



BREASTFEEDING

QUICK-REFERENCE GUIDE

WHY BREASTFEED? Benefits:

- Mom:
 - loss of “baby weight” (~500Kcal/day)
 - reduced postpartum bleeding
 - evidence of reduced T2DM, breast/ovarian ca, and depression (oxytocin)
- Baby: reduced ear/respiratory infections, NEC, atopic dermatitis, asthma, and child obesity
- Society: if rate of exclusive BF for first 6 months was increased to 90% of infant population (vs. 43% in 2010), the U.S. would:
 - save \$13 billion annually
 - decrease infant mortality by 1000 deaths

WHO SHOULD NOT BREASTFEED?

- Absolute BF contraindications: HIV+, HTLV+, certain chemo/radiation treatment, active herpes lesions of breast (until cleared), galactosemia (baby), active TB infection (until after 2 weeks of tx).
- **MAY** breastfeed if mom: is HBV/HCV+ (caution with bleeding nipples), drinks ETOH (wait 2hrs after last drink to BF), uses tobacco, has latent TB, takes OCPs/other hormonal contraceptives (may reduce milk supply), has pierced nipples (remove jewelry prior to feeding).
- For current drug & medical information go to www.toxnet.gov

WHAT IS NORMAL? Infant Habits:

- Eating: Learn baby’s cues and then feed according to baby’s behavior.
 - First 24 hrs: every 1-2hrs if awake, should awaken after 4-6 hrs
 - Days 2-7: every 2-4hrs (8-12x/24hrs); feed **at least** every 4hrs
 - 1-6 mo: 8-12x in 24 hrs
 - Feed ~15-20(+/-)mins per breast; offer both breasts during each feed and alternate starting breast in the beginning
 - Hunger signs: increased activity, rooting, hands/fists in mouth; **crying is a late sign!**
- Sleeping:
 - Newborns: ~16 hrs/day, 3-4 hour stretches; feed every 2-3 hrs
 - At 3mo: 12-15hrs per day, >5hr stretches.
 - At 6mo: one 9-12hr stretch in 24 hrs.

- Excreting:
 - Wet diapers/day: 1st 24 hr. = 1, 2nd 24 hrs of life = 2; 3rd = 3; 4th = 5-6
 - Stool: 1st 24 hrs. = 1, 2nd 24 hrs. = 2, 3rd 24 hrs. = ~3 stools per day; at least 1 stool/day 1st month; first 96 hrs → thick, tarry, black **Transitioning** to: → loose, seedy, yellow
- Milk changes postpartum:
 - 0-24hrs: baby will feed on ~1tsp. to 1 Tbsp. of colostrum (yellowish, thick) per feed.
 - 24-72hrs: milk is slightly watery; may have sensation in breasts of “milk coming in”.
 - Days 3-5: “white” milk comes in and increases in quantity. Breasts will undergo changes.

WHAT IS NOT NORMAL?

- Signs that BF is NOT going well: At 3-5 days infant weight has fallen more than 7% from birth weight (should gain 0.6 -1.0 oz daily for first 3mo.); <3-4 wet diapers; <1-2 stools in 24hrs; mom is experiencing pain. Should regain birth weight in 10-21 days.

HELPFUL TIPS:

- Popular BF holding techniques (**see illustration**):
 - Cradle hold (most popular): **baby’s body facing mom** with baby’s head on mom’s forearm
 - Cross cradle/transitions (good for weak suck/poor head control): mom’s palm supports base of baby’s neck and baby is supported with mom’s opposite forearm (cradle with R. forearm while feeding at L. breast; vice versa)
 - Football (good for C-section, large breasts, inverted nipples): baby is held ~upright (can vary) at mom’s side, mom’s elbow flexed, palm at baby’s head and forearm perpendicular or horizontal to floor along length of baby’s back; baby’s legs are “tucked” under mom’s arm
- Encouraging a good initial latch:
 - Bring baby to breast w/in 1 hr. postpartum. Bare skin-to-skin contact with blanket over baby’s shoulders. Baby is initially upright between breasts with head under mom’s chin.
 - Mom supports baby’s head and shoulders. Mother & baby should face each other/tummy-to-tummy. Baby’s nose should be level with nipple as breast hangs naturally. Baby’s head is tilted slightly back. May tickle baby’s center of lower lip with breast to encourage baby to open wide.

- When baby's mouth opens, guide baby's chin/lower jaw to breast while tilting baby back. Aim lower lip as low on the areola as possible: as much breast tissue as possible should enter baby's mouth.
- Signs of a good latch: latch feels comfortable. Baby's head is not turned, chin is touching/mouth is filled with breast. Tongue is cupped under breast, lips turned out, and little/no areola is showing. Baby's ears wiggle, breathing pauses with swallowing.
- Pain usually means baby is only sucking on nipple; break suction by inserting finger into corner of baby's mouth and attempt latch again as above.

COMMON PROBLEMS AND SOLUTIONS:

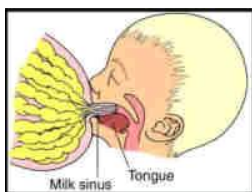
- Sore nipples: ensure good latch (contact consultant as needed), change positions with each feed, allow nipples to air dry after feeds. Expressing and rubbing a few drops of breastmilk on the nipples may help prevent or treat sore nipples
- Low milk supply: nurse more often to build supply; monitor baby's weight. All babies should be seen by provider 3-5 days after hospital discharge.
- Mastitis: Breastfeeding *should* continue. BF at affected breast every 2hrs; use warm compresses and massage towards nipple.
- Nursing strikes/refusal: address possible mouth pain (i.e. teething, thrush) or ear infection, limit pacifier/bottle use (use spoon or dropper if necessary). Continue to offer feeds on schedule and pump as needed to prevent engorgement. Try skin-to-skin, increased cuddling/attention. Monitor diapers for adequate nutritional intake.

NYS LAWS PROTECTING BF:

- Moms may BF in any space where they have a legal right to be, including movie theatres, parks, restaurants, stores, etc., and may NOT be asked to feed elsewhere.
- Employers must provide moms with reasonable unpaid feeding/pumping breaks for 3 yrs postpartum in a provided private room (NOT a bathroom) and may not discriminate against the mom.
- Incarcerated moms who wish to BF may provide care at the correctional facility for 1 yr.

SELECTED RESOURCES FOR BF MOMS:

- Highland Hosp. Lactation Consultants (585)341-6808, (585)341-0519.
- National Breastfeeding Helpline (800)994-9662.
- Rochester General Hospital (585)922-4062 or (585)-922-CARE (2273)
- SMH Lactation Consultants (585)275-9575
- Unity Hospital Breastfeeding Helpline: (585)368-4033
- URMC Provider BF Hotline (585)275-0088
- WIC Nutritionists and the BF Peer Counselor Program (585)753-5640.



BASIC LATCH



CRADLE POSITION



FOOTBALL OR CLUTCH POSITION



CROSS CRADLE POSITION



SIDE-LYING POSITION