Breastfeeding Your Baby

At St. Peter’s Hospital, we encourage and support your decision to breastfeed. Breast milk is the natural and best nutrition for your baby, but the art of breastfeeding takes time and skill. Be patient with yourself and your baby. The St. Peter’s Hospital nursing staff is here to support and assist you with learning the skill of breastfeeding.

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Support and Information for Breastfeeding Mothers

St Peter’s Hospital
Women’s & Children’s Services
St Peter’s Health Partners
The American Academy of Pediatrics (AAP) and the World Health Organization (WHO) recommend exclusive breastfeeding. Exclusive breastfeeding is giving your baby no other foods than breast milk until around six months when your baby starts taking solid foods. The AAP recommends continued breastfeeding for one year or longer. WHO suggests continued breastfeeding for at least two years, and as long as you and your baby choose.

Research shows that breastfeeding is the best way to feed your baby. This is because breastfeeding:

- Offers the best nutrition for growing babies. It is the perfect blend of proteins, fats, carbohydrates, vitamins, and minerals. It also contains growth factors, hormones and immunologic agents, and enzymes.
- Changes as your baby grows.
- Is easier for your baby to digest.
- Has antibodies to protect babies from getting sick. Breastfed babies have fewer ear infections, diarrhea, respiratory infections, meningitis, asthma, eczema, obesity, diabetes, childhood leukemia, Hodgkin's disease, Sudden Infant Death Syndrome (SIDS), and gastrointestinal diseases including ulcerative colitis and Crohn's disease.

Why Is Breastfeeding Important?
Breastfeeding also provides benefits to mothers. These include:

- **Better recovery from birth.** The hormone oxytocin released during breastfeeding decreases postpartum bleeding and anemia.
- **Positive feelings.** Prolactin and oxytocin hormones may help you feel more confident and relaxed while caring for your baby.
- **Better health.** Breastfeeding may lower your risk of breast cancer, ovarian cancer, type 2 diabetes, and osteoporosis.
- **Time savings.** Once you and your baby learn how to breastfeed, no time needed to clean, sterilize, or mix formula.
- **Cost savings.** Formula and feeding supplies are not needed.
- **Weight loss.** Your body uses calories to make milk.

Keep in mind that breastfeeding is a learned skill. It requires patience and practice. For some women, the learning stages can be frustrating and uncomfortable. Some situations make breastfeeding even harder, such as when babies are born several weeks before their due date, or there are health problems in the mother. The good news is that it will get easier and support for breastfeeding mothers is growing.

You are special because you can make the food that is uniquely perfect for your baby. Invest the time in yourself and your baby – for your health and for the bond that will last a lifetime.

**Mother’s Health and Breastfeeding**

You should not breastfeed if you:

- Are HIV positive
- Have untreated tuberculosis
- Are using street drugs
- Are taking chemotherapy
- Have human T-cell lymphotropic virus
- Are receiving radiation therapies
- Have a baby who has galactosemia

Other health issues in a mother that may affect breastfeeding include: breast reduction or augmentation, problems getting pregnant, polycystic ovarian syndrome, thyroid disease, high blood pressure, diabetes, or swelling. Talk to your doctor, midwife, or lactation consultant if you have health issues that may affect breastfeeding.

**What are the Possible Challenges with Breastfeeding?**

As the mother, you will be the primary parent feeding the baby. If your baby is not feeding at your breast, you will need to pump your breasts to supply your baby with milk.

Breastfeeding may take some time, even weeks, before both mother and baby are comfortable and confident in their new breastfeeding relationship. However, most mothers say that breastfeeding is less work than formula feeding their baby after those first few weeks.
Beginning to Breastfeed

At Birth

Ask for your baby to be placed skin-to-skin with his tummy down against your chest as soon as possible. Babies held skin-to-skin usually find the breast, self-attach, and begin nursing within one to two hours of birth.

What is skin-to-skin?

Skin-to-skin is holding a baby bare chest to bare chest. Simply put your baby, wearing only a diaper, between your breasts. Position the baby’s head to the side while he is lying on your chest. Cover both of you with a blanket but do not cover the baby’s head. Ask your nurse for help putting baby skin-to-skin. Keep your baby skin-to-skin as much as possible while you are awake. You baby’s other parent can do it, too.

Why do I want my baby skin-to-skin?

- It keeps your baby warm better than blankets or a heated crib.
- It keeps your baby’s glucose (sugar) normal.
- It decreases stress for both the mother and baby.
- It helps your baby get better sleep.
- It helps your baby find the breast.

Colostrum

Colostrum is the milk that is in your breasts at birth. Mothers have this milk in their breasts by halfway through their pregnancy. Colostrum may look thick and yellow or clear. It is low in fat, high in protein, and easily digested. A healthy baby takes about 1 to 2 teaspoons of colostrum per feeding in the first two days. This is the perfect amount for baby who is learning how to suck, swallow, and breathe.

Colostrum coats and seals the baby’s gut to protect him from bacteria or viruses that could make him sick. It acts like a laxative and helps baby pass the meconium (first stools) and may reduce the risk of newborn jaundice. Even one bottle of formula can change a baby’s gut for two to four weeks so we avoid offering formula unless it is medically necessary.

By day two to three your breasts feel fuller or firmer as your milk comes in. The more your baby breastfeeds and softens your breasts, the more milk you will make. See Page 9 to learn how to express milk from your breast using your hand.
How Milk Is Made

Grape-like clusters of tissue called alveoli cells make milk in your breast.

Oxytocin is the hormone in your body that causes the smooth muscle around the cells to contract and squeeze the milk into the small tubes that are called ducts.

- Your baby’s sucking releases oxytocin which causes a “let-down” of milk from your breast.
- Sucking also releases the hormone prolactin. Prolactin tells your body to make milk.
- Emptying milk from the breast tells your body to make more milk.

Positions For Mother and Baby

There are many positions mothers and babies like while breastfeeeding. The most important thing is both of you are comfortable.

LAI D-BACK BREASTFEEDING: THE BEST POSITION FOR MOM

Lean back and get comfortable. Lay your baby with his tummy against you. Your baby will often bob his head on your chest, looking for your breast. You can help him get to the breast. He may even latch himself.

Before breastfeeding:

- Dress yourself and your baby as you choose.
- Find a bed or couch where you can lean back and be well supported – not flat, but comfortably leaning back so when you put your baby against your body, gravity will keep him in position with his body molded to yours.
- Have your head and shoulders well supported. Let your baby’s whole front touch your whole front.
- Your baby can rest on you in any position you like. Just make sure your baby’s entire front is against you.
- Let your baby’s cheek rest somewhere near your bare breast.
During breastfeeding:

- Help your baby do what they are trying to do – you’re a team.
- Hold your breast or not, as you like.
- Relax and enjoy each other’s presence.

**Cross-Cradle Hold**

Your baby’s tummy is facing you, and your nipple is to his nose. Hold your baby’s upper back/shoulders, and wait for a wide mouth, and then bring your baby to your breast.

**Football Hold**

Your baby’s tummy is facing your side, and your nipple is to his nose. Hold your baby’s upper back/shoulders, and wait for a wide open mouth, and then bring your baby to your breast.
Tips For Successful Breastfeeding

- Nurse your baby early – as soon as possible after birth. Keep your baby skin-to-skin until he has had his first feeding and his temperature and glucose are normal. (You may want to hold off on the baby’s first bath [unless there is a medical reason] until he has had a few feedings and his temperature and glucose are normal.)
- Keep your baby with you (rooming in).
- Nurse your baby often, at least 8 to 12 times in 24 hours. On the first day of life babies are often sleepy, but may want to nurse often (cluster feeding) on the second day.
- Swaddling decreases a baby’s reflexes and may affect his ability to latch.
- Keep interactions low. Passing a baby from one visitor to another can overstimulate the baby in the early days.

Side Lying
Mothers may like this position after a cesarean birth or when needing rest.

*Never place anything behind your infant.*

Cradle Hold
This position may be easier for your baby after he has learned to latch well. When holding your breast, make sure your fingers are away from the areola.
How to Latch Your Baby to Your Breast

1) Be sure you and your baby are in the correct position.
2) Encourage your baby to open his mouth by gently touching his lips with your nipple or finger.
3) Once your baby’s mouth is open wide and his tongue is down, pull him in close to your breast.

SIGNS OF A GOOD LATCH
• It feels comfortable, without pinching.
• You feel a deep, rhythmic tug of your breast.
• The tip of his nose touches your breast.
• His chin is pressed into your breast.
• The corner of his mouth is wide against the breast.
• Baby will suck for more than a few minutes.
• You may hear a gentle “kah” as your baby swallows.

If you feel you do not have a good latch, you can take your baby off and relatch him. To unlatch, first break suction by inserting a clean finger into his mouth, between his gums, and holding it there while pulling him away. If you are not able to feel a good latch after one or two times relatching your baby, contact your lactation consultant for help.

NEWBORN NOT LATCHING

Until your baby latches, hand express colostrum into his mouth when you offer your breast. Ask for a breast pump and begin pumping your breasts about 8 to 10 times in 24 hours. Feed your baby your pumped colostrum/breast milk. A well-fed baby will have more energy to learn to breastfeed. Keep your baby skin to skin and offer your breast at the first sign of feeding cues. (See Page 8 for a list of feeding cues/cues that will tell you your baby wants to nurse).

The most important things to remember if your baby hasn’t latched are:
• Pump your breasts for each missed feeding to protect your milk supply.
• Feed your baby your pumped colostrum.
• Be patient while your baby is learning. If he cries or is stressed, comfort him. Don’t force him to keep trying when he is frustrated or hungry.
• Ask for help from your lactation consultant.

Let your baby nurse as long as they want on one breast. When he is finished, he will let go or may fall asleep. When your baby is finished with one breast, you can offer the other.
Breastfeeding Basics

Feeding

Feeding cues are signs your baby will give you when he is ready to eat. A baby often breast feeds the best after he first starts showing feeding cues and before he becomes too hungry. Breastfeed whenever you see feeding cues. It may be helpful to offer your baby your breast when you see signs that he is just starting to wake up. Feeding cues include:

- Rooting – Baby is turning his head looking for the breast with his mouth open.
- Mouthing – Baby is opening his mouth and moving his tongue, trying to get his hand to his mouth.
- Crying – This is a late feeding cue. You will need to comfort your baby before he will nurse.

Cluster Feeding

Cluster feeding (feeding often) and a fussy baby are common on the second day of life (until your breasts become full with milk). And even after your milk is in, your baby may cluster feed late afternoon/early evening, and during growth spurts.

Rooming-In

Rooming-in means your baby will stay with you in your post-partum room. This can help you while you are learning to take care of your baby. Rooming-in can be helpful because:

- You are better able to see your baby's feeding cues and offer breastfeeding sooner.
- You learn best how to take care of your baby when he is with you.

- You may sleep better when your baby is nearby.

Sleepy Baby During Breastfeeding

Newborns are often sleepy for the first 12 to 24 hours. If your baby is sleepy after he begins nursing, try breast massage or compression in between sucks, or stroking his arms, legs, back or soles of his feet. You may also try to hand express and feed colostrum, or begin pumping breasts and feeding any colostrum you pump with a feeding spoon.

Lactation experts recommend that you avoid artificial nipples (including pacifiers) and bottles for three to four weeks until breastfeeding is well established.

In the first one to two days, unswaddle your baby and hold him (swaddling decreases his reflexes to nurse).

Try a half-reclined or slouched position and hold your baby skin-to-skin, between your breasts, and watch for his feeding cues. To keep your baby safe when he is skin-to-skin, turn his head so his face is visible at all times unless he is nursing.

Bring your baby close to your breast as soon as you see feeding cues. Sometimes the feel of your nipple against his cheek will make him turn
toward your breast and try to latch. You can hand express milk for baby to smell and taste. If your baby has been skin-to-skin without showing feeding cues for three hours from your most recent breastfeeding, try:

- Taking your baby away from your skin
- Changing his diaper
- Gently washing his face or chest
- Talking to your baby
- Gently playing with your baby’s arms or legs
- Gently sitting him up, while supporting his head
- Gently rolling your baby side to side

If you have questions about other ways to feed your baby, such as using a soft-feeder spoon or the Supplemental Nursing System (SNS), ask your nurse.

**Care of the Breasts**

No special care of your breasts is needed during breastfeeding. However, you may want to avoid soap on your nipples because soap can be drying. (If you have a crack or open area on your nipple, we would suggest washing with a mild soap once or twice a day). Many mothers like the support of a well-fitting nursing bra. Some mothers wear breast pads (cotton or wool reusable, or disposable), but if they are used they should be changed whenever they are wet.

Breastfeeding should not hurt. Your nipples may be tender from the stretching but if you have pain, ask for help.

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### Removing and Storing Breast Milk

When you are unable to breastfeed your baby, it is important to remove milk at the times your baby would normally feed. This will help you keep your milk supply.

Be careful when handling and storing breast milk. Reusable glass or hard-sided (BPA free) plastic containers with secure caps are preferable for expressed milk. Plastic bags specifically made to store milk and/or fit into baby bottle are more awkward to handle, and may tear or leak.

### Hand Expression of Breast Milk

1) Wash your hands well with soap and water.
2) Position the thumb (above the nipple) and first two fingers (below the nipple) about 1 inch to 1.5 inches from the nipple, though not necessarily at the outer edges of the areola. Use this measurement as a guide, since breasts and areolas vary in size from one woman to another. Be sure the hand forms the letter “C” and the finger pads are at 6 and 12 o’clock in line with the nipple. Note the fingers are positioned so that the milk reservoirs lie beneath them. Avoid cupping the breast.
3) Push straight into the chest wall.
   a. Avoid spreading the fingers apart.
   b. For large breasts, first lift and then push into the chest wall.
4) Compress your fingers together.
5) Press and compress. Repeat rhythmically.
When expressing milk, avoid:

- Squeezing the breast, as this can cause bruising
- Sliding hands over the breast may cause painful skin burns
- Pulling the nipple which may result in tissue damage

For video education, see link below for Hand Expression.

**Using a Breast Pump**

For information about the types of pumps available and how to get a breast pump, see Page 13.

To pump your breasts:

1. Wash your hands well with soap and water.
2. Assemble pump equipment.
3. Massage breasts, lifting and stroking to encourage milk flow.
4. Roll your nipples to encourage milk release.
5. Hand expression at the beginning or end of pumping may increase supply. Massaging and compressing breast while pumping give you your best output in the least amount of time.
6. Wash pump parts (except tubing) in hot soapy water. Rinse well and drip dry.
7. After you are home, sanitize breast pump parts once a day.

For video education, see link below for Pumping.

**HOW MUCH TIME SHOULD I PUMP?**

If your pumping session is replacing baby’s nursing, you may pump approximately 15 to 20 minutes or until breasts feel lighter and softer (8 to 10 times per 24 hours). Pump both breasts at once. A double electric pump offers more stimulation to make more milk.

If you have been instructed to give your baby supplemental feedings, breastfeed first. Then pump/hand express your breastmilk. This is the best supplemented milk for your baby.

**Hand Expression** – http://newborns.stanford.edu/Breastfeeding/HandExpression.html

**Pumping** – visit http://newborns.stanford.edu/Breastfeeding/MaxProduction.html
Storing Breast Milk

IMPORTANT NOTE: Special guidelines are necessary for handling and storing breast milk for babies in the neonatal intensive care unit (NICU). For more information, ask your nurse.

Use a water/smudge-proof marker to label each container of freshly pumped breast milk with the date and time the milk was pumped. If taking your milk to daycare, include your baby’s full name. When your milk is taken out of the freezer, put it into the refrigerator to thaw. It should be used within 24 hours.

For healthy full-term babies, freshly pumped milk can be stored:

- Five hours at room temperature
- Five days in the refrigerator
- Five months in freezer

For more information about the proper handling and storage of human milk for healthy, full-term infants, visit the Centers for Disease Control and Prevention website at http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm.

Common Concerns with Breastfeeding

Is My Baby Getting Enough?

Your baby is probably getting enough if:

- He is meeting goals on breastfeeding log (breastfeeding 8 to 12 times in 24-hour period).
- You hear swallowing with breastfeeding.
- He seems satisfied after breastfeeding (relaxed hands, not offering feeding cues).
- He has urine and stools appropriate for day of life.
- His urine is pale or light yellow (no rust-colored urine after day three).
- Stools transition from meconium to greenish stool to yellow mustardy stool.
- He is back to birth weight by 7 to 10 days and continues to steadily gain. (Most babies gain an average of 7 to 8 ounces per week during the early weeks of life.)
- He seems alert, active, and healthy.

If your baby is not meeting goals, call your pediatrician and your lactation consultant for follow up. Please schedule a follow-up visit for your newborn with pediatrician within 24 to 48 hours of discharge.

Going Back to Work

The longer babies are breastfed the greater the health benefits are for mother and baby.

Breastfeeding benefits your employer as well by reducing absences from work related to baby illness.

Although it is good to continue breastfeeding while working, going back to work may be overwhelming. Try starting with half days or going back on a Thursday or Friday. This will give you a weekend break sooner.

You can begin pumping at three to four weeks, once breastfeeding is well established. However, you don't need to pump until one to two weeks before returning to work. You need to have enough milk for your first day back. While you are at work on day one, you will need to pump milk to feed your baby for day two.
If you are sure that you will be returning to work, you might want to consider owning a personal pump before the baby is born. This makes a pump available if you need to pump for comfort at home in the early weeks. See Page 13 to find out how to get a pump.

PUMPING AT WORK

Many mothers find that if their babies were fed just before leaving for work, it is adequate to pump midmorning, lunchtime and midafternoon (two to three times in eight hours). It is best to nurse your baby again as soon as you can.

When you return home from work, relax and enjoy your baby. Nursing as much as baby wants in the evening and nighttime will help protect your supply.

Choosing a Breast Pump

Consider a breast pump if:

- Your baby is not able to directly breastfeed.
- You will be separated from your baby because of his prematurity, or your work or schooling.
- You need to increase your milk production for a special reason.

If you are staying home to care for your healthy newborn, you may not need a pump at all. For the occasion when you may want to go out without your baby, hand expression is an effective and cost-saving option.

There are three kinds of pumps. The pumps are used for:

- Occasional use
- Regular use
- Special use (Hospital-grade pumps)

PUMPS FOR OCCASIONAL USE

These single-user pumps, like toothbrushes, should not be loaned or re-sold. There are two options for occasional use – manual or motorized.

- Manual pumps are designed for very occasional use – once or twice a week.
- Small, motorized pumps may be the choice for mothers who are separated from their babies for about one or two feedings, once or twice a week. These pumps can also be useful for emergencies.

PUMPS FOR REGULAR USE

If you will be separated from your baby because of work or school, you will need a dependable and efficient double electric pump. This personal pump is ideal for a mother who has already established a good milk supply and has a baby who is nursing well. It should not be confused with the hospital-grade pumps, which are designed to help you improve your milk supply. Mothers generally find that pumping both breasts at once saves time and may actually bring in more milk.

PUMPS FOR SPECIAL USE (HOSPITAL GRADE)

Hospital-grade electric pumps are specially designed to bring in and maintain a mother’s milk supply. They are especially used for mothers who have not yet established a milk supply and/or whose baby is less than eight weeks old.

For more information about choosing a breast pump, visit www.breastfeedingusa.org
A special hospital-grade, double electric pump will be recommended if:

- Your baby is in the neonatal intensive care unit (NICU).
- Your baby is having difficulty nursing.
- You are exclusively pumping.
- You have had breast reduction surgery.
- You have medical conditions which may make it difficult to produce a full milk supply.
- You are relactating or inducing lactation for an adopted baby.
- You are having difficulties nursing for other reasons.

We can provide one for you to use during your stay, and assist you with renting one for home.

**Pump for 15 to 20 minutes, 8 to 10 times in a 24 hour period.**

**HOW TO GET A PUMP**

Pumping should be comfortable. Our staff will assist you with choosing the right size flange to comfortably fit your nipple. We will also teach you how to use the pump, clean the equipment, and store your milk. If you will need to continue pumping after discharge, ask your nurse about pump rentals for home use. You should also ask for a “breast pumping record” so you can keep track of when you pump and how much milk you pump.

Most insurance plans cover the purchase or rental of a pump and accessories, with a prescription. Call your insurance company to find out what your plan will pay for. You can also check to see if you qualify for a free, manual breast pump from your local Women, Infants and Children (WIC) agency. They may also assist in helping you rent a hospital-grade pump.

Talk to your pumping friends, a La Leche League leader, or International Board Certified Lactation Consultant (IBCLC) to see what they recommend.

The United States Food and Drug Administration warns that you should never buy a used pump or share a personal use pump. There is no way to guarantee the pump can be cleansed, disinfected and free of infectious diseases.

You may contact Northeast Home Medical Equipment to find out more about pumps for renting and purchasing.

Northeast Home Medical Equipment
(518) 271-9600
(Carry rental grade and retail pumps)

Other pump sources include:
- www.Edgspark.com
- www.Yummymummystore.com

**Other Methods of Feeding Extra Milk**

Your own expressed or pumped breast milk is always the best supplement for your baby. Avoiding artificial nipples and bottles in the early weeks may help to protect breastfeeding. Other methods of feeding include:

- **Spoon feeding.** A special spoon is used to collect drops of hand expressed colostrum or milk if needed for a baby who has not yet latched onto breast.
- **Cup feeding.** A small cup is given to baby of hand-expressed colostrum or milk.
- **Supplement Nursing System (SNS).** This can be used at breast to offer supplement (formula or expressed milk), for a baby who is able to latch and suck at breast.
Weaning Your Baby From Breastfeeding

Weaning begins when a baby starts eating solid foods. Weaning from breastfeeding may be led by you or your baby. When weaning, keep the following tips in mind:

- Weaning too quickly can have poor results for mother and baby:
  - Mothers may experience breast discomfort and mastitis
  - Babies may experience longing for the comfort of nursing

If you are weaning a baby who is less than one year old, please discuss this with your baby’s health care provider to ensure his nutritional needs are met.

There are three ways weaning from breastfeeding can begin:

- Baby-led weaning – As your baby begins eating more food, he may naturally start to nurse less.
- Baby-led weaning with some help from mother – After 1 to 2 years, some mothers only nurse when the toddler asks to nurse. Other mothers gently distract by offering a pleasurable substitute.
- Mother-led weaning – Mothers can lead the weaning process in two ways:
  - One way is to eliminate one daily feeding every three days. The last sessions to be eliminated are the first and final feedings of each day.
  - Another way is to gradually space the feedings out during the course of a day. This will allow more time between feedings.

If you have any questions or concerns, refer to the listing of support and resources on Page 20.

Other Concerns

Mothers may have breastfeeding concerns about situations that were not covered in this book. These include:

- Breastfeeding a premature baby
- Breastfeeding more than one baby (twins, triplets, or more)
- Too much milk supply
- When your baby refuses to nurse (nursing strikes)

Our lactation experts can help with these concerns and more. Please call the St. Peter’s Hospital Lactation Consultants at (518) 525-1400 for a consultation.

If you are just looking for the support of other breastfeeding mothers guided by a lactation specialist, you may become involved with a support group. See Page 20 for more information.

Common Breast Concerns

Flat or Inverted Nipples

Many mothers have flat nipples after labor, especially after receiving a lot of IV fluids or muscle relaxants in labor. Inverted nipples are nipples that look like a slit, or fold, or draw into the breast. Your baby should still be able to latch on to the areola and breast even if your nipples are flat or inverted. Nursing soon after birth, when your baby’s reflexes are strong, may help. If you can, try drawing out your nipple prior to baby latching.
If your nipple does not look drawn out when your baby unlatches, please talk to a lactation consultant. We will want to carefully check how much milk you are making and how much your baby is able to get.

**Sore Nipples**

Nipple tenderness or mild discomfort is normal. Nipple pain is not normal and usually caused by a latch that is not deep enough.

To prevent sore nipples, check your positioning and latch for the following:

- Your baby is held so he is facing you (tummy to tummy). (See Cross-Cradle Hold on Page 5.)
- Your baby is well-aligned.
- Your nipple is opposite your baby’s nose.
- Your baby’s head is tilted back and his mouth wide open.
- You bring your baby to your breast by supporting his back and shoulders.
- Baby looks like his mouth is wide open on breast with his lips flanged out, and chin (and maybe nose) touching breast.
- You feel tugging at your breast but no pain after his first few sucks. (If you are uncomfortable after the initial latch, pull your baby in closer to you.)

Call your lactation consultant if nipple pain does not lessen by day three to six after birth.

**HOW TO TREAT SORE NIPPLES**

- Check positioning and latch.
- Massage breast for a minute or two to get milk flow going before offering your breast.
- Begin breastfeeding on the breast/nipple that hurts less.
- If you need to remove your latched baby from breast: First break suction by inserting a clean finger into baby’s mouth, between his gums and holding it there while pulling baby away. If you are not able to feel a good latch after one or two times relatching your baby, contact your lactation consultant for help.
- If you see bleeding or cracks and/or if soreness doesn’t resolve in a few days, call your lactation consultant.
- If your nipple is cracked, rinse with warm water or saline (1 cup warm water plus ½ teaspoon salt) after nursing. Then apply a medical-grade lanolin. Call your doctor or midwife if you see signs of infection.

**Engorgement**

Engorgement is painfully swollen breasts. This may occur between day two and day four after birth, or any time in the early weeks that baby is not feeding often enough or getting your milk out effectively. To PREVENT engorgement:

- Begin breastfeeding as soon as possible after birth.
- Breastfeed often – at least 8 to 12 times – in 24 hours.
- Let your baby nurse until he finishes the first breast (do not limit baby’s time at breast) and then offer the other.
- Assure good latch and good milk transfer.
- Avoid artificial nipples (bottles or pacifiers) and unnecessary supplements while baby is learning to breastfeed for the first month. (The AAP recommends using a pacifier for sleep once breastfeeding is well established.)
Seek help if:

- Engorgement becomes severe or painful.
- Your baby has trouble latching on.
- You have a temperature greater than 100.4 degrees, reddened area on the breast, and flu like symptoms. Call your doctor or midwife as soon as possible.

How to treat Engorgement

- Water helps to relieve discomfort. Try a brief warm shower or dangle breasts in basin of lukewarm water.
- Gentle massage or manual expression of breasts may relieve pressure by allowing some milk to flow out.
- Try reverse pressure softening. Use fingertips on areola, completely surrounding nipple, pressing in, to push fluids back away from where baby’s mouth needs to latch.
- If your baby is still having difficulty latching because of breast tightness, use your breast pump on a low setting – just enough to soften breasts so baby can latch.
- Breastfeed more often, gently massaging or compressing breast between sucks (when baby pauses). Let your baby nurse until he spontaneously comes off breast, then offer other breast.
- After breastfeeding you can treat the inflammation of engorgement with anti-inflammatory medicine as prescribed by your doctor. Use cold compresses to breasts – 20 minutes on and 20 minutes off (try bag of frozen peas).

Plugged Duct

A plugged duct is a hard, painful area of breast, swollen with milk. To treat a plugged duct:

- Try using warm compresses on your breast before nursing.
- Try using different positions for your baby while nursing.
- Gently massage your breast from behind the swollen area towards nipple while nursing.

A plugged duct should resolve after a few feedings. Call your doctor or midwife if:

- The problem is not resolved by 24 to 48 hours.
- You have a fever (temperature greater than 100.4 degrees).
- You have flu-like symptoms.

Mastitis

Symptoms of mastitis are painful, hard, reddened area on breast with fever or flu like symptoms. This is an inflammation in the breast and may be an infection. If both breasts are reddened and you have flu like symptoms notify your doctor immediately.

Treatment of Mastitis

- Rest. Consider bed rest as instructed by your provider.
- Breastfeed frequently with a good latch, softening breast with feeding.
- Anti-inflammatory medicine for fever and swelling as prescribed by your doctor.
- You may need an antibiotic.
- Call your lactation consultant so we can help you decrease the chance for mastitis recurring by improving breastfeeding practices.
MyPlate illustrates the five food groups that are the building blocks for a healthy diet using a familiar image, a place setting for a meal. Before you eat, think about what goes on your plate or in your cup or bowl.

**Fruits and Vegetables**

According to The Food Plate model, half of a person's daily diet should include fruit and vegetable groups. Fruits and vegetables have essential vitamins and minerals and fiber that may help protect against chronic conditions such as cardiovascular disease and certain cancers.

- The Fruit group is composed of all fruits and 100-percent fruit juices.
- Fruits can be fresh, frozen, canned, or dried.
- The Vegetable group contains all vegetables and 100-percent vegetable juices.
- Vegetables can be raw or cooked, fresh, frozen, canned or dried. When choosing canned vegetables, look for low-sodium or no-salt-added varieties.
- To get a healthy variety, think rainbow of color, for example: red watermelon, orange sweet potatoes, yellow corn, green spinach, blueberries, purple plums, and black beans.

**Grains and Proteins**

Nearly half of a person's daily diet should include grains and proteins. Any food made from wheat, rice, oats, cornmeal, barley, or cereal grain is a grain product. Grains include bread, pasta, oatmeal, and cereals. The Protein group includes: meat, poultry, seafood (such as shrimp, salmon, canned light tuna, pollock, and catfish), beans, peas, eggs, soy products (such as tofu, veggies burgers, and tempeh), nuts, and seeds. Beans and peas are unique in that they represent both the vegetable and the protein groups.

- Whole grains contain the entire grain kernel: bran, germ, and endosperm. They are richer in fiber, iron, and the B vitamins as a result. Half of your grain consumption should be whole grains.
• Examples of whole grains are whole wheat bread, whole wheat crackers, wheat pasta, and brown and wild rice.
• Select lean or low-fat meat and poultry. Limit processed meats that have added sodium.
• Choose unsalted nuts and seeds.

Dairy
Cow’s milk and foods made from milk, such as cheese and yogurt, are dairy. This food group is rich in calcium and vitamin D. These nutrients are linked to bone and dental health enhancement as well as cancer and obesity prevention.
• When eating cheeses, try the lower sodium varieties.

General Nutrition Tips for a Healthier You
• Limiting your sodium intake is an important part of healthy eating.
• Make food choices that are low in “empty calories.” Empty calories are the calories from sugar and solid fat that are low in vital nutrients. Examples include soft drinks and desserts.

Keep the following nutrition tips in mind while breastfeeding:
• Avoid shark, swordfish, king mackerel, and tilefish (found near coral reefs). They contain high levels of mercury. Limit white tuna to no more than 6 ounces per week due to mercury content as well.
• Eat when you are hungry. Use your appetite as a guide.
• Eat a wide variety and foods from all the above food groups.
• Drink fluids to stay hydrated and quench thirst. Drink when you are thirsty. Drink more if your urine is dark yellow.
• Coffee or caffeinated beverages should be consumed in moderation, up to 2 cups per day is suggested as a guideline.
• Limit the use of herbal teas and foods/beverages that are sweetened with artificial sweeteners. The effect of artificial sweeteners on breast milk and babies is not yet clear.
• Discuss any herbal supplements that you may be taking with your doctor/provider. Some herbs can affect breastfeeding.
• Continue taking your prenatal vitamin/mineral supplement unless otherwise directed, but keep in mind that it is an addition to a healthy diet not a replacement.

Bon Appetite!
Medications

Many medications are safe with breastfeeding. Before using any prescribed medication, over-the-counter medication or herbal supplements, please check with your doctor, pediatrician, or lactation consultant. (You can also check www.lactmed.com or www.kellymom.com for information about a medication.)

Alcohol

Alcohol passes freely into breast milk. In large amounts, alcohol can cause drowsiness, slow growth or cause neurological developmental delays in babies. It can also affect your “letdown.” After having a glass of wine, beer or alcoholic beverage, it takes about 30 to 90 minutes to reach its peak in your milk and about 1.5 to 2 hours to get out of your system. After the first month, many mothers may choose to – on occasion – have a celebratory drink of alcohol. If you have just finished nursing and choose to have a drink, your baby would be exposed to very little alcohol if he nursed in another three hours.

Smoking

Cigarette smoking is harmful to mothers. We can help you with quitting, cutting down or limiting your baby’s exposure to second- and third-hand smoke. If you do smoke cigarettes, we can also offer suggestions about breastfeeding. The benefits of breastfeeding your baby is even more important if you have been smoking while you were pregnant. Please ask for our teaching and support.

Recreational or Street Drugs

Marijuana, heroin, cocaine, amphetamines, and hallucinogens are all strongly discouraged in breastfeeding. If you are using or dependent upon any illicit drug, breastfeeding is NOT advised. Mothers can breastfeed while taking Methadone. Please ask us for more information and support.
Support and Information for Breastfeeding Mothers

St. Peter’s Hospital Lactation Consultants

St. Peter’s Hospital lactation consultants can provide phone consults and office visits. To reach our office, call (518) 525-1400. Please call to schedule an appointment if you need to see a member of our staff. You may also email our lactation consultants at lactationhelp@sphp.com.

Other Email Support

Patients who receive care at St. Peter’s Hospital OB/GYN in Slingerlands, New York may email Lactation Consultant Jamie Meehan at jamie.meehan@sphp.com.

Breastfeeding Support Groups

A support group meets at St. Peter’s Hospital twice monthly. Refer to the Breastfeeding support group sheet for dates for the next support group and location. Call (518) 525-1388 for more information. Support groups are also available through:

- Burdett Care Center
- Bellevue Women’s Hospital
- Breastfeeding USA
- La Leche League

WIC Breastfeeding Peer Counselors

Peer counselors are available for mothers who are WIC eligible.

La Leche League

Meetings, phone support and information are available. Check www.lli.org.

Breastfeeding USA

Meetings, phone support, and information are available. Check www.BreastfeedingUSA.org. You can also connect on Facebook and Twitter.

International Lactation Consultant Association

ILCA is a good resource if you are looking for a lactation consultation in your home. Check www.ilca.org.

Dr. Lorelei Michels, DO, FABM

Specializing in Breastfeeding Medicine
(518) 761-3312
www.Dlhbbreastfeedingmed.com

Women, Infants, and Children, (WIC)

Women, Infants, and Children (USDA)

- Whitney Young office
  (518) 221-7183
  www.wmyhealth.org
- Green Street office
  (518) 432-4033

Kellymom.com

Provides up-to-date information including some medications while breastfeeding.

Nancy Morhbacher

www.nancymorhbacher.com

Mother’s Milk Bank Northeast

(617) 527-6261