Campus***  
<http://hr.uw.edu/worklife/parenting/lactation-stations>

### ***U.S. Department of Labor***

Facts about the break time employers are legally required to give nursing mothers by the Patient Protection and Affordable Care Act (PPACA):

[www.dol.gov/whd/regs/compliance/whdfs73.pdf](http://www.dol.gov/whd/regs/compliance/whdfs73.pdf)

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**

## **Questions?**

Your questions are important.

If you have questions about breastfeeding resources, please call Lactation Services at 206.598.4628.





## Who to Call

### Your Baby's Clinic

Call your baby's clinic any time if you have concerns about your baby's health. If it is after hours, a recording will tell you what to do.

Your pediatric clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

### Breastfeeding Help

UWMC Lactation Services.....206.598.4628

Roosevelt Lactation Consultant ..... 206.598.3030

NW Hospital Breastfeeding Group .....206.368.1882

Valley Medical Center Lactation .....425.228.3440, ext. 2526

### WIC Clients

WIC (Women, Infants and Children)..... 800.322.2588

Many WIC offices have breast pump loaner programs for their clients who are returning to work or school, or need to pump for health reasons. To learn more, visit [www.doh.wa.gov/YouandYourFamily/WIC.aspx](http://www.doh.wa.gov/YouandYourFamily/WIC.aspx).