Women & Infants Hospital of Rhode Island

A Care New England Hospital
Affiliated with The Warren Alpert Medical School of Brown University

101 Dudley Street
Providence, Rhode Island 02905-2449

401-274-1100
womenandinfants.org

Women & Infants
New England's premier hospital for women and newborns

Helping you provide mother's milk and initiate breastfeeding your hospitalized baby

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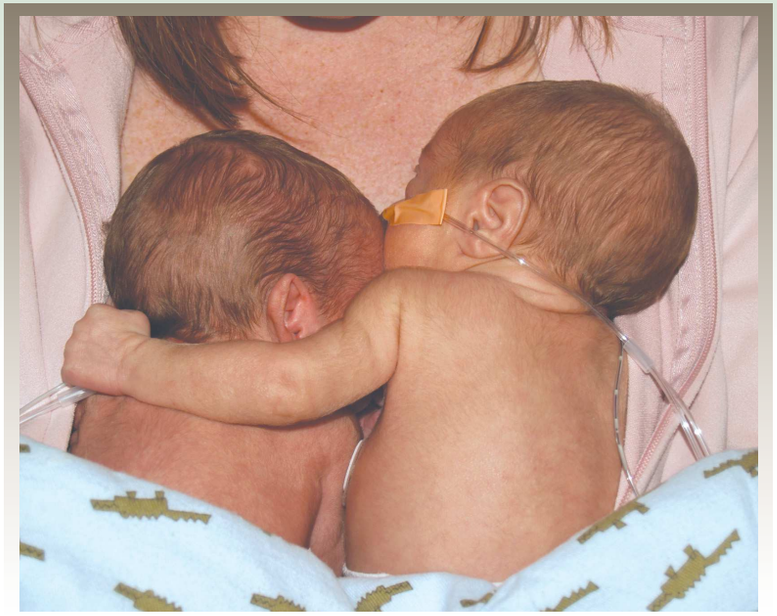
New England's premier hospital for women and newborns



DAILY PUMPING LOG

	Explained	Demonstrated	Initial/date
Benefits of breastfeeding			
Met with lactation consultant, have her contact information			
Read the poster "Learning to breastfeed, process that starts at birth"			
Kangaroo care (skin to skin)			
Breast massage/hand expression			
Pumping/logging/frequency			
Cleaning pump parts			
Storage and labeling			
Arranged for hospital-grade pump to use at home			
First time at breast:			
Date:			
Gestational age:			
Have Warm Line number to call after baby is discharged from NICU			

RESOURCES

If you should need help with breastfeeding once your baby is discharged from the hospital, you can schedule an appointment with a board-certified lactation consultant by calling the Warm Line at 1-800-711-7011.
You may leave a message at any time.

The Warm Line nurses are available:
Monday to Friday, 9 am to 9 pm
Saturday and Sunday, 9 am to 5 pm
The Warm Line is closed on holidays.

TABLE OF CONTENTS

INTRODUCTION

Congratulations on the birth of your baby and your decision to provide your milk for feeding your baby. This book will help you get started.

Having a baby in the neonatal intensive care unit (NICU) can be stressful. Many parents feel a loss of control as others care for their baby. Providing breast milk, however, helps you care for your baby in a special way.

KANGAROO (SKIN TO SKIN) CARE

Kangaroo Care (KC) is good for mother and baby. Being close to the mother's body helps the baby focus when awake, helps the baby sleep deeply and reduces stress. In addition, babies who receive KC seem calmer, making it easier to care for them.

Benefits for breastfeeding:

- Increases your milk hormones
- Increases the success rate of nursing among mothers of premature infants
- Increases the amount of milk on the next day of pumping
- Increases success with long-term breastfeeding

Benefits for your baby:

- Reduces crying and fussiness
- Makes your baby's heart and breathing rates more stable
- Provides a healthy temperature
- Decreases the need for oxygen
- Improves weight gain
- Provides more restful sleep and better awake times
- Boosts mental development and motor skills as he/she grows
- Raises mental development and motor skills by one year of age

Kangaroo care is safe for most babies. Even tiny preemies on a ventilator can receive KC. If you wonder whether your baby is ready for KC, ask your baby's doctor or nurse. Only your baby's medical team - which is you, the doctor and nurse - can decide whether your baby should receive KC and when it should begin.

DAILY PUMPING LOG

Daily Feeding and Pumping Log

Time	Skin/ Skin	Breastfed	Left	Right	Swallows Y/N	Urine (Color)	Stool (Color)	Feeding Method	EBM*	Formula	Pump (Min/Amt)
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EBM: **Expressed **B**reast **M**ilk*

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How to provide kangaroo care:

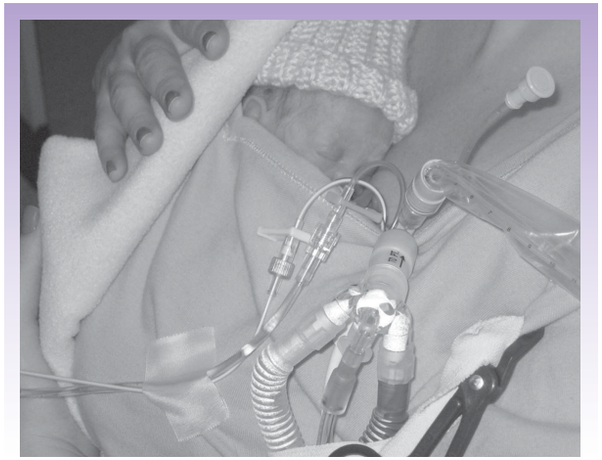
- KC sessions can be planned for day or night.
- You can provide KC by placing the baby upright between your breasts. Place preterm babies "heart-to-heart" and term babies "tummy to tummy."
- The baby should be in a diaper only and your chest must be bare. You **must** be braless.
- **Use a blanket to cover the baby.**

Note: It is important for your baby to stay warm. Babies weighing less than 2000g will need a blanket folded in fours. Infants over 2000g will need a blanket folded in half. If your baby weighs less than 1000g, use a warmed blanket folded in fours and a hat. The nurse will remove the hat if the baby's temperature goes higher than 37°C/98.6°F.

- Your nurse will show you how to pick up your baby and place him/her on your chest as privately as possible. There are two options:
  - Single-person transfer: You stand, lean forward to lift the baby and place him/her on your chest. The nurse will hold all the equipment as you sit down.
  - Two-person transfer: The nurse will place your baby on your chest after you are comfortable in the chair.
- Plan to hold your baby as long as you can. There is no time limit for KC as long as you and the baby are comfortable.
- Use the restroom before you start kangaroo care.
- You may want to bring a bottle of water, relaxing music, and a mirror to look at your baby's face.
- Your baby's nurse will take your baby's temperature in 15 minutes and one hour. The nurse may put a hat on the baby's head or take one off to help regulate his/her temperature.
- The nurse will check on how you both are doing and help you reposition the baby if necessary. Let the nurse know of any changes you see or feel.
- KC may make you and your baby sleepy. You may close your eyes, but please stay awake for your baby's safety.

- KC is the most important way to prepare your baby for breastfeeding. The nurturing skin-to-skin touch prepares your baby for the breastfeeding experience. During KC, your baby may suckle, lick and nuzzle the nipple area, which helps increase your milk production.
- You may use a tube to "gavage" feed your baby and let the baby suck on your empty breast.

MOTHER'S MILK



The American Academy of Pediatrics says your breast milk is the best food for your baby. This is even more important for a baby who is born early or sick. Antibodies from breast milk protect babies from infection. It is their first immunization and best nutrition. In addition, breast-feeding will help your baby feel closer to you.

Benefits of mother's milk for your baby:

- Lowers the risk of infection and inflammation of the intestines (necrotizing enterocolitis)
- Coats and protects the baby's "preterm" stomach
- Lowers the risk of allergies
- Makes the muscles and bones stronger
- Improves the baby's vision
- Increases the baby's IQ by school age
- Allows for earlier discharge from the hospital
- Lowers the risk of Sudden Infant Death Syndrome (SIDS)

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Benefits of breastfeeding for you:

- Helps you feel closer to your baby
- Helps your uterus shrink to pre-pregnancy size
- Helps you lose weight
- Releases your body's "feel-good" hormones (oxytocin)
- Lowers your risk of female cancers and osteoporosis
- Lowers your risk of diabetes and high blood pressure in midlife

How your body makes milk

As early as 16 weeks gestation, your breasts will begin to grow larger as your body makes milk for your baby. Your body makes a very small amount of this first milk, a thick yellow or clear fluid called colostrum. There are 7 million living cells in a third of a teaspoon of colostrum to help your baby fight infection.

When you pump, a message goes to your breasts to release milk, although it may take a couple of practice pumping sessions before you see drops of colostrum. Pumping stimulates your body to make milk.

We recommend pumping 8 to 10 times in every 24-hour period for a good milk supply. This is especially important for the first three weeks. It may be hard work, but many mothers say the reward is worth the effort.

Milk "letdown"

Milk letdown is when the breast starts to drip. You may feel a tingling sensation.

Pumping triggers the letdown or milk release reflex to express milk. You may have to pump for up to a minute before your milk starts to drip. You may notice that your body releases the milk slower if you are stressed or feel frustrated. When you nurse your baby, your body should release milk faster. You may have up to nine letdowns in one pumping session.

PUMPING YOUR MILK/HAND EXPRESSION

Hand Expression

Mothers who hand express six times a day in the first days after birth have more milk throughout the next two months of pumping. Research shows that these mothers had 45% greater milk production. We recommend that you hand express by placing the tip of your thumb and index finger behind the areola about 1 ½ to 2 inches from your nipple. Press your fingertips straight back toward your chest. Gently and firmly compress your breast tissue. Your fingers should not touch. Avoid pulling or stretching your nipple. Express milk into a sterile container.

Pumping

You are the only one who can provide mother's milk for your baby. We are here to help you. Your nurse can answer questions about pumping and breastfeeding. Your nurse can also refer you to a lactation consultant, or you can call ext. 2712 to meet with one. If you call, leave the following information: your name, the best time to call you, two phone numbers to reach you, and your baby's age.

The earlier you start pumping after your baby is born, the faster your milk will come in. It's best to begin pumping within six hours of birth. To start:

- Remind the nurses and doctors that you are providing mother's milk for your baby.
- Ask your nurse for a breast pump and kit if you have not already received one. The nurse will tell you how to use the pump and store your milk.
- Begin a double pumping schedule of at least 8 to 10 pumping sessions every 24 hours if your baby is unable to nurse within the first six hours. One of those sessions should be at night.
- Your pumping sessions should last 15 to 20 minutes each.
- Try to fit your 8 to 10 sessions in when planning your day. If you can't pump during part of the day, pump more frequently before and after that time to meet your goal.
- Pump right before bedtime and first thing in the morning. If you wake in the middle of the night, pump, even if the session is a little shorter.
- Pump both sides at the same time.
- Apply a warm compress to the breast before pumping. Make your own heat pack by filling up a tube

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sock with a cup of uncooked, plain rice (avoid instant or quick rice). Tie a knot in the sock and warm it in the microwave in 30-second intervals until it is warm enough for you. **Be careful. Rice heats up very fast.** Some mothers use the rice pack to relax their back or shoulders too.

- Rinse your pump parts with cold water, then wash with hot soapy water and air dry. You may use any dishwashing liquid.

Getting the most out of pumping

Initially, you may get only a few precious drops or nothing at all when you pump. This is normal. But it is important that your baby receives every one of those drops. You must also keep pumping to establish milk supply. Eventually, you may have several milk letdowns. As you become familiar with pumping, your body will respond automatically.

Before your baby is ready to breastfeed or bottlefeed, drops of your milk may be swabbed in your baby's mouth. Swabbing the mouth with colostrum will protect the baby against infection. This can be done even for the smallest and most vulnerable infants.

The following are ways to make your pumping more successful:

- Close your eyes, relax, and imagine your baby. Think about how much you love your baby.
- Look at your baby's photo.
- Call the NICU and check on your baby, call someone you love, or listen to soothing music to relax and distract you.
- Smell an item of your baby's clothing.
- Apply warm compresses and/or gently massage your breasts.
- Sip a favorite, warm, non-alcoholic, caffeine-free drink to relax you.

NOTE: If you change pumps, it may take a while for your body to adjust to a different pump. If after two days your supply is less than before, talk to your nurse or your lactation support person in the hospital. Call the Warm Line at 1-800-711-7011 if your baby has been discharged.

PUMPING YOUR MILK/HAND EXPRESSION (CONTINUED)

Engorgement/swollen breasts

At times, mothers may experience engorgement or swelling in their breasts, especially on the areola area. You can avoid severe engorgement by pumping regularly and making sure that the milk is removed. Applying a cold compress followed by a warm compress and massaging your breasts before breastfeeding or pumping may help you feel more comfortable. If the areola is too swollen or tight, you may not be able to remove any milk. You can use the "reverse pressure softening" technique described below to help reduce the swelling and remove more milk.

Reverse Pressure Softening

What is reverse pressure softening? This is a new way to soften the areola (the circle around your nipple) while you and your baby are learning to breastfeed. It should make latching and removing your milk easy.

This is not the same as removing milk with your fingers. You should also not expect milk to come from your nipple each time, but it's okay if some milk does come out.

Why does reverse pressure softening work? It briefly moves swelling away from your areola, back into your breast, so your areola can change shape easily and extend your nipple more deeply into your baby's mouth. It causes a "let-down" reflex that signals the back of your breast to send more milk forward so the baby's tongue can reach it.

A soft areola also makes it easier to remove milk with your fingertips or with short periods of slow, gentle pumping. Combine reverse pressure softening with gentle forward massage of the upper breast if you need to remove milk for your baby.

When is reverse pressure softening helpful?

- In the first few weeks, for firmness of the areola, latch problems or breast swelling
- During later breastfeeding, to get a "let-down" reflex before or while pumping
- When your breasts feel full but only part of that is milk. The soft, spongy protective tissue around your milk ducts can hold extra fluid that never goes to your baby. Delayed milk removal can cause the tissue to retain extra fluid.
- If you've been on intravenous (IV) fluids or drugs such

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Notes:

as pitocin, which can cause your breasts to retain tissue fluid for up to 7 to 10 days
- When long pumping sessions and high vacuum settings on breast pumps cause your breasts to stop moving fluid into the areola

Some mothers soften their areola before each feeding, for a week or longer, until the swelling goes down, latching is deep and easy, and milk is flowing well. Reverse pressure softening should cause you no discomfort. It should never be used for mastitis, plugged ducts or abcess.

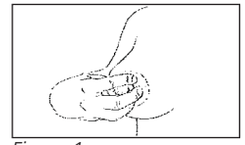


Figure 1

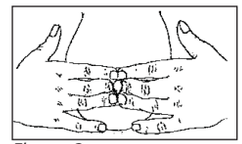
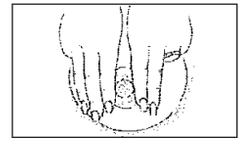


Figure 2

Figure 3



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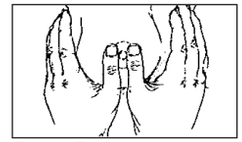

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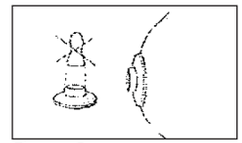


Figure 6

How do I do reverse pressure softening?

There are several ways to soften your areola:

- With the one-handed "flower hold" (see Figure 1), curve your fingertips and place them on your areola where your baby's tongue will go. Press inward toward the chest wall and count slowly to 50. Pressure should be steady and firm, and gentle enough to not be painful.
- With the two-handed, one-step method (see Figure 2), curve your fingertips and place them on either side of your areola so they touch either side of the nipple. Press inward toward the chest wall and count slowly to 50. Pressure should be steady and firm, and gentle enough to not be painful.
- You may ask someone to help by placing fingers or thumbs on top of yours (see Figure 3). You should lie down on your back.
- With the two-handed, two-step method (see Figure 4), use two or three straight fingers on each side of your areola. Move each hand a quarter turn. Repeat above and below the nipple. You can also place your straight thumbs on either side of the nipple (see Figure 5). Move them a quarter turn and repeat with thumbs above and below the nipple.
- With the soft ring method (see Figure 6), cut off the bottom half of a rubber nipple to place it on the areola and press with your fingers.

Reverse pressure softening delays the return of swelling to the areola, giving the baby more time to latch. For some mothers, it can take two to four days. You can help by making pumping sessions short, with pauses to re-soften the areola if needed. Use medium or low vacuum to reduce the return of swelling.

To maintain your milk supply:

- Continue hand expression before you begin pumping.
- Continue with 8 to 10 pumping sessions every 24 hours.
- Plan how you're going to fit the pumping sessions into your day.

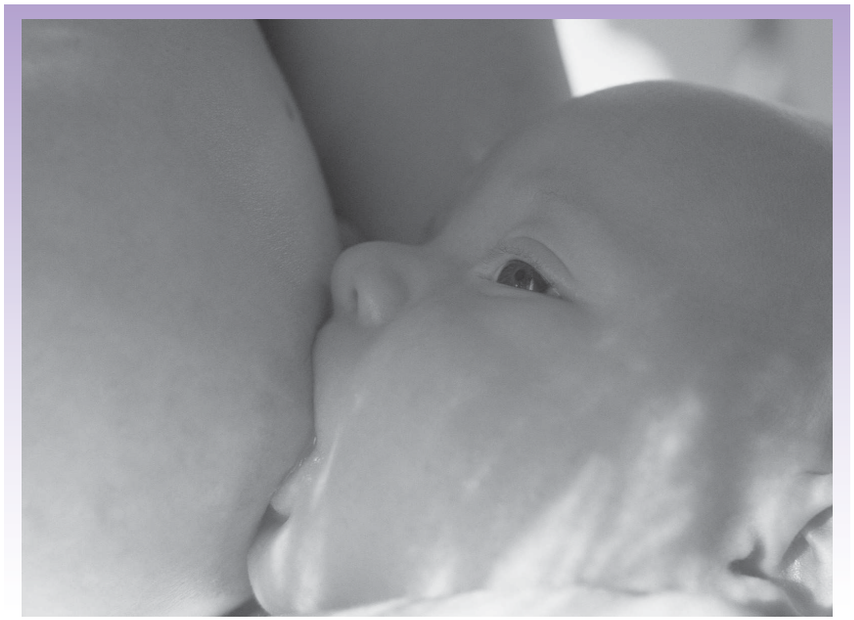
What to do if your milk supply decreases:

- Make sure you are comfortable. **Pumping should never be painful**.
- If you are already pumping 8 to 10 times per day, increase to 10 to 12 times per day.
- Increase your pumping session for a few extra minutes each time, but not more than 20 minutes.
- Apply heat and massage before you pump, and then pump for 7 to 8 minutes. Stop, apply heat and massage again, then double pump for 7 to 8 more minutes.
- If your supply starts to decline, tell your nurse or contact your lactation support person at ext. 2712.

Storing your milk and getting supplies

- Use the sterile bottles supplied by the NICU secretaries. These bottles are universal and will fit all breast pumps and standard nipple rings.
- **All bottles need to be labeled using the labels you get from the NICU secretaries for your baby.** If you have twins or triplets, each baby **must** have his/her own label on all bottles. Each bottle should have the date and time of the pumping session.
- Fresh mother's milk can be placed in the refrigerator and used within 48 hours.
- Mother's milk can also be frozen. Once it is thawed, the nurse will put your milk in the refrigerator for use within 24 hours. Never refreeze thawed mother's milk. See chart on following page for more guidelines for storing or freezing your milk.
- When pumping your milk into bottles, place only 25ml in each bottle until your baby starts to take more at each feeding.

DAILY PUMPING LOG



BREASTFEEDING CARE PLAN (CONTINUED)

☐ Use the log in this booklet to record feedings and dirty diapers.
☐ Look at your baby's body language – he/she should be relaxed and content.
☐ Remember that premature babies have less energy than term babies and may fall asleep at the breast before getting enough to eat.

Continue to pump:
Continue pumping 8 to 10 times every 24 hours after the baby has been to the breast.

Continue using massage and warm compresses before pumping to help with your letdown.

If your supply is decreasing, increase the number of pumping sessions to 10 to 12.

Try different feeding methods:
☐ Bottle
☐ **S**upplemental **N**ursing **S**ystem
☐ Nipple shield (size XS S Standard) – if a nipple shield is used, we strongly advise you to follow up with a lactation consultant. You may call the Warm Line to make an appointment.

Supplementing:
Your baby's doctor or nurse practitioner will discuss supplementation with you. The staff will help you while your baby is in the hospital.

Expressed breast milk (EBM)

_____ ml/feeding _____ total ml/24 hours

Formula/fortifier

_____ ml/feeding _____ total ml/24 hours

☐ The neonatologist/NP will discuss supplementation with you. The staff will help you while your baby is in the hospital.

Follow up:
☐ Call the Warm Line at 1-800-711-7011 to make an appointment with the lactation consultant after your baby is discharged from the hospital. Check with your insurance company about coverage of a consultation.

Storing Milk

	Room temperature	Transported breast milk (in a cooler with frozen ice packs)	Refrigerator	Freezer
Fresh expressed breast milk	1 hours	8 hours	48 hours	3 months

BREASTFEEDING YOUR BABY

The first feeding
Your baby can breastfeed when he/she is able to coordinate breathing, sucking and swallowing together. This usually happens around 34 weeks gestation, but can be earlier if your baby is ready. Your baby can become more comfortable with the breastfeeding process by practicing comfort sucking at your breast. This will help you feel more confident positioning your baby and helping your baby learn to latch on. Some families find staying overnight in the NICU increases the opportunities to breastfeed. Talk to your nurse about this.

If your baby is preterm, you can:
- Continue with KC as much as possible. This will help prepare your baby for breastfeeding.
- Introduce your baby to the breast as soon as he/she is medically stable, breathing on his/her own, and showing any signs of sucking ability.
- Tube feed your baby while nuzzling at the breast during KC.
- If your baby is able to be introduced to artificial nipples, your baby is also ready to breastfeed.
- Encourage any suckling at the breast to help your baby get to know you and get a taste of your milk.

If your baby is term in the NICU, know that:
- You can bring your baby to your breast once he/she is medically stable.
- Your first breastfeeding sessions may be for "practice."
- You can try to be available for as many feedings in the hospital as possible.

BREASTFEEDING YOUR BABY (CONTINUED)

Signs that your baby is ready to nurse
Your baby may be ready to nurse if he/she:

- Turns the head from side to side as if searching for your breast
- Brings the hands to the mouth
- Makes sucking movements or sucks on fingers

Positioning your baby
There are several ways to position your baby at the breast. The easiest way to begin breastfeeding is to watch for signs of readiness during KC. While you and your baby are learning how to breastfeed, it may be easier to practice one position. Once you and your baby get comfortable with breastfeeding, try new positions. **Breastfeeding should be pain-free for you and an enjoyable experience for you both.**

Your baby's nurse or a lactation consultant can help you breastfeed your baby. Suggested positions include:

- **Cross Cradle Position –** Position your baby facing your breast with baby's ear, shoulder and hip in a straight line. Pull the baby's body in close, tucking the legs snugly around you with your elbow. Place four fingers under your breast and the thumb on top of your breast, behind the darker area around the nipple (areola).
- **Football (Clutch) Hold –** Tuck your baby next to your body, facing you, supporting baby's neck and shoulders in the palm of your hand. Using your other hand, place four fingers under your breast and the thumb on top of your breast, behind the darker area around the nipple (areola).
- **Dancer Hold –** This may be useful for very small or premature infants who may need extra support. Hold your breast from underneath like a "U." This allows you to support your baby's chin with the same hand. Once your baby is latched on, be sure to keep the baby's ear, shoulder and hip in a straight line to make nursing easier for baby.

- ☐ Remember, premature or late preterm babies do not show the same feeding cues as term babies.
- ☐ Be patient and take one feeding at a time.
- ☐ If you are using a nipple shield, follow the instructions from your lactation consultant.

Supplementing
Always follow the recommendations of your baby's NICU medical team.

Expressed breast milk (EBM)/EBM + Fortifier
_____ ml/feeding _____ total ml/24 hours

Formula
_____ ml/feeding _____ total ml/24 hours

Track intake and output:

- ☐ Continue to monitor your baby's feedings and dirty diapers using the log in this booklet.

Follow up:

- ☐ You can always call one of the consultants about pumping at ext. 4542 or 4543, or the referral line at ext. 2712 to arrange a consultant

When you take your baby home

How to know when to feed:

- ☐ Continue with KC as before
- ☐ Pay attention to the baby's feeding cues, such as:
  - ○ Rapid eye movement during light sleep
  - ○ Looking for something to suck on
  - ○ Being quiet and awake
  - ○ Crying (calm the baby with KC before feeding)

How to position and feed your baby:

- ☐ Cross cradle (see page 12 for description)
- ☐ Football

How to know if your baby is getting enough food:

- ☐ Put 8 diapers on your changing table.

BREASTFEEDING CARE PLAN

During your hospital stay

Skin to skin:

- ☐ Place your baby skin to skin on your bare chest, between your breasts, as often and as long as you both are comfortable. Your baby will benefit from even an hour of KC.

How to establish and maintain milk supply:

- ☐ Start with warm compress, massage and hand expression. This is especially important during the first few days. This will increase the flow, volume and the fat content of your milk.
- ☐ Pump 8 to 10 hours a day for 15 minutes a session using a double kit and a hospital-grade pump.
- ☐ Continue with massage and warm compress while pumping.
- ☐ Monitor the amount per session and the total amount pumped in 24 hours.
- ☐ If you notice a drop in your milk supply, increase your pumping frequency and, if possible, do a session during the night.

How to introduce your baby to the breast:

- ☐ Pump first.
- ☐ Continue with KC as much as possible.
- ☐ You may feed at the breast during KC.
- ☐ Allow your baby to suckle, lick and nuzzle at the breast after pumping or during KC.
- ☐ Give your baby plenty of opportunity to be at the breast.

Begin to breastfeed:

- ☐ Start with KC and give baby a chance to look for the breast.
- ☐ Pre-feed with expressed breastmilk or use formula if needed.
- ☐ Attempt to latch while your baby is calm and willing to work with you.
- ☐ If your baby is not willing or is crying, stop. Continue with KC and offer the breast again when he/she is calm.

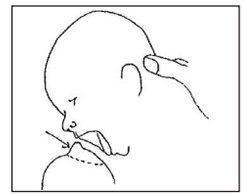
Your baby needs to be able to make a wide mouth before you can move him/her onto the breast. Teach your baby to open wide by:

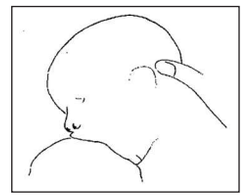
- Moving your baby toward your breast, touching his/her top lip against your nipple
- Moving the mouth away slightly
- Touching the top lip against the nipple again, and moving away again
- Repeating until the baby opens wide and has the tongue forward
- Or, running a nipple along the baby's upper lip, from one corner to the other, until the baby opens wide

Helping your baby latch onto your breast

When latching your baby:

- Watch the baby's lower lip. Aim it as far from the base of the nipple as possible so the tongue draws lots of breast into the mouth.
- Move the baby's body and head together and keep the baby uncurled.
- Once latched, the top lip will be close to the nipple with the areola showing above the lip. Keep the chin close against the breast.





Recommendations:

- Sit with a straight, well-supported back, with your body facing forward and your lap flat
- Position your baby on a pillow before feeding so the nipple points to the baby's upper lip or nostril
- Place the baby not quite tummy to tummy but so he/she comes to the breast from below and the baby's upper eye makes contact with your eyes
- Support your breast and firm inner breast tissue by raising the breast slightly with your fingers placed flat on the chest wall and your thumb pointing up; if it is helpful, you can use the sling or tensor bandage around your breast

BREASTFEEDING YOUR BABY (CONTINUED)

- Move your baby quickly onto the breast, tilting the baby's head back slightly, pushing in across the shoulders so the chin and lower jaw (not the nose) make first contact while the mouth is still wide open
- Keep the baby uncurled so the tongue is nearer to the breast and the lower lip is aimed as far from the nipple as possible so the tongue draws in the most breast tissue possible

You should avoid:

- Pushing your breast across your body
- Chasing your baby with your breast
- Flapping your breast up and down
- Holding your breast with a scissor grip
- Leaving your breast without support
- Twisting your body toward the baby instead of slightly away
- Aiming the nipple to the center of the baby's mouth
- Pulling the baby's chin down to open his/her mouth
- Flexing the baby's head when bringing him/her to the breast
- Moving the breast into the baby's mouth instead of bringing the baby to the breast
- Moving the baby onto the breast without a proper gape or open mouth
- Moving the baby too slowly onto the breast, missing the height of the gape
- Having the baby's nose touch the breast first instead of the chin
- Holding the breast away from the baby's nose

Make sure you listen for swallows while your baby is nursing. If your baby falls asleep or starts to fuss, stop. Continue KC in a feeding position while your baby is being supplemented.

Transitioning your baby to full breastfeeding
Breastfeeding a premature infant can be done in steps.

Step 1: Preparing to breastfeed

- Pump your breast.
- Allow the baby to suckle, lick and nuzzle at the breast during KC.
- Gavage feed your baby at the breast during KC.

BREASTFEEDING CARE PLAN

BREASTFEEDING YOUR BABY (CONTINUED)

Continuing to pump

- Continue pumping 8 to 10 times every 24 hours after your baby has been to the breast.
- Continue using the warm compress before pumping to help with your letdown.
- If your supply is decreasing, increase the number of pumping sessions to 10 to 12 times per day.

Alternate feeding methods

There are other options for feeding your baby as he/she grows. Include the amounts in your daily log. You can choose:

- Bottle
- **S**upplemental **N**ursing **S**ystem
- Nipple shield **(If a nipple shield is used, a follow-up with the lactation consultant is required**)

HELPFUL HINTS FROM OTHER FAMILIES

- Get enough sleep, and eat as well as you can.
- Continue to take your prenatal vitamins.
- Carry a water bottle with you. Providing mother's milk for your baby makes you thirsty.
- Leave a friendly message on your answering machine with an update on your baby's progress. This will answer questions from family and friends, and you won't need to call them back. This gives you more time to concentrate on your baby.
- Accept help. Friends and relatives can bring food that can be quickly heated, do errands or laundry, or clean so you can take care of yourself and your baby.
- CarePages is a FREE, personal, private web page service available to our patients and families to help family and friends to stay connected, before, during and after hospitalization. Starting a CarePage allows you to share updates about your health, record your emotions, worries, and successes. Keeping a journal of your experiences will help provide emotional support from friends and families through messages, virtual gifts and more. For more information, visit womenandinfants.org/carepages.

Step 2: Beginning to breastfeed

- As your baby gets stronger, you may notice that he/she is looking for something to suck on. These are called "feeding cues" and may include:
  - Fluttering of eyelids
  - Sucking motions
  - Putting hands in the mouth
- Continue with KC.
- Practice holding your baby in one of the breastfeeding positions previously described.
- Practice bringing your baby to the breast and latch the baby on deeply.
- Once your baby latches on, you should feel a gentle tug. Remember, it should not be painful or pinch.
- A premature infant may tire easily. This is normal. Watch for signs that your baby is ready to be supplemented, including:
  - Turning away from the breast
  - Falling asleep

Step 3: Transition to full breastfeeding

- Begin with a calm baby who shows feeding cues.
- As your baby grows, he/she will nurse longer.
- Offer the breast at each feeding.
- Practice having your baby latch onto the breast for up to five minutes. Once the baby latches well, continue nursing as long as he/she is actively swallowing. If the baby is not ready to latch, stop and supplement.
- Pump after each breastfeeding session to maintain a good milk supply.

Diet and medications while breastfeeding

Only a few conditions and medicines interfere with breastfeeding. Tell your baby's doctor if you are taking or plan to take any medicine that is prescribed or over-the-counter, or herbal supplements.

BREASTFEEDING YOUR BABY (CONTINUED)

If you have any infectious diseases, speak to the your baby's doctor about providing milk and/or breastfeeding. You should not breastfeed if you have the following conditions:

- HIV/AIDS
- CMV (only in preterm babies)
- Drug or alcohol addiction
- Tuberculosis after two weeks of treatment
- HLV I and II
- Herpes with active lesions on the breast; you may breastfeed on the other breast

There are other infectious diseases that may be passed to your baby through breast milk. Please speak with the baby's doctor or nurse if you are unsure.

Your diet is important when you are breastfeeding, and to keep you healthy and help you recover from pregnancy and delivery. You should:

- Visit the Department of Health website or call the Warm Line for up-to-date guidelines on eating fish
- Eat many different foods as part of a balanced diet
- Minimize your alcohol and caffeine intake

Alternative feeding methods in the hospital

There are other options for feeding your baby as he/she grows. Include the amounts in your daily log. You can choose:

- Gavage feeding
- Bottle
- **S**upplemental **N**ursing **S**ystem
- Nipple shield **(If a nipple shield is used, a follow-up with the lactation consultant is required.)**

Breastfeeding once your baby goes home

Before your baby is discharged from the hospital, the medical team will review his/her feeding needs. Here are some suggestions to make breastfeeding easier:

- Continue with KC.
- Listen for swallows while feeding.
- Have small amounts (one or two ounces) of your expressed milk available to use if needed.
- Use the alternative feeding method recommended by your baby's medical team.
- Continue to use fortifiers as ordered by the baby's doctor.
- Continue pumping until your baby is exclusively breastfed (40-42 weeks corrected gestational age is typical).
- Pay close attention to your baby's behavior after breastfeeding. As your baby grows, he or she should be more content and nurse more efficiently.
- Use the log on pages 24-31, to keep a record of feedings and dirty diapers.
- Have your baby's weight checked at the pediatrician's office two times a week until his/her weight is stabilized. This will ensure adequate weight gain.

BREASTFEEDING ONCE YOUR BABY GOES HOME

Making sure your baby is getting enough milk

- Put eight diapers on your changing table.
- Use the log on pages 24-31 to keep a count of feedings and dirty diapers.
- Look at your baby's body language. He/she should be relaxed and content.
- Premature infants have less energy than a term baby and may fall asleep at the breast before they remove enough milk.
- Continue with supplementation as recommended by your baby's pediatrician.
- Do not mix formula and breastmilk together. Your baby's nurse or physician should watch when you add any fortifiers to expressed breast milk.

Storing milk at home

Once your baby is at home, freeze milk in 2- to 5-ounce portions. Small amounts will thaw quicker and you will waste less milk. Liquids expand when frozen so be sure to leave some extra room in the bottles.

Storing Milk

	Room temperature (77°F)	In a cooler with ice pack (59°F)	Refrigerator (39°F)	Freezer
Fresh milk	6 hours (healthy term baby)	24 hours	Less than 8 days	6 months
Thawed milk	less than 4 hours		24 hours	N/A