

In the Hospital:

To help you successfully breastfeed your baby before you go home from the hospital. The following is recommended:

- Please keep the baby in the room with you. This will allow you to learn their early feeding cues, such as hands to the face, rooting, sucking on hands and/or smacking lips.
- If your baby has not breastfed for three hours, gently wake your baby. You can try to change a diaper, gently massage, turn the lights down, and place your baby in skin-to-skin positioning. This is a great time to do breast massage with hand expression and to give your infant the expressed colostrum.
- Please ask your lactation consultant or nurse for assistance in verifying proper latch and positioning.

Breastfeeding Exclusivity: Exclusivity means that your baby receives only breast milk and nothing else to eat or drink for the first six months of life. Studies have shown your body is designed to make enough milk to meet your infant's nutritional needs. Some infants may need supplementation due to yours or your infants' medical condition. The average, healthy term infant without a medical problem should not require any supplementation. SEMC is pleased to be offering Ni-Q donated human milk as an option for supplementation to allow you to maintain exclusivity. Please ask your doctor and the IBCLC's for more information about donor milk if supplementation is discussed by your medical team.

The Affordable Care Act (ACA) of 2012 requires health plans to cover "breastfeeding support, supplies and counseling by a trained provider during pregnancy and/or in the postpartum period." Please always check with your individual insurance company to see what exactly is covered, such as a home visit by a lactation consultant and type of breast pump. A breast pump is not needed to initiate breastfeeding but may be an adjunct in your journey. To obtain a pump you will need to complete some necessary paperwork (usually online) after you contact either of the following breast pump providers. Don't stress if you were unable to get a pump before delivery as the lactation department at SEMC will be able to assist you after delivery too. Don't forget to comparison shop and see what pumps choices are available to you!

Healthy Baby Essentials www.breastpumps.com or 888-495-7491

Cambridge Medical Supply www.cambridgemedsupply.com or 617-876-3810

M&M Medical Supply 508-966-3290



ILCA's *Inside Track* for breastfeeding mothers

A Publication of the International Lactation Consultant Association®



Skin-to-Skin at Birth: A New Model of Care

By Anne Merewood, PhD, MPH, IBCLC

Keeping mothers and babies together in the hospital is the best way to help both bonding and breastfeeding. The World Health Organization (WHO) suggests that all healthy mothers and babies practice skin-to-skin care for the first hour after birth. This is an important part of the WHO's Baby-Friendly Hospital Initiative. Skin-to-skin care is best for all mothers and babies, whether they are breastfeeding or not, and whether they have a vaginal or a cesarean birth.

Why Is Skin-to-Skin Important?

Skin-to-skin has many benefits, including:

- Bonding for mothers and babies
- Breastfeeding success
- Keeping baby warm
- Keeping baby's blood sugar level stable
- "Normalizing" a cesarean birth
- Keeping mothers and babies together

How Does Skin-to-Skin Happen?

The WHO says babies born vaginally should be put on the mother's chest or belly right after birth. Babies born by cesarean should go to the mother's chest as soon as she can respond to her baby. This means that for healthy mothers and babies:

- The baby will be placed naked, except for a diaper and a hat, on the mother's bare chest or belly.
- The baby will then be covered with a warmed blanket.
- Hospital staff should monitor the baby carefully while baby is skin-to-skin.
- Mother and baby should be skin-to-skin for at least 1 hour with no interruptions.

- The baby can be dried off before being placed on the chest—this keeps baby warm and is important if the room is cool or in places where there are no warmed blankets.
- Babies do not need to go to a warmer for a checkup before being put skin-to-skin.
- The cord can be cut when baby is on mother's chest.
- Tests like Apgar scores can be done when the baby is in skin-to-skin.
- Other things like weighing and bathing can wait.



Skin-to-skin following a vaginal birth. (Source: Image courtesy of Lisa Frey/Nantucket Event Media, Inc.)



- Babies will normally show feeding cues in the first hour, like sucking on their hands or rooting, and can breastfeed well.
- Both mom and baby are usually alert in the first hour after birth.

Did You Know?

- If the newborn is put on the mother's belly, within about 1 hour, she or he will crawl to the breast, attach to the nipple, and start to feed! As baby crawls, the kicking motion of the feet helps to deliver the placenta.
- Babies who go skin-to-skin breastfeed better and for longer than babies who do not.

Frequently Asked Questions

- **Is skin-to-skin safe?** Skin-to-skin is safe, but all newborns need to be watched carefully to make sure there are no unusual health problems, so hospital staff should monitor the baby while in skin-to-skin.
- **What if I am not well enough to do skin-to-skin?** If you are unwell, for example, after an emergency cesarean, the baby's father, or another support person, can hold the baby skin-to-skin.
- **I'm not planning to breastfeed. Should I do skin-to-skin?** Yes. Skin-to-skin is good for all mothers and babies.
- **What if my baby is born early?** This will depend on how healthy your premature baby is. Once baby is stable, you can do "kangaroo care." Kangaroo care is a common way to describe skin-to-skin care of premature babies.
- **If I have a cesarean, can my baby be skin-to-skin in the operating room?** As long as the hospital has set up a safe way to make this happen, and you and the baby are healthy, you should be able to do skin-to-skin care in the OR.

Find Help Fast

An IBCLC® is an "International Board Certified Lactation Consultant": someone with special training to help breastfeeding families. Go to "Find a Lactation Consultant" at www.ilca.org to locate a lactation consultant in your area. You can also ask your doctor or a nurse at your hospital.

- **No one has mentioned skin-to-skin during my prenatal care. How do I find out about it?** Ask! Teaching about skin-to-skin care before baby is born should be a routine part of your prenatal care.
- **I don't think the hospital where my baby will be born practices skin-to-skin care. What do I do?** Again, ask. If you don't get a helpful reply, then tell your doctor or nurse that you would like skin-to-skin care for you and your baby. If the hospital does not offer this, think about choosing a different hospital, or find a health care worker who can help make this happen for you and your baby.

In Summary

Skin-to-skin care is best for moms and babies and should be a part of routine care when baby is born. If your hospital doesn't have this, find a caregiver who can help you—an International Board Certified Lactation Consultant, midwife, or another support person. You can also plan ahead to deliver your baby at a hospital where skin-to-skin care is routine. Although in some countries this is the norm, others are only now starting this practice. No doubt, mothers and babies have done this for thousands of years, since keeping babies warm, close to their mothers, and near to the breast is the best way to ensure newborns survive!

Other Resources

The *Journal of Human Lactation* published an article that explains the process of doing skin-to-skin after a cesarean birth [Postcesarean section skin-to-skin contact of mother and child. *J Hum Lact.* 2014;30(3):283-286]. This article has a link to a video that shows skin-to-skin with a mother after her cesarean: <https://www.youtube.com/watch?v=NAU1XYz2SIk>.

Your local lactation consultant:



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Exclusive Breastfeeding: Isn't Some Breastfeeding Good Enough?

By Jane Heinig, PhD, IBCLC, and Kara Ishii, MSW

Congratulations on choosing to breastfeed your baby! As you know, many of the benefits of breastfeeding last a lifetime. You might have heard that health organizations, including the World Health Organization, recommend exclusive breastfeeding for the first 6 months of life. You may be wondering if exclusive breastfeeding is truly important or if breastfeeding mixed with bottle feeding is just as good for you and your baby.

Exclusive breastfeeding means that your baby receives only your breast milk and nothing else to eat or drink. Many women breastfeed exclusively only for a short time. This is disappointing because exclusive breastfeeding can really make a difference.

Why do experts recommend exclusive breastfeeding?

Breast milk is perfectly designed to be your baby's only food. Breast milk contains the nutrients infants need to grow and antibodies and other immune factors that help your baby stay healthy. Breast milk also coats the inside of your baby's gut to prevent bacteria and viruses from getting into the baby's body. So babies who are *exclusively* breastfed stay healthier than babies who are given both formula and breast milk.

Mothers who breastfeed exclusively are likely to breastfeed longer. Many of the benefits of breastfeeding are seen when mothers breastfeed

for at least 3 months. For mothers, exclusive breastfeeding during the first 6 months means that more calories are going to make milk (so the mother loses weight more quickly, which is important for her health). Also, mothers who exclusively breastfeed often go 9 months without a period after their babies are born. Longer breastfeeding is also related to greater protection for mothers against breast cancer.

Why do so many mothers think they don't have enough milk?

When babies are first born our bodies don't know how much milk will be needed, so many mothers produce more than enough milk in the first 7-10 days. As babies and mothers get better at breastfeeding, the mother's body will start to produce an amount of milk that is matched to what the baby is taking. The mother's breasts will no longer feel as full, and she may worry that she doesn't have enough milk. Sometimes babies will be fussy and mothers may think that their babies are hungry even though their babies are growing and developing well. If you don't think you have enough milk, you should talk to your doctor or your lactation consultant before you decide to give a bottle.

What if I have to leave my baby?

Even if you have to leave your baby with someone else during feeding times, your baby's caregiver can offer your baby your own milk instead of formula. Ask your lactation consultant

30 August 2004



about how best to express your milk. You can use your hands or a breast pump to express your milk. Your lactation consultant can help you decide whether or not you need a pump and what kind might be best for you. Don't be discouraged if the amount you express doesn't seem like very much at first; as you get used to it, you'll be able to get more milk.

What if I have to give my baby a bottle?

If you can avoid giving your baby a bottle of anything besides your own milk, it is best, especially when your baby is very young. When your baby gets something else besides your milk, your baby will need less milk from you, and that sends signals to your body to make less milk. Fortunately, if you go back to breastfeeding exclusively, your milk supply will increase to match your baby's need.

Formula can also change the bacteria in your baby's gut and does not provide immune protection for your baby, but if you go back to breastfeeding exclusively, your baby's gut will return to normal. So, if you absolutely have to give a bottle of formula to your baby, go back to exclusive breastfeeding as soon as you can. If you have any trouble, your lactation consultant can help you. ■

How Can I Be Sure that I Have Enough Milk?

- Your baby's weight gain is the best indicator that he is getting enough milk. Be sure to take your baby for all the well-baby check-ups that your doctor suggests.
- Your baby should have frequent wet and soiled diapers.
- Your baby should have alert calm periods during the day and should not be difficult to wake for feeds.
- Your baby should have soft smooth skin that bounces back when pressed.

Remember—

- Babies cry for many reasons and they all sleep through the night at different times. Crying and waking are not necessarily signs of hunger.
- Call your lactation consultant or doctor if you have any concerns at all about your baby. Don't forget—you are the expert about your baby!


Did
You
Know?

Only breast milk contains...

- **more than 190 different fatty acids**, not just DHA and ARA.
- **immune factors** that work together to boost your baby's immune system and help your baby stay healthy.
- **enzymes** that help your baby digest your milk.
- **growth factors and hormones** that help your baby develop and grow strong.
- **specific antibodies** against germs that you've been exposed to, so your baby is protected from them.



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Managing Your Milk Supply: Going with the Flow

By M. Jane Heinig, PhD, IBCLC, and Kara D. Ishii, MSW

Congratulations on deciding to breastfeed! Many mothers are concerned about how much milk they will make. Knowing how your body makes milk can help you feel more in control of your milk supply. Be sure to ask your lactation consultant if you have any questions.

Getting Started—The Milk Comes In

After your baby is born, the hormones in your body will change. Your body will know it is time to make milk. Your body is designed to make a lot of milk. Here is an idea of what to expect:

■ **At first** you will make a special fluid called colostrum that is important for your baby. Colostrum helps your baby's gut and immune system. Breastfeeding your baby soon after birth is best. Your baby will get the colostrum, and your body will get signals to make more milk.

■ **After 2 to 3 days**, you will notice changes in your breasts. They may get warm and they will feel fuller. Some mothers feel too full during this time. It is best to feed your baby very frequently at this time—you will not feel too full, and your baby will help your body make just enough milk.

■ **After just a few days**, you should not feel too full any more.

“Your body is designed to make a lot of milk.”

31 March 2005

Making Enough Milk

Your body makes milk for two main reasons:

1 Your body makes milk because your baby's sucking on the nipple sends a signal to your brain. This signal tells your brain to make hormones. The hormones tell your body to make milk. The hormones also tell your body to release the milk that you have made.

**Sucking → Signal → Brain →
Hormones → Breast → MILK!**

2 Your body will make enough milk to replace the milk that the baby takes out of each breast. If more milk is taken out of one breast, then that breast will make more milk than the other breast. So sucking and emptying make more milk.

At first your body will make more milk than your baby needs. By 4-6 weeks you will make just enough milk. Your breasts may not feel as full as they did at first. As long as your baby is gaining enough weight, your body is making enough milk. Your lactation consultant can tell you if your baby is gaining enough weight.



Making More Milk

When babies need more milk, they will drink more at each feeding. They may also want to feed more often. Drinking more and feeding more often means more sucking and emptying. **More sucking and emptying will cause you to make more milk.** In some situations your lactation consultant may suggest you use a breast pump. A breast pump can help you make more milk by emptying your breasts more often. It is important to ask for help if you decide to use a pump. Your lactation consultant can help you decide how often and how much you should pump.

Making Less Milk

When babies need less milk, they may go longer between feeds and take less milk from the breast. If you give your baby something other than breast milk, your baby will need less milk from you. **The less milk your baby takes from you, the less milk your body will make.** If you are feeling too full after the first week, talk to your lactation consultant about what to do. If you are using a breast pump, be sure to tell your lactation consultant. She can help you decide if you need to pump less often or stop pumping.

How Much Milk Can a Breast Hold?

- Scientists have found that some mothers can store more milk in their breasts than others. In fact, some mothers

store more milk in one breast than in the other:

“Breast size is *not* related to how much milk you can store.”

Breast size is *not related* to how much milk you can store.

- Mothers who can store a lot of milk in their breasts may not have to feed their babies as often as mothers who store less milk.
- Mothers who store *less* milk in their breasts may have to feed their babies *more often*.
- So, your friend's baby may feed less often than your baby, but that's okay. Both babies will get plenty of milk if the mothers feed the babies whenever the babies are hungry.

Did
You
Know?

Only breast milk contains...

- *all* the nutrients that growing babies need.
- immune factors that work together to help a baby stay healthy and boost his immune system.
- enzymes to help a baby digest mother's milk.
- growth factors and hormones that help a baby develop and grow strong.
- specific antibodies against germs that a mother has been exposed to so a baby is protected from them.

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Using Your Hands to Express Your Milk

By Anne Merewood, PhD, MPH, IBCLC, and Jane Abeel Morton, MD, FABM

Although in many countries women use breast pumps to express their milk, recent research shows that using your hands can work just as well—even better when you need to remove early milk (colostrum) in the first 3 days after birth. The following information should help you to learn this simple technique:

- It can be useful to hand express in the first 3 days because the amount of milk you remove during this time affects what you make later on: hand expressing now can boost your long term supply.
- Especially in the early days, hand expression often works better than pump suction.
- Once your supply goes up, you can often get more milk if you use a pump *and* your hands at the same time.
- Once your milk comes in, or if you are apart from your baby for some time, your breasts might get hard ("engorged"). Hand expression helps you to soften the breast and get the flow of milk going. This also makes it easier for the baby to latch on.
- In an emergency, you will be able to remove milk without a pump.
- If your milk supply drops, you can hand express a little bit (like a teaspoon) from each breast a dozen times a day and this should help your supply go up again.

How Do You Hand Express Early Milk?

In the first days, expect to express only drops. Keep it simple; you can express when you have a moment without trying to collect milk or worry that you are "wasting" it. The more you remove, the more you will produce later. Practice in the shower, or after you've put your baby down, at least 6 times a day. Here's how to begin:

1. Place your hands over your breasts and gently massage for just a minute.

2. Form a "C" with your fingers about an inch back from the edge of the dark area around the nipple (the areola) with your nipple midway between your thumb and index (pointing) finger. Then,

- **PRESS** back toward your chest.
- **COMPRESS** your breast with the soft pads of your thumb and index finger. Continue to press backward (inward) and avoid sliding your fingers down toward the nipple.
- **RELAX** the pressure and start over.
- **PRESS ... COMPRESS ... RELAX**

3. Go back and forth from 1 breast to the other (right, to left, to right) with up to about 10 compressions on each breast before switching. As you learn to express your milk, you will discover the "sweet spots" where the milk drops will come out the easiest.
4. If you can, collect your milk into a spoon or, as you get more, into a small cup or into the breast shield of the pump.



Hand expression of colostrum (early milk) in first 3 days



In the first 3 days after birth, you may see only drops. But after a few days, you will start seeing sprays of milk. As with everything, “practice makes perfect,” so hang in there until it works for you!

For the step-by-step demonstration of **how to hand express**, you can watch a free demo at <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>.

How Can You Combine Hand Expression with Electric Pumping, Called “Hands-On Pumping”?

Instead of just relying on a pump’s suction once your milk comes in, you will be able to remove more milk and drain the firmer areas around your breast by doing “hands-on pumping.” This means compressing the breast and massaging at the same time you pump:

1. Gently massage the breasts.
2. Begin by pumping both breasts—at the same time if possible—with an electric pump. Also at the same time, use your hands to massage and compress milk out of the breasts, on 1 breast, then the other, back and forth. A hands-free pumping bra (or a sports bra with holes cut out) makes this easier to free up your hands. You will learn the best place to use your hands by feeling for areas of firmness and watching for sprays in the clear plastic connector.
3. Once the sprays nearly stop, take the shields off. Take a few minutes’ break to massage your breasts, especially around the outer areas of your breasts.
4. Finish using the pump and your hands in a way that works best for you. Either pump 1 breast at a time using both your hands and the pump (single pump) or rely only on hand expression. Either way, go back and forth several times at least, from 1 breast to the other, giving each a short rest before returning.



Hands-on pumping of milk after day 3

Even though you will probably remove only a small amount of milk with step 4, you will be sending a strong signal to your breasts to produce more milk. Develop your own style of hands-on pumping and you will feel the difference when your breasts are well emptied. Using hands-on pumping, not relying only on pump suction alone, will increase milk production and increase the richness of your milk.

For the step-by-step demonstration of **how to do hands-on pumping**, you can watch a free demo at <http://newborns.stanford.edu/Breastfeeding/MaxProduction.html>.

Authors' Note: Photos and video clips courtesy of Jane Morton, MD, Breastmilk Solutions.

Find Help Fast

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Your local lactation consultant:

Human Donor Milk:

Although mothers' own breastmilk is the best thing for your baby, there may be times where your baby needs additional milk due to medical issues, or your baby may need more than you are able to produce. St. Elizabeth's is now excited to offer human donor milk as the next best option when mother's own milk is not available.



Medically speaking, breastfeeding is the best nutrition option for all newborns. Numerous studies have also shown how breastfeeding is equally beneficial for moms as well.

Recent studies published by the [American Academy of Pediatrics](#) and the [World Health Organization](#) underscore the benefits for babies across many areas, including:

- reduced infection rates
- reduced allergy rates
- optimum cognitive abilities and much more

Unfortunately, not all mothers are able to produce breast milk. For any number of reasons, some mothers, especially those who have given birth to premature or low birth weight babies, cannot produce milk. And their babies need the benefits of breast milk more than most.

Baby's first big step.

No preservatives

No fortifiers

No artificial ingredients

Used in hospital neonatal intensive care units

Guaranteed minimum 20 calories per ounce

Triple-tested for safety

American Academy of Pediatrics recommends human donated milk*

