

BREASTFEEDING
your hospitalized baby



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BREASTFEEDING YOUR HOSPITALIZED BABY

After answering many common questions about breastfeeding from mothers of hospitalized babies, we wrote this booklet to help you – and your baby – through a very difficult time in your lives.

Like many other expectant mothers, you probably spent a lot of time the past few months reading and talking about child care and breastfeeding. You may have imagined tender scenes where you and your baby snuggled together in a comfy chair while he nursed contentedly at your breast.

Now, it seems as if all that has changed. Somewhere along the way, something went wrong. Suddenly, visions of fuzzy blankets, downy quilts and soft lullabies at home have given way to the harsh reality: Your baby is very small or very ill and is in the special or intensive care nursery. Beeps, buzzes, flashing lights and machinery are everywhere you look. The precious new life that you nurtured in your womb for so many months now depends on doctors, nurses and technology, rather than a loving mom and dad, for his survival. Instead of being able to hold and cuddle him, you may be allowed only a light touch of your finger – or a longing glance into his incubator.

As a parent, you may feel sad, guilty, lost, angry, confused, even useless. This is very normal and is certainly understandable. Remember that it helps to talk about your feelings. Remember, too, that you will feel better as your baby grows stronger. Most of all, remember that you are very important to your baby, and that there are many things you can do for him.

Your decision to breastfeed your baby is a major one – one that will require commitment from you as well as support from your family, friends and relatives and hospital staff.

This booklet has been designed as a reference, to give you specific information and suggestions. It will answer many of the questions you may have about breastfeeding your baby while he is in the hospital and after he goes home. Each section is written as a response to a common question or comment from many mothers who have found themselves in your situation. We've included instructions on how to establish and maintain your milk supply, tips for choosing appropriate pumping equipment and even helpful hints for relaxation. We've also included a list of resources for further information.



Making the decision

There is a lot of information contained in these few pages. Don't expect to absorb and remember it all in one reading.

Breastfeeding a special baby like yours is often not easy, but it is rewarding – and beneficial – for you and your baby. We hope that by keeping this book with you and referring to it often in the coming weeks, your work will be made easier, happier and more rewarding.

IS MY MILK REALLY BEST FOR MY BABY NOW?

Your milk may be even more important to your baby now than if she were full-term and perfectly healthy. One reason is that the digestive systems of premature and sick babies often cannot function properly. However, the nutrients in human milk are in a form that these little babies can easily digest.

Another reason your milk is important is that your milk, and only your milk, contains special properties that help your baby fight off infections. Breast milk also promotes nerve growth, which is important in brain development. Some studies show that premature babies who are fed mother's milk have higher IQ scores when they're older.

Providing milk for your baby, even if she is not yet able to nurse directly from your breast, is something only you can do. And it brings the two of you closer, which is good for you and for your baby.

WHY CAN'T MY BABY NURSE YET?

Often when a baby is very ill or very tiny, he may have problems with certain body functions, such as breathing or swallowing. These problems can make it difficult or impossible for him to breastfeed.

Other factors also may interfere with a baby's ability to breastfeed, particularly if the baby is born prematurely (see page 36 for suggested books on prematurity). For example, many premature babies don't yet have a sucking reflex. Sometimes the sucking reflex is present, but the baby can't coordinate sucking, swallowing and breathing. Or, if he can, he becomes too tired to feed. In all these cases, the baby won't be able to breastfeed right away.



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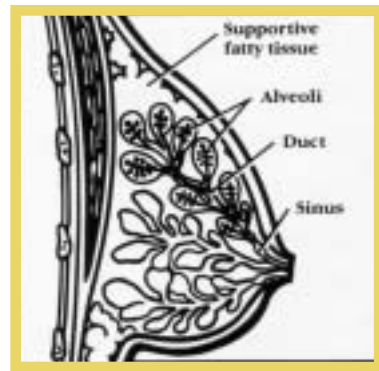
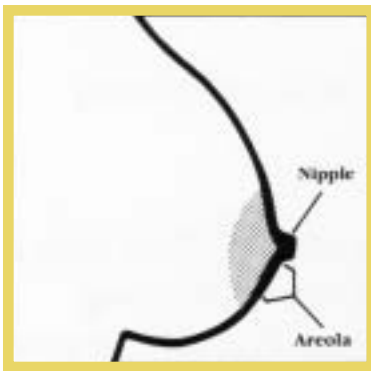
Getting started

Many hospitals have specially trained lactation consultants to talk with you about breastfeeding your baby and to help you get started. Otherwise, someone in the nursery will be happy to assist you. In addition, numerous resources in your community may be helpful. Just ask your baby's doctor or one of the nursery staff to suggest the names of some support groups or individuals who help breastfeeding mothers (see pages 35-37 for a resource list).

HOW DO I START PRODUCING MILK?

Whether you realize it or not, your body began to get ready for breastfeeding as soon as your baby was born. Right after labor and delivery, a mother's hormones stimulate her breasts to produce milk.

Each breast is made up of a system of internal ducts through which the milk flows. This duct system resembles a bunch of grapes. Milk is produced in many milk-making glands, called *alveoli*, which resemble the grapes. Special cells surrounding the alveoli contract to squeeze milk into the ducts moving the milk down toward the nipple. Each duct has an opening at the tip of the nipple. The nipple is centered on a dark, circular area called the *areola*.



When a suckling baby (or pump) stimulates her mother's nipple, two hormones are released from mother's brain: *prolactin* (the milk maker) and *oxytocin* (the milk releaser). As long as the baby nurses often (or mother pumps often), the levels of these hormones remain high and mom generally has plenty of milk.

(For more information on terms in *italics*, see *Breastfeeding terms*, pages 33-34.)



BREASTFEEDING YOUR HOSPITALIZED BABY

CAN I PRODUCE ENOUGH MILK IF MY BABY CAN'T BREASTFEED YET?

A mother can control the amount of milk she produces by emptying her breasts. The more she removes, the more she makes! So if your baby can't nurse, you will need to keep your hormone (and milk) levels high by expressing, or pumping, your breasts frequently. Pumping your breasts is not difficult if you use the proper equipment (see below).

There are, however, a few important points to remember to maintain your milk volume. These include:

- Pump often
- Empty your breasts completely
- Relax

WHAT IS THE BEST WAY TO EXPRESS MY MILK?

Milk can be expressed by hand or with a variety of special equipment. Deciding which way is best for you depends on how long you will need to maintain your milk supply. The information that follows can help you decide. Don't be afraid to ask for advice or suggestions when deciding which method to use for expressing your milk or when getting started with pumping. Your hospital may have a special lactation support team who will work with you to show you how to pump and store your milk. If not, just ask your baby's nurse.

When choosing a pump, look for one that is:

- Efficient, comfortable and easy to use
- Easy to clean
- Accessible and affordable

Electric pumps

Electric pumps are the easiest to operate and may stimulate a greater milk volume than the other types of pumps. They are ideal for mothers who cannot nurse for a long period of time (weeks or months). These pumps can be purchased, but most mothers opt to rent them for a small daily fee. Most models allow the mother to pump both breasts at the same time. (See pages 8 and 37 for more information.)



Getting started

Small electric or battery-operated pumps

These pumps are useful for helping you maintain your milk volume for only a few days*. Some women who need to pump once or twice a day at work and breastfeed the rest of the day may choose these types of pumps.

*They are not recommended for long-term use.

Hand or foot pumps

Hand pumps with pistons are also better for short-term use*. However, bicycle horn pumps (those shaped like a horn with a rubber bulb at one end) should not be used for collecting your milk because milk can enter the bulb area, which is very difficult to clean. The milk is easily contaminated with this type of pump.

*One manufacturer has developed a foot pedal to attach to the pump kit, which allows the use of the stronger leg muscle to generate the pump action.

Manual expression

Using your hand to express milk is very effective, inexpensive and clean.

How do I hand-express milk?

Manual expression, like any other skill, takes patience and practice. To express milk by hand, follow these guidelines:

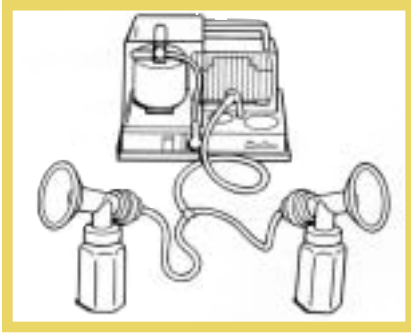
- ① Wash your hands and scrub your nails.
- ② Rinse your breast with clean water and dry with a towel.
- ③ Put your thumb above and the first two fingers below your breast. Keep them about 1 inch behind the nipple.
- ④ Squeeze the thumb and fingers together without sliding them on the breast.
- ⑤ Squeeze rhythmically to drain the milk ducts. Avoid squeezing, pulling out or sliding your fingers down the breast.
- ⑥ Rotate the thumb and finger position to milk the other ducts. Use your other hand to massage the breast while you express milk.



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HOW DO I OPERATE AN ELECTRIC PUMP?

All types of electric pumps come with collection systems that include one or two milk storage containers, *breast shields*, and tubing (see pages 36-37 for breast-pump distributors). Some systems allow you to pump both breasts at the same time. Read the manufacturer's instructions for the machine you have. Be sure to ask for help if you need it.



A typical electric breast pump with two collection cups.

Follow these steps for any pump you use:

- ① Connect the collection system to the pump according to the manufacturer's directions.
- ② Position the shield of the collection cup so your nipple is in its center. Hold the shield firmly against the breast.
- ③ Most pumps allow you to set the amount of suction you want. Turn the pump on the lowest setting. Use this setting for the first few minutes, then turn up the suction to the highest setting that is comfortable for you*.
- ④ Be sure to hold the collection cup upright to prevent the milk from being sucked into the tubing or pump.

*Most mothers find that they need to keep the suction on the lowest setting for the entire pumping session during the early days. This is OK; don't overdo it.

HOW OFTEN SHOULD I PUMP?

To stimulate a new milk supply it is important to pump frequently during the early days and weeks after delivery when the lactation hormones are higher in your system. The actual number of daily milk expressions will depend upon your own breastfeeding goals. Mothers who need to produce maximal volumes of milk to achieve their goals should plan to express milk 8-10 times daily.

Getting started

Included in this group are women who want to breastfeed exclusively at the time of infant discharge, provide hindmilk for infant feedings, and/or have given birth to multiples. Mothers who plan to provide milk for a limited time, for example, until their infant is discharged from the hospital, or those who plan to combine formula and breastfeeding, can pump less frequently.

Mothers who get up in the middle of the night to pump during the first couple of weeks after delivery notice fewer problems in making enough milk for their baby. After the first two weeks, most mothers find that they can go five to six hours in the middle of the night without pumping and not notice their milk volume go down. It may be helpful to write down on a piece of paper or keep a diary about what time and how much milk you pump at each session. Share this information with the lactation consultant and/or the baby's doctor or nurse. They will be able to tell you if the amount of milk you are expressing is enough.

HOW DO I COLLECT MY MILK?

Some kinds of bacteria are present on the breast and nipple area all the time. These bacteria are not harmful to your baby and so do not need to be washed off before breastfeeding. However, the bacteria on your hands and that which can collect on your pumping equipment can contaminate your milk. Just as you wash and scrub your hands before going into the nursery to visit your baby, washing your hands before you express your milk and keeping the pumping equipment clean is important.

Whenever you express your milk to be stored and used later, you need to follow these steps:

- ① Have handy the breast pump (if you use one) and a sterile bottle to hold the milk.
- ② Wash your hands well. Use a brush to clean under your nails.
- ③ Rinse your breasts with clear water.
- ④ Dry the nipple areas, then the breasts, with a clean towel.
- ⑤ Pump each breast about 10 -15 minutes, or a few minutes after the milk flow stops. Moms using pumps with two collection systems can pump both breasts at once. Massage your breasts during pumping to help them empty.
- ⑥ Pour the milk you collect into the sterile bottle*. Label it with your baby's name, the date and time you collect it and the names of any medications you may be taking.



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- ⑦ After pumping, wash any equipment that touched your breast or the milk. Wash it well in hot, soapy water and let it air dry.

Once each day, take the breast shields and tubing apart. Boil the shields (not the tubing) for 15 minutes in enough water to keep them covered. You can prepare the bottles for your milk the same way.

*The sterile bottle can be screwed into the breast shield of most pump systems so that the milk flows directly into the bottle while you are pumping.

WHAT IS THE BEST CONTAINER TO USE TO STORE MY MILK?

Use sterile glass or hard-plastic bottles to store the milk. Many moms prefer the four-ounce water bottles used in hospital nurseries. Don't use the plastic liners for baby bottles. These are not sterile and may be torn during storage. In addition, these plastic bags may absorb some of the ingredients in the milk that protect your baby from infections.

Use the following guidelines for storing your milk:

- Use a separate bottle to store the milk you collect each time. Don't combine bottles of milk. Never add fresh milk to milk that is already frozen.
- Milk that thaws a bit must be thrown away if it is not fed to your baby within 48 hours. It should never be refrozen.
- Never microwave your milk.
- Bacteria grow quickly in milk that is left out or is thawing. Keeping milk cold or frozen keeps it safe for your baby.
- Store milk at home in the back of the freezer or refrigerator, where the temperature is cooler.
- Be sure your refrigerator and freezer are working properly. The freezer is working well when it keeps ice cream hard.

AFTER I PUMP MY MILK, SHOULD I PUT IT IN THE REFRIGERATOR OR FREEZE IT?

- **Refrigerate your milk** when it will be given to your baby within 48 hours (two days). You will need to bring it to the hospital within 24 hours of pumping it. Refrigerate it right after it's expressed and keep it cold while you bring it to the hospital.



Getting started

- **Freeze your milk** if your baby is not being fed. When your baby is being fed and you pump more than is needed in 24 hours, refrigerate what he will take and freeze the rest.

HOW DO I BRING MY MILK TO THE HOSPITAL?

Bacteria can grow quickly in milk that is left out to warm or thaw. Keeping milk cold or frozen keeps it safe for the baby. Put bottles of cold or frozen milk in a cooler and pack ice around them. Bring them to the hospital right away. If you are traveling from a long distance, you may need to place some dry ice in the cooler to keep the milk frozen. Dry ice can usually be obtained from a local grocery store.

IS MY MILK ALL THAT MY BABY WILL NEED TO GROW?

Since very small (under 2-3 pounds) premature babies have very great nutritional needs but can only receive very small amounts of milk, extra nutrients may need to be added to the milk. One easy way to increase the amount of calories your baby gets is the feeding of *hindmilk*. Your baby receives 50 percent of his or her calories from the fat in your milk, therefore it is important that the part of your milk that contains the most fat is fed. The fat in your milk increases as the breast is emptied. In other words, the milk you get at the end of the pumping is higher in fat than the milk you express at the beginning. To collect your hindmilk for feeding, take the following steps:

- ① Follow steps 1-4 (see page 9) for milk collection.
- ② After you see a steady flow of milk (*letdown*) for approximately two minutes, stop the pumping and pour this milk into a bottle to be stored for later use.
- ③ Continue expressing your milk to empty your breasts. Put this milk in a separate bottle and label it *hindmilk*.

This simple procedure can increase the calories in your milk two to three times.

In addition to hindmilk feeding, it may be necessary for a commercial human milk fortifier to be mixed into the milk before feeding. This fortifier adds extra calories and minerals that premature infants need for good growth. Remember that even though these additives and procedures to increase the calories, protein and minerals may be necessary at times, other important ingredients are found only in mother's milk.



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HOW WILL MY BABY BE FED MY MILK?

In the first few days after delivery, some infants receive special fluids *intravenously* – that is, through a vein – until they are able to tolerate milk. When milk feedings are started, very small amounts (sometimes less than a teaspoon every hour) are given through a tube which goes through the baby’s mouth or nose into the stomach.

There are several ways to feed breast milk to babies through a tube. One way is to drip a small amount of milk through the tube at a constant rate. This “milk drip” is often used to feed very tiny babies whose stomachs are too small to hold a large amount of milk at any one time.

Another way to tube-feed a baby is to give him a larger amount of milk every few hours. Feeding times are usually every three hours but may be every one or two hours. This takes about 10 to 15 minutes per feeding; the tube is clamped between feeding times. Occasionally, other methods of tube feeding are used.

It usually takes several weeks for a baby to progress from *tube feeding* to breast or bottle feeding. Even before this time, however, your baby may be given a pacifier for oral stimulation. You also may put the baby to breast to let him or her “taste” your milk. This will provide the baby (and you!) with an important and positive experience.

Maintaining your milk supply

HOW DO I GET MY MILK TO FLOW?

Relaxing is the best way to get your milk to flow. The *letdown* reflex is a release of the milk caused by the hormone *oxytocin*. You may feel tingling in your breast when this milk release occurs. To encourage this letdown reflex, try to relax each time you pump. It also helps to establish a “conditioning” routine.

Here are some tips that may help pumping go more smoothly for you:

- Choose a comfortable place.
- Apply warm, moist compresses to your breasts before pumping. Massage your breasts and roll the nipple gently between your fingers. Touching your breasts and nipples in this way will help to stimulate the milk flow.
- Manually express a little milk (see page 7) just before mechanical pumping.
- Think about your baby, look at his or her picture or imagine him or her cuddled next to you.
- Keep a soft, cuddly, stuffed animal or fuzzy blanket next to you.
- Turn on some soft music and drink a glass of water, juice or lemonade.
- Practice deep breathing and muscle-relaxation techniques.
- Think of pleasant places you’ve visited or would like to visit.
- Take your phone off the hook. Or talk on it to a supportive friend or, perhaps, to another mother who has pumped milk for a premature or sick baby.

If you are at the hospital for long periods of time during the day, discuss with the nurse the possibility of pumping at the baby’s bedside. In this way you will be able to look at your baby while expressing your milk.

HOW DO I GET ALL THE MILK OUT?

It is important for your own comfort and for your milk supply to drain all areas of your breasts when you are pumping (and, later, when your baby is nursing). Failure to empty the breast completely and frequently can result in a tight, swollen feeling known as *engorgement*, in painful, *plugged ducts* or in an infection called *mastitis* (see page 28). One way to help drain all areas of your breast adequately is to massage your breast as you pump. Massage it in sections, working from the outer margins down toward the nipple.



BREASTFEEDING YOUR HOSPITALIZED BABY

WHY DOES MY MILK SUPPLY VARY?

It's normal for the volume of milk to change from day to day and from one pumping to the next. Mothers usually find that they have more milk at the beginning of each day and less at the end. Most mothers also produce more milk from one breast than from the other. In addition, there are a number of other factors that may affect your milk supply.

Factors that may *increase* milk supply

- Frequent milk expression (at least six times a day)
- Complete breast emptying
- Rest and relaxation
- Your baby's condition improves
- Some medications:
metoclopramide (Reglan)
phenothiazines
- Touching and holding your baby
- Putting your baby to your breast

Factors that may *reduce* milk supply

- Infrequent or skipped pumpings
- Incomplete breast emptying
- Fatigue, anxiety or stress
- Your baby's condition worsens
- Some medications:
long-acting antihistamines
birth control pills
- Maternal illness
- Cigarette smoking

HOW MUCH MILK SHOULD I EXPECT TO BE ABLE TO EXPRESS?

Studies that have measured how much milk a full-term healthy breastfeeding infant takes report a range of about 500 to 1000 grams, or an average of 850 grams (1 quart) per day. Another way to look at this volume of milk is approximately one ounce an hour. If you are pumping every two to three hours, you should expect to get two to three ounces at each pumping. Mothers who are pumping for infants in the hospital can produce this amount of milk. However, you need to make sure you are stimulating your breasts frequently enough to maintain a good milk supply. You may not be able to express this much milk until the end of the first week or the middle of the second week after your baby's birth. If you are not getting this much by that time, contact your lactation consultant or the baby's doctor or nurse to get suggestions about how you can increase your milk supply. Refer to page 30 -31 for suggestions to increase your milk supply.



Maintaining your milk supply

I DON'T ALWAYS EAT RIGHT. WILL THAT AFFECT MY MILK?

Your body has been preparing for breastfeeding during your pregnancy by developing your breasts to produce milk and by storing extra nutrients and energy. Studies investigating the effects of a mother's nutrition on her milk indicate that women are able to produce sufficient milk of good quality and quantity, even when the mother's supply of nutrients is restricted. For the mother who must travel back and forth from the hospital to visit her baby, recover from childbirth and possibly take care of other children, it is difficult to find the time to eat three large meals a day. It might be easier to think about smaller meals or snacks that are more portable such as cheese cubes, yogurt, peanut butter and crackers, fresh and dried fruits, and raw vegetables. It's best to continue your prenatal vitamins during the time you are nursing.

WHAT FOODS SHOULD A NURSING MOTHER EAT?

You do not need to follow a specific diet during breastfeeding. Different life styles and cultures can be adjusted to meet the nutrient needs of breastfeeding. You will probably need to add only about 500 extra calories to your diet each day. A special committee on nutrition during breastfeeding of the Food and Nutrition Board in Washington, D.C. gives the following guidelines for nursing mothers:

- Avoid diets and medications that promise rapid weight loss.
- Eat a variety of breads, grains, fruits, vegetables, milk products, and meats or meat alternates each day.
- Take three or more servings of milk products daily.
- Make an effort to eat vitamin A-rich vegetables or fruits often. Examples include carrots, spinach or other cooked greens, sweet potatoes and cantaloupe.
- Be sure to drink when you are thirsty. You will need more fluid than usual.
- Try to limit your intake of coffee or other caffeinated drinks, such as cola. Caffeine passes into the milk. Two servings daily are unlikely to harm the infant.

Another source of information on helping you plan your diet is the Food Guide Pyramid from the National Center for Nutrition and Dietetics. A copy of this pyramid is located on page 32.



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ARE THERE OTHER THINGS THAT I DO THAT CAN AFFECT MY MILK?

Medicine

Most prescription and over-the-counter medications you may take pass into your milk. While most are safe for the baby, some are not. It is important to check with your baby's doctor, nurse or the lactation consultant to see if the milk you pump can be used while you are on the drug. If there is little information about the drug you have been prescribed, you may want to ask your doctor if there is a similar drug that is known to be safe. Label the containers of milk you store with the names of any drugs you are taking while pumping.

Illness

Mothers often worry that they might make their babies sick if they nurse when they are not feeling well. However, your milk is safe to feed your baby, even when you are sick and have a fever.

Nicotine, alcohol and other drugs

Nicotine, alcohol, marijuana and cocaine also can enter your milk and affect your baby. It is very important not to use these substances while you are breastfeeding or storing milk.

WHAT IF I AM FRUSTRATED WITH ALL THIS EQUIPMENT?

Often, particularly after pumping for several weeks, mothers become frustrated with the pumping routine and begin to wonder whether they really want to continue.

Don't worry if you feel like this. It's normal! Talk to your baby's doctor or to your lactation consultant about how long it will be before your baby can breastfeed. Talking with someone in the nursery, a friend or relative, or a support group of other parents in similar situations helps, too. You may feel better just knowing you're not alone.



Maintaining your milk supply

IT'S HARD TO BOND WITH A PUMP.

HOW CAN I FEEL CLOSER TO MY BABY NOW?

Before your baby is ready to practice feeding, he can feel what it is like to be close to your skin, smell and feel you and hear your heart beat. This happens when you hold your baby skin-to-skin. This is also called *kanagaroo care*. It is a special way to hold small premature babies. Once the doctor tells you it is okay to hold your baby, ask if you can hold him skin-to-skin.

Some of the many advantages to babies of skin-to-skin holding include:

- Staying warmer when warmed by their parents' bodies than when held wrapped in blankets
- Bonding earlier with their parents
- Having a more regular heartbeat
- Sleeping for longer periods
- Crying less

When he is held skin-to-skin, your baby should be dressed only in a diaper. Stand next to your baby's bed, open your shirt, pick up your baby, and place him between your breasts. Your skin should be touching his. Then sit down in a recliner or comfortable chair. A blanket can then be placed across your baby's back. Moms (and dads) enjoy holding their babies skin-to-skin in the intensive care unit by the hour. An added benefit is that holding the baby skin-to-skin stimulates mom's milk production.



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Beginning to breastfeed

You've already made the first step toward breastfeeding by holding your baby skin-to-skin. When your baby is old enough, or strong enough, she will give you these signs of being ready to begin breastfeeding:

- She is able to breathe on her own.
- She is awake for short periods.
- She turns her head when her cheek is touched (*rooting*).
- She sucks on her feeding tube or on a pacifier.

Once your baby starts to display these signs, you can begin to prepare her for the switch from tube to breast by cuddling with her more and more and bringing her skin-to-skin with you as much as possible.

HOW DO I GET MY BABY TO LATCH ON?

Most healthy full-term babies do not nurse very efficiently at first. They need practice in order to become more skillful. Premature or sick babies may need even *more* practice. Don't worry if your baby doesn't latch on very well the first few times. Just be patient. You might want to pump some of the milk out before you put your baby to your breast. This way, your baby can practice without having to deal with a fast or large milk flow at first.

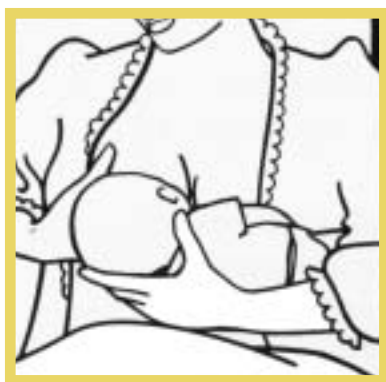


figure a

The *clutch* hold may work better because you will have more control of his head as you guide him to the breast. The *clutch* hold is done with the baby's body across your chest (figure a) or tucked under your shoulder (also called "football" hold; figure b.) Position him so that his head faces your breast. His head, shoulders and trunk need to line up. It is easier for him to suck and swallow if he doesn't have to turn his head.

Doing the following can help your baby latch on more effectively:

① **Position yourself.**

Find a comfortable chair to sit in. One with arms will give you more support. Place pillows on your lap or at your side so you are comfortable.

② **Position the baby.**

Although holding the baby with his head in the crook of your arm may feel natural to you, it may not be the most effective hold for breastfeeding.

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③ **Position the breast.**

Cup your breast in your hand with four fingers underneath and your thumb on top, keeping your fingers behind the areola (see figure b). Press your fingers together to narrow the area where the baby will latch. Once he latches on, you may have to keep your hand in this position to avoid having the nipple slide out of his mouth.

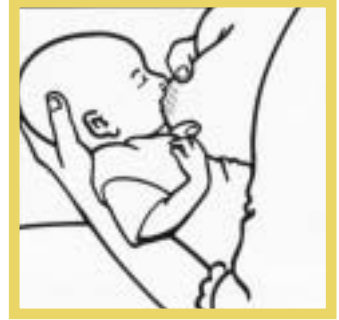


figure b

④ **Latching on.**

To encourage the baby to open his mouth, tickle his lower lip with your nipple. Be patient and wait until his mouth opens wide. Then draw his head in close so that his lips and gums grasp the areola behind your nipple. His lower lip should be turned out and his tongue positioned under the nipple. Try not to lean over the baby or your back will tire. Instead, pull him close to you, lean back and relax. Enjoy these first feedings.

How it *feels* when the baby is sucking will let you know if he or she is latched on correctly. A tugging or pulling (similar to using the pump) is good, whereas pinching or biting is not.

If you have trouble getting him to latch on, see page 28-29 for help. This information will provide you with ideas to wake a sleepy baby, calm a fussy baby and handle difficulties with latch-on. Do not worry about the amount of milk your baby is getting in your first few sessions of nursing. All babies have to learn to suck, so they need practice. Premature babies often have a weak or uncoordinated suck. They need to exercise these muscles to make them strong enough to nurse well.

HOW CAN I TELL IF MY BABY IS GETTING ENOUGH MILK WHEN I AM BREASTFEEDING?

As your baby grows and develops while still in the hospital, you will want to know how much milk she or he is getting when breastfeeding.

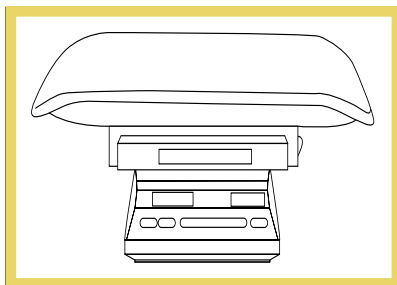
There are several ways that you can judge how much milk she is taking:

- Observe how well and how long the baby sucks and swallows. A baby who is nursing well has a rhythmic sucking pattern for long periods, with each suck or every other suck followed by a swallow.
- Check how long the baby nurses. This may vary, but most full-term babies nurse for 10 to 15 minutes on each breast. However, a

Beginning to breastfeed

small preterm infant who is not taking a lot of milk at a feeding may only need to nurse from one breast; the mother would pump the other breast.

- Note how full your breast feels before and after the feeding. (You may not notice this if your milk volume is much greater than the baby's intake.)
- Weigh your baby. Since your baby will be weighed every day in the hospital, you can see how well she is doing by checking her progress. If one of her feedings is replaced by a breastfeeding each day and she is gaining weight adequately, she is getting enough. After your baby goes home, though, weighing at doctor's appointments is usually enough.
- Test-weigh the baby. Test-weighing is the only accurate way to measure how much milk the baby received during breastfeeding. It can be used to decide if the baby needs a supplement after the breastfeed and how much to give. Note: An accurate electronic scale should be used for this procedure. (See page 37 for manufacturers.)



electronic scale

To test-weigh your baby:

- ① Weigh her before the feeding. (You may leave the diaper on.)
- ② Breastfeed the baby.
- ③ Weigh her again after the feeding. Remember that the baby needs to be weighed with exactly the same diaper, clothing or blanket she was weighed in before the feeding.
- ④ Subtract the prefeeding weight from the postfeeding weight, and you will know how much milk the baby got.

Example: The baby weighs 1,850 grams before and 1,890 grams after the feed. $1,850 - 1,890 = 40$, so the baby took 40 grams of milk. (30 grams = 1 ounce.)

BREASTFEEDING YOUR HOSPITALIZED BABY

HOW CAN I BREASTFEED MY BABY MORE OFTEN?

Don't get discouraged if the baby takes very small amounts during these early feedings. This is normal, and you will see the amount increase as the baby nurses for longer periods and learns to breastfeed better.

After you have done several practice feedings and feel more comfortable nursing your baby, talk to the doctor, nurses and consultant about the best way to breastfeed more often. At first, you will probably do one breastfeeding a day; the other feedings will be given through the baby's feeding tube. When a second breastfeeding is added, it is usually scheduled later in the day. This way, the breastfeedings are not one after the other, and the baby has a chance to rest.

As your baby increases his number of breastfeedings, you might want to try breastfeeding whenever he seems hungry. You might hear this referred to as demand feeding. This is done by staying at the baby's bedside or holding the baby skin-to-skin for several hours. When the baby wakes up, you can put him to your breast. He may nurse more often than his scheduled feedings of every three hours. This is all right. He may take more milk at one feeding and less at another, but over time he takes in what he needs.

How often you breastfeed, then, will depend on whether your schedule allows you to be at the hospital several times or for a long period during the day. Because many mothers return to work while their babies are in the hospital (saving maternity leave for after the baby comes home), their schedules may be very hectic. Many mothers are only able to breastfeed once a day until the baby goes home. Once at home, they may be able to breastfeed for all the feedings, if that is their plan.



Breastfeeding once your baby is home

If your plans are to eventually breastfeed your baby for all her feedings, you will want to know how to replace bottle- (or tube-) feedings with breastfeeding and still be sure she is getting enough milk. While your baby was in the hospital, your milk supply was being stimulated by frequent emptying of your breasts by pumping. Now your baby, instead of the pump, will be stimulating your breasts to make milk.

HOW CAN I MATCH MY MILK SUPPLY TO MY BABY'S NEEDS?

If the amount of milk you expressed each day while your baby was in the hospital:

Was less than your baby's needs

You will probably need to give extra milk in addition to breastfeeding until your milk volume increases. You can use your expressed breast milk or formula for added feedings. As your baby nurses more often, your milk supply will increase naturally, and the baby's need for extra feedings will decrease. Pumping after the feedings also will help to increase your milk supply.

Met your baby's needs

If the baby's nursing skills are adequate and you feel she is getting enough milk (see the next page), you can nurse her for every feeding and may not need to give additional feedings.

Was greater than your baby's needs

Pump enough of the milk in the breasts after each breastfeeding so that you are more comfortable. Leaving some milk in the breasts will gradually reduce the milk volume. You may only need to do this for a few days in order to gradually bring your volume down to match the amount your baby needs. The baby may need to nurse from only one of your breasts at each feeding to ensure that he or she gets the higher-fat hindmilk.

HOW WILL I TELL IF MY BABY IS GETTING ENOUGH MILK?

Your baby's doctor will want to see him often during his early weeks at home to make sure he is gaining weight adequately. At each checkup, your baby is weighed and his growth is charted.



BREASTFEEDING YOUR HOSPITALIZED BABY

However, you may reassure yourself that he is getting enough milk when your baby:

- Has at least six soaking wet diapers each day (more if you are using cloth diapers).
- Has a small bowel movement with just about every nursing. As babies get older, they may have fewer bowel movements. Ask your baby's nurse before discharge how many he has been having each day so you can use that as a guide.
- Is nursing well enough. To judge this, ask yourself:
 - Does he rhythmically suck and swallow for long periods of time?
 - Does his sucking feel strong?
 - Are your breasts feeling fuller at the beginning of the feeding? Are they softer and less full at the end?
 - Does he seem content for at least two hours following most feedings? Some babies will cluster their feeds sometime during the day or night. This is normal “baby” behavior.
 - An electronic scale designed for mothers to use at home to measure milk intake during breastfeeding can be used to help you judge if extra supplements/complements of milk need to be given to the baby. (See *Resources* on page 37 for more information.)
 - It may be helpful to keep a daily feeding diary which includes the number of times the baby breastfeeds, has a wet diaper or bowel movement and if any supplements/complements are given. Sharing this information with the baby's doctor will help plan your progress.

Finally, remember that just as other stages of your baby's development have taken time and patience, the progression to breastfeeding for every feeding is no different. The lactation consultants at the hospital, in your community or in your doctor's office are available to help you during these early weeks at home.

Problem-solving guide

HOW LONG CAN I BREASTFEED MY BABY?

You can breastfeed your baby for as long as you want. Doctors recommend that mothers breastfeed their babies exclusively for the first five or six months. At that time, they add other foods and continue to breastfeed a year or more. The breastfeeding books listed on pages 36-37 will help you decide.

Breastfeeding is usually an easy, pleasant experience for both mom and baby. Sometimes, however, you may have some difficulty or discomfort during pumping or breastfeeding.

In this section, we will help you identify these problems and offer some suggestions for what you can do. Remember that any time you have a question or a problem with breastfeeding, and particularly if you are feeling uncomfortable or in pain, the hospital nursery staff or your lactation consultant is there to help you.

WHAT CAN I DO IF MY BREASTS FEEL FULL AND TIGHT?

Most women notice their breast feel fuller and heavier during the first few days and weeks after delivery. This is a normal feeling caused by additional blood that rushes to the breasts to assure that there will be enough milk for the baby. However, some women may experience *engorgement*, which is a very full, tight sensation in the breasts and under the arms. Engorgement may occur about two to five days after your baby's birth or any time the breasts are not emptied for a long period.

To treat engorgement:

- Apply warm compresses to the breasts before nursing or during pumping.
- Express a small amount of milk by hand before pumping to help soften the area around the nipple.
- Nurse or pump often (every two to two-and-a-half hours). Nurse or pump long enough to empty your breasts (10 to 15 minutes on each side) at each feeding or pumping.
- Massage your breasts before and during pumping or nursing to increase milk flow.
- Apply cool compresses to the breast between pumping or nursing to reduce swelling.

If you are still engorged after 24 hours, let a doctor, a lactation consultant or the nursery staff know.



BREASTFEEDING YOUR HOSPITALIZED BABY

WHAT CAN I DO IF MY NIPPLES ARE SORE?

Most women have tender nipples in the first few weeks of pumping or nursing. This is caused by the stretching of the areola, which can stretch up to twice its original size during pumping or nursing.

The skin in this area, which is similar to that on the lips, is much thinner than most other parts of the body. It has small bumps on the surface called *Montgomery's glands* which provide moisture to the nipple area. However, some women have more of these glands than others. Those women with fewer glands or with a tendency to dry skin may need extra help. Dry skin on the nipples may crack and feel tender. There are other causes of sore, cracked nipples. How to treat them depends on what is causing the problem and whether you are pumping or nursing.

Use the following information as a guide:

To treat nipple soreness when you are pumping your breasts

- Be sure the breast shield is centered over the nipple.
- Use only the amount of suction necessary to express milk without discomfort.
- Be sure the pump shield fits properly to your nipple. If your nipple is too large, ask the nurse or the consultant where you can get a larger shield.

To treat nipple soreness when you are nursing your baby

- Make sure the baby is attached correctly to the breast (see page 19).
- Nurse your baby frequently. Hungry babies pull the breast and suck harder when they nurse.
- Massage the breast during the feeding to speed the milk flow.
- Change the baby's position on the breast so that no single area of the nipple takes all the pulling from the baby's sucking.
- Check to see if the baby has a white coating on her tongue and throat (thrush) or a diaper rash. Both of these problems may be caused by a yeast infection. If she has either of these, both of you need to be treated.



Problem-solving guide

Whether you are pumping or nursing

- Apply a small amount of medical-grade lanolin to the nipple area. This will speed the healing process and give you some relief. You may get this type of lanolin from a lactation consultant or from a manufacturer of breast pumps (see *Resources* on page 37).
- Express some milk and rub it on the nipples after pumping or nursing.
- Change your breast pads frequently.
- Wear *breast shells* between pumpings or nursings to let air around your nipples when you are clothed. (See *Breastfeeding terms* on pages 33-34.)

WHAT CAN I DO IF I FEEL A HARD AREA IN MY BREAST?

Sometimes a hard area in the breast that doesn't soften with pumping or nursing is due to plugged ducts. This happens when milk accumulates behind a duct that has not drained properly.

Here is how you can work the plug loose:

- If you are nursing your baby, nurse from the affected breast first. Babies suck more vigorously when they first begin their feeding. If possible, nurse with the baby's chin pointing toward the plug. The tongue action stimulates milk flow.
- If you are pumping your milk, put a warm, moist cloth on your breast and massage the tender area gently for a few minutes before pumping. Continue to apply heat and massage while you pump.

If the area does not soften in a few days, contact your doctor or the lactation consultant.

WHAT SHOULD I DO IF I HAVE A FEVER?

Remember, your milk *is* safe for your baby even when you are sick or have a breast infection.

If you feel you are coming down with the flu (you have a fever and flu-like symptoms such as aches, pains and chills), or if you have red and tender areas on your breast, you may have a breast infection.

Don't stop breastfeeding or pumping. This could only make matters worse. A breast infection (*mastitis*) often begins when a duct remains plugged or when germs enter a crack in the nipple skin.



BREASTFEEDING YOUR HOSPITALIZED BABY

If a lymph node in your armpit seems swollen, have the doctor check it. This may also be a sign the breast is infected. The lymph nodes in the armpits carry waste products away from the breasts. Also check the fit of your bra. Tight bras can reduce the flow of lymph fluid and waste materials from the breast.

If you think you have mastitis

- Put warm, moist cloths on your breasts before and during nursing or pumping.
- Go to bed and rest.
- Nurse or pump your breasts frequently. Completely empty both breasts each time.
- Call your doctor. If an antibiotic is prescribed, be sure to take all the medication that is ordered.
- You can take Tylenol for pain or fever.

If you are storing milk for your hospitalized baby, inform your lactation consultant or hospital nursery staff that you have this infection.

WHAT IF MY BABY WON'T LATCH ON?

If your baby won't latch on, first make sure your baby is positioned so that he is facing the breast without having to turn his head (page 19). If this seems OK, then determine the reason your baby won't latch on from the list on the next two pages. Then follow the suggestions.

WHAT IF MY BABY IS SLEEPY?

Breastfeeding, and feeding in general, will go better if the baby is alert at feeding time. This is easier said than done, however. Premature babies, for example, spend most of their time sleeping or trying to wake up.

If your baby is sleeping more than three hours between feedings or if she nurses only for a minute or two and then falls asleep, try these things:

- Change her diaper.
- Wipe her face with a warm, damp cloth.
- Remove her blankets. She will stay warm against your skin.
- Tickle her feet.
- Hold her so she is sitting in your lap. Then gently walk your fingertips up and down her back.
- Use a nipple shield (see page 30).

It also helps to avoid rocking while feeding her.



Problem-solving guide

WHAT IF MY BABY IS FUSSY?

Certain foods you eat may cause gas on your stomach as well as the baby's. There is no list of foods that you should avoid, because not all babies react the same way to certain foods. If you think a certain type of food is causing the baby to have gas and fussiness, try not eating that food for a while. Most babies who have problems with certain foods will outgrow them in a few weeks or months.

Sometimes your baby may be fussy because he has been stimulated too much. During these times, he may need some time alone to calm down. To calm your baby you can also try:

- Talking to him in a calm, soothing voice
- Stroking him gently with your hand
- Swaddling him in a blanket
- Holding him skin-to-skin

WHAT IF MY BREAST OR NIPPLES MAKE IT DIFFICULT FOR MY BABY TO LATCH ON?

If your breasts are too full and the dark area around the nipple (areola) too tight, follow the steps on page 25 to soften them.

If your nipples are *flat or inverted*, the baby may have difficulty latching on, but not always. Remember that the baby needs to latch on to the *areola* (dark area behind the nipple), not the nipple itself. Many mothers find that after several weeks of pumping their nipples stick out more than usual. Wearing *breast shells* (see *Breastfeeding Terms* on pages 33-34) can encourage your nipples to protrude. (Ask the lactation consultant where you can purchase breast shells.)

To help the baby latch on, try the following steps:

- ① Hand-express some milk or use the pump for a few minutes just before you nurse to draw out the nipple.
- ② Tug gently on your nipple and roll it between two fingers.
- ③ Massage your breast and nipple area until the areola is soft and stretchable before putting your baby to your breast.
- ④ With a dropper or syringe, drip a small amount of milk into the baby's mouth to orient it to the breast.
- ⑤ Use a nipple shield during breastfeeding.

Some women use a *nipple shield* when a baby is having trouble latching on. Ask your lactation consultant before using nipple shields.



BREASTFEEDING YOUR HOSPITALIZED BABY

WHEN SHOULD I USE A NIPPLE SHIELD DURING BREASTFEEDING?

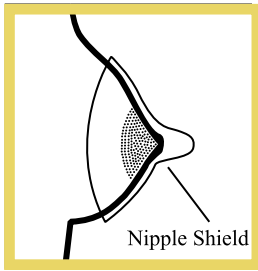


figure c

A *nipple shield* is a thin, silicone shield that fits over your nipple and areola (figure c.) The baby latches on to the shield and begins to suck. Studies have found that the shield is helpful if:

- The baby falls asleep soon after latching on to the breast
- The baby is unable to stay latched to the nipple and keeps “slipping off” during the feeding
- Your nipples are flat, or inverted making it difficult for the baby to stay latched on.

In addition to helping the baby stay at the breast during feeding, studies have shown that the baby gets a greater amount of milk during breastfeeding. You can check this by test-weighing the baby during a breastfeeding session.

It is important, however, that you have a good milk supply already established. If the baby is only a few days old and your milk supply is not yet established, pump after each feeding to provide extra stimulation to increase your milk supply.

SUGGESTIONS/GUIDELINES FOR MANAGING LOW OR DECREASING MILK SUPPLY

- Express your milk at least seven to eight times a day during the first two weeks after delivery.
- After the first two weeks, do not go longer than six hours at any time in a 24-hour period without pumping.
- Completely empty your breasts at each pumping by practicing breast massage and nipple stimulation and pumping for several minutes beyond the time the milk stops flowing in a steady stream.
- Try to rest, take a midday nap or practice relaxation techniques. Get a shoulder or back massage.
- Increase the amount of skin-to-skin contact you have with your baby.
- Keep a written record of each time you pump and the amount of milk you express; share this information with the lactation consultant or the baby’s nurse/doctor.
- Make sure your pump and milk collection equipment is operating effectively.

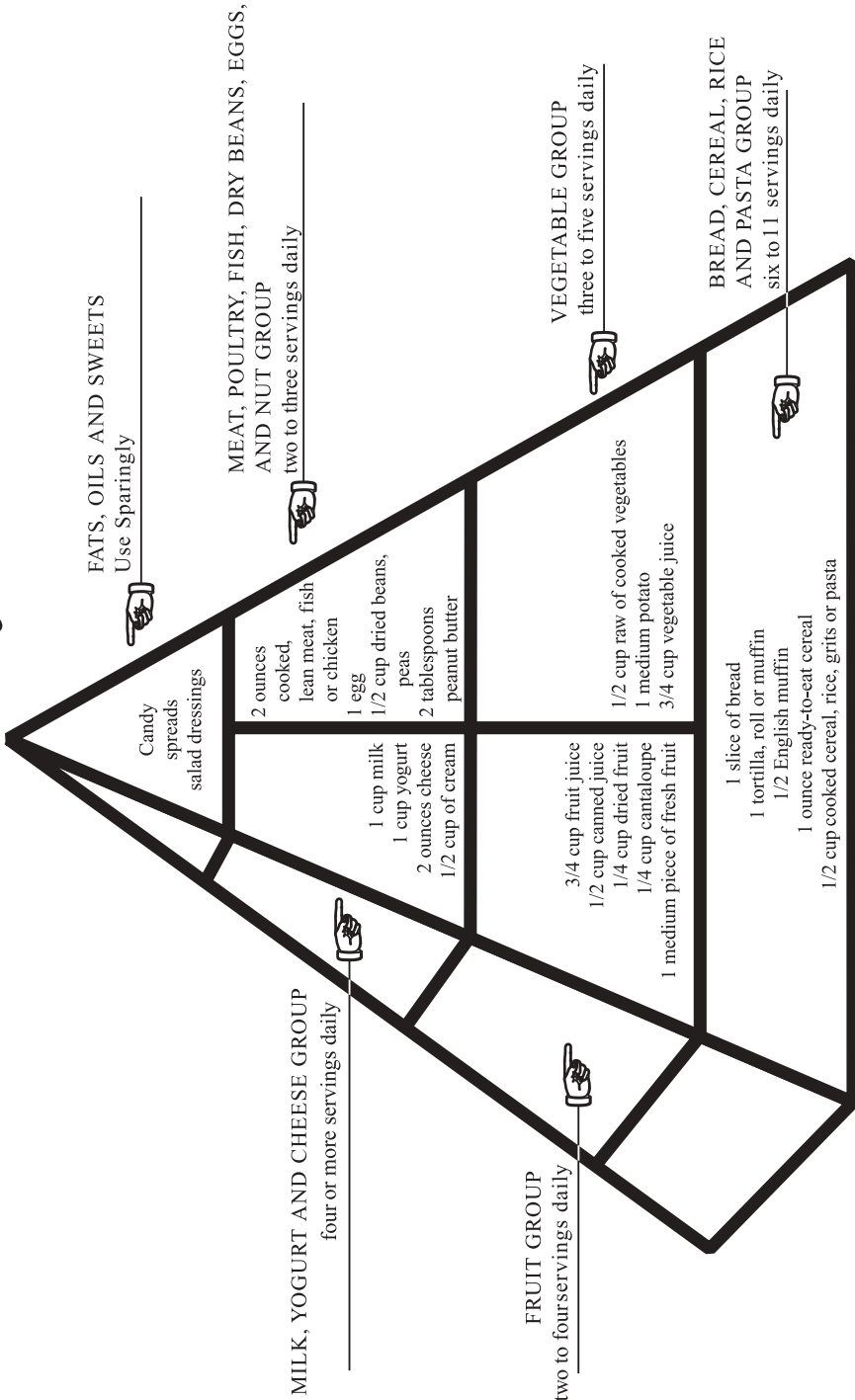
Problem-solving guide

- If the pump flange (the part that is pressed against the breast) does not fit properly or your nipple is too large to fit inside the flange, inform the consultant/nurse.
- Birth control pills may decrease your milk supply. Consider another birth control alternative.
- Understand that the ups and downs in your baby's medical condition can also effect your milk supply (and stress) levels. If your baby suddenly takes a turn for the worse and your milk volume goes down, don't worry. As the baby improves, your volume will also.
- You may notice a decrease in your milk volume if you become ill with a cold or the flu. Just keep pumping, and as you feel better your volume will improve.
- Avoid smoking cigarettes. Tobacco use has been shown to result in lower milk protein and volumes.
- Although some well-meaning friends may suggest drinking a beer or a glass of wine each day to increase your milk supply, this is not recommended.*
- Fenugreek is a known galactagogue (increases milk volume). It can be found in most health-food stores and is available as a tea or in capsules. Drinking a cup of tea 3 times a day or 2-3 capsules 3 times a day is recommended.
- Metaclopramide (Reglan) is a medication that has been shown to increase milk volume. It must be prescribed by your doctor and should be given as follows:
 - Take 10 mg. three times a day for 10 days
 - On the 11th day, take 10 mg. twice a day
 - On the 12th day, take 10 mg. once
- If your milk volume increases with Reglan and then decreases again after finishing the 12-day course, you may want to wait until your baby is closer to going home before taking another course of the medication. Side effects are rare, but if you experience any, stop all medication and contact your doctor.
- When your baby begins to breastfeed directly, you will probably notice an increase in your milk volume.

* If you do drink a beer or a glass of wine, the alcohol will be present in your milk within the first hour after you take it. It is safe to save the milk you express approximately three to four hours after drinking the alcoholic beverage.



Food Guide Pyramid



Source: National Center for Nutrition and Dietetics,
The American Dietetic Association.
Based on USDA Food Guide Pyramid

Breastfeeding terms

alveoli: tiny glands in the breast which produce milk.

areola: the dark, circular area surrounding the nipple.

breast pads: cloth or disposable paper pads worn inside the bra to protect clothing from leaking milk.

breast shell: a hard plastic dome with ventilation holes that is worn inside the bra between breastfeedings. Sometimes recommended for women with sore, flat or inverted nipples.

breast shield: the portion of the collection cup that is placed over the breast when using an electric pump.

cracked nipple: a nipple that has a crack or fissure.

demand feeding: feeding a baby whenever he or she is hungry, rather than making the baby wait for a set time.

engorgement: overfullness of the breast caused by the “coming in” of the milk or when the breasts are not emptied frequently and completely.

feeding tube: a tube inserted in the stomach through the nose or mouth for feedings.

flat nipple: a nipple that is flat with the contour of the breast and protrudes slightly when stimulated.

foremilk: the milk that is released during the first minute or two of pumping or nursing. It has less fat and fewer calories than the hindmilk.

hindmilk: the milk that is released after the first minute or two of pumping or nursing. It has more calories and fat than the foremilk. This richer milk may need to be collected separately from the foremilk.

intravenous: through a vein, such as when a baby is fed intravenously.

inverted nipple: a nipple which withdraws back into the breast rather than becoming erect after the areola is pressed.

kangaroo care: holding a baby on your chest, skin to skin. This is encouraged in some premature and intensive care nurseries once it is safe for the baby to be handled.

lactation consultant: a person trained to provide information about and support for breastfeeding before and after the baby’s birth, to counsel women with breastfeeding problems, and to train health care providers.

latching on: the initial taking-in by the baby of the nipple and areola area.

letdown: milk release from the breast triggered by nipple stimulation or as a conditioned response (e.g., hearing a crying baby, thinking about the baby).

lymph node: a round body of lymphatic tissue. The lymph system serves as the body's filter.

mastitis: breast infection characterized by fever, chills, and red streaks, pain and tenderness in the breast.

milk drip: when milk is given at a slow and steady rate around the clock through a feeding tube inserted in the stomach.

milk sinus: the enlarged area in the breast duct system just behind the nipple where milk collects.

Montgomery glands: small raised areas around the nipple. The glands enlarge during pregnancy and lactation and secrete a fluid that lubricates the nipple and keeps it clean.

nipple shield: a thin plastic shield that covers the areola and nipple during nursing. The baby nurses through the shield.

oxytocin: a hormone that stimulates the release of milk from the alveoli and stimulates the uterus to contract.

plugged ducts: blockage in a milk duct caused by accumulated milk or cast-off cells.

practice nursing: having a baby suck at the breast after the mother pumps or expresses her milk. Used in bonding and just prior to the initiation of breastfeeding in hospitalized infants.

prolactin: the hormone that stimulates breast development and formation of milk during pregnancy and lactation.

rooting: the natural instinct of the newborn to turn her head and "reach" with her mouth in the direction of any touch on the cheek or lips.

Resources

Organizations/Support groups

The American Association for Premature Infants (AAPI)
513-956-4331
www.aapi-online.org/

Doulas of North America
888-788-3662
www.dona.org

La Leche League International
(International volunteer organization offering breastfeeding support and information)
847-519-7730
www.lalecheleague.org

National Organization of Mothers of Twins Club, Inc.
877-540-2200
www.nomotc.org

Parents of Premature Babies, Inc. (Premie-L)
www.premie-L.org
Spanish language version:
www.2medsch.wisc.edu/childrenshosp/Premie_Parent_Sp/spindex.html

Premature Baby – Premature Child
Premie Parent Support for Premie Special Needs
www.prematurity.org

The Premie Place
www.thepremieplace.org

For pumping moms
www.pumpmoms.org

Twinlist for twin/multiple related organizations
www.twinlist.org

Wide Smiles for parents of cleft-affected newborns
www.widesmiles.org



BREASTFEEDING YOUR HOSPITALIZED BABY

Lactation consultants

International Lactation Consultant Association

(lactation consultants and other health professionals who assist breastfeeding mothers)

International Lactation Consultant Association

4101 Lake Boone Trail, Suite 201

Raleigh, NC 27607

919-787-5181

www.ilca.org

Lactation Support Program

Texas Children's Hospital

6621 Fannin, CCC 1010.00

Houston, TX 77030-2399

832-824-6120

www.texaschildrenshospital.org

Medela, Inc.

Call 1-800-TELL-YOU at any time.

They will use your zip code to refer you to a lactation consultant near you.

Books on prematurity

Newborn Intensive Care. What Every Parent Needs to Know. By Jeanette Zaichkin

Preemies: The Essential Guide for Parents of Premature Babies. By Dana Wechsler Linden

The Premie Parents' Companion: The Essential Guide to Caring for Your Premature Baby in the Hospital, at Home, and through the First Years. By Susan L. Madden

Your Premature Baby and Child: Helpful Advice and Answers for Parents.

By Amy E. Tracy

Watching Bradley Grow: A Story about Premature Birth. By Elizabeth Murphy-Melas

What to do when your baby is premature: A parent's handbook for coping with and preventing premature birth. By Joseph Garcia-Prats M.D., Sharon S. Hornfischer

Miracle Birth Stories of Very Premature Babies: Little Thumbs Up!

By Timothy Smith & George A. Little

The Premature Baby Book. By Harrison, Helen.

Books on breastfeeding

Breastfeeding your Premature Baby (available in Spanish). By Gwen Gotsch

Breastfeeding Special Care Babies. By Sandra Lang



Resources

The Complete Book of Breastfeeding. By M. Eiger

Mothering Multiples: Breastfeeding and Caring for Twins and More.
By Karen Kerkhoff Gromada

So That's What They're for! Breastfeeding Basics. By Janet Tamaro

Dr. Mom's Guide to Breastfeeding by Marianne Neifert

Breastfeeding your Baby by Sheila Kitzinger

Nursing Mother's Companion by Kathleen Huggins

Nursing Mother, Working Mother by Gail Pryor

Bestfeeding by Mary Renfrew and Chloe Fisher.

Nursing Your Baby by Karen Pryor and Gale Pryor.

The Nursing Mother's Companion by Kathleen Huggins.

Breast pumps and products:

Medela, Inc. – Pumps & Scales
1101 Corporate Dr.
McHenry, IL 60051-0660
815-363-1166 or 800-435-8316
www.medela.com

Ameda-Egnell/Hollister
2000 Hollister Dr.
Libertyville, IL 60048
847-680-1000 800-323-4060
www.hollister.com

Avent, Inc.
501 Lively Blvd.
Elk Grove Village, IL 60007
800-542-8368
www.aventamerica.com

Natural Choice
800-528-8887

Easy Expression Hands-Free Pumping Bras
www.easyexpression.com



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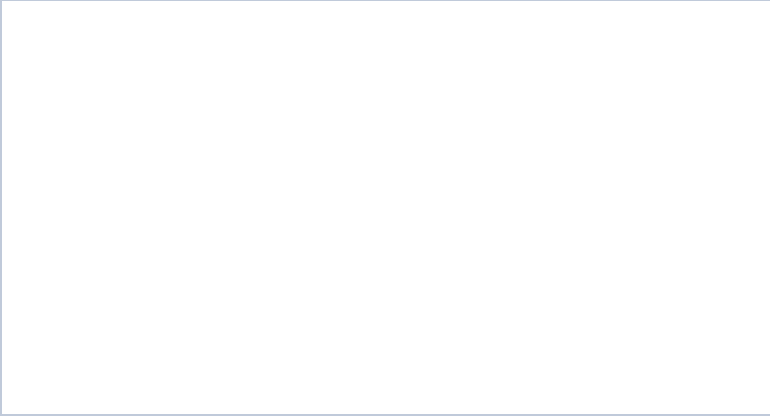




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The Texas Children's Hospital Lactation Program and Mother's Own Milk Bank was established in 1984 to provide instruction and support for mothers of hospitalized infants.

As one of the nation's first programs of its kind, The Lactation Program staff includes nurses specialized in lactation consultation. The Milk Bank is a state-of-the-art collection, labeling, storage and dispensing center staffed by technicians trained to prepare mother's own milk to feed infants in the nurseries at Texas Children's Newborn Center®. With a total of 120 beds and the capacity to treat more than 2,700 tiny patients each year, the level II and level III nurseries at the Texas Children's Newborn Center make up the largest neonatal intensive care unit (NICU) in the United States.



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