



Breastfeeding

What Every Mother Should Know

Mercy Hospital of Buffalo • Mount St. Mary's Hospital • Sisters of Charity Hospital

Childbirth is a Family Affair at Catholic Health

At Catholic Health, we provide high quality maternal/child care with a family-focused approach to childbirth and newborn care. Comfortable accommodations in the labor and delivery areas at our hospitals feature spacious birthing rooms that combine a warm home-like atmosphere with advanced technology. Several birthing rooms at Mercy Hospital offer a Jacuzzi whirlpool tub, giving mom a higher level of relaxation before delivery. Mount St. Mary's Hospital's birthing suites feature water massage showers and beds with lumbar support to increase your comfort before and after delivery. All of our patient rooms at our hospitals offer privacy so that you can recover and bond with your baby. This allows you to breastfeed comfortably – without distractions – and speak freely with our lactation consultants. Your birthing partner is welcome to be with you as much as you wish. Should your baby require intensive care, there are dedicated professionals at Sisters Hospital's Level III Neonatal Intensive Care Unit (NICU) and at Mercy Hospital's Level II Neonatal Intensive Care Unit (NICU).

The Certified Nurse Midwives at Mercy Hospital and Sisters Hospital are experts in labor, birth and postpartum care. At Mercy Hospital, midwives are available 24 hours a day, seven days a week. Our midwifery practice offers encouragement and support and creates a trust-filled atmosphere for moms and their babies.

NEW YORK STATE LAWS AND BREASTFEEDING

New York State has two laws with respect to breastfeeding that you should be aware of. One law gives women the right to breastfeed any place she is allowed to be. The other law requires employers to give you the time and place to pump your breast milk at work.

Right to Breastfeed – the law

Notwithstanding any other provision of law, a mother may breastfeed her baby in any location, public or private, where the mother is otherwise authorized to be, irrespective of whether or not the nipple of the mother's breast is covered during or incidental to the breastfeeding. (Civil Rights Law Article 7: 79-e)

Right of nursing mothers to express breast milk – the law

An employer shall provide reasonable unpaid break time or permit an employee to use paid break time or meal time each day to allow an employee to express breast milk for her nursing child for up to three years following child birth. The employer shall make reasonable efforts to provide a room or other private location (not a restroom), in close proximity to the work area, where an employee can express milk in privacy. No employer shall discriminate in any way against an employee who chooses to express breast milk in the work place. (Labor Law 206-c).

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Why Should I Breastfeed My Baby?

If you breastfeed, your baby will:

- Have a ready supply of milk – with the right nutrients, at the right temperature.
- Digest the milk more easily. Babies rarely get constipated or colicky.
- Have a reduced risk for sudden infant death syndrome, juvenile diabetes and ulcerative colitis.
- Be less likely to have problems with obesity. Breastfed babies will stop feeding when they are full.
- Be less susceptible to infant diarrhea, ear infections and common viruses such as colds and flu.
- Experience fewer allergies, eczema and asthma.
- Develop an improved IQ.

If you breastfeed, you will:

- Experience less vaginal bleeding after delivery. Moreover, your uterus will recede more quickly, which will help you regain your figure sooner.
- Reduce your risk of breast and ovarian cancer, a risk that continues to drop the longer you breastfeed.
- Increase your bone density, and consequently reduce your risk of developing osteoporosis.
- Save time. You'll have no formula to mix and no bottles to sterilize.
- Save money. Formula can cost over \$1,000 per baby, per year.

Milk Production

Breast milk is produced by alveolar cells located in your breasts. During pregnancy, large amounts of hormones – progesterone and estrogen – are present in your bloodstream and cause the alveolar cells to increase in size.



Colostrum is the first stage of breast milk that occurs during pregnancy and lasts for several days after the birth of the baby. It is a yellowish fluid, rich in protein and antibodies. For the first two to three days after birth,

a baby receives mainly colostrum. After two to five days, the colostrum gradually changes to mature milk and your breasts will start to fill. Breast milk is bluish-white in color, resembling skim milk and will mature in 7-10 days.

Following delivery, release of the hormone prolactin produces milk in the alveolar cells. Whenever your baby sucks, more prolactin is released, thereby producing more milk.

As the baby sucks, the hormone oxytocin is also released from the pituitary gland into the bloodstream. Oxytocin starts the milk flowing from the alveolar cells down through the ducts. This system of milk flow is called the let-down reflex. You may feel some mild cramping when nursing.

Skin to Skin Contact or Kangaroo Care

At Catholic Health, we believe skin to skin contact between baby and mother (or father) has many benefits. Skin to skin contact means holding your baby wearing just a diaper on your unclothed chest with a blanket over both of you. Skin to skin contact should begin immediately after birth and can be used anytime during your hospital stay as well as at home.



- Skin to skin contact is the first step towards breastfeeding.
- Skin to skin contact within the first hour of birth triggers mom's hormones for breastfeeding and milk production.
- Skin to skin contact keeps baby warm, and helps regulate his heart rate. He will breathe more easily and cry less often.

Ensuring an Adequate Milk Supply

Alongside skin to skin contact attempt to nurse your baby within the first hour of life or as soon as possible after delivery. During this time most babies are very active and alert. Nursing during the first hour gets your baby off to a good start! We encourage you to feed frequently, at least 8 to 12 times a day. This will encourage milk production, as well as promote good drainage of colostrum and milk. Breastfeed every 1 ½ to 3 hours and on demand. Allow baby to take what he wants — finish one breast and then start the other.

During the first two to three days after birth, your baby may not wake every two to three hours to feed. If this happens, coax your baby awake by unwrapping him, rubbing his feet, changing his diaper, or sitting him up and burping him. If unable to wake him after about 5-10 minutes, loosely wrap and hold with skin to skin contact. Try again about 20 minutes later.

Newborns have a stomach that is about the size of a golf ball, so they must eat frequently to satisfy their needs. Since breast milk is digested more rapidly than formula, your baby will need to feed more often than formula-fed babies. Your baby may want to eat every two to three hours, or even continuously, during certain periods of the day (this is a “cluster feeding”). This doesn’t mean your milk supply is low or of poor quality. This is normal behavior for breastfed babies. Also, since babies eat at different rates (some pause and are leisurely nursers while other nurse very rapidly), your baby may spend more or less time feeding than another baby.

Burp your baby before offering the other breast and after each feeding. Two burping positions (over-the-shoulder and sitting-on-your-lap) are illustrated at right.



Breast milk usually begins to come in three to five days after delivery, sometimes sooner if you have breastfed before. When your milk comes in, your breasts may feel heavy and warm. Frequent nursing decreases this fullness and firmness. It also helps to limit your baby’s weight loss and jaundice. Begin each feeding with the breast the baby last nursed from. This ensures complete drainage of milk.

Your baby’s feeding and sleep patterns will be very irregular for a while, so rest when you can. Try to nap or rest when your baby naps. **Don’t put your baby on a schedule; your baby will put you on a schedule.** If someone is helping you at home, make sure that person understands and supports your desire to breastfeed. Then, take care of yourself and your baby. Forget about housework. It will always be there!



Before You Nurse

- Wash your hands.
- Position yourself and your baby comfortably in bed or in a chair. If you sit in a chair put a pillow in your lap and your legs on a chair or stool for added comfort. If you have had a cesarean section you may find the football hold more comfortable because the baby is not resting on your abdomen. Try several positions until you find one that best suits both you and your baby.
- Have a table nearby so you can easily reach something to drink or have anything else you may need during the feeding. We recommend drinking an 8-oz. glass of water, juice, milk, or non-caffeinated liquids with every breastfeeding.

Nursing Positions

- **The Cradle Hold** — This is the most commonly used hold. Use a pillow under baby and baby lies across mom's forearm on the side mom will be using to nurse. Baby's face, stomach, and knees should be directly facing you. Tuck baby's lower arm under your own or down along side of his body.
- **The Football Hold** (clutch hold) — The football hold is a great position to use when:
 - You have had a cesarean birth and to avoid placing the baby against your abdomen.
 - You need more visibility in getting the baby to latch on.
 - Your breasts are large.
 - You are nursing a small baby, especially if he is premature.
 - You are nursing twins.



Support the baby in a semi-sitting position facing you, with his bottom at the back of the chair. Your arm closest to your baby should support his back, with your hand holding his neck and head. Place your thumb behind and below one ear and your

other fingers behind the other. Position the baby with his head just below the breast and nose in front of the nipple. Baby will latch on to the areola with his lower jaw far back of the nipple. Stimulate the baby to open his mouth wide and bring him up onto the breast.

- **The Cross-Over Hold** — Take time to position yourself comfortably. If you are nursing in a hospital bed, sit up as straight as possible with a pillow behind you. As soon as you are able, sit in a chair with arms.



Place one or two pillows on your lap so that the baby is at the level of your breast. Lay him on his side with his chest and abdomen against your body. Instead of placing the baby's head in the bend of your elbow as in the cradle hold, hold him with the opposite arm, so that your hand rests between the shoulder blades and support the back of his neck and head. Place your thumb behind and below one ear and your other fingers behind and below the other. Now shift the baby, if necessary, so that his nose – not his mouth – is right in front of your nipple.

- **Side-Lying Position** — The side-lying position is an especially good choice for nursing when:
 - You are uncomfortable sitting up.
 - You need help from someone else to get the baby latched on.
 - You are nursing during the night.



You and your baby lie on your sides, tummy to tummy, as with the cradle hold. Place your fingers beneath the breast and lift upward, then pull the baby in close after he roots with a wide open mouth. Align baby's mouth to where your breast naturally lies (avoid bringing the breast to baby).

Tips For Nursing Your Baby

- If your baby is sleepy, try the following tips: unwrap the baby, rub his back, talk to him, change his diaper or sit him up to awaken him and encourage him to eat, also try skin to skin contact. Remember, sleepiness is very common for the first few days.
- If your baby has been crying, calm and soothe him before attempting to feed him. Sometimes letting Dad or significant other calm the baby works wonders!
- You may try putting a clean finger in his mouth upside down for him to suck on to reinforce how to suck on the breast while being calmed.

- Hold your baby close to your body so his nose touches your breast. The baby will turn to feel for the nipple; this is known as the “rooting” reflex. The baby should be completely on his side facing you. To encourage your baby to latch on, express some colostrum or breast milk for your baby to smell and taste.
- Your baby may move his head from side to side, causing the nipple to become erect and easier to grasp. You can achieve the same result by rolling the nipple with your thumb and index finger. If your nipples tend to be flat, stimulate them before bringing the baby to your breast. If this isn’t successful, try a breast pump to draw out your nipple, or ask your nurse about wearing breast shells.
- Help the baby latch on to your breast by guiding the nipple into the baby’s mouth. This is done with the “C” technique (shown here), with your hand cupping your breast and touching your breast bone. Gently compress or squeeze the breast in order to place more of it into your baby’s mouth.



Be sure your fingers are behind the areola (as illustrated) and not close to your nipple.

- Be sure your infant’s mouth is wide open and his tongue is down, and forward to the lower gum. Stroke your baby’s upper lip with your nipple until your baby opens his mouth wide. Then quickly bring your baby as close to your own body as possible, guiding your breast into his mouth.
- If you experience discomfort beyond the first week of beginning to breastfeed, please contact one of our lactation consultants to help evaluate your latch or go over some tips. At this point, breastfeeding should be painless.
- While the baby nurses, you should see your areola being pulled into his mouth. You’ll hear swallowing, but should not hear smacking or clicking sounds. Your baby’s upper and lower lips should be turned out (fish lips) when he is on your breast correctly. The baby’s cheeks should be rounded and not dimpled.
- **Don’t let the baby pull on your nipple when you take him off your breast. To break the suction, insert a clean finger into the corner of the baby’s mouth, or gently pull the corner of his mouth down. Pulling the nipple out of the baby’s mouth without first breaking the suction may hurt the nipple.** You may find it easier to wait until the baby has a natural pause before easing the nipple out of his mouth.

Care of Your Breasts

- A good support bra can be worn day and night for comfort and extra support. The bra also helps hold nursing pads in place. For better air circulation, select a cotton bra. Choose wide straps. Avoid underwire bras, since they often cause plugged ducts.
- Wash your breast with warm water and a soft, clean washcloth when you bathe. DO NOT USE SOAP. Soap removes natural oils which are important in preventing the skin from drying and cracking.
- After breastfeeding, expose your nipples to the air.
- Due to the healing nature of colostrum/ breast milk, it may be expressed and applied on nipples to promote healing.
- Lanolin cream helps healing – as long as you're not allergic to wool or lanolin.
- At night, you may sleep with the flaps of your nursing bra down. If you're more comfortable without a bra, remove it at night.



Sore Nipples or Breasts

The most common cause of sore nipples is putting the baby on your breast incorrectly. To learn the proper technique ask your nurse for assistance or refer to the section “Tips for Nursing Your Baby.” If you are at home, call the hospital Lactation Office or your pediatrician.

Don't be discouraged if your nipples become tender during the first weeks of nursing. Change positions often. Soreness usually disappears quickly. Try alternating positions with every feeding to target a different area. Continue to nurse and follow the previously stated measures, which should be helpful.

If you experience a fever or chills, along with breast pain or redness, contact your physician. These symptoms may be signs of a breast infection (mastitis). A breast infection is not a reason to stop breastfeeding. Instead, you need to get a lot of rest, nurse frequently, and consult your physician about the possible need for antibiotics. Warm compresses or cool compresses may also make you feel more comfortable. Any changes in your breasts should be reported to your doctor.

Breast Engorgement

Engorgement – the swelling of the breasts – usually results from feeding the baby infrequently, limiting your nursing time, or having your baby incorrectly latched on.

Frequent nursing (8 to 12 times in 24 hours; around the clock) in the first few days will prevent or reduce this condition. Engorgement is temporary and usually only lasts 24 - 48 hours once you increase your nursing time. If you become engorged try the following tips:

- Be sure your nursing bra gives support, but isn't too tight.
- Take a warm shower or place warm, wet towels over your breasts for 5-10 minutes before nursing. Moist heat will help you relax and assist in the let-down reflex.
- Massage and hand express milk to soften the areola, making it easier for the baby to latch. Engorgement can cause your nipples to become hard which can make it difficult for your baby to grasp the areola. You may also use a breast pump to soften your breasts before nursing (do not over pump).
- While you're engorged, try to nurse frequently.
- Apply ice packs to your breasts after nursing for short periods, as needed for comfort.

Diet & Fluid Intake

Fluid, diet and rest will help you establish and maintain a good milk supply. You will find you are more thirsty when you are breastfeeding. Increase your fluid intake enough to quench your thirst. Try to replace the fluid the baby is taking from you at each feeding. Usually about 4-6 oz. of water or juice is sufficient.

Some mothers find a warm beverage helps them relax and encourages the let-down reflex. Avoid caffeinated beverages (coffee, tea, soft drinks, and chocolate milk) or at least limit yourself to no more than two glasses or cups per day. Avoid alcohol as well.

A well-balanced diet is also important for breastfeeding mothers. Increase your caloric intake by 500 calories a day, or otherwise directed by your doctor, to produce an adequate milk supply and fill your nutritional needs. Try to concentrate on fresh fruits and vegetables, meat, fish, eggs and cheese. If you find that certain foods don't agree with you, avoid them. Dairy products such as milk, cheese, ice cream, and yogurt are great calcium choices.

If you can't or don't eat or drink dairy products, talk to your doctor about taking calcium supplements. If you are on a special diet plan (ex. diabetes, vegetarian, etc.) consult with the lactation consultant and your doctor.

Things that increase your milk supply:

Frequent pumping and emptying of the breast, oatmeal, brewer's yeast, lactation cookies.

Things that decrease your milk supply:

Smoking, caffeine, mint, sage, birth control pills, decongestants, antihistamines.



Concerns About Breastfeeding

Q. Is my baby getting enough milk?

A. One way to tell how much milk a new baby is getting is by seeing how much urine and stool he passes daily. In the first few days after birth your baby should pass stool every day and his urine should be clear, pale yellow and odorless. By the time the milk comes in, you should get a least 6 wet diapers and 3 loose yellow stools per 24 hours.

All babies lose weight in the beginning days of life and usually don't begin to regain weight until day 4 of life. A normal weight gain is ½ to one ounce per day. Your baby should be back to birth weight by 2 weeks of life.

Do not hesitate to call your pediatrician or the hospital Lactation Office with questions. If after two to four weeks you find that your baby sleeps two to three hours between feedings, is content after feeding, wets at least six to eight diapers a day, passes stools everyday, and is gaining weight, your milk supply is adequate. There's no need to weigh your baby; your pediatrician will do this. When your baby is full, he'll signal satisfaction in a variety of ways: he may relax tightened fists, smile, refuse to suck or fall asleep.

Q. Why does my baby always seem hungry?

A. Your baby may be in a growth spurt. Growth spurts are periods of rapid growth that occur at about two weeks, six weeks, three months, and six months of age.

During these times, you should meet your baby's demands by nursing frequently during these times. Your milk supply will increase and your baby will usually settle down within 48 to 72 hours. Once your milk supply has increased, you'll find that your baby will begin to sleep longer between feedings.

Q. Will my baby develop a routine feeding pattern?

A. Some babies develop routine feeding patterns; others change feeding patterns occasionally. As your baby becomes older, he may nurse much faster than he did in the earlier months.

Q. What if my baby is extremely hungry when he awakens?

A. If your baby is hungry when he awakens feed him first. If your baby cries too long before he's fed, he will become tired and may not nurse well. If he becomes sleepy while nursing on the first breast, the changing process may awaken him enough so he can nurse on the second breast.

Q. What should my baby's stools look like?

A. Usually breastfed babies have frequent, loose bowel movements. For the first few days after birth, stools are black or dark green (meconium stool). Later they become yellow and loose, sometimes containing tiny seedy-like particles of stool. Some babies have six to eight bowel movements a day while others only have one or two. At six weeks of age, most babies have fewer stools than they did in their initial week. (They may have one a day or one every few days. It's very unusual for a breastfed baby to get constipated.) And because breast milk is easily digested, stools will likely have less unpleasant odor!

Q. Can I take medication while breastfeeding?

A. Consult with your doctor or the hospital Lactation Office before taking any medications while breastfeeding. Avoid smoking and alcoholic beverages. **Never use illicit drugs – marijuana, heroin, and cocaine – while breastfeeding.**

Q. Does a breastfeeding baby need water, formula or other foods?

A. Under normal circumstances, the baby doesn't need water since both breast milk and colostrum have a high water content. If you feel that your baby needs extra fluids, breastfeed your baby more often and increase your own intake of fluids. **Formula, in addition to breastfeeding, isn't necessary and will decrease your milk supply.** Formula

is not digested as rapidly as breast milk, and increases the time between breastfeedings. **The less you breastfeed, the less milk you produce.** Most babies don't need solid foods for six months. Consult with your pediatrician about when to start feeding solid foods to your baby.

Q. If I have had a previous breast surgery can I still breastfeed?

A. It is possible to nurse your baby. But to ensure adequate supply, we recommend follow-up with your pediatrician and a lactation consultant.

Q. What about pacifiers?

A. The AAP (American Academy of Pediatrics) now recommends delaying the regular use of a pacifier until breastfeeding is established. Some possible effects of early pacifier use on breastfeeding which can affect nursing include:

1. The use of pacifiers for sucking satisfaction may delay breastfeeding sessions.
2. Feeding cues may be missed.
3. Sucking patterns may be different than when nursing.

Expressing & Pumping Milk

Reasons a mom may pump or hand express breastmilk:

- Baby is not latching on well.
- To assist in drawing out flat and or inverted nipples.
- Breast engorgement – mom can express milk to assist in softening nipple/areola to aid in latching on.
- A history of low milk supply
- A previous breast surgery
- To obtain extra milk to store for periods when mom is separated from infant (eg. returning to work).

Use a good quality pump to make pumping easier. Many mothers find pumping in the morning the easiest because milk output is highest at this time. You may also try to pump your breasts between the baby's regular feeding times or, if he only nursed from one breast, pump milk from the other. Once the baby sleeps through the night or takes a long nap, you can pump your breasts during one of the missed feedings. The amount

of milk obtained will depend on your baby's appetite and age, the amount of fluids you drink, and the type of breast pump used. Talk with your nurse or the lactation consultants to determine what pump will best meet your needs or for further pumping/storage advice.

Tips for Pumping Milk:

- Keep all necessary equipment nearby.
- Position yourself in a comfortable chair with a high back. Sit up and lean forward to allow milk to flow more easily.
- Have something to drink – water, milk, juice, etc.
- Play soft, relaxing music – stress can inhibit your let-down.
- Think about your baby, view pictures or videos of your baby.
- Apply a warm compress or take a shower or bath 5-10 minutes before pumping.
- Gently rub the palm of your hand on the tip of your nipple in a circular motion. After a few minutes you should experience a tightening sensation associated with the let-down reflex.
- Use the correct size breast shield. There should be no pain or pinching when pumping.

If Your Baby is in the NICU

Ask your nurse when you can start practicing breastfeeding. Try to start pumping milk within six hours of birth if your baby has to go to the NICU. Use the hospital's disposable bottles and take the pump with you when visiting your baby. Skin to skin stimulation may help to increase your milk supply. All breastmilk must be labeled; call your nurse or lactation consultant for help.

If your baby is not with you, it's important to pump often – 8 to 10 times in 24 hours, for about 15-20 minutes on each breast – until your milk comes in. This ensures that your breasts have enough stimulation and will produce plenty of milk. You may only get a few drops or milliliters at first, but this is the important colostrum that baby needs. The volume of your milk will increase the more you pump and/or breastfeed. Breast massage and compressions also help get more milk out. It takes about 15 minutes to pump each breast. Be sure your breasts are emptied when pumping - this gets the hindmilk which has a higher fat content. This will help baby put on weight.

Pumps

A hospital-grade double electric breast pump is the best option, but many types of breast pumps are available. Most insurances cover all or part of a breast pump. Call your health insurance company for specific information. You can purchase or rent one from Care Connection (716-725-6370) or Baby's Sweet Beginnings (716-681-8100). WIC clients can take a pump out on loan from their WIC office. Check with your lactation consultant for additional options.

Using a Pump

The best times to pump are after holding or touching your baby, or after looking at pictures or videos of your baby. Wash hands before using the pump. Be sure to use the correct size breastshields; the shield should fit snugly over the nipple and areola with no gapping or pinching. See your lactation consultant for help in choosing the right size for you.

Cleaning a Pump

In the hospital, clean the pump with a few drops of Castile soap and hot water; rinse well and let air dry on a paper towel. At home, wash the pump parts thoroughly with dish detergent and hot water after each use, put it through a dishwasher, or boil once a day between uses. If tubing has drops of water in it, leave the pump turned on after pumping to blow air through the tubing to dry it. Replace the tubing if it becomes discolored.

Breastmilk Storage Chart

Fresh Breastmilk	Storage Time
• Room Temperature	up to 4 hours
• Cooler Bags/Ice Packs	24 hours
Refrigerated Breastmilk.....	Storage Time
• Fresh Milk.....	4 days
• Thawed Milk	24 hours
Frozen Breastmilk	Storage Time
• Self Contained Freezer	
Unit of a Refrigerator.....	3-6 months
• Separate Deep Freeze.....	up to 12 months

Breastmilk Storage

All breastmilk must be labeled. Apply a hospital-printed label to the bottle with the date and time pumped. Call your nurse within one hour to place pumped milk in the refrigerator. Leave one inch of space at the top of the bottle or freezer bag for expansion and label it with the date and time of expression. (If you're using bottle liners, double bag them or place them in a zip-locked bag in case the seams of the bag split.) Milk can be thawed by holding the bottle under cold water, then gradually warming the water. Milk can also be thawed in the refrigerator. Never thaw or warm milk in microwave oven. Microwaves can change nutritional value if breastmilk and hot spots may burn baby. If adding freshly pumped milk to frozen, cool milk in the refrigerator and then add to the frozen.



If you have extra breast milk, consider donating it. Catholic Health's maternity hospitals serve as depots where you can donate your breast milk to newborns in need. To become a pre-approved donor, contact the New York Milk Bank at (212) 956-6455.

Twins & Triplets

Twins and triplets can be nursed as successfully as one baby. Two or three babies will stimulate more milk production than one baby; so you'll make enough milk for all your babies. Please ask to speak to a lactation consultant after delivering multiples.



Other Children at Home

If you have other children at home, they'll probably need to adjust to their new brother or sister. Temporary changes in their behavior are normal; continue to show them love and attention. If they have questions about breastfeeding, simple, honest answers work best. Allow them to be present during feedings, or play or lie near you. Encourage them to talk about their feelings, and try to understand their negative and positive comments. If your child wants to try breast milk, express a small amount into a cup or onto a spoon. Breast milk tastes different from regular milk – chances are your child will quickly lose interest. If you are still nursing an older child, breastfeed your infant first, as breastmilk changes back to meet the needs of your newborn.

Intimacy with Your Partner

As a couple, you also will need to adjust to new responsibilities. Sharing thoughts and feelings about your baby, your new role as parents, your responsibilities and your relationship, will help simplify the adjustment period. Be supportive and understanding of each other's feelings and you'll strengthen your relationship. Set aside some special time to be together as a couple on a regular basis. Take advantage of grandparents' offers to babysit, or find someone you trust to babysit so you may have a few hours alone. Please consult with your doctor on when to resume sexual relations.

Breastfeeding doesn't prevent future pregnancies.
Please discuss your options with your physician.

Returning to Work

Your milk is the only food baby needs for the first six months. Going back to work doesn't mean breastfeeding has to end. There are many ways to make it work for you!

Before you take leave from work

- Ask about your company's maternity leave policy. Ask about a clean, comfortable and private place (not a bathroom) where you can express milk at work when you return.
- Talk to your supervisor about your plans to breastfeed. Breastfed babies are healthier and rarely sick. This means you'll miss fewer work days.
- See if you can arrange a part-time or flexible schedule once you return to work. You have the right to take reasonable breaks or meal time to express milk at work.
- Look for a childcare center near work.

While you're on leave

- Breastfeed often! It helps your body make lots of milk.
- Start to practice expressing milk. An electric pump works well, or practice hand expressing. A Baby Café can help! (See page 18.)
- Save your milk in bags or clean bottles. Label with the date you expressed the milk.

- Express after feedings when your baby is napping. If baby wakes right after and wants to be fed, go ahead. There will still be plenty of milk left in your breasts after expressing.
- Start getting your baby used to feeding from a bottle.
- Talk to your baby's caregiver. Provide a list of instructions about storing and feeding your extra milk. Practice leaving baby with the caregiver before you back to work. Ask how the baby responds to feedings and how much baby eats.

Once you return to work

- Expressing every three hours will help maintain your milk supply.
- Breastfeed at the caregiver's before leaving for work. Plan to breastfeed as soon as you pick up your baby at the end of the day. Ask the caregiver not to feed baby close to pick-up time.

Support Person at Home

Be a breastfeeding advocate.

An advocate is a person who speaks for someone who cannot speak for herself. Your advocacy role may take many forms:

- Answer telephone calls or doorbells when your partner needs to rest or desires privacy for nursing.
- Bring the baby to her to nurse and return the baby to bed afterward. This is a really important way to show your love and support!
- Voice your support of her breastfeeding to "well-meaning" people who make statements like, "Are you sure she has enough milk?" (You might answer, "Yes, because the baby has six to eight wet diapers a day.")
- Fix her a beverage or a snack while nursing.
- Use the time you have alone with your baby to play and learn together.
- Give your partner at least three hugs per day. Let her know you support her breastfeeding and that you love her.

Catholic Health also provides short-term home care to patients through our McAuley Seton Home Care division. Please discuss your home care options with your physician.

Baby Café

Baby Café is a free drop-in center where you can get help from a certified lactation consultant who can guide you through getting started with breastfeeding. All new moms, moms-to-be, dads, partners and babies are welcome!

- Start preparing to breastfeed before your baby is born.
- Meet other moms who are breastfeeding.
- Get answers to breastfeeding questions and concerns.
- Relax and enjoy a fun, informal environment facilitated by a specially trained certified lactation consultant.



Baby Café at Sisters Hospital

Tuesdays from 11:00 am to 1:00 pm
M. Steven Piver Center, 2121 Main St., Buffalo

Baby Café at OB/GYN Associates of WNY

Thursdays from 6:00 pm to 8:00 pm
3050 Orchard Park Road, West Seneca

*No reservations are needed for Baby Café.
If you have questions, please call (716) 862-1939.*

Mount St. Mary's Breastfeeding Moms Group

Last Saturday of each month (except December)
5300 Military Road, Lewiston, NY
Call (716) 298-2478 for more information.

Preparing to Breastfeed: A Checklist

Plan to feed your baby only breastmilk for the first six months.
Some items you may need:

- | | |
|----------------------|---------------|
| ✓ breast shields | ✓ bottles |
| ✓ a good breast pump | ✓ a cooler |
| ✓ milk bags | ✓ washclothes |

- ✓ Talk to your family, spouse or partner about your plans to breastfeed. Having support at home will help you be successful.
- ✓ Sign up for a breastfeeding class. See page 20 for more information.
- ✓ Talk to your doctor about any medications you take. Most medications can be continued while breastfeeding.
- ✓ Establish a relationship with a lactation consultant. She can help both before and after your baby is born.
- ✓ Tell your doctor or nurse you want to breastfeed skin-to-skin as soon as possible after delivery. The first few hours after birth are the most important for successful breastfeeding!
- ✓ Join a breastfeeding support group. Lots of moms just like you are going through the same experiences. See page 16 for details.
- ✓ Talk to your employer about returning to work. You have a right to pump or breastfeed at your workplace, in public, or wherever you are.

Call Your Healthcare Provider if:

- Your baby is still passing meconium (dark, sticky stool) after four days.
- You do not see or hear your baby swallowing.
- Your baby has only one bowel movement per day between five days and three weeks old.
- Your baby is sleepy and hard to wake for feedings.
- You are nursing a newborn less than six times per day.
- Your baby is not gaining weight well.
- Your baby is not latching-on well.
- Your baby's skin color or the feel of your baby's skin is noticeably different than when you left the hospital.
- You have nipple pain throughout the feeding or after feeding.
- You have severe engorgement.
- You have a breast infection or plugged ducts.
- You believe you have a low milk supply.
- You have breast pain.

[illegible]

Resources

Valuable Resources for New and Expectant Moms

- 👤 Lactation Office @ Sisters of Charity Hospital: (716) 862-1939
- 👤 Lactation Office @ Mercy Hospital of Buffalo: (716) 828-2616
- 👤 Lactation Office @ Mount St. Mary's Hospital: (716) 298-2478
- 👤 Center for Women @ Mount St. Mary's Hospital: (716) 298-2385
- 👤 Sisters Hospital Baby Café: (716) 862-1939
- 👤 OB/GYN Associates Baby Café: (716) 675-5222
- 👤 McAuley-Seton Home Care: (716) 685-4870
- 👤 Care Connection: (716) 725-6370 (Lactation & Wellness)
- 👤 Baby's Sweet Beginnings: (716) 681-8100 (Breastfeeding & Maternity)
- 👤 WIC: (716) 874-9530 (Breastfeeding Information & Pumps)
- 👤 Classes @ Sisters or Mercy: (716) 447-6205 or chsbuffalo.org
- 👤 Classes @ Mount St. Mary's Hospital: (716) 298-2296

Breastfeeding Mothers

Bill of Rights health.ny.gov/community/pregnancy/breastfeeding

Websites

WomenCareWNY.org	nysbreastfeeding.org
Breastfeeding.com	womenshealth.gov/itonlynatural
Illi.org	careconnectiononline.com
breastfeedingonline.com	breastfeedingpartners.org
aap.org	

Books

Mothering Multiples: Breastfeeding & Caring for Twins or More
by Karen Kerkhoff Gromada

Oh Yes You Can Breastfeed Twins! ...Plus More Tips for Simplifying Life with Twins
by April Rudat

Nursing Mothers Companion
by Kathleen Huggins

So That's What They're For! The Definitive Breastfeeding Guide
by Janet Tamaro



Catholic Health Birthing Services:

Lactation Offices

Mercy Hospital of Buffalo

565 Abbott Road • Buffalo, NY 14220
(716) 828-2616

Sisters of Charity Hospital

2157 Main Street • Buffalo, NY 14214
(716) 862-1939

Mount St. Mary's Hospital

5300 Military Road • Lewiston, NY 14092
(716) 297-2478

Additional services available at:

Sisters Hospital, St. Joseph Campus;
Kenmore Mercy Hospital;
Home & Community Based Care

Our Mission

We are called to reveal the healing love of
Jesus to those in need.

Our 2020 Vision

Inspired by faith and committed to
excellence, we will lead the transformation
of healthcare in our communities.

WomenCareWNY.org
(716) 447-6205