

Breastfeeding Partners, www.breastfeedingpartners.org
developed by the New York State WIC Training Center and Whitney M. Young, Jr. Health Services, in partnership with the New York State Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

"Breastfeeding Success: You Can Do It!", www.breastfeedforall.org,
developed by the California WIC Association, is designed to encourage women of color to choose and stay with breastfeeding.

Mother-to-mother websites

African-American Breastfeeding Alliance, Inc. www.aabaonline.com

Breastfeeding.com, www.breastfeeding.com, is a web site for mothers and nursing professionals who want support and advice. Features tips for working mothers, research articles, FAQs, message boards, humor, links, etc.

Kellymom Breastfeeding & Parenting website, www.kellymom.com, was developed to provide evidence-based information on breastfeeding, sleep, and parenting.

La Leche League International, www.la lecheleague.org, provides mother-to-mother support, encouragement, information, and education about breastfeeding

Breastfeeding supplies websites

For nursing bras and other breastfeeding supplies, check these on-line stores. They all have a huge selection of bras in every size imaginable.

Birth and Baby, www.birthandbaby.com

Breakout Bras, www.breakoutbras.com

Nurtured Family, www.nurturedfamily.com

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You can do it!

Congratulations on your new baby! Breastfeeding is the normal, natural, and healthiest way to feed your baby, but that does not mean you will automatically know how to do it. Learning to breastfeed is like learning any new skill – it takes time and practice to get good at it. You and your baby will each need to figure out how to make it work. For some women, it may take a few weeks to become comfortable with breastfeeding. Try to relax and do not get discouraged. Ask for help when you need it. Before you know it, breastfeeding will be easy.

Breastfeeding Pure and Simple, by Gwen Gotsch, 2000 (out of print, but available used)

The Milk Memos: How Real Moms Learned to Mix Business with Babies – and How You Can, Too, by Cate Colburn-Smith & Andrea Serrette, 2007

New Mother's Guide to Breastfeeding, by American Academy of Pediatrics: Joan Younger Meek, Editor in Chief, 2005 (also available in Spanish)

The Nursing Mother's Companion, by Kathleen Huggins, Fifth Edition, 2005

Nursing Mother, Working Mother, by Gale Pryor, 2007

So That's What They're For! Breastfeeding Basics, by Janet Tamaro, Third Edition, 2005

The Womanly Art of Breastfeeding, by La Leche League International, Seventh Edition, 2004

Websites

Health care organizations' websites

American Academy of Pediatrics, www.aap.org/healthtopics/breastfeeding.cfm

American Academy of Family Physicians, www.familydoctor.org/online/famdocen/home/women/pregnancy/birth/019.html

International Lactation Consultant Association - find a lactation consultant for individual help with breastfeeding, www.ilca.org/i4a/pages/index.cfm?pageid=3337

Government and WIC websites

The National Women's Health Information Center, www.4woman.gov/breastfeeding/ or call 1-800-994-9662

Parenthood Plus: on-line videos, in English and Spanish, on child development, breastfeeding and nutrition, <http://modules.fcny.org/pplus/?first=breastfeeding>. These modules were developed to create clear and accessible information about parenting to achieve better outcomes for all families.

Call your health care provider if:

- Your baby is still passing meconium (dark, sticky stool) after four days
- You do not see or hear your baby swallowing
- Your baby has only one bowel movement per day between five days and three weeks old
- Your baby is sleepy and hard to wake for feedings
- You are nursing a newborn less than six times per day
- Your baby is not gaining weight well
- Your baby is not latching-on well
- Your baby's skin color or the feel of your baby's skin is noticeably different than when you left the hospital
- You have nipple pain throughout the feeding or after feeding
- You have severe engorgement
- You have a breast infection or plugged ducts
- You believe you have a low milk supply
- You have breast pain

Other resources

Books

All of these books are available on-line at www.amazon.com or at your local library or bookstore. Your health care provider, lactation consultant, peer counselor or hospital may have some books available to buy or borrow as well. Many are also available through La Leche League International, telephone 847-519-7730 or on the web at www.llli.org.

The Black Woman's Guide to Breastfeeding, by Katherine Barber, 2005

The Breastfeeding Book: Everything You Need to Know About Nursing Your Child from Birth through Weaning, by Martha Sears & William Sears, 2000

Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers, by Nancy Mohrbacher and Kathleen Kendall-Tackett, 2005

The American Academy of Pediatrics (www.aap.org) recommends breast milk as the ideal food for all babies. Breast milk alone is all your baby needs to grow and develop for the first six months of life. It is recommended that breastfeeding continue for at least twelve months, and thereafter for as long as both you and your baby desire.

Common sense note

This booklet is intended to help answer many of the questions you may have about breastfeeding. It cannot replace the advice and support of a qualified lactation consultant, peer counselor, nurse, or doctor. If you are having problems with breastfeeding, or your baby does not seem to be doing well, please call a lactation consultant, peer counselor, or your health care provider for help.

New York State laws and breastfeeding

New York State has two laws with respect to breastfeeding that you should be aware of. One law gives women the right to breastfeed any place she is allowed to be. The other law requires employers to give you the time and place to pump your breast milk at work.

Right to breastfeed ~ the law

Notwithstanding any other provision of law, a mother may breastfeed her baby in any location, public or private, where the mother is otherwise authorized to be, irrespective of whether or not the nipple of the mother's breast is covered during or incidental to the breastfeeding. (Civil Rights Law Article 7: 79-e)

Right of nursing mothers to express breast milk ~ the law

An employer shall provide reasonable unpaid break time or permit an employee to use paid break time or meal time each day to allow an employee to express breast milk for her nursing child for up to three years following child birth. The employer shall make reasonable efforts to provide a room or other private location (not a restroom), in close proximity to the work area, where an employee can express milk in privacy. No employer shall discriminate in any way against an employee who chooses to express breast milk in the work place. (Labor Law 206-c)

Why breastfeed?

For your baby ~ Breast milk is species-specific – this means that it is made specifically for human babies. Breastfed babies are healthier than formula-fed babies and they will continue to be healthier throughout their lives.

- Breast milk has all the necessary nutrients in the correct amounts for proper growth.
- Breast milk digests easily – babies rarely get constipated or colicky.
- Breast milk provides antibodies against infections like urinary tract, respiratory, intestinal, and ear infections, which means your baby will be healthier or recover more quickly if he or she does get sick.
- Breastfed babies have less risk of allergies, overfeeding and obesity, insulin dependent diabetes mellitus (type I) and intestinal diseases compared to formula fed babies.
- Breastfeeding helps babies with hand-eye coordination, jaw, teeth and speech development, and brain growth.

For you ~ Breastfeeding is convenient and economical and provides you with life-long health benefits.

- Breastfeeding saves time and money. Breast milk is always ready, day and night. No mixing or storing is required; it is always the right temperature; and you do not need to shop for, clean or prepare bottles.
- Mothers who have breastfed have better bone density (which means you will have stronger bones) compared to mothers who have not breastfed.
- Breastfeeding requires extra calories, which makes it easier to lose your pregnancy weight.
- The longer you breastfeed your baby, the more you reduce your risk of breast and ovarian cancers.
- Breastfeeding is relaxing – you release a hormone called prolactin when you breastfeed which relaxes you.

For your family ~ The family saves money. All you need to breastfeed is a mom and a baby – breast milk is free!

- Breastfed babies smell better than formula-fed babies. Even their diapers do not smell as bad and spit-up from breastfed babies rarely stains (they also spit-up less).

cuddling, rocking, walking, talking to your baby, and even changing diapers can provide special contact. Dad can snuggle with his baby skin-to-skin to promote bonding with his baby. After breastfeeding is well-established (at least 2-3 weeks), Dad can give his baby an occasional bottle of pumped breast milk.

What do I do if my baby bites me?

Sometimes when babies get their first tooth, they bite while nursing. If this happens, say a firm “No!” and take your baby off your breast (stick your finger in the corner of her mouth to release the suction). Take a break from nursing for a few minutes. Most babies will learn after only one or two incidents that they will not get to breastfeed if they bite. If your baby continues to bite you, talk to a lactation consultant or peer counselor.

What should I do if my baby spits up or hiccups a lot?

Most babies spit-up after a feeding. Some spit-up more than others. Eventually they grow out of it. *If the spit up is repeatedly forceful, consistently a large volume, or green in color, call your baby's doctor immediately.* Hiccups are also common. There is no reason to give your baby anything to cure them. Babies eventually grow out of both spitting up and hiccups.

When is the right time to wean my baby?

The best time to wean is when either you or your baby decides it is time. Ideally, babies should breastfeed for a least one year though some babies will wean themselves before then. Breast milk continues to be healthy for your baby for as long as you breastfeed. Some mothers and babies continue breastfeeding for two or three years or even longer.

When to get help

Even though breastfeeding is a natural way to feed a baby, it does not always come naturally. If breastfeeding is not going well or you have any concerns at any time, call your health care provider or a qualified lactation consultant or peer counselor. The sooner you get help, the sooner you will be able to enjoy a satisfying breastfeeding experience. Once you and your baby learn how to breastfeed well, breastfeeding will be easy and convenient. If your health care provider recommends supplementing your baby with formula, ask for the assistance of a lactation consultant or peer counselor who can help you manage feedings so they will not interfere with breastfeeding.

If your baby is not gaining weight well, have him weighed, without clothes on, every few days on the same scale at the same place.

Lactation Amenorrhea Method (LAM) on the internet or in the library for details.

Can I use the pill or the shot (Depo-Provera) for birth control while I am breastfeeding?

There are safe birth control pills you can take while nursing. Some women will have a decrease in their milk supply while taking regular birth control pills. The “mini-pill” (progestin-only) pills are better for breastfeeding mothers. Wait two to six weeks after birth to start the pill to make sure breastfeeding and your milk production are well established.

Some women have problems with their milk supply when they get the shot (Depo-Provera), especially if they got it in the hospital right after birth. If you are planning to exclusively breastfeed your baby and you want to use Depo-Provera, the makers of Depo-Provera suggest that you wait at least six weeks after your baby is born to get the shot or find another type of birth control to use while you are breastfeeding.

If I become pregnant again, should I stop breastfeeding?

No. You can continue to breastfeed as long as both you and your baby want, even after your new baby is born. When you breastfeed both a newborn baby and an older child, it is called tandem nursing. There is information about tandem nursing on the internet and in books about breastfeeding. If you are at risk of going into labor early (before 37 weeks of pregnancy), your health care provider may recommend that you wean your baby.

Can I continue to breastfeed when I return to work?

Yes! Many women continue to breastfeed when they go back to work or school. Learn as much as possible about pumping and storing your breast milk before you go back to work. You can find information in this guide, on the internet, and in books about breastfeeding. It is also helpful to talk with other mothers who have continued to breastfeed and work. Talk to your employer *before* you go back to work about taking breaks and having a place to pump. Start pumping 2-3 weeks before you go back to store some milk and to get used to pumping. Introduce a bottle of expressed breast milk to your baby at about three weeks old and give him a bottle at least every other day to be sure your baby will take a bottle when you start work. Some babies will not take a bottle from their mothers, but will take one from another family member or friend.

What if my baby’s father feels left out?

This is a common concern. When a mother breastfeeds her baby, they are bonding through skin-to-skin and eye-to-eye contact. There are many other ways a father can bond with his new baby: giving baths, infant massage,

For your community ~ Breastfeeding is the healthiest and ‘greenest’ choice!

- Making and delivering formula uses lots of energy and resources including those needed to raise the cows or soybeans, to manufacture the formula and the packaging, and to deliver it to the store. Breast milk requires none of these – there is no waste when you breastfeed since your baby consumes what you make and you make what your baby needs.
- If more babies were breastfed, medical costs for everyone would be lower. Breastfed babies are healthier than formula-fed babies so they do not need to go to the doctor as often. Moms who breastfeed are healthier too!

Explanation of some terms

Areola ~ the dark area of the breast surrounding the nipple.

Exclusively breastfeeding ~ the baby is fed nothing but breast milk. Once a baby is fed formula, solid foods, or anything else (except medications or vitamins) they are no longer exclusively breastfeeding.

Latch-on ~ the way the baby puts his mouth on the nipple and areola in order to breastfeed.

Letdown ~ when breast milk starts flowing after the baby is latched-on and starts sucking.

Nursing ~ another term for breastfeeding.

Weaning ~ the process of reducing the amount of breast milk the baby gets when given other liquids or foods. Weaning starts the first time the baby gets formula or anything to eat or drink that is not breast milk.

Getting started

Hunger signs

Your baby will let you know when he is hungry by opening his mouth and rooting (turning his head in search of your nipple), sticking his tongue out, smacking his lips, moving his hands to his mouth, sucking on his hands or

fingers, making small fussy sounds, open, searching eyes and grimacing. These are your baby's first signs that he is hungry. If you ignore these signs, your baby may get more agitated and start crying. Then your baby will get tense and be more stressed, making it harder for him to latch on and feed properly. *Crying is a very late sign of hunger.* Some babies may end up falling asleep and missing a feeding. If this happens often, it can affect your milk supply and your baby's weight gain. It is very important to learn to recognize your baby's hunger signs.

Breastfeeding positions

There are several different ways you can hold your baby to breastfeed. When you are first learning how to breastfeed, it will take a while to get in a comfortable position and you may need several pillows to support you and your baby. Make sure you learn your baby's hunger signs (see above) so you can get comfortable before your baby gets frantic.

Once you are comfortably seated (or lying down), position your baby so his head and neck are in a straight line with his body and he is lined up at the level of your breasts. If your baby's head is turned, it is harder for him to swallow and your nipples may get sore. His whole body should be facing your body. Make sure to support his neck and body. Use a pillow under his body if you need to. Do not lean over your baby to get him latched on because this can hurt your back or neck. If you have large breasts, you may want to use a rolled up towel or baby blanket under your breast to support it. A nursing bra also provides some support while you are nursing.

Cradle hold ~ The cradle hold is probably the most commonly used breastfeeding position.

- Find a comfortable place to sit. You may want to use some pillows to support your arm and your baby's body.
- With your baby lying sideways across your lap, rest his head on your lower arm. Support your baby's back and bottom with your arm and hand.
- Support your breast, if you need to, with your other hand or a rolled up towel or baby blanket.



of the mother's breast is covered during the act of breastfeeding. (§ 79-e. Right to breastfeed)

If my baby and I must be separated, is it okay to use formula?

Any time you use formula instead of breast milk, you risk reducing your milk supply and increase your baby's risk of developing allergies. It is better to use breast milk that you pumped or expressed before you and your baby are apart (see "Pumping and expressing breast milk"). If you must use formula, continue to breastfeed whenever you and your baby are together.

Can I give my baby a pacifier?

You may use a pacifier if you wish, but you should be aware of the effects on breastfeeding. Using a pacifier while you are breastfeeding may reduce your milk supply as well as how long you breastfeed. It may also slow your baby's weight gain, teach him incorrect sucking patterns, and increase his risk of thrush (a yeast infection), ear infections, and dental caries (cavities). Using a pacifier may also increase your risk of mastitis (inflammation of the breast) and your period may start earlier. If you do choose to use a pacifier, it is best to wait until both you and your baby are good at breastfeeding and do not use the pacifier very often.

Does my baby need water or juice?

No. In fact, babies can get very sick if they have too much water or juice because they do not have enough of the nutrients that babies need. Breast milk is the only food or drink that your baby needs for the first six months of life.

Can I breastfeed if I get sick?

If you are sick, continue to breastfeed. You expose your baby to the same germs no matter how you feed your baby. When you are sick, your body makes antibodies (protection) to fight the illness. These antibodies are passed to your baby through your breast milk so your baby is less likely to get sick or will not get as sick if he does get sick.

Can I get pregnant while I am breastfeeding?

Yes, you can get pregnant while you are breastfeeding. If you do not want to get pregnant, talk to your health care provider about what kinds of birth control are safe while you are breastfeeding. Breastfeeding can affect your menstrual cycle (you may not have periods) and you may have trouble getting pregnant if you are exclusively breastfeeding, but do not count on this as an effective method of birth control! Under certain very specific conditions, exclusive breastfeeding can be effective birth control. Look up

If I give my baby a bottle of formula will she stop breastfeeding?

It depends. If you give your baby a bottle before she has learned to breastfeed well, she may have trouble breastfeeding after only one bottle. It is best to wait until both you and your baby are comfortable with breastfeeding (at least 2-3 weeks) before using a bottle. After that, an occasional bottle of formula, if needed, rarely causes your baby to reject the breast. Your baby may be gassy or fussy after having some formula because formula is harder for your baby to digest than breast milk.

My milk looks thin. Is it rich enough?

Yes! Breast milk may appear thin, much like cow's skim milk. This is due to the protein, which has a bluish tint. As long as your baby is nursing often enough and long enough, the milk will be rich enough and your baby will continue to grow (see "Is my baby getting enough?").

My baby's bowel movements are very runny. Is this normal?

Yes. Breastfed babies' stools will be yellow to yellow-green. They are soft and liquid and may include curds or birdseed-like solids.

Are there any foods that I cannot eat while I am breastfeeding?

No, unless your baby has a reaction to something in your diet. Most mothers can eat any foods they want without their baby having a problem. It is always a good idea to eat a varied, healthy diet for your own health, but your body will make good breast milk no matter what you eat. If you think a certain food is causing a reaction in your baby, do not eat it for 10-14 days, and then try to eat it again to see if the same reaction occurs. Most infant reactions from food or drink occur within 6-8 hours after eating. Contact your healthcare provider, lactation consultant or peer counselor for more advice.

Can I breastfeed in public without exposing myself?

Absolutely! Practice nursing in front of a mirror until you are comfortable with it. Wear loose-fitting tops that you can pull up from your waist to nurse without exposing yourself. Your baby will cover your belly while you nurse. You can buy special nursing clothes that have openings at your breasts for breastfeeding, but they are not necessary. If you like to wear dresses, a nursing dress would be very useful. If you feel uncomfortable nursing in certain situations, find a private spot or give your baby a bottle of expressed breast milk.

New York State law actually protects your right to breastfeed anywhere you have the right to be: A mother may breastfeed her baby in any place, public or private, where the mother is authorized to be, whether or not the nipple

- Bring your baby to your breast to latch-on (see below for more information about latching-on).

Football or clutch hold ~ The football or clutch hold works well if you have large breasts or had a c-section. It is also helpful if you want to pump on one side while you feed your baby on the other.

- Find a comfortable place to sit with enough room next to you for a pillow (or two) and your baby.
- Lay your baby on the pillow by your side, with her body tucked under your arm, like a football. Her hips and legs should be behind you.
- Support her head and neck with your hand and support your breast (if needed) with your other hand or a rolled-up towel or baby blanket.
- Bring your baby to your breast to latch-on (see below for more information about latching-on).



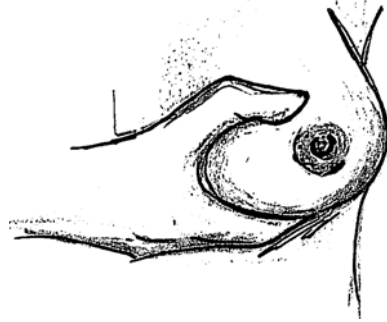
Side-lying ~ This is a great position for relaxing while your baby nurses.

- Lie on your side on your bed with a pillow under your head and another behind your back. Your baby should be on her side facing you.
- Rest her head on your upper arm or put your arm above her head so her head is resting on the bed.
- Pull your baby in close to you to latch-on (see below for more information about latching-on).



Latching-on

Try different nursing positions until you find what works best for you. Use pillows for extra support while you are learning how to breastfeed. Hold your baby so that you are *belly-to-belly* and your baby is level with your breast. Gently support your breast with four fingers under the breast and your thumb on top. Keep your fingers away from the darkened area around your nipple (the areola) so they do not get in the way when your baby latches on. With your nipple, gently brush your baby's top lip until he leans his head back and opens his mouth **WIDE** (like a yawn). Then move him forward onto your areola with his chin touching your breast first.



You will know that your baby is “latched on” correctly if her mouth is wide open and her tongue is down, her lips are turned outward and not tucked in, and her chin is pressed into the breast with her nose touching lightly. Your

baby should have all or part of your areola in her mouth, not just your nipple. If your baby is latched on correctly, you might feel a gentle tugging at your breast, but you should not feel pain. If your baby does not have enough of your breast in her mouth, or you hear ‘smacking’ sounds instead of swallowing, remove your baby from your breast. Gently stick your finger into the corner of her mouth to release the suction. Do not just pull your baby off – you could hurt your nipple. Try to get your baby latched on again. When you and your baby are still learning how to breastfeed, it can take a few tries to get her latched on

correctly. It is really important to recognize your baby's hunger signs before she gets too upset so you have time to get positioned and get her latched on correctly before she becomes frantic.

Swallowing

Once your baby is latched-on correctly, with a wide open mouth, your baby will suck and swallow in a slow steady rhythm. Short, choppy jaw motions start the milk flow, which then change to slow, steady jaw motions as your baby feeds. Watch your baby's chin: you will see a pause which means he has a mouth full of milk. This pattern of sucking, pausing, and swallowing will

Will breastfeeding cause my breast size to change or get out of shape?

No. Changes in the size and shape of your breasts are due to pregnancy and gravity, not breastfeeding. During the first few days of breastfeeding your breasts may be noticeably larger than before, especially when your milk comes in. After a few weeks, they may return nearer to your normal size as your supply stabilizes. Less fullness does not mean you have less milk – it simply means that your breasts are making milk more efficiently.

Can I breastfeed if I have had breast surgery?

Probably. Whether you have had a breast reduction, enlargement or breast tissue removed, you will still produce milk. Whether or not you can produce enough milk to exclusively breastfeed your baby depends on what type of surgery you had. You may need to supplement breastfeeding with some formula. Talk with your health care provider and a lactation consultant or peer counselor before your baby is born to make a feeding plan.

During pregnancy, should I prepare my breasts somehow for breastfeeding?

No. Just make sure your bra provides enough support. Since your breasts will get larger when your milk comes in, buy nursing bras that have extra room. Do not use any soaps, lotions, or alcohol on your breasts – they may be irritating. Wash your breasts with warm water only. Ask your health care provider to examine your breasts and nipples during pregnancy.

When should I start breastfeeding?

The best time to start breastfeeding your baby is right after delivery, ideally within one hour of birth. If you are unable to start breastfeeding right after delivery, then start as soon as you can. Your baby may or may not seem too interested at first, but every attempt your baby makes at breastfeeding will stimulate your milk supply and help your uterus contract faster. In addition to making sure you get a good milk supply, this also reduces your risk of post-partum hemorrhage.

Should I give my baby bottles until my milk comes in?

No, unless there is a medical reason. A healthy baby has reserves of fluid and fat at birth to support her in the first few days of life. The colostrum (the thick yellow substance they get from your breasts before your milk comes in) is especially good for your baby and provides enough nutrition and liquid until your milk comes in. Drinking from a bottle may confuse her while she learns to breastfeed.

Caffeine

Some caffeine is generally not a problem for the breastfeeding baby unless you have a lot (more than five cups of coffee in a day). Caffeine is found in coffee, tea, chocolate, colas and other soft drinks, and some over-the-counter medications (check the labels). If you consume a lot of caffeine, your baby may be fussy and have a hard time sleeping. To find out if your baby is sensitive to caffeine, do not consume any caffeine for two weeks to see if your baby sleeps better and is less fussy.

Alcohol

One alcoholic drink per day or less has not been found to harm the breastfeeding baby. Alcohol does pass into breast milk so it is best to have your drink right after breastfeeding to allow time (2-3 hours for one drink) for the alcohol to pass out of your breast milk before the next feeding. If you have more than one drink, you should pump and dump your breast milk until you are totally sober. Regularly drinking two or more alcoholic drinks per day has negative effects on your baby and on your milk supply.

Smoking

If you smoke, pregnancy and breastfeeding are a great time to quit. If you cannot quit, it is still better for your baby to breastfeed than formula feed. Try to cut down the number of cigarettes you smoke each day—the fewer you smoke, the less risk there is to you and your baby's health. If you do smoke, smoke right after breastfeeding your baby so that the nicotine levels in your breast milk can drop before the next feeding. Never smoke around your baby. If possible, do not let anyone smoke in the house or car. Not only does second-hand smoke cause health problems in babies and children, but particles from your cigarette get on your clothes and furniture when you smoke and these can harm your baby as well. If you want free counseling on quitting smoking and staying quit, call 1-800-QUIT-NOW.

Illegal drugs

Illegal drugs like marijuana, cocaine, heroine, etc. are never safe for you or your baby. These substances pass through the breast milk to your baby and can cause serious health problems for your baby.

Frequently asked questions

I have small breasts. Will I be able to make enough milk?

Of course! The ability to make milk does not depend on your breast size. Nearly all women who wish to nurse their babies are able to do so.

slow and change during a feeding. If your baby continues in this pattern for several minutes, he is getting plenty of milk. Swallows occur every 1-3 jaw strokes. Expect about 5-15 minutes of rhythmic sucking and swallowing at each breastfeeding, though some babies may continue to breastfeed for 20 minutes or more on each breast.

How long to feed

Some babies nurse for only 5-10 minutes on one breast, others may nurse for much longer. Every baby is different. Some feedings may be longer than others depending on your baby's schedule and the time of day. Offer both breasts at each feeding, but there may be some feedings when your baby breastfeeds on one side only. At the next feeding start on the side that was not used or was used last during the previous feeding. Feeding time also changes as your baby gets older. The most important thing to remember is to feed your baby frequently, whenever your baby shows any signs of hunger and to breastfeed until your baby is satisfied (see "Getting started").

How often to feed

Breastfed babies should be fed whenever they show signs of hunger (see above). Typically this will be every 2-3 hours, or a total of 8-12 feedings every 24 hours. Some babies may feed more often at certain times of day, especially if they sleep for 4-5 hours at a time. In the beginning, your baby may need to be woken up in order to feed effectively. To wake a sleepy baby, try these techniques: loosen or take off blankets or his clothing; change his diaper; talk to your baby; hold him upright; gently bend your baby in little sit-ups. Finger suckling can also wake a sleepy baby. Gently put your clean finger in your baby's mouth, with the soft pad of your finger touching the roof of your baby's mouth. Your baby will start sucking your finger and open his eyes. Then you can switch him to your breast. Try waking him when he is in a light sleep cycle. You will notice eye movements under his eyelids, sucking movements, or arm and leg movements. Breast milk is easier for babies to digest than formula so breastfed babies may eat more often than formula fed babies. You should not put your baby on a feeding schedule—breastfeed him whenever he shows signs of hunger. As your baby gets older, he will not feed as often.

Frequency days

There will be days, especially within the first few weeks, when your baby may be fussier and want to nurse more often than usual. This may last for 2-3 days. Some people call these periods "frequency days" or "growth spurts." Whatever you call them, it is normal and does not mean you do not have enough milk. Let your baby nurse "on demand" (whenever he shows signs of

hunger) during these frequency days. Avoid using a pacifier or bottle at these times.

Pain

You should not feel pain while breastfeeding but you may feel some tugging and you may be sore for the first few weeks (your nipples are not used to someone sucking on them every 2-3 hours!). When your baby is correctly positioned or “latched-on,” your nipple and much of your areola should be pulled well into your baby’s mouth. Check the shape of your nipples at the end of a feeding. They should be the same shape as at the start of the feeding. If they look flattened, angled or ridged then your baby may not be latching or staying latched correctly. This may lead to sore, cracked nipples. A correct latch-on is important because the milk flows better which builds up your milk supply and helps your baby grow. A good latch-on also helps prevent sore nipples, engorgement, plugged ducts and mastitis.

Babies and sucking

All babies need to suck. They have been sucking their thumb, fingers, or fist while inside you, and continue to need to suck after birth. You can use a pacifier if you want, but it is best to wait until after your baby has learned how to breastfeed really well to avoid nipple confusion. If you are having problems with your milk supply, then you should avoid using a pacifier or bottle (see next section).

Is my baby getting enough?

Many new parents worry if their baby is getting enough to eat. As long as your baby has at least *8-12 feedings every 24 hours, with regular swallowing*, she is probably getting enough breast milk.

Here are some ways to check if your baby is getting enough breast milk:

Wet diapers ~ The number of wet diapers your baby has each day gradually increases from birth to four days old. After four days, your baby should have at least 6-8 wet diapers every 24 hours. Your baby’s urine should be pale yellow in color.

Stools ~ Your baby’s first stools will be black and sticky. This is called meconium. By three days old, your baby’s stools will start to turn lighter in color. From about five days old until about 4-6 weeks old, your baby should have at least three loose, yellow, seedy stools each day. As your baby gets

- Thaw the milk by placing the frozen milk in the refrigerator the night before you are going to use it, OR
- Thaw frozen breast milk by running lukewarm water over the bottle or bag, or leaving the bottle or bag in a bowl of warm water. Do not let the water touch the mouth of the container.
- Do not heat breast milk on the stove or in the microwave.
- Gently swirl the bottle or bag to ensure an even temperature. Test a few drops on your wrist. The milk should be near body temperature. If you have any concerns that it may be too warm, cool it down more.
- If your baby does not finish a bottle, *discard whatever remains within one hour after the feeding is completed*. Never add the milk left in the bottle after a feeding to another container of milk. Never re-refrigerate milk left in the bottle.
- Do not re-freeze breast milk.
- Milk thawed outside the refrigerator in warm water, which has not been drunk by your baby, may be stored in the refrigerator for up to 4 hours.

Breast milk may separate into a milk layer and a cream layer when it is stored. This is normal. Swirl the breast milk gently to re-distribute the cream—do not shake vigorously or stir. Breast milk may be different colors (blue, yellow, brown) or may appear thicker or thinner at different times. Breast milk will appear different from woman to woman and from day to day for the same woman.

NEVER heat breast milk in a microwave oven. It can cause burns in your baby’s mouth! The heating may be uneven, and it will destroy some of the protective qualities of breast milk.

Drugs, alcohol and tobacco

Prescription and over-the-counter medications

Many medications are safe when breastfeeding, but check with your health care provider or a lactation consultant to be sure what you need to take is safe. Anything a baby might take is generally safe for you to take. If your health care provider is not sure whether a medication is safe while breastfeeding, he or she can call the Lactation Study Line at (585) 275-0088 to check. Another source of information on medications and breastfeeding is a database called LactMed on-line at <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>.

Storing Breast Milk		
	Temperature	Storage Time
Freshly expressed milk		
Warm room	79°F (25°C)	4-6 hours
Room temperature	66-72°F (19-22°C)	10 hours
Insulated cooler / icepacks	40-60°F (15°C)	24 hours
Refrigerated Milk (Store at back, away from door)		
Refrigerator (fresh milk)	32-39°F (0-4°C)	8 days
Refrigerator (thawed milk)	32-39°F (0-4°C)	24 hours
Frozen Milk (Store at back, away from door/sides)		
Freezer compartment inside refrigerator (older-style)	Varies	2 weeks
Self-contained freezer unit of a refrigerator/freezer	Varies	3-6 months
Separate deep freeze	0°F (19°C)	6-12 months
These guidelines are for milk expressed for a full-term healthy baby. If your baby is seriously ill and/or hospitalized, discuss storage guidelines with your baby's doctor.		

Tips for storing breast milk:

- Freeze the milk in small amounts, 2-4 ounces, so you can choose the amount of milk you need for each feeding (for young babies, 2 oz. may be all you need).
- If milk is pumped at work/school, you may keep it in an insulated cooler bag with an ice pack until you get home (for up to 24 hours).
- You can combine milk from several pumpings from the same day to get the right amount in a container. Make sure all the milk is chilled for at least one hour before combining. Do not combine milk from different days and do not add warm milk to frozen milk.

Thawing and warming breast milk

- Use the oldest milk first.
- You can give your baby milk that is cool, at room temperature, or warmed.

older, he may not have a bowel movement every day. Some exclusively breastfed babies will go as long as 7-10 days without having a bowel movement (if your baby does this and seems to be uncomfortable, you should talk with your baby's doctor). In contrast, some babies may continue to have a bowel movement several times per day.

Latching-on ~ Your baby is latching-on well for most feedings.

Swallowing ~ You can see or hear your baby swallowing throughout most of the feeding.

Health ~ Your baby appears healthy, has good skin color, has some alert times each day, and sleeps well for periods of time.

Weight gain ~ Most babies lose some weight after they are born. They can lose as much as 8-10% of their birth weight. They should be back to their birth weight by the time they are 2-3 weeks old. Your baby will gradually fill out her clothing and gain at least four ounces per week, or a pound a month, from 2-3 weeks old through the first six months of life. After six months, breastfeeding babies gain weight more slowly, about 2-4 ounces per week.

Fussiness ~ Some babies are fussier than others. This does not necessarily mean she is not getting enough to eat. If your baby is being fussy, and you do not think she is hungry, check first to make sure her diaper is clean and she is not hot or cold. If that does not help, you can offer her your breast again. If nursing does not calm her down, try other techniques such as singing, holding, walking, swaddling or rocking your baby. Some babies need to be held more than others. You cannot "spoil" your baby with too much holding or feeding. Breast milk is digested very rapidly and efficiently and it may really be time to feed again. As your baby gets older, she will go longer between feedings.

Frequency days ~ There will be days, especially within the first few weeks, when your baby may be fussier and want to nurse more often than usual. This may last for 2-3 days. Some people call these periods "frequency days" or "growth spurts." Whatever you call them, it is normal and does not mean you do not have enough milk. Let your baby nurse "on demand" (whenever he shows signs of hunger) during these frequency days. Avoid using a pacifier or bottle at these times.

To reassure yourself that your baby is getting enough, it may be helpful to write down the times and length of feedings, and the number and amount of wet diapers and bowel movements. If you have any concerns, contact your health care provider, lactation consultant or a peer counselor.

Increasing your milk supply

Breastfeeding your baby frequently – every time he indicates he is hungry – is the best way to make sure you have enough breast milk. Milk-making is a supply and demand system – the more your baby demands (by nursing), the more your body will supply. Even twins and triplets can be exclusively breastfed. If your baby is growing and has 6-8 wet diapers every day, then you are probably making enough milk.

If you need to increase your milk supply, breastfeed your baby more often.

Offer both breasts every feeding, more than once if your baby will continue nursing. You can also pump after each feeding (if you have a pump) to increase production, to store milk for when you go back to work, or to help feed multiple babies. Do not expect to get much milk – your baby is much more efficient at getting milk from your breast than a pump is. Remember, however, the more you pump and feed, the more you will make. Pumping or feeding every 2-3 hours will help to increase your milk supply, but it will take a few days. Avoid pacifiers and bottles as much as possible while you are trying to increase your milk supply. If your baby has been receiving bottles of formula, do not stop giving them all at once. You will need to gradually cut back on formula as you breastfeed more and your milk supply increases. If your supply does not improve after several days, please talk to your health care provider, lactation consultant or a peer counselor.

Engorgement and plugged ducts

Normal breast fullness

Your breasts may feel heavier and larger when colostrum changes to mature milk, around 3-5 days after birth. This is normal. Continue to feed your baby at least 8 to 12 times every 24 hours and whenever your baby shows signs of hunger. Wake your baby for feeding if your breasts become full or uncomfortable.

Let-down

After your baby has nursed for a few minutes, you may feel a tingling sensation followed by a strong surge of milk. This is known as the “let-down” response. This can happen with nursing, with just seeing a baby, hearing a baby cry, or even thinking about your baby. Often this let-down is accompanied by milk leaking from one or both breasts. To stop the milk

- Tickle your baby’s lips with the bottle nipple like you do for breastfeeding. Let him play with the nipple if that is what he wants to do—he may eventually start sucking.
- Put breast milk on the bottle nipple or warm it under warm running water.
- Be patient. It may take several tries before your baby will accept a bottle. Don’t force it and don’t let it become a battle. If he continues to refuse a bottle, you can try feeding him breast milk with a cup, spoon, or medicine dropper.

Storing and thawing breast milk

Storing and thawing your breast milk properly will ensure your baby gets the best milk possible. These guidelines apply to healthy full-term babies. If your baby is very sick or was born prematurely (more than three weeks before your due date), talk to your doctor, a lactation consultant, or a peer counselor about storage guidelines.

Storage containers

Pumped milk should be stored in hard-sided containers, such as glass or hard plastic, with an airtight lid. If you are freezing the milk, leave an inch of empty space in the container because the milk will expand when it freezes. Containers should be cleaned in hot, soapy water, rinsed well and air dried before using.

Plastic bags specifically designed for use with breast milk can also be used for storing breast milk.

Label containers with the date (month, day and year) the milk was pumped and your baby’s name if the milk will be used at day care or the hospital.

Storing breast milk

If your baby was born within 3 weeks of your due date (full term), mature milk (breast milk that comes in six days after the birth of your baby) can be stored in the following ways:

Move your hand position around the breast to other sinuses. Switch hands on the same breast. It may take you 20-30 minutes for each breast when you first start using this method. The time it takes will decrease as you practice this method. If you are having trouble expressing breast milk by hand, ask a lactation consultant, peer counselor, or another mother who has done it to show you how to do it correctly.

Going back to work or school

If you plan to express breast milk at work or school, let your employer or teachers know *before* you go back that you will need to take breaks (about 20 minutes every 2-3 hours) throughout the day to pump. Ask where you can pump that is private, clean and quiet. Discuss how you plan to fit pumping (or if baby is nearby, perhaps leaving briefly to breastfeed) into your day. Discuss the importance of breastfeeding with them. Emphasize that you will miss less work or school because breastfed babies do not get sick as often as formula-fed babies. If your direct supervisor cannot help you, go to your Human Resources or counseling department to make sure you are accommodated. New York State law requires employers to provide you with unpaid break time to pump.

Giving your breastfed baby a bottle

There is no perfect age for introducing a bottle to a breastfed baby, but it is best to wait until your baby is good at breastfeeding before trying, at least 3-4 weeks. Some breastfed babies take a bottle easily; others may never take a bottle well. You can also try feeding your baby breast milk with a spoon, cup or medicine dropper.

Try these techniques to introduce a bottle to your breastfed baby:

- Have someone else give your baby a bottle. If your baby knows you are around, he may refuse to try it.
- Offer the bottle before he gets hungry—he will be more willing to try something new if he isn't starving.
- Try different bottle nipples if your baby doesn't accept the one you have tried. You may need to try several different styles before finding one he likes.
- Try different feeding positions such as: holding your baby close like you would for breastfeeding; rocking or swaying while feeding; or propping your baby against your chest or raised knees.

from leaking, gently press on your nipples with a clean cloth or with your forearm. Some women wear nursing pads (without plastic liners) to help absorb leaking.

Engorgement

During the first weeks of breastfeeding, your breasts might feel quite full, especially around 2-6 days after delivery. This is especially true if it is your first time breastfeeding. These are signs that your breasts are making the final changes necessary to make enough milk for your baby. If your breasts become firm, heavy and hot to the touch, they are engorged. The nipple may be flattened and difficult for your baby to grasp. Breastfeed often to help relieve engorgement.

Moderate engorgement

If your breasts are heavy, mildly tender, warm and lumpy to the touch and the skin is shiny but not firm you may be moderately engorged. *Moderate engorgement can lead to severe engorgement if not resolved.* Try these techniques to relieve engorgement:

- Manually or hand express some milk to soften your breasts before latch-on.
- Nurse every 2-3 hours for 10 minutes or more on each side.
- Use your pump gently – just enough to relieve pressure or to soften your areola (do not use a pump if milk is not flowing because you may damage your breasts).
- Apply cold compresses (you can use a bag of frozen vegetables or a bag of frozen un-popped popcorn kernels or rice) to your breasts, areola and nipples for 20 minutes after feeding to help with swelling.
- You may use over the counter pain relief medications such as ibuprofen or acetaminophen.

Severe engorgement

With severe engorgement, your breasts will be firm, heavy, very tender, painful, and hot to the touch; your skin may look shiny or stretched. Firm or lumpy tissue may extend under the arm. *If you have severe engorgement, please contact a lactation consultant, peer counselor, or your doctor.*

Plugged ducts

A plugged duct happens when breast milk is clogged in a milk duct. You may feel tenderness, warmth or redness. If the plug is near the surface, it may be “pea-like” or larger in size and shape.

Plugged ducts occur more frequently in mothers with an abundant milk supply. They may be caused by shortened or skipped feedings, a tight or under-wire bra, poor diet, dehydration, and stress. To unplug a plugged duct, try these techniques:

- Breastfeed often. Begin feedings on the side with the plugged duct.
- Change your baby's position to help remove the plugged duct. If possible, position your baby so his nose is "pointing at the plug" while he is sucking. Once the plugged duct is relieved, use a variety of positions for nursing to empty all milk ducts equally.
- Before breastfeeding, put a warm moist wash cloth on the area with the plugged duct. Massage the area towards your nipple with gentle and firm pressure while feeding or pumping. You may also soak the affected breast in a basin of warm water, or take a warm shower and massage your breast just before feeding your baby.
- Drink plenty of water each day.
- Do not wear an under-wire bra or tight clothing.

If you develop fever and flu-like symptoms, it may mean you have mastitis (see below). Please contact your health care provider, lactation consultant, or peer counselor if you suspect this.

Mastitis

Mastitis is an inflammation of the breast that can be caused by either a plugged milk duct or breast infection. If you have mastitis you will feel some pain in one of your breasts and it could be hot, red and swollen. You may also have a fever and flu-like symptoms. You should continue to breastfeed (suddenly weaning your baby can cause more breast problems), rest, and *call your doctor, lactation consultant or peer counselor*. Your doctor may prescribe antibiotics. It is generally safe to continue breastfeeding while taking antibiotics.

Sore nipples

You may feel some tenderness during the first few days of breastfeeding. If you have a lot of pain during feedings, or if your nipples are blistered or scabbed, continue breastfeeding, but try these techniques:

- Check the way you hold your baby. Your baby's body should be facing yours *belly-to-belly*, at breast level, and tucked in close.

- Expressed breast milk can be kept in a common refrigerator or in a thermal bag (See "Storing and thawing breast milk"). If you must be separated from your baby frequently, such as returning to work or school, it helps to nurse more frequently when you are home to maintain your milk supply.
- When possible, babies should get milk that has been refrigerated, not frozen. Some anti-infective properties are lost when milk is frozen though frozen milk still helps protect babies from disease and allergies and is much better for your baby than formula (see "Storing and thawing breast milk").
- Freeze and store milk in 2-3 oz amounts. Leave an inch of space to allow the milk to expand as it freezes.

If you have trouble getting your milk flowing when you pump, try any or all of these techniques:

- Keep a picture of your baby with your pump to look at while pumping.
- Bring something with your baby's smell on it like a piece of clothing or a blanket.
- Put a warm, moist towel on your breasts.
- Massage your breasts with your fingers by using a circular motion in one spot for a few seconds then move to a different spot, moving all the way around your breast.
- When you are first learning to pump, pumping on one side while feeding the baby on the other, or pumping right after feeding the baby can help you to learn to "let down" to the pump.

Pumping should not hurt. You will feel a gentle pull and then a release – this action is mimicking what your baby does. Do not keep constant pressure on your breast. This could damage your nipples.

Hand expression

To express breast milk by hand, place your thumb above and two fingers below your breast—about 1 to 1½ inches from your nipple, near the outer areola. The pads of your finger and thumb are on your breast at opposite sides of your breast. Push into the chest wall (ribs); for larger breasts, lift, then push. Roll your thumb forward as if making a thumb print, and move pressure from middle to pointer finger at the same time. This motion compresses the milk sinuses (sacks of milk behind the areola) and milk comes out without damaging breast tissue. Repeat this push and roll motion. Your fingers remain in the same position through the push and roll motion.

Other products

There are other products on the market to help women who have inverted or flat nipples, both during pregnancy and after. There are also products available to assist women or their babies who have other specific needs. Talk with a lactation consultant, peer counselor, or your health care provider before purchasing any of these items to make sure you get what you need.

Pumping and expressing breast milk

If you must be separated from your baby, you can hand express or pump your milk. If you only plan to pump occasionally, a manual pump is probably good enough. If you need to pump frequently, you may prefer a double-electric pump. There are many models of both manual and electric pumps, as well as huge differences in price, so it is wise to research pumps before buying one. Some hospitals also rent breast pumps – check with your doctor, lactation consultant or peer counselor about this option. Learning how to express breast milk by hand is another option. Whatever you choose, follow the instructions carefully. It takes practice to become successful and efficient at pumping or expressing milk. If you are planning to go back to work, practice pumping several times before you go back to work so you know how your pump works and you can store some breast milk for your baby.

Your baby can remove milk from your breast much more efficiently than any pump can. Some women get very little milk when using a pump, but have ample amounts of milk to nourish their baby. With practice, most mothers are able to pump 1-4 ounces for each missed feeding. Wait until breastfeeding is well-established, usually around 3-4 weeks old, before giving your baby a bottle.

Tips for successful pumping

- Wash your hands before pumping.
- Begin pumping/expressing 2 to 3 weeks before you return to work or school. If you will be pumping daily, try to do it at the same time each day.
- If you have questions regarding the length of time to pump, contact your lactation consultant or peer counselor. This will vary depending on you, your pump, and your pumping needs.

- Change breastfeeding positions often (cradle hold, football hold, lying down—see “Breastfeeding positions”) to change areas of pressure.
- If you have large or heavy breasts, you may need to support the weight of your breast with your hand or a rolled up towel or baby blanket.
- Make sure your baby is latching on correctly (See “Getting started”).
- Give your baby short, frequent feedings instead of long, extended feedings. This reduces the risk of the infant nursing too vigorously at the breast and being too irritable.
- Begin each feeding on the least sore side until the milk begins to flow rapidly. Then switch to the affected breast. Continue to breastfeed on that side until active swallowing slows. Then switch back to the other side. Remember to start feeding your baby at early feeding signs (see “Getting started”).
- Massage your breast and hand-express a small amount of breast milk before nursing to stimulate the milk to flow. Nurse often to keep your breasts from getting too full (at least every 2-3 hours).
- Massage breast milk onto the sore area and allow it to air dry before covering up with your bra or shirt.
- Check your baby’s mouth for white spots. These are a symptom of thrush, which is a yeast infection that can form in your baby’s mouth and on your nipples. Thrush can cause your nipples to feel itchy, dry, flaking, tender and/or pink. Call your health care provider for treatment – *both you and your baby* need to be treated or you will keep re-infecting each other. Continue to breastfeed.
- Do not use soaps, alcohol, Vaseline, A & D ointment, Bag Balm, tea bags, or other creams or lotions on your nipples. The one exception is lanolin, such as Purelan® and Lansinoh®, which may promote healing. These products are the purest and safest brand of modified lanolin. They do not need to be cleaned off before feedings. After feeding, air dry your nipples and then take a small, pea-sized portion of the lanolin and rub it carefully into your nipples. If you are allergic to wool, consult your health care provider before using these products.
- Allow your baby to end the feeding, or you can break the suction carefully by putting your finger between your baby’s mouth and your breast. *Do not* pull your nipple out of your baby’s mouth or pull your baby off the breast—you can injure your nipple.
- Do not break blisters or pick at scabs. You can soften blisters or scabs before nursing by putting breast milk or warm water on them. Continue to breastfeed even if your nipples bleed; it will not harm your baby.

- If none of these strategies helps within 48 hours, contact a lactation consultant, peer counselor, or your health care provider.

Introducing other food and drink

Solid foods

The American Academy of Pediatrics and nutritionists recommend you wait until your baby is about six months old before introducing solid foods. If you give your baby solid foods too early, she is more likely to develop allergies or be overweight. When you do introduce solid foods, continue to breastfeed before, after, or between meals.

Water and juice

Babies should not be given any juice or water until they are at least six months old. Water and juice are hard for babies to digest. They do not have the nutrients that babies need to grow and can cause serious health problems.

Cow's milk

Babies should not be given cow's milk until they are at least one year old. Even after introducing cow's milk to your baby, you can continue to breastfeed for as long as both you and your baby like – breast milk is always good for your baby.

Breastfeeding supplies

The only supplies that are absolutely necessary for breastfeeding are your baby and your breasts. The following items, however, may be useful to have, depending on your situation and preferences.

Nursing bras

These are not absolutely necessary, but they do make breastfeeding a lot more convenient, especially when you are away from home. Buy your nursing bras in the last month or two of your pregnancy when your breasts have already increased in size, or wait until your milk has come in after birth for a better fit. If you buy your bras before birth, make sure you buy them with extra room in the cup. The bra should fit comfortably around your ribs when fastened at a loose setting. Avoid under-wire bras. A bra that is too tight or contains under-wire can lead to plugged ducts and breast infections.

When trying on bras, make sure you can open the nursing flap with one hand (so you do not have to put your baby down each time you feed). Purchase only one or two bras at first to see if you like them, and then buy more as needed. You can buy nursing bras at most department stores, maternity stores or on-line.

Nursing pads/breast pads

Some women who breastfeed use nursing pads (also known as breast pads) inside their bra to soak up any breast milk that leaks. Not all women leak, but it is normal to experience some leakage, especially when you first return to work or are separated from your baby for a period of time. Nursing pads are either disposable or washable and are soft and absorbent. Use nursing pads without plastic liners, as the plastic keeps moisture against the nipple and may cause sore nipples or thrush (a yeast infection). Change the pad when it is damp. You can buy nursing pads at drugstores, baby stores, or on-line.

Breast pumps

Pumps are not a necessity, but can be helpful if you plan to store breast milk for your baby to use when you are not with him. Before purchasing a pump decide when and where you will be using it. If you are planning to take it to work every day, then a portable double-electric pump is very useful if you can afford one. They cost between \$100 and \$350, which is still considerably less than using formula. You can find them used for less, but you should buy new tubing and flanges, which cost \$30-40 depending on the brand. If you only plan to pump occasionally, then a hand pump should be sufficient. Manual pumps take practice to get your milk to “let-down.” They cost as little as \$30. You can also express breast milk by hand, without a pump. Ask a breastfeeding peer counselor or lactation consultant to show you how to hand express. You can buy pumps on-line, at baby-supply stores, pharmacies and some hospital specialty shops.

Storage containers for breast milk

You may store pumped breast milk in containers that would normally be used for food products such as glass jars, hard plastic containers (preferably polypropylene), baby bottles or plastic bags specially designed for breast milk. If you are using a glass or plastic jar or bottle, it should have a tight fitting lid and be sterilized (boiled in water for 5-10 minutes or run through the dishwasher) before you use it for the first time. To re-use, wash the bottle in hot soapy water, rinse well, and air dry. If you use breast milk storage bags, make sure they are sealed tightly, and place them in a second container in case the bag tears or leaks. Breast milk storage bags cannot be re-used.