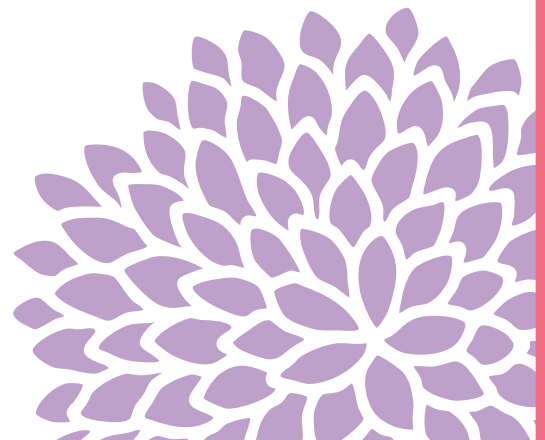


The BirthPlace at Parker Adventist Hospital



ParkerHospital.org/BirthPlace
BirthPlace Phone: (303) 269-4300
Breastfeeding Support Phone: (303) 269-4388

guide to *Breastfeeding*



Breastfeeding

BABY'S SECOND NIGHT

The BirthPlace at
Parker Adventist Hospital



Baby's Second Night

You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again...and now it's your baby's second night.

All of a sudden, your little one discovers that he's no longer back in the warmth and comfort - albeit a bit crowded - womb where he has spent the last eight or nine months - and it is SCARY out here! He isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs or the comforting gurgling of your intestines. Instead, he's in a crib, swaddled in a diaper, a tee-shirt, a hat and a blanket. All sorts of people have been handling him, and he's not yet become accustomed to the new noises, lights, sounds and smells. He has found one thing though, and that's his voice...and you find that each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet - he protests, loudly!

In fact, each time you put him back on the breast he nurses for a little bit and then goes to sleep. As you take him off and put him back to bed - he cries again...and starts rooting around, looking for you. This goes on - seemingly for hours. A lot of moms are convinced it is because their milk isn't "in" yet, and the baby is starving. However, it isn't that, but the baby's sudden awakening to the fact that the most comforting and comfortable place for him to be is at the breast. It's the closest to "home" he can get. It seems that this is pretty universal among babies - lactation consultants all over the world have noticed the same thing.

So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don't move him except to pillow his head more comfortably on your breast. Don't try and burp him - just snuggle with him until he falls into a deep sleep where he won't be disturbed by being moved. Babies go into a light sleep state (REM) first, and then cycle in and out of REM and deep sleep about every hour or so. If he starts to root and act as though he wants to go back to breast, that's fine...this is his way of settling and comforting. During deep sleep, the baby's breathing is very quiet and regular, and there is no movement beneath his eyelids.

Another helpful hint...his hands were his best friends in utero...he could suck on his thumb or his fingers anytime he was the slightest bit disturbed or uncomfortable. And all of a sudden he's had them taken away from him and someone has put mittens on him! He has no way of soothing himself with those mittens on. Babies need to touch - to feel - and even his touch on your breast will increase your oxytocin levels which will help boost your milk supply! So take the mittens off and loosen his blanket so he can get to his hands. He might scratch himself, but it will heal very rapidly - after all, he had fingernails when he was inside you, and no one put mittens on him then!

By the way - this might happen every once in a while at home too, particularly if you've changed his environment such as going to the doctor's, to church, to the mall, or to the grandparents! Don't let it throw you - sometimes babies just need some extra snuggling at the breast, because for the baby, the breast is "home."

Breastfeeding

IMPORTANT INFORMATION



Breastfed babies may also have less risk for developing:

- Diarrhea or constipation
- Ear infections
- Asthma
- Diabetes
- Leukemia
- Respiratory infections
- Allergies

Some breastfeeding benefits for mother include:

- Faster postpartum recovery
- Cost-efficient
- Convenient
- Reduces risk of breast, uterine, and ovarian cancer
- Quicker weight loss after birth

Preparing to breastfeed/feeding cues:

If you are unsure of whether or not your baby is ready to feed, look for signs (cues) that your baby may be hungry.

Your baby may:

- Open their mouth wide like a yawn with tongue down and forward over the bottom gum (rooting).
- Start smacking his or her lips and thrust the tongue.
- Bring his or her hands up to the mouth.
- You may also notice fluttering eyes and rapid eye movement with your baby's eyes closed.
- Crying, which is a very late feeding cue, can also be a sign that your baby is hungry. If your baby is crying, it is important to calm the baby before trying to feed him or her.

Positioning your baby for feeding:

- You should be relaxed and comfortable. Support your back, feet and arms. Mother's head should be supported in sidelying position.
- Support your baby's head and body at the level of the breast. Pillows are usually helpful with the "cradle" and "football" positions to support the arm that is holding your baby's head and body.
- Turn your baby completely on his or her side with nose, chin, chest, abdomen and knees touching you (cradle and side-lying).

- Make sure your baby's head is in a neutral position (hip, shoulder and ear aligned). Your baby's head should be higher than it's bottom.
- Keep your baby's body close to you by placing your hand and arm along your baby's back for support.
- Support your breast with cupped hand ("C" hold) with thumb and fingers kept well back from the areola.

Latch-on:

- You will first express drops of colostrum/milk.
- Your baby then roots and opens his or her mouth wide (like a yawn).
- Your baby's tongue should be over the lower gum, cupped around your nipple and areola.
- Your baby's lips should be visible and flanged outward.
- Your baby's lips should cover 3/4" - 1" of areola (usually most or all of areola). The entire nipple will be deep in your baby's mouth.
- You should not hear any clicking or smacking sounds.
- You will notice your baby's cheeks are round with no dimpling.
- You should NOT experience any pain after your baby has latched on, only a sensation of pulling, tugging, and/or pressure.

Suckle and swallow:

- Your baby's jaw should be moving in rhythmic motion.
- Your baby suckles slowly and deeply with short pauses.
- During every feeding, you should see and hear your baby swallowing and/or see milk in his or her mouth.
- You may feel any of the following normal occurrences in your body: uterine cramping, increased bleeding, thirst, breast ache or tingling, relaxation, sleepiness. (We encourage you to have water/fluid to drink during breastfeeding).
- A breastfeeding mother should never experience blisters, bruising or cracks on her nipples. The skin should remain intact and the nipples should retain their original shape and color, although they may be elongated.
- Cracks, blisters or bruising indicates that the baby is not positioned correctly or latched on properly.

Breastfeeding

COMMON QUESTIONS



Breastfeeding may be a new experience for you, therefore we have compiled a list of frequently asked questions about breastfeeding to help you better prepare for this skill. If you need more information or have additional questions, please do not hesitate to ask your nurse, obstetric (OB) or pediatric care provider, call our breastfeeding support number **(303) 269-4388**, or visit parkerhospital.org/breastfeeding-support.

When will my breastmilk come in?

Roughly two to five days after giving birth, your breasts will begin to fill with milk - feeling firmer and warmer. As your milk changes from colostrum (thin, initial breastmilk) to transitional milk, its color will change from yellow to light yellow or whitish yellow. Your mature milk, which comes in about two weeks after the birth of your baby, will also be thin and may have a bluish-white color.

What does breastfeeding feel like?

- Once you position the baby directly facing your chest and place the nipple/areola in the baby's mouth, he or she will latch onto the nipple and areola.
- If you have positioned your baby correctly, with each suckle you will feel pulling, tugging, and/or pressure on the breast. Breastfeeding should not hurt.

How often should I feed my baby?

Healthy term newborn infants will be awake and alert for the first one to two hours after birth, then be sleepy for the next 24 hours because they are recovering from the birth. If the baby feeds well after delivery, it is normal for them to want to sleep for four to five hours. If the baby is at risk, they may need to feed sooner. After the initial sleepy period, offer the breast every two to three hours by putting your baby skin to skin. This is the best way to bring them into a lighter sleep state. When the baby starts moving in their sleep, you can wake them by sitting them up, rubbing their back, and talking to them. Offering doesn't mean that the baby will feed every two to three hours.

At first, most babies want to breastfeed more frequently at night. Frequent feeding is common on the second night when baby is more awake. This is normal and helps your milk to come in more quickly. It does not mean that your baby is not getting enough to eat. By three to four days old, your baby should feed eight or more times in 24 hours. Breastfeed on demand as much as he or she wants.

How long should I breastfeed during each feeding?

- Initially, your baby may actively suckle for only five to 10 minutes. After the first few days, breastfeed at least 10 minutes or longer until your breast feels softer and your baby seems content.
- This will allow for the baby to get the richer hindmilk. Sometimes your baby may breastfeed on only one breast. If this happens, start on the opposite breast at the next feeding.

What is a normal feeding pattern?

- Babies suckle in bursts and every baby has their own unique style and rhythm. You want to feel about six to 10 rhythmic suckles followed by an audible swallow, then a pause.
- Your baby's suckle and swallow pattern will slow as your baby swallows the richer milk at the end of each feeding.

Will my baby show any cues that he or she is hungry?

Yes. Hunger signs may include awakening, fluttering eyes, lip smacking noises, bringing hands to the mouth, thrusting his or her tongue, rooting, or trying to suckle.

My baby is a week old and seems to want to breastfeed all of the time! Is this normal?

- This is normal due to "growth spurts," which are predictable periods when the baby will want to feed more frequently than before.
- Growth spurts occur around three weeks, six weeks, three months and six months. This frequent feeding may last for 24-72 hours. During these times, it is important to feed your baby on demand - as much as he or she wants. Breastfeeding on demand will meet your baby's needs; water or formula supplements are not necessary.
- As your baby feeds more frequently, your body will respond by producing more milk. When growth spurts end, your baby will want to feed less often.

What should I do if my baby seems sleepy and does not regularly awaken for feedings...loses interest easily... does not vigorously breastfeed?

- Watch for cues that your baby is hungry as described on the previous page, especially the eyes fluttering. This rapid eye movement indicates that the baby is in a light sleep state and may awaken more easily to breastfeed.
- During the day, be alert to your baby's feeding cues or wake your baby every two to three hours to encourage at least eight to 12 feedings in 24 hours.
- Try waking your baby by unwrapping blankets, placing baby skin-to-skin (in the diaper laying on the belly between mother's breast). It may take between 20-40 minutes for baby to go through another sleep cycle. When baby shows cues, remove from chest, talk to baby, rub back to bring baby into an awake state.
- It may be helpful to change your baby's diaper or try burping your baby.
- At night, it is not necessary to awaken your baby - unless your pediatric care provider recommends it or your baby is not feeding eight to 12 times in 24 hours.

How do I know if my baby is getting enough?

- In the first 24 hours after your baby's birth, he or she should have one wet diaper and one stool (bowel movement).
 - By day two, your baby should have two or more wet diapers and one to two stools.
 - Day three, your baby should have three or more wet diapers and three or more stools.
 - Day four, your baby should have four or more wet diapers and four or more stools.
 - As your milk supply increases within two to five days after the birth, you should notice:
 - A sense of fullness in your breast before feeding.
 - Your baby is swallowing while breastfeeding.
 - Your breasts are softer after a feeding.
 - A tightening or tingling in the breast as your milk "lets down" or releases (you may also feel relaxed and sleepy).
 - Possible leaking from one breast while the baby is feeding from the other.
 - Possible uterine cramps the first few weeks while breastfeeding.
 - Six days after birth or when your milk supply has increased, your baby should have:
 - Eight to 12 feedings in 24 hours.
 - At least six to eight wet diapers every 24 hours. Urine will be pale yellow, not dark tea-colored.
- Hint: If you use disposable diapers and are unsure if the diaper is wet, place a tissue in the diaper.**
- At least two to three soft, yellow, seedy stools every 24 hours. During the first weeks the baby may have a bowel movement with most feedings.
 - Quiet, content periods after breastfeeding.

How do I know that my baby is getting enough fat and calories to gain weight?

Breastmilk in all its stages is perfect for your baby. The combination of "foremilk" (beginning of the feeding) and "hind milk" (end of feeding) is just the right blend of fat, carbohydrates, proteins and nutrients for your baby.

My baby seems frantic when we begin feedings. What can you suggest?

- Begin feedings when your baby is showing early cues.
- Do not wait until your baby cries or he or she may become too frantic to suckle.
- Use slow, gentle movements and provide a quiet environment.
- Provide skin-to-skin contact.
- To decrease the time from "latch" to "let down," massage your breast for two to four minutes and express a few drops prior to putting baby to breast.
- If your breasts are very full or engorged, soften your areola by expressing milk so that baby can easily latch on.
- Change the diaper between breasts or after a feeding.

How much should I eat while I am breastfeeding?

While breastfeeding, you should consume at least 1,800 calories each day, which is the minimum amount you will need to produce an adequate supply of milk and meet your nutritional needs. As a rule, it is recommended that you consume 300-500 calories more than you would if you were not breastfeeding. Be sure to maintain a well-balanced diet that includes protein, carbohydrates, fruits and vegetables. We encourage you to drink enough water to quench your thirst and recommend limiting the amount of caffeine that you drink. choosemyplate.gov/mypyramidmoms/

Are there foods I should avoid eating?

- Most women who are breastfeeding can eat a wide variety of foods without any problems.
- However, some babies are more sensitive to certain food proteins, spices, or dairy products. If your baby seems fussy after you have eaten a different type of food, try to avoid that food until your baby's digestive system has developed a bit more.

Can I have caffeine while I am nursing?

- Because caffeine is passed on to babies through breastmilk, you should limit the amount of caffeine you consume to one or two eight-ounce servings per day.
- In addition to helping you stay hydrated and sleep better, avoiding caffeine will prevent the irritability and poor sleep habits that it can cause in babies.
- The caffeine in your breastmilk will reach its highest level one hour after you ingest it - try to time your baby's feedings so they occur before you drink a caffeinated beverage.

Can I use aspartame?

- Studies show that aspartame products (e.g., NutraSweet® and Equal®) are safe to use while breastfeeding.
- However, sugar-free drinks offer no nutrients and often include caffeine, so they should be consumed in moderation.
- For a tasty low-calorie drink, mix four ounces of your favorite juice with seltzer water and ice.

Can I drink alcohol?

- You should abstain from drinking alcohol while you are breastfeeding your baby.
- Alcohol can be passed on to babies through breastmilk and can negatively affect your ability to let down or release milk.

I am a vegetarian. Can I breastfeed my baby?

- As long as your diet is well balanced and not too restrictive, your breastmilk will provide your baby with the necessary nutrients.
- Many vegetarians have difficulty getting enough protein, calcium, vitamin D and vitamin B-12, so take special care to incorporate foods with these nutrients into your diet.
- Getting enough vitamin B-12 is particularly challenging for vegetarians because it can only be found in animal products. Good sources include yeast, soy milk, cereal and other soy products that are B-12 fortified.

Will breastfeeding help me lose weight?

- Women who choose to breastfeed may find it easier to lose weight because their bodies burn 200-300 calories of stored fat each day to provide the energy needed to breastfeed during the first three months.
- If you decide to breastfeed, you can expect to lose weight gradually if you maintain a healthy, well-balanced diet.
- Starting a reduced-calorie diet while breastfeeding is not recommended; it can impact your ability to produce milk and deprive you of much-needed energy. (Remember, 30 percent of the weight you gain during pregnancy is the result of fluid accumulation; you will most likely lose that weight over time regardless of your calorie intake.)

Can I exercise if I am breastfeeding my baby?

- Yes! Make it a point to exercise regularly.
- In addition to helping you achieve a healthy weight and improve your cardiovascular fitness, exercise stimulates milk production.
- Be sure to speak with your obstetric care provider before you begin an exercise plan.

My nipples have become sore from breastfeeding. Is there anything I can do to treat them?

- The best way to prevent nipple damage (trauma) is correct positioning and latching at the breast.
 - When you begin to breastfeed, your nipples may become somewhat sore and tender. Expressing colostrum/breastmilk after each feeding and rubbing it into your nipples will soothe and condition them and help with the healing process. Colostrum contains anti-infective properties that will protect your nipples from bacterial growth.
 - Avoid using soap and washing your nipples between feedings.
 - Taking a daily shower is all you need to do.
 - If your nipples become cracked and/or are bleeding, repositioning your baby will prevent further damage.
- If you need additional help, call our breastfeeding support number (303) 269-4388 or speak with your obstetric (OB) care provider.**

What do I do when my breasts get very full?

- Shower or apply warm compresses to your breasts, massage them gently and express milk to soften the areola.
- Find a comfortable chair, relax and begin breastfeeding.
- Make sure your baby is properly positioned and latched well onto your breast.
- Feed your baby for at least 10 minutes or until your breast softens and your baby is in a content state.
- Gently massage and compress (squeeze) your breasts when your baby pauses between suckling bursts; this will increase the amount of milk your baby takes during the feeding.
- Continue to watch your baby for signs of feeding cues or feed your baby at least every two to three hours (eight to 12 feedings in 24 hours).

How do I prevent/treat breast engorgement?

Two to five days after your baby is born, your milk supply will begin to increase. Some mothers may experience a condition called engorgement where their breasts become very hard, swollen, inflamed and painful. It is important to treat engorgement quickly. Excessive fullness may inhibit the let-down reflex and flatten your nipples, making it difficult to establish a correct latch. This can contribute to nipple damage and soreness.

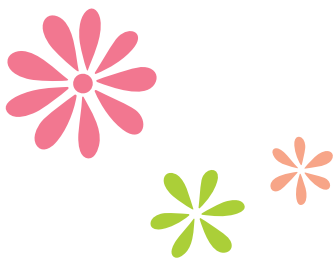
Prevention: Early on, establish frequent feedings. Your baby should be breastfed eight to 12 times or an average of every one and a half to three hours in a 24 hour period. Avoid supplements of formula or water unless your pediatric care provider instructs you to do otherwise. (Pacifier use is not recommended.) Use a breast pump to pump your breasts if your baby cannot breastfeed or if he or she misses a feeding.

Treatment:

- Take pain-relieving medication as directed by your obstetric care provider.
- Shower to relax. Gently massage your breasts and hand-express some milk to soften the areola.
- Find a comfortable room with minimal distractions. Play soft music and use calming images to decrease stress.
- Feed your baby for 10–15 minutes or until the breast softens. Using breast massage and compression during the feeding will enhance milk removal. Offer the second breast. If your baby does not feed on the second side, pump that breast for two to five minutes or until the breast is softer and you are more comfortable. Begin the next feeding on this breast.
- Do not go longer than three hours without either breastfeeding your baby or pumping your breasts. Use warm compresses to help stimulate the release of the milk. If your baby is unable to latch effectively and pumping does not facilitate milk release, use ice packs after feeding/pumping to help with the swelling.
- Continue cold treatments in between feedings until your milk begins to flow, as well as for your comfort.
- Wear a well-fitting, supportive bra without an underwire.
- Engorgement usually resolves within 24–48 hours. Please contact a lactation consultant or your obstetric care provider if engorgement continues and you are unable to feed your baby at least eight times in 24 hours.

What help is available to me?

- In the hospital, your nurse can help you with feeding at the bedside. The lactation consultants conduct daily rounds and can provide assistance in your room, if you are having problems.
- We offer a free weekly **Breastfeeding Clinic** at The BirthPlace. No registration required. Your lactation consultant will provide you with the weekly times prior to discharge. Please call our lactation support number **(303) 269-4388** for more information.



Burping your baby:

Babies may swallow air during feedings so be sure to burp your bottle-fed baby often – after every half to 3/4 of an ounce of formula in the first few days. While you are breastfeeding, burp your baby before you switch to the second breast and also when your baby is done feeding. If your baby does not burp after a couple of minutes of trying, resume feeding. A few of the best burping positions are:

- **Over the shoulder:** Drape your baby over your shoulder and gently pat or rub your baby's back.
- **On the lap:** Sit your baby upright, lean his or her weight forward against the heel of your hand, and gently pat or rub your baby's back.
- **Lying down:** Place baby stomach-down on your lap and gently rub or pat his or her back.
- Keep a clean burping cloth over your clothing to avoid being soiled by the baby spitting up.

Pacifier

The AAP recommends use of a pacifier throughout the first year of life according to the following guidelines:

- The pacifier should be used when putting the baby to sleep, but should not be reinserted once the baby falls asleep. If the baby refuses the pacifier, he or she should not be forced to take it.
- Pacifiers should not be coated in anything sweet.
- Pacifiers should be cleaned often and replaced regularly.
- For breastfed babies, delay pacifier use until 1 month of age to ensure breastfeeding is firmly established. Pacifier use can break the milk production cycle and result in chronically low milk production.

As a new mom, you'll find many resources that have pregnancy and baby information. Below are a few we've found to be helpful.

Suggested reading

For more information about breastfeeding:

“The Breastfeeding Book,” by William Sears, MD and Martha A. Sears, RN, 2000

“The Womanly Art of Breastfeeding,” 7th ed. LaLeche League International, 2004

KellyMom - kellymom.com

For more helpful information on caring for your baby, visit our online pregnancy center:

parkerhospital.org/my-pregnancy-central

Breastfeeding

NUTRITION



Source:
Sarah Jane Sandy, CNT
Janey Appleseed Nutrition
(303) 656-3847
janeyappleseednutrition@gmail.com
janeyappleseednutrition.com

Fruits & Vegetables

- Asparagus, artichoke, dark green leafy greens, fennel, carrots, beets, cauliflower, broccoli, Swiss chard, sweet potato, potato, kale
- Apricots, peaches, nectarines, plums, sweet cherries, figs, papaya (green), all berries
- Unsweetened, unsulphured dried: apricots, dates, figs

Grains & Flours

- Sprouted grain bread or homemade sourdough
- Quinoa, amaranth, buckwheat, millet
- White, brown & wild rice
- Organic steel cut oats and barley
- Sprouted grain, brown rice, or quinoa pasta
- Miracle Noodles
- Blanched almond flour, raw coconut flour, or other nut flours

Beans & Legumes (*properly soaked & prepared*)

- Chickpeas
- Mungbeans
- Lima beans
- Lentils
- Kidney, black or white beans
- Green bean, peas

Nuts & Seeds (*raw, unroasted, unsalted*)

- Almonds
- Macadamia
- Pumpkin seeds
- Brazil nuts
- Flaxseeds
- Natural nut butters made from these nuts & seeds (raw, unroasted, unsalted)
- Walnuts
- Pecans
- Sunflower seeds (shelled)
- Hazelnuts
- Sesame seeds

Fish & Seafood (*wild-caught, cold-water, farm-raised*)

- Salmon
- Halibut
- Mahi Mahi
- Oysters, shellfish
- Mackerel
- Herring
- Sardines
- (boneless, skinless in water)

Poultry (*organic, free-range, pasture-raised*)

- Eggs
- Duck
- Pheasant
- Chicken
- Turkey
- Goose

Meat (*organic, 100% grass-fed, pasture-raised*)

- Buffalo
- Beef
- Game Meats (Venison, Elk, Rabbit, Goat, etc.)
- Deli Meats (gluten, sugar, preservative-free)
- Lamb
- Pork
- Bacon from grass-fed, pastured beef/pork (without added sugar)
- Organ Meats (liver, kidney, heart, brain, etc.)

Dairy (*organic, grass-fed, full-fat, preferably raw*)

- Butter
- Yogurt, plain
- Whole milk
- Goat milk and cheese
- Sour cream
- Ghee
- Kefir, plain
- Cheese, raw
- Heavy whipping cream
- Cottage cheese

Fats & Oils

- Raw, unrefined coconut oil
- Extra-virgin, unrefined olive oil
- Organic pastured egg yolks
- Cold-processed (unheated) nut oils: macadamia oil, avocado oil
- Olives (in brine without sugar or preservatives)
- Unrefined coconut butter
- MCT Oil
- Fish oil (high-quality)
- Red Palm Oil
- Beef Tallow, Lard, Duck Fat
- Native Forest full fat Coconut Milk, BPA-free
- Native Forest full fat Coconut Cream, BPA-free
- Avocados

Sweeteners

- Raw, unfiltered, local honey
- Green, whole leaf stevia
- Raw coconut sap sugar
- Pure maple syrup
- Blackstrap molasses

Special Foods

- Unsweetened coconut flakes
- Homemade stocks/broth
- Teecino (herbal coffee alternative)
- Coconut milk
- Seaweed, assorted
- Tahini (sesame seed paste)
- Gomasio (sesame and sea salt seasoning)

Miscellaneous

- Organic herbs & spices (fresh or dried): Fennel, cumin, fenugreek, dill, caraway, turmeric, coriander, cinnamon, ginger
- Coconut Vinegar, raw
- Coconut Secret Coconut Aminos
- Raw Apple Cider Vinegar
- Organic ketchup without added sugar
- High quality dijon mustards (made without canola oil or added sugars)
- Homemade bone broths or ordered online from The Brothery
- Celtic Sea Salt, Himalayan Salt
- Unsweetened shredded coconut
- Raw cacao powder
- Cacao Butter
- Vanilla Bean Powder

Breastfeeding

RECIPES



No time to cook?

Try these quick and nutritious meal replacements or snacks!

Breakfast Sundae

1 small banana
4 oz. low-fat yogurt, any flavor
1/2 cup whole-grain cereal
Sliced strawberries or other fruit
Peel banana. Split and place in dish.
Top with yogurt and sprinkle cereal and fruit on top.

Fruit Smoothie

*3 cups low-fat milk
1 ripe banana
1 cup strawberries
Blend in food processor or blender until smooth.

* For women who are vegetarians or lactose intolerant, soy, coconut or Lactaid milk can be substituted as needed.



How to increase milk supply

Barley Water

Barley water is used medicinally to treat colds, intestinal problems (both constipation and diarrhea) and liver disorders. It was recorded in Greek medicine two thousand years ago as a galactagogue (promotes lactation). Taken for a week or two, it often helps mothers with chronic low milk supply. Make a pot in the morning and drink it throughout the day, warming each cup and sweetening it with a natural sweetener as desired.

Barley water can be made with whole grain or pearl barley. Barley flakes can also be used, though these have been processed and are possibly less potent than the whole or pearled grain.

Preparation:

- **Quick-and-easy:** 1/2 cup of flakes or pearled barley can be simmered in 1 quart of water for twenty minutes.
- **Long-and-intensive:** 1 cup of whole or pearled barley is simmered in 3 quarts of water for up to 2 hours. About half the liquid should cook off. Some recipes call for only 1/2 hour cooking time. However, the longer the barley simmers and the more pinkish (and slimier) the water becomes, the more of the 'cream' will enter the water and the stronger the medicinal effect will be.
- If the barley water becomes too thick to drink comfortably, add in more water.
- When finished, remove from the stove and sieve off the water. The grain is now tasteless and can be thrown out.
- Add 1 tablespoon of fennel powder or steep 2-3 teaspoons of fennel seeds for ten minutes in the barley-water before drinking.
- The traditional recipe calls for fennel seed. It is found that powdered fenugreek seed is tastier than fennel in barley-water.

Source: MOBI Motherhood International
mobimotherhood.org

Breast Pump

INSTRUCTIONS



For some breastfeeding mothers, situations or circumstances may require you to pump your breasts for milk. For example, you may need to provide breastmilk for your premature or sick baby, remove milk when your baby breastfeeds ineffectively, increase your milk supply with added stimulation, help pull out flat or inverted nipples, relieve engorgement, provide breastmilk when you are at work or away from your baby.

Just like starting to breastfeed, pumping your breasts is a learning experience. In the first day or two after the birth of your baby, you may see only a few drops of colostrum. However, in three to five days, your breasts will produce plenty of milk. Anxiety, worry, exhaustion and high expectations may affect your milk supply and your “let-down” reflex.

To increase and maintain your supply of breastmilk, consider these suggestions:

- Find a quiet place.
- Try to pump at the same time and place each session.
- Listen to relaxing music or use childbirth breathing exercises.
- Allow voicemail to pick up calls so you are not disturbed, but can hear important messages.

To enhance your “let down” reflex:

- Make sure you are warm and comfortable.
- Take a warm shower.
- Apply warm cloths to your breasts.
- Massage your breasts for three minutes.
- Stimulate your nipples by gently rolling or rubbing them.
- To pump both breasts at the same time and shorten pumping time, use an electric double-breast pump.

If you are collecting milk because your baby is hospitalized, you need to pump as frequently as your baby would feed, about eight to 12 times in 24 hours. It is recommended to go no longer than five hours at night without pumping.

If you plan to return to work, it is important to breastfeed frequently in the first month to establish your milk supply. A few weeks before returning to work, start pumping and storing your breastmilk. If you are collecting milk for another caregiver to feed your baby, pumping depends on your baby’s feeding schedule. If your baby feeds frequently, you may be able to pump a little milk after some feedings. If your baby has a long sleep period during the night, you may be able to pump more milk in the morning when most mothers find they have more milk.

Tips for using a breast pump:

- Wash your hands thoroughly and, on a clean surface, get all your equipment ready. Make sure all the necessary parts are correctly connected to the pump.
- Sit in a comfortable chair, with your neck, shoulders and back well supported. If you can, rest with your feet up. Have a glass of water located within reach. Center your nipple in the flange. The flange should form a tight seal around the dark area surrounding your nipple.
- Set the pump on the LOWEST pressure setting. Turn the machine on. Then, slowly increase the pressure to where you are most comfortable.
- If you are using a single-breast pump set-up, pump one breast for about five to seven minutes and then pump the other side. Repeat this sequence one or two more times until the flow of milk slows and only drops of milk are expressed. If you are using a double-breast pump set-up, pump both breasts about 10–20 minutes or until the flow of milk slows and only drops of milk are expressed.

NOTE: Always shut the machine off before taking the flange away from your breast.

- After pumping, rub a few drops of milk on your nipples and areola and keep your nipples exposed to air until dry. This lubricates the nipple and helps to prevent and treat any soreness.

Cleaning equipment after use in the hospital:

After each use, disconnect all pump parts that come in contact with your milk. Rinse milk out first with cool water. Wash in hot, soapy water (mild dish soap will be given to you) and rinse well several times. Place cleaned parts on clean towels and allow to air dry. If the tubing comes in contact with milk, ask your nurse to replace these parts.

At home: Sterilize the reusable kit at least once a day. All parts that come in contact with milk should be boiled in water for 20 minutes or washed in your dishwasher. You can also use the microwave reusable sterilization bags up to 20 times. If the baby is not going to be fed right away, milk should be pumped directly into a sterile container or transferred to a sterile container for storage.

Solutions to common temporary problems:

When pumping, some women may experience nipple soreness, which will ease with time. To manage sore nipples:

- Massage your breasts before pumping to start the milk flow.
- Start on the least sore side first.
- Use the lowest pressure setting that effectively removes your milk.
- Be sure the flange fits well, is centered and positioned correctly. You want your nipple to be able to move in the flange and not feel pinching. You may need a different size if it doesn't.
- Pump more frequently and for shorter periods of time.
- After pumping, apply expressed milk to nipples and allow them to air dry.
- Avoid putting creams, oils and lotions on your nipples as these may slow healing.

If you notice a decrease or change in your milk supply:

- Eat well-balanced meals. Drink when you are thirsty; do not wait until your mouth is dry.
- Pump at least eight to 12 times in 24 hours. Maintain a routine or pump more times per day for shorter periods of time. Skipped or fewer pumping sessions will lower your milk supply.
- Find time to rest and decrease tension. Taking care of the baby, housework and/or going back to work can make you very tired.
- If you have been ill, your milk supply will increase as you get better.
- If you started new medications, check with your obstetric care provider. Some drugs slow milk production.

NOTE: Your milk supply may change even after several weeks or months of pumping. Also, if your baby's condition in the hospital worsens, it is common to see a decrease in the milk supply. When your baby's condition improves, your milk supply will increase.

Collection, storage and use of breastmilk:

- **Containers:** The storage container should be clean. If your baby is in the hospital, check with the nurses to see what type of container they suggest or if they provide them. Suggested containers are glass or plastic bottles with solid caps to provide an airtight seal. There are also disposable milk storage bags that can be used.
- **Filling containers:** If possible, pump directly into the storage container. Do not fill the container to the top because milk expands when frozen. To avoid discarding and wasting any milk your baby does not drink in a feeding session; store your milk in smaller volumes, i.e. two ounces rather than six ounces. Then, if your baby needs more, you can defrost small amounts.
- **Labeling containers:** Label each container with your name and date of pumping. If your baby is in the hospital, write the name of any medications you might be taking or illnesses you have had on the label.
- **Storage:** Unless you plan to use your milk within four hour of expressing, refrigerate or freeze it as soon as possible. Store milk in the back of the refrigerator or freezer where it is the coldest. If you are away from home, use insulated food containers packed with ice or cold packs. Milk will keep about four days in the refrigerator. Use refrigerated breastmilk as much as possible, keeping frozen milk as a backup. Frozen milk will keep for four months in the freezer of a refrigerator/freezer or twelve months in a deep freezer unit.
- **Using stored milk:** When taking stored milk out of the refrigerator or freezer, check the dated label and use the oldest milk first. When you defrost frozen milk, use it within 24 hours. When it is refrigerated or frozen, the richer milk rises to the top and may look layered or curdled. Shake gently when defrosted and it will mix together.

DO NOT store or reuse any milk unused during a previous feeding; bacterial growth is a serious risk. Mature breastmilk looks bluish-white and thin.

Thawing: To thaw frozen milk, place the container in a pan of warm water (not on a stove) - making sure the water does not touch the bottle cap. Never use a microwave to thaw or warm milk. Not only can microwaves destroy nutrients in the milk, they also can heat unevenly resulting in hot spots that can burn your baby during feeding. Thawing breastmilk at room temperature for any time period is not recommended.

Transporting: To transport refrigerated milk, use ice or a cold pack. DO NOT use ice when transporting frozen milk. Pack frozen milk tightly in a cooler, frozen ice packs to fill the extra space. Because wet ice is warmer than the frozen milk, it can thaw the milk some, permitting the growth of harmful bacteria.

Storage Guidelines

HUMAN MILK STORAGE - QUICK REFERENCE GUIDE		
	TEMPERATURE	STORAGE TIME
Freshly Expressed Milk		
Warm room	80 - 90°F / 27 - 32°C	3 - 4 hours
Room temperature	61 - 79°F / 16 - 26°C	4 - 8 hours (ideal: 3 - 4 hours)
Insulated cooler / ice packs	59°F / 15°C	24 hours
Refrigerated Milk (Store at back, away from door)		
Refrigerator (fresh milk)	32 - 39°F / 0 - 4°C	3 - 8 days (ideal: 72 hours)
Refrigerator (thawed milk)	32 - 39°F / 0 - 4°C	24 hours
Frozen Milk (Do not refreeze! Store at back, away from door/sides)		
Freezer compartment inside refrigerator (older-style)	Varies	2 weeks
Self-contained freezer unit or a refrigerator/freezer	<39°F / <4°C	6 months
Separate deep freeze	0°F / -18°C	12 months (ideal: 6 months)

Source: KellyMom.com



The BirthPlace at
Parker Adventist Hospital



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