



YOUR GUIDE TO  
**Breastfeeding**

*Simple Nursing Wisdom*

*from Holy Name's Parent Education and Lactation Consultants*

Holy Name Medical Center 



## Benefits of Early Breastfeeding

Newborns are highly alert for the first one to two hours after birth, and are ready to find comfort and security at mother's breast. Therefore, if possible, breastfeeding should begin right after delivery so that baby can enjoy the benefits of colostrum, or first milk. Although the amount of colostrum is small, it is able to fill your newborn's tiny stomach. Colostrum can be yellow or clear, and may even leak from your breasts before the baby is born.

Breastfeeding has many advantages for both babies and mothers. Here are a few:

### Benefits for baby:

- Breast milk has high levels of antibodies that provide protection from infection.
- Breast milk is a complete form of nutrition, containing the perfect balance of fat, sugar, water and large amounts of easy-to-digest protein.
- Breast milk helps baby excrete excess bilirubin, assisting in the prevention of newborn jaundice.

### Benefits for mom:

- Breastfeeding stimulates the pituitary gland, causing the uterus to contract and return to its original size.
- Breastfeeding decreases bleeding after birth.
- Breastfeeding uses extra calories, often making it easier to lose pregnancy weight.
- Research studies suggest that, for some women, having breastfed may lower the risk of breast and ovarian cancers, and possibly, the risk of osteoporosis and hip fractures after menopause.

### Feeding cues

A baby who is ready to eat will give you feeding cues, such as putting his hands to his mouth. Crying is the final cue. Sometimes it is difficult, though, to get baby to nurse when he is upset. If this happens, try to comfort him by talking or singing softly near his ear until he calms down.

### Early bowel movements

The number of bowel movements will vary from at least one to several or more a day. For the first one to three days, a newborn will have very dark stools called meconium. After the meconium has been passed, the stools will become mustard-colored. The stools of a breastfed baby will never be hard or dry, but will always be very soft and without strong odor.

### Weight loss and supplementation

Most babies will lose up to seven percent of their birth weight during the first two to four days of life. This is normal. However, if the weight loss is 10% or more,

baby's weight should be checked by your pediatrician within 48 hours after discharge from the hospital. By two weeks of age, baby should be back to her birth weight. If this is not the case, your pediatrician may suggest supplementation with pumped breast milk or formula. Supplementation may also be necessary if the number of wet diapers or stools suggest that baby is not receiving enough breast milk. The experts at Holy Name Medical Center's Parent Education and Lactation Service can give you information on how to increase your supply of breast milk (see "Resources" at the end of this guide).

## The First Feeding



Football Hold

### Football Hold vs. Cross Cradle

For his first time at the breast, baby may prefer the "football hold" (see image, left). This position keeps baby warm and close to you. Turn baby so he is lying on his side, facing your breast. If you are starting with the right breast, your right hand will support the back of the baby's neck. Your forearm will cradle the baby close, freeing the left hand to support the breast with four fingers beneath the breast and your thumb

resting above the areola. Holding your breast this way will prevent your hand from blocking the milk reservoirs beneath the areola. (The milk reservoirs are where the milk pools when it lets down, or flows from the milk-producing glands.)

You may also want to try another position, the "cross-cradle" (see image, right), in which baby is held across your body, belly to belly. Baby's knees and hips are still slightly flexed, your forearm holds him close, and your hand supports his neck.



Cross Cradle

### Getting baby to "latch on"

To get baby to open wide, gently stroke her upper lip with your nipple. After a moment or two, most newborns will begin to "root" by opening their mouths, seeking the breast. Wait until the baby's mouth is open wide and then quickly bring her toward the breast, with her chin touching the breast first and the nose last. The baby's mouth at your breast should look like the picture, right.

If you feel pain, it's almost always a sign that baby has taken only the nipple into her mouth, or that the lower lip is not rolled down. It's important that you nurse in the correct position to ensure that baby receives as much breast milk as she needs.



*Breast milk production works on the principle of supply and demand: The more breast milk your nursing baby consumes, the more your body will manufacture.*

## The First Week

### Engorgement and nursing frequency

On the second to fifth day after delivery, your breasts should feel larger and somewhat firm, as milk production begins. Engorgement is the result of hormone changes that cause an increased flow of fluid to the breast. This is a temporary condition, usually lasting only a few days until your body adjusts to the making and releasing of milk.

By the end of the first week, your milk supply will become more balanced as you continue to produce as much milk as your baby removes. Nursing frequently (without bottle supplementation) will minimize engorgement, so plan to feed baby at least every two to three hours, with one longer interval during a 24-hour period. You'll be more comfortable if you allow baby to nurse from both breasts at each feeding. (Although during the first day or two of life, baby may prefer one or the other breast.) Try alternating the breast you begin with, starting the next feeding with the breast your baby nurses from last.

Breast swelling sometimes can make the nipple and areola more difficult for the baby to grasp, resulting in nipple tenderness. Unrelieved pressure during engorgement can be harmful to your milk supply if the pressure causes the milk glands to stop producing. This should be considered a breastfeeding emergency and steps must be taken to immediately relieve the swelling. Read on.

## Relieving engorgement before the start of a feeding

1. Apply moist heat with a warm, wet towel and gently massage your breast. The shower is also a great way to get your milk moving, as it's relaxing, as well as therapeutic.
2. If the milk does not let down with moist heat, try cold compresses. Cold sometimes gives better results, both before and after a feeding.
3. If these measures prove unsuccessful, and baby still cannot latch on to your breast, it may be necessary to use a breast pump. While in the hospital, your nurse or lactation consultant will provide you with an electric pump kit and will instruct you in how to use it.

## If your milk supply is low

Generally, the longer your milk supply has been low, the longer it will take to produce more milk. Sometimes, it can be impossible to increase a very low milk supply to a level where it will meet all of your baby's nutritional needs. In that case, you'll need to supplement breast milk with formula. Your pediatrician will advise you, and recommend a brand. Please note, water is not a supplement, as it contains no nourishment.

During this period, frequent use of an electric breast pump will increase your milk supply while the baby puts on weight, and gains strength and energy. Pumped breast milk can then be used for supplementation. If you're pumping often, consider renting an electric pump, as it can save time and increase the amount of breast milk you produce.

## If your milk has not come in

If your milk has not come in by the fifth day, a formula supplement may be needed. Speak to your doctor.

# Care of You

## Sore nipples

Your nipples may be tender during the first several days of nursing. Tenderness is usually present only at the beginning of a feeding and is typically gone by the end of the first week. Severe nipple pain that lasts through a feeding probably means that your baby is either poorly latched on or positioned incorrectly at the breast. You can treat sore or cracked nipples with a lanolin product called Lansinoh®, but if the cause of soreness is not corrected, the pain will continue and your milk supply may decrease. Cracked or bleeding nipples require the attention of a lactation consultant.

## Keep it going

The first milk baby receives during a feeding, called the "foremilk," has a higher liquid content to satisfy the baby's thirst. The milk at the end, the "hindmilk," is rich in fat, which promotes maturation of the brain, improves vision, provides energy and helps baby grow to her potential. Therefore, whenever possible, allow baby to finish the feeding.

## Diet and fluids

There are no particular foods you must eat or avoid while breastfeeding. While you should ask your obstetrician about the need for vitamin supplements, the same well-balanced diet you followed during pregnancy will meet your nutritional and energy needs as a new mother. As a general rule, it's wise to avoid alcohol during breastfeeding, and you'll want to consult the pediatrician before taking any prescription or over-the-counter medication.

Sometimes, a baby will react adversely to a food in his mother's diet (as evidenced by unexplained fussiness), but most nursing mothers can eat anything in moderation. You may also notice that the color of baby's stool may vary from day to day, depending on what you've eaten. This is normal.

Breastfeeding mothers should "drink to thirst," taking as much fluid as your body tells you to. Most nursing moms will become thirsty whenever they feed their babies, and find it helpful to keep a glass of water or juice nearby.

# How is the Breastfeeding Going?

## Breastfeeding is going well if...

- Your baby nurses at least eight times in a 24-hour period, about every 2-3 hours for at least 10 minutes. It's normal for baby to feed more frequently at times.
- Your baby is having at least 6-8 wet diapers in 24 hours and 3-5 (or more) yellow, loose movements by the time he is five to seven days old.
- You can see or hear baby swallowing while she nurses.
- Your breast feels softer after baby nurses.
- Your nipples are not sore or cracked.

## Call your pediatrician if...

- Your baby is irritable and cannot be contented by nursing.
- Your baby is lethargic, sleeping and not waking for feedings, or cannot be kept awake long enough to feed.
- Baby is having fewer bowel movements and wet diapers than the recommended number.
- Baby's color is pale or yellow with jaundice.
- You do not see or feel any sign of milk production by Day 5.
- You have very sore nipples that are painful throughout the feeding.

# Using a Breast Pump

If you need to pump while still in the hospital, your nurse can bring an electric breast pump and accessory kit to your room, and instruct you in its use. If baby has to remain in the hospital after you're discharged, we recommend that you rent

a Medela® electric pump so he'll enjoy the benefits of your breast milk during this time. (Your nurse or one of Holy Name's lactation consultants can give you more information about pumps.)

1. Wash your hands and assemble the pump.
2. Sit in a comfortable chair with pillows to support your arms.
3. Massaging your breast for a short time before pumping may increase the amount of milk you're able to express. Warm compresses may also help with milk let-down.
4. Initially, use the pump's lowest setting until you find your comfort level. Most battery-operated pumps have a release valve or button to prevent nipple soreness.
5. If you're pumping to maintain your milk supply while separated from baby, pumping each breast every three hours for 15 minutes is recommended. To save time and energy, you may want to consider purchasing the extra parts needed for double pumping.
6. If you're pumping to provide the baby with breast milk on an occasional basis, pump in the morning after a feeding, when your breasts still feel full. If the pump requires only one hand to operate, pumping one breast while nursing baby on the other breast will allow you to take advantage of the milk let-down.
7. To care for your pump, wash the parts in hot soapy water, rinse well, and allow to air dry.

### Storage & preparation of pumped breast milk

#### DOs:

1. Keep breast milk at room temperature for up to five hours if you plan on using it. Otherwise, refrigerate promptly.
2. Refrigerate your breast milk in a glass or hard plastic container, or plastic storage bags made for this purpose.
3. Refrigerate the milk for up to five days, if you anticipate using it during that time.
4. Freeze your refrigerated breast milk if you don't use it within 48 hours. Although the milk can stay fresh longer, the earlier you freeze it, the better.
5. Store breast milk in the freezer for up to five months.
6. Combine milk that's been simultaneously pumped from both breasts.
7. Refrigerate fresh breast milk before adding it to previously refrigerated breast milk.
8. Place the container or bag of breast milk in a pan of hot tap water to warm or defrost it.
9. Use breast milk that has been thawed in the refrigerator within 24 hours.
10. Label each container with your baby's name (if hospitalized), the time and date the milk was pumped. Use the oldest milk first.
11. Gently shake the container of breast milk to combine the fat that's risen to the top, before feeding to baby.

#### DON'Ts

1. Do not refreeze breast milk.
2. Do not reheat breast milk in the microwave or in boiling water.
3. Do not store more than 4 oz. of breast milk in one container to avoid waste.  
If baby is in the special care nursery, pump as much as you like, but store in a single container only as much as baby will take during one feeding.

If a caregiver will be feeding your baby, you may want to give her/him a copy of these Dos and Don'ts for reference.

#### Tips for renting or buying a breast pump

- Commercial pumps, such as Medela®'s Lactina™ or Symphony®, may be rented from Bottom's Dry Diaper Service for either short- or long-term use.
- For extra convenience during long-term use, you might want to consider purchasing a pump similar to your rented model, such as the popular Pump In Style® by Medela®.
- When shopping for a pump, consider efficiency, comfort, size and cost.
- Manual pumps are small and inexpensive, but efficiency varies.
- Battery-operated pumps, some with an optional AC adapter, are easier to use, but the volume of milk pumped may be less and the pumping might take longer.
- Electric pumps are most efficient and more expensive. They are designed for pumping both breasts at one time and frequent use.

## Combining Breastfeeding with Employment

Women have discovered that they do not have to give up breastfeeding because their maternity leave has expired. There are as many ways to combine breastfeeding with work, as there are jobs, mothers and babies. It requires some ingenuity, but mothers who do, agree it's worth the extra effort.

*It's helpful to have the cooperation of a spouse or partner, so that time spent at home after the workday will be with baby, and not consumed by household tasks.*

#### Breast plus formula

Some moms choose to breastfeed while they are at home, and have baby's caregiver feed the baby formula while they are at work. This generally works better if the baby is three months of age or older. If this approach suits your needs, it's best to introduce baby to a bottle three weeks before you return to work. Slowly reduce the number of breastfeedings during the hours when you plan to be at your job, by replacing a breastfeeding with a formula feeding. If your workday is eight hours long and the commute is short, three formula feedings may be all that's needed.

## Breast plus pump

If you plan to give your baby breast milk only, you'll still need to introduce your baby to a bottle two to three weeks before you return to work, so she can adjust to feeding from a different container. During the time when baby is becoming accustomed to a bottle, you can practice using a breast pump. Pumping while at work ensures a plentiful milk supply for baby's feedings the following day. You can keep breast milk collected at work in an insulated cooler or a refrigerator until you return home.

If pumping is done during breaks or when you're otherwise pressed for time, consider renting a commercial electric pump with a double hook-up. Double pumping not only will increase the amount of milk pumped, but it also saves time—a precious commodity for working moms.

When pumping, try to do so in a quiet place. A picture of baby, a piece of his clothing, or a tape of him crying can be used to stimulate the let-down of your milk.

## Resources at Holy Name Medical Center

Call Holy Name Medical Center's Parent Education Department at **201-833-3124** for:

- telephone advice from breastfeeding consultants.
- one-on-one consultations with a Board-certified lactation consultant.
- the names of privately practicing lactation consultants.
- information about our free New Mom's Support Group, which has been recognized by the Northern New Jersey Maternal Child Health Consortium as a highly effective teaching tool for new parents.

## Words and Terms

**Areola** – The circular dark area around the nipple.

**Colostrum** – First milk; may be yellow or clear. Contains white blood cells to protect baby from harmful bacteria. High in protein and easy to digest.

**Lactation** – The production and releasing of breast milk.

**Lactation consultant** – A person with experience and knowledge in the art of breastfeeding, and who has passed an internationally recognized exam.

**Let-down** – The release of breast milk from the milk-producing glands, sometimes accompanied by the actual leaking of breast milk.

**Milk ducts** – Reservoirs of breast milk beneath the areola, which are compressed by the baby's gums during a feeding.

**Supplemental feeding** – Feeding of expressed, or pumped, breast milk or formula, if recommended by a physician.

## BREASTFEEDING LOG

Use this helpful log to track your progress during your first week of breastfeeding.

### INSTRUCTIONS:

1. **Circle the hour** when your baby begins nursing.
2. **Circle the W** when your baby has a wet diaper.
3. **Circle the S** when baby has a stool (bowel movement).

Call your pediatrician or pediatric clinic if your baby has fewer feedings, wet diapers or stools than the goals indicated in this log.

---

### DAY 1

*Goal is 4 to 6 feedings.*

**Hour:** 12 a.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 p.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

**Number of stools:** Goal is a minimum of 1 black bowel movement. S

**Number of wet diapers:** Goal is a minimum of 1 wet diaper. W

---

### DAY 2

*Goal is 8 to 12 feedings.*

**Hour:** 12 a.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 p.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

**Number of stools:** S S S

**Number of wet diapers:** Goal is a minimum of 2 wet diapers. W W W

---

### DAY 3

*Goal is 8 to 12 feedings.*

**Hour:** 12 a.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 p.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

**Number of stools:** S S S S

**Number of wet diapers:** Goal is a minimum of 3 wet diapers. W W W

---

### DAY 4

*Goal is 8 to 12 feedings.*

**Hour:** 12 a.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 p.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

**Number of yellow seedy stools:** S S S S S

**Number of wet diapers:** Goal is a minimum of 4 wet diapers. W W W W

---

### DAY 5

*Goal is 8 to 12 feedings.*

**Hour:** 12 a.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 p.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

**Number of yellow seedy stools:** S S S S S S

**Number of wet diapers:** Goal is a minimum of 5 wet diapers. W W W W W

---

### DAYS 6 & 7

*Goal is 8 to 12 feedings.*

**Hour:** 12 a.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 p.m., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

**Number of yellow seedy stools:** S S S S S

**Number of wet diapers:** Goal is a minimum of 6-8 wet diapers. W W W W W W W

---

# Holy Name Medical Center

## Women's and Children's Health



718 Teaneck Road  
Teaneck, NJ 07666

1-877-HOLY-NAME  
(1-877-465-9626)  
[www.holyname.org](http://www.holyname.org)

*member*  
NewYork-Presbyterian  
Healthcare System

*affiliate: Columbia University College  
of Physicians and Surgeons*

### Healing begins here.

For referral to a Holy Name physician,  
or for information about programs and services, call  
**1-877-HOLY-NAME (1-877-465-9626)** or visit **[www.holyname.org](http://www.holyname.org)**.