THE VERA ZILBER BIRTH CENTER

Infant Feeding Guide



Adventist Health Castle

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Your breast milk is the perfect food for baby

The American Academy of Pediatrics recommends exclusively breastfeeding for the first six months of life to provide optimal growth and development.

Colostrum is special milk that is yellow to orange in color, thick, and sticky. It is low in fat, and high in carbohydrates, protein, and antibodies to help keep baby healthy. Colostrum is extremely easy to digest, which makes it perfect for baby's first meal. It is low in volume (measurable in teaspoons rather than ounces), but high in concentrated nutrition for the newborn. Colostrum has a laxative effect, helping baby pass their early stools, which aids in the excretion of excess bilirubin and helps prevent jaundice.

Foremilk is the first milk baby gets at the start of a feeding, which helps quench baby's thirst and contains less fat.

Hindmilk is the milk baby gets toward the end of a feeding. It is located in the back part of the breast, which contains the largest quantity of fats. These fats are essential for the growth and development of the baby.

Benefits of breastfeeding

Babies:

- Breastfeeding provides protection from many illnesses including diarrhea, eczema, childhood cancer, ear infections, and sudden infant death syndrome (SIDS). Research shows that formula-fed babies are 15 times more likely to be hospitalized in the first four months of life than breastfed babies.
- Breastfeeding provides long-term health advantages for baby, which includes fewer allergies and less incidence of diabetes, asthma, or autoimmune disorders.
- Breast milk changes to meet baby's nutritional needs as baby grows from day to day and month to month.
- Breastfeeding promotes brain growth with a lower incidence of learning disabilities.
- Breast milk is easy to digest and usually not constipating. No special diet is needed for a mother to produce the perfect breast milk for baby.
- Breastfed babies are held and cuddled frequently, which promotes less crying and is a good start for positive emotional health.
- Breast milk tastes different every time baby eats. It helps develop baby's sense of taste and smell.

Mothers:

- Breastfeeding reduces a mother's risk of premenopausal breast cancer and endometrial cancer.
- Breastfeeding also decreases the risk for diabetes. It aids in faster weight loss after pregnancy and reduces risk of excess bleeding after birth.
- Breast milk is always ready and available, which makes night feedings more restful. It's the ultimate convenience food.
- Breast milk is free and most pump parts are covered by insurance, while formula can cost up to $9,600 a year.

Baby-Friendly Hospital Initiative

Adventist Health Castle's Vera Zilber Birth Center is a Baby-Friendly designated facility. Your care will include following the 10 steps listed below.

The 10 steps to successful breastfeeding are:

1. Have a written breastfeeding policy that is routinely communicated to all staff.
2. Train all healthcare staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infant.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming in — allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.



2022–2027

Designated as a **Baby-Friendly Hospital** by Baby-Friendly USA

Consider this

- If baby cannot breastfeed due to medical reasons or is unable to latch successfully, pumping should be initiated as soon as possible.
- An unmedicated birth: Research shows that your baby's initiation to breastfeeding may be affected by the use of pain medications during the birth process. These medications can make your baby sleepy. There are many ways to help cope with the pains of labor (e.g., using a birthing ball, changing positions, walking, breathing and relaxation exercises, or a jacuzzi tub).
  http://www.aafp.org/afp/2001/0915/p981.html
- Think twice before offering your baby a pacifier because it takes time away from baby being on the breast. This suckling needs to occur at the breast to create demand for your milk supply over the next few days. Introduction of artificial teats should only occur after breastfeeding is well established and/or not until after the first month of life.

- Feeding formula can increase the risk of:
  - Sudden infant death syndrome (SIDS)
  - Ear infections
  - Asthma
  - Cancer
  - Diarrhea and constipation
  - Respiratory infections
  - Allergies
  - Obesity
  - Influenza
  - Food poisoning
  - Anemia
  - Delayed speech and language development
  - Appendicitis
  - High blood pressure
  - Diabetes
  - Multiple sclerosis
  - Schizophrenia
  - Tonsillitis
  - Thrush

Stuebe, Alison, MD, MSc. Rev Obstet Gynecol. 2009 Fall; 2(4):222-231. Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, University of North Carolina at Chapel Hill, Chapel Hill, NC.

The importance of the first hour

The first hour of baby's life is also called the "golden hour." Right after birth, babies are especially alert and ready to get to know you. Within the first couple of hours after birth, baby's senses are on special alert to connect with you in special ways:



Sight

The first action your baby wants to do after birth is look at you. Newborns are able to see from a distance of around 8 – 12 inches, which is about the same distance between a baby and their mother's face while breastfeeding. Newborns love to look at faces. They will spend their first few moments exploring the outline of your face and gazing into your eyes.



Hearing

While your baby is looking at you, talk softly so baby knows you are their mother. Your baby already recognizes the sound of voices and when you speak or sing softly, baby is excited to know, "This is my mother" or "This is my father."



Smell

Babies have a sharp sense of smell after birth and love the smell of amniotic fluid, which they have been swimming in during your pregnancy. After birth, a baby uses their tiny hands to spread amniotic fluid against your skin to guide them to finding the breast.



Taste

Babies have a lot of taste buds and prefer the flavor of your colostrum. Colostrum reminds baby of amniotic fluid, which makes baby eager to taste their mother's milk right after birth.



Touch

Your baby was snuggled within you during pregnancy and after birth. Your baby longs to stay in close contact with your body. Holding your baby skin-to-skin in the first hour or two after birth helps your baby stay calm and comforted while learning about this new world. If you are unable to do skin-to-skin right away, the father or a partner can provide this important bonding experience.



Skin-to-skin

Hold your baby skin-to-skin right after birth so baby can use all five senses to get to know you.

Here's how it works.

1. The nurse will wipe the baby off (so baby doesn't become cold when the moisture on baby's skin evaporates).
2. Snuggle your baby with their bare chest against your bare chest, in that cozy valley between your breasts. Baby's head should be placed on your breastbone or sternum.
3. Drape a blanket or your gown across your baby's back to keep both of you warm, and after you are cleaned up, bring the bed covers up over both of you.
4. While you and your baby are snuggling together, the nurse will stay in the room to make sure you and your baby are safe.

You and your support person should enjoy skin-to-skin far beyond the first few hours. Research has shown that optimal skin-to-skin time together in the first few weeks decreases the risk of mental health disorders in your infant as an adult, decreases postpartum depression, and aids in milk production. *https://doi.org/10.1542/peds.2015-2335*

Benefits of skin-to-skin

- Keeps baby warm
- Calms baby
- Decreases pain during interventions (such as vaccinations and blood draws)
- Regulates baby's heart rate and breathing
- Baby can easily express feeding cues
- Baby can move toward latching
- Long-term benefits include:
  - Increased milk supply
  - Decreased postpartum depression
  - Strong foundation of baby's trust and security

Breastfeeding positions

Good positioning and getting a deep latch makes breastfeeding comfortable and helps baby get the most milk. In order to achieve a deep latch, baby should be facing the breast and chest-to-chest with baby's ears, shoulders, and hips aligned. Baby's body is close and their neck is supported at the base. You will know your deep latch is good if it is comfortable and there is a slight tugging sensation (no biting or pinching pain). Baby should look relaxed and stay on the breast with baby's lips "flanged" or turned out and visible signs of swallowing are seen or heard. Here are some common positions:



Laid-back or biological nursing

This position involves getting comfortable with your baby and encouraging the natural insticts between you and baby. Find a bed or couch where you can lean back and be well supported — not flat, but comfortable. Lean back with your head and shoulders well supported. Place baby chest-to-chest and allow gravity to keep baby in position. You can also provide additional support behind baby's head or neck and to your breast to correct a latch.



Football hold position

This position involves sitting upright with good back support. Allow breasts to fall forward and place a pillow on the breastfeeding side for support. Then place baby with their feet to the back of your chair. Support baby's back with your forearm and grasp the back of baby's neck to provide support for their head. Place baby's nose to your nipple and wait until baby opens their mouth so you can move them onto your breast.



Cross-cradle position

Sit down in a comfortable chair and place a pillow across your lap to provide support for baby. Choose breast and take opposite arm across baby's back holding behind baby's neck and head while also providing support to baby's back. Then use your free hand (same side you are breastfeeding on) to support your breast and allow for a proper latch.



Side-lying position

Lay on your side with your breast exposed. You can then extend your arm above your head or down and around the backside of baby. Extending your arm above your head helps protrude your breast for an easier latch. Ensure the safety of your baby by laying on a firm surface with a rail if not laying on the floor. There should also be no loose bedding nearby.

Baby's first breastfeed

After resting for a while on your bare chest, baby will begin to move toward your breast to get a better look at you. This period of gazing may last around 10 minutes. Baby will show they are ready to eat and will start searching for the breast. When you see baby making suckling movements or bringing their hands to their mouth, offer the breast. Rather than helping baby latch, follow your baby's lead and just watch while baby seeks your breast on their own.

At first, baby may lick around the nipple. This is how baby is learning to use their tongue to breastfeed properly. Wait while baby licks and learns to place their tongue underneath the breast. Allow baby to feed at the breast for as long as they want and make adjustments to the latch if you notice baby is only on the tip of the nipple.

Signs your baby is interested in suckling:



Licking lips



Stirring or rooting



Sucking movements



Hand in mouth



Fidgeting

If medications, including an epidural, were used during your labor and delivery, it may take baby a little longer to feed. Keeping baby skin-to-skin with you will help baby become more alert and interested in breastfeeding.

Rooming-in

Your baby will be with you throughout your hospital stay (unless medically unable). The benefits of rooming-in are:

- Learning your baby's cues
- Ample time for bonding and skin-to-skin
- Building your confidence in caring for your baby
- Feeding your baby on demand

Baby-led feedings

Follow your baby's cues and give them the opportunity to latch early and often. The more often they feed, the better your future milk supply will be. Their job is to demand, demand, demand, which will cause your milk supply to increase over the next few days. The more frequent your baby feeds, the more milk they digest.

We are available to help

The Birth Center staff understands the importance of that first hour after birth and the impact it has on successful breastfeeding. Be prepared to limit your visitors during this "golden hour."

As long as your baby is stable, your baby will be placed on your chest and routine procedures will be delayed until after baby's first breastfeeding session.

Postponed procedures are:

- Weighing baby
- Bathing the baby
- Placing antibiotic ointment in baby's eyes and giving a vitamin K injection

All staff have received special training to help you and your baby get off to the best possible start with feeding. Please don't hesitate to ask for guidance!



Baby's second night

You have made it through your first 24 hours as a new parent and now it is your baby's second night.

All of a sudden, your little one discovers that they are no longer back in the warm and comfortable — although a bit crowded — womb where they spent the last nine months. Baby isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs, or comforting gurgling of your intestines. Instead, they are alone in a crib with a diaper, onesie, and hat on while swaddled tightly in a blanket. All sorts of people have been handling them, and they are not accustomed to the new noises, lights, sounds, and smells. However, baby has found their voice and you may find that each time you take baby off your breast where they drifted off to sleep, they protest loudly.

In fact, each time you put baby back on the breast, they will nurse for a little bit and then go back to sleep. Then as you take baby off the breast and put them back in their bassinet, they may cry again and start 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 is baby's sudden awakening to the fact that the most comforting and comfortable place for them is at the breast. It's the closest to "home." It seems that this is pretty universal among babies, and lactation consultants all over the world have noticed it.

So, what do you do? When baby drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of their mouth. Don't move them except to pillow their head more comfortably on your breast. Don't try to burp them, just snuggle with baby until they fall into a deep sleep where they 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 half hour or so. If they start to root and act as though they want to go back to nursing, that's fine, this is their way of settling and self-comforting.

This behavior may happen when baby's environment changes, such as going to the doctor, church, or even grandma and grandpa's house. Don't let this discourage you because sometimes babies just need extra snuggling at the breast. The breast is "home" to baby.

By Jan Barger, RN, MSN, IBCLC

Another helpful hint is to refrain from putting mittens on baby's hands. In utero, baby loved sucking on their fingers anytime they were the slightest bit disturbed or uncomfortable. Putting mittens on their hands doesn't allow them to self-soothe and babies need to touch and feel. Baby's touch can even increase your milk supply, so please remove any mittens so baby can get to their hands. Baby might scratch themself, but they will heal quickly. It's important to remember they didn't have mittens when they were inside you.

About your baby's feedings and diapers

Your Baby's Age	Week 1							Week 2	Week 3
	Days								
	1	2	3	4	5	6	7		
Breastfeeding Sessions During a 24-Hour Period	Your baby is feeding 8 – 12 times per day and they are suckling strongly, slowly, steadily, and swallowing often.								
Your Baby's Tummy Size	Cherry ½ – 3 teaspoons		Walnut ½ – 1 ounce		Small apricot 1 – 2 ounces			Large egg 2 – 3 ounces	
Wet Diapers						At least 5 – 6 pale yellow or clear			
Soiled Diapers	1 black	2 dark	3 brown	3+ soft, yellow, seedy					
Your Baby's Weight	Babies lose an average of 5 – 7% of their birth weight in the first three days after birth				From day four and onward, your baby should gain 2/3 to 1 1/3 ounces per day and regain their birth weight by 10 – 14 days.				
Growth Spurts	Babies often experience a sudden burst in growth — a growth "spurt" — at certain times within their first few weeks. During these growth spurts, your baby may want to nurse more than usual. These growth spurts usually occur during days 2 – 3, days 7 – 10, weeks 2 – 3, weeks 4 – 6, month 3, month 4, month 6, and month 9.								

"Breastfeeding: Guidelines for Consultant's – Physician's Desk Reference," Page 1, Best Start Resource Center – Breastfeeding, Health Nexus, Revised 9 March 2009,

Am I producing enough milk?

Is baby happy and content after eating?
Is baby gaining weight?
Is baby wetting six diapers a day?

If you answered yes to these questions, then you are producing enough milk for your baby.

The key to a good supply is a good start

- Perform skin-to-skin with baby immediately after delivery and as often as possible.
- Recognize infant feeding cues. Crying is a late cue.
- Nurse 8 – 12 times in a 24-hour period. There is no such thing as nursing too often.
- Encourage baby-led feedings and switch breasts when baby is finished or has emptied the first breast. Baby may only feed on one side at a time. If so, alternate sides during each feeding.
- Expect cluster feedings. These frequent feedings with varying patterns occur during growth spurts.
- The more frequently baby nurses, the more milk you will produce.

When to pump

There is no need to pump if all is going well with breastfeeding. Signs of a good feeding are:

- A comfortable latch
- An active feeding cycle of three or more suckles followed by a pause, which is repeated for a minimum of 7 – 10 minutes.
- Seeing and/or hearing swallows
- Peeing and pooping as expected



However, if not feeding well or you are/will be separated from your baby — you will need to pump to keep your supply up.

- Pump for 15 minutes with a double electric pump.
- Lightly massage your breast to stimulate oxytocin (using a hand-free pumping bra is a great option).
- Use relaxing techniques (e.g., music and/or aromatherapy).
- Cover the flanges and bottles to avoid stressing about the current output.
- Hand expression is also an option.

When in doubt, pump some out

Supplementing with formula in the first few weeks can confuse your baby and also cause issues with breast milk supply.

If your baby is needing "extra" milk, start with pumping and/or hand expression. This stimulation and demand will protect your supply and help meet your baby's feeding needs.



Support person's role in breastfeeding

You and your partner have made a wonderful decision to breastfeed your new baby. It is unlikely that this was something you learned about in school, and you may be wondering about your role. Learning about breastfeeding is the first step to becoming an effective support for your partner. This support is key to successful breastfeeding.

What can I do for mom and baby?

Help with baby care: Feeding is only one of the many important tasks involved in the nurturing and caring for your baby. Comforting, bathing, changing diapers, playing, walking, and singing are all activities you can share with your baby.

Give mom encouragement: Since you want what is best for baby, provide encouragement when your partner feels discouraged. Half of all American women who breastfeed give up in the early weeks of breastfeeding, usually because they think they don't have enough milk. If she is worried about her milk supply, encourage her to nurse more often.

Help mom feel comfortable: Observe her breastfeeding in the early days. Does she look relaxed? Does she need an extra pillow, a glass of water, a neck or shoulder massage, or just a hug and kiss? Help her get enough to eat by bringing her a nutritious snack and encourage her to rest while the baby is sleeping during the day.

How can my support team help?

Give mom a break: Give mom a chance to have some time just to herself by assuming care of baby for an hour or so. This can be a special alone time for you and your baby. Here are some suggestions for how you can interact with baby:

- Babies love contact and need to be held to feel loved and secure. Touch, stroke, or hold your baby. Take this time to change or bathe baby.
- Babies need visual stimulation. Take time to look at each other's faces. Talk to baby. Take baby on a guided tour of your home, go for a walk and allow baby to look at the world over your shoulder.
- Babies need interaction. As you hold your baby, make the same sounds that they make. It can become a game even when babies are very young. Talk, sing, and read to baby.

Be a breastfeeding advocate: An advocate is a person who speaks for another person when they cannot speak for themself. An advocacy role can take many forms.

Answer the telephone or doorbell when your partner needs rest or desires privacy for nursing.

Bring baby to mom and return baby to bed afterward if mom desires. This is an easy way to show your love and support.

Voice your support to well-meaning people who make statements like, "Are you sure she has enough milk?" You can answer by saying baby is getting more than enough because she is gaining weight and making lots of dirty diapers.

This period in life when baby is young and nursing seems never-ending; however, this is a very short time in baby's life. Both mothers and their supportive partners often look back on the experience with pride. Many women look back at this time and say, "I couldn't have done it without the support from my partner."



Common myths with breastfeeding

Many women do not produce enough milk.
False. The majority of women produce more than enough milk. In fact, an overabundance is common. Poor weight gain or growth is often the result of inadequate milk transfer due to a poor latch.

It is normal for breastfeeding to hurt.
False. Though tenderness during the first few days is common, any pain should be temporary and should not be so bad that you dread feeding your baby or cringe every time baby feeds. If this occurs, it is recommended to see a lactation specialist for assistance.

There is not enough milk the first 1 – 4 days of life.
False. Baby's first milk is called colostrum, or what lactation specialists refer to as "liquid gold." This special milk has all the nutrients and immunities essential for baby to fight infection. Although you may only produce a few drops during baby's first 24 hours, this amount is more than enough to sustain baby until mother's milk should "come in" between 3 – 5 days after birth.

Time feedings so baby can feed on both breasts.
False. It is not recommended that you limit baby to 10 – 15 minute feeds on each side. As long as baby has a good latch and is feeding well, it is important for baby to stay on one side until the breast is empty.

Keeping baby on one side will allow baby to receive both foremilk and hindmilk for a satisfied baby.

Baby has to eat every 3 – 4 hours.
False. Newborn feedings cannot be scheduled and baby will cluster feed with back-to-back feedings for several hours. You may get several hours of a break while baby sleeps. Feeding a minimum of eight times in 24 hours should provide baby enough nourishment and stimulate adequate milk production.

Breast fed babies need water in hot weather.
False. Breast milk contains all the water a baby needs.

Mothers should wash their nipples before feeding baby.
False. Breast milk actually protects the baby against infection and has properties that prevent bacterial growth. Wiping the nipples may cause unnecessary friction and possible trauma. It also wipes away protective oil and scent from the nipple. It is best if you use expressed breast milk as a lubricant or healing agent between feedings.

Pumping is a good way to determine if mom is producing enough milk for baby.
False. The best indication of whether you are producing enough milk is if baby is satisfied after feeding, gaining weight, and is producing an adequate amount of dirty diapers during a 24-hour period.

It is easier to bottlefeed than to breastfeed.
False. The key to successful breastfeeding is a proper start and a good support system. Although the initial phase of breastfeeding is more work than bottlefeeding, breastfeeding becomes much easier over time, doesn't cost anything, and doesn't involve prepping or washing bottles.

Breastfeeding ties the mother down.
False. A baby can be nursed anytime and anywhere, making breastfeeding very liberating. Breastfeeding also creates a special bond between you and baby and doesn't involve preparing, cleaning, or sterilizing bottles.

Breastfeeding doesn't allow the father to get involved.
False. The father or support person can be instrumental in successful breastfeeding. They can help with all the other aspects of caring for the baby.

Hand expression

Use hand expression to express droplets of breast milk to:

- Feed and help wake a sleepy baby
- Calm a very hungry baby
- Relieve engorgement
- Place on tender/damaged nipples to help soothe
- As a technique to remove milk when baby is not able (comparable to using a breast pump)

Scan QR code to watch an informative video on hand expression

See video at med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html

Hand expression routine:

1. Lightly massage and stroke breast.
2. Position fingers behind areola.
3. Press back toward the chest.
4. Compress fingers together to express milk.
5. Relax and repeat, getting a rhythm going.
6. Express for 5 – 7 minute.
7. Move fingers to a different position.
8. Massage and stroke the breast.
9. Press back toward the chest.
10. Compress fingers together to express milk.
11. Express milk for 3 – 5 minutes.
12. Massage and stroke breast.
13. Move fingers to a different position.
14. Complete cycle takes 20 – 30 minutes.



Types of breast milk	Storage location			
	Countertop 60 – 80°F (16 – 29°C) (room temperature)	**Refrigerator** 40°F (4°C)	**Freezer** 0°F or colder (-18°C)	**Deep Freezer** -4°F (-20°C)
Freshly expressed or pumped	**4 – 8 hours** **4 hours ideal**	**4 – 8 days** **4 days ideal**	**3 – 6 months** **3 months ideal**	**6 – 12 months is acceptable**
Thawed or previously frozen	**1 – 2 hours**	**Up to 1 day (24 hours)**	**Never refreeze breast milk after it has been thawed**	
Leftover from a feeding (baby did not finish the bottle)	**Use within 2 hours after the baby is finished feeding**			

Sources: The Academy of Breastfeeding Medicine, CDC and Human Milk Banking Association of North America

To thaw milk

- Thaw slowly in the refrigerator (this takes about 12 hours). Try putting it in the refrigerator the night before you need it. Avoid letting milk sit out at room temperature to thaw.
- For quicker thawing, hold a container under cool running water and gradually increase temperature.



To warm milk

Heat water in a cup or a small container, then place frozen milk in the water to warm or use a bottle warmer.

- **Never** microwave breast milk or heat it directly on the stove.
- The cream will rise to the top of the milk during storage. Gently swirl (do not shake) and check the temperature before offering it to baby. **If baby does not finish the milk, it can be offered to baby at the next feeding.**

Common occurrences

Breast changes

Your mature milk (increase in quantity and change from colostrum to mature milk) should "come in" between 3 – 5 days of birth. As the breasts fill, they will become warm and much fuller. It may start to become uncomfortable if baby isn't able to nurse or empty part of the breast.

Let down

Some women feel a tingling sensation as the milk "lets down," which can occur any time before or during the feeding, while other women may not feel anything at all during the let down. Some women can also have a let down when they hear the baby cry or with any stimulation to the breast.

Engorgement (Full, tender and/or swollen breasts)

To minimize engorgement, nurse often, don't skip feedings (even at night), ensure a good latch and proper positioning, and let baby finish the first breast before offering the other side. Hand express a small amount of milk for comfort if baby cannot feed on both breasts. If baby is having trouble latching due to engorgement, use reverse pressure softening (place fingers around nipple, push back in towards chest wall). Additionally, a cold compress and light lymphatic breast massage between feedings can help reduce swelling and increase milk output.

Blocked milk ducts

Blocked ducts can occur from engorgement, inadequate emptying of breasts, pressure from tight clothing or bra (especially bras with underwires) or sleeping position. Mom can be more prone to blocked ducts if she is fatigued, stressed, anemic or has a weakened immune system. If you feel a hard, tender, lumpy nodule in your breast, gently massage it as baby is feeding to help the duct open and release the milk. Follow up with a call to lactation support.

WHEN TO CALL FOR HELP

- When you have a question about breastfeeding
- When baby has fewer wet or dirty diapers than expected
- When baby has dark colored urine after day 3 (It should be pale yellow)
- When baby has dark colored stools after day 4 (It should be mustard yellow, with no meconium)
- When baby is not nursing because they are too sleepy, especially if the whites of their eyes are yellow
- When you experience symptoms of mastitis (sore and/or swollen breasts with fever, chills and flu-like symptoms)
- When you have a rash on your breast with painful razor or stabbing needle-like sensations inside
- When you want to give baby formula

Scan QR code to access more resources or visit AdventistHealthCastle.org/Maternity. Please call Adventist Health Castle's lactation line at 808-263-5083 with any questions.

Feeding log for first week of life

Circle one number per feeding and write in the start time below.
Circle **W** for when your baby has a wet diaper and **S** for any soiled diapers.
Any additional diapers beyond the daily goal, write in a **S** or **W**. This is a sign of good quality breastfeeding.

Day 1 First 24 hours of life	**Goal:** Attempt 8 feedings • 1 wet diaper • 1 black soiled diaper											
Feedings	1	2	3	4	5	6	7	8	9	10	11	12
Time feeding started												
Wet diapers	W											
Black soiled diapers	S											

Day 2 48 hours of life	**Goal:** 8 good feedings* • 2 wet diapers • 2 brown soiled diapers											
Feedings	1	2	3	4	5	6	7	8	9	10	11	12
Time feeding started												
Wet diapers	W	W										
Brown soiled diapers	S	S										

Day 3 72 hours of life	**Goal:** 8 good feedings* • 3 wet diapers • 3 green soiled diapers											
Feedings	1	2	3	4	5	6	7	8	9	10	11	12
Time feeding started												
Wet diapers	W	W	W									
Green soiled diapers	S	S	S									

Day 4	**Goal:** 8 good feedings* • 4 wet diapers • 3 yellow soiled diapers											
Feedings	1	2	3	4	5	6	7	8	9	10	11	12
Time feeding started												
Wet diapers	W	W	W	W								
Yellow soiled diapers	S	S	S									

Day 5	**Goal:** 8 good feedings* • 5 wet diapers • 3 yellow soiled diapers											
Feedings	1	2	3	4	5	6	7	8	9	10	11	12
Time feeding started												
Wet diapers	W	W	W	W	W							
Soiled diapers	S	S	S									

*__Good feeding:__ comfortable latch, rhythmic suckling pattern with pauses, swallows seen/heard, lasts at least 7–10 minutes.



From day 5 and beyond, your baby's daily goals should be at least eight good quality feedings, three to four soft, yellow stools and at least five wet diapers. By two weeks, your baby should be back to their birth weight or might even be bigger. For the following two weeks, your baby should have the same output pattern every 24 hours. The stooling pattern will change when your baby is about one month old. Talk to your pediatrician to learn more.

Doctors recommend exclusive breastmilk for the first six months. When your baby is around six months old, work with your pediatrician on introducing solid foods. It is recommended that breastmilk remains the primary source of nutrition for the first full year of life. The benefits go well beyond the first year. Keep breastfeeding until you or your baby decide to wean.

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Breastfeeding resources

Please scan QR code for up-to-date resources on breastfeeding, or visit **AdventistHealthCastle.org/Maternity**

What does it mean to deliver at a Baby-Friendly designated birth center?

Scan QR code to watch our short video about what to expect for your upcoming delivery at Adventist Health Castle's Baby-Friendly® Birth Center, or visit **AdventistHealthCastle.org/MaternityVideo**

Available classes

Adventist Health Castle Vera Zilber Birth Center's Education and Family Classes

- Giving Birth (3-week series)
- Natural Childbirth: The Bradley Method™ (12 sessions)
- Birth Center Tour
- Breastfeeding Basics
- Infant Safety and CPR
- Car Seat Check
- Mommy & Me Hui

Please scan QR code to see available family classes

Our lactation team

We can't wait to meet you and your baby.



Caitlin C., RN IBCLC



Brooke R., RN IBCLC



Anna W., RN IBCLC



Cassidy J., RN IBCLC



Joan T., RN CNM

Lactation line
808-263-5083

Your Baby-Friendly infant feeding education recap

The following topics are helpful with making an informed decision and getting feedings off to the best start. During your prenatal visits, you will be provided handouts, education, videos, and classes.

WHY BREASTFEEDING IS IMPORTANT

Benefits for the baby — Reduced risk of respiratory problems, diarrhea, constipation, ear infections, allergies, eczema, asthma, childhood cancer, and sudden infant death syndrome (SIDS).

Benefits for the mother — Reduced risk of breast and ovarian cancer, diabetes, faster weight loss after pregnancy, and less bleeding after birth.

GETTING YOUR BABY OFF TO A GOOD START

Non-pharmacologic pain relief measures in labor — There are many ways to cope with the pain of labor that do not involve medications that may make your baby too sleepy to breastfeed.

Importance of early skin-to-skin contact — Keeps baby warm, calm, and regulates heart rate and breathing. Often times your baby will move to the breast and start feeding on their own.

Rooming-In — Baby will be with you day and night so you can learn baby's cues and feel confident feeding and caring for them.

Baby-led feeding and feeding cues — Follow baby's cues and feed often to build a large milk supply. Frequent feedings mean more milk for baby.

MAKING BREASTFEEDING WORK

Importance of exclusive breastfeeding — Doctors recommend exclusive breastfeeding for the first six months. Then when your baby is around six months old, introduce solid foods and continue breastfeeding for at least a full year to make you and your baby healthier.

Effects of Supplementation — Supplementing with formula in the first weeks confuses baby, causes you to have engorged breasts, and decreases stimulation of milk supply. If you keep supplementing, your milk will gradually dry up.

Positioning and attachment — A deep latch and good positioning makes breastfeeding comfortable and helps baby get more milk.

CLASSES See QR code on opposite page	SCHEDULED	ATTENDED
Childbirth Class		
Breastfeeding Class		
Infant Safety/CPR		
Birth Center Tour		
Provider suggested classes		
Provider suggested classes		

VIDEO EDUCATION See QR code on opposite page	COMPLETED
What does it mean to deliver at a Baby-Friendly designated birth center?	

ADDITIONAL SUPPORT

Would you like a prenatal telephone call from the Lactation team?

If you do, leave a voicemail on our lactation line at **808-263-5083**.

Adventist Health
Castle

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