South Lake Pediatrics
Infant, Child & Adolescent Care

Additional Breastfeeding Information

Difficult Latch-on

Breastfeeding, like many things in our life, is a learned task. For some infants, they will need help with this learning activity. In general, having a good latch is the first step in solving difficulties with breastfeeding. If you are having problems, we encourage you to make an appointment with one of our nurse practitioners.

Below are some suggestions to help with breastfeeding your infant.

Feeding Cues

- Look for feeding cues including lip smacking, hand to mouth activity
- Ensure that your infant is alert and awake. It is easier to feed an alert infant. Some ideas to wake your infant include:
    - Skin to skin contact (your infant should be in a diaper only)
    - Playing with the infant's hands or feet
    - Stroke your infant's cheek, chin or neck
    - Walk your fingers up and down your infant's spine
    - A room temperature wet washcloth – stroke the infant's forehead, back or legs with the washcloth
    - Change your infants diaper
    - Sit your baby upright in your lap, with head supported, move your infant forward and then backward as if doing a sit-up
    - Try switching to the other breast. You can switch back and forth multiple times.

Proper positioning at the breast * these tips are for the cross cradle hold.

- Hold your infant so he is close to you with his head and body at the breast level. His head should be facing your breast and tummy facing your tummy.
- Keep your infant horizontal at waist in flexed and relaxed position
- Position your infant so he is aligned from ear to shoulder to hip
- Position your infant so that his nose is aligned with your nipple
- Support your breast with one hand behind areola, fingers below, thumb on top (C-hold) or fingers on one side and thumb on the other (U-hold).
- It is important that the mother is comfortable. Utilize different sized pillows and foot stools as needed.

Proper latch-on

- Stroke your infant's nose-lip-chin or apply slight downward pressure on chin.
- Wait for your infant's mouth to open wide with lips spread and tongue over lower gums before bringing infant to your breast. You may need to stroke your infant's lips repetitively until he opens wide like a yawn.

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- Bring your infant to your nipple, covering as much areola as possible. Bring your infant's chin and lower jaw to the breast first.
- Note that your infant's lips are flanged outward and mouth is open wide on breast.
- Keep chin snuggly into breast. Do not make an indentation into the breast tissue for the infant to breath. If you are concerned about how close he is, bring his butt closer to your body. You will notice a space open between the breast and nose.

Proper Suck and Swallow

- Your infant's mandible (jaw) will move in a rhythmic and rotating motion; the ear lobe can be seen moving as well.
- Your infant's cheeks are rounded, not dimpled.
- Audible swallowing is heard.

Jaundice

Jaundice is a common condition seen in many newborn babies during the first week of life. In most cases it resolves on its own. However, it may pose challenges for breastfeeding and may be a sign of more serious health problems. It is important to have an appointment with your nurse practitioner/lactation consultant within a few days after discharge from the hospital to assess your infant's needs.

What causes Jaundice?

Most babies are born with higher than normal amounts of red blood cells. When these cells break down in the days after birth, they produce a yellow pigment called bilirubin, which circulates in the blood. When the bilirubin arrives at the liver, it is changed into a form that can be transported to the intestines and from there carried out of the body in the stool. However, a newborn baby's liver may not be able to process bilirubin efficiently in the first days of life, so the excess bilirubin is deposited in the skin, muscles and mucous membranes of the body, which then takes on a yellow or golden color. (La Leche League, March 2005).

Common symptoms

- A sleepy infant who feeds infrequently or poorly
- An infant with less than 2 stools per day after day three of life
- There will be a yellowish skin tone and yellow conjunctivae (the white part of the eye). This skin color will progress down the body toward the toes as the jaundice worsens and then progress back up when it starts to get better.
- A high "bilirubin" level; your doctor or nurse practitioner will discuss what the levels mean to your infant.
- All these symptoms usually peak between 4-7 days of age.
- The jaundice color may last for two to three weeks in breastfed infants. However, if the infant is feeding well, having dirty diapers and gaining weight, there are no additional treatments that we recommend.

Treatment

- Nurse your baby frequently; at least every 2-3 hours during the day and evening with one 4 hour stretch at night. Your goal is 8-10 feedings every 24 hours.

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Engorgement

Engorgement is the feeling of very firm, painful breasts.

Primary engorgement typically begins 72 hours after delivering your baby. During this time, colostrum is changing into mature milk causing an increase in the volume of milk within your milk ducts (where breast milk is stored in your breasts). Additionally, there is a fluid shift around the milk ducts similar to the fluid that may have accumulated at your ankles during pregnancy. This type of engorgement typically lasts for 1-3 days.
Although less common, engorgement can occur when large amounts of milk remain in the milk ducts. This is typically due to a missed feeding but can occur when a baby takes only a small amount of milk or when a mother is producing a large amount of milk.

Helpful tips

- Nurse your baby frequently; at least every 2-3 hours. Your goal is 8-12 feedings every 24 hours.
- To start the flow of milk, apply warm heat to your breasts. A warm shower may also help assist in milk let-down and flow.
- Allow your infant to finish a feeding; do not limit his time at the breast.
- If your infant does not feed off of both breasts, use a breast pump or hand express to relieve fullness.
- If you still feel uncomfortably full after a feeding, pump until you feel better. The trick with pumping and engorgement is to pump until you feel OK, not until you are empty.
- Taking ibuprofen 400-600mg every 6-8 hours may be helpful with discomfort.

Cautions

- If there is no improvement in 2-3 days, call your nurse practitioner.
- Fever, nausea or body aches may indicate an infection such as mastitis. Call your Obstetrician's office for treatment.

Cabbage leaf wrap: how-to guide

- Wash chilled green cabbage leaves
- Remove base of hard core vein and gently pound leaves
- Wrap leaves around breast and areola, leaving nipples exposed
- Leave on until wilted (approximately 20-30 minutes)
- Remove wilted leaves
- Reapply new, cool leaves until milk begins to flow, areola area is compressible enough to hand express, you are able to use a breast pump or your infant is able to latch on comfortably
- Repeat only 2-3 times in a 24 hour period. Overuse may result in reduction of milk supply.

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Plugged Ducts

A plugged duct is an area on your breast that is hard. It may or may not be painful to the touch. This area frequently does not go away after a feeding or emptying of the breasts.It is due to a diminished flow through a milk duct, often causing a blockage to the flow of the milk from mom to baby.

Common symptoms of plugged ducts:

A hard area on the breast or into the arm pit that may be tender to the touch. In addition, some women find a blister or bleb (white pimple) at the tip of their nipple. While the milk duct is plugged, the baby may be fussy at the breast because the flow of the milk may be slower than usual.

Treatment

- Continue to feed on the affected side. It may help to position the baby's chin so that it "points" to the area of hardness. This is not a good time to wean; it may make the problem worse.
- Massage the area thoroughly while breastfeeding or pumping. Pay special attention to massaging behind the plugged duct toward to the nipple.
- Apply heat to the area
- Change sleeping positions
- Do not wear under-wire or tight fitting bras. The location of the wire may block ducts.
- Although it may be difficult, the mother should rest!
- Take pain relievers such as ibuprofen or acetaminophen as needed.

Contact your nurse practitioner/lactation consultant if the problem does not resolve.

A LUMP THAT DOES NOT GO AWAY
SHOULD BE INVESTIGATED BY YOUR PHYSICIAN

Mastitis

Mastitis is a bacterial infection in the breast tissue.

Common symptoms of mastitis

- Fever, chills, muscle aches, fatigue
- Pain, tenderness, or red areas on the breast
- Breast milk may taste different sometimes affecting the baby's desire to feed

Treatment

- Keep breasts empty with frequent feeding or pumping. In fact, you should continue to feed 8-12 times per 24 hours. If the baby does not fully empty the breast after feeding, hand express or pump the affected side.
- Continue to feed on the affected side. It may help to position the baby's chin so that it "points" to the area of hardness. This is not a good time to wean; it may make the problem worse.
- Massage the area thoroughly while breastfeeding or pumping
- Apply heat to the area
- Although it may be difficult, the mother should rest, reduce activity and increase fluid intake.
- Take pain relievers such as acetaminophen or ibuprofen as needed.

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- Call your Obstetrician for antibiotic therapy if fever develops or if you do not feel better within 24-36 hours. If antibiotics are started you should begin to feel better with in 24 hours and your symptoms should be gone with in 3-5 days.
- Again, do not wean at the time. If the baby will not or is unable to feed, then continue to pump every 2-3 hours until mastitis is resolved.

Yeast Infections

Candida or yeast infections may occur at any time during breastfeeding. Although yeast normally lives harmlessly on our skin and other areas of our body it will grow rapidly in warm, dark, moist environments such as an infant's mouth or on a nursing mother's breasts causing a yeast infection. Yeast infections of the skin are even more likely to occur when there is a breakdown in the integrity of the skin; for example, cracked nipples. Mothers who have been on antibiotics are at a higher risk for getting a yeast infection.

Common symptoms of yeast infections

In your infant:

- Thrush, an oral form of a yeast infection, appears as a white, thick, cheesy type of covering on the tongue and/or inside of the cheeks. It is difficult to wipe off and may bleed. Milk on the tongue may look similar but milk should wipe off easily.
- Your infant may become a fussy feeding at this time.
- A shiny red diaper rash with little red dots may also indicate a yeast infection.
- The baby could also have no symptoms at all.

In the mother:

- Sore nipples that become shiny, red, swollen, tender, cracked or peeling.
- Red dots surrounding the nipple on the areola
- Pain is often described as shooting, burning or itching during and/or after the feeding. The pain may spread to the shoulder.

If you suspect that you have a yeast infection, please contact your nurse practitioner/lactation consultant for further information.

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Storage of Breast Milk

Collection of breast milk

- Wash hands with soap and water before expressing. Do not wash the breasts.
- Wash all the collecting parts of the breast pump with hot soapy water daily. You may also use a dishwasher, bottle sterilizer or a microwave sterilization kit or boil the parts for 10 minutes. Allow the parts to air dry.

Storage of breast milk

- Store milk in any clean container. For premature infants you may need to sterilize the containers. Examples on containers include baby bottles and breast milk storage bags.
- Label the container with a date and time of expression.
- Store your milk in 2-4 oz portions. Be sure to leave room at the top for expansion if you plan to freeze the milk.
- When storing, place the container in the rear of the refrigerator or freezer and not in the door where temperatures may fluctuate.

	Room Temperature 66-77 F	Cooler with 3 Frozen Ice Packs	Refrigerator 32-39 F	Refrigerator Style Freezer 0 degrees F	Deep Freezer -4 F
Fresh Breast Milk	Up to 4 hours	24 hours at 59 F	Up to 4 days	Up to 9 months	Up to 12 months, best if used by 6 months
Thawed Breast Milk	1 hour		24 hours	Never refreeze thawed milk	Never refreeze thawed milk
Formula	4 hours		24 hours	Do Not Freeze	Do Not Freeze

It is important to note that different resources may have variations on these recommendations.

Using stored frozen milk

- Use the oldest milk first
- Thaw in a pan of cool water or overnight in the refrigerator.
- Warm the bottle filled with milk in a bowl of warm water.
- DO NOT MICROWAVE BREAST MILK. Valuable proteins in the milk are destroyed during the process of microwaving and there is a risk of scalding the infant because of uneven warming.
- Discard any milk left over after a feeding.
- Breast milk that has been frozen may look different from freshly pumped milk. It is normal for it to look blue, yellow or brown. Frozen breast milk may separate into layers (creamy on top, milk on bottom). It is OK to mix the layers by gently shaking.

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