



NMCS D Lactation Services

Patient Resource Sheet

PRENATAL BREASTFEEDING BASICS CLASS (619) 532-5261

- Offered here at Naval Medical Center San Diego
Come join us and learn breastfeeding techniques for FREE! Classes are recommended for all expectant women in their last trimester. Dads and partners are invited as well. Please bring a baby doll or a baby-sized stuffed animal to breastfeeding practice positioning. Please call (619) 532-5261 to reserve a seat in our class or go online at: http://www-nmcsd.med.navy.mil/service/promo_course.cfm?hcid=24
- Location & Time: TBA

BREASTFEEDING SUCCESS CLASS (DURING HOSPITAL STAY)

- Monday-Friday
- Time: TBA
- Location: Building 1, Third Floor, 3-North- Maternal Infant Unit (MIU) conference room
 - Highly recommended for all moms; dads and partners welcomed.
 - Join us and learn how to correctly position and latch baby to breast and get your breastfeeding questions answered. This class will help to prepare you for what to expect from the first 24 hours through the first two weeks following delivery and discharge from the hospital.

INPATIENT LACTATION CONSULTATIONS

- Monday-Friday : 0700 - 1600
 - Judy Ciurzynski RN, IBCLC
 - Colette Greenberg RN, IBCLC
 - Lactation Corpsman
 - Sheida Khalatbari RN, LE
 - Marilyn Dukes RN, IBCLC

NMCS D BREASTFEEDING HELP-LINE: (619) 532-5261

- 5 days/week, Monday-Friday.
Do you have a breastfeeding question or concern? Leave a recorded message. We will respond to week day calls within 24 hours. You are welcomed to leave a message on the weekends and these calls will be returned on Monday.

COMMUNITY HOSPITAL RESOURCES:

➤ **SHARP CHULA VISTA MEDICAL CENTER WOMEN'S PAVILION**

(619) 482-5848

751 Medical Court, Chula Vista, CA, 91911.

Offers free breastfeeding support groups and breast pump rentals

➤ **SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS**

New Beginnings Boutique (858) 939-4127.

3003 Health Center Drive, San Diego, CA 92123

Offering warm line and free support groups, breast pump rentals and sales, nursing apparel with a large selection of nursing bras, breastfeeding accessories, books and videos.

➤ **SHARP GROSSMONT HOSPITAL WOMANS CENTER**

(619) 740-4983

5555 Grossmont Center Drive, La Mesa CA, 91942-4998.

Offering breastfeeding support services; group classes and support groups available. Also provide breast pump rentals and sales and breastfeeding products.

➤ **SCRIPPS MENDE WELL BEING**

(858) 626-7024

4305 La Jolla Village Drive, Suite L-5, San Diego, CA 92122.

Breastfeeding classes and support groups; breast pump rentals and sales.

➤ **SCRIPPS MERCY HOSPITAL**

(619) 260-7098

4077 5TH Ave, San Diego, CA 92103.

Nursing notions store open Mon-Fri 9 a.m. -2 p.m.

Breastfeeding classes, breast pump rentals and sales

➤ **SCRIPPS MEMORIAL HOSPITAL- LA JOLLA**

(858) 626-6268.

9888 Genesee Ave, La Jolla, CA, 92037

Breast Pump Rentals and Sales.

➤ **SCRIPPS MEMORIAL HOSPITAL- ENCINITAS**

(760) 633-7850

354 Santa Fe Dr, Encinitas, CA, 92024.

Lactation Consultants; Breast feeding classes; Breast pump rental and sales.

➤ **NAVAL HOSPITAL CAMP PENDELTON**

(760) 725-HELP

149 Los Padres Dr, Oceanside, CA, 92058.

Lactation services are available through your OB Provider. Offering Breastfeeding Classes every Mondays.

➤ **PALOMAR POMERADO HEALTH LACTATION**

(800) 628-2880.

Breastfeeding supports groups

➤ **PALOMAR MEDICAL CENTER**

(760) 739-2434.

555 E. Valley Parkway, Escondido, CA, 92025.

Offering Breastfeeding classes.

POMERADO HOSPITAL

(858) 613-4605.

15615 Pomerado Road, Poway, CA 92064.

Breastfeeding classes.

➤ **PALOMAR POMERADO WOMEN'S HEALTH CONNECTION BOUTIQUE**

(858) 613- 4894.

15725 Pomerado Rd., Suite 100, Poway, CA 92064.

Offering breast pump & accessories, nursing bras, breastfeeding classes & support groups.

➤ **RADY CHILDREN'S HOSPITAL SAN DIEGO**

(858) 576-1700 x7758.

3020 Children's Way San Diego, CA 92123.

Lactation Consultants.

➤ **TRI-CITY MEDICAL CENTER**

(760) 940-7745

4002 Vista Way, Oceanside, CA 92056.

Lactation Consultants,

Breastfeeding Classes (760) 940-5784

➤ **UCSD MEDICAL CENTER, LACTATION SERVICES**

(619) 543-7149.

200 West Arbor Dr., San Diego, CA 92103.

Lactation Consultants, breastfeeding classes, support groups and breast pump rentals.

NMCS D OUTPATIENT LACTATION SERVICES:

Department of Pediatrics

- Monday-Friday: 0800-1600 except holidays
 - *By appointment only
- Located in Building 1, second floor at 2 North/PICU
 - *Ask front desk for lactation
- Lactation Specialist:
 - Milly Webber-Hyatt, LVN
 - Rebecca Hickman, RN

Office: 619-532-6914

Fax: 619-532-7721

OTHER RESOURCES:

- BREASTFEEDING AND DRUGS INFORMATION:
 - National library of medicine <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>
 - Thomas Hale PhD <http://neonatal.ama.ttuhscc.edu/lact/>
- LA LECHE LEAGUE OF SAN DIEGO COUNTY (858) 646-9779 www.llusa.org/web/SanDiegoCA.html
 - International headquarters 1-800-la leche (847) 519-7730 www.lalecheleague.org mother-to-mother supportive monthly meetings & phone help countrywide.
- AMERICAN RED CROSS WIC PROGRAM (800) 500-6411
 - www.sdarc.org/wic/ 3905 Calle Fortunada, San Diego, CA92123
- NORTH COUNTY HEALTH SERVICE- WIC PROGRAM* (760) 471-2743.
 - 150 Valpreda Rd, Suite 202, San Marcos, CA 92069
 - (888) 477-6333, Warm line in Eng & Span, M-F 8 am.-4:30 pm
- SDSU FOUNDATION WIC PROGRAM (888) 999-6897. 8057 Vickers St., San Diego, CA, 92111-1917
- SCRIPPS MERCY HOSPITAL WIC PROGRAM (619) 260-7054. 550 W. Washington, Suite 520, San Diego, CA 92103.
- SAN YSIDRO HEALTH CENTER WIC PROGRAM* (619) 426-7966
 - 1655 Broadway, Suite 18, Chula Vista, CA 91911 and 4004 Beyer, San Ysidro, CA 92173
 - REMEDIOS G. REYES, J,Salazar@ext.dhs.ca.gov

~Breastfeeding~

SO, WHY BREASTFEED YOUR BABY?

BEST FOR BABY

- ✚ There are fewer and shorter episodes of illness and diarrhea, lower chances of respiratory illnesses and less ear infections reported in breastfed babies. Immune factors and antibodies in breast milk may give a baby's immune system a boost.
- ✚ Breast milk may protect against your baby developing inflammatory bowel disease later in life, Crohn's disease and ulcerative colitis.
- ✚ It is less likely that your baby will develop food or respiratory allergies, asthma, and eczema.
- ✚ Several studies have found a connection between breastfeeding, baby's brain development and higher IQs.
- ✚ Breastfeeding may protect against obesity later in life.
- ✚ May protect your baby from childhood leukemia.
- ✚ Breastfeeding for more than 6 months appears to reduce a child's risk of developing insulin dependent (type 1) diabetes.
- ✚ Breastfeeding offers a special protection for premature babies by lowering the risk of serious blood infections, meningitis, and high blood pressure.
- ✚ Breastfeeding may also lower your baby's risk of SIDS.

BEST FOR MOM:

- ✚ Breastfeeding helps you lose weight more quickly, especially during the first year. This is because your body burns about 500 calories per day while breastfeeding.
- ✚ Breastfeeding can lower your stress levels and reduce postpartum bleeding because of the release of the hormone oxytocin in your body while nursing.
- ✚ Numerous studies have found that the longer women breastfeed, the more they're protected against breast and ovarian cancer.
- ✚ Breastfeeding may protect against osteoporosis later in life and may actually improve a women's bone density in the long run.
- ✚ Breastfeeding offers some protection against the early return of fertility.
- ✚ Breastfeeding women report psychological benefits such as increased self-confidence and a stronger sense of connection with their babies.



THE FIRST 24 HOURS:

Put the baby to the breast as soon as possible after birth, preferably within an hour of birth. This is the best way to initiate breastfeeding. Babies are usually alert and feed very well during the first hour. After that, they become **very sleepy during the first 12-24 hours**. The first 24 hours is practice time for mom and baby. Don't get discouraged. An **average number of feeds** during the first 24 hours is **4-6** but may vary widely.

Skin to skin contact will help your baby acclimate to their new environment. Take the baby down to a diaper, and place the baby on mom's bare chest. Cover you and the baby with a blanket or two to keep the heat in, make sure your baby's entire back and legs are covered with a blanket. Baby's hat may be left on to ensure baby is kept warm. Skin to skin will often **help to wake a sleepy baby and calm a fussy baby**. It may also help regulate your baby's vital signs. Babies just love the skin to skin contact from both mom and dad! Colostrum is very important and it is packed with antibodies that help initiate your baby's



immune system and protects your baby from their new environment. Colostrum occurs in small amounts, but that is sufficient to meet your baby needs. Your baby's stomach size is only 5-7 ml's or the size of a marble.

HOW OFTEN:



It is recommended that you feed your baby whenever **they show signs of hunger**: rapid eye movement, tongue or lip smacking, sucking on fist or fingers. Crying is the last state of hunger and it may be difficult to teach your baby to latch in this state. Watch your baby not the clock!

Your baby needs to breastfeed **8-12 times within a 24 hour period**. The math usually works out to be every 2-3 hours. Each feeding should last at least **20-30 minutes** or so (10-15 minutes per breast), but may last longer in the earlier days.

Stimulate your baby to stay awake during the entire feeding. You may need to remove some blankets or clothing; babies often get sleepy when they get too warm. Try stimulating your baby by repeatedly extending baby's arm in a pumping motion. Try massaging or tickling baby's back or feet. Brushing your baby's back or legs with a wet cloth or baby wipe or changing a diaper may also help keep your baby awake.

THE SECOND 24 HOURS:

Expect baby to be more alert and maybe much **fussy** then the first day! Suddenly your baby discovers that (s)he is no longer in the warmth and comfort of your womb. He isn't hearing your familiar heartbeat, the swooshing of your placental arteries, the soothing sounds of your lungs, or the comforting gurgling of your intestines. Sometimes babies are fussy because they just want to be held. **Holding your baby skin-to-skin will often calm your baby down.**

You may also notice that each time you put him to the breast he nurses for a little then goes to sleep. Use various waking techniques to stimulate baby for a longer feed. Most mothers are convinced it is because their milk isn't "in" yet and their baby is starving, but this is not the case. You should **expect to feed your baby 10-12 times during the second day**. Your baby's **stomach size** has now increased to **10-13ml's, or about 2 teaspoons**. It is recommended that you put baby to breast on demand.



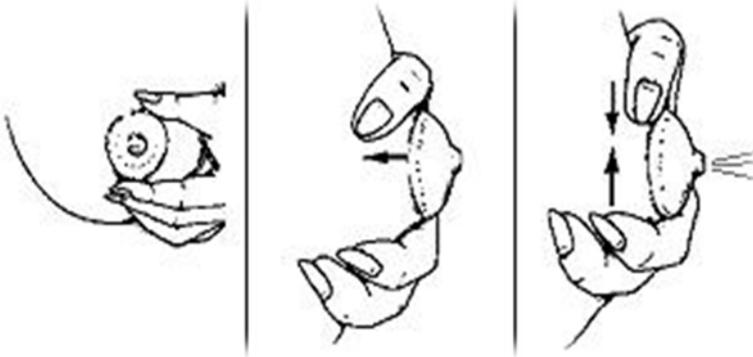
FULL MILK SUPPLY:

As your full milk supply becomes established, your breasts will become larger and feel heavier. Most women experience breasts fullness between **days 3-5 postpartum** and it usually **last 24-48 hours**. If had a vaginal delivery you will most likely get your full milk supply in on day 3; if you have had a cesarean section you will most likely get your full milk supply on day 4. For breast support avoid underwire bras.

If your baby does not adequately remove the milk from your breasts, you may develop engorgement. Symptoms of engorgement include; uncomfortable breasts tightness, warm to touch, and breast pain. The best way to prevent engorgement is to **feed the baby frequently**. Pumping and/or hand expression maybe indicated to help alleviate discomfort and fullness.

EXPRESSING THE MILK:

1. **POSITION** the thumb and first two fingers about 1' to 1 ½" behind the nipple.
2. **PUSH** straight into the chest wall.
 - Avoid spreading the fingers apart
 - For large breast, first lift the breast up and then push into the chest wall.



3. **ROLL** thumb and fingers forward, as if making thumb and fingerprints at the same time. The rolling motion of the thumb and fingers compresses and empties the milk reservoirs without hurting sensitive breast tissue.

Cold compresses between feedings can reduce swelling and relieve pain. Mother can place a small towel on her breasts to protect her skin and then use ice packs (bags of frozen peas work well) for

about twenty minutes, or however long the mother is comfortable. The mother should switch to heat treatment about ten to fifteen minutes before the next feeding.

POSITIONING:

Positioning is the foundation for a good latch. Make yourself comfortable and use a good **pillow for support to keep the baby elevated to the level of the breast**. You can use regular couch or bed pillows, or you may also consider a pillow designed for breast feeding (My Breast Friend). Bring the baby to you; don't bend over to feed the baby!

When positioning your baby we recommend that you use a position with good head support until you and the baby get the hang of breastfeeding. The football and the cross-cradle are two of the best positions with the best head support.

THE FOOTBALL POSITION:

1. Forearm supports baby's back.
2. Palm supports baby's shoulders.
3. Thumb and index finger support head under ears.
4. Bring baby back far enough for the nipple to align with baby's nose.
5. A pillow or two behind mom's back may give baby some kick room.
6. Support breast with opposite hand.



THE CROSS-CRADLE POSITION

1. Forearm supports baby's back.
2. Palm supports baby's shoulders.
3. Thumb and index finger support head under ears.
4. Roll baby tummy to tummy with mom.
5. Keep the baby's body in alignment.
6. With opposite hand, support the breast in a vertical position to match the baby's mouth.



CRADLE POSITION



SIDE-LYING POSITION



These are both great positions as well, but more advanced positions due to lack of head control. These positions are best used after you and baby have learned to breastfeed easily.

LATCHING BABY TO THE BREAST:

Latching the baby can be the most difficult, but the most important thing to learn while breastfeeding. The goal when latching is to get the baby as deeply onto the areola as possible. As shown in the picture the baby needs to take the nipple all the way back past the junction of the hard and soft palate. This is when the nipple stays protected from pain and damage.

LATCHING, STEP 1: "MAKE BREAST SANDWICH"



Support your breast with the C-Hold—thumb on top and four fingers underneath breast. Make sure fingers are well behind the areola, especially underneath the breast. **Compress your breast to make a sandwich** then express small amount of colostrum to encourage the baby to latch. You will need to **maintain this breast support** throughout the entire feeding for the first few days while the baby is learning to breastfeed.

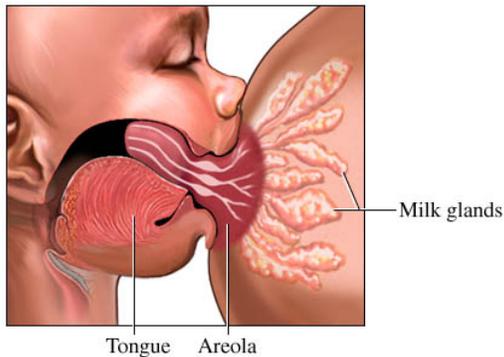


🚦 LATCHING, STEP 2: STIMULATE WIDE OPEN MOUTH.



Start by directing your **nipple towards the baby's nose**. Use your nipple to **tickle the baby from nose to chin**. This will stimulate your baby to root. Once your baby **opens his mouth wide**, "like a yawn", quickly bring his mouth up onto your breast. Opening wide is vital because in order to breastfeed effectively the baby must take the breast far back into his mouth. Let his or her **lower jaw and lip touch your breast first and then his or her upper jaw and lip**. Remember, **bring your baby to the breast quickly**; a wide mouth does not last long!

🚦 LATCHING, STEP 3: ASSESING THE BABY'S LATCH



The baby should be pulled in so close that his **chin is pressed into the mother's breast**. His nose will rest on the breast as well. Some mothers worry that the baby won't be able to breathe. A baby's nostrils are flared so that he can easily breathe through the corner of their nose. Be sure the baby has a wide-open gape onto the breast and **takes a good part of the areola into his mouth**. The more breast tissue the baby takes into his mouth the more comfortable the latch will be. You may also check to make sure the **lips are flanged out like "fish lips"**.

SIGNS OF SHALLOW LATCH:



- Nipples sore during entire feeding.
- Check nipple shape after seal is broken. A crease through the nipple indicates a shallow latch.
- Clicking or smacking while baby suckles.
- Baby's cheeks dimple with each suck.
- Continued improper latching will result in increased pain and damage to the nipple.

SORE NIPPLES:

Sore nipples are most commonly caused by a shallow latch to the breast. **Correcting the shallow latch will often fix the problem.** Any nipple damage or pain experienced throughout an entire feeding is NOT normal and may be an indicator of a latch problem. Experiencing some discomfort during the initial latch may be normal and will usually resolve within a week or so. Rubbing expressed breast milk on your nipples will help soothe and heal any nipple damage.



- Applying a Lanolin breast cream may help with discomfort and is safe to use while breastfeeding.
- Hydrogel breast pads may be purchased to relieve discomfort and promote wound healing.



WILL I PRODUCE ENOUGH MILK?

You start with drops on day one and will produce ounces by day 4, but **it takes about 2-3 weeks to establish your true milk supply.** Each baby's needs are different and the baby will determine how much milk you make. It works on **supply and demand**; the amount removed from your breast will be the amount reproduced by your breast. To produce enough milk you will need to feed frequently, and if you miss a feeding you will need to pump to make enough milk.

GETTING ENOUGH?

New mothers often wonder whether their newborns are getting enough breast milk. Some weight loss is normal and should be expected in the first few days of life. Your baby needs to return to birth weight by two weeks. Even though you cannot measure the exact amount of milk your baby transfers, there are ways to tell if a breastfed baby is transferring enough milk. Your baby is probably transferring enough milk if he:

- Sucks and swallows while breastfeeding. You can evaluate suck-swallow pattern. Suck-suck-suck, swallow, rest, baby starts sucking again after 3-5 seconds. The **swallows are audible**; they have a **"Kuh" sound.**
- Feeds for about 20-30 minutes per feeding about 8-12 times in a 24 hour period.
- Seems active, alert, and gaining weight. On an average your baby will gain 4-8 ounces a week for the first few months.

- Seems satisfied or content after a feeding.

The most **measurable way to tell if your baby is getting enough** is: “what goes in has to come out.” Monitoring your baby’s voids and stools the first week can tell you a lot about how the breastfeeding is going. As a general rule:

- **Day 1: 1 wet 1 bowel movement**
- **Day 2: 2 wet 2 bowel movements**
- **Day 3: 3 wet 3 bowel movements**
- **Day 4 and after: 5-7 wet & 3-4 bowel movements**



Breastfed babies will also have a transition stool. The black, tarry **meconium will start to transition around day 2 or 3**. During the transition the stool may be a green or brown pasty stool, and **by day 4-5 you should see the normal breastfed stool. Normal breastfed stool has a loose, seedy, mustard appearance.** This consistency is normal and may remain this way until solids or supplement is introduced.



Meconium Stool



Breastfed Stool

CALL YOUR PEDIATRICIAN OR LACTATION CONSULTANT IF YOU THINK YOUR BABY IS NOT GETTING ENOUGH!

✚ WHY AVOID BOTTLES AND PACIFIERS?



Suckling at the breast and bottle are different. It takes about 2-3 weeks for a baby to learn how to breastfeed effectively sometimes introducing a bottle or pacifier any earlier may interfere with breastfeeding for two different reasons.



The first is flow preference. At the breast the baby has to suck about 3 times to get enough to swallow; breastfeeding is a lot of work for the baby. Bottles drip too fast; if the baby gets used to that flow, he may not want to work as that hard at the breast. He might start to get fussy and pull on and off out of frustration.

Secondly, baby may show preference to the bottle’s nipple texture and placement in baby’s mouth. The tongue moves differently on the breast then on the bottle. The goal is to teach the baby to breastfeed first. The best time to introduce bottles and nipples is 3-4 weeks after milk supply has been established and baby has learned to breastfeed effectively.

GROWTH SPURTS: (PERCEIVED LOW MILK SUPPLY)

Infant growth spurts occur in normal healthy infants who are gaining weight. Most commonly, they occur around 2-3 weeks, 6 weeks, and 2 months. During this time your baby may feed 12-16 per day and be excessively fussy. Growth spurts may last 2-5 days, after which the baby should go back to a more regular feeding schedule. Monitoring voids and stools will reassure your baby is getting enough. Infant growth spurts are characterized by:

| INFANT | MOTHER |
|---|--|
| Fussiness Constant feeding Waking at shorter night intervals Irritable during/after feedings Pulling away from breast | Breast feel soft Breast feel "empty" Let-down decreased or absent Doubts her ability to meet her infant's needs |

CLUSTER FEEDING:

- Cluster feeds commonly happen in the evening, but can happen at any time of the day **before a rest period**. The baby may feed every hour or maybe more often, then sleep for a longer period of time.
- The baby is trying to **store calories** for this sleep period, and babies have to eat more frequently due to their small stomach size
- This is considered **normal behavior**. It is recommended that you watch for feeding cues and feed baby on demand, especially if you think your milk is established (3-4 weeks).

DIET:



The **Golden Rule** to a diet while breastfeeding is **everything in moderation!** One of the wonders of breast milk is that it can meet your baby's nutritional needs even if you're not eating well. But just because your baby won't be harmed by any dietary insufficiency, doesn't mean that *you* won't suffer. Getting enough vitamins and nutrients is important because you need energy to meet the physical demands of caring for a new baby.

Eating well doesn't mean you need to eat more. Experts used to recommend that nursing moms get an extra 500 calories a day, but recent research indicates that breastfeeding moms do not *necessarily* need a calorie boost; in fact, **burning these extra calories is the fastest way to lose your extra postpartum weight**. When you breastfeed, your body is shedding excess fluid. You should drink at least eight 8-ounce glasses of water or liquid per day to stay hydrated. Another rule of thumb is to "drink to thirst."



According to the FDA/EPA guidelines, you should limit yourself to

approximately twelve ounces of fish per week. You should completely avoid fish that contain the highest levels of mercury (shark, swordfish, mackerel and tile fish). **Caffeine** in excess



(more than 2-3 cups a day) may cause your baby to become irritable, but is fine in moderation.



Most prescribed medications are compatible with breastfeeding, there are only a handful of medications that cannot be taken while breastfeeding, just remind your healthcare provider that you are breastfeeding.

Alcohol does enter your breast milk and can potentially harm your baby. If you are going to enjoy an occasional alcoholic beverage, breastfeed baby first, wait at least two hours before breastfeeding your baby again to give the alcohol a chance to dissipate. If you feel the effects of the alcohol when time to feed, pump and dump milk and give stored breast milk through bottle. When you no longer feel the effects of the alcohol it is then safe to breastfeed baby. Alcohol serving is limited to one 4-ounce glass of wine, one 12 ounce can of beer or one cocktail. **Alcohol** is not stored in breast milk, it metabolizes in your breast milk the same as it does in your blood, and so “pumping and dumping” is not necessary.

A mom who can't stop smoking should still breastfeed. Breastfeeding provides many immunities that help your baby fight illness and can even help counteract some of the effects of cigarette smoke on your baby: For example, breastfeeding has been shown to decrease the negative effects of cigarette smoke on a baby's lungs. It is definitely better if breastfeeding moms do not smoke, but if you cannot stop or cut down, then it is better to smoke and breastfeed than it is to smoke and formula feed.

✚ HOW TO MINIMIZE THE RISK TO YOUR BABY IF YOU SMOKE:

- **The ideal:** stop smoking altogether. The “patch” is safe if used as directed.
- **Cut down.** The less you smoke, the smaller the chance that difficulties will arise. The risks increase if you smoke more than 20 cigarettes per day.
- **Don't smoke immediately before or during breastfeeding.** It will inhibit let-down, may decrease milk supply and may give baby colic.
- Smoke immediately after breastfeeding to cut down on the amount of nicotine in your milk during nursing. Wait as long as possible between smoking and nursing. It takes 95 minutes for half of the nicotine to be eliminated from your body.
- Never smoke in the same room with your baby. Smoke outside, away from your baby and other children. Don't allow anyone else to smoke near your baby.



PUMPING AND STORAGE:

It is best to wait for 3 to 4 weeks to introduce bottles. Begin to pump to store milk 2 to 3 weeks before returning to work. Use the fresh milk you pumped at work for feedings the next day and save your frozen milk for emergencies. Pump 3 times during an 8 hour shift, or every 3 hours that you are away from your baby. Fifteen minute pumping sessions during breaks and lunch with a good pump will help protect your milk supply. If you can't pump 3 times, pump as much as you can during each day. Breastfeeding in the evening and over the weekends helps your milk supply and protects your special bond with your baby.

Storing Breast milk

- It is normal for pumped milk to vary in color, consistency and scent depending on your diet. Storing milk separates into layers. Cream will rise to the top. Gently swirl the warmed bottle to mix the milk layers.
- You can continue to add small amounts of cooled breast milk to the same refrigerated container throughout the day. Avoid adding warm milk to already cooled milk.
- Store your milk in glass or plastic containers, or in milk storage bags made especially for breast milk. Freeze milk in 2 to 5 oz. portions. Small amounts will thaw quicker. You will also waste less milk and avoid over-feeding. Liquid expand when frozen so leave some extra room at the top of the container so that the bottle or bag containing the milk will not burst open.
- Seal containers tight. Write the date and time on a piece of tape and apply to side of container. Use oldest milk first.
- If you do not plan to use the milk within a few days, freeze it right way in the coldest section of your freezer. Do not place the bottle or bag up against the wall of the refrigerator or freezer.

| Breast milk status | Room temperature (26°C or lower) | Refrigerator (4°C or lower) | Freezer |
|---|---|--|---|
| Freshly expressed into container | Use immediately if at room temperature. Otherwise refrigerate immediately for longer storage. | 3-5 days. Store at back, where it is coldest | 2 weeks in freezer compartment inside refrigerator. 3 months in freezer section of refrigerator with separate door, 6-12 months in deep freeze (-18°C or lower) |
| Previously frozen - thawed in refrigerator but not warmed | 4 hours or less - that is the next feed | 24 hours | Do not refreeze |
| Thawed outside refrigerator in warm water | For completion of feeding | 4 hours or until next feeding | Do not refreeze |
| Infant has begun feeding | Only for completion of feeding | Discard | Discard |

Defrosting:

- Thaw milk overnight in the refrigerator, or hold the bottle under warm running water to quickly thaw. You can also place the sealed container in a bowl of water for 20 minutes to bring it to body temperature.
- Thawed milk is safe in the refrigerator for up to 24 hours. Do not refreeze.

CAUTION: NEVER MICROWAVE BREASTMILK. MICROWAVING CAN CAUSE SEVERE BURNS TO BABY'S MOUTH FROM HOT SPOTS. MICROWAVING CAN ALSO CHANGE THE COMPOSITION OF BREASTMILK.

Your Milk Supply and Your Baby's Needs

- We used to think that mother needed to make more and more milk as their babies grew. Scientists now know that a healthy milk supply remains fairly constant over the 6 months of exclusive breastfeeding. Choose a slow-flow bottle nipple and limit feeding size to 3 to 5 oz. of milk for babies younger than 6 months.
- By the end of the first week of life, women who are breastfeeding one baby normally make between 19 to 30 oz. per day. (Daley, Owens, Hartmann, 1993.) An average size "meal" for a baby is between 3 to 5 oz. of breast milk. Formula is harder to digest and less well absorbed. Formula fed babies may need larger feeds. Consult your doctor for advice.



~Breastfeeding Log~

The goal is to feed your baby on demand **8-12 times/24 hours**. Stimulate your baby to stay awake at the breast as most babies fall asleep easily while feeding.

Instructions:

1. Circle the hour that your baby started each feeding.
2. Circle the number of wet diapers, and/or "S" for stoolled diapers.

Day 1 ~ Date: _____

| | | | | | | | | | | | | |
|--|----|---|---|---|---|---|---|---|---|---|----|----|
| Goals: feed 8-12 times, have at least 1 dark tarry stool and 1 wet diaper | | | | | | | | | | | | |
| AM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Wet | 1 | | | | | | | | | | | |
| Stool | 1 | | | | | | | | | | | |

Day 2 ~ Date: _____

| | | | | | | | | | | | | |
|--|----|---|---|---|---|---|---|---|---|---|----|----|
| Goals: feed 8-12 times, have at least 2 dark tarry stools and 2 wet diapers | | | | | | | | | | | | |
| AM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Wet | 1 | 2 | | | | | | | | | | |
| Stool | 1 | 2 | | | | | | | | | | |

Day 3 ~ Date: _____

| | | | | | | | | | | | | |
|---|----|---|---|---|---|---|---|---|---|---|----|----|
| Goals: feed 8-12 times, have at least 3 transitioning stools and 3 wet diapers | | | | | | | | | | | | |
| AM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Wet | 1 | 2 | 3 | | | | | | | | | |
| Stool | 1 | 2 | 3 | | | | | | | | | |

Day 4 ~ Date: _____

| | | | | | | | | | | | | |
|--|----|---|---|---|---|---|---|---|---|---|----|----|
| Goals: feed 8-12 times, have at least 3-4 loose yellow stools and 4 wet diapers | | | | | | | | | | | | |
| AM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Wet | 1 | 2 | 3 | 4 | | | | | | | | |
| Stool | 1 | 2 | 3 | 4 | | | | | | | | |

Day 5 ~ Date: _____

| | | | | | | | | | | | | |
|--|----|---|---|---|---|---|---|---|---|---|----|----|
| Goals: feed 8-12 times, have at least 3-4 loose yellow stools and 4 wet diapers | | | | | | | | | | | | |
| AM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Wet | 1 | 2 | 3 | 4 | | | | | | | | |
| Stool | 1 | 2 | 3 | 4 | | | | | | | | |

Day 6 ~ Date: _____

| | | | | | | | | | | | | |
|--|----|---|---|---|---|---|---|---|---|---|----|----|
| Goals: feed 8-12 times, have at least 3-4 loose yellow stools and 4 wet diapers | | | | | | | | | | | | |
| AM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Wet | 1 | 2 | 3 | 4 | | | | | | | | |
| Stool | 1 | 2 | 3 | 4 | | | | | | | | |