



Latching on to **Breastfeeding**

A Guide to Giving Your Baby a Healthy Start



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At Wellstar, we understand that each mother — and their breastfeeding experience — is unique. Whether you're a mom-to-be for the first time or already have practice nursing a baby, our team will provide resources, education and ongoing support to help give your little one a healthy start.

While breastfeeding may take time and patience, it has many benefits for you and your baby. Breastfeeding creates a special bond between mother and newborn, and the advantages of exclusive breastfeeding for the first six months have been widely researched and proven. We encourage you to breastfeed after delivery and for your baby's first year.



In this booklet, you'll learn all about breastfeeding and nursing techniques as well as common challenges and how to handle them. You'll also get an inside look at what to expect when you arrive at a Wellstar hospital to deliver your baby, and the processes we have in place to support breastfeeding.

Count on Wellstar to be there from your baby's first breaths to breastfeeding and beyond.

Why is breastfeeding important?

Breastfeeding is more than just a way to feed your baby. It contains a balance of the nutrients necessary for the healthy growth and development of your newborn.

Benefits of Breastfeeding

- Breastfeeding provides needed nutrients in exactly the right amounts.
- Breast milk is easy to digest and is easier on the stomach than formula. When mothers exclusively breastfeed, there are less problems with abdominal gas, overfeeding and constipation.
- Breast milk contains antibodies and immune factors that help to protect from common illnesses, such as ear and lower respiratory infections and diarrhea.
- Breastfeeding reduces allergies and asthma because of breast milk's immunologic properties.
- Every mother makes breast milk that is unique with nutrients that promote growth and brain development.
- Breastfeeding reduces the risk for Sudden Infant Death Syndrome (SIDS).
- Breastfeeding reduces the rate of obesity.
- Breastfeeding helps the uterus return to normal size and position following delivery and reduces excessive postpartum bleeding.
- Women who breastfeed have lower rates of anemia, breast, ovarian and uterine cancer.
- Breastfeeding produces a hormone that may help the breastfeeding mother relax.
- Breastfeeding helps to keep mother's bones strong and reduce the likelihood of osteoporosis.
- Breastfeeding burns extra calories and may help the mother return to her pre-pregnancy weight more quickly.
- Breast milk is free and convenient and always available.
- Breastfeeding may help to lower healthcare costs.

What is colostrum?

Your breasts produce colostrum beginning early pregnancy and continuing through the early days of breastfeeding. This special milk is yellow to orange in color and thick and sticky. It is low in fat, and high in carbohydrates, protein, and antibodies to help keep your baby healthy. Colostrum is extremely easy to digest and is therefore the perfect first food for your baby. It is low in volume (measurable in teaspoons rather than ounces), but high in concentrated nutrition for the newborn. Colostrum has a laxative effect on the baby, helping him/her pass his/her early stools, which aids in the excretion of excess bilirubin and helps prevent jaundice.

- La Leche League®, 2017

What is skin-to-skin?

- Infants who are placed skin-to-skin following birth are more likely to breastfeed.
- Place the baby only in a diaper and hat against your bare chest, then cover with blankets.
- It should be practiced immediately after birth and as often as possible.
- Anyone can practice skin-to-skin care, including your partner.





How do you get off to the best start?

Offer the breast as soon as possible.

- Place your baby skin-to-skin on your chest for the first hour or until the first feeding is finished.
- Learn to identify your baby's early hunger cues.
- Early hunger cues include:
 - Increased activity and alertness
 - Rooting
 - Sticking the tongue out
 - Bringing hands to mouth
- Crying and increased fussiness are both late feeding cues. Watch for early feeding cues for an easier latch as crying can make latching more difficult.
- Soothe your baby by holding, swaying, walking to help calm before latching.
- Plan to feed the baby frequently, 8-12 times in 24 hours.
- Feeding your baby often helps your milk supply increase. The more milk your baby takes, the more milk your body makes.

Remember that breastfeeding is a learned behavior and both of you need time to practice.

- Our nurses have received specialized training in breastfeeding and are prepared to answer questions and assist with breastfeeding.
- For more information on how to get off to a good start, visit www.firstdroplets.com.
- Wellstar Lactation Consultants are available while in the hospital as well as after discharge. Call the lactation helpline for phone support or to make an outpatient consult.

Practice “rooming in” while in the hospital.

- Keep your baby in your room for frequent feedings.
- Keeping your baby close promotes bonding and allows you to respond to feeding cues sooner.
- Your baby will feed more often, and you will learn to recognize feeding cues more quickly, thus bringing your milk in sooner.
- Supplementing your baby's diet with anything other than breast milk can decrease your milk supply. If supplementation is needed, hand expression and pumping will stimulate your breasts to protect your milk supply.

**Avoid giving your baby pacifiers until breastfeeding is well established
— typically around the first month after birth.**

What positions can you use to breastfeed?

It may take some time to figure out the most comfortable, effective breastfeeding positions for you and your baby.

Breastfeeding is a learned skill for all parties involved. Although breastfeeding is the most natural way you can feed your baby, it can take some practice in the beginning.

Latching your baby on correctly helps ensure they are getting the correct amount of milk and helps to prevent nipple soreness.

How to latch more deeply

- Position the baby belly-to-belly and nose-to-nipple facing mother.
- Wait for a wide-open mouth bringing baby onto the breast quickly.
- Use one hand to support your breast keeping your fingers away from the areola.
- Use your other hand to support your baby, bringing them towards you, chin first, supporting the body at the base of the head with the palm of your hand.
- When your nipple is in the comfort zone in the baby's mouth, breastfeeding will be more comfortable.
- Your Baby Knows How to Latch – Ameda



Your Baby Knows How to Latch - Ameda



How do you know if your latch is correct?

- You feel a tugging but no pain, rubbing or pinching while breastfeeding.
 - Some discomfort the first minute or two of breastfeeding as your baby latches on can be normal the first few weeks.
- Your baby's lower lip is rolled out.
- The baby does not easily fall away from the breast while feeding.
- No clicking sounds are heard as the baby breastfeeds.
- You can hear your baby swallowing while nursing.
- Your baby has most of your areola in their mouth.
- Your baby's chin is touching your breast and there is a small space between the nose and the breast.
- Newborn infants usually pause every few suckles to breathe and swallow.
- If these tips don't help and/or breastfeeding is uncomfortable or painful, seek breastfeeding help from a nurse or a lactation consultant.

Breastfeeding Positions

Side-lying Position

Lie on your side and place the baby on their side facing the breast. If needed, you may use your lower arm or a rolled blanket to keep the baby positioned correctly.



Football Hold

The baby is tucked under the arm of the breast. Use a pillow behind your back to have room for the baby's feet. Place a pillow under the baby at your side to bring the baby to breast level.



Cradle Hold

Sit in the bed or a chair with your back supported; your forearm supports the baby's back. The opposite hand supports the breast. The baby's chest and abdomen directly face the mother's body. If necessary, a pillow may be placed in your lap to bring the baby to breast level.



Cross Cradle Hold

Infant is in the same position as the cradle hold, but you use the opposite arm to hold and support the baby at the breast. You use the hand of the same side being nursed to support the breast.



How can expressing your milk be beneficial?

It may be useful to hand express in the first few days after birth because the amount of milk you remove during this time affects what you make later. Hand expressing now can boost your long-term supply. Especially in the early days, hand expression often works better than pump suction. Once your supply goes up, you can often get more milk if you use a pump and your hands at the same time. You may find instructional hand expression videos at <https://firstdroplets.com>.



How to store & handle your breast milk

When you breastfeed, your milk is always warm and ready for your baby. If that's not possible, you'll want to pump and store breast milk for the times you're away from your baby. You can store pumped milk in the refrigerator, the freezer, an insulated bag, and — for a limited amount of time — at room temperature.

Next to breastfeeding, freshly expressed milk is best. If you've just pumped, give that milk to your baby first before thawing frozen milk when you and your baby are going to be apart.

What kind of containers should you use to store breast milk?

A range of clean breast milk storage bottles works well for storing breast milk.

Here are some suggestions:

- Glass
- Hard, BPA-free plastic
- Breast milk freezer bags

You'll want to avoid thin disposable feeding bottle liners or plastic sandwich bags for storing milk in the freezer because they can split when frozen.

Label your milk storage containers with the date and time using a label. When you're choosing frozen milk, use the oldest first.

How much breast milk should you store in each container?

Fill and store each container with the smallest amount of breast milk your baby is likely to take. It is better to warm up more milk than to have to throw away any leftover milk in the container.

Here are some general guidelines that can be helpful:

- For babies 1-2 weeks old, 2-3 oz. (60-90 mL) per feeding
- For babies 1-6 months, 3-5 oz. (90-150 mL) per feeding
- When freezing your milk, always leave room at the top of the container. As liquids freeze, they expand, and breast milk is no exception. Leaving space for this to happen can help make your life easier.

How long can you store breast milk?

- If you plan to use your milk within four days, you can store it in the refrigerator. Otherwise, store it in the coldest part of the freezer, where it can remain for up to four months.
- Never store your breast milk in the door compartment of the refrigerator or freezer. It is more likely to defrost or become too warm there.
- Freshly pumped milk can be stored in a cooler with frozen ice packs for up to 24 hours.
- You can find more guidelines on storing breastmilk at www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm.



How do you warm up your breast milk?

If you have a newborn baby who needs milk given in a bottle, warm the milk up by placing in a cup of warm water. Test it to make sure it is not too hot before giving it to your baby.

- Place frozen milk in the refrigerator the night before you plan to use it. Use this milk within 24 hours of thawing.
- You can heat breast milk in a cup of warm water right before you plan to give it to your baby.
- Never use hot or boiling water to warm up your milk. It can make the milk too hot and burn your baby's mouth and throat.
- Never microwave your milk because microwaving can cause hot spots in the milk.

Can you add freshly expressed milk to stored frozen milk?

Yes. Cool the freshly pumped milk in the refrigerator before adding to already refrigerated or frozen milk. Only add small amounts of milk to already frozen milk so it will not thaw. Use the date of the oldest expressed milk to determine the expiration date.



Important tips for the new breastfeeding mother

- Nipple soreness that continues after the first few days may be a sign that your baby is not latching correctly.
- If your breasts feel overly full, nurse more often to relieve the discomfort.
- Your baby may feed several times in a couple of hours with stretches of sleep in between. This is called “cluster feeding.”
- Let your baby tell you when he/she is hungry, instead of the clock.
- If your baby seems satisfied after the first breast, it is okay.
- Removing your baby without breaking the seal may irritate your nipples.
- Speak with your nurse or lactation consultant if you should have any concerns.

What causes sore nipples?

The most common cause of sore nipples is a poor latch. Get help from a lactation consultant to help you figure out why you are getting sore.

What can you do to take care of your nipples?

1. Make sure your baby is latching on correctly.
2. Avoid using soap on your breasts since it can cause dryness. It can also remove the natural oils produced by the Montgomery glands located on the dark area surrounding your nipples. These oils help to keep the nipples and areola clean and moisturized.
3. Change your breast pads if they become soaked.
4. Apply expressed breast milk on your nipples after feedings if they are tender or sore.



What causes engorgement?

A few days after your baby's birth, your milk increases or "comes in." Some breast fullness is normal. But engorgement, which can happen in the first week after birth, goes beyond normal fullness. When a mother is engorged, her breasts become full, firm, hard, hot and may even be painful.

To prevent engorgement, it is important to empty the breast at least 8-12 times a day. If the baby is not feeding well, hand express or pump to relieve the fullness.

To treat engorgement:

- If needed, express some milk before feeding to make it easier for your baby to latch-on.
- Apply warmth to breasts right before feeding to aid milk flow.
- Use breast massage during feedings to more relieve your breasts.
- Express milk to comfort between feedings.
- Apply cool compresses after feedings for 10-15 minutes to reduce swelling.

If these methods do not provide you relief, seek help right away from a board-certified lactation consultant or other knowledgeable healthcare provider.



What is mastitis?

Mastitis is an inflamed or swollen area of the breast.

Signs and symptoms of mastitis may include:

- Redness or swelling of the breast(s)
- Breast feels warm to the touch
- Red streaks
- Fever or flu-like symptoms
- Hard knot in the breast that is sore to the touch

If you think you have mastitis, it is important to contact your provider or a lactation consultant.

What is thrush?

This is a fungal infection caused by an overgrowth of yeast. It is not serious, but it can cause pain and discomfort for both you and your baby. Only your healthcare provider can diagnose thrush or nipple candida.

Sign and symptoms in mother may include:

- Red or purple nipples
- Shiny areolas
- Itchy or burning pain in the nipples or breasts
- Flaky appearing nipple

Your baby may have:

- White patches in her mouth
- Bright, red diaper rash

Both you and your baby will need to be treated even if only one of you has symptoms. Yeast can be passed back and forth to each other. Your healthcare provider will give you an antifungal medication.



Breastfeeding & returning to work

- Talk with your manager about your plans to breastfeed before you go out on maternity leave.
- Discuss different types of schedules with your manager, such as starting back part-time at first or taking split shifts.
- Learn about your rights under the federal Break Time for Nursing Mothers law. The law requires some employers to provide reasonable break time for employees to express milk for their nursing child for one year after their child's birth. These include a functional space and time for women to express milk each time they need to.
- Find out if your company offers a lactation support program for employees.
- Explore childcare options. Find out whether a childcare facility close to where you work is available, so that you can visit and breastfeed your baby during lunch or other breaks. Ask whether the facility has a place set aside for breastfeeding mothers.
- Talk with the facility about feeding your baby with your pumped breast milk.

How can others support your choice to breastfeed

- Practicing skin-to-skin care in the hospital
- Being supportive in the beginning days of breastfeeding
- Anticipating your needs prior to and during breastfeeding such as feeding mother, providing a large glass of water or bringing you a pillow
- Getting your baby from the crib and bringing him/her to you to feed
- Helping to bathe and change diapers
- Sitting and talking to you and the baby while you breastfeed

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- US Breastfeeding Committee. (2019). www.womenshealth.gov/breastfeeding
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Additional Breastfeeding Resources

- CDC Breast Milk Prep and Storage
www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm
- Droplet
www.firstdroplets.com
- La Leche League of Georgia
(404) 681-6342
www.lllofga.org
- WIC Breastfeeding
<https://wicworks.fns.usda.gov/breastfeeding>
- WIC Benefits
www.fns.usda.gov/wic/wic-benefits-and-services
- Your Baby Knows How To Latch On
www.youtube.com/watch?v=t8F7LAO7B3E
- Zipmilk.org
www.zipmilk.org/states/georgia

Wellstar Breastfeeding Centers

The Breastfeeding Centers at Wellstar Atlanta, Cobb, Douglas, Kennestone, North Fulton, Spalding and West Georgia Medical Centers provide lactation support for the breastfeeding mother.

Breastfeeding classes are available at no cost by contacting (770) 956-STAR (7827).

Phone support is available Monday to Friday, 9 AM – 4 PM

** Offers lactation outpatient consults*

Wellstar Acworth Health Park*
(470) 956-0055

Wellstar Douglas Medical Center*
(470) 644-6152

Wellstar Spalding Medical Center*
(770) 228-2721, ext. 5276

Wellstar Atlanta Medical Center
(404) 265-3641

Wellstar Kennestone Regional
Medical Center*
(770) 793-8087

Wellstar West Georgia Medical Center*
(706) 880-7416

Wellstar Cobb Medical Center*
(470) 732-5247

Wellstar North Fulton Medical Center
(770) 751-2686

