

Kid Kare Breastfeeding Tip Sheet

Congratulations on your new baby! If you have chosen to nurse your newborn, we would like to help you succeed. Breastfeeding is natural, but it is NOT easy. With patience, persistence, and support, most moms can successfully breastfeed. We hope this sheet helps you get started.

1. Breast milk qualities: *What's so great about breastmilk?*

- Breastmilk contains vitamins, minerals, probiotics, and “real time” antibodies against infection.
- Foremilk (watery, hydrating, high-lactose milk that exits the breast first) vs. hindmilk (high-calorie/high-fat milk as the breast is emptied). Both are important!
- Certain foods in your diet may be linked to fussiness, discomfort or unusual stools in your baby. If you are worried that your child is developing an allergy or sensitivity to your breastmilk, discuss this concern with your pediatrician.

2. Feeding schedule: *Is my baby getting enough to eat?*

- Hunger cues (first to last): wide open eyes, smacking lips, sucking hands, crying
- First week: feed every 2-3 hours (or more if baby willing) to encourage breastmilk production and prevent dehydration. Do not go longer than 4 hours between feeds
- 8 to 12 feeds in 24 hours doesn't necessarily mean every 3 hrs. Babies tend to “cluster feed,” especially in the evening
- Sleepy babies need to be awakened to feed until appropriate weight gain is achieved
- Newborns typically require between 10-45 minutes (divided between breasts) to finish a feeding. Alternate the breast you begin each feeding with, and “feed to the buzz.” A happy, “drunk” look is a good indication that the baby is receiving hindmilk.
- If your baby is peeing and pooping well (6-8 wet and 3-4 soiled diapers/24 hrs in the 1st week), you have enough milk!

3. Positioning for correct latch: *How can I help my baby nurse?*

- Getting ready: Use pillows to raise your baby's head up to the level of your breast. Try lightly stroking baby's cheek to stimulate the rooting reflex. Gently expressing a few drops of breastmilk onto your nipple can help your baby “hone in”
- The cross cradle hold or football hold may be more useful than the cradle hold in the early days of breastfeeding. It is hard to control the newborn's head in the cradle hold. Use your free hand to gently compress your breast like a “sandwich” from which your baby will take a wide-mouthed bite
- Help baby into the “sniffing” position (baby's neck off baby's chest, baby's nose off of your breast). Let baby's chin reach your breast first: reflex action will then cause the baby's mouth to open wide for a good latch. Make sure baby's tongue goes under the breast in a way that he can draw in both the nipple AND areola to “lap out” milk
- Even a good latch may elicit a temporary, painful sensation. This pain should dissipate within a few sucks of the baby's feeding.
- After achieving a good, pain-free latch (hooray!), gently bring baby's shoulders and head into your breast. Avoid leaning in and bringing your breast to the baby
- A good latch results in a relaxed baby with a moist mouth and an even suck/swallow/breathe rhythm
- For a visual example of a good latch: <http://www.youtube.com/watch?v=Zln0LTkejls>

4. Nipple Pain/Damage: *It really hurts!*

- Use a pure lanolin product on your nipples after every single feeding
- Air dry nipples after each feeding. Consider the use of Hydrogel pads (Mothermates) or breast shells (Medela Therashells) between feedings to prevent further breakdown. Keep nipples dry.
- Nurse on the least sore side first. Once healed, return to alternating the breast you begin with in order to keep your milk supply even.
- Gently break the suction with your finger before removing baby from your breast
- Express a little milk first to stimulate let-down before offering the breast to the baby

5. Engorgement: *How much milk can my breast hold before it explodes?*

- When your milk “comes in,” your body will make more milk than your baby needs.
- Engorgement tips: wear a supportive bra, nurse frequently (8-12x/day), use hot compress/shower for 2-5 minutes before nursing (if severely swollen, use ice pack/cold cabbage leaves), massage the breast during nursing, manually express a little milk before baby latches on to soften a very firm nipple/areola, apply a cold pack after nursing, try a mild pain reliever, only pump if really uncomfortable (habitual pumping during this time will lead to overproduction)
- Breast size is not related to how much milk you can produce and store. Mothers who can store a lot of milk in their breasts may not have to feed their babies as often as mothers who store less milk.
- By 4-6 weeks, you will make just enough milk. Your breasts may not feel as full as they did at first. As long as your baby is gaining weight, your body is making enough milk.

6. Pumping/Bottle Feeding: *My breasts need a rest!*

- Do not assume that the amount pumped is equivalent to the amount produced in a typical feeding from the breast. The baby is much more efficient than the pump
- Can introduce artificial nipple (i.e. pacifier, bottle) as soon as breastfeeding is well established. This is typically at about 2-4 wks of age, but it may be sooner for some
- Breastmilk storage:
 - Freshly expressed milk: room temp (4hrs), cooler with ice packs (24hrs), fridge (5-7 days), freezer (3-6 mo), deep freeze (6-12 mo)
 - Thawed milk (previously frozen): room temp/cooler (do not store), fridge (24hrs), freeze/deep freeze (do NOT refreeze)
 - Thawing frozen milk: in fridge overnight OR place in a bowl of warm water for 20min.
 - Do not microwave breastmilk.

7. When to seek help: *Something doesn't feel right...*

- Signs for baby:
 - *No seedy yellow BMs by day 5
 - *<6 clear to pale yellow urine/day by day 4
 - *Not satisfied after feeds
- Signs for mom:
 - *No increase in firmness, weight, and size of breasts by day 4
 - *No noticeable increase in milk volume and composition by day 5
 - *Breast fullness not relieved by feeding

We want you to succeed in your new role as a nursing mother; if there is anything we can do to help you during this challenging and exciting time, please let us know!

-Kid Kare Pediatrics

Lactation Resources

Sequoia Lactation Center : Affiliated with Sequoia Hospital

Address: 749 Brewster Avenue, Redwood City, CA 94062

Phone: 650-368-2229 (lactation consultant appt), 650-367-5597 (“calm line” for breastfeeding advice)

Services: private lactation consultations, phone advice, family room for feeding/weighing, classes and retail store. New parents support group meets Wednesdays from 9:30-11:30.

http://www.sequoiahospital.org/Medical_Services/The_Lactation_Center/index.htm

Mills-Peninsula Family Birth Center: Affiliated with Mills-Peninsula Hospital

Address: 100 S. San Mateo Dr., San Mateo, CA 94401

Phone: 650-696-5151 (non-urgent breastfeeding questions), 650-696-5600 (breastfeeding support group)

Services: Drop-in breastfeeding support group meets Tuesdays & Fridays from 11-1 in the Saily Conference Room on the ground floor.

http://www.mills-peninsula.org/birthcenter/New_Mother_Nursing_Journal.pdf

PPlaygroup@yahoo.com (Mills-Peninsula online group for breastfeeding issues)

Maternal Connections : Affiliated with El Camino Hospital (do not need to be a patient)

Address: 2485 Hospital Drive (Orchard Pavilion), Mt. View, CA 94040

Phone: 650-988-8287

Services: private lactation consultations, library, community room with baby scales, support groups, retail store (large selection of nursing accessories)

<http://www.elcaminohospital.org/> (search “Maternal Connections”)

Peninsula Breastfeeding Center: Affiliated with Babies and Moms (BAM)

Address: 1432 Burlingame Ave., Burlingame, CA 94010

Phone: 650-347-6455

Services: private lactation consultations, weigh station, classes and support groups through BAM, retail store (large selection of nursing accessories)

<http://www.babiesandmoms.com/>

La Leche League

An international, non-profit organization providing breastfeeding support & education

Services: Local chapter meetings at 10 am on the 3rd Friday of each month at Peninsula Birth Companions, 626 Jefferson Ave., Suite 3

<http://www.llli.org/>

Blossom Birth

A non-profit education and resource center for pregnancy, childbirth, and parenting

Address: 299 South California Avenue, #120, Palo Alto, CA 94306

Phone: 650-321-2326

Services: classes (childbirth prep, breastfeeding, parent-baby yoga), support groups, library

<http://blossombirth.org/>

Day One

A commercial establishment with no hospital affiliation

Address: 855 El Camino Real, #127 (Town & Country Village), Palo Alto, CA 94301

Phone: 650-322-3291

Services: large retail establishment (for baby and mom), private and phone lactation consultations, classes and support groups, lounge with weigh station, resource library

Notes: may have to be a member to access some services

<https://www.dayonecenter.com/locations/pa.php>

Useful websites

General information and support for breastfeeding moms:

<http://www.kellymom.com/>

<http://www.babiesandmoms.com/> (Burlingame-based support, especially for return-to-work-related issues)

<http://nursingmothers.org/> (Bay Area-based support)

<http://www.llli.org/> (La Leche League)

<http://www.lowmilksupply.org/>

<http://breastfeedingmadesimple.com/>

<http://www.nbci.ca/> (Newman Breastfeeding Clinic & Institute) *Great video clips!*

PPlaygroup@yahoo.com (Mills-Peninsula online group for breastfeeding issues)

Clinical/Medical information sites:

<http://www.bfmed.org/> (Academy of Breastfeeding Medicine)

<http://www.aap.org/breastfeeding/> (American Academy of Pediatrics)

<http://cdc.gov/breastfeeding/> (Center for Disease Control & Prevention)

<http://www.womenshealth.gov/breastfeeding/> (Dept. of Health & Human Svcs)

<http://www.ilca.org/> (International Lactation Consultant Association)

<http://www.usbreastfeeding.org/> (United States Breastfeeding Committee)

http://www.mills-peninsula.org/birthcenter/New_Mother_Nursing_Journal.pdf

Safe medications to take while breastfeeding:

<http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

Breastfeeding after surgical breast reduction:

<http://www.bfar.org/>