

Breastfeeding guide



Utah Department of
Health & Human
Services





Why choose to breastfeed?

Mother's milk (breast milk) is the best food for your baby. Formula and breast milk both provide energy and nutrients to help your baby grow and be healthy. But formula doesn't come close to being able to provide the same health benefits as breast milk.

Most formula is made from cow's milk. Ingredients are added and taken out to make it safe for babies to drink. **Breast milk is made by you—specifically for your baby.** The ingredients in your breast milk are naturally produced in the perfect amounts for your baby.

Just a few days of breast milk will boost a baby's immune system and lower their risk of jaundice. Your body is built to feed your baby and gets ready to breastfeed during pregnancy. Your breasts start to make colostrum (the first milk for your baby) early in pregnancy.

Congratulations on your decision to learn more about breastfeeding. This book provides helpful tips and answers many questions you may have about breastfeeding.

The American Academy of Pediatrics recommends you feed your baby only breast milk for the first 6 months of their life. You can introduce recommended baby foods around 6 months old and keep breastfeeding as long as you and your baby would like. Medical experts agree there are more health benefits for both you and your baby the longer you breastfeed—and recommend you breastfeed for 2 years or longer. Breastfeeding gives your baby much more than just nutrition. It's the healthiest choice for you, your baby, and the environment.

Long-term health benefits of breastfeeding:

- Lowers your baby's risk of asthma, allergies, respiratory and ear infections, and sudden infant death syndrome (SIDS).
- Lowers your baby's risk for serious health conditions later in life, like type 2 diabetes and some types of cancer.
- Lowers your risk of postpartum depression and anxiety, breast cancer, ovarian cancer, type 2 diabetes, and many other health conditions.

Health benefits for you and your baby

- Helps your baby's brain develop.
- Boosts your baby's immune system. Your baby may not get sick as often.
- Helps protect your baby's health long after you stop breastfeeding.
- Lowers the risk of disease and serious health conditions for you and your baby.

Healthier weight throughout life

- Lowers your baby's risk of being overweight later in life.
- You burn more calories when you breastfeed your baby.

Makes your life easier

- You always have food for your baby with you—even in an emergency.
- You don't need to make or prepare formula.
- You don't need to remember to bring supplies or wash bottles.

Saves money

- Baby formula is expensive. You won't need to buy formula because breast milk has all of the nutrients your baby needs.
- Most insurance companies will provide a breast pump.
- WIC may be able to provide a breast pump.
- Breastfeeding reduces healthcare costs and cuts down on the days you miss from work.

Protects the environment

- Breast milk is a natural resource.
- Breastfeeding helps the planet. It reduces the number of bottles, cans, and boxes that are thrown away.

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There are many resources in Utah to help families breastfeed.

You are not alone on your breastfeeding journey.

The birth of a new baby is an exciting and wonderful experience. But it can also be scary and overwhelming. Every birth and every child are different.



Ask questions and tell the doctor, nurse, or breastfeeding expert if you don't understand something.

Some parents worry they won't get the best medical care if they ask a lot of questions or want to care for their baby a certain way. We know parents make the best decisions for their children if they have the information they need—when they need it. We want you to have as much information as possible so you can make the healthiest choices for your baby.

It won't make healthcare providers upset, mad, or make them think badly about you to tell them what you want or to ask questions. There aren't any wrong questions—or too many questions—when it comes to your kids. Tell the doctor, nurse, or breastfeeding expert (called a lactation consultant) if you don't understand something. They want you to ask questions and tell them if you don't understand.

Where can I get help with breastfeeding?

At the hospital

Stepping Up for Utah Babies is a program at the Utah Department of Health and Human Services (DHHS). DHHS works with hospitals to help them become breastfeeding friendly. This means hospitals take extra steps to help families be successful at breastfeeding. DHHS only lists hospitals as breastfeeding friendly if they take these extra steps. You can find a list of breastfeeding friendly hospitals at mihp.utah.gov/stepping-up-for-utah-babies.

After you're home

The WIC program has lactation consultants (breastfeeding experts) and other qualified people to teach you how to breastfeed, give you breastfeeding tips, and help if you're having problems. Visit wic.utah.gov/locations/ to find the phone number and address of a WIC clinic near you.

Many mothers who breastfeed like to have support from other mothers. Most WIC clinics also have peer counselors who can answer your breastfeeding questions. Peer counselors are moms just like you who've breastfed their own children. The WIC program trains them to help other moms. Call your WIC clinic to speak to a breastfeeding peer counselor. There are also online breastfeeding groups. Join an online mom-to-mom breastfeeding group at Illi.org/la-leche-league-online-support-resources/#Groups.

Breast milk has more of what babies need.

Breast milk has:

- Antibodies to protect against viruses, parasites, infections, and diseases.
- Proteins that reduce the risk of cancer.
- White blood cells that fight infection.
- Enzymes that help digestion and the immune system.
- Stem cells that may help organs develop and repair.
- Hormones that regulate appetite.
- Probiotics and prebiotics to support a healthy digestive system.
- Vitamins and minerals from the foods you eat or have stored in your body.
- Long-chain fatty acids to help your baby's brain, nervous system, and eyes develop.

Breast milk gives your baby what they need to be strong, healthy, and smart.

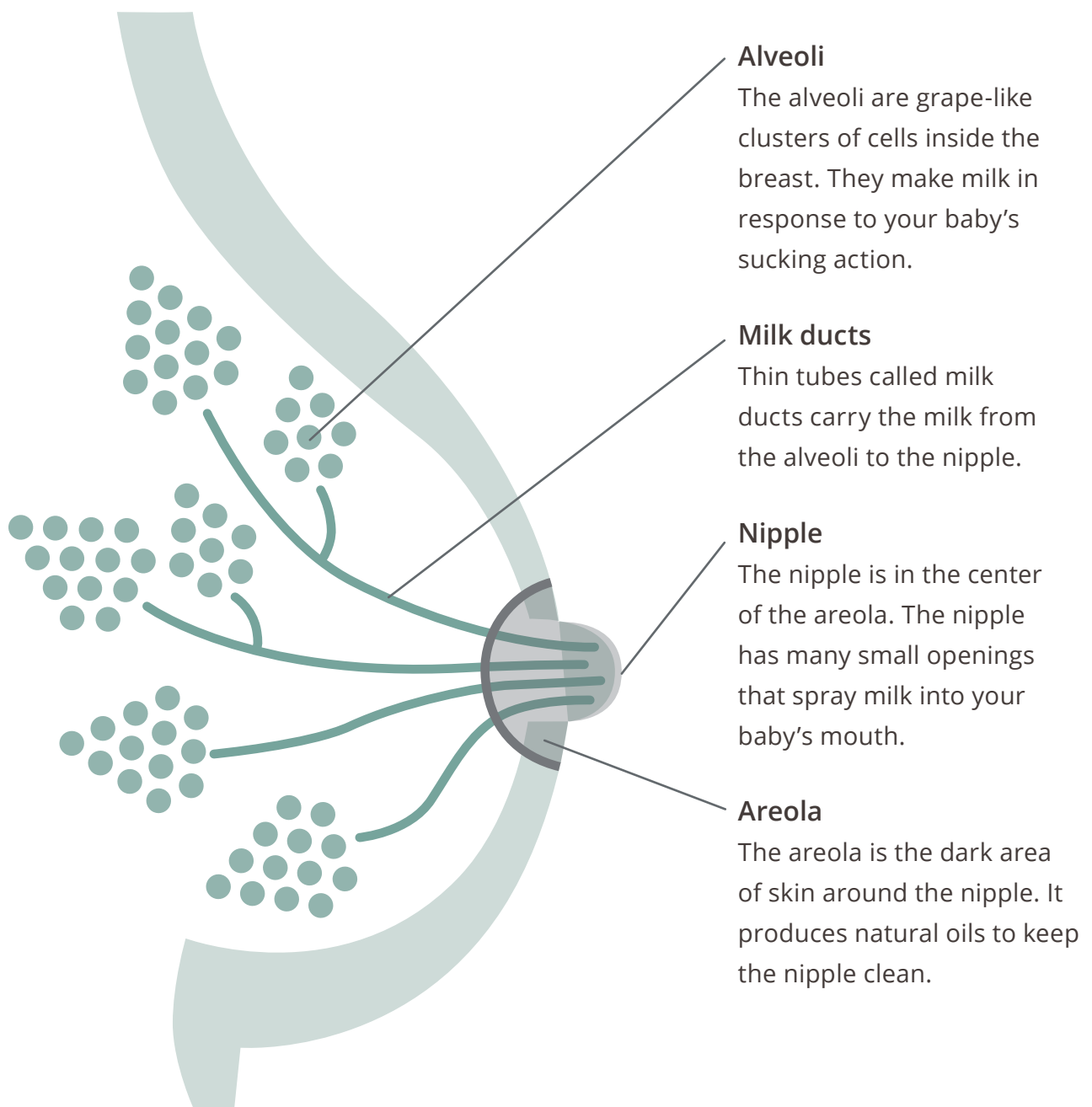
- You always have food for your baby with you. You don't need to make or prepare anything—and it's free.
- Breast milk is easier on your baby's stomach than formula. Your baby may spit up less often, and have less diarrhea and constipation.
- Breastfeeding helps protect your baby against asthma, allergies, diabetes, and obesity.
- Your breast milk changes to meet your baby's needs as they grow.

Vitamin D

Healthcare providers recommend all breastfed babies get a 400 IU (10 mcg) supplement of vitamin D every day. This comes in supplement drops and should begin soon after birth. Breast milk has some vitamin D, but not enough. Talk to a doctor or WIC breastfeeding expert about vitamin D supplement drops for your baby.

How do my breasts make milk?

Your body makes all the nutrients your baby needs to grow inside you during pregnancy. Your breasts will make as much milk as your baby needs after your baby is born. The picture below shows how it works.



What is the let-down reflex?

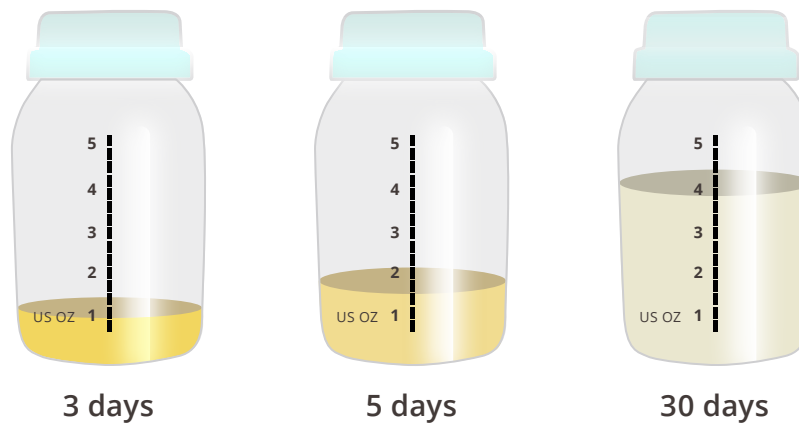
The let-down reflex happens when your baby starts to breastfeed. Most people just call this “let-down.”

The nerves in your breast send signals that tell your body to release milk into your milk ducts. Small muscles in your breast contract (get smaller) and move the milk through the milk ducts to your baby. Let-down happens a few seconds to several minutes after you start to breastfeed. You may feel a tingle in your breast or may feel a little uncomfortable. Some women don't feel anything. Let-down can happen a few times during a feeding or pumping session.

Let-down can happen at other times too. You may have a let-down if you hear a baby cry or when you think about your baby.

Your body makes 3 different types of milk.

Your body makes different types of milk to meet your baby's needs. The size of your breasts is **not** important when it comes to breastfeeding. It doesn't affect how well you can breastfeed, how much milk you make, or how healthy your milk is. The best way to make enough milk is to breastfeed often. The more often you breastfeed, the more milk you will make.



Colostrum

Your breasts start to make colostrum during your pregnancy. Colostrum is your baby's first food. It feeds your baby and also gives them antibodies from your body to help protect them. Antibodies are proteins your body makes that help protect you against viruses and bacteria that make you sick.



Transitional milk

Your breast milk will start to mature over the next 2 weeks. You may notice your breasts feel fuller and your breast milk changes from thick and yellow to thin and white. Sometimes people call these changes to your milk, "when your milk comes in."



Mature milk

The breast milk you make after "your milk has come in" is called mature milk. Mature milk is made up of 2 types of milk. Your body makes both types each time you breastfeed. These are called foremilk and hindmilk. Your milk will continue to change with your baby's needs as they grow.



What is foremilk?

The milk that comes out first in a feeding is called foremilk. It gives your baby liquid, nutrients, and antibodies.

What is hindmilk?

Your milk changes from the foremilk to hindmilk toward the end of a breastfeeding session. Hindmilk has more fat and calories than foremilk and helps your baby gain weight and feel full.

It's important for your baby to get both foremilk and hindmilk at each feeding. Your baby can have extra gas, changes in their poop, or not gain enough weight if they don't get enough of each.

When you get to the hospital to have your baby.

Tell hospital staff you plan to breastfeed when you get to your room. Hospitals have breastfeeding experts who want to help (called lactation consultants).

Tips to make breastfeeding easier

There are a few things that can make breastfeeding easier. Tell a doctor, nurse, or hospital staff you want to do these things:

- 1 Tell them you only want to feed your baby breast milk.
- 2 Put your baby on your bare chest right after your baby is born. Hold your baby “skin-to-skin” as much as you can in the hospital and when you go home.
- 3 Try to breastfeed your baby within the first hour after birth—even if you had a c-section (cesarean birth).
- 4 Keep your baby in your room and with you as much as possible. Your baby only needs to be away from you or leave your room if you or your baby need special procedures.
- 5 It’s easy for hospital staff to bring your baby to you to breastfeed if your baby needs to be away from you for a special procedure and gets hungry.
- 6 Don’t give your baby a bottle or pacifier (also called a binky) until your baby is good at breastfeeding. Tell your nurse you don’t want your baby to have a bottle or pacifier when your baby is not with you.

Your baby's first hour.

Skin-to-skin contact

Babies love skin-to-skin contact. Put your baby on your bare chest **right after they are born**. Skin-to-skin contact can comfort your baby and help them recover quicker from the delivery. They may breastfeed better and cry less with more skin-to-skin contact.

Skin-to-skin contact is not just for when you're in the hospital. Feed your baby skin-to-skin as much as possible at home too. It's also a great way for fathers to bond with their babies.

- Don't put clothes on your baby while they eat. All they need to wear is a diaper. You can put socks on your baby, use a blanket, or put a cap on them if your baby seems cold.
- Hold your baby against your bare chest and cover their back with a blanket. Tuck the ends of the blanket behind your back to keep your baby close to your body.
- You may also want to put a blanket around your shoulders to keep you warm.
- Only cover your baby with a blanket when you hold them. Do not cover your baby with a blanket in a crib. The blanket could cover your baby's face and cause them to suffocate.

Your baby will try to eat.

It's a special experience for many parents to watch their baby find their mother's breast and start to eat. Your baby's head will move up and down as they start to look for your breast and nipple. Your baby can smell your breast milk and will move toward it. They will attach to your breast when they are ready. However, it may take some time for your baby to do this.



What if my baby won't eat right away?

Your baby should breastfeed within the first hour or so after birth. Put your baby's cheek on top of one of your breasts so they can feel, smell, and taste your nipple. Ask for help from a nurse or breastfeeding expert (lactation consultant) if they still don't seem interested. You may need to hand express colostrum if it's hard for your baby to breastfeed at first.



What is colostrum?

Your body makes colostrum for the first few days after you give birth. Colostrum is the first milk you feed your baby. It looks different from the breast milk you'll make later on. It's thick and the color is usually yellow or clear. Your baby only needs about **1 teaspoon** of colostrum each time they eat.

Try to feed your baby colostrum for the first few days—even if you choose not to breastfeed after you leave the hospital. Colostrum boosts your baby's immune system and helps them poop. It also lowers your baby's chance of getting jaundice. Jaundice is when your baby's skin and eyes turn yellow and may be a sign of a medical condition.



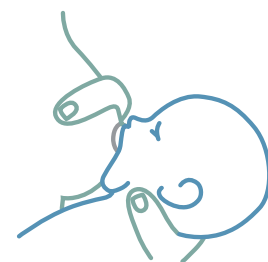
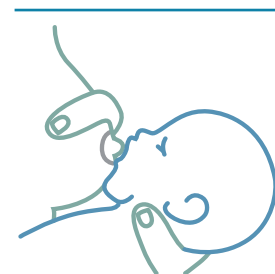
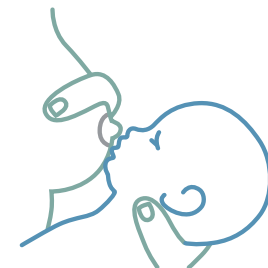
Video: How to get my baby to latch to my breast
www.youtube.com/watch?v=Rydwllle7jx4



How do I get my baby to attach to my breast?

Breastfeeding experts often call it “latch” or “latch on” when your baby attaches to your breast. To help your baby latch to your breast:

- 1 Point your baby’s nose, shoulders, and hips toward you. This makes it easier for your baby to swallow. Hold your baby so their nose is in line with your nipple.
- 2 Touch your baby’s nose and upper lip with your nipple.
- 3 Wait until your baby’s mouth opens very wide.
- 4 Quickly bring your baby onto your nipple and breast when their mouth is open. Your baby’s chin should be the first thing to touch your breast. This helps your baby get a large mouthful of nipple and breast.
- 5 Slide your finger into the corner of your baby’s mouth to break the suction if you feel a painful tug or pinch. Then try again. It may take a few tries to get a good, comfortable latch.



Your nipple should look the same when it comes out of your baby's mouth as it did when it went in. Your baby didn't attach correctly if your nipple looks pinched or flat when it comes out of your baby's mouth.

How do I know if my baby attaches correctly?

- You should only feel a gentle tug on your nipple. Sharp pain that lasts more than several seconds isn't normal.
- Your baby's mouth should be open very wide.
- You should be able to see both of your baby's lips around your breast. Their lips should flip out. Your baby's lips should not pull inside their mouth.
- There should be more of the bottom of your areola (the dark area around the nipple) in your baby's mouth than the top of your areola.
- Your baby's chin should push into your breast—not their nose. Their nose should lightly touch your breast or slightly tip away from it, so they can still breathe while they eat.
- Your baby's cheeks should be round and full when they breastfeed. Their cheeks should not suck in.
- You may see or hear your baby swallow when you breastfeed. You may notice this more after the first few days (when your body starts to make mature milk).

Be patient. About half of all babies don't latch well on the first day. You and your baby are both learning something new. Always ask for help right away if something doesn't feel right or you're frustrated—you don't need to do it all alone. Breastfeeding experts (lactation consultants) have helped many women become successful at breastfeeding—and they want to help you too.

What does “hand express” mean?

Some babies are extra sleepy in the first few days or need more time to practice breastfeeding. You may need to use your hands to get your milk out of your breast if your baby won't breastfeed yet. Experts call this “hand expressing” or “hand expression.”

How do I hand express colostrum?

Ask the hospital staff for a spoon or a clean container with a wide opening to collect colostrum (like a small cup). Use whichever is easiest for you. You may need to hand express for a few minutes before you see any colostrum. A nurse or breastfeeding expert (lactation consultant) can help you express and feed your colostrum to your baby.



- 1 Wash your hands.
- 2 Use one hand to hold the container or spoon under your nipple and your other hand to hold your breast.
- 3 Put your fingers and thumb on your breast about 1 or 2 inches from your nipple (2.5 to 5 cm).
 - Put your thumb on the top of your breast. Your fingers should be on the bottom. This looks kind of like you're making a “C-shape” with your hand.
 - Lift your breast gently and press it back toward your chest.
 - Compress (push) your fingers and thumb together toward your nipple.
- 4 Squeeze gently and catch your milk in the container or spoon.
- 5 Relax your hand.
- 6 Move your fingers around your breast as you repeat the process. Do this until you don't see any more colostrum.
- 7 Use the same process for your other breast.

Colostrum is sticky. Don't try to use a breast pump to get colostrum. You want to collect as much colostrum as you can. It's better to hand express colostrum into a spoon or a small cup so it doesn't stick to your breast pump.



Video: Breastfeeding in the first hour
vimeo.com/348861789

How do I hold my baby to breastfeed?



There are many positions you can use. Your baby may latch on easier or you may feel more comfortable in one position over another. It's important for you to be comfortable while you breastfeed—not just your baby. Move pillows or other supports around so you're comfortable while you breastfeed. Try different positions to find what works best for you and your baby.

When do I move my baby to the other breast?

Your breast should feel empty after you breastfeed. It will feel softer. Move your baby to the other side when the breast you started with feels empty.

It's okay if your baby doesn't want to eat at the other breast. Start with the breast your baby didn't eat at during the next feeding. You may need to hand express or use a hand pump if your baby didn't eat at both breasts and it still feels full. Only empty your breast until it doesn't feel uncomfortable or too full. Don't use an electric pump for this if you're just starting to breastfeed. Electric pumps can increase your milk supply. You don't want to make more milk than your baby needs.

Laid-back (reclined)

This position seems to work well for many new babies when they first start to breastfeed. You don't need to lift your baby up with your arms in this position. It's easy for you and your baby to relax in this position because your body supports your baby's weight.

- Lay back and use pillows for support and comfort. Your baby's body will rest on yours with their head resting on your breasts.
- Put your baby face down with their head resting on your breasts. Make sure your baby lies across your body in a way that protects the incision if you've had a c-section.
- Your baby will move around and bob their head while they search for your breast. They may rub their mouth, cheek, and face on your breast until they attach.
- Put a blanket across your baby's back if they seem cold.



Cradle hold

This position works well for full-term babies with good head and neck control. You may feel more comfortable using this position once your baby is a little older.

- Sit in a comfortable chair and have a pillow nearby for support.
- Hold your baby with your arm (on the same side as the breast you're feeding from). For example, use your right arm to hold your baby when you feed from your right breast.
- Put a pillow or rolled-up blanket on your lap to raise your baby to be level with your breast.
- Support your baby's head with your arm. Use your hand to support their bum.
- Bring your baby to your breast. Put their lower lip and chin against your breast to help them latch on. This will help your baby open their mouth wide and latch on correctly.
- Support your breast if needed. You can cup your free hand underneath your breast to support it, or roll up a small blanket or towel and place it under your breast.





Cross-cradle hold

This is like the cradle hold—except you hold your baby with the arm on the other side of your body—not the same side as the breast you're feeding on. For example, hold your baby with your left arm if you feed on the right breast. This position often works well for babies who are very small or have trouble latching on.

- Put a pillow on your lap so your baby will be level with your breast.
- Put your baby on the pillow. Your baby should be tummy to tummy with you. Your baby's nose should be next to your nipple.
- Hold your hand where your baby's head and neck meet (at the base of the skull). This will support your baby's head. Do not put your hand directly behind your baby's head. This often makes babies want to push back against your hand and they will come off the breast.
- Lift your breast to bring your nipple to your baby's nose. Lean back and put your fingers under your breast near your ribs to lift your breast. Keep your hand as far as you can from the nipple.
- You can let go of your breast after your baby latches on. You may need to continue to lift and support your breast if your breasts are large. You can use your hand or roll a small blanket or towel and place it under your breast to do this. Bring your other arm around your baby into a regular cradle hold to support them.

Clutch (football) hold

Many women like this position because it seems to help babies latch on well. This position works well for women with large breasts or those who've had c-sections. It also lets you have one hand free or be able to feed 2 babies at one time.

- Put a pillow at your side.
- Put your baby on the pillow. Your baby's legs should point toward your back.
- Slide your arm underneath your baby's back. Use the arm that's on the same side as your baby.
- Support the base of their head and neck with your hand. Do not place your hand directly behind your baby's head. This often makes babies want to push back against your hand and they will come off the breast.
- Use your other hand in a "C" or "U" shape to hold your breast. Place your fingers behind your areola so that they don't get in the way of your baby's latch.
- You can let go of your breast after your baby latches on. You may need to continue to lift and support your breast if your breasts are large. You can use your hand or roll up a small blanket or towel and place it under your breast to do this.





Side-lying

This position is a good choice if you want to breastfeed in bed or keep an active baby away from a c-section incision.

- Lie on your side with your knees bent. You can put pillows between your knees, under your head and neck, and behind your back to make it more comfortable.
- Put your baby on their side. You and your baby should be tummy to tummy and your baby should face you. Line up your baby's nose with your nipple.
- Use either arm to pull your baby close to you. Use your other hand to support your breast if needed.
- Put your arm, a pillow, or a rolled-up blanket behind your baby to support them after they latch on. Keep pillows and blankets away from your baby's face.

Watch for these 2 things—no matter how you hold your baby:

- Your baby's nose, shoulders and hips should point toward you. Your baby shouldn't only turn their face toward you.
- Your baby's nose should be at the same level as your nipple. They shouldn't have their chin on their chest or need to lift up their chin to get to your nipple.

Do I need to burp my baby?

Yes. Burping is an important part of feeding your baby. Air bubbles can get trapped in your baby's stomach when they swallow. This is painful for your baby. People often say their baby is "gassy" when this happens. Burping gets rid of the pain and trapped air. It also makes your baby less likely to spit up (throw up) after they eat.

How do I know if my baby needs to be burped?

You need to burp your baby after they eat. All babies are different. Some babies need to be burped multiple times while they eat. Others can wait to be burped until after they finish. It's easy to get some babies to burp and hard for others. Burp your baby if they seem uncomfortable or show signs of being gassy. Your baby may be gassy or have air trapped in their stomach if they:

- Cry more than usual.
- Bend or arch their back.
- Clench their fists.
- Pull their legs into their tummy.
- Have a firm or swollen tummy.



How do I burp my baby?

These 3 positions work well for many babies. Try them all to see what works best for your baby. It's a good idea to have a cloth near you when you burp your baby in case they spit up (often called a burp cloth or burp rag).

Over the shoulder

- Hold your baby upright. The top of your baby's head should point to the ceiling and their legs should point to the floor.
- Rest your baby's head on your shoulder so they look behind you.
- Pat or rub your baby's back in an upward motion with your free hand. Start from their lower back and move toward their shoulder blades. Be gentle. **You don't need to pat your baby very hard.** Cup your hand a little. This will be more gentle than if your hand is flat. Don't pat or rub your baby harder if they won't burp after a few minutes. Try another position or try again later.
- Use repeated, gentle pats on your baby's back.

What if my baby won't burp but still seems gassy?

Lay your baby on their back and gently massage their tummy. Move their legs back and forth, like riding a bike. This can make trapped air bubbles move around and help your baby feel better. Sometimes your baby may seem gassy—but it's actually something else. Your baby may be hungry, tired, or uncomfortable for another reason.

Call a healthcare provider or a WIC breastfeeding expert if your baby seems to always be uncomfortable after they eat or has trouble burping. Your baby may not be latching on correctly or there may be another cause.

Sitting on your lap

- Sit your baby on your lap.
- Support their chin and chest with one hand. Put the inside of your hand (the palm of your hand) on their chest. Put your thumb on one side of your baby's face and your fingers on the other. Your baby's chin should rest between your thumb and index finger.
- Rub or pat your baby's back with your other hand. Start from their lower back and move toward their shoulder blades. Be gentle. **You don't need to pat your baby very hard.** Cup your hand a little. This will be more gentle than if your hand is flat. Don't pat or rub your baby harder if they won't burp after a few minutes. Try another position or try again later.
- Use repeated, gentle pats on your baby's back.

Lying across your lap

- Rest your baby face down on your lap.
- Support your baby's head and neck with one hand. Use your other hand to gently rub or pat their back.
- Pat or rub in an upward motion, starting from their low back and moving toward their shoulder blades. Be gentle. **You don't need to pat your baby very hard.** Cup your hand a little. This will be more gentle than if your hand is flat. Don't pat your baby harder if they won't burp. Try another position or try again later.
- Use repeated, gentle pats on your baby's back.





How often should I feed my baby?

You can't breastfeed too often. You can breastfeed too little. It's very rare for a breastfed baby to eat too much. Feed your baby when they're hungry instead of on a schedule.

Your baby will only eat a small amount of breast milk at first because their stomach is very small. They will feel hungry again soon and want to breastfeed. Each time you breastfeed is a time for you and your baby to practice and get to know each other. Make sure your baby eats at least 8 to 12 times each day (each 24 hours) and wakes up every few hours to eat. Newborns should only have 1 time each day where they sleep for 4 hours at a time. They may sleep longer as they get older.

Your baby will eat about every 1.5 to 3 hours. However, they may be hungry sooner than this. It's important to feed your baby when they're hungry instead of on a schedule.

Most babies start to eat larger amounts of breast milk at each feeding as the size of their stomach grows. Your body will make more milk for them as they start to eat more. Burp your baby when they stop eating. Bring them back to eat at the same breast or move your baby to the other breast if your breast feels softer or empty.

Empty one breast completely before you offer the other breast. Empty breasts tell your body to make more milk. This also helps your baby get the higher-calorie hindmilk that comes out last and helps them grow. Your baby will probably eat for about 15 to 20 minutes at each breast. However, your baby may take more or less time than that. Call a WIC breastfeeding expert if your baby eats for a long time without emptying your breast to make sure everything is okay.

➔ **Don't skip night feedings. You may need to wake your baby to feed them if they're not gaining enough weight.**

Why shouldn't I feed a bottle for the first month?

Try to feed your baby at your breast instead of with a bottle as much as you can. **It can take up to 1 month (30 days) for your baby to learn to breastfeed.** It also takes your body about a month to learn how much milk it needs to make for your baby.

Breastfeeding helps the muscles in their jaw develop better than eating from a bottle. These are the muscles your baby needs to learn to talk. Your baby uses fewer muscles when they eat from a bottle. This means they may want to eat from a bottle instead of the breast because they have to work less. Try to feed your baby from your breast as much as you can.

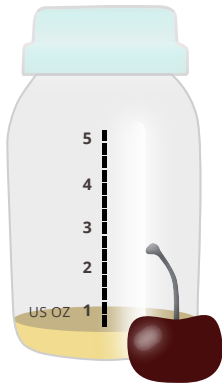
Signs your baby is hungry.

It's harder to breastfeed if your baby is upset or very hungry. Crying is one of your baby's last signs of hunger. Try to feed your baby before they start to cry. Look for the first signs of hunger. Your baby's first signs of hunger are:

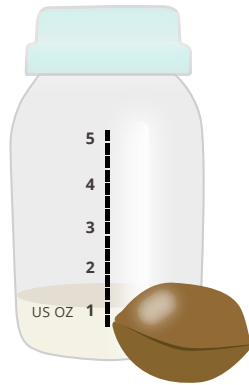
- Whimpers or starts to make noises.
- Smacks lips together.
- Opens their mouth.
- Makes sucking motions with their mouth or sucks on their hand.
- Pulls arms or legs toward their tummy.
- Wakes up and looks alert.
- Moves hands or fists to their mouth.
- Rubs their face on your breast.

Newborn stomach size

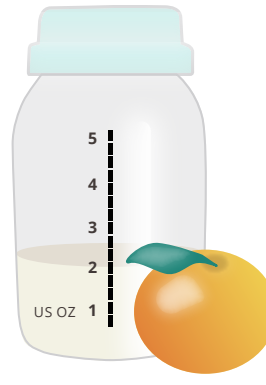
Your breast milk is all your baby needs.



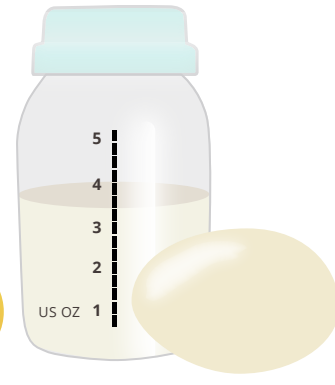
Day 1
size of a cherry
5 to 7 ml
1 to 1.5 tsp



Day 3
size of a walnut
22 to 27 ml
.75 to 1 oz



1 week
size of an apricot
45 to 60 ml
1.5 to 2 oz



1 month
size of a large egg
80 to 150 ml
2.5 to 5 oz

How do I know when my baby is full?

Your breast should feel softer after you breastfeed. Your baby is probably getting enough to eat if your breasts feel softer, your baby shows signs of being full after they eat, and gains enough weight. They may not be getting enough to eat if they don't gain enough weight, fall asleep when your breasts still feel as full as they did before breastfeeding, or if your baby seems tense and doesn't seem to relax after they eat. Talk to a WIC breastfeeding expert if you have questions or concerns.

Signs your baby is full.

There will likely be several signs your baby is full—not just one. Your baby will:

- Let go of your breast and nipple on their own.
- Fall asleep and stop sucking.
- Relax their hands and body.
- Turn away from your breast.

What should I do if my baby doesn't come off my breast on their own?

Slide your finger into the corner of your baby's mouth to break the suction. Burp your baby and offer the other breast. Your baby may eat again right away, or it may take a few minutes or hours before they're ready to eat again.

How do I know if my baby is eating enough?

It's normal for newborn babies to lose some weight in the first few days after they're born. Babies should start to gain weight again around day 3 or 4. **Weight gain is the best way to know if your baby gets enough to eat.**

- Your baby should be back to their birth weight by days 8 to 10.
- They should gain about 4 to 8 ounces each week after that.
- Babies should eat 8 to 12 times each day (each 24 hours).

How do I breastfeed a sleepy baby?

All babies breastfeed differently. Many babies fall asleep at the breast, especially after they eat and are full. However, some babies fall asleep before they're full or because they don't have enough energy to keep eating. This may cause them to not gain enough weight. It's important to keep your baby awake to eat. It may take 10 to 15 minutes to wake a sleepy baby. Most sleepy babies will get better at showing signs of hunger as they get older. Talk to a doctor or a WIC breastfeeding expert if you're concerned your baby isn't gaining enough weight.

Make sure to take your baby to see a healthcare provider 3 to 5 days after you leave the hospital. The doctor or healthcare provider will do a checkup and make sure your baby is healthy.



Make sure your baby eats at least 8 to 12 times each day (each 24 hours) and wakes up every few hours to eat. Newborns should only have 1 time each day where they sleep for 4 hours at a time. They may go longer as they get older.

Tips to help your baby stay awake while breastfeeding.



- Check your baby's latch and make sure they are attached correctly. Their lips should flip out and your breast should be in their mouth—not just your nipple.
- Breastfeed your baby in just their diaper. Rub their back while they breastfeed.
- Tickle your baby's feet while they breastfeed.
- Pick up your baby's hands and help them to touch their face.
- Touch your baby's lips and chin with your finger.
- Rub a cool, wet cloth on their skin (not too cold).
- Put your baby skin-to-skin. Gently rub their back, arms, hands, and feet.
- Gently squeeze and massage your breast when they stop sucking.
- Burp your baby. Then continue to breastfeed on the other breast.
- Change their diaper or do something else that makes them move and stay awake.

Should I keep track of how many wet and dirty diapers my baby has?

It's helpful to track how many wet (urine or pee) and dirty (poop) diapers your baby has for the first month. You can tell if your baby gets enough breast milk by the number of diapers your baby has each day. Use an app or a printed tracking log to keep track of your baby's feedings and the number of wet and dirty diapers each day.

Your baby should have several wet and dirty diapers each day—especially after the first week. The color of your baby's urine and poop will change in the first few days. Your baby's wet diapers may be a pale yellow color or have red or pink spots. These colors are normal the first few days. Your baby's urine should be yellow after that.

➔ **Call a healthcare provider if your baby still has red or pink spots in their wet diapers after the first 3 days.**

Your baby may only poop 1 to 2 times each day when they're first born. They'll poop more often after the first week (about 5 to 10 times each day). Some babies poop every time they breastfeed and some babies go days without pooping. Both of these can be normal.



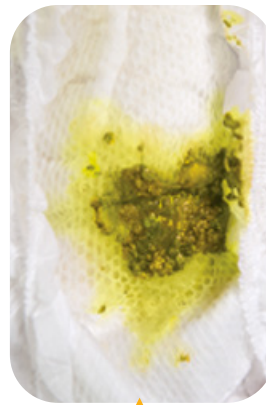
A baby's poop looks different when they breastfeed than when they drink formula. A breastfed baby's poop is normally loose, has no shape, and will change colors over the first several days. This is normal. Their poopy diapers may be black, brown, or green-colored at first. Poopy diapers should not be black after day 3. Breastfed babies will have mustard yellow poop that looks like it has seeds in it by the end of the first week. This is normal.

Wellness checkups are important.

Babies grow and develop quickly. Wellness checkups are how you and a healthcare provider you trust can work together as a team to keep your baby safe and healthy. Wellness checkups also help make sure your baby develops the skills they need as they grow. You can learn more about when your baby needs wellness checkups at dhhs.utah.gov/up2date/.



Day 1



Days 3 to 4



Day 5

Your baby may struggle or strain when they poop. Their skin may turn pink or red, or you may hear them grunt. This is normal and doesn't always mean they're constipated. Their poop will look like small, hard pebbles and their tummy will be hard or swollen if they're constipated. Your baby isn't constipated if their poop is soft. Call a healthcare provider or your WIC clinic right away if your baby:

- Ever has red poop or still has black poop on day 3.
- Has a hard or swollen tummy.
- Has poop that looks like small, hard pebbles.

How many dirty diapers should my baby have?

Day	Wet diapers	Normal urine (pee) color	Poopy diapers	Normal poop color
Day 1	1 to 2	Yellow or pink	1 to 2	Black
Day 2	1 to 3	Yellow or pink	1 to 3	Black or green
Day 3	3 or more	Yellow or pink	3 or more	Green or yellow
Day 4	4 or more	Clear (no color) or pale yellow	3 or more	Yellow Poop may look watery and like it has seeds in it, or it may look like cottage cheese.
Day 5	6 or more	Clear (no color) or pale yellow	4 or more	Yellow Poop may look watery and like it has seeds in it, or it may look like cottage cheese.
Day 6 and after	6 or more	Clear (no color) or pale yellow	Many breastfed babies will poop every time they eat (8 to 12 times each day) by day 6.	Yellow Poop may look watery and like it has seeds in it, or it may look like cottage cheese.

Am I making enough milk?

Many babies eat more at certain times of the day. Lots of babies do this in the evening. This is normal. **Your body will make more milk if you breastfeed more often.** It's important to breastfeed exclusively for the first few weeks. This means to only feed your baby breast milk and not baby formula. This helps you and your baby practice breastfeeding and helps your body know how much milk to make for your baby. You're making enough milk if your baby seems full after they eat and gains enough weight.

Growth spurts

Your baby will have several growth spurts during their first year of life. Growth spurts are normal and they will grow in both height and weight. Your baby will want to eat more often during growth spurts and might be more fussy. **This doesn't mean you aren't making enough milk.** The first growth spurt usually happens within the first 2 to 3 weeks of life.

Breastfeed as often as your baby wants to eat. Experts call this "feeding on demand." Your breasts will naturally soften and feel less full during the first month. These changes to your breasts don't mean you aren't making enough milk. Your breasts and the amount of milk you make will continue to change to meet your baby's needs when you breastfeed.

My baby wants to eat all the time.

We know it can feel overwhelming when your baby has a growth spurt. But try not to give your baby formula. Your body doesn't know to make more milk for your baby if you give your baby formula instead of breastfeed. Growth spurts only last a few days and then your baby will seem to eat a normal amount again.



Tips during a growth spurt.

Think about these times as a chance to get to know and enjoy your baby. Set up a little area or “nest.” Get plenty of supplies to keep you comfortable, like snacks, drinks, phone, remote controls, books, and magazines. Have burp cloths, diapers, and anything else your baby might need there too. Try to spend as much time as you can in your “nest” with your baby. Relax and feed your baby as often as they want to eat. Ask for help from friends and family so you can spend extra time with your baby. Growth spurts happen at different times for each baby, but usually happen at:



Some women think they can't make enough milk for their baby. But most women can make enough milk and don't need to give formula. Every woman's body is different. There are many reasons your body may make more or less milk. There are things you can do—and some things to avoid—so you can make enough milk for your baby.

What can cause a low milk supply?

- Not breastfeeding enough each day
- A baby who does not latch correctly
- Certain types of medicines or birth control
- Emotional or physical stress
- Smoking
- Problems with your thyroid
- If a baby has a tongue-tie:
A tongue-tie is a health condition some babies are born with. Too much of the end of their tongue is connected to the bottom of their mouth. This makes it hard for them to attach correctly at the breast and may cause pain when you breastfeed. Ask a doctor or dentist if you're worried your baby may have a tongue-tie. It's easy to fix and makes it easier for your baby to eat.

Are there things I can do to increase my milk supply?

Learn your baby's hunger signs. Feed your baby when they show signs they're hungry.

Try to feed your baby from your breast as much as you can. Don't give your baby a bottle or pacifier (often called a binky)—especially the first month or 30 days.

Make sure your baby latches on to your breast correctly so they empty your breast completely. Call your WIC clinic if you have pain or need help to get your baby to latch on.

Massage your breast. Gently massage or compress your breast when you breastfeed to help empty more milk. This tells your body to make more milk. You can also pump or hand express after your baby finishes eating if your breasts don't feel completely empty or you're trying to make more milk.

Skin-to-skin contact with your baby can help you relax. Smell your baby and try to enjoy your time breastfeeding together. The hormones that help your body make breast milk increase when you are relaxed.

Take care of yourself. Eat a balanced diet and drink plenty of water during the day. Take a nap when your baby sleeps. Ask for help from loved ones and friends.

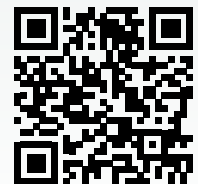
Ask a healthcare provider or WIC breastfeeding expert if you have questions about your milk supply.

What do I do if my breasts get too full?

- Breastfeed your baby each time they're hungry. Avoid pacifiers (binkies) and bottles. This will help your body balance your milk supply.
- Take a short, warm shower or put a warm, wet towel over your nipples and breasts for a few minutes.
- Hand express a little milk before each feeding so your baby can latch on easier.
- Gently massage your breasts near your nipple while your baby eats. Move your fingers from the back of your breast forward toward your nipple.
- Put a cold pack on your breasts for up to 20 minutes between feedings if the fullness is uncomfortable.
- Try the reverse pressure softening method if your breasts get so full that it's hard to hand express.

Video: Softening Method

www.youtube.com/watch?v=QJYZrAG6cRA



Common problems

It's normal for your breasts to feel different after your baby is born. They may feel tender or full because they're making milk and have extra blood flow. Your milk supply will increase and your breasts will feel heavier when your body starts to make transitional milk. This happens around 2 to 5 days after your baby is born.

Signs something may be wrong:

- Hard painful lump that is tender
- Red spots or streaks on your breast
- Breast feels warm
- Fever or chills
- Body aches or headaches

You can prevent many problems by breastfeeding often. Feed your baby when they show signs they're hungry (about every 2 to 3 hours). Your body learns how much milk your baby needs each time you breastfeed.

You may need help if you're breastfeeding often and your breasts still feel swollen, look red, or are painful after you breastfeed. You may be engorged, have a plugged milk duct, or have mastitis. Call a healthcare provider or WIC breastfeeding expert for help.

What is engorgement?

Engorgement happens when your breasts are too full. One or both of your breasts may feel hard, full, warm, painful or you may have a low-grade fever. This can happen at any time but is most common when your body starts to make mature milk (around 10 to 14 days after delivery) or if you suddenly breastfeed less often. You may get a plugged milk duct or mastitis if engorgement happens a lot or lasts too long.

What is a plugged milk duct?

A plugged milk duct happens when a milk duct in your breast becomes blocked and breast milk can't flow normally. You may feel a sore lump or knot in your breast. This can happen when you breastfeed on one side more than the other, wear tight clothing, or have something pressed against your breast for too long (like a diaper bag or seat belt). This can also happen if you go too long without breastfeeding.

What is mastitis?

Mastitis is inflammation (swelling) in the breast. It's usually caused by an infection and can happen when you're engorged or have a plugged milk duct for too long. You may have mastitis if:

- You feel a hard, sore lump in your breast.
- Feel like you have the flu (body aches, feel tired, or feel like you have a fever).
- The skin on your breast looks pink, red, or gray.
- Your breasts feel warm or swollen.

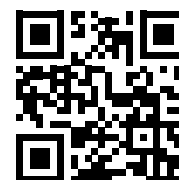
Call a healthcare provider right away. They'll tell you how to treat mastitis and may prescribe you medicine. It's easier to treat when you first notice it. It's still safe—and helpful—to breastfeed if you have mastitis. Don't massage your breast or use heat if you have mastitis. This may make it worse.

What should I do if my nipples are sore or cracked?

Sore or cracked nipples may mean your baby isn't latching correctly. Call a WIC breastfeeding expert if one or both nipples hurt when you breastfeed or if your nipples start to crack or bleed. Get help early—so the problem doesn't get worse.

Your breast milk can help you! Gently rub some of your own breast milk on your nipples. Breast milk has antibodies that prevent infections. Let your nipples air dry after each feeding and after you put breast milk on your nipples. There are products you can buy to help with nipple pain. These help some women—but may make the problem worse if your skin is sensitive or you're allergic to the ingredients.

Video: Real moms who have overcome pain while breastfeeding
www.youtube.com/watch?v=0XFwXLHkgMA&t=105s



Can I breastfeed if I'm sick?

It's usually safe to breastfeed when you're sick unless you have a serious illness. Your body makes antibodies to fight infection when you're sick. You'll give these antibodies to your baby in your milk if you breastfeed when you're sick. This can keep your baby from getting sick too.

The best way to keep your baby healthy is to always practice good hygiene habits—especially when you're sick.

- Wash your hands often.
- Cover your nose and mouth when you cough or sneeze.
- Wear a mask if you need to. A mask can help protect your baby from most of the germs that may spread from your nose or mouth.

You will be less likely to get sick if you make sure you and your baby are up-to-date on your immunizations. Talk to a doctor or call MotherToBaby Utah at 1-800-822-2229 if you have questions about a serious or contagious health condition and breastfeeding.

Can I take medicine while I breastfeed?

It depends. Some medicines are safe to take while breastfeeding—others aren't. Talk to a doctor or call MotherToBaby Utah at 1-800-822-2229 if you have questions about whether or not a medicine is safe to take while breastfeeding.

Can I breastfeed if my baby has a health problem or is born early?

Yes—but you may need extra help. Breast milk and breastfeeding provide benefits for your baby, especially for babies who are sick or born early (born before 39 weeks). They may need extra help to learn how to breastfeed and gain enough weight. Hold your baby skin-to-skin and practice breastfeeding when you can. You may need to hand express or use a pump to empty your breast milk for your baby until they're strong enough to breastfeed on their own. WIC breastfeeding experts and doctors can help you.



When do I need a breast pump?

Breast pumps help you give breast milk to your baby—no matter the situation. Your insurance or WIC can provide you with a breast pump if you need one. Talk to a WIC breastfeeding expert if you think you may need a pump. There are many reasons to use a breast pump:

- You want to keep breastfeeding but need to go back to work or school.
- To have a supply of breast milk to feed your baby if you're not there.
- To increase your milk supply.
- Try to feed your baby from your breast as much as you can, even if you also pump.



What kind of breast pump do I need?

There are different kinds of breast pumps. Talk to a WIC breastfeeding expert to find out what type of pump would be best for your situation.

Electric breast pumps are best if you need to pump a lot or need to increase your milk supply. You may need to use an electric pump if you want to increase your milk supply or will be away from your baby for long periods of time (like if you work or go to school full-time). You may also need to use an electric pump if you stop breastfeeding and only plan to pump. Not all electric breast pumps are the same. A WIC breastfeeding expert can help you find the best one for you.

You may only need a **hand pump** if you'll only be away from your baby for a short time each day (if you work or go to school part-time). Hand pumps don't need electricity and are easy to fit in a purse or diaper bag.

Can I get a breast pump for free?

Many insurance companies provide a free breast pump you can keep. WIC also provides free breast pumps you can borrow or keep.

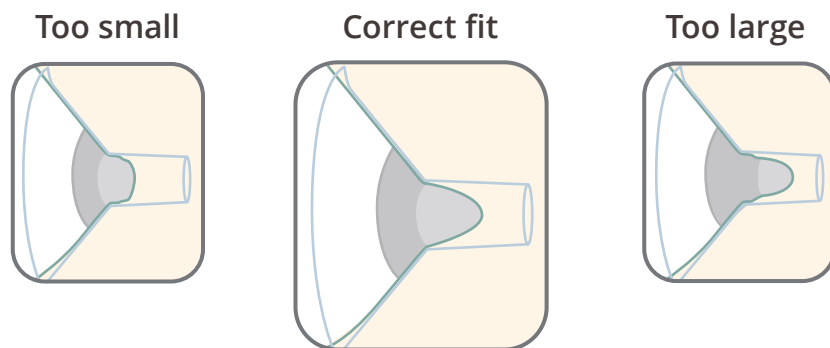
Talk to a doctor or insurance company early in your pregnancy if you know you'll need a breast pump after your baby is born. Each insurance company has different steps to get one. There are usually 2 ways to get a breast pump from your insurance.

- 1 Ask a doctor to write a prescription for a breast pump. Call your insurance to find out where you can pick up a breast pump with your prescription.
- 2 Many insurance companies have an option for you to submit a request online and have the breast pump shipped to your home.

WIC provides breast pumps **after** your baby is born. Talk to your WIC clinic if you think you may need to use a pump.

Make sure your pump fits well.

It's important to make sure the flanges on your breast pump fit your breasts correctly. Flanges are the cone-shaped funnel that fits over your breast. It can limit your milk flow or damage your nipple if the flanges don't fit well. The flange may be too big or small if you feel pain when you pump.



Your whole nipple and some of your areola (the dark part around your nipple) should pull into the narrow or thin part of the flange when you use a breast pump. The flange may be too small if only your nipple pulls into the narrow part of the flange. The flange may be too big if all or most of your areola pulls into the narrow part of the flange. Your WIC clinic can help find the best size if you have any questions or need help.

Electric pumps have speed settings and suction settings. **These settings do different things.**

Your electric pump may have a button or knob to control the speed. Some electric pumps automatically pump faster when you first turn it on. The faster speed acts like your baby would when they first start to eat. Your baby sucks faster when they first latch on to trigger your let-down reflex. Your baby starts to suck slower when your milk starts to flow into their mouth. Change the speed setting to a slower speed on your electric pump when you see your milk start to flow into the bottle.



Use a comfortable suction setting.

- Start with the suction on the lowest setting when you pump.
- Turn the suction strength up slowly until you feel suction with no pain or discomfort. You may feel some tugging, but it should never be painful to pump.
- Pump until the milk stops dripping.

Tips to stay relaxed while you pump.

Try to relax when you pump. Stress can cause your body to release smaller amounts of milk. Try some of these ideas to relax:

- Find a quiet and comfortable place to pump.
- Look at a picture of your baby.
- Hold or smell one of your baby's blankets or toys to help you think about them.
- Turn on the TV or some soft, calm music.
- Eat a snack or sip some water while you pump.



Can I pump to increase my milk supply?

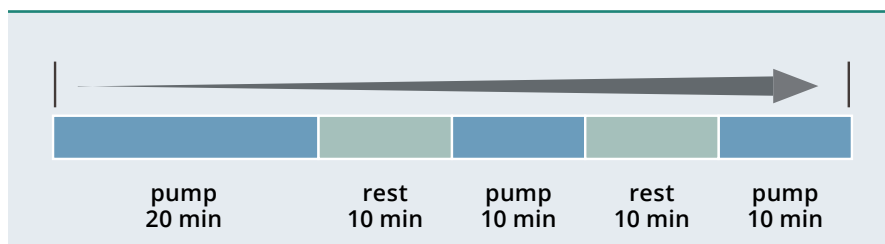
Most women make enough milk. However, you may want to increase your milk supply if a doctor is worried your baby isn't getting enough to eat. An electric breast pump can help you.

Use an electric breast pump to “power pump” in these situations. Your breasts are emptied quicker when you power pump. This tells your body to make more milk and can increase your supply. Add power pumping to your regular routine for a few days if a doctor is worried your baby isn't getting enough to eat. Don't replace your regular pumping or feeding routine with power pumping.

How do I power pump?

Power pump 1 hour a day for 2 to 3 days. Choose a time when you can pump without interruptions for 1 hour. When you power pump:

- Pump for 20 minutes, then rest for 10 minutes.
- Pump for 10 minutes, then rest for 10 minutes.
- Pump for 10 minutes.



Most women notice their milk supply increase after 2 to 3 days of power pumping. You may need to do it for a few more days until you see an increase in your milk supply. Pump or feed your baby like normal during the rest of the day.

Is it painful to pump?

No. It should never be painful to pump. Call your WIC clinic right away if you feel pain when you pump. Also call if you notice any damage to your breasts or have a lot of soreness. This can be a sign your pump doesn't fit well or you may need more help using it.

Call your WIC clinic if this doesn't seem to help or if you have questions. WIC clinics have lactation consultants (breastfeeding experts) who can tell you if your baby is getting enough milk each day and give you tips to increase your milk supply if you need to.

How do I store my milk after I pump?

Store breast milk in a clean bottle, container, or disposable nursing bag. You can store it in the fridge or freezer. Freeze breast milk if you won't use it within the next 4 days (the next 96 hours).



- Make sure plastic containers or bottles have the words “BPA-free” on them.
- Don't use bottles with the recycle symbol number 7. These may contain BPA which can be harmful to your baby.
- Don't reuse disposable nursing bags.

You can't reuse breast milk. Get rid of or throw away any breast milk that's left when your baby is done eating. Don't put it back in the refrigerator or freezer. Saliva and spit get in the bottle when your baby eats. This breaks down the nutrients in the milk and causes bacteria to grow that can make your baby sick.



- Put about the same amount of breast milk that your baby would drink during a feeding in each bag or bottle (about 2 to 4 ounces). This will help you waste less breast milk.
- Double bag breast milk if you freeze it (use 2 bags instead of 1) or use bags made for the freezer. This will keep your breast milk fresh.
- Write the date you pumped the milk on each bag or container you store it in.
- Write your name or your baby's name and the date on the bag if the breast milk will be kept at childcare, work, or school.

How do I store breast milk?

These guidelines are for healthy full-term babies. Talk to a doctor about how to store breast milk for premature or sick babies.

	Storage temperatures	Freshly pumped/ expressed breast milk	Thawed breast milk
Countertop or table	Up to 77 F (25 C)	Stays good up to 4 hours.	Stays good for 1 to 2 hours.
Refrigerator	At or below 40 F (4 C)	Stays good up to 4 days (96 hours).	Stays good up to 1 day (24 hours).
Freezer	0 F (-18 C)	Stays good up to 6 months.	Never refreeze thawed breast milk.
Deep freezer	At or below -4 F (-20 C)	Stays good up to 12 months.	Never refreeze thawed breast milk.

Ask the hospital for special instructions to store and pump your milk safely if you have a very small baby or a baby with special needs.

How do I use stored breast milk?

You don't need to heat breast milk that has been refrigerated. Some babies will drink cold breast milk, but some may want it warmer. **Only heat breast milk to room temperature.** Your baby's mouth can get burned if the milk gets too hot. Healthy nutrients in breast milk are also damaged if the milk gets too hot.

- Only mix breast milk with other breast milk if it's the same temperature (warm milk with warm milk or cold milk with cold milk). Don't add liquid breast milk to frozen breast milk.
- Thaw frozen breast milk in the refrigerator overnight or under warm, running water.
- You can also heat a pot of water on the stove. Take the pot of water off the stove when the water is warm. Swirl the container of breast milk in the warm water. Be careful not to touch the container or bag to the side of the pot. It could melt the container and contaminate the breast milk. Throw the breast milk away if your bag or container melts.
- Never put breast milk in the microwave. The microwave heats your milk unevenly and can create hot spots that may burn your baby's mouth.
- It's normal for breast milk to separate if it's been refrigerated or frozen. Gently shake or swirl the bottle to mix it.

Throw away or get rid of any breast milk that's left when your baby is done eating. Don't put it back in the refrigerator or freezer. Saliva and spit get in the bottle when your baby eats. This breaks down the nutrients in the milk and causes bacteria to grow that can make your baby sick.

How to bottle feed with breast milk

Babies are less likely to overeat when they eat at the breast. The flow of milk is usually slower and your baby has more control of how much milk they drink from the breast than they do from a bottle.

Sometimes milk flows too fast from a bottle. This means your baby has less control of how much milk goes into their mouth. Babies may cough, spit-up, or overeat when milk flows into their mouth too quickly.

However, your baby may need to eat from a bottle sometimes. There are ways to feed your baby from a bottle that make it more like breastfeeding.





Paced bottle feeding

Paced bottle feeding can help your baby eat the right amount from a bottle and still be able to breastfeed when you're together.

- Use a slow flow or newborn bottle nipple (size 0 or 1).
 - Hold your baby upright (head pointed up) instead of tilted back.
 - Hold the bottle level (flat).
 - Place the bottle nipple in your baby's mouth and wait for them to start to suck.
 - Tilt the bottle to control how much milk is in the nipple. Only fill half of the nipple with milk when your baby is ready to eat.
- Hold the bottle flat so less milk is in the nipple if your baby starts to gulp (suck, swallow, and suck—with no pause in between).
 - Tilt the bottle so no milk flows through the nipple when your baby needs a break.
- Let your baby drink at their own pace. Your baby should suck, swallow, and pause before they suck again.
 - You don't need to take the bottle out of your baby's mouth until they've finished eating.

Can I breastfeed if I'm not always with my baby?

Yes! You may need to go back to work or school after you have your baby. You'll also need time to do things for yourself, like run errands or meet up with friends. Many things can be done around your baby's feeding schedule. However, sometimes you'll be away from your baby longer than a couple hours and will need to have a plan.

Try to practice pumping and feeding your baby a bottle before you are going to be away from them. Your baby will need to learn how to eat from a bottle and you will need to practice pumping. Try not to give your baby a bottle until they are 3 to 4 weeks old if you can. It takes about this long for your body to know how much milk to make and for your baby to learn how to breastfeed.

- Pump after you feed your baby in the morning or any other time your baby doesn't completely empty your breasts.
- Ask someone else to feed your baby from a bottle. Your baby may drink from a bottle easier if you are not in the room.
- Use a slow flow or newborn (size 0 or 1) nipple on the bottle. This helps milk flow out of the bottle the same as it would from your breast.

You'll need to pump the same number of times as you'd breastfeed your baby. This helps you make enough milk to store for your baby when you're away.





How do I breastfeed if I go back to work?

Many women continue to breastfeed after they return to work. The law protects your right to pump and express breast milk for your baby at most workplaces. Most Utah employers need to provide women who are breastfeeding with reasonable breaks and a private space (more than just a bathroom) to pump or breastfeed for up to 1 year after their baby is born.

The law doesn't say how many breaks you can take or how long each break is. Your employer should let you pump when you need to, for as long you need to. Some women pump for 15 minutes and completely empty their breasts. Others may need to pump for 30 minutes.

- Try to pump the same number of times you would usually feed your baby. For example, pump every 3 hours if you usually breastfeed your baby every 3 hours.
- Pump until both breasts are empty.

Most employers are required to allow you to pump, but they're not required to pay you for the time you spend pumping or breastfeeding (other than any paid breaks you'd usually get). Talk to your supervisor or human resources department if you have questions about breastfeeding at work.

Feed your baby at your breast when you're with them. You and your baby both benefit from this special time together.

How do I breastfeed if my baby goes to childcare?

You can still breastfeed and provide breast milk for your baby if they go to childcare. You may need childcare so you can go to school, work, or just to have a break. Tell your childcare provider you are going to send breast milk for your baby. You can come up with a plan together that will work for both of you.

It's important to label and date your stored breast milk. Write the date you pumped the milk on each bag or container you store it in. Write your name or your baby's name on each bag or container too. This will help make sure your baby gets your milk.

Make sure your childcare provider knows how to store, thaw, and warm your breast milk properly. Feed your baby at your breast when you're with them. You and your baby both benefit from this special time together.

Stay healthy while you breastfeed

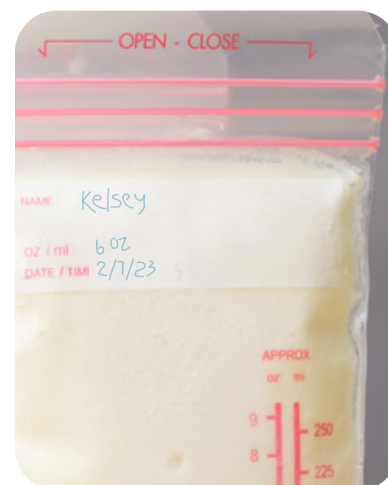
It's important to take care of yourself while you breastfeed. You're still recovering from pregnancy and the delivery of your baby. Take care of yourself so you can feel good and enjoy time with your baby.

Nutrition

Your body works hard to make milk for your baby. You still need nutrients for your body too. The foods you eat when you breastfeed matter—but you don't need to be perfect.

Your body will make milk that is safe and healthy for your baby, even if you don't always eat the "right" foods. However, you may notice you have more energy, feel better, and make more milk when you eat a variety of healthy foods and drink enough water.

It's important to label and date your stored breast milk.



Should I take a multivitamin if I'm breastfeeding?

Try to get most of the nutrients you need from the foods you eat. However, most women should still take a multivitamin. Talk to a doctor to decide what multivitamin is best for you.



Do I need to eat and drink more when I breastfeed?

You burn a lot of calories when you breastfeed—so you'll likely feel more hungry and thirsty than normal. Eat around 300 to 500 more calories and drink about 16 cups of water each day while you breastfeed.

- Eat 1 to 2 extra snacks each day.
- Drink water throughout the day—not all at once.

What should I eat while breastfeeding?

It's best to eat foods you like from all the food groups when you breastfeed. Most women don't need to avoid any foods when they breastfeed. Eat foods from each of these food groups every day.

- Whole grains like brown rice, whole wheat bread, oatmeal and whole wheat pasta.
- Proteins like lean meats and chicken, eggs, seafood, beans and lentils, nuts and seeds, and tofu.
 - Choose seafood low in mercury.
www.fda.gov/media/102331/download
- Fruits like apples, berries, oranges, mango, and bananas.
- Vegetables like broccoli, peppers, lettuce, spinach, and carrots.
- Dairy like milk, yogurt, cheese, and lactose-free dairy.
 - Fortified soy products like soy milk or soy yogurt provide similar nutrients if you don't eat dairy.

Flavors from the foods you eat get into your breast milk. Your baby may like more flavors and types of foods when they're older because they tasted them in your breast milk. Your baby may also be more gassy or fussy after you eat certain foods, like spicy foods or strong flavors. Each baby is different. Avoid certain spices or flavors if your baby seems more gassy or fussy after you eat them.

Mental health

Postpartum depression and other mental health conditions are common during pregnancy and after delivery. They are medical conditions, just like the flu or diabetes. Mental health conditions can be treated with the right help and support.

Breastfeeding can help improve your mental health after your baby is born. Your body releases oxytocin and prolactin when you breastfeed. Some people call these the “feel-good hormones.” These hormones help you bond with your baby, have less anxiety, and feel better overall.

However, not all women feel better when they breastfeed. Conditions like “baby blues”, perinatal or postpartum mood and anxiety disorders (PMADs), or dysphoric milk ejection reflex (D-MER) can make breastfeeding less enjoyable.

Baby blues

Your body goes through a lot of changes during pregnancy and after you deliver a baby. Your hormones change quickly after you have a baby. Your sleep, eating, and daily routines will change as well. All of these things may contribute to the “baby blues.”

Many women (about 80% of women) experience “baby blues” the first few days after delivery. You may feel sad, cry more than normal, or not enjoy doing things you usually do. These feelings usually go away about 2 weeks after your baby is born.

You may have a more serious condition if you still feel sad or different than you normally feel 2 weeks after you have your baby. Talk to a doctor if these feelings don’t go away.

Things you can do to help:

- Eat healthy foods and drink enough water. Eat from all the food groups each day. Drink at least 6 to 8 cups of water each day (48 to 64 ounces).
- Get as much sleep as you can. Try to sleep when your baby sleeps. You may want to use this time to get other things done, but sleep can help you think through and understand your feelings better.
- Ask for help from your partner, family, and friends. Ask them to grocery shop for you, watch your baby while you shower or sleep, or do something else that will help you.
- Do something you enjoy. Go for a walk, eat lunch with a friend, spend time in nature, or read a good book.

Maternal Mental Health Hotline

Provides free, confidential support before, during, and after pregnancy.

Call 1-833-852-6262 or visit mchb.hrsa.gov/national-maternal-mental-health-hotline.

- Call or text professional counselors.
- Get real-time support, information, and resources.
- Responds within a few minutes 24 hours a day, 7 days a week.
- Referrals to local and telehealth providers and support groups.
- Culturally sensitive support.
- Counselors speak English and Spanish.
- Interpreter services in 60 languages.

Perinatal or postpartum mood & anxiety disorders (PMADs)

Perinatal or postpartum mood & anxiety disorders (like postpartum depression) may happen during pregnancy and up to 1 year after the birth of your baby. PMADs include these mental health conditions:

- Depression
- Anxiety
- Panic disorder
- Obsessive compulsive disorder (OCD)
- Posttraumatic stress disorder (PTSD)
- Bipolar I and II
- Psychosis

Women who experience these mental health conditions before becoming pregnant may be more likely to experience them during or after pregnancy. Your partner may also experience one or more of these conditions during this time. **Dads are twice as likely to experience one of these conditions if their partner does.**

The good news is there is help! Mental health conditions are common and can be treated—you don't need to feel this way forever. There are also several support groups and other resources in Utah that can help you.

Call, text, or chat 988 if you have thoughts of harming yourself or someone else—or if you just need someone to talk to.

Utah Maternal Mental Health Referral Network

Find a local provider who is an expert in maternal mental health.

Visit maternalmentalhealth.utah.gov/.

Postpartum Support Utah (PSI Utah)

PSI provides free, confidential support from moms and families. PSI coordinators are located throughout Utah. Find a PSI coordinator in your area:

- Call 1-800-944-4773 (#1 en Español or #2 for English).
- Text the word help to 1-800-944-4773 for English.
- Text the word ayuda to 971-203-7773 en Español.
- Visit psiutah.org/emotional-health/resources-info/.

Dysphoric milk ejection reflex (D-MER)

Some women experience dysphoric milk ejection reflex (D-MER) when they breastfeed.

D-MER is very rare. It's different from postpartum depression or anxiety but has many of the same signs. You may have this condition if you have intense, unpleasant emotions just before you let-down or see your milk start to flow. These emotions usually only last 1 to 2 minutes each time you have a let-down and go away when your baby is done eating.

People with D-MER may feel:

Sad or hopeless | Low self-esteem | A sinking feeling in their stomach | Anger | Anxiety

It's possible to breastfeed with D-MER but is a decision that should be discussed with a doctor and others who support you. The difference between D-MER and postpartum depression or anxiety is that signs of D-MER go away when you're done breastfeeding. The symptoms of postpartum depression or anxiety don't. Talk to a doctor or a WIC breastfeeding expert if you are having these types of feelings—whether they go away when you're done breastfeeding or last longer.

What if my baby won't stop crying?

Babies cry a lot—especially the first few months after they're born. Sometimes this means they're hungry, need their diaper changed, are hot or cold, or just want to be close to you. However, sometimes you don't know why your baby is crying and you don't know how to fix it. This doesn't mean you did anything wrong or are a bad parent.

You may feel tired, overwhelmed, stressed, or frustrated when this happens and may not know what to do. However, it's never okay to shake your baby. This can cause permanent damage to your baby's brain.

If you feel overwhelmed or frustrated because your baby won't stop crying:

- Lay your baby down in a safe place on their back (like a crib).
- Leave the room for a few minutes and take a few deep breaths.
- Check on your baby every 1 to 2 minutes.
- Call someone for support.

Safe sleep for babies

It's tempting to let your baby sleep in the same bed with you. This is called bed-sharing—and is actually dangerous for your baby. If your baby sleeps with you it makes it more likely for your baby to die of:

- Sudden infant death syndrome (SIDS)
- Suffocation (lack of oxygen)
- Other sleep-related causes

Put your baby in their own bassinet or crib after you're done breastfeeding. Babies need to sleep on a firm, flat surface with no blankets or pillows near them. Mattresses made for adults are softer than mattresses made for babies. A soft mattress can block their nose and mouth if they roll over. Pillows or blankets can also cover their nose and mouth. They may suffocate or breathe in too much carbon dioxide if this happens. Both of these can cause serious brain damage or death.



Babies don't have very strong neck muscles or good head control. Their chin may rest on their chest and block their airway if they sleep on a soft mattress. There is also a chance you could roll over on your baby during the night. **The weight of an adult is enough to suffocate a baby.** It's even more dangerous if 2 adults are in the same bed.

Room-sharing is not the same as bed-sharing. It's okay to have your baby sleep in the same room—just not in the same bed. Room-sharing is a great way to protect against sleep-related deaths and safely keep your baby near you to breastfeed during the night. Place your baby's crib or bassinet next to your bed and always put your baby back in it after you're done breastfeeding at night.

Use a firm, flat mattress and keep blankets, toys, and other soft items out of your baby's crib or bassinet. These may make it seem more cozy—but increase the chance your baby could suffocate and die. Always put your baby on their back to sleep.

Call a doctor or MotherToBaby Utah at 1-800-822-2229 if you have a question about whether or not the medicine or supplement you're taking is safe while breastfeeding.



Can I take prescription medications, supplements, and over-the-counter medications while breastfeeding?

Only use medications and supplements prescribed to you by a doctor or that you know are safe to use while breastfeeding. This includes herbal supplements. Certain medications and supplements can harm you or your baby. Taking the wrong medications or supplements while breastfeeding may cause your baby to have seizures, vomit or throw up, have trouble eating and sleeping, or have other harmful side effects.

Always follow the instructions when you take medications and supplements. Only take the dose or amount you're supposed to.

Alcohol, illegal drugs, and smoking while breastfeeding

Is it safe to drink alcohol and breastfeed?

Alcohol gets into your breast milk and can decrease your milk supply. Alcohol levels in your breast milk are about the same as the alcohol levels in your blood.

There are things you can do to protect your baby if you choose to drink while breastfeeding. It takes time for your body to get rid of the alcohol in your breast milk. The amount of time it takes depends on many things—your weight, how much alcohol you drink, the type of alcohol, and if you take other medications.

It takes time for alcohol to leave your body. There is a common misconception you can pump enough to get rid of any breast milk that is contaminated with alcohol. Some people call this “pumping and dumping.”

This isn't true. It won't help to just pump and get rid of your milk if there is still alcohol in your blood. **The amount of alcohol in your breast milk only decreases over time when the alcohol is out of your body.** You need to wait long enough for the alcohol to leave your body before you breastfeed your baby. However, you may need to pump your milk **and throw it away** if your breasts feel uncomfortable and it's too soon to safely breastfeed your baby.

Talk to a doctor or call **MotherToBaby Utah** at **1-800-822-2229** if you have questions about how long you should wait to breastfeed after you drink alcohol.

Illegal drugs are never safe for you or your baby while breastfeeding.

Anything that gets you high or causes you to be impaired can get into your breast milk and harm your baby.

You should still breastfeed if you continue to smoke tobacco cigarettes or use e-cigarettes.

Your milk can protect your baby from breathing problems, sudden infant death (SIDS), and poor weight gain.

Wait as long as you can to breastfeed your baby after you smoke. The amount of nicotine in your milk decreases over time. Your milk will be safer for your baby if you wait at least 90 minutes after you smoke to breastfeed your baby. The amount of nicotine in your breast milk decreases by half after 90 minutes.

Change your clothes after you smoke and before you breastfeed or hold your baby. Don't smoke around your baby—and don't let others smoke around them. This will protect your baby from harmful chemicals left behind from smoke or aerosols.



Can I smoke or vape while breastfeeding?

Try to quit if you use tobacco or nicotine products and are breastfeeding or plan to breastfeeding. Chemicals from these products get into your breast milk. You may make less milk and your baby may be fussier if you smoke while breastfeeding.

Electronic cigarettes or vapes can also harm your baby's health. Aerosols (the mist you see from e-cigarettes) can contain nicotine, flavorings, and other harmful chemicals. In fact, 99% of e-cigarettes that say they have no nicotine still have traces of nicotine in them. These chemicals can be harmful to you and your baby.

Try to quit if you smoke, use e-cigarettes, or other products that contain nicotine. Call the Utah Tobacco Quitline for free help at **1-800-QUIT-NOW** or visit the website at www.waytoquit.org. Licensed nicotine replacement therapy (NRT) products are safe to use while you breastfeed and can make it easier to quit smoking or stop using nicotine.

How to support someone who is breastfeeding

WIC, doctors, family, and friends can help you.

Ask for help with household chores. You may be the only one who can breastfeed your baby, but there are many things others can do. Don't feel bad asking for help. Ask family members, friends, or neighbors to:

- Pick up groceries for you.
- Make meals or snacks.
- Clean or do laundry.
- Take care of your other children.

Talk about how you're feeling. It can feel good to talk about things you're proud of and things you're having a hard time with. This can help you feel less alone and is a good way to include other people in your breastfeeding journey.

Ask for help taking care of your baby—so you can take a break. Friends or family can:

- Give your baby a bath.
- Change diapers.
- Do skin-to-skin contact with your baby.
- Burp your baby.
- Sing or read to your baby.
- Comfort or soothe your baby.
- Put your baby to sleep.



Breastfeeding after 1-year-old

How long should I breastfeed?

The American Academy of Pediatrics recommends you feed your baby only breast milk for the first 6 months of their life. You can introduce recommended baby foods around 6 months old and keep breastfeeding as long as you and your baby would like. Medical experts agree there are more health benefits for both you and your baby the longer you breastfeed—and recommend you breastfeed for 2 years or longer.

How much breast milk does my child need after 1-year-old?

Most of your child's nutrition should come from solid foods after 1-year-old. Breast milk still provides many benefits but should not be your child's main source of nutrition after the first year. There is no exact amount of breast milk your child should have after they turn 1-year-old. It depends on the child. It's best to follow your child's cues for when they want to breastfeed.

Children may breastfeed fewer times each day and for shorter amounts of time when they eat more solid foods. Talk to a doctor or WIC nutritionist if you think your child isn't getting enough nutrients. Some kids stick to a breastfeeding schedule or routine. Other kids may naturally become less interested in breastfeeding and only want to breastfeed every now and then. Both of these patterns are normal.

Your child can have pasteurized cow's milk after their 1st birthday. Children who are breastfed may not eat as many dairy products as kids who aren't. **Breast milk has similar nutrients to dairy products, including some nutrients dairy products don't have.**

Why should I breastfeed longer than 1 year?

Medical experts like the American Academy of Pediatrics, the World Health Organization, and WIC say there are many benefits of breastfeeding longer than 1 year.

- Breast milk has the perfect nutrition to help your child grow and develop.
- Children who are breastfed may get sick less often than those who aren't.
- Breastfeeding is a great way to bond with your child. Some mothers even enjoy breastfeeding more during this stage.
- Breastfeeding longer reduces your risk for many diseases and illnesses, like breast and ovarian cancer, rheumatoid arthritis, lupus, endometriosis, osteoporosis, diabetes, and heart disease.



What if I become pregnant while I'm still breastfeeding?

It's usually safe to breastfeed while you're pregnant. Breastfeeding doesn't affect the nutrition your unborn baby gets or your health during a healthy pregnancy. Talk to a doctor or WIC if you have questions about breastfeeding during pregnancy.

Can I breastfeed 2 or more children at once?

Breastfeeding 2 or more children of different ages at the same time is called tandem nursing or tandem breastfeeding. It won't take nutrients away from your newborn to breastfeed them and other children at the same time. Take this a day at a time. Make sure you rest, eat nutrient-rich foods, and drink enough water to keep up with your physical needs.

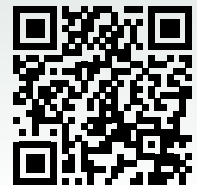
How do I stop breastfeeding?

Children may not want to breastfeed as often when they get older and busier with the world around them. However, it may be a slow process to stop or wean your child if you are ready to stop breastfeeding before they are.

Tips for when you decide to stop breastfeeding after 1-year-old

- Try to use a slow, gradual process to wean or stop breastfeeding. Don't quit breastfeeding suddenly. It increases your risk of breastfeeding issues like engorgement, plugged ducts, and mastitis to quit suddenly.
- Remove one feeding at a time. Shorten each breastfeeding session and distract your child with another activity.
- Allow your child to naturally decide to breastfeed less often. Our advice to mothers is, "Don't offer and don't refuse." You don't need to make up missed or skipped feedings.
- Create new routines to replace breastfeeding routines. Go somewhere new, read a book, or play with a toy together instead of breastfeeding.

We are here to help if you have questions. Talk to a WIC breastfeeding expert or a doctor if you have questions about breastfeeding. Open the camera on your phone to scan the QR code or find the phone number for your local WIC clinic at wic.utah.gov/locations.



Who shouldn't breastfeed?

Breastfeeding is recommended as the healthiest way for most women to feed their baby. However, there are certain situations or reasons why it may be unsafe for you to breastfeed. It may be unsafe for mothers to breastfeed if they:

- Have certain medical conditions.
- Take certain medications.
- Have problems with substance misuse.
- Have certain mental health conditions.
- Have severe breast or nipple conditions.
- Have a baby with certain medical conditions.

Talk to a doctor or call **MotherToBaby Utah** at 1-800-822-2229 if you aren't sure you should breastfeed.





Utah WIC Program | 1-877-WIC-KIDS | wic.utah.gov

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