

Breastfeeding: **A MOTHER'S GIFT**



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PROVENA

Mercy Medical Center

FAMILY BIRTH CENTER

ALL FOR YOU.™



Table of Contents

Introduction	1
Rooming In	1
Getting Started	3
Frequency and Duration	4
Waking a Sleeping Baby	5
Feeding Cues	5
Finishing Cues	5
Supply and Demand	5
Signs of Adequate Supply	6
Why No Bottles or Pacifiers	7
Let Down Reflex	8
Growth Spurts	8
Nutrition	9
Possible Problems and How to Overcome Them	10
Returning to Work	14
Special Needs Babies	17
When to Seek Assistance	17

FAMILY BIRTH CENTER MISSION STATEMENT

In the spirit of the Gospel, the mission of Provena Mercy's Family Birth Center is to provide a safe and comfortable environment where women and their families can enjoy a birth experience that exceeds their own personal expectations.



Congratulations on the birth of your baby and your decision to breastfeed!

You have chosen the very best feeding method for your baby. Breastmilk is the most nutritionally perfect food for your baby, easily digested and specially suited to your baby. Breastmilk also contains antibodies to help protect your baby from common childhood illnesses such as colds, ear infections and diarrhea. Breastfeeding is calming for your baby. Most babies are quickly reassured when put to their mother's breast. There they can hear their mother's familiar heartbeat and feel her warmth as well as meet all their nutritional needs. Breastfeeding is beneficial to mother as well. Hormones released while nursing help return your womb to its pre-pregnancy size more quickly. Breastfeeding is convenient. Your milk is always ready and available and at the right temperature.


Breastfeeding is a learned process for both you and your baby. Don't be afraid to ask questions. We are here to help. It may take several days before your baby nurses effectively and you feel comfortable together. Relax and enjoy getting to know your baby.

Rooming In

Babies room in with their mothers at Provena Mercy Medical Center. We find that this helps to promote family bonding as well as a successful breastfeeding beginning. When baby is in the room with you, you become aware of subtle feeding cues. And, many mothers rest easier when their babies are with them. Of course our nursing staff is always available to assist you with all of your needs and those of your baby.

Getting Started

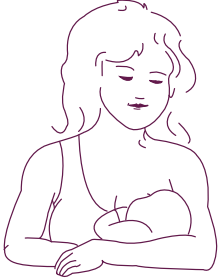
1. POSITIONING



Get in a comfortable position with your back and arms well supported. Position your baby at the level of your breast. Turn her* toward you so that her face, abdomen and knees are all facing you. She should not have to turn her head to find the breast. Baby should be positioned so that her head and neck are in a straight line with the rest of her body. Hold your breast with all your fingers underneath and your thumb on top. Your entire hand should be behind the areola (the darkened area of skin surrounding the nipple). Bring your baby to your breast, not your breast to the baby.

2. COMMON BREASTFEEDING POSITIONS

A. Cradle



Sit up with your back well supported. The arm in which you hold the baby should be supported with a pillow. A pillow on your lap may also help to support the baby's weight. Hold baby securely with his head resting on your forearm or in the crook of your arm. His back is supported by your forearm and your hand cups his buttocks or thigh. Tucking his lower arm around your waist will keep it from getting in the way.

B. Football

Sit up with back well supported. Hold baby's head in your hand, facing the

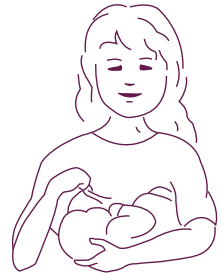


breast, with her body tucked under your arm at your side. Her bottom should rest on the pillow near your elbow. This position allows you to see the baby's mouth better and is

especially nice for large breasted women or those with flat or inverted nipples. This is also a good position if you've had a caesarean birth because it doesn't put pressure on your incision.

C. Cross-Cradle

This is a combination of the cradle and football hold. Hold your baby's head in your hand as in the football hold but bring the baby over to the opposite breast.



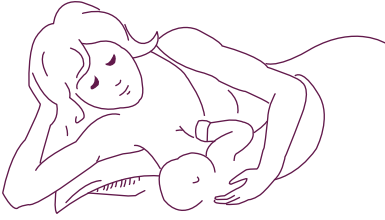
This is an especially good position when you are beginning because you can easily see your baby's face and you have control of his head. Your baby is learning, too, and doesn't always know where to find the nipple. This position is also helpful for the baby who is having latch-on difficulties such as the premature baby. It is also a good position for a baby who will only nurse on one side. Start him on his favorite side in the football hold, then break the suction and slide him over to the opposite side in cross-cradle.

D. Side-Lying

This position is especially nice in the early days as it allows you to rest while

*We alternate the use of he/she and him/her.

the baby nurses. Since the baby is not being cradled in your arms she may stay awake more readily. In this position both



you and baby lay on your sides facing each other with baby's knees pulled in close. Your lower arm can be put out of the way under your head if that is comfortable and your upper arm brings baby in close. This is also a good position if you have had a caesarean birth as it puts no pressure on your incision.

3. ROOTING REFLEX

When you touch your baby's cheek he will turn his head and open his mouth in response to your touch. This is called the "rooting reflex." Move your breast up and down, tickling the baby's lips with your nipple until baby's mouth opens wide as if to say, "Ahh." If baby does not have a nice, wide open mouth, pull back and try again. If needed, you may encourage baby by gently pulling down on baby's chin.

4. LATCHING ON

Latch-on difficulties are not uncommon in the early days. You may feel awkward and your baby inexperienced. Some babies take to the breast right away while others take a little more time to become accustomed. The most common cause of latch-on difficulties is inexperience, but flat or inverted nipples,

engorgement, improper positioning or early bottle introduction can also play a part. Be patient with yourself and your baby and don't get discouraged. With practice and patience you can do it!

Hold your baby's head so that your nipple is centered at the baby's nose. Tickle the baby's lips lightly in a top lip to bottom lip motion to encourage mouth opening. When the baby opens wide, bring the baby to the breast and lay the breast and nipple onto the baby's lower jaw and tongue as you would do for yourself if you were about to take a bite out of a large sandwich. If baby only takes the tip of your nipple into his mouth, gently release the suction and try again. The tip of baby's chin should be nestled into your breast below the areola and the tip of baby's nose should be just touching the breast. Babies' noses are designed so that they can breathe out the sides. Baby will discontinue suckling, pull back and let go of the breast if he can't breathe. If you feel that baby is getting buried in the breast, lift your breast slightly, pull baby's bottom in closer to you or drop your elbow or hand (whatever you are using to support the baby's head) slightly. This should give him more air space. Don't press down on your breast from the top as this may alter baby's position on the breast and can cause sore nipples. As the baby nurses you should feel a pulling sensation. If nursing pinches or hurts, break the suction and begin again (initial latch-on discomfort is normal and may last up to two weeks, but the discomfort should fade 15–20 seconds into the nursing).

5. SIGNS OF A GOOD LATCH-ON

- Baby's mouth is wide open with lips flanged outward.
- Noticeable movement of baby's entire jaw from chin to earlobe.
- Areola should be drawn in at every suck.
- Soft swallows heard every 5–7 sucks (This will change to 1–2 sucks when your milk comes in and the milk is letting down.)
- Cheeks should be rounded. Cheek dimpling is a sign of a poor latch or tongue sucking. Release and try again.
- Feeling of strong pull—no pinching
- No clicking or smacking noises should be heard.
- Latch-on discomfort is normal for up to two weeks, but should fade within the first 15 seconds of the nursing. If it does not, release and try again.

6. BREAKING SUCTION

You can break baby's suction by gently inserting the tip of your finger into the corner of the baby's mouth and between the gums, or by gently pulling back on the top of baby's cheek at the corner of her mouth.

7. CAESAREAN BIRTH

If your baby was born by caesarean birth, ask for assistance getting her positioned at the breast. Side lying or the football hold are good positions to try which avoid putting pressure on your incision. You can also place a pillow across your lap to rest baby on and help cushion your incision.

Frequency and duration

1. HOW OFTEN

Newborn babies should nurse 8–12 times in a 24-hour period, not including the first 24 hours. Babies are often very sleepy during the initial 24 hours after birth and have a lower calorie need. To help establish your milk supply in the first week, try to nurse your baby every 2–3 hours. Newborns may be very sleepy and difficult to wake for feedings.

2. HOW LONG

It is normal for babies to nurse 20–45 minutes at a feeding, but it is not unusual for a baby to nurse for only 10 minutes at a feeding the first day of life. This shorter duration will increase on day 2 or 3. “Cluster” feedings, many short feedings in a row, are also normal, especially at night when the levels of prolactin (the hormone that is responsible for milk production) are low. Try to nurse baby at both breasts at each feeding but don't attempt to switch breasts until baby has finished the first breast, that is, ceased to suckle even when stimulated. It is best to nurse the baby, not the clock, as different babies nurse for different lengths of time. If baby is not interested in the second breast, offer this side first at the next feeding.

3. NUTRITION VS. COMFORT

You may hear comments from others concerning letting your baby “use you as a pacifier.” Baby's get their nutritional needs met at your breast, but sucking is also their chief source of comfort. What better way to comfort your baby than cradling her in your arms at your breast? Unless you are sore there is no reason you should not comfort your

baby in this way. Remember that a pacifier is a breast substitute, not the other way around. In the early days of nursing, the more often you nurse, the more quickly your milk will come in.

Waking a Sleepy Baby

Babies are often very sleepy the first day or two of life but feedings should be attempted. Try to awaken baby every two-three hours during the day and a couple of times at night. There are several methods for waking a sleepy baby. Feel free to experiment and find the method that works best for your baby. If you can't keep baby awake long enough for a feeding, wait 30 minutes and try again.

- Unwrap baby and allow skin-to-skin contact between baby and you.
- Change baby's diaper.
- Stimulate baby by gently rubbing his back, arms and legs.
- Wash baby's face with a cool cloth.
- Gentle baby sit-ups (be sure to support baby's head)!
- Gently roll baby from side to side in the crib or the bed surface.
- Talk to baby.

Feeding Cues

Babies often give signals that they are ready to eat. Crying is a late feeding cue and it is far easier to get a calm baby on the breast than a frantic, crying one. Watch for the following signs as signals that your baby is ready to go to breast.

- Bringing fist to mouth.
- Making sucking motions with his mouth.
- Stretching or moving around in the crib.
- Rapid eye movement under closed lids indicating shallow sleep pattern.

Finishing Cues

When baby is finished she will usually fall deeply asleep or let go of the breast. At this time you should burp her and offer her the second breast if you have not already done so. In the first few days of life, if baby is very sleepy, she may fall asleep at the breast before she is finished. In this case you should attempt to wake her and encourage her to continue breastfeeding.

- Baby takes longer pauses between suckling.
- Baby's mouth becomes relaxed.
- Baby becomes drowsy or falls asleep.
- Baby stops sucking or lets go of nipple.
- Baby's sucking pattern becomes light and fluttery.
- There is no rooting or hand to mouth activity when removed from breast.

Supply and Demand

Breastfeeding works on a supply and demand system. That is, your baby tells your breast how much milk to make (the supply) by how much she nurses (the demand). You may also nurse on "Mom's demand," that is, if you are feeling full and uncomfortable or want to get a feeding in prior to another commitment job, shopping, dinner), wake your baby and put her to breast! She will probably be eager to help.

1. HOW YOUR BREASTS MAKE MILK

Many people think that the breast makes milk between feedings and stores it up for feeding time. While some of the milk is made between feedings, much of the milk is made while

the baby is nursing at the breast. Nerve endings in the nipples are stimulated when the baby suckles at the breast. A message is sent to the brain telling it to release a hormone called prolactin, which stimulates the breasts to produce milk. So the more often you nurse, the more milk you will produce. Nursing often in the first few days of life helps to bring in your milk faster. You might find that your baby will do a “marathon” nursing right before your milk comes in. This is normal and good. Do not “pacify” baby by giving bottles or pacifiers.

2. MILK TYPES

Unlike artificial milk, breastmilk is not the same product over time. Breastmilk changes to meet your baby’s needs from day to day and from feeding to feeding. The milk that you produce initially is called colostrum. It is thick, yellow in color, and low in volume but packed with protein and antibodies that your baby needs to start her life. After about three days your transitional milk will come in. It will be greater in volume, not so thick but still yellowish in color. In one week to ten days your milk will begin to change to white or bluish in color. This is called mature milk and will appear thin like skim milk. This is the normal consistency for breastmilk and has everything your baby needs. In addition to the three types of milk described above, your milk changes over the course of a feeding as well, from low fat milk to high fat milk. The first type, foremilk, is low in fat and is the milk the baby gets at the beginning of the feeding. The second type, hindmilk, is the fat-rich milk that the baby gets later in the feeding. You want your baby to get plenty of

both types of milk so it is important to let your baby nurse until she is finished, rather than according to the clock, on the first breast so she has the opportunity to get the fat-rich hindmilk.

3. SUPPLEMENTATION

You may have heard from other mothers that they did not have enough milk to feed their babies. The most common cause of low milk supply is early supplementation or pacifier use. As mentioned earlier, the breasts work on a supply and demand system. If you give your baby a bottle or pacifier, he is not stimulating your breasts to produce milk. In the early weeks of breastfeeding your body is learning to produce milk. If you interfere with this process you can limit your body’s ability to produce enough. For this reason we advise that no supplements be given in the first three weeks, unless medically advised.

Signs of adequate supply

Many mothers worry about whether their babies are getting enough milk. We live in a society that likes to see things measured and many of us are uncomfortable when we can’t do this. There are easy ways to tell if your baby is getting enough. Breastmilk intake is measured in several ways: how many wet diapers baby is having each day; how many dirty diapers each day; and baby’s growth. Wet diapers tell you that your baby is getting enough fluids. If your baby is getting colostrum he won’t have many wet diapers so look for these to increase when your transitional milk comes in. Your baby should be having loose, yellow, seedy stools each day. This tells you that your

baby is getting enough of the fat-rich milk. The number of bowel movements will probably begin to decrease after about six weeks. Your baby's growth is also an important measure that he is getting enough milk; not just weight gain, bone growth, too, is an important measure of overall growth. At times the baby puts more of his growth energy into bone development than weight gain. You can expect your baby to lose a little weight at first, as much as 10% of his birth weight. When your transitional milk comes in, your baby should begin to gain weight. Regular visits to your pediatrician will monitor his growth. If your baby has all of the following signs, you may rest assured that he is getting enough.

- Baby nurses 8-12 times in 24 hours.
- You can hear soft swallows as baby suckles (about 1 for every 4-5 sucks).
- After your milk comes in, baby has at least 6 wet diapers a day. Before that you should see at least one wet diaper for each day of age.
- After your milk comes in, you should see at least 3 loose, seedy, stools per day.
- After your milk comes in, baby is gaining 4–8 ounces per week.

Bottles and Pacifiers

We have already mentioned that giving supplementary bottles of formula can decrease your milk supply, but there are other reasons you should avoid bottles as well, especially in the beginning when your baby is learning to nurse. The way a baby suckles the breast is very different than the way she would suck on a bottle. When a baby suckles at the breast, she brings her tongue underneath the nipple

and uses it to “milk” the breast. When drinking from a bottle, the baby needs to bring her tongue to the back of her throat to control the flow of milk. This would be a very ineffective way to breast feed and she may get easily frustrated if she has learned the bottle method of feeding. Bottle and pacifier use can lead to sore nipples as well. Babies use a “biting” technique to hold a bottle or pacifier in their mouths, which can also cause them difficulty getting latched on to the breast. If you will be returning to a job or you will need your baby to take a bottle at times, wait at least 3–4 weeks before introducing it to allow enough time for you to establish your milk supply and for your baby to be comfortably nursing. When choosing a bottle, select one that has a wide base and a long nipple such as the Avent® or Platrix Natural Latch® bottle. Be sure that baby's mouth is open wide and lips flanged on the base of the bottle nipple, similar to the way he would be latched onto the breast, not pursed around the shaft of the bottle nipple. Always use a newborn size nipple no matter what your baby's age if you are still breastfeeding. Support your baby's head in your hand when bottle feeding rather than in the crook of your arm so baby is sitting more upright, and hold the bottle at a 15–20 degree angle. This allows your baby to have more control over the flow of milk and not become overwhelmed with too rapid a flow. It is often best to have someone other than baby's mother introduce the bottle.

Let Down Reflex

The “let down” reflex or milk ejection reflex is when the milk is squeezed into

the nipple sinuses by smooth muscles lining the milk ducts inside your breasts. A hormone called oxytocin triggers this reflex and is released by the brain in response to the stimulation of the baby suckling at the breast. Usually this reflex is not felt at first, sometimes for as long as a week. Some women don't feel it at all. The feeling is best described as a tingling, squeezing or "whoosh" sensation in the breasts. Whether you feel any of these things or nothing at all, you will know that it has happened because your breasts will begin to leak milk. If the baby is nursing at one breast, you may notice milk leaking from the other. Your baby may sputter a little if the sudden rush of milk catches him off guard and you will notice that he begins to swallow once every two sucks or so. It takes between 15 seconds and 3 minutes for your baby to trigger the let-down reflex once he starts nursing. Being overly full because of a missed or late feeding can trigger let-down as well.

Other things besides nursing can trigger a let-down. Thinking about your baby, smelling her clothing, hearing her cry or even hearing another baby crying at the store can cause your milk to let down. If you are in a situation where you cannot nurse (say in the middle of the grocery store or a meeting), you may want to postpone let-down for a more convenient time. You can do this by simply applying pressure on the nipple with the heel of your hand. Apply pressure until the feeling has ebbed away. If you're in that meeting or the grocery store, you can cross your arms across your chest or apply pressure with your arm while

adjusting an earring for a more discreet method. While nursing, a burp cloth held against the other breast works nicely. If you are engorged, have a plugged duct or a breast infection, do not attempt to stop the leaking. In these cases the leaking will help to relieve the pressure.

Growth Spurts

Babies are growing constantly, more at some times than at others. These periods of rapid growth are called growth spurts. These growth spurts generally occur between the first and second week of life, between the third and fifth week of life, between the third and fourth month of life and then sometime around the sixth month of life. During these periods of rapid growth, your baby's appetite will increase noticeably and it will seem as if he wants to eat all the time. This is his way of increasing your milk supply to meet his growing needs. Since the breasts work on a supply and demand basis, frequent nursings signal the body to begin producing more milk. It is very important not to give bottles or solids at this time because if your baby does not increase his nursing for a few days he will be unable to increase the milk supply. Many mothers fear that their milk has dried up during these growth spurts because their babies seem so hungry and their breasts no longer leak or seem as full. Rest assured that this is not the case, but is a normal part of the nursing process. Your body adjusts the milk supply to meet the baby's demand and your breasts begin to produce more milk in response to the supply and demand mechanism we reviewed earlier. After a few days of frequent feedings, your milk

supply will have increased and the baby will return to his normal schedule. Your breasts may feel fuller for a day or two and then return to normal.

Nutrition

Often people think that a breastfeeding mother's diet is restricted or that she needs to eat a lot of extra food. This is not the case. Your milk will contain basically the same nutrients regardless of your diet as long as you are not undernourished. A well balanced diet is a good idea for everyone, however. You will have more energy and feel less tired. You probably were careful to eat a healthy diet while you were pregnant. Continue with this good habit! You should plan to eat some extra calories, depending on your individual needs, to give yourself enough fuel. Don't worry that the extra calories will lead to extra pounds. Your body will use them to make milk. You will also need extra fluids while nursing. We understand that a new mother is very busy and it is easy to skip meals. If you get yourself something to drink and a healthy snack when you sit down to nurse, chances are that over the course of the day you will get enough nutrients. If you drink enough to keep your urine the color of straw and don't lose more than a pound a week, you're probably doing okay.

There are absolutely no set rules about what you can or cannot eat. The basic rule of thumb is: eat what you like. If you suspect a food is not agreeing with your baby, eliminate it from your diet for a week and then try eating it again. If the problem returns you can eliminate it again. Sometimes highly acidic foods such as tomatoes, pineapple or citrus

fruit can cause baby to have a "raw" bottom. Food flavors do come through in the milk, in particular spices, onions, garlic or peppers. This does not mean that your baby won't like them, just that he may taste the differences in the foods that you eat. Occasionally babies are sensitive to dairy products, or foods in the cabbage family, in their mother's diet. If you suspect this to be the case, eliminate them from your diet for two weeks and see if this improves the situation (dairy proteins take a long time to completely clear the mother's system). It is difficult to get enough calcium in your diet without dairy products. If you find it necessary to eliminate all dairy products, you will need to take a calcium supplement in the form of calcium carbonate, 1000mg a day, available in the vitamin aisle at most drug stores. Other sources of calcium include: spinach, broccoli, canned salmon, or calcium fortified orange juice.

Alcohol and caffeine do pass into breast milk. However, it also passes out of breast milk so if you enjoy a cup of coffee in the morning or a glass of wine with dinner it is perfectly all right to do so. Nurse your baby first, then have your coffee or wine. When your baby is ready to nurse again most of the alcohol or caffeine will be metabolized from your system. Remember, everything in moderation! If your baby seems irritable or groggy, eliminate the caffeine or alcohol from your diet.

Possible Problems and How to Overcome Them

1. SORE NIPPLES

Sore nipples are of great concern to nursing mothers. Having baby at breast

for too long a period of time is often blamed for sore nipples, but it is poor positioning on the breast that is the main cause of sore nipples, not the length of the feeding. If you are experiencing sore nipples, look for the signs that baby is properly positioned and latched on to the breast. If you are unsure please ask the lactation specialist or your nurse for help. Sore nipples may also be caused by:

- Baby slipping down on the nipple because her weight or the weight of the breast is not adequately supported.
- Not breaking the suction when removing baby from the breast.
- Baby not getting enough breast tissue into his mouth due to engorgement or any other reason.
- Baby sucking in lower lip while nursing.
- The use of bottles or pacifiers.
- Improper or too vigorous breast pumping.
- Not changing wet nursing pads frequently.
- Wiping off ointments or creams.
- Use of soap or other drying agents on the nipples.
- Bras too tight or with rough seams.
- Teething.
- Thrush.

The following measures can also help to alleviate the discomfort:

- When nursing, start on the least sore side first.
- Express a small amount of breast milk and rub it on your areola and nipple.
- Apply a thin layer of modified lanolin (Lansinoh or Pur-lan) to the areola and nipple. Use of any other product is discouraged as it may be unsafe for baby to ingest and the act of

wiping it off your breast may aggravate the soreness.

- Avoid the use of soaps on your breast as they can promote drying and increase the likelihood of skin breakdown.
- Leave your bra flaps down and allow your nipples to air dry.
- Nipple shells worn inside the bra can also provide air circulation and promote healing.
- Place a steeped, tea bag on your nipples to relieve discomfort and promote healing.
- If you experience cracking and or bleeding or reddened nipples that burn or itch, you should consult a lactation specialist.

2. ENGORGEMENT

Engorgement is the painful swelling of the breasts that can occur when your breasts begin to fill with milk, but it does not necessarily always occur. While engorgement is not uncommon, particularly in first time mothers, frequent nursing of your baby can help prevent or lessen the severity. If you must be separated from your baby due to a medical condition of yours or the baby's, begin using the breast pump as soon as you are able. Your nurse or the lactation specialist can help you with this. As soon as your own or your baby's condition permits, put the baby to breast.

If you experience engorgement, there are several relief measures you can try. Warm compresses applied to the breast before nursing can both relieve discomfort and help your milk to flow. Massaging the breasts and hand expression of a little milk prior to nursing can

also bring relief and help the milk to flow. Warm baths or showers are helpful.

If you find after trying the above methods that you are so full that it is difficult for baby to latch on, you can try pumping your breasts before feeding. Engorgement is not just a result of a large volume of milk but is partly a result of fluid in the tissues, so if your milk does not flow after a few minutes of pumping, discontinue using the pump for the time being. After nursing your baby, your breasts should feel softer. Cool compresses between nursing can be applied if needed and ibuprofen (Motrin™ or Advil™) may be taken as directed for relief of discomfort and swelling. You may also find the use of cold, green cabbage leaves with the center vein cut out and applied to the breast can bring relief. Use this method only until relief is obtained (one day maximum), because prolonged use can reduce your milk supply. Remember, your best defense is frequent nursing. Engorgement problems should be over in 24–48 hours. Call a lactation specialist if engorgement lasts for 24 hours without relief.

3. FLAT OR INVERTED NIPPLES

Some women have flat or inverted nipples that make it a bit more difficult for baby to latch on to the breast in the beginning. Patience and guidance are the key to success. It is important to get enough breast tissue into baby's mouth. Usually nursing will help draw the nipple out. Some women find that pulling on and rolling the nipple with the fingertips or using a breast pump briefly prior to nursing helps to draw the nipple out. Breast

shells worn inside your bra between nursings may also be helpful. A breast shell is a device made of soft plastic that works by providing gentle pressure to your areola encouraging the nipple to protrude. With flat nipples it is helpful to compress the areola with your thumb on top and your fingers underneath to form a kind of “nipple sandwich”. This makes it easier for baby to latch on by giving him something to grab onto. Be sure to keep your fingers far enough back on the breast so that baby gets enough breast tissue into his mouth (otherwise you will get sore and he won't get milk). Once baby has a good latch on the breast, remove your thumb while keeping your fingers in place underneath to help support the breast. If you cannot get your baby latched on to your breast, please ask your nurse or the lactation consultant for assistance.

4. PLUGGED DUCT

A tender, hard or sore spot on your breast may be a plugged duct. Sometimes a plug can form on the nipple which will appear as a yellowish “white head” on the nipple.

If you have a plugged duct you may find that a part of the breast may feel full, even after nursing. Plugged ducts can occur when milk is not completely drained from a portion of the breast. Possible causes include:

- Not nursing long enough or often enough.
- Pushing down on the breast to form an airway.
- Tight clothing or bras.
- Bras with underwires.
- Shoulder straps from heavy bags such as a purse or diaper bag.

- Sleeping on your stomach.
- The use of breast shells without adequate room in the bra.
- Missed feedings such as when baby starts sleeping through the night.
- Bottle or pacifier use, which increases the time between nursings.

If you experience a plugged duct, correct the probable cause (with the exception of baby sleeping through the night!), then try the following measures for relief:

- Nurse often, about every 2 hours if possible.
- Begin nursings on the side with the plug until it is gone.
- Point baby's nose or chin towards the plug.
- Apply warm compresses to the affected side.
- Gently massage plugged area during and between feedings.
- If you always nurse baby in one position, try changing. Clean away any dried secretions blocking nipple pores.
- Get plenty of rest, drink plenty of fluids and remember to eat well.
- Engorgement relief measures such as warm compresses, showers or ibuprofen are also helpful.

5. MASTITIS

Mastitis is an inflammation or infection of the breast tissue often preceded by a plugged duct. It can also be caused by bacteria entering the breast tissue through a cracked nipple. The symptoms may include those of a plugged duct as well as a hot, tender breast that may have a reddened area and a fever of 101 (or higher) and its accompanying symptoms of chills and aches. Nausea

and vomiting may also be present. If you suspect you have a breast infection: **DO NOT WEAN THE BABY! SUDDEN WEANING WILL WORSEN THE SITUATION!** The baby will not be harmed because the infection is in the tissues not in the milk.

- Nurse the baby often, every 1^{1/2} to 2 hours. Wake him if necessary.
- REST! Take the baby to bed with you and call in sick to work. Rest is a must, not an option.
- Increase fluids.
- Remove bra.
- Apply warm compresses to affected breast (or hot shower if you are up to it).
- Gently massage effected breast.
- Point baby's chin or nose to suspected plug when nursing.
- Try to begin nursing on the affected side if it is not too uncomfortable, otherwise begin on the unaffected side and then switch.
- If you are too sore to nurse on the affected side, or your baby refuses that breast, pump the breast to remove milk and prevent engorgement.

CALL YOUR DOCTOR OR MIDWIFE IMMEDIATELY IF:

- You have a fever greater than 101° F.
- You do not feel better or you feel worse 12 hours after symptoms first appear. If antibiotics are prescribed, take the entire prescribed amount, even after you begin to feel better.
- To help prevent a yeast infection (which is common after taking antibiotics), try to eat yogurt with active or live cultures or those which say "with acidophilus" three times a day, at least. If you do not like yogurt you

can take acidophilus in tablet form, available at health food stores or most drug stores in the vitamin aisle (2–4 capsules daily, after meals). Keep the acidophilus in the refrigerator for best results.

- Ibuprofen (Motrin™ or Advil™) can be taken to reduce pain and swelling.
- Vitamin C can aid in the healing process, 1000mg taken 3 times a day with meals.
- Watch for signs of a thrush infection. (see below)

6. THRUSH

Thrush is a common yeast infection and thrives on milk. It can be spread easily from one person to another so both mother and infant need to be treated if an infection is present. In the infant it appears as white spots or patches inside the baby's mouth or as a diaper rash which appears as a mild burn or a patch of red, blistered dots. The mother will usually have sore, burning or itching nipples which appear red and shiny. White spots are sometimes apparent. A baby with thrush may fuss at the breast or refuse to nurse. He may seem tired at the feeding and follow with long bouts of sleep. If thrush enters the intestinal tract, baby may experience gassiness and discomfort.

Thrush is caused by *Candida*, a yeast which is normally found in the body. An infection occurs when the yeast grows to abnormal levels. This can occur when antibiotics are taken or when there is an environment present favorable to its growth. Prolonged sucking on a bottle or pacifier during sleep (with pooling of milk in the mouth) can create condi-

tions where yeast can grow out of control. Sometimes an infection can be passed to the baby at birth if the mother has a vaginal yeast infection at the time of delivery. If you suspect that you or your baby have a yeast infection:

- Continue to nurse.
- Contact both mother's and baby's doctors, as both of you need to be treated.
- Wash hands thoroughly before and after nursing or handling your breasts, changing baby's diaper or using the bathroom.
- Change nursing pads after each feeding.
- Keep bras clean. Wash 100% cotton bras daily in hot water. Sterilize pacifiers, rubber nipples, toys, breast shells and breast pump parts (which come in contact with breasts or milk) daily by boiling or running through the dishwasher. If this is not possible, throw the item away as it can harbor the yeast and cause reinfection.

A. Mother:

- Nipples should be rinsed after each nursing and air-dried. You can briefly expose nipples to the sun or use a blow dryer on the warm setting.
- Some mothers have found that a teaspoon of baking soda in a cup of water is helpful as a nipple wash or swab for the inside of baby's mouth.
- If medication is prescribed for your nipples, apply after each nursing and continue its use according to doctor's recommendations.
- If you are prescribed an oral medication, continue taking it for the recommended length of time.

- Milk expressed during an outbreak should not be saved. Freezing will not kill the yeast. Try to eat yogurt with active or live cultures or those which say “with acidophilus” three times a day and continue for at least a week after the infection appears to have cleared up. If you do not like yogurt, you can take acidophilus in tablet form, available at health food stores or most drug stores in the vitamin aisle (2–4 capsules daily after meals). Again, continue taking for one week after the infection has cleared up.
- Reduce sugar intake, including fresh fruit such as berries, melons and grapes.
- In the case of a vaginal infection, your sexual partner may also need to be treated.

B. Baby:

- Oral antifungal medication should be applied after nursing. If using an eyedropper to apply the medication it should be washed in hot, soapy water before putting it back in the bottle.
- If baby has a diaper rash, keep diaper area clean and dry. Rinse area with water after each diaper change. Let baby’s bottom air dry several times a day.
- Use appropriate antifungal cream as prescribed. Plastic pants and disposable diapers can aggravate the condition. If using cloth diapers, wash in hot water and add a cup of vinegar to the final rinse. A commercial diaper service will add an extra rinse if asked.

7. NURSING STRIKE

Nursing “strikes” commonly occur at 3

to 6 months of age but can happen at any time. The baby refuses to nurse or stops nursing after a couple of sucks, lets go and begins to cry. She seems to have lost interest in nursing. Many mothers are upset when baby refuses to nurse and interpret this as a sign that the baby is ready to wean. True baby-led weaning occurs over a period of weeks or months as the toddler loses interest and is rare in a baby under nine months of age.

The most common causes of a nursing strike are teething, a cold or ear infection, a sore mouth, unpleasant taste or discomfort from an injury or an immunization. Sometimes a nursing strike can stem from something emotional such as separation from you, a change in your behavior (such as yelling at an older baby who bites down when nursing), a change in routine or too many distractions during nursing.

Try to identify and correct the reason for the strike. A typical strike will last a few days but some will last up to two weeks. Some babies will need a lot of gentle coaxing (in particular when the cause is an emotional one). Almost all babies will return to nursing when given the chance. In the meantime try the following measures:

- Pump or express your milk to keep up your milk supply.
- Feed your baby your milk with a cup (Even a newborn can be fed with a cup) Call a lactation consultant or La Leche league for help if you need it.
- Make attempts at nursing as calm and relaxed as possible: dim lights, talk

softly, play soft music, avoid distractions such as other people or TV.

- Attempt nursing when baby is sleepy. They are usually more willing to nurse. Give baby lots of cuddling, skin-to-skin contact, stroking and singing. Try a different nursing position.
- Try nursing while in motion like walking or rocking.
- Stimulate let-down by massaging breasts, applying warm compresses or expressing a small amount of milk before feeding so baby has an instant reward. You can also try dripping a little expressed milk along the corner of baby's mouth while putting baby to breast.
- Try taking a warm bath together and nursing in the tub.
- **BE PATIENT!** The bond of a nursing relationship is one of love and understanding.

Returning to Work

Many mothers wonder about the possibility of combining breastfeeding and working. It is not only possible but also a wonderful way to keep the closeness of the nursing relationship even when you must be separated by work. While combining breastfeeding and working requires a little extra effort, it has its own rewards. A breastfed baby is also a healthier baby, which means a happier baby and less time off work.

The World Health Organization, the American Academy of Pediatrics and the United States Surgeon General agree that breastmilk offers the best possible nutrition for your baby. Breastfed babies have fewer upper respiratory infections,

ear infections, and diarrheal illnesses than formula fed babies. Breastfeeding decreases the risk of food allergies and recent research suggests that breastfeeding may have positive long-term effects on baby's immune system. Breastfeeding also reduces household costs because there is no formula to buy.

COLLECTION OF BREAST MILK

If you will be returning to a full time job, you will need to rent or purchase a good double electric pump. You can contact one of the lactation specialists at Provena Mercy Medical Center for information on how to do this. If you rent a pump, you will need to purchase a double pumping kit to use with the rental pump. Expressing both breasts at the same time cuts down on pumping time and also increases prolactin levels which will help maintain milk supply. For less intense pumping needs, an Avent Isis® or a Medela Harmony® hand pump are the pumps we recommend for both efficiency and ease of use.

You will want to introduce the bottle to your baby between four and six weeks of age and at least two weeks before your planned return to work. Introducing the bottle sooner may interfere with the establishment of a good milk supply and may also interfere with the baby's ability to nurse well at the breast. If you introduce a bottle later than six weeks of age, the baby may refuse to take it. It is often helpful to have someone other than yourself introduce the bottle to the baby as babies often take a bottle more readily from someone other than Mom. Use a bottle with a long nipple and a wide base.

Cup feeding is also an option, even for a young baby. You can contact the lactation consultants at Provena Mercy Medical Center or your local La Leche League for information on how to do this.

Begin pumping about two weeks before you plan on returning to work. This will give you time to practice and build up a supply for the caregiver to begin giving to your baby while you are away. Prolactin levels are highest in the morning so this is the best time for you to pump to begin building up a supply. Choose a pumping time that falls between your baby's normal feeding times. For instance, if your baby normally nurses at nine a.m. and then again at noon, pump at ten-thirty.

When you are ready to begin pumping, bring something to drink, relax and think about your baby. You may want to bring a picture of your baby with you or some other item that reminds you of your baby. This will help your milk to let down. Some mothers find that something that smells like their baby is helpful. You will need to pump at least twice a day while you are at work. Average pumping time is fifteen minutes with a double pumping system or about thirty minutes for a single pumping system. Nurse your baby just before you leave for work (at the caregiver's, if possible) and as soon as you are with him again. This will reduce the time between nursings and reduce the amount of stored milk that you will need. Because the suckling that your baby provides is the best stimulation for milk production, this will also help to keep up a good milk supply. It is not unusual for mothers to be able to pump more milk

on Monday than on Friday. The more frequent nursing that occurs over the weekend increases the milk supply.

STORAGE OF BREASTMILK

Breast milk may be stored at room temperature for up to eight hours, but it is best to refrigerate it as soon as possible. If you do not have access to a refrigerator at work, you may store your milk in a cooler with cold packs until you get home. You can store freshly pumped breast milk in the refrigerator for up to one week. Freshly pumped milk that is stored in the refrigerator will separate because it is not homogenized like cow's milk that you buy at the grocery store. Simply shake it to mix it before feeding. Frozen breast milk may be kept in a refrigerator freezer for up to six months or a deep freeze for one year. Freezing can alter the color of the breast milk slightly. This does not mean that the milk has "gone bad." You may store your milk in any type of bottle that you prefer. Many mothers like to use the pre-sterilized bottle liners that are available. If you use this type of liner, be sure to store them in a freezer bag or other plastic container in the freezer to protect them from damage. Always date the milk you pump so you will know when it was stored. It is best to store your milk in two ounce increments, depending on the amount your baby takes at a feeding. This will reduce waste. Thaw frozen or warm refrigerated breast milk in gradually warming water. Never boil breast milk or defrost or warm it in the microwave. This can destroy vitamins and antibodies and increase the chances of burning the

baby with milk that is too hot. Thawed breast milk can be stored in the refrigerator for 24 hours. Never refreeze thawed breast milk and once warmed, unused portions must be discarded.

COMBINATION FEEDING

Some mothers are unable to pump their breasts while at work due to the nature of their jobs. This does not mean that you have to give up breastfeeding. You can continue to breastfeed your baby when you are with her and formula can be given while you are at work. Combination feeding allows you to continue the closeness of the breastfeeding relationship and continue to provide her with the superior nutrition and protection of breast milk.

Wean your baby from the breast one feeding at a time every three days until each feeding that you will miss is replaced with a bottle or cup (typically about three). This weaning schedule will allow your breasts time to adjust to the decreasing demand without becoming engorged. It also gives your baby a chance to adjust to the change slowly.

You should begin this process about two weeks before your planned return to work. Again, you may need to have someone other than yourself introduce the bottle.

Special Needs Babies

Despite our best efforts, sometimes babies are born prematurely or with other problems preventing them from going to the breast right away. This does not mean that you cannot nurse him. In fact, breast milk is one of the most important things that you can provide for your baby. Your breast milk is specially designed for

your baby and will help him to grow and recover faster. The lactation specialist or your nurse will show you how to pump your breasts and save your milk to give to your baby when he is ready to begin feeding. We will also help you to put your baby to the breast when he is ready. We understand that this is a difficult time for you and your baby. By pumping breast milk for your baby, you will be providing him with important immunity factors and the best source of nutrition available, a gift only you can give.

When to Seek Assistance

Contact a lactation specialist if any of these things are happening:

- Inconsistent or difficult latch-on.
- Baby suckles less than five minutes.
- No swallowing heard.
- Baby wants to feed every hour or feedings last longer than 45 minutes.
- Baby is nursing less than 8 times a day.
- Baby has less than 3 bowel movements (in the early weeks) or less than 6 wet diapers in a 24 hour period.
- Severe nipple pain (cracked, bleeding or blistered nipples).
- Nipple tenderness beyond the first 2 weeks that lasts throughout the feeding.
- Unrelieved engorgement beyond 48 hours.
- Suspected low milk supply.
- Slow weight gain by baby.
- Tender, swollen or reddened area on the breast.

If you have questions or concerns, please call (630) 801-5512.



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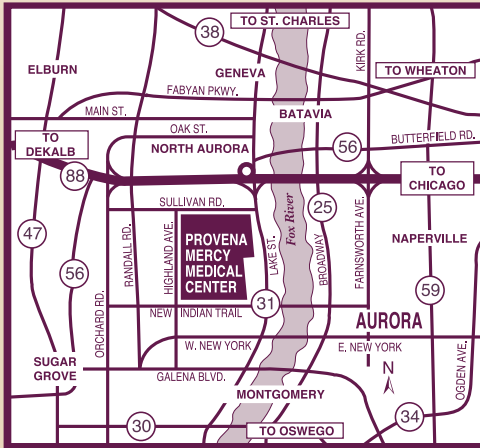
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