Providing Breastmilk
Your Gift to Your Baby

Lactation Services
206-987-1420
Breastmilk: Your gift to your baby

Breastmilk is a special gift-- it is both food and medicine, and is something that only you can provide. Breastmilk is full of nutrients and other ingredients that help your baby grow and protects them from infection and getting sick. Breastmilk is the easiest food for your baby to digest and it changes to meet your growing baby's needs during the days, weeks and months that you provide milk.

Lactation Services at Seattle Children’s: A service to help you make breastmilk

No matter how old your baby is, we are here to help you with pumping and breastfeeding while your baby is in the hospital.

- Seattle Children’s has hospital-grade breast pumps for you to use at your baby’s bedside and will provide you with a pumping and cleaning kit so you can pump as soon as you need to.

- The Lactation Services Team is a specially trained staff of Internationally Board Certified Lactation Consultants (IBCLC, or LC for short), who are either nurses or dietitians. They work together with the Children’s Infant Feeding Team of occupational and physical therapists.

- The Lactation Services team visits or calls all lactating moms of newly admitted babies, and continues to visit for as long as needed during your baby’s hospital stay.

- If you ever have a lactation question or concern and have not seen the LC, please ask your baby’s nurse to request a consult, or you may call us directly at 206-987-1420 (or 7-1420 from any phone inside the hospital).

- Lactation Services can also help with the process of getting a rental pump and guide you in contacting outside agencies for renting or purchasing a breast pump for times when you are away from the hospital, or when you are nearing discharge (leaving the hospital). As soon as you know your possible discharge date, have your nurse call us!
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Breast Pumping

Before you get started

- Most medicines are safe to take when you are lactating, but be sure to let your baby’s doctor and your lactation consultant know about any medicine you are taking. Some medicines and medical conditions can affect milk supply. Some medicines are not recommended (contraindicated) during lactation.

- Continue taking prenatal vitamins, as recommended by your healthcare provider.

- Avoid drugs, tobacco, marijuana and alcohol when breast pumping or feeding.

- Your lactation consultant will go over a handout with you called “What Can I Take While Lactating?”
  http://seattlechildrens.org/pdf/PE2422.pdf

How pumping helps make milk

Your body makes breastmilk on a “supply and demand” basis. When you pump your breasts (“demanding” milk), your body thinks the baby is hungry, and makes (or “supplies”) more milk. Drained breasts make milk faster than full, heavy breasts, so pumping your breasts every 2-3 hours is the best way to tell your body to make more milk. If you wait to pump until your breasts are full and heavy, the body thinks your baby does not need the milk (decrease in “demand”), and the milk supply will decrease (decrease in “supply”). This can happen within 1 to 2 days.
Breast pumping equipment

What type of pump should I use?

Your baby's nurse will bring you a hospital-grade breast pump and cleaning kit. The nurse or lactation consultant will help you put it together and get started. Double electric pumps work best. When women pump both breasts at the same time, they make more milk.

At Seattle Children's, we use the Medela hospital-grade Symphony pump. You may use one of these at your baby's bedside. There are also lactation rooms with Symphony pumps that you may use. Ask your nurse where to find these rooms. The ICU sleep rooms have a Symphony pump at the bedside. If you have your own pump, you are welcome to use it. However, if you are just beginning to make milk or having a hard time with milk supply, we highly recommend using the hospital-grade Symphony pump.

What supplies do I need to breast pump?

Breast pump kit

Seattle Children's provides you with a breast pump kit with parts that work with the Symphony pump.

Flanges or Breast Shields

To maximize your milk output, the breast pump flange or shield (the cone shaped attachments) must fit your nipple well. Your nipple should loosely fit into the opening of the flange, then stretch and enlarge into the tube during pumping, but without excessive rubbing or pinching. Your breast should maintain contact with the flange throughout the pumping cycle. If you think you have a poor fit with the standard size 24mm flange, other sizes and styles are available and your nurse or lactation consultant can help. Most often you know you have a poor fit if there is pain or discomfort. Pumping should be comfortable!

Breast comfort items

Lanolin, and comfort gel pads may help to make pumping more comfortable. A small tube of lanolin, safe to use while lactating, is in your pump kit. Use lanolin before pumping to decrease friction and prevent chafing of the skin and use comfort gel pads after pumping.
Cleaning and Sterilizing Your Breast Pump Kit

To keep your breastmilk free from germs, always pump with clean hands and equipment.

**Before you pump**

1. Wash your hands with soap and water.
2. Make sure your pump supplies are clean and dry. Put the pump kit together.
3. Push the tubing tightly into the membrane caps and the bottles. Press the membrane caps into the pump tightly and snap the cover closed.

**After you pump**

1. Right after you pump, take apart all pump parts that come in contact with breast/breastmilk, including the yellow valves and white membranes.
2. Place the parts in a wash basin provided. Do not put the parts directly in the sink.
3. Do not wash the tubes. Run the pump with the tubes attached to dry the condensation.
4. Fill the basin with warm soapy water and wash using the bottle brush.
5. Rinse all items, including the brush.
6. Allow the parts to air-dry on a paper towel in the second wash basin, away from the sink.
7. Every 24 hours, sanitize the clean pump parts (not the tubing) in the sanitizing bag, following the instructions on the bag. You can use the bag 20 times.
What if my baby is in isolation?
You will follow the same cleaning instructions but you will not be able to use shared spaces, instead:

- You will only use the pump in your baby’s room.
- Your nurse can sanitize the parts once a day by putting the bag in the microwave for you.

What else is in the pump kit?
1. Pump kit instructions
2. Lanolin ointment (safe to use during lactation)
3. Extra bottles for pumping and storage
4. Comfort gel pads
5. Sanitizing bag
6. Medela bag for storing clean and dry pump parts
7. Extra white membranes
Pumping enough milk

How often and how long do I need to pump?

How many times a day you pump and for how long depends on your specific situation and your goals. The suggestions in the chart are for building or maintaining a full supply of breastmilk, which is 25-30 ounces per day by the time your baby is 4-6 weeks old. However, always remember ANY amount of breastmilk benefits your baby.

<table>
<thead>
<tr>
<th>Age</th>
<th>Mililiters (ml)</th>
<th>Ounces (oz)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 7</td>
<td>300-500</td>
<td>10-16</td>
</tr>
<tr>
<td>Day 10 to 14</td>
<td>500-750</td>
<td>16-25</td>
</tr>
<tr>
<td>Week 4 and beyond</td>
<td>750-900</td>
<td>25-30 25-30 Full Supply</td>
</tr>
</tbody>
</table>

How do I build a full milk supply when I have a newborn?

The first 2 weeks are important for building a good milk supply. It is during this time that your body is learning exactly how much milk your baby needs. Your body learns this every time your baby breastfeeds, or every time you pump. For example, if you nurse or pump only two times per day, your body learns that your baby only needs to eat twice per day. That's why newborn babies nurse 8-12 times per day – they are telling your body to go from making drops of milk (all they need in the first days) to bigger volumes every day until you reach a full supply. Your volume will start increasing as your actual milk “comes in,” usually 3-5 days after birth. Frequent pumping is important and should match the feeding schedule of a newborn baby. Follow the following tips to build a full milk supply:

Start early

If your baby cannot breastfeed, start pumping as soon as possible after birth, ideally within the first hour. For the first few days after birth, milk volumes will be low. This milk is called colostrum and is a thick, clear or golden colored fluid full of good-for-baby antibodies and proteins. This milk is very important and is like medicine or a vaccine for your baby. Small volumes, even drops, can be stored in syringes provided by your nurse. Even if your baby cannot eat, usually your baby’s nurse can put your colostrum on your baby’s lips or inner cheeks. Colostrum often comes out very easily using your hands in the first hour after birth.
**Pump at least 8 times a day**

Pump both breasts at the same time, using massage and hand expression a minimum of 8 times a day. This works out to every 3 hours, but it is OK to pump more often if needed or if you have missed the 3 hour mark.

**Pump at night too**

During the first 2 weeks, it is very important to pump in the night, ideally every 2-3 hours. Try your hardest not to go longer than 5 hours. After 5 hours, your milk-making hormones drop and your body has to work extra hard to increase them again.

**Pump after feedings**

If your baby is also breastfeeding, but you need to pump to maintain or increase supply, pump right after baby feeds.

**Use the best program for your baby**

We recommend using hands-on pumping, about 15 minutes with the Symphony hospital-grade breast pump (the Symphony pump has instructions on it, and your lactation consultant will show you how to use the proper setting).

- The Symphony pump has two programs.
  - **The Initiate Program** is what you want to use if you have just given birth to about 6 days after birth, or until you are making 20ml (combining milk from both breasts) for 3 sessions in a row. This program will run for 15 minutes, has a random pumping pattern, and will have pauses. Wait to stop until you hear a beep.
  - **The Maintain program** is what we want you to use when your baby is 6 days old, or when you are making 20ml per pumping session often. This setting will run for 30 minutes and then stop, but you do not need to pump for more than about 15 minutes.
How do I maintain a full milk supply when my baby is 4-6 weeks old?

When your baby is at least one month old, and you are easily making 25-30 ounces a day, you can slowly reduce the number of times you pump each day from 8 times per day to 6 times per day:

- Pump at least 6 times per day, or every 3 to 4 hours. You can have one 6- to 7-hour period per day (usually at night) without pumping, if it does not decrease your milk production.

- Pump both breasts at the same time for about 15 minutes, or shorter if you get all the milk you need sooner than that. If you have no more milk coming at 15 minutes, press the droplet button and let the pump run for 2 more minutes.

- If you still have milk coming at 15 minutes and you feel your breasts are not quite emptied, it is OK to pump 5-10 more minutes. You may want to pump one breast at a time for 5 minutes each using gentle massage. Breasts don’t ever “fully empty” and usually around 4-6 weeks after birth your breasts adjust to making milk so they don’t feel as full or lumpy as they might have in the early days. This does not mean you do not have milk.

- To reduce the number of times you pump, slowly take out one pumping per day, each 5 to 7 days until you have reached your target. During this time, track your supply closely (using the breast pumping log) to make sure the total volume per day should not drop. If it does, you need to return to more pumping each day.

- If your baby is breastfeeding but not taking in what they need to or usually do, pump immediately after a feeding.

How do I increase my supply if it has gotten low?

- Begin by following the suggestions for building a full milk supply.

- Please ask your baby’s nurse to call Lactation Services and we will come visit you.
Is it normal to get different amounts of milk when I pump?

Yes. Many things will change how much milk your breasts will make, such as:

- How long it has been since your baby nursed or you pumped
- The time of day or night
- How established your milk supply is
- How comfortable or stressed you are

The amount of milk from one breast to another may be different. You may also notice that the color, thickness and smell of your milk may be different from time to time.

If your milk supply drops, ask to see a lactation consultant.

Tips for making the most milk I can for my baby

- Find a comfortable place to sit during pumping. You will need to sit upright so milk will drain well into the pump flanges, but try to find a supportive chair and location that is private enough for your comfort.
- If you are away from your baby, you may want a picture of your baby or a blanket they have been wrapped in.
- Use lanolin on your nipples before pumping. This may help decrease friction and make pumping more comfortable.
- Adjust pump pressure so it is comfortable. Start low and increase until it feels slightly uncomfortable and then lower it a couple of notches until it is completely comfortable. High pressure does not necessarily lead to more milk removal, but we do want you to move it higher than the starting point.
- After 5 to 7 minutes of pumping with the Maintain program of the Symphony pump, when your milk flow has decreased or stopped, press the “droplet” button to repeat the stimulation phase. You can repeat this several times during your 15-minute session.
1. Self care

Your milk supply will be enhanced if you are taking good care of yourself.

- Be sure to drink plenty of liquids. Drink a glass of water as you pump.
- Eat a variety of healthy foods. You need those extra calories to make breastmilk. Seattle Children’s has room service. Ask your nurse for a menu for family and visitors. There is also a café and a couple coffee shops within the hospital.
- Take a nap every day. Sleep when your baby sleeps.
- Having a baby in the hospital is never easy, so stress reduction methods are important (music, funny movies, deep breathing, meditation, visualization, a hot shower, a walk, a trip to the 8th floor roof top garden - whatever works for you). If there are other people who can help or comfort you, be sure to let them.

2. Skin-to-skin care (kangaroo care)

Studies show that mothers who frequently spend time with their unclothed baby held directly on their chest will produce more milk, especially in the first few weeks of the baby’s life.

- Baby should only have on a diaper.
- Remove your shirt and bra.
- Hold baby upright on your chest, between your breasts.
- Pull a robe or large front-buttoning shirt around you and baby.
- Your baby’s nurse can help you get set up with this, and provide you with a hospital gown if needed.
- Sit back, relax and enjoy your baby.

3. Using your hands

Hand expression can be done whenever you need to empty your breasts, but you are not with your baby or your baby is not able to breastfeed. In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. Hand expression after pumping can increase your milk supply.
Many moms find it helpful to use a printed pumping log or a digital app to make sure they are getting 8 pumping sessions in per day and to record how much milk they pump. Logging can help you see changes in milk supply, and shows your progress if you are trying to reach certain milk supply goals.

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Adapted from UWMC Lactation Services with permission 5/99
How to Hand Express

1. Apply heat with warm packs. Massage, stroke toward your nipple and tap your breasts to stimulate let down.

2. Position fingers behind areola.

3. Press back toward the chest.

4. Compress fingers together to express milk.

5. Relax and repeat, getting a rhythm going.


7. Move fingers to a different position.

8. Press back toward the chest.

9. Compress fingers together to express milk.

10. Express until milk stops flowing. Repeat on the other breast.

Watch these videos while you are hand expressing to see the technique in action.

- **Hand Expression of Breastmilk**
  Search “Hand expression of breastmilk by Stanford Medicine” online or find the video by visiting [http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html](http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html)

- **The Basics of Breast massage and Hand Expression**
  Search “The basics of breast massage and hand expression by Maya Bolman” online or find the video by visiting [https://player.vimeo.com/video/65196007](https://player.vimeo.com/video/65196007).

- **Go to the Lactation section on GetWell for more Lactation videos and handouts.**
How to combine hands-on pumping and hand expression

Watch this videos while you are hands-on pumping to see the technique in action.

- **How to Use Your Hands When You Pump**
  Search “maximizing milk production with hands-on pumping by Stanford medicine” online or find the video by visiting med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html.
  
- The video is on GetWell Network at Seattle Children’s as well.

**Hands-on Pumping Routine**

1. Wear a bra or tube top that will hold the flanges in place while you pump so your hands can be free for massaging.
2. Start with slow, gentle massage to stimulate let-down
3. Apply the breast pump and use the maximum suction level that is comfortable, not painful.
4. Watch the sprays of milk and adjust hand position to where milk flows the best.
5. When the sprays of milk stop, switch to pumping one breast at a time if it will help you focus with the massage.
6. When the sprays of milk stop again, turn off the pump and hand massage into the pump flange. Some mothers can double their output this way. The milk you pump after the steady flow of milk is called the hind milk, and has healthy fats important for your baby.
7. Pay special attention to the outer margins of the breast while massaging to make sure these difficult to drain areas are massaged.
Storing and Feeding Your Child Pumped Breastmilk at Seattle Children’s Hospital

Every bottle of breastmilk has a barcode

The hospital’s milk management system keeps your breastmilk, and your child, safe. We ask you to place breastmilk labels on each bottle of breastmilk you pump.

- The label includes your child’s name as well as a unique barcode. Scanning the barcode tells us that the breastmilk your child gets is always yours, and ensures the breastmilk matches your child’s recommended feeding plan.
- Breastmilk that needs to be frozen or fortified during your stay will be kept in the Milk Lab. Staff who specialize in storing and preparing your milk in the cleanest possible environment manage the Milk Lab.

Steps for pumping, labeling, storing and feeding your breastmilk:

1. Get your barcode labels
   - Your child’s nurse will print collection labels for you that have your child’s name and barcode on them. The nurse will double-check them with you to make sure they are your child’s labels. Store the labels with your pumping equipment.

2. Pump your breastmilk
   - How many times a day you pump and for how long depends on your specific situation and your goals.
   - Please pump into and store your milk in 80ml Medela containers. Fill up to 70ml to allow room for expansion if freezing milk.
   - You can combine milk into one bottle from both breasts, but do not combine milk from different pumping sessions.

3. Label the bottle
   - On the barcode label write the time (with AM or PM), and date you pumped the milk and the estimated amount in milliliters (ml).
4. Store your milk

- Place the milk in the yellow bin in your child's hospital-room refrigerator or give to your child's nurse who will place it in the unit refrigerator.
- The yellow bin is for milk that will stay in the room and be fed.
- Move milk outside the yellow bin when it should go to the milk lab for storage or to be fortified. Milk Lab staff will collect it daily, fortify it, and return it to your hospital-room refrigerator and place it in the yellow bin.
- Freshly pumped breastmilk is safe at room temperature for 4-6 hours. After 6 hours, it must be refrigerated. If it will not be used within 5 days, it should be frozen. Milk Lab staff will collect and freeze milk in the Milk Lab until you need it. Frozen breastmilk can be stored in the hospital's freezers for 12 months.

Thawing or warming your breastmilk

- In the hospital, your baby’s nurse will bring you a special breastmilk warmer and show you how to use it.
- When thawing or warming milk, never use a microwave. A microwave heats the milk unevenly and can burn your baby's mouth. It also kills many of breastmilk's beneficial properties. To thaw frozen milk at home, place the bottle in a cup of warm water or in the refrigerator to thaw slowly. Cold breastmilk can be warmed for your baby by placing the bottle of breastmilk in a cup of warm water. Be sure to swirl the milk in the bottle to distribute the heat evenly.
- Once thawed, breastmilk must be used within 24 hours, and if not, it should be thrown away.

5. Feed your milk

- If you are pumping and feeding milk within the hour, label the milk, and then feed. The milk does not need to be scanned before feeding. Please tell the nurse how much you fed so the amount can be recorded.
- If you are pumping and storing your milk in the refrigerator, label the milk. Before feeding, tell your nurse, so the breastmilk can be scanned and volume recorded.
- As long as you stay at your child’s bedside, nurses can scan the breastmilk for feeding up to one hour before a feeding.
- **Remember:** Always ask your nurse to scan the barcode before feeding your child.
Breastfeeding

Before you get started

- Most medicines are safe to take when you are lactating, but be sure to let your baby’s doctor and your lactation consultant know about any medicine you are taking. Some medicines and medical conditions can affect milk supply. Some medicines are not recommended (contraindicated) during lactation.
- Continue taking prenatal vitamins, as recommended by your healthcare provider.
- Avoid drugs, tobacco, marijuana and alcohol when breast pumping or feeding.
- Your lactation consultant will go over a handout with you called “What Can I Take While Lactating?” http://seattlechildrens.org/pdf/PE2422.pdf

Learning to Breastfeed

Breastfeeding is a learning time for both you and your baby. It provides a special way for you to attach and bond to each other. Breastmilk is the best food for your baby, so any amount of breastmilk that you give to your baby is wonderful. As soon as your baby is well enough and ready to begin the breastfeeding journey, there are many people who can support you: the unit nursing staff, Lactation Services, as well as the Occupational and Physical Therapists on the Infant Feeding Team. Please remember breastfeeding is a skill that both you and your baby need to learn over time and we will be there to guide you along the way.

Getting Started: The first few weeks

The first 2 weeks after your baby is born is the most important time to build a good milk supply. Breastmilk is made on a “supply and demand” basis. The more often you breastfeed (or pump, if needed), the more milk you make.

Here are some tips to build your milk supply:

- Know that breastfed babies nurse 8 to 12 times a day. That is how they tell your body how much milk they need! Let your baby take the lead, but offer the breast often (every 2 to 3
hours) even if your baby is sleepy, wake your newborn if necessary at 3 hours to remind baby that it is time to eat. A newborn may have one 4 hour period of sleep during a 24 hour period, but otherwise should be breastfeeding at least every 2-3 hours.

- The number of times you will need to breastfeed each day will change over time as your baby grows.
- Be sure to drink plenty of water — several glasses a day.
- Eat a variety of healthy foods. You need extra calories to make milk.
- Take a nap every day. Sleep when your baby sleeps.

**How can I tell when it is time to breastfeed?**

<table>
<thead>
<tr>
<th>Early Signs</th>
<th>Late Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes opening</td>
<td>Fussiness</td>
</tr>
<tr>
<td>Waking up, yawning</td>
<td>Arms and legs flailing</td>
</tr>
<tr>
<td>Mouth opening, sucking noises</td>
<td>Crying</td>
</tr>
<tr>
<td>Bringing hand to mouth</td>
<td></td>
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<tr>
<td>Rooting (turning head toward you or your nipple)</td>
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</tr>
</tbody>
</table>

**How do I wake my sleeping baby?**

If your baby is not waking up every few hours and showing the signs above, look for the right time to help your baby wake up. Thirty minutes before you expect to feed your baby, watch for your baby’s sleep to lighten. You may see more wiggling and stretching. **During this time, help your baby wake up. Move baby a bit, take off some blankets or change their diaper.** It may take 10 to 15 minutes of ongoing gentle activity to fully wake the premature or very sleepy infant for feedings.

**How do I know if my baby is getting enough?**

When a baby is getting enough milk most of these things happen:

- Your breasts feel full before a feed and then soften after a feed.
- Your baby will appear satisfied after nursing. They may fall asleep while nursing at the second breast.
- Your baby won't act hungry after feedings. They will be happy without a pacifier and won't need to chew their hand.
- Your baby breastfeeds at least 8 times in a 24-hour period.
- Your baby should begin to gain about 1 ounce (30 grams) per day once your milk is in.
• Your baby has 6 or more wet diapers a day (24 hours) at 5 days old.
• Your baby is having these types and numbers of stools:

<table>
<thead>
<tr>
<th>Age</th>
<th>Type of Stool</th>
<th>Stools per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 2 days</td>
<td>Thick, black and sticky</td>
<td>1 to 3</td>
</tr>
<tr>
<td>3 to 4 days</td>
<td>More green and pasty</td>
<td>3 or more</td>
</tr>
<tr>
<td>5+ days</td>
<td>Yellow, seedy, runny</td>
<td>4 or more</td>
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</tbody>
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**Latching**

**How do I latch my baby on to my breast?**

1. Relax in a comfortable position when you breastfeed your baby. Support yourself and your baby well with pillows behind your back, under your elbow and on your lap. Place a footstool under your feet to raise your legs a bit and help your legs to support your baby. Some moms like to recline a bit.
2. Hold your breast with your thumb on top and your fingers underneath (back by your chest) in a “C” hold.
3. Place baby’s tummy skin to skin with you in the space above your natural pillow (your tummy) and your breasts. Use your arms to support baby there instead of resting baby on a pillow and leaning over them. You can rest your baby’s head on your breast as you get started. Wrap your baby’s arms around your breast – one arm underneath your breast so it is resting on your side, and one arm around the upper part of your breast.
4. Your nipple should be pointing up towards baby’s nose as it goes in baby’s mouth.
5. In this position, with baby’s head resting on the breast, your baby may start moving their head, searching for the nipple with an open mouth, and just latch on. This can take a few moments of baby fussing at the breast, “looking” for the nipple. Baby can smell your milk even with eyes closed.
6. Some babies need a bit more direction from you. Tickle your baby’s lower lip with your nipple. Wait for your baby to open their mouth really wide then pull your baby to your breast.
7. Your baby should take your entire nipple and as much of the areola (brown area) in their mouth as possible.
8. Your baby’s lips should be wide open with the top lip curled up and the bottom lip curled down.
## How do I know if the latch is right?

<table>
<thead>
<tr>
<th>You will:</th>
<th>You should NOT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feel a gentle tug with some discomfort at first</td>
<td>• See the nipple or see it moving in and out of baby’s mouth</td>
</tr>
<tr>
<td>• See the muscles in baby’s face and ears moving</td>
<td>• Feel prolonged pain</td>
</tr>
<tr>
<td>• Hear swallowing every few sucks</td>
<td>• Feel chomping down or “biting” while baby is sucking</td>
</tr>
<tr>
<td>• See pausing every few sucks</td>
<td>• Hear smacking or clicking sounds while sucking</td>
</tr>
<tr>
<td>• See baby change from rapid sucking to longer draws with each suck</td>
<td>• See only rapid sucking</td>
</tr>
<tr>
<td>• See the nipple or see it moving in and out of baby’s mouth</td>
<td>• See baby fall asleep right away</td>
</tr>
</tbody>
</table>

## Positioning

![Side-lying position](image1.png) ![Cradle hold](image2.png)

### How do I hold my baby to breastfeed?

The pictures above show a side-lying position and the cradle hold. The cross cradle and football holds (see pictures on the next page) are often easier positions for new mothers to use. Both of these positions work well with preterm babies since they provide good head support.
Cross Cradle Hold:
- Lay your baby on their side and place the baby’s tummy skin-to-skin with you in the space above your natural pillow (your tummy) and your breasts.
- Support their back and head with your forearm. Your baby’s head and shoulder should be straight in line with each other.
- Hold your breast with your other hand.
- Your baby’s head should be higher than their feet.
- Pillows can be useful to support this position.
- Once your baby is latched well, you can move your arm around into the usual cradle hold.

Football Hold:
- Lay your baby on their back on pillows.
- Hold the base of your baby’s head and shoulders with your hand, supporting their back with your forearm.
- Their bottom and legs can rest on the chair or their legs can go up the back of the chair.
Common Breast Problems During Lactation

Engorgement

Engorgement is the feeling that many women get when their milk comes in. You can expect your milk supply to begin to increase, usually 2 to 3 days after you give birth (sometimes 5 days if you had a C-section). Your breasts might become full, hard, and uncomfortable due to swelling and increased milk production. If treated, the discomfort will decrease in 12 to 24 hours. You may also feel a similar fullness when you have not pumped or nursed for a few hours.

What can you do when you are engorged?

Get the milk out! Pump or breastfeed every 2 to 3 hours, or 8 times per day.

Tips to get the milk out

• Use a warm pack or a warm compress for 3 to 5 minutes on the breasts, or take a very warm shower just before pumping or breastfeeding.

• After applying the warmth, massage your breasts to help the milk flow.

• When massaging to relieve engorgement:
  • Lay down
  • massage very gently away from the nipple (toward the middle of your body and toward your armpit) to relieve swelling.
  • Massage very gently toward the nipple to get the milk out.
  • Try to relax by taking some deep breaths and thinking pleasant thoughts.

• If you are breastfeeding, express by hand or pump just to soften the areola (brown area) before you put your baby to the breast, see page 16 for instructions on hand expression.
Providing Breastmilk: Your Gift to Your Baby

Tips to make you feel better

• If your breasts are very painful and swollen, apply ice packs after pumping or breastfeeding. Your baby’s nurse can provide an ice pack.

• Ask your doctor if you can take over the counter medicine to relieve the discomfort.

Pain

Is there any pain with pumping?

Some women feel slight discomfort when they begin pumping but it should not be painful. Discomfort should not last the entire pumping session. If you are feeling pain, try these hints:

• Moisten or use some lanolin on your nipples before pumping to reduce friction.

• Make sure your nipples are centered in the tube. Flanges come in different sizes and your lactation consultant can help you find the right size.

• Adjust the suction. More isn’t always better! The highest that is comfortable is what you want to find.

Is there any pain with breastfeeding?

Many women develop some nipple soreness the first few days of learning to breastfeed. Discomfort when your baby first latches on is natural. You may feel tugging on your nipple with each suck, but not pain.

How can I keep my nipples from becoming sore?

• Ask your baby’s nurse to help with position and attachment (latch). Your nurse can also call Lactation Services for an appointment with a lactation consultant.

• Start breastfeeding on the least sore side since your baby will suck the strongest when he is the most hungry.

• Offer your baby your breast when you see early feeding cues: wiggling and stretching, rotating fists or tongue sucking. Do not wait for crying, which is a late hunger cue. Babies learn to breastfeed best when they are calmly alert and hungry. Not when they are frantically hungry. This may happen before 3 hours! Watch your baby in addition to the clock.

• Nurse more often but for shorter periods.
• If your breasts become firm before a feeding, express by hand or pump for a minute to soften your areola, the brown part beyond your nipple. Your baby will find it easier to latch when the areola is softer.

• When you need to take your baby off the breast, break the suction by putting your finger into the corner of your baby’s mouth and pressing down lightly on the jaw.

Tips to make you feel better

• Keep your nipples clean. A daily shower or washing of the nipple area with water, and a clean change of clothes is enough. Do not use soap on your nipples. Change your nursing pads often.

• If you wear bras, choose a comfortable, well-fitting nursing bra for support (avoid underwire).

• Express a few drops of milk by hand to moisten your breast before your baby begins nursing.

• Leave your breasts open to air and light when possible. This helps to keep your nipples dry.

• Rub a few drops of expressed milk gently onto sore nipples and allow to dry. This can be very soothing and healing.

• Use a small amount of lanolin after a feeding.

• Try wearing commercial hydrogel pads such as Comfort Gel Pads inside your bra to reduce tender nipples sticking to clothing. Your baby’s nurse can give these to you.

If your nipples become tender, cracked or chapped feeling, they may take a few days to heal. If the soreness does not go away or if your nipples become very sore, very cracked or begin to bleed, ask your baby’s nurse to see the lactation consultant.
**Plugged Ducts**

**Should lumps in my breasts concern me?**

It is common for your breasts to feel lumpy when you first begin to make milk. However, a lump that becomes very sore and hard and does not get better by pumping or breastfeeding, is likely a blocked/plugged milk duct. A duct can get plugged when milk builds up in a duct because one area of the breast is not flowing well. The most common area to feel lumps is on the outer side of the breasts.

**Possible causes of a plugged duct**

- Not removing breastmilk often enough
- Wearing a tight or underwire bra
- Carrying a bag that puts pressure on an area of the breast
- Sleeping positions that put pressure on an area of the breast
- Stress and lack of sleep

**Tips to unclog a plugged duct**

- Apply heat to the lump and your breast before pumping or breastfeeding.
- Use gentle massage on the lump before and during pumping or breastfeeding. Follow massage techniques in the breast massage video.
- Begin breastfeeding with the breast that has the lump.
- Have your baby’s nurse or lactation consultant check your baby’s latch.
- Pump or breastfeed every 2 to 3 hours until your breast softens. If your breast does not soften after your baby breastfeeds, pump after the feeding.
- Loosen your bra or go without one.
- Take special care of your needs, especially diet, rest, stress reduction and sleep.
- Tell your doctor about any lumps that are not resolving with these suggestions or are getting worse.
- Blocked/plugged milk ducts can cause mastitis, which is a breast infection.
Mastitis

What is mastitis?

Mastitis is a breast infection, usually caused by a plugged milk duct or an area of your breast that is not draining well. You may feel exhausted and/or have fever or flu-like symptoms (nausea, aching joints, and a severe headache). These symptoms may come on quickly. A part of your breast may feel swollen or tender. You may see a reddened area.

If you notice any of these symptoms, tell your doctor right away. Your doctor most likely will prescribe an antibiotic. You can continue pumping and breastfeeding even if you have mastitis and you are on antibiotics.

Follow all of the suggestions for a plugged duct as well as these suggestions:

- Drink extra liquids.
- Feel your breast for lumps, massage them, pump often and prevent engorgement.
- If you are prescribed antibiotics, finish the full dose even if you feel better.
- It can take a few days for the soreness in your breast to go away, but it should be getting better. If your breast tenderness is not getting better, or is getting worse, tell your doctor right away.

Inverted / Flat Nipples

What are inverted or flat nipples?

Usually nipples will evert (or poke out, looking similar to a bottle nipple) when they are stimulated by a baby sucking, (or with pumping), or when you hold your breast behind the areola and squeeze. Inverted nipples, on the other hand, will move inward when you squeeze the breast. Flat nipples will remain flat. You can tell if your nipple pulls in or remains flat by compressing your breast with your fingers at the edge of the areola.

Having flat or inverted nipples may or may not be a problem. It depends on your baby – some babies breastfeed just fine.
If you are breastfeeding and your baby is having trouble latching due to flat or inverted nipples, ask your baby’s nurse for a lactation consultant to come and assess. There are tools that can be used to help evert the nipples such as breast shells, and nipple everters. Pumping can also help stretch the nipple outward. Some moms use nipple shields to improve breastfeeding.

**Suggestions to improve breastfeeding with flat or inverted nipples**

- Keep your breast from becoming overly full by nursing every 2 to 2½ hours.
- You can use the breast pump or nipple everter for a minute to pull out your nipple. This will also soften the areola (brown area). Your baby will then find it easier to latch on.
- Express by hand or pump just to soften the areola (brown area), then put your baby to your breast.
- Offer your baby the breast before they get frantic so you have time to do some of the suggestions above.
- Dry the nipple area well after the baby finishes nursing. If the nipple retracts while moist, it can cause sore nipples.
- Consider use of a nipple shield.
- Ask to see the lactation consultant who can help with all of the above.
**Thrush**

**What is thrush?**

Thrush is a yeast infection. It may be passed between you and your nursing baby. It can also occur if you are only pumping. **Ask your doctor about starting treatment if you notice any of these signs:**

- Burning or shooting pains in your breasts during and/or after breastfeedings or pumping
- Nipple pain that does not get better when you change your baby’s position, correct their latch, or make improvements in pumping techniques
- Nipple and/or breast pain that develops when breastfeeding has been going well
- Nipple pain that occurs when you are using the pump the correct way
- Nipple itching

**You may see:**

- Red nipples or red shiny areola
- Flaking skin
- White spots like tiny blisters on your nipple
- A white substance inside the folds of your nipple or areolar skin
- Paleness of your nipple after nursing

**You may have:**

- A yeast infection in another part of your body (vaginal infection)
- Recurrent mastitis (breast infections that keep coming back)
- Cracked nipples that do not heal

**Your baby may have:**

- Oral thrush (white patches that look like milk curds or white on the tongue that can’t be wiped off)
- Diaper rash (red pinpoint rash)
- A yeast infection in another part of their body
- Gassiness and crankiness
• Refusal to breastfeed
• Pulling off the breast
• Be on oral or intravenous antibiotics

You and your baby will both need medication. Treatment may include a liquid medicine for your baby’s mouth. Your treatment may include this liquid medicine to dab onto your breast, an antifungal ointment, and may also include an antifungal medication taken by mouth. When you start treatment, you should feel better within 3 days. You and your baby should have no symptoms within 10 days. Topical treatment should continue for 2 weeks. You may need more than one round of treatment to get rid of thrush.

Suggestions for when you and your baby are on treatment

• After each breastfeeding, wipe your baby’s mouth with clear water. Apply the medicine inside your baby’s mouth after a feeding.
• Replace all pacifiers with new ones once treatment has begun.
• For your treatment, you can apply a preparation of one part vinegar to 4 parts water to your breast in the early stages of a yeast infection. Do not do this if your skin is open or broken.
• After breastfeeding or pumping, you should rinse your nipple and areola with clear water, pat dry, then rub in a thin film of the ointment so that it is absorbed. Spread the medicated ointment ¼ inch beyond the affected area. You do not need to wipe off the ointment before the next feeding.
• Wash any pumping or breastfeeding equipment (breast pump cup, shells or shields) with very hot soapy water and then air dry. Sterilize your equipment once per day.
• Wash your nursing or pumping bra frequently in hot water. Wear disposable breast pads (if needed) and change them several times per day.
• Take special care of your needs, especially diet, hygiene, rest and sleep.

Remember that treatment often continues after the symptoms are gone to help make sure the infection does not come back.
Room Sharing is Safer than Bed Sharing!

Safe Sleep Saves Lives!
As a new parent, one of the most important decisions you will make is where your baby will sleep. The following information will help you keep your baby safe from Sudden Infant Death Syndrome (SIDS), suffocation and accidents during sleep.

The safest place for your baby to sleep, for at least the first six months, is in a crib placed near your bed.

Important Things to Know!
Research shows that bed sharing (falling asleep with your baby) can be unsafe. Bed sharing is the most unsafe if:

- You smoked during pregnancy, or if you or your partner smoke now
- Your baby is less than 11 weeks old
- Your baby was born too early or at a low birth weight
- You or your partner have taken drugs, alcohol or medications that make you sleepy

Falling asleep with your baby on a couch or armchair is very unsafe.

It is also very unsafe for other adults, children or pets to share a sleep surface with your baby.

Adult Beds are Not Safe for Sleeping Babies!
- Soft bedding, such as pillows, blankets and quilts increase your baby’s risk for SIDS and suffocation
- Adults or other children in the bed can accidentally roll too close to or onto your baby while they sleep
- Babies can get trapped between the mattress and the wall, headboard, footboard or another piece of furniture
- Your baby could fall from the bed and get hurt
Create a Safe Sleep Zone!

- Your baby should sleep on a firm mattress covered with only a tight-fitting crib sheet
- Use a wearable blanket or other type sleeper instead of blankets to keep your baby warm and safe
- Soft or pillow-like bumpers, wedges and positioners should never be used in your baby’s sleep area
- Always place your baby on her back for sleep!

Make sure your baby has a safe place to sleep when visiting or traveling!

Research shows that pacifiers can greatly reduce the risk of SIDS!

- Offer a pacifier at nap time and nighttime
- Wait one month to offer a pacifier if you are breastfeeding
- Never use a pacifier to replace nursing or feeding
- Don’t worry about putting the pacifier back in your baby’s mouth if it falls out after he falls asleep
- Never coat your baby’s pacifier with anything sweet
- Don’t use a string or anything else to attach a pacifier around your baby’s neck or to clothing
- Limit pacifier use to the first year of life

The American Academy of Pediatric Dentistry also says that pacifiers will not cause long-term problems for your baby’s teeth if stopped by age three.

Breast Milk is Best for Your Baby’s Health!

- If you can, give your baby only breast milk for at least the first six months
- Breastfeeding gives you lots of time to cuddle and bond with your baby
- Breastfeeding helps protect against many illnesses
- It’s OK to nurse your baby in bed, but when it’s time to go to sleep, place your baby in a separate, safe sleep area near your bed
- Studies show that offering your baby a pacifier beginning at one month, when your baby is nursing well, will not cause problems with breastfeeding

It is the goal of First Candle’s Bedtime Basics for Babies® Campaign to ensure that every parent has access to a safe crib and is aware of and understands the importance of safe sleep practices in caring for their baby. Infant deaths caused by unsafe sleep practices can be prevented.
Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handbook has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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