Breastfeeding 101

Answers to Your Breastfeeding Questions
And Everything You Need to Know to Get Started

Linda M. Hanna, RNC, MSN/Ed., IBCLC
Founder and Owner of My Nursing Coach®

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Getting Ready to Breastfeed

Breastfeeding Deserves a Special Place
Find a comfortable and peaceful place in your home that will help you feel relaxed. Look for a place that is away from noise and traffic.

You may want to have these items on hand and within reach:
• A supportive and comfortable armchair or rocking chair and footstool
• A number of different sized pillows to provide extra support
• A basket of wipes, diapers, baby clothes and washcloths
• A selection of healthy snacks and fresh water or juice

How to Wake a Sleeping Baby
Sometimes your baby will be sleepy and hard to wake. They may fall asleep while feeding. Here are some helpful tips for waking baby up:
• Undress your baby or change his or her diaper
• Hold your baby against your bare skin and breast
• Squeeze some drops of breast milk onto baby’s lips

Helpful Tips for Successful Breastfeeding
Before feeding, it may help to hold a warm washcloth on your breast. Gently massaging your breast may also stimulate the release of your milk.

If your breasts are overfull (engorgement), you may want to hand-express enough milk to make it easier for baby to begin sucking. Support your breast with your hand in a “U” shape below the breast with fingers behind the areola.

Bring baby’s body close to yours making sure that he or she does not have to reach or turn to latch onto your nipple. To provide extra support for large breasts, tuck a small pillow underneath.

If you like nursing in bed, trying “lying back” or “side lying” positions. To do these positions, make sure you and the baby are very good at latch on.
Colostrum & Breastmilk: Baby’s First Foods

What is Colostrum?
Colostrum is the first milk your breasts produce. It appears yellow because it contains a high level of carotene, a form of vitamin A. Colostrum is low in fat and high in protein, and is easy for your baby to digest.

As early as the second trimester of pregnancy, your breasts will being making colostrum. Small amounts of colostrum may leak from your nipples.

Colostrum is the way mommies provide their babies with essential proteins, vitamins and minerals, as well as antibodies that protect your newborn from bacteria and viruses. Colostrum works in many ways inside baby’s body. It coats the intestines and seals up any tiny holes. It acts as a laxative to help your baby expel the first tar-like stools known as meconium. (Eliminating meconium helps reduce the risk of jaundice.)

From Colostrum to Breastmilk
Several days after the birth of your child, your breasts will begin to produce larger amounts of milk. This milk will be thinner, whiter and higher in calories than colostrum. Nursing your baby soon after birth, and frequently, will encourage the production of breastmilk.

After the beginning of a feeding, your breasts produce low-fat milk. This milk is high in protein and lactose. As you continue to breastfeed, your breasts produce high-fat milk. This milk is higher in calories and fat, and helps keep the baby satiated while also supporting good weight gain.

Producing Breastmilk
When your baby starts sucking on your breasts, he or she stimulates the nerves in your nipple and areola. Your brain responds to this by releasing hormones that activate the milk-producing cells that release milk into the ducts of your breasts. This chain of events is known as the milk-ejection reflex, or “let down.”

Maintaining a full supply of milk can be achieved by breastfeeding frequently. You can also encourage milk production by allowing your baby to finish the first breast before offering the second. Doing this helps your infant receive the proper balance of low-fat milk and high-fat milk.

As your breasts fill with milk, they may become swollen, hard, warm and painful. This condition is
called **engorgement** and it is temporary. Breastfeeding frequently is the best way to relieve engorgement.

You can also find relief by placing a warm, moist washcloth on your breasts before breastfeeding, and then placing an ice pack wrapped in a towel on your breasts after each nursing session. **Only use ice in cases when your engorgement is very painful and not resolving with nursing or pumping.** Using ice to excess can decrease milk supply.

**The Mechanics of Breastfeeding**

- When you touch your nipple to baby’s lips, baby will open his or her mouth and bring his or her tongue out to scoop up the nipple.

- With baby’s lips creating a seal against your breast, he or she will begin to squeeze with gums, jaw and cheek muscles.

- Your baby’s tongue will move from front to back in a wave-like motion, pressing the nipple against the roof of his or her mouth.

- This undulating motion will make the milk flow from your breast into his or her mouth and will cause a swallowing reflex.

- Watch for this pattern: suck, swallow, breathe; suck, swallow, breathe; over and over again. Breathing pauses are 10-60 seconds before the next suck/swallow sequence begins.

![Diagram of the mechanics of breastfeeding]

**Remember...**

Your body needs plenty of nutrition to make breastmilk for your baby. Eat healthy foods, drinks lots of fluids including water and 100% fruit juice. Get plenty of rest between breastfeeding. Take care of yourself, both mentally and physically.
Is Your Baby Getting Enough Breastmilk?

New mommies frequently wonder if their babies are getting enough breastmilk. Paying attention to your baby’s behavior and biological rhythms will help you determine if he or she is getting enough to eat.

Your baby is on the right track is he or she...

• Breastfeeds 8 to 12 times a day
• Sucks and swallows while nursing
• Appears to be satisfied after feeding
• Is alert, active and appears to be healthy
• Makes 6 or more wet diapers every 24 hours (once your milk supply comes in, 3-4 days after birth)
• Makes 3 or more poopy diapers every 24 hours
• Has stools that change color from tarry black to greenish-yellow and then to mustard-yellow within the first 5 days of life
• Has reached his or her birth weight by the end of the second week and continues to gain weight steadily thereafter*
• Has a healthy skin tone (yellow color may indicate hyperbilirubinemia or jaundice)

*It is normal for a newborn to lose weight during the first few days of life

How Often Does My Baby Need to Eat?
When your newborn is feeding “well” there may be as many as 12 feedings in a 24-hour period. Yet, in many cases your baby may feed as few as 7 or 8 feedings in that same 24-hour period of time.

Cluster feedings as well as three to four hour breaks between feedings are completely normal. When a baby cluster feeds, he or she will eat once per hour for 10 to 15 minutes on one or both breasts for three or four hours in a row.

After a feeding burst like this, your baby may sleep for up to four hours before needing to be fed again. Babies may switch back to two hour breaks between feedings throughout the remainder of the day and then cluster feed again late in the day, or at night. There’s no way to predict this kind of behavior or to modify it. Just know that it is normal and is temporary. To determine if your infant is getting enough breast milk each day use the chart on the next page, and continue to monitor your baby’s weight gain by scheduling the routine pediatrician appointments.
The wet diapers may not be “soaking wet” but there should be some visible signs of urine present. You may even observe some chalky or red colored matter in the diaper. The color and the consistency of baby poop will change with each day.

In the beginning, a dark black sticky meconium is produced. This will then change to a lighter colored green, then brown, and then yellow or golden that has a thinner more watery consistency.

The yellow stools should also have a “seedy looking” particulate material that is visible in the diaper. Some diapers will be quite full with the bowel movement, making it hard to see if urine is present.

If your baby is wetting and pooping the suggested amount, and feeding well, the weight gain should be consistently climbing. Additionally, the baby should be calm and relaxed after feedings, sleeping well and not excessively fussy. If your baby does not seem to be on target with these guidelines, please contact your pediatrician and your lactation consultant for support.

Learn the Signals of a Hungry Baby

Keeping your baby close to you will help you learn to recognize the signs baby exhibits when he or she is hungry.

When baby is hungry...
• You may observe an increase in activity and movement such as stretching, looking around and moving his or her hands toward the mouth.
• Baby may make lip-smacking noises, suck on fingers and hands, or lick his or her lips.
• Baby may turn his or her head and open his or her mouth in search of your nipple. (This is known as the “rooting reflex” and is nature’s way of helping babies find the source of nutrition.)
• He or she may begin crying.

Learning to recognize the signs of hunger earlier can help you keep your baby calm and well fed.
Positioning

Positioning is the key to success. It can help promote successful breastfeeding and can also help prevent nipple soreness. There are a number of different positions to try. We suggest you use more than one position to stimulate and empty the different parts of your breast.

No matter which position you use, always be sure that you and baby are in a comfortable, relaxed position. Use pillows to support your arms and back. Your baby should be level with the breast and should not have to turn his or her head or reach out to latch on to your nipple.

Getting the Perfect Latch

Follow the steps below to be sure you are offering your breast correctly to your baby when you begin breastfeeding.

1. Touch baby’s lips with your nipple to start the rooting reflex. Some babies may lick the nipple a few times at the start.
2. When baby opens his or her mouth, quickly and firmly bring his or her mouth up onto your breast, chin first. (The lower jaw and lip should touch your breast first, followed by the upper lip.)
3. Make sure that both of baby’s lips are rolled outward to form a seal. Your baby’s tongue should be beneath your breast and above his or her lower gum.

A correct latch means that your breast fills baby’s mouth. His or her chin should press into your breast. His or her nose may touch lightly on your breast, but should be open to allow baby to breathe freely.

If necessary, support your breast from beneath so its weight does not rest on your baby’s chin or make the nipple fall out of your baby’s mouth.

Try these different positions to stimulate milk production and fully empty the breast.
The Cross-Cradle Position
1. Place a pillow on your lap to raise baby to the level of your breast.
2. To feed from your right breast, hold baby along your left arm.
3. Use your left hand to support his or her head.
4. Create a “U” shape with your right hand and lift your right breast from underneath.
5. Touch baby’s lips to your nipple.
6. Wait for baby’s mouth to form a big “O” shape.
7. Latch baby onto your breast.
8. Reverse this position for the left breast.

The Football or Clutch Position
1. Use a pillow or two at your side to raise baby to the level of your breast.
2. Lay baby on his or her side on the pillow. He or she should be facing you.
3. Support his or her back with your forearm and make sure your hand supports baby’s head.
4. Snuggle close to baby with your breast directly in front of his or her mouth.
5. Using your free hand, lift your breast from underneath and touch baby’s lips to your nipple. (Opposite hand, opposite breast.)
6. Wait for baby’s mouth to form a big “O” shape. Latch baby onto your breast. Relax.
The Cradle Position
1. Position your baby facing you, lying on his or her side, with baby’s tummy to your tummy.
2. Use pillows to support baby at the level of your breast.
3. Support baby’s head and body with your forearm. To feed baby from your right breast, support baby with your right arm. Your hand can grasp baby’s bottom or thigh.
4. With your free hand, lift your breast from below with fingers behind the areola.
5. Touch baby’s lips to your nipple and pull baby in close for a deep latch.

The Side-Lying Position
1. Rest comfortably on your side, supporting your head, back and knees with pillows.
2. Lay baby on his or her side next to you and facing you.
3. Baby’s face should be level with your nipple and areola.
4. Use your free hand to support and offer the breast that is on the bottom.
5. Wait for a big “O” and swiftly bring baby toward the breast.
Troubleshooting Nipple and Breast Pain: Explanations and Treatments

Treating Cracked and Bleeding Nipples

Watch your positioning. It is really the key to success and pain-free latch-on!

How to Treat Cracks and Open Wounds:

1. Let your nipples air dry.
2. Massage small drops of milk into nipple area/areola.
3. Use nipple butter or cream, not lanolin (it does not promote healing)
   **Recommended Products**: Mother Love, Earth Mama Angel Baby, Bella B, Honest Co., etc.
4. Use antibiotic topical ointment or cream (Bacitracin or Polysporin) if you have a crack or open area (sore) that is not healing within 24-48 hours of starting treatment, and wipe that residual ointment or cream off before feeding or pumping.
5. You may want to use the soothie cooling gel pads on the nipple between feedings. They are placed in the fridge while you nurse the baby and then reapplied to the nipple after you put a small amount of cream over the sore area on the nipple. They can be used for 3-4 days before you need to change the cooling gel pads.
6. Another type of cooling pad is called Pariday Pads, which also can be used warm or cold, to help with the healing process.
7. If you are not healing within 48-72 hours, call for additional help. A medical intervention may be needed, or another care plan, or a lactation follow up appointment may be offered to aid in the healing process.

Treating Plugged Ducts

Plugged ducts are hard, tender area(s) within the breast. They feel like a knot or small ball – pea or grape size – within the tissue.

1. Use a warm compress (either a warm washcloth or heat pack) over the affected breast area for 5-10 minutes before feeding or pumping
2. Massage the area gently – use olive or coconut oil on your fingertips to help them glide over skin
3. You should massage toward the axilla (armpit) area gently, as well as occasionally massaging toward the nipple area.
4. Nurse well and nurse often. Don’t allow long periods of time between feeding or pumping and massage gently while nursing or pumping.
5. If the pain does not resolve within 48-72 hours, call your lactation consultation or doctor for additional help.

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Treating Blebs

A bleb is a small white pimple or blister on the nipple caused by milk residue trapped inside the duct or between the alveoli and the nipple pore. Blebs can cause pain and should be removed when found.

1. Warm the nipple with a warm compress and a salt water solution
2. Leave the compress on the nipple to soften the skin
3. Take a sterile needle and try to pick a small hole to open the tip and release the “old milk”
4. Nurse or pump immediately after opening the tip to remove or release any milk built up inside the duct.
5. Apply a small amount of Polysporin or Bacitracin afterward to begin healing.

If this problem persists, call you physician or lactation consultant for additional advice.

(Sunflower lecithin or soy lecithin taken daily in the morning can reduce blebs and plugged ducts in some mammies.)

Treating Milk Ejection Pain (Letdown Pain)

Some women experience pain or discomfort when milk production begins and milk is released from the alveoli (milk making glands). There are many different ways this discomfort is described including:

- Achiness
- Tightening
- Pins and needles
- Dull throbbing
- Sharp shooting or stabbing pain

Any of these sensations can be normal and generally resolve within 5-10 minutes after milk production begins.

Treating Refill Pain

Some mammies describe a deep ache or dull deep throbbing pain after they complete a feeding. This feeling can start 10-20 minutes after the feeding is over and usually lasts 10 minutes or less. The ache is from the filling up of the alveoli with blood and lymph fluid in preparation for the next feeding.

Mammies need to know that the refill pain sensation will get less intense after 4-6 weeks, and if it does resolve, a call to the lactation consultant may help provide extra support and other ideas for treatment.
Treating Engorgement

Mommies can experience engorgement, or feel the discomfort caused by engorgement, at different times while breastfeeding.

Primary engorgement occurs when the breast tissues swell due to blood and lymph fluids filling the tissues surrounding the alveoli (milk making glands) in preparation for milk production.

After delivery, the first milk, colostrum, is being made to nourish the baby. Colostrum is the perfect food for the baby’s brain development and health until the mature milk is available in the breast.

Engorgement can be very uncomfortable and may last 3-5 days. There are comfort measures that a mommy can do to alleviate some of this discomfort while waiting the engorgement to resolve:

1. **Nurse well and nurse often.**
   - This means allowing the baby to feed every 2-3 hours and letting the baby nurse for 10-20 minutes per side. When the baby suckles, the milk production begins, causing the fluid in the tissue to transform into milk. It will help to switch the baby from one breast to the other and back again to help release the fluid and tension in the breast tissue. If for any reason the baby cannot or will not nurse well, the breast pump can mimic some of this process of milk transfer and reduce swelling of the breast tissue.

2. **Use warm compresses before nursing.**
   - Apply warm compresses for 5-10 minutes on each breast prior to nursing or pumping to open the blood vessels and allow increased flow of fluids.

3. **Massage the breast while nursing.**
   - Massaging the breast while nursing or pumping will increase milk flow.

4. **Use cold compresses or ice packs after nursing.**
   - Cold compresses or cold packs on your breasts will be comforting after nursing or pumping. Apply them for 5-10 minutes on each breast to reduce swelling and inflammation in the breast tissue.

Resolving Serious Engorgement Pain

For pain that is not resolving using the above-mentioned steps, it may be helpful to use an over-the-counter pain reliever such as Acetaminophen or Ibuprofen, or a physician-recommended option.

Do not use any of these treatments in excess. This means:

- Do not exceed 10 minutes of any heat or ice treatment.
- Do not massage with excessive pressure or for more than 5-10 minutes. Excessive treatment of engorgement may irritate or damage the breast tissue.
Pumping and Milk Storage

Pumping Your Milk

Ready to start pumping? There are many excellent reasons to pump your breast milk...and whatever reason you may have, you'll find that the techniques described here will be very helpful for both you and your baby.

First, check out all of the parts that came along with your pump. Rental pumps often include some of the same parts as the kinds of pumps you can buy, however there are some unique and specific parts that are limited to the rental type pump.

If you have a hands-free bra for using while you pump, great! If you don’t you may want to consider this helpful accessory. Some of the brands include: EasyExpression by Medela and Simple Wishes. There are many more and you can select them by style, features but most importantly, fit.

Next, attach your tubing to the pump. On the opposite end of the tubing attach the flanges. Then place the flanges over your nipple and areola so they are centered. The nipple should be right in the center of the flange tunnel. It should not rub on the sides of the flange or the tunnel as this can cause pain and irritation.

Do not use a flange that is too large because this will also lead to pain and may not properly empty the breast of milk when pumping.

Then turn your pump on. You will probably want to begin your pumping session with the pump set to the “flutter” pattern. This is a quick and light pumping pattern that stimulates the nerves in the nipple sending a message to the pituitary gland to produce prolactin, which initiates the production of milk.

After a couple of minutes using this flutter pattern, switch the pump to the regular phase while will feel like a smooth and firm tugging on your breast. You can adjust the strength of the pump – set it so that you are not experiencing pain in the process.

If you have a pump that does not offer this feature, you can mimic the pattern by switching the pump manually.
Here is a suggested pumping scenario:

- 1-2 minutes flutter phase
- 4-5 minutes longer slower pulling
- 1-2 minutes flutter phase
- 4-5 minutes longer slower pulling

Repeat this pattern until the breast is emptied

When you are finished, carefully remove the flanges so that the last few drops of milk are collected in the bottle.

**Breast Milk Collection and Storage**

Once you have collected your milk, mix both right and left bottles together into one and place it in the refrigerator. (Or your cooler/ice chest if you are not at home.)

The ideal milk collection system includes taking the milk from various pumping sessions in a 24-hour period and mixing them together into one container. Gently mix this “pooled” milk and dispense into separate bottles or storage bags for later feedings.

Put these “individual servings” in the freezer. The best location is on the center shelves closer to the rear of the freezer (not near the door).

You can lay the freezer bags down or stand them up, whatever works best for you. Some moms use special trays that are similar to the old- fashioned ice cube trays to store frozen milk. Others put a number of single serving bags into a large plastic freezer bag.

Always mark the date (and time) of when you first put the milk into the freezer on the storage container. (Milk can be kept for quite a long time, however it is always a good idea to keep track of the age of the milk.)
Fresh Breast Milk Storage Guide

As you can imagine, milk will last longer when kept in the best condition. Here is a chart to guide you to the length of time milk can be kept.

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<thead>
<tr>
<th>Location</th>
<th>Temp Range</th>
<th>Length of Time</th>
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<tbody>
<tr>
<td>Room temperature</td>
<td>66 - 78 degrees F</td>
<td>4 to 6 hours</td>
</tr>
<tr>
<td>Ice chest or cooler</td>
<td>Below 69 degrees F</td>
<td>24 hours</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>Below 39 degrees F</td>
<td>3 to 8 days</td>
</tr>
<tr>
<td>Freezer</td>
<td>Zero to 4 degrees F</td>
<td>6 to 12 months</td>
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USE THAWED MILK WITHIN 24 HOURS

Cleaning Your Pump Parts

- Rinse all your pump parts with warm water after use.
- Wash all your pump parts with warm/hot soapy water and rinse with hot water once a day.
- Steam or sterilize all your pump parts once or twice a week. Use a steam-cleaning bag or boil water on the stove and put the parts in the boiling water for 2 to 5 minutes. Remove and let air-dry.
- Pump parts can be cleaned on the top shelf of a dishwasher.
- Steam clean/sterilizer bags are made for use in a microwave oven.
- There are standalone bottle sterilizer/steamers available for extra convenience.
- **DO NOT BOIL THE TUBING**
  - If tubes have condensation inside, attach them to the pump and run it for a few minutes to dry out the water, OR swing the tubes around in the air to allow centrifugal force to clear the tubing of water.

If you are pumping at work and you have a refrigerator to store your pump flange and yellow valve and membrane in between pump sessions, you can place the parts in a large plastic zip-lock type baggie and reuse the parts again without washing each piece after using them 1-2 times. Then clean the parts with hot soapy water and let them dry properly. Use clean new milk bottles to collect the milk at each session. Then pool the milk together at the end of the day.
Nutrition for Nursing

In addition to using herbal supplements to help support or increase a mommy’s milk supply, healthy eating and drinking is essential to the production of a nutrient-rich and abundant supply of milk.

The Make-More-Milk Diet

What To Drink
The human body is over 70% water. Now that you have a tiny human being drinking your milk, you need to replenish the fluid constantly. Feel thirsty? Drink! Always drink water when you nurse or pump.

You can flavor your water with fresh fruit, and you also drink sparkling water.

Drink fresh fruit juice in moderation. You can have a small amount of juice, even mixed with your water or mixed into smoothies and blended drinks.

Drink green drinks. You can use vegetables such as kale, spinach, celery and any citrus or other flavors you enjoy in these drinks. You can make green smoothies with ice and a yogurt base, or non-dairy base such as almond milk, rice milk or goat’s milk.

Drink smoothies and blended drinks. Choose your favorite recipe and make one of these daily to increase your calorie consumption.

Here are a few suggestions for what to drink:

- Tea (herbal) – we recommend Mother’s Milk Tea
- 100% fruit juice
- Smoothies / blended drinks
- Shakes
- Vegetable juice
- Coconut water

Protein Power
Both you and your growing baby need protein for energy and to grow. Eat a 3 to 4 ounce serving of protein THREE times a day. Here are a few suggestions of foods that are high in protein:

- Eggs
- Fish
- Beef
- Chicken
- Turkey
- Tofu
- Legumes
- Nuts
- Peanut Butter
- Other nut butters such as almond, cashew or hazelnut (Nutella)
Great Grains to Increase Milk Supply
This is the best way to consume carbohydrates. Choose whole grain products whenever you can. Eat 1 ounce or ½ cup servings of whole grains SIX to EIGHT times per day. Oatmeal, barley, millet and wheatgrass are breastfeeding mommy super foods, but there are still many other options to choose from:

Barley: a grain known to help increase milk supply. Barley is also found in beer and can be consumed in capsule form. If taking barley capsules, follow label directions for your daily requirement.

Oatmeal: You can eat oatmeal any way you like to prepare it, from steel cut oats to oatmeal cookies. Enjoy oatmeal daily.

Millet, Wheat, Quinoa and Brown Rice: these grains are essential to every breastfeeding mother’s daily diet. Consume as much of these grains as possible. (Other grains can be eaten as well, but are not as essential for milk supply.)

Don’t be afraid to eat bread, cereal, pasta or granola!

Other Essential Foods
Dark Leafy Greens: eat these throughout the day to keep up your milk supply.

Fresh Fruits: eat whichever fruits you prefer, any way you like to eat them.

Nuts and Seeds: almonds, cashews, pecans, walnuts, sunflower and sesame seeds should be part of your daily intake. They can be added to foods and salads or eaten separately.

Coconut oil, alfalfa and brewer’s yeast are additional natural ingredients/supplements to add to your daily intake that will support your milk supply.

Bone Broth
Making a bone broth from meat or chicken bone or a combination of these mixed with vegetables and seasoned to taste will also help with supplying the important essentials to help increase the quality of your breast milk.

Become a Dairy Queen
Drinking milk is good for breastfeeding moms because it contains calcium, protein, fats, and is a fluid. Drink ½ cup or 4 ounces THREE times a day. Enjoy cheese and yogurt, too.
Be Fruitful and Multiply Your Milk Supply
Fresh fruits give you lots of vitamins and contain a lot of fluid and fiber, too. Eat a ½ cup serving THREE to FOUR times per day. Mix fruit with other foods for to keep things interest:

- Fruit and cottage cheese
- Fruit salad
- Fruit and yogurt
- Fruit with nuts and seeds
- Dried fruits (figs, dates, apricots, etc.)

Vegetables Are Essential to a Balanced Diet
In addition to being full of vitamins, minerals and water, vegetables give you fiber to help you stay regular and avoid feeling bloated. Dark leafy greens are essential and provide additional nutrients. Eat a ½ cup serving THREE to FOUR times per day. Eat your veggies raw, cooked, mixed with other foods, juiced - any way you can consume them!

“Is It Time for a Snack Yet?”
Reward yourself with a little treat. Go ahead, you deserve it!

- Chips and pretzels
- Nuts and Seeds
- Raisins and other dried fruits
- Small servings of sweets

Or mix ’em together and make a trail mix!

Supplements to Your Diet
Ask your lactation consultant for options. There are many all-natural herbals such as Goat’s Rue, Fenugreek, Blessed Thistle, and Fennel. The MotherLove company makes combinations and blends of these herbs for breastfeeding mothers. Continue taking your pre-natal vitamins and iron or omega-3 fatty acids as directed by your physician.

These are other possible supplements for the breastfeeding mom:

- Alfalfa and barley capsules
- Coconut oil
- Dandy blend drink
- Wheatgrass
Dealing with Allergies and Intolerances

There are some instances when foods or supplements will cause intestinal distress for infants. Removing foods such as dairy from your diet can help but is not recommended unless the baby has blood in the stool. The general rule for nursing mothers to follow is to avoid the foods that bother you (makes you gassy, bloated, uncomfortable), because it may bother the baby too.

Worries About Weight

Don’t worry about your weight right now. You can begin a weight loss program after you’re finished breastfeeding your baby. Clinical studies have shown that breastfeeding contributes significantly to successful weight loss after pregnancy.

Addressing Milk Supply Issues with Herbal Supplements

A mommie’s milk supply can be abundant or it can be lacking, and it can change without warning for a wide range of reasons. Sadly, there is no method to predict.

Some of the factors that impact milk supply include:
- Latch and positioning of the baby while nursing
- Number of feedings per 24 hour period
- Minutes of nursing and/or pumping
- Thoroughness of milk removal through either nursing or pumping
- Nutritional status of mother – diet, caloric intake, liquid intake
- Emotional/mental health status of mother – stress, fatigue
- Health status of baby – temporary illness, chronic condition
- Health status of mother – temporary illness, chronic condition
- Sleep cycles, importance of mom getting enough rest
- Returning to work, school or other activities outside the home
And many more...

In the event of a milk supply shift to a decreasing volume, there are several options that can be employed to arrest the decrease and possibly increase the volume of milk production:
- Increase the volume of fluid intake
- Changes to the diet to include nutrients that are known to increase milk production such as certain carbohydrates, proteins and fats
• Alfalfa and barley and oats and oatmeal, and wheatgrass, coconut oil/butter, almond oil/butter. Potato, quinoa, chick peas (hummus) and brewer’s yeast (non-alcoholic beer)
• Herbal supplements, as listed below

Goat’s Rue
This herbal supplement works by increasing the potential milk making capacity of the alveoli in the lobules of the breast and thereby increasing milk output. Goat’s Rue is available in capsule form or in a liquid tincture. Recommended dosage is 1 to 4 times per day depending on the current milk supply and milk making goals.

Malunggay also known as Moringa is an herbal supplement that can be used to help increase milk supply. This can be taken separately or combined with the other herbs such as goats rue, More Milk Special Blend herbal tincture or capsules.

Shatavari, similar to Fenugreek Seed will help with milk expression from the alveoli deep in the breast.

Other herbal supplements include:

Fenugreek: used to promote milk flow

Fennel: used to increase the flow of breastmilk, as well as clam the intestine of both mom and baby.

Blessed Thistle: used to promote the flow of breastmilk

Nettle: used to stimulate milk production

These work individually or in combination to enhance a mommie’s milk supply. There are a number of teas that are available that contain a combination of these herbs and can be easily brewed and consumed by moms who wish to build their milk supply.

Should you feel the need to look for additional help with milk production and you are not responding to the herbal supplements in a way that is helping to increase your supply enough, set up a time to speak with your physician or midwife to discuss medication options for increasing milk supply. Medications such as Reglan and Domperidone can be used by some mothers but only when prescribed by your primary care practitioner.

NOTE: Always consult your health care professional (obstetrician, pediatrician, or lactation consultant) prior to embarking on a course of herbal use. Herbs can react differently in every individual and must be monitored closely to avoid adverse reactions.
Using Formula Supplements

Either you have decided to use a form of supplementation to complete your infant’s feeding plan or your pediatrician has advised you to begin supplementing the baby’s diet and now you have questions.

You may fall into any of these categories and so regardless of which one it is, here are your options.
1. Baby has not been gaining weight
2. Baby has lost weight
3. Low Milk Supply Concerns
4. Some lack of tolerance to breast milk proteins (tummy issues)
5. You are ready to start introducing bottles and ready to stop nursing (before the first year of life)
6. You are running low on your frozen milk storage supply

Some infants tolerate all formulas while others only tolerate a few types.

Talk with your baby’s primary care provider about all of your options.

1. Standard formula: Enfamil, Similac, Gerber Good Start
2. Organic Formulas: Earth’s Best Infant Formula, Baby’s Only Formula, HiPP or Holle Imported Formula
3. Donor Milk from Human Milk Bank (price per ounce is determined by the milk bank)
4. Mother to Mother donations (not generally recommended unless the milk is tested)
5. Special formula for allergy or sensitive infants: Nutramigen, Allumentim, EllaCare, Progestamil, and others may be suggested or prescribed to you by your physician

The initial feeding can be given directly to the baby or mixed down with pumped milk to provide a slow introduction to the baby so they develop a tolerance to the new proteins.

For example if you are preparing a four ounce bottle for the baby, use 3 ounces of breast milk and 1 ounce of formula in each bottle for 1-2 days. Then use 2 ounces of breast milk, and then 2 ounces of formula, and then after another 2 days, use all formula.

Observe any changes in the baby’s output, stool or urine. Also observe sleep patterns and cycles as well as infant behaviors or anything that might give you any reasons for concern. If anything seems different to you speak with your provider or lactation consultant.

There are variations on how much milk an infant will need at each feeding and usually it is based on the baby’s weight and age. Typically after 4-5 months of age and infant will drink 4-5 ounces at each feeding. It might be a good idea to
start by offering a little less in a bottle as the baby adjusts and offer the bottle more frequently. This might be better than offering too much at one time. Even 5-6 ounces may be too much for some infants.