Breastfeeding
Getting Started When Your Baby is Born
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Talk to your doctor or health care team if you have any questions about your care.
For more health information, go to wexnermedical.osu.edu/patiented or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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Congratulations!

Congratulations on your new baby, and your decision to breastfeed! Breast milk is the perfect food for your baby, and is a great way for you and your baby to stay healthy and close. Use these guidelines to help you meet your baby’s needs in the first days of life.

Breast milk is best because it:
- Has everything your baby needs to grow strong and stay healthy.
- Helps prevent allergies and infections.
- Is easy to digest and tastes better than formula.

Breastfeeding is also good for you because it:
- Builds a special closeness for you and your baby.
- Helps tighten your uterus, getting you back in shape.
- Saves time and money, with nothing to buy, mix or heat.

Breastfeed soon after delivery
- It is important to stimulate your breasts by breastfeeding soon after delivery.
- Offer your baby the breast whenever he or she shows signs of hunger or at least every 2 to 3 hours around the clock. This gets your milk supply going and helps your baby learn how to breastfeed.

Keeping your baby with you

We encourage you to keep your baby with you in your room during your hospital stay unless there is a medical reason not to. This is the best way to learn about your baby’s needs and to know if he or she is hungry.

Supporting you in the hospital

The first few days are a time for learning how to breastfeed for both mother and baby.
Your bedside nurse is ready to help you at any time, just ask.
Your lactation specialist will also visit you in the hospital to guide you in getting started and to provide support.

Supporting you after you go home

For questions or support after you go home from the hospital, call the Ohio State Breastfeeding Helpline at 614-293-8910.
If baby is sleepy at feeding time
- During the first 12 to 24 hours, babies sleep a lot. If your baby is sleepy when it is time for a feeding, try to wake him or her by touching, unwrapping the blanket, changing the diaper, or holding him or her upright.
- If your baby is not latching on well, it is best to limit your time trying, to not more than 15 minutes at a time. If he or she does not latch on well by then, place him or her skin to skin on your chest and try again later.

Wait to use a bottle or pacifier
- Wait until your milk supply is well established at 2 to 3 weeks of age before using bottles or pacifiers. Using bottles or pacifiers too early can cause your baby to suck the wrong way on your breasts.
- Do not use bottles of formula or glucose water in the first few weeks unless directed by your baby’s doctor. Your milk supply depends on feeding your baby early and often.

How much baby can eat
Your baby will not be able to eat much in the first weeks of life. On day 1, your baby’s stomach is the size of a small marble and can only hold 5 to 7 milliliters (ml) of fluid. This expands a little more each day, reaching the size of a ping pong ball by day 10.

His or her stomach will slowly stretch, but try not to overfeed your baby. Small feedings given often are best for your baby’s health and nutrition.

Watch for your baby to give you signs he or she is hungry or finished eating. See page 6 for information on signs your baby is hungry or full.

Helpful tips for getting started
- Rest as much as you can. Try to sleep when your baby sleeps.
- Watch for signs that your baby is hungry or has finished eating.
- If your baby latches on, let him or her nurse as long as he or she is still actively sucking and swallowing. Watch and listen for the swallows.
- Drink fluids when you feel thirsty. Aim to keep your urine a pale yellow color. If it is a darker yellow, then you are not drinking enough fluids.
- Sit or lie down in a comfortable position when breastfeeding.
- Ask for support from family and friends to give you time with your baby.
- Limit visitors the first few days. This is a time for you and your baby to focus on learning how to breastfeed.

Baby’s Stomach Size

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 3</th>
<th>Day 10</th>
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<tbody>
<tr>
<td>small marble</td>
<td>larger marble</td>
<td>ping pong ball</td>
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Your first milk

- The first milk you produce, called colostrum, may look yellow and creamy or clear at first.
- Colostrum provides your baby with essential nutrients and infection fighting antibodies.
- Your baby will get anywhere from a few drops to a teaspoon of colostrum with each feeding.
- Unless there is a reason your baby needs more, colostrum is all your baby needs during the first few days after birth.

In 3 to 5 days, your breasts will feel fuller and your milk will be changing.

Let down reflex

The let down reflex (or let down) happens when your baby begins to nurse. The nerves in your breast send signals that release the milk into your milk ducts.

Let down happens a few seconds to several minutes after you start breastfeeding. It also can happen a few times during a feeding or other times, such as hearing your baby cry.

Am I making enough

Your body makes as much milk as your baby needs. If you nurse every 2 to 3 hours, you will make more than enough.

It is normal for babies to lose weight at first. When your milk supply increases at 3 to 5 days after birth, your baby should quickly regain any lost weight.

As long as your baby has enough wet and dirty diapers, and is gaining the right amount of weight, then he or she is getting enough to eat.

Get help within the first 5 days if you think your baby is not getting enough. Call your baby’s doctor or a lactation specialist.

Parts of the Breast

This image shows the parts of your breast that are involved in breastfeeding. Your breasts make milk in response to your baby nursing.
**Skin to skin contact**

Skin to skin contact means holding your unclothed baby on your bare chest, between your breasts with the baby’s stomach on your chest.

Skin to skin has many benefits for both you and the baby. It helps your baby keep a steady blood sugar and body temperature, boosts your milk making hormones, and helps you to bond. You may also be more aware of when your baby is hungry.

**Tips for holding your baby skin to skin:**
- Place your baby upright on your bare chest or between your breasts, so his or her stomach is toward your chest.
- Turn his or her face to one side. You should be able to see his or her face.
- Support the baby’s head and body with your arms. The baby’s legs can be tucked in or stretched out.
- You should be sitting up when you hold your baby this way, not sleeping. It is not safe for your baby for you to be asleep.
- Your baby may wear a diaper and head cover, or not wear anything.
- You can place a blanket over his or her back for more warmth or nest your baby inside of your clothing.

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**Feeding cues**

**Signs Baby is Hungry**

Respond early to signs that your baby is hungry, called feeding cues. These include:

- Clenched fists
- Putting hands to mouth
- Licking lips
- Moving arms and legs
- Turning head toward your chest or rooting
- Sucking sounds
- General fussiness

Crying is a late sign of infant hunger. You may need to calm your baby down before trying to breastfeed. Talking in a soothing voice, cuddling, or placing your baby skin to skin on your chest are all ways to calm him or her.

**Signs Baby is Full**

Your baby will also show signs when he or she is full and finished eating. These include fingers open, hands down to the side, and relaxed arms and legs.
Breastfeeding Positions

There are different positions that can be used when breastfeeding. Choose the position that works best for you and your baby. Work with your baby to get a good latch with any hold (page 9).

**Football hold**
This hold is helpful if you had a Cesarean birth, have larger breasts, or your baby cannot find the nipple quickly. This hold also works well with babies that are small or premature.

1. Hold your baby at your side, lying on his or her back. Center your baby’s face in front of your breast - nose to nipple.
2. Support your baby with his or her back with your forearm. Put your hand between your baby’s shoulder blades, letting his or her head fall back in the crook of your hand.
3. Use the hand of the opposite arm to support your breast and to guide the nipple to your baby’s mouth.

**Cross cradle hold**
This position is used most often, but can be harder for babies to learn to latch on. Before using this position, give your baby several days of practice latching on or wait until breastfeeding is going well.

1. Place your baby across your lap, so he or she faces you. Keep your baby at breast level - tummy to tummy and nose to nipple.
2. Place your baby’s legs under your arm on the opposite side. Support his or her head and back using your arm.
3. Using the hand on the side your baby will be feeding on, place your hand behind the areola and gently lift the breast. Guide the nipple to your baby’s mouth.

**Cradle hold**
This position is used most often, but can be harder for babies to learn to latch on. Before using this position, give your baby several days of practice latching on or wait until breastfeeding is going well.

1. Support your baby’s head, back, and bottom with your arm. Keep your baby’s tummy against your tummy.
2. Use the other hand to hold your breast. Place your hand behind your areola and gently lift your breast. Guide the nipple to your baby’s mouth.
Side lying hold
This position is useful if you had a C-section, have large breasts, or if the baby is sleepy. This is also one that is best to wait to use until breastfeeding is going well.

1. Prop yourself up with pillows behind your head and back to keep yourself comfortable.
2. Turn on your side. Place your baby next to you with his or her tummy against your tummy.
3. Use the hand of your opposite arm to support your breast and guide your nipple to your baby’s mouth.

Laid back hold
This position is thought of as a natural instinct position. Also called the breast crawl, it uses a more relaxed, baby-led approach.

1. Lie back on a pillow.
2. Lay your baby against your body with your baby’s head just above and between your breasts. Gravity and an instinct to nurse will guide your baby to your breast.
3. As your baby searches for your breast, support your baby’s head and shoulders, but don’t force the latch.

Twins front cross hold
Feeding 2 babies at once works best if you wait until each baby is able to latch on well, and you are comfortable with breastfeeding. The cross hold is one position option. It is similar to doing 2 cradle holds at once.

1. Hold both babies on your lap, supported by a pillow.
2. Starting with the first baby, support your baby’s head, back, and bottom with your arm. Use the other hand to lift your breast to your baby’s mouth.
3. Repeat the process with the second baby. Use the arm holding the first baby to support the second baby while your baby latches on.
Getting a Good Latch

Tips for getting a good latch

A deep latch is when your baby gets much of the brown area (areola) deep inside his or her mouth. A deep latch helps to drain your breast better and prevent sore nipples.

Here are some tips to help you to get a deep latch.

**Some babies need help latching on.**

**Be patient and try these tips:**

- Tickle your baby's upper lip with your nipple. Gently squeeze out some milk to encourage your baby to latch on.

- Squeeze your breasts together as if you are “sandwiching” your breast tissue together in the direction of your baby’s mouth.

- Look for your baby to have a wide open mouth, like a big yawn. Aim the nipple up and back deep into your baby's mouth, and then quickly pull your baby onto your breast.

- Hold your baby tummy to tummy with the tip of your baby's nose and chin next to your breast while nursing.

- Continue to hold your breast to support its weight and prevent your nipple from dropping back out of your baby's mouth.

Before latching on, watch for baby to open his or her mouth wide, as if taking a bite from a sandwich (shown left).

Once baby has a deep latch, the milk flow is better (shown right).
**Signs of a good latch**

- All of your nipple and as much of your areola as possible are in your baby’s mouth.
- Your baby’s lips are turned out and tongue is extended over the gum line.
- You can hear or see your baby swallowing. It should have a rhythm to it.
- Feels like pulling, not biting or pinching.
- Your baby is able to stay on the breast during feeding.
- You have no pain after baby has latched on (after the first 10 to 15 seconds).
- You may have mild tenderness for the first week, but should have no bleeding or cracks in your skin.

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**Deep Latch**
Best for feeding and mom’s comfort.

- Nipple and most of areola are in the baby’s mouth. Baby’s lips are turned out and tongue is over the gum line.

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**Shallow Latch**
Take baby off and try again.

- Only the nipple is in the baby’s mouth. Baby’s lips are tight around the nipple.

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**Breaking the latch**

When your baby has finished eating (see feeding cues on page 6), slide your finger to the corner of your baby’s mouth to gently break the suction from your breast. This is called breaking the latch and does not hurt your baby.

Do not pull your baby off your breast without breaking the latch first. This can be painful for you and lead to sore nipples.

When your baby is older, he or she will have learned to release your breast without help.
Sore Nipples
Prevention and Treatment

Preventing sore nipples
Breastfeeding is meant to be a comfortable, rewarding experience for you and your baby. Some women report some nipple tenderness the first few days, but this should disappear within 1 to 2 weeks.

There are some basic things that will help you to avoid having sore nipples after that.

- Find breastfeeding positions that work well for you.
- Work with your baby to get a deep latch for feeding. See page 9 for more information.
- Do not use soap on your nipples when washing.

Reasons for sore nipples
There may be different reasons for sore nipples, including:

- Baby not latching on well or has a shallow latch.
- Baby not positioned well during feeding.
- Breasts engorged or not being emptied often.
- Your nipples are flat or inverted (turned inward).
- Removing baby from the breast before breaking the suction (latch).
- Breast pump not used the right way.

If your nipples are cracked, bleeding, bruised, or blistered, have them checked by a lactation consultant.

Treating sore nipples
Your first step is to figure out why they are getting sore. Here are some things to try:

- Make sure that your baby is latched on with your nipple deep into the baby’s mouth. This protects the nipple from more damage.
- Always use your finger in the corner of your baby’s mouth to gently break the suction before taking baby off of the breast.
- Breastfeed often (every 1½ to 3 hours for 8 to 12 feedings a day) to prevent engorgement.
- Vary nursing positions to change the baby’s positions on the nipple.
- Hand express milk onto your nipples before and after feedings.
- After feeding, allow the nipples to air dry.
- Apply a pea-size amount of ultra-pure, modified lanolin by gently patting the nipples. This also treats dry skin on the nipple and areola. Ask a lactation consultant about other products.
- Your nurse may recommend hydrogel pads and can give you some in the hospital.
Engorgement
Prevention and Treatment

About engorgement
Your breasts begin making large amounts of milk 3 to 5 days after giving birth.
It is normal for breasts to become larger, heavier, and tender. Breasts may also feel warm to the touch, leak, and lumps may develop in the milk glands as far back as the armpits. This is from the increase in milk, extra blood, and lymph fluids.
Normal fullness often decreases within the first 1 to 2 weeks after birth if your baby breastfeeds regularly.
Engorgement happens when the breasts are not emptied well or often enough. Breasts may become very hard and uncomfortable. This is not all milk, but other fluids too.

Preventing engorgement
• Breastfeed your baby soon after birth.
• Keep your baby in your room while in the hospital, so you can nurse 8 to 12 times every 24 hours.
• Work with your baby to get a deep latch. If you feel pain or pinching during breastfeeding, stop and ask for help from your bedside nurse.
• Feed your baby at least every 3 hours, and allow your baby to feed as long as he or she wants.

Signs of engorgement
• The breast swells and the areola (darkened area around nipple) feels hard and tight like your chin, instead of soft and elastic, like your earlobe.

• Breast tenderness may occur with throbbing pain.
• Low-grade fever of 100 degrees Fahrenheit or less occurs with redness and warmth over the breasts.
• Flattened-out nipples that make it difficult for your baby to latch on.

Treating engorgement
Empty the Breast
• Once baby is latched correctly, gently massage the breast from the chest wall toward the baby to help the milk flow.

Breastfeed Often
• Nurse or remove milk at least every 2 to 3 hours. The more often you nurse, the sooner the engorgement will go away.
• Breastfeed on the first side until your baby no longer wants to nurse. If your baby does not take the second side, start on that breast at the next feeding.
• If the breast your baby doesn’t take is uncomfortable, pump 2 to 3 minutes to remove some of your milk.

Use Cold Compresses After Feedings
• Use an ice pack or bag of frozen vegetables in a cloth on your breasts for 15 to 20 minutes to lessen swelling.

Wear a Supportive Nursing Bra
• Use a supportive nursing bra for comfort, even at night. Be careful of underwire bras. They can cause milk ducts to plug.

Use Non-Aspirin Pain Reliever
• Take a non-aspirin pain reliever such as ibuprofen (Advil) or acetaminophen (Tylenol) as directed by your doctor.
When engorgement causes problems with latching on

Your baby may not be able to get a deep latch if your breasts are engorged. This can lead to sore nipples and your baby having trouble draining the breast.

Express Some Milk First
To help with latching, soften the areola around the nipple by hand expressing milk or pumping before starting to breastfeed. Limit it to no more than 5 minutes of expressing or pumping.

Reverse Pressure Softening
Reverse Pressure Softening can help push the swelling back enough for your baby to latch on when you are engorged. Apply gentle pressure around the area of your areola by pressing in a 1 to 2 inch area around the base of the nipple. This will help move the swelling back away from your nipple to make it easier for your baby to latch on.

Other breast care tips

- Gently massage your breasts to get the milk flowing.
- Nurse your baby or pump your breasts at least 8 to 12 times a day.
- Use ice packs to relieve swelling and slow milk production between feedings for 20 minutes at a time, if desired.
- Take pain medicines as directed by your healthcare provider.
- Try wearing a supportive nursing bra 24 hours a day until breast swelling decreases.
- Avoid wearing tight clothing and underwire bras.

When to call the doctor

These are signs you may have an infection, and an antibiotic may be needed. Please call your doctor if you have:
- Painful breasts
- Breasts that are hard with red streaks
- Flu-like symptoms, such as muscle aches, chills, or headache
- Fever of 100 degrees F or higher
Expressing and Storing Breast Milk

Why express your milk
Breastfeeding mothers may need to express breast milk for many reasons, including:
- Mother and baby are apart a long time
- Mother is ill
- Breasts become over-full or engorged
- Baby is not able to latch on
- Mother returns to work or school

When to remove milk
Start expressing as soon as you miss a feeding. Do not wait until you are getting full or engorged.

Begin to collect and save milk within the first hour after delivery to collect your first milk, if your baby is not latching on, or you are separated from your baby.

To pump or hand express
You can choose to pump or to hand express your milk. Hand expressing has some advantages over pumping, including:
- Leaves less milk in the breast
- More effective in the first few days
- Free, needs no equipment or power
- No cleaning supplies
- Ready for emergencies

Before you start, wash your hands with soap and water. If you can’t, use an alcohol-based hand sanitizer that has at least 60% alcohol.

Pumping
- Use a pump of your choice. There are many kinds, including electric or hand pumps. If you are going back to work or will be away from your baby for a long time, a larger electric pump may be better.
- You can rent electric pumps from different providers.
- Follow the pump’s instruction manual.
- Call the Ohio State Breastfeeding Helpline at 614-293-8910 if you need help choosing one.

Choosing a Breast Flange Size
A breast flange, or shield, is a small plastic cover that fits over your nipple and areola to create the suction that pulls the milk out of your breast. It is used with a breast pump. Getting the right fit is important to get the best seal. Your lactation consultant can help.

Too Small - Nipple rubs along the side of the tunnel. Try a larger size.
Too Large - Nipple and much of areola are pulled into tunnel. Try smaller size.
Correct Fit - Nipple is in the center of the tunnel and moves freely during pumping.
Hand expression

If you choose to hand express your milk, it may take a few sessions to practice. You will learn what works best for you.

1. Gently massage your breasts in circles toward your areola.

2. Place your thumb and first 2 fingers around the areola in a “C” shape. Fingers should be about 1 inch from your nipple.

3. Gently push back toward the chest.

4. Bring your first finger and thumb together squeezing milk ducts.

Continue this motion, moving around each breast. You may need to repeat this a few times on each breast to remove the milk.

Use a clean bottle, bowl, or other wide-mouth container to collect your milk. Store it the same way you would pumped milk.


Storing breast milk

How Long to Store (using with a healthy, full term baby):

- Room temperature (77°F or colder):
  - Up to 4 hours for freshly pumped milk
  - 1 to 2 hours for thawed milk
- Refrigerator (40°F or colder):
  - Up to 4 days for freshly pumped milk
  - Up to 1 day for thawed milk
- Freezer (0°F or colder):
  - Up to 6 months (up to 12 months is OK, but quality may not be as good as the milk gets older)
  - Leftover from a feeding (baby did not finish the bottle):
    - Use within 2 hours after the baby has finished feeding

Source: Centers for Disease Control and Prevention, Proper Storage and Preparation of Breast Milk.

What to Store It In

- Most hospitals suggest that breast milk be frozen in glass or hard plastic bottles. Leave some room in the bottle for the milk to expand when it freezes.
- If your baby is in the hospital, you will need to follow certain guidelines to store breast milk to bring into the hospital for your baby. Ask the nurse for containers to collect and store your breast milk. Plastic liners may not be used in the hospital.
When You Go Home
• When your baby goes home, plastic liners may be used for full term infants. Be careful not to touch the inside of the liner or bottle, so the milk will not get bacteria in it. Seal all containers right away after the milk is collected.

When Ready to Use
• When breast milk is stored, it is normal for the milk to separate into layers. Gently tip the bottle up and down to mix the milk before giving it to baby.

• Clean pump parts after each use. Follow the pump instruction manual for cleaning. Microsteam bags may also be used to sterilize items if needed. These are small plastic bags that use steam. You just add water and heat in the microwave. You can buy them at many stores.
• Know where the closest place to pump is. Many worksites and other public places have a room just for breastfeeding mothers to pump or hand express.

Thawing breast milk
• Thawed breast milk should be refrigerated and used within 24 hours.
• Thaw breast milk under warm tap water. Do not boil or microwave breast milk. High temperatures destroy the antibodies that are important for keeping your baby healthy.
• When milk is thawed, gently shake and swirl the bottle to mix the milk.
• Do not refreeze breast milk that has been completely thawed.

Going back to work or school
For mothers who are returning to work, this checklist can help you to pump or hand express successfully.
• Start pumping once a day for at least 2 weeks before you return to work. This is in addition to breastfeeding your baby. This will help you build up a freezer supply.
• Bring all of your supplies with you every day, which may include:
  ‣ Cooler bag for keeping your milk
  ‣ Bags or bottles for storing milk
  ‣ Breast pump, if you use one
  ‣ Soap or wipes to wash your hand and pump parts
Increasing Your Breast Milk Supply

Is there enough milk

Breastfeeding mothers often question if their baby is getting enough milk.

Signs your baby is getting enough milk:

- About 6 wet diapers per day by the end of the first week.
- About 4 dirty diapers per day by around day 4 and becoming yellow and seedy (3 diapers is also OK if they are large).
- Gaining the right amount of weight (may be 4 to 7 ounces per week).

It is normal for babies to lose weight the first week, but your baby should begin gaining after that. Your baby’s doctor can guide you.

You can track your baby's progress using the daily records on pages 23 to 24.

Tips to make more milk

If you are still concerned, these tips may increase your milk supply:

- Nurse 8 to 12 times in 24 hours.
- If baby is not nursing well, hand express or pump every 2 to 3 hours and at least one time during the night.
- If baby is nursing well, hand express for 5 to 10 minutes after each feeding session and feed baby your expressed milk.
- Avoid pacifiers or supplements during the first 2 to 3 weeks.
- Drink plenty of fluids and eat a healthy diet.
- Hand express or pump in between or after feedings for more stimulation.
- Feed your baby until he or she releases the breast and has a relaxed position.

Things that may limit supply

These factors can affect your milk supply:

- Stress
- Giving the baby formula also when it is not needed
- Not feeding the baby often enough
- Baby has a poor latch
- Pump equipment not fitted correctly
- Mom not drinking enough fluids
- Some medicines, such as decongestants and birth control

Call for support

If you are still having concerns with your milk supply, call the Ohio State Breastfeeding Helpline at 614-293-8910 for help.
Your Diet and Exercise

While you are breastfeeding, you will need to consume 300 to 500 calories a day more than your normal diet. If you nurse more than one baby, you will need even more calories. The best guide for the amount of food and fluids is your thirst and appetite.

Foods

**Eat a Variety**
- Eat a variety of nutritious foods with proteins, dairy, vegetables, fruits, and whole grains.
- As you eat various types of foods, your baby will benefit as well. By getting this variety in your breast milk, it may be easier to give your baby new flavors when solid foods are introduced after six months of age.

**Fuss Foods**
- If you believe your baby has been “upset” by something you have eaten, avoid that food for 7 to 10 days.
- After that time, add it back into your diet and see if the baby reacts. If your baby reacts, consider it a “fuss food” and do not eat it for several weeks.
- As your baby’s digestive tract matures, these reactions are less likely to occur.

**Prenatal vitamins**
- Keep taking your prenatal vitamins while breastfeeding.
- Take them with juice, milk, or water. You may also take them with a meal or snack.

Fluids

- Drink about 8 cups of water, milk, juice, or other fluids during the day.
- Drink dairy products, if you can, to help boost your calcium levels.
- Limit caffeine, such as regular coffee, tea, and cola, to no more than 1 to 2 cups a day. Caffeine may make your baby irritable and not able to sleep well.

Allergies

- If you have a family history of allergies, your baby can benefit a lot from your breast milk. Your milk is the least allergenic, meaning something that causes an allergy.
- Questions and concerns about allergies? Ask your baby’s doctor or a lactation consultant.
Exercise

- Exercise is a healthy part of life and not harmful when breastfeeding.
- You will feel more comfortable if you wear a support bra and exercise after emptying your breasts.

Losing weight

- Many women who breastfed their babies said it helped them get back to their pre-pregnancy weight more quickly, but this does not always happen. Some women do not lose weight while breastfeeding.
- Avoid dieting to lose weight quickly. Losing 2 to 4 pounds per month should not affect your milk supply. Losing more than 4 to 5 pounds a month (after the first month) is not advised for breastfeeding women.
- Tips for weight loss:
  - Limit sweets and high fat foods, such as soda pop, candy, chips, and cake. High calorie foods will fill you up without providing your body with necessary vitamins and minerals.
  - Limit butter, margarine, sour cream, mayonnaise, and salad dressing. Try reduced calorie types.
- If you are concerned about your weight at 6 to 8 weeks after delivery, talk with your doctor or a dietitian about your diet.

Alcohol use

- You should avoid alcohol in large amounts. According to the American Academy of Pediatrics (AAP), a drink now and then is fine. Wait 2 or more hours before nursing.
- You also can pump milk before you drink to feed your baby later.
- There is no need to “pump and dump” your milk after drinking. Alcohol leaves the milk as it leaves the blood. When your blood alcohol levels are back down, so are your milk alcohol levels.

Over the counter medicines

- Before taking any over the counter medicines, ask your doctor if it is safe while breastfeeding. There are very few medicines, however, that need to be avoided.
- Some medicines can affect your milk supply, such as antihistamines, decongestants, and some forms of birth control.
- You can call the lactation consultants at Ohio State’s Wexner Medical Center for information about a particular drug and how it reacts with breastfeeding.
Breastfeeding can take some learning and practice for both you and your baby. Both of you may be tired and need more rest at first. Breastfeeding can be challenging, especially in the early days. If you feel like you are having trouble getting started, here are some strategies to try. If you still need help, talk to your bedside nurse or lactation consultant for help.

### Baby not latching on

- **If your baby is not latching on to either breast after 5 to 10 minutes,** place the baby on your chest, skin to skin. Wait a few minutes. Watch for signs that the baby may want to feed, then try again.

### Sleepy baby

- **Aim to feed the baby on cue,** rather than on a timed schedule. Although, **try at least every 3 hours** if your baby is not waking up to feed.
- **If your baby falls asleep after sucking for a few minutes,** he or she may be sucking for comfort instead of hunger. This is important for baby too.

### Not having good feedings

- **If your baby has had 2 good feedings in the first hours after birth,** you and baby are doing well. A good feeding means that your baby is actively sucking for at least 10 minutes. If the baby has a deep latch, this will feel comfortable.
- **If you are not having good feedings,** your nurse may encourage you to hand express breast milk to feed to the baby.
- **Your nurse will help you decide how best to feed your baby your expressed milk,** such as with a spoon or nipple.
- **Your baby’s blood sugar will be checked to make sure he or she does not have low blood sugar,** called hypoglycemia.
- **Continue to offer the breast as baby cues that he or she is hungry.**

### Not meeting goals

- **Baby should have 5 or 6 good feedings of at least 10 minutes in the first 24 hours.** If not, **ask for help because there may be need for another feeding plan.**
- **After the first day,** baby should have 8 good feedings a day or more.
- **If your baby is not feeding at least 8 times after the first day,** continue to try skin to skin and offer the breast at least every 3 hours.
- **If your baby is not meeting this goal,** it could be a problem for your milk supply and your baby’s health. Work with your bedside nurse and lactation consultant to decide on the best feeding plan.
- **Call the lactation consultant if your baby still will not breastfeed.**
<table>
<thead>
<tr>
<th>Time</th>
<th>Your Milk</th>
<th>Baby</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to first 12</td>
<td>• You make Colostrum (a rich, thick, yellowish milk) in small amounts</td>
<td>• Wide awake after delivery</td>
<td>• Place baby skin to skin</td>
</tr>
<tr>
<td>hours</td>
<td></td>
<td>• Rooting/crawling to the breast</td>
<td>• Put baby to breast within one hour of birth, helps with milk production</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Black, tarry stool</td>
<td>• Hand express or pump if you are away from baby or if baby won’t feed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>after delivery</td>
</tr>
<tr>
<td>Hour 12 to 24</td>
<td>• Baby will drink about 1 teaspoon of colostrum at each feeding</td>
<td>• May be too sleepy to latch on well at first</td>
<td>• Place baby skin to skin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Feedings may be short</td>
<td>• Try to breastfeed when baby shows signs of hunger (see feeding cues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Black, tarry stool</td>
<td>on page 6) or at least every 3 hours</td>
</tr>
<tr>
<td>Day 2</td>
<td>• You continue to make colostrum</td>
<td>• Baby may feed several times in a row</td>
<td>• Feeding more often will help increase supply</td>
</tr>
<tr>
<td></td>
<td></td>
<td>close together</td>
<td>• Have a lactation consultant watch you feed baby to assure that things</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Black, tarry stool</td>
<td>are going well</td>
</tr>
<tr>
<td>Day 3 and 4</td>
<td>• White milk comes in and may have yellow tint at first</td>
<td>• Baby feeds more often</td>
<td>• Watch for signs baby is getting enough milk</td>
</tr>
<tr>
<td></td>
<td>• Milk increases</td>
<td>• Stools are green and thinner</td>
<td>• Call a lactation consultant if your milk is not yet in</td>
</tr>
<tr>
<td></td>
<td>• Heavier, lumpy breasts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 5 and 6</td>
<td>• White breast milk continues</td>
<td>• Baby is growing and should be same weight</td>
<td>• Feed, hand express, or pump often to help with engorgement</td>
</tr>
<tr>
<td></td>
<td>• Hard, painful breasts possible (engorgement)</td>
<td>as hospital discharge weight</td>
<td>• Can use ice packs after breastfeeding, hand expressing, or pumping to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Yellow, seedy stool</td>
<td>help breast swelling</td>
</tr>
<tr>
<td>Day 7 and beyond</td>
<td>• White breast milk continues</td>
<td>• Baby’s larger stomach hold more milk, so</td>
<td>• Breastfeed on demand or at least every 3 hours</td>
</tr>
<tr>
<td></td>
<td>• Your breasts will be softer and may leak</td>
<td>may be more time between feedings</td>
<td>• Check with your baby’s doctor when you can let baby sleep longer at</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Baby should be gaining weight</td>
<td>night</td>
</tr>
</tbody>
</table>
Breastfeeding Plan for ______________

Offer breast every 3 hours or sooner if baby is showing signs of hunger. Work with your lactation specialist on this plan to get breastfeeding going.

**Attempt to breastfeed baby for 10 to 15 minutes**

If baby:

A. Latches on deeply and is feeding with rhythmic sucking and swallowing - **then** let baby feed for as long as he or she wants (if actively nursing).

B. If baby does not latch on or is not active at the breast for a total of 10 to 30 minutes - **then** start pumping or hand expressing.
   1. Give or feed any pumped breast milk
   2. Give or feed formula supplement, if needed

**Recommended amounts of breast milk or formula per feeding**

- Less than 24 hours of life: 2 to 10 ml
- 24 to 48 hours of life: 5 to 15 ml
- 48 to 72 hours of life: 15 to 30 ml
- 72 to 96 hours of life: 30 to 60 ml
- More than 96 hours of life: 50 or more ml

**Tips for following your breastfeeding plan**

- Put baby skin to skin on your chest before each feeding.
- Baby should eat 8 to 12 times, every 24 hours.
- Baby should have at least as many wet and dirty diapers as days of life.
- Use slow flow nipples for bottle feedings, if available.

**Call the Ohio State Breastfeeding Helpline for support at 614-293-8910.**
# Daily Breastfeeding Record

**Week 1** Mark the boxes as your baby feeds and has wet or dirty diapers. The gray boxes show the minimum your baby should have each day **during the 1st week**.

<table>
<thead>
<tr>
<th>Day</th>
<th>Number of Feedings</th>
<th>Number of Wet Diapers</th>
<th>Number of Dirty Diapers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
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<tr>
<td>Day 2</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Day 3</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 4</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Day 5</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Day 6</td>
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<td></td>
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<tr>
<td>Day 7</td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Baby’s Weight:**

Birth weight _______  Weight Leaving Hospital _______  First doctor visit _______
### Week 2

Mark the boxes as your baby feeds and has wet or dirty diapers. The gray boxes show the minimum your baby should have each day during the 2nd week.

<table>
<thead>
<tr>
<th>Day</th>
<th>Number of Feedings</th>
<th>Number of Wet Diapers</th>
<th>Number of Dirty Diapers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 8</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
</tr>
<tr>
<td>Day 9</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
</tr>
<tr>
<td>Day 10</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
</tr>
<tr>
<td>Day 11</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
</tr>
<tr>
<td>Day 12</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
</tr>
<tr>
<td>Day 13</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
</tr>
<tr>
<td>Day 14 *</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
<td>☐☐☐☐☐☐☐☐☐☐</td>
</tr>
</tbody>
</table>

*Same goal amounts until the end of the first month.

**Baby's Weight:**

Day 8 to 14  _________
Breastfeeding Resources

**Breast pump rentals**
Call for information and prices.

**Discount Drug Mart**
Call your local store for information

**Nationwide Children’s Hospital**
**Pediatric Home Medical Equipment**
614-355-1100 or 1-800-466-2727

**Riverside Hospital**
**Breastfeeding Helpline**
614-566-3434

**Mount Carmel - Lori’s Gift Shops**
West 614-234-1848
East 614-234-6713
St. Ann’s 380-898-4144

**Information**

**Office on Women’s Health**
[Womenshealth.gov](http://Womenshealth.gov)
Helpline: 800-994-9662 (English / Spanish)

**La Leche League**
[www.llli.org](http://www.llli.org)
Hotline: 877-4-LALECHE (English / Spanish)

**KellyMom**
[kellymom.com](http://kellymom.com)

**BFAR (Breastfeeding After Reduction)**
[BFAR.org](http://BFAR.org)
Breastfeeding After Breast and Nipple Surgeries

**Lactation consultants**

**The Ohio State University Medical Center**
**Outpatient Lactation Clinic**
614-293-8910

**Mount Carmel Health System**
**Lactation Clinic**
614-234-6455

**Riverside Hospital**
**Breastfeeding Helpline**
614-566-3434

**Franklin County WIC Program**
Program participants call your WIC clinic or WIC Breastfeeding Helpline: 614-645-7065

**La Leche League of Ohio**
[www.lllohio.org](http://www.lllohio.org)
Link to local consultants, support groups, and information
Donor Human Milk
An Option When Mother’s Milk is Not Available

Human milk is the ideal nutrition for babies. A mother’s own milk is always best, but if that is not available, donor human milk may be the next best option to feed your baby. Donor milk from a certified milk bank is carefully screened and prepared to make sure it is healthy and safe.

Benefits of human milk
Mother’s milk contains a special and strong combination of nutrients that are important for baby’s health. It supports growth and development as well as boosts the baby’s ability to fight infection. It is easy to digest and can promote the overall health of the baby’s digestive system.

When a mother cannot provide her own milk, donor human milk may temporarily meet the baby’s medical and nutritional needs. Infant formula is another option, but does not offer the same infection fighting benefits.

About donor milk
Donor human milk from a certified milk bank is specially processed, so it can be given safely to any baby. Ohio State Wexner Medical Center uses donor milk from OhioHealth Mothers’ Milk Bank.

Mothers’ Milk Bank only accepts milk from volunteers who:
- Are healthy, non-smoking women.
- Have passed a medical, dietary, and lifestyle screening.
- Have been tested for HIV, human T-cell leukemia-lymphoma virus (HTLV), Hepatitis B, Hepatitis C, and Syphilis.

The milk is pasteurized, or heat treated, and cultured to be certain it does not contain any bacteria or diseases. There have not been any reported cases of pasteurized donor human milk causing an infection with Hepatitis or HIV.

Only use pasteurized human milk that is from a certified milk bank. We do not recommend the use of unpasteurized breast milk, casual sharing of breast milk, or purchasing it from the Internet because of the risk of it being contaminated.
Who can get donor milk

The Ohio State Wexner Medical Center donor milk program is open for mothers who:

- Have a baby who has been exclusively breastfed and she wants to continue.
- Agrees to pump her own milk in addition to giving donor human milk to her infant at each feeding.
- Has signed an authorization form in her medical record.
- Has a doctor’s order for donor human milk.

General program guidelines

- Donor human milk is intended to be used as a supplement if the mother’s own milk is not available or if more volume than the mother can produce is needed for medical reasons.
- The use of donor human milk is temporary until feeding with the mother’s own milk is successful. Donor human milk will not meet the long term nutritional needs of the infant.
- To protect the mother’s milk supply, she should be pumping or expressing her own milk when giving donor milk to her infant. It is best if this happens with each feeding. When available, the mother’s own milk should be given before donor milk. It is fine to pump after offering donor milk and to save that milk to give before or along with the next feeding.
- Donor human milk will not be given to infants who are in the nursery at night. If the infant needs to be fed, he or she will be brought to the mother for her to attempt to breastfeed or to express milk before giving the infant donor human milk.
- Though donor human milk can be purchased from the OhioHealth Mothers’ Milk Bank, Monday through Friday, after leaving the hospital. It will not be supplied by the hospital after the mother and infant are discharged to go home. Ask your lactation consultant for more information.

For more information

Talk to a member of the medical team, your baby’s doctor, or your lactation consultant if you have questions about the use of donor human milk for your infant.

You can also learn more about banked donor human milk at OhioHealth Mothers’ Milk Bank by calling 614-566-0630, or visiting the website at www ohiohealth com locations womens health mothers milk bank.