



OPTIMAL HEALTH *and* WELL-BEING

Breastfeeding Your Baby

For more information on additional HealthEast services:
healtheast.org | 651-326-CARE (2273)

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HealthEast hospitals have earned Baby-Friendly designation and have many IBCLCs (International Board Certified Lactation Consultant) on staff. An IBCLC is a healthcare professional who specializes in the clinical management of breastfeeding. IBCLCs have been shown to improve breastfeeding outcomes, decrease healthcare costs, and increase patient satisfaction. In addition to our IBCLCs, all of our maternity care nurses have breastfeeding training and work closely with our IBCLCs to best meet your needs. You or your care team can request a consult with an IBCLC during your hospital stay or after discharge at one of our outpatient clinics.

HealthEast Outpatient Lactation Clinics

Phone: 651-232-3147

Fax: 651-326-9189

HealthEast Outpatient Lactation Clinics are exclusively staffed by IBCLCs who answer questions and assist families with breastfeeding issues including:

- General support
- Milk supply
- Correct latch
- Sore nipples
- Engorgement
- Pumping and storing milk
- Return to work and bottle feeding
- Yeast infections
- Breastfeeding multiples
- Plugged ducts or mastitis
- Special needs babies
- Community resources
- And much more...

Call to schedule an appointment

Locations: St. John's Hospital, Woodwinds Hospital, HealthEast clinics

Clinic hours: Monday – Friday 8 am to 4 pm - Closed all major holidays.

Phone calls answered: Monday – Friday between 9 am and 2 pm.

Phone calls after hours: Leave a message and your call will be returned the next business day. You can also talk with a HealthEast Care Connection Triage Nurse by calling 651-326-2273.

Under the Affordable Care Act, most outpatient visits with an IBCLC are covered by insurance.

Other Community Resources:

- **HealthEast Home Care:** home nurse visit for mother & baby: 651-232-2800
- **LaLeche League of Minnesota:** support for breastfeeding women; groups meet Metro wide. 612-922-4996 www.llli.org
- **Women, Infants and Children Program (WIC):** to find your nearest WIC office call 1-800-657-3942 or 1-651-201-4404

Breast Pumps

Before purchasing a breast pump call your medical insurance company to ask if the cost of a breast pump is a covered expense.

- Most plans require you to purchase the pump from a Durable Medical Equipment (DME) company. You will need a provider's prescription for the pump. Call your insurance company to determine in-network coverage.
- The Affordable Care Act has guidelines for insurance plans to include benefits for lactation services and breast pump purchase or rental.
- Our lactation clinics have a small supply of breast pumps for mothers with an immediate need.

This is a sample of Durable Medical Equipment (DME) companies that sell or rent breast pumps and will process insurance billing for you.

Medela Pumps

- **Fairview Home Medical Equipment**

Purchase or rental

Wyoming Location

5130 Fairview Blvd
Wyoming, MN 55092
651-982-7002

St. Paul Location

2200 University Ave W, Suite 110
St. Paul, MN 55114
651-632-9800

Burnsville Location

14101 Fairview Dr, Suite 270
Burnsville, MN 55114
952-460-4940

Edina Location

6545 France Ave S, Suite 471
Edina, MN 55435
952-836-3558

- **Neb Doctors of MN**

Purchase

4131 Old Sibley Memorial Hwy #203
Eagan, MN 55112
952-876-4057 Fax: 952-876-4058

- **Allina Home Oxygen & Medical Equipment**

Purchase or rental

1055 Westgate Drive
St. Paul, MN 55114
651-628-4800 Fax 651-628-4715
Other locations: United, Mercy Hospitals

Medela and Spectra Pumps

- **Superior Medical Services**

Purchase or rental

Hours: M-F 9 am-5 pm

Woodbury location

7582 Currell Blvd. Suite #110
Woodbury, MN 55125
651-735-9192 Fax 651-735-0011

Blaine location

10995 Club West Pkwy
Suite #500
Blaine, MN 55449
763-230-7880 Fax: 763-230-7881

Ameda and Medela Pumps

- **Grace Medical Supply**

Purchase-Delivery only, within 24 hours

1106 – 2nd St. N
Stillwater, MN 55082
651-430-8184

Ameda Pumps

- **Liberty Oxygen & Medical Equipment**

Purchase

1715 Beam Avenue
Maplewood, MN 55109
651- 789-7500

Congratulations! Your baby has arrived!

The time right after birth is a special time for moms and babies. During the first two hours, both mom and baby are in an alert state. Mother and baby have an increased sensitivity to each other. Baby will respond to mom's smell and taste. This alert state helps baby latch. After those first few hours, babies may get very tired and want to sleep. Some babies may be sleepy for the next eight hours. Breastfeeding is a learning experience for mom and baby. Be patient.

- Offer baby the breast as soon as possible after birth, but within the first hour.
- Skin-to-skin contact is very important – mother's body will keep baby warm. Routine procedures can be done while you hold your baby.
- Baby's rooting, nuzzling and suckling are a very important part of the first breastfeeding experience.
- Frequent breastfeeding is needed to establish a good milk supply.
- If baby is not latching, mother can hand express breasts and spoon feed colostrum.

Colostrum is the first breast milk your baby receives. It is made in small amounts and is clear to yellowish in color, warm, thick and sweet. It is very easy for baby to swallow. Colostrum has white blood cells that help baby fight infection. It also has properties that help baby's immunizations work better.

Hand Expression

Benefits

There are many benefits of knowing how to express milk from the breast:

- Easy way to express colostrum or milk to feed to your baby
- Helps baby latch
- Increases milk production, especially if done within the first hour after birth
- Relieves uncomfortable fullness, engorgement, blocked ducts, or mastitis

How to Hand Express

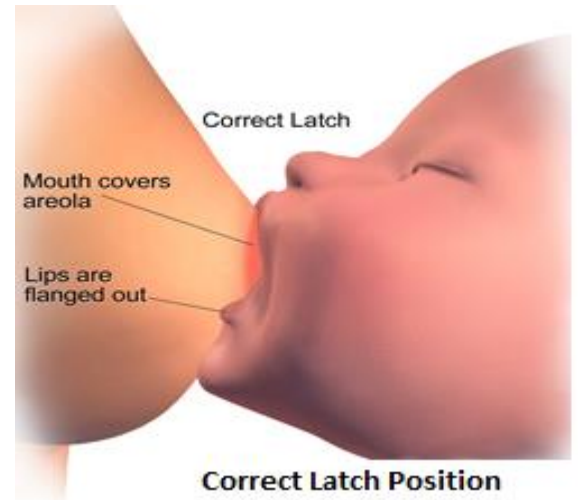
- Use a clean spoon, small cup, or container.
- With clean hands massage breasts with kneading, circular or stroking movements.
- Position the thumb and index finger approximately an inch behind the nipple directly across from each other.
- Press back towards chest, compress finger and thumb, release and repeat developing a rhythm. Don't slide fingers over skin.
- Do this on both breasts for 3 to 5 minutes for milk to start flowing.
- Check out this website for a helpful video on **hand expression**.
- <http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>



Latch

Get comfortable. Use pillows and prop up feet, if needed. You may try different breastfeeding positions.

- You may hand express your breasts just prior to the feeding to get the milk flowing.
- Have baby at the level of your breast, facing you with his ear, shoulder and hip in a straight line. Keep baby's chin off of his chest.
- Help your baby latch by holding the breast with your free hand. Compress your breast like a "sandwich" – your thumb by baby's nose and your index finger by his chin, well back from the areola.
- Touch your nipple to your baby's nose or upper lip to stimulate your baby to open the mouth wide. This is called the "rooting reflex".
- When this happens, pull your baby, (leading with baby's chin) forward onto the nipple and areola. Keep in mind that when baby is correctly positioned, or latched, your nipple and much of the areola is pulled well into the baby's mouth. Your baby's lips and gums should be around the areola and not on the nipple. (Some areola may be showing – especially above the baby's top lip).
- When baby first nurses, there will be a strong tugging sensation.
- **If the latch hurts, pinches, or is painful, you may try the following:**
 - If needed, release the latch by slipping your finger into the corner of your baby's mouth, reposition, and try again. It may take several tries.
 - Make sure baby's bottom lip is not right next to the nipple. The baby's lower jaw is the one that moves.
 - Try offering more breast tissue into baby's mouth and hold onto the breast tissue (sandwich the breast) until baby is latched well.



Correct latch is very important. Correct latch:

- Makes milk flow better
- Prevents sore nipples
- Keeps your baby satisfied
- Stimulates a good milk supply by draining the breasts
- Helps to prevent overly full (engorged) breasts

If your baby is latched correctly but you still have pain while breastfeeding, talk with an International Board Certified Lactation Consultant (IBCLC.)

How Do I Know if Baby is Getting Enough?

- Breastfed babies need to nurse often, at least 8-12 times in 24 hours. Watch baby's feeding cues. Breast milk is easily digested and baby's stomach can empty every 90 minutes.
- With frequent nursing, baby will begin to develop a more coordinated suck and swallow pattern. If baby has not awakened after three hours from previous feeding, consider waking to feed. Do this until baby has returned to birth weight, which should be by two weeks of age.
- Night time feedings are very good for your milk supply because the milk producing hormone, prolactin, is at an increased level.
- **Listen for swallowing when baby nurses.** You should hear occasional swallowing. Baby's swallows should increase each day as your milk supply is established.
- Watch for changes in baby's suck pattern. A non-nutritive suck, or flutter suck, is when baby has less tugging on the nipple and no swallows. A nutritive suck is when baby has a rhythmic suck pattern with brief pauses for swallowing. If baby is frequently in a non-nutritive pattern, breast compression can be used to help with milk transfer. When performing breast compressions while infant is latched onto the breast, place a hand on the breast; squeeze the breast firmly for about 10 seconds, then release. Repeat as needed.
- Watch your baby, not the clock, and baby will tell you (with cues) when he/she is full. A spontaneous release of the nipple, a relaxed body and open hands may be signs of fullness.
- Latching and other helpful videos can be found at:
www.breastfeedinginc.ca/content.php?pagename=videos

When to Call Your Healthcare Provider

Warning signs that your baby may NOT be getting enough to eat

- **No or infrequent stools-** see feeding log for daily goals.
- **Continued meconium stools past day 3 of life.**
- **Losing or not gaining weight-** (Baby should return to birth weight by 10-14 days of age.)
- **Sleepiness-** Baby consistently falls asleep within a couple minutes at the breast.
- **Decrease in the number of wet diapers-** Diapers should be soaking wet or heavy by the end of the first week. If baby's urine output is not meeting wet diaper goals on the feeding log, the baby could be dehydrated.

Signs of dehydration:

- Listless or weak cry
- Dry mouth or eyes
- Skin loses its resiliency (when pinched, it stays pinched looking)
- The fontanel (soft spot) on the head is sunken or depressed
- Fever > 100.5 rectally

If you think your baby is dehydrated, call your baby's health care provider immediately.

What if my baby needs more to eat?

If your baby is not getting enough to eat at the breast, hand express or pump your breasts for 10-15 minutes after breastfeeding and offer baby your expressed breast milk. Your baby should be eating at least 8-12 times in 24 hours. If you do not have enough expressed breastmilk to satisfy your baby, then offer pasteurized donor human milk or formula. Call a HealthEast Lactation Consultant or your baby's healthcare provider to determine appropriate amounts to give your baby.

Baby's Second Night

You've made it through your first 24 hours with your new baby...and now it's your baby's *second night*.

By now your baby realizes he's no longer in the comfort of your womb. Baby isn't hearing your familiar heartbeat, the swooshing of the placental arteries, and the soothing sound of your lungs or the comforting gurgling of your intestines. Instead, baby is in a crib, swaddled in a sleep sack. Many people have been handling him. And he's not used to the new noises, lights, sounds and smells.

Tonight you may notice that each time you take her off the breast (where she drifted comfortably off to sleep) and put her in the crib – she cries - loudly!

In fact, each time you put her back on your breast she nurses for a short time and then goes to sleep. When you take her off your breast and put her in the crib – she cries again....and starts rooting around, looking for you.

This may go on for what seems like hours. Many moms are sure it is because their milk isn't "in" yet and their baby is hungry. He's not so hungry, but he's decided that the most comforting place for him to be is at your breast. It's the closest to "home" he can get. He wants to be near *you*. This behavior is common among babies.

So, what do you do?

- Limit visitors the day and evening after baby's birth-day. Try to rest so you are able to care for your baby.
- When she drifts off to sleep at the breast after feeding, release the suction and slide your nipple gently out of her mouth. Don't move her except to position her head more comfortably on your breast. Don't try to burp her – just snuggle with her until she falls into a deep sleep where she won't be disturbed by being moved.
- Babies go into a light sleep state called REM (Rapid Eye Movement) first, and then cycle in and out of REM and deep sleep about every ½ hour or so. If he starts to root and act as though he wants to go back to breast, that's fine...this is his way of settling and comforting. REM is a good state to begin feeding baby if you decide that is what he wants to do.
- During deep sleep, baby's breathing is very quiet and regular and there is no movement beneath his eyelids. It may be difficult to feed baby during deep sleep. However, if baby has been sleeping for 3 hours, you may need to gently wake her so she can nurse. It is important to nurse baby 8 to 12 times in 24 hours.
- Babies need to touch and feel. Baby may have sucked on her hands or fingers in the womb for comfort. So make sure she can get to her hands when she needs to. Leave her hands uncovered so she can touch your skin, your breast. Baby's touch on your breast increases your oxytocin level which will help increase your milk supply!

After baby's second night

You may notice this behavior once you're at home, especially if there's been a change in baby's environment. This change could be going to the doctor, to the mall, or to the grandparents! Try not to worry. Sometimes babies just need extra snuggling at the breast, because for your baby, the breast is "home."

Common Problems

Nipple tenderness may be common in the early days. This tenderness occurs because your nipple stretches when baby sucks. Any discomfort that you feel when baby first latches should be temporary. **Breastfeeding should not be a painful experience.**

What helps nipple tenderness?

- Be sure baby is latched correctly with a deep latch. If needed, release suction and try latching baby again.
- Prior to latching, hand express your breasts a couple of minutes to get the milk flowing.
- Nurse baby on the least sore side first. Do this for a couple of feedings in a row.
- Use expressed breast milk on the nipples or nipple ointment. This may help comfort sore nipples. Most ointments do not need to be washed off the nipples and will not harm baby.
- After breastfeeding, apply a warm, moist cloth to your nipple area for comfort.
- Severe pain, cracked or bleeding nipples is *not* normal. Please call a HealthEast Lactation Consultant for help 651-232-3147.

Engorgement

Normal breast fullness may develop into engorgement between the 3rd and 6th day after birth. Painful engorgement can be avoided by breastfeeding frequently, at least 8-12 times in 24 hours. Some women may become painfully engorged no matter how well or often their baby nursed. If engorgement is treated promptly; it usually subsides in 12 to 48 hours. Engorgement that goes untreated is an urgent problem and may cause a decrease in your milk supply.

What helps engorgement?

- Apply a warm, moist pack to the breast 2-5 minutes before breastfeeding, (or take a shower or bath). In the rare case you are so engorged that there is no “give” to your breast and your blood vessels are bulging do NOT use heat. Go directly to using an ice pack.
- Gently massage your breasts to increase circulation and milk flow – both before and during breastfeeding.
- Breastfeed your baby frequently (every 1-3 hours).
- Hand expression or reverse pressure softening may help, just prior to feeding, if your areola (circle around your nipple) is firm. Place your fingers on either side of the nipple. Push gently but firmly straight inward toward your ribs. Hold the pressure steady for 30-60 seconds. Repeat with your fingers above and below the nipple.
- You may also hand express or a pump after a feeding.
- Express enough milk to help you feel comfortable.
- Ice packs after breastfeeding (for about 20 minutes) can be helpful to decrease swelling.
- Use of an anti-inflammatory over the counter medication, or as prescribed by your provider, may help to decrease your swelling.
- Call a HealthEast Lactation Consultant if engorgement keeps your baby from latching on correctly or if your breasts stay full and uncomfortably hard.



Illustration by Kyle Cotterman

Advantages of Breastfeeding

The American Academy of Pediatrics (AAP) recommend exclusive breast milk feeding for the first six months and the World Health Organization (WHO) recommends breastfeeding up to two years. Breast milk feeding has many benefits. If you can only breastfeed for a short time, your baby's immune system will still benefit.

Growth and Nutrition Benefits

- Breast milk is the most complete form of nutrition for babies. Mother's milk has the right amount of fat, sugar, protein and water that baby needs to grow and develop, allowing easier digestion than formula.
- Breastfed babies have less risk of becoming overweight, even as adults.
- There is evidence from some studies that breastfed children have greater brain development than non-breastfed children.

Healthier Baby / Immune System Benefits

- The cells, hormones and antibodies in breast milk protect babies from illness.
 - Babies are sick less often and have fewer visits to the doctor.
- Breast milk helps protect premature babies from gastrointestinal disease.
- Breastfed babies immune systems respond better to immunizations.
- Breast milk contains stem cells, important cells that heal and repair all over the body.
- Breastfeeding lowers the baby's risk of the following:
 - Developing Type 1 and Type 2 Diabetes.
 - Sudden Infant Death Syndrome (SIDS).

Healthier Mother

- Breastfeeding uses extra calories. This makes it easier to lose pregnancy weight.
- Breastfeeding helps the uterus to contract and return to a pre-pregnancy size more quickly. This lessens any bleeding a woman may have after birth.
- Breastfeeding delays the return of ovulation and menstruation. It is not a sure way of preventing a pregnancy. Talk to your doctor or midwife about using lactation to prevent a pregnancy.
- Breastfeeding lowers a woman's risk of developing breast and ovarian cancer, cardiovascular disease, type 2 diabetes, and postpartum depression.
- Breastfeeding helps mothers bond with their baby. Physical contact is important to a newborn. It helps them feel more secure, warm and comforted.

Benefits to Society

- Breastfeeding saves on health care costs because breastfed babies usually need fewer visits to the doctor.
- Breastfeeding moms take fewer days home from work caring for a sick baby.
- When you breastfeed there are no bottles or nipples to wash and clean. Human milk straight from the breast is always clean.
- Breastfeeding is better for the environment because there is less trash and plastic waste compared to formula.

www.womenshealth.gov (2014)

Nutrition Hints for Breastfeeding

Caring for a newborn around the clock can be tiring. You may feel too tired to think about eating or drinking. Loss of appetite and tiredness are your body's ways of telling you that you need to make caring for yourself a priority. You have special nutritional needs while breastfeeding. It is important to have a variety of foods that supply the necessary nutrients and make eating enjoyable.

Your breastfeeding diet should include:

- Limit caffeine to 2-3 (8oz) cups a day.
- Avoid or limit the use of alcohol while breastfeeding. Discuss with a Lactation Consultant for further guidance.
- Extra protein.
- Additional calcium and vitamins.
- 8-12 cups (64-96 oz.) of fluid daily. Urine should be clear and not concentrated.
- Vitamin D* 4,000 – 6,000 IU per day. Discuss with your healthcare provider. Needs to be taken with fat for good absorption. This can be at a meal or snack time. Also, taken with omega 3 supplement is a good fat choice.
- Omega 3's* 2,000 – 3,000 mg/day. Choose an omega 3 supplement that contains DHA and EPA. *These are important nutrients for infant's brain growth and are antioxidants that help prevent illness.
- You can get more nutrition information at: www.choosemyplate.gov. For further information on organic foods and safe products, refer to EWG.org.
- Avoid or limit the use of smoking. Heavy smoking may decrease your milk supply, as well as decrease the vitamin C content of your breast milk. Smoking near baby increases baby's risk of SIDS (Sudden Infant Death Syndrome) and getting upper respiratory infections. Current recommendations are to either cover clothing with a clean baby blanket before picking baby up, or put a clean shirt on after smoking.
- If you have dietary questions, you contact a HealthEast Registered Dietician. 651-232-5500.

Hollis, B. (2015). Maternal Versus Infant Vitamin D Supplementation During Lactation: A Randomized Controlled Trial. *Pediatrics*, 136(4), 625-634. doi:10.1542/peds.2015-1669

Over the Counter Medications and Supplements

Before using medications, prescription or over-the-counter, check with your healthcare provider, baby's doctor or an International Board Certified Lactation Consultant.

The InfantRisk Call Center is available to answer questions about the use of medications during pregnancy and while breastfeeding. 806-352-2519 www.infantrisk.com. The InfantRisk Center was developed by Thomas W. Hale, PhD, RPh, Professor of Pediatrics, at Texas Tech University School of Medicine.

On-line resources

www.llli.org

www.nbci.ca

www.kellymom.com

www.infantrisk.com

www.breastfeedingonline.comhttps://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

How to Pump and Store Breast Milk

There are several benefits for pumping or expressing milk:

- Relieve engorgement.
- Increase milk supply.
- In periods of separation from your baby (work, school, other), your breasts should be stimulated as frequently as your baby would feed, at least 8 to 12 times in 24 hours.
- You may want to pump your milk and then refrigerate or freeze it, so your baby's caregiver can feed your baby with your milk.
- If you stop breastfeeding for any reason, your milk supply will decrease. Pumping is a way to keep up your milk supply.

What Can I Expect When I Pump?

Pumping is a learned skill. Pumping should not hurt. Over time you may find it becomes easier and more efficient. Your milk volume at each pumping session may change. It is dependent on the time of day, how comfortable you are and how long it's been since baby's last feeding. Breast milk varies in consistency, color and smell. Breast milk separates into 2 layers: the milk and the cream (fat). This is called the fore milk (milk) and the hind milk (cream or fat).

Collecting Breast milk

- Wash hands well with soap and warm water.
- Wash all the collecting bottles and breast pump parts that touch your breasts or the milk. Use hot, soapy water or a dishwasher. Rinse carefully. Air dry on a clean surface.
- Read the instruction book that comes with your pump and follow the suggestions.
- Find a comfortable chair in a relaxing area. Have a beverage to sip on (water).
- Practice pumping when you are rested, relaxed and your breasts feel full.
- Use the right size flange so your nipple fits comfortably and your breasts drain.
- Some mothers moisten the pump flange with expressed breast milk, water, or nipple cream, such as extra virgin coconut oil. This will help reduce friction.
- *Double pumping* (both breasts at the same time) may be more efficient and may take 15 minutes or longer. Pump your breasts until milk stops dripping and breasts are soft.
- Think about your baby while gently massaging your breasts.
- Begin to pump and store milk 1 to 2 weeks before returning to work. Many employed moms use the fresh milk they pump at work for feedings the next day. They refrigerate Friday's milk for use on Monday.
- Save your frozen milk for emergencies.
- Pump approximately every 3 hours while you are away from your baby to help maintain your milk supply.
- Breastfeeding in the evening and over the weekend helps your milk supply and protects your special bond with your baby.
- Check out this website for a helpful video on maximizing milk production when using a breast pump: <http://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

References:

Lawrence R and Lawrence R: Breastfeeding: A Guide for the Medical Profession, 2011.
Morhbacher N: Breastfeeding Answers Made Simple, 2011
Medela Inc 2015

How to Store and Thaw Breast Milk

- Wash your hands before touching anything (breast pump, milk containers, breasts, etc.)
- Always make sure that the collection cup is clean, and avoid touching the insides of bottles or caps whenever possible.
- Make sure the milk is put in a freshly washed storage container. Store your milk in glass or hard plastic containers, or in milk storage bags made especially for breast milk.
- You can continue to add small amounts of cooled breast milk to the same refrigerated container throughout the day. Avoid adding warm milk to already frozen milk.
- Freeze milk in 2 to 5 oz. portions. Small amounts will thaw more quickly. You will waste less milk this way and will avoid over-feeding. Liquids expand when frozen. Be sure to leave some extra room at the top of the container so the bottle or bag won't burst.
- Seal containers tightly. Write the date on the bag or bottle. Use the oldest milk first.
- If you do not plan to use the milk within a few days, freeze it right away in the coldest section of your freezer. Do not place the bottle or bag up against the wall of the freezer.

Breastmilk Storage Guidelines					
	Room Temperature	Cooler with 3 Frozen Ice Packs	Refrigerator	Self-contained Refrigerator Freezer Unit	Deep Freezer
Freshly expressed breastmilk	6 – 10 hours at 66-72°F (19-22°C)	24 hours at 59°F (15° C)	5 – 8 days at 32-39° F (0° C)	3-4 months	6-12 months at 0° F (-19° C)
Thawed breastmilk (previously frozen)	Do not store	Do not store	24 hours	Never refreeze thawed milk	Never refreeze thawed milk

How do I thaw frozen breast milk?

- Thaw frozen milk overnight in the refrigerator, or hold the bottle under warm running water to quickly thaw. You can also place the sealed container in a bowl of warm water. Check the water temperature frequently and change as needed to enhance the thawing process.
- Thawed milk is safe in the refrigerator for 24 hours after being thawed completely. Do not refreeze.
- It is normal for the milk to separate into two layers. Gently swirl the bottle to mix it before feeding. In addition, the breast milk may normally appear bluish, yellowish, or brownish. Some mothers report that it has a soapy or metallic smell. It should not smell sour. If your baby rejects the milk, call a lactation consultant.

CAUTION: Never microwave breast milk. Microwaving can cause hot spots in the milk which will burn baby's mouth. Microwaving can also change the composition of breast milk.

Supplementing and the Use of Artificial Nipples

It is recommended to wait 3 to 4 weeks before offering a pacifier or bottle to ensure breastfeeding is well established. Occasionally, babies may need additional support and supplementation. Examples may include: baby has low blood sugars, significant weight loss, or baby isn't feeding well. When possible, breastmilk is the preferred choice of supplementation. Pasteurized donor human milk or formula may be given if mother's milk is not available. Mothers are encouraged to hand express or pump to provide breast stimulation and promote milk production when additional food is offered to the baby.

Pasteurized Donor Human Milk (PDHM):

Donor breast milk is available during baby's hospital stay, if medically indicated. Mothers may purchase PDHM from any one of the 13 milk banks in the U.S. www.hmbana.org has a list with the contact information for each of them.

Formula

Some disadvantages of supplementing with formula without medical indication may include:

- Your baby's belly will be filled with formula = decreasing time at breast = decreasing breast stimulation = decreases mother's milk supply = increases formula use.
- Formula supplements can alter the natural gut health in your baby's stomach.

Pacifiers

Some babies can use a pacifier without interfering with breastfeeding. If you offer your baby a pacifier, offer for brief periods of time allowing you to still follow your baby's feeding cues.

Bottles

Allow baby to lead the pace/flow of bottle feeding and have breaks for burping.

Suggested bottle feeding technique includes:

- Try starting with a slow flow nipple.
- Position your baby in a more upright position with chin off the chest.
- Watched rhythmic sucking pattern and flanged lips.
- If baby struggles with a bottle, try different nipple flows or change baby's position.
- If baby is sucking without swallows the flow could be too slow. Try leaning the baby back further or ensure the nipple is not screwed on too tightly.
- If baby is dripping milk from the corners of the mouth, pushing nipple out of mouth, pushing their body back or choking, the flow could be too fast. Try positioning the baby more upright or offer baby a break and try burping.
- Do not prop the bottle or lay the baby flat on their back while eating a bottle.
- More resources can be found on: <http://www.breastandbottlefeeding.com>.

Please call the HealthEast Outpatient Lactation at 651-232-3147 for more tips on bottles, pacifiers, return to work questions or support.