

Common Concerns

SLEEPY BABY

Your baby may have some sleepy days when it's hard to keep them interested in feeding. Try undressing them down to the diaper. Sometimes rubbing the bottoms of their feet or back can help keep them awake. Massage and compress your breast during the feeding to increase your milk flow. This can be a gentle reminder to continue sucking. Switch breasts several times during a feeding and talk to your baby while you are nursing. This will help strengthen your bond and may keep them interested in finishing the feeding. Be patient with a sleepy baby and don't give up thinking your baby doesn't want your breast milk. Sometimes it may take a few weeks for them to stay awake during feedings. Hand expressing your milk into a spoon and feeding it to your baby can help reassure you that your baby is getting enough to eat.

BURPING

After feeding, try to burp your baby. Not all babies will burp in the first few days after birth. To burp, pat the baby's back gently or stroke the back with an upward motion. If your baby doesn't burp after a few minutes, resume the feeding.

Over the shoulder



Lying belly-down across your lap



Sitting in your lap with chin supported



GROWTH SPURTS

You may find that your baby has days when they want to feed more than usual. Many new parents worry that something is wrong, but this is common. The need to breastfeed more often usually lasts a few days to a week. Then your baby will return to feeding less often. These hungrier periods are known as "growth spurts." And they're your baby's way of increasing your milk supply so they can grow. Although these times may be more demanding for you, trust when your baby's telling you they need to breastfeed more often and follow their feeding cues. As long as you don't hold back your baby's need to breastfeed, your milk volume should be just right.

ENGORGEMENT

Your milk supply really starts increasing around 2-5 days after childbirth. When it does, your breasts may become larger, and feel heavy or warm. This is called engorgement. It's caused by increased blood flow to the breasts, swelling of the surrounding tissue, and the increase of milk. For some people, the breasts will be swollen and uncomfortable. Others may feel a throbbing sensation and discomfort as milk begins to flow. Everyone's experience is different. But breast swelling usually goes down within 1-2 days.

You can minimize or prevent engorgement if you:

- Breastfeed often and don't skip feedings
- Don't limit time at the breast
- Make sure baby is latched properly
- Express milk regularly when baby's not nursing well
- Use massage during the feeding to help milk flow
- Apply cold compresses for 15-20 minutes after a feeding
- Don't wear a bra that's too tight—it can decrease milk supply
- Avoid early use of pacifiers, bottles, and formula

If the breast becomes too full and the areola is hard, it may be difficult for your baby to latch on. It may help to apply a warm compress for a few minutes or even hand express some milk to soften the nipple area first.

BLOCKED DUCTS

Sometimes, your milk flow gets clogged. This happens when you have a plugged milk duct. They can feel like pea-sized lumps or maybe an area of your breast feels engorged. Often, they're sore to the touch—like a bruise. But sometimes, they're warm to the touch.

Causes of blocked ducts:

- Engorgement from oversupply or poor latch-on
- Infrequent or skipped feedings
- Pressure from a tight or underwire bra
- Pressure from your thumb or finger
- Stress or fatigue
- Breast surgery

Treatment for blocked ducts:

- Take a warm shower or apply a warm pack to affected area
- Have frequent feedings
- Massage affected area toward the nipple while nursing
- Hand express or gently pump after feedings
- Apply cold pack to affected area if there's discomfort after feedings
- Drink plenty of fluids
- REST

MASTITIS

When one of your milk ducts is blocked, it can become tender and inflamed. This is called *mastitis*. It can cause fever, chills, and flu-like symptoms and there's a risk of infection. If you have these symptoms—along with swelling, pain, redness, and a hard red lump—call your health care provider. Mastitis needs immediate medical attention.

SORE NIPPLES

Some people experience nipple tenderness in the early days of breastfeeding. A little tenderness is not cause for alarm. This usually peaks around days 3-4, is better by day 7, and is gone within 2 weeks. With this pain, there's no skin damage—no cracks, blisters, or bleeding. It feels more like chapping.

Your nipple should look the same before and immediately after feeding—not flattened, creased, or pinched. Some people experience latch-on pain that lasts about 30 seconds into the feeding. It's often described as mild pain or discomfort. But because pain is subjective, everyone experiences it differently, some feel more severe pain. The pain should not continue through the entire feeding, and there shouldn't be pain between feedings.

When should I be concerned about sore nipples?

If you notice cracking, bleeding, or any other nipple damage, this is not "normal."

Do not let someone tell you everything looks fine. There's likely an underlying cause. This means that something is causing the damage—like an anatomical issue or infection.

Get help if you experience any of these symptoms:

- Intense, excruciating pain
- Pain that continues through the entire feeding
- Pain between feedings
- Pain that continues past the first couple of weeks
- Skin damage, like cracks, blisters, or bleeding

If you're struggling, please don't simply assume "this must be what breastfeeding is like." And don't be too hard on yourself. Ask for help! Your pain can have a number of causes and you want to get to the bottom of it. Call your lactation consultant or health care provider. Don't let the problem get worse.

ALCOHOL

Most sources advise limiting alcohol intake to no more than 1 drink per day. You should wait a minimum of 2 hours after drinking before breastfeeding your baby.

Alcohol:

- Passes through your breast milk to your baby
- May decrease the length of time your baby nurses
- May change the taste of your breast milk
- Peaks in breast milk 60-90 minutes after you consume it
- Can be detected for 2-3 hours per drink after you consume them

SMOKING AND VAPING

When you're breastfeeding and you inhale chemicals, so does your baby. Plus, it can make breastfeeding more challenging. So smoking or vaping is never a good idea for a breastfeeding parent.

Dangers of smoking and vaping:

- Causes nicotine to pass into your breast milk
- Decreases your milk supply
- Increases your baby's risk of SIDS
- Takes 95 minutes for half of the nicotine to be eliminated from your body

MARIJUANA (CANNABIS)

Although research is evolving, many studies confirm that a breastfeeding parent who smokes, vapes, or ingests marijuana can pass drug byproducts to their baby through breast milk. The psychoactive component of cannabis, THC, enters breast milk in small quantities. But studies have shown that it can be detected in breast milk up to 6 weeks after ingestion. THC can cause sleepiness in babies, which can result in slower weight gain and overall development. Marijuana use may also inhibit a parent's milk production and increase their baby's risk of SIDS. Health experts strongly recommend that parents avoid or limit the use of any cannabis products while breastfeeding.

MEDICATIONS AND DRUGS

Almost all medications will pass into your milk in a small amount. Very few medications need to be avoided. However, antihistamines, some decongestants, and hormonal birth control can have an effect on your milk supply. Always check with your provider or lactation consultant before taking any medications. This includes over-the-counter medications, vitamins, and herbal supplements. If you're using illegal and street drugs—like cocaine, heroin, and amphetamines—you will pass them to your baby through your breast milk. As you can imagine, this is very harmful to your baby.



Resource: www.infantrisk.com/categories/breastfeeding

Expressing Breast Milk



SCAN + PLAY

If you and your baby must be separated during your hospital stay, it's important you replace breastfeeding with pumping or hand expression. It's ideal to begin expressing your milk within 1 hour of the birth—6 hours at the very latest. If possible, pump for about 20 minutes with a double electric pump every 2-3 hours. Yes, even at night. Your goal is 8 pumping sessions in 24 hours. Many hospitals will provide pumps for you. Make sure to track your milk production over a 24-hour period. During the first couple of weeks, you should be getting more milk each day.



When you skip a feeding—or if you're not breastfeeding regularly—it signals your body to slow down or even stop milk production. That's why it's important to express during times when breastfeeding isn't an option.

HAND EXPRESSION

Milk expression for storage can also be done by hand. Before collecting your milk, wash your hands with soap and hot water. Make sure you choose clean containers that can be closed with airtight seals. Look for hard plastic or glass storage containers. If you're using plastic, make sure it's labeled BPA-free. You can also get special bags made especially for storing breast milk. Avoid using ordinary plastic storage bags because they can leak or spill.

Why is hand expression important?

- Helps reassure you that you have breast milk
- Helps promote latch and increase milk volume
- Expressed milk may be spoon-fed to your baby
- Great companion skill to pumping breast milk

1

Wash your hands with soap and water.



2

Have a clean container (bowl or cup) ready to catch your milk.



3

Gently massage each breast from the top toward the nipple to help the milk flow more easily.



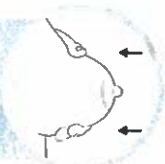
4

Place your hand in a wide, C-shaped hold on your breast.



5

Press in toward chest wall.



6

Compress your breast to express milk, then relax. Don't rub or move your fingers on your skin.



7

Rotate your fingers to another position on the breast and repeat.

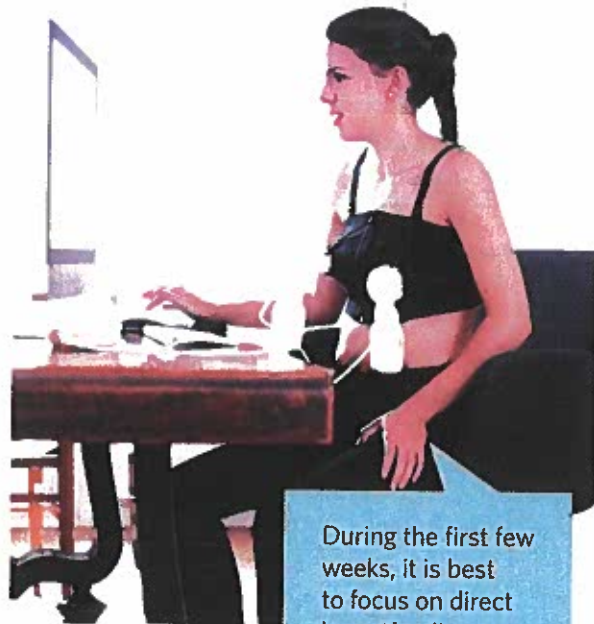


BREAST PUMPS

There are many types of breast pumps. Hand pumps can be useful for short, occasional absences from the baby. So can battery-operated single breast pumps. But for longer or regular separation from your baby—like when you’re returning to work—we recommend using an electric pump. They’re as close as it gets to the real thing. These pumps mimic the suck of a breastfeeding baby and provide the added benefit of double pumping (pumping both breasts at the same time). The result? You get optimal milk production. Always contact a lactation consultant to get individualized information about pumping.

How often to express

When illness or separation is not a factor, you can begin collecting and storing breast milk for future feedings after about 3 weeks. By then, you’ll have an idea how well breastfeeding is going. It may take several pumping sessions over several days to collect enough breast milk for a full feeding. Just stick with it. Breastfeed your baby as usual, then follow with a 5-10 minute pumping session. Mornings are a good time, but don’t express more than 1-2 times a day.



During the first few weeks, it is best to focus on direct breastfeeding.

STORING BREAST MILK

Tips for storing breast milk:

- With waterproof label and ink, write date on container (and name if going to childcare).
- Store in small amounts (2-4 ounces) and always use oldest milk first.
- Keep milk collected from 1 day separate from other days.
- It’s ok to combine expressions from a single day to get the amount you need for container.
- If combining, refrigerate newly collected milk 1 hour before adding to already collected milk.
- Thaw milk by putting container under warm running water or in a bowl of warm water.
- Do not microwave or boil breast milk to thaw.
- Swirl milk in the container to mix it.

HUMAN MILK STORAGE GUIDELINES

Always ask your lactation consultant or health care provider for the best storage guidelines and recommendations. For premature babies, these guidelines may be a little different. **If pumping and storing for a premature baby, please talk to your health care team about proper storage.**

Type of Breast Milk	Storage Location			
	Countertop 60-80°F (16-29°C) (room temperature)	Refrigerator 40°F (4°C)	Freezer 0°F or colder (-18°C)	Deep Freezer -4°F (-20°C)
Freshly Expressed/Pumped	4-8 hours <u>4 hours ideal</u>	4-8 days <u>4 days ideal</u>	3-6 months <u>3 months ideal</u>	6-12 months is acceptable
Thawed, Previously Frozen	1-2 hours	Up to 1 day (24 hours)	Never refreeze human milk after it has been thawed	
Left Over from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding			

Sources: The Academy of Breastfeeding Medicine, CDC and Human Milk Banking Association of North America

BABY'S DAILY FEEDING LOG

Quality: Evaluate each feeding by writing **G** for good, **F** for fair and **P** for poor*
 Diapers: Circle around one **W** for each wet diaper and one **S** for each soiled diaper
 For more details, scan the Scan + Play code and watch the video.



SCAN + PLAY

Sample (The first box on day 1 is the first feeding after birth. The first box on day 2 should be 24 hours after the birth time.)								
Time	2:30 PM	5PM	8PM	10:30 PM	1:30 AM	4AM	7:30 AM	10:15 AM
Quality	F	P	G	G	F	P	F	F
Wet diaper: W W W W W W W W W				Black soiled diaper: S S S S S S				
Day 1 (Birthday 0 to 24 Hours)		Day 1 Goals:		Attempt 8 feedings • 1 wet diaper • 1 black soiled diaper				
Time								
Quality								
Wet diaper: W W W W W W W W W				Black soiled diaper: S S S S S S				
Day 2 (24 to 48 Hours)		Day 2 Goals:		At least 8 feedings • 2 wet diapers • 2 brown soiled diapers				
Time								
Quality								
Wet diapers: W W W W W W W W W				Brown soiled diapers: S S S S S S				
Day 3 (48 to 72 Hours)		Day 3 Goals:		At least 8 feedings • 3 wet diapers • 3 green soiled diapers				
Time								
Quality								
Wet diapers: W W W W W W W W W				Green soiled diapers: S S S S S S				
Day 4 (72 to 96 Hours)		Day 4 Goals:		At least 8 feedings • 4 wet diapers • 4 yellow soiled diapers				
Time								
Quality								
Wet diapers: W W W W W W W W W				Yellow soiled diapers: S S S S S S				
Day 5 (96 to 120 Hours)		Day 5 Goals:		At least 8 feedings • 5 wet diapers • 4 yellow soiled diapers				
Time								
Quality								
Wet diapers: W W W W W W W W W				Yellow soiled diapers: S S S S S S				

*Good – latches easily, steady sucking, some swallowing heard
 Fair – took several attempts to latch, short sucking with long pauses, minimal swallowing
 Poor - difficulty remaining latched, baby fell asleep, no swallowing heard