

BREASTFEEDIN

G:

ITS JUST **NORMAL**

Check out these facts about how breastfeeding helps you, your baby, and our community

How breastfeeding protects your newborn

- Breastfeeding helps develop your baby's immune system. Breastfed babies have fewer and shorter episodes of illness. How is that possible? Mother's body makes specific antibodies to any illnesses she or the baby gets. These protective cells go directly into the breast milk and into your baby.
 - Breastfeeding is the most natural and nutritious way to encourage your baby's best development. In addition to the immune system, the baby's stomach, intestinal system and nervous system develop best when mother's milk is on the menu.
 - Colostrum, your first milk, is a gentle, natural laxative that helps baby pass bowel movements. Colostrum works to coat the insides of your baby's intestines and prevents germs, and allergies from making baby sick.
 - The special nutrition provided by breast milk is ideal for your baby's brain: breastfed babies have higher IQ scores.
 - The skin-to-skin contact encouraged by breastfeeding offers babies greater emotional security and helps mom and baby bond more easily. Babies that are breastfed have more human contact during feedings.
 - Feeding at the breast enhances the development of baby's mouth muscles, facial bones, and allows for the best development of baby's teeth.
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- The milk of mothers with premature babies is different. Their milk is higher in protein, iron, and many other nutrients that the premature baby needs.
- The benefits of breastfeeding appear to last even after the baby has been weaned. Breastfed baby's immunizations are more effective; Breastfed babies are protected against many serious and chronic illnesses like celiac disease, diabetes, inflammatory bowel disease, asthma, and even childhood cancers.

References: Brenner, B. and Buescher, S. Breastfeeding : A Clinical Imperative . Journal of Women's Health Volume 20. # 12 2011
Kim, J. and Froh, E. What nurses need to know regarding nutritional and Immunobiological Properties of Human Milk . Journal of Obstetric Gynecologic and Neonatal Nursing Vol 41 122-137 2011

23222How breastfeeding has a positive impact on our global community

- Because breastfed babies and breastfeeding mothers are healthier, there are significant savings to our national healthcare costs when a mother chooses breastfeeding.
- Breastfeeding limits pollution from the manufacture of formula feeding items and reduces waste by simply not creating any waste requiring disposal!

How breastfeeding helps mother

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- Breastfeeding makes feeding your baby very convenient: it is available in the right amount and at the right temperature, it requires no set-up or clean-up, and it is the most portable baby food in the world!
- Breastfeeding keeps more money in your pocket: not only do you save on formula costs, which can be significant; you also save on healthcare costs because your baby will be sick less often and less severely.
- The increased levels of two hormones, prolactin and oxytocin, promote feelings of closeness with your baby, promotes mothering behavior, helps keep you calm and builds milk supply faster.
- Breastfeeding can reduce your chances of developing premenopausal breast cancer, uterine cancer and osteoporosis.
- Breastfeeding helps mothers lose weight after delivery
- Breastfeeding encourages uterine contractions which will help you heal from delivery more quickly.
- Exclusive Breastfeeding can prevent a woman from getting pregnant

The differences of formula feeding

- Formula fed infants are sick more often. These illnesses last longer and are more severe. Formula fed babies are more likely to suffer from ear infections, gastrointestinal infections, upper and lower respiratory tract infections, influenza, pneumonia, urinary tract infections, blood infections and meningitis.
- Formula fed infants are more susceptible to Sudden Infant Death Syndrome (SIDS).
- Formula fed infants are more likely to develop lifelong diseases like celiac disease, Crohn's disease, ulcerative colitis, chronic liver disease, diabetes and childhood cancers.
- Formula fed infants are at greater risk for getting sick from unclean production and preparation of formula.

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- Mothers that do not breastfeed are more likely to develop urinary tract infections, breast cancers, ovarian cancers and osteoporosis.

Breastfeeding Log for the First Week



Circle the hour closest to when your baby starts breastfeeding.

Circle the **W** when your baby has a wet diaper.

Circle the **BM** when your baby has a bowel movement.

Day of Delivery (Birthday)	Date of Birth	Time of Birth	Goal (at least)
12 1 2 3 4 5 6 7 8 9 10 11	12 1 2 3 4 5 6 7 8 9 10 11		8 to 12
Wet Diaper	W		1
Black Tarry Bowel Movement	BM		1

One Day Old	Date	Goal (at least)
12 1 2 3 4 5 6 7 8 9 10 11	12 1 2 3 4 5 6 7 8 9 10 11	8 to 12
Wet Diaper	W W	2
Brown Tarry Bowel Movements	BM BM	2

Two Days Old	Date	Goal (at least)
12 1 2 3 4 5 6 7 8 9 10 11	12 1 2 3 4 5 6 7 8 9 10 11	8 to 12
Wet Diaper	W W W	3
Green Bowel Movements	BM BM	2

Three Days Old	Date	Goal (at least)
12 1 2 3 4 5 6 7 8 9 10 11	12 1 2 3 4 5 6 7 8 9 10 11	8 to 12
Wet Diaper	W W W W	4
Yellow Bowel Movements	BM BM BM	3

Four Days Old	Date	Goal (at least)
12 1 2 3 4 5 6 7 8 9 10 11	12 1 2 3 4 5 6 7 8 9 10 11	8 to 12
Wet Diaper	W W W W W	5
Yellow Bowel Movements	BM BM BM	3

Five days Old	Date	Goal (at least)
12 1 2 3 4 5 6 7 8 9 10 11	12 1 2 3 4 5 6 7 8 9 10 11	8 to 12
Wet Diaper	W W W W W W	6
Yellow Bowel Movements	BM BM BM BM	4

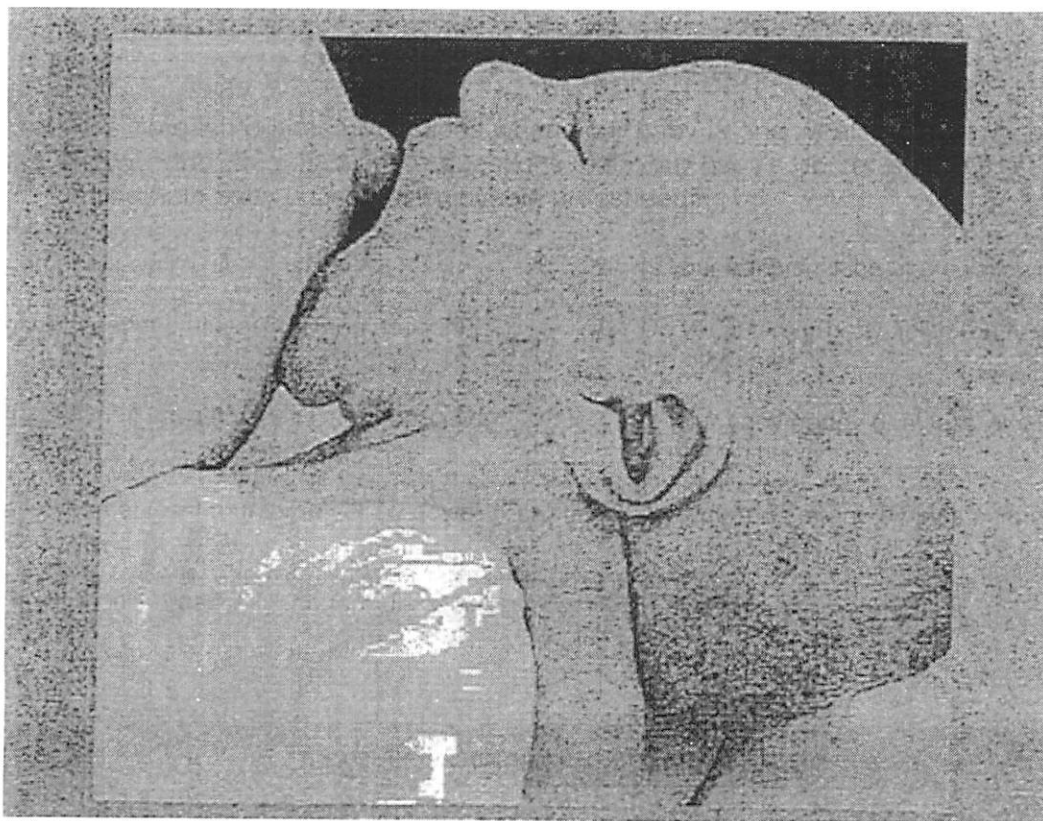
Six Days Old	Date	Goal (at least)
12 1 2 3 4 5 6 7 8 9 10 11	12 1 2 3 4 5 6 7 8 9 10 11	8 to 12
Wet Diaper	W W W W W W	6 to 8
Yellow Bowel Movements	BM BM BM BM	4 to 12

It is okay for your baby to have more wet diapers and bowel movements than the goal.
If your baby has less than the goal, contact your pediatrician or lactation professional.

BREASTFEEDING CHECKLIST

If you can answer "yes" to each of these questions when your baby is one week old, then you know breastfeeding is going well. If you answer "no" to any of these questions, call your baby's doctor or NSUH's lactation consultants at (516) 562-4447. Getting help early is best for enjoyable breastfeeding.

1. Is breastfeeding going well?
2. Does your baby breastfeed at least 8 times each 24 hours?
3. Does your baby have at least 6 very wet diapers each day?
4. Does your baby have at least four large yellow bowel movements each day?
5. Is your baby getting only breastmilk (no formula or water)?
6. Is your baby sucking and swallowing while on the breast?
7. Do you let your baby finish the first breast before you offer the other side?
8. Is your baby happy or sleepy after breastfeeding (not in need of a pacifier)?
9. Are your breast and nipples comfortable?



How Breastfeeding Works

Establishing Breastfeeding

Combining Breastfeeding and Bottle feeding

Most infants can combine breastfeeding and bottle feeding without much difficulty if they are enabled to establish breastfeeding first. It takes about 4 weeks of **just** breastfeeding, in the beginning, for a “conditioned response” to build to the point that supply is abundant, baby latches on easily and bottles will not interfere. Mom and baby need to develop a “memory” of what they each need to do in the breastfeeding experience. Once breastfeeding is established breastfeeding eventually becomes so easy baby can latch in a moment, anytime, anywhere and it is easy. It just cannot happen **fast** in the very beginning. For that reason most breastfeeding experts recommend only breastfeeding for the first 4 weeks **unless** there is a medical or social crisis.

Similarly, most experts agree that avoiding formula bottle feeds in the beginning is wise because formula and breast feeds are so different and it is hard for the baby to do both at the start. The first day baby needs only a teaspoon or so of milk per feeding. The breastfeeding baby will suck and pause repeatedly, stimulating the breast hormones until sufficient amount of hormone is triggered and a small milk release occurs. When the milk releases it can be recognized as a burst of swallowing. The milk release occurs many times over the course of a feeding, continuing until baby stops feeding and pulls away contentedly. Feeds can be of varying time frames and occur very frequently in the beginning. This process becomes very efficient over the first few weeks when feedings become shorter, stretches of suck and pause shorten, and bursts of swallowing increase in frequency and volume. It all takes just a few weeks.

This is all in great contrast to a formula fed infant's feeding behaviors. Formula fed babies take in much larger volumes, (even the first days); they take the feed much faster than a breastfeed and the feeling of fullness occurs in only a few minutes. Formula takes longer to digest and therefore formula fed babies sleep longer stretches than their breastfed counterparts. Giving formula to a breast fed baby, in the first days of life, causes the baby to become disinterested in breastfeeding. Baby is too full and baby loses his normal interest and eagerness to search for a feeding. Since formula makes babies feed less frequently and for less duration, formula further interferes because whenever a baby doesn't breastfeed long or frequently enough supply development is delayed and milk volumes become compromised.

So, experts recommend, ONLY breastfeed for the first 4 weeks unless there is a crisis. Then, at about 4 weeks, begin and continue to combine, breastfeeding and bottles of breast milk daily.

Once 4 weeks is past, if you EVER need your baby to take bottle feed, it is important to begin DAILY bottle feeds of pumped breast milk and consistently give one breast milk bottle feed a day, EVEN WHEN IT IS EASIER TO BREASTFEED. Most mothers find it helpful to do the bottle feed at the same time of day every day but that is not as important as doing it at least daily, EVERY DAY! Pump breasts at the approximate time of the breastfeeding you are skipping, INSTEAD of breastfeeding. Provide that pumped milk, by bottle, in place of a feeding. Being consistent is very important as baby can easily forget how to bottle feed and may refuse to take a bottle at all.

Also, beginning at 4 weeks, extra milk can be pumped and stored. To get EXTRA milk daily, pick a time that you can consistently pump about an hour after a normal breastfeed. Feed baby the normal feed, wait 20 =30 minutes and pump both breasts for 20 -30 minutes. At first the amounts will be low. Persistent pumping patterns stimulate further breast milk production. Greater volumes of milk will develop. This extra milk can be stored in the freezer or refrigerator.

References:

American Academy of Pediatrics and American College of Obstetricians and Gynecologists: *Breastfeeding Handbook for Physicians*. 2006. Schanler, RJ. Ed. Elk Grove IL, Washington DC

International Lactation Consultant Association. 2005. Clinical Guidelines for the Establishment of Exclusive Breastfeeding

International Lactation Consultant Association. *Evidenced Based Guidelines for Breastfeeding Management During the First Fourteen Days*. 1999. United States Maternal-Child Health Bureau

Mohrbacher, N, Kendall-Tackett, K. (2005). Breastfeeding Made Simple : Seven Natural Laws for Nursing Mothers. New Harbinger Publications, Inc. CA.

Walker, M. (2006). Breastfeeding Management for the Clinician: Using the evidence. Jones & Bartlett: Boston

It's my birthday, give me a hug!

Skin-to-Skin Contact for You and Your Baby

What's "Skin-to-Skin"?

Skin-to-skin means your baby is placed belly-down, directly on your chest, right after she is born. Your care provider dries her off, puts on a hat, and covers her with a warm blanket, and gets her settled on your chest. The first hours of snuggling skin-to-skin let you and your baby get to know each other. They also have important health benefits. If she needs to meet the pediatricians first, or if you deliver by c-section, you can unwrap her and cuddle shortly after birth. Newborns crave skin-to-skin contact, but it's sometimes overwhelming for new moms. It's ok to start slowly as you get to know your baby.

Breastfeeding

Snuggling gives you and your baby the best start for breastfeeding. Eight different research studies have shown that skin-to-skin babies breastfeed better. They also keep nursing an average of six weeks longer. The American Academy of Pediatrics recommends that all breastfeeding babies spend time skin-to-skin right after birth. Keeping your baby skin-to-skin in his first few weeks makes it easy to know when to feed him, especially if he is a little sleepy.

A Smooth Transition

Your chest is the best place for your baby to adjust to life in the outside world. Compared with babies who are swaddled or kept in a crib, skin-to-skin babies stay warmer and calmer, cry less, and have better blood sugars.

Bonding

Skin-to-skin cuddling may affect how you relate with your baby. Researchers have watched mothers and infants in the first few days after birth, and they noticed that skin-to-skin moms touch and cuddle their babies more. Even a year later, skin-to-skin moms snuggled more with their babies during a visit to their pediatrician.

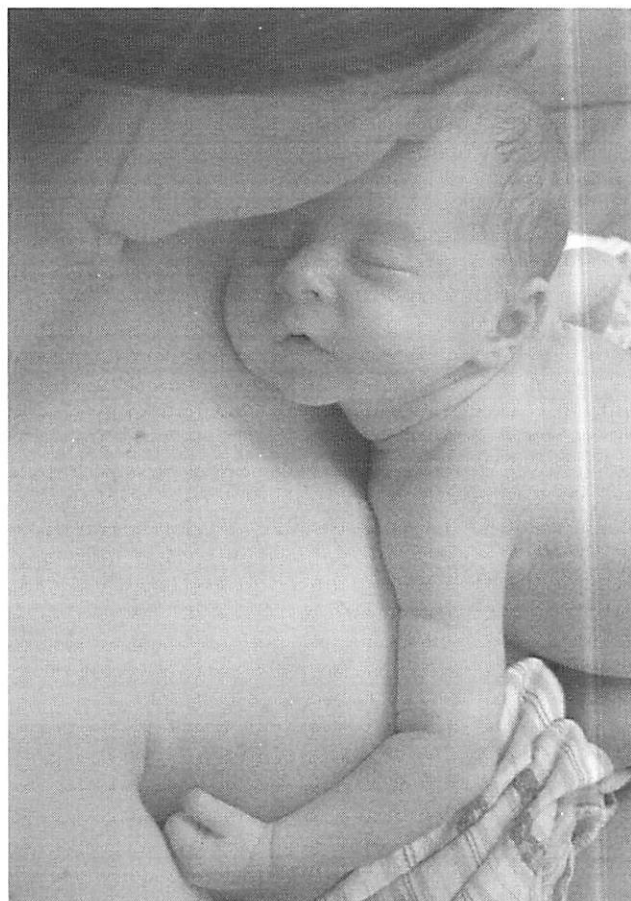


Photo © 2005 Pascale Wowak

Skin-to-Skin Beyond the Delivery Room

Keep cuddling skin-to-skin after you leave the hospital—your baby will stay warm and comfortable on your chest, and the benefits for bonding, soothing, and breastfeeding likely continue well after birth. Skin-to-skin can help keep your baby interested in nursing if he's sleepy. Dads can snuggle, too. Fathers and mothers who hold babies skin-to-skin help keep them calm and cozy.

About the research

Multiple studies over the past 30 years have shown the benefits of skin-to-skin contact. In all the studies described here, mothers were randomly assigned to hold their babies skin-to-skin or see them from a distance. For more information, see Anderson GC, GC. Moore, E. Hepworth, J. Bergman, N. Early skin-to-skin contact for mothers and their healthy newborn infants. [Systematic Review] *Cochrane Pregnancy and Childbirth Group Cochrane Database of Systematic Reviews*. 2, 2005.



Massachusetts
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Lactation Department

Storage Duration of Fresh Human Milk for Use with Healthy Full Term Infants

Location	Temperature	Duration	Comments
Countertop, table	Room temperature (up to 77°F or 25°C)	6–8 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	5–39°F or -15–4°C	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag.
Refrigerator	39°F or 4°C	5 days	Store milk in the back of the main body of the refrigerator.
Freezer			
Freezer compartment of a refrigerator	5°F or -15°C	2 weeks	Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Freezer compartment of refrigerator with separate doors	0°F or -18°C	3–6 months	
Chest or upright deep freezer	-4°F or -20°C	6–12 months	

Reference: Academy of Breastfeeding Medicine. (2004) Clinical Protocol Number #8: Human Milk Storage Information for Home Use for Healthy Full Term Infants. [\[PDF-125k\]](#). Princeton Junction, New Jersey: Academy of Breastfeeding Medicine. Available

Warming Refrigerated Milk

- Warm the tightly closed breast milk container in lukewarm water. Do not submerge the lid.
- Warm to body temperature, avoid overheating.
- Warm only enough milk to be used for a feeding.
- Discard any remaining milk within one hour of feeding

Thawing Frozen Breast milk

- Thaw milk in a container of lukewarm warm water. Make sure the lid is tightly closed. Do not submerge the lid.
- Once the frozen milk is liquid, but while it remains chilled place in the refrigerator until use.
 - **Milk that has been frozen and thawed, and remains chilled can be refrigerated for 24 hours from the time it was removed from the freezer; discard after 24 hours**
- For immediate use, warm to body temperature, avoid overheating
- Warm only enough milk to be used for a feeding
- Discard any remaining milk within one hour of feeding

Other Tips

- Do not refrigerate milk after it has been warmed
- Do not re-freeze breast milk
- Do not microwave
- Do not use boiling water to warm or thaw milk

Reference: Human Milk Bank Association of North America, 2011. Best Practices for Expressing, Storing and Handling Human Milk in Hospitals, Homes and Childcare Settings, 3rd Edition. Fort Worth, Texas.