



*Management of  
Breastfeeding*

*A Helping Guide for the Professional*



# Definitions

**Areola** – A circular area of different pigmentation around the nipples of the breasts.

**Breast Preference** – Refers to a baby who refuses one breast, but not the other. This may happen from birth because of a medical problem with the baby that makes the baby uncomfortable in the nursing position. Breast preference may happen at any stage of breastfeeding when a mom has mastitis or baby has an ear infection. Sometimes it happens because of a different shape or size of the nipple or because of a difference in the letdown (milk ejection reflex) or milk supply. Can also refer to artificial nipple refusal.

**Breast Shell\*** – A term used to describe the special plastic cup worn over the nipple in the bra during pregnancy or between feedings to increase the protrusion of the nipple. Also called milk cup. These are also used to protect sore nipples and allow air circulation.

**Colic** – A condition that results in a baby crying constantly, drawing his legs up to his stomach, and having a lot of gas.

**Colostrum** – Breast fluid readily available for the first several nursings. It is thicker and more yellow than mature milk, reflecting a higher content of proteins, many of which are immunoglobulins. Also is higher in fat-soluble vitamins (vitamins A, E, and K), and some minerals (sodium and zinc). Colostrum helps remove meconium stools and bilirubin.

**Ducts** – Tube-like structures that lead from the mammary glands to openings in the nipple.

**Engorgement** – Swollen and tender breasts usually caused by a combination of milk accumulation, stasis, increased vascularity, and congestion. Breasts may feel full, hard, tender, and sometimes hot.

**Expression** - Expelling breast milk by applying manual hand pressure to the breasts or by pumping.

**Letdown Reflex** – Activated by the baby's suckling at the breast; also called milk ejection reflex. This is caused by the release of oxytocin that makes the myoepithelial cells around the alveoli contract.

**Mastitis** – Inflammation of the breast from the invasion of bacteria in the breast tissue as a result of breast injury or stasis. Does not require the mother to stop breastfeeding.

**Montgomery Glands** – Small bumps on the areola of the breast that secrete substances that lubricate and protect the nipple from bacteria.

**Nipple Preference/Confusion** – This may happen when the breastfeeding baby is also given milk with an artificial nipple. The human nipple requires a completely different way of sucking than an artificial nipple. Some babies seem to forget how to suck from a breast after they have a bottle. This is most common in the first three to four weeks and can happen after one or two bottles or after many bottles.

**Nipple Shield\*** – An artificial nipple used over the mother's nipple during nursing. These are used when babies have latch difficulties and should be prescribed by a certified lactation specialist. Only silicone shields should be used with caution, while monitoring the baby's weight gain. For temporary use as it may lead to dependence.

**Nursing Supplementer\*** (SNS™) – Small bottle (worn around the neck) and a length of very small tubing, which carries breast milk or formula to the mother's nipple. These are used to help babies with a poor suck or to help a mother increase her milk supply.

**Oxytocin** – A pituitary hormone that stimulates the uterus to contract. The hormone acts on the mammary gland to stimulate the letdown reflex and flow of milk.

**Prolactin** – The hormone that directs the secretory cells in the alveoli to produce breast milk. The frequent release of this hormone is necessary for continuous production of breast milk.

**Stasis** – Stagnation of the normal flow of breast milk.

**Thrush** – A yeast infection in the baby's mouth and/or diaper area. The fungus that causes thrush can also thrive on the mother's nipples and in the milk ducts. Both mother and baby need to be treated simultaneously.

*\*Indicates use with caution.*

# Diet

Generally, the ability to breastfeed is relatively independent of the mother's dietary intake. Certain nutrients may vary with dietary intake; however, the quantity, protein and calcium content of breast milk usually remain constant regardless of diet. A well-balanced diet is encouraged because it affects how well the mother feels and may determine the food habits of the family. 6 to 8 ounces from the Grains group (prefer whole grain); 1½ to 2 cups from the Fruit Group, 2½ to 3 cups from the Vegetable Group; 5 to 6½ ounces from the Meat, Poultry, Fish, Dry Beans, Eggs and Nuts Group and 3 to 4 cups from the Milk group are recommended. Fats, oils and sweets should be limited.

If the mother is consuming a variety of foods from all food groups, the best advice to mother is to eat according to appetite. It isn't necessary that a breastfeeding mom follow a "strict" dietary regimen. Diet information should be simple and practical.

## *Vitamin Supplements*

For many women, vitamin supplements are not necessary; however, mom may continue with her prenatal vitamins or choose to take a daily multivitamin.

## *Fluids*

Moms may notice an increased thirst when nursing. This is normal. Advise mom to drink according to thirst. Eight to 10 glasses of fluids are recommended, but should not be overemphasized. Suggest that the mother has something to drink each time she sits down to breastfeed the baby. Excessive fluids may actually decrease milk supply.

## *Caffeine*

A moderate intake of caffeine of 1 to 2 cups per day will not harm the baby. Some breastfeeding women with large intakes of caffeine have reported their babies are more wakeful, irritable, and restless. Caffeine is found in coffee, tea, certain carbonated beverages, and chocolate foods.

## *Alcohol*

Remember that alcohol is transferred in breast milk at a similar concentration to that in the mother's blood. Alcohol affects the central nervous system of both the mother and the baby. There is a direct correlation between the effects on the baby and the quantity of the alcohol that was consumed. When taken in sufficient amounts it can potentially inhibit milk ejection. Alcohol intake should NOT be recommended, but if mom knows she will be drinking, she should wait at least two hours per drink before breastfeeding.

1 drink = 12 ounces beer  
1 ounce alcohol  
5 ounces wine

# Basic Counseling

- Wash hands before breastfeeding. Nipples need not be washed before each feeding. Cracked nipples can occur from using soap, alcohol, witch hazel, antiseptics and petroleum jelly. Check with a certified lactation specialist before using anything on the breast other than water or breast milk.
- Begin breastfeeding as soon after delivery as possible. The earlier breastfeeding begins, the sooner digestion and elimination begin. The baby will receive colostrum, and mother's milk will come in earlier.
- Proper positioning of the infant on the breast is most important. Use of pillows or other forms of support may be helpful. The best positions for learning are the "football" or "cross cradle" (chest to chest) hold. Both allow the mom to give support and control the baby's upper back and neck.



*football*



*side lying*



*cradle*



*cross-cradle*

- A good latch-on with the nipple centrally located in baby's wide-open mouth will ensure good milk drainage. Baby should have lips turned out, like a fish, and be flat against breast. The nose should touch the top of the breast; chin the bottom. One should be able to see little or none of the areola.

- Newborns should be breastfed frequently. The baby should not go beyond two to three hours between feedings. This increases milk supply, promotes complete emptying of the breasts, promotes better weight gain in the infant, reduces frequency and severity of nipple discomfort, reduces engorgement, and conditions the milk ejection reflex. Baby will space feedings more as he gets older. New babies feed at least 8-12 times every 24 hours.
- Watch the baby, not the clock! Breastfeed at the first sign of hunger. Most babies will nurse for 15-20 minutes on each breast. Allow baby to feed on the first breast until mom's breast feels softer and he no longer actively sucks and swallows, then offer the other breast. If the baby nursed well, and is acting full after one breast, that is okay. Just start the next feeding with the other breast.
- Try to burp baby when switching from one breast to the other. Breastfed babies do not swallow as much air as bottle-fed babies and may not burp. (Be sure parents are instructed on effective burping techniques.)
- Let the baby finish on his own. If mom must interrupt a feeding, remove baby from the breast by slipping the tip of a finger into the corner of the baby's mouth. This breaks the suction and prevents nipple damage.
- Allow nipples to air-dry after each feeding before closing bra flaps. Creams and ointments are generally not necessary.
- Bottles should not be given until milk supply is well established (usually when baby is three to four weeks old). Bottles may reduce the sucking reflex and may cause nipple confusion/preference, and decrease milk supply.
- Solid food should not be given until 6 months. Baby's appetite will increase during growth spurts (which usually occur at 10-14 days, three to six weeks, and three to six months); mom should increase nursing during these times. The extra sucking will assure that the milk supply will increase to meet baby's growing demands.
- Breastfeeding does not prevent pregnancy. Check with a physician for an appropriate birth control method. Avoid contraceptives that contain estrogen. These decrease milk supply.

# Nipple Care

## Sore Nipples

Some amount of nipple tenderness at first is normal; however, nipples should never blister, crack or bleed. If the baby is positioned and latched on correctly, there should not be any nipple soreness. Sore nipples should be treated promptly.

- Make sure that baby is facing chest to chest with mom.
- Tip of baby's nose and chin should touch breast.
- Baby's mouth is opened wide and latch-on is good.
- Check for proper tongue position. Tongue should be below the nipple and extending over bottom gum. Grasp should include most of the areola.
- Continue nursing.
- Feed more often for five to 10 minutes on each breast. A really hungry baby can suck too hard and cause more soreness.
- Change nursing positions at each feeding. (Examples are cradle hold, cross-cradle, lying down, and football hold.)
- Begin each feeding on the breast that is less tender.
- Maintain good intake of vitamin C foods since it promotes healing.
- Do not use soap, lotion or alcohol on the nipples.
- Rub breast milk on the nipple after each feeding and let it air dry. Exposing the nipple to a few minutes of sunshine will help to heal the nipple.
- Keep the nipples as dry as possible. Air-dry after each feeding by leaving bra "flaps" down, then reposition flaps. If using breast pads, change them often to keep dry. Soaked or wet breast pads can cause sore nipples.
- Mom can talk to her doctor about taking something to ease the pain.
- If breastfeeding stops temporarily, hand express or pump until breastfeeding can be resumed.

## **Inverted Nipples**

Inverted nipples are nipples that remain retracted, both when at rest and upon stimulation. The baby may have difficulty grasping the breast if the nipples do not protrude.

### **What to Do About it**

Use of a breast shell (a two-piece cup that fits over the nipple) in the bra supplies steady, gentle pressure at the base of the nipple, forcing it to protrude through the opening. The breast shells can be worn between feedings or for a few hours a day during the last months of pregnancy. Remove them at night. Caution: Breast shells may cause plugged ducts.

- Putting ice packs or cold cloths on the nipples may also help them to protrude.
- Pumping just prior to nursing also helps the protrusion of the nipple, but **THIS PRACTICE SHOULD NOT BE USED DURING PREGNANCY. PREMATURE LABOR MAY RESULT.**

# Engorgement / Leaking

## Engorgement

Most women notice that their milk “comes in” when the baby is two to eight days old. During this time, women have full and heavy breasts. This fullness is best relieved with frequent feedings to prevent engorgement.

Engorged breasts are usually hot, heavy and hard with milk. Engorgement is caused by infrequent feedings or incomplete emptying of the breasts. Poor milk ejection reflex, long stretches between feedings, giving solid foods or bottles of formula, and skipping feedings all can cause milk buildup in the breasts. Some initial engorgement may be normal. There is increased blood flow and some natural swelling during the time that the breast milk comes in. Early, frequent feedings will help.

- Do not stop breastfeeding.
- Increase feedings to every one to two hours.
- Hand express or pump some milk before feedings if nipple is difficult for baby to grasp.
- Apply moist heat to breasts to relieve some discomfort. Use wet towels and warm showers or baths for comfort and to promote leaking of breast milk. Some women find comfort from ice packs applied to the breasts for 15 minutes per hour. Cold compresses will help to decrease swelling of the tissue and allow the milk to flow.
- Support breasts with a firm bra but not too tight. Underwire bras may cause plugged ducts. The underwires should be removed.
- Nurse long enough to empty breasts (approximately 15-20 minutes on each side). If baby does not nurse long enough to empty breasts, hand express or pump after feeding.
- Avoid use of pacifiers or bottles, which will decrease baby’s willingness to suck at the breast.

## Leaking

Leaking is a normal occurrence during breastfeeding. Some women experience this more than other women do. Leaking can be caused by milk ejection reflex, overfull breasts, too much stimulation of the nipple, and overproduction of milk or hormone imbalances.

- Press heel of hand to nipple or cross arms over breasts and press to stop leaking.
- Nurse before lovemaking.
- Use absorbent towels over bedding.
- Hand express or pump to remove milk when feedings are missed or delayed.
- Check for drugs, which may stimulate milk production and discontinue their use, if appropriate.
- Pad bra with cut up cotton diapers, large handkerchiefs, or absorbent pads.
- Change pads often to keep breasts dry and to prevent bacteria build-up and sore nipples.
- Avoid using breast pads with plastic coverings. These hold in moisture and encourage nipple soreness and breast infection.
- Wear dark, patterned clothing or a sweater to conceal wet spots.

# Plugged Ducts / Mastitis / Thrush

## Plugged Ducts

Plugged milk ducts are caused by milk accumulating within the ducts and forming localized blockages; milk may then build-up behind the plug. Tenderness may develop in the area and a lump may be felt at the point of blockage. The plugged duct can develop into a larger blocked-off area called a “caked breast.” This may be followed by a breast infection. Sometimes plugs dissolve or are reabsorbed by maternal tissue. If a plug is released or comes out with the milk, it may be a brownish or greenish color and thick and stringy. While the baby may temporarily reject the milk, this poses no threat to the baby.

- DO NOT STOP BREASTFEEDING!
- Apply moist heat before nursing.
- Nurse on the affected side first!
- Nurse the baby every two hours, and increase duration of feedings at least 15 minutes on each side.
- Assure good latch-on at each feeding for complete emptying of breasts.
- Gently massage the lump towards the nipple during breastfeeding to unclog. Also, massage area before and after feedings.
- Pump or express milk after feedings, if baby does not empty breasts.
- Avoid skipped feedings.
- Use a nursing bra, or remove the regular bra instead of pulling it up to nurse to avoid pressure on the ducts. Do not use bras with underwires.
- Avoid bunching up a sweater or nightgown under the arm during feedings.
- Get extra rest and drink adequate fluids.
- Pump after or between feedings if lump is still there. Avoid pressing pump into breast tissue.
- Watch for symptoms of mastitis: fever, hot spot, red streak, flu-like symptoms.

## Mastitis

Mastitis and engorgement have similar symptoms. Breasts are hot, heavy and hard with milk. Fever may be present. Generally, women complain of headache and/or feeling like they have the flu. The causes can include cracked nipples, too long of a stretch between feedings or an untreated infection in the infant such as thrush. Mastitis can also be caused by an unnoticed or untreated plugged duct. Untreated mastitis can lead to a breast abscess, which may spontaneously rupture or may require surgical drainage.

Do not stop breastfeeding. If mom cannot tolerate the pain of feedings, encourage her to hand express, pump or force leakage of breast milk. The milk must continue to flow for the infection to clear.

Seek medical attention. Antibiotics may be necessary. Ask for a medication that will allow nursing to continue. If nursing must temporarily stop, pump breast milk every one to two hours.

- Use ibuprofen to relieve the pain and fever.
- If the baby also has an infection, mom and baby should be treated together.
- Nurse more often, starting on the affected side.
- Rest. Bed rest is important because sleep rebuilds the immune system.
- Drink at least eight glasses of fluid daily.
- Use hot, wet towels on the breasts before and in-between nursings for about 20 minutes. This will stimulate letdown and promote healing.
- Rotate baby's position during feedings.
- Avoid missed feedings.
- Improvement should occur within 24 to 48 hours of beginning antibiotic therapy. If not, the mother should again contact her doctor.

# Thrush

Thrush is a yeast infection that can appear in the mother and the baby.

In mom, some symptoms of thrush are:

- very sore nipples that may be pink, flaky, dry, itchy, or burning.
- shooting pains in the breast during and after a feeding.

In baby, some symptoms of thrush are:

- white patches in the baby's mouth, cheeks, or tongue.
- a diaper rash.

**DO NOT STOP BREASTFEEDING!!**

Call the doctor for medicine for mom and the baby. This treatment should occur at the same time to completely clear up the thrush. A special effort should be made to wash clothes, towels, and washcloths in hot water using bleach in the rinse water. Breast pump parts, and things that have touched the baby's mouth need to be boiled once a day for 20 minutes. Keep breasts clean and dry. Breast shells may help keep nipples dry. Change breast pads when they become wet, and throw away any used pads. Thrush may take a few days to a few weeks to clear up.

# Colic / Premature Baby

## Colic

Colic can make the baby cry hard for long periods of time during specific times of the day every day. Breast milk is the best food mom can give the baby who has colic. His immature digestive system can “breakdown” breast milk more easily than formula. Nursing may soothe him, and he may want to nurse more often and longer. For all feedings within a two-hour period, keep him on the same breast before switching to the other breast. Be sure to burp him often. Sometimes skin-to-skin contact, warm baths, swaddling him in a blanket, holding him while rocking or walking help to soothe him.

## Premature Baby

If the baby is too small or sick to nurse, ask the nurse or physician about pumping and storing breast milk for the baby. Babies who stay in the hospital need breast milk as much or more than healthy, full term babies. Early pumping is important to make sure mom produces enough milk. When mom is able to nurse the baby, he may have a weak suck at first, but will soon get stronger. If the baby is nipple-confused, seek the help of a lactation consultant who may suggest a nursing supplementer.

Encourage mom not to give up if baby does not latch on immediately. This could take some time. While the baby is in the hospital, encourage mom to hold the baby skin-to-skin against her breasts whether the baby is hungry or not. This is known as kangaroo care and is a way of nurturing.

Do not tire baby out by forcing the baby to learn to nurse. Once again, the baby may be weak and needs his energy and calories for growth. Premature babies can be tube-fed pumped milk until they are ready to learn to latch and breastfeed.

# Mom's Concerns

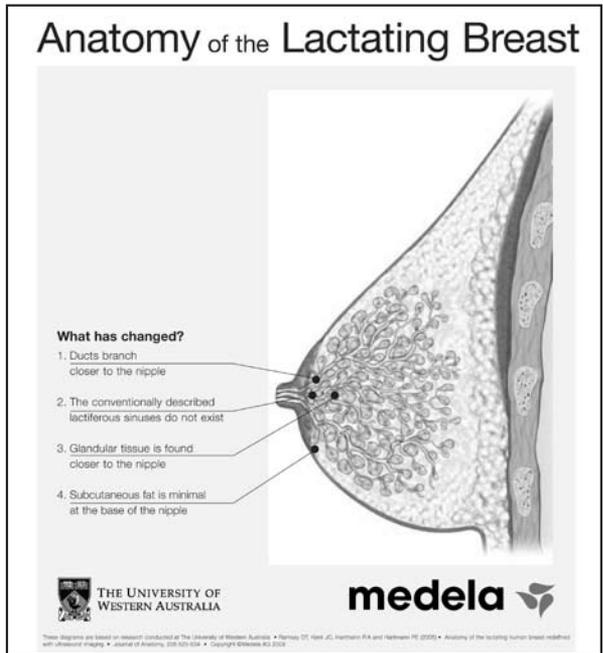
1. I'm not sure my baby is getting enough milk.

Baby is being adequately nourished if:

- by day four, baby has at least four to six wet diapers per day and only breast milk is given. Also, baby has three or more seedy yellow bowel movements the size of his fist each day.
- baby is gaining weight.
- baby has good skin tone, good disposition, is content following a feeding, and has a fairly regular wakefulness, sleep, and feeding schedule.

Assure mom her milk is not too rich or too thin. During the feeding, there will be two different kinds of milk produced. Foremilk is the first milk that baby receives when nursing. This milk may look bluish and watery. Hindmilk is thicker and creamier than foremilk and is higher in fat and calories. It is important for baby to get plenty of the higher caloric milk so that he will gain weight and grow. Be sure mom is nursing her baby long enough for him to get hindmilk.

Remember to tell mom that her milk is made especially for her baby and should not be compared to formula, which takes longer to digest.



Milk is produced in the alveoli. Upon stimulation, the alveoli release milk into the duct system to be released at the nipple. This is called the milk ejection reflex (MER or letdown reflex).

## 2. My baby is losing weight.

Newborn babies usually lose 5-7 percent of their body weight (whether breast or bottle-fed) before they start to gain. Weight loss of more than 7 percent should be checked by a doctor.

Birth weight is usually regained by seven to 14 days old. Breastfed babies usually double their birth weight by about five months of age, triple it by 1 year of age, and quadruple it by 2 years of age.

## 3. My baby has diarrhea all the time.

Frequent stooling is normal during the first two weeks. During days one through three, stools are dark green, almost black and sticky. Days four to six, the stools will become increasingly yellow or tan in color and become soft and more liquid. The odor of the stool is not offensive. Normal bowel movements are loose, soft and have a mustard yellow color.

This is not diarrhea. Remind the mom that diarrhea is not just loose, but extremely liquid and has a foul odor.

## 4. Not enough of my milk is coming out.

Relaxation can help. Anxiety and stress can decrease milk output since adrenalin inhibits oxytocin release. Rest is essential.

- A warm bath, moist heat applied to the breast or gentle breast massage can help. Soft lights or soft music can also help mom to relax.
- Do not smoke while trying to nurse. Prolactin levels are lower in women who smoke. Nicotine in breast milk may cause some babies to have gas and be fussy.
- Marijuana, cocaine, heroine and other recreational drugs will hurt mom and the baby, and affect milk production. Do NOT use while breastfeeding.
- Pacifiers can affect mom's milk supply in the early weeks. Mom should not get in the habit of giving her baby a pacifier every time he fusses. He may not nurse often enough to keep up mom's milk supply and he will not gain weight.

## 5. My baby is uncooperative.

If the baby is sleepy, try:

- undressing baby down to the diaper, and holding skin-to-skin.
- changing the diaper.
- rubbing baby's hands, feet, arms and legs.
- using a cool, moist towel on forehead.
- manually expressing a little milk into baby's mouth.

If the baby is very hungry, try comforting and soothing the crying baby in order to settle him down. Then try nursing. By feeding baby at the first signs of hunger before the baby cries, the baby will not become frantic. This may be every 1 ½ - 3 hours.

Signs of hunger or “feeding cues” can be identified by the baby:

- making sucking motions or sounds.
- hand-to-mouth movements.
- rapid eye movements.
- soft cooing or sighing sounds.
- fussiness.

If the breast is overfull, this can cause the milk to come too fast and cause baby to choke. If baby chokes, remove him from breast, and hold a towel to the breast until milk flow slows. Manually expressing before feeding will help to slow milk flow, if breast is overfull.

If the baby’s position is uncomfortable, try positioning baby’s head slightly elevated. Assure that most of the areola or darkened area of the nipple is in the baby’s mouth. Position chest to chest for proper attachment. Babies have flat noses so they can breathe while the tip of the nose touches the breast. Bring baby’s bottom and legs in close to mom’s body if nose appears to be blocked by breast-tissue. This will tip his head out slightly clearing the nostrils.

# Breast Pumps / Storage of Breast Milk

## Breast Pumps

Breast pumps are used to pump milk from the breast when mom has to be away from her baby temporarily, when returning to work or school, for a relief bottle, for social outings or when mom is on medications that prevent breastfeeding. When the infant is sick, mom should almost always continue breastfeeding.

Breast pumps are usually used as a supplement to breastfeeding and are convenient and practical for short-term use. If used in place of baby at most feedings, pumps can cause engorgement, plugged ducts, and reduced milk supply. The amount of milk expressed with the pump will not be as much as when a baby suckles.

Many types of breast pumps are on the market. The most common types of breast pumps are the manual, battery operated, and electric. Hospital grade electric breast pumps are more powerful than the manual or battery operated pumps. Hospital grade electric breast pumps will stimulate the breast adequately, especially for women whose babies are not feeding at the breast, such as premature babies or other babies hospitalized in a NICU. The best pumps are made by companies that specialize in breast pumps. Pumps made by companies that specialize in formula, baby food and baby bottles are seldom safe or effective. The type of breast pump a mother needs depends on her frequency and duration of pumping. Breast pump labels indicate if they are for occasional separation of mom and baby, or for long-term pumping.

### *Qualities of a Good Breast Pump*

- Can be regulated from gentle to strong to provide effective suction.
- Can connect to feeding bottle or collection bag.
- Has adjustable flange to accommodate breast size.
- Is comfortable.
- Is easy to use.
- Is easy to clean.

*Note: Bicycle horn breast pumps are not recommended because the bulb retains bacteria, can cause trauma to the nipple, and are difficult to clean.*

## ***Basic Instructions***

- Do not use a breast pump before milk supply is established.
- Follow manufacturer's instructions.
- Wash hands.
- Use breast massage before and during pumping.
- Wet contact area between the nipple and the flange with sterile water or allow a few drops of milk to flow back along the nipple. This will allow the nipple to slide freely and prevent rubbing. This sliding is important in triggering the letdown.
- The wide part of the flange should rest against the dark part of mom's breast with her nipple centered in the opening.
- Hold flange just tightly enough to close out the air, but do not press inward so tightly as to dig into the skin and impede the flow of the milk.
- The time it takes to empty both breasts varies in each woman, but should not take more than 30 minutes.
- If single pumping, alternate breasts at least two to three times during each pumping session.
- Properly clean all equipment after each use.

## **Storage of Breast Milk**

### ***Storage Containers***

- Use sterile plastic bottle liner bags or baby bottles.

### ***Refrigerated Breast Milk***

- Stored in refrigerator – 48 hours.
- Stored in a freezer compartment located inside the refrigerator – 2 weeks.
- Stored in a self-contained freezer unit of a refrigerator – 3 months.
- Stored in a separate deep freezer at a constant 0 degrees F – 6 months.

### ***Thawing Frozen Breast Milk:***

Thaw under running water or place in a bowl of warm water until the milk has liquefied. Use thawed milk within 24 hours. **DO NOT REFREEZE** thawed breast milk! Use of the microwave is not recommended for thawing or heating of breast milk!

# Working Moms

## **Who should consider breastfeeding when returning to work or school?**

Any mother who desires to continue providing breast milk for her baby should consider breastfeeding when returning to work or school. If a mom cannot collect breast milk while away from her baby, she can combine breastfeeding with formula feeding.

## **What to do before returning to work or school.**

Before mom takes maternity leave, she should share plans to breastfeed with her employer or guidance counselor. Lactation should be fully established. This usually takes four to six weeks. Breastfeed frequently (every two to three hours), for the first four to six weeks to develop a good milk supply.

Then, two weeks before returning to work or school she should:

- learn to express by hand or pump.
- investigate work or school environment to locate where milk collection will take place.
- decide where breast milk will be stored.
- introduce baby to artificial (rubber or silicone) nipple. She should let someone else offer the bottle – preferably the caretaker. Artificial nipples have many different designs and it may take several different ones to find one the baby will accept. Select nipples labeled “slow flow” 0-3 months. Wide based nipples are usually more breastfeeding friendly than small straight nipples.
- establish a schedule for expressing breast milk, as if at work. Moms should express at least every 3 to 4 hours while away from the baby.
- inform caretaker on proper handling and storage of breast milk. She should inform the caretaker on times to feed the baby and remind the caretaker not to feed the baby one hour before pick-up, if possible.
- resume breastfeeding as soon as possible when she returns home, or feed baby when she arrives at the caretaker's.



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