

# The Breastfeeding Resource Center Prenatal Education Packet

1355 Old York Rd. Suite 101 \* Abington, PA 19001 \* 215-886-2433

The Breastfeeding Resource Center (BRC) is a non-profit, community-based organization serving Philadelphia, Montgomery, Chester, Delaware, and Bucks Counties in Pa and Parts of Burlington, Camden, Atlantic, and Cape May Counties in New Jersey. We are committed to providing expert clinical and educational breastfeeding services. The BRC delivers clinical care with International Board Certified Lactation Consultants (IBCLCs) and provides peer-to-peer counseling with BRC Community Counselors and lactation home visits.



"I would not have succeeded without the support, compassion, and expertise of the BRC. I'm forever grateful."



"...the focus was on what I wanted and how to help make that happen."



Website: [www.BreastfeedingResourceCenter.org](http://www.BreastfeedingResourceCenter.org)



Helpline: 215-572-8044 - answered 365 days a year



Book a face-to-face consultation online or call the office



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**BRC**  
breastfeeding resource center

# Breastfeeding Boot Camp

In the beginning, some babies can be very sleepy, especially when they're feeding. Some need you to do some of the work for them. Here are some tips to help your little one get more milk!

## Waking the baby:

- Unswaddle the baby.
- Undress and change their diaper.
- Put your baby skin-to-skin for a while.
- Massage the baby's arms and legs.
- Dampen a washcloth with cool water and pat your baby's face gently.
- Look for signs that your baby is entering a "light sleep cycle." Signs of light sleep include rapid eye movements, changes in facial expressions, and involuntary movements of arms, legs, or mouth (sucking motions).



## Feeding the Baby:

- Get yourself comfortable. Put your feet up. Use pillows to bring the baby up to breast level.
- Once you see your baby's sucking pattern slow down, begin breast compressions and/or breast massage. This helps increase the flow to the baby and encourages the baby to continue to suck.
- When the breast compressions stop working, unlatch the baby and offer a burp. Try not to let them fall completely asleep on the first side. Put your baby on the other breast. The simple act of picking the baby up and burping them will help keep them alert. You will essentially do each breast two times.
- When babies are sleepy, trying to get your baby to nurse from both sides is beneficial.

# Getting a Good Latch

## Start with the Basics:

- With your breasts falling naturally, place the baby at breast level, with face, chest, and knees facing mom directly.
- Position baby with NOSE directly in front of your nipple.
- Support just the baby's head right behind his ears with your hand (the bend of the arm doesn't give enough control for latch on).
- Shape the breast to match the baby's mouth, making an exaggerated nipple. Think of how you compress a large sandwich to fit your mouth!
- Lightly brush baby's lips with mom's nipple, WAIT for a WIDE mouth, then bring the baby in close, chin to breast (note that baby comes into the breast, not breast to baby).
- Wait a minute. How does it feel? You should feel tugging, not pinching. If there is pinching, gently draw out the upper and lower lips with the index finger. You do not need to see the lower lip to pull it out.
- Still pinching? You have missed that wide mouth. Break the suction and start again. It's worth getting right!
- Feel good? Great! Now sit back, put your feet up on a stool, table, or box, roll baby into you, and RELAX!
- After feedings, your nipple should be the normal shape. It should not be angled or distorted.

## How do I know my baby is getting enough?

- Uterine cramping during, or directly after feedings, in the first few days of life.
- Baby is meeting (or exceeding) the goals on the breastfeeding log.
- Between days 3 and 5 postpartum, your breasts should feel fuller. After this fullness occurs, at least one breast should feel softer after a feeding.
- After day 5, your baby should have at least 3 or 4 stools each day. They should be the color of this paper!
- After day 5, your baby should have about 5-6 wet diapers per day.
- Your baby should seem satisfied after feedings.
- Your weight check at the Breastfeeding Resource Center shows an increase in your baby's weight!

Early weight checks can build your confidence when breastfeeding for the first time. The Breastfeeding Resource Center offers 30-minute weight checks. The baby's weight and a brief breastfeeding history will be faxed to your baby's doctor!

# Diapers of the Breastfed Baby

The color of poopy diapers are important!



The first poop is black & sticky



The poop turns green



The poop should turn yellow



Poop should eventually look seedy



Blood in stool can indicate illness, injury or allergies. Call your Doctor.



Only count poop larger than a quarter!

# Signs of Engorgement & How to Treat it

## **Engorgement**

It is normal for your breasts to become larger, heavier, and a little tender when they begin producing greater quantities of milk on the second to sixth day after birth. Normal fullness usually decreases within the first two or three weeks after birth if the baby is breastfeeding regularly and well, or you are pumping regularly if not putting the baby to the breast.

Engorgement occurs due to poor drainage of the milk from the breast. When milk is not removed effectively, blood and lymph fluids move slowly through the breast, which can cause fluids in the blood vessels to seep into the breast tissue and lead to swelling.

### **Signs of engorgement:**

- Breasts are hard.
- The skin may appear taut, shiny, and transparent.
- A low-grade fever may occur.
- Engorgement may happen in the areola, the body of the breast, or both.
- The baby may have difficulty latching to the breast.

### **How to treat engorgement?**

- Continue to feed your baby on demand or pump on a schedule if you are exclusively pumping for your baby.
- Apply ice packs to help reduce swelling.
- A gentle massage or lymphatic massage is helpful.
- Take NSAIDs or whichever medication your doctor suggested to help with pain after delivery. Don't worry! Engorgement only lasts a short period!

## Infant Risk Center

**Need to know if a medication is compatible with pregnancy or breastfeeding?**

Call the

**Infant Risk Center**

**806-352-2519**

# 5 Tips I Wish I'd Known



1

**Get Naked!** Practice skin-to-skin contact after the birth of your baby for at least an hour.

- Your baby should be placed on your bare chest, and a blanket is placed over both of you.
- When your baby's chest is against your chest, they will remain warmer, they will cry less, and their blood sugar, heart rate, and oxygen levels will stabilize. Babies who spend time in skin-to-skin contact with their mothers are also better breastfeeders!
- Continue skin-to-skin snuggling at home in the first few weeks.

2

**Offer Fast Food!** Nurse your baby within the first hour after birth. Why the hurry? You may notice that your baby is hungry at that time.

- You'll notice your baby lifting their head, trying to suck on their fists, or searching around with their mouth wide open. This is an ideal time to start nursing!
- Research has shown that mothers who offer the breast within the first hour, have a better breastfeeding experience and nurse for a longer time.
- Early feedings get your hormones pumping, which helps with milk production and bonding.
- Nursing frequently causes uterine contractions, which reduces your risk of postpartum hemorrhage and helps get your uterus back to its normal size.
- Most mothers are worried that there is no milk available right after the baby is born. Your breasts may not feel full, but your body has been making milk for months. The birth of the baby and the delivery of the placenta trigger a hormone change that tells the body to let the milk loose. After that, it's up to your baby to manage your milk supply by feeding regularly.

3

**They're not 16 yet but let that baby drive!** The baby drives the milk supply; therefore, feeding on cue is encouraged.

- Feeding cues are signals your baby gives you to let you know they're hungry. Some signs of hunger are: sucking on their fists, licking their lips, turning their head to the side, opening their mouth wide.
- When you're getting the hang of breastfeeding, it's better to offer the breast when your baby first asks for food rather than when their REALLY hungry.
- Crying is one of the later signs of hunger. Latching to the breast can be frustrating for both when the baby is overly hungry.
- Once latched, your baby is in the driver's seat. They're the only one who knows how much milk is available, and how much they need. Let your baby decide how often and how long to feed. Trust your baby.

4

**Cut the cord, but don't stray too far!** Keep your baby with you. If you deliver in a hospital, plan to "room in."

- Babies are designed to nurse around the clock. You can't feed the baby on cue when they're down the hall in the nursery. A baby who "rooms in" feeds more often helps your milk supply and your baby's intake!
- Rooming in also the perfect opportunity to practice taking care of your baby throughout the night. Healthcare professionals surround you to answer questions if you run into problems. Don't wait for your first night home to be the first night you care for the baby. You won't be prepared! Go home with a well-fed baby and a confident you.

5

**Check me out!** Early assessment of breastfeeding is the best way to give you confidence and be sure things are going well.

- Painful feedings and concerns about milk supply are two of the biggest reasons moms stop breastfeeding early. If your confidence is wavering, have someone observe a feeding who is well trained in the area of clinical breastfeeding management such as an International Board-Certified Lactation Consultant (IBCLC).
- Too often mothers are given strict guidelines on how to breastfeed successfully, but we are humans, not robots! Each mother/baby pair is unique and has different needs. An assessment of the baby's weight gain, latching techniques, and intake at the breast will allow us to determine the best management tips for you and your baby.

# PARTNERS: Yes, you can help with breastfeeding!

Okay, so partners may not be able to actually breastfeed their baby. But there are many things they can do to impact the breastfeeding experience and help make breastfeeding successful. The most important among these things is learning as much as they can about breastfeeding.

## *Risks vs benefits.*

We all know the benefits of breastfeeding, including improving baby's health and development and bonding. It can be an enjoyable experience, not to mention the fact that it's extremely cheap, portable and is just about the most environmentally-friendly way to feed a baby (no carbon emissions, well maybe a small one after baby's had his feed!).



However, did you know that the risks of not breastfeeding are pretty significant, too? For instance, babies who are not breastfed have a statistically higher risk of developing obesity, diabetes, middle ear infection, gastroenteritis, asthma, respiratory infection, urinary tract infection, and allergies, not to mention that women who don't breastfeed have a higher risk of developing breast cancer, ovarian cancer, and diabetes.

Breastfed babies have fewer colds and ear infections, plus the nutrients in breastmilk help build the baby's brain and immune system. And there are some mighty little gut flora that get passed on from mom to babe through the breastmilk, helping to protect against irritable bowel syndrome (IBS) and other nasty tummy issues as they grow up. All this adds up to fewer sick days off school.

*"As the partner you are the most powerful influence on whether or not your partner continues to breastfeed."*

# PARTNERS *cont.*

Remember, research has shown that as the partner, you are the most powerful influence on whether or not your partner continues to breastfeed. With all the risks of not breastfeeding, isn't your support more important than ever?

## **How can *YOU* be part of the breastfeeding team?**

There are plenty of ways you can bond with your baby without having a pair of breasts. Meanwhile, here are some good tips to get you started.

- Fight off any pressure to separate mum and baby. Help mum and baby spend lots of time snuggling together in the hours and days after birth.
- Help around the house. Dishes, laundry, and vacuuming will be incredibly helpful.
- Guard against too many visitors. You know when your partner has had it!
- Shop for the household needs.
- Help take care of the other children.
- Encourage naps while you watch over the little one.
- Do something special. Place a flower in a vase on the dinner table. It doesn't have to be anything expensive.
- Give a high five! That shows you're proud!
- Make time for just you and your baby. Take the baby for a walk in the stroller or a carry in a baby sling. Babies need cuddles and hugs from you, too.
- Showers are important. Take care of the baby while your partner gets a stress-free shower!
- You can get to know your baby by taking care of other needs - dress and undress, diaper, bath, cuddle, and play with your baby.
- Bring your partner a drink or a snack while the baby is feeding.
- Be the shield when nursing in public to keep her comfortable.
- Your support is very valuable!



# Milk Storage Guidelines



**Breastfeeding Resource Center**

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

**215-886-2433**

## **BREASTMILK STORAGE for healthy, term infants**

<b>Location</b>	<b>Temperature</b>	<b>Duration</b>
Room Temperature	60-85°F	4 hours optimal 6-8 hours acceptable
Insulated cooler bag with ice pack	59°F	Up to 24 hours under very clean conditions
Refrigerator	<39°F	4 days optimal 5-8 days under very clean conditions
Freezer	24.8°F	6 months optimal 12 months acceptable

**If the baby did not finish the bottle, use within 2 hours.**

*Reference: Center for Disease Control*

# If your Grandchild is Breastfed

## **What can I do if I can't help to feed the baby?**

Your support is needed. Getting breastfeeding off to the best start can be difficult for most new families. Grandparents are needed to encourage them to keep going! Bring drinks and food, allow a well-deserved nap after the baby has fed, do some light cleaning, and change and burp the baby as needed. Mostly, tell them how proud you are!

## **I know nothing about breastfeeding! I won't be able to help her.**

Find out all you can about breastfeeding before the baby is born. Attend a breastfeeding class, buy a breastfeeding book, or find out the best breastfeeding websites. Once the baby is born, help find the answers to all their questions. Remember... it's new to BOTH of you!

## **How will I bond with the baby if I can't feed her?**

As the baby gets a little older, some you can offer expressed milk in a bottle. This is fine to do once the family gets the "hang" of breastfeeding. You'll have plenty of time to get to know this special person. In fact, helping in the early days will help you know how to care for him later. You will be the most trusted babysitter!!

## **I didn't breastfeed my babies, and they are just fine.**

Doctors have found out that breastfed babies are healthier. Now that they realize it, they are encouraging everyone to give breastfeeding a try! There are even health benefits for those who breastfeed! Doctors see first-hand the differences in their patient's health. We also know now that it not only helps to keep babies healthy while they are nursing, but they are healthier as adults too! Supporting your grandchild's ability to breastfeed is giving them the first step to better health.

## **What do I do if we need more help?**

The Breastfeeding Resource Center (BRC) is designed to help mothers meet their breastfeeding goals. Face-to-face visits can help mothers get on the right track. Free weekly support group meetings help to answer regular questions. You can bring the new family to the BRC if things seem overwhelming. Grandparents are ALWAYS welcome at the BRC!

## **Some things that make no difference at all in the ability to breastfeed:**

- the size or shape of mom's breasts
- the age or background of the mother
- the size of the baby
- the kind of delivery mom/baby had

# If your Grandchild is Breastfed *cont.*

## Top Tips

1. Exclusive breastfeeding is recommended for the first six months of life. At six months solid foods can be introduced, but mom's milk should be a big part of the baby's diet until at least one year old. Remember: No water, formula, juice, or cereal is required in the first 6 months of life.
2. Getting comfortable with latching the baby takes time. It can take several weeks for some mothers to feel like it's "easy". It's normal for moms to have soreness for the first minute of the feeding in the first 10 days of life. It is NOT normal for it to be painful for the entire feeding or for mom to have "boo-boos" on her nipples. If she is in a lot of pain, the baby is not latched correctly!!!
3. The baby drives the milk production. You may be used to watching the clock to determine feeding times and looking for the number of ounces in the bottle to determine if the baby had enough, but we need to look at the baby with breastfeeding. Look for the baby's feeding cues to determine when the baby needs to nurse. Breastfed babies typically feed between one and three hours. Allow the baby to nurse on the first side for however long they wish, and then offer the second side. The baby is the ONLY one who knows how much milk was available, how much they took in, and when they need to nurse again. Trust them!
4. How to tell if baby is getting enough milk is always a worry for new moms and grandparents! Here's a checklist:
  - a. Mom will experience uterine cramping during, or directly after feedings in the first few days of life.
  - b. Baby is meeting (or exceeding) the goals on the breastfeeding log and is satisfied after most feedings.
  - c. Between days 3 and 5 postpartum, mom's breasts should feel fuller. After this fullness occurs, at least one breast should feel softer after a feeding.
  - d. After day 5 the baby should have at least 3 or 4 stools each day.
  - e. After day 5 the baby should have about 5-6 wet diapers per day.
  - f. Weight checks should show the baby has gained about an ounce per day in the first few months.
5. If things are going well and baby is gaining well, you can stop worrying! You don't have to count diapers until the child weans!
6. If mom has questions, help her to find the answers! A bottle of formula doesn't have to be the answer!

# Antenatal Colostrum Harvesting

**Antenatal colostrum harvesting is becoming increasingly popular. While the concept has been around for years, social media, especially TikTok, has brought renewed interest to many parents.**

**Many parents choose to practice antenatal hand expression if they have insulin-dependent diabetes, are planning for a cesarean section, are multiparous, have experienced previous feeding challenges, or anticipate separation from their baby after birth. The goal is often to collect colostrum in advance and potentially reduce the need for formula supplementation in the early postpartum period.**

- At 36 week's gestation, practice hand expressing 2-3 times a day. Click [HERE](#) for a video on how to hand express.
- Collect drops of colostrum a small container or spoon.
- Pull the drops of milk into a syringe. You can put multiple syringes in one freezer bag. One option for storing colostrum are [THESE](#).
- Bring your frozen milk with you to the hospital.
- Offer your baby your expressed milk as needed.



# BRC's Recommended Visits for Success!

1. Get started with a **Prenatal Consultation**. Schedule this visit during your last trimester, so the information is fresh in your mind! Allow our IBCLCs (International Board Certified Lactation Consultants) to get you off to the best start and get all of your personal questions answered!
2. Schedule a **Lactation Consultation** with one of our IBCLCs within the first week of life. This is a very detailed consultation. A full feeding is observed. The latch will be evaluated, as well as the baby's intake. Since each parent and baby pair are different, we'll help you determine how to make breastfeeding successful for your family! Written instructions are provided, and a full report will be sent to your and your baby's doctor.
3. Schedule a **Follow-Up appointment** with your IBCLC in a week. Sooner if you're struggling. This will reiterate the information given in the first session while making changes to the plan as you and your little one are getting more comfortable with breastfeeding. A full feeding is observed, and written instructions are provided.
4. Join us for our **FREE weekly virtual Support Group meetings**. Meet other new parents, learn parenting skills from each other, and get general questions answered. Research shows that support groups help you to breastfeed longer!
5. Sign up for a **COMMUNITY COUNSELOR**. Our Community Counselors are mothers just like you. They nursed their babies and have taken an extensive training class to learn how to counsel breastfeeding families via phone, text, or email.
6. At 4-6 weeks, schedule a **Check-up** to determine if there are any management techniques you should be gaining. Babies at this age can usually manage milk production without much help from you. Make sure your baby is ready to take this step! Your IBCLC observes a full feeding.

- A **Back to Work Planning session** can help you develop a personal plan based on your work schedule and your baby's needs. Returning to work or school can be a huge obstacle for many.
7. Planning sessions give you the information you need to be successful and allows us to be available when the time comes to answer questions.

- Weight Checks** can be done at any point. A lactation consultant will be able to help you and answer brief questions.
8. The information is faxed to your baby's doctor.

**BOOK YOUR APPT OR SCAN  
THE QR CODE!**

*Book Online!* 

