Breastfeeding & Infant Nutrition

Pregnancy and childbirth are the most exciting events in your life and the life of your family. We are pleased that you have chosen AMITA Health Alexian Brothers Medical Center, Elk Grove Village or AMITA Health Alexian Brothers Women & Children’s Hospital, Hoffman Estates, both part of AMITA Health Alexian Brothers Health System, for the birth.

AMITAhealth.org
Congratulations on the birth of your baby! The Lactation Consultant Teams of AMITA Health Alexian Brothers Medical Center, Elk Grove Village and AMITA Health Alexian Brothers Women & Children’s Hospital, Hoffman Estates look forward to assisting you in achieving your breastfeeding goals. Nursing your baby can be one of the most fulfilling and memorable experiences of motherhood.

The Lactation Consultant Teams provide support throughout the entire nursing experience, whether your experience is a couple of weeks or a couple of years. Each consultant on our team has worked with mothers and babies for many years, and we are happy to share our experience and expertise with you. We know that breastfeeding can be challenging at times, and that new mothers have many important questions and concerns. This book will help to answer many of the questions you may have while you are in the hospital and at home. If you have any additional questions, don’t hesitate to ask!

Our Locations
Alexian Brothers Women & Infant Services can be found at the following locations:

**AMITA Health Alexian Brothers Women & Children's Hospital**
1555 Barrington Rd.
Hoffman Estates, IL 60169

Main Hospital: 847.843.2000
Lactation Helpline: 847.755.7600
(see note below)
Spanish Lactation Helpline: 847.839.7537

Lactation Consultant Coordinator
Lisa Moy, RN, BS, IBCLC: ext. 2620
breastfeedingquestions@alexian.net

**AMITA Health Alexian Brothers Medical Center**

800 Biesterfield Rd.
Elk Grove Village, IL 60007

Main Hospital: 847.437.5500
Lactation Helpline: ext. 4873
(see note below)

Lactation Consultant Coordinator
Linda Hampson, RN, BSN, IBCLC: ext. 4873
lactationhelp@alexian.net

**Note:** Both medical centers have access to medical interpreters that can translate any language (Polish, Spanish, Hindi, Korean, etc.)

The information provided in this book is for educational purposes only and should not be construed as medical advice. It is not a substitute for examination, diagnosis, and medical care provided by a licensed and qualified health professional. Patient educational information is subject to change without notice. Although we try to keep information in this book current and accurate, you should not rely on this information or its applicability to any specific circumstances without first consulting your doctor or nurse midwife. If you have any questions or concerns about your care please contact your doctor or nurse midwife.

AMITAhealth.org
Acknowledgments

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Lactation photographs by Lisa Moy


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Hoffman Estates

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Women & Children’s Hospital, Hoffman Estates

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HOSPITALS AND FACILITIES

AMITA Health Alexian Brothers Medical Center, Elk Grove Village
800 Biesterfield Rd.
Elk Grove Village, IL 60007
847.437.5500

AMITA Health St. Alexius Medical Center, Hoffman Estates/AMITA Health Alexian Brothers Women & Children's Hospital, Hoffman Estates
1555 Barrington Rd.
Hoffman Estates, IL 60169
847.843.2000

AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates
1650 Moon Lake Blvd.
Hoffman Estates, IL 60169
855.383.2224

AMITA Health Alexian Brothers Rehabilitation Hospital, Elk Grove Village, in partnership with Rehabilitation Institute of Chicago
935 Beisner Rd.
Elk Grove Village, IL 60007
Inpatient: 847.640.5600
Admission: 847.956.5422
Outpatient: 847.981.5556

AMITA Health Niehoff Pavilion
955 Beisner Rd.
Elk Grove Village, IL 60007

AMITA Health Alexian Brothers Hospice Residence
901 Martha St.
Elk Grove Village, IL 60007
847.981.2000

AMITA Health Alexian Brothers Diagnostic Imaging Centers
1339 Lake St.**
Addison, IL 60101
630.930.5600

1060 S. Elmhurst Rd.**
Mt. Prospect, IL 60056
225.265.9010

St. Alexius Outpatient Center*
347 W. Golf Rd.
Schaumburg, IL 60195
847.252.8838

AMITA Health Alexian Brothers Center for Mental Health
3436 N. Kennicott Ave.
Arlington Heights, IL 60004
847.952.7460

AMITA Health Alexian Brothers Breast Care Center at Bartlett*
864 W. Stearns Rd., Ste. 102
Bartlett, IL 60103
847.755.8700

AMITA Health Alexian Brothers Children's Hospital - Outpatient Center
701 Biesterfield Rd.
Elk Grove Village, IL 60007
847.472.2619

Primary Care/Immediate Care/Occupational Health
Addison**
Elk Grove Village 126 Biesterfield Rd.
Hanover Park
Mt. Prospect**
Palatine
Schaumburg* Golf Rd.

Immediate Care/Occupational Health
Bensenville

Primary Care
Arlington Heights
Bartlett
Barrington
Bloomington
Elgin
Elk Grove Village 800 Biesterfield Rd.
Hoffman Estates
Itasca
Palatine
Rolling Meadows
Schaumburg
Skokie
Streamwood

Geriatrics
Elk Grove Village

OB/GYN
Barrington
Buffalo Grove
Hoffman Estates
Schaumburg

* Diagnostic Imaging Center services provided by AMITA Health Alexian Brothers Medical Center, Elk Grove Village

** Diagnostic Imaging Center services provided by AMITA Health St. Alexius Medical Center, Hoffman Estates

U.S. News & World Report Ranks Three AMITA Health Hospitals Among Best in Chicago Metropolitan Area

AMITA Health St. Alexius Medical Center, Hoffman Estates
Ranked #8

AMITA Health Alexian Brothers Medical Center, Elk Grove Village
Ranked #10

AMITA Health Adventist Medical Center, Hinsdale
Ranked #16
Lactation Consulting Services

The International Board Certified Lactation Consultants of AMITA Health Elk Grove Village and AMITA Health Women & Children’s Hospital:

- are Registered Nurses with a college degree
- possess a minimum of 2500 hours of training
- attend 20 hours of continuing education every year
- recertify every 5 years.

Breastfeeding Resources

You will find the following resources helpful:

- **The Lactation Consultants** of AMITA Health Elk Grove Village and AMITA Health Women & Children’s Hospital are available to assist you while you are in the hospital and after you return home.

- **Breastfeeding Help Line.** The Lactation Consultants are available for telephone consultation 7 days a week. Leave a message on the Lactation Helpline and your call will be returned as soon as possible, usually within 24 hours. If your call is urgent, please call your baby’s doctor.

- **Email.** If you delivered at AMITA Health Women & Children’s Hospital, please email your questions or concerns to: breastfeedingquestions@alexian.net. If you delivered at AMITA Health Elk Grove Village, please email them to: lactationhelp@alexian.net. Be sure to include your phone number, as all emails will be returned per telephone.

- **Breastfeeding Support Groups.** Moms along with their babies, meet weekly in a relaxed atmosphere to discuss their concerns, questions and special moments. A Lactation Consultant is present at every meeting. There is no fee or registration. Meeting days/times:
  - AMITA Health Women & Children’s Hospital: B.E.S.T. Group (Breastfeeding Education and Sharing Time) Every Monday from 10:00-11:30, in the lower level of the AMITA Health Women & Children’s Hospital.
  - Mother-to-mother Support Groups: The following groups meet locally on different days and times:
    - Breastfeeding USA (breastfeedingusa.org)
    - La Leche League (lalecheleague.org)

- **Office consultation** with one of our Lactation Consultants is available for any breastfeeding problems. A fee is charged that your insurance company may reimburse. No one will be refused an outpatient visit due to the inability to pay. To find a private practice Lactation Consultant who provides home visits, log onto www.ilca.org – International Lactation Consultant Association.

- **Registered dietitians** at AMITA Health Hoffman Estates and AMITA Health Elk Grove Villages are available to help you with nutrition concerns, questions, meal plans and other related services. The Dietitians of AMITA Health Hoffman Estates can be reached at 847.843.2000 ext. 6574. The Dietitians of AMITA Health Elk Grove Village can be reached at 847.956.6850.

- **Breast Pump Rental.** Both AMITA Health Elk Grove Village and AMITA Health Women & Children’s Hospital rent hospital-grade breast pumps. Please call the Lactation Helpline for prices and further information.

- **Breast Self-Exam Classes.** It is important to do breast self-exams, even while breastfeeding. To register for a group class, please call 1.855.MyAMITA (692.6482).

- **Other Helpful Websites:**
  - www.breastfeeding.asn.au
  - www.breastfeeding.com
  - www.breastfeedingchicago.com
  - www.breastfeedinginc.ca
  - www.breastfeedingonline.com
  - www.breastfeedingusa.org
  - www.healthychildren.org (website of the AAP)
  - www.kellymom.com
  - www.lalecheleague.org
  - www.lowmilksupply.org
  - www.mothering.com
  - www.womenshealth.gov/breastfeeding
  - www.workandpump.com

- **Helpful Apps:** Breastfeeding Solutions by Nancy Mohrbacher

- **Helpful Books:** Refer to “The Book Shelf” section at the back of the book.

- **Unlimited Streaming/MP3 Music:**
Learning to Care for Yourself & Your Newborn

While you’re learning how to care for yourself and your new baby, you can take comfort in knowing that our staff is available to instruct and assist you. The skills you learn here will help smooth the transition to life at home. To help increase your success, here are some tips:

Stay together!
Keep your baby with you as much as possible during your hospital stay. This will help you recognize your baby’s feeding cues and become familiar with his feeding patterns.

Worried about sleep?
Studies show that mothers are more relaxed and sleep better when their babies remain close to them.

Stay Close!
Provide Skin-to-Skin or “Kangaroo” care for your baby. Strip your baby down to his diaper and put him against your bare chest several times a day for at least 60 minutes. Babies who “kangaroo” gain weight faster, have fewer breathing problems, maintain their body temperatures better and learn to breastfeed more quickly.

Stay Alert!
Watch for your baby’s feeding cues and put them to breast during early feeding cues.

Early feeding cues: Smacking lips, Putting hands to mouth, Rooting
Late feeding cues: Fussing or crying

Stay Exclusive!
Most babies don’t need any type of supplement if they are breastfeeding well.

Talk to your baby’s doctor before giving any formula.

Stay Focused!
Limit phone calls, emails, texts and visitors during the short time you are in the hospital.

Spend time getting to know your new baby and learning how to care for him.

Stay In Touch!
If you are having difficulty with breastfeeding, let your nurse or lactation consultant know!

We are here to help you in the hospital, and after you are discharged home. For help after you return home, call the Lactation Line at 847.755.7600 (AMITA Health Hoffman Estates) or 847.437.5500, ext. 4873 (AMITA Health Elk Grove Village).

Stay Frequent!
Encouraging your baby to breastfeed frequently will establish a good milk supply.

Most newborns eat 8-12 times (every 1-3 hours) in a 24 hour period, and have one longer sleeping period (a 4-5 hour stretch). During the first few days, many babies will feed for long periods of time. Some babies will want both breasts per feeding, while others want only one. For the first few weeks, babies are usually very sleepy in the morning, and do their best feeding late at night.
Babies Love to be Held

Baby carriers, swings, bouncers etc. have their place in making your life easier but it is important that these devices don’t become the primary location for your baby’s waking hours.

You may have gotten so many pieces of baby equipment to put baby in—jumpers, bouncers, swings, seats, strollers etc. that they are crowding you out of your house. But what does all of this equipment provide from a baby’s point of view? A soft, warm embrace or a cold, hard surface? A feeling of safety or a strange feeling of being near those you love and need, but too far away to receive comfort or get their attention? Easy access to mom’s touch, her breast, her loving face or too much distance from mom to even see her face at all?

Research proves over and over that human beings crave touch and physical closeness. Babies make their love of contact obvious through their own cuddles and wet kisses.

Jean Liedloff, in her book, The Continuum Concept (Addison-Wesley Publishers, 1993), writes, “The change from the total hospitality of the womb is enormous, but the infant has come prepared for the great leap from the womb to his place in his mother’s arms.”

Katie Allison Granju, author of Attachment Parenting (Pocket Books, 1999), says that “human infants, like most mammal babies, are happiest, most comfortable, and develop best when they are kept physically close to a warm body much of the time.” Dr. William Sears, renowned pediatrician, says, “It is natural, appropriate and a desirable part of development for a baby to be dependent. A baby needs to bond with people before things. Frequent, appropriate touch builds bonds of trust that create security in an infant and independence in an older child.” A baby who knows the world to be a safe, manageable place will more readily separate from his parents later, when appropriate, than a baby who has learned to fear separation early on. Consider too, that the attachments you form with your baby set the stage for a connected life-long relationship.

Given all of this evidence, you can imagine that a baby would not want to spend their day shuffled from one plastic container to another. Pick up your baby. Smell his hair, smother him with kisses, tickle his tummy and listen to his breath in your ear. Wrap your arms around him and realize that you have but a few short years to hold him this way, and that you will miss this one day and so will he. Understand that these moments are golden opportunities for you to know one another in an intimate way unique to the two of you. Use slings, front packs and backpacks to keep your baby close to you when he isn’t in your arms.

If you want to smile, and to feel warm and loved, pick up your baby and cuddle him all over.

Kangaroo Care

One enjoyable, relaxing way to establish a warm, nurturing relationship with your new baby is to “kangaroo” with him starting right here in the hospital. Kangaroo care is a name given to a type of care any parent instinctively knows how to provide for their infant—namely, close skin-to-skin cuddling. The name is derived from the nurturing kangaroo mothers give to their young in pouches.

Studies have shown that sick or premature babies who receive kangaroo care from their parents gain weight faster, have fewer breathing problems, maintain their body temperatures better and learn to nurse more quickly than those babies receiving traditional care (spending much of the time in a crib). Also, milk production is increased and mothers tend to breastfeed for a longer period of time when they provide kangaroo care to their babies.

Full-term healthy babies and their parents are shown to derive just as much benefit from kangaroo care.
**Keeping Baby Close**

Research has shown that babies who are carried by their parents cry much less than their non-carried counterparts. “Wearing” your baby in a carrier is a great way to bond with them and can make your life simpler. Many mothers find that nursing their babies while using a carrier is easy and convenient. It is important to use a carrier that is designed specifically for this purpose, as this will keep your baby safe and can reduce pain or fatigue of your back, neck and shoulders.

**Types:** There are five basic types of carriers: Pouches, Ring Slings, Wraps, Mei Tais and Soft-Structured Carriers. To read descriptions and see pictures of each type, log onto www.thebabywearer.com. This site also has articles, product reviews and message boards.

**Material:** Carriers come in different materials, such as cotton, hemp, fleece, mesh and silk. A new fabric has also been developed to help provide sun protection to infants.

**Features:** Some carriers provide padding on the shoulder or edge, while others are unpadded. Some carriers are adjustable, while others do not adjust. Carriers fitted to your height/size usually are more comfortable than one-size-fits-all carriers.

**Baby Age or Weight:** For newborns or young babies (up to 20 lbs), Pouches and Ring Slings work best. Older babies with better head control can be carried in Ring Slings, Wraps, Mei Tais or Soft-Structured Carriers.

**Do It Yourself:** If you sew, you may want to try making a carrier. Links for instructions can be found at www.thebabywearer.com/lists/sewing.htm

**Connect:** Check out www.babywearinginternational.org for more great information and local group meetings.
Breastfeeding Your Baby

Breastfeeding & the Law
Illinois has several breastfeeding laws to protect you and your baby. Here are some general laws that you should know about:
1. Breastfeeding is not considered “public indecency.”
2. A mother has a right to breastfeed her baby anywhere she is authorized to be.
3. A breastfeeding mother is exempt from jury duty upon her request.
4. The WIC (Women, Infants and Children) Program will provide breast pumps and lactation support/services to those who are eligible.

To keep updated on current laws, log onto: NCSL.org/research/health/breastfeeding-state-laws

Learning to Breastfeed
Breastfeeding is a beautiful, meaningful experience that you and your baby can share. Although full term infants are born with the ability to suck and swallow, some mothers find the first few weeks of nursing to be challenging. Please remember that you are learning a new skill and there may be periods of frustration. It may take some time and patience to feel confident. If you are having difficulty, call the Lactation Helpline for assistance.

Note to Second Time Mothers: If breastfeeding was not successful with your first child, it will probably be easier the second time around. Studies show a higher success rate and greater milk production when mothers nurse their second child or subsequent children.

Is it Normal for My Baby to be Sleepy After Birth?
Most newborns are sleepy for about 24 hours after birth. They usually show little interest in the breast at this point. It is a good idea, however, to offer the breast several times in the first 24 hours. This will allow baby to get used to the smell, taste and feel of your breast. The baby may be tired from the stress of the birth or may not yet feel hungry. When babies are born, they have excess mucous in their lungs and stomach. They may not begin to feel hungry until that mucous has cleared (within 48 hours).

Most baby boys are very sleepy for about 8 hours after they are circumcised. They may not be interested in nursing during this time. It is not necessary to be concerned, as the baby will feed longer or more frequently after the 8 hours have passed.

After the first 24 hours, most babies wake up and begin to nurse better, although some babies take a little longer to begin nursing. It is rare that a baby never takes the breast. Your nurses are here to assist you with latch on and positioning and the Lactation Consultant is available to help with problems you may encounter.

Note: It is also normal for you to become sleepy while your baby is nursing. Prolactin and oxytocin, the hormones responsible for milk production and ejection, make mothers feel drowsy. The effect is strongest during the first few weeks postpartum, and gradually decreases as baby gets older.

Baby's First Milk: Colostrum
During the first few days of nursing, your baby will be getting colostrum, a thick, clear-to-golden color fluid that is the consistency of honey. Colostrum begins to be produced around the 20th week of pregnancy and has the following benefits for the baby:

- Coats the stomach and intestines in preparation for the mature milk.
- Easily digested.
- High in protein to satisfy his hunger.
- Contains an extremely high amount of antibodies to protect him from infection.
- Provides a laxative effect on the intestines to help him pass his early stools. This is important to help prevent the development of jaundice.

It is normal for your breasts to feel soft until you begin producing mature milk around 3-4 days after birth. The mature milk mixes with the colostrum, making “transitional milk” for 2-3 weeks. When your baby is breastfed early and often, your milk will increase in volume and will begin to appear thinner and whitish. It is very common for babies to nurse frequently and for long periods of time during the 2nd-4th day of life.

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Your baby will not need any additional water or formula unless your baby’s doctor instructs you otherwise. The colostrum and breast milk provide complete nutrition. Giving additional fluids can cause the baby to nurse less frequently, which will decrease your milk supply.

Suggestions To Help Ensure Your Breastfeeding Success
The following suggestions may be helpful in ensuring that breastfeeding goes smoothly for you:

• Nurse your baby as soon after birth as possible and nurse frequently thereafter.

• “Kangaroo” with your baby as often as you can. Part of learning how to breastfeed is for the baby to learn how the breast smells, feels and tastes. Skin-to-skin contact allows your baby to become accustomed to the breast. Refer to the section on “Kangaroo Care.”

• Keep your baby in the room with you as much as possible while you are in the hospital, especially at night. This will allow you to learn your baby’s feeding cues and become familiar with his feeding patterns.

• Give your baby only your breast for the first month, unless your baby’s doctor recommends a supplement. Delay giving your baby a pacifier or bottle during the first month of life.

• Set up a “nursing station” to save time and energy. A nursing station could include a comfortable chair, a nursing pillow, a burp cloth, a footstool, the TV remote control, and a telephone. It could also include nutritious snacks (such as fruit or granola bars), and books or toys (if you are caring for an older child at the same time).

Getting Started Breastfeeding

Positioning Your Baby for Comfortable Breastfeeding
Correct positioning is one of the keys to successful breastfeeding. It ensures that your baby takes in more milk and helps prevent sore nipples. With a newborn, you have a choice of several positions in which to nurse. Before getting started:

1. Wash your hands.
2. Take the baby’s blanket off when it is time to nurse; it is difficult to pull baby in closely when blankets are in the way.
3. Undress the baby and hold skin-to-skin next to you. This works well for babies who are sleepy.
4. Remember that it is normal for newborns to have the hiccups. It is safe to nurse your baby if he has the hiccups, but he may not nurse if he is uncomfortable. The frequency of the hiccups will decrease as the baby grows and develops.
5. If one or both of your nipples are pierced, you will need to take out any jewelry before you breastfeed your baby, to avoid potential damage to baby’s mouth. This will also prevent your baby from choking, should the jewelry become detached. You may want to consider leaving the jewelry out until your baby has weaned, rather than removing it every feeding.
6. Use pillows to lift the baby up to your breast to avoid neck and shoulder pain. Some mothers find that a nursing pillow is more effective than a bed pillow, because it is firmer and stays in place better. Many styles are available online.
7. Position your baby with his head in your hand (Football or Cross Cradle Hold) to allow better control of baby and your breast. If your wrist becomes tired or painful, place a rolled towel or receiving blanket beneath it.
8. Support your breast with your hand throughout the feeding. If your hand becomes tired or sore, place a rolled towel or receiving blanket beneath your breast.
9. Use a small footstool when sitting in a chair. This will decrease the pressure on your back and improve your posture. For more information, search online for “wooden nursing footstools”.
Breastfeeding Your Baby continued

Nursing Holds

Sitting Up

*Cradle Hold*

1. Sit on a chair or sit up in bed.
2. Place a pillow on your lap to bring the baby to the level of your breasts.
3. Nestle the baby in your arm so that your baby’s neck rests in the bend of your elbow.
4. With your hand, hold the buttocks or upper thigh and tip your baby toward you so that his tummy and knees are facing you.
5. Your free hand will support your breast.
6. Pull baby close, lean back slightly, and relax your shoulders.

*Cross Cradle Hold*

Baby is in the same position as the cradle hold, but your arms are reversed.

Football Hold

1. Sit on a chair or sit up in bed.
2. Put a pillow or two at your side to support your arm and to raise the baby to breast level.
3. Place your baby on the pillow with his mouth close to your nipple.
4. Wrap your arm around baby, supporting his back and shoulders with your forearm and the neck with your hand. Hold your baby’s head behind the ears.
5. Your free hand can support the breast.
6. Pull baby close, lean back slightly, and relax your shoulders.
Lying Down

Side Lying Position
1. Comfortably position yourself on your side in bed. Use pillows for support as necessary under your head, back or between your legs.
2. Lay your baby next to you on the mattress, with baby’s mouth about level with your nipple.
3. Turn your baby toward you, making sure that baby’s face, tummy and knees are all facing you.
4. Pull your baby’s buttocks and legs in very closely to your abdomen.

“Elevator” Side Lying Position
If you have had a cesarean and find it difficult to turn from side to side, put a pillow under the baby to raise the baby to your upper breast.

Ventral or Laid Back Position
1. Lie back, using pillows behind your back to elevate you, or raise the head of the bed to about a 45 degree angle.
2. Lay your baby on his stomach, with his head between your breasts and his feet near your umbilicus.
3. Use your hands to support your baby’s feet or bottom.
4. Allow baby access to either breast.
5. When he is ready, he will wiggle over toward the breast and begin to bob his head in search of your nipple.

A Great Latch
1. Baby’s mouth is open wide, greater than a 90 degree angle
2. Baby is grasping the nipple and a good portion of the areola
3. Baby has more of the lower portion of the areola (by his chin) in his mouth
4. Baby’s chin is pulled in closely to the breast
5. The tip of baby’s nose is touching the breast
6. Baby’s lips are loosely curled outward
Offering the Breast to Your Baby
Support your breast with your hand in an “L” or “C” position, with all four fingers below your breast and your thumb resting gently on top. Make sure none of your fingers are touching the areola. If all of your fingers do not fit beneath your breast, just put them against your rib cage. Most women need to lift the breast from beneath to allow the baby to grasp the areola correctly. It is very important that the lower portion of the areola (the portion by the baby’s chin) is in the baby’s mouth. This will help prevent sore nipples and allow baby to get more milk out of the breast.

Getting Your Baby Latched On
To help get your baby latched on to your breast:

1. Stimulate your baby’s rooting reflex by lightly stroking the lips with your nipple. Most babies prefer a downward stroke (from the upper lip toward the lower lip) but some babies prefer a different stroke.

2. Quickly pull the baby to the breast when his mouth is open wide (rather than pushing your breast into the baby’s mouth). This may take several attempts. Your nipple and a good portion of your areola should be centered deeply in his mouth. Areolas vary widely in size, so you may or may not be able to see a portion of the areola when he is latched on correctly.

3. Pull the baby close to you so that his chin touches your breast as he nurses. Avoid pushing your breast away from the baby’s nose while nursing. You will not suffocate your baby. Pressing down on the breast can cause clogged milk ducts, as the milk cannot flow freely in that area.

4. Lift the breast from beneath to create more space for baby’s nose if he is having difficulty breathing while nursing. When using the side-lying position, you can tip either yourself or your baby back slightly to allow more space.

5. Check to make sure your baby’s lips are curled loosely outward while nursing.

6. Support your breast with your hand throughout the feeding. You may need to do this for the first few weeks if the baby is having difficulty maintaining a latch, until the baby’s mouth becomes stronger. Mothers who have large breasts and/or carpal tunnel syndrome may find relief from breast pillows, which support the breast from beneath and allow “hands free” nursing. For more information: www.utterlyyours.com, www.cushiepushie.com or type in “hands free nursing bras or bustiers” on your favorite search engine.

7. Listen for swallowing, which sounds like a rhythmic sigh or puff of air. During the first few days, your baby will have to take several sucks before you will hear a swallow. When the colostrum begins to change to mature milk, swallows can be heard much more frequently.

8. Break the suction when removing baby from the breast by inserting a finger between the gums in the corner of your baby’s mouth. Keep your finger between his gums as you pull him away from the breast. This will help to avoid nipple soreness.

Note: Clicking or smacking sounds are usually not normal and evaluation by the Lactation Consultant is recommended.

Nipple Pain
It is common to have nipple pain during latch on. This occurs as the baby is stretching the nipple to the back of their mouth. This pain may be very intense, but should not last longer than 30-60 seconds. This initial latch on pain will decrease and eventually stop over the next few weeks.

Note: Ongoing, severe nipple pain or nipples that are bruised, blistered, cracked or bleeding are not normal. This requires immediate repositioning and further evaluation by the Lactation Consultant.
How Often to Nurse Your Baby
Nurse your baby every 1-3 hours and more often if your baby indicates readiness to feed (i.e., smacking lips, hand to mouth, rooting). Many babies prefer to cluster feed, or have several back-to-back feedings. This is especially common during the evening and at night during the first two months.

During the early weeks, most babies have one longer sleep period (4-5 hours), which usually occurs during the day. Some mothers try to wake their babies more often during the day, hoping the baby will sleep longer at night. Some mothers prefer to wait until their baby’s schedule adjusts naturally, at about 4-8 weeks.

If your baby has more than one long sleep stretch, be sure he is nursing at least 8 times in a 24 hours period. If your baby doesn’t want to nurse this often, refer to “Tips on How to Wake a Sleepy Baby.”

Growth Spurts
Growth spurts may occur during the first few days at home, and thereafter approximately once a month for the first 6 months. For 2-3 days, your baby will want to nurse more often and/or for longer periods of time. Do not give a bottle after nursing during these times or you will not increase your milk supply.

How Long to Nurse Your Baby
Most babies like to nurse for long periods of time during the first few days. These long durations usually decrease in the first few weeks, as the colostrum changes to mature milk. Mothers who have very fast milk flow, or overactive letdown, usually report shorter feeding durations.

Note: Remember your breasts do not have to feel full to be producing milk. Even if the breasts feel soft or you cannot express milk, the baby can still get milk out of the breast.

Allow your baby to nurse as long as he wants to on the first breast, then offer the second breast. If you remove your baby from the breast before he is “finished,” he may become upset and refuse to nurse anymore during that feeding.

Most newborns usually only take one breast per feeding. It is important that your baby nurses well on one side. This will help him receive the hindmilk—a rich, creamy milk that is high in calories and fat. This will satisfy his hunger and help him gain weight.

Alternate which breast you begin nursing on. Some mothers find that alternating a ring from hand to hand helps them to remember which side to start on.

The “Let Down” or Milk Ejection Reflex
When the breast is stimulated (by nursing or a breast pump), the hormone oxytocin allows milk to be released from the breast. This is commonly called a “let down” or milk ejection reflex. The milk flow begins slowly, then picks up speed and gradually decreases, similar to a wave pattern. Most women have several “let downs” during a feeding session, resulting in several waves of milk. You will notice that your baby swallows at different speeds during the feeding, depending on the milk flow. It is also possible a “let down” may occur as a response to hearing a baby cry, thoughts about nursing, or sexual arousal.

About 1 month after giving birth, some mothers experience a sensation in their breasts just before or during the “let down.” The sensation is usually described as tingling or squeezing. Some mothers never experience a “let down” sensation, and this is normal too. It does not indicate your ability to make milk or nurse your baby.

It is normal for the opposite breast to “let down” and leak while you are nursing. Some mothers will catch the drips with a nursing pad, towel or cloth diaper. Other mothers will use a clean container to catch the drips and save that milk for future use. To decrease or stop the leaking, apply pressure to the leaking breast with your hand or forearm.
Tips on How to Wake a Sleeping Baby

Sometimes it is difficult to get the baby to nurse because he is so sleepy. The following suggestions may be helpful when trying to wake a baby for a feeding:

- Undress the baby and change the diaper.
- Stroke the palm of the hand or soles of the feet.
- Raise your baby to an upright position while supporting his head and back.
- Give baby a backrub or “walk” your fingers up either side of baby’s spine.
- Talk softly to your baby.
- Gently rub a warm washcloth over baby’s face and/or head.
- Put the baby to your breast and try to get him to latch on.
- If your baby falls asleep easily at the breast, compressing or massaging your breast will cause a few drops of milk to flow into his mouth, which will encourage him to swallow and suck.

*Note: If these techniques do not work after 20 minutes, take a break and try again in about an hour.*

Nutritive vs. Non-Nutritive Sucking

Most babies nurse with their eyes closed, so it can be difficult to determine whether they are nutritive or non-nutritive sucking. Non-nutritive sucking is a shallow, fluttery suck that can appear as a quiver or pulsing of the baby’s jaw. Instead of a tug, you may feel a flicking or tickling sensation on the nipple. You will not hear swallows during this type of sucking, as the baby is not moving milk out of the breast. The baby is not using you as a pacifier, he is just sucking in his sleep. Most babies will begin non-nutritive sucking toward the end of a feeding when they become tired.

You may find that allowing your baby to non-nutritive suck for more than a few minutes makes your nipples sore or tender. To help limit non-nutritive sucking, stimulate your baby to suck more vigorously or remove him from the breast. Frequent, unlimited, nutritive nursing will help establish a plentiful milk supply.

Pacifiers

The American Academy of Pediatrics encourages the use of pacifiers as a method to reduce the risk of Sudden Infant Death Syndrome (SIDS). To ensure that breastfeeding is firmly established, it is encouraged that parents wait one month before offering a pacifier at naptime and bedtime. Giving a pacifier before this time may cause a baby to reject the breast or suck incorrectly. If your baby refuses a pacifier, do not force him to take it. If the pacifier falls out while the baby is sleeping, do not reinsert it.

It is important to use the pacifier sparingly. If your baby has a strong sucking need, help him find his hand to suck on, or offer him your clean finger or knuckle. Frequent pacifier use has been associated with early weaning and early return of mother’s menstrual cycle. Frequent use also makes reading a baby’s feeding cues more difficult, which may result in less feedings per day and a decreased milk supply.

The American Academy of Pediatrics recommends that a pacifier be used during sleep for baby’s first year. Pacifier use beyond one year has been associated with ear infections. It is important to stop pacifier use at this time.

*Note: Not using a pacifier does not cause a child to become a thumb sucker.*

Giving Formula in Addition to Breastfeeding

Most babies do not need any additional formula, water or pumped breast milk. Breastfeeding meets all of their nutritional needs. A few infants may require extra fluid or calories because of a medical condition or the inability to get enough milk due to prematurity, sleepiness, incorrect sucking patterns, etc.

Your baby’s doctor may recommend that you nurse more frequently or nurse for a longer period of time. He may also recommend an evaluation by a Lactation Consultant, to identify problems and offer solutions.

If your baby’s doctor recommends that you give additional fluids, be sure to nurse your baby first.
**Vitamin and Mineral Supplements for Baby**

Breast milk contains a perfect balance of vitamins and minerals for your baby. However, many physicians are concerned that babies may not be getting enough Vitamin D and that the current Recommended Daily Allowance (RDA) of Vitamin D is too low for all age groups.

Vitamin D is known as the “sunshine vitamin” because it is primarily made by casual sun exposure. Due to the use of sunscreens and limited sun exposure, children and adults do not make as much Vitamin D as previous generations. The American Academy of Pediatrics (AAP) now recommends that all breastfed babies receive a supplement of 400 IU of Vitamin D3 (cholecalciferol) per day beginning in the first few days of life. The AAP states this should be given until the baby is taking approximately 30 ounces of formula per day.

The October 2015 issue of Pediatrics released the article *Maternal Versus Infant Vitamin D Supplementation During Lactation: A Randomized Controlled Trial.* [http://pediatrics.aappublications.org/content/136/4/625](http://pediatrics.aappublications.org/content/136/4/625). This study concluded that if a breastfeeding mother takes a Vitamin D3 supplement of 6000 IU, in addition to her prenatal vitamin (which contains 400 IU), her baby would receive the same amount of vitamin D recommended by the American Academy of Pediatrics. Check with your doctor to see if this is a good option for you and your baby.

Healthy, full-term breastfed babies do not usually need extra minerals like iron and fluoride until they are at least 6-9 months old. At that time, your baby’s doctor may suggest a blood test to see if your baby would benefit from additional minerals.

**Choosing a Nursing Bra**

It is a good idea to wear a clean, cotton, well-fitting bra with good support. Nursing bras which have a latch or clasp that can be opened with one hand allow easy access to the breast and are convenient. Underwire bras may cause clogged milk ducts and/ or breast infections, so they are not recommended.

It may be helpful to have a bra fitting when first purchasing a nursing bra. A person who is trained in fitting can assist you in choosing the correct size. You will want to wear nursing pads when being fitted. Choose a bra with a roomy cup to allow for the changing size and shape of your breasts. The bra should fit comfortably when fastened on the middle row of back hooks.

At night, you may want to wear a soft, unsupportive bra or go without a bra if you would be more comfortable.

*Note: If you are having difficulty finding nursing bras in your size, call the Lactation Helpline for assistance.*

**Some Suggestions for Dad/Support Person**

Your support is important in helping mom to have an enjoyable, satisfying nursing experience. The following suggestions may be helpful to you:

- Assist in limiting the number of outside visitors and length of visits. It is EXTREMELY IMPORTANT that mom has time to sleep and recover from the birth.
- Offer to take turns providing “Kangaroo” care for the baby. Skin-to-skin contact helps keep babies calm, stabilizes their vital signs (breathing, heart rate, etc.) and helps the nervous system to mature.
- Ask what you can do to help her and make her more comfortable. Offer her a pillow for her back, a footstool for her feet and a drink or snack when she is nursing.
- After the feeding, offer to burp and change the baby.
- Help with meals or other household tasks so mom has time to rest.
- Tell mom how much you appreciate her breastfeeding.

**Caring for Your Breasts**

Your breasts require no special care while you are breastfeeding. It is not necessary to wash your breasts or nipples before putting baby to breast. After nursing, massage your nipples with colostrum or breast milk to keep the skin soft and decrease bacteria. If possible, air-dry your nipples for 10-20 minutes after you nurse. You will want to bathe or shower daily but avoid using soap on your breasts as it can be drying.

*Note: Breast self-exams should still be performed monthly while you are nursing.*
**Mother’s Nutrition While Breastfeeding**

If you have any specific dietary concerns (i.e. diabetes, gastric bypass or gastric band procedure, celiac disease, IBS, etc.) our Registered Dietitians are available to assist you in the hospital. The Dietitians of AMITA Health Hoffman Estates can be reached at 847.843.2000 ext. 6574. The Dietitians of AMITA Health Elk Grove Village can be reached at 847.956.6850.

**Fluids**

Many mothers report feeling thirsty while breastfeeding. One of the best ways to determine how much fluid to drink is to pay attention to the color of your urine. Urine is usually dark yellow early in the morning, but should be light yellow to clear the rest of the day. If your urine is too dark, increase your fluid intake. Limit drinks such as Kool-Aid, soda or juice drinks (Hi-C, Sunny Delight, etc.) as these are mostly sugar, high in calories and have very little nutritional value.

*Note: Many people believe that a mother needs to drink cow’s milk to make milk for her baby. This is not true. See section on “Calcium.”*

**Exercise**

Recent studies show that moderate exercise is beneficial and safe for new mothers. It can increase your energy level and help you cope with stress.

Some mothers have expressed concern that their milk will change in taste or quality as a result of exercise. While it is true that a small amount of Lactic acid can pass into the breast milk, this is not harmful to the baby. The quality of milk is not at all affected. Occasionally, a baby may refuse to nurse right after their mother has exercised. This seems to be related to a change of the mother’s scent from perspiration. Babies almost always accept the breast after mom takes a shower or bath.

Exercising can affect your hydration level, especially if you are working up a sweat. Dehydration does not affect the quality of milk, but can temporarily decrease the amount of milk produced. It is important to drink plenty of water before AND after exercising to replace lost fluids.

*Note: Be sure to wear a supportive sports bra while exercising. Many mothers who run/jog state that layering 2 sports bras provides additional comfort and support. Check out “Nursing Sports Bra” on your favorite search engine.*

**Weight Loss and Dieting While Breastfeeding**

New mothers are often anxious to shed the weight that they gained during pregnancy. It is best to wait 2 months after giving birth to begin working toward this goal. This will allow your body time to recover from childbirth and help to establish a good milk supply. Here are a few facts that you will want to keep in mind:

- A portion of the weight gained during pregnancy is meant to nourish your baby. Your body will be burning between 500-1000 calories per day, simply by producing milk! The fat stores that accumulated during pregnancy will provide about half of these calories.

- It took 40 weeks to gain the weight. Allow at least that amount of time to shed those extra pounds. If you are losing more than 1 pound per week, your milk supply may decrease.

- It is common to lose weight in spurts. Often new mothers will complain of a “plateau,” where weight loss will stop or slow down.

- Losing weight while nursing is much different than losing weight during other times in your life. It is very important to stay well nourished in order to produce an adequate amount of milk and to have enough energy to care for your baby. Due to these high nutritional demands, it is strongly recommended to avoid “fad” diets, or diets intended for the general public.

- If you are struggling with weight issues, talk to your Physician or a Registered Dietician.

*Note: A good book on this topic is Behan, Eileen RD, Eat Well, Lose Weight, While Breastfeeding: The Complete Nutrition Book for Nursing Mothers, (paperback 2007).*
A Nutritious Diet
A nutritious diet including a variety of foods is the healthiest for you and your baby. Eat many different foods to get the calories, vitamins, and minerals you need to remain healthy. A minimal caloric intake of at least 2000 calories per day, with an optimal intake of 500 calories above a non-pregnant caloric intake of 1800 to 2200 calories is recommended. (This is the equivalent of a sandwich and a glass of milk).

The best guide as to how much to eat should be your own appetite. In general, mothers are hungrier during the first several months of breastfeeding, and you should not ignore feelings of hunger when producing milk for your baby. Grab a one-handed snack to eat while breastfeeding or keep wrapped snacks near your favorite breastfeeding spot.

Your body will produce nutritious milk for your baby, whether you follow a healthy diet or not. However, eating a good diet will replace important nutrients and will give you energy and stamina to care for your newborn. A great resource to help with meal planning and serving sizes is www.choosemyplate.gov.

Note: It is important for nursing mothers to continue to take their prenatal vitamin or a good quality multivitamin and mineral supplement while nursing.

Dietary Guidelines
The Dietary Guidelines for Americans gives science-based advice on food and physical activity choices for health. To see the full report, go to www.dietaryguidelines.gov.

What is a Healthy Diet?
The Dietary Guidelines describe a healthy diet as one that:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk products.
- Includes lean meats, poultry, fish, beans, eggs, and nuts.
- Is low in saturated fats, trans fats, cholesterol, salt (sodium) and added sugar.

Calcium
Nursing women need about 1,200 mg of calcium per day. Eat foods that are high in calcium such as milk, cheese, yogurt, kefir, canned salmon or sardines, lentils and dried beans, green leafy vegetables, almonds, Brazil nuts, sunflower seeds, soybeans, and tofu.

Many juices, breads and cereals now have calcium added to them. This calcium may not be absorbed as well as the “natural” calcium in the foods listed above.

Some mothers may not be able to eat dairy products due to a lactose or milk protein intolerance. If you feel you may not be getting enough calcium, talk to your doctor or a Registered Dietician to see if you need a supplement. Calcium citrate is best absorbed and can be purchased without a prescription.

Organic Vs. Conventional Foods
The term “organic” refers to crops that are not genetically altered and are grown without chemical insecticides, herbicides, or fungicides. Pesticides are potentially harmful to the nervous, endocrine, reproductive and immune system.

In respect to meat and dairy, “organic” refers to the feed that the animal is given. These animals are also not given any growth hormones or antibiotics. Organic farming is better for the environment, and recent studies have shown that organic (and locally-grown) produce may contain more vitamins and minerals than conventional produce.


Note: Whether you purchase organic or conventional produce, be sure to thoroughly wash your fruits and vegetables (including prepackaged salad greens). Cold running water will help remove any sand, dirt or bacteria that may be present.
Breastfeeding Your Baby

Contaminant Level of Fruits and Vegetables
Per The Environmental Work Group 2015

<table>
<thead>
<tr>
<th>Most Highly Contaminated</th>
<th>Least Contaminated</th>
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<tbody>
<tr>
<td>Apples</td>
<td>Avocados</td>
</tr>
<tr>
<td>Peaches</td>
<td>Sweet Corn</td>
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<tr>
<td>Nectarines (imported)</td>
<td>Pineapples</td>
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<tr>
<td>Strawberries</td>
<td>Cabbage</td>
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<tr>
<td>Grapes</td>
<td>Sweet Peas – Frozen</td>
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<tr>
<td>Celery</td>
<td>Onions</td>
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<tr>
<td>Spinach</td>
<td>Asparagus</td>
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<tr>
<td>Sweet Bell Peppers</td>
<td>Mangos</td>
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<tr>
<td>Cucumbers</td>
<td>Papaya</td>
</tr>
<tr>
<td>Cherry Tomatoes</td>
<td>Kiwi</td>
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<tr>
<td>Snap Peas (imported)</td>
<td>Eggplant</td>
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<tr>
<td>Potatoes</td>
<td>Grapefruit</td>
</tr>
<tr>
<td>Hot Peppers</td>
<td>Cantaloupe</td>
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<tr>
<td>Kale/Collard Greens</td>
<td>Cauliflower</td>
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<tr>
<td>Sweet potatoes</td>
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Genetically Modified Foods (GMOs)
Artificial genetic modification is done by forcing genes from one species into the DNA of a food crop or animal to introduce a new trait (for example, some soy crops have been chemically engineered to withstand heavy doses of herbicides without killing the plant). The American Academy of Environmental Medicine reports that “Several animal studies indicate serious health risks associated with GM food,” including infertility, immune problems, accelerated aging, faulty insulin regulation, and changes in major organs and the gastrointestinal system. Some physicians suggest that GMO’s will have a similar negative effect on the health of people. To decrease your intake of GMO’s, here are 4 steps to take:

1. Avoid processed foods.
2. Buy organic – food labeled organic cannot contain GMO’s.
3. Purchase food that is labeled with a Non-GMO Project Seal.
4. Avoid crops most likely to be GMO – Corn, Soybeans, Canola, Cottonseed, Sugar Beets, Hawaiian Papaya and some zucchini/yellow squash. Thankfully, popcorn is Non-GMO!

Vegetarian or Vegan Diets
Mothers who follow a vegetarian or vegan diet do not have to change their diet but need to make sure that they are taking in enough protein.

Many vegetarians, including vegetarians who eat eggs and dairy products, may require supplementary Vitamin D, iron, and calcium during lactation. In addition, women eating vegan or macrobiotic diets often require supplements of Vitamin B12 while breastfeeding.

Spicy or Gassy Foods
Don’t be afraid to eat hot, spicy or strongly-flavored foods while nursing. If you ate them when you were pregnant, your baby is already accustomed to the taste. All the foods you eat change the flavor of your milk, and this allows your baby to become familiar with different tastes. Studies show that foods that may make a mother gassy, do not necessarily make a baby gassy.

Foods commonly reported to upset a baby’s digestive system are cow’s milk and acidic foods. If a certain food seems to bother your baby, stop eating that food for 4 days. Look for a change in baby’s behavior. If you do not see an improvement, the gas or fussiness may be due to something other than the food. Refer to section on “Overactive Letdown.”

Under-Cooked Foods
Foods that are raw or under-cooked, such as clams, oysters, Sushi, Sashimi, eggs, beef, chicken or pork can pose a health risk for breastfeeding mothers. Although “food poisoning” bacteria cannot be passed through the milk, severe dehydration from vomiting and diarrhea can result in a decreased milk supply.

Seafood
Seafood is a wonderful source of protein, Omega-3 Fatty acids and Vitamin D, all of which are essential for brain, nerve and visual development. However, widespread contamination of seafood with toxic mercury and other pollutants has cast a shadow over the nutritional benefits of seafood. Infants and children are likely to be more sensitive to pollutants such as mercury.
**Omega-3 Fatty Acids**

The Omega-3's are important in reducing inflammation and preventing heart disease. They are also crucial in the development of vision and higher brain function. Infants receive the most Omega-3's while they are in the womb, but continue to receive them through the breast milk.

Omega-3 Fatty Acids are comprised of 3 different acids commonly known as ALA, DHA and EPA. ALA is found in green leafy vegetables, soybeans, walnuts, pumpkin seeds, canola oil, flax seeds (ground) or flax seed oil. DHA and EPA are found in cold water fatty fish such as: salmon, sardines, herring and trout.

Most Americans don’t eat enough Omega-3 Fatty Acids. If you don’t care for cold water fatty fish, many Omega-3 fortified foods are now available. These include cereal, bread, nutrition bars, cookies, eggs, milk, yogurt, cheese and ice cream. If you feel you are unable to take in enough Omega-3’s, talk to your doctor or a registered dietician about a fish or krill oil supplement.

*Note: Be sure to store Omega-3 fortified foods and fish oil capsules in the refrigerator to prevent them from becoming rancid.*

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**Warnings**

The following table lists mercury contamination levels of different species of seafood. Pregnant women, nursing mothers and young children should avoid or limit consumption of seafood with high levels of mercury.

<table>
<thead>
<tr>
<th>Never Eat</th>
<th>Never Eat or Eat Very Rarely</th>
<th>Eat Rarely</th>
<th>Eat Occasionally</th>
<th>Safest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Highly Contaminated</td>
<td></td>
<td></td>
<td></td>
<td>Least contaminated. Eat 1-2 servings per week</td>
</tr>
</tbody>
</table>

| Mackerel (King) | Shark | Swordfish | Tilefish (Golden Bass or Golden Snapper) | Bass (Large Mouth) | Bass (Saltwater) | Bluefish | Channel Catfish (Wild) | Croaker (white) | Grouper | Mackerel (Spanish) | Marlin | Moonfish | Orange Roughy | Oysters (Gulf Coast) | Pike | Sailfish | Sea Bream | Snapper (Red) | Sturgeon | Trout (Freshwater) | Tuna (Canned Albacore) | Tuna Steaks or Sushi (Bluefin or Big Eye) | Walleye | Bass (Sea) | Cod | Crab (Gulf Coast Blue or Dungeness) | Mahi Mahi | Halibut | Lobster (American) | Perch (Ocean) | Sablefish | Salmon (Great Lakes) | Trout (Sea) | Tuna (Canned Light) | Whitefish (Lake) | Any fish or shellfish not listed on the grid. | Any wild caught fish from streams, rivers or lakes. | Anchovies** | Catfish (Farmed) (Note) | Clams | Crab (Mid Atlantic Blue, Tanner or King) | Croaker | Flounder (summer)/Sole | Haddock | Herring** | Lobster (Spiny) | Mackerel (Atlantic)** | Mussels (Blue)** | Oysters (Eastern)** | Pangasius (Basa, Swai or Tra) | Pollock/Imitation Crab** | Salmon (Wild Pacific)** | Sardines** | Scallops | Shrimp | Tilapia (Note) | Trout (Rainbow)** | Whitefish |

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The above recommendations are a compilation from the following agencies (slight variations occur):
The Consumer’s Union (publisher of Consumer Reports magazine) The Environmental Protection Agency (EPA) The Environmental Working Group (EWG) The Food and Drug Administration (FDA)

*Note: A serving of fish or shellfish for adults is 6 ounces*

*Note: Farmed Catfish and Tilapia may contain high levels of PCB’s*

** Contain high levels of Omega-3 Fatty Acids
Breastfeeding Your Baby continued

Food Allergies

By breastfeeding your baby, you have significantly decreased the risk of your baby developing allergies or have lessened the severity of them. Babies do not inherit specific allergies, but can inherit the tendency to become allergic.

The American Academy of Pediatrics states “there is no evidence that avoiding certain foods while breastfeeding can help prevent your child from developing allergies or asthma... Still, if your family has experienced severe food allergies, you might consider limiting your intake of milk and dairy products, fish, eggs, peanuts and other nuts while breastfeeding.” More studies are currently being conducted to help clarify future recommendations.

Signs of an allergic reaction can include hives, eczema, vomiting, abdominal cramping and diarrhea. More severe reactions are immediate and life threatening, such as wheezing or swelling of the airway.

If your baby has a severe reaction to a food that you have eaten (or they have eaten), call 911 for help. If the reaction is mild, call your baby’s doctor. You may be able to have your child tested to find out what allergies they have.

Note: Be sure to let anyone who cares for your baby know of your baby’s food allergies or sensitivities.

Caffeine

It is acceptable to have 1-2 cups of coffee, tea or caffeinated soda each day. A small amount of the caffeine passes into the breast milk. Drinking an excess of caffeine can make your baby wakeful and restless. It can also decrease your appetite, making it more difficult for you to eat as many calories as you need while you are nursing.

Caffeine acts as a diuretic, which causes a temporary increase in urination. This diuretic effect can decrease your milk supply, as it may cause you to become mildly dehydrated. Drinking more than 8 oz. of cranberry juice per day can also cause dehydration.

Artificial Sweeteners and Artificial Fats

The Academy of Nutrition and Dietetics has approved the use of artificial sweeteners by lactating women when consumed in moderation.

Artificial fats block the absorption of Vitamins A, D, E and K that are needed for balanced nutrition. These are best avoided while you are nursing. Some people experience diarrhea when consuming foods with artificial fats. This can cause dehydration that can decrease your milk supply.

Alcohol

Alcohol does pass into your breast milk. Because infants have very immature livers, they cannot tolerate alcohol in large amounts, or they may exhibit lethargy, poor weight gain or delayed motor development. It is acceptable to have one occasional glass of an alcoholic beverage.

If a circumstance arises where you may drink more, previously expressed milk should be given to your baby until you are no longer feeling the effects of the alcohol. If your breasts feel uncomfortable during the time that you are drinking, express and discard the milk. If you are comfortable, you do not need to express the milk. Your body will eliminate the alcohol over time. A good guideline to follow is: If you are sober enough to drive, you are sober enough to breastfeed.

Many cultures believe that drinking beer can increase a mother’s milk supply, or improve her milk flow. The “active ingredients” in beer that can increase supply are hops and Brewer’s Yeast (a nutritional yeast found in “heavier” beers such as Stouts and Lagers). Brewer’s Yeast can be purchased in a tablet or powdered form at a natural foods store. Although alcohol may help a mother relax, it also acts as a diuretic, causing a temporary increase in urination and mild dehydration.
Medications
Most medications are safe to take while breastfeeding, but some are better than others, especially if they will be used long-term. The American Academy of Pediatrics and other experts regularly review medications to determine their safety and compatibility with nursing. If you have any concerns about a medication, it is a good idea to check with your baby’s doctor or a lactation consultant.

Pain Medications
Any pain medication that you were taking while you were in the hospital, or was prescribed for you when you were discharged, is safe to take while breastfeeding. Some pain medications can make you or your baby sleepy.

Cold Medications
A wide variety of medications are available to relieve the symptoms of the common cold. Most of these medications are a combination of at least two different medications. It is very important to read the labels of cold medication to determine whether it is safe to take while breastfeeding.

Some cold medications are considered compatible with breastfeeding, but have a sedative effect and can make you or your baby sleepy.

Medications That May Decrease Milk Supply
Many cold and allergy medications contain pseudoephedrine. Pseudoephedrine is a decongestant, and although it is considered compatible with breastfeeding, it may decrease your milk supply.

Some contraceptives may also decrease your supply, especially if taken soon after delivery.

Antibiotics
Most antibiotics are considered compatible with breastfeeding. It is important to inform your prescribing physician that you are nursing. Be sure to finish taking all of your antibiotics, even after you are feeling better.

Note: A common side effect of antibiotics is an overgrowth of yeast. This may manifest as a yeast infection of the mouth, vagina or breasts (known as thrush). Thrush is painful and can be passed back and forth from mother to baby.

A simple way to prevent overgrowth of yeast is to begin taking probiotics while taking your antibiotic prescription. Probiotics are the “good bacteria” found in yogurt (usually called acidophilus and/or bifidus). Increasing your intake of yogurt is helpful, but you may want to consider taking probiotics in a tablet, capsule, liquid or powder form. This is a more concentrated form of the bacteria and can provide increased protection.

Probiotics can be purchased at a natural food store or pharmacy without a prescription. It is recommended to continue taking these for about 2 weeks after your last dose of antibiotics. For more information, see section on “Thrush.”

Breastfeeding While You Are Ill
It is safe to nurse your baby if you have a cold, the flu, food poisoning or a fever. The viruses and bacteria which cause these illnesses do not pass into the breast milk. In fact, nursing your baby when you are sick is a very wise decision. Your body has already been hard at work making antibodies against the disease-producing organisms that caused your illness. These antibodies pass through the milk to help protect your baby from illness, or lessen the severity of the illness.

It is easy to become dehydrated with food poisoning, a cold or the flu. Dehydration may cause a temporary decrease in your milk supply. Therefore it is very important that you rest and drink a lot of fluids when you are sick. Clear fluids, such as tea, juice, water and soup will keep you well hydrated and will provide some relief from any congestion you may experience.

Remember that decongestant medication (like pseudoephedrine) can cause a decrease in your milk supply. Avoiding or limiting the amount and frequency of these medications will help maintain your milk supply.
Breastfeeding Your Baby continued

Note: Be sure to wash your hands frequently with soap and warm water when you are sick. This will greatly decrease the risk of transmitting your illness to your baby or other members of your family.

Vitamins
Always remember that vitamins and minerals are best absorbed from food. Most mothers in our community are well nourished, but it is a good idea to continue to take your prenatal vitamin, or a good multi-vitamin/mineral supplement while you are nursing your baby. This will assure adequate intake of most vitamins and minerals.

Herbal Supplements
Many people believe that herbs are a weaker or diluted form of a medication, however, this is not always true. Depending on the type and preparation of the herb (i.e., teas, tinctures, capsules, etc.), it can have as strong, or stronger effect than medications.

Herbs, like medications, pass into the breast milk. Although most herbs are safe to take while nursing, you should always check with your Lactation Consultant, doctor, pharmacist or herbalist before taking any herb.

Vaccines
According to the Immunization Action Coalition, all vaccines except smallpox can be given to breastfeeding women. Breastfeeding is a precaution for yellow fever vaccine. Women who are breastfeeding should postpone travel to regions where yellow fever is common. If travel to these areas cannot be postponed, she should receive the vaccine.

Tobacco Use
Nicotine and other toxins found in cigarettes, cigars, chewing tobacco, electronic cigarettes and vaporizers go into the breast milk. Risks to the baby are minimal for mothers who smoke lightly and increase as mothers smoke more.

The Center for Disease Control states “Smoking harms nearly every organ of the body and causes many diseases, including heart disease, stroke and cancer. Secondhand smoke is dangerous for babies, as they are especially vulnerable to the poisons in smoke. Second hand smoke has been associated with sudden infant death syndrome (SIDS), as well as respiratory disease and infections”. It’s definitely better if breastfeeding moms not smoke, but if you can’t stop, then it is better to smoke and breastfeed than to smoke and formula feed. Tobacco use may decrease milk flow, decrease milk supply and make the baby fussy.

Energy Drinks
Energy drinks (i.e. Red Bull, Monster, etc) usually contain the following ingredients:

- Sugar (large amounts)
- Caffeine
- B Vitamins
- Herbs (usually Taurine, Ginseng and/or Guarana)

Each energy drink contains 2 servings. Although all these ingredients are considered safe with breastfeeding, it is probably best to keep energy drinks to a minimum. Large amounts of sugar may result in mood swings. Excessive amounts of caffeine can make it difficult for you and your baby to sleep, decrease your appetite for healthy foods and make you mildly dehydrated.

When to Call Your Baby’s Doctor

What is Dehydration?
Dehydration is defined as an abnormally low water content in the body. Our bodies need the correct amount of water and electrolytes (salts) to function properly. If a baby is not taking in enough breast milk through nursing, he can become dehydrated, although this is rare. Dehydration can be life threatening for infants. If your baby has one or more of the following signs of dehydration, call your baby’s doctor:

- Sunken soft spot on the top of head.
- Few or no tears when crying.
• Pale or grayish skin color rather than pinkish.
• Dull and dark-appearing eyes.
• Decreased urination and fewer stools. By days 3 to 5, your baby should have 3-5 wet diapers and 3-4 stools. By days 5-7, your baby should have 4-6 wet diapers and 3-4 stools. The stool should change from black to yellow by day 5.
• Dark, yellow urine.
• Greenish black stool after 3-4 days.
• Nursing less than 8 times in 24 hours.
• Irritability.
• Lethargy — baby is less active than normal.
• Red and dry tongue and dry lips.
• Rapid breathing.
• Decreased skin turgor (skin that flattens very slowly when pinched and released).

What is Jaundice?
Jaundice is a yellowish coloring of the skin caused by increased levels of bilirubin in the baby's blood. Bilirubin is a substance that is formed when the body breaks down old red blood cells. Babies have immature livers that are not efficient at removing bilirubin. The more bilirubin the baby has in his blood, the more jaundiced or yellow his skin color will appear. The yellow color usually appears first in the face, then moves downward. As the breakdown of red blood cells slows, and the baby's liver matures, the jaundice will disappear. Newborn jaundice usually appears between the 2nd and 5th days of life and clears by 2 weeks. Usually jaundice is harmless and does not require any treatment, but if the bilirubin reaches a high level, the baby may require some form of treatment.

If your baby has one or more of the following signs of jaundice, call your baby's doctor:
• Yellow color of the skin or the whites of the eyes.
• Poor feeding.
• Lethargy or difficulty waking
• Irritability.
• Fever.

Your baby's doctor may suggest one or more of the following measures:
• Increasing the baby's calorie or liquid intake. Colostrum acts as a laxative to help babies pass meconium (the first stool) quickly. Frequent feedings may help the baby to have more stools so that the bilirubin passes out of the body. The American Academy of Pediatrics discourages the interruption of breastfeeding in healthy term babies and encourages continuous and frequent breastfeeding (at least 8-10 times during a 24 hour period).
• Supplementing nursing with formula — The baby should be breastfed first and then given the formula.
• Phototherapy — Exposure of baby's skin to a special light source or blanket.
• Blood Exchange — This is very rare.

Note: Approximately 1/3 of healthy breastfed newborns develop jaundice that lasts longer than a few weeks. If jaundice persists, the baby's doctor will probably order further testing.

Urine and Stools
Your baby should have at least 6-8 wet cloth diapers or 5-6 wet disposable diapers per day after your milk has changed from colostrum to transitional milk (3-5 days). Before that time, the baby may have fewer wet diapers.

Sometimes it is difficult to tell if a disposable diaper is wet; it may help to hold a clean diaper in one hand and the wet diaper in the other hand to feel the difference in the weight of the two diapers. The wet diaper should feel heavier.

Your baby's first stools are called meconium stools. These stools are thick, sticky, tarry and greenish-black in color. Meconium stools are passed for 2-3 days, followed by a thinner transitional stool that is lighter greenish-brown.

The meconium stools are composed of a combination of old skin cells that are shed and then swallowed while the baby is still inside you, protein (which forms during the development of the intestines), and bile (a dark green/black fluid which helps with digestion). The passing of the meconium stools cleans out the baby's bowel in preparation for real bowel movements.
Breastfeeding Your Baby

What will my baby’s stools look like?
Within a day or two of your milk coming in, the baby’s stools will become yellow, similar to the color and consistency of mustard. Some stools contain soft curds, and are the consistency of cottage cheese.

It is possible for stool to vary widely in color. When mom eats brightly colored fruits/vegetables, or foods that contain a large amount of artificial food coloring, the color of the milk will change. This, in turn, will change the color of the stool.

How many stools will my baby have a day?
By 1 week of age: Babies can have as many as 10-12 stools per day. Breast milk is a natural laxative, and many babies have a stool with each feeding. This is a good sign that the baby is getting enough milk. Some breastfed babies only have 3-4 bowel movements a day, but you can expect to see a substantial amount of stool in the diaper if this is the case.

Note: It is a good idea to write down, or “track” the amount of baby’s wet and dirty diapers for a few days after you return home. After about a week of tracking, you will be able to get an idea of how many diapers are normal for your baby. To help you track, use the Breastfeeding Diary located toward the back of this book or look for Breastfeeding Tracker apps on your phone.

By 4 weeks of age: The number of stools your baby will have will drop to about 4 per day. As your baby’s intestines mature, the frequency of bowel movements decreases.

By 8 weeks of age: The number of stools may drop to 1 per day. Some breastfed infants only have 1 bowel movement every few days, yet are still getting enough milk. As long as your baby has at least 5 wet diapers and is gaining weight, this is normal.

Note: If your baby is not producing a sufficient amount of stools at any age, call the Lactation Helpline and your baby’s doctor.

IF YOUR BABY’S DOCTOR TELLS YOU TO GO TO THE EMERGENCY ROOM – CN EmergiKids
Occasionally, a doctor will instruct parents to take their baby to the emergency room for treatment of dehydration or jaundice. If this should happen, rest assured that specially trained pediatricians are available to help you at CN EmergiKids – Special Emergency Care for Children at AMITA Health Hoffman Estates and AMITA Health Elk Grove Village.

CN EmergiKids is located separately from the adult emergency department. It is a colorful, child-friendly environment that is designed to promote a calming atmosphere. EmergiKids has all private rooms, and staff encourages parents to stay with their children and be part of their care.

Our rooms are designed with the most advanced pediatric technologies, and staff is trained in pediatric emergency medicine, pediatric trauma and PALS (Pediatric Advanced Life Support). The current hours of operation are noon to midnight daily. The phone numbers are:

AMITA Health St. Alexius Medical Center
CN EmergiKids
847.490.2526

AMITA Health Alexian Brothers Medical Center
CN EmergiKids
847.593.8281
Breastfeeding Challenges

Gassy Baby

The Problem
It is normal for babies to be gassy the first few days after birth. As they begin to drink colostrum, their entire digestion system changes. They will finish passing meconium and begin passing milk stools. After a few days, the gassiness should begin to decrease. For some infants, gassiness can continue to cause discomfort and irritability.

The Cause
Gassiness can be caused by swallowing too much air when nursing, a sensitivity to something mom ate/drank, or normal inactive nature of newborns.

The Solution
If your milk seems to flow fast, and it sounds like baby is gulping a lot of air while nursing, refer to the solution section under Overactive Letdown.

If you think your baby may be sensitive to something you have eaten, take a look at your diet. The most common food that bothers babies is cow’s milk. Cow’s milk contains very large proteins which are difficult for many babies to digest. When mom drinks milk, it can sometimes cause gas, bloating or pain for baby. Most babies can tolerate mom eating dairy products like cheese, yogurt or ice cream, as the proteins are broken down into smaller pieces during the manufacturing process.

If you decide to eliminate cow’s milk from your diet, allow at least 5 days to determine whether it makes your baby feel better. It takes a full 2 weeks for milk proteins to totally clear your system, but you should be able to detect a difference in 5 days. A few babies need their mother to avoid dairy products altogether. If this is the case, please obtain a referral to dietician to assist you with the transition. Remember that this is usually a temporary situation, as most babies can tolerate dairy as their gut matures.

Because babies can’t walk or move around much, gas can easily build up in the intestines. To decrease the build-up of gas, try these easy exercises for a few minutes, several times a day:

- Rub baby’s tummy in a clockwise, circular motion. This follows the path of the large intestine, helping the gas to move downward.
- Lay baby on his back. Hold onto both of his ankles and move his legs as though he was riding a bicycle. Continue for about a minute.
- Hold onto both of his ankles and push his knees up to his chest. Straighten his legs and repeat a few times.

Flat Nipples

The Problem
Some babies have difficulty latching onto a flat nipple.

The Cause
Flat nipples are very common and are often a genetic trait.

The Solution
Many mothers find that one of the following will help to make their nipples longer and more formed, allowing an easier latch on:

- Rolling the nipple between the thumb and index finger.
- Using cold water or ice on the nipple.
- Wearing breast shells between feedings.
- Using a breast pump for a few minutes before nursing.
- Using a nipple everter or shield under the guidance of a Lactation Consultant.

Inverted Nipples

Inverted nipples, which do not become formed when stimulated, are much less common. The methods mentioned above may be helpful, but mothers with inverted nipples may need additional help from the Lactation Consultant. Most inverted nipples become formed during the first few weeks as the baby nurses or as the mother uses a breast pump. The following suggestions may also be helpful:

- Nurse the baby as soon as possible after delivery. Many babies are able to latch on to flat or inverted nipples during these early feedings and will continue to nurse well.
- Avoid giving the baby bottles or pacifiers that could make future attempts at the breast more difficult.
Engorged Breasts

The Problem
Engorgement is a fullness in the breasts that causes them to be very hard, warm and painful. Many women experience some degree of engorgement 3–5 days after the birth. It is common to have a low-grade fever during this time. This is temporary and usually resolves within 48 hours. If your breasts are engorged, your baby may have difficulty latching on.

The Cause
The blood supply to your breasts is very plentiful as your mature milk is being produced. Engorgement can also be caused by infrequent feedings.

The Solution
If your breasts become engorged, try the following:

• Wake your baby to breastfeed if he is sleeping.
• Nurse frequently. Offer the breast every 1-2 hours, even during the night.
• Reverse Pressure Softening is a gentle technique that can be used to soften the areola. It is simple, effective, and easy to learn. Log onto breastfeedingonline.com/rps.shtml for more information.
• Massage your breasts from the outer breast toward the nipple before and/or during nursing.
• Apply ice packs to your breasts for 20 minutes after nursing to decrease swelling.
• Apply raw, green cabbage leaves directly to your breasts (not nipples) after nursing. Leave in place until next feeding, then replace with fresh leaves.

Very Important: Do not continue to use the cabbage leaves after the engorgement has subsided, as this may decrease your milk supply.

• Use pain medication that your doctor prescribes or recommends.
• Wear a well-fitting, supportive nursing bra.
• Do not give your baby any formula after nursing.
• Call the Lactation Line if your baby is unable to nurse.

How to Avoid Engorgement
To avoid becoming engorged:

• Nurse frequently, at least 8 times in a 24-hour period, or if your breasts feel full or uncomfortable.
• Wake your baby to breastfeed if your baby is sleeping.

Sore Nipples

The Problem
Nipple tenderness is common during the first minute or so when the baby latches on. This occurs as the nipple is stretched to the back of baby’s mouth. If tenderness continues throughout the feeding, or between feedings, it is important to look at the possible cause.

The Cause
The most common causes of sore nipples are as follows:

• Incorrect latch on by the baby.
• Incorrect positioning of the baby at the breast.
• Failure to break the suction before removing baby from the breast.
• Infrequent feedings may cause the baby to be very vigorous at the breast.
• Engorgement of the areolas may cause the baby to latch on to the nipple only.
• Non-nutritive sucking or allowing the baby to sleep while still latched on.
• Introducing bottles or pacifiers before baby is 1 month old.
• Some babies do not suck correctly due to mild oral deformities, such as “Tongue Ties” or “Lip Ties”.

The Solution
If you have sore nipples, try the following:

• Make sure baby is latching on correctly.
• Vary positions with every feeding.
• Compress or massage the breast while nursing to increase the milk flow. This may allow the baby to nurse more gently at the breast.
• Start the feeding on the least sore side.
• Apply colostrum or breast milk to your nipples after nursing. Air dry for 10-20 minutes, if possible.
• Change nursing pads often and wear a cotton bra.
• Do not wash your breasts before every feeding.
• Limit nursing to 10 minutes on each breast but feed the baby more often.
• Use breast shells to hold your bra away from your nipples if the fabric is causing discomfort.
• Apply Lansinoh cream to the nipples after feeding if recommended by a Lactation Consultant. Lansinoh is safe for the baby and does not need to be washed off before the next feeding. It is available at most pharmacies without a prescription.
• Apply hydrogel dressings to your nipples after feeding if recommended by a Lactation Consultant. These dressings can be worn between feedings to decrease pain and heal damaged nipples. Lansinoh cream should not be used while using hydrogel dressings, as it breaks down the dressing.
• Nipples that are consistently sore, red, cracked, bleeding, bruised or blistered are not normal and should be evaluated by a Lactation Consultant. Call the Lactation Line for assistance.

Leaking Breasts

The Problem
Most mothers experience some leaking of their breasts during the first few months of breastfeeding. It is normal for the opposite breast to leak while you are nursing. Leaking can also occur as a response to hearing a baby cry, thoughts about nursing, or sexual arousal.

The Cause
Leaking is caused by a release of the hormone oxytocin, and can differ in amount from breast to breast. Leaking is not related to the amount of milk a mother produces.

The Solution
This will often decrease as the baby gets older and the milk supply adjusts to the exact amount the baby needs.

If you experience leakage while nursing, you can catch the drips with a nursing pad, towel or cloth diaper. You may want to catch the milk in a clean container to save for future use.

To decrease or stop the leaking, apply pressure to the leaking breast with your hand or forearm. Wearing a bra decreases the amount of leaking, but it may be necessary to wear breast pads as well.

Choose either washable cotton pads or disposable pads made of cotton or paper. Make sure they do not have plastic linings, which do not allow the skin to breathe. Some pads are more absorbent than others. If you are having difficulty locating pads that suit your needs, contact the Lactation Line for suggestions.

Insufficient Breast Milk

The Problem
It is rare that a mother does not produce a sufficient amount of milk for her baby. The size of your breasts has very little effect the amount of milk you will produce. If your baby is not gaining weight or having enough wet and dirty diapers, it may be possible that you have an insufficient milk supply. It is important to work with a Lactation Consultant if this is the case. There are many things that can be done to correct this problem. Call the Lactation Helpline for assistance.

The Cause
There are many reasons why a mother’s milk supply may be low or decreased including:
• Incorrect latch on or positioning
• Infrequent nursing
• Limited time nursing
• A weak or ineffective suck
• Smoking cigarettes (more than 1/2 pack per day)
• Not enough sleep
• Losing weight too quickly (more than 1 lb per week)
• Hormonal shifts that occur during a menstrual cycle.
• Taking some medications that decrease supply
Breastfeeding Challenges continued

- Inadequate intake of fluids
- Diuretics that cause mild dehydration

**The Solution**
- Work with a Lactation Consultant to make sure latch on and positioning are correct.
- Nurse frequently for as long as your baby desires, even when your breasts feel soft. Your breasts are always making milk.
- If your baby is sleepy, see section “Tips on How to Wake a Sleepy Baby”
- Limit pacifier use
- Avoid supplementation, unless ordered by a physician
- Stop or decrease smoking
- Take naps with your baby, or go to bed earlier
- Eat at least 2000 calories per day
- Hormonal shifts are temporary and only lasts a few days.
- Avoid pseudoephedrine and some oral contraceptives
- Drink enough fluid to make sure that your urine is light yellow to clear in color
- Limit caffeine, cranberry juice and alcohol
- Stream breastfeeding meditation music. See section on “Breastfeeding Resources”

**Overactive Letdown**

**The Problem**
If a mother’s milk is flowing faster than the baby can swallow, this can cause him to gag and cough. In response, he may purposefully slip down onto the tip of the nipple or arch his tongue to slow the flow of milk. Either of these behaviors can cause sore nipples. Some babies swallow too much air when the milk is flowing fast, which can make them gassy/fussy or end the feeding too early.

**The Cause**
An overactive letdown is common during the first few months of breastfeeding, as your body is adjusting the milk supply. As your baby grows he will become better adjusted to the flow and the gagging and coughing will decrease.

**Overproduction of Breast Milk**

**The Problem**
Overproduction of breast milk can cause uncomfortably full breasts and leakage. This may be exaggerated if a mother has breast implants.

**The Cause**
Some mothers make more milk than their baby consumes, especially during the first few months of nursing. Overproduction can also be caused by over-stimulation from pumping in addition to nursing.

**The Solution**
The milk supply gradually adjusts over time, so as the weeks go by, the problem will usually resolve itself. Nursing your baby on one breast per feeding will help the supply to decrease more quickly. If your other breast is very full and uncomfortable, express just enough to ease the discomfort, rather than totally emptying the breast. This is called “pumping to comfort.”

If you are pumping to store milk, only pump 1-2 times per day in addition to nursing.
Clogged Milk Duct

The Problem
A clogged milk duct feels like a lump, and can be as small as a grape or as large as a plum. It may be painful. The milk ducts extend up to the collarbone and under the arms, so the lump may be on the breast itself or in these other areas.

The Cause
Usually due to infrequent or missed feedings, a clogged milk duct commonly occurs when a baby begins to sleep longer stretches or during the weaning process. Fatigue, dehydration and exclusive pumping all increase the risk of clogged milk ducts.

The Solution
Following the suggestions below will help the duct to clear more quickly (it may take a day or two):
- Get plenty of rest.
- Drink lots of fluids.
- Use warm compresses on the affected breast or take a warm shower before feeding.
- Massage the breast gently from the outer breast toward the nipple before or during nursing.
- Nurse the baby on the affected side first for every feeding, for as long as he wants.
- Position the baby’s nose or chin towards the clogged duct (the lump or reddened area).
- Try the Dangling Position. Lay baby on his back, then position yourself over him, so the breast dangles down toward his mouth. This allows gravity to help the milk flow.
- Take pain medication as needed.
- Use a larger size breast pump flange.

Note: After a clogged duct has been resolved, the affected area can remain tender for several days.

Clogged Nipple Pore

The Problem
A clogged nipple pore occurs when a thin layer of skin grows over one of the openings on the tip of the nipple. This is usually painful and appears as a tiny white spot, similar to a pimple. A clogged nipple pore often results in a clogged milk duct.

The Cause
The cause of a clogged nipple pore is unknown.

The Solution
Apply moist heat with a heating pad, shower, bath or compress to soften the skin. Very gentle abrasion with a washcloth can then loosen the skin. Do not use a pin or needle to “pop” a clogged pore, as this can cause an infection.

Mastitis

The Problem
Mastitis is an infection that occurs in the breast usually 2-4 weeks after delivery. The breast may have a lump at the infected site and may be warm, tender, red, sore or swollen. Some mothers will have a fever or chills and will feel achy and fatigued.

The Cause
Mastitis is usually caused by bacteria entering the breast from a damaged nipple or from a clogged milk duct that doesn’t resolve. Lack of sleep, fatigue and stress may increase the risk of mastitis.

The Solution
Don’t be afraid to nurse your baby on the affected breast. The infection cannot be transferred to the baby. It stays in your breast, not in the milk. Follow the suggestions listed under the section “Clogged Ducts”.

If your baby is not feeding well, or if it is too painful to nurse on the affected side, expressing the milk for 10-15 minutes every feeding will maintain your milk supply.

If symptoms do not improve within 24 hours, contact your doctor or midwife. Antibiotics will probably be ordered for you. Be certain to finish all the antibiotics. Do not stop taking them after you are feeling better.

Note: Be sure to read the section on “antibiotics”.

Breastfeeding & Infant Nutrition
Breastfeeding Challenges continued

**Thrush**

**The Problem**
Thrush is a yeast infection that occurs on a mother's nipples and/or in the baby's mouth. Signs of thrush can include:

- A “burning pain” in the nipples.
- Itching in the nipples.
- Shooting pain in the breasts.
- Pink and shiny nipples.
- Flaking or peeling nipples.
- White, cottony patches inside the baby’s cheeks or on the gums.

**The Cause**
Thrush is most often a side effect of antibiotic treatment.

**The Solution**
There are a variety of ways to treat thrush. The choice of treatment will depend on the extent of the infection. It is very important that both mother and baby are treated at the same time to avoid re-infection. If you think you or your baby may have thrush, call your doctor or your baby’s doctor.

**Don’t Worry, It’s Normal!**
With all of the new changes taking place in your body, it sometimes becomes difficult to distinguish what is normal. Here are some common concerns of breastfeeding mothers:

- Mood swings and crying – This is also caused by hormones, as well as sleep deprivation and physical discomfort. Commonly known as the “Baby Blues”, it is the most intense the first week after delivery and usually lasts 2-3 weeks. To help combat moodiness, take very good care of yourself (eat well, sleep when your baby sleeps, take walks outside, attend a support group for new mothers).

**If these feelings last more than 3 weeks, or if you have concerns about postpartum depression and anxiety, please call for assistance at 847.755.3220. If you have thoughts of harming yourself or the baby, call 855.383.2224 for immediate help.**

*Note: Support groups provide needed assistance and education regarding postpartum depression and anxiety. AMITA Health Women & Children’s Hospital offers support groups for mothers and their babies, couples groups, and dad’s groups called “MVP Men vs. Postpartum.” For information on any of these groups, please call 847.755.3220. AMITA Health Elk Grove Village is where our Spanish-language support group, “La Maternidad y Yo” is held on 2 Saturdays each month. For more information on the Spanish-language group please call 847.755.8447.*

- Vaginal dryness and discomfort when resuming sex – Again, this is caused by hormones. It is the most noticeable the first few weeks after birth, and gradually resolves. It may be helpful to use a lubricant, such as KY jelly or Astroglide to ease any discomfort. If the discomfort does not resolve, contact your doctor or midwife.

*Note: It is possible for you to become pregnant soon after your baby’s birth. Breastfeeding suppresses ovulation, but the time of ovulation varies widely from woman to woman. Even if you have not had a menstrual period, you may still ovulate. Discuss family planning with your doctor or midwife.*
Expression of Breast Milk

Expressing Breast Milk
There are several reasons milk may need to be expressed. Some of these include:

• To help establish a good milk supply and avoid engorgement (i.e., baby is not nursing yet, not nursing well, or is very sleepy).
• To save or dispose of your milk if you are separated from your baby.
• To increase your milk supply.
• To store your milk for future use.

Types of Expression
Expression can be done by hand or with a manual or electric breast pump. The type of expression you use should depend upon how much time you have, how often you will be expressing and where you plan to express.

For mothers who will only be expressing milk occasionally, hand expression or a manual or a single battery/electric breast pump is usually sufficient. For instruction on hand expression, refer to “Manual Expression” section.

For mothers who will be pumping frequently (at least once a day), a breast pump that can pump both breasts at the same time is usually a better option. It saves time and often increases milk return. These pumps can be rented for about $60-80/month or purchased for about $250-450.

Both AMITA Health Elk Grove Village and AMITA Health Women & Children’s Hospital rent hospital-grade breast pumps. Call the Lactation Line for more information.

To locate other rental or sales locations, log onto www.amedacom or www.medelabreastfeedingus.com

As a part of the Affordable Care Act, insurance companies are now required to cover breast pump rental and/or purchase. Call your insurance company to see what type of pump they will cover.

For mothers on Medicaid, an electric breast pump may be available free of charge with a doctor’s prescription. Ask your Lactation Consultant for the necessary form.

Note: No matter what type of pump you choose, pumping should be comfortable. If pumping is painful, call the Lactation Helpline for assistance.

Expressing Breast Milk for Storage
If you are planning to save and store breast milk, it is best to wait about one month to begin pumping. During the first month, it is best to just focus on nursing, which will establish a good milk supply. A baby who nurses well will stimulate the breast better than pumping.

When you begin to pump, try to express milk between baby’s feedings. If your baby has a long sleep stretch, this will work well. Don’t worry about “running out” of milk, because the breasts are always making milk. Should baby wake up to feed shortly after you express, the baby will probably nurse a little longer than normal or eat a little sooner at the next feeding.

When you first begin to express your milk, it is normal to get a small milk return. How much milk you can express is NOT a good indicator of how much milk your baby receives during a feeding. Most babies can get twice as much milk out of the breast as a pump can. It is also common for one breast to produce more milk than the other breast and have a faster milk flow. When saving milk to store, only express 1-2 times per day (in addition to nursing). If you express more often, the milk supply may increase too much and engorgement may occur.

Breast milk can vary in color and consistency depending on the time of the day the milk was expressed, what you have eaten and the age of the baby at the time of pumping.

Tips on Expression of Breast Milk For Storage
The following tips may be of help to you when you are expressing breast milk for storage:

• Express one breast while nursing the baby on the other breast. This allows you to maximize pumping effectiveness using the let-down reflex stimulated by the baby’s sucking.
• Express milk in the morning.
• Massage breasts before or while expressing. Refer to section on “Manual Expression.”
Expressions of Breast Milk continued

Hands-Free Pumping Accessories
For some mothers, especially those with carpal tunnel syndrome, holding a breast pump in place can be difficult or painful. Hands-free pumping accessories can provide relief. Medela and other retailers carry the Easy Expression Bustier.

Here are some other websites you may want to explore:
www.pumpinpal.com
www.simplewishes.com

Expressing Breast Milk if Your Baby is Sleepy, Ill, or Not Nursing Well
If your baby is not able to breastfeed, you will want to use a hospital-grade pump and pump both breasts at the same time. It is important to pump 8-10 times per day, for 10-15 minutes each session, and not go longer than 5 hours without pumping. Don’t be discouraged if little or no milk comes out the first few days. This is normal and will increase as you continue to pump.

Stimulation and Milk Supply
It is extremely important that the breasts are stimulated on a frequent basis, especially during the first few days. A baby will usually stimulate the breasts better than a pump, but if your baby is not nursing yet, pumping will help establish a good milk supply.

Studies have shown that mothers can increase their milk supply by doing breast massage before or during pumping. It has also been shown that manual or hand expression a few minutes after pumping can increase milk supply. Refer to the section on “Manual Expression”.

If your baby is not nursing yet, it is strongly suggested that you use a hospital-grade breast pump until your milk supply has been established. Your supply is considered “established” when you can pump 750ml or more per day. This usually takes between 10 and 30 days.

Both AMITA Health Elk Grove Village and AMITA Health Women & Children’s Hospital rent hospital-grade breast pumps. Call the Lactation Helpline for more information. To find the location of other hospital-grade breast pump rental stations, log onto www.ameda.com or www.medelabreastfeedingus.com.

For mothers who are enrolled in the WIC government assisted program, hospital grade pumps may be available free of charge at the WIC office.

Cleaning Your Breast Pump
It is very important to wash your pump pieces after every use. Breast milk contains lactose (milk sugar), which becomes sticky as it dries. Many types of bacteria and viruses prefer to grow in warm, sticky environments, so it is necessary to keep pump pieces clean.

To begin, set aside the tubing and caps attached to the tubing. These do not need to be washed, as they only have air in them. Do not be discouraged if little or no milk comes out the first few days. This is normal and will increase as you continue to pump.

Take all of the remaining pieces apart, including the soft white valves. Rinse everything in cold water first, to help break down the milk proteins, then wash in warm soapy water. If the dried milk is difficult to remove, use a bottlebrush. Rinse well with hot water and place pieces on a clean towel or paper towel to air dry. Placing them upside down can help the parts dry more quickly.

If you are cleaning your pump in the hospital, your nurse or Lactation Consultant can provide you with castile soap. At home, use your dishwashing liquid (Dawn, Palmolive, Joy, etc.) to wash the pump pieces. It is also acceptable to clean the hard plastic pieces in the top rack of your dishwasher. It is best to hand wash the soft white valves, as these are fragile.

Another alternative is to steam clean your pumping accessories using a microwave oven. For more information: www.medelabreastfeedingus.com/products/cleaning

Remember: Cleaning should be done in your kitchen, to avoid contamination by bacteria that commonly reside in bathrooms.

Note: It is not necessary to sterilize your pump pieces.
Storage of Breast Milk

Breast milk for healthy, term babies can be stored in any of the following containers:

- Clean, glass or hard sided, plastic bottles with well-fitting lids.
- Freezer milk bags that are designed for storing human milk, sealed with a twist tie or a clip.
- Ice cube trays with a cover. Cubes can be removed after freezing and transferred to a freezer bag.

Note: Thin, plastic bottle liners are not recommended for freezing, as they may break or split. Double bagging may avoid this problem.

Tips for Storage of Breast Milk

It is best for your baby to have fresh or refrigerated milk. If you know that the milk will be used within 8 days, keep it in the refrigerator – do not freeze it. The following storage tips will help to ensure proper storage of breast milk:

- Store milk in small amounts (2-3 ounces) to avoid waste.
- Date the outside of the bag or container and use the oldest milk first. If you have a small amount of milk, you can combine it with other refrigerated milk as long as it is within a few days.
- Use a cap instead of a bottle nipple when storing bottles in the freezer. Exposure to cold temperature will cause a silicone or latex nipple to break down more rapidly.
- Place freezer milk bags in larger freezer bags or an air-tight plastic container. This may prevent the milk from absorbing odors or tastes from other food stored in the freezer. Do not store milk in freezer door, as this tends to be the warmest part of the freezer.
- You may add freshly pumped milk to frozen milk (this is called layering). Be sure to cool the milk first, so the frozen milk does not thaw.

Note: The color, smell, thickness and taste of the milk may change each time you express. It is normal for milk to separate and for the cream to rise to the top.

Lipase and Frozen Milk

There is a small percentage of mothers who find that when they thaw their frozen milk, it smells sour or rancid. Usually, their baby refuses this milk. This occurs as a result of an enzyme called lipase, which aids in the digestion of fats. If you find that your frozen milk smells sour or rancid on a consistent basis, it may be helpful to scald the milk prior to storage.

To scald milk, follow these directions:

- Place freshly expressed milk in a pan
- Heat milk until it just begins to simmer (not boil)
- Transfer milk to refrigerator to cool
- Move milk to freezer when cooled

Note: It is common for frozen breast milk to have a slightly soapy smell when thawed. This is also due to lipase, and the effects of a self-defrost cycle found on most refrigerator/freezers. This smell has no effect on the quality of the milk and babies do not usually reject this milk.
AMITA Health Alexian Brothers Women & Infant Services

How Much Breast Milk to Leave for Baby
Over a 24 hour period the baby will usually eat about 2.5 ounces for each pound that he weighs up to a total of 32 ounces. For example, a 12 pound baby will need a total of about 30 ounces of milk in 24 hours. This number should be divided by the amount of feedings the baby usually has per day. If a 12 pound baby eats 8-10 times per day, he would need 3-4 ounces per bottle.

Many mothers worry that as their baby grows, they will not be able to express enough milk to meet their baby’s needs. Regardless of their age, most babies don’t take more than 6-7 ounces of breast milk per feeding, and many babies take much less. For example, four-month old Isabelle usually drinks 6 ounces of breast milk from a bottle when her mother is away at work, whereas seven-month old Jack will only take a 4 ounce bottle of breast milk when his mother works. Every baby is a little different, and will let you know what they need.

If you are leaving a bottle of formula instead of breast milk, you may need to increase the amount by a few ounces since formula is not absorbed as well as breast milk.

Thawing Frozen Breast Milk
It is best to thaw frozen milk in the refrigerator. Once frozen breast milk has been thawed, it should be used within 24 hours. It is safe to refreeze the breast milk if it is still partially frozen (slushy).

Warming Breast Milk
To warm breast milk, stand the bottle in a bowl of warm water, not hot water, or hold the bottle under warm tap water. Hot water can cause the breast milk to curdle and destroys some of the protective factors in the milk.

An electric bottle warmer can also be used to warm the milk. It is a good idea to choose a brand that has a safety feature which prevents the warmer from becoming too hot.

Gently swirl the bottle after warming the milk to mix the layers that have separated. Always check the temperature of the milk before giving it to the baby.

No research has been done that tells us whether it is safe to save heated breast milk. If you are using frozen milk and the baby does not finish the bottle, throw away the rest. Milk that has been frozen grows germs more easily than fresh or refrigerated breast milk. If the baby does not finish a bottle of fresh or refrigerated milk, it is probably safe to refrigerate it and reheat it one more time.

Never microwave breast milk. Microwaving heats milk unevenly which can cause it to burn the baby’s mouth. Microwaving also destroys some of the good properties of breast milk.

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These guidelines are for healthy, full-term babies for home use. Storage times are different for hospitalized babies. Be sure to wash hands before expressing and use containers that have been washed in hot, soapy water and rinsed. Source: La Leche League International 2015.
How the Breast Works

The milk is produced in milk producing cells (alveoli). A portion of the milk continuously comes down the ducts and collects in the milk reservoirs. When the milk producing cells are stimulated, they expel additional milk into the duct system. This is called the milk ejection reflex (letdown).

Expressing the Milk

Draining the Milk Reservoirs

1. POSITION the thumb and first two fingers about 1” to 1.5” behind the nipple.
   - Use this measurement, which is not necessarily the outer edge of the areola, as a guide. The areola varies in size from one woman to another.
   - Place the thumb pad above the nipple and the finger pads below the nipple forming the letter “C” with the hand, as shown.
   - Note that the fingers are positioned so that the milk reservoirs lie beneath them.
   - Avoid cupping the breast.

2. PUSH straight into the chest wall.
   - Avoid spreading the fingers apart.
   - For large breasts, first lift 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.
   - Note the moving position of the thumbnail and fingernails in the illustration.

4. REPEAT RHYTHMICALLY to drain the reservoirs.
   - Position, push, roll; position, push, roll.

5. ROTATE the thumb and finger position to milk the other reservoirs. Use both hands on each breast. These pictures show hand positions on the right breast.
Expression of Breast Milk

Marmet Technique of Manual Expression of Breast Milk

Assisting the Milk Ejection Reflex

Stimulating The Flow of Milk

1. **MASSAGE** the milk producing cells and ducts.

   - Start at the top of the breast. Press firmly into the chest wall. Move fingers in a circular motion on one spot on the skin.
   - After a few seconds move the fingers to the next area on the breast.
   - Spiral around the breast toward the areola using this massage.
   - The motion is similar to that used in a breast examination.

2. **STROKE** the breast area from the top of the breast to the nipple with a light tickle-like stroke.

   - Continue this stroking motion from the chest wall to the nipple around the whole breast.
   - This will help with relaxation and will help stimulate the milk ejection reflex.

3. **SHAKE** the breast while leaning forward so that gravity will help the milk eject.

Procedure

This procedure should be followed by mothers who are expressing in place of a full feeding and those who need to establish, increase, or maintain their milk supply when the baby cannot breastfeed.

- Express each breast until the flow of milk slows down.
- Assist the milk ejection reflex (massage, stroke, shake) on both breasts. This can be done simultaneously.
- Repeat the whole process of expressing each breast and assisting the milk ejection reflex once or twice more. The flow of milk usually slows down sooner the second and third time as the reservoirs are drained.

Timing

The ENTIRE PROCEDURE should take approximately 20-30 MINUTES.

- Express each breast 5-7 minutes.
- Massage, stroke, shake.
- Express each breast 3-5 minutes.
- Massage, stroke, shake.
- Express each breast 2-3 minutes.

Note: If the milk supply is established, use the times given only as a guide. Watch the flow of milk and change breasts when the flow gets small.

Note: If little or no milk is present yet, follow these suggested times closely.

Manual Expression of Breastmilk—Marmet Technique

As Baby Grows

Introducing a Bottle
If you will not be separated from baby, you may not want to introduce a bottle. Many babies go from breast to the cup or sippy cup, and skip the bottle. It is not necessary for a baby to take a bottle.

If you will be introducing bottles, a good time to begin is when your baby is between 4-12 weeks old. During this time, most babies are nursing well enough that they do not become confused, yet are still flexible enough to accept a bottle. Some mothers believe that giving a bottle earlier will guarantee that the baby will accept it, but this often results in problems with nursing and can cause early weaning. If you are returning to work, allow about 2 weeks for the baby to become accustomed to the bottle.

The following suggestions may be helpful when introducing a bottle:

• Try several shapes or brands of nipples to find one that your baby likes. The nipple should also provide a comfortable flow rate. If the milk flows too fast, the baby may gag or cough. Too slow, and the baby may get frustrated.

• Try using a longer nipple with a wide base as most babies prefer this.

• Use a traditional bottle (glass or plastic) or a disposable bottle bag system—it’s a personal preference. If you choose plastic bottles, make sure they are made from BPA-free materials.

• Have someone other than yourself such as dad, grandma etc. give the bottle at first. Babies prefer nursing and some may be reluctant to take a bottle from you.

• Introduce the bottle during a time when your baby is not normally fussy.

• Sit in a different room or a different chair than you normally sit in to nurse.

• Give the milk at room temperature or cooler—some babies prefer this and it is not harmful to the baby.

• Keep in mind that many babies will drink more from a bottle than they would from the breast, and will eat less often.

• Remember to NEVER prop a bottle, or leave baby unattended with a bottle, as they may choke.

When giving a breastfed baby a bottle, it may be helpful to tickle the baby’s lips with the bottle nipple to stimulate the rooting reflex. Wait until baby’s mouth is open wide before giving the bottle. It is also a good idea to hold the bottle in a more horizontal position (but still tilted up enough to keep the nipple full of milk). This will allow a slower, more natural flow, which is similar to the breast.

To prevent baby from overeating with a bottle, don’t be afraid to take the bottle out of your baby’s mouth several times during the feeding (or about every ½ ounce). This will allow baby time to rest/breathe and acknowledge that they are getting full. If you are having trouble getting your baby to take a bottle, be sure to call the Lactation Helpline.

Note: Important reminder. Continue to give 1 bottle every 2-3 days once bottles have been introduced to in order to keep baby familiar with them.

Traveling with Bottles
Freshly pumped breast milk is good at room temperature for about 6 hours. If you will be using it within this time, you will not need to chill the milk at all. If you will be using milk that has been in the refrigerator, keep it as cool as possible until needed. Bottles can be transported in an insulated bag, ice chest or cooler. If there are no facilities to warm the bottle, you can give cool milk to the baby.

If you are travelling by air, it is a good idea to check out the current recommendations about breastfeeding and milk transport. These can be found at the following site: http://www.cdc.gov/breastfeeding/recommendations/travel_recommendations.htm
Nursing in Public

As your baby grows, and you recover from giving birth, you will want to get back to your daily routine. Nursing while you are “out and about” may take a bit of practice, but you will soon feel more comfortable.

Illinois has several laws to protect breastfeeding families. Here are two that you need to know:

1. Breastfeeding is not considered “public indecency.”
2. A mother has a right to breastfeed her baby anywhere she is authorized to be.

Location, Location, Location: Some mothers choose to nurse their children behind closed doors, and will seek out a private or secluded area. Nursing in a dressing room is common practice, although many mothers seek out a larger department store with a comfortable lounge. Don’t be afraid to nurse your baby wherever you are though. When a baby is hungry, a 20 minute walk to the other end of the mall is just not practical.

Nursing-Friendly Clothing: Many stores and websites sell nursing-friendly clothing, but don’t feel like you have to spend a lot of money on nursing clothes. You may have items in your closet that will work just fine. Button down shirts and jackets provide great cover, especially with a tank or nursing cami underneath.

The Big Cover Up: Search online for “nursing covers”, “nursing wraps” and “nursing shawls” to find many different styles and fabrics.

Timeliness: Try to pay attention to your baby’s feeding cues while you are out, and feed him as soon as he acts hungry. It is much easier to get a baby latched on when they are not overly-hungry.

Nursing Necklaces

A “Nursing Necklace” is a very durable necklace to be worn by a mother while she is nursing her child. Wearing a nursing necklace helps to stimulate baby’s sense of sight and touch, decreases distraction and prevents irritating nursing behavior (i.e. pinching or pulling of mother’s skin or hair).

Necklace construction can vary from standard to deluxe, with the strands made from hemp, fused-nylon or stainless steel cable. Beads can be wooden, plastic, metal or gemstone. Some necklaces have breakaway clasps, while others are long enough to slip over your head. They range in design style from child-like to elegant.

Important Note: To avoid choking and strangulation, NEVER use a nursing necklace as a teether or a toy. Nursing necklaces should ONLY be used with adult supervision.

For further information:
www.mommynecklaces.com and
www.smartmomjewelry.com

How Long Does Breast Milk Benefit Your Baby

Many people believe that breastfeeding benefits stop, or decrease, as a baby gets older. Research has shown us that the opposite is true. Human milk changes as a baby grows. The nutrients, as well as the vitamins and minerals, adjust to meet your baby’s needs at every stage of development. The protective factors in breast milk also change with time and become more specific for illnesses that the older baby may encounter. As your baby eats more solid food, your milk supply will decrease. However, the amount of antibodies will remain the same as when your milk supply was greatest. This very concentrated form of antibodies is similar to colostrum, baby’s first milk.

It is currently recommended that babies should exclusively breastfeed up to 6 months of age, at which time breastfeeding should continue, along with the addition of age appropriate complementary foods (see Introducing Solid Foods page 40). The American Academy of Pediatrics recommends the continuation of breastfeeding for at least 1 year. The World Health Organization and United Nations Children’s Fund recommend continuation of breastfeeding for at least 2 years. The longer a child receives breast milk, the more benefits he and his mother receive.
Returning to Work or School and Breastfeeding

Many mothers today are returning to school, or the workplace, within a few weeks of their baby’s birth. Delaying a return to work or school for at least 6 weeks, if possible, will allow you to establish a good milk supply. More and more mothers are choosing to continue breastfeeding as they resume their daily routine. There are a variety of ways this can be accomplished including:

- Choosing a daycare provider close to where you work. Some mothers will go visit and nurse their baby during their lunch hour. Others will have their caregiver bring the baby to them at work to nurse.
- Choosing creative employment or educational options such as telecommuting, on-line degree programs, job sharing and home run businesses are some of the options that may decrease or eliminate the need for daycare.
- Pumping or hand expressing milk, while mom is separated from the baby. Most moms will need to express their milk every 3-4 hours. The expressed milk can be brought home and refrigerated for the next time mom is away.
- “Reverse nursing.” Mothers who do not have the time or facilities to express their milk while they are at work or school can nurse their baby more frequently while they are at home. Because these babies take in more milk during these hours, they may not need a bottle at all while mom is away, or may need only a minimal amount of milk. Essentially, this schedule is tricking the mother’s body into thinking that she is sleeping during the hours she is working (or at school). The milk supply then decreases during these hours. It is necessary to allow some time for the milk supply to adjust to this new schedule. It is important to remember that baby will be nursing more often when mom actually is sleeping. Use of the side lying position can help mom rest while nursing.
- Expressing milk (in addition to nursing) when mom has a day off. Baby will receive this milk next time she is away.
- Giving formula (or cow’s milk, if the baby is over 1 year old) while baby is separated from mom and nurse when mom is home. This is called “mixed feeding.”
- Giving solid food if the baby is over 6 months old, instead of breast milk or formula while mother is away. When mom returns home, baby can resume nursing.
- Nursing on demand and not giving any supplements on days when mom is not working will help maintain a good milk supply.

Good books on this topic are:

- Nursing Mother, Working Mother by Gale Pryor (paperback 2007)
- Working Without Weaning by Kirsten Berggren (paperback 2006)
- The Milk Memos: How Real Moms Learned to Mix Business and Babies–and How You Can Too by Cate Colburn-Smith and Andrea Serrette (paperback 2007)

Working, Breastfeeding and the Law

Illinois has several laws to protect working breastfeeding mothers. Here are some that you should know:

- An employer must provide unpaid break time for a mother to express her milk. If possible, this break time should coincide with any break time already provided. (Exemption: Break time does not have to be provided if it would unduly disrupt the employer’s operations).
- An employer must make reasonable efforts to provide a private area (other than a toilet stall) in close proximity to the employee’s work area for a mother to express her milk.
- The WIC (Women, Infants and Children) Program will provide breast pumps and lactation support/services to those who are eligible.

To keep updated on current laws, log onto: NCSL.org/research/health/breastfeeding-state-laws.

Note: If you are having difficulty, contact your Human Resources Department. For assistance, call the Lactation Line.
Weaning
The term “weaning” means, “to cause a child to give up sucking and accept other food.” It is a decreased dependence of a baby on his mother for milk. Weaning involves several decisions.

How Should Weaning Begin?
In order to make weaning a smooth transition, it should be done as slowly as possible. Allow at least 3-4 days in between dropping each feed. Weaning slowly has the following advantages:

• It allows the baby to become accustomed to drinking or eating something other than breast milk.

• It allows the baby time to get used to the taste of formula or cow’s milk (if they are over 1 year old). Formula and cow’s milk taste very different from breast milk and some babies will take a while to get used to this new taste.

• It allows your milk supply to decrease slowly, which helps to avoid engorgement, clogged milk ducts and mastitis.

Who Should Decide How Long My Baby Nurses?
How long you nurse your baby is a decision you and your baby should make. Some mothers choose child-led weaning, in which a child will be nursed for as long as he wishes. As the baby gets older he may stop nursing abruptly, or may slowly decrease the amount of feeding per day. Other mothers choose mother-led weaning. This involves mother making the decision on when to begin weaning, at what rate to progress and whether the child should be totally or partially weaned.

Partial vs. Total Weaning
Partial weaning is a decrease in the amount of times that a baby nurses (or receives breast milk) per day. This can be as little as one missed feed to several missed feeds per day. Total weaning is when a baby no longer nurses or receives breast milk.

Partial weaning is preferred over total weaning, as it allows the baby to continue to receive the benefits of breast milk. Even a small amount of breast milk is beneficial. Many mothers and their babies will keep the last feeding at night and/or the first feeding in the morning as a time to reconnect and enjoy each other.

Don’t be concerned that the baby may have difficulty digesting two different types of milk. Breast milk will aid digestion and prevent constipation, a common side effect of formula feeding.

A Good Book on Weaning:

A Good Book for Toddlers on Weaning:
Nursies When The Sun Shines by Katherine C. Havener (paperback 2013)

If you have any questions, or are having difficulty breastfeeding or weaning, call the lactation line. If it is an immediate concern, call your baby’s doctor as well.
Most mothers assume that only two choices exist for feeding babies, breast or formula. Actually, there are a few other options that mothers can consider.

**Pumping and Giving the Baby Your Milk in a Bottle**

This is a good choice if you do not feel comfortable putting the baby to your breast, but still want your baby to receive the benefits of breast milk. This is also a good option for mothers who want someone to help with the feedings.

In order to provide the full amount of milk that your baby would need, you would have to pump about as often as the baby would be nursing, about 8 times per day. This method usually works most effectively if you can pump every feeding for one month. The amount of stimulation the breasts receive during the first few weeks determines the milk supply for the entire pumping experience. After one month, if you feel that you cannot pump that often, try to pump as often as you can and supplement with formula.

If you choose this method, it is strongly suggested that you rent or purchase a double electric breast pump for the best results. Refer to “Expressing Breast Milk” section.

It is important to consider who will be doing the bulk of the feedings. If you will be feeding the baby most of the time, it is easier and faster to put the baby to breast than it is to pump and bottle feed.

This method can also be used if a mother needs to be separated from her baby (work, school, a night out). Refer to the section on “Returning to Work or School and Breastfeeding.”

**Giving Your Baby Banked Milk**

For babies who cannot tolerate any type of formula, or for any mother who cannot nurse her baby, breast milk can be purchased from a human milk bank. This breast milk is donated from carefully screened mothers and is pasteurized. There is a fee for the processing and handling but this may be reimbursed by your insurance company, depending on the circumstances. If you wish further information on milk banks, log onto www.HMBANA.org – Human Milk Banking Association of North America

**Mixed Feeding**

Mixed feeding, or giving both breast milk and formula, is another option. This method usually works best if you wait about one month before introducing formula. If formula is given too soon after birth, the breasts will not receive frequent stimulation, and it will be difficult to establish a good supply of milk.

After one month you can introduce the baby to formula, and your milk supply will adjust to the amount the baby needs. Remember: the more breast milk a baby receives, the better.

It is important to consider your long term nursing goals. If you wish to nurse for more than 2-3 months, your success will increase with the more feedings you give at the breast. Remember that supply is mostly determined by how many times per day the breasts are drained.

**Milks That Are Not Recommended For Babies**

The following milks are not recommended for babies under one year of age:

- Whole, 2%, 1% or skim cow’s milk
- Goat’s milk
- Coconut or hemp milk
- Rice or oat milk
- Soy or almond milk
- Evaporated or condensed milk

These milks are difficult for babies to digest and don’t contain the right balance of nutrients for your baby’s needs. It is important that infants receive the correct amount of fats, carbohydrates, proteins, vitamins and minerals to grow and develop.
Introducing Solid Foods

When Should I Start Giving My Baby Solid Foods?
Many years ago, it was common to give babies cereal or baby food at 1-2 months of age. Research has revealed that a baby’s digestive system is not ready for foods other than breast milk or formula at an early age, and early introduction of solids greatly increases the risk of allergic reactions. The American Academy of Pediatrics now recommends that babies receive no solids until 6 months old. Your baby’s doctor will help guide you on when to start solids.

Signs that your baby is developmentally ready for solid foods:
• The ability to sit up
• Exhibits good head control
• Is able to bring both hands to his mouth

At 6 months, it is normal for some babies to be very interested in solid food, and some to have no interest at all. It is important to remember that the introduction of solid foods at 6 months helps babies become accustomed to chewing and swallowing foods of different textures. Though food is nutritious, it does not provide completely balanced nutrition for your baby, or protection from illness or infection, as breast milk does. Food should never replace a breast milk feeding during baby’s first year.

What Food Should I Give Baby First?
There are two schools of thought on what foods to begin with. Many doctors recommend starting with a single-grain cereal (rice, oatmeal or barley) mixed with breast milk, formula or water to make a thin, soupy mixture. Other doctors recommend beginning with very soft, whole foods such as ripe bananas and avocados, or cooked sweet potatoes and carrots.

If you begin with cereal, you will obviously be feeding your baby with a spoon. You can also use a spoon if you begin with very soft whole foods. Once your baby is able to sit up, you can give the food directly to the baby to self-feed. In this case, you would just dice up the food into small cubes, which baby can mash with his gums. Babies may be messy and not get much in their mouth at first, but they will improve with practice.

If your baby seems to prefer a more pureed texture, you can mash the food and thin it with breast milk, formula or water. You may also want to consider making “food cubes”. Food cubes are an easy alternative to jarred baby food. Just cook food until tender and add spices (any spice except salt is safe for babies). Puree/grind in a food processor or grinder, and put into a clean ice cube tray. Cover and freeze. When cubes are frozen, pop them out and transfer to a freezer bag. Be sure to date the bag. Each “food cube” is about 1 ounce.

Be sure to wait at least 4 days between each new food to make sure the baby does not have any allergic reactions to that food. If you have allergies in your family, be sure to read the section on food allergies and nutrition.

Previous guidelines recommended delayed introduction of highly allergenic solid foods (like dairy, eggs, nuts/nut butters, fish) for the purpose of preventing allergies. Current research suggests it is not necessary to delay the introduction of highly allergenic solid foods, and doing so may actually increase an allergic response. More studies are currently being conducted to help clarify future recommendations.

Other foods that should be delayed:
• Honey, Corn Syrup or Molasses until age 1 (risk of botulism)
• Chunks of hot dogs or meat, hard/raw fruits or vegetables, whole grapes or olives, raisins, nuts or nut butters, popcorn, chips, hard candy, ice cubes (most common choking foods)

Good book on starting solids:

Good websites on starting solids:
www.wholesomebabyfood.momtastic.com/solids.htm
www.askdrsears.com

Note: When a baby begins taking solid food, their bowel movements may become less frequent and more formed. The odor may also become more noticeable. Some solid food, especially rice cereal and bananas may cause constipation.
**Putting the Squeeze on Fruit Juice**

The good news about fruit juice is that some contain potassium, Vitamin A, Vitamin C and Calcium. Fruit juice is basically composed of water and carbohydrates (sugars). An excess of juice may cause: a decreased appetite for breast milk or formula, gastrointestinal problems, tooth decay, obesity, malnutrition and poor physical development.

The American Academy of Pediatrics recommends:

1. Wait until the baby is over 6 months of age before you introduce juice.
2. Give juice in a cup (rather than a bottle or sippy cup).
3. Limit juice to 4-6 ounces per day for children 1-6 years old.
4. Encourage your child to eat whole fruit so they get the fiber in the fruit.

*Note: Some doctors recommend diluting fruit juice with water (1/2 juice and 1/2 water) to decrease the amount of sugar. Fruit juice should NEVER replace a breast milk or formula feeding.*
For the first few days at home, it is a good idea to keep a diary of approximately how often your baby nurses and how many wet diapers and bowel movements your baby has. Remember that your baby should be feeding about every 1-3 hours, which equals at least 8-12 times every day. You can let your baby have one long sleep period every day (4-5 hours) if the baby prefers this.

By days 3 to 5, your baby should have 3-5 wet diapers and 3-4 stools per day. By days 5-7, your baby should have 4-6 wet diapers and 3-4 stools per day. Your baby will pass meconium, the greenish-black tarry first stool, over the first day or two. The stool should begin to look green 3-4 days after birth, and should be yellow by day 5. Sometimes the stool may look seedy or curdled (like cottage cheese) but is usually the consistency and color of mustard.

### Breastfeeding Diary

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<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
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<tbody>
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<td>Feeding Time / Minute / Side</td>
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### Day 4 | Day 5

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### Instructions

#### Example

10:00 / 15L / 10R

#### Meaning

At 10 am baby was fed for 15 minutes on the left breast and 10 minutes on the right breast, with diaper changes containing urine and stool.

U – Urine
BM – Bowel Movement
The Book Shelf

**Breastfeeding Books**


Rubin, Stacey H., (paperback 2008), *The ABCs of Breastfeeding: Everything a Mom Needs to Know for a Happy Nursing Experience*, New York: AMACOM.

Sears, William and Sears, Martha and Sears, Robert and Sears, James, (paperback 2013), *The Baby Book, Revised Edition: Everything You Need to Know About Your Baby from Birth to Age Two*, Boston, Little, Brown and Company.


**Breastfeeding Books for Siblings or Nursing Toddlers**


A Sweet Ending

Many mothers find that eating oatmeal and brewer’s yeast will increase their supply. Here is a yummy recipe the whole family will love!

Oatmeal Chocolate Chip Lactation Cookies

by Noel Trujillo
Makes 4 1/2 dozen

Ingredients

1 cup butter  
1 cup sugar  
1 cup firmly packed brown sugar  
4 tablespoons water  
2-4 tablespoons flax seed meal  
2 eggs  
1 teaspoon vanilla  
2 cups flour  
1 teaspoon baking soda  
1 teaspoon salt  
3 cups thick cut oats  
1 cup chocolate (or any flavor) chips  
2-4 tablespoons brewer’s yeast

Directions

1. Preheat oven to 350°.
2. Mix the flaxseed meal and water and let sit for 3-5 minutes.
3. Beat butter, sugar, and brown sugar well.
4. Add eggs and mix well.
5. Add flaxseed mix and vanilla, beat well.
6. Sift together flour, brewers yeast, baking soda, and salt.
7. Add dry ingredients to butter mix.
8. Stir in oats and chips.
10. Bake for 12 minutes.

Let set for a couple minutes then remove from tray.