



OBGYN WEST

PREMIER WOMEN'S
HEALTH
OF MINNESOTA

Breastfeeding Education Booklet

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What are your breastfeeding goals?

Congratulations on your pregnancy and the upcoming birth of your baby! Choosing how to feed your baby will be one of the first decisions you make as a new parent. Breastfeeding is a wonderful and natural way to feed your baby, and a beautiful way for you and your baby to bond. Breastfeeding parents say that breastfeeding is very rewarding, but also hard work. My goal is to give you the tools you will need for your toolkit so you can approach breastfeeding confidently and reach your breastfeeding goals.

No matter how you choose to feed your baby, we are here to support you!

Do you plan to breastfeed exclusively? _____

How long do you plan to breastfeed? _____

Do you plan to offer a pacifier? _____

Do you plan to return to work? _____

How will your partner participate? _____

Other(s) _____

Write down your breastfeeding goals. Revisit them often and make new ones as you attain them. Have your partner contribute too! The best breastfeeding tool is a supportive partner.

Why Breastfeed?

Breastfeeding provides many health benefits, not only for your baby but also for you!

Breast milk provides the nutrition your baby needs for growth and development; breast milk also helps support your new baby's immune system. Breastfed infants are often sick less due to the immune system support from mom's antibodies. Breastfed infants are less likely to develop ear infections, diarrhea, colds, asthma and allergies. Breastfed infants also have lower risk for SIDS.

Health benefits for you include decreasing your risk of serious illnesses including: endometrial, breast, and ovarian cancers, type II diabetes, and heart disease. Breastfeeding may also help you lose the "baby weight" faster.

*Certain medications and health conditions don't mix with breastfeeding.
If you have any changes in your medications or health history, contact our office to
discuss possible changes to your breastfeeding plan.*

Your Current Medications

Your Past Medical History
Current Medical Problems

***Continue taking your prenatal vitamins the whole time you're
breastfeeding!***

When should I breastfeed?



Breastfeed soon after giving birth

The first hour following your baby's birth is referred to as the "Golden Hour". The "Golden Hour" may last 1-2 hours. During this time your baby goes through a set of behaviors that end with their first breastfeeding session. Skin-to-skin is so important! Skin-to-skin helps regulate baby's blood sugar and temperature, and helps establish your milk supply. Following your baby's birth, request your baby be placed skin-to-skin with you and, on their own, they will start the behaviors leading to their first meal.

Baby's behaviors, in order, are:

- birth cry
- relaxation
- awakening
- activity
- rest
- crawling
- familiarization
- suckling
- then sleeping

Let baby do these things on their own, without interruption if possible, and let baby find the breast on their own.

If you have a C-section delivery, request that baby be placed skin-to-skin with you following delivery. You and baby will be separated shortly as the procedure is finishing up. Have your partner go with baby, do skin-to-skin with baby, and then have baby placed skin-to-skin with you once you're out of the Operating Room. Your baby will then start their series of behaviors.

This is a beautiful time as you start to get to know your baby. Be present and reserve this time for your little family. You can request that baby's newborn assessments be done after baby's first meal, and/or done while baby is skin-to-skin with you.



Feed Frequently

New babies need smaller more frequent meals. 10 - 12 feedings (at least) in a 24-hour period is recommended; baby will eat approximately every 2 to 3 hours (timed by the start of one breastfeeding session to the start of the next session). Don't worry about a schedule quite yet, that will come in time.



On-Demand

During your hospital stay, consider "rooming-in". Have your baby stay in your room with you the entire length of your hospital stay. This will help you learn your baby's feeding cues early and you will be able to feed your baby as soon as they show signs of being hungry.

What if baby and I have to be separated following birth?

In the hospital, everyone's main concern is that both you and your baby are healthy. If for some reason you and baby have to be separated, share your breastfeeding goals with your care-team. Ask to have either you or your partner spend skin-to-skin time with baby, once it's medically safe to do so. Also, ask for access to a breast pump, and ask to meet with a lactation specialist for support and guidance.

How do I know when baby is hungry?

Baby will show cute little behaviors called "feeding cues" when they are hungry. Common feeding cues are rooting and hand-sucking. These begin as baby is lightly sleeping (you will notice their eyes moving back and forth, something called Rapid Eye Movement or "REM") and just as baby is waking up from a nap. Watch for feeding cues and begin to offer a feeding when you see REM.

Crying is a late feeding cue and uses up more of baby's energy. So don't wait until baby is crying to offer the breast.

If you miss a feeding cue and baby is upset, or it isn't the right time, don't worry. Place baby skin-to-skin with you and watch for REM and feeding cues.

Your milk supply



When will my milk come in?

On average, your “Mature Milk” will come in within 2-5 days following birth. “Newborn Milk”, called colostrum, is present shortly following birth and is perfect for your newborn. It has a thick consistency and is full of nutrients and antibodies for your new baby. The amount of colostrum will be less than your mature milk supply. But don’t worry, baby is getting enough nutrients and is practicing eating before your mature milk comes in. You will notice your milk transitions from yellow to a cream color as your mature milk comes in. You will also see baby’s stools change in the first few days of life. Initially their dirty diapers are black, then transition to green, then to a yellow/brown color. The change in stool is because baby is eating your milk that is transitioning from colostrum to mature milk.



What can I do to help my milk come in?

- Breastfeed baby frequently
Frequent breastfeeding sessions allow for frequent nipple stimulation, nipple stretching, baby touching the breast, and establishing good breastfeeding habits. All these things are needed to increase the hormones needed for milk production and milk release.
- If possible, avoid missed feedings.
- If possible, avoid nipple shields and/or shells.
These tools can interfere with nipple stimulation and stretching, affecting your milk production. There is, however, a time and place for these tools and if you’re interested in them discuss this with your pediatrician and/or lactation support person. If you want to experiment with them, make sure they are FDA approved and always cleaned properly.



What should I do once my milk is in?

Breastfeed your baby frequently when baby shows signs of being hungry. The recommended number of feedings is 10 -12 feedings in a 24 hour period — that means baby will likely be ready to eat every 2 to 3 hours. Your pediatrician will help guide you about when is it okay to go longer stretches between feedings.



What is engorgement?

Engorgement can happen when your milk comes in but there isn’t yet enough of the hormone needed to release milk from your breasts. It can be uncomfortable. It doesn’t happen to everyone, but if it does, try:

- A hot shower
- Soaking your breasts in warm water
- Breast massage
- Keep feeding baby frequently
- Pump for a few minutes to relieve breast/nipple tension allowing for a proper latch and to avoid milk fow from overwhelming baby
- Tylenol and Ibuprofen

How do I get the “perfect latch?”

A cute little rhyme:

“Tummy to mummy, nose to nips, flex (baby’s) hips to open the lips”

Start by getting comfortable and choosing a nursing position that works for you, then:

- Place your baby skin-to-skin with you
- Watch for feeding cues
- When it’s time, snuggle baby close to the breast
- Support baby with one arm on baby’s lower back and the other hand behind baby’s head and neck (this can vary with your nursing position)
- Point baby’s nose at your nipple
- Move baby away from your breast 1-2 inches and watch for their mouth to gap open
- Once you see baby’s mouth open, move them back toward the nipple and you’ll see baby’s head tilt back
- Observe baby’s bottom lip and tongue approach your breast first. Your nipple should hit baby’s soft palate, the soft upper part of their mouth. The lower part of your nipple and breast will be in baby’s mouth. Baby’s nose and chin will be close to your breast. Baby’s jaw will be open to 140 degrees or greater.
- Listen to the cute suck and swallow noises baby makes. (This may be one suck to one swallow or 2 sucks to one swallow.)

You will know when baby is done eating when they relax and open their hands and mouths... “milk drunk”.

You want a good latch regardless of which nursing position you choose.

How do I know if my baby is getting enough to eat?

Following birth, it’s normal for babies to lose some weight. Following their initial weight loss, breastfed babies typically gain 1 oz. per day. Babies usually return to their birth weight by two weeks of age. During your hospital stay and follow-up pediatrician visits your baby will be weighed. Your pediatrician will calculate baby’s percentage of weight loss/gain and then advise you on the amount of breast milk baby needs in a day.

Babies are good about self-regulating how much milk they will eat. Initially offer 15-20 minutes each breast. When transitioning to the other breast, burp baby the re-position on the opposite breast. To know baby has had enough to eat, baby may take self off the breast or stop swallowing and just suckle. Give it 30 seconds, if not latching again, the session is done. If you have concerns about baby not eating enough, schedule a weighted feeding visit with your pediatrician.

When should I supplement?

If your baby loses 7% or more of their birth weight during their first 5 days of life, your pediatrician may suggest supplementation. If this happens, and you're breastfeeding, ask to have a lactation evaluation. Supplementation means adding nutrition to what baby is getting at the breast; it does not mean you have to pick an alternative feeding method unless you want to.

Decide early with your partner whether you feel comfortable supplementing with formula. There are also ways to supplement without using formula. One way is to collect your own milk using hand expression and/or pumping. Watch some videos about hand expression to familiarize yourself with the techniques. (Don't practice while you're still pregnant!) If you are using hand expression while you're still in the hospital, your nurse can help you collect your colostrum in a spoon or syringe and this can be used for supplementing right away. Another way to supplement without using formula would be to access a certified milk bank

If baby is in need of supplementing, or is a preemie, or if you aren't able to produce enough milk, you may want to consider using Donor Breast Milk. Donor Milk is generously donated by moms who are able to produce extra breast milk. Donor Moms must be nonsmokers, and are screened to be sure they are clear of chronic illnesses, HIV, and Hepatitis B&C. Donor milk is pasteurized to ensure safety of consumption and also to extend its shelf life. If you choose to proceed with Donor Milk, your care team in the hospital can help facilitate, or contact Minnesota Milk Bank for Babies mnmilk.org. Please do not accept Donor Milk from sources other than certified Milk Banks.

If YOU are able to produce extra breast milk, consider becoming a Milk Donor! Contact mnmilk.org to learn more about the donation process.

While baby is nursing from one breast, you will release milk from the opposite breast. Consider getting a tool to collect your "let down", these tools will collect the "let down" and you can use this as a supplement or save for later use. One example of this type of tool is the Haaka.

When should I start pumping with breastfeeding?

This is a personal choice — it's whatever works best for you and your partner. "Textbook" says to avoid bottle-feeding for at least the first month to avoid nipple confusion, and to avoid pumping for at least the first month to establish a good milk supply. However, some women choose to start pumping right away to start storing milk. Bottle-feeding pumped milk is also a wonderful way for your baby to bond with your partner. Initially, when baby is getting a bottle, pump to help maintain your supply and avoid engorgement. Avoid going longer than 6 hours without pumping.

If I'm choosing to exclusively breastfeed, how can my partner help?

A supportive partner is the best tool you will need when breastfeeding! There are many ways your partner can help and participate in your baby's feeding experience! Have them be skin-to-skin with baby as you get comfortable. Have them be in charge of diaper changes. Have them read and talk to baby as you are nursing. Have them help clean bottles and pump parts. And maybe a foot rub for you, too! 😊

Which pump should I get?

This is also a personal choice. First, do your research. In addition to looking at what features in a pump are important to you, also contact your insurance provider to find out what they will cover. OBGYN West carries breast pumps — ask the nursing staff about the pumps available. Consider getting a hand pump too; hand pumps are more portable, and some women report being able to express more milk.

Studies have shown that a combination of pumping and hand expression can result in higher amounts of expressed milk. Something to try: after you finish pumping, lean forward over the flange and try hand expression to see if you can express more milk.

No matter which pump you get, open it, follow the CDC recommendations on cleaning it prior to use and make sure you are using the proper flange size (the pump part that your nipple fits into).

Do not use your pump while you're still pregnant.

Tips for storing your Milk

Follow the CDC recommendations on safe milk storage:

- Seal milk container tightly
- Date clearly (do this right away, it's easy to forget details if you wait until later)
- Use a system that keeps milk organized. In either the freezer or refrigerator, put newer milk in the back/bottom, so older milk is on top and used in a timely fashion.
- If you're freezing milk, lay flat in breast milk bags for more efficient storage

For more information, visit the CDC website: <https://www.cdc.gov/breastfeeding/index.htm>

** See the attached chart for “Human Milk Storage Guidelines” **

Do I have any restrictions?



Do I have any food restrictions?

Fortunately, no!

Some moms choose to keep a food journal, and if noticing that baby is fussy or gassy, will then refer to the food journal to see if there is a pattern.

Remember, you will need an extra 500 calories daily while breastfeeding.

And make sure you're drinking lots of water!



Can I use caffeine?

Don't worry when grabbing an extra cup of Joe during the early weeks of motherhood, it's ok to use caffeine while breastfeeding. Studies have shown no correlation in the amount of caffeine consumed by mom and baby's sleep patterns. But take care that it doesn't interfere with your sleep.



Can I smoke while breastfeeding?

I encourage you to not smoke while breastfeeding, not only for your health but also for your baby's health. Nicotine can decrease your milk production/supply — this applies to all nicotine products including “vaping”. There aren't enough studies yet about the safety of marijuana use and breastfeeding. Until there are enough studies and it is proven safe, I would not use marijuana while breastfeeding.



Can I use alcohol while breastfeeding?

Mama, I know you haven't had a glass of wine in 9 months, so go ahead and have the occasional glass of wine, but keep it to a minimum. Alcohol does cross over to your breast milk. “Pumping and Dumping” will not remove alcohol from your breast milk. Save your money on the alcohol test strips, they are inaccurate. Of note, your baby may notice a change in the taste of your milk, and may not like it.

The [American Academy of Pediatrics Section on Breastfeeding](#) notes: “ingestion of alcoholic beverages should be minimized and limited to an occasional intake but no more than 0.5 g alcohol per kg body weight, which for a 60 kg mother is approximately 2 oz liquor, 8 oz wine, or 2 beers. Nursing should take place 2 hours or longer after the alcohol intake to minimize its concentration in the ingested milk.”

Where can I get additional breastfeeding information or support?

- The CDC (<https://www.cdc.gov/breastfeeding/index.htm>) and Minnesota Department of Health (<https://www.health.state.mn.us/breastfeeding>) have online resources and information
- Look into your local ECFE (<https://education.mn.gov/MDE/fam/elsprog/ECFE/>) and La Leche League Chapters (<https://www.llli.org>)
- KellyMom <http://kellymom.com/>
- Also, consider making an appointment with me for a 1 week latch evaluation

When should I call my provider?

- Breastfeeding shouldn't be painful. If you are noticing pain, fever, bleeding, redness, or a lump, consult your provider
- If you are noticing changes in your mood, make an appointment with your provider
- If you are noticing baby is lethargic or jaundiced, consult your pediatrician



Phone Numbers:

Sarah Talbott, PA-C, CLC at OBGYN West: (952) 249-2000

Your Pediatrician:

Week _____

DAY	# OF FEEDINGS	# OF WET DIAPERS	# OF DIRTY DIAPERS	NOTES
0 (time of birth to 24 hours)				
1				
2				
3				
4				
5				
6				
7				

10 - 12 feedings (at least) every 24 hours — plan to feed baby approximately every 2 - 3 hours

Days 3 - 5 of age: expect 3 - 5 wet diapers and 3 - 4 dirty diapers

Days 5 - 7 of age: expect 4 - 6 wet diapers and 3 - 6 dirty diapers

(Breastfeeding and Use of Human Milk, 2005)

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