



Guide to Successful Breastfeeding





Virtua Health wants to help ensure your success in breastfeeding. This guide will provide you with information on what to expect, tips for success, and more.

Many people ask, “How long should I breastfeed?”

Breastfeeding is ideal for as long as both mom and baby desire to continue. Like many leading health organizations, we recommend that most infants breastfeed for at least 12 months, with exclusive breastfeeding for the first six months. This means that babies are not given any foods or liquids other than breast milk for the first six months.

These recommendations are supported by organizations including the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, American Dietetic Association, and American Public Health Association.

This book will help guide you through your breastfeeding experience.

Breastfeeding Resources & Support

Breastfeeding/Lactation Lines

Virtua Voorhees Hospital 856-247-2793	Virtua Mount Holly Hospital 609-914-7258	Virtua Our Lady of Lourdes Hospital 856-886-6294
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Breastfeeding Sessions

Private Breastfeeding Sessions – 60 minutes

Meet one-on-one with a board-certified lactation consultant with extensive experience helping moms overcome any problems they may be experiencing. *Fees apply.*

Breastfeeding Telehealth Visits – 15 minutes

A virtual visit is a convenient way for breastfeeding moms to privately talk via video with a board-certified lactation consultant in the comfort of their own home. *Fees apply.*

Register for any of these services at Virtua.org/breastfeeding or call 1-888-VIRTUA-3.

Support Groups

Held virtually every Wednesday from 2 to 3:30 p.m., these free, informal gatherings of mothers and nursing babies are led by a certified lactation consultant.

To register, contact Lisa Smith at llsmith@virtua.org or 856-247-2230.

Other Resources

Breast Pump Rentals

Acelleron: Acelleron.com/978-344-2769	Aeroflow: aeroflowbreastpumps.com/844-867-9890	PPS HomeCare: 856-468-8328
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La Leche League Community Breastfeeding Support www.lalacheleaguenj.org	La Leche League International 1-800-La Leche (1-800-525-3243)
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ZipMilk.org (*breastfeeding resources in your area searchable by zipcode*)

WIC Offices (For low- or no-income mothers and children at risk for nutrition or health problems.)				
Burlington County	Camden County			Gloucester County
	Atco	Blackwood	Camden	
609-267-4304	800-328-3838	856-302-1405	856-225-5050	856-218-4116

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Learning to Breastfeed

Breastfeeding is a process that takes time to master. Babies and mothers need to practice. Keep in mind that you make milk in response to your baby sucking at the breast. The more milk your baby removes from your breasts, the more milk you will make.

After you have your baby, these steps can help you get off to a great start:

- Breastfeed as soon as possible after birth.
- Ask for a nurse or lactation consultant to help you, if needed.
- Try not to give your baby other food or formula, unless it is medically necessary.
- Keep your baby with you in your hospital room day and night so that you can breastfeed often. Rooming-in with your baby helps you to learn your baby's feeding cues.

Stages of Human Milk Production

Days 1-2

Colostrum:

Colostrum is your initial milk. It is thick, sticky, and clear to creamy yellow in color. While small in volume, colostrum is rich in protein, fat-soluble vitamins, minerals, and antibodies. The rich composition helps to keep your baby satisfied during the first few days after delivery. It is always available at birth and gradually converts to mature milk.

Transitional Milk:

Days 2-5

As the breasts continue to be stimulated, your milk production increases. Transitional milk may be light-yellow in color, and contains plenty of fat, water-soluble vitamins, and calories.

Mature Milk:

Day 6+

Mature milk is lighter in color and greater in volume. Your breasts become fuller and heavier, and your baby will be gulping and swallowing frequently. Mature milk consists of foremilk and hindmilk. Milk production will continue to increase slowly during the first month.

Foremilk:

This is the milk that flows at the start of a feeding. It is watery, high in protein and lactose (milk sugar), and low in fat. It quenches your baby's thirst.

Hindmilk:

As you continue to feed, the milk that flows as your breast empties is called hindmilk. It is richer in fat, high in calories, and satisfies your baby's hunger.

How Long Should Feedings Be?

Feedings may be 10 to 30 minutes or longer on each breast. Let your baby nurse as long as they like. Your baby will let you know when he or she is finished. If you are worried that your baby is not eating enough, talk to your lactation consultant or your baby's doctor. See the breastfeeding log at the back of this guide to keep track of your baby's feedings and diapers.

Watching for Feeding Cues

Babies are often very sleepy during their first few days after birth and may need to be awakened for feedings. Watch your baby for signs of an active sleep state, which can be a good time to wake him or her. If you see that your baby is starting to stir, it is probably a good time to pick him or her up. Cuddling your baby skin-to-skin is also a nice way to begin to wake your baby.

Tips to wake up a sleepy baby:

- Dim the lights and unwrap the baby's blanket. You may need to undress the baby down to just a diaper.
- Change the baby's diaper.
- Massage gently, but with firm pressure, on the spine and feet.
- Lightly stroke or tap the baby's lips with your finger, or with your baby's hand, to stimulate the rooting reflex.
- Express a small amount of colostrum and rub it on your baby's lips.

Getting Started

Proper positioning is important for effective breastfeeding, as it allows your baby to have a deep latch. Good positioning is the best way to avoid sore nipples, and it may help prevent engorgement. Try to remember keep the baby at breast level, turned in toward you (chest-to-chest), and with the chin and nose touching the breast. Use pillows (or a breastfeeding pillow) to support your arms and the baby so you can be comfortably relaxed.



Cradle hold:

Hold the baby in the crook of your arm, close to the breast, facing you, chest-to-chest. Your baby should be up high on your chest, legs even with your other breast. When the baby opens his or her mouth wide, bring the baby to your breast with your forearm.

Your baby should not be in your lap or turned onto his or her back, as this can cause an improper latch that will damage your nipple.

Although this may feel like the most natural way to hold your baby for breastfeeding, it may be harder to use this hold when you are just starting out, as you may not be as easily able to guide the baby onto the breast for a deep latch. Once you and your baby have some practice, this hold will become much easier.

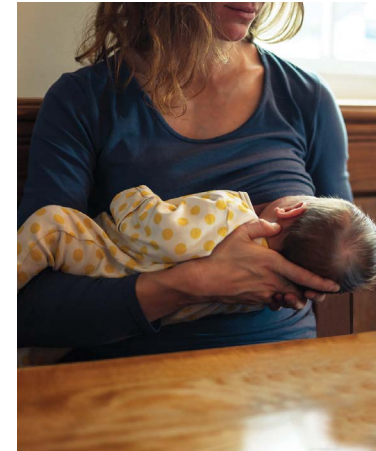


Football or clutch hold:

Tuck the baby along your side with their feet up against the back of the chair or bed, with pillows underneath the baby to bring them up to the level of your breast.

Support the baby's neck with your hand, and use your forearm to support their upper body. Be sure to tuck the baby far enough back along your side so that you are not leaning forward over the baby; you should be sitting comfortably upright when you guide the baby to your breast.

This is a good position to use after a cesarean section, when you don't want the baby to touch your abdomen. It is also good if your breasts are large, or you are nursing a small or premature baby.



Cross-cradle hold:

Support the baby's neck and back as in the football hold, and hold the baby facing you across your chest to the opposite breast. Support your breast with your other hand.

This position, like the football hold, gives you more control in guiding the baby to the breast for a deeper latch.



Side-lying:

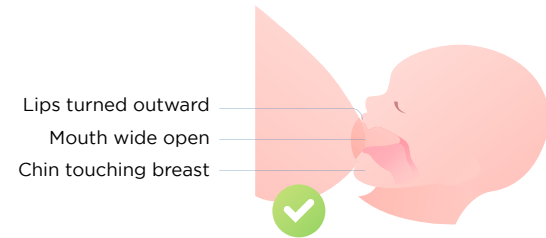
As with the cradle hold, your baby should be facing you. Place the baby along your side, and guide your baby onto the breast. Some mothers will cradle the baby in the lower arm, guiding the baby in toward the breast with your arm, supporting the breast with your other hand.

Others prefer to guide the baby with the upper arm/hand and rest your head on your lower arm. You may need to use a pillow to bring the baby up to breast level. The side-lying position is especially good if you are uncomfortable sitting, or for nursing at night.

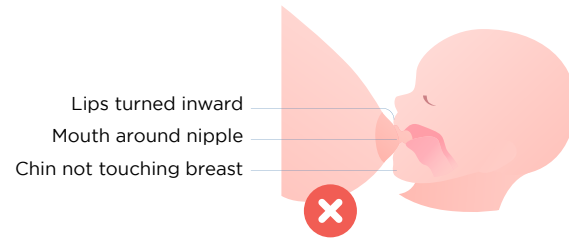
Bringing Your Baby to the Breast

The steps below can help you get your baby to latch on to the breast. Keep in mind that there is no one way to start breastfeeding. As long as the baby is latched on well, how you get there is up to you.

- Your baby's head should be tilted back slightly to make it easy to suck and swallow. With their head back and mouth open, the tongue is naturally down and ready for the breast to go on top of it.
- At first, your baby's nose will be lined up opposite your nipple. Tickle the baby's lips to encourage a wide-open mouth, then bring the baby's chin in toward the breast. As their chin presses into your breast, their wide-open mouth will get a large mouthful of breast for a deep latch.
- Tilt your baby back, supporting your baby's head, upper back, and shoulders with the palm of your hand, and pull the baby in close. Keep in mind that your baby can breathe at the breast. The nostrils flare to allow air in and out, even when baby's nose is close to the breast.



Good Latch-on



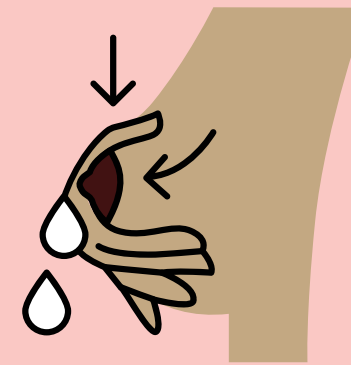
Poor Latch-on

- 1 Hold your baby's whole body close with their nose level with your nipple.
- 2 Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide-open mouth. When your baby's mouth opens wide, bring your baby in close.
- 3 With baby's chin firmly touching and the nose close, the mouth is wide open and the lips are flared out. Your baby's cheeks will look full and rounded as they feed.

Signs of a Good Latch

A good latch is important for your baby to breastfeed effectively and for your comfort. During the early days of breastfeeding, it can take time and patience for your baby to learn to latch on well.

- The latch feels comfortable to you, without hurting or pinching. How it feels is more important than how it looks.
- Your baby's chest is against your body and he or she does not have to turn their head while drinking.
- The baby's mouth is wide open, and their lips turn out like fish lips, not tucked in.
- You see little or no areola, depending on the size of your areola and the size of your baby's mouth. If your areola is showing, you will see more above your baby's lip and less below.
- You see the baby's ears "wiggle" slightly with suckling.
- Your baby's nose and chin touch your breast.
- When your baby is positioned well, his or her mouth will be filled with breast.
- The tongue is cupped under the breast, although you might not see it.
- You should see long, rhythmic sucks with periodic rests.
- You hear or see your baby swallow. Some babies swallow so quietly, a pause in their breathing may be the only sign of swallowing.



Hand Expression of Colostrum/Milk

Collect the breast milk into a clean spoon, medicine cup, or container. If you are pumping, you can express directly into the pump flange.

1. Massage your breasts before expressing. Place your fingers and thumb as shown.
2. Repeat steps 2-4 without loosening your grip, until breast milk/colostrum comes out. You may need to push your fingers forward, toward the nipple, to push the colostrum out until the milk flow increases.



Massage



Press Inward



Squeeze



Release



How to Know Your Baby is Getting Enough Milk

Many babies, but not all, lose a small amount of weight in the first days after birth. Your baby's doctor will check their weight at your first visit after you leave the hospital. Make sure to visit your baby's doctor within two to three days after birth, and then again at two to three weeks of age, for checkups.



You can tell if your baby is getting plenty of milk if they are mostly content and gaining weight steadily after the first week of age. From birth to three months, typical weight gain is 2/3 to 1 ounce each day.

Other signs that your baby is getting plenty of milk:

- They are passing enough clear or pale-yellow urine, and it's not deep yellow or orange (see the breastfeeding log in the back of this guide).
- They have enough bowel movements (see the breastfeeding log in the back).
- They switch between short sleeping periods and wakeful, alert periods.
- They are satisfied and content after feedings.
- Your breasts feel softer after you feed your baby.

Talk to your baby's doctor if you are worried that your baby is not eating enough.

How Much Do Babies Typically Eat?

A newborn's stomach is very small, especially in the early days. At birth, the baby's stomach can comfortably digest what would fit in a hazelnut (about 1 to 2 teaspoons). In the first week, the baby's stomach grows to hold about 2 ounces, or what would fit inside a walnut. Once breastfeeding is established, exclusively breastfed babies from 1 to 6 months of age take in between 19 and 30 ounces per day. Babies will usually drink smaller amounts more frequently, and if you breastfeed eight times per day, the baby would eat around 2 to 3 ounces per feeding.

Day 1	Day 3
1 Tsp	1 oz



Tips for Making It Work

- 1. Learn your baby's hunger signs.** When babies are hungry, they become more alert and active. They may put their hands or fists to their mouths, make sucking motions with their mouth, or turn their heads looking for the breast. If anything touches the baby's cheek – such as a hand – the baby may turn toward the hand, ready to eat. This sign of hunger is called rooting. Offer your breast when your baby shows rooting signs. Crying can be a late sign of hunger, and it may be harder to latch once the baby is upset. Over time, you will be able to learn your baby's cues for when to start feeding.
- 2. Follow your baby's lead.** Make sure you are both comfortable and follow your baby's lead after they latch on well. Some babies take both breasts at each feeding. Other babies only take one breast at a feeding. Help your baby finish the first breast, as long as he or she is still sucking and swallowing. This will ensure the baby gets the hindmilk – the fattier milk at the end of a feeding. Your baby will let go of the breast when they are finished and often fall asleep. Offer the other breast if they seem to want more.
- 3. Keep your baby close to you.** Remember that your baby is not used to this new world and needs to be held very close. Being skin-to-skin helps babies cry less and stabilizes their heart and breathing rates.
- 4. Avoid nipple confusion.** Avoid using pacifiers, bottles, and supplements of infant formula in the first few weeks unless there is a medical reason to do so. If supplementation is needed, try to give expressed breast milk first. But it's best just to feed at the breast. This will help you make milk and keep your baby from getting confused while learning to breastfeed.
- 5. Sleep safely and close by.** Have your baby sleep in a crib or bassinet in your room, so that you can breastfeed more easily at night. Sharing a room with parents is linked to a lower risk of sudden infant death syndrome (SIDS).
- 6. Know when to wake your baby.** In the early weeks after birth, you should wake your baby to feed if six hours have passed since the beginning of the last feeding. Some tips for waking the baby include:
 - Changing your baby's diaper
 - Placing your baby skin-to-skin
 - Massaging your baby's back, abdomen, and legs

If your baby is falling asleep at the breast during most feedings, talk to the baby's doctor about a weight check. Also, see a lactation consultant to make sure the baby is latching on well.



Common Challenges

Breastfeeding can be challenging at times, especially in the early days. But it is important to remember that you are not alone. Lactation consultants are trained to help you find ways to make breastfeeding work for you. And while many face one or more of the challenges listed here, many do not struggle at all! Also, many people have certain problems with one baby that they don't have with their second or third babies. Read on for ways to troubleshoot problems.

Challenge: Sore Nipples

Many moms report that their nipples can be tender at first. Expect to be tender-sore for the first week or two when the baby first latches. It should ease after 15 to 20 seconds as the milk flow begins. You will still feel pulling and tugging on your nipple when the baby sucks, but it should not be painful. Breastfeeding should be comfortable once you have found some positions that work and a good latch is established.

What you can do:

1. Good positioning and a good latch are the keys to avoiding sore, damaged nipples. If your baby does not get a good latch and it causes pain, gently break your baby's suction to your breast by placing a clean finger in the corner of your baby's mouth and try again.
2. Use pillows or a breastfeeding pillow to support your arms and the baby at breast level to avoid dragging and pulling on the nipple from the weight of the baby's body.
3. Supporting your breast with your hand underneath helps to keep the baby from slipping off the nipple. Babies often need help to maintain the deep latch needed for comfortable and effective feeding.
4. After breastfeeding, express a few drops of milk and gently rub it on your nipples with clean hands. Human milk has natural healing properties and emollients that soothe.
5. Nipple creams (lanolin or other preparations intended for use with breastfeeding) or coconut oil can be helpful to keep the nipple tissue moist and promote healing. Hydrogel pads can be used for nipples with abrasions or cracks.
6. Ask a lactation consultant for help to improve your baby's latch, or if the soreness does not improve after adjusting your position/latch.

How to Soothe Your Baby

All babies cry, often because they have a difficult time getting used to all the new stimuli present in life outside of mom's body. "The Happiest Baby on the Block" method developed by Dr. Harvey Karp has been known to help turn on a baby's calming reflex during the first few months of life by mimicking experiences in the uterus. There are five simple steps to this method (the Five S's):

1. **Swaddling:** Tight swaddling or wrapping provides the continuous touch and support that your baby experienced while in the womb.
2. **Side/stomach position:** While holding your baby, place them either on their left side to aid in digestion, or stomach to provide support. Once your baby is asleep, you can place them on their back in the crib.
3. **Shushing sounds:** "Shhhhhh" triggers your baby's calming reflex by imitating the continual whooshing sound made by the blood flowing through the arteries near the womb. You have to say it as loud as your baby's crying and close to their ear, or they may not notice. A white noise machine or a recording of your hair dryer or vacuum cleaner can also mimic the noise.
4. **Swinging:** Newborns are used to the swinging motions they felt when they were still in their mother's womb. Rhythmic movements imitate the sensations your baby felt inside your uterus, and activate the calming reflex. Rocking, car rides, and other swinging movements can all help.
5. **Sucking:** Your breast, your finger, or later (ideally after three or four weeks), a pacifier can be used.

Challenge: Engorgement

It is normal for your breasts to become larger, heavier, and a little tender when they begin making more milk. Sometimes, this fullness may turn into engorgement, when your breasts feel very hard and painful. You also may have breast swelling, tenderness, warmth, redness, throbbing, and flattening of the nipple. Engorgement sometimes also causes a low-grade fever, and can be confused with a breast infection. Engorgement is the result of the milk building up combined with swelling and inflammation. It usually happens during the third to fifth day after birth, but it can happen at any time if you go too long between feedings.



What you can do:

1. Breastfeed often after birth, allowing the baby to feed as long as they like. Frequent feedings help to keep the milk moving freely and keeps your breasts feeling more comfortable, preventing them from becoming overly full.
2. If your baby is having a hard time latching because the breast is too full, hand express or pump a little milk to first soften the breast, areola, and nipple before breastfeeding to help baby get a good, deep latch.
3. After feedings, gently massage your breasts and pump/express a small amount of milk for comfort. Emptying your breasts fully is not recommended, as it will tell your body to make more milk and continue your discomfort.
4. Use cold compresses or ice packs in between feedings to reduce the swelling and inflammation, and to ease discomfort. An occasional warm compress to help the milk flow to start may be helpful, but use caution when applying heat, as it can make the swelling and inflammation worse.
5. Wear a well-fitting, supportive bra that is not too tight.
6. Your breasts will probably be extra full for a couple of days, and then should begin to feel more comfortable. Talk to your lactation consultant or doctor if the engorgement lasts for more than two days.

Challenge: Fungal Infections (Thrush)

Thrush is a common problem among breastfeeding mothers and babies that can range from an annoying nuisance to an extremely painful experience. Thrush is an infection caused by the overgrowth of yeast in baby's mouth and/or on a mother's nipples.

Signs of thrush in mothers:

- Painful, burning, or sore nipples between, during, and after feedings
- Nipple pain that develops when breastfeeding was previously going well
- Burning or shooting pain in the breast during or after a feeding
- Red nipples or areola
- Itchy nipples or shiny, peeling skin
- Sore nipples that do not respond to treatment
- Nipple pain that occurs while using a breast pump correctly
- Cracked nipples that do not heal
- Repeated breast infections

Signs of thrush in babies:

- White spots in the mouth, on the tongue, or inside the lips that look like pearls, curds, or streaks of milk that won't wipe away
- Red, irritated rash in the diaper area
- Gassiness and crankiness
- Baby repeatedly pulls off the breast during a feeding

Probiotics for Thrush

Women who have recently given birth may have been treated with antibiotics for a cesarean section or for Group B Streptococcal (GBS) infection. Treatment with antibiotics destroys some of the body's helpful bacteria, as well as the harmful bacteria. One function of the good bacteria is to keep yeast from overgrowing. **If you have been on antibiotics recently, or were administered antibiotics during your delivery, we recommend that you take a probiotic** (acidophilus, lactobacillus, or bifidus factor), which is an oral nutritional supplement that helps to reestablish the good bacteria in your body. Probiotics can be found in your local pharmacy, supermarket, or health food store. The label will state how often to take the probiotic to help avoid yeast overgrowth. The recommended dose is at least 4 billion to 5 billion units daily, or more. If you have a thrush infection, you may need to take a higher dose.

If you suspect that you or your baby has a yeast infection, call both of your health care providers. Treatment for mother and baby should occur at the same time, even if only one of you has symptoms. If you are not treated together, you and your baby can reinfect each other. Call your lactation consultant for additional advice.

Medications and Breastfeeding

Although almost all medicines pass into your milk in small amounts, most have no effect on the baby and can be used while breastfeeding. Very few medicines cannot be used while breastfeeding. Discuss any medicines you are using with your doctor and ask before you

start using new medicines. This includes prescription and over-the-counter (OTC) drugs, vitamins, and dietary or herbal supplements. For some women with chronic health problems, stopping a medicine can be more dangerous than the effects it will have on the breastfed baby. You can learn more from “Medications and Mothers’ Milk” by Thomas Hale. “Mommy Meds” is an app for your mobile device that provides information about breastfeeding and prescribed and OTC medications. The app is produced by the Infant Risk Center, the leading research and call center for medication safety during pregnancy and breastfeeding.

Smoking and Drug Use

If you smoke, it is best for you and your baby to quit as soon as possible. If you can’t quit, it is still better to breastfeed because it can help protect your baby from respiratory problems and sudden infant death syndrome (SIDS). If you do smoke, do so away from your baby and change your clothes to keep your baby away from the chemicals smoking leaves behind. Ask a health care provider for help quitting smoking.

It is not safe for you to use or be dependent on illegal or recreational drugs. Drugs such as cocaine, marijuana, heroin, and PCP harm your baby. Some reported side effects in babies include seizures, vomiting, poor feeding, and tremors.

If you are breastfeeding, do not use marijuana. Chemicals from marijuana can be passed to the baby through breastmilk, and can affect your baby’s brain development. According to the American Academy of Pediatrics, a mother’s ability to care for an infant may be impaired while using marijuana. Studies also show that infants are exposed to marijuana by inhaling it when the drug is smoked near them.

Pumping and Milk Storage

It is best to wait until your baby is 3 to 4 weeks old before introducing bottles and pumped milk for supplemental feedings. It takes time for your milk supply to become well established, and for your baby to learn how to nurse well. Some babies have difficulty going back and forth between breast and bottle, especially in the early weeks. Others may not have any trouble, but you may risk compromising your milk supply if supplemental bottle feedings are initiated too early.

By the time your baby is 3 to 4 weeks old, your milk supply should be well established, so that you are making milk automatically to meet your baby’s needs.

Once breastfeeding is well established, you can begin to store a supply of breastmilk to use at a later date, or when returning to work, and will also familiarize your baby with an occasional bottle. Most health insurance plans will cover the cost of a breast pump. Check with your insurance company for details.



If your baby is in the neonatal intensive care unit (NICU) or special care nursery (SCN), you may benefit from the use of a hospital-grade electric breast pump. Hospital-grade electric pumps can be rented from a medical supply company. These pumps work well for establishing milk supply when new babies are not able to feed at the breast. Mothers who have struggled with other expression methods may also find that these pumps work well for them. (See inside front cover for breast pump rental resources.)

General Guidelines for Milk Storage for Healthy Full-Term Infants*



Label the date on the storage container.

Use your earliest dates first.



For milk that will be used in the next few days, **you can store it in the refrigerator for 5 to 7 days.**



Refrigerate or chill milk right after it is expressed. You can put it in the refrigerator, place it in a cooler or insulated cooler pack, or freeze it in small (2-to-4-ounce) batches for later feedings.



Milk can be stored frozen for 6 months in a freezer attached to your refrigerator, or up to 1 year in a separate (0° or colder) freezer.



If you will be feeding your milk to your baby within a few hours, it can be **safely stored at room temperature for 6 to 8 hours.**



Frozen milk should be used within 24 hours once it is thawed.

*The Academy of Breastfeeding Medicine. ABM Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants, revised 2017.

Healthy Eating

One of the wonders of breast milk is that it can meet your baby's nutritional needs even when you don't always eat perfectly. Your body will use the nutrients that you have available to give your baby the best, nutrient-rich milk possible.

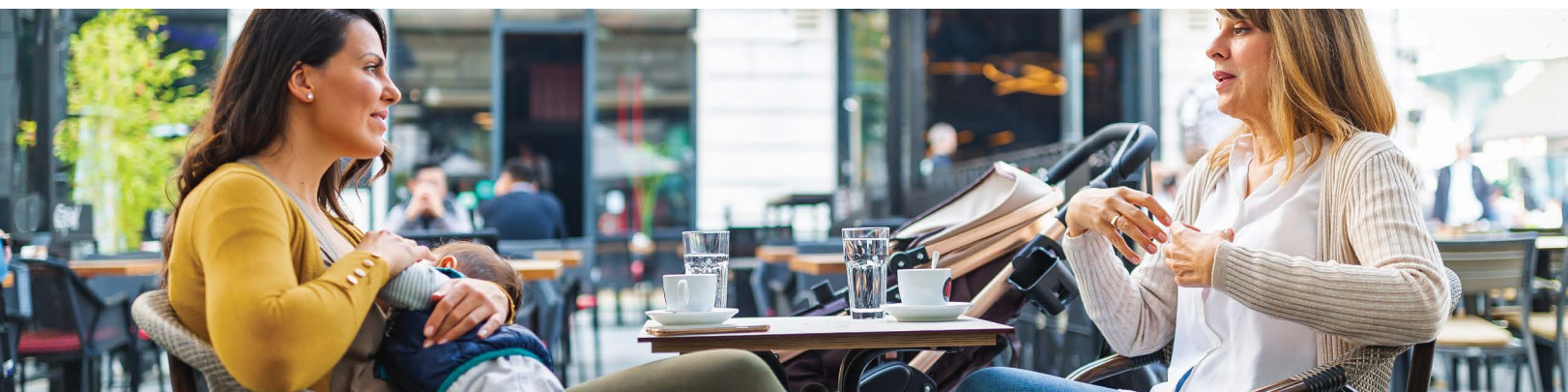
Many new moms wonder how breastfeeding will affect their diet. You probably don't need to make any major changes to what you eat or drink when you're nursing, though there are a few important considerations to keep in mind:

- Eat a variety of foods from the different food groups to get the nutrients that you need for your health, and for building a good milk supply.
- There are no specific foods you have to avoid. The foods that you needed to avoid during pregnancy are no longer restricted.
- As for how your diet affects your baby, most babies do well with the normal foods in your diet. If you find that some foods cause stomach upset in your baby, you can try avoiding those foods to see if your baby feels better.
- There are no special foods that you need to eat to make more milk, but be sure to get enough calories for milk production—about 500 calories over your pre-pregnancy requirements. In addition to healthy food choices, some breastfeeding women may need a multivitamin and mineral supplement, such as your prenatal vitamin.
- Drink plenty of fluids to stay hydrated (but fluids alone do not increase your milk supply). Drink when you are thirsty; try to drink something each time you feed your baby. Water is best to drink, but other fluids are OK as well. You may find that you are thirstier while you are nursing, as this is your body's way of reminding you to replace the fluids that your baby is getting through your milk.
- Minimize the use of alcohol, especially in large amounts. An occasional small drink is OK, but avoid breastfeeding for two hours after the drink to allow your body to metabolize the alcohol, including your milk.



Tips for Breastfeeding Success

- Breastfeed 8 to 12 times in a 24-hour period, about every 1 to 3 hours during the day. You may have to work to keep your baby awake for a full feeding in the first few days.
- To help your baby latch on correctly, support your breast with four fingers underneath and thumb on top (this is called a “C” hold). Place your fingers behind the areola (the dark area around your nipple). The baby's entire body should face you, chest-to-chest, with the baby's legs at breast level. The baby's nose and chin should be touching the breast.
- Tickle or stroke the baby's lips lightly with a downward motion until the baby opens his or her mouth wide (like a yawn) with the tongue down, then quickly bring the baby onto your breast.
- The baby should take the entire nipple plus to 1 inch of the areola into their mouth. If your baby is sucking only on the nipple, gently break your baby's suction to your breast by placing a clean finger in the corner of your baby's mouth and try again.
- Your baby will suck several times, then pause for a moment, then suck again several times. You should see movement in the baby's jaw, ears, and temples with each correct suck.
- Let the baby finish the first breast before offering the second. Watch the baby, not the clock. The baby receives more hindmilk (richer, higher in fat) as the feeding continues. Alternate the breast you begin with at each feeding.
- It is normal to feel a very strong pulling sensation when the baby is at the breast. Although you may feel some tenderness when the baby first latches on, you should not experience pain throughout the entire feeding. The most common cause of nipple soreness or pain is incorrect positioning.
- During days 1 to 4, before your mature milk volume increases, your baby receives colostrum. Colostrum is rich in nutrients, but small in quantity. Expect at least one wet diaper on day 1, two wet diapers on day 2, and three wet diapers on day 3. The baby should have at least one stool in the first 24 hours, and then stools should increase in frequency.
- Once your milk volume has increased (days 3 to 5 and beyond), expect six or more wet diapers in a 24-hour period. The urine should be a pale-yellow color. The baby should also have frequent yellow, seedy, loose stools, at least three in 24 hours. Your baby should be content after feedings.
- Exclusive breastfeeding (no bottles or pumping and limited use of pacifiers) in the first three to four weeks helps to establish a good milk supply.



Daily Breastfeeding Log

Instructions:

Circle the hour when your baby begins to feed.

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

Circle the **S** when your baby has a soiled diaper (stool).

Baby's birth date: ____/____/____

Time baby was born: ____ AM/____ PM

Baby's birth weight: ____ lbs. / ____ oz.

7% Loss _____ 10% Loss _____
(Gain of 5 ounces / week. Back to Birthweight by Day 10.)



Delivery Day (Feeding goal: 8 times or more) Today's weight: __ lbs. / __ oz.	Day 4 (Feeding goal: 8 times or more) Today's weight: __ lbs. / __ oz.
AM 12 1 2 3 4 5 6 7 8 9 10 11	AM 12 1 2 3 4 5 6 7 8 9 10 11
PM 12 1 2 3 4 5 6 7 8 9 10 11	PM 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper W	Wet Diaper W W W W
Black Tarry Stool S	Yellow, Seedy Stool S S S
Day 1 (Feeding goal: 8 times or more) Today's weight: __ lbs. / __ oz.	Day 5 (Feeding goal: 8 times or more) Today's weight: __ lbs. / __ oz.
AM 12 1 2 3 4 5 6 7 8 9 10 11	AM 12 1 2 3 4 5 6 7 8 9 10 11
PM 12 1 2 3 4 5 6 7 8 9 10 11	PM 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper W	Wet Diaper W W W W W
Black Tarry Stool S S	Yellow, Seedy Stool S S S
Day 2 (Feeding goal: 8 times or more) Today's weight: __ lbs. / __ oz.	Day 6 (Feeding goal: 8 times or more)
AM 12 1 2 3 4 5 6 7 8 9 10 11	AM 12 1 2 3 4 5 6 7 8 9 10 11
PM 12 1 2 3 4 5 6 7 8 9 *10 *11	PM 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper W W	Wet Diaper W W W W W W
Black / Brown Stool S S S	Yellow, Seedy Stool S S S
*Day 3 (Feeding goal: 8 times or more) Today's weight: __ lbs. / __ oz.	Day 7 (Feeding goal: 8 times or more)
AM 12 1 2 3 4 5 6 7 8 9 10 11	AM 12 1 2 3 4 5 6 7 8 9 10 11
PM 12 1 2 3 4 5 6 7 8 9 10 11	PM 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper W W W	Wet Diaper W W W W W W W
Green Stool S S S	Yellow, Seedy Stool S S S



This is an additional log to continue keeping track of your baby's feedings. Simply copy this blank form before using.

Day ____ (Feeding goal: 8 times or more)	Day ____ (Feeding goal: 8 times or more)
AM 12 1 2 3 4 5 6 7 8 9 10 11	AM 12 1 2 3 4 5 6 7 8 9 10 11
PM 12 1 2 3 4 5 6 7 8 9 10 11	PM 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper W W W W W W	Wet Diaper W W W W W W
Yellow, Seedy Stool S S S	Yellow, Seedy Stool S S S
Day ____ (Feeding goal: 8 times or more)	Day ____ (Feeding goal: 8 times or more)
AM 12 1 2 3 4 5 6 7 8 9 10 11	AM 12 1 2 3 4 5 6 7 8 9 10 11
PM 12 1 2 3 4 5 6 7 8 9 10 11	PM 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper W W W W W W	Wet Diaper W W W W W W
Yellow, Seedy Stool S S S	Yellow, Seedy Stool S S S
Day ____ (Feeding goal: 8 times or more)	Day ____ (Feeding goal: 8 times or more)
AM 12 1 2 3 4 5 6 7 8 9 10 11	AM 12 1 2 3 4 5 6 7 8 9 10 11
PM 12 1 2 3 4 5 6 7 8 9 10 11	PM 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper W W W W W W	Wet Diaper W W W W W W
Yellow, Seedy Stool S S S	Yellow, Seedy Stool S S S
Day ____ (Feeding goal: 8 times or more)	Day ____ (Feeding goal: 8 times or more)
AM 12 1 2 3 4 5 6 7 8 9 10 11	AM 12 1 2 3 4 5 6 7 8 9 10 11
PM 12 1 2 3 4 5 6 7 8 9 10 11	PM 12 1 2 3 4 5 6 7 8 9 10 11
Wet Diaper W W W W W W	Wet Diaper W W W W W W
Yellow, Seedy Stool S S S	Yellow, Seedy Stool S S S

Your baby may have more wet or soiled diapers than noted each day. If your baby has fewer, if you have any questions/concerns about your baby's feedings and/or soiled diapers, or if you are having problems with breastfeeding your baby, please call your pediatrician or the lactation line of your delivery hospital: **Virtua Mt. Holly Hospital (609-914-7258)**, **Virtua Our Lady of Lourdes Hospital (856-886-6294)**, or **Virtua Voorhees Hospital (856-247-2993)**.

Virtua Health wants to help ensure your success in breastfeeding. This guide will provide you with information on what to expect, tips for success, and more.

Many people ask, “How long should I breastfeed?”

Breastfeeding is ideal for as long as both mom and baby desire to continue. Like many leading health organizations, we recommend that most infants breastfeed for at least 12 months, with exclusive breastfeeding for the first six months. This means that babies are not given any foods or liquids other than breast milk for the first six months.

These recommendations are supported by organizations including the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, American Dietetic Association, and American Public Health Association.

We hope this guide helps with your breastfeeding experience.

For more information,
scan the QR code to visit
virtua.org/breastfeeding.

