**Expecting Moms: Are you considering breastfeeding?**
**If you are…way to go momma-to-be!!!

You are choosing THE HEALTHIEST nutrition for baby
AND
the HEALTHIEST CHOICE for MOM!**

**Breastmilk is…** …hands down, the most complete nutrition for your baby!
 …free of cost and always available!
 …convenient and hygienic (no need for clean water, powdered formula, bottles, etc.)
 …a living, bio-dynamic food! The content of human milk changes constantly to reflect your
 growing baby’s specific nutritional needs.
 …filled with immune boosting properties to protect your baby! Within hours of exposure to a
 potential pathogen (germs!), mom’s breast milk begins creating protective antibodies that are
 passed on to her nursling. That means that your baby’s immune system is getting personalized
 support every time you nurse.
 … what humans are biologically MEANT to feed their babies! In most cases, there is no better or
 safer nutrition.\*
 …an amazing way to bond with your child! Nursing your baby means direct skin to skin contact
 and lots of cuddle time.\*\*
 …one way you can significantly reduce your baby’s risk of SIDS.
 …one way you can lower *your* risk of certain diseases including breast and ovarian cancers.

**Common misconceptions about breastfeeding and the real deal:

I should make a lot of milk straight away after birth.** NOT true! You will only make just the right amount of early milk for your baby’s tiny tummy. This means just a few drops of very concentrated (colostrum) the first several days. Do not be discouraged. Your milk production will increase once your milk comes in after 3-7 days post partum. For the first few months of your baby’s life, the more you nurse your baby, the more milk your body will produce.

***Breastfeeding should be painless or there is something wrong.*** NOT true! Some discomfort with breastfeeding is normal, especially if you are already sensitive to touch on your breast and nipples (varies from mother to mother). After the first few weeks, discomfort usually subsides. Please don’t let pain deter you from breastfeeding. Speak with your health professionals if pain arises or if you notice any wounds or bruises. Sometimes pain indicates something is wrong, but *not* always.

***My baby wants to nurse constantly. I must not be making enough food for him.*** NOT true!
Do not let this discourage you! It is normal for your baby to want to eat all the time! This does NOT mean you are not making enough milk. Eating frequently, sometimes once an hour, is nature’s way of telling your body to increase your milk supply! If you ignore these cues, you may not produce enough milk for baby. Feed your baby from the breast WHENEVER he/she asks, and you will empower your body to produce a healthy milk supply.

**You need to feed your breastfed baby on a schedule. NOT true!**Babies are meant to be fed ON DEMAND, not on a schedule. You can never overfeed a breastfed baby. Newborn babies, and even babies six months and older, will tell you when they are hungry. That might be ALL THE TIME for a while. Did I mention, it is NORMAL for a new baby to want to eat ALL the time? This is how human biology works. If you are breastfeeding, watch for your baby’s hunger cues and feed your baby every time s/he is looking for food.

**Breastmilk is pretty much the same as formula. No way**! Totally untrue. Despite the ever changing packaging and fancy additions such as ”fortifications” of DHA, Vitamin D, iron and even probiotics, baby formula hasn’t changed significantly in decades. It is a completely different food from breast milk in a myriad of ways. For example, the proteins in cow’s milk formula (most formula’s contain cow’s milk) are very large and clump within the human GI tract. This means they are not easily digested and actually cause tiny tears within the GI tract. This can lead to bloating, gas, constipation, discomfort and a small amount of bleeding within the gut. Formula also lacks the amazing immune boosting effects of breast milk. SO if you can, give as much breast milk as possible.

**If I don’t make enough milk, I must be doing something wrong.** Not *always* true.
While there ARE some critical things you can do to increase your milk supply and there may be room for improvement, some factors are also beyond a mother’s control. Some woman are going to produce tons of milk with little effort, while others will never produce quite the same amount. The most important thing you can do to increase supply is to keep your newborn close and nurse your baby FREQUENTLY! MOOOOOOOVE MILK out of your breasts and you will make more!
 The factors that are generally out of a mother’s control, but are helpful to be aware of, are hormones and how much mammary (milk making) tissue a woman has. Some women, even those with very large breasts(!), don’t have a huge amount of milk producing glands/tissue. They can make plenty of milk for their babies, but they need to nurse MORE FREQUENTLY, because they will have a smaller amount of stored milk in their breasts at a given time. If this seems to be you, you may need to nurse your baby more regularly so that he or she is satisfied. If you have had breast surgery, this will often reduce the total amount of milk you can produce.

***Extra Notes:***\*Breast is *almost always* best but NOT ALWAYS. We aren’t all made the same and different situations arise that can necessitate formula feeding. Sometimes the decision to not breastfeed or to supplement with artificial food is by choice. Other times it can be a disappointment that moms and their partners need to work through. If the choice to not breastfeed is not yours, please give yourself space to grieve this unexpected experience.

\*\*Nursing fosters a strong bond between baby and her primary caregiver (psychological term is a secure attachment) and means mom is more attentive to baby’s needs and subtle behavioral cues. Research shows that children with secure attachments to their parents have enhanced self-confidence and a secure sense of self.

Shari Schwartz, Licensed Occupational Therapist, 2016

**HELPFUL ANSWERS
to Frequently Asked
BREAST-FEEDING Questions**

**Okay, I want to breastfeed. What can I do to ensure breastfeeding success?**

~ **Nurse EARLY. Nurse FREQUENTLY.** Within the first 60 minutes after giving birth if possible.

~ **Mooooooove milk! Frequently.** It’s a feedback loop! The more milk that comes out, the more your body will produce.

~ **Learn to hand express!** This handy skill is useful in so many ways. Early on, your body will make only tiny droplets of milk and it is a helpful way to get any extra out that can then be fed to your tiny newborn with a spoon, syringe or medicine cup (yes a new baby can eat effectively out of something other than a bottle!). Ask your lactation specialist for pointers.

~ **Eat and drink something caloric while nursing!** When you eat while nursing or pumping, you tell your body to rest and digest (stimulates the parasympathetic nervous system). This is supports your body in producing more milk. If you can’t manage to free your hands, try breastfeeding pillows, ask for help from a loved one. As baby gets bigger and has better head control, you’ll be able to do more with your hands.
 If you are pumping, I ALWAYS recommend a hands free pumping bra, so that you can eat while pumping!!!

**~ Massage your breasts. Before and during pumping or nursing.** This can make a big difference in moving milk towards your nipple and out of your breast. It also helps prevent plugged ducts and painful hard spots in your breasts with engorgement. There are videos you can find online, but a simple massage from the back of your breast (chest wall) towards your nipple will do the trick too!

**~ Remember: It is normal for your baby to want to eat all the time!**  DO NOT GET DISCOURAGED. This does NOT mean you are not making enough milk. It is nature’s way of telling your body to increase your milk supply! Feed your baby from the breast WHENEVER he/she asks, and you will support a healthy milk supply.

**~ Hold your baby and feed directly from your breasts whenever possible. Remember: Pumping is NOT the same as breastfeeding.** While pumping has its virtues, pumping and bottle feeding a breastfed baby too early, can undermine breastfeeding success. Even if you are resuming activities away from baby (returning to work, etc.), if you can avoid bottle feeding until at least 6 weeks of age, your baby is more likely to be a successful nursling.
 Pumping can be helpful in visualizing how much milk a mother is producing, but try not to obsess over the amount produced. New moms do this a lot! Instead, focus on how frequently baby is pooping and peeing—a better gauge of how much s/he is eating. Milk varies in caloric and water content, so only going by ounces in a feeding is not a particularly good gauge of how much a baby is eating.

**What are other ways to increase my milk supply?**1. **Keep baby close!** When you hold your baby, especially if it is skin against skin, you produce oxytocin, a powerful hormone that relaxes your body and tells your milk ducts to release milk. It also tells your body to rest, digest and relax. A new mom’s oxytocin is so powerful that even those around her experience the effects: other’s around you will start producing oxytocin (to a lesser extent) and will start to feel calmer and more relaxed.

2. **Pump on one side while nursing on the other OR when pumping use a double pump.** Research shows that double nipple stimulation produces more milk than when only one nipple is stimulated at a time. Basically, you’re tricking your body into thinking you have to feed twins!

3. **Get adequate SLEEP, FOOD, and HYDRATION.** These are critical for breastmilk production. There are many foods that are said to increase milk production (oats, sweet potatoes, greens, fennel, fenugreek, beer and more!). Try some of these “lactogenic” foods and see if they help you!
 Keep in mind that if you decide to go on a reduced-calorie diet to lose some baby weight, this will not likely affect your milk production. Unless you are actively starving yourself (malnourished), if you continue to eat healthfully, your baby will get what s/he needs!

4. **Take a shower or use a hot compress (made of a warm wet towel or a ziplock with warm water).** The heat helps increase circulation in the breast, thereby helping to increase the amount of milk coming out of the breasts. This remedy can also help to prevent or resolve plugged duct issues and engorgement pain!

***What are common hunger cues to look for?
~*** Rooting Reflex: baby turns head towards touch on cheek. A “reflexive” action, but often is accompanied by hunger.
***~*** Sucking Reflex: baby’s lips are sucking (even when no food, fingers or pacifiers are introduced)
***~*** Baby is awake, alert and looking around and hasn’t eaten in an hour or two—s/he is *probably* hungry! You can’t overfeed a breastfed baby, so offer baby your breastmilk and see what happens!
***~*** Baby is nibbling or sucking on her fingers.
***~*** Baby is fussy or rousing from sleep and getting a bit grumpy. Probably hungry!

**What is an ideal latch?** LOOK for:
 ~ baby’s lips to flare out (not curl inward) around mom’s areola (the dark colored skin
 around the nipple).
 ~ a wide open mouth that covers most or all of the areola (dark part around nipple) so that
 nipple is far back in baby’s mouth.
 ~ subtly wiggling ears as baby sucks and swallows.

LISTEN for:
 ~ baby’s swallowing/gulping and breathing; generally additional sounds such as squeaking or
 clicking may indicate a poor latch.
 ~ baby may cough or sputter when milk first “lets down” especially until he/she becomes  **I will be returning to work or will want to spend time away from baby in a couple months. Should I start pumping/storing milk as soon as baby is born and practicing bottle feeding?** Not yet, if possible. In recent years, it has become very popular for new moms to start pumping right away post-partum—often, even prior to leaving the hospital. Remember, for millennia, this has not been the case for humans, and babies still got plenty of food from their mothers!

If your goal is to establish breastfeeding, unless recommended by your health care providers, it is best not to bottle feed your baby for the first 4-6 weeks (6 weeks is better). Bring your baby to your breast and have him/her nurse FREQUENTLY. Once you feel that you and baby really have the hang of breastfeeding (usually takes a month or two), feel free to start pumping 1-3 times a day outside of regular feedings to increase your milk supply and to get a stash of frozen milk going in preparation for spending time away from baby.

Breast pumps are very useful tools for continuing to breastfeed when mom can’t be present BUT pumps can also undermine breastfeeding success by causing painful engorgement, plugged ducts, and getting baby hooked on bottles. Pumping may also take precious time and energy away from nursing your baby directly. Babies who bottle feed too early may begin to reject nursing directly and the consequences can be exhausting and disappointing for mom (mom may need to switch to bottle feeding/pumping 100% of the time). Also, please aware that if you begin to produce too much milk from frequent pumping, you are more at risk for painful plugged ducts and unnecessary breast discomfort. Be careful!

Unless baby has feeding difficulties, is underweight/losing too much weight initially, or if mom is not producing much milk after the first 5-7 days post-partum, or does not have access to baby during the first days/weeks post-partum, pumping during the first few weeks is not recommended. If baby needs to supplement with formula early on, this can even be done at the breast, so that baby still learns to fall in love with mommy’s breasts—a necessary part of the breastfeeding relationship!

**Any bottle feeding tips for getting started?**DO:
~try out different bottle/nipple types
~ have s*omeone other than mom* bottle feed baby
~ make sure mom is out of sight or even out of the building for bottle feeding attempts
~ gently warm milk if previously frozen or refridgerated by thawing bag/bottle in a bowl of warm water or use a bottle warmer.
~ Remember this will take some learning for baby. Your baby might need to try bottle feeding a number of times before he/she gets the hang of it.
~First “tease” baby’s lips with the nipple and drip a bit of milk onto lips to entice baby to suck.
~ Then push the nipple all the way back toward the soft back of baby’s mouth (soft palate).

DON’T:
~ Start bottle feeding too early unless there is a medically necessary reason or you’ve decide to formula feed (wait 4-6 weeks: longer is better).
~ Have mom remain in the room as this might upset/confuse baby
~ Rewarm breastmilk on a stovetop or in a microwave
~ Have baby suck/knaw on the tip of the nipple (push the nipple relatively far back into baby’s mouth)

**Bottle Recommendations?**Each baby is a little different: try out a couple different bottle/nipple types and see which one works for you. Medela and Komotomo bottles can be nice for breastfed babies. Dr Browns Bottles reduce the amount of swallowed air and are the number one choice of hospitals. Life Factory bottles are a popular glass bottle brand. All are great products and hopefully you will find the right variety for your baby’s needs. If you can borrow a couple kinds from friends, this is always helpful, before making a big purchase. Ask your pediatrician or lactation consultant for specific recommendations.

**How do I store pumped milk?**
There are a number of recommendations out there. Breastmilk is remarkably stable at room temperature and in the refrigerator due to its anti-bacterial and anti-viral properties. Breastmilk contains microphages, which kill bacteria and other pathogens. This means that breastmilk left out at room temperature actually goes down in bacteria content initially, keeping it fresh for several hours out of the fridge (refrigeration/freezing is always ideal for long term storage). Some studies have shown breastmilk to be safe for consumption up to 24 hours at room temperature—though this is not the recommendation.

A good rule of thumb is:

 NO MORE THAN:
 ~ 6 hours at room temperature
 ~ 6 days in the refrigerator
 ~ 6 months in a standard freezer
 ~ 1 year in a deep freezer

Always smell milk after thawing/reheating and if it appears or smells off consider not serving. La Leche League International has the following guidelines:
<https://www.lansinoh.com/uploads/files/articles/Breastmilk-storage-guidelines_2014.png>

**How do I reheat previously expressed/stored milk?**
Reheat pumped milk (still in a storage bag or bottle) straight from fridge or freezer in a bowl of very warm water. If the milk was previously frozen it may take a while to defrost or you may need to leave it on the counter for an hour or two. If the warm water in the bowl becomes too cold after a few minutes, you can swap it out for more warm water and little longer. You may defrost the milk first in the fridge if you have time and this is generally considered safer food handling than leaving milk to defrost on a counter (if you don’t plan to serve it right away).

**Alternatively, thawed milk can be warmed in a bottle warmer.
Follow manufacturer guidelines. Dr Browns makes a great bottle warmer.**
Separation of milk is NORMAL and you will need to swish milk to blend the fat/milk solids into the liquids. There is a lot of variation in color and thickness (viscosity) of breastmilk, reflecting your baby’s changing dietary needs and your own diet. Breastmilk is often quite yellow in color and creamy, but can also be thinner and more pale in color.

Never reheat breastmilk in a microwave or boil milk (unless you are attempting to scald milk in the case of high lipase milk prior to freezing). These heating methods destroy the immune boosting properties of the milk, greatly reduce the nutrient content, and destroy important digestive enzymes.

It is perfectly safe to feed a baby cool milk or room temp milk. Baby may not enjoy the experience as much.

Frozen breastmilk can make great ice pops or “icecream” for older teething babies. Always use proper food safety and make sure nothing presented to baby creates a chocking hazard.

***How can my partner, friends and family support my breastfeeding goals?*** See the handout on this subject that Shari has.

Consider this mantra: *when baby is born let MOM care for baby’s needs and EVERYONE ELSE care for mom!*~ When a baby is born, most family and friends rush to hold your newborn. They can actually be *MORE* helpful, by allowing YOU, the mom, to care for your new baby and keep her close, while THEY tend to YOUR needs. This will speed up your recovery time and prove helpful in reaching your breastfeeding goals: you will make more milk, feed more frequently and effectively and heal faster.

- Family and friends can BEST help you for the first few weeks by bringing you drinks, food, and helping you rest by attending to laundry, household duties, etc. If you can discuss this plan before the baby arrives, it may be especially helpful.

When baby is older, you may want others to watch the baby while you get some household essentials done, but initially, let this go and just enjoy cuddling your baby and resting when s/he lets you!

If you need to pump, encourage your partner or others to set up and clean the pump parts so you can rest and they can play a helpful role in feeding baby. Pump parts need NOT be handwashed or boiled. Your dishwasher is a very effective sanitizer. Just pre-rinse or scrub off any fatty residue with a bottle brush and toss them in the dishwasher. There are dishwasher safe bags sold online that can hold small parts if you need them. Most parts are fine on the top rack or in the basket of your dishwasher.

\*Unless your health status excludes your ability to feed your baby: such as if you are HIV positive, have hepatitis, or other breast milk communicable illness OR are taking essential medications that can harm baby. Please speak to your provider if you have concerns.  ***When should I consider supplementing with formula or fully formula feed?***~ When it is detrimental to your mental health.
~ When baby is underweight, losing weight or failing to thrive.
~ If you have true milk supply issues, which is very rare.
~ If moms are bringing baby to breast frequently.
~ If mom had surgeries that effect milk supply, such as breast reduction.
~ If you are taking essential medications that exclude breastfeed. Ask a well-informed healthcare provider/prescriber based on your individual needs. Many medications ARE compatible with breastfeeding, including SSRIs and hypertensive meds. Also check out [www.lactmed.org](http://www.lactmed.org)
~ If you are feeling too emotionally drained or overwhelmed to breastfeed for an extended period of time, than you should reconsider whether it is the right choice for you.

If you *are* suffering emotionally after your baby is born, KNOW YOU ARE NOT ALONE.
Please visit [www.perinatalsupport.org](http://www.perinatalsupport.org) or CALL the New Moms Warm Line 1-888-404-7763 to speak with another mother who has been where you are and can help support you and direct you to the right resources.

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