



BREASTFEEDING

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Whether or not to breastfeed your baby is a very personal choice and your decision to make. There are several advantages to breastfeeding and providing breast milk to your baby. These include fewer infections and health problems in the baby. It can also help you decrease future risk of diseases and help lose weight. Prior to pregnancy you may consider lactation classes which are offered at our hospital locations as well as other locations in the city. After delivery your nurses and lactation consultants are great resources. We have provided you with a helpful book of information made by Allina called “Beginnings: pregnancy, birth and beyond”. This book provides helpful instructions, tips and illustrations for breastfeeding. This can be found in Chapter 11 on page 205. In addition, you can also watch a short video called “Breastfeeding your baby” at www.allinahealth.org/pregnancy.

ENGORGEMENT

Engorgement is when the breasts become swollen, firm and tender due to increased milk production. Sometimes the breasts feel warm and a low grade temperature may be noted. Managing this involves continuing to breastfeed your baby. It can be helpful to hand express or pump minimally just prior to a feeding to soften the nipple to improve breastfeeding. Warm compresses and showers may also help. Avoid pumping too much as this can increase the supply and worsen the problem.

MASTITIS

Mastitis is an infection of the breast. The most common findings are tenderness, redness, and firmness in one breast. Women typically have a temperature of 101 degrees F or more. It is usually accompanied by generalized body aches. If you are concerned you may be experiencing mastitis please call the office for a visit.

SORE NIPPLE MANAGEMENT

Breastfeeding is meant to be a comfortable, pleasant experience. However, many new mothers still find their nipples tender for the first few days when the baby starts nursing. This usually disappears by 1-2 weeks.

To help prevent nipple tenderness, make sure you have the correct positioning and a deep latch. You can apply lanolin to your nipples after nursing.

Vary nursing positions for the first week.

Breastfeed frequently, about every one and one-half to three hours. Keeping your baby on an artificially longer schedule may make him frantically hungry and increase the likelihood of vigorous nursing and tender nipples.

Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby’s mouth between his jaws. Don’t take him away until you feel the suction break.

After nursing your baby, express a little breast milk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible. Never use soap or alcohol on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe.

If your nipples do become sore, try these suggestions:

- Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
- Limit the nursing time on the sore nipple.
- Express a little milk first to stimulate let down.
- Massage your breasts while nursing. This helps stimulate the milk to flow.
- Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
- If your nipples become dry or cracked, use a little USP Modified Lanolin on them. This forms a moisture barrier so they stay dry.

If your nipples are painful, blistered or bleeding please call our office. Your pediatricians also have lactation consultation resources available as well.

BREASTFEEDING OPTIONS FOR WORKING MOTHERS

Full time Nursing means you can nurse the baby during the workday OR you want to express milk often enough (at least every 3-4 hours) to be able to provide all the milk your baby needs while separated from you. Formula will be used in only rare instances when you don't have quite enough breast milk.

At least two to three weeks prior to returning to work begin practicing with expressing milk by hand or with a pump to become familiar with the technique. Most women find they have more success pumping milk in the morning. Try this about one hour after the baby nurses. Just pump for 10-15 minutes at the most and do it consistently each day. Expressing more than 1-2 times per day is not recommended and can lead to oversupply. You can build up a store of milk in the freezer for when you return to work. Many women notice that their milk supply goes down by the end of the work week.

Breast milk, when removed from the refrigerator or freezer, may appear discolored (yellow tinged, bluish green, even a little brown). Breast milk changes in color and composition as the postpartum period progresses. This does not mean the breast milk is bad. The following is a good guideline for safely storing your breastmilk:

| Where | Temperature | Time |
|---|--------------------|---|
| At room temperature (fresh milk) | 66° to 78° F | 4 hrs (ideal) up to 6 hrs (acceptable) |
| Insulated cooler bag | 5°-39° F | 24 hrs |
| In a refrigerator | < 39° F | 72 hrs (ideal) up to 8 days (acceptable if collected in a very clean careful way) |
| Freezer (compartment of refrigerator) | 5° F | 2 weeks |
| Freezer (compartment of refrigerator with separate doors) | 0° F | 3-6 months |
| Deep Freezer | -4° F | 6-12 months |

Occasional bottle-feeding of pumped milk should begin by about 4 weeks after delivery even if you are not planning on returning to work until your baby is several months old. Introduce the baby to the bottle 1-3 times per week by letting dad or someone else feed some of your pumped milk by bottle. It doesn't need to be a "full" feeding; the intent is for the baby to get used to how to drink milk from a rubber nipple and bottle.

When you are at work pump milk every 2-4 hours. You may not have to pump at the same time every day but express milk often enough to prevent engorgement and to maintain supply. All Minnesota employers must provide employees with a room other than a bathroom (and reasonable unpaid break time) to pump their milk. Talk with your employer before going on a maternity leave.

If your milk supply decreases throughout the week, plan to breastfeed as much as possible over the weekend to help build your supply. If your employer allows, returning to work on a Wednesday or Thursday the first week will help you and your baby to adjust until the weekend, when you can breastfeed more frequently to build up your supply.

SUGGESTED BOOKS ON BREASTFEEDING

"The Womanly Art of Breast Feeding" by: LaLeche League International

"Breast Feeding your baby" by: Sheila Kitzinger

"Best feeding: Getting Breast feeding right for you" by: Mary Renfew, Chloe Fisher, Suzanne Arms

"The Nursing Mothers Companion" by: Kathleen Huggins



BIRTH PLAN WORKSHEET

GOALS FOR MY DELIVERY:

PLAN FOR ATTENDANTS AT MY DELIVERY (PARTNER, FRIENDS, FAMILY, DOULA):

**WISH LIST FOR LABOR AND DELIVERY: DELIVERY:
(PLEASE NOTE WE DO NOT SHAVE PATIENTS OR GIVE ENEMAS)**

PAIN RELIEF:

FEEDING PLAN:

CIRCUMCISION (IF A BOY):

POSTPARTUM WISH LIST:

DISCHARGE PLANNING:



