

# Breastfeeding Your Baby

THE BEST START IN LIFE BEGINS WITH THE PERFECT FOOD



Gerber



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# Congratulations!

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You are a new mother. You want to do what is best for your baby and have probably heard that breastfeeding gives your baby tremendous health and emotional benefits. Well, you heard right—by choosing to breastfeed your baby, you are giving the gift of a perfect food and the best start in life!

While breastfeeding can bring you great joy and satisfaction, you may experience challenges from time to time. Most new mothers need some guidance and support. This booklet offers just that, and directs you to resources that should provide the extra breastfeeding support and guidance you may need.

Actually, your greatest sources of information and encouragement will come from your lactation consultant, physician, and family and friends who have nursed their own children. If you have any troubles or worries, talk with them. Their wisdom, experience, and support could make all the difference! Don't forget that special person in your life—whether it is your spouse or significant other—who can give much-needed emotional and physical support to you and your baby.

Successful breastfeeding begins with gathering information during your pregnancy. Start by educating yourself. Read books, talk with friends and family who have breastfed, and seek out lactation support groups. The more you know and the more comfortable you are, the more successful you will most likely be.

Breastfeeding—even for a short period of time—is a unique, once-in-a-lifetime gift from a mother to her child. If you're undecided about breastfeeding, at least give it a try. You may surprise yourself! And, if you can breastfeed longer—that's even better.



# Why Breastfeeding is Best

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Your breastmilk is uniquely made for your baby. It contains key vitamins, minerals, fats and sugars that help with each step of your baby's development. Breastmilk also helps to make your baby's immune system stronger and lowers your baby's risk of many illnesses and diseases.

## NUTRITION

Breastfed babies do not need vitamin and mineral supplements for the most part. However, all babies need vitamin K at birth and your physician will take care of this. Also, babies who don't get enough sunlight or are dark-skinned may need a vitamin D supplement. The American Academy of Pediatrics (AAP) recommends that all breastfed infants be supplemented with 200 international units (IUs) of vitamin D daily. Talk with your pediatrician about your baby's need for a vitamin D supplement.

About half of the calories in breastmilk are easily digested fats, the major source of energy for your baby. These fats are needed for optimal growth and development. Breastmilk fat also helps your baby's body use some of her vitamins more easily.



### JUST THE FACTS

Your breastmilk takes on hints of the flavors of foods you eat. The changing flavors of your milk allows baby to experience the flavors of your culture.

## HEALTH

Beyond nutrition, your breastmilk contains special proteins that help make your baby's immune system stronger. For example, these proteins in your breastmilk slow the growth of unhealthy bacteria in your baby's colon, which may help prevent diarrhea and E. coli infections. These proteins also lower the growth of bacteria so that babies who are breastfed tend to experience less severe ear infections than babies who are formula-fed.

*Phone a friend. Socializing triggers oxytocin and helps reduce the daily stress of new motherhood.*

If you or your family have a strong history of allergies, the immune protection in breastmilk can be very helpful too. Breastfeeding actually helps lower your baby's risk of developing allergies in the first place.

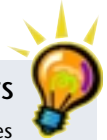
To name a few more health perks, breastfed babies are at a lower risk for Sudden Infant Death Syndrome (SIDS). Breastfed babies may have lower rates of asthma, diabetes and even some allergies. Breastfeeding may also decrease your baby's risk for obesity later in life.

### SHAPING FOOD ATTITUDES

Breastfeeding teaches your baby a thing or two about flavors of the foods you eat. When you are pregnant and later while you are nursing, the flavors of the foods you eat are passed on to your baby, teaching him about the foods your family eats.

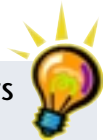
Children are more likely to try a new food when it is offered with a familiar and well-liked food. Mixing your baby's first taste of infant cereal with your breastmilk creates a "flavor bridge" that can help baby ease into eating solid foods. Before starting solid foods, talk to your pediatrician about your baby's readiness to eat solid foods.

While you breastfeed, you also teach your baby to use her instinctive feeding cues. Neither of you knows exactly how much breastmilk is being taken at a feeding. She's learning to use her instinctive cues to tell her when she's hungry and to stop when she's full. You guide her by offering your breast when she's hungry or by ending the feeding when she "tells" you she's full.



#### JUST THE FACTS

Breastfeeding gives your baby more control over how much milk is fed to him than bottle-feeding. With bottle-feeding, there is a tendency to encourage baby to finish all of the milk.



#### JUST THE FACTS

Fats in breastmilk help babies' brain development. Breast-fed babies have been shown to have better IQ scores.

# Benefits for You

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Moms get benefits from breastfeeding too! The benefits include better health for mom after birth, more convenience, and lower costs.

## MOM'S HEALTH

Breastfeeding helps contract and heal your uterus after the birth, helps to shed pregnancy pounds and helps to make you feel relaxed and happy. Women who breastfeed may have lower rates of ovarian cancer and breastfeeding may also help protect you against osteoporosis later in life.

While you're nursing, your body will release special hormones—prolactin and oxytocin—that act as natural stress-reducers. These hormones can lower your heart rate, decrease anxiety, and encourage “mothering” behaviors like nurturing. Moms that breastfeed tend to have increased self confidence and bonding with their infant.

## CONVENIENCE

Breastfeeding is always available and at just the right temperature for your baby.

## COST

Breastfeeding is cheaper than bottle-feeding. If you choose to pump your milk, it's usually still much cheaper, even after buying nursing clothes, breast pumps and other equipment.

Plus, breastfed babies typically require fewer sick care visits, which can lower your healthcare costs.



# Getting Ready for Breastfeeding

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Throughout your pregnancy, you may have noticed some changes in your breasts. Many moms see an increase in size of their breasts, but some do not. If your breasts increase in size, you may want to wear a well-fitted, comfy bra for extra support.

Also, your physician will examine your breasts to see if your nipples are inverted or flat. If they are, a breast pump used right before a feeding can help draw out the nipple to help get you started. A lactation

consultant is someone that is trained in breastfeeding and can answer your questions.

Many women worry about not being able to produce enough breastmilk. However, this is highly uncommon. The odds for successful breastfeeding are greatly in your favor!

If you know for sure that you want to breastfeed, getting some items that may make your breastfeeding experience easier is not a bad idea and will save you precious time when your little one arrives.

You might consider picking up the following items:

- ❑ **Nursing Pads** — There are many types available including reusable and disposable. Some brands offer different levels of dependability to fit your needs the best.
- ❑ **Breast Pump** — Many lactation consultants recommend electrical pumps because they take less time to pump and usually have a design that mimics the suckle of a

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breastfeeding baby. Breast pumps are available as battery operated and manually operated too. Often times you can rent a pump instead of purchasing one. Check with your lactation consultant or physician if you have questions about breast pumps.

- ❑ **Breastmilk Storage Bags** — Eventually, you will start to become involved in similar activities you did before your pregnancy. After pumping your breastmilk, you will need something that is sterile and sturdy to store your milk. Breastmilk storage bags are ideal for storing milk because they fit most disposable bottles and can often be attached right to the breast pump. Make sure the bags are freezer-safe, can stand upright by themselves and that they have a good reclosable seal to avoid messy spills. Also, be sure to have disposable bottles on hand. When you and baby are separated, dad or other caregivers can prepare disposable bottles of stored breastmilk for your baby.



*Wrap your baby's body close around you—skin-to-skin—while nursing—your nurse or lactation consultant can show you how. The close contact will make him feel warm and secure. This feeling of security will relax your baby's entire body, including the sucking muscles.*

# Getting Started

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The best time to start breastfeeding is within the first hour of your baby's birth. Prior to your baby's birth, you may want to notify your physician and hospital that you'd like to breastfeed. Many new moms nurse their babies for the first time right in the delivery room. It's best if you feel relaxed before beginning to nurse. If you are anxious, or have questions just ask the lactation consultant or your nurse—they can help.

## LATCHING

You will notice that your baby naturally knows how to suckle the first time you put him to your breast. This is because babies are born with a number of survival reflexes (rooting, sucking, swallowing) and behavior responses (crying, cooing, and sleeping) that help them start breastfeeding. All you need to do is have him grasp or latch-on to your breast correctly.

How you position baby when breastfeeding can make all of the difference. Try cradling baby in the crook of your elbow with baby's hips and chest facing you. Now, gently stroke baby's cheek nearest your breast. He will turn toward the breast for you. Gently guide baby's mouth up and onto your nipple, chin first. If baby latches on correctly, it may feel unusual for 30 seconds or so, but you shouldn't feel any pain.

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## PICTURE PERFECT LATCHING

Snuggled up close to you, your baby will take as much of the dark area around your nipple (areola) into his mouth as possible. His nose will be close to or touching your breast. If he's latched correctly, you'll see your baby sucking and hear him swallow. A clicking noise means the latch isn't sealed. You'll need to try again.

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If you hear a clicking noise or see baby's cheeks pucker inward when he's feeding, you'll need to gently remove him from the breast. To do this, carefully break his grasp of the nipple by putting a finger into the corner of his mouth. Then gently pull your baby away from the breast and try again. Nursing a baby latched incorrectly can lead to sore nipples and poor sucking patterns. A nurse or lactation consultant at the hospital will be glad to help—just ask!

Don't worry if your baby nuzzles your breast during the first feeding and doesn't latch on. He's preparing for breastfeeding by becoming comfortable with the feeding position, your scent, and the feel of you against him.

*Don't wait until your newborn is crying and fussy to begin a feeding. This is a late sign of hunger. If your baby is awake and alert, smacking his lips, mouthing his hands and/or "rooting" for your breast, it's time to eat.*

# Basic Breastfeeding Patterns

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Until your milk supply is established, your baby's feeding behavior may seem to change from day to day. In general, here's what you can expect:

	<b>Before Your Mature Milk Comes In</b>	<b>After your Mature Milk Comes In</b>
<b>How often should my baby breast-feed?</b>	Feed your baby whenever she is hungry, which will be about 8 to 12 times in 24 hours.	Continue "on demand" feedings of 8 to 12 times or more each day.
<b>How long will a feeding last?</b>	It varies. Feedings lasting one hour are common, but so are frequent smaller feedings.	Between 20-60 minutes, half the time on each breast.
<b>Special notes</b>	During the first 24 to 48 hours, your baby may not show much interest in feeding. A sleepy baby may need to be awakened at least every 3 to 4 hours to feed.	If your baby frequently feeds for more than 50 minutes at a time, he may not be feeding the right way. Talk with your doctor or lactation consultant.

Every baby and every nursing mother is different. With time, you and your baby will relax into a feeding style and schedule of your own.

# How Your Breastmilk Changes

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Breastmilk is a one-of-a-kind, nutrient-packed food that changes to meet your baby's needs. A mother's first milk—a yellowish liquid—is called colostrum. Colostrum is a great source of special proteins and vitamin A that protect baby against illnesses you both come across. It also helps your baby's immune system develop throughout the first two years of his life.

Between three and ten days, your transition milk comes in. Transition milk is a mixture of the above colostrum and higher fat milk (mature milk).

Don't worry if your milk has a bluish tint—it's normal. Around the tenth day, the actual thin mature milk begins to flow. Mature milk has less protein and more fat and calories than earlier milk. When your mature milk comes in, your breasts may begin to feel fuller, heavier and firmer—especially right before a feeding. Nursing should ease the feeling of fullness and pressure.



# Building Your Milk Supply

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During your first few weeks at home, caring for your baby will take up most of your time and energy. Remember to rest and relax as often as you can. Sleep when your baby sleeps. Eat well and drink plenty of fluids.

Nurse your baby one breast at a time during a feeding. Start each feeding with the breast that baby finished with last—this will keep your milk supply even for each breast. You may want to mark your bra strap with a safety pin as a reminder. Your baby will receive a well-balanced meal if she's allowed to completely finish with one breast before switching to the other.

How much your breasts produce is really a matter of “supply and demand”—the more your baby demands, the more you will supply. It's normal for a baby to nurse every 2 to 3 hours the first few weeks. Eventually the time may expand to every 3 to 4 hours.

After a few days of nursing, you will notice that as you bring your baby to your breast and relax, your nipples tingle. This means your milk has “let down” and is ready to flow to your baby. Some women find that their milk lets down when they hear their baby cry or when they just think about their baby. Nursing pads inserted into your bra can help absorb the wetness.

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**B**aby should be awake and alert right before and during feedings. The cozy, warm feeling of nursing often puts babies to sleep. Wake your baby up with a diaper change before offering the second side to nurse.

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Try not to offer your baby a bottle with water or formula during your early weeks of nursing. Most babies taking breast-milk don't need additional water. Ask your doctor if your baby needs additional water. If your baby is taking water or formula supplements, she will take less from the breast and this may decrease the amount of milk your breasts produce. Wait until your milk supply is well established before offering supplemental bottles.

### HOW TO BE SURE YOUR BABY IS GETTING ENOUGH TO EAT

Here are some clues:

- Baby has 6 or more wet diapers and 2-3 stools each day,
- Baby shows a steady increase in weight,
- Baby has an alert, healthy appearance, and
- You can feel your baby sucking and hear your baby swallowing while feeding. If your baby is latched on properly, it shouldn't be painful.

A well-nourished newborn takes at least 8 feedings a day and sleeps well between feedings. If you think your baby isn't getting enough to eat, talk with your doctor or lactation consultant right away.

*You may be thirsty when you nurse, so have a cool glass of water or decaffeinated iced or warmed tea handy before you sit down.*

# Nursing In Public

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While many new moms prefer to nurse in a quiet, somewhat private area, it's up to you to nurse your baby in whatever environment you feel comfortable in.

Here are some suggested places for breastfeeding on-the-go!

- ❑ In a restaurant booth while enjoying a cool drink
- ❑ In a department store dressing room
- ❑ In your car, when the weather is mild
- ❑ On a bench in a quiet corner of a park

## TIPS FOR EASIER PUBLIC NURSING

- ❑ Wear a special nursing bra that is easy to unclasp with one hand
- ❑ Use a sling, which can help your baby to breastfeed out of sight
- ❑ Wear a two-piece top. A vest, sweater or second shirt will keep your midriff covered when you lift your shirt to nurse
- ❑ Attend a lactation support group meeting or ask other nursing mothers for their personal tips for success



# Still Eating for Two

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## NUTRITION FOR MOM

You provide your baby with the best nutrition each day by breastfeeding her. A lot of the nutrition baby receives from breastmilk comes from your body's stored nutrients. So don't forget—your nutrition is important too! Try to consume a variety of healthful foods each day, along with plenty of water (8-12 cups daily). Meals rich in calories, carbohydrate, protein, fats, vitamins and minerals will help with your energy level and overall health.

A good portion of your meals should come from complex carbohydrates (starchy foods), such as whole-grain pasta, breads, cereals, and rice. Complex carbohydrates are rich sources of vitamins, minerals, and fiber. Try to eat several servings at each meal.

Next, make sure to have several servings of protein foods daily like lean meat, fish, poultry, dried beans or eggs. Other good sources of protein include milk, yogurt, tofu and peanut butter.\*

Protein foods are rich sources of minerals like iron and zinc, along with some vitamins.

Several added servings of fats are also important for a healthy eating plan. Healthier fats include canola oil, olive oil, other vegetable oils, tub margarine (try to find the trans-fat free) and nut butters (peanut, almond, and soy).\*

Don't forget to eat a combined total of 5 or more fruit and vegetable servings every day. Fruits and vegetables are

## CAFFEINE, ALCOHOL, & TOBACCO

Caffeine and alcohol can affect your baby. A morning cup of coffee is OK, but 2 or more could make baby irritable. Limit alcohol to 1 drink no more than 2 times weekly. It is best to drink caffeinated or alcoholic beverages right after breastfeeding. This gives your body plenty of time to clear its system before the next feeding.

If you smoke, quit if you can—for your health and for baby's. It is highly recommended by medical professionals not to smoke while breastfeeding or to expose young infants to secondhand smoke.

\* Nursing mothers with a family history of food allergies should talk to their doctor before eating nuts or nut butters.

*If you follow an alternative diet (low calorie, vegan, or vegetarian), your health care provider will know if you would benefit from vitamin and mineral supplements.*

excellent sources of many vitamins, some minerals and special substances (phytonutrients) that may protect us from some cancers and other chronic diseases.

Finally, aim for at least 3 servings of dairy foods daily to get adequate amounts of calcium, vitamin D and other bone nutrients. Dairy foods include milk, yogurt and cheeses. If you don't like "regular" milk or yogurt, try soy or rice milk and soy yogurt. Soy and rice milk and yogurt have added calcium and many have added vitamin D, too.

In short, enjoy a wide variety of foods and don't forget your family's cultural favorites! Even during nursing your baby is becoming familiar with and learning to like the flavors of the foods you eat.



## WHAT'S A SERVING?

### **Complex Carbohydrates:**

1 slice whole grain bread, 1 cup cooked whole grain pasta,  $\frac{1}{3}$  cup cooked brown or wild rice,  $\frac{1}{2}$  cup starchy vegetables, 1 cup ready-to-eat whole grain cereal

### **Protein Foods:**

1-ounce lean poultry, fish, red meat, or 2½-oz meat alternative (soy),  $\frac{1}{3}$  cup nuts, 1 egg,  $\frac{1}{2}$  cup cooked dried beans, 2 tablespoons of peanut butter

### **Fruits & Vegetables:**

1 medium piece of fruit,  $\frac{1}{2}$  cup canned fruit,  $\frac{3}{4}$ -1 cup of berries or melon, 1 cup raw vegetables,  $\frac{1}{2}$  cup cooked vegetables

### **Dairy Foods:**

1 cup milk (or soy & rice), 1 cup yogurt, 1½-oz of cheese

### **Fats:**

1 teaspoon of oil, tub margarine, or butter, 2 teaspoons of regular salad dressing

# Exercise

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Slow weight loss is healthy after the birth of your baby and will not affect your milk supply. Regular exercise 3 to 4 days per week can help you get back to your pre-pregnancy weight. In fact, 20 to 30 minutes of aerobic exercise daily could give you a needed energy-boost! Try walking briskly 10 minutes in the morning and 10 minutes in the evening while dad or other family members are changing baby's diaper, bathing baby, or playing and cuddling with baby.



## JUST THE FACTS

Nursing moms burn about 500 extra calories a day just from their milk production! This will help you return to your prepregnancy weight.

# Allergies

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If your family has a history of food allergies, it is highly recommended by medical professionals to avoid feeding your child foods that cause the more common allergies. These foods include dairy foods until age 1 year, peanuts and tree nuts (almonds, walnuts, pecans, etc.) until age 3 years, eggs until age 2 years and fish and shellfish until they're at least 3 years old. This has been shown to help prevent allergy-prone children from developing an allergy. At the very least, it will lessen the child's chances of having an allergic reaction. Check with your physician about your baby's risk for food allergies before avoiding foods.

While rare, it is possible to pass along food allergens to baby through breastmilk. Medical professionals now recommend that mothers of infants with a family history of food allergies avoid peanuts and tree nuts throughout the nursing period. They also advise mothers to consider eliminating eggs, cow's milk, fish and shellfish, and perhaps other foods from their diets while nursing. Be sure to talk to your physician if you have a family history of food allergies.

If you'd like more information about breastfeeding and allergies, such as signs and symptoms, contact the Food Allergy and Anaphylaxis Network at 1-800-929-4040 or visit them on the web at [www.foodallergy.org](http://www.foodallergy.org).

## PRESCRIPTIONS AND OVER-THE-COUNTER MEDICINES, & NATURAL REMEDIES

While most prescriptions and over-the-counter drugs present minimal risk to nursing infants, some can pass through your milk and reach your baby. Check with your physician before taking any medicines or natural remedies.

## JUST THE FACTS

Most children do not experience allergic reactions to foods or breastmilk. Moms with a strong family history of allergies have higher chances of having a baby that has food allergies.



# Normal Breastfeeding Challenges

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Breastfeeding is a very loving and convenient way to nurture your baby. Not to mention, the tremendous health benefits! But, breastfeeding is not without some challenges. Most common challenges moms experience can be worked through with the help of their physician and a lactation consultant.

## **ENGORGEMENT**

When your milk comes in, or if you are separated from your baby during several feeding times, your breasts may become overly filled with breastmilk. This is called engorgement. The best remedy is to breastfeed your baby or express some milk with a breast pump or by hand. Also, a warm shower, warm compresses, or commercially available warm relief packs before feedings can help with milk let down. In between feedings, try cool compresses or commercially available cool relief packs to reduce swelling.

## **CLOGGED MILK DUCTS**

If you develop a tender spot on your breast, you may have a clogged milk duct. The treatment is nursing your baby, plenty of rest, and warm compresses, commercially available warm relief packs, or showers before feedings to help milk flow. If treated right away, clogged milk ducts rarely become infected (mastitis), but it's best to check with your physician.

## **MASTITIS**

Symptoms of mastitis are flu-like. You may have a fever and feel achy for 24 hours, along with an area of the breast that is tender, red, and firm. To help increase milk flow, try warm showers, warm compresses or commercially available warm relief packs before feedings. Cool compresses or commercially available cool relief packs can help to soothe and reduce breast swelling between feedings. Mastitis is an infection and needs to be treated with antibiotics. Consult your physician if you think you have a clogged milk duct or mastitis.

**B**egin each feeding on the least sore breast first. Your baby should be less hungry and therefore suck less vigorously on the second, more irritated breast.

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## **SORE NIPPLES**

Your nipples will hopefully need very little attention from you. In fact, over-drying or excessive washing can cause cracked nipples and delayed healing. If your nipples do become cracked and tender, try a medical grade lanolin or breastfeeding moisturizing balm that is safe for baby. To soothe sore nipples and help with healing cracked nipples, try wearing moisture-holding gel patches between feedings. The gel patch acts like a second skin protecting your nipples from bra friction.

Nipple wounds are easily infected by the bacteria and yeast in your baby's mouth. Your physician can prescribe an antibiotic or an anti-yeast medication if you develop an infection. Talk with your doctor or lactation consultant before nipple pain becomes too uncomfortable to nurse.

## **IF YOUR BABY IS SICK**

Most babies with common childhood illnesses should continue their regular feeding schedules, especially if they are breastfeeding. Breastfeeding may help baby get over an illness faster. Even if your baby is vomiting, you should still offer small, frequent breastfeedings. If your baby develops diarrhea or a fever, continue breastfeeding and call your pediatrician.



# Special Situations

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Talk with a lactation consultant if you would like to know more about breastfeeding in the below special situations.

## **AFTER A CESAREAN SECTION**

Nursing in the traditional stomach-to-stomach position can be painful for mothers after a c-section delivery. If you find this position uncomfortable, try the “football” or “clutch” hold. A nurse or lactation consultant can help you through the early feedings.

## **PRE-TERM OR SPECIAL CARE INFANTS**

A pre-term delivery or admittance into a special care nursery doesn't mean an end to your hopes of breastfeeding. You can pump your milk and store it for future use. Special rooms for nursing mothers to express their milk are becoming standard in modern infant intensive care units—in fact it's encouraged!

## **NURSING WHILE PREGNANT**

Mothers can and do nurse one child while they are pregnant with another. If you are nursing while pregnant, you may notice that your baby weans himself during this time. This is because pregnancy changes the taste and supply of breastmilk. If you continue to nurse through your pregnancy, try to eat well-balanced meals, drink extra fluids, and get plenty of rest.



## **TANDEM NURSING**

Whether you plan to nurse your infant and a toddler or a set of twins, tandem nursing is possible. Remember that it is a matter of supply and demand. As long as your children are put to the breast, milk will be supplied in the amount needed!

## **AFTER BREAST REDUCTION SURGERY**

Nursing as the only source of nutrition for your baby after breast reduction surgery may be difficult. It is more likely that baby will need supplemental bottles of formula. Even if you supplement, your baby will enjoy the nutritional and emotional benefits of the breastfeeding received.

## **ADOPTED INFANTS**

Induced lactation and relactation are possible for mothers of adopted babies. This is because breastmilk production depends on breast stimulation, not just hormonal changes from pregnancy. Most adoptive mothers need to supplement their breastfeeding with infant formula, but don't let that deter you from nursing. Any amount of breastfeeding helps to nurture your baby and strengthen your emotional relationship.



# Going Back to Work

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Between a baby's third and six-month birthday, many moms resume an activity schedule similar to the one before their baby's birth. For back-to-work moms, this doesn't have to mean an end to breastfeeding. If you can fit it into your schedule, nurse your baby just before you leave for work, then express your milk three times during the work day: mid-morning, at lunch time, and again in the mid-afternoon. If your childcare is near your work, drop the noontime pumping and meet your baby for lunch. Mothers who work afternoon or evening shifts can enjoy a similar feeding schedule too.



*To lower the risk of food borne illness in baby, be sure to always wash your hands well with soap and warm water before pumping your milk or preparing feedings.*

# How to Store Your Breastmilk

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Store your pumped milk in a clean container with a tight lid or in sterile breastmilk storage bags. Wash containers in a dishwasher or with hot soapy water and allow to air-dry before using for storage. Don't dry with a hand towel since they commonly harbor bacteria. After pumping your breastmilk, feed it to your baby immediately. Don't let it stay at room temperature for more than 2 hours. If the collected breastmilk will not be fed to your baby immediately, it should be refrigerated. If you don't plan to use the milk within 48 hours, freeze it immediately for storage. Discard refrigerated breastmilk after 48 hours from the time it was pumped. Breastmilk can be stored in a freezer connected to your refrigerator for up to 1 month or a deep freezer for 3 to 6 months. Remember to label the pump date and time on the storage container. Thaw frozen breastmilk under warm running water or in the refrigerator. Do not let it stand at room temperature to thaw and do not heat your milk on the stove or in a microwave. Use thawed milk within 24 hours and never refreeze milk.

## TYPES OF BREAST PUMPS

**Electric** — Empties the breast quickly and comfortably. Imitates a baby's suckling pattern. Most expensive type, but can be rented by the day, week, or month.

**Battery-Operated** — Not as efficient as electrical pumps, but useful if you need to pump only on occasion or away from electrical outlets.

**Manual** — Inexpensive, but takes longer to empty the breast. Not practical for women who need to pump more than once a day.

**Hand Expression**—A tiring exercise best reserved for emergency

*Let dad, a grandparent or other caregiver feed the supplemental bottles. This gives you a chance to rest and gives other special caregivers an opportunity to feed and bond with your baby.*

# Weaning

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Weaning is the process of teaching baby about the foods of your culture. Weaning is done slowly, over time, and is not a single event. Talk with your doctor about continuing to breastfeed throughout your baby's first year—while introducing iron-rich foods.

Breastmilk is the primary source of nutrition throughout your baby's first year of life. However, when your baby begins to show signs of developmental readiness for solid foods, breastmilk will no longer be your baby's sole source of nutrition. You may nurse 3 or 4 times a day, usually first thing in the morning and around nap and bedtimes. Breastfeeding is more than nutrition though, and continuing as long as possible gives your baby important emotional benefits. For example, the warmth and security felt during nursing can readily soothe a cranky, frightened, or tired baby. The immune benefits may also continue throughout the course of breastfeeding.

Around the weaning period, baby will become developmentally ready to begin solid foods. He will be growing rapidly—mentally and physically. It may be time to start complementary foods if your baby's birth weight has doubled AND he weighs at least 13 pounds. Also, your baby should be able to support his own body weight, he should have good control of his head, and should be able to sit upright with assistance. This rapid growth can cause baby to deplete the iron stores she was born with. Iron is an essential nutrient for healthy physical growth and mental development. During this time, baby may need another source of iron in addition to your breastmilk. Consult your pediatrician about the best time to start complementary solid foods and alternative sources of iron for your baby.

When the time comes to wean your baby completely from the breast, do it slowly and with love. Substitute one feeding at a time with other kinds of loving care like reading a story together, doing puzzles, or going for a walk. You don't need to have a strict cut-off date of the last breastfeeding. Complete weaning can take up to 2 weeks or longer, depending on how often baby nurses.

# Conclusion

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By choosing to breastfeed, you give your baby the best start in life. If you're still considering breastfeeding, give it a try—even if for only a few days or weeks. Even during the first few days and early weeks of nursing, your baby will enjoy the best nutrition, immune protection and emotional benefits found only in your breastmilk. Breastfeeding is a wonderful nurturing and bonding experience for you and your baby.

*Give your baby  
a great start in life  
by breastfeeding!*



# On-line Resources

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## Gerber Products Company

1-800-4-GERBER

<http://www.gerber.com>

## The National Women's Health Information Center Breastfeeding Helpline

1-800-994-WOMAN (9662)

<http://www.4women.gov/breastfeeding>

## American Academy of Pediatrics A Women's Guide to Breastfeeding

<http://www.aap.org/family/brstguid.htm>

## Latching Diagrams

<http://www.breastfeedingonline.com/31.html>

## Find A Lactation Consultant International Lactation Consultant Association

<http://www.ilca.org/find/index.php>

## The Food Allergy & Anaphylaxis Network

<http://www.foodallergy.org>



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