



# Breastfeeding Basics

# Resources:

## Before and after the birth of your baby



### Important Phone Numbers:

Labor and Delivery –	(916) 688-6667
Breast pump eligibility –	1-833-752-4737 #2
<a href="https://breastpumps.byramhealthcare.com">https://breastpumps.byramhealthcare.com</a> to order pump	
Health Education Dept-	(916) 688-2428
Ob/Gyn Advice –	(916) 688-2055
OB/Gyn Social Worker –	(916) 688-2317
Early Start Specialist –	(916) 688-6342
Admissions Office –	(916) 688-2522

### Pediatrics:

Elk Grove Pediatrics–	(916) 478-5200
Pediatric Advice Line--	1-866-454-8855

### Pregnancy Resources:

#### KP Pregnancy Member website

[www.kp.org/mydoctor/pregnancy](http://www.kp.org/mydoctor/pregnancy)

- Weekly Pregnancy Updates
- Online Tour of Labor and Delivery
- Watch videos

#### Doulas

<https://www.dona.org/what-is-a-doula/find-a-doula/>

Or <http://www.capitalcitydoulas.com/>

#### WIC

<http://www.dhhs.saccounty.net/PR1/WIC/Pages/Women-Infants-and-Children-Home.aspx>

#### American Academy of Pediatrics (AAP)

[www.AAP.org](http://www.AAP.org)

#### Postpartum Anxiety/Postpartum Depression Support

- Contact your KP provider to register

**Kaiser Permanente South Sacramento is prepared to help you with your breastfeeding goals by providing the following resources:**

**Breastfeeding Classes**, sign up for a Breastfeeding or Newborn Care class by calling (916) 688-2754.

**In the Hospital**, our specially trained nurses and lactation consultants will help you with breastfeeding.

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**Newborn Services (By appointment only) with a Pediatrician and Lactation Consultant, call (916) 688-6800.**

#### Breastfeeding Appointments and Advice

With a Lactation Consultant by appointment only, call (916) 688-6800 for general breastfeeding advice or to make an appointment. Call (916) 688-6676 to speak with a lactation consultant during office hours.

#### Breastfeeding Supplies and Rentals

Monday - Friday, 8:30am to noon and 1pm - 4:30pm

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For pump rental and sales information, call (916) 6882754. Closed holidays.

#### Baby and Me

Join our weekly virtual support group to meet other moms and discuss the joys and challenges of newborns. This group is facilitated by a Certified Lactation Educator.

**Thursdays, 9:30am -11:00am.** No group on Holidays.  
**Starting March 1, 2023, Group will be Every Wednesday from 12-1:30 PM.**

# Let's Eat! Getting Started with Breastfeeding

We're here to support you. All of our nurses can provide breastfeeding help.

## First 24 hours



### BABY IS SLEEPY

- § Baby will be awake and feed/eat soon after birth, and then fall asleep.
- § Place baby skin to skin to smell, touch, and get to know you. When baby begins to lick and “root” (nuzzling to look for your nipple), guide them closer to your breast.
- § Aim for 8 feedings in the first 24 hours (at least every 3 hours). It's normal for baby to be sleepy while recovering from birth, just like you.
- § Baby will be wide awake for some feedings and sleepy during others.

## 24 to 48 hours



### BABY IS AWAKE AND HUNGRY

- § Frequent “cluster” feedings begin. Baby will be alert for longer periods and want to eat more often.
- § Aim to feed 10 or more times in 24 hours (about every 2 to 3 hours). Baby may eat several times close together, and then have a longer sleepy period.
- § Continue holding baby skin to skin. Watch for signs that baby is hungry: rooting, moving tongue, sucking on hand.
- § If you miss these hunger signs, baby will likely cry. This is a late sign of hunger. Don't wait for crying to start a feeding.

## 48 to 72 hours



### BABY IS CLUSTER FEEDING

- § Baby may want to eat or suck constantly—hardly sleeping unless they are held.
- § It's okay to hold baby while they're asleep. But if you feel sleepy, move baby to the bassinet for safety.
- § Frequent feeding is normal and increases your milk supply.
- § Remember: Crying is not always a sign baby is hungry. Babies cry for lots of reasons.

(see reverse)

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult your doctor. Some photos may include models and not actual patients.

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# How much will my baby eat?

Small tummies mean that new babies need to eat every few hours at first. As your baby grows, the stomach grows, too. Watch for hunger signs—as soon as your baby digests a feeding, it's time to eat again!

## How much can my baby's stomach hold?

§ These amounts are what your baby can eat in a single feeding (stomach size is for normal newborns).

Day 1  
Blueberry



0.5 to 1 tsp.  
(2–7 mls)

Day 2  
Large Grape



0.75 to 1 oz.  
(20–30 mls)

Day 3  
Apricot



1.5 to 2 oz.  
(45–60 mls)

## Is my baby getting enough milk?

§ It's normal for babies to lose weight after they're born. Try not to worry.

§ We'll monitor your baby to make sure they're eating enough to stay healthy

## When will my milk come in?

§ It can take 3 to 4 days. Until then, your colostrum ("early milk") has everything your baby needs and is the perfect first food.

§ The more often your baby nurses, the more signals your body gets to make more milk. You can also hand express to help stimulate milk production.

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# Breastfeeding: Positioning and Latch

## Laid Back Breastfeeding

- § Lean back in your bed, couch or chair.
- § Make yourself comfortable with pillows.
- § Check to see that your head and shoulders are supported, not flat.
- § Place your baby on your chest and let your baby's body mold to yours.
- § Your baby's whole front should be against your front.
- § Let your baby's cheek rest near your breast.
- § As your baby searches, bobs and/or roots at your breast, help your baby do what s/he is trying to do; you're a team.



## Cross Cradle Position

- § Relax and get in a comfortable position.
- § Lay baby at breast level, tummy to tummy, chin and cheeks touching your breast and baby's head higher than baby's bottom.

When feeding from your right breast:

- § Place the palm of your left hand across your baby's shoulders and cradle baby's neck in the web between your thumb and index finger
- § Allow baby's head to tilt back
- § Do not press on the back of baby's head with your thumb or index finger

## Clutch Hold/ Football Hold

- § Place a pillow next to your side.
- § Nestle your baby next to you on the pillow(s) with your hand and arm supporting baby's shoulders and neck.
- § Baby should be facing you with baby's nose level with your nipple and baby's bottom a little lower than baby's head.
- § Baby's bottom, not feet, should bump up against whatever you are sitting in (chair, couch).
- § Support your breast with your fingers well away from your nipple and your thumb across from baby's nose. See Latch On instructions.

## Positioning

Whatever breastfeeding position or hold you choose, check to see that:

- Baby is directly facing your breast
- Baby is against your body
- Baby's head is free to tilt back so chin leads
- Use pillows to support mom's arms, allow the breast to fall naturally

## Latch On



Cradle baby's neck in the web between your thumb and index finger. Allow baby's head to tilt back, bring baby's chin into your breast and lay your nipple just above baby's top lip until baby opens as wide as a yawn and reaches for your nipple.



With baby's mouth open wide, push on baby's shoulder blades with the palm of your hand and bring baby snugly to the breast.



Push baby's lower body in with your elbow. Do not press on the back of baby's head. If baby is not comfortably latched and sucking, break suction and try again.

## Latch videos

[www.globalhealthmedia.org/videos/breastfeeding/](http://www.globalhealthmedia.org/videos/breastfeeding/)

## Hand expression video instructions

[bfmedneo.com/resources/videos/](http://bfmedneo.com/resources/videos/)

## Laid back breastfeeding videos

<https://www.youtube.com/watch?v=ZlnOLTkejJs>

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## *Single-User Pump: Covered by your medical plan*

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**Medela Breast Pump**  
Pump in Style Advance® Starter Set  
Model MY101035077

**Ameda Finesse™ Breast Pump**  
Ameda Finesse™ Double Electric Breast Pump  
Model AD101A01

**START YOUR ORDER NOW!**

**Need Help?**  
Reach us in the following ways:

kaiserpermanente@byramhealthcare.com

tel: (833)-752-4737

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## *Multi-User Pump: Rental or DME for Medical Reasons*



*Premature  
Cleft Lip  
Special Care Nursery  
Not for going back to work*

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# Marijuana, Pregnancy, and Breastfeeding



There is no safe amount  
of marijuana use  
during pregnancy  
or when breastfeeding.



Research shows that using  
marijuana during pregnancy  
negatively affects the way your  
baby's brain develops. Babies who are  
exposed to marijuana in the womb may have  
learning or behavior problems later in life.

**Marijuana, including medical marijuana, is NOT a safe way to  
manage nausea during pregnancy.**



If you are having nausea,  
ask your doctor to suggest  
medically approved ways  
to reduce nausea that are  
safe for your baby.

If you need help quitting or  
cutting down marijuana use,  
talk with your doctor or the  
Early Start Specialist in your  
prenatal clinic.



# Breastfeeding is one of the best things you can do for your baby.

**Breast milk provides special nutrition for your baby.** However, when you smoke or eat marijuana, the drug will be in the breast milk your baby drinks. “Pumping and dumping” (throwing away pumped breast milk) does not help. Marijuana stays in the breast milk for a long time—sometimes even months.

## All smoke hurts your baby



Smoking marijuana or tobacco around your baby will affect your baby's lungs and contribute to SIDS (sudden infant death syndrome). **Do not smoke anything—or let others smoke—near your baby.**

## MARIJUANA IMPAIRS JUDGMENT

Babies need a lot of attention. You will be more attentive to your baby if you are not using marijuana.



### Visit [kp.org/mydoctor](http://kp.org/mydoctor) to:

- View most lab results and check your preventive health reminders.
- Email your doctor.
- Use interactive online tools to help keep you and your family healthy.

If you are hit, hurt, or threatened by a partner or spouse, this can seriously affect your health. There is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to [ndvh.org](http://ndvh.org).

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# Breastfeeding Challenges:

## Low Milk Supply

*Many new mothers worry about not having enough breast milk. However, most mothers can produce enough milk to feed their babies. If your baby continues to gain weight and grow as expected, he or she is getting enough breast milk. However, if your milk supply is truly low, improving breastfeeding techniques can usually help to solve the problem quickly. If you have tried the suggestions listed below and continue to struggle with your milk supply, please call the Appointment and Advice Line. We can help.*

### How can I tell if my milk supply is low?

*You may have noticed some changes in how your baby is nursing, or your breasts may not feel as “full” as they did before. Often, this is not a sign of low milk supply. It means that your body is adjusting and your baby is becoming more efficient at feeding.*

If your baby is gaining weight well on breast milk alone, and has enough wet and dirty diapers, then it is unlikely that your milk supply is low. After the age of one week, your baby should have 6 to 8 wet diapers each day and 2 to 5 soft bowel movements each day. (The number of wet and soiled diapers will decrease when your baby gets older.)

### How can I increase my milk supply?

- **Breastfeed your baby often.** Nurse every 1 ½ to 3 hours, or at least 8-12 feedings in 24 hours. Watch your baby for hunger cues (alertness, rooting, or bringing hands to mouth) and feed your baby at the earliest signs of hunger. Don't worry if you just fed him or her recently.
- **Increase skin-to-skin contact.** Undress your baby down to the

diaper and place him or her tummy-down on your bare chest. Relaxing and holding your baby close to you will encourage him or her to feed.

- **Check your latch and positioning.** Your baby should get a big mouthful of areola (the dark area around the nipple). Don't let your baby latch onto the nipple only. A baby who is properly latched will be covering more of the areola with his or her lower lip than with the upper lip. Read more about correct latch position in the “Sore Nipples” handout.
- **Fully empty your breasts.** Try to nurse your baby until your breast is completely empty. The more milk that is drained from your breast, the more your body will make. For the same reason, avoid supplementing with formula unless advised by your child's doctor or nurse practitioner.
- **Increase your fluid intake to 8 to 10 glasses each day.** Limit drinks that contain added sugars, such as soft drinks and many fruit juices. Water is best.
- **Eat a healthy, balanced diet.** Visit <http://www.choosemyplate.gov/pregnancy-breastfeeding.html> to read the latest nutrition information for breastfeeding moms.

- **Lower your stress level.** Ask for help around the house so you can care for your baby. Give yourself time to rest and take naps while your baby sleeps. Consider joining a support group for new moms.
- **Breastfeed exclusively.** We recommend breastfeeding without also using formula or other supplements for the first 6 months of life. Using bottles and pacifiers in the first few weeks before your milk supply is well-established can decrease your milk production. Once your milk supply is established, bottles of pumped breast milk can be introduced for feedings, and pacifiers for sleeping and comfort.
- **Try pumping.** Adding pumping sessions between or after nursing can help increase milk production. Using a pumping bra to hold the pump flanges can free up your hands to do breast compression and massage to encourage milk flow.
  - Use a double-electric breast pump for 20 minutes after or between feedings. Take a warm shower or apply warm cloths to your breasts before pumping. Use hand compression to help express more milk.
  - You can also try “power pumping.” Pump for 10 minutes, then rest for

*Breastfeeding is a learned skill that takes practice and patience. It may take some time for new moms and newborns to get used to breastfeeding positioning and techniques. You might feel frustrated while you and your baby are learning and adjusting, but know that we are here to help you succeed.*

10 minutes, switching back and forth for an hour once per day to stimulate your supply. Track your progress by keeping a log of your pumping sessions. Include when you pump, how long you pump, and the amount of milk collected each time. Also note how much milk you've collected after 24 hours.

- **Switch sides often.** If your baby is sleepy, he or she may not remove milk from your breast as well. Try switching sides when your baby's sucking begins to slow down. Switch three or more times during feeding and nurse from each side at least twice.
- **Squeeze your breast lightly.** Gently compressing or massaging your breast when your baby pauses in the sucking rhythm helps the flow of milk to continue.
- **Hand-express milk.** Try hand expressing milk for a few minutes between pumping sessions or feedings. Don't worry if no milk comes out.

## Is there anything I can take to increase my milk supply?

You may have heard of using herbs or medications to help with milk production; these are sometimes called "galactagogues." Fenugreek and blessed thistle are examples of galactagogues. Kaiser Permanente and The Academy of Breastfeeding Medicine have found no strong medical evidence to support the use of medications and herbs to increase milk supply. They may interact

with other drugs or cause allergic reactions and haven't been fully studied for effectiveness or safety.

A lactation specialist can help you find out if and why your milk supply is low and advise you about ways to increase milk production. Speak to your doctor or a lactation specialist before using any type of herb or supplement.

## What causes low milk supply? What should I avoid?

Many factors can affect milk supply. For example, your age, prior breast surgery, stress, and low thyroid levels can contribute to low milk supply.

However, there are a few things you should avoid because they can decrease your milk supply:

- **Medications:** Certain medications may decrease your milk supply, such as birth control pills containing estrogen and decongestants that contain pseudoephedrine. Talk to your doctor if you have questions about any medications you take.
- **Alcohol:** Alcohol can change the taste of your milk and decrease your milk production. Alcohol use while breastfeeding can also increase health risks for your baby.
- **Nicotine:** Smoking can decrease milk production. We strongly recommend that you stop smoking cigarettes for your health and the health of your baby. Call the Wellness Coaching Center at (866) 251-4514 to make an appointment, talk with your clinician, or visit

your local Health Education Center for help with quitting or reducing smoking.

## When should I call Kaiser Permanente?

- If your baby is not gaining weight.
- If low milk supply is getting in the way of breastfeeding.
- If you are concerned about your milk supply.

## Other Resources

The U.S. Department of Health and Human Services:

[womenshealth.gov/breastfeeding](http://womenshealth.gov/breastfeeding)

La Leche League International:

[lalecheleague.org](http://lalecheleague.org)

Visit [kp.org/mydoctor](http://kp.org/mydoctor) to:

- View most lab results and check your preventive health reminders
- E-mail your doctor
- Use interactive online tools to help keep you and your family healthy

Contact your facility's Health Education Center or Department for books, videos, classes, and additional resources.

Your health and your ability to breastfeed your baby can be seriously affected by violence or abuse. If you are hit, hurt or threatened by a partner or spouse, there is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to [ndvh.org](http://ndvh.org)

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult your doctor. Herbs and supplements are sold over-the-counter. Kaiser Permanente carries only herb categories for which some evidence exists to show that the herbs may be effective to treat certain medical conditions.

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# Hand Expression of Breast Milk



Hand expression (or manual expression) of breast milk is the removal of milk from the breast using a massage and compression technique.

You may need to do this if you will be away from your baby during a feeding time or to get milk for your baby if he or she cannot breastfeed. Hand expression is a useful tool to help breastfeeding mothers produce more milk. It may take some time and practice to learn this technique, but we are here to help you succeed.

## Getting Ready:

- §§ Start by washing your hands.
- §§ Sit up in a chair or bed.
- §§ Gently massage your breast using your hands or a warm towel.

## Step-by-Step Directions:

The basic steps are: Press – Compress – Relax

- §§ **Press:** Place your thumb and fingers about 1 to 1.5 inches away from your nipple in a “C” shape. Press back toward your chest.
- §§ **Compress:** While pushing back against your chest, bring your thumb and fingers together gently.
- §§ **Relax** your fingers.

## To continue hand expression:

- §§ Keep your thumb and forefinger in the same place until no more drops of milk come out.
- §§ Next, switch your finger position by moving your thumb to another place around the areola (darker area around the nipple). . Repeat the Press, Compress, Relax technique.
- §§ Continue hand expression for 5-10 minutes and then switch to the other breast.
- §§ Develop a rhythm that is similar to how your baby nurses.

It is normal to get a few or no drops of milk the first few times you hand express your breast milk. With practice, you will get more milk.

The best way to collect your colostrum (first milk) is in a medicine cup or a teaspoon. After your mature milk comes in, you can collect your breast milk in any clean container. Refrigerate or freeze your milk if you are not going to use it right away.

## Online resources

Visit **kp.org/mydoctor** to:

- §§ View most lab results and check your preventive health reminders
- §§ Email your doctor
- §§ Use interactive online tools to help keep you and your family healthy

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# Breastmilk Collection and Storage

## Pumping Tips:

- While you are away from baby, pump every 2-3 hours for 15-20 minutes.
- Be sure to wash your hands before expressing or handling breastmilk.
- To help start the flow of milk or “let down”, try one or more of the following: gently massage your breasts; apply a warm moist compress to the breasts; look at a picture or video of your baby; hold a blanket or a piece of your baby’s clothing; think relaxed thoughts.
- Many mothers only get a few drops of breastmilk the first few times they pump. Save any milk you pump for baby, even if it is only a few drops.

## Storing Tips:

- Collect milk and store it in clean bottles or milk storage bags. Do not use disposable bottle liners. Avoid plastics containing BPA.
- Store milk in the smallest amount your baby takes at a feeding to avoid waste.
- Write the date you pump your milk on each container. Include your child’s name if you are giving the milk to a caregiver. Use the oldest breastmilk first.
- It is ok to combine milk pumped at different times once they are the same temperature. Do not add fresh milk to frozen milk. Label the container with the date of the oldest milk if combining from different days.

Type of Breastmilk	Storage Location and Temperatures		
	Countertop (77° F) or colder (room temperature)	Refrigerator (40° F)	Freezer (0°F) or colder
Freshly expressed or pumped	Up to 4 hours	Up to 4 days	Within 6 months is best; up to 12 months is acceptable
Thawed, previously frozen	1-2 hours	Up to 1 day (24 hours)	Never refreeze human milk after it has been thawed
Leftover from a feeding	Use within 2 hours after the baby is finished feeding		

## Thawing and Warming Tips:

- Breastmilk does not have to be warmed. Some babies will take it at room temperature or cold.
- To thaw or warm breastmilk, put the bottle or bag of breastmilk in a bowl of warm water or under warm, running water.
- Never use a microwave to warm or thaw breastmilk. Microwaving any liquid can create “hot spots” that can burn your baby’s mouth.
- Gently swirl the milk and test the temperature by dropping some on the inside of your wrist. It should be comfortably warm.

# Know Your Breastfeeding Rights

## Lactation Accommodation for Lactating Parents

*The Surgeon General has called on all sectors of the community, including employers, to protect, promote and support breastfeeding. Breastfeeding is the first step to a healthy life. Legal protections exist in order to help mothers breastfeed longer.*

**Going back to work does not mean you have to stop breastfeeding. Below are the legal rights you have as a breastfeeding employee in California:**

- ♦ It is unlawful for an employer to discriminate against someone who is breastfeeding. (Government Code 12926)
- ♦ Employees must receive a reasonable amount of break time to express milk. This break time can be part of the regularly established work breaks. (Labor Code Sections 1030-1033)
- ♦ Employees should be provided with a private space to pump that is near their workstation. A toilet stall is not an acceptable place to pump. (Labor Code Sections 1030-1033)
- ♦ In addition to these state law protections, federal law also protects the rights of breastfeeding employees. (Federal Fair Labor Standards Act 29 U.S.C. 207 § 7(r))



### **Talk to your employer:**

- ♦ Make sure you talk to your employer about maternity leave and workplace support.
- ♦ This includes talking to your employer about your need for lactation accommodation so that you can continue to breastfeed once you return to work.
- ♦ You should also talk to your healthcare provider or WIC about breastfeeding support and getting a breast pump.

### **Additional Resources**

#### **U.S. Department of Labor**

<https://www.dol.gov/whd/america2.htm#California>

*\*visit website for regional office phone numbers*

*File a complaint: 1-866-487-9243*

#### **California Breastfeeding Coalition**

[californiabreastfeeding.org](http://californiabreastfeeding.org)

(831) 917-8939

#### **California WIC Association**

[calwic.org](http://calwic.org)

(916) 572-0700

#### **California Department of Public Health**

[cdph.ca.gov/breastfeeding](http://cdph.ca.gov/breastfeeding)



*Note: All lactating individuals need lactation accommodation and support, not just those identifying themselves as breastfeeding mothers.*



# Baby and Me on Zoom: Every Wednesday at 12-1:30 PM

Discussion topics include infant behavior, caring for yourself, responding to your infant's cues, breastfeeding, and more. The groups meet weekly on a drop-in basis, and there is no fee. This group is for KP members only.

See the reverse for testimonials from moms like you.



Join by using the QR code or go to the last page to click on the hyperlink to gain access to the group.