

B r e a s t f e e d i n g H a n d b o o k

a g u i d e t o y o u r f i r s t t w o w e e k s



Take a moment to think about your individual goal and the reason why you feel motivated to breastfeed. Keep in mind that this goal is not set in stone; sometimes we don't reach our goals and sometimes we exceed them. Breastfeeding is a learned skill that may take practice and patience. We will encourage and support you as you find your variation of normal.

Breastfeeding Support is
Free of Charge

Call for a telephone, virtual,
or in-person consultation
509-962-7328

Human milk is
protective against
viral and bacterial
illness, and certain
kinds of cancer

No Bake Lactation Cookies

Lactation cookies are fun and may give your supply a small boost. The most effective way to increase your milk supply is frequent, effective removal of milk from your breasts. If you are concerned about low milk supply, contact an IBCLC.

INGREDIENTS

- 3 cups oats
- 3/4 cup sugar
- 1/4 cup butter or melted coconut oil
- 1/2 cup milk or nut milk
- 2 TBSP *ground* flax seed
- 1 tsp vanilla
- 1/4 cup of brewer’s yeast or nutritional yeast (GF)
- 1/4 cup of unsweetened coconut flakes
- 1 cup peanut butter
- 1/4 cup pecans *optional*

DIRECTIONS

1. Mix flax seed, yeast, vanilla, and milk. Set aside for ~5 minutes.
2. Combine the sugar, butter, and milk mixture in a pot. Heat over medium on stovetop, stirring constantly.
3. Let the mixture reduce for ~5 minutes.
4. Add peanut butter, pecans, and coconut flakes. Mix well.
5. Remove from heat and add oats. Mix until well coated.
6. Line container with parchment paper, spoon in mixture and pat down until it evenly covers the bottom. Cover and place in freezer.
7. Once mixture is cool and firm, cut into bars. Enjoy!



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INFANT FEEDING SUPPLIES AT KVVH

CALL FOR PRICING-- AVAILABLE 24 HOURS

Medela Harmony Manual Breast Pump (24mm pump flange)

Medela Pump Flange Set (21mm, 27mm, 30mm)

Medela Nipple Shield (16mm, 20mm, 24mm)

Ameda Double Electric Pump Kit with Hand Pump

Breast Shells

Micro-steam Bags

Supplemental Nursing System (syringe & feeding tube)

Dr. Brown's Specialty Feeding System

Medela SpecialNeeds Feeder (formerly Haberman Feeder)

BREASTFEED EARLY & OFTEN

Watch
your baby,
not the
clock!



There is no one-size-fits-all answer for how often you should breastfeed your baby. It is important to learn your baby's hunger cues so that you can be responsive to her needs. Healthy, term babies will develop their own feeding schedule; follow their lead.

Skin-to-skin contact eases the transition to life in the outside world. Bonding with your baby skin-to-skin will allow you to easily identify her early signs of hunger so you can offer your breast. Babies who are kept in skin-to-skin contact with their mothers are more likely to breastfeed spontaneously.

MILK SUPPLY

Colostrum is the cream that comes before the milk. It is concentrated in fat, protein, and protective immune factors. Colostrum will transition to mature milk in 3-5 days.

Milk supply is based on demand (i.e., you must remove milk to make milk). Frequent, effective removal of milk from the breasts will establish and maintain your milk supply (i.e., 8-12 feedings a day).

Tips:

- Offer both breasts each time you breastfeed
- Never offer a pacifier in response to hunger cues
- Avoid long periods of time without expressing milk (i.e., baby should not be sleeping through the night)
- If your baby is not yet latching, frequently remove milk from your breasts using your hands or a breast pump (i.e., every 2-3 hrs)

ARTIFICIAL NIPPLES

DIFFERENCE IN FORM

Introducing a pacifier too early may interfere with your baby learning how to latch on well to the breast. This is because the shape and feel of an artificial nipple is very different from the breast.

The breast is soft and molds to the space in the baby's mouth. In contrast, a baby's tongue must cup around a hard artificial nipple. This requires a baby to learn how to suck in two different ways. Some babies experience frustration when going back and forth between different forms; this is called nipple confusion.



Ideally, wait until breastfeeding is well established before offering a pacifier.

When a baby sucks on a pacifier their body releases a hormone that makes them feel full. With frequent pacifier use, it is possible to miss breastfeeding opportunities with your baby, affecting weight gain and milk supply.

LATCHING YOUR BABY

START NOSE TO NIPPLE

Position baby's mouth below your nipple.

Hold baby close with no space between your bodies. Think of yourselves as two puzzle pieces.

His head will extend back as he opens his mouth wide, bringing his tongue down and forward.



CHIN OFF THE CHEST

Point your nipple toward the roof of his mouth.

Bring him straight onto the breast chin first.

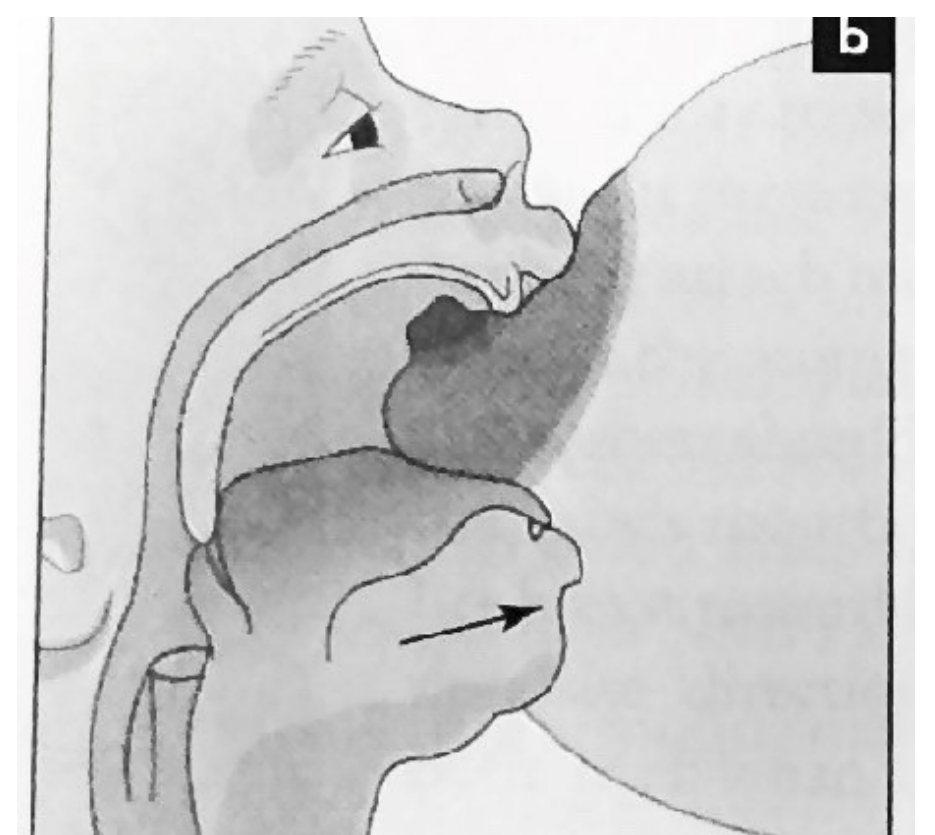
He will cup the nipple with his tongue and draw it back deep into the mouth.



ASYMMETRIC LATCH

Your baby should not be centered on the nipple; he will have a mouthful of the breast beneath the nipple.

You should see more areola above the latch than below.



**Attaching Your Baby at the Breast
by Global Health Media**

**[https://globalhealthmedia.org/portfolio-items/
attaching-your-baby-at-the-breast/](https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/)**

POSITIONING TO BREASTFEED

ADJUST YOUR BODY

There is no single correct way to position yourself during breastfeeding. Find a position that is comfortable for you where your body is well supported.

Try leaning back so that gravity can help hold baby close against your body.

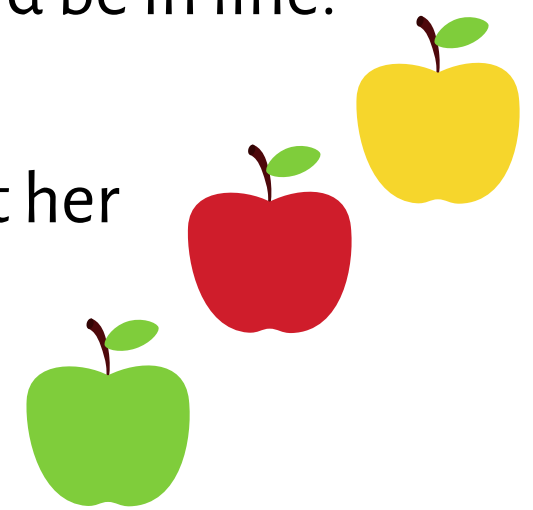
ADJUST YOUR BABY

Hold your baby close in a way that makes her feel secure.

Support her behind her shoulders so that her head is free to extend back. There should be no pressure on the back of her head.

Position her body toward you; her ear, shoulder, and hip should be in line.

Her chin should be off of her chest; imagine she is trying to get her mouth open wide to take a bite of an apple.



ADJUST YOUR BREAST

You may need to support your breast with your hand to help maintain the latch. Try using a C-hand or scissor hold. Be careful not to pull back or stretch the breast too close to where baby is latched; this may break suction.



NaturalBreastfeeding.com

IMAGE SOURCE: BIRTH BECOMES HER

LATCH CHECK

GOOD DEEP ATTACHMENT



Chin is buried in the breast

Chin is off the chest

Nose is free to breast

SHALLOW ATTACHMENT



Chin is on the chest; not in contact with the breast

Baby is only latched onto the nipple

OTHER SIGNS OF POOR ATTACHMENT

Painful latch; you may feel biting or pinching

Cheeks dimple with each suck; not enough breast tissue in the mouth

Clicking or smacking sounds; losing suction at breast

No drinking observed; only short rapid sucks

SIGNS OF GOOD DRINKING

IS BABY DRINKING WELL?

When your baby is sucking without getting much milk, the pattern of his suck will look like fluttering or short rapid sucks.



Watch your baby while he is breastfeeding. You should see periods of short rapid sucking followed by periods of deep rhythmic sucking.



The pattern of his suck will change when you have a "let down" (a hormonal reflex you have to push milk to baby). He will drop his jaw to its lowest position similar to when you pop your ears on an airplane. After the jaw drops, watch or listen for your baby swallowing milk. This deeper jaw movement occurs when baby's mouth is filling with milk.

Your body will let down milk several times during a breastfeeding session. You can observe this happening by watching for the change in baby's suck pattern.



When a baby is first born they need to learn how to coordinate breathing with their suck and swallow. Colostrum is thick and sticky to provide a slower flow while babies master this skill. As your milk comes in over the next few days you will see changes in their breastfeeding pattern.



Is Your Baby Getting Enough Milk?
by Global Health Media

[https://globalhealthmedia.org/portfolio-items/
is-your-baby-getting-enough-milk/](https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/)

GIVING MORE MILK

BREAST COMPRESSION

If your baby is sucking but not swallowing, you can use breast compression to help increase the flow of milk. This is essentially using your hands to cause a let down.

Here are the steps:

- Wrap your fingers around your breast with a C-shaped hand.
- When you no longer see or hear regular swallowing, compress the breast gently but firmly to help the milk flow.
- Do not slide your fingers toward the baby, just squeeze and hold.
- Compress the breast when baby is sucking and rest when she rests.
- Observe for changes in your baby's suck pattern when compression is applied.

Massage and breast compression can also be used during pumping to remove more milk.

The WHO
recommends giving only
breastmilk to your baby
for the first 6 months and
continuing to breastfeed
for 2 years or beyond.



Breast Compression

<http://ibconline.ca/information-sheets/breast-compression/>

WHAT IF YOUR BABY IS NOT LATCHING?

Not all babies master breastfeeding right after birth.

Be patient and remember your baby is doing the best they know how to do.

STIMULATE AND PROTECT MILK PRODUCTION

Be mindful that you do not neglect this step. If your baby is not yet latching, you will need to begin expressing your breastmilk with your hands or a breast pump; every 2-3 hours for at least 15 minutes. This will encourage your milk to come in quickly and abundantly. Your baby wants to breastfeed and as long as milk is being produced you can work on gently encouraging her to latch.

To learn more visit: firstdroplets.com

FEED YOUR BABY

Feed your baby in response to her hunger cues.

Express your milk if you are unable to achieve a latch. Focus on one feeding at a time and adjust the plan as needed.



ASK FOR HELP!

We are here to support you as you learn your baby's individual needs. If you have any concerns about infant feeding, contact us for support. 509-962-7328

If your baby is sick, this is communicated to your body during breastfeeding. Your immune system will pass the antibodies needed to fight the infection through your milk.

ENGORGEMENT

Engorgement occurs when the breasts are so full of milk that they become hard and painful. This swelling may make it difficult for baby to latch on to the breast. Engorgement should not last more than a few days.

It is important to continue expressing breastmilk to maintain your milk supply and prevent breast infection. If you develop signs of mastitis (e.g., red and tender breast, fever, flu-like symptoms), contact your healthcare provider.

PREVENTING ENGORGEMENT

- Breastfeed or express breastmilk frequently
- Do not limit the amount of time baby spends at breast
- Avoid pacifiers, bottles, and formula (unless medically necessary)
- Avoid wearing a tight fitting bra or clothing

COPING WITH ENGORGEMENT

- Stretch your breast- move it up and down, side to side, and in a circular motion both directions. This will help mobilize the fluid in the breast
- Reverse Pressure Softening will soften the nipple prior to latching your baby or using a breast pump (*see next page*).
- If your breast is still too firm to latch the baby, express breastmilk to soften the breast. This can be done with an electric or manual pump, silicone pump, or your simply your hands (*see video link*). Some mothers find it is easiest to use hand expression in a warm shower or with their breast in a basin of warm water.
- Heat therapy: apply heat to the breasts *before* breastfeeding to help your milk let down.
- Cold therapy: apply ice or cabbage leaves to your breasts *after* breastfeeding to reduce swelling and inflammation.
- Breast massage can move extra fluid out of your swollen breast. Recline back and use gentle hand strokes directed toward the armpit.



**How to Express Breastmilk
by Global Health Media**

<https://globalhealthmedia.org/portfolio-items/how-to-express-breastmilk/>

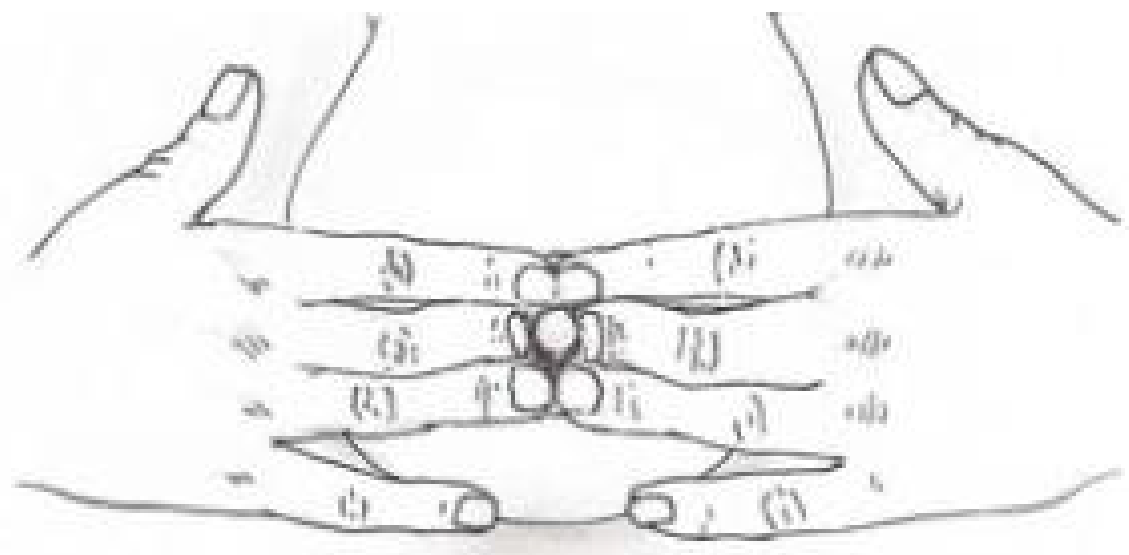
ENGORGEMENT

• REVERSE PRESSURE SOFTENING (RPS)

RPS uses firm pressure to soften a 1-2 inch area surrounding the base of the nipple, temporarily relieving swelling so your baby can achieve a latch or you can pump more effectively.

Here are the steps:

- Place the fingers/thumbs at the base of the nipple. See figures below and find a method that is comfortable for you.
- Push gently but firmly *straight inward* toward your ribs and hold pressure until you feel the breast soften. The pressure used should not cause pain.
- If the swelling in your breast is very firm, rotate your fingers around the nipple and repeat the inward pressure until it softens. This may take 1-2 minutes. Try lying down on your back when applying pressure.
- Offer your baby your breast promptly while the nipple is soft.



Breastfeeding has
been shown to
significantly enhance
brain growth and
development



How to Relieve Engorgement- RPS by Mother

https://youtu.be/2_RD9HNrOJ8

SORE NIPPLES

INITIAL TENDERNESS

- Keep breastfeeding and try different positions to get a better latch.
- Before unlatching, use your finger to gently break the suction.
- Allow your nipples to air dry or wear just a loose cotton shirt.
- After feeding, apply express colostrum or a nipple balm (e.g., coconut oil). Use sparingly as you do with lip balm on chapped lips. This is not required but some mothers find it to be soothing.
- Apply steeped black tea bags to the nipples between feedings. The tannins in the tea have a numbing effect that can be soothing. Rinse your nipple prior to nursing; some babies may not like the taste/smell of the tea.
- If you see small fluid filled bubbles on your nipple after breastfeeding, you may have milk blisters. This occurs when skin is grown over the milk pore and the pressure of the milk builds behind it. Keeping the nipple moist and gentle exfoliation of loose skin will help with discomfort.

IF YOUR NIPPLES ARE CRACKED

- Wash nipples with soap and water once daily to prevent infection.
- Epsom salt soak: Add 1/2 teaspoon of Epsom salt to 1 cup of warm water and soak your nipple for 1-2 minutes a few times a day. Rinse your breast after soaking and pat dry.
- Change nursing pads as soon as they are wet. Be cautious they do not stick to the nipple and cause further damage. Hydrogel pads are an alternative to nursing pads to help protect your nipples from friction if you must wear a bra. Do not apply nipple balm when using hydrogel pads.
- Breast shells can be worn between the nipples and the bra to prevent friction. They will need to be washed and sanitized regularly.
- Ask for help with the latch!

A newborn's saliva reacts with human milk during breastfeeding to create hydrogen peroxide, eliminating potentially harmful bacteria (e.g., Salmonella, E. coli)

INTERNET RESOURCES

Droplet: Teaches effective breastfeeding techniques in order to prevent common challenges in the first few hours (days) after birth.

<https://firstdroplets.com/>

Global Health Media Breastfeeding Series: Video series that provides practical hands-on advice for breastfeeding success.

<https://globalhealthmedia.org/videos/breastfeeding/>

International Breastfeeding Centre: Breastfeeding information sheets and videos. <http://ibconline.ca/information-sheets/>

Kellymom: Evidence-based information on breastfeeding and parenting.

www.kellymom.org

Breastfeeding USA: Evidence-based breastfeeding information and support, promoting breastfeeding as the biological and cultural norm.

www.breastfeedingusa.org

La Leche League International: Encouragement and education through mother-to-mother support. www.llli.org

Medications and Breastfeeding: Counseling and data on the use of drugs and other substances in breastfeeding mothers.

www.infantrisk.com & <http://www.e-lactancia.org>

Growth Charts for Breastfed Babies: The CDC recommends that the WHO growth chart be used for all babies age 0-2.

https://www.cdc.gov/growthcharts/who_charts.htm

US DOL: Break Time for Nursing Mothers: FAQ about the laws that support breastfeeding mothers in the workplace.

<http://www.dol.gov/whd/nursingmothers/fagBTNM.htm>

Perinatal Support Washington: Facilitates support for families affected by Perinatal Mood and Anxiety Disorders. If you are feeling depressed after going home with your baby, get help. <http://perinatalsupport.org/>

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A colorful poster for the Kittitas County Mother's MILK BAR. The background is a soft-focus image of a baby's face. The text is arranged in a clean, modern layout with various fonts and colors. At the top, it says 'Kittitas County Mother's MILK BAR' in a mix of black and white fonts. Below that, it says 'A BREASTFEEDING & MOTHERING SUPPORT GROUP' in small black letters. A large teal box contains the word 'LOCAL.' in white. To the left, a circular graphic contains the time '12:00-1:30 PM', the location 'THE PUB by Iron Horse Brewery', and the frequency 'the last Friday of every month'. Below this, it says 'All mothers, expectant mothers, and their children welcome!' in a mix of bold and regular fonts. At the bottom, it says 'Sponsored by' followed by three logos: KVH (Kittitas Valley Healthcare), Iron Horse Brewery, and a blue circular logo with a white silhouette of a mother breastfeeding a baby.

Kittitas County Mother's
MILK BAR
A BREASTFEEDING & MOTHERING SUPPORT GROUP

Breastfed babies eat **LOCAL.**

12:00-1:30 PM
THE PUB
by Iron Horse Brewery
the last Friday
of every month

All mothers,
expectant mothers,
and their children
welcome!
Follow us on Facebook for event updates

Sponsored by

KVH
Kittitas Valley Healthcare
Your Home for Health

Iron Horse Brewery



Breastfeeding
for at least 2
months decreases
the risk of SIDS by
50%