



THE VERA ZILBER BIRTH CENTER

Infant Feeding Guide



Heidi, Mehrzad, Parvaneh & Parvin (Growing on breastmilk for 4 months and counting twice!) Photo: Mapuana Reed

Your Breast Milk is the Perfect Food for Baby

The American Academy of Pediatrics recommends exclusively breastfeeding for the first 6 months of life to provide optimal growth and development.



Colostrum This special milk is yellow to orange in color and 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, and is therefore the perfect first food for baby. 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 his early stools, which aids in the excretion of excess bilirubin and helps prevent jaundice.



Foremilk is the first milk baby gets when breastfeeding which helps to quench baby's thirst and contains less fat.



Hindmilk is the milk that is in empty or back part of the breast and contains the largest quantity of fats. These fats are essential for growth and development of the baby.

Benefits of Breastfeeding

- Breast-feeding provides protection from many illnesses including diarrhea, pneumonia, meningitis, ear infections and SIDS. Formula fed babies are 15 times more likely to be hospitalized in the first four months of life.
- Breastfeeding provides long-term health advantages for baby including fewer allergies, with 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.
- Breast-feeding 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 mother to produce the perfect food for baby.
- Breast-fed babies are held and cuddled frequently which promotes less crying and is a good beginning for positive emotional health.
- Breast milk tastes different every time baby eats. It helps develop your baby's sense of taste and smell.
- Breast-feeding reduces a mother's risk of premenopausal breast cancer and endometrial cancer.
- Breast-milk is always ready and available: night feedings are more restful. It's the ultimate convenience food.
- Breast milk is free! Formula costs nearly \$1700/year and breastfeeding will save you over \$3,000/year annually.

Baby Friendly Initiative

Baby Friendly is the Gold Standard for Breastfeeding Support.

The Ten Steps to Successful Breastfeeding are:

1. Have a written breastfeeding policy that is routinely communicated to all staff.
2. Train all health care 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 infants.
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.

Consider This

- If baby cannot breastfeed due to medical reasons, pumping should be initiated as soon as possible.
- A Non Medicated Birth: Research shows that your baby's initiation of breastfeeding may be affected by the use of pain medications during the birth process. Try using a Birthing ball, position changes, walking, breathing/relaxation exercises or a jacuzzi tub to help with pain relief measures.

<http://www.aafp.org/afp/2001/0915/p981.html>

- Think twice before offering your baby a pacifier. Pacifier use takes away from time baby is on the breast. Introduction of artificial teats should only occur after breastfeeding is well established and or not until after the first month of life.

<http://pediatrics.aappublications.org/content/103/3/e33.full>

- Risks of formula feeding your baby include an increased risk of suffering from 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, and Tonsillitis, and 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.

Why the 1st Hour is So Important

Also called the Magical Hour...Right after birth, babies are especially alert and ready to get to know you. Within the first couple of hours of birth, baby's senses are on special alert to connect with you in special ways:

Sight

The first thing your baby wants to do after birth is to look at you. Newborns are able to see a distance of around 8-12 inches...about the same distance from baby to mother's face when being held to breastfeed. Newborns love to look at faces, and will spend the first few moments exploring the outline of your face and then gazing into your eyes. Your baby thinks you are the most beautiful person in the world.

Hearing

While your baby is looking at you, talk softly so baby knows you are his/her mother. Your baby already recognizes the sound of your voices and when you speak or sing softly, baby is excited to know this is mother and father!

Smell

Babies have a sharp sense of smell after birth, and especially love the smell of amniotic fluid they have been swimming in during pregnancy. After birth, baby uses his tiny hands to spread amniotic fluid against your skin to guide him/her into finding the breast.

Taste

Babies have lots of taste buds, and they especially prefer the flavor of your colostrum. Colostrum reminds baby of amniotic fluid, and baby will eagerly seek this taste of mother's milk right after birth.

Touch

Your baby was snuggled within you during pregnancy. 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.

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 his/her bare chest against your bare chest, in that cozy valley between your breasts. Baby's head is lying 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.

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 10 minutes or so. Baby will show he is ready to eat and will start searching for the breast. When you see baby making suckling movements or he brings his hands to mouth, offer the breast. Rather than helping baby latch, follow your baby's lead and just watch while baby seeks your breast on his own.

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

**** 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.****



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 for this “magical 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.

Procedures that are postponed will be:

- Weighing Baby
- Bathing the Baby
- Placing antibiotic ointment in the eyes and giving the Vitamin K injection

Other Things You Can Do

- Avoid taking a shower in the first 24 hours. Your special aromas are very pleasing to baby and help him/her learn to breastfeed.
- Avoid products with strong smells (such as perfumes and deodorants) in the first few days. These products can be very strong and confusing to baby while he/she is learning your special scent
- Request guests visit after your snuggle time with baby. This is a special time for you and baby to cuddle together.

Baby's 2nd Night

You have made it through your first 24 hours as a new parent....now it is your baby's 2nd night.

All of a sudden, your little one discovers that he is no longer back in the warm and comfortable—although a bit crowded---womb where he spent the last 9 months---and it is SCARY out here! He isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs or comforting gurgling of your intestines. Instead, he is alone in a crib with a diaper, tee-shirt and a hat on and is swaddled tightly in a blanket. All sorts of people have been handling him, and he's not yet become accustomed to the new noises, lights, sounds, and smells. He has found one thing though, and that's his voice...and you may find each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet- he protests, loudly!

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












So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don't move him except to pillow his head more comfortably on your breast. Don't try to burp him- just snuggle with him until he falls into a deep sleep where he won't be disturbed by being moved. Babies go into a light sleep state (REM) first, and then cycle in and out of REM and deep sleep about every ½ hour or so. If he starts to root and act as though he wants to go back to breast, that's fine...this is his way of settling and comforting.

Another helpful hint...his hands were his best friends in utero...he could suck on his thumb or his fingers anytime he was the slightest bit disturbed or uncomfortable. And all of the sudden he's had them taken away from him and someone puts mittens on him! He has no way of soothing himself with those mittens on. Babies need to touch-to feel-and even his touch on your breast will increase your milk supply! So take the mittens off and loosen his blankets so he can get to his hands. He might scratch himself, but it will heal quickly-after all he didn't have mittens while he was inside you.

This behavior may happen when you have changed baby's environment such as going to the doctor, to church, to the mall, or to the grandparents! Don't let it throw you, sometimes babies just need some extra snuggling at the breast, because for baby, the breast is "home".

By Jan Barger, RN, MSN, IBCLC

About Your Baby's Feedings and Diapers

Your Baby's Age	1 Week							2 Week	3 Weeks
	Days								
	1	2	3	4	5	6	7		
Breast-feeds per 24 hrs	At least 8 feeds per day. Up to 12 feeds is desirable. Your baby is suckling strongly, slowly, steadily and swallowing often.								
Your Baby's Tummy Size	 Cherry ½-3 teasps		 Walnut ½-1 ounce		 Small Apricot 1-2 ounces		 Large Egg 2-3 ounces		
Wet Diapers							 At least 5 Pale Yellow or Clear		
Soiled Diapers	 1-2 Black or Dark Green		 At least 3 Brown Green or yellow		 At least 3 soft seeded yellow				
Your Baby's Weight	Babies lose an average of 5-7% of their birth weight in the first 3 days after birth				From day 4 onward your baby should gain 2/3 to 1+1/3 oz. per day and regain his or her birth weight by 10 to 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. 3-4 days, 7-10 days, 2-3 weeks, 4-6 weeks, 3 months, 4 months, 6 months and 9 months (more or less)								

"Breastfeeding: Guidelines for Consultant's - Physician's Desk Reference," Page 1, Best Start Resource Center - Breastfeeding, Health Nexus, Revised 9 March 2009, <http://www.beststart.org/resources/breastfeeding/pdf/brstfding_ENG.pdf>
 Modified with approval of Health Ne

Am I Producing Enough?

- Is Baby Happy and Content After Eating?
- Is Baby Gaining Weight?
- Is Baby Wetting 6 Diapers a Day

If You Answered YES these questions...
then YES You are Producing Enough Milk for Baby!



The Key to a Good Supply is a Good Start

- Skin to Skin... as soon as possible and often.
- Recognize infant feeding cues. Crying is a late cue.
- Nurse 8-12 times in 24 hours. You can't nurse too often.
- Encourage baby led feedings... switch breasts only when baby is finished or has emptied the first breast.
- Expect cluster feedings... frequent feedings with a varying pattern occurs with growth spurts.
- Supply and demand... the more the baby feeds the more milk you will produce.

Common Myths with Breastfeeding

Many women do not produce enough milk. NOT TRUE!

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. NOT TRUE!

Though tenderness during the first few days is common, any pain should be temporary and should not be so bad that the mommy dreads feeding her baby or cringes every time baby feeds.

There is not enough milk the first 1-4 days of life. NOT TRUE!

Baby's first milk called colostrum is what the lactation specialists call "liquid gold". This special milk has all the nutrients and immunities essential for baby to fight infection. Although mother may only produce a few drops or up to a teaspoon full, this amount is more than enough to sustain baby until mother's milk "comes in".

Time feedings so baby can feed on both breasts. NOT TRUE!

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 fore-milk and hind-milk for a satisfied baby.

Baby has to eat every 3-4 hours. NOT TRUE!

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 8 times in 24 hours should provide baby enough nourishment and mom stimulation for adequate milk production.

Breast fed babies needs extra water in hot weather. NOT TRUE!

Breast milk contains all the water a baby needs.

Common Myths with Breastfeeding

Mothers should wash her nipples before feeding baby. NOT TRUE!

Breastmilk actually protects the baby against infection and has properties that prevent bacterial growth. Wiping the nipples may cause unnecessary friction and possible trauma and it wipes away protective oil and scent from the nipple. It is best if mother uses expressed breastmilk as a lubricant or healing agent between feedings.

Pumping is a good way to determine if mom is producing enough milk for baby. NOT TRUE!

The best indication of whether mom is producing enough milk baby is 1) baby is satisfied after feeding, 2) baby is gaining weight and 3) adequate number of dirty diapers baby produces in 24 hours.

It is easier to bottlefeed than to breastfeed. NOT TRUE!

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 and there is no cost, no prepping or bottle washing.

Breastfeeding ties the mother down. NOT TRUE!

A baby can be nursed anytime or anywhere making breastfeeding very liberating. No need to worry about buying or preparing formula, cleaning or sterilizing bottles. A special bond is created for the most important times of baby's life.

Breastfeeding doesn't allow the father to get involved. NOT TRUE!

The father or support person can be instrumental in successful breastfeeding. Mother can use help with all the other aspects of caring for the baby.

Support Persons 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 Mommy and Baby?

- 1. 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.
- 2. 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.
- 3. 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 to get enough to eat by bringing her a nutritious snack. Encourage her to rest/nap while the baby is sleeping during the day.

4. 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 others 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 he or she makes. It can become a game even when babies are very young. Talk, sing, and read to baby.

5. Be a Breastfeeding Advocate: An advocate is a person who speaks for a person when that person cannot speak for him or herself. An advocacy role may take many forms.

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

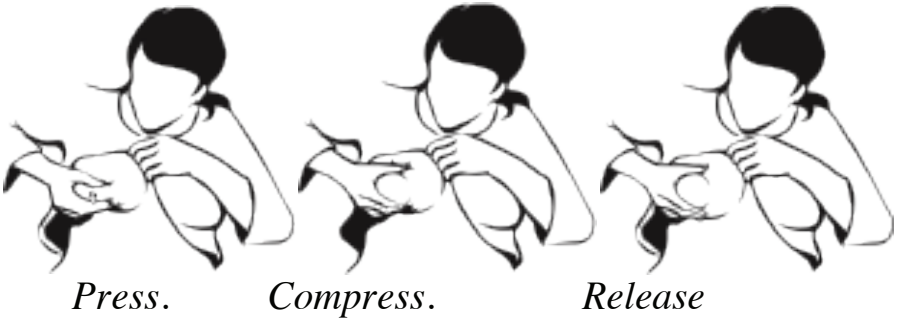
Bring baby to mommy and return baby to bed afterwards if mom desires. This is an easy way to show your love and support!

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 nurse seems never-ending; however this is a very short time in baby’s life. Both mother’s 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.”

Hand Expression

- Wake your breasts — shake, massage, move them
- Place fingers on opposite sides just behind your areola
- Press backwards towards chest first
- Compress fingers toward each other, drawing slightly toward nipple but not sliding skin
- Release pressure, relax hand. Repeat several times. Don't expect anything immediately. Add massage whenever you like. Shift hand to a different position to move milk from other ducts.
- See video at newborns.stanford.edu/Breastfeeding/HandExpression.html



HUMAN MILK STORAGE for TERM INFANTS		
www.kellymom.com		
	Temp	Storage Time
Fully Expressed Breast Milk		
Warm Room	80-90°F	3-4 Hours
Room Temperature	61-79°F	4-8 Hours
Insulated Cooler/Ice Packs	59°F	24 Hours
Refrigerated Milk (Store at back, away from door)		
Refrigerator: Fresh Milk	32-39°F	3-8 Days
Refrigerator: Previously Frozen	32-39°F	24 Hours
Frozen Milk <i>Do Not Refreeze Store at Back Away from sides/door</i>		
Freezer compartment inside Refrig	Varies	2 Weeks
Self Contained Freezer/ Side by Side	<39°F	6 Months
Separate Freezer Deep Freeze	0°F	12 Months
<i>These guidelines are for milk expressed for a full-term healthy baby. If baby is seriously ill and/or hospitalized, discuss storage guidelines with baby's doctor</i>		
To Avoid waste and for easier thawing and warming, store milk in 1-4 ounce portions. Date milk before storing. Milk from different pumping sessions/days may be combined in one container—use date of the first milk expressed.		

www.ILCA.org

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 container under cool running water and gradually increase temperature.

To Warm Milk

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

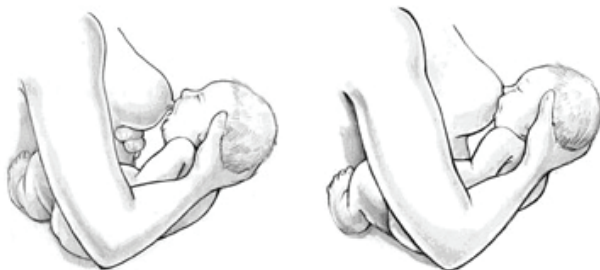
- NEVER microwave human milk or heat it directly on the stove.
- The cream will rise to the top of the milk during storage. Gently swirl (do not shake) check temperature before offering to baby. **If baby does not finish, milk can be offered to baby at the next feeding**

Breastfeeding Positions



Laid-back or Biological Nursing

Getting comfortable with your baby and encouraging the natural instincts of 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 shoulder well supported. Place baby chest to chest and allow gravity to keep baby in position. If necessary, provide support to your breast and behind baby's head/neck area for correct latch.



Football Hold Position

Sitting upright with good support from behind. Allow breasts to fall forward. Place pillow for support on breastfeeding side. Place baby with feet to back of Chair. Support baby's back with forearm and grasp behind baby's neck providing support to head. Nose to Nipple. Wait until baby opens mouth and move baby onto breast.

Breastfeeding Positions



Cross Cradle Position

Sitting down in a comfortable chair. Place pillow on across lap to help 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. Using free hand (same side as breastfeeding on) provide support to the breast to allow for proper latch.



Side-Lying Position

Lying on side with breast exposed. Arm may be extended above head or down around backside of baby. Extended above head helps to protrude breast for an easier latch. Ensure safety of baby with pillows or rail if lying in bed if not on floor.

Common Occurrences

Breast Changes

Your mature milk should “come in” (increase in quantity and change from colostrum to mature milk) between 2-5 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 at any time before or during the feeding. Other women don’t feel anything with let down. Some women can have a let down when they hear the baby cry, or with any stimulation to the breast.

Engorgement (Full, tender, swollen breasts)

To minimize engorgement, nurse often, don’t skip feedings (even at night), ensure a good latch/positioning, and let baby finish the first breast before offering the other side. Hand express some milk off just for comfort if baby cannot feed on both breast. If baby is having trouble latching due to engorgement, use reverse pressure softening (around nipple, push back towards chest wall) or express milk until nipple is soft.

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 breast, massage as baby is feeding to help duct open and release the milk.

When to Call for Help

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

**Phone Numbers for Lactation Help
located on the back cover**

Feeding Log for First Week of Life

Circle the closest hour to the beginning of each nursing

Circle W for when your baby has a wet diaper and an S for any soiled diapers

Day 1 1 st 24 hours of Life												Goal	
Feedings	12	1	2	3	4	5	6	7	8	9	10	11	8-12
	12	1	2	3	4	5	6	7	8	9	10	11	
Wet Diapers	W											1	
Soiled Diapers	S											1	
Day 2 48 hours of Life												Goal	
Feedings	12	1	2	3	4	5	6	7	8	9	10	11	8-12
	12	1	2	3	4	5	6	7	8	9	10	11	
Wet Diapers	W W											2	
Soiled Diapers	S S											2	
Day 3 72 hours of Life												Goal	
Feedings	12	1	2	3	4	5	6	7	8	9	10	11	8-12
	12	1	2	3	4	5	6	7	8	9	10	11	
Wet Diapers	W W W											3	
Soiled Diapers	S S S											3	
Day 4												Goal	
Feedings	12	1	2	3	4	5	6	7	8	9	10	11	8-12
	12	1	2	3	4	5	6	7	8	9	10	11	
Wet Diapers	W W W W											4	
Soiled Diapers	S S S											3-4	
Day 5												Goal	
Feedings	12	1	2	3	4	5	6	7	8	9	10	11	8-12
	12	1	2	3	4	5	6	7	8	9	10	11	
Wet Diapers	W W W W W											5	
Soiled Diapers	S S S											3-4	
Day 6												Goal	
Feedings	12	1	2	3	4	5	6	7	8	9	10	11	8-12
	12	1	2	3	4	5	6	7	8	9	10	11	
Wet Diapers	W W W W W											5-6	
Soiled Diapers	S S S											3-4	
Day 7												Goal	
Feedings	12	1	2	3	4	5	6	7	8	9	10	11	8-12
	12	1	2	3	4	5	6	7	8	9	10	11	
Wet Diaper	W W W W W											5-6	
Soiled Diapers	S S S											3-4	

At Home Feeding Log

Circle the closest hour to the beginning of each nursing

Circle W for when your baby has a wet diaper and an S for any soiled diapers

Day 8		Goal
Feedings	12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11	8-12
Wet Diapers	W W W W W	5-6
Soiled Diapers	S S S	3-4
Day 9		Goal
Feedings	12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11	8-12
Wet Diapers	W W W W W	5-6
Soiled Diapers	S S S	3-4
Day 10		Goal
Feedings	12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11	8-12
Wet Diapers	W W W W W	5-6
Soiled Diapers	S S S	3-4
Day 11		Goal
Feedings	12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11	8-12
Wet Diapers	W W W W W	5-6
Soiled Diapers	S S S	3-4
Day 12		Goal
Feedings	12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11	8-12
Wet Diapers	W W W W W	5-6
Soiled Diapers	S S S	3-4
Day 13		Goal
Feedings	12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11	8-12
Wet Diapers	W W W W W	5-6
Soiled Diapers	S S S	3-4
Day 14		Goal
Feedings	12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11	8-12
Wet Diapers	W W W W W	5-6
Soiled Diapers	S S S	3-4

Notes



Breastfeeding Guide

2nd Edition 2018

Breastfeeding Resources

Lactation Consults (IBCLC's) – in person

Clinic Consult

- Jodie Dresel (Kailua) (808) 263-8822
- Hawai'i Mothers' Milk (Kapi'olani) (808) 949-1723
- Dr. Lisa Kahikina (Kaimuki) (808) 737-4675
- Tripler Outpatient Lactation Clinic (military) (808) 433-2778
(option 7, then 1)

Home Consult

- Debbie Dominici (808) 292-4232
- Julee Portner (808) 222-8410
- Janel Takasaki (808) 358-5205

Lactation Assistance – Phone numbers

Local Breastfeeding Support Resources

- Adventist Health Castle Lactation Line (808) 263-5083
- The Vera Zilber Birth Center at Adventist Health Castle (808) 263-5270
- Kapi'olani Medical Center Lactation Line (808) 983-6007
- Women Infants and Children (WIC) (808) 586-8080
- Kaiser Hospital O'ahu Lactation Center (members only) (808) 432-8518

Local Resources for Pump Accessories

- CalMed Hawai'i (Aiea) (808) 691-9973
- Hawai'i Mothers' Milk (Kapi'olani) (808) 949-1723

National Resources

- National Breastfeeding Hotline (800) 994-9662
- Infant Risk Center for Medications in Mothers Milk (806) 352-2519

Websites

www.kellymom.com
www.breastfeedinghawaii.org
www.womenshealth.gov/breastfeeding
www.la lecheleague.org
www.bestforbabes.org
www.ILCA.org

