*LOOKING AHEAD: LACTATION AND FEEDING BABY*

Breastfeeding is the optimal and #1 recommended nutrition for your newborn, but breastfeeding is not just for nutrition! There are numerous benefits to both baby and you that come from breastfeeding. It is critical to education yourself about breastfeeding during your pregnancy as it can be very challenging. We strongly recommend you take a breastfeeding class and reach out to a lactation specialist BEFORE your baby is born.

**Benefits to baby:**

* Breast milk has the right amount of fat, sugar, water, protein, and minerals needed for a baby’s growth and development. As your baby grows, your breast milk changes to adapt to the baby’s changing nutritional needs.
* Breast milk is easier to digest than formula.
* Breastfed infants have a lower risk of sudden infant death syndrome (SIDS).
* Breast milk contains antibodies that protect infants from certain illnesses, such as ear infections, diarrhea, respiratory illnesses, and allergies. The longer your baby breastfeeds, the greater the health benefits, and the less sick they will be.
* Reduces allergies and asthma, reduces risk of obesity, diabetes, hospitalization for respiratory illnesses, and stomach infections
* Breastmilk is always the perfect temperature, needs no mixing, its free and less waste for the environment. You never have to be concerned about recalls of formula or formula shortages. You will have everything baby needs!
* Breast milk can help reduce the risk of many of the short-term and long-term health problems that can affect preterm babies.

**Benefits to you:**

* Breastfeeding triggers the release of a hormone called oxytocin that causes the uterus to contract. This helps the uterus return to its normal size more quickly and may decrease the amount of bleeding you have after giving birth.
* Breastfeeding may reduce the risk of breast cancer and ovarian cancer.
* Reduces risk for heart disease and type 2 diabetes.
* Reduces risk of postpartum depression when breastfeeding is going well.
* Helps you bond with the baby

Despite the many benefits, breastfeeding is hard and takes commitment. It's normal to feel daunted or discouraged at times. However, preparing during pregnancy and getting started early after birth makes a huge difference in the rest of your breastfeeding experience.

1. **Preparing for breastfeeding**:

The first step in preparation is knowledge. Watch: [**https://firstdroplets.com**](https://firstdroplets.com)Attend a lactation class(es) before you give birth, and consider meeting with a lactation consultant BEFORE birth to understand more about what to expect. Research nearby lactation consultants. Not everyone will need a lactation consultant postpartum, but if you get home and are struggling, it's easier to have one chosen that you know and can call already rather than having to do the research urgently.

Talk to other mothers that breastfeed, consider joining a supportive breastfeeding group. Community can help!

Make sure you have what you need to breastfeed comfortably at home.

-Haaka

-Milkees or ladybugs (passive milk catcher)

-Pump (hospital grade)

-Nipple covers (example Silverette nursing cups)

-Nipplebutter (example Lanolin)

-nursing bras

-freezer storage milk bags

-nursing pillow

**2. Skin to skin for the win!**

Barring emergencies, our providers all routinely encourage skin-to-skin contact immediately after delivery, even while delaying cord clamping. Skin to skin contact is literal. It means placing baby un-swaddled directly on your bare skin, usually near your breast. Your chest should be “homebase” as much as possible while breastfeeding is being established.

* Babies need to “unravel” from their gestational position, and this happens when in tummy time on mother’s chest.
* Skin to skin in OR is possible. It is associated for reduced need for formula supplementation
* Birth is NOT the finish line, it’s the starting line. We recommend zero mother-baby separation. SWADDLING is separation. The NURSERY is separation. (If there is a medical reason for separation or if you are simply exhausted, then that is OK! Take care of yourself first!)
* Skin-to-skin calms the baby and decreases their fast heart rate, slows their breathing, decreases baby crying, decreases baby's stress hormones, and helps parent's notice feeding cues,
* Your partner can do skin-to-skin too!

**3. Liquid gold: every drop matters.**

The first liquid that is expressed from breasts is **colostrum.** It is usually golden, but can be clear or rust colored. It is thicker than milk but full of nutrients for baby. Prioritize baby getting colostrum. If you are hand expressing try to save what is expressed for baby. Breast milk will change after 3-5 days and breasts will feel more full as milk "comes down".

**4. How often should you breastfeed?**

Ask your baby! They will tell you by making movements with their mouth, searching for the breast, hands in mouth, and a late cue: crying. Try to get them to the breast before crying. If they are crying for milk, we likely missed feeding cues.

During the first weeks of life, most babies **feed at least 8 to 12 times in 24 hours, or at least every 2 to 3 hours timed from the start time of one feeding to the start time of the next feeding.** Let your baby tell you when to feed. **(Cue-based feeding!)**

Many newborns breastfeed for 10 to 15 minutes on each breast. They also can nurse for much longer periods or feed very frequently (every 30 minutes, which is called “cluster feeding”).

Some babies feed from one breast per feeding, while others feed from both breasts. When your baby releases one breast, offer the other. If your baby is not interested, plan to start on the other side for the next feeding.

**5. How much milk does baby need and how do you know if they are getting enough?**

Many breastfeeding parents say it concerns them that they don't know how much milk their baby is getting. But you do! If the baby has adequate pee and poo diapers, and they are growing then they are getting enough breast milk.

Day 3 to 6: 1 oz (30 mL)- per feeding

Day 7 to 28: 1.5-2 oz(45-60 mL) per feeding

1-6 months: 2.5-5 oz (60-150) per feeding

From 1-6 months milk supply is usually stable as baby eats 24-32 Oz / day or 1-1.25 oz per hour. This is NORMAL milk production

Count the diapers initially:

Day 1- 1 poo, 1 pee

Day 2- 2 poo, 2 pee

Day 3 -3 poo, 3 pee

Day 4- 4 poo, 4 pee

Day 5-5 poo, 5 pee

Day 6+ baby should have 6-10 urine diapers and 3-4 poop diapers (Poop diaper counts when larger than a US quarter)

Weight gain should be 15-30 grams/day.

**6. What does the breastfeeding parent need?**

“Eat to hunger. Drink to thirst.” During breastfeeding you will need 500 extra kcalories per day. This is more than pregnancy when you only needed an extra 300kCals per day.

Rest. Rest. Rest. Go to bed an extra 2 hours earlier and try to take at least 1 nap when baby naps each day.

**7. What can your partner do to support breastfeeding?**

Studies show that a supportive partner in breastfeeding leads to longer and more durations of breastfeeding.

-Help serve food and water to the breastfeeding parent

-Hold the baby while the breastfeeding parent showers

-Be responsible for burping, changing and bathing baby

-take on household duties or arrange for housekeeper and family support

-Tell the breastfeeding parent "You are doing an wonderful job feeding our baby!" Tell them "Thank You!" This goes a long way. Breastfeeding is very hard work and it feels good and motivating to have it acknowledged.

**8. The Latch!**

Optimal latch: lips are flared outward, lips are relaxed, chin touches the breast, wide angle at the corner of the mouth, lots of breast tissue and full areola in baby's mouth (never just the nipple!), No nipple pain (top photo)

Needs improvement: lips are curled inward, lips are tense, pain on the breast or nipple, just nipple in baby's mouth, chin not touching breast, narrowed angle of the mouth (bottom photo)



**9. How to establish and increase supply?**

* HAND EXPRESSION IS SO IMPORTANT. Watch [Firstdroplets.com](http://www.Firstdroplets.com/) It talks about hand expression which will increase milk supply. We recommend experimenting with this after 37 weeks.
* Feed baby on demand and encourage frequent feedings 10-12 times in 24 hours. That is every 2-3 hours.
* Babies must suckle at the breast after birth in order to allow prolactin (the hormone involved in milk production) levels to rise. The first 14 days postpartum are the magic window for this to happen. The first 4-6 weeks is when your entire breastmilk supply is established. After 4-6 weeks it is very hard to increase your supply. Invest in those first 28 days postpartum for a long, healthy breastfeeding relationship.
* If you are concerned about a low supply, first determine if your supply is actually low. Normal milk supply is 1-1.25oz per hour so 24 oz in 24 hours is normal once breastfeeding is established.
  + Day 3 to 6: 1 oz (30 mL)- per feeding
  + Day 7 to 28: 1.5-2 oz(45-60 mL) per feeding
  + 1-6 months: 2.5-5 oz (60-150) per feeding
* Ensure deep latch
* Try a breastfeeding "staycation". Stay in bed and breastfeed all day. Make it your #1 priority
* Add in hand expression after nursing or a pump session.
* Meet with a lactation consultant
* Keep baby close at all times and wear them! Evidence shows that skin to skin alone increases milk production
* IMPORTANT: **Going more than 4-5 hours without removing milk from the best signals to your body to produce LESS milk.** Think of your breasts like an ice maker. When you remove the ice, the ice maker starts making more. When no ice is being removed, the ice maker stops making ice because the bin is still full.

**10. Avoid an oversupply**

-producing more than 1-1.25 oz / hour can put you at risk of clogged ducts and mastitis.

-Your breasts will produce how much milk you tell them to. If you are pumping too much, too long, or pumping after feeds you are telling yours breasts you need more milk.

-Remember the nutrition in your breastmilk is coming at an expense to you. The calcium in breastmilk comes directly from the breastfeeding person's bones. Don't produce more than the baby needs.

-Feed your baby not the freezer

-It is ok to have a small "stash" if you are planning a weekend away from baby, going back to work, or a night out, but more than a couple day’s worth is too much at your expense.

**More facts**

-Breast size does not mean breast capacity. Breast is mostly fat tissue. How much milk you produce is not determined by breast size.

-It is normal for baby to not feed on schedule. Baby's don't do math, so follow their cues

**-Do not go more than 3 hours without feeding baby in the early days and ideally every 2 hours.**

-Let baby decide when to end the feeding.

-Avoid artificial nipples and shields

-Baby sleeping through the night means only 4-5 hours until age 1.

**Intention vs Reality**:

Some women are not able to breastfeed. Some deliveries are emergent and the first few hours are spent healing rather than focusing on feeding which can feel like a setback with a difficult recovery. While the emphasis on breastfeeding comes from a place of concern for maternal and baby wellfare, it has unintended consequences on making women who can't or don't breastfeed often feel isolated or guilty, at an especially vulnerable time. We never want you to feel guilty about feeding your baby and recommend reading more at https://fedisbest.org/ - a program started by doctors, nurses, and lactation consultants - to learn more and find support on your feeding journey.

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| --- | --- |
| **Issues That Can Make Breastfeeding Challenging** | |
| Pre-Existing Conditions associated with low supply   * Personal history of low milk supply in the past * History of breast reduction surgery * Inverted or flat nipples (You can still very successfully breastfeed). The baby should not be latching onto the nipple. * History of breast irradiation * Infertility * Gestational Diabetes * Obesity * Polycystic Ovarian Syndrome / Insulin Resistance | * Prolonged labor * C-Section * High pregnancy weight gain   Baby Issues that Affect Lactation   * Tongue Tie * Late Preterm Birth 34-37weeks * Prematurity / NICU admission |

**Other Resources**:

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| --- | --- |
|  |  |
| * El Camino Health Breastfeeding and Lactation Support: Outpatient (in-person and virtual): 650-988-8290 to schedule a consultation or to speak directly with a lactation consultant. * Los Gatos Lactation 408-250-9773 * Nursing Mother's Milk bank 887-375-6645 * Nursing Mother's Resource 408-377-5350 * KellyMom.com * [http://lactationtraining.com](http://lactationtraining.com/)- Handouts to find lactation support in your area * MOBI: Mothers Overcoming Breast Feeding Issues * United States Lactation Consultant Association to find lactation support in your area | * Call your insurance ahead of time to see if your insurance covers lactation. * Most importantly, discuss all breastfeeding concerns with your physician at your prenatal care. Reach out early postpartum if there are challenges. * Nursing mother’s counsel: <https://www.nursingmothers.org/>   [Blossom Birth](http://blossombirth.org/) 650-321-2326  [La Leche League](http://lllnorcal.org/groups/OaklandBerkeleyCA.html), East Bay 510-496-6009  [La Leche League](http://lllnorcal.org/), Mountain View 650-215-3731  [La Leche League](http://lllnorcal.org/), Redwood City 650-561-9607  [La Leche League](http://lllnorcal.org/), San Francisco 415-320-8116  [La Leche League](http://lllnorcal.org/groups/SanJoseCA.html), San Jose 408-289-9188 |

POSTPARUM: THE FOURTH TRIMESTER

MAKE A POSTPARTUM PLAN

1. Nourishment: Who will be making the meals? Do you have a food train calendar? Food delivery service? Postpartum doula? Check out "First 40 days" cookbook for philosophies and ideas on nourishing a new mother.
2. Household chores: Consider having someone clean the house while you are at the hospital during the postpartum period.
3. Boundaries: Parents and the baby are vulnerable during the newborn days (the first 28 days). Make sure the people coming over in the first 28 days are coming to help or bring food. Only have people around that you are comfortable with as you transition into parenthood and heal.
4. Siblings: If you have other children also have a care plan for them while you are healing, feeding, diapering and loving your newborn. Make a list of people that can care for your child when you go into labor. Have a backup plan as well. Make a list of people who can give your children extra love and attention while you are nursing and recovering.
5. Feeding your newborn: How do you want to feed your newborn? Feeding plan and how you have prepared for it. Night support or postpartum doula?
6. Newborn sleeping arrangements: Consider your options: Bassinet by your bed, nursery, Co-sleeping. Check out pros/cons to each. It will depend as well on how breastfeeding is going where baby will be sleeping.
7. Consider pre-making a birth announcement alerting close friends and family about the details of the birth. Have the contacts you want to alert already organized so it is easier to send when your newborn is here.
8. Ins and Outs: Who will be in charge of diaper changes and tracking them? Some couples say one parent is responsible for baby's intake (breastmilk / formula) and the other for baby's output (diaper changes and tracking).
9. Get a baby tracker app for the first 1-2 weeks to record breastfeeding or bottle feeding sessions, ins and outs (baby's bowel movements and urination times).
10. What is the birthing person's expectations of your partner in the postpartum period?
11. What are the partners expectations of the birthing person in the postpartum period?
12. How will you as a mother/birthing parent practice self-care? What brings you joy and how can you pre-plan to incorporate that into the postpartum period?

# Common Early Postpartum Discomforts

### Bleeding

You may stop bleeding and then restart bright red bleeding several times during the first six weeks after birth. This bleeding is called “lochia,” bleeding and discharge can occur in 3 stages. The first stage is red, lasting for about 3 days. The second is watery-pink, lasting for 1-3 weeks, and the third is yellowish-white, lasting another 3-6 weeks. Change sanitary pads frequently. Passing clots is also common during the postpartum period. Clots can be bright red, dark red, small or large and are frequently associated with severe cramping. Ibuprofen helps with the pain. Call for excessive bleeding, soaking one pad per hour with bright red blood or continuing to pass large clots.

### Cesarean Incision

Your scar may pucker and be tender for 2-3 months as it heals. It is common to feel numbness up to the umbilicus for 6 months. The edges of the incision may be more swollen than the center because of knots used to close the layers located at the sides of the incision. The top of the incision frequently hangs over the lower edge during the healing process until the lymphatic system begins to function normally. Call the office if the incision becomes red, more inflamed, more tender, or begins to leak fluid. Please remove steri-strips or glue from the incision one week after birth.

### Constipation

Hormonal changes, dehydration, breastfeeding and inactivity cause constipation. Try increasing the fiber in your diet, drinking more water, and using stool softeners as needed.

### Cramping

These are due to the uterus contracting as it returns to normal size. These may be increased with breastfeeding. We recommend changing your position often, emptying your bladder often, using a heating pad, and taking ibuprofen to help with the contractions.

### Depression and Emotional Changes

It is normal to feel overwhelmed, exhausted and sleep deprived. The lifestyle changes, exhaustion, and fluctuating hormones frequently cause anxiety and feelings of helplessness. After birth your body will undergo many changes. The demands of a new baby and inadequate sleep may lead to feelings of depression. For most women, these feelings may only last 4-7 days. Resting, maintaining a good diet, and planning time for you away from baby are important. Ask for help from your family and friends. If depression persists longer, or seems more severe, schedule an appointment with your doctor. El Camino Health has an excellent maternal mood program: Maternal Outreach Mood Support (MOMS) that is available to you at 650-988- 8468 or visit

<https://elcaminohealth.org/locations/maternal-outreach-mood-services-moms>

### Engorged Breasts

Try using ice packs and wearing a sports bra or nursing bra all the time. If you are nursing, your body should regulate the engorgement within the first few weeks. Nursing is supply and demand. If you are not breastfeeding, avoid stimulation of the breasts.

### Vaginal Laceration

Use ice packs the first 1-2 days and Ibuprofen as needed for swelling and discomfort. Taking a warm bath, using a sitz bath, a spray bottle, or a rubber ring/donut to sit on may also help. As you heal, you may notice the stitches beginning to pull and itch. Swelling decreases so the stitches begin to loosen. The body absorbs sutures used in repairing an episiotomy over the next 6 weeks.

### Hemorrhoids

Keep your stools soft by using a stool softener. Try Preparation H, Anusol creams, and using a spray bottle after bowel movements. Do not over wipe. Consider Tucks pads and baby wipes.

### Hormonal Changes

It is common after birth to experience hot flashes, night sweats, mood swings and vaginal dryness similar to what women experience in early menopause. Your estrogen level drops with birth and is reduced until you finish nursing and your regular menses resumes. If the symptoms are troublesome, you can discuss estrogen replacement with your physician. A small dose of oral or transdermal (patch) estrogen will reduce the vasomotor symptoms of hot flashes and night sweats. If vaginal dryness is the only symptom, vaginal estrogen cream can be prescribed.

### Hot Flashes

Hot flashes occur frequently when nursing. The body treats nursing like menopause with all the same symptoms due to lack of estrogen. Hot flashes, depression, and vaginal dryness all increase during breastfeeding. Starting a combination oral contraceptive pill or using an estrogen patch usually helps decrease the symptoms. If you are nursing, the estrogen in the pill may decrease milk supply. Vaginal estrogen does not affect nursing.

### Leg Swelling

It is normal for your legs to swell after the birth. There are large fluid shifts after birth. This usually resolves by your 6-week postpartum check.

### Sex

If you had a cesarean section or a vaginal birth, you may attempt intercourse four weeks after birth. If you had a vaginal birth with an episiotomy or laceration, wait until after your postpartum visit. You may need to use lubrication (Astroglide or K-Y Jelly), especially if you are breastfeeding. If vaginal dryness persists, vaginal estrogen cream can be prescribed by your physician.

### Urinary Leakage

Urinary stress incontinence is caused by decreased perineal muscle tone and lack of estrogen. Do Kegel exercises to reverse the process. Using estrogen vaginally (prescription) can also help restore the tissue if dryness is an issue. \*\* Note: El Camino Health has a great pelvic health program. Contact them through their website at [https://elcaminohealth.org/](https://elcaminohealth.org/services/urology-care/specialty-programs/pelvic-health-women) [services/urology-care/specialty-programs/pelvic-health-women](https://elcaminohealth.org/services/urology-care/specialty-programs/pelvic-health-women).

### Vaginal Dryness

Breast-feeding causes vaginal dryness. Lubrication may help the symptoms. It can be treated with prescription estrogen products that are placed vaginally.

**Postpartum Depression**

Postpartum depression is common. If you find the transition to motherhood harder than expected or have anxiety or depression, you may benefit from attending a support group, having counseling or taking medication. Other symptoms include loss of appetite, sleep difficulties, feeling “out of control”, irritable and having difficulty bonding with your baby. Please join a support group or see your doctor for more information.

### **Support Groups**

El Camino Health Support Services: Maternal Outreach Mood Support (MOMS): Call 650-988-8468 or visit <https://elcaminohealth.org/locations/maternal-outreach-mood-services-moms>

Supporting Mammas Support Group: http://supportingmamas.org - drop-in support group - 408-475-4408

Family Tree Wellness at 114 Royce St. Suite D, Los Gatos, 95030 Every Thursday from 10 to 11:30am.

Tiny Tots 138 Railway Ave, Campbell, CA - First Wednesday of the month 6:30-7:30pm

### Dolat Bolandi

Six week Sessions “Mind The Gap” – [www.dolatbolandi.com](https://www.dolatbolandi.com/), ~$45 per session

### Local Counselors

Maxine Becker MFT in Cupertino (408) 609- 5197 [http://www.mfbcounseling.com](http://www.mfbcounseling.com/) Dolat Bolandi MFT (408) 264-0100 in Los Gatos [www.dolatbolandi.com](http://www.dolatbolandi.com/)

Jessica Sorci MFT (408) 264-0100 in Willow Glen <https://www.familytreewellness.org/jessica>

Postpartum Support International (805) 967-7637 [www.postpartum.net](http://www.postpartum.net/)

Postpartum Support line (888) 773-7090

PPD Support Online [www.ppdsupportpage.com](http://www.ppdsupportpage.com/) Support for Dads [www.postpartumdads.org](http://www.postpartumdads.org/)

The National Women’s Health Information Center [https://owh-wh-d9-dev.s3.amazonaws.com/](https://owh-wh-d9-dev.s3.amazonaws.com/s3fs-public/documents/fact-sheet-postpartum-depression.pdf) [s3fs-public/documents/fact-sheet-postpartum-depression.pdf](https://owh-wh-d9-dev.s3.amazonaws.com/s3fs-public/documents/fact-sheet-postpartum-depression.pdf)

Massachusetts General Hospital <https://womensmentalhealth.org/>

The March of Dimes <http://www.marchofdimes.com/pnhec/188_15755.asp> Depression After Delivery, Inc. [www.depressionafterdelivery.com/Home.asp](http://www.depressionafterdelivery.com/Home.asp)

Postpartum Support International: Postpartum information in English and Spanish - <https://www.postpartum.net/learn-more/>; <https://www.postpartum.net/en-espanol/>; HelpLine: 1.800.944.4773

Text in English: 800-944-4773 | Text en Español: 971-203-7773

American Academy of Family Physicians [https://familydoctor.org/condition/postpartum-](https://familydoctor.org/condition/postpartum-depression/) [depression/](https://familydoctor.org/condition/postpartum-depression/)

*Beyond the Blues, A Guide to Understanding and Treating Prenatal and Postpartum Depression* by S. Bennett and P. Indman, 2003 [www.beyondtheblues.com](http://www.beyondtheblues.com/) (408) 255-1730 *Conquering Postpartum Depression* by Rosenberg, et al., 2003

*This Isn’t What I Expected* by K. Kleiman and V. Raskin, 1994

*The Postpartum Husband* by K. Kleiman, 2000