Link to " A Perfect Latch" from Stanford Medicine
video demonstrating how effective assistance can be given in just 15 minutes

Link to First Droplets: First milk matters most
www.firstdroplets.com

FEEDING YOUR BABY

Breast milk is good for your baby. It is superior to any alternative form of infant formula and is uniquely designed to meet the nutritional needs of your infant. It contains antibodies which will help protect your baby against illness. Breastfeeding is easy, inexpensive, and convenient; there are no bottles to wash and no formula to prepare. Breast milk is easy to digest, and less allergenic, thus there are fewer problems with constipation and diarrhea. Breastfeeding provides a special bonding for baby and mother. It also helps mom get back into shape by contracting the uterus.

While breastfeeding may be the natural thing to do, it helps to know a little about how to do it. Here are a few steps to help you get started.

- Wash hands with soap and water.
- Hold your baby close to your breast and turn your baby so you are tummy to tummy.
- Hold the breast in your hand and gently stroke the babies lips with the nipple until the baby opens wide. Your baby

has a "rooting reflex" which will make him turn his mouth toward your touch.

- Pull the baby onto your breast, helping him to take in as much of the brown area of the nipple as possible.
- Nurse the baby on both breasts, about 10 minutes per side, burping in between.
- To remove the baby from the breast, place your finger in the corner of his mouth to break the suction.
- Proper positioning of the baby on the breast and using different positions to hold your baby while nursing is very important to reduce nipple soreness.

How do I know my baby is getting enough milk?

1. Your baby should have at least 6-8 wet diapers per day and frequent bowel movements. Call us if your newborn is stooling less then 4 times a day in the first two weeks of life.
2. Initially, your baby should nurse 8-14 times over 24 hours (every 1 1/2 to 3 hrs). In the first 2 weeks of life, you should wake your baby for feedings if she sleeps beyond 5 hours.
3. Your breast should feel full before feeding and softer after your baby has nursed.
4. In general, your baby should seem satisfied and content after feeding. If you are concerned, you should call us. We may want to have the baby weighed.

Collecting and Storing Breast Milk

Situations arise where you may need to be separated from your baby; school, work or an evening out. When this occurs, you may wish to pump and store your milk ahead of time. There are a number of different breast pumps available and you will need to find the one that fits your needs.

Breast milk may be stored in the refrigerator for 48 hours. To

freeze breast milk, first cool it in the refrigerator, and then put it into the freezer. Frozen breast milk should be used within 3 months if it is stored in the freezer compartment of a refrigerator. Milk stored in a deep freezer is good for 6 months. Remember to label the breast milk with the date that you pumped it. Thaw milk in the refrigerator or in warm water just before feeding. Thawed milk must be used within 24 hours. Note: freezing breast milk destroys some of its antibodies.

You may introduce a bottle of breast milk or formula at 2-3 weeks of age (2-3 times/week). This is enough to get your baby used to a bottle, but not so much that it will compromise your breast milk supply.

When a Nursing Mother is Ill and Needs to Take Medications

When a mother becomes ill, she should not interrupt breastfeeding for fear that she may make her baby sick. Breast milk passes immunity to the baby in many circumstances. Frequent hand washing will also decrease the risk of contagiousness.

If you are nursing while ill, it is generally best to avoid most medications. If you wish to take medicine, the following medicines may be taken safely (at the recommended dose) without risk to your baby:

For fever: Acetaminophen, Ibuprofen

For colds: nasal sprays (eg. Afrin, Neosynephrin); Benadryl (Other antihistamines may be given, but there may be a slight decrease in mother's milk supply)

For pain: Acetaminophen, Ibuprofen, Codeine, Naprosyn

For infection: Antibiotics do not usually produce adverse

effects in breast-fed infants.

You may take: Penicillins (eg. Amoxicillin), Cefzil, Suprax, Keflex, Augmentin

For weight reduction

After your child reaches one month of age, you may take products with Aspartame(Nutrasweet) or saccharin. Mothers who carry the gene for phenylketonuria should consult us before taking Aspartame.

If you are taking a medicine which is not listed here, please call and speak with one of our providers or phone nurse.

Bottle Feeding

If you decide to bottle feed your baby, rest assured in knowing that formulas will provide your baby with all the nutrients she needs to grow and be healthy. An advantage in bottle feeding is that it's easy for dad and others to feed the baby when mom needs a break.

There are basically two kinds of formula which you may choose to use: cows milk protein or soy protein. Formulas are labeled "with Iron" or "low Iron". Formula "with Iron" is recommended so your baby won't become anemic. Most babies will do fine on cows milk-based formula and it is recommended unless you have a family history of milk allergy or your baby is having problems with cows milk formula. In that case, you may want to try a cow's milk-based formula that does not contain lactose, or a soy-based formula.

Bottle Preparation

There is no need to boil water for formula or sterilize bottles

and nipples if you live in a city with sanitized water. To avoid bacterial infection you should thoroughly wash the bottles and nipples in hot soapy water using a bottle brush. Most bottles may be placed in the dishwasher. Always rinse your infant's bottle after it is empty to avoid bacterial growth; it is very hard to remove dried milk after it hardens.

When preparing formula, you should always start with clean hands. Here are some general guidelines for mixing formula:

Ready to Feed: No Mixing required. Pour directly into bottle.

Concentrated Liquid: This must be mixed in a 1 : 1 ratio with water. If you make a 4 ounce bottle, add two ounces of concentrated liquid to two ounces of tap water.

Powdered: Add one scoop of formula to every two ounces of water. Measure the water first and then add the formula and shake.

Breast milk or formula is recommended for your baby's entire first year. Whole milk should not be given to infants under 12 months unless it is recommended by us.

Tip: Always hold your baby during feedings. Never prop the bottle and don't give your baby a bottle in bed.

If your baby doesn't finish his bottle, you may offer it up to one hour later. If refrigerated, you may keep it up to four hours. Bottles for nighttime feedings that are prepared in advance should not be left at room temperature. They should always be refrigerated.

Vitamins and Fluoride

Infant formulas and breast milk contain all the necessary

vitamins so there is no need to give supplemental vitamins unless we have recommended vitamin D supplementation. Extra fluoride is not needed in any baby less than 6 months of age, regardless of whether they are formula-fed or breastfed. After 6 months of age, certain babies and children may require fluoride supplementation, but only if their primary water source has no or low fluoride content (well water, some bottled water). If you have concerns about the fluoride content in your water supply, discuss this with your pediatrician at the 6 month well baby visit.

Water

There is enough water in formula and breast milk to meet your babies needs, so no extra water is really needed. It may be offered during hot weather or when baby is ill. Once your baby starts eating solid foods, he may require more water.

Introducing Solids

When is your infant ready?

It is recommended that solids be started between 4 and 6 months of age. They are not necessary before this time because breast milk or formula provide all the nutrition and calories a baby needs. Feeding solids too soon may cause infant allergies and may increase their risk for later obesity. Solids do not help babies to sleep through the night.

Some signs which will help you recognize if your child is ready for solids are:

- Baby can sit with some support and turn head away when full.
- Baby is able to swallow food from a spoon.

- Baby is drinking more than 36 ounces of formula per day.

How to Begin Solids

1. Start with plain iron fortified infant cereal, such as rice.
2. Mix 1-2 tablespoons of cereal with breast milk or formula until it develops a mustard-like consistency. Feed with a small spoon. Continue with cereal for 2 - 3 weeks, 1-2 times per day.
3. Next add plain vegetables, then fruit. Try one new food at a time, waiting 3 - 5 days between new foods. Squash, sweet potatoes and carrots are high in Vitamin A and are liked by most babies.
4. Around 9 months, slowly introduce finger breads, cereals, and strained meats. You may try other protein foods such as beans, yogurt and cottage cheese.
5. Avoid fresh cow's milk and honey until one year of age.

A cup should be introduced around 6 months of age. This is a good time to start juice, limiting the amount to 4 to 8 ounces per day. Don't put juice in your baby's bottle, help him learn to drink it from a cup.

Tip: If using jarred baby foods, mix single foods like chicken, with peas or peaches. These products are better for baby and cost less than combination or mixed dinners.

Healthy Eating for Your Child

Many parents have concerns about what, how much and how to get their child, to eat. Parents are responsible for selecting and buying food, making well-balanced meals, setting the timing of meals and snacks, presenting food in a form that the child can handle and setting standards of behavior at the table. The parent is not responsible for how much a child eats, whether he eats, or how his body turns out.

Reviewed 6/24/2011
By Daniel Feiten MD
Greenwood Pediatrics

Last Reviewed:9/24/2020 12:00:00 AM

BREASTFEEDING - BABY QUESTIONS

Definition

- Breastfeeding questions about your baby

Call or Return If

- Your baby's suck becomes weak
- Your baby starts looking or acting sick
- Your baby starts looking or acting abnormal in any way
- Your baby is always hungry
- You think your baby needs to be seen

About This Topic

TOPICS COVERED

Go to the topic that relates to your question for advice:

1. Signs of a good milk supply (Do I have enough milk?)
2. Normal stools during the first weeks of life
3. Normal infrequent breast milk stools after 1 month of age
4. Normal urination
5. Milk letdown that causes pulling away, coughing or choking
6. Burping
7. Vitamin D for breastfed baby
8. Sick infants

After Care Advice

SIGNS OF A GOOD MILK SUPPLY:

(Is your baby getting enough breast milk?)

- It is very important that your baby is latched on right. This way she can get enough milk.
- Wait for your baby's mouth to open wide. Then have your baby take nipple and part of areola. Lips must be wide open (like a fish) to get a good latch.
- Look and listen for regular swallowing. This shows that your milk has letdown. Letdown is the release of breastmilk into the milk ducts just before a feeding. It starts after 2 to 3 weeks of nursing. At first, milk letdown may take 60 to 90 seconds of sucking before it starts.
- As your milk volume increases and is established (usually by day 4 of life), you should see the following:
- Stools: The number of stools passed is the best sign of how much breast milk is being taken. See that section for details.
- Urine: Expect a steady increase in the number of wet diapers for each day of life. Three wet diapers per day can be normal while milk is coming in. By day 5 of life, your baby should have 6 or more wet diapers per day. Note: If you aren't sure about the diaper being wet, place a tissue in the diaper.
- Caution: Once the milk is in, infrequent stools are not normal for the first month of life. However, it can become normal after 4 weeks of age.
- Your baby should be satisfied (not hungry) after feedings.
- Your breasts should feel full before feedings and soft after feedings.

BREASTFED STOOLS DURING THE FIRST WEEKS OF LIFE

:

- Meconium Stools are dark greenish-black, thick and sticky. They are passed during the first 2 days of life.
- Transitional Stools (a mix of meconium and milk stools) are greenish-brown and loose. They are passed day 3 to 4 of life. While breastmilk is coming in, babies have about one stool per day. This is usually from day 1 to 4. By day 5, passing black or dark green stools is not normal. Your baby should be seen to make sure your baby is getting enough milk.
- Normal Breastmilk Stools without any meconium present are seen from day 5 on. The stools are runny, mustard-colored and can contain seedy particles. Normal breastfed stools can also be green. The green color is from bile. Runny stools can even be bordered by a water ring. This is normal, especially during the first month. (Reason: rapid transit.)
- Normal stool size is about half to 1 tablespoon (8 to 15 ml).
- If breastfed babies get any formula, their stools become greener. They also become more frequent, more formed and odorous.
- Number of Stools. The number of stools is the best marker for how much breastmilk the baby is getting. On day 2 and 3, the baby should pass 1 or 2 stools per day. By day 4 or 5, the baby should be passing 3 or more normal breastmilk stools per day. Once breastfeeding is established, babies normally pass 4 stools per day to 1 after each feeding during the first month of life.
- Breastfed stools have changed to true diarrhea if:
- They have blood or mucus
- Smell bad or have a sudden increase in number
- Your baby feeds poorly, acts sick, or a fever occurs

NORMAL INFREQUENT BREASTFED STOOLS AFTER 1 MONTH OF AGE:

- Between 4 and 8 weeks of age, some breastfed babies change to normal infrequent stools.
- They can pass 1 large soft stool every 4 to 7 days.
- Reason: Complete absorption of breastmilk.
- The longer they go without a stool, the larger the volume that is passed.
- There is no pain or crying with stool passage.
- Some pushing or straining with stools is normal at any age. Babies under 6 months also normally grunt, become flushed, and draw up legs.

NORMAL URINATION IN BREASTFED INFANTS:

- During the first week of life, expect a steady increase in the number of wet diapers per day. It depends on when the full milk

supply comes in.

- **Day of life (DOL) 1 at least 1 wet diaper, DOL 2 at least 2 wet diapers, DOL 3 at least 3 wet diapers.**
- **By DOL 5, your baby should have 6 or more wet diapers/day. (passing urine every 4 hours).**
- **From 1 week to 12 months of age, babies normally pass urine every 2 - 4 hours. Frequency depends on the amount of milk consumed.**
- **Wet diapers can normally decrease during warm weather or if the home is warm. Lack of urination is not abnormal until 8 hours have passed without any urine.**
- **Super absorbent diapers can make it difficult to tell if your child has passed urine. To count a diaper as being wet, it should feel much heavier than a dry diaper. Another tip for detecting urine passage is to place a tissue or cotton ball in the diaper.**
- **Note: Some diapers have a line on them that changes color when your baby passes urine.**

MILK LETDOWN THAT CAUSES PULLING AWAY, COUGHING OR CHOKING:

- **Sometimes, a milk surge will be more than your baby can keep up with.**
- **Your baby's reaction will be to pull away from the breast. She may cry, cough or even choke.**
- **Stop the feeding and let your baby recover.**
- **Wait until the letdown spray stops before putting her back to the breast.**
- **Pausing and burping more often may help.**
- **Prevention: The overactive letdown often occurs in mothers who pump often. So, finish one side all the way. Then only pump the other side enough to get rid of any pain.**

BURPING:

- **You do not have to burp your baby. Burping is an option, but not needed.**
- **It is not harmful if a baby doesn't burp.**
- **Burping can lessen spitting up, but it doesn't decrease crying.**
- **Burping can be done twice per feeding, once midway and once at the end.**
- **If the baby does not burp after 1 minute of patting, it can be stopped.**

VITAMIN D FOR THE BABY:

- **Breast milk contains all the needed vitamins and minerals except Vitamin D.**
- **Vitamin D. Starting the first week of life, all breastfed babies need Vitamin D. The dose is 400 IU per day. (AAP Committee on Nutrition 2009). You can use separate Vitamin D drops. Some preparations contain 400 IU of Vitamin D in only one drop. D-Vi-Sol are liquid vitamin D drops that have 400 IU per 1 ml. Or, you can use Vitamin ADC drops in a dose of 1 ml per day. (No prescription is needed).**
- **Your child needs Vitamin D drops until he drinks enough cow's milk or formula. This is at least 32 ounces (1000 ml) of milk or formula per day. Each 8 ounces (250 ml) contains 100 IU of Vitamin D.**

SICK INFANTS:

- **Do not stop breastfeeding for vomiting, spitting up, diarrhea, cough, or jaundice.**
- **Keep breastfeeding when possible. Offer pumped breastmilk in a bottle if baby is not able to nurse.**
- **Talk with your doctor or nurse to decide if your baby needs to be seen.**

Author: Barton Schmitt MD, FAAP

Article 2887

BREASTFEEDING - MOTHER'S ILLNESS

Definition

- **Breastfeeding questions about mother's illness**

Call or Return If

- **You become worse**
- **You think you need to be seen**
- **Your baby becomes sick**
- **You have other questions or concerns**

About This Topic

KEEP BREASTFEEDING FOR MOST ILLNESSES

- **For most illnesses, keep breastfeeding. Reason: breast milk gives antibodies to your baby to help fight off germs.**
- **If you are too sick, you can pump to keep your milk supply up. Have someone else feed your baby the expressed milk.**

After Care Advice

KEEP BREASTFEEDING FOR MOST ILLNESSES:

- **Examples are when you have a cold, cough or diarrhea.**
- **Keep nursing, even if you have a fever.**
- **Reason: Breast milk carries your antibodies. These can protect your baby from the full-blown illness.**

USE GOOD HAND WASHING:

- **Try to prevent the spread of infection by good hand washing.**
- **Do this after blowing your nose (for colds) or after stools (for diarrhea).**
- **Wash your hands before you pick up your baby.**

MEDICINES THAT ARE SAFE TO USE WHILE BREASTFEEDING:

- **It's best to take your medicine(s) at the end of a feeding.**
- **Pain or Fever: Ibuprofen or acetaminophen are safe to use in breastfeeding moms. Aspirin (325 mg) should not be used.**
- **Decongestants: Do not use decongestants by mouth. They can reduce milk supply in some mothers. An example is Sudafed.**
- **Nose Sprays: Nose sprays can be used. A decongestant spray (such as Afrin) is a safe choice while breastfeeding. Do not use for more than 3 days. A steroid nasal spray can also be used for a longer time. Saline nasal sprays are safe to use as needed for stuffy noses.**
- **Allergy Meds: These drugs for allergy symptoms are OK during breastfeeding. Non-sedating allergy medicines (long-acting ones) are preferred. They can be given as needed once per day at bedtime. Do not use combination products with decongestants.**
- **Cough Meds: Dextromethorphan (DM) is okay to use while nursing. Breastfed babies should be watched for sleepiness or poor feeding. Cough drops and honey are safe to use by moms for a cough. (Caution: Do not give honey to infants less than 1 year old).**
- **Talk with your doctor or nurse about other medicines before using.**

STOP BREASTFEEDING FOR THESE MEDICAL CONCERNS:

- **There are few medical conditions in the mother when breastfeeding is not advised.**
- **Some of these are:**
- **AIDS**
- **Herpes simplex rash (fever blisters) on the nipple/areola**
- **Drug abuse**
- **TB**
- **Talk with your doctor.**

Author: Barton Schmitt MD, FAAP

Article 2891

BOTTLE-FEEDING (FORMULA) QUESTIONS

Definition

- Common questions asked about formula and feeding from a bottle

Call or Return If

- Your baby's suck becomes weak
- Your baby starts looking or acting sick
- Your baby starts looking or acting abnormal in any way
- Your baby is always hungry
- You think your baby needs to be seen

About This Topic

TOPICS COVERED

Go directly to the topic that relates to your question for advice:

After Care Advice

TYPES OF FORMULAS:

- Milk-protein formulas, soy-protein formulas, and hydrolysate formulas
- Soy formulas don't contain lactose or cow's milk protein. Currently, 20% of infants in the U.S. are fed soy formula. Often, switching to soy is not done with a valid reason.
- Hydrolysate formulas mean the protein is broken down. These are advised when children are sensitive to both soy and milk protein.

SWITCHING FORMULAS AND MILK ALLERGIES:

- Switching from one milk-based formula to another is not helpful for any symptom. It is also not harmful.
- Switching from milk formula to soy formula is sometimes helpful for severe diarrhea. This may occur from temporary low lactase levels. It may also be used for those families who are vegetarian.
- Switching from milk formula to soy is sometimes helpful for cow's milk allergy. A cow's milk allergy occurs in 1-2% of infants. Most often, protein hydrolysate formulas (such as Alimentum or Pregestimil) are advised. This is because 15% of these infants are also allergic to soy protein.
- Switching formulas for frequent crying, spitting up or gas is rarely helpful.
- Don't switch formulas without talking with your child's doctor.

POWDERED VERSUS LIQUID FORMULAS:

- Formulas come in 3 forms: powder, concentrated liquid and ready-to-feed liquid.
- Concentrated formulas are mixed 1:1 with water.
- Ready-to-feed formulas do not need any added water.
- Powdered formulas are mixed 2 ounces (60 ml) of water per each level scoop of powder. Never add extra water because dilute formula can cause a seizure.
- Powdered formula costs the least. Ready-to-feed formula costs the most.
- Powdered formula is the easiest to use to supplement breastfeeding.
- Ready-to-feed formula is the easiest to use for traveling.

WHOLE COW'S MILK, 1%, 2% AND SKIM MILK:

- Cow's milk should not be given to babies before 12 months of age. Reason: Raises risk of iron deficiency anemia and allergies.
- Skim milk (fat free milk), 1% low fat milk or 2% milk should not be used before 2 years. Reason: The fat content of whole cow's milk (3.5%) is required. It is needed for rapid brain growth.

VITAMINS AND IRON:

- For all infants, use a formula that has iron in it. This helps to prevent iron deficiency anemia.
- The iron amount in iron-fortified formulas is too small to cause any symptoms. Iron in formulas does not cause constipation or diarrhea.
- Iron-fortified formulas contain all the vitamins and minerals needed.
- Extra vitamins are therefore not needed for infants taking formula.
- Fluoride: Babies don't need to take fluoride drops. Reason: The fluoride in toothpaste works very well.

WATER TO MIX WITH THE FORMULA:

- Most city water supplies are safe for making 1 bottle at a time. Run the cold tap water for 1 minute. Don't use warm tap water. (Reason: To avoid potential lead exposure). Heat cold water to desired temperature. Add this to powder or formula concentrate.
- Exceptions:
- Untested well water OR
- City water with recent contamination OR

- **Your child has decreased immunity.**
- **For these conditions, use distilled water, bottled water, or filtered tap water.**
- **Another option is to use city water or well water that has been boiled. Boil for 10 minutes. Add 1 extra minute per each 1,000 feet (305 meters) of elevation.**
- **Bottled water costs more than distilled water.**
- **If making a batch of formula, distilled, bottled or boiled water is needed.**

EXTRA WATER:

- **Babies usually do not need extra water. (Reason: regular formula is 85% water)**
- **Too much water can cause seizures.**
- **You can offer some water if weather is very hot.**
- **Don't give more than 4 ounces (120 ml) of extra water per day. Limit extra water during the first 6 months of life. Exception: Don't give any during the first month.**
- **After starting solid foods, babies need more water.**

AMOUNTS - HOW MUCH PER FEEDING:

- **The average amount of formula that babies take per feeding is:**
- **Newborn: 2-3 ounces (60-90 ml) per feeding**
- **1 month old: 4 ounces (120 ml) per feeding**
- **2 months old: 5 ounces (150 ml) per feeding**
- **4 months old: 6 ounces (180 ml) per feeding**
- **6 months old: 7-8 ounces (210-240 ml) per feeding**
- **The amount can vary depending on the baby's weight. It will also increase if the baby is going through a growth spurt.**
- **A baby's appetite varies throughout the day. If the infant stops feeding or loses interest, that feeding can be stopped.**
- **If healthy babies are less hungry at feedings, may need to increase the feeding interval.**
- **The most amount of formula advised per day is 32 ounces (1 liter).**
- **Over-feeding can cause vomiting, diarrhea or too much weight gain.**
- **If your baby needs more than 32 ounces (1 liter) and is not overweight, start solids.**
- **Get rid of any formula left in bottle at end of each feeding. Do not reuse this leftover formula. Reason: Contains germs that can grow.**

FREQUENCY OF FEEDINGS (SCHEDULES):

Babies mainly need to be fed when they are hungry. If your baby is fussy and it's been more than 2 hours, feed him. Some guidelines are listed below:

- **From birth to 3 months of age, feed every 2 to 3 hours.**
- **From 3 to 9 months of age, feed every 3 to 4 hours.**
- **Infants often set their own schedule by 1 to 2 months of age.**

LENGTH OF FEEDINGS:

- **Feedings shouldn't take more than 20 minutes.**
- **If the feeding is prolonged, check the nipple to be sure it isn't clogged.**
- **A clean nipple should drip about 1 drop per second. Check this when the bottle of formula is turned upside down.**

NIGHT FEEDINGS - HOW TO GET RID OF THEM:

- **Most newborns need to be fed at least twice each night.**
- **Most formula-fed babies give up night feedings by 4 months of age. The tips below can help your baby sleep for longer stretches during the night:**
- **Keep daytime feeding intervals to at least 2 hours. Slowly stretch them to 3 hours.**
- **During daytime, your baby shouldn't sleep for more than 3 hours at a time. If your baby naps longer than that, wake him for a feeding.**
- **Place your baby in the crib drowsy but awake. Don't bottle feed or rock until asleep.**
- **Make middle-of-the-night feedings brief and boring compared to daytime feedings. Don't turn on the lights or talk to your child. Feed him rather quickly.**

FORMULA TEMPERATURE:

- **Most babies like formula at body temperature.**
- **In the summertime, some infants prefer formula that's cooler.**
- **In the wintertime, some prefer warm formula.**

- **The best temperature is the one your infant prefers. Either way, there's no health risk involved.**
- **Just make sure the formula is not too hot. Reason: It can burn your baby's mouth.**

FORMULA STORAGE:

- **If you can, make your child's formula fresh for each feed. However, if formula needs to be made ahead of time:**
- **Prepared formula should be stored in the refrigerator. It must be used within 24 hours.**
- **Open cans of formula should also be kept in the refrigerator. They should be covered and used within 24 hours.**
- **Prepared formula left at room temperature for more than 1 hour should be discarded.**
- **Leftover used formula should always be tossed. Reason: Contains germs that can grow.**

CEREALS AND OTHER SOLIDS:

- **Bottle-fed infants should be started on baby foods between 4 and 6 months. First baby foods can be cereals and/or fruit.**
- **Starting before 4 months is not needed. Starting before 4 months makes feedings messier and longer. Early use of solids can also cause gagging.**
- **Solids don't increase sleeping through the night for bottle-fed infants.**
- **Delaying solids past 9 months of age is not advised. The delay runs the risk that your infant will refuse solids.**

BURPING:

- **It is not harmful if a baby doesn't burp.**
- **Burping is an option, but not required.**
- **It can decrease spitting up, but it doesn't lessen crying.**
- **Burping can be done twice per feeding, once midway and once at the end.**
- **If your baby does not burp after 1 minute of patting, it can be stopped.**

BABY BOTTLE TOOTH DECAY:

- **Some older infants and toddlers are used to a bottle before sleeping.**
- **Falling asleep with a bottle of milk or juice can cause severe tooth decay.**
- **Prevent this bad habit by not using the bottle as a pacifier. Also, do not use the bottle as a security object.**
- **If you cannot stop the bottles, fill it with water. Use water instead of formula or milk at bedtime.**

TRAVELING:

- **Use bottles of ready-to-feed formula (most expensive).**
- **Or mix formula ahead of travel and carry in a cold insulated container.**
- **Or use powered formula. Put the required number of scoops in a bottle. Carry clean water in a separate bottle. Mix before each feeding.**

NIPPLES AND BOTTLES:

- **Any nipple/bottle products are fine.**
- **It is not necessary to sterilize bottles or nipples. Wash them with soap and water. Rinse them thoroughly.**
- **It is also safe to wash bottles and nipples in the dishwasher.**

FORMULA-FED STOOLS, NORMAL:

- **Meconium Stools are dark greenish-black, thick and sticky. They normally are passed during the first 3 days of life.**
- **Transitional Stools are a mix of meconium and milk stools. They are greenish-brown and more loose. They are passed day 4 to 5 of life.**
- **Normal Milk Stools without any meconium are seen from day 6 on.**
- **Formula-fed babies pass 1 to 8 stools per day during the first week. Then it starts to slow down to 1 to 4 per day. This lasts until 2 months of age.**
- **The stools are yellow in color and thick like peanut butter. Green stools are also normal (usually caused by bile).**
- **After 2 months of age, most babies pass 1 or 2 stools per day. The can also pass 1 every other day. They are soft and solid.**
- **Some pushing or straining with stools is normal at any age. Babies under 6 months also normally grunt, become flushed, and draw up legs.**

NORMAL URINATION IN FORMULA-FED INFANTS:

- **Urine production increases quickly in formula fed babies. The number of wet diapers per day depends on how much formula the baby consumes.**
- **Day of life (DOL) 1 at least 2 wet diapers; DOL 2 at least 4 wet diapers.**
- **By DOL 3, your baby should have 6 or more wet diapers/day. (passing urine every 3-4 hours)**

- **From 1 week to 12 months of age, babies normally pass urine every 2 - 4 hours. Frequency depends on the amount of formula consumed.**
- **Wet diapers can normally decrease during warm weather or if the home is warm. Lack of urination is not abnormal until 8 hours have passed without any urine.**
- **Super absorbent diapers can make it difficult to tell if your child has passed urine. To count a diaper as being wet, it should feel much heavier than a dry diaper. Another tip for detecting urine passage is to place a tissue or cotton ball in the diaper.**
- **Note: Some diapers have a line on them that changes color when your baby passes.**

BREAST DISCOMFORT IN BOTTLE-FEEDING MOTHERS:

- **Even though you chose not to breastfeed, your breasts will make milk. Breastmilk comes in on day 2 or 3. Swollen breasts can be painful for a few days. Here is what to do:**
- **Ibuprofen. Take 400 mg of ibuprofen 3 times per day. This will help to lessen pain and swelling. There's no special prescription medicine for this.**
- **Ice. Use a cold pack or ice bag wrapped in a wet cloth. Put it on your breasts for 20 minutes. Do this as often as needed. This will decrease milk production. Do not use heat. Heat will increase milk production.**
- **Pumping. For moderate pain, hand express or pump off a little breastmilk. This will help to reduce your pain. Pumping breastmilk can increase milk production. But, doing this to take the edge off your discomfort is not harmful.**
- **Bra. Wear a bra that offers good breast support or a sports bra. Wear it 24 hours a day.**
- **Binding. Binding the breasts by wearing a tight bra is no longer advised. Binding by using an elastic wrap is also not advised. Binding can increase the risk of breast infections (mastitis).**

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