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# Your Guide to **BREASTFEEDING**

Call 810.262.9480 for Breastfeeding Help





**IABLE**

Institute for the Advancement  
of Breastfeeding & Lactation Education



# Providing Human Milk: Does it Really Matter?

Numerous medical and public health organizations have position statements and websites devoted to lactation, which cite extensive research on the health benefits of breastfeeding for both mothers and infants.

## Breastfeeding Rates in 2018

Medical and public health experts recommend that babies be exclusively breastfed for 6 months, with breastfeeding to continue for at least 2 years for optimal maternal and child health outcomes per the [American Academy of Family Medicine](#) breastfeeding position statement and the [World Health Organization Infant and Young Child Feeding Statement](#). This means that babies should receive only breastmilk and not other foods such as solids, formula or water the first 6 months of life. After 6 months of age, babies should continue to breastfeed, while adding complementary foods.

Breastfeeding rates in the United States were lowest in the 1960's and 70's. In past 20-30 years, extensive research and community support have resulted in a steady increase in the number of parents who breastfeed. In 2018, according to the [US Centers for Disease Control Breastfeeding Statistics](#), 83.9% of parents nationwide initiated breastfeeding, 25.8% were exclusively breastfeeding at 6 months, and 35% breastfed for at least 1 year.

## Infant Health Benefits

Breastfeeding has been shown to reduce the risk of ear infections, diarrhea, and pneumonia. Babies who breastfeed also are less likely to have eczema, asthma under age 7, childhood obesity, type II diabetes, childhood leukemia, sudden infant death syndrome (SIDS) and necrotizing enterocolitis. Breastfed children score higher on cognitive testing throughout childhood.

## Maternal Health Benefits

Breastfeeding is important for maternal health. Breastfeeding is associated with a decreased risk of breast, ovarian and endometrial cancer. Women who breastfeed are at lower risk for cardiovascular diseases as they get older, as well as type 2 diabetes mellitus. For example, breastfeeding is associated with lower risk of stroke, heart attacks, high cholesterol, high blood pressure, and less accumulation of fat in the belly.

## Human Milk

Human milk is rich in a variety of proteins that not only fight infection (such as antibodies), but also mature certain organs such as the brain and intestines. Maturation of the brain leads to higher IQ and earlier retinal development. Breastmilk also moderates inflammation, so that breastfed infants don't become as ill when fighting infections.

Nutritionally, breastmilk is designed with the right balance of fat, carbohydrates, water and proteins to ensure optimal growth and development. Babies digest human milk easily, and its composition changes over time to match the nutritional needs of the growing infant. Breastmilk responds to illnesses that the infant and/or mother have, by making antibodies to the germs that are causing the infection, so that the antibodies can protect the infant from severe disease.

Human milk has not been duplicated in the laboratory setting. Researchers continue to identify previously-unknown components in human milk, along with their function, to help us understand the complicated and unique relationship between breastmilk and maternal/child health.



## Benefits to Society

- Parents miss less work when their babies are fed human milk. The Affordable Care Act amended the [U.S. Fair Labor Standards Act in 2010](#) to require employers to provide private space and reasonable breaks for lactating parents of infants under one year of age.
- If 90% of US mothers would exclusively breastfeed for the recommended six months, nearly 1,000 infant deaths could be prevented and the [US would save \\$13 billion a year in health care costs](#). Breastfed infants require fewer sick care visits, prescriptions and hospitalization.
- Per [a 2021 CDC study](#), initiating breastfeeding is associated with a 26% reduced risk of death for infants aged 7-364 days. Breastfeeding was found to reduce infant deaths related to infections, sudden unexpected infant death (SUID), and necrotizing enterocolitis (NEC).
- Formula feeding results in a large environmental footprint due to transportation and production costs involved with converting cow's milk to a digestible formula for human infants.
- Breastfeeding or providing your milk can reduce the costs of feeding your infant. When low income women breastfeed, they are more self-sufficient and require fewer food program subsidies. Formula is a \$4 billion industry and is projected to grow to an almost \$6 billion industry by 2027. In the USA, 50% of formula is purchased by the federal government with taxpayer dollars and distributed via the Women Infant and Children (WIC) food supplement program. If a parent does not qualify for WIC, a family will need to purchase ~\$1,500-\$3,000 worth of formula annually to feed their baby. While the lactating parent's time is not "free", providing your milk to your baby can result in significant cost savings and decreased missed work and daycare. By developing appropriate support and holding employers accountable to current federal law, families can reduce their financial burden.
- Directly feeding your infant is designed to calm and quiet a baby. Many social scientists feel that the intimacy of direct feeding is linked to increased brain development and enhanced social skills that are vital in today's rapidly changing world.

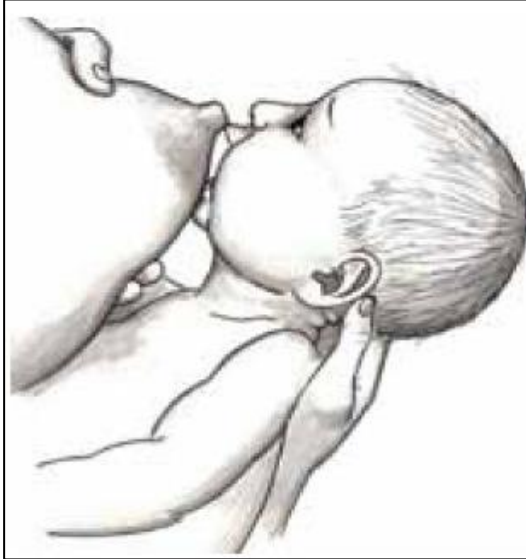


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## Positioning to Help Your Baby Latch Well






Infants have instincts that enable them latch to the breast and feed. However, this does not mean that all babies will latch well.




Positioning in a way that your baby is comfortable will help your baby latch. You may need to experiment to see which positions work the best for you and your baby. Here are a few hints that may help no matter what position is used:

- **Babies latch better when calm.** Put your baby to your breast when the baby is showing feeding cues, before the baby is overly hungry. Early feeding cues include the baby bringing their hands to their mouths, rooting, sticking their tongue out, and seeming restless. Once the baby is crying due to being overly hungry, latch can be more difficult. If the baby is at that point, place the baby skin to skin, or allow the baby to suck on your finger to calm the baby before latching.
- Support your baby's back (spine), neck, and the base of the head behind the ears rather than the back of baby's head, as you can see in the picture above. Babies have a hard time latching when pressure on the back of the head pushes the baby into the breast.
- Position baby so that the chin touches the breast first and the nipple touches the upper lip. This is called [asymmetric latch](#). This helps the baby open wide, as you can see in the picture above. When the baby's mouth is open wide, the baby will latch deeply, which prevents nipple trauma, and ensures that the baby can remove milk well.



How to Attach  
Your Baby

Position	Tips on Positioning	When to Try This
<p data-bbox="272 258 415 283"><b>Cradle Hold</b></p> 	<ul data-bbox="646 258 1044 793" style="list-style-type: none"> <li>• Sit comfortably with your back resting on the back of the chair or another surface.</li> <li>• Use pillows behind your back or in your lap for positioning comfort as needed.</li> <li>• Hold baby across your lap with baby's neck and shoulders resting on your forearm on the side you are feeding on.</li> <li>• Use your other arm to help position your breast to get a comfortable latch.</li> </ul>	<ul data-bbox="1125 258 1523 415" style="list-style-type: none"> <li>• Newborns latching well.</li> <li>• Older babies, especially after 3 months when they have stronger neck control.</li> </ul>
<p data-bbox="237 829 451 854"><b>Cross Cradle Hold</b></p> 	<ul data-bbox="646 829 1044 1283" style="list-style-type: none"> <li>• Sit comfortably with your back resting on the back of a chair or another surface.</li> <li>• When latching on the left side, support baby's back, neck and base of the head behind the ears with your R hand and arm. The baby should be snug between your arm and your chest.</li> <li>• Use your left hand to support your breast.</li> </ul>	<ul data-bbox="1125 829 1523 982" style="list-style-type: none"> <li>• Newborns, especially when premature or very small.</li> <li>• Difficulty getting a deep latch for mom or baby.</li> </ul>
<p data-bbox="224 1333 464 1409"><b>Football, Clutch, or Under the Arm Hold</b></p> 	<ul data-bbox="646 1333 1044 1644" style="list-style-type: none"> <li>• Sit comfortably with your back resting on the back of a chair or another surface.</li> <li>• Tuck your baby under your arm, so that the baby is snug between your arm and body.</li> <li>• Use pillows under the baby to help you hold the baby.</li> </ul>	<p data-bbox="1076 1333 1149 1358">Mom:</p> <ul data-bbox="1125 1381 1352 1465" style="list-style-type: none"> <li>• Cesarean birth</li> <li>• Large Breasts</li> </ul> <p data-bbox="1076 1486 1149 1512">Baby:</p> <ul data-bbox="1125 1539 1417 1564" style="list-style-type: none"> <li>• Tight neck/torticollis</li> </ul>

<p><b>Koala Hold or Australian Hold</b></p> 	<ul style="list-style-type: none"> <li>• Sit upright in a comfortable place.</li> <li>• Hold baby straddling your thigh while facing you, in an upright position.</li> <li>• This is a tricky hold in the first few months because of the infant's lack of head control.</li> </ul>	<p>Mom:</p> <ul style="list-style-type: none"> <li>• Forceful letdown</li> </ul> <p>Baby:</p> <ul style="list-style-type: none"> <li>• Frequent spit ups/reflux</li> </ul>
<p><b>Side Lying</b></p> 	<ul style="list-style-type: none"> <li>• Lay comfortably on your side with pillows for support.</li> <li>• Position baby lying on their side and facing you with their face at the level of your breast.</li> <li>• Help support your breast near baby's mouth.</li> <li>• Draw your baby close to get a deep latch.</li> </ul>	<p>Mom:</p> <ul style="list-style-type: none"> <li>• Overproduction of milk</li> <li>• Strong letdown</li> <li>• Large Breasts</li> </ul>
<p><b>Laid back positioning with Self Attachment</b></p> 	<ul style="list-style-type: none"> <li>• Partially lie back (about 45°) in a reclined position with pillows behind you for comfort.</li> <li>• Place your baby skin-to-skin on your chest. Baby should just be in a diaper.</li> <li>• Gently rest your arms supportively around your baby.</li> <li>• Allow your baby to move to one side, and search for the breast. You will need to provide support for the baby the entire time to prevent the baby from falling. Your baby will use his natural rooting and moving reflexes to find the breast and latch.</li> </ul>	<p>Mom:</p> <ul style="list-style-type: none"> <li>• Any time!</li> </ul> <p>Baby:</p> <ul style="list-style-type: none"> <li>• Young infants with difficulty latching</li> </ul>

## Believe it Will Happen!

Babies tend to improve their latch skills as they mature and grow. Some babies will latch better when you try a different position. Other babies may simply need more time. Not all babies begin crawling or walking at the same age. As such, not all babies are skillful and effective feeders at the breast at the time of birth.

## If your baby is not latching well, find lactation help!

In the meantime, you need to do 2 things- Remove milk from your breasts regularly to maintain milk production, and feed the milk to your baby (add donor milk or formula if you are not able to express enough for your baby). You can use a pump or hand express to remove milk, aiming for milk removal at least every 3 hours during the day with no more than a 5 hour break overnight.

# Hurley Medical Center Breastfeeding Support

Call (810)262-9480 for Breastfeeding Help

**Breastfeeding Clinic at Hurley Children's-Flint Farmers Market • 810-262-9773 by appt. only**

Feeding log: Keep a record of your baby's feedings, wet diapers, and stools for the first two weeks.

To help you keep track, record the time and length of each feeding. Check the boxes each time your baby wets or stools.

\*Contact your baby's doctor immediately if your baby develops a yellow color to his/her skin or eyes, or if your baby does not eat, wet, or stool in this frequency. If your baby is not eating, wetting, or stooling this often, he/she may not be getting enough to gain weight. You may also end up not producing enough milk.

	FIRST 24 HOURS	DAY 2	DAY 3	DAY 4
<p>Feeding frequency</p> <p>If your baby wants to eat more often than indicated at right, let him/her.</p> <p>Feed the baby whenever you see feeding cues: hands to mouth, sucking, lip smacking, looking around, <b>crying is a late sign!</b></p>	<p><b>Aim for 8 feedings</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>	<p><b>Feed at least 8-12 times per day</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p>	<p><b>Feed at least 8-12 times per day</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p>	<p><b>Feed at least 8-12 times per day</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p>
<p>Baby's wetting (urine)</p> <p>It is not uncommon for babies to have more wet diapers or stools than indicated at right. They may have one with every feeding.</p>	<p><input type="checkbox"/></p> <p><b>At least 1 wet diaper in the first 24 hours</b></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>At least 2-3 wet diapers in the first 24 hours</b></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>Wet diapers should be increasing to at least 3-5 in 24 hours</b></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>At least 6-8 wet diapers each 24 hours</b></p>
<p>Baby's stooling (bowel movements)</p>	<p><input type="checkbox"/></p> <p><b>At least 1 stool (black in color)</b></p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><b>At least 2 stools</b></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>At least 2-3 stools, changing to green</b></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>At least 3 stools, changing to yellow</b></p>

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	DAY 5	DAY 6	DAY 7	DAY 8	DAY 9
<p><b>Feeding frequency:</b> Nurse at least 8-12 times every 24 hours To ensure good milk supply, avoid giving the baby bottles of formula unless advised to do so by your doctor.</p> <p>Avoid a pacifier for the first month of the baby's life.</p>	<p>Aim for 8 feedings</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p>	<p>Feed at least 8-12 times per day</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p>	<p>Feed at least 8-12 times per day</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p>	<p>Feed at least 8-12 times per day</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p>	<p>Feed at least 8-12 times per day</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p>
<p><b>Baby's Wetting:</b> 6-8 every 24 hours, should be pale yellow or colorless</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>At least 6-8 wet diapers each 24 hours</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>At least 6-8 wet diapers each 24 hours</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>At least 6-8 wet diapers each 24 hours</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>At least 6-8 wet diapers each 24 hours</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>At least 6-8 wet diapers each 24 hours</p>
<p><b>Baby's stooling:</b> 3-12 every 24 hours for the 1st month of life, yellow, seedy, loose</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>At least 3-12 stools every 24 hours</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>At least 3-12 stools every 24 hours</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>At least 3-12 stools every 24 hours</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>At least 3-12 stools every 24 hours</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>At least 3-12 stools every 24 hours</p>



Hand Expressing & Spoon Feeding



Hands-On Pumping



Early Breastfeeding Using Hands-On Help



# Information for Breastfeeding Families

## Is My Baby Getting Enough?

Often a new parent's biggest concern is about how much and how often the baby breastfeeds.

**Here are some guidelines to help you know if your baby is getting enough:**

- Your newborn baby should nurse on demand, 8 or more times in 24 hours during the first 2 - 3 weeks. As your baby gets older, feedings will become more efficient and may be less frequent.
- Some feedings may be close together, even an hour or so apart. Other feedings will be less frequent. Feedings do not need to be evenly spaced and are often irregular in the newborn baby. Wake your baby if he doesn't awaken to feed within 3 hours during the day. Night time feedings can be less frequent.

Typical patterns for wet diapers are

- 1 wet diaper on day one
- 2 wet diapers on day two
- 3 wet diapers on day three
- 4 wet diapers on day four
- 5 wet diapers on day five
- 6 wet diapers on day six and from then on.

Look for light yellow to clear urine.

Typical patterns for stools are several per day

- Day 1 Meconium (dark & tarry)
  - Day 2 Brownish
  - Day 3 Brownish yellow
  - Day 4 Dark yellow, soft
  - Day 5 Yellow, semi-liquid
- Some newborns stool after every feeding. Stools taper off and may not even occur every day as your baby gets older

Babies generally lose a little weight in the first few days after birth and then begin to gain. This is a normal pattern. Ten percent is considered the maximum acceptable weight loss. Have your baby's weight checked a couple of times during the first 2 weeks, especially if you are concerned that your baby is not eating enough. A weight check is the only sure way to determine adequate intake. Once your baby has regained birth weight, at about 2 weeks, you can relax and let your baby set the pace for feedings.

Sometimes babies seem to take a good feeding at the breast but wake within a few minutes wanting more. Offer the breast again. It will likely be a short "top off" feeding and your baby will drop off to sleep.

# Is My Baby Getting Enough?

## Signs of hunger

- Rooting
- Mouthing movements
- Tense appearance
- Grunting, other sounds
- Hand-to-mouth activity
- Kicking, waving arms
- Crying

## Signs of a good latch-on

- Relatively comfortable, latch-on pain subsides quickly
- Lips at the breast at least 140 degree angle or greater
- All or most of the areola in the baby's mouth with more areola covered from the area near chin (asymmetrical latch-on)
- Lips flanged (rolled out)

## Signs the Baby is Full

- Drowsiness, sleepiness
- Baby comes off the breast spontaneously
- Relaxed appearance
- Hands and shoulders are relaxed
- Sleeps for a period of time before arousing to feed again

## Signs of a good feeding

- Easy latch-on, stays latched-on
- Swallowing you can hear
- Noticing that the breasts are softer after feedings
- Feeling strong, deep, "pulling" sucking
- Seeing milk in your baby's mouth
- Leaking from the other breast or feeling of a "let-down" reflex
- Vigorous sucking
- Wide jaw movements and consistent sucking

**Please see the advice of a Lactation Consultant or another healthcare provider if:**

1. Your baby has not begun to gain weight by his fifth day after birth or has not regained birth weight by 2 weeks
2. Your baby is not voiding at least 6 - 8 times per day
3. Your baby is not having several stools per day

These signs can indicate inadequate feedings and can become a serious concern if not corrected quickly. You may wish to keep a written record of when your baby voids, stools, and feeds for a few days so you can accurately report this to your health care provider. Please seek help if your problem does not resolve quickly.



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# Help, My Breasts are Swollen & Engorged! What Can I Do to Feel Better?

Swollen, engorged breasts can be very uncomfortable, and might make it tricky for your baby to latch well to nurse. It is very common to experience swelling or engorgement as your milk is increasing in volume from colostrum to mature milk (or “coming in”) – this usually occurs around 3-5 days after birth if you are a first-time birthing parent and about 2-3 days after birth if you have had previous children.

## What You Can Do to Help with Swelling & Engorgement

### Feed your baby frequently.

Directly feed at least every two to three hours throughout the day/night in the first few weeks after the baby is born. As long as your baby is latched on and removing milk well, let them nurse for as long as they would like. Many babies will feed more frequently than every 2-3 hours, this is totally normal for newborns. Many babies also cluster feed (or seem to want to feed constantly) for certain periods during the day – many parents notice this tends to happen in the evening.

If your baby will not nurse well, you will need to pump and/or manually express (using hand expression) your milk at least every two to three hours. Check in with a lactation specialist if swollen, engorged breasts are still a problem for you after one week.

### If your baby has trouble latching, manually express about 1-3 tsp (5-15ml) of milk from your breasts to soften the areola, making it easier for the baby to latch.

Watch the [IABLE Manual Expression video](#) (YouTube) to learn about manual expression.

### You may find that applying heat to your breasts before nursing or pumping encourages milk flow.

A warm shower, a warm washcloth, or a moist heating pad directly on your breasts/chest can help promote milk flow.

### After nursing or pumping, put something cool on your breasts or chest.

You may use cool compresses or cold packs such as ice packs, bags of frozen vegetables or frozen wet towels. Place these very cold items in a pillowcase to prevent frostbite to your skin. Place them over your breasts/chest for 15-20 minutes, lying flat on your back. These cold items will help to decrease swelling and engorgement.

### Lie down on your back as much as possible.

Lying down helps to elevate the breasts, for the same reason you would put your legs up if they are swollen. Keeping your breasts elevated will help to move the extra fluid back into your body.

### Lymphatic massage can also help remove excess fluids from your breast or chest.

This is a very gentle massage – similar to the light pressure when petting a cat. If you have a lot of fluid in your breast/chest tissue (also known as edema) from fluids given during labor and delivery, this technique can help relieve some of the swelling. To do this, first lay on your back. Starting with one side, gently make small circles over your breast moving from your nipple/areola either towards your collar bone, underarm, or cleavage. This [handout](#) can help guide you on performing this technique.

### Take pain medication to help with discomfort.

Talk with your care provider about taking a medicine like ibuprofen or acetaminophen to help if the engorgement is painful.

# NIPPLE CARE

## DO

- Treat a wound like a burn: Keep it covered 24/7 when not nursing.
- Feed baby at breast if possible.
- Use wound care products that also help reduce pain and improve healing.
- Hydrogel pads (Medela Tender Care HydroGel or Lansinoh Soothies) for dry wounds. Can combine with nipple balm. Polymem (Nursicare) for wounds that are moist or cratered.
- For serious pain that does not go away or for nipple blebs, see your doctor. A prescription for a short course of steroid cream may be ordered.
- Talk to a **Lactation Specialist**, call **810.262.9480**.
- Make an appointment to be seen at **Hurley's Breastfeeding Clinic**, call **810.262.9773**.



## DON'T

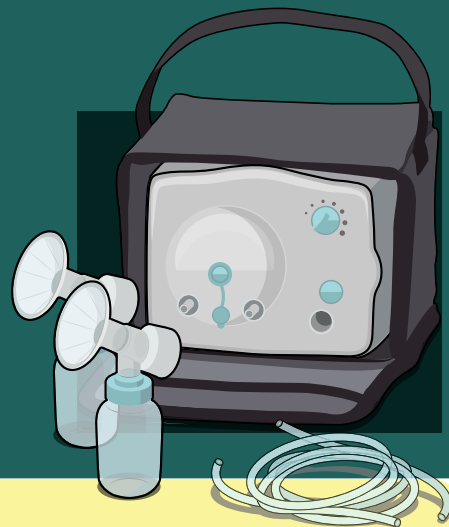
- Soak in salt water
- Use APNO, antibacterial cream, antifungal cream, boric acid, gentian violet, peppermint, tea tree oil or other caustic products.
- Clean nipple with alcohol, harsh soap, hypochlorous acid, or dish detergent.
- Use a hair dryer or needle
- Use breast shells or silver covers that cause nipple swelling and skin breakdown.



Scan the QR code to learn more about Hurley's Breastfeeding Clinics

# How to Keep Your Breast Pump Kit Clean

Providing breast milk is one of the best things you can do for your baby's health and development. Pumping your milk is one way to provide breast milk to your baby. Keeping the parts of your pump clean is critical, because germs can grow quickly in breast milk or breast milk residue that remains on pump parts. Following these steps can help prevent contamination and protect your baby from infection. If your baby was born prematurely or has other health concerns, your baby's health care providers may have more recommendations for pumping breast milk safely.



## BEFORE EVERY USE

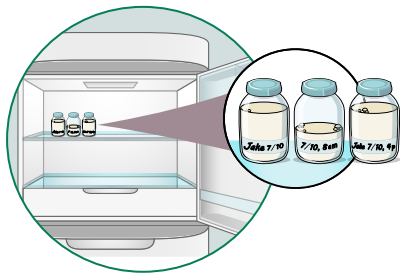


**Wash hands** with soap and water.

**Inspect and assemble** clean pump kit. If your tubing is moldy, discard and replace immediately.

**Clean** pump dials, power switch, and countertop with disinfectant wipes, especially if using a shared pump.

## AFTER EVERY USE



**Store milk safely.** Cap milk collection bottle or seal milk collection bag, label with date and time, and immediately place in a refrigerator, freezer, or cooler bag with ice packs.

**Clean pumping area,** especially if using a shared pump. Clean the dials, power switch, and countertop with disinfectant wipes.

**Take apart** breast pump tubing and separate all parts that come in contact with breast/breast milk.

**Rinse** breast pump parts that come into contact with breast/breast milk by holding under running water to remove remaining milk. Do not place parts in sink to rinse.

**Clean pump parts** that come into contact with breast/breast milk as soon as possible after pumping. You can clean your pump parts **in a dishwasher** or **by hand** in a wash basin used only for cleaning the pump kit and infant feeding items.

Follow the cleaning steps given on the next page.



# Clean Pump Kit

## CLEAN BY HAND



**Place pump parts in a clean wash basin** used only for infant feeding items. **Do not place pump parts directly in the sink!**

**Add soap and hot water** to basin.

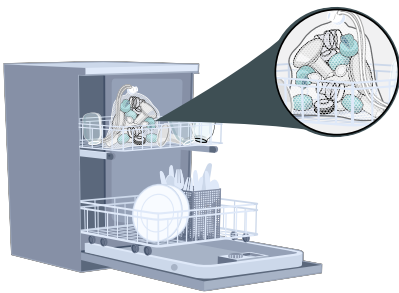
**Scrub** items using a clean brush used only for infant feeding items.

**Rinse** by holding items under running water, or by submerging in fresh water in a separate basin.

**Air-dry thoroughly.** Place pump parts, wash basin, and bottle brush on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Do not use a dish towel to rub or pat items dry!

**Clean wash basin and bottle brush.** Rinse them well and allow them to air-dry after each use. Wash them by hand or in a dishwasher at least every few days.

## OR CLEAN IN DISHWASHER

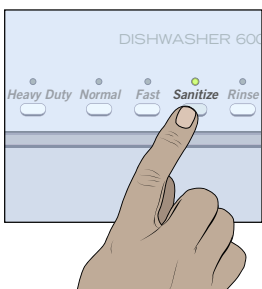


**Clean pump parts in a dishwasher**, if they are dishwasher-safe. Be sure to place small items into a closed-top basket or mesh laundry bag. Add soap and, if possible, **run the dishwasher using hot water and a heated drying cycle (or sanitizing setting).**

**Remove from dishwasher** with clean hands. If items are not completely dry, place items on a clean, unused dish towel or paper towel to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry!

## After Cleaning

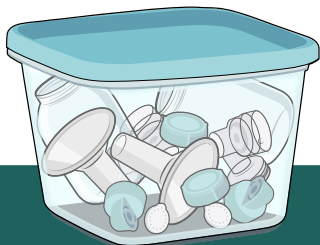
### FOR EXTRA PROTECTION, SANITIZE



**For extra germ removal, sanitize** pump parts, wash basin, and bottle brush **at least once daily** after they have been cleaned. Items can be sanitized using steam, boiling water, or a dishwasher with a sanitize setting. Sanitizing is especially important if your baby is less than 3 months old, was born prematurely, or has a weakened immune system due to illness or medical treatment.

For detailed instructions on sanitizing your pump parts, visit [www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding.html](http://www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding.html)

### STORE SAFELY



**Store dry items safely until needed.** Ensure the clean pump parts, bottle brushes, and wash basins have air-dried thoroughly before storing. Items must be completely dry to help prevent germs and mold from growing. Store dry items in a clean, protected area.

Learn more about safe and healthy diapering and infant feeding habits at [www.cdc.gov/healthywater/hygiene/healthychildcare](http://www.cdc.gov/healthywater/hygiene/healthychildcare).

# STORAGE AND PREPARATION OF BREAST MILK

## BEFORE EXPRESSING/PUMPING MILK

**Wash** your hands well with soap and water.



**Inspect** the pump kit and tubing to make sure it is clean.

Replace moldy tubing immediately.



**Clean** pump dials and countertop.



## STORING EXPRESSED MILK



**Use** breast milk storage bags or clean food-grade containers with tight fitting lids.



**Avoid** plastics containing bisphenol A (BPA) (recycle symbol #7).

## HUMAN MILK STORAGE GUIDELINES

TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder <i>(room temperature)</i>	Refrigerator 40 °F (4°C)	Freezer 0 °F (-18°C) or colder
<b>Freshly Expressed or Pumped</b>	Up to <b>4 Hours</b>	Up to <b>4 Days</b>	Within <b>6 months</b> is best Up to <b>12 months</b> is acceptable
<b>Thawed, Previously Frozen</b>	<b>1–2 Hours</b>	Up to <b>1 Day</b> <i>(24 hours)</i>	<b>NEVER</b> refreeze human milk after it has been thawed
<b>Leftover from a Feeding</b> <i>(baby did not finish the bottle)</i>	Use within <b>2 hours</b> after the baby is finished feeding		

## STORE

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in **small amounts of 2 to 4 ounces** to avoid wasting any.



When freezing leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for **up to 24 hours** when you are traveling.

If you don't plan to use freshly expressed milk **within 4 days**, freeze it right away.

## THAW

**Always thaw the oldest milk first.**

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk **within 24 hours** of thawing in the refrigerator (*from the time it is completely thawed, not from the time when you took it out of the freezer*).

Use thawed milk **within 2 hours** of bringing to room temperature or warming.

**Never refreeze thawed milk.**



## FEED

Milk can be **served cold, room temperature, or warm.**

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.

**Do not heat** milk directly on the stove or in the microwave.



Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, **not hot.**

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used **within 2 hours.**

## CLEAN

Wash disassembled pump and feeding parts in a clean basin with soap and water. **Do not wash directly** in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

**For extra germ removal, sanitize feeding items daily using one of these methods:**

- clean in the dishwasher using hot water and heated drying cycle (*or sanitize setting*).
- boil in water for 5 minutes (*after cleaning*).
- steam in a microwave or plug-in steam system according to the manufacturer's directions (*after cleaning*).



June 2019



Centers for Disease  
Control and Prevention  
National Center for Chronic  
Disease Prevention and  
Health Promotion

**FOR MORE INFORMATION, VISIT:**

<https://bit.ly/2dxVYLU>

296657-B





*Spectra S2/Plus Premier*


  
*Tip Sheet*



### For Colostrum

(milk initiation)

1. Gently massage both breasts for 1 minute or less
2. Center the nipple in the flange and turn on the pump
3. Push the wave button to start

**70 cycle on level 3-4 for 1-2 mins.**

**42 cycle on level 4-7 for 3-8 mins.**

**38 on 6-8 level for 5 mins.**

**Turn off the pump and hand express alternating breast for 5-7 minutes**

### For Mature Milk

(milk maintenance)

**70 cycle (Massage Mode), 5 mins.**

**54 cycle (Expression Mode), 5 mins.**

**70 cycle (Massage Mode), 5 mins.**

**38 Cycle (Expression Mode), 5 mins.**

*Questions:*

***Hurley Lactation: 810-262-9480***

# Pumping Log with Target Goals



Expecting To Breastfeed  
Your Premature Baby

With a double electric breast pump set to maximum comfort vacuum, pump both breasts every 2-3 hours or 8-10 times per day and at least once during the night between 1 am and 5 am when prolactin levels are highest. Pump for 15 minutes the first 3 days or until you express 20 mls of milk three pumping sessions in a row. Then, pump for 20 minutes or until your milk stops flowing. Pumping an additional 5 minutes after your milk stops flowing will help increase supply. Avoid going longer than 5 hours between pumping sessions.

Time of Pumping/Amount Pumped														
Day	Date												Daily Total	Daily Total Target Amount
Birth														Drops
Day 1														Drops
Day 2														Drops
Day 3														25-75 ml (1-5.2 oz)
Day 4														75-150 ml (2.3-6 oz)
Day 5														150-225 ml (7.5-12.5 oz)
Day 6														225-300ml (7.5-12.5oz)
Day 7														300-375 ml (10-12.5 oz)
Day 8														375-450 ml (12.5-15 oz)
Day 9														450-525 ml (15-17.5oz)
Day 10														525-600 ml (22-23.5 oz)
Day 11														600-650 ml (22-23.5 oz)
Day 12														650-700 ml (22-23.5 oz)
Day 13														700-750 ml (23.5-25oz)
Day14+														750ml (25+ oz)

# Outpatient Breastfeeding Support

Below is a list of community resources for breastfeeding support in Genesee County.

## **Hurley Breastfeeding Clinic at Hurley Children's Center**

Address: Flint Farmers Market

Phone: 810-262-9773

The area's only physician-led breastfeeding clinic offers a clinic once a week with an RN/IBCLC and pediatrician Dr. Reyes. Appointments only. Most insurances are accepted.

## **Hurley Parent Education and Breastfeeding Support**

Warm line for breastfeeding questions or needed support.

Phone: 810-262-9480

## **Hurley Medical Center MIHP**

Phone: 810-262-9317

The Maternal Infant Health Program (MIHP) is Michigan's largest, evidence-based home visitation program for Medicaid eligible pregnant women and infants

## **YOLO Breastfeeding Support**

Contact: 810-213-0090, [yolobreastfeeding.org](http://yolobreastfeeding.org)

IBCLC, doula and health education support: Telehealth and home visits available. Community events.

## **No Mom Left Behind Lactation Clinic**

Address: 3560 Flushing Road, Flint 48503

Phone: 810-213-0090

Services include prenatal breastfeeding plan, breastfeeding class, Office, home and after hours lactation consultant, weight checks for baby, weekly support groups, occupational therapy and postpartum support.

## **Ascension Genesys Breastfeeding Support**

Phone: 810-606-5898

RN/IBCLC's offer inpatient and outpatient clinic support and parent education classes

## **WIC of Genesee County**

Phone: 810-237-4606

Breastfeeding peer counselor support

## **Southeast Michigan IBCLC's of Color: Holding Space**

Virtual breastfeeding support group open to families of color, statewide. One on one time with expert lactation support and mental health professionals. Saturdays at 3pm. Sign up at [SEMIIBCLCOFCOLOR.ORG/HOLDING-SPACE](http://SEMIIBCLCOFCOLOR.ORG/HOLDING-SPACE)

### Options beyond Genesee County

**St. John Hospital Breastfeeding Clinic** Wednesday and Friday

Phone: 313-343-6838

**Michigan Medicine's Clinic** multiple locations, days and times

Phone: 734-998-7380

**Covenant HealthCare Breastfeeding Support** Phone: 1-888-848-BABY

A woman with dark hair, wearing a pink short-sleeved shirt, is shown in profile from the chest up, holding a baby. The baby is wrapped in a light blue, fuzzy blanket. The background is a bright, out-of-focus indoor setting, possibly a hospital or clinic, with a white wall and a wooden table visible.

# BREASTFEEDING QUESTIONS?

**Call: 810.262.9480**

HURLEY  
CHILDREN'S  
HOSPITAL