Welcome to
Bronson’s Breastfeeding Center

Consultation Services

- Bronson’s Breastfeeding Center is designed to provide support throughout pregnancy to breastfeeding moms, both as inpatients in the Bronson BirthPlace and after their discharge, through the services of a lactation consultant.

- Our lactation consultants are registered nurses, social workers and dieticians certified in breastfeeding consultation.

Outpatient Services

- Lactation consultants are available for outpatient consultation via appointment Monday through Friday, from 10 a.m. to 3 p.m. Appointments can be scheduled by calling (269) 341-8849.

- Phone consultation is available as well to answer breastfeeding questions by calling (269) 341-8849.

Breastfeeding Accessories

- The Bronson Breastfeeding Center & North Campus Gift Shop offers a full line of breast pumps & accessories, nursing bras, nursing pillows and infant & preemie layette clothing. The proceeds from the gift shop enable Bronson’s Breastfeeding Center to function as a free, complimentary service to breastfeeding moms.

Breast Pump Rental

- Medela Symphony breast pumps are available for rental and may be rented for $30 for one week, $55 per month or $160 for three months.

Hours & Location

- Monday through Friday from 9 a.m. to 4:30 p.m. Conveniently located on the first floor of the North Pavilion in Suite N-1300, 601 John St. Kalamazoo, MI 49007.
Breastfeeding
BEGINNING TO BREASTFEED

Day One Breastfeeding Tips

Breastfeeding in the first 24 hours

- A mother is all that a baby needs during it’s first 24 hours of life. You provide the colostrum (early breast milk), warmth and tenderness needed to adapt to life outside the womb. Trust nature! You and your baby are learning to breastfeed together. It takes practice and patience.
- Treat your baby as an individual. He may feed as little as 4-5 times in the first 24 hours or as many as 12 times.
- Frequency of feeding can be impacted by mother’s health status, medications used prior to delivery, difficulty of delivery, health status of baby and hospital routines such as vital signs, circumcision and lab draws.
- For most babies the suckling reflex is most intense with the first 2 hours of birth so try to breastfeed right after delivery!
- Many babies tend to spend much of the next 24 hours sleeping. Skin to skin is very important to encourage a sleepy baby to feed.
- Each feeding should consist of at least 5 minutes of consistent suckling and may be as long as 20 minutes on each breast.
- Unless it is medically necessary, supplementing with formula during the first 24 hours is unnecessary and can actually create problems.
- The average newborn’s stomach is approximately the size of a marble or thimble and holds about 5-7cc’s.
- Your baby should have 1 or more wet diapers and 2-3 meconium stools.

What is colostrum?

- Colostrum, the “first milk”, is very high in immunoglobulins, which are important for fighting infection and helping your baby to resist germs. It facilitates the establishment of bifidus flora in the digestive tract, or “good bacteria”, and encourages baby to pass meconium. Colostrum flows slowly and the baby must suckle approximately 8-12 times consistently to have enough milk to swallow.

Day Two Breastfeeding Tips

- Your baby starts to “wake up” in the second 24 hours and begins to adjust to his new environment.
- Baby starts to feed more frequently and seeks out what is familiar (mom) to soothe himself. (See the “Baby’s Second Night” handout)
- At 2 days of age, a baby’s stomach holds about 10-13cc’s (there are 30cc’s in one ounce).
- Your baby should have 2 or more wet diapers and 1-2 meconium stools.
Breastfeeding
BEGINNING TO BREASTFEED

Days 3 to 5 of Breastfeeding

- Continue feeding baby approximately 8 to 12 times in 24 hours, making sure to offer both breasts per feeding session.
- Wake baby to feed by 3 hours from the beginning of the last feeding session if baby is not waking on his own to feed.
- No more than one 4 hour stretch of sleep at night for the first week of life.
- Remember to feed on demand if baby is feeding frequently at the breast. Frequent breastfeeding helps to encourage a plentiful milk supply.
- By day 4-5, baby should have 6-8 wet diapers and at least 2-3 yellow, seedy stools per day.
- Some babies stool before or during every feeding.
- The amount of milk you make goes up dramatically about 3-5 days after birth.
- Breasts start to feel fuller and heavier as the breasts produce more milk and the mature milk “comes in.” If the breasts feel uncomfortable or if baby has trouble latching, see the “Engorgement” handout for relief techniques.

Beyond Day 5 of Breastfeeding

- Continue to breastfeed your baby on demand and avoid “scheduling” baby’s feedings.
- Frequent breastfeeding is normal and is very important for establishing an adequate milk supply.
- “Growth spurts” can occur when baby wants to feed more frequently than usual. This is your baby’s way of regulating your milk supply and letting your body know baby needs more milk!
- “Growth spurts” typically happen around 7-10 days, 3 to 6 weeks and monthly until approximately 6 months of age.
- Frequent feeding may last 24 to 72 hours and your body will respond by making more milk. When the “growth spurt” ends, your baby will want to feed less often.
Breastfeeding

It’s all about the LATCH

Breastfeeding success is greatly dependent on how your baby latches to your breast. While it may look easy, it actually requires practice and skill to get it down right. When your baby isn’t latching well, you develop increased nipple pain or damage, decreased milk supply, clogged milk ducts, frustration, and tears. Your baby may not be getting as much milk as you think, leading to decreased weight gain and growth. This also can affect your milk supply as your breasts don’t drain properly.

Incorrect latching becomes a learned behavior, causing increased difficulty to retrain the baby how to latch well. Getting help from a lactation consultant is important if you feel your baby isn’t latching well, as there are many ways to improve the latch. These tips will also help you get started on the right path to achieve successful breastfeeding.

1. Sandwich your breast and aim your nipple towards baby’s nose.

2. When baby opens wide, let baby’s chin hit the breast first.

3. Roll baby’s mouth onto the top of your nipple. It will look off centered, where baby has more of your lower areola in their mouth than the top of your areola. Baby should never be just latched onto the end of the nipple.

4. Baby’s chin should be touching and the nose lifts off the breast. There should be a wide open “V” in the corner of the mouth. The latch shouldn’t be painful, if so relatch.
Breastfeeding
BABY’S SECOND NIGHT

You’ve made it through your first 24 hours as a new mom. And now it’s your baby’s second night!

All of a sudden your little one discovers he’s no longer back in the warm and comfortable womb where he has spent the last 8 to 9 months – and it’s scary out here!

All sorts of people have been handling him and he is not used to all the noises, lights, sounds and smells.

He has found one thing though – *his voice* – and every time you take him off the breast where he has drifted off to sleep, he protests loudly!! And this goes on for hours! Moms are concerned that they “do not have enough milk” and are “starving their baby”. That is **NOT** the reason for this behavior.

This sudden awakening is because your breast is the most comforting place your baby can be. It’s the place where he can hear your heartbeat and soothing voice – it’s the closest to home!

This pattern during the 2nd night is universal for all babies! Remember – your baby needs you right now – you are not “spoiling your baby”.

**So what do you do??**

- First of all, know that this is **normal newborn behavior**!
- Newborn babies cluster feed for several hours at a time – for snuggling and your colostrum!
- A good latch is important during cluster feeding to prevent sore nipples.
- The best thing to do after a good feeding is to let your baby fall asleep at the breast.
- Then gently slide your nipple out of your baby’s mouth.
- Don’t move – don’t burp – just snuggle with your baby until he falls into a deep sleep.
- Then gently transfer him to a bassinette.
- The “second night” reassures your baby that you are still with him **and** increases your milk supply!
- Be aware that this can happen at home too – your baby may need some extra snuggling after a very busy day.
Breastfeeding

ENGORGEMENT

What is it?

- Engorgement happens within 3-6 days after you have a baby, lasting for 2-14 days.
- Your “milk is in”, meaning your mature milk volume is rising.
- There is also increased blood flow and tissue swelling in the breast.

Signs to look for:

- Swelling, hardness, or heavy feeling in breasts and armpits.
- Breasts feel uncomfortable with swelling.
- Breasts or body temperature may feel warm.
- Baby's stool changes to yellow, runny, and seedy.

Treatment:

- Lay back and wrap cool compresses (ice packs, frozen bag of corn) around outer edges of breasts for 5-10 before and after feedings. Not on nipples at all.
- Massage breasts before feeding, from chest wall, to nipples for 5 minutes.
- Feed baby often, at least every 2-3 hours. Don’t skip night feedings.
- Take Motrin as prescribed by your doctor during the engorgement period.
- You can pump your breasts for a few minutes after feeding if they are still swollen and feel uncomfortable. Do not over pump, only pump as needed.

Latchling difficulties with engorgement:

Often your breasts can get very swollen and your nipple flattens out, making it harder to latch.

- Hand express or pre-pump for 2-5 min to relieve pressure and baby can latch better.
- Reverse pressure softening before feeding (or before pumping). Lean back.
  1. Place two fingers from each hand on each side of the nipple. Press for 15-30 seconds.
  2. Move your fingers ¼ turn, your fingers will now be above and below the nipple. Press for 15-30 seconds. Repeat for 2-5 minutes to decrease swelling in areola.

- Wear a well-fitting bra without underwire.
- If baby is not latching and feeding, you can pump for 15 min after each attempt and give baby your pumped milk. Please call the Bronson Breastfeeding Center for assistance.
Breastfeeding

BRONSON MOTHERS’ MILK BANK

A mother’s own milk is the best food for her baby. In the absence of own mother’s milk, milk from healthy donor mothers is the best option. Our mission is to provide donor human milk to premature and sick babies whose mothers are unable to provide their own milk, or who have a low supply of milk.

Donor Human Milk Bank
A donor human milk bank carefully screens healthy, breastfeeding women and accepts their donations of surplus milk. The milk is pasteurized and tested to make sure that no bacteria exist, and frozen until it is prescribed by a physician. Bronson Mothers’ Milk Bank operates under the guidelines of the Human Milk Banking Association of North America.

Benefits of Donor Human Milk
The American Academy of Pediatrics supports using donor human milk when breastfeeding isn’t possible. Research shows human milk helps sick and premature babies have better outcomes. It is easier for babies to digest and offers better nutrition than infant formula. Premature babies are six to ten times more likely to become seriously ill when fed infant formula than when fed human milk. Full term babies also benefit from the milk because their intestines are not exposed to foreign fats, proteins and carbohydrates from infant formula that can hinder the normal immune modulation that occurs in the first days after delivery.

Milk Bank Donors
Milk donors are the foundation of our milk bank. They are healthy women who set aside time to express extra milk for the good of other babies. The milk bank carefully screens all donors. Donors must have a healthy lifestyle and be willing to have blood tests to rule out infectious diseases.

Donating to the Bronson Mother’s Milk Bank is easy. Mothers who would like to donate their milk can call (269) 341-6146.

Donor Milk Recipients
Donor human milk is prescribed to treat infant conditions such as prematurity, malabsorption, formula intolerance, immunologic deficiencies, congenital anomalies and post-operative nutrition. It is also prescribed to treat maternal conditions such as adoption, lactation failure, interruption in breastfeeding due to mother’s illness, and when own mother’s milk poses a health risk to her baby. If you are a physician and wish to order donor human milk, contact Bronson Mothers’ Milk Bank at (269) 341-6146.
By breastfeeding, you are providing the world’s only true *Super Food* for your baby. To help your body make this incredible food for your baby, it is important that you nourish your body very well. Here are five quick tips to get the nutrition you need to make sure your baby gets the very best nutrition also.

**The best way to eat is to eat a Nutrient Dense diet.**

Nutrient Dense Foods are packed with the most nutrients (vitamins, minerals, healthy fats, protein, and fiber) per calorie.

**Eat and drink often!**

Have several small meals and snacks throughout the day. Just as your baby eats every few hours, let no more than 3 hours go by without a snack and some water for you. This will make sure that you can take in enough calories and fluids to support your body in making milk and keeping a good supply.

**Healthy Carbs (carbohydrates):**

Choose whole grain breads and pasta and brown rice to get the most fiber and vitamins and minerals. Whole fruits and veggies are great carbohydrate sources of vitamins, minerals and fiber. Dried fruits are especially high in iron, important to replenish your body’s stores and allow your milk to contain iron for your baby. Carbs should make up 45-65% of your total food calories every day and getting enough of these and enough total food will help you make lots of milk.

**Healthy Protein:**

Choose lean meats like skinless chicken, fish, and baked or broiled meats instead of fried. Nuts, eggs, beans, and low-fat dairy like yogurt, cheese, and skim milk are also great protein choices. Protein helps build and repair our body’s cells and gives a feeling of fullness from meals and snacks when we feel hungry. Meats and beans are good sources of iron and dairy contains calcium—both are important nutrients for you and your baby.

**Healthy Fats:**

Including lots of omega-3 fat, also called DHA, is very important for breastfeeding moms because DHA is needed to build baby’s brain and nerves. Fish, walnuts, and flax seeds are great sources of omega-3 fat. Other healthy unsaturated fats come from olive and canola oils, nuts, and avocados. Be sure to get plenty of healthy fats to make sure you feel satisfied and have enough energy to feed your baby.
Breastfeeding

ONE DAY SAMPLE MENU

Use this sample menu as a guide to including all five of the breastfeeding nutrition keys listed above. Feel free to substitute or change these menu choices to add variety and suit your tastes.

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Mid-morning snack</th>
<th>Lunch</th>
<th>Mid-afternoon snack</th>
<th>Dinner</th>
<th>Evening snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eggs, turkey sausage, whole wheat toast, fresh fruit</td>
<td>Low-fat yogurt and handful of peanuts</td>
<td>Salad with grilled chicken, vegetables, cheese, avocado, and balsamic vinegar and olive oil dressing &amp; whole-grain roll</td>
<td>Whole-grain tortilla roll-up with cheese, apple</td>
<td>4 oz. broiled or grilled salmon, roasted redskin potatoes, broccoli.</td>
<td>High-fiber cereal with low-fat milk</td>
</tr>
<tr>
<td>8 oz. Low-fat milk, 16 oz water</td>
<td>16 oz water</td>
<td>16 oz water</td>
<td>16 oz water</td>
<td>16 oz water</td>
<td></td>
</tr>
</tbody>
</table>

**More Snack ideas**

- ½ cup cottage cheese (low-fat) (Tip: add fresh fruit)
- ½ cup trail mix (nuts and dried fruit)
- Raw vegetables (carrots, green pepper, broccoli, cauliflower, celery) with peanut butter or hummus
- Whole fruit with sliced cheese
- ½ cup tuna, chicken, or egg salad (Tip: try wrapping the salad in large leaf lettuce for a crunchy lettuce wrap)
- Protein or fiber bar with less than 3 grams sugar
- Cheese stick/string cheese
- Slice of lean turkey or other deli meat roll-up around low-fat cream cheese (Tip: add olives or leftover cooked broccoli or peppers)
Breastfeeding

BREAST MILK STORAGE

<table>
<thead>
<tr>
<th>Freshly Expressed Milk</th>
<th>Temperature</th>
<th>Storage Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm room</td>
<td>80-90°F/27-32°C</td>
<td>3-4 hours</td>
</tr>
<tr>
<td>Room temperature</td>
<td>61-79°F/16-26°C</td>
<td>6-8 hours</td>
</tr>
<tr>
<td>Insulated cooler</td>
<td>5-59°F/-15-4°C</td>
<td>24 hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Refrigerated Milk</th>
<th>Store in back of fridge <strong>NOT</strong> in door</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh milk</td>
<td>32-39°F/0-4°C</td>
</tr>
<tr>
<td>Thawed milk</td>
<td>32-39°F/0-4°C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frozen Milk</th>
<th>Store in back of freezer <strong>NOT</strong> in door</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freezer compartment of refrigerator</td>
<td>0°F/-18°C</td>
</tr>
<tr>
<td>Chest or upright deep freezer</td>
<td>-4°F/-20°C</td>
</tr>
</tbody>
</table>

- If you aren’t sure the milk is still good, smell/taste it. If it smells fresh and tastes sweet, it is fine.
Collection and Storage of Breast Milk

- Wash hands before expressing or handling breast milk.
- Suggested containers are glass or plastic bottles with solid caps to provide an airtight seal. Disposable milk-storage bags are also acceptable.
- To avoid 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.
- When you pump both breasts at the same time, you can combine the two bottles of milk into one when you have finished.
- You may add your breast milk to milk that you pumped previously within a 24-hour period. First, chill both bottles of breast milk in the refrigerator, and then pour them together.
- Label and date each container.

Use of Stored Breast Milk

- Thaw frozen milk in refrigerator. This may take up to 12 hours.
- Do **not** let milk stand at room temperature to thaw.
- Thawed milk may be kept in the refrigerator for 24-48 hours.
- Warm milk in a bottle warmer or by placing it in a bowl of warm tap water until room temperature is achieved.
- **NEVER USE A MICROWAVE OR STOVETOP TO THAW OR WARM MILK.** Not only can microwaves destroy nutrients in the milk, they can heat unevenly and may burn the mouth or throat of your baby.
- Once a bottle of breast milk is offered to baby, it should be finished with that feeding. Some mothers have put bottles back into the refrigerator so that the baby can finish it at the next feeding. If you do this, be sure to put the unfinished bottle back into the refrigerator until the next feeding. Use that bottle within four hours from when the baby first started feeding from it.
- When breast milk sits in the refrigerator or freezer, the richer milk will rise to the top of the bottle. Gently swirl the milk after it is warmed to mix the components.
Breastfeeding
COMMONLY ASKED QUESTIONS

**When will my breast milk 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 breast milk) to transitional milk, its color will change from yellow to light yellow or whitish yellow. Your mature milk, which comes in by two weeks after the birth of your baby, will also be thin and may have a bluish-white color.

**How often should I feed my baby?**

Breastfeed your baby on demand or as much as your baby wants. By three or four days old, babies should breast feed at least eight times in 24 hours. Most babies want to breastfeed more frequently at night.

**How long should I breastfeed during each feeding?**

Initially, your baby may actively suckle only for 5-10 minutes. After the first few days, breastfeed at least 10 minutes or longer (up to 20 minutes per side) until your breasts feel softer and your baby seems content.

**How do I know the feeding is going well?**

- **Listen** for swallowing during the feedings
- **Look** for milk around baby’s mouth or your nipple
- Breasts should drain and **feel** softer as the feed progresses.
- Nipples should not feel painful during the feeding.
- Feeding for 10 minutes or longer will allow baby to get the richer hindmilk.
- Sometimes your baby may only feed on one breast. If this happens, start on the opposite breast the next feeding.

**How do I know if my baby is getting enough?**

- In the first 24 hours after birth, your baby should have one wet and two to three stools.
- By day two, your baby should have two or more wets and one to two stools.
- Day three, your baby should have three wet diapers and three or more stools.
- As your milk supply increases (within 3-5 days after birth) you should look for 5-6 wet diapers every 24 hours.
- As your milk supply increases within 3-5 days after birth, you should notice:
  - breast fullness in between feedings
  - baby swallowing during feeding
• your breasts feeling softer after feeding
• tingling in the breast as your milk “lets down” or releases
• leaking from one breast as baby feeds on the other

• Once your milk supply is established (1-2 weeks after delivery), your baby should have:
  ▶ 8 to 12 feedings in 24 hours
  ▶ at least 6-8 wet diapers in 24 hours
  ▶ at least 2-4 soft, yellow, seedy stools in 24 hours
  ▶ quiet, content periods after breastfeeding

**What should I do if my baby seems sleepy and does not wake for feedings ....loses interest easily....does not feed vigorously?**

• Watch for hunger cues (eyes fluttering, lip smacking, bringing hands to mouth, thrusting his or her tongue, rooting, or trying to suckle)
• During the day, wake baby every 2-3 hours to encourage at least 8 feedings in 24 hours.
• To awaken baby, try unwrapping blankets, placing baby skin to skin (in diaper, laying on belly between mother’s breasts). It may take 20-40 minutes for baby to go through another sleep cycle. When baby shows cues, bring baby to awake state by removing from chest, talking to baby, and rubbing her back. It may help to change her diaper or try burping her.
• It may be ok to allow baby a 4 hour stretch of sleep at night unless baby is not feeding 8-12 times in 24 hours or if your pediatric care provider recommends waking her at night for feedings.

**What should I do if baby seems frantic when we begin feedings?**

• Begin feedings when your baby is showing early feeding cues; do not wait until your baby cries or she may become too frantic to suckle.
• Use slow, gentle movements and provide a quiet environment
• Use skin to skin contact
• To decrease the time from “latch” to “let-down,” massage your breasts for a few minutes prior to latching and express a few drops of milk onto nipple before feeding.
• If your breasts are very full or engorged, soften them by expressing milk by hand or electric pump so your baby can easily latch on.

**My baby wants to breastfeed all of the time! Is this normal?**

• This is normal due to “growth spurts” which are predictable periods when a baby will want to feed more frequently than before. These normally occur at 7-10 days, 3 to 6 weeks and monthly until 6 months.
• These periods can last from 24-72 hours. During these times, it is important to feed your baby on demand or as much as he or she wants. Breastfeeding on demand will meet our baby’s needs.

• As your baby feeds more frequently, your body will respond by producing more milk and baby will be more satisfied.

Will breastfeeding be painful?

• If you have positioned your baby correctly, with each suckle you should feel pulling, tugging, or pressure on the breast. While the initial latch-on can be uncomfortable at first, once baby’s latch is adjusted and rhythmic suckling begins, breastfeeding should not hurt.

• It is normal to experience uterine cramping during feedings in the first few weeks.

• A breastfeeding mother should not experience blisters, bruising or cracks on her nipples. The skin should remain intact and the nipple should appear round and elongated when baby comes off the breast.
Breastfeeding
BABY TALK SUPPORT GROUP

Moms, dads or other caregivers with infants up to one year old can network with other parents and share the joys and trials of caring for a new baby.

Bronson’s Connie Koning, an experienced Registered Nurse, will take part in the conversation & can answer questions about child development and health.

A lactation consultant from Bronson’s Breastfeeding Center will be available once monthly to answer questions & provide breastfeeding support.

A children’s librarian will provide age appropriate books & have a story-time at one session each month as well.

Registration is NOT required for this free program, participants attend on a walk-in basis.

Wednesdays, 1:30-3:30 at the Oshtemo Library Community Room

For any questions, call Connie at (269) 341-7521
## Pumping, Giving Bottles, and Going Back to Work Ideas

<table>
<thead>
<tr>
<th>1st two weeks after delivery</th>
<th>2 to 3 weeks of age</th>
<th>3 to 4 weeks of age</th>
<th>4 weeks of age until back to work</th>
<th>Planning for pumping at work</th>
<th>Returned to work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoy breastfeeding your baby! Don’t pump unless you absolutely need to. *see page on engorgement tips</td>
<td>Pump both breasts once every day for 5 minute sessions after the morning breastfeed for extra milk to store.</td>
<td>You or another caregiver- give your baby a bottle with breast milk. May give 2 to 3 bottles per week if baby takes it well May need to give a bottle more often (once a day) if baby does not take it well so that he/she will accept it when you are away Be careful: Remember bottles flow faster than the breasts initially. Too many bottles can make transitioning between the breast and bottle more difficult *always use a slow flow nipple May pump both breasts twice daily for 5 minutes after breastfeeding</td>
<td>To continue building up your milk supply in the freezer: You may pump after 1 or more breastfeeds per day for 5 minutes</td>
<td>Figure out WHEN and WHERE you will be pumping while you are at work a few weeks before going back Pumping every 3 to 4 hours for 15 sessions is best You should be able to pump close to the amount needed for your baby for the next day at daycare</td>
<td>Stay well hydrated Eat Try to relax during you pumping sessions Lean on family, friends, and a Lactation Consultant for support</td>
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</tbody>
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*Bronson Breastfeeding Center & Milk Bank (269) 341-8849*