



Mary Washington
Healthcare

Here for You.



Breastfeeding Guide
Lactation Services Department

Breastfeeding: Off to a Great Start



Offer to feed your baby:

- **when you see and hear behaviors that signal readiness to feed.** Fussiness and hand to mouth motions may signal hunger. At other times, your baby is asking to be held or changed. He may be showing signs of being over-stimulated or tired.
- **until satisfied.** In the early weeks and months, feeding lengths vary from 10 to 40 minutes per side. Offer both breasts at each feeding. Your baby may not always take the second side. Expect your baby to cluster feed to increase your milk supply, especially when going through growth spurts.
- **at least every 1 ½ to 3 hours during the day and a little less frequently at night.** Time feedings from the start of one feeding to the start of the next. Most mothers are able to produce enough milk and do NOT need to supplement with formula.
- **using proper positioning.** Turn your baby toward you while breastfeeding. With a wide open mouth, she takes in the areola along with the nipple. The cheeks and chin are touching the breast. Expect your baby to pause between suckle bursts. It is okay to gently stimulate her to suckle throughout the feeding.

Your baby is getting enough breastmilk IF:

- **you hear audible swallows when your baby pauses between suckle bursts.** You will hear them more often as your milk changes from colostrum to mature milk.
- **there are 6 or more wet diapers by day 6.** This number will remain fairly constant after the first week. With some diapers, there is a line that changes color when it is wet.
- **several yellow seedy stools are passed each day by the end of the first week.** The number of stools per day may decrease after several weeks or months. If less frequent, they will be larger.
- **baby regains back to birth weight (or more) by 2 weeks of age.** Expect an initial weight loss of up to 10% in the first 3 or 4 days of life.
- **rate of weight gain continues at 5 to 8 ounces each week for the first few months.** Between 3 and 5 months, the rate of weight gain slows to 3 to 5 ounces each week.

1st

24 Hours
at least 6 feedings
1 wet and 1 stool

2nd

24 Hours
at least 6 feedings
2 wets and more
stool

3rd

24 Hours
8 to 12 feedings
3 wets and more
stool

Some feedings in the first few days may be attempts. With practice, patience, and persistence, breastfeeding gets easier and more enjoyable.

Call for help if you are having trouble with:

- **sore nipples** that are not getting better. The number one cause of sore nipples is a problem with latch. Initial latch-on tenderness may occur during the first week. Breastfeeding that is going well is not painful. It is NOT normal to have nipples that are cracked, bleeding, stinging, or irritated. Once corrected, soreness often resolves fairly quickly.
- **engorgement** that is severe or lasts longer than 24 hours. Breast fullness may occur between days 3 and 5. Continue feeding your baby frequently. If needed, pump or hand express to relieve fullness. Apply cold compresses afterwards to reduce swelling. Applying cold cabbage leaves for 15 minutes up to four times in one day may help.
- **plugged duct**, or tender sore lump in the breast. Treatments include gentle massage above the affected area toward the nipple, warm compresses, and frequent feedings.
- **mastitis**, an infection that often presents as a red and swollen area on the breast, flu-like symptoms, and a fever higher than 100.5 degrees. Rest, drink plenty of fluids, and keep breastfeeding your baby. Call your healthcare provider and make an appointment as most of the time an antibiotic will be prescribed.
- **yeast**, a fungal infection that may occur in the breasts as a side effect of antibiotics. Having had a C-section or treatment for positive Group B Streptococcus (GBS) will increase your risk of getting this infection. Yeast feels like burning or stinging pains in the nipples and or breast. Eating yogurt and or taking probiotics may lower your risk.
- **newborn jaundice**, which may make your baby's skin appear yellow, cause your baby not to wake for feedings often enough, or have too few wet and soiled diapers. With newborn jaundice, bilirubin levels peak between days 3 and 7 of life. Some babies with high bilirubin levels require treatment with phototherapy. However, this is not a reason to stop breastfeeding.

Take care of you:

- **Stay well hydrated.** Drink something each time you breastfeed or pump. Breastfeeding will make you thirsty. You are losing extra fluid as your body makes milk.
- **Eat healthy food with a lot of variety.** Include plenty of protein rich foods such as yogurt, eggs, and meats. Spicy foods, gas-forming vegetables, and small amounts of caffeine will not harm your milk or your baby.
- **Continue taking your prenatal vitamin each day.** Taking medication is rarely a reason to stop breastfeeding. Many are safe to take but may affect your milk supply. Discuss medication options with your prescribing provider and your lactation consultant.
- **Not drinking alcohol** or using recreational drugs is the safest option for breastfeeding mothers.
- **Ask for help when you need it!**

The American Academy of Pediatrics supports breastfeeding for *at least one year* and continuing as long as both mother and baby desire. Babies benefit greatly from receiving a diet of *only breastmilk for the first six months* of life. At six months, start solids in addition to breastfeeding. Breastfeeding has many benefits for the whole family. It helps with mom's weight loss, bonding, speeds recovery from pregnancy and delivery, and is cost effective.

Mary Washington Hospital Lactation Department 540.741.4465
Stafford Hospital Lactation Department 540.741.9236

Breastfeeding Positions



Laid Back

Football

Comfortable for moms who have had a C-section, have larger breasts, or a forceful letdown. Turn your baby with the tummy facing your side and head in the palm of your hand.

Cross Cradle

Offers the baby lots of support. One hand is behind the baby's head and the other is supporting the breast.

Cradle

For the young baby, try switching to this position once your baby has latched well using the cross cradle hold. This is a comfortable one to use once breastfeeding is well established.

Laid Back

Great for a fast flow since milk will go against gravity. Nice position for the first feeding just after birth and in the middle of the night. (See top right photo).

Side Lying

Over time, this may become your favorite position, especially at night. A rolled receiving blanket can be placed behind the baby's back to keep the baby tummy to tummy.



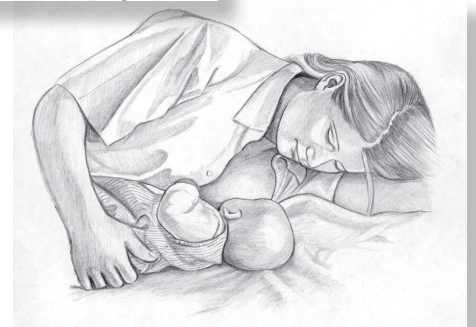
Football



Cross Cradle



Cradle



Side Lying

How To Latch Your Baby Onto The Breast



You can latch your baby onto the breast using a variety of positions. Any of them work well with the same four step process: mommy gets comfortable, alert baby faces you, wait for baby to open wide, and bring the baby to the breast.

1. Get Yourself Comfortable

Sit in a comfortable chair or lie down on your bed if you wish. When sitting, use one or more pillows on your lap so that you will be able to elevate the baby to the height of your breast. This will help you remember to bring the baby to the breast and not lean over while feeding. When lying down, consider putting a pillow between or underneath your knees.

2. Position The Baby Facing You

Be sure your baby is awake prior to getting ready to breastfeed. Sleeping babies continue to sleep while on the breast! Try offering the breast when he is showing some signs of wakefulness, such as moving, stirring, hand to mouth motions, or vocalizations. Change a diaper, unswaddle him, or use gentle swaying and talking to wake him up.

Position your baby facing you so that his nose and belly are in the same direction. His head is lifted enough so that his chin is not on his chest. The baby's nose is in alignment with your nipple. His ears are directly above his shoulders, but not touching them. He is not on his back looking towards one side or the other. In this way, his head, neck, and spine are lined up to breathe, suck, and swallow effectively.

3. Wait For The Gape

Once your baby is awake and properly positioned, she is ready to latch. Hold her a few inches in front of the breast with her lower lip even with your nipple. After about 5 to 15 seconds, she is likely to open wide. If she does not, try bringing her closer to your breast and gently stroking your nipple in the center of her lips. You are waiting for her to give a really wide gape, and ideally not while crying. An alert baby with a wide gape takes the nipple and areola deeply into the mouth for a comfortable latch.



4. Bring The Baby To The Breast

When she opens as widely as you think she will, gently, quickly, and firmly bring her to the breast. This is done while remembering to keep the baby's body in good alignment. Keep the straight "L" of the head, neck, and spine in one line to prevent her body from curving in the shape of a "C". As you and your baby are learning, it may be helpful to use positions where your hand supports the nape of the neck and top of her spine. Once she is on and suckling, you may switch your hands and arms to any position that feels more comfortable, as long as it maintains her good latch.



Be sure your baby is suckling the areola, not just the nipple. Latching deeply onto the areola with the nipple touching the roof of her mouth will cause her suckling reflex to take over. Her lips will be curled out or flanged. Her nose is almost touching the breast, while her cheeks and chin are touching the breast.

Skin to Skin is High Quality Time



Newborns who bond skin to skin from birth through their first month of life tend to be happier and healthier.

Why is skin-to-skin care good for my baby and me?

This eases the transition from life inside the womb, to life outside the womb. Babies who spend time skin to skin have more stable heart rates, breathing patterns, and oxygen levels. A baby held skin to skin is warmer than when placed under a radiant warmer.

When your baby is in this position and sleeping, the sleep is deep and restful. Upon waking, the baby is in a pleasant, quiet, and alert state and is much less likely to be fussy. Babies who spend time skin to skin breastfeed more effectively and their mothers make more milk!

How is skin to skin done?

With mom in a semi-reclined position, the baby is placed vertically between the mother's breasts. The mother and baby are sternum to sternum (chest to chest). The baby's head is slightly turned so that the ear is up against mom's heartbeat. The baby is now in a position that is as close to being back inside mom as possible.

Next, place several blankets over the baby's back and a hat on the baby's head to help baby stay warm and snug. The edges of the blankets may be tucked in at mom's sides so that her breasts are not exposed. After spending some time skin to skin, your baby may begin to move around and seek out the breast. This is a great time to offer the breast for a feeding.

When is the best time to start skin-to-skin care?

The best time to start skin-to-skin contact is as soon as possible after the baby is born. Perform skin-to-skin care before a feeding to help wake the sleepy baby, in between offering both breasts, or to soothe a fussy baby. Continue spending time skin to skin with your baby over the next several days and weeks. Experts recommend that newborns spend at least three hours a day skin to skin.

Will holding my baby cause the baby to be spoiled?

There is no need to worry about spoiling your baby. This will not happen even if you spend large amounts of time caring for your baby this way. And yes, we also encourage your partner to spend time skin to skin with baby.

Relax and enjoy this special time with your baby!

It's Easy To Do:

- Sit comfortably in a semi-reclined position.
- Lay your infant, wearing only a diaper and a hat, vertically against you, chest to chest.
- Gently place baby so he or she can hear your heartbeat.
- Cover baby's back with a blanket and tuck it around you so you're both cozy.
- Relax and enjoy the bond!

Aim for a total of at least three hours of skin-to-skin contact with your baby throughout the day. Don't worry, this won't spoil your baby!

The “Ins and Outs” of Breastfeeding



- **Day 1 or 2:** Meconium: Dark, tarry, sticky
- **Day 3 or 4:** Transitional stool: Brown, green, or yellow
- **Day 5 or 6:** Breastfed stool: (3 or 4 per day for many weeks): Yellow, seedy or watery



Urine that is reddish or orange *may* happen on day 1 or day 2. If you see urine in the diaper that is this color on day 3 or beyond, this may mean the baby is not getting enough at the breast.

There should be six or more wet diapers daily by day 6 - and each diaper should feel as though there are 2 or 3 tablespoons of clear or pale yellow urine.

Count any stool larger than a quarter.

WET DIAPERS

- Day 1 – at least 1 wet
- Day 2 – at least 2 wets
- Day 3 – at least 3 wets
- Day 4 – at least 4 wets
- Day 5 or 6 and beyond – at least 6 heavy wets with pale yellow or clear urine

STOOL DIAPERS

- Day 1 or 2 – at least 2 - dark, tarry, sticky
- Day 3 or 4 – at least 3 - brown, green, or yellow
- Day 5 or 6 – at least 3 – yellow, large, soft, watery, or seedy

In the first few weeks, encourage your baby to feed every 2-3 hours. Offer both breasts at each feeding. Your baby may go longer between feedings overnight. Feeds may vary in length of time. Babies may gain close to 1 ounce per day in the early months of breastfeeding.

Overtime, the number of wet diapers remains fairly stable, while stool frequency can vary.

If you are concerned about your baby's “ins and outs,” please contact your healthcare provider.

Pumping for your baby while in the hospital



Pump or hand express as soon as you feel able, if you are separated from your baby, or if your baby is not latching well – especially as baby approaches 24 hours of age.

Day 1 and Day 2

- Double pump for 15 minutes at least 8 times each 24 hours. *(Some moms get drops of moisture inside the flange, some get more).*
- Use maximum setting that is comfortable. Pump will start with a fast but low suction and then increases suction and slows after 2 minutes in first phase.
- Ask your nurse or a lactation consultant to check the fit of your pumping flange.
- You may also try hand expression or hand massage while pumping.

Website with video for hands on pumping:

med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html

Website with video for hand expression:

med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html

Day 3 and Day 4

- Double pump for 15 minutes at least 8 times each 24 hours. Pump for 1 or 2 minutes after milk stops flowing.
- When your milk starts to increase, your breasts will feel full. It is ok to pump to relieve pressure as needed.

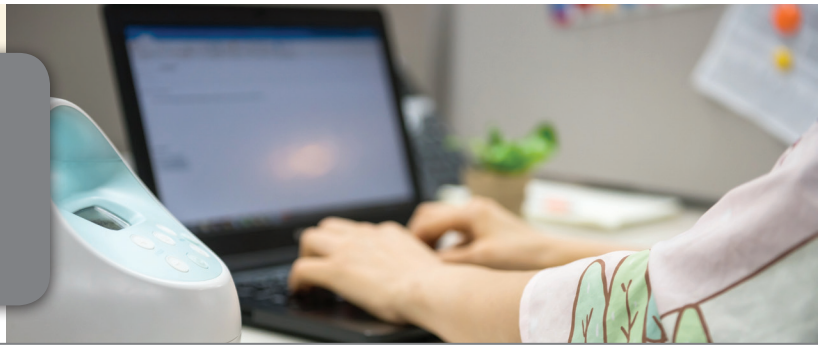


Day 5 and beyond

- Continue to pump for 15 to 20 minutes aiming for at least 8 in each 24 hours.
- A normal milk supply after the milk is in is about 24 oz or more each 24 hours.
- Milk can be stored at room temperature for about 4 hours, in a cooler with ice up to 24 hours, in the refrigerator for up to 4 days, in the freezer for 6 months. Label milk with time and date it was pumped.

Please keep all of your pump parts in case you need to rent a Symphony pump. The cost of rental provides the pump only, not the attachments. You may also use these parts to pump using the Symphony in the MWH NICU pumping room when you visit your baby once you are discharged.

Working Outside the Home



Consider introducing a bottle of expressed breastmilk around three or four weeks of age. At this time, your full-term healthy baby is likely to go back and forth with ease between bottle and breast. Ideally, have your partner or another caregiver offer the bottle of your pumped milk about 3 or 4 times per week. Continue to offer the bottle a few times each week to keep baby familiar with it.

Start storing milk for working outside the home several weeks to months prior to your return. For example, if returning to work at 6 weeks, at about 3 weeks start pumping once a day, ideally in the morning after feeding the baby, and saving it. If returning to work at 2 months, start at about a month, and if returning at 3 months, start at about 6 weeks. It may take pumping for several days to save up enough for one bottle. By the time you return, you'll have more than enough for that first day back. To keep up your supply while at work, aim to double pump every 3 to 4 hours for about 15 to 20 minutes.



Storage times for breastmilk are up to 4 hours at room temperature, up to 4 days in the refrigerator, and up to 6 months in a freezer. If using a deep freezer, it may be stored for up to a year. Use containers that are safe for breastmilk storage. Keep chilled milk in the back of the refrigerator or freezer, rather than in the door. Never refreeze breastmilk. If your baby drinks from a bottle and doesn't finish it, leftover milk is ideally used within the next 2 hours.

Questions about breastfeeding?

Call for help if you need it. You and your baby are worth it!

**Mary Washington Hospital Lactation Services
540.741.4465**

**Stafford Hospital Lactation Services
540.741.9236**



MWHC Support & Classes For Breastfeeding Mothers

To schedule a lactation consultation or for additional information please call:

**Mary Washington Hospital
Lactation Services**
540.741.4465

**Stafford Hospital
Lactation Services**
540.741.9236

Support Groups

**Mary Washington Hospital
Moms and Babies**

Wednesdays
10:00 a.m. – 11:30 a.m.
1301 Sam Perry Blvd.
John F. Fick III Conference Center
Fredericksburg, VA 22401

**Stafford Hospital
Moms and Babies**

Tuesdays
10:00 a.m. – 12:00 p.m.
101 Hospital Center Blvd.
Lower level
Stafford, VA 22554

**Stafford Hospital
Working Moms Support Group**

4th Sunday of every month
2:00 p.m. – 4:00 p.m.
101 Hospital Center Blvd.
Lower level
Stafford, VA 22554

New moms and their babies up to six months of age are welcome to attend this group. This is a great place to meet other new moms. There is no cost for the group and registration is not required. There is a baby scale available to weigh your baby. A nurse who is also a lactation consultant is there to answer questions and to facilitate group discussion.

- Lactation specialist facilitates group.
- No cost, registration or appointment needed.
- Babies and children are welcome, no dads please.
- Baby scale available.

You do not have to be a breastfeeding mother to attend, combination feeding or formula feeding moms and babies are welcome.

Community Resources For Breastfeeding Mothers

Online Resources

American Academy of Pediatrics:
healthychildren.org/breastfeeding

Breastfeeding videos and pumping tips:
med.stanford.edu/newborns/professional-education/breastfeeding

Medical concerns and breastfeeding:
cdc.gov/breastfeeding

Medication use (LactMed):
toxnet.nlm.nih.gov

Parenting and breastfeeding information:
firstdroplets.com
llusa.org

Women's Health Breastfeeding:
womenshealth.gov/breastfeeding



La Leche League

La Leche League provides mother-to-mother support to all who want to breastfeed.

Find meeting locations and details, and more information at llusa.org.

Kaiser Permanente Lactation Services

[KP.org/maternity](http://kp.org/maternity)
703.922.1469

Marine Corps Base Quantico

For military families or civilian working at MCB Quantico.
quantico.usmc-mccs.org
703.784.4248

Breast Pump Rentals (hospital grade)

Call for availability and fees to rent a hospital grade breast pump.

Medical Arts Pharmacy

Tompkins-Martin Medical Plaza
540.741.1425

Mother's Best

Caroline Conneen
540.371.3004

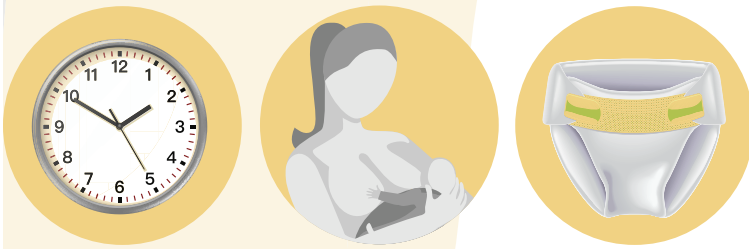
Feeding & Diapering log



Breastfeeding: Offer breast every 2-3 hours during the day and a little less frequently at night.

Baby's First 24 Hours

Goals: 6-8+ feedings; 1+ wet diapers; 1+ stool



Time	Side/Mins	Urine	Stool
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			

Day 2

Goals: 6-8+ feedings; 2+ wet diapers; 2+ stool



Time	Side/Mins	Urine	Stool
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
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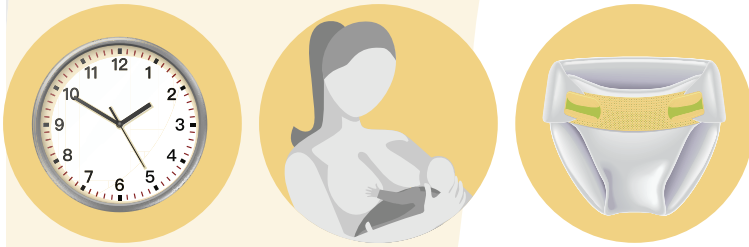
Feeding & Diapering log



Breastfeeding: Offer breast every 2-3 hours during the day and a little less frequently at night.

Day 3

Goals: 8+ feedings; 3+ wet diapers; 3+ stool



Time	Side/Mins	Urine	Stool
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
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AM/PM			
AM/PM			
AM/PM			
AM/PM			

Day 4

Goals: 8+ feedings; 4+ wet diapers; 3+ stool



Time	Side/Mins	Urine	Stool
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
AM/PM			
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Lactation Services



The Family Birth Place Lactation Department within Mary Washington Healthcare (MWHC) is a resource for breastfeeding mothers and babies in our community. Our lactation consultants are highly-trained nurses who are also certified by the International Board of Certified Lactation Consultants.

Outpatient Lactation Consultations

Although breastfeeding is natural, learning does not come easily for all new moms, and sometimes even experienced moms may struggle with a new issue. If you're concerned about the amount of milk you're producing, the baby's weight, experiencing pain while breastfeeding, or are having issues pumping, we offer personal consultations with you and your baby. Some problems may be addressed over the phone, but other issues need a personal visit. We invite you and your baby to come in to address your concerns with one of our certified lactation consultants. They will offer you individualized guidance, tips, and tools to make breastfeeding more comfortable for you and your baby.

Based on the nature of the consultation, there is a scale available to check a pre-feed and post-feed weight to make sure your baby is receiving an adequate supply of milk. When bringing your infant to the consultation, keep in mind that we will want the baby to feed, so it would be best to have the consult at a time when he/she will be interested in feeding, but not overly hungry. Please also allow 20-30 minutes for the check-in time at the Patient Access Office. Consultations last approximately 1.5 hours.

There is a fee for consultations. Consultation charges are filed to your insurance. Please call your insurance provider to verify coverage as this varies greatly. If a full outpatient consultation is not needed, new moms can call the Lactation Services Department to address your breastfeeding concerns over the phone. If a lactation consultant is not available to speak with you immediately, your phone call will be returned by the next business day.

You do not have to have delivered your baby at one of our hospitals to use these services.

Inpatient Lactation Services

Breastfeeding assistance and consultations are provided for you and your baby while you are patients at either Mary Washington or Stafford Hospital by your team of nurses and lactation consultants. The nurse will meet with you and determine your personal needs. If your baby is admitted to our NICU, our lactation consultant is also there to assist you with any special requirements as well. We can also provide lactation services to a mother and/or baby in any unit within our hospitals.

After Hours Assistance

If you have breastfeeding concerns after hours that need to be addressed immediately, the Lactation Services Department phone number will forward you to a Health Link nurse that can assist you.

You can also call the MWHC Health Link Nurse Line directly at 540.741.1000. (6:00 a.m. to midnight, 365 days per year).

**To schedule a
consultation, please call
the MWHC Lactation
Services Department
540.741.4465**



Mary Washington Healthcare

Here for You.

Mary Washington Hospital

1001 Sam Perry Blvd.
Fredericksburg, VA 22401

Stafford Hospital

101 Hospital Center Blvd.
Stafford, VA 22554

Mary Washington Healthcare exists to improve the health of the people in the communities we serve.

ATTENTION: Mary Washington Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística sin costo alguno. Llame al 540.741.2655.

안내: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 540.741.2655 번으로 전화해 주십시오.



To rent a hospital grade breast pump, please contact:

Medical Arts Pharmacy

Tompkins-Martin Medical Plaza
540.741.1425

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540.371.3004

