



*breastfeeding  
your baby*



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WAKEMED WOMEN'S

*Raleigh - Cary - North Raleigh*



## *Congratulations*

You've decided to breastfeed your baby! Breastfeeding is a gift only a mother can give — one that can create a special bond between a mother and her baby. Your milk is the ideal food for your baby because it is easy to digest and helps protect your baby from illness. You and your baby will benefit from breastfeeding.

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In 2011, WakeMed implemented the Ten Steps to Successful Breastfeeding, which allows us to give mothers the support and knowledge they need to successfully breastfeed. Our team in the Women's Pavilion is trained to assist you and your baby in breastfeeding. We encourage rooming-in, allowing mothers and babies to remain together 24-hours-a-day. We hope to give you the confidence you need to breastfeed your baby.

### Benefits of Breastfeeding

#### *For Baby*

- Teaches natural appetite control, which decreases childhood obesity
- Less chance of developing allergies, asthma, diabetes, and gastrointestinal and respiratory infections
- Improved orthodontic development and less tooth decay
- Lower risk of Sudden Infant Death Syndrome (SIDS)
- Improved cognitive development and increased IQ
- Lower risk of childhood cancers
- Lower risk of heart disease in adulthood

#### *For Mother*

- Aids in quicker return to pre-pregnancy weight
- Lower risk of breast and ovarian cancer
- Decreased risk of osteoporosis, heart disease and adult onset diabetes, and metabolic syndrome
- Less risk of pregnancy (unrestricted, unsupplemental breastfeeding)
- Less time and resources on preparation and storage

#### *For Family*

- A \$1,400 savings on infant formula per year
- Reduces time spent in doctor's office
- Lowers health care costs
- Increases bonding with infant
- Environmentally safe and friendly



## WakeMed Is Here to Help

Breastfeeding can and should be an enjoyable experience for you and your baby. Even the most experienced nursing mothers have questions. Our lactation consultants are available to help you while you are in the hospital and after you go home. If you have questions about breastfeeding or need help working with your baby, call us for lactation support at 919-350-5742.

### *Breastfeeding Class*

#### **Breastfeeding Support Group**

Join us for a free support group staffed with certified lactation consultants and educators. Sessions are held on a weekly basis (except holidays). Visit [wakemed.org](http://wakemed.org) for a complete schedule.

Join us any time after your baby is born and continue for as long as you wish. Call 919-350-8235 for more information.

WakeMed is pleased to provide breastfeeding supplies for sale in the Gift Shops located in the Main Lobby of the Raleigh Campus, Cary Hospital and North Women's Hospital.

### *Breastfeeding Supplies*

#### **Medela® breastpumps**

- Single Deluxe™ Breast Pump
- SpringExpress™ Manual Pump
- Swing™ Breast Pump

#### **Hollister® breastpumps**

- Purely Yours™

#### **Other breastfeeding supplies include:**

- Nursing pads, nipple shields, and larger pump flanges
- Milk collection, storage bags, and freezer bags and bottles
- My Brest Friend Nursing Pillows and deluxe covers
- Motherlove herbals
- Breast pump accessories
- Comfort gels

Gift shops at the Raleigh Campus, Cary Hospital and North Women's Hospital have numerous baby items for sale, including infant car seats, swaddling blankets, baby clothes, and infant toys and accessories.

For information on how to choose the right type of breastfeeding supplies, or how to use your breastfeeding products, please call the WakeMed Lactation Center at 919-350-5742. Our staff of International Board Certified Lactation Consultants will be happy to assist you.

Pumps are provided during consultations, but please bring your own pump kit supplies. If you need supplies, they are available in the Gift Shop.

## Skin to Skin

After delivery, your baby will be placed skin to skin. At WakeMed, we feel skin to skin contact is best practice to help your baby transition to life outside the womb and ensure breastfeeding gets off to a good start. Other benefits of skin to skin include stabilizing the baby's body temperature and respiratory rate, decreasing crying in babies and anxiety for mothers, and increasing mother's self confidence.

## Beginning Breastfeeding

Many babies will nurse in the first hour or two following birth. Babies can be sleepy for about 24 to 48 hours after this initial alert time. Because these first few days are an important learning period for your baby, it is necessary to wake him or her about every two to three hours for feeding. Changing the diaper, massaging his/her back and feet, and moving around while talking will help your baby wake up. Placing baby skin to skin with their head on your chest will usually stimulate the baby to nurse. Within a few days, most babies will awaken easily for feedings at least every two to three hours. Some cues that your baby is ready to eat are:

- Sucking motions
- Bringing hands to the mouth
- Cooing or sighing
- General restlessness

You should nurse your baby when you notice any of the above signs. Crying is a late sign of hunger.

## Colostrum

Colostrum is produced when you are 18 weeks pregnant. Colostrum is the milk that is present in your breasts when your baby is born. Colostrum is very concentrated, higher in protein than mature milk, and meets the newborn's specific nutritional needs. It also acts as a natural laxative to stimulate the baby's bowels. As your baby nurses during the



first few days, the colostrum milk will change into milk and the amount will increase. This transitional milk will make your breasts feel fuller. This is known as your milk coming in.

## How Often and How Long to Feed

Breastfeed your newborn about eight to 12 times in 24 hours, or every two to three hours. Nurse on the first side until the breast feels softer or lighter, usually 15-20 minutes. Continue this pattern even after your milk is in. If the baby needs to burp or falls asleep before the breast is softened, burp or awaken the baby and put him or her back on the same breast. Toward the end of a feeding, your milk composition changes and becomes richer and higher in fat. This milk will help your baby gain weight well and aid in brain development. After giving your baby a chance to burp, offer the second breast. Many babies will nurse 10-15 minutes on the second breast, but the breast may not soften as much as the first side. Some babies are content with one breast at each feeding. Others may need to nurse on both breasts. As your baby gets older and bigger, feedings will go faster, and your baby may also begin to sleep longer at night.

## Positioning

Make yourself comfortable when getting ready to feed, and make sure your back and the arm holding the baby are well supported. Put firm pillows, folded blankets or a nursing pillow under the baby.

Position your baby with one arm on either side of your breast, and hug him/her close. Support the baby's shoulders. Avoid pushing on the back of the baby's head because that bends the neck and makes it difficult for the baby to breathe and swallow, and can cause reflexive biting.

### *Across-the-lap hold*



Position baby across the lap. Hold the baby using the arm opposite the breast from which the baby is feeding. Your hand should support the baby's neck, head and shoulders while guiding him or her to the breast. Use

the other hand to support your breast.

### *Football hold*



Position baby under your breast with his or her body tucked under your arm at your side. The

baby's bottom should rest on firm support such as folded blankets, towels or a nursing pillow near your elbow. Keep the baby in a straight line and prevent his or her bottom from falling to avoid reflexive biting and nipple trauma.

### *Cradle hold*



Position baby in the crook of your arm, using the arm on the side from which the baby will feed. Place baby on his/her side facing you and pulled in close. This position may come easier with time. It is recommended

that you use this position once your infant is nursing well.

### *Lying down*



Position yourself so you and your baby can lie on your sides facing each other. Pull baby in

close to your body with his or her head lined up with your breast.

## Latching on

- Hold your baby so your hand rests between his shoulder blades and supports the back. Support your breast in your other hand with the thumb on top of your breast and the rest of your fingers underneath close to your chest.
- Line your baby up to your breast so your baby's mouth is in front of your nipple. Touch your baby's lower lip with your nipple until your baby's mouth opens wide. Quickly hug your baby in close to you with their whole body facing you. Guide your nipple into your baby's mouth (on top of their tongue). When your baby latches on, all of your nipple and some of the areola (the dark area around your nipple) should be in the baby's mouth.
- When your baby is latched on well, each suck should feel like a tug, but not pinch or be painful. The baby's cheeks should look full and rounded.
- If you have pain or pinching when the baby sucks, fix the latch by gently curling out both lips and hugging your baby in even closer with their chin touching your breast. Where any pain persists, try easing more of that part of your breast gently into your baby's mouth with your finger. If that does not fix the latch, place one of your fingers in the corner of the baby's mouth and keep it between your baby's gums as you remove the baby from your breast. This prevents reflexive biting. Try repositioning the baby to latch again with your nipple further back in your baby's mouth.
- Until your baby is latching on easily and not causing pain or soreness when feeding, continue to support your breast in the baby's mouth. If the baby needs more breathing space, reposition your baby to tilt the head back a little and bring the chin in more snugly against the breast. Or you can raise the baby's hips and tuck them in closer to your body.

## Signs of Active Sucking

- Hearing your baby swallowing
- Seeing your baby's jaw gliding with each suck
- Feeling a tug with each suck, but not pain
- Seeing your baby's arms relax and unfold
- Feeling your uterus cramping (during the first three to five days)

Note: You may experience intervals of increased vaginal bleeding.



## During the Feeding

Most newborns nurse with their eyes closed. Your baby will usually suck 10-20 times in a burst, pause and then suck in another long burst. There will be fewer sucks in a burst as the baby gets full. Talking to your baby, tickling his or her back or feet, or lifting your breast a little will usually start a new burst of sucking. Massage your breast, and stimulate the baby if he or she loses interest while feeding. Dad can help do these things to keep baby stimulated and awake. If baby falls asleep, burp the baby, change the diaper or put the baby skin to skin.

## Milk Supply

Each time your breasts are softened, they start making more milk. When your baby nurses, oxytocin is released. Oxytocin is the hormone that causes the milk glands to contract and release milk in a rush. This is called the milk ejection reflex or let-down. With each let-down, your baby will start to swallow quickly or gulp. Oxytocin may cause you to have uterine cramps. Prolactin stimulates breasts to make more milk. This hormone is released along with oxytocin. It will often make you feel drowsy or relaxed and thirsty. Because these two hormones work together to regulate milk production, your supply will meet your baby's demands.

## Nighttime Feedings

Your baby may nurse more frequently during the night and this is known as cluster feeding, which is a normal behavior for the first two to three days of life. Your baby wants to eat frequently during the night because this is when your prolactin level peaks. Prolactin is a hormone that stimulates milk production. You may feel your baby is not "getting enough" during cluster feedings, but this prepares your body to make milk for the upcoming days and your baby does not need supplemental feedings at this time.

## Signs of Adequate Milk Supply

- Tingling in your breasts or a warm rush toward your nipple (this may occur during let-down.) Some moms may not feel this and many do not experience this in the first three to five days.
- Your breasts are full at the beginning of a feeding and become softer and lighter toward the end.
- Baby is nursing every two to three hours.
- Baby is content between feedings.
- It is normal for babies to lose up to 7-10 percent of their birth weight during the first few days. By day 5-6 your baby may gain ½ -1 ounce per day.

Soon you will be able to let the baby tell you when it is time for a feeding. Most babies will quickly learn that it feels good to be full. Until you know the baby is gaining weight well and you have an abundant milk supply, it is important to wake the baby to eat every two to three hours.

When the baby is several weeks old, your breasts will soften and decrease in size a little. This is your body's adjustment to producing milk and does not mean your milk supply has decreased. Babies' appetite spurts are fairly predictable. Appetite spurts often occur between 7-10 days, six weeks, three months and six months. The timing may vary. With each appetite spurt, your baby will seem to want to feed continuously for a couple of days. Breastfeed whenever your baby shows feeding cues, and your milk supply will increase in about 48 hours. Then the baby will be getting more at each feeding and will go longer between feedings again.

Your body also needs a reasonable amount of rest to make milk. Because your sleep will be interrupted to feed the baby, try lying down during a couple of feedings. If your milk supply seems to be low, spend a few days resting when the baby nurses or naps, and breastfeed more frequently. Some mothers find that taking time to drink or eat a little more also helps.

## Elimination

You will know your baby is getting enough milk by keeping track of soiled diapers. What comes out must have gone in. By the fourth day, your baby's stools should be changing from the dark, sticky meconium to soft, watery yellow stools with little white curds.

If you are concerned that your baby is not getting enough milk, try the following:

- Feed for 15-20 minutes on first breast until the breast is soft, then offer the second breast.
- Massage your breast during the feeding.
- Support your breast in the baby's mouth throughout the feeding.
- Keep his or her whole body well supported and close to your breast.
- Feed more often whenever your baby shows hunger cues.
- It is normal for your baby to lose 7 to 10 percent of their birth weight. Your baby should be back to his birth weight by day 10 to 14.

SIGNS THAT YOUR BABY IS EATING ENOUGH		
FIRST SIX WEEKS	DIAPERS	
	Wet	Dirty
Day 1	1-2	1-3
Day 2	2-3	1-3
Day 3	3-4	at least 3
Day 4	at least 6	at least 3
Day 5	at least 6	at least 3
Day 6-45	6 or more	at least 3

The American Academy of Pediatrics recommends a follow-up visit with your baby's care provider within two to four days of discharge. Please call your pediatrician to make an appointment.

## Pacifiers and Bottles

Until your baby has established a good weight gain pattern (usually in four weeks) it is best not to offer a pacifier. Babies need to nurse at your breast to avoid nipple confusion and to establish a good milk supply. If you have further questions about using a pacifier with your baby, consult your baby's health care provider. This is a decision each individual should make.

Because your baby must learn a completely different sucking technique when using a bottle, it is better not to use one for at least four weeks to avoid confusing the baby. Giving bottles earlier may also cause you to become engorged because your baby will not breastfeed as much. Your baby is usually more efficient at emptying your breasts than any pump. After your baby has learned to breastfeed easily and your milk supply is well established, use a bottle with a slow flow nipple.

However, the bottle is something new to learn, and babies are eager to learn new things. Once your baby figures out how to suck from a bottle, going back and forth is usually not a problem. Usually it is helpful for someone other than the mother to offer the bottle the first few times. If you have questions about ways to introduce a bottle to your breastfed baby, contact a lactation consultant or your health care provider.

## Vitamin D

Vitamin D, which helps build strong bones, is needed by everyone – especially young babies and children. Exposure to sunlight helps young babies and children make Vitamin D. The American Academy of Pediatrics recommends Vitamin D supplementation for all breastfed infants. Talk with your baby's health care provider about recommendations for your baby.

## Weaning

As your baby approaches six months, you will notice that he or she becomes interested in what you are eating. This is when most babies are ready for some solid food. Until your baby is 1 year old, nurse first and then give solid food. The nutrients in milk are still the most important for your baby's growth. The American Academy of Pediatrics recommends nursing your baby for at least a year. However, there may be circumstances that require you to wean before that time. Weaning is a process that may take a few days, a few weeks or several months. If you want to wean before your baby does so naturally, it is easiest to do it gradually, one feeding at a time. Choose the first feeding you want to drop and give the baby a bottle or a cup of breast milk or formula, if your baby is less than 1 year old. Babies over 1 year of age can usually have regular cow's milk. Continue breastfeeding the rest of the day. Follow the same pattern for about three days. When you are not uncomfortable after the feeding you have dropped, you can drop another feeding in the same manner. By weaning this way, you will not be uncomfortable from engorgement. You can then choose which feedings you want to drop and which you want to continue. As your baby nurses less, your breasts make less milk.

## Expressing Milk

Some mothers pump or express their milk for an occasional bottle or while they are at work. Expressing some milk will also help to soften your breasts if you are engorged.

## Hand Expression

To hand express, put your thumb and forefinger in the shape of a 'C' at the back of the areola (the dark area around your nipple). Press straight back to your chest wall, bring your thumb and finger together. Continue this back and together motion, moving your hand around the breast to reach all of the milk under the areola. It may take a while to get the milk flowing the first few times you express. If this does not relieve the pressure in your breasts, you may need to purchase or rent a breast pump.

## Pumps

There are many different types of breast pumps on the market. The pump you need will depend on your reason for pumping. If you are pumping for an occasional bottle, a small hand pump by Hollister®, Medela® or Avent® usually will work well. If you are pumping at work, a high quality electric pump, which can be used to pump both breasts at once, may be what you need. For pumping at work and for engorgement, the small electric pumps in the baby equipment stores and pharmacies are often not adequate. Several pumps and pump supplies can be purchased in the WakeMed Gift Shop or through other community resources. If your baby cannot breastfeed at all, or you are seriously engorged, you will need a hospital-grade electric pump, which can be rented. Contact the lactation consultants at WakeMed for assistance in choosing and locating the right pump for you.

## Storage and Handling

These are the HMBANA guidelines to storing milk for your baby:

BREAST MILK STORAGE GUIDELINES				
	ROOM TEMP	REFRIG.	HOME FREEZER	DEEP FREEZER
Freshly expressed breast milk	Up to 6 hours	Up to 6 days	Up to 3–6 months	Up to 1 year if 20° C
Thawed breast milk (previously frozen)	Up to 4 hours	24 hours	Never refreeze thawed milk	Never refreeze thawed milk

If you have not used milk in the refrigerator in two days, put it in the freezer until you need it.

Disposable storage bags, designed for breastmilk collection, or clean glass bottles are convenient milk storage containers. Milk can be thawed by placing it out in warm water or putting it overnight in the refrigerator. Do not thaw or warm milk in the microwave. Hot spots can severely burn your baby's mouth.

Never refreeze thawed milk. Only put as much milk as you think your baby will take at one feeding in a bottle. Because some of the baby's saliva will go back through the bottle nipple, any milk that the baby does not drink at the feeding should be thrown away.

## Nutrition

Breastfeeding mothers do not need a specific diet. Your body uses the nutrients necessary to make milk. Drink when you are thirsty, and eat when you are hungry. If your urine is dark or you get constipated, drink more. Your milk contains about 20 calories per ounce, and you are making about 32 ounces per day by the time your baby is two weeks old. Those calories plus the energy for milk production equal about 1,000 calories per day. You may find that you are losing your pregnancy weight even while eating more than usual. Breastfeeding burns 500–800 calories per day.

Most babies are not affected by what their mothers eat. However, if your baby is very fussy, it may be from gas. Think back (4 to 24 hours) and determine if you've eaten something known to cause gas. Few babies are bothered by more than two or more foods, so eliminate the suspected food for 48 hours. Then try the food again at a later time. Many babies outgrow any sensitivity to foods their mothers eat by 3 months of age.

## Medications and Lifestyle

Alcohol, caffeine, nicotine and all other drugs go into your milk in varying amounts. Consult your baby's health care provider before you drink any alcohol. If your baby seems irritable during the evening, and you are drinking caffeine-containing drinks, cut back on those drinks for a few days to see if that helps your baby. Smoking is not recommended when breastfeeding. However, if you choose to smoke, avoid smoking just before or during nursing. If your baby develops colic, diarrhea or gas, decrease the number of cigarettes per day. You should avoid exposing your baby to second-hand smoke. Most medications are safe to take while breastfeeding. Remind your health care provider that you are nursing whenever medicines are prescribed. Contact your lactation consultant with concerns.

## Maternal Concerns

- *Bathing* - Avoid using soap or anything that might dry out the skin on your nipples or breasts. Wash your breasts with clear water when you bathe. The small bumps on your areola (Montgomery glands) release an oil that cleans and lubricates the skin. Most mothers find that this natural oil keeps their nipples soft.
- *Leaking* - If the second breast starts to leak while the baby is nursing on the first, press straight back on the nipple for a few seconds to stop the leaking. A discreet way to stop leaking when you are in public is to cross your arms and push straight back on your nipples. This will also work if you start to let-down between feedings. Some mothers use breast pads to absorb any milk that leaks. If you wear breast pads, change them when wet to avoid nipple irritation.
- *Sore Nipples* - Some women develop some nipple tenderness during the first few days of breastfeeding. The amount of time the baby breastfeeds does not cause sore nipples. Incorrect positioning and incorrect latch-on are the most common causes of sore nipples. If your nipples continue to hurt after the first few sucks during a feeding, try repositioning the baby and latching on again. After a feeding, apply a little expressed milk on the nipples and allow to air dry. Hydrogel dressings are safe treatments that provide more effective pain relief than a lanolin ointment. Lanolin can encourage a yeast infection.
- *Yeast Infections* - If your nipples burn or itch throughout the feeding and afterwards, you might have a yeast infection on your nipples. Yeast infections can make your nipples very painful, but the skin does not look broken or raw. It may have a shiny or red appearance. Nipple creams will make a yeast infection worse. A yeast infection is usually

easily treated with prescribed medication that is safe to use while breastfeeding. If you have a yeast infection, your baby may also have developed one in his or her mouth. This is called thrush. Your health care provider will need to prescribe medication for the baby's mouth. Once baby's mouth is clear of thrush, it is very important that mom continue to apply the anti-fungal cream to her nipples for three to five more days.

- *Engorgement* - If your breasts become swollen or engorged when your milk increases or comes in, continue feeding your baby every two to three hours, waking the baby if necessary. It is important to keep the baby nursing until at least one breast softens at each feeding. Leaving the breasts too full continuously will actually begin to shut down milk production. Severe engorgement usually lasts no more than 24 to 48 hours. Pumping out the extra milk to feel comfortable for a few days will not make you become more engorged.

Your milk supply will begin to regulate itself in a few days, but to reduce the swelling:

- Place ice packs on your breasts for about 15 minutes before each feeding. Frozen bags of corn or peas make excellent ice packs because they form to the contour of your breasts. These remedies or ice packs should only be used for 15 minutes and then removed for at least 45 minutes. Otherwise, they may shut down milk production, and overuse of ice will cause rebound swelling.
- If the breast is too swollen for your baby to grasp easily, even after using ice packs, pump or hand-express a little milk before nursing. Usually, expressing or pumping as little as a teaspoon of milk will soften the breast enough to allow the baby to nurse.

- It may help to stand in a warm shower for a few minutes to get the milk flowing, but too much heat can increase the swelling.
- If your baby is not emptying your breasts enough to keep you comfortable, pumping after breastfeeding will help. The milk can be stored frozen to use later.
- *Plugged Ducts* - Sometimes a mother will have a small curd of milk blocking a milk duct. This will cause the milk to back up into the breast causing swelling and local pain. You may notice a small pearl-like blister on the tip of the nipple. Soak the nipple in warm (not hot) water for a few minutes before each feeding. Then massage the hard area as the baby nurses. You may also find that taking a warm bath will help with a plugged duct.
- *Mastitis* - Mastitis is a breast infection. If one of your breasts suddenly becomes tender, hot, hard, or swollen, and you feel as though you have the flu, you may have mastitis. Some women with mastitis will also have a fever. **You need to continue breastfeeding and contact your health care provider because you may need antibiotics.** Also ask your provider about taking an anti-inflammatory medication to help with the pain and the swelling. Continue to nurse every two to three hours. Put warm compresses on the swollen part of the breast just before the feedings. Massage that part of the breast during feedings. Keeping the milk moving out of the breast is the best way to heal the infection. You should rest as much as possible until you are feeling better.

## Birth Control

Because estrogen levels are sometimes lower during breastfeeding, some women may need extra lubrication for intercourse, especially at first. Remember to use a water-based lubricating gel. Never use petroleum jelly, which can damage condoms and diaphragms. Some women experience a milk ejection reflex or let-down during intercourse. Nursing the baby first will make this less of a problem.

A barrier method of birth control (such as a diaphragm or a condom) works well if used correctly and regularly. If you prefer to use birth control pills, wait until your milk supply is well established. Some providers will prescribe birth control pills only after breastfeeding has been well established because some mothers experience a decrease in milk supply while taking birth control pills. Progestin-only pills have less effect on milk supply than do the combination contraceptive pills. Other hormone methods such as Depo Provera® should not be used until the milk supply is well established, usually after six weeks. For some women Depo Provera® decreases milk supply even after six weeks. If your baby is not content after feedings and stops gaining weight, discuss this with your health care provider.

## Mother's Milk Bank

The WakeMed Mothers' Milk Bank is a non-profit organization that screens donors and collects, pasteurizes and distributes human donor milk. It is one of only 15 non-profit milk banks in the United States and distributes about 200,000 oz. of milk each year to NICUs across the Southeast.

*Who can donate?*

- Healthy mothers who are breastfeeding or pumping for an infant under 1 year of age
- Those not regularly using medications except vitamins, thyroid replacement, insulin, calcium or iron



- Non-smokers
- Mothers free from illegal drug use and regular alcohol use
- Mothers who test negative for HIV, HTLV, Hepatitis B and C and syphilis

If you are interested in becoming a milk bank donor, please contact the Milk Bank at 919-350-8599.

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