



Breastfeeding your baby



**NORMAN
REGIONAL**
Health System

NormanRegional.com

Welcome to Norman Regional Health System
Congratulations from our family to yours!

Our goal is to provide knowledge and support for your family's newborn feeding plan. Please know we are here to help in any way possible.

Wishing you many happy breastfeedings,
Your Lactation Services Team

Pam
Jayme
Sarah
Tracy

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Resources

Breastfeeding help

Norman Regional HealthPlex Lactation Services

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Tracy DeJesus, RN, IBCLC

COBA

okbreastfeeding.org

La Leche League

LLLOK.org

Oklahoma Breastfeeding Hotline

877.271.MILK (6455)

24/7 hour service • Free of charge
Online texting option available after first call

Droplet

firstdroplets.com

Norman Pediatric Associates Patients

405.321.5114

Jennifer Woods, RN, IBCLC

Oklahoma Mother's Milk Bank

okmilkbank.org

Breastpump Rental/Purchase

Norman Regional Home Medical Equipment

405.307.6620

200 Norman Center Ct.
Norman, OK 73072
Open Mon–Fri, 8:30 a.m. to 5 p.m.

ProSource Medical Equipment and Supplies

405.691.3237 or 888.691.3237

6801 S. Eastern Ave.
Oklahoma City, OK 73149

References

Academy of Breastfeeding Medicine: BFMED.org

American Academy of Pediatrics. (2017). Guidelines for perinatal care (Eighth). Elk Grove Village, IL.

Human Milk Banking Association of N America: hmbana.org

Proper Storage and Preparation of Breast Milk. (2019, December 3). Retrieved from cdc.gov/breastfeeding/recommendations/handling_breastmilk.

Wambach, K., & Riordan, J. (2016). *Breastfeeding and human lactation* (Fifth). Burlington, MA: Jones & Bartlett.

Breastfeeding review

Congratulations on the birth of your baby. By now you and your baby have had a couple of days to get to know one another and you are ready for full milk to come in. Full (mature) milk should come in about 3-5 days after delivery. Mothers that have had a C-section will find their milk is delayed coming in by at least 1 day.

The American Academy of Pediatrics recommends exclusive breastfeeding for 6 months, then continued breastfeeding while gradually introducing solid foods until baby is one year old, and then as long as mutually desired by mom and baby after one year.

Baby should start gaining weight (on average 0.5-1 ounce per day) once milk is in and return to birth weight by 2 weeks of age.

How often to breastfeed

- Breast milk digests in about 1.5 hours. Babies grow rapidly and need to be fed frequently, usually every 2-3 hours (8-12 feedings in a 24-hour period).
- Milk production is regulated by supply/demand. Frequent feedings that empty your breasts help you make more milk.
- If baby is sleepy, wake baby to feed by unwrapping baby, changing the diaper, and placing baby skin-to-skin.
- Feedings are timed from the start of one feeding to the start of the next.

How long is a feeding

- When your milk is in, breastfeed baby on one side until baby falls asleep or unlatches and then burp baby and offer the second side. Start on the last side or side not fed on the next feeding.
- Every baby is different but, in general, feedings will last 15-45 minutes.
- It is important that baby gulps and swallows on one side for at least 15 minutes.
- You cannot overfeed a breastfed baby, and if baby seems hungry, offer the breast.

Growth spurts

It is common for all babies to have growth spurts. These usually occur around 7-14 days, 4-6 weeks, 3-4 months, 6 months, and 9 months. These growth spurts usually last 2-3 days, but can last a week. Babies will feed more frequently during this time.

Breastfeeding tips

- It is normal for your baby to feed inconsistently for the first 24 hours. **Continue to attempt.**
- Hold your baby skin-to-skin often during your hospital stay.
- Offer a feeding every 2–3 hours. Start by unwrapping the baby, check the diaper, and put the baby skin-to-skin if baby is sleepy.
- Choosing to room-in with your newborn can help you respond to your baby's hunger signs and breastfeed frequently, which helps boost your milk supply.
- Watch for feeding cues from your baby such as rooting, hand-to-mouth movements and times when baby is quiet and alert. **Crying is a late sign of hunger.**
- Colostrum is produced before and during your first few days after delivery. It may be clear or have a yellow tint. Sometimes it is referred to as "liquid gold" because it is packed full of nutritional benefits including proteins, carbohydrates, vitamins, minerals and disease-fighting antibodies. Colostrum transitions to breastmilk and digests in about 1.5 hours, so baby may demonstrate hunger cues earlier than 3 hours.
- Breastfed babies cannot be overfed. Feed on demand.



- Alternate breasts every feeding. If baby nurses longer than 20–30 minutes, it is okay to switch sides.
- The wider and deeper the latch, the more colostrum/ breastmilk is transferred and the more comfortable for mom.
- Ask for help with positioning and latching your baby to breast as needed. Football and cross cradle are the best positions for newborns.
- Avoid pacifiers and artificial nipples for the first 3–4 weeks.

Newborn stomach sizes



Baby's second night

You have made it through your first 24 hours as a new mother. Even if you have other children, you are a new mother. Now it is your baby's second night.

All of a sudden, your baby has discovered they are no longer in your warm tummy where they spent the last nine months. It is scary out here! They no longer hear your heartbeat or other familiar sounds heard while inside you. Instead, they are in bed all alone.

During the day, many people have held your baby. They are getting used to new noises, lights, sounds and smells. They have also found their own voice. Each time you take them away from your breast, they cry loudly! They are telling you they were very happy being close to you.

When they cry, return them back to your breast. They are happy and may decide to nurse for a short time before going to sleep. When you put them back to bed, they cry again. Some mothers believe this happens because the baby is hungry and not getting enough milk. This really happens because baby wants to snuggle up to your warm body. It is the closest to "home" they can get. This waking up and sleeping pattern can go on for hours and is tiring for you and your baby.

You can help baby by letting them sleep at your breast after a good feed. Do not burp or move them immediately. Relax and snuggle for a while. You will see

your baby go into a light sleep at first. If baby is moved now, they will likely wake up. As you snuggle longer, your baby goes into a deeper sleep. Watch your baby to learn the signs of deep sleep. This is when you can move your baby to their bed. If baby starts to wake, this is a sign they were not in a deep sleep, so wait a while longer.

You can also let your baby suck their thumb or fingers any time. Your baby did this in your tummy before they were born. If their hands are covered with mittens, this can be strange to them. Baby may be saying, "Where are my hands?" They have no way of soothing themselves with mittens. Your baby needs to be able to touch and feel. When your baby puts their hands on your breasts, this helps increase your milk supply. So, take the mittens off and let baby get to their hands. If they scratch themselves, don't worry. It will heal. After all, baby had fingernails while inside you and was fine.

After baby's second night, there may be times when your baby does not go to sleep and wants to cluster feed. This may be when you have had a busy day such as going to the doctor, going shopping, or visiting grandparents. Your baby is just saying they want some snuggle time at your breast. For your baby, this is "home."



Baby's feeding cues (signs)



Early cues - "I'm hungry"



• Stirring



• Mouth opening



• Turning head
• Seeking/rooting

Mid cues - "I'm really hungry"



• Stretching



• Increasing physical
movement



• Hand to mouth

Late cues - "Calm me, then feed me"



• Crying



• Agitated body movements



• Color turning red



Time to calm crying baby

- Cuddling
- Skin-to-skin on chest
- Talking
- Stroking

How to know your baby is getting enough milk

When your baby begins sucking in a steady pattern (no pauses), listen for swallowing. Swallowing means your baby is receiving milk.

Watch for these before and after differences:

Before breastfeeding

- Baby roots, sucks fingers/hands
- Baby's arms are tight at elbow; fists are clenched
- Baby is active, may be fussy or crying
- Mother's breasts feel full

After breastfeeding

- No rooting or sucking hand/fingers
- Baby's arms are relaxed at elbow; fists are unclenched
- Baby is relaxed and content
- Mother's breasts are softer

Babies who are getting enough milk

- Swallow
- Make 6–8 wet diapers per day (clear yellow urine) by the sixth day.
- Make 3–4 or more bowel movements each day during the first two months (breast milk stools are “mustard like” in color and consistency; they will be loose and seedy).

Mom's nutrition

- A breastfeeding mom needs to take in up to 500 extra calories per day; more if feeding twins.
- There is no need to avoid certain food groups – mom needs a healthy, well-balanced diet with a variety of foods.
- It is encouraged that mom continue a prenatal or multivitamin daily.
- Mom should drink plenty of fluids, especially water.
- Mom should limit caffeine intake to no more than 24 oz. (300mg) or 2–3 glasses per day. Energy drinks are not recommended.
- Avoid THC! Marijuana stays in your body fat, blood and breast milk for up to 30 days. This means it can be transferred to your baby. Marijuana may also create feeding problems and poor weight gain. Babies exposed to THC in breast milk may have increased risk of sudden infant death syndrome (SIDS).

Breast engorgement

Prevention

To prevent engorgement:

- Breastfeed your baby frequently, every 2-3 hours. You may have to wake your baby to feed if they are not waking up on their own.
- Avoid supplements for the first 3-4 weeks, unless medically indicated.
- If you miss any feedings, pump or hand express.
- When weaning your baby, do it gradually.

Treatment

If your baby is having trouble latching once milk is in:

- Apply a hot, moist towel (or disposable diaper) to the breast you are going to feed on for 2-5 minutes.
- Hand express some milk to soften areola after using moist heat. This makes it easier for baby to latch. You can even pump for 1-2 minutes.
- Use gentle breast massage before and during breastfeeding.

- Shells can be beneficial when worn between feedings to keep swelling pushed back away from nipple.
- Reverse pressure softening can also help soften the area around the nipple. Start by placing your fingers on each side of the nipple, then push back towards your chest and hold for about one minute. Move your fingers around the nipple and repeat until all areas are soft.

If you have tried the above and baby cannot latch, empty breasts fully by hand-expressing or pumping (about 15 minutes for pumping).

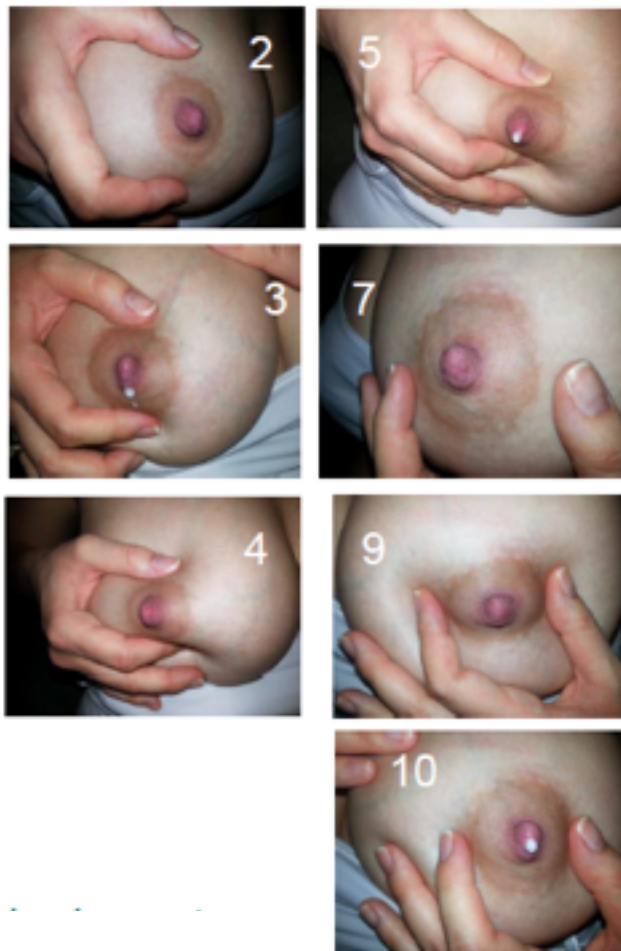
After breastfeeding, cold compresses applied for 15-20 minutes can be beneficial in reducing discomfort and swelling.

Hand expression

Hand expression is a handy skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first week or so, use hand expression to provide the milk needed.

Hand expression routine

1. Apply heat, massage, and stroke breasts
2. Position fingers behind areola
3. Press back toward the chest
4. Compress fingers together to express milk
5. Relax and repeat, getting a rhythm going
6. Express for 5-7 minutes
7. Move fingers to a different position
8. Massage and stroke the breast
9. Press back toward the chest
10. Compress fingers together to express milk
11. Express milk for 3-5 minutes
12. Massage and stroke breasts
13. Move fingers to a different position
14. Express milk for 1-2 minutes
15. Complete cycle takes 20-30 minutes



Watch these videos while you are hand expressing to see the technique in action.

- vimeo.com/65196007
- med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk

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Breastmilk collection and storage

It is recommended by the American Academy of Pediatrics that breastfeeding mothers wait 3–4 weeks before introducing a bottle or pacifier. However, it is okay to start pumping when your milk comes in to store this milk for later use. Unless you are having engorgement issues, it is recommended you only pump once or twice a day after breastfeeding. The best time to pump is after the first feeding in the morning. Pump 1–2 minutes past when milk flow slows to drops of milk.

Mothers who are away from baby for work, school, etc., should pump every 2–3 hours for 15–20 minutes. Breastfeed exclusively when you are home and on days off to help maintain your milk supply.

Collecting breastmilk

- Before pumping, wash your hands with soap and water.
- Start with clean bottles and pump parts washed in hot, soapy water or in a dishwasher and then air or towed dry. Sanitize pump parts daily or use hot water/heated drying setting in dishwasher.
- Set up pumping equipment in a quiet, private spot and relax.
- Then pump at a comfortable suction setting making sure that the breast flange fits well.
- When finished pumping, store milk and wash pump parts.

Storing breastmilk

- Close containers tightly and write the date on your bag or bottle.
- Do not add warm milk to cold milk. Chill milk first and then combine.
- If you are not going to use your milk within a few days, freeze it.
- Freeze milk in 2–4 ounce portions. Small amounts will thaw more quickly and you will waste less milk. Leave some room at the top of the container so it does not overflow when thawing.
- It is normal for pumped milk to vary in color and consistency depending on your diet. Stored milk will separate into layers and cream will rise to the top. Gently swirl (don't shake) the bottle to mix the milk layers.

Thawing breastmilk

- You can thaw breastmilk in the refrigerator overnight, in a container of warm water, or under warm running water.
- Use breastmilk within 24 hours of thawing (this means when milk is no longer frozen).
- Once thawed breastmilk is warmed, it should be used within 2 hours.
- Never refreeze breastmilk once it has been thawed.

Feeding expressed breastmilk

- Freshly pumped breastmilk does not need to be warmed.
- If using refrigerated or thawed milk, warm milk in a cup of warm water or under warm running water for a few minutes.
- Swirl breastmilk gently to mix the fat which may have separated.
- It is best to feed baby in an upright position. Stroke baby's lips with nipple and slide bottle nipple into mouth as baby opens wide. Make sure lips are flanged and mouth is open wide. Follow baby's feeding cues and allow pauses and burps as needed. Don't force baby to finish the whole bottle if infant is falling asleep or pushing nipple out.
- If baby does not finish the bottle, the leftover breastmilk may be used within 2 hours after the baby is finished feeding. After 2 hours, discard leftover milk.
- Test the temperature of the breastmilk before feeding it to baby by putting a few drops on your wrist. It should feel warm, not hot.

Never microwave breastmilk. Microwaving can cause severe burns to baby's mouth from hot spots that develop in the milk from microwaving. Microwaving can also change the composition of breastmilk.

Rarely some mothers will notice their defrosted milk has a soapy taste or odor. This is due to lipase, an enzyme that helps digest the fat content of breastmilk. If this occurs, scald the breastmilk (do not bring to a boil) on a stove until tiny bubbles appear along the sides of the pan; do this before freezing. The scalding process will neutralize the enzyme, preventing the soapy taste or smell.

Freshly expressed and thawed breastmilk storage guidelines

Healthy term babies

	Room temperature 60–85° or colder	Refrigerator 39° or colder	Freezer –4° or colder
Freshly pumped/expressed human milk	Up to 4–6 hours	Up to 4–8 days	Within 6 months is best, up to 12 months is acceptable
Thawed breastmilk	1–2 hours	Up to 1 day	Never refreeze human milk after it has been thawed

Warning signs

Call your baby's doctor or a lactation consultant if:

- Your baby has fewer than four wet diapers each day (from the fourth day on).
- Your baby has fewer than 3–4 yellow stools each day (by the fourth day and through four weeks).
- Your milk is “in” but you don’t hear gulping or swallowing when the baby breastfeeds.
- Your nipples are painful throughout the feeding; nipples may or may not have cracking, scabbing, or bleeding.
- The baby is routinely breastfeeding fewer than eight times in 24 hours (from 3–4 days on).
- Your baby does not appear content after any feedings.
- You don’t feel as though your milk has “come in” by the fifth day.
- Your baby is not latching onto the breast.
- Your baby hasn’t regained birth weight by 10–14 days.
- Your breasts are very large and **very painful**, making it difficult or impossible for your baby to breastfeed.

Stool changes

The color and consistency of your newborn’s stool will continue to change the first few days of life. These changes let you know your baby is nursing well.

Day 1

Meconium stool

Black-brown, very sticky!



Day 3

Transitional stool

Greenish, less sticky



Day 5

Mustard yellow, may appear seedy/watery



Baby's daily feeding record



Directions: Circle the numbers to mark the times of breastfeedings. Circle "W" for wet diapers and "S" for soiled to see if baby is having enough dirty diapers in a day.

Day 1	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	Wet diaper: W	Black, tarry soiled diaper: S
Day 2	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	Wet diaper: W W	Brown, tarry soiled diaper: S S
Day 3	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	Wet diaper: W W W	Green soiled diaper: S S S
Day 4	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	Wet diaper: W W W W	Yellow, seedy soiled diaper: S S S S
Day 5	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	Wet diaper: W W W W W	Yellow soiled diaper: S S S S
Day 6	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	Wet diaper: W W W W W W	Yellow soiled diaper: S S S S
Day 7	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	Wet diaper: W W W W W W W	Yellow soiled diaper: S S S S
Day 8	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	Wet diaper: W W W W W W W	Yellow soiled diaper: S S S S
Day 9	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	Wet diaper: W W W W W W W	Yellow soiled diaper: S S S S
Day 10	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	Wet diaper: W W W W W W W	Yellow soiled diaper: S S S S

Baby's daily feeding record



Directions: Circle the numbers to mark the times of breastfeedings. Circle "W" for wet diapers and "S" for soiled to see if baby is having enough dirty diapers in a day.

Day 11	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	
	Wet diaper:	W	W	W	W	W	W	W							Yellow/seedy soiled diaper:	S	S	S	S									
Day 12	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	
	Wet diaper:	W	W	W	W	W	W	W							Yellow/seedy soiled diaper:	S	S	S	S									
Day 13	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	
	Wet diaper:	W	W	W	W	W	W	W							Yellow/seedy soiled diaper:	S	S	S	S									
Day 14	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	
	Wet diaper:	W	W	W	W	W	W	W							Yellow, seedy soiled diaper:	S	S	S	S									
Day 15	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	
	Wet diaper:	W	W	W	W	W	W	W							Yellow soiled diaper:	S	S	S	S									
Day 16	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	
	Wet diaper:	W	W	W	W	W	W	W							Yellow soiled diaper:	S	S	S	S									
Day 17	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	
	Wet diaper:	W	W	W	W	W	W	W							Yellow soiled diaper:	S	S	S	S									
Day 18	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	
	Wet diaper:	W	W	W	W	W	W	W							Yellow soiled diaper:	S	S	S	S									
Day 19	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	
	Wet diaper:	W	W	W	W	W	W	W							Yellow soiled diaper:	S	S	S	S									
Day 20	Goal: 8-12 nursings	midnight	12	1	2	3	4	5	6	7	8	9	10	11	noon	12	1	2	3	4	5	6	7	8	9	10	11	
	Wet diaper:	W	W	W	W	W	W	W							Yellow soiled diaper:	S	S	S	S									

Notes



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Notes



Lined area for notes, consisting of multiple horizontal lines.



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