

# Breastfeeding Top 10 Tips for Success

These tips were compiled by doctors who are breastfeeding medicine specialists at Ohio State University Wexner Medical Center. We hope to bring a wealth of personal and professional experience to help you meet your goals. Our strong recommendation is in line with the AAP and WHO which is to exclusively breastfeed for the first 6 months and then continue breastfeeding up to age 2 and beyond as mutually desired by mother and baby.

When all else is said and done there are 3 *RULES OF BREASTFEEDING*

## 1. Feed the Baby.

Mom's milk first, donor milk second, formula third

## 2. Protect your supply.

If you don't empty milk from the breast you won't make more

## 3. Keep baby familiar with the breast.

Attempts at the breast, skin to skin, paced bottle feeding

### 1. Starting out right

a. Fourth Trimester – The concept of the 4<sup>th</sup> trimester is that human babies are born earlier than they are ready in order for the head to exit the female pelvis. Just think about the difference between a baby horse or elephant – they are walking within hours! For the first 3 months (at least) your baby NEEDS you. This is really hard and a big change. It is so very different than you think it will be! You have to be gentle with yourself and surround yourself with as much support as possible. It's okay for you to NEED things too! Whether this is baby #1 or #4, when baby arrives we recommend you check your expectations at the door. If you go with the flow and are gentle with yourself you will be a lot happier in the long run!!

b. Early on – a couple of things that we think may be very helpful to know or have access to easily! We have references below for **hand expression** of breastmilk, **reverse pressure softening** for engorgement, **laid back positioning** for oversupply or over active letdown, latch. A good friend and colleague of the physicians wrote a great article for Parents magazine about breastfeeding success.

### c. References

<http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>

<http://www.salactationconsultants.co.za/Articles/Reverse%20Pressure%20Softening.pdf> (reverse pressure softening)

<https://www.youtube.com/watch?v=DiT6wPC6iIc> (laid back positioning)

<http://med.stanford.edu/newborns/professional-education/breastfeeding/a-perfect-latch.html>

<http://med.stanford.edu/newborns/professional-education/breastfeeding/breastfeeding-in-the-first-hour.html>

<http://www.parents.com/baby/breastfeeding/tips/secrets-for-breastfeeding-success/> (Laurie Jones MD, IBCLC in Parent Magazine)

## 2. Supply and Demand

a. *Normal supply* – a normal supply (after 4-6 weeks) is considered to be 1-1.2 ounces/hour from both breasts combined (that is 24-30 oz/24 hours). Even more importantly is a baby that is happy, healthy, growing on their curve, and pooping and peeing regularly. Nancy Mohrbacher has a great article and concept about this called your Magic Number.

b. How to *increase supply* – If your supply is TRULY low (i.e. baby not growing, pumping less than 1 oz per hour even with tricks below) then the number one thing you can do increase supply is to empty more. Power pumping is when you pump once a day for 20 minutes on, 10 min off, 10 min on, 10 min off, and 10 min on. This simulates cluster feeding. There is no good evidence behind any galactagogues, foods, or drinks to improve supply. With exceptionally low supply you will need a medical workup.

c. Risks of *oversupply* – as much as we would all love to be milk goddesses with flowing milk and freezers full of the stuff there are risks. You are more likely to have plugged ducts, mastitis, pain with engorgement, and your baby is likely to be drinking from a fire hose and have more spit up and tummy troubles.

d. References

<http://www.nancymohrbacher.com/articles/2010/8/13/the-magic-number-and-long-term-milk-production-part-1.html>

<http://www.emmapickettbreastfeedingsupport.com/twitter-and-blog/low-milk-supply-101>

<http://www.theboobgeek.com/blog/why-you-wont-hear-me-suggest-galactagogues.html>  
[www.lowmilksupply.org](http://www.lowmilksupply.org) for real low milk supply

## 3. Pump Pump Pump it up!

**\*\*You should introduce pumping around 1 month of age if baby is feeding at the breast well\*\***

a. *Shortcuts* at work

i. You should pump to replace each feed of the day (i.e. if baby takes 3 bottles when you are gone you should pump 3 times). It's ideal but not mandatory for these to be equally spaced (q2-3 hours).

Number of times and milk volume extracted are the important part so if that means you pump at 1 ½ hours before a meeting or long case then it's better to go early than late!

ii. You do not need to wash pump parts each time if your baby is full term and healthy – just put in a Ziploc bag in the fridge or your cooler bag and wash that night. It's not a bad idea to have a few sets of pump parts.

iii. Hands on pumping will improve your output, reduce your time, and increase the fat content in your milk. Try massage before and hand expression after to maximize your milk output.

iv. For comfort, make sure your flange fits correctly and try a little motherlove nipple cream, olive oil, or coconut oil on the nipple to reduce friction.

v. If you have a hard time with your let down try to watch a video of your baby, look at pictures, call the caregiver, guided imagery of waterfalls, etc. Some moms find that lansinoh therapearls warmed up on their breasts before pumping help too.

vi. There are a few ways to go “hands free”. There is the standard pumping bra by Simple Wishes, Pumping tanks (Rumina and Dairy Fairy), a rubber band “hack”, and Freemies cups

b. Pumps we love – Spectra (S1 and S2) are currently our faves. Medela PISA and Hygeia are close 2nds. The medela symphony is available for use at multiple places on campus and through the Health Plan for high risk patients and is an excellent pump.

c. References

<http://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

<http://med.stanford.edu/newborns/professional-education/breastfeeding/storage-and-shipping.html>

<https://www.facebook.com/watch/?v=1687617141270684>

[www.bfmedneo.com](http://www.bfmedneo.com)

#### 4. Feeding bottles, Returning to work, and Helping your Caregiver Help you!

a. *Paced bottle feeding* – this simulates feeding at the breast so baby is happier with normal volumes of breastmilk and does not develop a flow preference with a bottle. Put your foot down on this topic! Much easier to set expectations for how you want your baby fed while you are away than to undo habits that caregiver has already developed to feed baby too quickly by bottle.

b. *Normal intake* – 1 ounce per hour is what your baby NEEDS. Yes, he/she may want more (I can eat a pint of ice cream after dinner, doesn’t mean I needed it!). Caregiver may need to find other ways to soothe baby. If you pump more when you are apart you can send more (still wouldn’t go over 1.5oz per hour)

c. *Choosing a bottle and bottle refusal* – there isn’t a magic bottle to replace the breast. The most popular and slowest nipple is the preemie from Dr. Browns. Your baby will likely do best if you introduce a few bottles a week starting around 4 weeks of age. If your baby refuses the bottle the most important thing to remember is that your baby WILL NOT STARVE. He/she might keep you up all night reverse cycling but will be okay. Try a couple of bottles (not every brand at the store) and keep trying. Sometimes if the caregiver wears/holds a shirt that smells like mom it can help too.

d. References

<http://kellymom.com/bf/pumpingmoms/pumping/milkcalc/>

<https://www.youtube.com/watch?v=OGPm5SpLxXY> (paced bottle feeding)

<https://www.breastfeeding.asn.au/bfinfo/caregivers.html> (handout for your caregiver)

## 5. Perils of a freezer stash

- a. We've all seen it on Pinterest and Facebook – the freezer full of milk. We think we are “supposed” to have one. We are NOT. When you have milk in the freezer you have oversupply. Milk is best when given fresh. Assuming you pump at least 1 ounce per hour combined you should leave what you pumped the day before and nothing more. So if on Monday you pump 10oz during a 9 hour work day you give the caregiver those 10oz to feed on Tuesday. Tuesday's pump feeds Wednesday and so on.
- b. This is REALLY important and a REALLY big supply buster so something we REALLY harp on!
  - i. If you top off with your own milk above your normal production you will make your baby bigger than he/she was genetically meant to be
  - ii. If you top off with your own milk on weekdays your baby may become a breast refuser or angry at the breast when you are with him/her because of wanting that extra volume
  - iii. You are more likely to skip pumps at work if you have a “backup” which will reduce your supply long term
  - iv. You spend more time, money, and energy on the pump, freeze, thaw, mix, worry when you are using a freezer supply and fresh (frozen milk treadmill).
  - v. You will use up precious time on maternity leave making this stash since you are making enough milk for a current baby AND a future baby. If you skip just one pump after creating oversupply can lead to painful plugged ducts and mastitis. And infants that nurse on a breast with pump-induced-oversupply can have massive green frothy stools and fussiness at the breast: both of these can lead to a mis-diagnosis of GERD/reflux or milk protein intolerance.

## 6. Will I ever sleep again?

- a. *Normal sleep* – Remembering that evolution is slow, babies are meant to be attached to their mothers 24/7 for the first several months to years. Human milk is high in water and low in protein and fat so babies require near constant feeding (as opposed to baby whales who drink very high fat milk a few times a day). Normal infant sleep is waking every 2-3 hours around the clock for MONTHS. Frequent awakening is protective of SIDS and helps to establish a normal milk supply. However, this does not mean that mom needs to be a zombie or have consequences from lack of sleep. Have a partner take a turn so mom can get an uninterrupted stretch of sleep (5 hours is a good length of time to aim for!). Take naps whenever you can. Let the other stuff (work, cleaning, etc) go for a bit.
- b. *Sleep training* – Our team recommends against formal sleep training. It is biologically best to follow your baby's lead. People who write books are trying to make money and make all round pegs fit into square holes.

c. *Books* to look at – Sweet Sleep by LLL, No cry sleep solution, Healthy Sleep Habits Happy Child (not CIO parts but for biological norms and some gentle coping strategies)

d. References

<http://cosleeping.nd.edu/>

## 7. Advocate for yourself, no one else will!

a. Breastfeeding is a gift you can give to your child and yourself. Breastfeeding reduces your risk of breast cancer, diabetes (especially with Gestational Diabetes), and heart disease. Your baby will be smarter and healthier. There is a reduced risk of SIDS and post-partum depression. You will miss less work. You deserve the time to pump at work and for your caregiver and partner to support you!

b. Find supporters at work – a coworker in your office, a fellow breastfeeding mother, your scheduler.

These people will help remind you to keep it up!

## 8. Starting solids

a. *Iron* – babies need supplemental iron after 6 months. We do not supplement with iron drops at 4 months – AAP Section on Breastfeeding supports just starting iron rich foods (including meat) at 6 months. Best way to do this is with solids, especially meat sources. We discourage infant cereals due to the iron being artificially added and high glycemic index. Cooking in a cast iron skillet is another way to increase the iron content of your food and is vegan friendly!!

b. Baby led weaning – baby led weaning is feeding your baby real foods when developmentally appropriate (around 6 months). Weaning is an UK term, in the US it would be more appropriate to call it baby led solids. Goal is learning taste and texture. Breastmilk always comes first. “Food before One is just for FUN!”

c. *Vit D* – Mother’s milk is deficient in vitamin D when MOM is deficient in D (blood level less than 50). You can supplement an exclusively breastfed baby 400IU daily but even better is to treat mom and baby by mom taking 6400IU daily. If baby is getting ANY (mixed feeding) but less than 33oz of formula per day he/she still needs 400IU daily! We like the Carlson Vit D DROP – yes just one drop is 400IU.

d. References

[www.babyledweaning.com](http://www.babyledweaning.com)

<http://www.ncbi.nlm.nih.gov/pubmed/26416936> (maternal Vit D supplementation)

<https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Working-Together-Breastfeeding-and-Solid-Foods.aspx>

## 9. Medications and Mother's Milk

a. Most medications are compatible with breastfeeding. You always have to remember that the medication is first processed by mom, then some gets into milk (depends on serum levels and medication size), then baby ingests it orally and processes themselves. PLEASE use evidence based guidelines through Infant Risk (app on your phone is called Mommy Meds) and/or LactMed. Most radiology and surgical procedures can be done while breastfeeding and mom can breastfeed right after.

c. References

<http://www.infantrisk.com>

<http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

<https://www.liebertpub.com/doi/full/10.1089/bfm.2017.29054.srt> (Anesthesia)

[https://www.acr.org/-/media/ACR/Files/Clinical-Resources/Contrast\\_Media.pdf#page=101](https://www.acr.org/-/media/ACR/Files/Clinical-Resources/Contrast_Media.pdf#page=101) (Radiology)

## 10. Postpartum Mood Changes

Motherhood is tough and it is normal to have ups and downs and feel crazy at times. We question ourselves, we worry, and we feel detached from our previous lives. This can all be normal due to hormones and the real changes in our lives. Sometimes your mood may be too down or you may feel too anxious.

PLEASE reach out for help if you are not coping well. Bare minimum call a friend and go out for coffee.

Get a pedicure. Go to Target by yourself. If a little self care doesn't help then talk to your doctor – either your OB-gyn or family doctor can help you determine if what you are dealing with is a postpartum mood disorder. POEM is a local group of support as well. PLEASE DO NOT FEEL AND SUFFER ALONE!

<http://poemonline.org/>

## More Resources!

a. [www.drmlk.org](http://www.drmlk.org) (physician mother group)

b. [www.Kellymom.com](http://www.Kellymom.com)

c. Stanford nursery - <http://newborns.stanford.edu/>

d. Academy of Breastfeeding Medicine – a must join for academic interest in lactation and source of AMAZING breastfeeding protocols – [www.bfmed.org](http://www.bfmed.org)

e. <https://www.breastfeeding.asn.au/> (Australian Breastfeeding Association)

f. Goldfarb breastfeeding clinic <http://archive.jgh.ca/en/pfrcbreastfeeding>