

Information for Breastfeeding Families



HALIFAX HEALTH



Live your life well.

Choosing how and what to feed your baby is a personal decision that deserves careful and thorough consideration of the facts, your opinions, and options. Feeding your baby breast-milk or bottled formula are both healthy and responsible decisions, each with advantages and disadvantages. How and what to feed your baby is a decision that should “fit” you, your baby, and your family. Currently, approximately 75% of our new moms choose to breastfeed—above average for the state of Florida.

At Halifax Health Medical Center, our experienced lactation consultants are available to teach you how to properly “latch” your baby to avoid soreness and ensure a rhythmic flow of milk. Breastfeeding should begin as early as possible (ideally within an hour of birth), and feedings should be frequent - as many as 8 to 12 times per day. Most healthcare professionals recommend breastfeeding for your baby’s first year (including the American Academy of Pediatricians and the National Association of Pediatric Nurse Associates and Practitioners). Breast milk is the best source of nutrition for the first six months of life and contains appropriate amounts of carbohydrate, protein, and fat, and provides digestive enzymes, minerals, vitamins, and hormones that infants require. Breast milk also contains antibodies from the mother that can help the baby resist infections. Experts agree that breastfeeding your baby for any length of time, regardless of how short, is of benefit to you and your baby.

Talk to our Halifax Health Lactation Consultant today at 425.5105 or ellen.barton@halifax.org.

Join one of our breastfeeding support groups.

Port Orange

Every Tuesday
10:00 am - 12:00 pm

Port Orange Family YMCA
Healthy Living Center
4701 City Center Parkway

Ormond Beach

Every Wednesday
10:00 am - 12:00 pm

Ormond Beach Family YMCA
Healthy Living Center
500 Sterthaus Dr.

Breastfeeding Begins Before Birth

Gather Your Breastfeeding Team

Everyone needs help as a new breastfeeding parent. Before you deliver, locate those who can help you get started.

- › Friends who have breastfed before
- › Family member
- › Obstetrician/Midwife
- › Pediatrician
- › Lactation consultant
- › WIC counselor
- › Peer support group

Learn About Breastfeeding

- › Read a breastfeeding book/brochure
- › Attend a breastfeeding class or peer support group
- › Ask about things you have heard that you might wonder about or might be untrue
- › Learn about the Baby Friendly Hospital Initiative and how it will help you get started with breastfeeding
- › Access additional helpful resource sheets

<https://www.lactationtraining.com/resources/educational-materials/handouts-parents>

Key Points

- › Hold your baby skin-to-skin right after birth until the first feed
- › Delay common procedures until the first feeding is done (newborn weight, eye treatments, vitamin K)
- › Keep your baby in your hospital room around the clock (rooming-in)
- › Feed your baby around the clock whenever you see feeding cues (at least 8 times per 24 hours)
- › Plan for quiet time without visitors during your hospital stay
- › Do not use pacifiers; offer your breast if your baby is fussy or wants to eat
- › Use no supplemental bottle feedings unless your healthcare provider says there is a medical reason
- › Do not accept samples of formula or other items that might distract from breastfeeding

Risks of Not Breastfeeding

For Infants

It may not seem like offering your baby a bottle of infant formula has any consequences. However, it does. And there are some drawbacks to just one bottle of infant formula. Before you make a decision, consider these things. Ask your nurse, physician, or lactation consultant for more details if you have questions.

Increased risk of:

- › Infections (lung and GI tract)
- › Childhood obesity
- › Type 1 and type 2 diabetes
- › Childhood cancer
- › Sudden infant death syndrome
- › Otitis media (ear infections)
- › Lower respiratory tract infections
- › Asthma
- › Atopic dermatitis (skin allergies)
- › Heart disease and high blood pressure
- › Diarrhea
- › Necrotizing Enterocolitis in premature infants
- › Colic and stomach upset
- › Changes the digestive bacteria in your baby's GI tract
- › Dental malocclusion

If you are breastfeeding, offering a bottle can:

- › Reduce your breast milk supply
- › Change your baby's suck at the breast
- › Reduce your baby's desire to breastfeed

If infants were breastfed optimally (6 months exclusively, continuing for a year or more), it would save 721 infant lives and \$14 billion annually.*

*Bartick M. Suboptimal Breastfeeding in the United States: Maternal and pediatric health outcomes and costs. Maternal and Child Nutrition 2017

For Mothers

It may be surprising that there are risks of not breastfeeding. The longer the mother breastfeeds, the lower the risks.

Increased risk of:

- › Premenopausal breast cancer
- › Ovarian cancer
- › Obesity
- › Retained pregnancy weight gain
- › Type 2 diabetes
- › Myocardial infarction (heart attack)
- › Metabolic syndrome
- › Osteoporosis
- › Rheumatoid arthritis

If infants were breastfed optimally (6 months exclusively, continuing for a year or more), it would save 3,340 lives from only 3 diagnoses (breast cancer, hypertension, and MI) annually.*

In addition, there is the risk of possible contaminated formula or improper preparation of ingredients. There have been several recalls by formula manufacturers in recent years.

The Centers for Disease Control, The American Academy of Pediatrics, the World Health Organization, and other professional groups involved in infant health all recommend exclusive breastfeeding for the first 6 months, and then continuing for 1-2 years with the gradual introduction of solid foods.

Five Keys to Successful Breastfeeding

Keep your baby skin to skin with you until after the first feeding

The first feeding sets the pace for next several feedings. In the time right after birth, babies are often awake and ready to feed during that hour. Take advantage of this special time by asking the nurses to delay the eye treatment, weight, and routine injections until after the first feeding. Your partner can do skin-to-skin too, especially if you have had a cesarean and skin-to-skin may be delayed a bit. Ask your nurse for assistance.

Room in with your baby

Keep your baby with you during your hospital stay so you can learn your baby's hunger cues and feed on demand. Babies typically feed more than 8 times each 24 hour day for the first several weeks. Offer the breast whenever your baby seems willing.

Avoid supplementary feedings

All your baby needs is you! Rarely is there a baby who needs more than the breast in the first 24 hours. Offer the breast often. The fast flow and different feel of a bottle nipple can confuse babies and make subsequent feedings difficult.

Breastfeed whenever your baby seems hungry. Observe your baby for feeding cues: mouthing, sticking the tongue out, bringing hands to the face; offer the breast – before he begins crying.

Limit the use of pacifiers and swaddling

Anytime your baby seems hungry, offer the breast. In-between, continue your skin to skin holding. Later your health care provider may recommend the use of a pacifier to reduce the risks of SIDs, but not until breastfeeding is well established.

Babies who are constantly swaddled do not wake up as often for feeding. And their hands help them find the way, so babies' hands should be free during feedings. Frequent feedings in these early days assures that you will bring in an abundant milk supply and your baby will feed adequately.

Ask for help

If things don't seem to be going well, or your breasts become sore, ask to see the lactation consultant in the hospital. She can watch a feeding and give you tips on how to hold your baby at the breast. When you get home, contact a breastfeeding support group, a lactation consultant in the community, or other breastfeeding assistance. A family member who was successful with breastfeeding may be able to help.

Colostrum First

Colostrum is the “first milk” that a breastfeeding mother produces in the weeks before delivery and in the early days of breastfeeding. It is just waiting for your baby to be born. This special milk is low in fat and high in carbohydrates, protein, and antibodies; it is also extremely easy to digest. Although the amount of colostrum is low, it is high in concentrated nutrition. It is the perfect first food!

If you worry that you have no milk the first few days after delivery, remember that a little bit of colostrum goes a long way. Put your baby to breast often for him to “sip” on colostrum. This helps bring in your “second milk,” the mature milk, sooner.

- › Colostrum has a laxative effect on your baby, helping him pass meconium which aids in the first bowel movements and helps prevent jaundice.
- › Colostrum is often called “white blood” because it provides large amounts of living cells (lymphocytes and macrophages, similar to those in blood) which will defend your baby against infections and illnesses.
- › Colostrum has an especially important role in protecting your baby’s gastrointestinal tract. A newborn’s intestines are very permeable (leaky). Colostrum seals the microscopic holes by “painting” the gastrointestinal tract with a barrier which prevents most foreign proteins (from food the mother has eaten or from infant formula) from penetrating the gut and possibly sensitizing your baby to an allergy.
- › Colostrum is considered your baby’s first immunization because it contains large quantities of an antibody called secretory immunoglobulin A (sIgA).
- › As breastmilk changes from colostrum to mature milk, the concentration of immune factors and antibodies decreases but the volume of breastmilk greatly increases. Therefore, the amount of infection fighters your baby receives remains fairly constant throughout breastfeeding.

To help your baby get the full benefit from colostrum, make sure the first several feedings are colostrum. If supplementation becomes necessary for a medical concern, try expressing some of your own colostrum. You can express some colostrum by hand or use a breast pump and feed your pumped milk to your baby by spoon or syringe. Ask your lactation consultant for assistance. Make sure your baby’s gut is first protected by colostrum before other fluids are given.

Breastfeeding in the Hospital

Getting the best start, right in the hospital in the first few days of your baby's life, is key to long-term breastfeeding.

Talk to your healthcare providers during your pregnancy so they are aware of your wishes. Talk to your labor nurse when you arrive at the hospital to assure that she knows your wishes and can help you when the time arrives.

First, ask that your baby be put on your tummy right after delivery

- › Hold skin to skin and watch your baby crawl up to the breast for the first feeding. This may happen from 10 to 40 minutes after birth.
- › Keep your baby skin-to-skin until the first feeding.
- › Delay the eye treatment, first weight, newborn injections and other procedures that are common right after delivery until the first feeding is finished.
- › If you give birth by cesarean-section, your partner can hold your baby skin-to-skin until you are able to initiate breastfeeding. Some hospitals will do skin-to-skin even right after cesarean. Ask.

Second, keep your baby right with you at all times (rooming-in)

- › If you are moved from the delivery area to the maternity area after the birth is over, hold your baby skin-to-skin during this transfer. Cover you both with blankets.
- › Your baby can't breastfeed in the hospital nursery. Keep your baby with you so you can respond easily and quickly every time you see feeding cues.
- › Feed your baby at least 8 times each 24 hour day on demand.
- › Look for feeding cues:
 - › Waking up, becoming agitated
 - › Rooting (turning head and opening mouth)
 - › Licking, smacking, mouthing movements
 - › Sucking on fingers or fist
 - › Crying is the last cue. Don't wait for that!
- › Continue holding your baby skin-to-skin, before feedings, after feedings, and whenever your baby is upset.

Avoid unnecessary supplementation

- › Feeding right after birth assures that your baby gets a nice big feeding right away. Then offer the breast often.
- › If you are unsure your baby is breastfeeding properly, ask for help! Your nurse can give you pointers and if you need more assistance, ask to see the lactation consultant.

When to Call a Lactation Consultant

Call a lactation consultant for additional instruction and support if your baby:

- › Is jaundiced
- › Refuses to latch-on
- › Is not gaining weight quickly (3/4 - 1 oz per day)
- › Is gaining weight too quickly (more than 1 ½ oz per day)
- › Cries a lot and is fussy
- › Feeds “all of the time”
- › Is premature or a “late preterm” baby
- › Spits up “a lot”

Call a lactation consultant for additional instruction and support if you:

- › Have flat or inverted nipples
- › Have sore nipples
- › Are engorged
- › Are ill or need to have surgery
- › Have a low milk supply
- › Are returning to work
- › Experience mastitis (breast infection)
- › Wish to breastfeed an adopted baby
- › Experience stress around feedings
- › Need to take medications
- › Need advice about selecting an appropriate breast pump
- › Are receiving conflicting advice or discouragement to breastfeed
- › Or, anytime you are unsure if breastfeeding is going well

Breastfeeding Moms' Survival Guide for the First Two Weeks

Breastfeed whenever your baby shows feeding cues

It sounds like a lot, but your baby needs your milk and your breasts need the stimulation to bring in an abundant milk supply. Newborns need to be fed around the clock so that they get 8 or more feedings each 24 hour period.

Wake your baby up well before feedings

A drowsy baby will not feed for long. Undress to the diaper, rub the tummy and back, talk to and rock your baby until the eyes open. A good strategy is to put the baby naked (except for a diaper) on your chest skin to skin for 1/2 hour prior to feeds.

Keep your baby sucking through the feeding

If your baby drifts off to sleep, “bug baby” to keep awake. Massage, use cool wash cloths, blow on baby’s face, and talk to keep your baby feeding. Look for vigorous sucking on each breast.

Try baby led latching

Get in a reclining position and place the baby on top of you in any position that is comfortable for you. Allow the baby to locate the breast and latch-on. Baby’s head will bob to locate the breast. When the chin feels the breast first, the mouth will open wide and latch-on. Try again if you feel any nipple pain.

If your breasts get full, have your baby empty them for you by frequent feeding

Engorgement is natural in the first few days. Emptying your breasts helps. Massage your breast during the feeding to empty them more completely. If that is not enough, you may use a breast pump prior to feedings to get the milk flowing and shape the nipple, then feed the baby. After feedings, if you are still over-filled, use the breast pump again. Ice is also a good way to slow down breast milk production at this time. And it will feel good!

Look for one wet diaper according to baby's age until day 6

For example, three wet diapers on day three, four on day four, and so on. Continue with six wet diapers and 2-3 stools daily. More is fine, but if you are not getting these minimums, call a lactation consultant or your health care provider for evaluation of your situation and advice.

If your nipples get sore

Try the sandwich hold. Gently squeeze the breast into a “sandwich”. Create an oval of the areola with your thumb lined up with your baby's nose, your fingers under the breast.

When do I get to sleep?

Sleep when your baby sleeps. Newborns tend to feed a lot at night and sleep more during the day. Around the clock feeds are grueling and you can maximize your sleep by napping when your baby does. Accustom yourself to these quick “cat-naps” to help you feel refreshed. You can also encourage the baby to spend more time awake during the day by feeding and playing.

Find your groove

It will take several weeks for you and your baby to get into a pattern of feedings and nap times. Go with the flow and learn what your baby's natural rhythms are. Schedules don't tend to work until the baby is a bit older and bigger. You can encourage a more predictable pattern later.



HALIFAX HEALTH
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halifaxhealth.org/breastfeeding