

FEEDING

Your Baby



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BENEFITS FOR BABY

- Breast milk is the best food for infants.
- Breast milk has the right combination of nutrients: carbohydrates, protein, fat, calcium, vitamins, and minerals.
- Breast milk contains antibodies that protect infants from illnesses.
- Breast milk helps protect your baby from allergic reactions, constipation, diarrhea, ear infections, and colds.
- Breast milk is low in cost.
- Breast milk is convenient.
- Breast milk is in the form that is easiest for babies to digest.

BENEFITS FOR MOM

- Breastfeeding helps the mother get back in shape.
- Breastfeeding helps release the hormone oxytocin. Oxytocin helps the uterus return to normal size.
- Breastfeeding reduces the chance of breast cancer in mothers.
- Breastfeeding might help prevent osteoporosis.
- Skin-to-skin contact might help the newborn to feel safer and calmer with his/her new family.

Breastfeeding

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life. Breastfeeding should be continued for at least the first year of life or for as long as mutually desired by mother and infant.

FEEDING YOUR BABY

- How to feed your baby comfortably and hunger cues are some of the most important things to learn. By learning your baby's hunger cues and responding quickly to them, you are teaching your baby to trust that his needs will be met in the world.
- No matter which feeding method you choose, feeding time is a great opportunity to get to know your baby.
- Wash your hands well after changing a diaper and before beginning a feeding.
- Hold your baby facing you in a comfortable position during feedings. Use pillows if needed to support your baby's weight.
- Your baby will enjoy being held, and skin-to-skin contact has been proven to help mother and baby bond more quickly. Hold your baby (stripped down to a diaper) against your bare chest, under your shirt or gown, with your baby's face uncovered.
- Learn how to tell when your baby is satisfied. Let your baby tell you when the feeding is finished.

BABY HUNGER CUES

Your baby will tell you when he's hungry by showing hunger cues. Your baby is hungry if he:

- Brings his hands to his mouth and sucks on his little fingers or fist.
- Begins to fuss, fidget, or makes faces.
- Starts "rooting" or searching (your baby will turn his head when he thinks food is near or when you touch his cheek).
- Cries. (Crying is a late sign of hunger. It is best to look for earlier hunger cues and to feed your baby before crying begins.)

Responding to early hunger cues helps your baby gain weight faster and helps you make plenty of milk. It's okay to offer your breast every time your baby tells you he is hungry, even if it's only been thirty minutes since he last nursed. Newborns have tiny stomachs (smaller than a golf ball), and breast milk is digested quickly (within 1-1 1/2 hours). As your baby gets older, he will go longer between feedings.

THE EARLY DAYS OF BREASTFEEDING

- New moms and dads need to be with their baby as much as possible to learn their baby's language.
- Pacifiers can interfere with your baby's cues. Don't routinely give your baby a pacifier until breastfeeding is well-established, typically when your baby is about three to four weeks old.
- Try to limit the number of visitors so you can rest as needed. Visitors are happy to see you, but your friends and family will understand the importance of rest for you and your family.
- It is okay to put the baby to the breast as often as the baby wants and for as long as he wants if he is actively sucking. Don't limit frequency or length of feedings. Frequent feedings help keep the baby's blood sugar stable, lessen weight loss, and help the baby have less jaundice.
- New babies might have their nights and days mixed up and might be very fussy at night. Nursing your baby often at night and giving him skin-to-skin contact on your bare chest will help minimize the fussiness of those early days.
- Babies often cluster feed, which means they may have two or three feedings close together and then a long rest. This is normal and good for bringing the milk in.
- "Scheduled" or "parent-led feeding" may lead to dehydration and failure-to-thrive.

POSITIONING BABY FOR FEEDING

Cross-cradle position

- Place a pillow or two on your lap to support your baby.
- Support your baby's shoulders and neck with your hand, keeping his body turned toward you and held close with your arm. (left breast: hold your baby with your right hand and arm; right breast: hold your baby with your left hand and arm.)



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- Shape and hold your breast (left hand: pick up your left breast; right hand: pick up your right breast), keep your fingers away from your areola so that your baby's mouth touches only your breast and not your fingers.
- Touch your baby's upper lip with your nipple and wait for his wide, open mouth.
- Bring your baby toward your breast quickly.



Side-lying position

- Place your baby on his side facing you.
- Lie on your side with pillows supporting your back, and place a pillow between your knees for comfort.

Football position

- Put two to three pillows at your side to help support your arm and your baby. Place your baby on top of the pillows.
- Support your baby's neck and the lower back of his head in your hand with your forearm supporting his upper body against your side.

HOW TO WAKE A SLEEPY BABY

If your baby is not waking up to breastfeed at least eight times in 24 hours in the first weeks:

- Give your baby skin-to-skin contact (undressed baby against your bare chest).
- Hold your baby upright.
- Increase stimulation. Rub your baby's back in a circular motion, moving from the shoulder blades down and back up.
- Talk to your baby.
- Change your baby's diaper.
- Undress your baby except for his diaper.
- Stroke your baby's back, legs, and arms.
- Burp your baby.
- Stroke or massage your breast to help milk flow when your baby falls asleep at your breast.
- If your baby doesn't wake up after trying for five to ten minutes, then wait and keep trying every 30 minutes.

Call your baby's doctor or a lactation consultant if you are worried about your baby not eating well.

LATCHING ON

- **Get Comfortable.** Put a pillow on your lap if you need to bring the baby up to your breast. Hold your baby facing you, tummy to tummy. The baby's face, tummy, and knees should point toward you.
- Support your breast with your hand in an "L" or "C" position; thumb on top of breast, fingers below, away from the areola (darker skin around the nipple).
- Tickle or brush down on your baby's top lip with your nipple.
- Wait until the baby's mouth is wide open (like a yawn).
- Then, quickly, bring your baby onto your breast so as much of the areola as possible is in the baby's mouth. His nose and chin should touch your breast.
- **Breastfeeding should not hurt.** If it hurts, take your baby off your breast and start over or check and correct the latch. To take your baby off the breast, place your finger between the baby's gums to release the suction.



Your baby is latched well if ...

- His lips are flanged (lips turned out not tucked in).
- Your baby's ears wiggle when nursing.
- You can see strong circular jaw movement.
- Your baby's mouth is wide open.
- Your baby's mouth forms a tight seal. His lips should be against the areola.
- Your baby does not make a clicking sound with sucking.
- You hear your baby's swallow.
- Your baby's cheeks remain full (no dimpling).
- Your baby does not break suction while eating.
- Your baby appears calm and relaxed during and after feeding.

If your baby is latching incorrectly, slide a finger between your baby's lips and your breast and break the suction gently. Then try again.

FEEDING AMOUNTS

- A breastfeeding newborn of average weight (about 7-8 lbs) will need to be fed at least eight times in 24 hours the first week. Nurse until your baby is relaxed and satisfied.
- A bottle-feeding newborn of average weight (7-8 lbs) will need two to four ounces every two to four hours (at least six times in 24 hours) the first week. Talk to your pediatrician if your newborn is smaller or larger than the average weight. Amounts will need to be increased as your baby grows.

Whether you breastfeed or bottle-feed, call your baby's doctor if you feel that your baby is not satisfied or not taking enough.

Keep a record of:

- How often and how much your baby feeds.
- How often, how much, and the color of baby's wet and dirty diapers.
- Record this information for the first month and bring it to the baby's first few check-ups.

For babies who are breastfeeding, talk to your baby's doctor regarding oral vitamin D drops for the first two months of life.

BURPING

Your baby may swallow a little air during feedings. Burping helps the baby get rid of this air, relieves uncomfortable pressure, and makes more room for food in her stomach. There are several ways to burp your baby.

Over Your Shoulder

Hold your baby upright with her head over your shoulder and her chest against your shoulder. With one arm supporting your baby's bottom, gently pat her on the back with your other hand, or rub her back in an upward motion.

Across Your Lap

Lay your baby with her face downward on your lap. Support her head with one hand, and gently rub or pat her back with the other hand.

Sitting Up

Hold your baby in a sitting position on your lap, supporting her head and back with one hand and her chin and chest with the other. Gently pat or rub her back in an upward motion. Attempt to burp your baby in the middle and at the end of each feeding. If your baby doesn't burp after you have tried for several minutes, don't worry. She may not need to burp at the time and may burp later.

YES, YOU DO HAVE MILK!

Your breasts were preparing for breastfeeding while you were pregnant.

Colostrum or first milk:

- Is ready when your baby is born.
- May be clear or yellow in color.
- Is thick and sticky because it is concentrated.
- Is important for keeping your baby healthy and protected from infection.

Mature milk or second milk:

- Is whiter and thinner than colostrum.
- Is the only food your baby needs for the first six months.

Helpful hints:

- The more frequently you nurse, the sooner your mature milk will come in. You will see the milk change from clear or yellow to clear/yellow with a little white in color, and then to white as your milk comes in.
- Your body will not make enough milk if you supplement with formula. Your doctor may suggest pumping to help with milk production if you need to supplement for a medical reason.

COMMON BREASTFEEDING MYTHS

Does breastfeeding hurt?

If breastfeeding is painful, it's a good idea to look for some help. Pain is a sign that there may be a problem with the way you are holding your baby or the way the baby is latched-on to the breast. Often, working with a nurse, lactation consultant, or peer counselor can quickly fix whatever is not right, and the pain stops.

Does breastfeeding change the shape of your breasts?

Pregnancy and gravity may cause some changes in the shape and size of the breasts.

Do you have to drink milk to make milk?

Your body takes nutrients from any food you eat and puts it toward making breast milk. Eat when you are hungry and drink when you are thirsty.

Do you have to have big breasts to breastfeed?

The amount of milk a woman can make is related to the amount of milk-making tissue in the breast, not the size of the breast.

Nutrition for Breastfeeding Mothers

- Unless you are on a specific diet or have certain health issues, eat a variety of foods.
- High fiber foods are good for getting your bowels to work. Eat foods such as fresh fruit, vegetables, whole grains and cereals.
- Eat when you are hungry and drink fluids to avoid being thirsty.

MEDICATIONS (<http://www.cdc.gov/breastfeeding>)

Most medications likely to be prescribed to the nursing mother should have no effect on milk supply or on an infant's well-being.

- When you see your doctor, always let him/her know you are breastfeeding.
- The American Academy of Pediatrics maintains an extensive list of prescription and non-prescription drugs indicating their compatibility with breastfeeding.
<http://pediatrics.aappublications.org/cgi/content/full/108/3/776>

CAFFEINE

- You can drink one to two caffeinated drinks (coffee, tea, and colas) each day. Watch your baby for cues. If your baby is restless or irritable after you have a drink with caffeine, reduce your caffeine.

- Young infants do not get rid of caffeine as quickly from their bodies as older infants and children.
- Chocolate contains a substance that is like caffeine, so don't eat too much of it at one time.

ALCOHOL

- Alcohol passes into breast milk.
- The amount of alcohol in your breast milk is about the same as the amount of alcohol in your blood.
- When it is out of your blood, it will also be out of your breast milk.
- Wait two to three hours or until you can no longer feel the effects of the drink before breastfeeding your baby.

SMOKING

Nicotine passes into breast milk. Stop smoking or cut back. Do not smoke or allow anyone else to smoke around your baby. More nicotine can be passed to a baby through secondhand smoke than through breast milk.

SORE NIPPLES

Many new mothers feel nipple tenderness for the first few days when the baby starts nursing. If the pain continues beyond the first minutes of feeding, or nipples become blistered, bruised, cracked, or they start bleeding, you will need some assistance in problem solving. Poor latch-on is most often the cause of sore nipples but not always.

Common causes for sore nipples

- Your baby is not held correctly or is latching-on poorly.
- Your baby is not placing his tongue over his lower gum when sucking.
- Your baby is taken off the breast without first breaking his suction with your finger.
- Your baby is not fed until he cries and is very hungry. A tense, hungry baby can have a very strong suck.
- Your nipples are not allowed to completely dry between feedings, or your damp nursing pads are not changed often enough.
- Your baby sucks incorrectly or has a short frenulum (string-like piece of skin attaching tongue to the bottom of the mouth).

Correct any possible causes and see if sore nipples improve.

Suggestions for feeding and comfort

- Feed your baby frequently.
- Offer the breast before your baby is very hungry (so your baby will be calmer).
- Express milk before feeding (until milk is flowing or as necessary to soften the areola).
- Try ice or warm compresses to the nipple for comfort before or after feeding.
- Begin feedings on the less sore nipple.
- Try different positions.
- Express a few drops of milk; allow to dry on the nipple after feedings.

- If your nipples become dry or cracked, rub a little purified lanolin on them after every feeding.
- Wear cotton bras and pads; change pads as soon as wet.

TREATING AND PREVENTING ENGORGEMENT (FULL, SWOLLEN BREASTS)

Most mothers feel some discomfort and fullness three to six days after giving birth. This normal swelling usually goes away in 24 to 72 hours. The amount of discomfort differs from mother to mother. The swelling and fullness is caused by natural body changes due to giving birth or because not enough milk is being removed from your breasts. Your milk supply will slowly decline if you are not breastfeeding or pumping on a regular basis.

In the first days when your milk supply is increasing, you can prevent engorgement with frequent nursing.

If there is discomfort from swollen breasts, it is best to use cold compresses and a mild anti-inflammatory and/or analgesic medication recommended by your doctor (such as Ibuprofen). Position yourself on your back in a reclining position, and use cold compresses or ice packs for up to 20 minutes at a time after breastfeeding. An example of a cold compress is green cabbage leaves. Wash green cabbage leaves, crumple the leaves, cover and refrigerate. Layer the leaves over the breasts and armpit area. Cover with a towel and leave on until leaves are warm and wilted (up to 45 minutes). Cabbage leaves are very effective for swelling and may be safely used for a maximum of three times a day, eight hours apart. (More frequent use of cabbage leaves may have the unwanted effect of reducing your milk supply.)

Excessive fullness sometimes makes it difficult for your baby to latch on to feed. If this happens, try using warm, wet compresses or soaks, and breast massage and hand or pump expression for a few minutes before the feeding to help the milk flow. Examples of warm compresses or soaks include:

- Soak a thick washcloth in warm water, squeeze out excess water, place over breasts, and cover with a dry towel or plastic wrap.
- Stand in a shower and let the warm water run over your breasts or upper back.
- Do not use dry heat such as a heating pad.

Remember, BREASTFEEDING your baby as often and for as long as your baby wants is the best way to remove milk from your breasts.

REVERSE PRESSURE SOFTENING

K. Jean Cotterman RNC, IBCLC

What is it?

Reverse Pressure Softening is a new way to soften the circle around your nipple (the areola) to make latching and getting your milk out easy while your baby and you are learning. Latching shouldn't be painful. If your areola is soft enough to change shape

while feeding, it helps your baby gently extend your nipple deep inside his mouth, so his tongue and jaws can press on milk ducts under the areola. (These motions differ from those which artificial nipples force a baby to use.)

This new method is not the same as removing milk with your fingers. Don't expect milk to come from you nipple while you soften your areola this way. (However, it's okay if some milk does come out.)



When is it helpful?

Try Reverse Pressure Softening in the early days after birth if you begin to notice firmness of the areola, latch pain, or breast fullness. (This full feeling is only partly due to milk. Delayed or skipped feedings may also cause the tissue around your milk ducts to hold extra fluid much like a sponge does. This fluid never goes to your baby.)

Intravenous (IV) fluids, or drugs such as Pitocin, might cause even more retained tissue fluid, which often takes 7-14 days to go away. Avoid long pumping sessions and high vacuum settings on breast pumps to prevent extra swelling of the areola itself.

Feel your areola and the tissue deeper inside it. Is it soft and easy to squeeze, like your earlobe or your lip? Or does it feel firmer and harder to compress, like your chin? If so, it's time to try Reverse Pressure Softening just before each time you offer your baby your breast. (Some mothers soften their areola before feeding, for a week or longer, until the swelling goes down, the baby can be heard swallowing milk regularly, and latching is always pain-free without softening first.)

Why does it work?

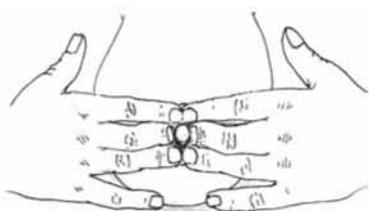
Reverse Pressure Softening briefly moves some swelling backward and upward into your breast to soften your areola so it can change shape and extend your nipple. It sends a special signal to the back of your breasts to start moving milk forward (let-down reflex) where your baby's tongue can reach it. It also makes it easy to remove milk with your fingertips or with short periods of slow gentle pumping combined with gentle forward massage of the upper breast

Where should I press?

It is most important to soften the areola in the whole one-inch area all around where it joins your nipple. Soften even more of the areola if you wish. You may also want to soften a place where your baby's chin will be able to move easily against the breast. Reverse Pressure Softening should cause no discomfort.

HOW DO I DO REVERSE PRESSURE SOFTENING?

- You (or your helper, from in front, or behind you) choose one of the patterns pictured.
- Place the fingers/thumbs on the circle touching the nipple.
- If swelling is very firm, lie down on your back, and/or ask someone to help by pressing his or her fingers on top of your fingers.
- Push gently but firmly straight inward toward your ribs.
- Hold the pressure steady for a period of one to three minutes.
- Relax, breathe easy, sing a lullaby, listen to a favorite song, or have someone else watch a clock or set a timer. To see your areola better, try using a hand mirror.
- It's okay to repeat the inward pressure again as often as you need. Deep "dimples" may form, lasting long enough for easy latching. Keep testing how soft your areola feels.
- You may also press with a soft ring made by cutting off half of an artificial nipple.
- Offer your baby your breast promptly while the circle is soft.



Two-handed, one-step method, short fingernails, fingertips curved, each one touching. (You may ask someone to help press by placing fingers or thumbs on top of yours.)



Two-step method, two hands, using two or three straight fingers on each side, first knuckles touching nipple. Move 1/4 turn, repeat about and below nipple.

Two-step method, two hands, using straight thumbs, base of thumbnail even with side of nipple. Move 1/4 turn, repeat, thumbs about and below nipple.



Illustrations by Kyle Cotterman, Dayton, Ohio

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PLUGGED DUCTS

Breast milk travels to the nipple by way of ducts. Sometimes a duct or two can get clogged. If you have a plugged duct, you might feel tenderness and/or a lump near the plug. Missing a feeding, changing your normal nursing position, and wearing a tight bra, baby sling, shoulder bag, or clothes are common causes of a plugged duct.

To help unclog the duct:

- Keep breastfeeding.
- Try different ways of holding your baby or nursing. For example, try pointing your baby's nose toward the plug when nursing.
- Gently massage the plug before and during feeding.
- A warm compress on the plug may also help.

If the plugged duct doesn't go away within a couple of days, visit a lactation consultant or a doctor. Untreated plugged ducts can lead to an infection (mastitis). Also see a doctor if the same duct keeps getting plugged.

MASTITIS

Mastitis is a breast infection. The infection is caused when milk is not readily removed from the breast. When the milk sits in the breast, there is more of a chance of infection. Common causes of mastitis are having an untreated cracked nipple, plugged duct, engorgement, or changing your baby's nursing schedule. Mastitis makes you suddenly feel tired with flu-like symptoms including a fever, chills, headache, and/or muscle aches. The infected area of the breast may be tender and warm to the touch and have reddish streaks.

It's important to treat mastitis right away. If the infection is not treated, it could develop into an abscess. An abscess is painful and will need to be treated.

To treat mastitis:

- Keep breastfeeding.
- Visit your doctor. Take the entire dose of antibiotics even if you begin to feel better.
- Rest often. Sleep when your baby is sleeping.
- Eat well and drink more fluids.
- Use warm compresses and cold packs on the infected area. Warm compresses (warm, damp cloth) soothe the pain. Cold packs relieve swelling.

RETURNING TO WORK

You will get off to the best start by doing the following:

- Make childcare arrangements that you feel comfortable with and choose a daycare provider who is supportive of breastfeeding.
- Introduce your baby to bottle-feeding at three to four weeks with one to two ounces of your pumped milk. Have someone else give the bottle so that your baby continues to associate you with breastfeeding.
- Get as much support as possible on the job. Talk to your supervisor and co-workers about your desire to continue breastfeeding. You might find someone with experience that can help you.

- The best time to begin collecting breast milk at home is at feeding times, especially early in the morning when breasts are full.
- At work, find a private place, wash your hands, relax, and think about your baby when you pump.

TYPES OF PUMPS

A breast pump can help a mother continue to breastfeed if she must be separated from her baby because of illness or if the mother is returning to work or school. Some mothers do very well expressing milk by hand.

It is not necessary to buy an expensive pump for occasional or short-term use. The comfort and fit of a breast pump is as individual as the choice of a bra. Your pump should fit your breast properly, be comfortable and efficient to use, and fit your individual needs and lifestyle. Pumping should not be painful. For reliable brand names and recommended products, consult a lactation specialist or the La Leche League catalog.

• Electric breast pumps

- A high quality, electric breast pump is recommended for frequent or long-term use such as pumping for a sick baby or when mother is going to work full-time.
- Electric pumps are available with “double-pump” kits to use on both breasts at once. This can be a big time saver for working mothers, since both breasts can be emptied in the time it takes to pump one. Double pumping is also the best way to ensure producing the most milk.
- You may rent an electric breast pump at Seton Medical Center Austin. Call 512-324-3428 for more information.

• Manual breast pumps

- Manual breast pumps are recommended for occasional use in case of short-term absences from your baby or part-time working mothers. Two types available are Piston-Type or Squeeze Action Pumps. These are small, light-weight, and dishwasher safe. The collection bottle may be used to store the milk and as a baby bottle.



• Battery-operated pumps

- Battery-operated pumps are also recommended for occasional use in case of short-term absences from your baby or part-time working mothers. These run on batteries or come with an adaptor to plug in.
- Battery-operated pumps are convenient and portable. A mother can operate a battery pump with one hand. Some working mothers buy two so both breasts can be pumped at once to save time. Some mothers feel the suction may not be strong enough, the batteries can become costly, or the motor wears out if too frequently used.

- **Not recommended**

- Hand-operated pumps that create suction with rubber bulbs are not recommended. Also called “bicycle horns,” these pumps cannot be properly sterilized and contaminate the milk. The suction cannot be regulated and often hurts the mother’s breasts.
- Some name brand pumps sold at drug stores and department stores are also not recommended.

Check with a lactation consultant for advice on choosing a pump for your needs.

HANDLING BREAST MILK FOR HOME

- Label the bottle with your baby’s name, the date, and time of the collection.
- Refrigerate immediately.

How do I transport breast milk?

- If you are transporting milk, such as from work to home, pack it in a cooler filled with ice.
- Do not leave the milk in a cooler for more than 24 hours.

Storage

- There are several containers available for storing breast milk. These include specially designed plastic bags, plastic bottles, or glass containers.
- If you are going to freeze your breast milk, leave some space at the top of the container. Breast milk, like most liquids, expands as it freezes.
- Freeze your milk in two-ounce to four-ounce portions. Smaller amounts thaw quicker, and you will waste less milk if your baby consumes less than you anticipated.
- Fresh milk may be stored in the refrigerator for up to five days.
- Frozen milk may be stored in the back of the freezer portion of a refrigerator-freezer for up to six months.
- Frozen milk may be stored in a deep freezer for up to 12 months.
- Defrosted milk may be kept for up to 24 hours in the refrigerator.

Thawing frozen milk

To thaw or warm breast milk, put the bottle in a container of warm water. It will thaw in about 15 minutes.

Warming thawed milk

- Hold the bottle of milk under cool or lukewarm (not hot) running tap water, or place it in a cup of warm water.
- Boiling or microwaving breast milk will destroy many of its vitamins and anti-infective qualities that your baby needs.

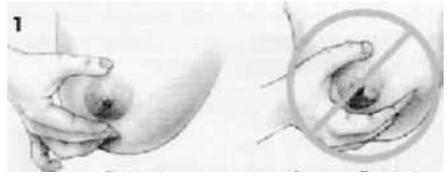
Cleaning the breast pump and parts

- After each use, rinse the parts in hot, soapy water. After rinsing in clear running water, air dry the parts on a clean towel. Cover the parts when not in use.
- You may clean parts either in a dishwasher or in boiling water for 20 minutes. See manufacturer instructions for specific cleaning directions.

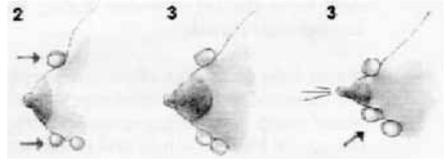
HAND EXPRESSION OF BREAST MILK

Hand expression:

1. Position the thumb (above the nipple) and first two fingers (below the nipple) about 1" to 1 1/2" 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.



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 the thumb forward as if making a thumbprint and change finger pressure from middle to first finger at the same time. This rolling motion compresses and empties milk reservoirs without injuring sensitive breast tissue. Note the moving position of the thumb and fingertips as shown in the illustration.

4. Repeat rhythmically to completely drain reservoirs.

Position, push, roll.

Position, push, roll ...



5. Rotate the thumb and finger to milk reservoirs using first one hand, then the other on each breast.

Avoid these motions

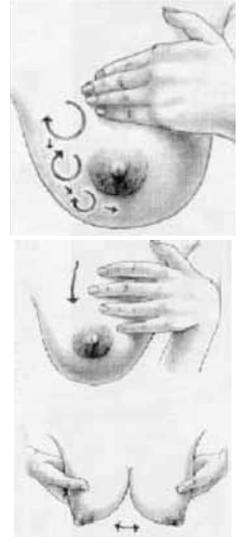
- Do not squeeze the breast as this can cause bruising.
- Avoid sliding hands over the breast as it may cause painful skin burns.
- Avoid pulling the nipple and breast, which may result in tissue damage.



MASSAGE: ASSISTING THE MILK EJECTION REFLEX

Gentle massage

1. Massage the milk-producing cells and ducts by pressing the breast firmly with the flat of the fingers into the chest wall, beginning at the top. Move fingers in a circular motion, concentrating on one spot at a time for a few seconds before moving on to another spot. Spiral around the breast toward the areola as you 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, using a light tickle touch. Continue the stroking motion to help you relax, which in turn will stimulate the milk ejection reflex.
3. Shake the breast while leaning forward so that gravity will help the milk eject.



BOTTLE-FEEDING

Infant formulas can provide the appropriate nutrients to support growth and development of infants.

- Many parents use a bottle for feeding breast milk or formula.
- Cow's milk should not be used until the baby is at least one year old. Your baby's doctor will let you know when to add solid foods or cow's milk.
- Do not give any liquids besides breast milk or formula (including water) until your baby's doctor says it is okay.

Using formula

- Follow package directions for mixing the formula your baby's doctor recommends.
- Do not add more water than is recommended.
- Do not use well water to mix with the formula.

Preparing formula

- Clean all bottles and nipples you use to feed your baby
- Wash bottles and nipples thoroughly with hot, soapy water or in the top rack of the dishwasher. It is only necessary to sterilize bottles and nipples in boiling water before you use them the very first time, unless your baby's doctor recommends it.
- All pre-prepared formula should be stored in the refrigerator. Formula not used within 24 hours should be discarded.
- Do not heat bottles in a microwave. Warming formula in a microwave oven may burn your baby and destroy some of the important nutrients in the formula. Heat under warm running tap water or place the bottle in a bowl of warm tap water.
- Check the temperature of the fluid to make sure it is not too hot by shaking a few drops on your hand or wrist.

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Position

- Your baby should be positioned with his head higher than his trunk and facing the person who is feeding him.
- Hold the bottle so that the nipple is filled with fluid, not air.
- Do not prop the bottle. Hold your baby for feeding. (Propping a bottle may increase the possibility of choking, ear infections, and dental cavities.)

Bottle-feeding instructions

- Burp baby in the middle and end of a feeding. The baby should be burped initially after every ounce, and then after every one to two ounces.
- The full-term newborn will drink one to two ounces of formula every two to four hours to meet his nutritional requirements.
- Do not save the unfinished contents of the bottle for later feedings. Throw the contents away if your baby does not drink it within one hour. Old milk and formula can make your baby sick.
- Do not use honey in pacifiers or bottles. Honey can make your baby very sick.



FEEDING AND DIAPER DAILY RECORD FOR THE FIRST WEEKS AT HOME

Instructions

- Each day, circle the approximate time to the nearest hour that you feed your baby.
- If you are breastfeeding, note the number of minutes your baby nurses.
- If you are supplementing, note how much the baby drinks.
- Each time you change a diaper, (wet or soiled) circle the "W" or "S."
- It is okay to have more wet or soiled diapers than the numbers listed. Call your baby's doctor or a breastfeeding specialist for help if your baby has less than six wet diapers a day by the fourth day of age.

Feeding Start Time _____ Date _____

Midnight _____ Noon _____

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Number of Minutes _____

Wet Diapers W W W W W W Soiled Diapers S S S S S S

Feeding Start Time _____ Date _____

Midnight _____ Noon _____

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Number of Minutes _____

Wet Diapers W W W W W W Soiled Diapers S S S S S S

Feeding Start Time

Date_____

Midnight

Noon

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Number
of Minutes _____

Wet Diapers W W W W W W

Soiled Diapers S S S S S S

Feeding Start Time

Date_____

Midnight

Noon

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Number
of Minutes _____

Wet Diapers W W W W W W

Soiled Diapers S S S S S S

Feeding Start Time

Date_____

Midnight

Noon

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Number
of Minutes _____

Wet Diapers W W W W W W

Soiled Diapers S S S S S S

Feeding Start Time

Date_____

Midnight

Noon

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Number
of Minutes _____

Wet Diapers W W W W W W

Soiled Diapers S S S S S S

Feeding Start Time

Date_____

Midnight

Noon

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Number
of Minutes _____

Wet Diapers W W W W W W

Soiled Diapers S S S S S S

Feeding Start Time

Date_____

Midnight

Noon

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Number
of Minutes _____

Wet Diapers W W W W W W

Soiled Diapers S S S S S S

Feeding Start Time

Date_____

Midnight

Noon

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Number
of Minutes _____

Wet Diapers W W W W W W

Soiled Diapers S S S S S S

Feeding Start Time

Date_____

Midnight

Noon

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Number
of Minutes _____

Wet Diapers W W W W W W

Soiled Diapers S S S S S S

Feeding Start Time

Date_____

Midnight

Noon

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Number
of Minutes _____

Wet Diapers W W W W W W

Soiled Diapers S S S S S S

REFERENCES

AAP Transfer of Drugs into Human Milk
<http://pediatrics.aappublications.org/cgi/content/full/108/3/776>

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

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
<http://www.awhonn.org>

Breastfeeding: A guide for the medical profession. Sixth Edition. R.A. Lawrence and R.M Lawrence. 2005.

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

Textbook of Human Lactation. T.W. Hale and P.E. Hartmann. 2007.



Feeding

Breastfeeding Resources

Seton Breast Pump Rental (512) 324-3428

Seton Medical Center Austin.....(512) 324-1000 x17036

Seton Northwest.....(512) 324-1000 x67308

University Medical Center at Brackenridge (512) 324-7964

Seton Southwest.....(512) 324-9000 x89108

Seton Medical Center Hayes (512) 504-5000

La Leche League (www.lllaustin.org) (877) 4-LALECHE / (877) 452-5324

Mom's Place Breastfeeding Clinic (512) 719-3010

Breastfeeding (www.Breastfeeding.com)

Breastfeeding and Medications (neonatal.ttuhs.c.edu/lact)

Breastfeeding after Reduction Information and Support (www.bfar.org)

CDC Breastfeeding Information (www.cdc.gov/breastfeeding)

IBCLC Lactation Consultant (www.ILCA.org)

Kellymom (www.kellymom.com)

Motherwear Breastfeeding Blog (breastfeeding.blog.motherwear.com)

United States Breastfeeding Committee (www.usbreastfeeding.org)

WIC Breastfeeding Information (<http://breastmilkcounts.com>)