Abbott

A HELPFUL GUIDE TO BREASTFEEDING

With Additional Information
Dedicated to Feeding Multiples

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BREASTFEEDING your baby

An important responsibility of new parents is to see that their baby gets nourishment to grow and develop properly. When you breastfeed, you're part of the majority of parents who have chosen the preferred method of feeding babies. The first section of this booklet is intended mainly for parents of full-term babies. But even if your baby is premature or has special medical needs, you can still breastfeed and may find this information helpful.

INTRODUCTION

Breastfeeding is one of nature's ideal systems. Just as mothers are capable of nourishing their babies in the womb, most are able to nourish their babies at the breast. Breast milk is the ideal food for babies. If you breastfeed your baby for a short time, **remember, even small amounts of your milk can make a significant contribution to your baby's health**.

The benefits of breastfeeding can begin right after your baby's birth. A baby put to your breast immediately after the experience of being born is comforted by the warmth and touch of your body. Hearing the familiar beat of your heart and the sound of your voice and finding a place to suck will be calming. It will ease your baby's introduction to the outside world.

Breastfeeding can help protect your baby from common early childhood illnesses such as colds, ear infections, and diarrhea, especially during the early weeks and months of their life. Your breast milk is suited to your baby. It changes from hour to hour and day to day, depending on your baby's needs, and it's already at the right temperature.

Breastfeeding also has advantages for you. Many mothers feel that nothing else creates a closer bond between themselves and their babies. Most babies can be quickly calmed and reassured by being put to their mother's breast. Breastfeeding may also help your uterus (womb) return to its pre-pregnancy size. And studies show that women who breastfeed may be less likely to get breast and cervical cancer.

Although breastfeeding is natural, many moms are surprised when problems arise and they and their babies don't seem to know what to do automatically. It takes time, patience, and support for both mother and baby to learn how to breastfeed. As a new mother, you want to understand as much as possible before you begin. Some major points discussed in this booklet are:

- How to get off to a good start
- How your milk is made
- How to position your baby correctly at the breast
- How to tell if your baby is getting enough to eat
- Common concerns of breastfeeding mothers
- Breastfeeding in special situations

You should discuss your questions or concerns early with your obstetrician or your baby's pediatrician. They can refer you to a breastfeeding specialist, who often is an international board-certified lactation consultant (IBCLC), or to the local chapter of La Leche League.

Though breast milk is widely accepted as the best nutrition for newborns, there are situations in which parents can't provide it or choose not to. There's no shame in either—and remember, fed is best! Whether you provide breast milk for a short time or breastfeed exclusively for an extended period, you are making an investment of time and commitment that can be rewarding for both you and your baby.

It takes time, patience, and support for both mother and baby to learn how to breastfeed.

BEFORE breastfeeding

YOUR BREASTS

Changes. During pregnancy, breasts increase in size as their milk-producing cells grow and multiply. In fact, many women say that tender breasts were one of the very first signs they were pregnant—their body was preparing to make milk for their baby.

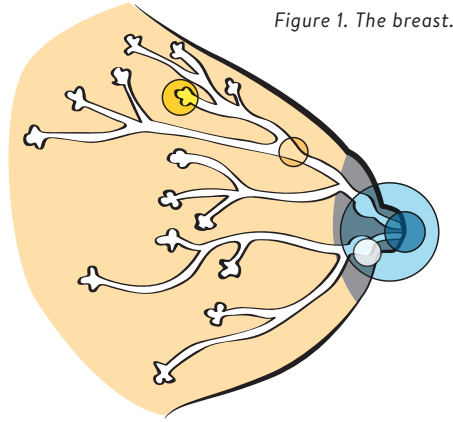
As your pregnancy progresses, you may notice that the areola (the dark skin around the nipple) is larger and darker *(see Figure 1)*. You may also see small bumps on the areola, called Montgomery glands. These produce a substance that softens the skin, may slow the growth of bacteria, and has a scent that may guide the baby to nourishment.

Some women are afraid that if they breastfeed, their breasts will sag. But the number of pregnancies, heredity, and aging are responsible for sagging breasts, not breastfeeding.

Previous breast surgery. If you have had any type of breast surgery, it is important to discuss this with your health care professional or a certified lactation consultant. Some surgeries can interfere with breastfeeding because needed nerves and ducts may have been damaged. In many cases, though, mothers find they are able to breastfeed successfully.

The only way to know if you can breastfeed is to try. Even if the end result is that you stop breastfeeding or can't fully breastfeed, you should feel very good about your efforts. Any amount of breast milk that your baby receives will be of benefit.

Figure 1. The breast.



- Milk cells (alveoli)
  Where milk is produced
- Milk ducts
  Tubes through which milk travels
- Nipple
- Areola
  The dark area around the nipple
- Milk pockets (sinuses)
  Where milk collects

COMMON QUESTIONS
about breastfeeding

Can I breastfeed if my breasts are small? Yes. The size of your breasts depends largely on how much fatty tissue they contain, not the amount of milk-producing tissue. Most women can make enough milk for their babies no matter what size their breasts are.

Are there any special foods I should eat? The only requirement is that you eat a healthy, well-balanced diet. Some mothers find that their babies are upset by certain foods, and they need to eliminate just those foods from their diet. But this should be evaluated on an individual basis with your physician before you cut any particular food out of your diet.

Can I lose weight while I am breastfeeding? Breastfeeding may help some mothers get back to their pre-pregnancy weight more quickly than mothers who are not breastfeeding. The hormones involved in breastfeeding cause the uterus to contract, which helps it shrink in size. It is important that the foods you eat are healthy, so that you can keep up your energy while breastfeeding. It is you, not your baby, who will suffer if your diet is not a good one. Many mothers find that eating small, frequent, nutritious snacks and meals, and drinking plenty of fluids, will help them lose weight more quickly. Breastfeeding mothers can participate in an exercise program as soon as their health care professional gives the OK.

Do I need to stay at home to breastfeed? No. Breastfed babies are easy and convenient to take along with you. When you have recovered from the birth of your baby and are ready to go out, all you need is your baby and the diaper bag. If you need to go out without baby, you can express your milk and leave it for someone else to feed while you are gone *(see "Expressing and storing breast milk," page 36)*.

How can I breastfeed in public? It can be very convenient for you to breastfeed when you are away from home with your baby. **All states have laws that specifically allow women to breastfeed in any public or private location.** For more information, see the National Conference for State Legislatures (www.ncsl.org), which details breastfeeding laws in all 50 states. To feel more comfortable, you can place a blanket or shawl over your chest and shoulder so that the breast cannot be easily seen. It may be helpful to practice this at home first. Many stores have areas where mothers can breastfeed in private, or you might consider ducking into a fitting room to breastfeed. You may be more at ease trying these things if you breastfeed in front of a mirror at home—and note how little of the breast can actually be seen.

How can the rest of baby's family be involved? Other members of the family can provide breastfeeding support and encouragement. For example, studies have shown that with the partner's help and support, breastfeeding is more successful and continues longer. Other caregivers can also make sure you get enough to eat and drink, and they can do many things to help care for the baby so that it is easier for you to breastfeed.

BEGINNING
to breastfeed

HOW BREAST MILK IS MADE

Human milk is made by special cells inside your breasts (see Figure 1). The milk comes from these cells, moves down the milk ducts, and flows through the nipple openings to your baby. For your body to continue to produce milk after your baby is born, two important things must happen. First, nipples must be stimulated along nerve pathways so your body gets the message to make more milk. The stimulation is provided either by the baby's sucking at the breast in the proper position or by expressing your milk yourself. The second key to continued milk production is frequent and complete emptying of milk from the breasts. The more milk you remove, the more milk you will make *(see "Breastfeeding positions and techniques," page 14, and "How do you express your milk?" page 36)*.

THE FIRST MILK

Colostrum is the name of the first milk to come from the breasts. The breasts begin to make colostrum—a thick, sticky, yellowish or white substance—in the 16th week of pregnancy. **Because colostrum is small in amount, some first-time mothers think they "don't have any milk" for their baby. But a little colostrum goes a long way!**

It is the ideal food for your newborn to start on for several reasons. First, it contains a large amount of antibodies, which will help protect your baby from illnesses during the first months of life. Second, it is a very concentrated food source, high in protein and minerals.

The small amount of colostrum also makes it easier for your newborn baby to practice the breastfeeding skills of sucking, swallowing, and breathing at the same time, in rhythm. By the time your baby masters the rhythm, your milk supply increases to match their increasing appetite.

GETTING OFF TO A GOOD START

For the first hour or two after your baby is born, they will likely be wide awake and ready for their first breastfeeding. When some babies are put skin-to-skin with their mothers shortly after birth, they will attach ("latch on") to the breast on their own. Other mothers and babies need a little assistance before this latching can occur.

If the first feeding doesn't go perfectly, be patient. You are both new at this. Instead, breastfeed as often as possible during your hospital stay. Studies have shown that mothers who stay with their babies after birth have greater success at breastfeeding. By being together, you soon recognize each other's signals and get off to a great beginning!

Let the hospital staff know that you want your baby to get breast milk. Ordinarily, no water or formula supplements should be necessary. Sucking on a bottle or pacifier may "confuse" your baby and make it harder for them to breastfeed. If it is medically necessary for your baby to receive a supplemental feeding, your health care professional will discuss options with you.

It is also important to feed your baby during the night right from the start. Studies have shown that new mothers may not sleep well when their newborn babies are out of their sight and hearing. Further, feeding your baby at night helps to prevent your breasts from becoming overly full (engorged) and helps your milk supply to increase sooner. Offer your baby the breast frequently, at least 8 times in every 24-hour period. **Do not limit the number of minutes they are allowed to nurse on each side. The time it takes to get the milk they need varies greatly from baby to baby.** If you take your baby away from the breast after a certain number of minutes, they may not have gotten enough breast milk. It is important to allow your baby to "tell" you when the feeding is over. Most babies will usually do this themselves by coming off the breast when they have had enough.

These important practices will help ensure a great start for breastfeeding.

Care of your breasts. A daily shower with warm water is all the cleaning that is necessary for your breasts. **Avoid using soap on your breasts; it can dry the skin and wash off the natural softener.**

Some health care professionals recommend that women with flat or inverted nipples wear breast shells inside their bras 30 minutes before feeding. Breast shells are specially designed, hard plastic cups with a hole for the nipple. They provide constant, slight pressure to draw the nipple out so that attaching to the breast will be easier for the baby. A certified lactation consultant or your health care professional can discuss this and other possible remedies to help if latch-on is a problem.

YOUR CHANGING MILK

During the first few weeks, your milk changes in the way it looks, in how much of it there is, and in what it provides your baby (see Figure 2). For example, mature milk looks thinner than colostrum but is actually higher in calories.

Figure 2. Your changing milk.

After the first few days of nursing, your breasts may become engorged (larger, fuller, and slightly tender) due to increased milk production and the increased blood flow to the breasts. This fullness can last several days and may interfere with the baby's attaching to the breasts properly *(see "Engorgement," page 30)*.

Many mothers are more comfortable if they wear a well-fitting and supportive bra, but it is not absolutely necessary to do so.

HOW MILK GETS TO YOUR BABY

You will not feel your colostrum or milk being delivered to your baby at first. **Some signs that they are getting food from your breasts are that you may feel sleepy or thirsty or have uterine cramps after your baby has been breastfeeding for a few minutes.** If the cramping you feel while breastfeeding is uncomfortable, it may be helpful to empty your bladder right before you breastfeed. These after-birth pains help your uterus (womb) shrink back to its former size. They are often gone by the time your baby is about a week old.

As your milk changes, breastfeeding probably will go something like this: baby latches on to the breast and sucks for up to a few minutes. Then the milk-making cells in your breast move milk down the ducts to your baby. This is called the let-down or milk-ejection reflex. If you watch the way your baby sucks, you will see a change from short, choppy sucking to long, pulling sucks. You should also be able to hear them swallowing your milk. Some mothers see milk dripping from the other breast as their baby breastfeeds, indicating that the milk has let down.

When your baby is about 2–3 weeks old, you may know your milk is letting down when you feel different sensations in your breasts. However, if you don't feel anything, don't worry. It is perfectly normal not to feel your milk let down at every feeding.

ENOUGH MILK FOR YOUR BABY

Probably the #1 concern of new breastfeeding mothers is whether their babies are getting enough breast milk. During your hospital stay, you may see from your baby's medical record that they have lost weight. The first weight that newborns lose is extra fluid. You will see your baby's eyes get less puffy each day, and they will be able to look around more easily.

It is normal for newborns to lose up to 7% of their birth weight before beginning to gain. Most babies are at home by the time they begin to gain weight. It is also perfectly normal for your baby not to be back up to their birth weight until they are 2 weeks old.

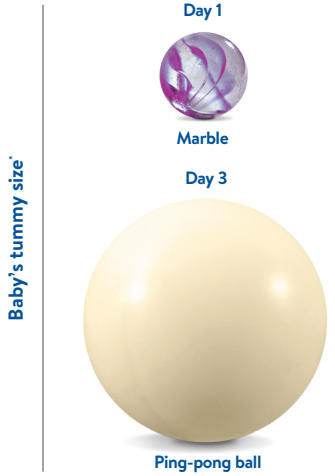
In the first few days, after recovering from birth, your baby may "wake up" and seem to breastfeed infrequently or to be fussy. Many parents think this means their baby is not getting enough breast milk. That is not true. This is a normal stage of the breastfeeding cycle, but—unfortunately—some new parents don't realize that. It is the most common reason they give for introducing supplemental bottles in the early days.

Sometimes this fussy period coincides with the normal softening of the mother's breasts after the initial engorgement is gone. Mothers may then question the adequacy of their milk supply. The fussiness is only temporary, and does not necessarily mean you don't have enough milk. Some mothers worry that their milk is too "weak" for their babies. **Remember: Your milk is right for your baby!** If you let your baby finish the first breast before moving on to the second, you can be sure they get the especially nutritious high-fat milk at the end of the feeding.

It is a good idea to have your baby weighed at your pediatrician's office during the first week. There are some clues to tell you whether your baby is getting enough. **How much a baby takes in affects how much comes out. Keeping track of the number of wet and soiled diapers will help you know whether your baby is getting enough** *(see the list of guidelines starting on the next page)*.

LITTLE TUMMIES TAKE TIME TO GROW

Your baby's tummy is about the size of a small marble at birth. After 3 days, it's about the size of a ping-pong ball, but still can't hold much.[1]



Until they are about 4 months old, your baby's tummy can only hold small amounts of milk at a time. Too much milk during feedings can lead to things like fussiness, gas, or spit-up.

*These models may be useful only as a representation of the average breast milk intake during the early newborn period.[1]

Reference: 1. Spangler AK, et al. J Hum Lact. 2008;24(2):199-205.

How much milk you make is determined by how often and how well your baby breastfeeds. In other words, the supply is influenced by your baby's need. To maintain an adequate milk supply, it is very important to only breastfeed for the first 4 weeks of baby's life.

A healthy, full-term newborn who is breastfeeding effectively at least 8 times a day should need no additional fluid other than breast milk. Feeding a baby water or formula can lessen their desire to nurse, which will upset the supply-and-demand system. Do not give your newborn water unless instructed by your physician. Be aware that babies who receive bottle feedings, especially just as they are learning to breastfeed, may have difficulty going to the breast afterward. Bottle feeding encourages babies to use a sucking technique that is different from the one used for breastfeeding. A baby may get used to the bottle and then later refuse the breast.

Even though you cannot see the amount of breast milk that goes into your baby, there are other signs that suggest they are getting enough to eat. Your baby is likely getting enough milk if:

- *They breastfeed at least 8 times in every 24-hour period*
- *They usually breastfeed for 10 minutes or more in a rhythmic suck/pause/suck pattern*
- *You can hear frequent swallowing after baby has been at the breast for a few minutes. Once your milk supply has increased or "come in"—by day 3 or 4—the swallowing is much easier to hear.*

- *After feeding, your baby does not display feeding/hunger cues (for example, trying to put their hands into their mouth, rooting, sucking on their hands) and seems satisfied for an average of 1 to 3 hours between feedings*
- *Your breasts feel softer after a feeding (once your milk supply has increased)*
- ***Expect at least 1 wet diaper the first day of life and three on days 2 and 3. Look for more wet diapers on days 4 and 5. Your baby should wet at least 6 diapers every day after about 6 days of life.***
- *Your baby is passing yellow, seedy, runny stools, starting on day 3 or 4. If baby is not passing any stools or is still passing* ***meconium*** *(thick and black or dark green stools), check with their pediatrician.*
- *Your baby is gaining enough weight, as shown by the scales in the health care office. A baby should stop losing weight by about the fourth or fifth day after birth, and should be back to birth weight by 2 weeks of age. If you have any concerns about your baby getting enough milk, contact their health care professional or a certified lactation consultant. They may weigh your baby and make specific suggestions.*

BREASTFEEDING

positions and techniques

CORRECT LATCH-ON

The way your baby "latches on," or attaches, to the breast is probably one of the most important things for both of you to learn. For correct latch-on, your baby's mouth needs to be positioned over the pockets of milk that are located about 1 to 1½ inches behind the nipple *(see Figure 1)*. There are 2 important reasons for this. First, your baby will get the most milk when they are positioned there. Second, you will be less likely to have sore nipples.

The following tips will help you latch your baby on to your breast properly (as shown in Figure 3). If you have any questions about positions and techniques, ask your nurse or a certified lactation consultant.

- *Both you and your baby should be in comfortable positions. You should be able to draw a straight line from the baby's ear to shoulder to hip.*
- *Gently lift and support your breast, with your fingers below and your thumb on top of the breast and well away from the areola (Figure 4). This is sometimes called the C-hold or sandwich hold.*
- *Gently stroke the baby's bottom lip with your nipple in a downward motion several times. Pause to see if baby's mouth opens. Repeat this until your baby opens their mouth very wide to ensure sufficient breast tissue is in baby's mouth. (Babies breastfeed not nipple feed) (Figure 4).*
- *Then quickly pull the baby onto your breast so that their nose, cheeks, and chin are all slightly touching the breast (Figure 5).*
- *Baby latches on and begins to suck. If baby's nostrils are blocked while nursing, you can pull baby's bottom upward and closer toward you so that their head will move back slightly, giving them more space to breathe. Or you can lift your breast slightly with the hand that is supporting it. Your baby will pull their head away from the breast if breathing is difficult.*

Figure 3. Proper breastfeeding position.

Of course, **everyone worries whether they are doing it "right."** Here are some signs that will tell you if your baby is not latched on correctly:

- *Your nipples are sore during the whole feeding or become sore as the feeding continues*
- *You can hear clicking or smacking noises when baby sucks*
- *They are having trouble latching on and come off the breast repeatedly after only a few sucks*
- *They fall asleep after a very few minutes of nursing*
- *Baby's cheeks are dimpling in with each suck*
- *They have too few wet diapers and stools (see page 13)*
- *Your baby "acts hungry" all the time by being very fussy*

Figure 4. The C-hold and baby's mouth wide open.

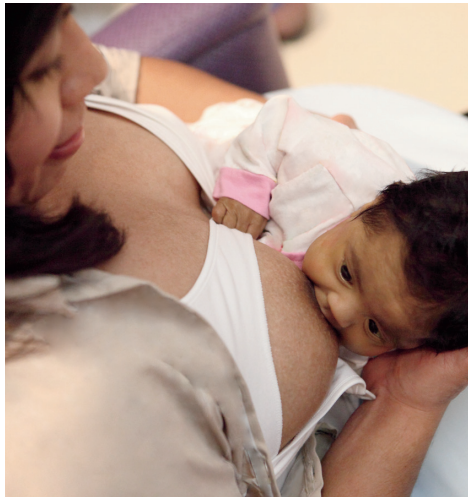


Figure 5. Baby correctly latched on.

BREASTFEEDING
positions

There is no one right breastfeeding position. In fact, there are several positions that can be comfortable for you and your baby. You may want to try several to see which work best for you, or alternate based upon where you are or time of day. For example, you may enjoy a cradle hold sitting in a comfortable chair during the day but prefer to nurse lying down at night. **Some experts even suggest changing positions to prevent your baby from latching on and applying pressure to the same spot every time.**

THE CRADLE HOLD

Figure 6. The "cradle" hold.

Sit in a comfortable chair with support for your arms and back. Try not to hunch your shoulders. Support your breast with your hand in a cupped C-shape. Place your baby across your stomach, tummy to tummy. Your baby's head should be in the bend of your elbow, and their mouth should be directly in front of your nipple. Use a pillow to support your arm. If correctly positioned, your baby's body should form a straight line from ear to shoulder to hip. Tuck baby's lower arm around your waist, out of the way.

THE FOOTBALL HOLD

Like a running back cradles a football, you'll cradle your baby under your arm. This lets you see if they are latching on properly. This position often is preferred by moms who:

- *Have large breasts*
- *Are concerned about latch-on*
- *Have a small or premature baby*
- *Are sore from a cesarean birth*

Place pillows at your side to support your elbow and your baby's bottom. Tuck baby into the side of your waist. Place baby's head in the palm of your hand. Support the base of their head between your thumb and forefinger. If your baby doesn't seem comfortable, place a soft blanket between your hand and their head for padding.

Figure 7. The "football" or "clutch" hold.

LYING DOWN

Figure 8. Lying down to breastfeed.

This is a comfortable alternative position, especially at night or when sitting is uncomfortable. Lie on your side, using one pillow to support your head and another along your back. Your head and neck should be comfortably propped up with pillows. Or lie on your side with one arm bent under your head and the other hand supporting your breast. Put a pillow or rolled-up blanket behind your baby's back. Lay your baby next to you on the bed so their mouth is opposite your nipple. When baby opens their mouth wide, they are ready to latch on.

THE CROSSOVER HOLD

Figure 9. The "crossover" hold.

This position often is preferred by moms who are having trouble with latch-on and by moms with small or premature babies. It lets you see the latch-on more clearly than the traditional cradle hold. Hold your baby across your body in the arm opposite the breast from which they will be feeding. Baby's position will be the same as in the cradle hold, but you'll use your other arm to hold them. Your baby should be level with your breast, with their body turned toward you. (Some mothers find they can tuck baby's bottom into the crook of their arm.)

LAID BACK BREASTFEEDING

Preferred by moms who may have had a c-section or a very forceful letdown (baby gags often) this position uses gravity to help baby latch onto the breast and it takes pressure off of an incision. Mom lays back at a 45 degree angle either in bed or in a chair. Baby is positioned tummy to tummy with mom. Support baby with your arm across their back. Bring baby towards the breast and when they open wide, latch them onto the breast.

OTHER BREASTFEEDING
information

WAKING YOUR BABY TO FEED

Your baby may spend so much time sleeping during the first 2 or 3 days of life that you will have to wake them for feedings. The old adage, "Never wake a sleeping baby," is bad news for a newborn! Another event in the first few days that may make your baby temporarily difficult to wake is circumcision. Most babies sleep very deeply for 6 to 12 hours after this procedure.

Newborn babies have varying levels of sleep that range from very deep to very light. During lighter sleep states, you may note your baby making sucking movements or trying to reach their fingers to their mouth. These are cues that baby is ready to feed and should need only a little stimulation to do so.

- *Many babies' sleep/awake cycles naturally allow for 8 to 12 feedings a day. During the daytime, if 3 hours have passed since the last feeding, or if your breasts are uncomfortably full, wake your baby to feed.*
- *Talk to, rub, pat, unwrap, or undress your baby to wake them. Change baby's diaper or wash their face with a warm washcloth. It may take 5 or 10 minutes of this stimulation to wake your baby.*
- *Many parents make the mistake of putting their baby to the breast at the first sign of wakefulness. Then they wonder why their baby goes right back to sleep!* ***You must really wake your baby so they can participate in the feeding for long enough to get an adequate amount of milk.***
- Try frequent (at least every 2 or 3 hours) daily feedings if your baby's pattern is to sleep longer during the day and to nurse often at night. It may take a while, but this can help your baby move into a better day/night pattern.

As they get a little older, your once-sleepy baby will spend more and more time awake. If it is still necessary to wake your baby to feed, you will be more successful if you wake them from a light sleep. If you cannot wake your baby or they are very sluggish after not eating for 5 or 6 hours, call your pediatrician for advice.

DEALING WITH A FUSSY BABY

If you keep your baby with you as much as possible, you will soon begin to see what calms them. Wrapping baby securely in a receiving blanket or holding them upright on your chest with their skin touching yours may soothe them. Once your milk supply has increased and the baby's tummy is getting full, they should settle down. Responding to baby's cries with love and comfort will give the message that the world is a safe place.

Being close and warmly snuggled while sucking at the breast is comforting for a newborn as they adjust to life outside the womb. As an added bonus, your milk supply will increase sooner and you will be less likely to experience engorgement.

Another normal behavior of newborn babies, although perhaps less common, is to wake up more often than expected. They may seem to be at the breast constantly. If this describes your baby, rest assured that it won't last forever. And both you and your baby will benefit from these frequent feedings during her first few days of life.

HOW OFTEN TO FEED YOUR BABY

Since your newborn's stomach is very small and breast milk is easily digested, the milk obtained from a feeding will empty from the stomach in about 1 to 2 hours. This means you will need to feed baby often. Frequent feedings are also very important to keep up your milk supply and to assure that your baby gains weight.

- *Let your baby tell you when the feeding is finished—they will come off the breast on their own*
- *Feed your baby whenever they show signs of hunger, even if they just ate an hour ago. It is normal for breastfed babies to "cluster feed" in the beginning. This means* ***your baby may want to be fed several times in a row before taking that nap you had anticipated. It does not mean that your milk supply is low. It is normal breastfeeding behavior****.*
- *As your baby grows, so does their stomach. Babies start to feed less frequently because they are able to hold a larger amount of food at each feeding.*

HOW LONG SHOULD A FEEDING LAST?

The length of time that a baby will be at the breast for a given feeding varies widely from baby to baby. Extremes of too little or too much time can be worrisome. Generally, most newborns should feed for at least 10 minutes and they should be able to complete a feeding in about 60 minutes or less.

It is important for you and your baby to begin the feeding in a comfortable position so there is no need to stop too early. In fact, limiting breastfeeding time may lead to complications such as breast engorgement, decreased milk supply, inadequate infant weight gain, and infant jaundice. Limiting the duration of feeding does not prevent sore nipples.

Frequent feedings are also very important to keep up your milk supply

- *Your baby should breastfeed long enough on each breast to get a good flow of milk and to be satisfied. Allow them to tell you when a feeding is over; don't watch the clock. Each feeding is like a full-course meal. When your baby first breastfeeds they get a large amount of watery milk. As baby continues to breastfeed, the fat content of the milk increases until they get to the rich, high-fat milk called hindmilk. When your baby has had enough of this, they will stop feeding, either going to sleep at the breast or letting go of the nipple and looking very satisfied.* ***Some babies only nurse on one side per feeding, and that is totally normal.***
- *Try for a burp and offer the second breast for as long as baby wants*

Figure 10. Common burping position.

- ***If your baby doesn't seem interested in taking your second breast, offer it first at the next feeding****.*

BOES YOUR BABY NEED EXTRA FLUIDS?

No. Unless there is a medical reason for your baby to receive a supplement, they should get no other fluids than breast milk. Otherwise, just when you are trying to get off to a good start, baby will not go to the breast often enough because their tummy will be full of extra fluids. During the first 3 or 4 weeks of breastfeeding, do not offer water or infant formula to your baby unless it is necessary or recommended by your pediatrician.

Experts recommend that all breastfed infants begin a vitamin D supplement within a few days of birth. Vitamin D is necessary for strong, healthy bones. Check with your doctor for specific guidelines for your infant.

BURPING YOUR BABY

Try burping your baby when you change breasts and again when the feeding is complete to help remove swallowed air.

- *Hold your baby upright against your shoulder or lay them across your lap or stomach, face down. Also, you may sit your baby on your lap, leaning forward against your hand. Support baby's chin (see Figure 10).*
- *Pat or rub your baby's back gently, but don't insist if they don't burp readily*
- *Your baby may not burp after every feeding. Even though most breastfed babies don't take in much air while they are breastfeeding, it is still a good idea to try burping your baby after they have finished feeding from the first breast and again after the second. If they do not burp after a few minutes, either continue the feeding or put baby down to sleep, whichever is appropriate. You will quickly learn your baby's needs and patterns.*
- *Your baby may spit up colostrum or milk. It usually looks like a much larger amount than it actually is, so don't be alarmed. If you are concerned about it, speak to their health care professional.*

CHANGING BREASTS

- *It is ideal to offer both breasts at each feeding. But it is even more important to* ***make sure that your baby has enough time to finish at the first breast before switching sides. This is because the fat content of the milk increases the longer the baby breastfeeds****.*
- *Your baby may be full after finishing the first breast and refuse the second. If so, begin with that breast at the next feeding. The second breast, from which less (or no) milk was taken at the last feeding, will probably feel fuller when it's time to breastfeed again.* ***If you forgot which side you fed from last time, don't worry; just feed from the side that feels fuller.***

Figure 11. Breaking the suction.

- *Occasionally, you may need to take your baby off the breast before they are ready to come off by themselves. Insert a finger into baby's mouth between the gums, far back to break the suction, and remove your nipple from baby's mouth (see Figure 11).*

IF YOUR BABY PREFERS ONE BREAST

While a baby is first learning how to breastfeed, it is very common for them to prefer one breast over the other. As most women's nipples are not exactly the same shape on both sides, baby may find one breast easier to latch on to. Perhaps the nipple on one side fits their mouth better, or maybe the milk flows more freely from one breast than the other. Your baby may be more comfortable in a certain position. Whatever the reason, this is a common situation. While learning to feed from both breasts, your baby will still get all the nutrition they need from one side.

Here are some suggestions for getting baby to breastfeed from the less-preferred side. If these are not helpful, it is advisable to work with your health care professional or a lactation consultant.

- *Try breastfeeding on the preferred side until your milk has let down and is dripping from the other side. Then switch baby over.*
- *If baby fusses when you change their position, start with the football hold on the preferred side. Then, after baby has breastfed for a little while, gently slide them over into the cross cradle hold at the other breast.*
- *If you have a breast pump, it may help to pump for a few minutes on the less-preferred side (see "Expressing and storing breast milk," page 36). This may help pull the nipple out farther and start the flow of milk.*
- *If your baby skips 2 or more feedings in a row on the breast that is not preferred, you should begin to express your milk regularly (preferably with a hospital-grade electric pump). This will help increase milk production from the less-preferred breast.*
- *If necessary, continue to express milk from the less-preferred breast until baby begins to accept that breast*
- *If your baby refuses to latch on at all to one side, the use of a hospital-grade electric breast pump will ensure that you continue to produce milk in that breast and keep it from becoming engorged. It will also help to stretch the nipple and make latch-on more likely.*

If necessary, continue to express milk from your preferred breast until the baby begins to accept that breast

COMMON CONCERNS
in the first few weeks

WHEN YOUR BABY CRIES

Newborn babies cry for a variety of reasons. Sometimes they cry a lot when they are adjusting to a new situation. For many parents, the first night home from the hospital is frustrating because their baby seems to cry a great deal. If your baby cries, stay calm and try swaddling, swinging/rocking and/or a white noise sound machine to help soothe them. In time, you will be a master at how to calm your baby. Just be patient and know that this behavior is completely normal and has nothing to do with your breast milk.

Many new parents are advised that it is best to let the baby "cry it out" or that if they always pick up their crying baby, they will "spoil" them. But rest assured that newborn babies are absolutely unspoilable! By responding to your baby's cries promptly with comfort, you are telling them that their needs will be met and are helping smooth their transition home.

IF YOUR BABY WANTS TO BREASTFEED ALL THE TIME

Breastfeeding is more than just providing food. It also provides the comfort of sucking plus the safety and warmth of your arms. Remember that because your baby's stomach is still very small, they will need to eat 6-8 times per day or more for at least the first 4 weeks of life. If your baby is a "leisurely" breastfeeder—and babies do have different styles of breastfeeding—it may take them as long as an hour to complete a meal.

To get a true picture of how often your baby is breastfeeding, write down the time each feeding begins. Feedings are timed from the start of one to the start of the next. (Example: you begin to feed your baby at 8:00 AM and then begin the next feeding at 10:00 AM. You would say that your baby has fed "every 2 hours." The length of the feeding is not counted.) You may learn that your baby is actually breastfeeding the expected number of times.

If you are feeding baby for more than an hour at a time, your nipples are sore throughout the feeding, or your baby seems hungry between meals, you may have a problem with latching on and need to ask for help. The most common cause of long, too-frequent feedings and sore nipples is incorrect positioning at the breast. Your baby's mouth needs to be over the milk pockets that are about 1 inch to 1½ inches behind your nipple.

When properly positioned, your baby will get more breast milk and nipple soreness should go away. If this "eating all the time" behavior is something new, it may be an appetite spurt and only temporary *(see "Growth spurts," page 44)*. As your baby's stomach grows, they will be capable of eating more at each feeding and, therefore, will need to feed less often.

As described earlier, breastfed babies sometimes "cluster feed" (want to eat several times in a row during a 2-hour period instead of feeding well only once and then waiting 2 or 3 hours to feed again). Remember: This is not a sign that the baby is not getting enough to eat. It is a normal breastfeeding behavior; allow your baby to breastfeed as often as they want. However, if you continue to be concerned, call your health care professional or a lactation consultant.

JAUNDICE

More than half of all newborn babies get jaundice. When a baby is jaundiced, their skin and the whites of their eyes have a yellow tinge. Most of the time no treatment is needed, and the jaundice will clear up on its own. If your baby gets jaundice, the doctor may test their blood to make sure the level of bilirubin in their blood does not go too high.

While you are pregnant, your body (specifically your liver) processes certain substances for your baby. Bilirubin is one of those substances. When your baby is no longer physically connected to your blood supply, their liver must process bilirubin by itself. It usually takes a few days for a baby's body to be able to do this quickly and efficiently. In the meantime, the bilirubin builds up in their bloodstream, causing the yellow skin and eyes. This most common kind of jaundice is called physiologic jaundice. It is usually noticed about the second or third day of life and is generally gone by the time the baby is a week old.

The main way your baby gets rid of bilirubin is through stools. The more stools baby has (and the quicker they get rid of those first tarry stools called meconium), the less likely it is that their bilirubin will go high enough to require treatment. Of course, in order for baby to produce stools, they must eat.

Babies who breastfeed frequently and take in more milk are less likely to become jaundiced. If your baby is breastfeeding poorly during their first few days of life, they will have fewer stools and may be more prone to jaundice.

Babies may become jaundiced for other reasons. Sometimes it happens when the mother's blood type is different from the baby's blood type (as in a condition called ABO incompatibility). When this is present, the level of bilirubin usually rises faster and higher than in normal physiologic jaundice. When babies have more difficult vaginal births, perhaps requiring forceps or a vacuum extractor, and bruising occurs, jaundice may be more likely to develop. If your baby is born prematurely or is sick after delivery, they also may be more prone to jaundice.

There is another kind of jaundice, appearing later (at least 5–7 days after birth), that is called breast milk jaundice. It occurs in about 1 of every 250 babies. Although the exact cause is still unknown, it usually resolves on its own without hurting the baby while you continue to breastfeed.

You should notify your baby's health care professional if you notice your baby has jaundice, especially if it develops at less than 24 hours of age, if it lasts longer than 7 days, or if it extends to your baby's arms and legs. Make sure you contact the doctor's office if you think your baby is acting sick or becoming a very sluggish feeder.

LATCH-ON CONCERNS

Sometimes bringing baby and breast together can be a challenge. It is important to get help if you are not able to solve a latch-on problem on your own. Good sources of help for breastfeeding difficulties may include health care professionals, certified lactation consultants, other breastfeeding specialists, or members of the La Leche League.

Concerns and possible solutions.

If you have difficulty getting your baby to latch on to the breast, some of these measures may help you:

- *It is ideal to give your baby nothing but breast milk until your baby's breastfeeding is well established. When baby is having trouble latching on, an artificial nipple may only make things worse. If your baby needs a supplemental feeding, it may be best to try a method other than a bottle (see "Alternate feeding methods," page 41).*
- *If you have flat nipples, try gently rolling them between your thumb and index finger to try to make them more erect. Pulling back slightly on the breast tissue or using the C-hold (see Figure 4) can also help the nipple protrude for easier latch-on.*
- *Using a breast pump just before a feeding will help soften the areola and pull your nipple out for easier latch-on. If your baby is unable to grasp the nipple after several tries and requires supplementation, you should begin to pump your breasts regularly with a hospital-grade electric pump. This will stretch your nipple skin and help increase your milk supply.*
- *Your baby may be unable to latch on because your breasts are overfull. If so, wearing breast shells 30 minutes before feedings will encourage your milk to leak, softening the areola so the baby can grasp your nipple.*
- *Some mothers help get the baby latched on by squeezing a few drops of milk onto their nipple so the baby can taste the milk*

It is important to get help if you are not able to solve a latch-on problem on your own

- *Sometimes a baby tries repeatedly to feed, with no success, and begins to cry frantically and act frustrated. If this happens with your baby, take them away from the breast and calm them for several minutes before you begin again. Skin to skin is a great way to calm baby before resuming or trying to breastfeed again.*
- *If you have been trying to latch baby on in one position and it is not working, change to another position. Even if it is one that didn't work yesterday, just the fact that you have changed positions may allow your baby to latch on.*

- *In some very specific instances, a nipple shield may help your baby get positioned onto the breast. However, nipple shields should be used only if your health care professional or breastfeeding specialist recommends it and closely monitors your breastfeeding progress.*
- *Continue to try to put your baby to the breast for a short time several times a day. Do this when baby is calm and not frantically hungry, to maximize your chances of success. You will need lots of support to continue this, so don't hesitate to call for help.* ***And take heart: it's common for women to have challenges with breastfeeding****.*

Baby concerns. Sometimes it is your baby who has a problem that makes it difficult for them to latch on to the breast, even if you seem to have "perfect" nipples. One of the most common problems is that newborn babies are very sleepy. They are kept tightly swaddled in blankets, often with pacifiers in their mouths, yet we expect them to wake up and eat!

Sleepiness may also be related to your baby's need to recover from labor and birth. Or perhaps you had medicine or an anesthetic that may temporarily make your baby difficult to waken or be uninterested in feeding.

Even though your baby needs to recover from birth, try to wake them to feed at least 8 times in every 24-hour period, to make sure they get enough breast milk. If you keep baby with you, perhaps skin-to-skin, and stimulate them every hour or so to wake them up. Your baby may be more likely to breastfeed after a few hours. If you are unable to wake them for a feeding after 6 hours, call your pediatrician for advice.

If your baby is still having difficulty latching on by the time they are 1–2 days old, they may have a problem that can be resolved with the help of a lactation consultant.

"MY BABY IS UP ALL NIGHT"

Babies often have their days and nights mixed up at first. When in the womb, and mother is up and walking, it is like being in a hammock. They sleep most of this time when you are pregnant. How often does your baby suddenly seem to become active when you lie down to sleep?

Many parents find the first or second night home with their new baby difficult. The same baby who seemed to sleep all the time in the hospital now seems to be awake all night! This is temporary. The only environment your baby knows outside the womb is the hospital and, although your home is probably quieter and calmer, baby needs time to adjust to it. You cannot spoil your newborn by picking them up when they cry. Baby will likely make the transition to home more smoothly in the security of a parent's arms.

It may seem that your baby wants to breastfeed every hour during the night. This commonly occurs just as your milk supply is increasing and your baby is making an adjustment. With cuddling and frequent breastfeeding, they should settle down fairly quickly.

If your baby seems to want to feed a great deal, be sure they are latched on to the breast far enough and that you are not setting time limits on how long they nurse on each side *(see "How often to feed your baby," page 19)*.

For babies 2 months and older, many experts recommend that you wake them every 2–3 hours during the day for feedings and let them wake you on their own schedule at night. This may encourage baby to eventually sleep more during the night than during the day.

Another recommendation is to give your baby the message that night is for sleeping. Make night feedings "strictly business." Keep the lights low and talking and playing to a minimum. Change baby's diaper, feed them, and put them back to sleep. Remember to always place your baby on their back, as recommended for all healthy infants.

WEIGHT GAIN

If your baby has any problems such as not feeding often enough, sucking incorrectly, or being extremely sleepy or excessively fussy, or if they are sick, it is possible they are not getting enough breast milk. Consult your pediatrician for an evaluation and a weight check a couple of days after you return home from the hospital. If you are worried about how much baby is eating, take them in early and ask for help with a breastfeeding plan.

It is rare that women cannot produce enough milk for their baby. More often it is the simple, correctable details of breastfeeding that lead to a low milk supply or to your baby not taking all the milk that is available.

One of the most common problems is that newborn babies are very sleepy

CARING FOR YOURSELF

Getting enough rest. In the early days after having a baby, it is essential that you try to get enough sleep. Rest is important for staying healthy and feeling good—keys to successful breastfeeding. Besides lack of sleep common to late pregnancy and the energy you used in labor and giving birth, your nighttime sleep will be interrupted by baby's need for frequent feedings. Nothing will bolster your ability to cope during this time better than adequate rest!

Try to take a nap every day, while your partner or supportive family members screen visitors and phone calls. "Sleep when the baby sleeps" is some of the best advice ever given. Try to keep your life simple and accept all offers of help. If friends or family volunteer to bring you meals, do some household chores, shop for groceries, or care for your other children, say "Yes!" You will rest more easily knowing that these things are being done.

If, despite your attempts to rest, you feel tired and overwhelmed, reach out to others for help; don't keep it to yourself. Try talking to your partner, a family member, a supportive friend, your childbirth class instructor, your health care professional, or a lactation consultant. Sometimes just a phone call can help a lot.

Your activities. During the first few weeks after your baby's birth, you will feel your energy level slowly returning to normal. If you had a surgical delivery (cesarean), it will probably take longer for you to feel like yourself again. No matter how you gave birth, though, spend at least the first 2 weeks at home getting to know your baby and getting breastfeeding off to a good start.

Increase your level of activity gradually, using the amount of vaginal bleeding you are having as an indication of whether you are doing too much. Do not plan any outings more strenuous than a visit to the health care professional's office. Have friends come to you instead of going to see them, and have others bring your groceries whenever possible.

What to eat. Many new mothers feel discouraged that they are not in the same shape as before their pregnancy. You will lose some weight right after delivery, but probably have some left to lose. During the first months of breastfeeding, some of the "fat stores" that appeared during pregnancy will provide energy to support your body as you make milk for your baby. Therefore, breastfeeding can actually help you return to the weight you were before pregnancy, if your food choices are nutritious and the amounts are not excessive.

Breastfeeding requires the same healthy diet that is recommended for pregnancy, and your body probably will tell you to eat and drink often. Many women find that they need snacks between meals because they get very hungry. It is also common for some women to have a poor appetite for a few days or even weeks after a baby is born. Eating small, frequent meals may help you to eat a healthy diet. In either case, meals and snacks should be as nutritious as possible. Try to choose a variety of foods from all the food groups.

If your diet is poor, it is you who will suffer, not your baby. Continue taking prenatal vitamins if they are recommended by your health care professional.

Drinking adequate fluids will help breast milk production. Not getting enough liquids will negatively affect your milk supply. Make a practice of keeping a glass of water or other nutritious beverage nearby and drinking enough to prevent becoming thirsty. Never ignore your thirst. All healthy adults are encouraged to drink 6–8 glasses of water per day.

Drinking extra fluids will help increase breast milk production

"Can the food I eat upset my baby?"

The food you eat must first be digested and absorbed by your body before any substances are passed into your milk. This usually takes 2–6 hours. If you eat dinner at 6:00 PM and during, or not long after, a 10:00 PM feeding your baby draws up their knees and screams, think about what you ate for dinner.

The only way to be absolutely sure which food is to blame is to re-create the same situation and see if baby reacts again. If you feel a particular food is causing your baby problems, stop eating it for a while. Later, try a small amount of that food. If your baby doesn't react, eat more next time.

If your baby seems very fussy, try keeping a record of what you eat and drink. Discuss this with your health care professional to determine if there is an association between certain foods and your baby's symptoms.

Medicines and other substances. If you need to take medicine or an herbal supplement for any reason, even an over-the-counter one, check with your health care professional to make sure it is all right. If it turns out that you have been prescribed a medicine that may be harmful to your baby, there may be another choice that will work just as well and allow you to continue to breastfeed. Make sure the health care professional who prescribed the medicine knows you are breastfeeding, especially if you are expressing milk to feed a premature baby.

Caffeine is known to cause fussiness and wakefulness in some babies. You may want to limit your intake of substances that contain caffeine, such as chocolate, coffee, tea, many soft drinks (not just colas), and some headache, cold, and allergy medicines.

Because alcohol passes through breast milk to baby, many experts recommend that you limit or entirely avoid drinking alcoholic beverages. Check with your baby's health care professional for specific recommendations. Mothers who smoke cigarettes may make less milk and have problems with milk let-down. The American Academy of Pediatrics advises against smoking while breastfeeding because nicotine passes through breast milk to the baby.

Babies who are around smoke are more likely to get respiratory illnesses such as coughs and asthma as well as ear infections. There also seems to be a connection between passive cigarette smoke and sudden infant death syndrome (SIDS).

If you smoke and are unable to stop altogether, at least cut down as much as you can. Certainly, you do not want to smoke during feedings because of the possibility of burns.

No breastfeeding mother should ever use illegal drugs of any kind.

Engorgement. Sometimes mothers experience engorgement as their milk supply increases, or "comes in." This usually occurs within the first couple of days. If your breasts become engorged, they will feel full, swollen, tender, and warm to the touch. You may have swelling that extends up under your arms, since you have milk ducts there, too. The swelling can flatten out your nipple, perhaps making it difficult for your baby to latch on properly and leading to nipple soreness.

The engorgement should be gone, or much decreased, within 48 hours. If not, it may be a good idea to get help from a lactation consultant. If engorgement goes unrelieved, it can affect your milk supply.

The best way to prevent engorgement is to breastfeed your baby frequently, day and night, right from the start, making sure that they are correctly latched on.

If you do become engorged, the following measures may help:

- *Apply warm, moist compresses (hot washcloths or towels) just before feeding—for about 5 minutes only. More heat than this may actually increase the swelling.*
- *Massage your breasts, expressing some milk, to soften the areola so your baby can latch far enough on to your breast. Wearing breast shells for about 30 minutes before the feeding may encourage leaking and soften the areola.*
- *Gently massage your breast as the baby breastfeeds to encourage the milk to flow freely*
- *Feed your baby as often as possible (at least every 3 hours), for as long as they will breastfeed, and from both sides, if possible. Unfortunately, baby's tummy will be getting fuller than it has before and they may wish to* ***shorten*** *the length of feedings just when you wish they would breastfeed longer.*
- *If your baby doesn't feed frequently and vigorously from both breasts, use a breast pump or hand-express milk after each feeding from the side baby didn't feed from. This will help relieve the engorgement and keep up your milk supply.*
- *After breastfeeding, and between feedings, put cold compresses or cloth-covered ice packs on your breasts to reduce the swelling. Refreezable ice packs or even bags of small frozen vegetables, such as peas or corn, work well as ice packs because they can be wrapped around the breast. Your breasts should soften somewhat after breastfeeding, but they will still be quite hard until the swelling goes down.*
- *Avoid underwire nursing bras; they can put additional pressure on engorged breasts and increase the risk of plugged milk ducts*
- *If the engorgement is painful, you may safely take a mild analgesic to relieve the discomfort, as recommended by your health care professional*
- *If these measures don't seem to help, a lactation consultant can discuss other types of treatments with you*

The best way to prevent engorgement is to breastfeed your baby frequently

Sore nipples. Sore nipples are probably the most common complaint in the early days of breastfeeding. A new mother may be surprised at how uncomfortable it is and think about giving up breastfeeding.

The following information may help you resolve your sore nipples and go on to breastfeed your baby for as long as you planned.

SORE NIPPLE conditions

SYMPTOM	POSSIBLE CAUSE
Bruises on skin around nipple	Baby is latching on off-center—especially common with flat or inverted nipples; mother is using breast pump incorrectly
Crack or scab across center of nipple	Baby is not latched on correctly; unusual shape of roof of baby's mouth
Crack or scab on underside of nipple	Baby may have lower lip rolled in while sucking at breast
Soreness of entire nipple	Incorrect latch-on of baby who has very strong suck; baby pulling tongue back with each suck (produces "biting" effect); baby curling tip of tongue up; mother not breaking suction properly before removing baby from breast; mother not supporting breast during feeding; yeast infection of nipple
Soreness, blisters, bruising, or horizontal red stripe on tip of nipple	Baby not latching on far enough; mother holding breast in a way that makes nipple point up or down during latch-on; baby not sucking properly
Soreness or bruising on top of nipple	Baby not correctly latched on or not sucking properly
Burning of nipples during feedings, right after feeding, and/or between feedings	Yeast infection
Bright red or pink nipples; may appear chapped or flaky	Yeast infection; skin irritation from friction or from lotion, cream, or soap being used on breasts; improper use of breast pump

It may be normal to feel some nipple tenderness in the first few days of breastfeeding—it often peaks around the third day after birth and goes away in the next several days. But if you feel pain past the first 30–60 seconds after your baby has latched on to the breast, if the soreness keeps getting worse, or if you have pain that starts several days after you begin breastfeeding, something may be happening that needs more attention.

The most frequent cause of sore nipples is improper positioning of the baby during latch-on *(see "Correct latch-on," page 14)*. **The 2 most common mistakes new mothers make are** 1) not waiting for baby's mouth to open wide enough before attempting latch-on and 2) not pulling baby far enough onto the breast so that their nose, cheeks, and chin all touch the breast.

The soreness caused by an improper latch-on is from injury to the nipple and surrounding skin—blisters, cracks, scabs, and/or bruises. Another cause of nipple soreness can be simple irritation of the nipple or surrounding tissue. If the nipple soreness is caused by irritation, the nipple skin will be bright pink or red and may burn. It is possible to have both types of nipple soreness at the same time.

It is important to determine what is causing your nipple soreness so that you can correct the problem. The chart on page 30 may help you to identify the cause(s). The paragraphs after the chart describe what to do. Keep in mind that if it hurts when you breastfeed on the first day of nursing, if your nipples burn while feeding or after or between feedings, or if the soreness does not improve after 2 or 3 days of consistently trying to correct the problem, you should get help from your health care professional or a certified lactation consultant.

Figure 12. Using the side of the index finger to open baby's lower lip.

Incorrect latch-on. Go back and review "Correct latch-on" *(page 14)* and "Breastfeeding positions" *(page 16)*.

It is possible that the baby latches on correctly in the beginning, but that during the feeding their mouth slips partly off the breast, ending up in the wrong place. If you pay close attention, you will be able to tell when this happens. Break the suction, remove baby, and begin again with a correct latch-on. Baby should remain snugly against you if you use pillows to support them and your arms.

Sometimes mothers start to experience problems with sore nipples after their milk supply increases and they are engorged. Engorgement leads to very full breasts and taut nipples that are a challenge for the baby to latch on to. Refer to "Engorgement" *(page 30)* for help if this happens.

Baby not sucking properly. See the section on signs of incorrect latch-on *(page 15)* to help you decide if your baby is sucking properly.

Baby rolling bottom lip under. Try to get baby to open their mouth wider during latch-on. If this fails to correct the problem, pull down gently on baby's chin with the side of your index finger after they have latched on, and their lip should open out *(see Figure 12)*.

Not breaking suction when taking baby off breast. If you need to take your baby off the breast before they have finished a feeding, be sure to insert a finger into the side of their mouth to break the suction before removing your breast. Make sure you have carefully washed your hands before breastfeeding.

Unusual shape of roof of baby's mouth. Babies come in all shapes and sizes, and this includes difference in the inside of their mouths. If your baby's palate (the roof of their mouth) has a dome shape, you may have unusually sore nipples in the beginning of your breastfeeding experience. You need to be especially careful about positioning, and you may benefit from wearing breast shells 30 minutes before feedings and putting breast milk on the nipple skin to promote healing. The nipple skin should heal eventually, and sore nipples will cease to be a problem.

Skin irritation: red, pink, chapped, flaky. Be sure to wash your breasts only with warm water unless you are told to do otherwise by your baby's pediatrician.

Soaps and some lotions or creams may irritate the skin and make problems worse. However, there is a hypoallergenic lanolin made especially for breastfeeding mothers that is soothing and healing and does not need to be removed before your baby breastfeeds. Other things that may cause irritation include cologne, deodorant, hair spray, and powder. Try putting cool, moist compresses on your breasts after breastfeeding. Or try expressing some milk after feedings and apply that to your nipple. Wearing a bra that is too tight or one with a seam that rubs the nipple may also cause irritation.

If your nipples are so sore that you cannot tolerate the pressure of your bra or clothes, consider using special breast shells specifically designed for sore nipples. These have large nipple openings and a hole for promoting air circulation inside your bra.

Be sure to wash your breasts only with warm water

If you are using a breast pump, be sure to start out gently each time. Don't pull too hard (with a hand pump) or turn the setting of an electric pump too high *(see "Using a breast pump," page 38)*.

You may need to see your health care professional or a lactation consultant if these suggestions do not solve the problem.

Yeast infection. Yeast is a fungus that can cause symptoms in your nipples and milk ducts and your baby's mouth and diaper area. The most common symptoms in babies are white patches in the mouth and/or a red, raised diaper rash. In mothers, possible symptoms include bright red or pink nipple skin that may be accompanied by flaky or itching skin or a burning sensation. Sometimes the only symptom is extreme soreness during the whole feeding when baby appears to be well latched on. Both you and your baby must be treated at the same time or the infection will come right back. It can be passed back and forth between you during feedings. If you suspect that you or your baby has a yeast infection, call your health care professional. Both you and your baby may require medication to cure yeast infection.

EXPRESSING AND STORING

breast milk

What is expressed breast milk?

It is your milk that has been collected in a container by using a pump or your hand. Your milk can vary in color and consistency according to the time of day it is expressed as well as the age of your baby. The amount you are able to express in one session will also vary, depending on when your baby was last fed, how old they are, how much practice you've had at expressing, and how much milk you are producing. If your baby is a newborn, it is normal to get only small amounts of colostrum. Although small in amount, **colostrum is very important for your baby's health and should be saved and fed to your baby**.

Your baby is usually more effective at removing milk from your breasts than any method of expression.

When would you need to express your breast milk?

There are many circumstances when you might need to express your breast milk. Any situation that requires you to be away from your baby for more than a few hours or for a few feedings may require you to express some milk.

In the first few days, as your milk supply increases, you may become engorged *(see "Engorgement," page 30)* and expressing some breast milk will allow your baby to latch on more effectively.

If your baby was born prematurely or has other special medical needs, their pediatrician may advise to delay the start of breastfeeding. You can express your milk so that it can be fed to your baby until breastfeeding is possible.

If your baby is having difficulty latching on due to flat or inverted nipples, an electric breast pump may help to correct that. Some mothers need the extra breast stimulation that pumping provides in order to maintain their milk supply due to an infant's weak or ineffective suck. This can happen with a sleepy full-term infant or a premature infant.

How do you express your milk?

Your situation may dictate which method of expression you use. For example, if you need to be away from your baby full-time at work or school, or if your baby is unable to breastfeed, it is recommended that you rent an electric pump. Select one with a double pumping kit so you can pump both breasts at the same time for most effective milk removal and cut the time to complete a pumping session in half. If you need to be separated from your baby only occasionally, a hand pump or hand expression may suit your needs.

EXPRESSING MILK BY HAND

- *Wash your hands*
- *Place one hand at the edge of the areola of one breast, with your thumb above and your fingers below the areola and the nipple in the center (see Figure 13). Your fingers and thumb should not be moved on the skin, as this leads to pinching of the nipple. Pull back toward your chest, press your thumb and fingers together to squeeze the breast, and then roll them forward toward your nipple. Hold your thumb and fingers in this squeezing position as long as milk is coming out. Then let go. Do the same thing again. Continue to use this "milking" action in a rhythm.*
- *Move your hand around the areola to reach all parts of each breast. Alternate between breasts, continuing until enough milk has been expressed.*
- *Remember that hand expression is like any other manual skill: it takes practice before you become good at it*

The amount you are able to express in one session will also vary

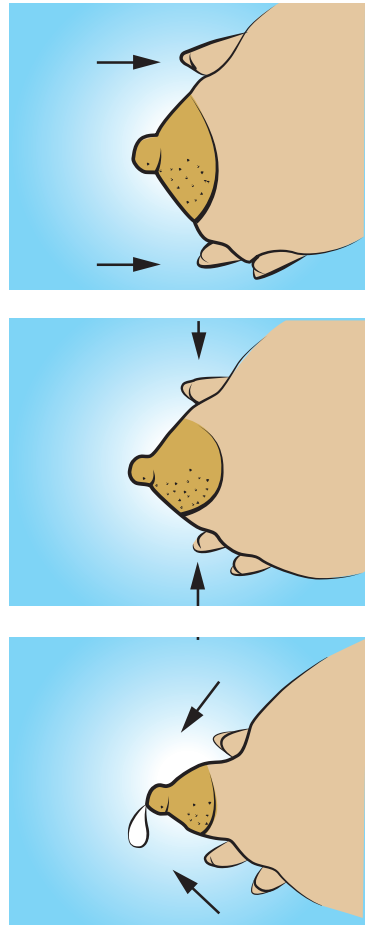


Figure 13. Expressing milk by hand.

USING A BREAST PUMP

Several different types of breast pumps are available:

Hospital-grade pumps produce the closest imitation of both the pressure and rhythm of a baby's sucking action. They are the most appropriate choice when breastfeeding is going to be delayed for a considerable amount of time (as with a premature baby) and the most convenient if you will be away from your baby for long periods on a regular basis (as when returning to work or school).

A double-pump setup permits pumping both breasts at once. The advantages are that it takes half the time to pump and can increase the level of prolactin, the hormone that tells your body to make milk. With a double pump, it usually takes 10–15 minutes to express your milk. If you do one side at a time, it will take 10–15 minutes per side.

These pumps are expensive to purchase, but they are available for rent on a weekly, monthly, or longer basis. They usually can be rented from hospitals or medical supply companies. If your baby is sick or premature, check with your lactation consultant or a nurse from your hospital. Be sure to follow the manufacturer's instructions for use and cleaning.

If you and your baby don't require a hospital grade pump you may still wish to have a double electric breast pump for when you return back to work or school. Check with your insurance company first before purchasing one, as many cover the cost of the pump. Additionally, you can include the cost of breast pumps and supplies that assist lactation as medical expenses in your tax return.

Small handheld battery or electric pumps are used to collect milk from one side at a time. They vary in type and quality, from good to ineffective. Before purchasing one, talk to someone who has used a handheld pump successfully or ask a certified lactation consultant for advice on which type to choose. This kind of pump is probably most appropriate for a limited amount of pumping, as when you collect milk for an occasional separation from your baby. With practice, expressing your milk should take no longer than about 30 minutes. Follow the manufacturer's instructions for the pump.

WHAT IF YOU HAVE PROBLEMS?

If you have difficulty expressing your milk, don't panic. This does not necessarily mean your milk supply is low. Some of the following tips may help you.

- *Relax. For about 5 minutes before beginning to express, sit or lie in a comfortable, quiet place and close your eyes. Take several slow, deep breaths for the first few minutes. When you feel yourself relaxing, picture in your mind either your baby breastfeeding well at your breast or your milk flowing freely from your breasts as you express*
- *Get into a "pumping routine" by always pumping in the same location(s) and keeping a picture of your baby, one of their toys, or a blanket to look at while you pump*
- *Try putting warm compresses on your breasts for a few minutes before expressing*
- *Massaging, stroking, and gently shaking your breast can help your milk to let down before and between episodes of expressing. There are several different techniques for breast massage; here's one:*
  - *After washing your hands, place your fingers on an area of your breast, starting back by the chest wall. Pressing firmly on your chest, move your fingers around in small circles After a few seconds, move your fingers to the next area and massage. Do this all over your breast, moving little by little down toward the nipple. Repeat for the other breast*
  - *Next, do a light stroking all around the breast from the base toward the nipple. Repeat for the other breast*
  - *Then lean over and, with your back parallel to the floor, shake your breasts gently back and forth for a few seconds*

STORING AND HANDLING YOUR BREAST MILK

Following are the basic procedures for storing and handling your milk. If your baby is premature or in a special-care nursery, check with your health care professional, as the recommendations may be different.

- *Wash your hands before touching your breasts, any of the breast-pump parts, or your expressed milk*
- *Transfer your expressed milk into a clean glass or rigid plastic, food-safe container or heavy-duty breast milk bag for storage*
- *Label the container with the date and time the milk is collected so you can be sure to use the oldest milk first. You may also want to mark the amount of milk you collect*
- *Put the container into a cooler or the refrigerator immediately* *(see specific storage and handling guidelines in the chart on page 40)*
- *Wash all the pump parts that come into contact with your breast milk in hot, soapy water after each use; rinse well in hot water. Follow the manufacturer's suggestions about putting pump parts into the dishwasher. Milk storage containers should be washed the same way if they are to be reused*
- *Freshly expressed milk contains antibacterial factors that enable it to be kept at room temperature for up to 4 hours. But to be on the safe side, place your milk in a cooler or refrigerator as soon as possible*

- *If you intend to freeze your breast milk, do so within 24 hours after it is expressed. Before freezing, chill the milk in the refrigerator. Remember to leave 1" of space in the top of the container to allow for the expansion that occurs during freezing.*
- *Freeze your milk in small (2- to 4-ounce) portions that will thaw fairly quickly*

STORING
your breast milk

GUIDELINES FOR HEALTHY, FULL-TERM INFANTS[1]

PLACE	TEMPERATURE	TIME LIMIT
Room temperature	60–85°F or 16–29°C	0 hours optimal, up to 4 hours if needed, 6-8 hours acceptable under very clean conditions
Small hard-sided cooler with blue ice pack	59°F or 15°C	24 hours
Refrigerator	39.2 F or ~4°C	4 days optimal, 5 – 8 days under very clean conditions
Freezer	<0°F or <–18°C	6 months optimal, 12 months acceptable

THAWING
frozen breast milk[1–3]

DO:	Thaw container of frozen breast milk gradually in the refrigerator, under warm running water, in a bowl of cool or warm water, or with a waterless warmer. Ensure water does not reach the level of the opening to the breast milk storage container. After the thawing is complete, gently swirl the container to mix the milk before feeding it to the baby because the milk may separate while standing
DO NOT:	Defrost container of breast milk by using boiling or very hot water Defrost container of breast milk in a microwave oven. Uneven heating may cause "hot spots" that could burn your baby. Also, microwaving may alter proteins and destroy some components of the milk Refreeze thawed or partially thawed breast milk

References: 1. Breastfeeding Medicine, Volume 5, Number 3, 2010. ABM Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants (Original Protocol March 2004; Revision #1 March 2010). 2. Lawrence RA, Lawrence MA. Breastfeeding: A Guide for the Medical Professional, 8th ed. Philadelphia: Elsevier; 2016. 3. Robbins ST, ed. Infant Feedings: Guidelines for Preparation of Formula and Breast Milk in Health Care Facilities. Chicago: American Dietetic Association; 2004.

SPECIAL
breastfeeding situations

ALTERNATE FEEDING METHODS

If you are unable to feed your baby at the breast, or if they need a supplement for any reason in the very early days, there are other ways of feeding apart from using a bottle. Although bottle feeding is the most common choice for supplementation, it may interfere with breastfeeding, especially in babies younger than 4 weeks of age.

Even though many babies do fine with a supplemental bottle, many parents do not realize that there are alternatives. These options include feeding from a cup, a spoon, an oral dropper, or a syringe; a device called a "nursing supplementer" can also be used. **If you are interested in using one of these alternate feeding methods, ask your health care professional or a lactation consultant to show you how.**

When you and your baby are first learning to use any alternate feeding method, it may seem awkward. (Bottle feeding takes practice, too.) But within a day or two, your baby will likely be able to feed easily and quickly by whatever alternate method you have been taught.

COMMON CONCERNS
in later weeks

ABOUT THE BABY

Crying/Colic. Many new parents have a mental image of their baby calm and happy in a crib while they go about their daily tasks. It can be surprising and disappointing if your baby does not meet this expectation, but instead seems to cry a great deal of the time they are awake. It is normal for your baby's crying to make you uncomfortable, but crying is a way to make sure you attend to baby's needs.

Most babies have fussy periods during the first several weeks of life, usually more frequently than their parents had expected. Crying in the late afternoon and early evening is very common. Some babies seem to have their fussy period later in the evening.

When their baby cries, many parents mistakenly blame their own lack of experience or their anxiety for the amount of fussiness. Some breastfeeding mothers wonder if the crying happens because they don't have enough milk or if something is wrong with their milk. To make sure that your baby is getting enough to eat and is not crying because of hunger, you may want to have their intake and weight gain checked by baby's health care professional.

No matter how frustrated you may become, **never shake your baby**. **Shaking a baby can cause blindness, serious brain damage, and even death.** When a baby is shaken, their unsupported head moves back and forth, causing serious damage inside the skull.

This is known as shaken baby syndrome.

Coping with your newborn's crying may be the most difficult part of your role as a new parent. Here are some strategies to help you manage it:

- *Breastfeed. Even though your baby may not be hungry, the sucking and the closeness to you may be all baby needs to calm down and go to sleep. One of the wonderful things about breastfeeding is that it is more than just food—it is a way of comforting your baby that only you can provide*
- *Breastfeed your baby before they are fully awake and crying to be fed (when they are in the quiet alert state). Babies usually give subtle "feeding cues" for a time before they get frantic and cry for a feeding. These cues include rooting, trying to put their hand in their mouth, and licking and smacking their lips*
- *Try to burp your baby more frequently. There could be air in their stomach that is making them uncomfortable*
- *Try wrapping your baby snugly in a blanket (swaddling) and holding them very close to your body. Make sure they are warm enough but not too hot; some babies are very sensitive to temperature*
- *Try taking off everything but baby's diaper and holding them on your chest against your skin. Put a blanket over both of you to stay warm. Most babies find skin-to-skin contact very soothing*
- *Make sure none of baby's clothing is too tight for comfort. Try changing baby's diaper*
- *Movement often helps babies calm down. Swaying back and forth or **gently** "bouncing" up and down may work. Some babies respond to a rhythmic patting or rubbing of their backs. Just walking around with baby in your arms or in an infant carrier (sling) may be enough to put them to sleep. Many babies are comforted by being rocked in a rocking chair; or you can try putting them in a stroller and taking a walk. Even if your baby doesn't settle down, the fresh air may help to brighten your outlook*
- *Babies tend to cry less when they are with someone. Spend time snuggling your baby while you are both awake*
- *Older babies may be soothed by a warm bath*
- *Look around at your baby's environment when they are crying. Are there lots of stimulating things? Some babies are sensitive to overstimulation*
- *Join a new parents group so that you can meet and talk to others who are going through the same things. They may offer some good suggestions, and it always helps to talk to someone who understands!*

Many parents have heard stories about colic and, when their baby seems overly fussy, worry that they have it. **Parents whose infants have colic often describe them as extremely difficult to console or demanding and intense.** During periods of intense crying, it seems that nothing works to calm the baby, and something must be wrong.

If you feel there is something wrong with your baby, it is a good idea to have them examined by their health care professional. But there are many things that can cause a baby to cry; several were discussed in the previous sections. We still do not fully understand what causes colic, and there are many different theories (and perhaps many different causes) for this kind of behavior.

Finally, some babies are just fussier than others, and cry more frequently and for longer periods. If this describes your baby, sometimes your attempts to soothe them may be ineffective.

Growth spurts. Sometimes your baby may want to be breastfed more often. These times are referred to as "frequency days" and mean that they are probably going through a growth spurt. Babies have periods when they seem to have a sudden increase in their growth. Your baby will want to feed frequently, which will build up your milk supply to meet their new growth needs. It is important to let your baby breastfeed as often as they wish for the first few days that this growth spurt lasts. Once your milk supply has increased, your baby should settle back down into a pattern, feeding for about the same length of time as before but will take more milk at each feeding to satisfy their growth needs. Typical times for growth spurts are at 2–3 weeks of age, 6 weeks, and 3 months, although they can occur at varying times.

Breastfeeding "strike"/breast refusal. A breastfeeding strike occurs anytime your baby refuses to breastfeed at all. Most strikes can be overcome and breastfeeding can resume as usual. Sometimes this takes only hours, but it may take several days and a lot of patience. Finding out the cause of the strike can be crucial to solving the problem. The table on the next page lists some of the causes.

These suggestions may help to get your baby to go to the breast:

- *Breastfeed while baby is sleepy. Babies who have fed well before this strike will often take the breast before they are fully awake*
- *Try to breastfeed in different positions than usual*
- *Try to get your baby to latch on while you are walking or rocking. The motion may make them more likely to breastfeed*

Try to breastfeed in different positions than usual

- *Use skin-to-skin contact as described in "Crying/colic," page 43*
- *Hand express or pump before feeding to get your milk flow started*

BREAST REFUSAL
causes and solutions

CAUSE	SOLUTION
Reduced milk supply (baby frustrated by lack of milk)	Call health care professional or lactation consultant for evaluation if baby has a weak or ineffective suck. Pump to increase your milk supply. Breastfeed more frequently for longer periods. Switch back and forth between breasts frequently; this may help increase milk supply.
Yeast infection (baby has sore mouth)	See section on "Yeast infection" *(page 35)*. Both mother and baby will need treatment.
Pain (such as from an injury or infection)	Change baby's nursing position so that no pressure is placed on the sore spot.
Congestion (baby can't breathe through nose)	Keep baby in an upright position. Breastfeed in a room where a vaporizer is running. Ask baby's health care professional about using salt water drops and a nasal aspirator before feedings to clear baby's nose and make breathing easier.
Ear infection (sucking may increase pressure in baby's ear)	Check with the baby's health care professional for appropriate treatment. Keep baby in an upright position right before and during feedings. Offer short, frequent feedings until pain in ears is reduced.
Reactions to perfume or makeup	Stop using the products to see if baby will resume breastfeeding.
Overstimulation, stress, or emotional upset (any stressful event such as a move or prolonged separation from you may cause stress)	Make sure feeding times are not too rigid or frequently interrupted. Try staying home and feeding in a quieter environment for a few days. Stay close to baby after a prolonged separation. Talk quietly to your baby while breastfeeding. Eliminate as much stress as possible from your life.

If your baby continues to refuse your breast and you can't figure out why, you may express your milk and feed it to them in another way suggested by a certified lactation consultant.

WHILE YOU breastfeed

ABOUT YOURSELF

Your activities. There are no health or medical reasons why breastfeeding mothers cannot participate in sports and exercise. After the initial postpartum period is over (4–6 weeks) and your body has had a chance to recover from the birth, you should be able to resume athletic activities you had been doing before pregnancy. The only exception is that it is best to avoid contact sports, since they could result in injuries to the breast(s).

The increased physical activity may trigger leaking of breast milk. If you breastfeed right before participating in the sport, leaking is less likely to be a problem. It is a good idea to wear a sports bra, since your breasts are larger than before pregnancy and the support will be welcome.

Women have sometimes complained that their babies refused to breastfeed (or else fed very unenthusiastically) just after the mother exercised. If this happens to you, it may be because when you exercise vigorously, lactic acid appears in your breast milk. Lactic acid is a product of normal body function, but it can make your milk taste sour.

Although your baby may not like the taste of your milk, the lactic acid won't hurt him. Within about an hour after you have finished exercising, the taste should be gone.

Returning to normal. Breastfeeding parents are often keen to understand when their bodies will return to pre-pregnancy weight. Breastfeeding stimulates uterine contractions that assist the uterus in becoming smaller. Though the process of breastfeeding uses a large amount of energy (calories), you will find that you get hungry and thirsty while breastfeeding, and you need to attend to these signals.

Once you are beyond the first few postpartum weeks, the rapid and radical changes that your body has undergone since delivery will slow down. You may still have puffy hands, legs, or feet for a few months. Some experience "night sweats" for a few weeks. When these occur, you may wake up during the night to find yourself drenched with perspiration and needing a complete change of clothes. These sweats are not due to breastfeeding, but to hormonal "ups and downs."

Another postpartum event that is often unexpected and may occur 6–12 weeks after giving birth is a certain amount of hair loss. Although seldom severe, it can continue for several months. Both breastfeeding and bottle-feeding parents experience it. It, too, is caused by the influence of hormones, which take hair follicles from a growing phase (present all during pregnancy) to a resting phase.

Many women experience anxiety, mood swings, irritability, and other emotional changes, some of which last well past the first few weeks. Get enough rest, take breaks from baby care, exercise (even if you just take regular short walks), and spend time with other adults—all these help prevent severe depression. Joining a new parents group, where you can take the baby and talk to other parents, may help. If you continue to be unable to focus on simple tasks or have difficulty taking care of yourself, seek help from a counselor.

Your normal menstrual cycle probably will not resume while you are breastfeeding. In fact, most women do not have menstrual periods until breastfeeding is less frequent (such as when the baby starts to eat solid food, sleeps through the night, or receives regular feeding supplements). Be aware that neither breastfeeding nor lack of menstrual periods will necessarily prevent pregnancy. Talk to your health care professional about methods of birth control.

Plugged ducts/mastitis. It is normal for your breasts to feel generally lumpy, because the milk ducts are filling and emptying during the course of the day. Any lump that remains unchanged for 3 days needs to be evaluated by your health care professional.

If you feel a painful lump in your breast, you probably have a small blockage in a milk duct. The skin over this area may be red and slightly warm to the touch. When you have a plugged duct, your milk cannot flow out of the area behind the blockage and it backs up. This causes that area of the breast to stay full, even after the baby has finished feeding.

Plugged ducts are more common during the first 3 months of breastfeeding and may occur for a number of reasons. One of the most common is when you skip a feeding or two, such as when your baby starts to sleep through the night. Bras that are too tight or have an underwire that presses on a milk duct—or anything that puts too much pressure on a duct—can cause plugging. The plug by itself doesn't require any treatment with medication, but, if left unattended, it may turn into a breast infection (called mastitis).

The key to relieving a plugged duct and preventing mastitis is to keep the milk flowing freely from the affected breast.

Strategies to accomplish this include:

- *Take your bra off when you breastfeed*
- *Apply warm heat (compresses) to the area of the plug for 15 minutes before feeding*
- *Breastfeed frequently and, for 24–48 hours, begin all feedings on the side where the plug is. If your baby usually breastfeeds only on one side at a feeding, have her feed on the side with the plug for as long as possible and express milk from the breast without the plug*

If you continue to be unable to focus on simple tasks or have difficulty taking care of yourself, seek help from a counselor.

- *Massage the area above the blockage while breastfeeding to help dislodge the plug*
- *Position your baby so that their chin points toward the side with the plug for maximum suction from that area. For example, if the plug is on the outside of the breast, putting her in the football hold would be ideal*
- *Get more rest for at least a few days to increase your resistance to infection*
- *Watch for signs you have developed mastitis: a fever over 101°F with chills and body aches. Call your health care professional if you have these symptoms, as you will probably need to take an antibiotic*

If you do get a breast infection, it is not your milk that is infected, but the tissue surrounding the ducts. You may suddenly feel as if you are coming down with the flu and, along with your flu-like symptoms, you will have a sore and probably reddened area on the breast (usually on only one).
If you have gotten particularly run-down from stress and fatigue, have had a cracked nipple or a plugged duct, or have skipped several breastfeedings, you are more likely to get mastitis.

Appropriate treatment measures are as follows:

- *Call your health care professional immediately. Studies have shown that delay in treatment can lead to further complications*
- *Follow all the steps listed for getting rid of plugged ducts*
- *DO NOT stop breastfeeding. Stopping the flow of milk will slow your recovery and make the breast pain quite a bit worse*
- *If you are expressing milk to feed a preterm or sick infant in a special-care nursery and develop mastitis, inform your baby's health care professional immediately*

Leaking. Many parents find that, after the first few weeks of breastfeeding, their breasts leak milk at certain times. Some women consider this only a minor annoyance and take it in stride; others find it a major disturbance.

The most common time to leak milk is when it has been a while since you last breastfed. The sight of a baby, the sound of crying, or even the thought of your child may trigger a let-down, or milk ejection reflex. If leaking is due to your breasts becoming overly full, breastfeeding or expressing milk more frequently may decrease the leaking. It is most common during the first few months of breastfeeding and often stops or lessens by the time your baby is about 3 months old.

Breast pads or nursing pads worn inside your bra between feedings will keep your clothing dry. You can buy disposable nursing pads or cloth ones that can be washed and reused. Some mothers even use cut-up cloth diapers or handkerchiefs folded into quarters. No matter which kind of pad you use, be sure it does not have a plastic lining, which may hold in too much moisture and could cause an infection. Also, replace wet breast pads with dry ones as soon as possible.

When you feel your milk letting down in a non-feeding situation, apply direct pressure over your nipples to stop the flow. You can do this discreetly by crossing your arms and putting direct pressure against the nipples with the heels of your hands. (If you have plugged ducts or mastitis, however, this may not be a good idea.) Many find that milk drips from one breast while their baby is breastfeeding from the other one. You can let the milk drip into a cloth diaper or towel to avoid getting wet. You may leak milk at night, especially when your baby starts to go for longer intervals between nighttime feedings. If it is a problem, wear extra nursing pads inside your bra and sleep on a bath towel to keep your sheets dry. If you are away from your baby for longer stretches, such as at work, wear clothing that will camouflage the wetness, such as print blouses—preferably not silk!—and keep a jacket or sweater on hand as a coverup. **Taking an extra bra and top to work can help you deal with occasional problems of leaking.**

If you try all of these suggestions and milk still gets on your sheets and clothing, rest assured that it should wash out easily and should not stain. And the leaking may end within 3 months.

TRAVELING WITH YOUR BREASTFED BABY

When you travel with your breastfed baby, it may not be necessary to take along bottles or any other feeding equipment. If you are flying, it is a good idea to breastfeed during both takeoff and landing. Sucking and swallowing will lessen any discomfort in the baby's ears from pressure changes. When traveling as passengers in cars, never take your baby out of the car seat to breastfeed while the car is in motion.

BREASTFEEDING IN PUBLIC

You can breastfeed while you are away from home and hardly be noticed. To make nursing as easy and as discreet as possible:

- *Choose clothes that will work well for breastfeeding, such as loose tops that can be raised. Once the baby is in position and breastfeeding, the top will rest around your baby's head and upper body so that your breast is not seen. If you wear a top that buttons up the front, unbutton it from the bottom just far enough so you can put the baby up to your breast*
- *Drape a baby blanket, cardigan sweater, or jacket over your shoulder and your baby, for even more screening*
- *It is possible to buy clothing that is made specifically for this purpose*
- *Wear bras that allow you easy access to your breast with one hand. Then you can simply slip your hand and your baby under your shirt at feeding time*

SUMMARY

Breastfeeding gives your baby a loving foundation for a healthy life. For every day that you breastfeed, you will have the satisfaction of knowing that you are enriching both your baby's life and your own.

PUBLICATIONS FOR PARENTS

If you would like additional information on the topics in this booklet, these books are good sources.

Huggins K: The Nursing Mother's Companion, ed 7. Boston, MA: Harvard Common Press, 2015.

La Leche League International Staff: The Womanly Art of Breastfeeding, ed 8. Schaumburg, IL: La Leche League International, 2010.

Mohrbacher N: Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers. Oakland, CA: New Harbinger Publications, 2010.

Neifert M: Dr. Mom's Guide to Breastfeeding. New York, NY: Penguin Putman, Inc., 1998.

Spangler A: Breastfeeding: A Parent's Guide, ed 9. Atlanta, GA: Self-Published, 2010.

A Helpful Guide to

breastfeeding multiple babies

The birth of twins, triplets, quadruplets, or even more babies is exciting. But you may be wondering how you will care for more than one baby, especially if you want to breastfeed. Perhaps you have heard that breastfeeding multiple babies is difficult or impossible. Although people believe this, it is not true in most instances.

BREASTFEEDING

multiple babies

It is true that breastfeeding 2 or more babies—especially if they are premature or come home from the hospital at different times—is not like breastfeeding 1 full-term infant. You need information that is specific to multiples so you can make the right feeding decisions and get off to the best possible start.

This section summarizes the latest research and provides practical suggestions for breastfeeding more than 1 baby. You can use it in conjunction with other resources that provide general information for breastfeeding 1 infant, like the first part of this booklet. You should discuss ideas with your family and health care professionals so you can choose a breastfeeding plan that will work for you and your babies.

DECIDING TO BREASTFEED

Like most parents, you would like for your babies to receive your milk because you are aware of the special health benefits of breastfeeding. However, you may wonder whether you can produce enough milk—or whether it will be nutrient-rich enough—to support the growth of 2 or more babies. These common concerns about breastfeeding multiples are often shared by friends, family, and even some health care professionals.

The results of some recent studies may reassure you. For example, there are research reports about mothers who exclusively breastfed twins and triplets through the first months of life. Although these women fed very frequently throughout the day, they were able to produce plenty of milk for their 2 or 3 infants. One report described the experience of a mother who had enough milk for quadruplets! So, with the right information and assistance, it is usually possible to breastfeed more than 1 baby.

You also may be wondering how much time breastfeeding will take and whether bottle feedings would be more convenient with such a hectic caregiving schedule. Again, the experiences of others are reassuring. **Many parents of twins report that breastfeeding takes less time than preparing bottles and formula, especially once they have mastered the technique of feeding both babies at once.** Parents with more than 2 babies often—but not always—combine some feedings at the breast with bottle feedings of expressed milk or formula. Many of these mothers say they had enough milk for all their babies, but they needed some help giving the feedings.

If you are still undecided about breastfeeding, consider giving it a try

In fact, it is important to arrange for help with all your other chores, so you can spend the time that will be needed to breastfeed or pump to establish your milk supply. You will be very busy after your babies are born, but it is important to focus on getting your breastfeeding off to a good start in the first few weeks.

If you are still undecided about breastfeeding, consider giving it a try. If you decide later that you don't want to continue breastfeeding, you can discuss how to proceed with your baby's healthcare professional. Feedings of your milk, even for a short time, will provide your babies with important health benefits.

MAKING ENOUGH MILK

It is important to start breastfeeding or expressing your milk right after giving birth. This is when your body will be primed to make milk; so starting then will help establish a good milk supply. The key to getting off to a good start in breastfeeding multiples is establishing an abundant supply of milk. You will be able to do this best if you understand how your body determines how much milk your babies need.

Studies have shown that milk volume is determined mainly by the amount of milk that is removed from the breasts, rather than by the ability to make milk. In these studies, mothers with an established milk supply were asked to use a breast pump in addition to feeding their babies. Researchers found that the daily milk volume increased with increased removal through breast-pump use, and decreased again when pumping was stopped. For parents of multiples, this means that the body will know to make enough milk for more than 1 baby provided the breasts are emptied frequently and completely throughout the day.

The key to getting off to a good start breastfeeding multiples is establishing an abundant supply of milk

PLANNING ahead

You can avoid some of the problems that lead to a low milk supply if you know what to expect and make some plans.

One possible problem is that some twins, and most triplets and quadruplets, are born prematurely. They may not suckle strongly enough or regularly enough in the early days after birth to stimulate mother's breasts to make an ample milk supply. Another is that mothers may not feel well for 24 to 48 hours after delivery, when breast stimulation is so important. This is especially true if the mother had pregnancy-related problems resulting in long periods of bed rest, medications to treat blood pressure or premature labor, or a cesarean delivery. As a result, milk production and removal might be delayed. Here are some steps you can take to prepare yourself and your family before your babies are born.

SECURING SUPPORT FOR YOUR DECISION TO BREASTFEED

- *Inform your partner, support person, or helper and your health care professionals as early as possible in your pregnancy that you plan to breastfeed. If they would like to know more about breastfeeding multiples, you can share the list of support groups, websites, and publications in the Appendix section of this booklet*
- ***Ask your health care professional to refer you to a breastfeeding specialist, such as the lactation consultant who is affiliated with the hospital where you will give birth. Plan to meet with this person during your pregnancy to discuss your breastfeeding plans and goals.*** *Some hospitals offer breastfeeding classes. You may also find useful information by attending meetings of your local La Leche League*
- *Talking with someone who has breastfed the same number of infants that you are expecting can be very helpful. Often, your breastfeeding specialist or La Leche League group can help by putting you in touch with a parent who has breastfed twins or triplets. The organizations listed on pages 67–68 are other excellent sources of information about caring for multiples and can refer you to parents who have breastfed multiples*

SECURING A BREAST PUMP FOR IN-HOSPITAL USE

When you discuss your breastfeeding plans with your health care professionals and the lactation specialist, **ask that a hospital-grade electric breast pump with a double collecting kit be put in your hospital room after you give birth. You will need the breast pump even if your babies are able to feed at the breast.** If the hospital cannot provide a pump for your own exclusive use, then you may want to arrange to rent an electric pump and take it to the hospital with you.

It is very important for a pump to be available so that your breasts can be stimulated and emptied every 2–3 hours during the first few days after your babies are born. It is a good idea to learn the principles of how the breast pump works before your babies are born. However, **you should not try to use the pump on yourself before you deliver, because this could cause contractions and bring on early labor**. Ask a nurse or the lactation specialist to show you how to assemble and position the pump correctly. Make sure that another family member or helper knows how to operate the pump as well. You may need help holding the pump at one breast while you feed a baby at the other breast.

GETTING STARTED IN THE HOSPITAL

Specific guidelines for starting to breastfeed or for expressing your milk will depend on the condition of your newborn babies and your breastfeeding goals. Whether you have twins, triplets, quadruplets, or even more babies, your situation will fall into one of the following categories:

- *All of your babies are healthy or just slightly premature. They remain with you after birth, and are not admitted to the neonatal intensive care unit (NICU)*
- *All of your babies are premature. They are admitted to the NICU*
- *One or more of your babies is in the NICU. You have the other(s) with you in your hospital room and/or at home*

IF ALL BABIES REMAIN WITH YOU
in the hospital

With the excellent prenatal care that is available today, many twins and triplets are born after 34 weeks of gestation and weigh at least 4½ to 5 pounds at birth. These larger premature babies are often healthy and do not need to be admitted to the NICU. If this is true of your babies, they will remain with you for feedings. Remember, though, that if your babies are born 2 weeks or more before their expected birth date, they may not breastfeed as consistently, frequently, or effectively as full-term babies. For this reason, they may not provide the stimulation that your breasts need to produce enough milk for more than 1 baby. You will need special breastfeeding strategies for these premature babies.

Although each situation will be a little different, here are some guidelines to get you started in the hospital if your premature babies are healthy and remain with you.

PREMATURE FEEDING BEHAVIORS AND MILK VOLUME

Healthy premature infants who do not require NICU admission typically do not wake at regular times to feed, may suck weakly for only a few minutes, and may fall asleep at the breast before they take enough milk. If this is the case with any of your babies, you cannot rely on their sucking alone—especially in the early days of birth—to build an abundant milk supply. That is because each baby is not emptying your breasts frequently and completely, and your body will not get the message that milk is needed for more than one infant.

Fortunately, these premature feeding behaviors are temporary and will correct themselves as your babies approach their expected birth dates. Until that time, you may need to provide some feedings of your milk by bottle or another method, or use a small, ultra-thin silicone nipple shield while breastfeeding. You will become aware of more mature feeding behaviors as your babies begin to awaken regularly, feed eagerly, and take enough milk before falling asleep. In the meantime, you will need to use an electric breast pump in addition to breastfeeding to maintain your milk supply.

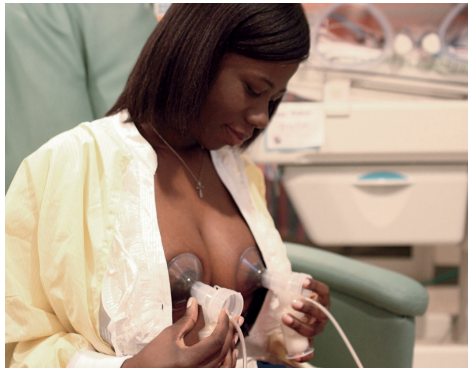
BALANCING MILK EXPRESSION AND BREASTFEEDING

To provide enough breast stimulation during the first week after birth, ideally each baby should feed actively at least 8 times a day for a minimum of 10 minutes at each feeding. If 1 or all of your babies cannot do so, use the electric breast pump to “make up” for those feedings. **Your priority should be to establish an adequate milk supply with the pump. Then you will have plenty of milk by the time your babies are able to feed well at the breast.** Another family member can give any milk that you express to your babies, or it can be frozen and used later.

There are 2 main ways to use the pump to build your milk supply while still feeding your babies at your breasts. One way is to express milk for 10 minutes after each breastfeeding, making sure that you pump at least 8 times each day. Or you can feed 1 baby at the breast while someone holds the pump at the opposite breast. The suction pattern of the pump at 1 breast will help keep milk flowing to your baby from the other breast. If you pump and breastfeed at the same time, be sure to alternate sides for pumping and feeding so that each breast can be completely emptied on a regular basis.

FEEDING 2 BABIES AT A TIME

In the beginning, it is usually easiest to feed one baby at a time, using a position that supports the baby's head and upper body. **When one of your babies attaches to your breast and sucks eagerly for several minutes without slipping off the breast, you can start feeding 2 babies at once.** For the first few times you try this, have someone there to help you.



Start by sitting in a large chair or on your bed, with pillows supporting each arm. Begin with the baby who feeds more eagerly. Cradle that baby under your arm in a "football hold"* on the side you will use to breastfeed. Cup that baby's head and shoulders with your hand. Use your other hand to support your breast.

Once the baby is feeding well, have someone help you position your other baby at the opposite breast. Move the hand that is supporting the breast for your first baby and use it to position the other baby in the football hold at the opposite breast. Your helper can assist with supporting your breasts and can reattach an infant who slips off the breast. Another approach is to use both hands to feed 1 baby while your helper positions and supports the other baby.

Once both babies stay attached well to the breasts for feeding, any of several positions can be used to breastfeed 2 babies. After you are home and all your babies are feeding well, breastfeeding 2 of them at a time will be quick and efficient.

*See page 16 for a detailed description of the football hold.

IF YOUR BABIES ARE
admitted to the NICU

If your babies are admitted to the NICU, chances are they will not be ready to feed at the breast in the first 24 to 48 hours. However, you will need to start expressing your milk so that your breasts receive the necessary stimulation and you produce the colostrum your babies need. If you're not feeling well after delivery, someone may assist you with pumping.

EXPRESSING MILK

If you plan to exclusively breastfeed your babies, you should use the breast pump at least 8 times a day. During the first several days, you may pump only a few drops of milk. After 14 to 21 days of this frequent milk expression, you should be producing about 25 to 30 ounces each day, which should be plenty of milk for 2 or 3 babies each weighing about 3 pounds. If you plan to breastfeed exclusively, your goal should be about 15 ounces of milk each day for each baby by the time they are discharged from the NICU.

Several things will make it easier for you to express milk for your hospitalized babies. If the NICU has not placed your babies next to each other, ask that their incubators or bassinets be moved, so that you can be near all of them at the same time. Second, ask to use your electric pump at your babies' bedsides. **Expressing milk where you can see and touch your babies may help your breasts empty more completely and boost your milk supply.** Doing this also means you do not need to spend visiting time away from your babies in a pumping room. If this is not possible, keep a photograph of your babies in front of you when you pump. This will make it easier to express your milk.

FEEDING YOUR EXPRESSED MILK TO MORE THAN 1 BABY

Colostrum

Even though all of your babies are in the NICU, they may have different health conditions that influence when and how they will receive your expressed milk. Colostrum, the milk that you produce during the first 3 or 4 days of milk expression, is rich in substances that protect babies from infection and other prematurity-related problems. It is especially easy for babies to digest.

For these reasons, you will want to make sure that all of your small, premature babies receive colostrum as their first feedings.

Label your colostrum so that the NICU staff will realize that it is different from your later milk. Then find out what tracking system your babies' nurses will use to ensure that all babies receive colostrum. This is especially important if 1 baby does not get started with feedings as early as the others. Some colostrum should be frozen and saved for the baby who begins feedings later.

FOREMILK AND HINDMILK

When expressing milk for more than 1 baby, be aware that there are differences in fat and calories between your foremilk and hindmilk. Foremilk, which flows during the first few minutes of milk expression, looks thinner and is lower in fat and calories than hindmilk, which flows later. Take extra care to thoroughly mix all of the milk from each breast before you separate it into the sterile storage containers for your babies. This will ensure that each baby is fed a mixture of foremilk and hindmilk and receives adequate fat and calories to grow well.

In special cases, parents purposely separate their foremilk and hindmilk during milk expression because they want to feed only the hindmilk to their babies. Because hindmilk contains concentrated fat and calories, it can help premature babies gain weight more quickly (if the doctor prescribes hindmilk for your babies). A nurse or lactation specialist will help you with this technique. Freeze the foremilk and keep it at home. You can feed it to your babies after they are discharged from the hospital.

IF YOUR BABIES ARE
separated

It is very difficult for parents of multiples to have their babies separated. This can occur when some infants are able to go home and others must remain in the NICU. A mother may feel guilty about having little time to breastfeed the baby who remains in the hospital because they are so busy caring for and breastfeeding the babies who are at home. In addition, traveling to and from the hospital makes the schedule even more hectic. Even though there is no "right" way to breastfeed under these circumstances, many parents and caregivers manage as follows.

BREASTFEEDING BABY AT HOME

The baby who is at home with you should be breastfed as frequently as possible, so that this baby will be a skilled feeder by the time your other baby comes home. Then, when all babies are home, you'll be able to spend extra time helping the baby who was just discharged become accustomed to the breast. In general, the baby at home should feed at only 1 breast each feeding. Then use the pump to empty both breasts when that baby finishes. This milk can be taken to the NICU for the hospitalized baby.

BREASTFEEDING THE HOSPITALIZED BABY

Most parents find that when babies are separated between home and hospital, they can breastfeed the hospitalized baby only once a day. Although you may worry that frequent bottle feedings will make it difficult for the hospitalized baby to breastfeed after coming home, there are no facts to support this idea. If you have established an abundant milk supply and if your at-home baby is used to breastfeeding, your hospitalized baby should be able to feed from the breast with a little practice.

In general, the baby at home should feed at only 1 breast each feeding

OTHER QUESTIONS ABOUT
breastfeeding multiples

Once all of your babies are home with you, you are likely to have several breastfeeding questions: how frequently should I feed my babies? Should I alternate breasts? How do I combine breastfeedings with bottle feedings of expressed milk or formula? How will I know my babies are taking enough milk from the breast? These questions are answered on the next few pages. You may also want to discuss them with your babies' health care professional or a breastfeeding specialist.

FREQUENCY OF FEEDINGS

Although healthy full-term multiples should feed on demand (8 to 12 times a day), **premature multiples may not "demand" on a regular basis until they are close to their expected birth date. Until that time, be certain that each baby feeds at least 8 times a day and has no more than one 5-hour-sleep stretch a day**.

While it is possible to feed 2 infants at the same time, it is more difficult with premature babies until they are able to "demand" and stay awake long enough for a complete feeding. However, 1 of your babies may awaken more consistently and feed more eagerly from the breast than the other(s). If you must wake the sleepy baby every 3 hours for feedings, try to get the more eager feeder on the same schedule. That way you can feed both of them at the same time. The baby who feeds eagerly may start and maintain the milk flow for the sibling who feeds less strongly and effectively.

ALTERNATING BREASTS AMONG BABIES

Twins

The main reason for alternating breasts between twins is to balance the milk volume that each breast produces. This is especially important when the 2 babies have different sucking styles. One who feeds vigorously will stimulate more milk volume than will a sleepy, less effective feeder. If you alternate breasts, the sleepier baby will benefit from the extra milk that the more vigorous baby creates, and both breasts will remain approximately the same.

For twins, you can alternate breasts during a feeding, for each feeding, or from day to day. Some parents report that each twin has a "favorite" breast and prefers it for all feedings. Once both babies empty the breast effectively, you do not need to alternate breasts and babies. One mother's small premature twins preferred the same breast, so, for the first week or so at home, she fed both of them from her right breast and used the pump on her left breast. Soon the babies were feeding from both breasts.

Triplets and quadruplets

If you feed triplets and quadruplets in sequence, keep in mind the differences between foremilk and hindmilk that were discussed earlier. Infants who feed first will usually receive more milk, but it will be a lower-fat, lower-calorie milk. Infants who feed afterward usually receive less milk, but it will be much higher in calories. Typically, parents of triplets who exclusively breastfeed manage by feeding 2 babies at once, then feed the third infant at both breasts. For quadruplets, mothers feed 2 babies at a time. It is very important that triplets and quadruplets who breastfeed exclusively alternate between being first and second feeders, so that each baby receives a mixture of foremilk and hindmilk each day.

If you feed triplets and quadruplets in sequence, keep in mind the differences between foremilk and hindmilk

COMBINING BREASTFEEDINGS AND BOTTLE FEEDINGS

It is usually convenient for parents of twins to breastfeed exclusively once they are able to feed both babies at a time. But mothers with "more babies than breasts" often choose to combine some breastfeedings with bottle feedings, especially in the beginning if they have premature babies who take a longer time to feed—and who may be unable to breastfeed simultaneously. In many instances, these women have enough milk for their babies but need extra help in giving the feedings.

The decision to combine breastfeeding and bottle feeding is based on many things, including personal breastfeeding goals and the amount of caregiving help that is available.

Your babies may have individual preferences that help you decide how to feed them. One mother said that 3 of her quadruplets adapted easily to a combination of breast and bottle, but the fourth baby refused bottles and would feed only at the breast.

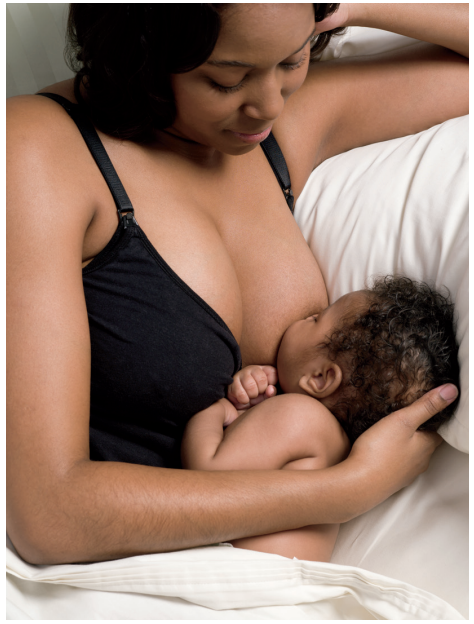
With multiples, it is important to remember that there is no right or wrong way to combine bottle feedings and breastfeedings. For example, if a breastfeeding mother of twins uses a bottle, it is usually before she has mastered feeding both babies at the same time. Until then, she can often express milk for bottle feedings so she can get an uninterrupted stretch of sleep, or so she can spend extra time helping 1 baby breastfeed while someone else gives the other baby a bottle.

Parents of triplets often elect to breastfeed 2 infants at the same time while the third baby bottle feeds. Feedings by breast and bottle are rotated so that each baby receives 2 out of 3 feedings at the breast.

In 1 family, triplets were breastfed exclusively during the day, and were given bottles at night because the parents said it was faster. The mother used the breast pump while her partner fed a bottle of expressed milk to 1 baby. Then they each gave a bottle of the freshly pumped milk to the second and third.

Another mother elected to breastfeed her triplets only as frequently as she would feed a single infant. So she breastfed each infant 3 to 4 times a day, for a total of 9 to 12 feedings at her breasts. Bottle feedings of formula were given at other times.

A mother of quadruplets planned during her pregnancy to feed 2 babies at the breast and 2 with a bottle of formula at each feeding. However, once all the babies were home, she



had much more milk than 2 babies could consume, and she found that it was easier not to keep a schedule. She breastfed as often as she could, and expressed extra milk for bottle feedings when her babies all slept for an extended stretch of time. Each day her breastfeeding pattern was different, and she found this to be the simplest approach.

GETTING ENOUGH MILK AT THE BREAST

Here are some suggestions for easing any concerns you have about producing enough breast milk for more than 1 baby.

Keep a record

Parents report that keeping a daily record of milk intake, wet diapers, and bowel movements for each baby is very important, at least for the first few weeks at home. In general, each baby should feed at least 8 times a day, have a wet diaper with each feeding, and have at least 1 bowel movement each day.

Since it is difficult to remember these things for each baby, simple checklists will help you keep track of them. It is a good idea to take these records along when your babies visit their health care professional for checkups. Several parent organizations for multiple babies have sample forms that they are willing to share. (See the Appendix for more information and a blank breastfeeding log you can copy and fill out.)

DATE 5/ 7/	NAME Charlie Jones				
Time	Feeding description	Weight (g) start/finish	Intake amount	Urine	Stool
6:00 AM	BO (MM)	2098 / 2155	2 oz.	X	O
7:00 AM		/			
8:00 AM		/			
9:00 AM	BR	2102 / 2154	2 oz.	X	X
10:00 AM		/			
11:00 AM		/			
12:00 PM	BR (hind)	2106 / 2169	2 oz.	X	O
1:00 PM		/			
2:00 PM		/			
3:00 PM	BR (fore)	2110 / 2175	2 oz.	X	O
4:00 PM		/			
5:00 PM		/			
6:00 PM	BO (F)	2114 / 2171	2¼ oz.	X	X
7:00 PM		/			
8:00 PM		/			
9:00 PM	BR	2118 / 2175	2 oz.	X	O
10:00 PM		/			
11:00 PM		/			
12:00 AM	BO (mm)	2126 / 2183	2 oz.	X	O
1:00 AM		/			
2:00 AM		/			
3:00 AM	BR	2126 / 2183	2 oz.	X	O
4:00 AM		/			
5:00 AM		/			

DATE 5/ 7/	NAME Jess Smith				
Time	Feeding description	Weight (g) start/finish	Intake amount	Urine	Stool
6:00 AM	BR	2296 / 2353	2 oz.	X	X
7:00 AM		/			
8:00 AM		/			
9:00 AM	BO (MM)	2300/ 2363	2¼ oz.	X	O
10:00 AM		/			
11:00 AM		/			
12:00 PM	BR (fore)	2305/ 2362	2 oz.	X	O
1:00 PM		/			
2:00 PM		/			
3:00 PM	BR (hind)	2309/ 2366	2 oz.	X	X
4:00 PM		/			
5:00 PM		/			
6:00 PM	BO (F)	2314 / 2371	2 oz.	X	O
7:00 PM		/			
8:00 PM		/			
9:00 PM	BO (mm)	2327 / 2393	2½ oz.	X	O
10:00 PM		/			
11:00 PM		/			
12:00 AM	BR	2330 / 2394	2¼ oz.	X	O
1:00 AM		/			
2:00 AM		/			
3:00 AM	BR	2338 / 2395	2 oz.	X	X
4:00 AM		/			
5:00 AM		/			

MEASURE INTAKE AND WEIGHT

If you are concerned about your milk supply or your babies' weight gain, talk with your babies' health care professionals. They may offer advice about monitoring the adequacy of intake by monitoring the adequacy of output, or recommend frequent in-office weight checks. Or, they may recommend you rent a portable, electronic baby scale to weigh each baby before and after feedings, as a way to approximate the amount of milk intake at each breastfeeding. Or you can measure your babies' weight gain on a daily basis. These scales can be rented from breastfeeding specialists, hospitals, and medical supply companies.

If it's recommended that you weigh your babies at home, share your babies' weight gain patterns with their health care professional by phone, so that they can help you monitor your babies' growth between office visits.

Other parents who have breastfed more than 1 baby are great resources of support and information

SUMMARY

This section is intended to help you in the early days of breastfeeding your multiple babies. Your health care professionals and a breastfeeding specialist can help you apply these principles to your special breastfeeding situation. However, other parents who have breastfed more than 1 baby are great resources of support and information. In particular, they can share their own experiences of combining breastfeeding with the other responsibilities involved in the care of multiple babies. With the support of family members, health care professionals, and other parents, you can breastfeed your multiple babies.

APPENDIX:
for more information

Several organizations have special resources for parents with twins, triplets, and even more multiples. Most offer membership and newsletters, and many have products—such as expectant and/or new parent packages, pamphlets on speciality topics, and merchandise—designed especially for multiple infants. The following list of groups will help you get started, and their members can advise you whether local chapters of these or other organizations are available near your home.

Multiples of America

Multiples of America (also known as the National Organization of Mothers of Twins Clubs, Inc.) is a support group for parents of multiples. It provides a national network of resources for local clubs that caregivers can use. Its basic purpose is to provide research, education, and support of multiple birth children and their families.

Multiples of America
Franklin, TN
www.multiplesofamerica.org
Email: info@MultiplesofAmerica.org

Raising Multiples

Raising Multiples was founded as MOST (Mothers of Supertwins) in 1987. It is a nonprofit provider of support, education and research on higher-order multiple births. They advocate for quality prenatal care, promote healthy deliveries, and supply information to all multiple birth families in order to support successful parenting through every phase of their children's development.

Raising Multiples
Purchase, NY
www.raisingmultiples.org
info@raisingmultiples.org

Multiple Births Canada

Founded in 1978 to provide support, education, research, and advocacy for parents of multiples and those involved in their care. This organization is the primary referral site for multiples' resources, events, and information in Canada.

Multiple Births Canada
2 King Street West, Unit #155
Hamilton, ON L8P 4S0
1-866-228-8824 (toll free)
multiplebirths.ca

APPENDIX:
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APPENDIX:

Breastfeeding log

DATE / /	NAME				
Time	Feeding description	Weight (g) start/finish	Intake amount	Urine	Stool
6:00 AM		/			
7:00 AM		/			
8:00 AM		/			
9:00 AM		/			
10:00 AM		/			
11:00 AM		/			
12:00 PM		/			
1:00 PM		/			
2:00 PM		/			
3:00 PM		/			
4:00 PM		/			
5:00 PM		/			
6:00 PM		/			
7:00 PM		/			
8:00 PM		/			
9:00 PM		/			
10:00 PM		/			
11:00 PM		/			
12:00 AM		/			
1:00 AM		/			
2:00 AM		/			
3:00 AM		/			
4:00 AM		/			
5:00 AM		/			

(Conversion: 1 ounce = 30 grams of weight gain = 30 mL of intake)

Sample of a 24-hour log during the early weeks. You can use the form to give you and your babies' care provider the amount of detail (such as amount of milk or time spent with each feeding) that is needed. For some babies, only "BR" or "BO" may be enough. For other babies, more specific information may be helpful. The following codes may give you some ideas:

DATE / /	NAME				
Time	Feeding description	Weight (g) start/finish	Intake amount	Urine	Stool
6:00 AM		/			
7:00 AM		/			
8:00 AM		/			
9:00 AM		/			
10:00 AM		/			
11:00 AM		/			
12:00 PM		/			
1:00 PM		/			
2:00 PM		/			
3:00 PM		/			
4:00 PM		/			
5:00 PM		/			
6:00 PM		/			
7:00 PM		/			
8:00 PM		/			
9:00 PM		/			
10:00 PM		/			
11:00 PM		/			
12:00 AM		/			
1:00 AM		/			
2:00 AM		/			
3:00 AM		/			
4:00 AM		/			
5:00 AM		/			

BR: Fed at breast

Fore: Infant fed at the beginning of feeding, leaving hindmilk for another infant. (This infant consumes more volume, but less fat and fewer calories.) Coded as "F" for foremilk.

Hind: Infant fed at both breasts after sibling had finished drinking the foremilk. (This infant takes less volume, but the milk has more fat and calories.) Coded as "H" for hindmilk.

Amount: Volume of milk (if you are using a scale to measure intake). Coded in number of ounces, example: "2½."

BO: Fed with a bottle

Type: Type of milk in the bottle. Coded as: Mother's milk (MM) or Formula (F).

YOUR
notes

YOUR
notes

YOUR
notes

YOUR
notes

Abbott supports breastfeeding as the optimal form of nutrition. We advocate breastfeeding as the first choice for infants and agree with the American Academy of Pediatrics (AAP) and other leading medical and health organizations that breastfeeding is the best form of infant nutrition. Abbott has prepared this booklet for breastfeeding parents to provide information in support of their choice to breastfeed.

Abbott provides this information to
health care professionals to help counsel patients.

20219319/June 2022 LITHO IN USA

Abbott