

A Guide to Breastfeeding Your Baby



How to feed your new baby is one of the first things you will decide for their care. You have options like breastfeeding, formula feeding, or some of both. It's a personal choice, and it may change over time. This guide is a resource to support your breastfeeding journey and provides information on a variety of topics.

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Benefits of Breastfeeding

For You	For Baby
- It saves money and time. You don't have to worry about buying formula and lots of feeding tools like bottles. - You don't have to fill a bottle each time your baby is hungry. - It helps you to heal. Your uterus gets back to normal size quicker, and bleeding is less. - It can lower your risk for breast and ovarian cancers. - It is a great way to bond with your baby.	- It protects your baby against illness. Your breast milk is packed with antibodies, special proteins that fight infection. If you become ill or your baby is sick, your breast milk can change to help them get better faster. - It lowers your baby's risk for asthma, diabetes (types 1 & 2), ear infections, and obesity. - It's the perfect food. Breast milk has the protein, sugar, fat, and vitamins your baby needs to grow.

Formula: Although breastfeeding is recommended, some parents may not be able to breastfeed or choose not to do so. Formula is still a healthy option. If you don't know what kind of formula to feed your baby, talk to your baby's doctor.

How to Start Breastfeeding

You'll want to start nursing your baby as soon as possible after birth. Ask your care team to let you hold your baby as soon as it is safe. Often called "the golden hour" or "skin to skin" right after delivery, place baby on your bare chest while naked or in just a diaper. Enjoy this time! It is a magical bonding moment and a chance to start breastfeeding. Baby will begin to move toward your breast and nipple. Allow baby to latch on and begin your nursing journey.

Sometimes, your plan for labor and delivery can change unexpectedly. If you or your baby are not able to breastfeed or bond right away, don't lose hope. Breastfeeding can still be possible. Nurse your baby as soon as you can. If you are separated from your baby (like they are in the Neonatal Intensive Care Unit [NICU]), request a hospital breast pump. Ask your care team to teach you how to use it. The pump can help your body get the stimulation it needs to produce more breast milk.

Baby-Friendly Hospitals

"Baby-Friendly" is a special accreditation program for hospitals. These hospitals are known to provide the best service for breastfeeding and mother-baby bonding.

Some things they emphasize are...

- Mom and baby having skin-to-skin contact right after birth (golden hour)
- Rooming in - where the baby stays in the same room as their mom when possible
- Education and support around successful breastfeeding

To see the full list of baby-friendly hospitals, visit www.babyfriendlyusa.org



**Note: Kaiser Permanente hospitals, although not listed on the website above, also follow baby-friendly principles. All CA hospitals must follow the Hospital Infant Feeding Act.*



Early days of breastfeeding

When your baby is first born, your body makes a type of milk called colostrum. This milk is thick, golden in color, and produced in small amounts. Your baby's stomach is very small, so they don't need much. Colostrum is packed with everything they need, especially the antibodies to keep them well as they enter a new world.

Your baby will want to feed a lot in the early days. You should nurse your baby very often - at least 8-12 times in a 24-hour period (every 2-3 hours). And it is common to breastfeed even more often than that. Within 3-5 days after birth, you should notice your breasts feeling fuller. Your milk will look whiter and be thinner. This is called "mature milk." You will produce more as your baby grows.

Follow your baby's lead during this time. Keep them close. Skin-to-skin will bring your milk in. This time often feels like a marathon - you are tired! But allow baby to nurse as often as they would like. Every time they breastfeed, they are putting in an "order" for more milk. Breastfeeding is "supply and demand." The more you feed, the more milk your body will make. All those orders for milk will make your body keep up with your growing baby.

Try to nap when your baby naps. And know this time is temporary. Soon your baby will be on a more predictable feeding schedule. For now, get comfy with them and enjoy this bonding time!

Guide to Your Newborn's Stomach Capacity

Day 1



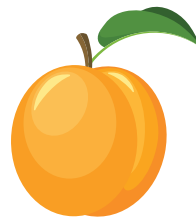
Your baby can hold 5-7ml (1 teaspoon) at each feeding of colostrum. Small feeds can produce up to 30ml (1 oz) of colostrum within 24 hours.

Day 3



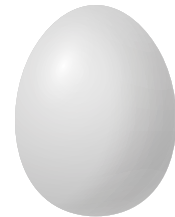
Milk production increases, which makes the baby want to feed more often. The stomach grows to about the size of a walnut to hold 22-27 ml.

Week 1



Due to more frequent feedings, the baby now takes 45-60ml per feed. The stomach is now about as big as an apricot and holds 45-60 ml.

Month 1



Feedings that occur more often help establish the milk supply. At each feed, the baby drinks 80-150 ml.

The latch

Your baby's latch is the way their mouth grabs onto your breast when they breastfeed. A good latch is very important for two reasons:

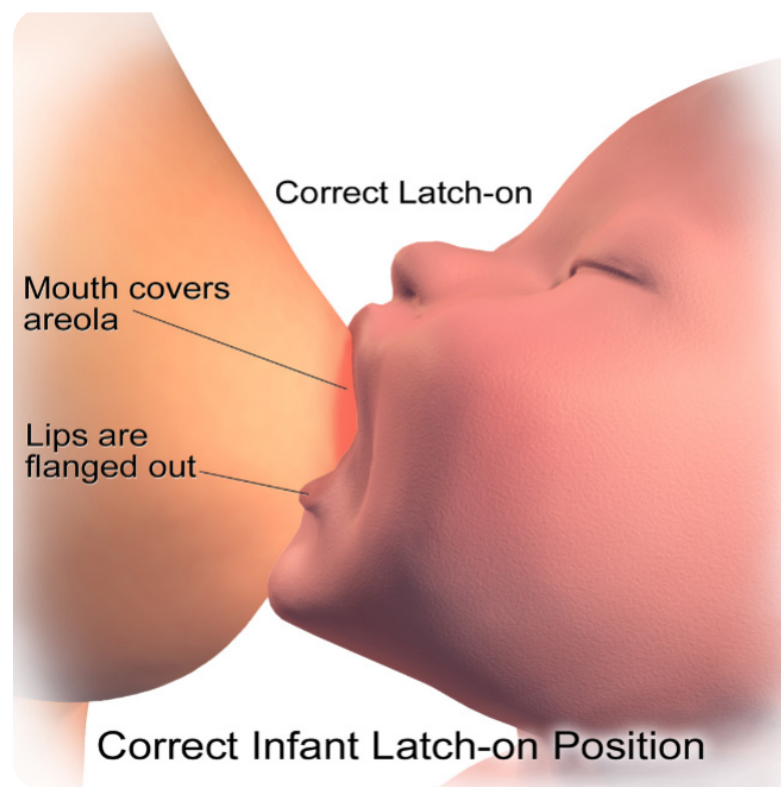
- 1) For your comfort.** If your baby latches the right way, you should feel no pain or pinching. A baby latching the wrong way can lead to pain, blisters or cracked nipples.
- 2) To get enough milk.** A proper latch means your baby is able pull all the milk out of your breast. If they do not latch right, they may not transfer enough milk.

If you struggle with your latch in the beginning, get help. Ask to meet with a Certified Lactation Educator (CLE) as soon as possible. You are not alone. Many moms struggle with this part in the beginning.

Hospitals have CLEs on hand for this reason. They can help you with your latch and teach you about many breastfeeding techniques. Take advantage of this resource. If your hospital does not have a CLE or you cannot meet with one, call the Loving Support helpline to talk with a CLE at any time (see the resources section).

General guidance for a proper latch

- 1)** Hold your baby's head close with their whole body facing you.
- 2)** Gently tickle your baby's lower lips until the mouth opens wide (with the head slightly tilted back).
- 3)** Bring your baby toward you, chin first. Aim your nipple toward the roof of the mouth (the nose). Make sure a large part of your areola is in your baby's mouth.
- 4)** Make sure baby's lips are flared out once latched. You can help your baby with this by gently pulling their lips outward.
- 5)** If you feel comfortable while baby is nursing, the latch-on is good. If you feel pain or pinching, gently break the suction (with your finger) and try again.
- 6)** Use props, like pillows or a Boppy, to place under your baby while nursing. It is more comfortable for you to have them lay on something at your level. Then you don't have to bend your back during the feeding, and you can use your hands for other things.



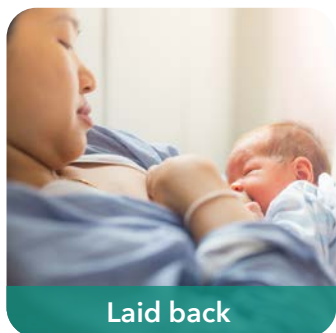
Nursing patterns and positions

Your baby will give you signals when hungry. These can be...

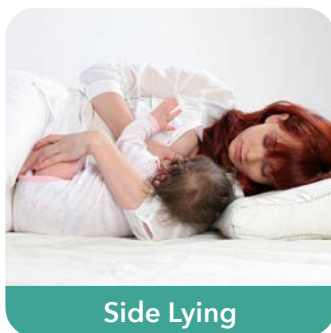
- Sucking on their hands, toys, clothing, etc.
- Smacking or licking their lips
- Rooting - trying to turn into and latch onto whoever is holding them
- Being squirmy/fussy

Crying is a late sign of hunger - try not to let them get to this point, when possible. They will find it harder to calm down and get a good latch when they are very upset.

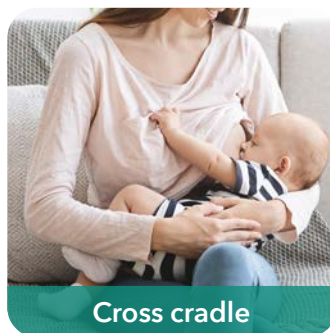
When it's time to feed your baby, find a comfortable spot with your baby. Choose your nursing position. Some common ones are...



Laid back



Side Lying



Cross cradle



Football

Steps for breastfeeding:

- Latch the baby onto your first breast and the baby will start sucking quickly.
- You may be able to tell when your milk starts to flow by the baby's sucking getting longer and slower.
- Allow your baby to finish nursing on the first side. This may take longer at first (15-25 minutes or more.)
- Once the baby gets used to nursing, then they can empty your breast much quicker.
- Unlatch your baby and burp them, and then offer your other breast.
- Sometimes your baby will empty your second breast and sometimes they may not.
- Their nursing may be shorter on this side depending on when they get full. Next time you nurse, start on this side.

A good way to think about each feeding is “dinner then dessert.” You can offer your first breast as dinner – their main meal. Then burp and offer the second breast as dessert. Sometimes your baby will want dessert, or some dessert, or not want it at all.

Always switch off which breast you start with, so each breast has an opportunity to be emptied.

Tips for nursing a “sleepy baby”

Sometimes your baby (especially a newborn) can fall asleep easily when nursing. Some tips to help keep them awake to get a full feeding:

- Change their diaper before a feeding.
- Take them out of any blankets or swaddles.
- Don’t keep the room too warm.
- Massage or compress your breast during the feeding to keep the milk flowing.
- Rub baby’s feet.

Weight gain for your baby

Your care team will be checking your baby’s weight often in the days after birth. It is normal for the baby to lose some weight in the first few days. But they should not lose too much. By watching your baby’s weight and keeping track of weight and dirty diapers, your care team knows if your baby is getting enough milk to grow. Your baby should return to their birth weight by the time they are 10-14 days old.



Be sure to keep up with well-baby visits! During these visits, along with making sure your baby is growing, your care team can answer your questions. They can also offer support with breastfeeding and other needs you and your baby may have.

Top Tips for Early Breastfeeding Success

A doula, someone trained to take care of moms and babies, can help you during this time! With IEHP, you can get a doula at no cost. Visit this QR code to learn more!



- 1) Skin to skin as often as you can.
- 2) Perfect the latch. Talk to a Certified Lactation Educator for help!
- 3) Feed as often as your baby wants.
At least 8-12 times in a 24-hour period.
- 4) Accept help! Things like house chores, cooking, and care for older kids are hard to keep up with during this early time. Try to get trusted friends and family to help with those things.
- 5) "Sleep while the baby sleeps" ... we know, this is much harder than it sounds! Try to take at least one nap with your baby during the day.

Breastfeeding Changes Over Time

Before you know it, you and your baby will be into a breastfeeding routine. Breastfeeding can shift at different times for mom and baby. Here are some things you may experience while nursing...

Baby growth spurts

At certain times during their first year, your baby will go through periods of faster growth. You may notice your baby wants to feed more than usual during a growth spurt. Growth spurts tend to take place when baby is about ...

- 2-3 weeks old
- 6 weeks old
- 3 months old
- 6 months old
- Or more often

Be sure to respond to your baby's cues to feed during these times. Remember, your baby is placing more milk "orders," so your body continues to make enough milk to keep up with their needs as they grow.

Being away from baby/pumping breast milk

You may have times during your breastfeeding journey when you are away from your baby. Using a breast pump (electric pump or hand pump) allows you to provide milk on such occasions. A few weeks before you leave your baby, try to start pumping (instead of nursing) about once per day. You can pump during one feeding while someone else gives your baby a bottle. This will allow you to practice with your pump and allow your baby to get used to a bottle. Some moms start this when the baby is about one month old. Then when you are away, try to follow your baby's schedule with pumping. If you can't follow their exact schedule, pump every few hours. This milk can be kept cold or frozen for your baby's future meals.

There are guidelines from the American Academy of Pediatrics on how to safely store breastmilk. You can find this website link in the resources section.

Scan
Here



Your IEHP benefits cover a breast pump when you are pregnant or postpartum!

Here is what you can get:

- Once per year: A manual breast pump and supplies
- Once every 3 years: An electric breast pump and supplies
- Twice per year: Replacement breast pump supplies (like tubing, adapter, breast shield, bottle and cap, etc.) when needed.

**Note: The timing of when you receive your breast pump, the brand and the type of pump you will get is what your provider states is medically necessary based on your unique needs.*

Here is what you do to get your breast pump and supplies:

1. Go to your prenatal and postpartum visits.
2. Talk to your doctor early on about your wishes to breastfeed your baby.
3. At around week 32 or more of pregnancy, or anytime postpartum, ask your doctor to place an order for your breast pump(s) and/or supplies.
4. Once IEHP gets the order, you will be contacted (or can contact) the vendor company who will ship your pump and/or supplies. You may get a letter in the mail with your vendor's information.
5. Answer any phone calls or messages from the vendor. They may call to make sure they have your correct address and ship the right items.
6. If your doctor places your order and you have not heard anything in one week, follow-up with your provider office.

If you have any trouble with getting your pump and/or supplies, call Member Services at 1-800-440-IEHP (4347), M-F, 7 a.m. -7 p.m., and Sat-Sun, 8 a.m.-5 p.m. TTY: 1-800-718-4347.

Milk banks

If you're looking for donated human milk, a great place to start is by asking your doctor or local hospital. Basically, human milk is donated at licensed "milk banks," where it is screened to make sure it's safe before being shared with families who need extra support. Much of this milk goes to hospital NICUs.

Parents can also ask their doctor to write a prescription for it. Your doctor and NICU staff also offer simple tips on safe storage and handling, so families like yours in the IE can feel confident using donor milk. To learn more or to find a milk bank near you, visit <https://mothersmilk.org/request-milk>.

Introducing foods

When your baby is around six months old, their doctor may recommend puréed or solid foods. This is such a fun stage! Offer foods after giving your baby breast milk. Follow the doctor's advice to gradually introduce new foods. You may find during this transition that your baby slowly starts eating more solid foods and breastfeeds less. Breast milk and/or formula is still your baby's most important nutrition until the age of one. They can continue being a great part of your baby's daily diet even after their first year.

Popular first solid foods for baby include:



Weaning

At some point, you or your baby (or both of you) will decide to end your breastfeeding journey. Moms and babies start to wean for many different reasons, depending on the family. No matter when this happens for you – be proud of the time you breastfed! It is a huge accomplishment.

When you do start to wean your baby, try and cut out one feeding at a time. By cutting one feeding every few days, your body will gradually make less and less milk. This can help make the transition easier for your baby to slowly phase out nursing. It can also help your body transition, so it knows to stop making milk. This can prevent breast issues like engorgement.

Breast care

Nipple types:

Every woman's nipples are different. Some stick out, some push in (inverted), and some are flat. All of these are normal. It is easier for babies to latch on to a nipple that sticks out. But no matter what type of nipples you have, breastfeeding can still work. In time, your baby can learn to latch on to any nipple type. If you need help, reach out to a CLE.

Some tips you can try to latch your baby on to a flat or inverted nipple are...

- Gently tug or roll your nipple outward before the feeding.
- Use your breast pump for just a couple minutes before the feeding to draw your nipple out.

Bacterial or yeast infection:

Different bacterial or yeast infections can happen while nursing. Damaged or cracked nipples can lead to these.

If you notice yellow, crusty areas on your cracked nipples that are not healing, you may have a bacterial infection.

Yeast infections can make your nipples sore, red and shiny. Yeast infections are often passed from your baby. Look for white patches in your baby's mouth. This is called thrush. If you are ever concerned about damaged or painful nipples, contact your provider. They can help treat an infection.

Engorgement:

After your milk "comes in" sometime the first week after birth, you may wake up to find your breasts big, hard and uncomfortable. This is engorgement. If you are engorged, it can be hard for your baby to latch on and nurse. Nurse often during this time. This will empty your breasts. Engorgement often happens after your baby sleeps for a long stretch. Breastfeed at least 1-2 times during the night to prevent it during the early months. Over time, engorgement will happen less.

Before feedings:

- Massage your breasts. Using the palm of your hand, gently stroke downward in a circular motion toward the nipple.
- Take a hot shower or apply some warmth (like a heating pad, warm washcloth) to your breasts. This will help get milk flowing.
- If baby cannot latch because your breasts are too hard, you can try hand expressing or pumping off just enough milk to soften your breast.

Blocked ducts:

Unused milk can sometimes clog milk ducts and cause a hard, tender knot. If you notice a blocked duct, try to pass it. These things can help get it out:

- Take a hot shower or place a warm washcloth on your breast for a few minutes before nursing.
- Offer your baby the plugged breast first to allow nursing longer on that side.
- Gently massage the lump while baby is nursing.
- Use your breast pump.
- The supplement sunflower lecithin can help make your milk less sticky and help prevent blocked ducts or help loosen one. Check with your doctor before using.

If nursing is painful or your nipples are cracked or bleeding, see a Certified Lactation Educator (CLE) or your OB/GYN doctor right away.

Mastitis:

Mastitis is a breast infection caused by nipple damage, not breastfeeding enough, poor feedings, or blocked ducts. It can worsen if you are exhausted. Symptoms include:

- Painful breast(s)
- A red, firm, painful area on your breast (clogged duct)
- Fever
- Flu-like symptoms

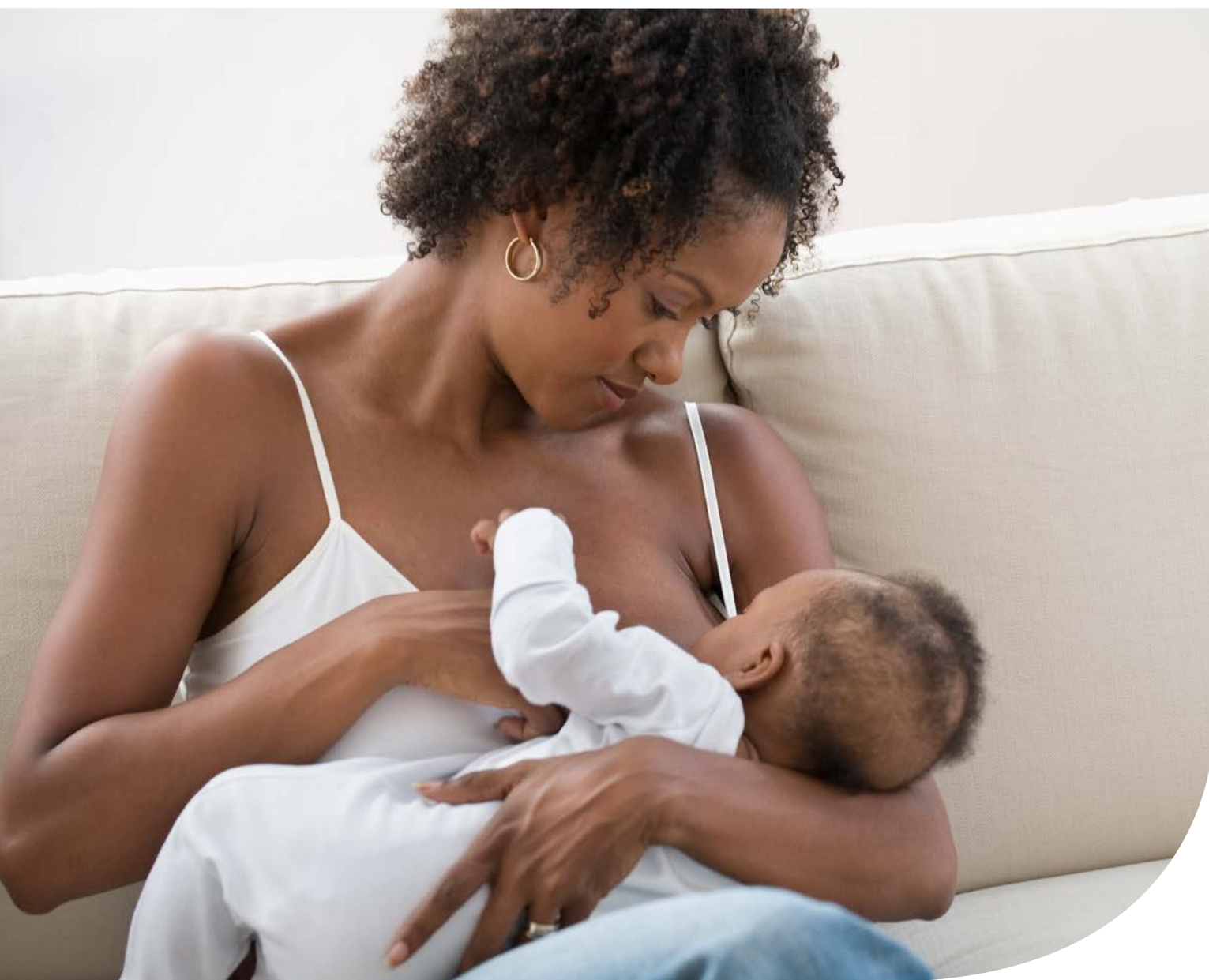
Any other concerns about your breasts?

Call your doctor right away to set up an appointment and talk about your concerns. This is very important if you notice any new lumps, changes in breast size or shape, nipple discharge, skin changes, or unusual pain in your breast area.



If you think you may have mastitis, call your doctor right away. It may need to be treated with antibiotics. You can also...

- Drink plenty of fluids.
- Rest as much as you can.
- Continue breastfeeding your baby. One (or both) of your breasts may be very sore. If needed, you can replace breastfeeding with pumped breast milk until your breast is healed. Just remember to empty milk often so the pain does not get worse, and you do not lose milk supply during this time.
- Get advice from a lactation educator.



Resources

- Loving Support 24/7 Breastfeeding Helpline. Talk to trained Certified Lactation Educators (CLEs) about any of your breastfeeding questions: The early days, latch, pumping, breast issues, and anything else you need! Call the 24/7 helpline (English and Spanish) at **1-888-451-2499** or visit www.loving-support.org
- WIC: Women, Infants and Children <https://wicbreastfeeding.fns.usda.gov/>.
- Stanford Medicine has a great page with videos of latching, breastfeeding early days, and more. <https://med.stanford.edu/newborns/professional-education/breastfeeding.html>
- La Leche League helps moms breastfeed by providing encouragement and education. llusa.org
- ConnectIE is an online resource search engine. Search to see if there are any breastfeeding support groups or resources near you. ConnectIE.org
- Milk Storage Guidelines
<https://www.aap.org/en/patient-care/breastfeeding/milk-storage-guidelines/>



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A close-up photograph of a woman with long, wavy blonde hair holding a sleeping baby. The woman is looking down at the baby with a gentle expression. She is wearing a light-colored, textured top with a lace-like collar and a necklace with a heart pendant. The baby is lying against her chest, eyes closed, and holding her fingers. The background is a soft, out-of-focus light color.

Member Services
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TTY: 1-800-718-4347

Monday-Friday, 7 a.m.-7 p.m.
Saturday-Sunday, 8 a.m.-5 p.m.



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