

TWENTY

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## Tear-Sheet Toolkit



SOMETIMES YOU DON'T want a whole book. And sometimes you want to be able to tear something *from* a book! Here's your chance. Each page in this section is complete on its own two sides, ready to be removed. You can put these sheets on your refrigerator or by your computer, or hand them to your family or day care provider—whatever you need. Online copies are available at [lli.org](http://lli.org).

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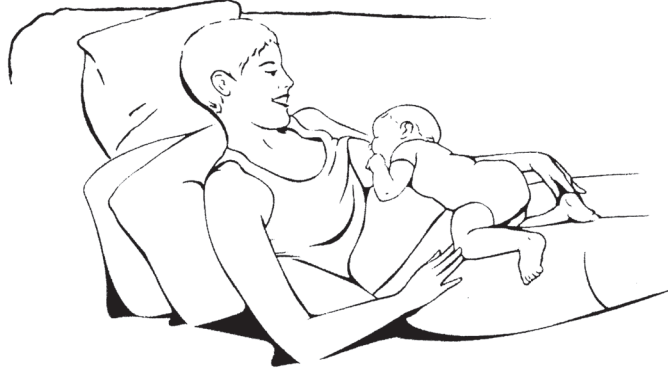
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## Laid-back Breastfeeding



**LAID-BACK BREASTFEEDING**, or Biological Nurturing, means getting comfortable with your baby and encouraging your own and your baby's natural breastfeeding instincts. See [biologicalnurturing.com](http://biologicalnurturing.com) for further information.

- Dress yourself and your baby as you choose.
- Find a bed or couch where you can lean back and be well supported—not flat, but comfortably leaning back so that when you put your baby on your chest, gravity will keep him in position with his body molded to yours.
- Have your head and shoulders well supported. Let your baby's whole front touch your whole front.
- Since you're leaning back, you don't have a lap, so your baby can rest on you in any position you like. Just make sure her whole front is against you.
- Let your baby's cheek rest somewhere near your bare breast.
- Help her as much as you like; help her do what she's trying to do. You're a team.
- Hold your breast or not, as you like.
- Relax and enjoy each other.



## Early Days Diaper Log: The Bottom Line

*(If it comes out, it must have gone in!)*

COUNT ONLY POOPY diapers that have contents at least as big as the “okay” circle you make with thumb and forefinger. No need to count wet diapers. Poopy diapers tell more about how a baby is doing.

Circle the X when your baby has an “okay” poopy diaper.

If your baby is...	Expect at least this many “okay” diapers			
<b>0-1 day old (first 24 hours)</b>				
Black sticky poopy diaper	X		1	
<b>1-2 days old (second 24 hours)</b>				
Brown sticky poopy diapers	X	X	2	
<b>2-3 days old (third 24 hours)</b>				
Greenish poopy diapers	X	X	X	3
<b>3-4 days old (fourth 24 hours)</b>				
Green to yellow poopy diapers	X	X	X	3
<b>4-5 days old (fifth 24 hours)</b>				
Yellow poopy diapers	X	X	X	3

### My breastfeeding helpers:

Baby’s health care provider \_\_\_\_\_

My health care provider \_\_\_\_\_

Local La Leche League Leader \_\_\_\_\_

International Board Certified Lactation Consultant \_\_\_\_\_



## Waking a Sleepy Newborn

If your newborn sleeps longer than three hours at a stretch, but

- You had no birth medications
- Your baby stays in physical contact with you
- He feeds well when he feeds
- His diapers are on track (see the Early Days Diaper Log)

that's probably just who he is. Keep an eye on his poopy diapers and his weight.

If he's not gaining well and he sleeps more than three hours at a stretch, aim for at least ten nursings each day until he wakes on his own and has at least four good poopy diapers each day.

It will be easier to wake him to feed if you see some of the feeding cues listed on the next tear sheet. If he's sleeping and you try to lift his arm and it drops like a rock when you let it go, he'll be hard to wake. Try again in twenty minutes. Things to try:

- Dim the lights, pull the drapes. It's easier if he doesn't have to squint.
- Undress him partially or completely. Put him on your chest.
- Stroke him and call his name. Rub his feet.
- Lay him down and roll him gently from all the way on one side to all the way on his other side.
- Hold him along your forearms, head in your hands, feet at your elbows, and lift him from nearly horizontal to nearly vertical and back, as you talk to him.
- Wipe his face with a damp cloth.
- Put a little colostrum or milk in his mouth—just a bit, waiting for him to swallow before adding more.

He might latch and nurse in his sleep in a laid-back breastfeeding position, or he might take sips from a spoon. Feed him in whatever way works for you.



## Feeding Cues

- A baby starts with subtle nursing cues—eyes moving beneath eyelids, eyelids fluttering before they even open, hands coming toward face, mouth movements.
- Then she adds more obvious ones—rooting toward your chest, whimpering or squeaking.
- If you offer to nurse now, she'll probably take your breast gently and easily.
- As her hunger builds, her body and mouth tense. She breathes fast or starts to cry.
- Once she's crying, she'll have a harder time latching. Crying is a *late* sign of hunger. Calm her down before trying to feed her.
- Breastfeeding is easier if you answer her requests instead of waiting for her demands.
- Don't wait for your breasts to feel full. A full breast has already started to slow down production.
- Offer even if she's not asking, anytime you like.



## Feeding the Non-Latching Baby: One Possible Approach

*Birth to 6 hours—skin contact*

- Keep the baby skin-to-skin and gently encourage him to breastfeed.
- If birth was medicated—hand-express colostrum by end of first two hours.

*By about 6 hours—begin regular hand expression*

- Continue keeping the baby in skin-to-skin contact with you.
- Express drops of milk on your nipple to encourage him to latch on.
- Hand express colostrum into a spoon, spoon-feed baby every 2–3 hours and when either of you wakes at night.
- Removing milk from your breasts is as important as feeding the baby.

*As milk volume increases—hand-express or pump, use nipple shield, finger-feed or bottle*

- Continue as much skin-to-skin contact, laid-back, and holding as possible.
- Pump at least 8–10 times in 24 hours (including at least once at night) finishing with hand expression. Massage before and/or during pumping, hand express afterward.
- Consider a nipple shield to help the baby latch.
- With increased milk volume, finger-feeding or a bottle may work.

*By the end of the first week—help, patience, confidence*

- Continue skin-to-skin/holding as much as possible.
- Express at least 8–10 times per 24 hours, tapering off as baby begins to nurse.
- You may want to express extra and store in the fridge to be a feeding or two ahead. Adding a couple of extra pumping sessions for a day or two will help.
- Stay in touch with your Leader or other breastfeeding support.

Babies sometimes take weeks to breastfeed well. Keep your supply going. If we can teach a tiger to jump through a flaming hoop, we can help a baby do what he is designed to do!



## Hand Expression

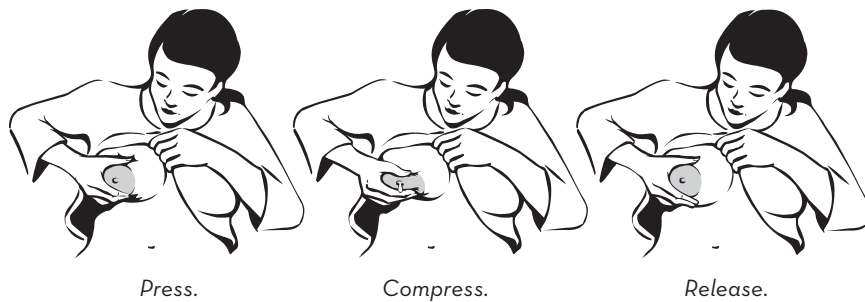
- Wake your breasts up—shake, massage, move them
- Fingers on opposite sides of your areola
- Press back toward chest
- Compress fingers toward each other, drawing slightly toward nipple but not sliding skin
- Release pressure, relax hand

Repeat several times. Don't expect anything immediately. Add massage whenever you like. Shift hand to a different position to move milk from other ducts.

Colostrum: collect drops on plastic spoon, tip into baby's mouth or collect with dropper.

Milk: Express into pump funnel or large bowl.

See video at [newborns.stanford.edu/Breastfeeding/HandExpression.html](http://newborns.stanford.edu/Breastfeeding/HandExpression.html).







Our Baby Is Here!

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was born on

---

weighing

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*Please knock quietly. If we don't answer the door,  
we hope you'll understand.*

*We're getting to know our baby, and we may be pretty busy right now.*



## We'd Love Your Help!

*Life is very busy for us right now, and it would mean a lot if you could  
choose one item from this list to help us with:*

Groceries: \_\_\_\_\_

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Meals: \_\_\_\_\_

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Errands: \_\_\_\_\_

---

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Chores: \_\_\_\_\_

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## What About Partners?

*The mother breastfeeds, and the baby doesn't need you to feed him.*

*So what can you do?*

*Anything else!*

You are The Safe Person Who Is Not Mama. Nursing and Mama are the center of your baby's world right now, but his world keeps getting bigger, and you are the first person he adds.

You are Different. Your shape, voice, hands, and smell are different. You hold your baby differently. You teach him that different can be good. When your baby is frazzled, you may be just the difference that he needs.

Some things you can do:

- Wear your baby in a sling or other carrier and go for a walk.
- Go out and about; babies are social people.
- Read to your baby—he'll love hearing your voice.
- Change his diaper—even if he hates diaper changes now, he'll love them very soon.
- Take a nap with him on your chest.
- Talk to him about things around the house.
- Take a bath together.
- Take him to his mother whenever he needs her.
- Sleep with him safely (see Chapter 12).
- Use the Magic Baby Hold: with your baby's back against your front, bring your left arm over his left shoulder (one arm on either side of yours), and hold his right thigh.
- Jiggle and sway. Babies tend to like side-to-side motion.

Your first job is to *support* breastfeeding, not *compete* with it. A “relief bottle” may seem helpful, but it's more likely to cause breastfeeding problems and health risks for your baby. Instead:

- Protect your partner from criticism.
- Keep her fed.
- Help her get good help if she needs it (lilli.org and ilca.org are good places to start).
- Care for her so that she can care for your child.

*Your two separate roles work together to form a strong,  
secure safety net for the World's Best Baby.*



## Your Grandchild Is Breastfed?

*Here's what's new about breastfeeding a baby:*

New research has shown that breastfeeding is important for the baby's health and development and for the mother's health, both now and in the future. It's even good for the environment.

Research has found that breastfeeding works best when the baby is fed in response to hunger cues, not on a schedule. That's usually quite frequently, especially in the beginning. Fortunately, you can't feed too often.

Sore nipples aren't an expected part of breastfeeding; they are a sign that something isn't quite right. With some expert help, the mother should soon be breastfeeding comfortably.

Most medical experts, including the American Academy of Pediatrics and the World Health Organization, recommend that babies be breastfed exclusively—no formula or solid foods—for six months or so, and continue breastfeeding with solid foods added to their diet into these toddler years—even two years or more.

Much of this may be different from what you learned when you had your own babies.

*But guess what hasn't changed?*

New mothers still need lots of help, lots of support, and lots of loving family members around to prepare meals or throw in a load of laundry. They need people to be patient with them as they figure out both breastfeeding and motherhood. And babies still need their grandparents to love them. Your practical help and support are a golden investment in your grandchild's future, and in your lives together.



## Breastfeeding: It's Just Good Sense

You knew breastfeeding was better. That's why you started. Here's why it's worth getting problems solved.

### *Breastfeeding*

Is a relationship  
Is immediate, simple, nearly free  
Provides a normal start in life  
Promotes normal jaw development  
Is the normal follow-up to birth for the mother  
Provides mothering hormones  
Lets the baby control his own appetite  
Saves money for the family

### *Human Milk*

Has many hundreds of known and unknown ingredients, including interferon and white blood cells, antibacterial and antiviral agents, intestinal soothers, growth hormones, and everything else a baby is known to need  
Changes to meet the baby's changing needs  
Is non-allergenic  
Is the human infant's only normal food  
Promotes normal brain development

Is always clean

Promotes normal health in infancy and beyond  
Smells fine going in and coming out  
Is the normal start for the World's Best Baby

### *Formula-feeding*

Is a feeding method  
Needs equipment, preparation, money, extra medical care  
Is artificial and has risks  
Increases need for orthodontia  
Is linked to certain women's cancers  
Provides no mothering hormones  
Can lead to overfeeding and obesity  
Makes money for industry

### *Formula*

has far, far fewer ingredients, but includes tropical oils, no anti-infectives, intestinal irritants, poorly absorbed nutrients, known and unknown microdeficiencies

Changes only with manufacturing and preparation errors, which are common	Is easily and frequently contaminated
Contains either of two common allergens—cow milk or soybeans	Is linked to increases in many illnesses and diseases, including SIDS, pneumonia, breast cancer, vision deficits, obesity, diabetes
Isn't what babies are built to handle	Smells pretty bad
Is linked to lower IQ scores	Is vastly inferior to your milk

*If you're not enjoying breastfeeding, get help!  
This is too important to both of you to risk losing it.*



## What Mothers Need to Know Before They're Mothers

*Words of Wisdom from Real Mothers at a La Leche League Meeting*

Newborns don't look like magazine babies.  
There are no right answers.  
People say things, but they aren't always trying to be judgmental when they say them.  
A dirty house builds extra immunities.  
Sometimes motherhood stinks.  
*Should* is a poison word that argues against reality.  
It's important to see other babies so you know what's really normal.  
Sometimes the books are just wrong.  
Listen to yourself.  
Listen to your baby. Respect him and his intuition. He will tell you what he needs.  
Find someone who will listen to you.  
You will never achieve an ideal state of motherhood.  
Wait long enough and it will change, and the questions and answers will be different.  
Pick your battles.  
A dog is an excellent floor cleaner.  
Respond to questions with "Why do you ask?"  
Receiving blankets have all kinds of uses—a surface for public diaper changes, an extra wrap in a car seat, catching spit-up.  
Hold off buying things until you know whether you're ever going to use them—like a crib or changing table. Don't get caught up in the consumerism of new parenthood.  
The ideal adult-to-baby ratio is about three to one the first week. But if all you have is one mother and one baby, you'll manage.  
When people offer help, say yes.  
Join a playgroup. It's not for the child, it's for the mother.  
After a week or so, get out of the house. The crying doesn't bother other people as much as you think it does, and even the grocery store can seem like a wonderful adventure.  
Step outside when you can, throw your shoulders back, take a deep breath, and look up for at least a few seconds.  
Don't be surprised at how totally bizarre you feel the first week. It's normal to feel really weird.  
You can only do what you can do.  
Let go of your expectations and let what is be.  
Just because it's fun doesn't mean it's not important.



## Babies Don't Keep

The cleaning and scrubbing  
Can wait 'til tomorrow,  
For babies grow up,  
I've learned to my sorrow.

So quiet down, cobwebs.  
Dust, go to sleep.  
I'm nursing my baby,  
And babies don't keep.

Adapted from "Song for a Fifth Child," by Ruth Hulbert Hamilton



## Medications and Breastfeeding

Do you need to wean to take a medication? *Almost certainly not!* The drug is rarely as risky as formula would be. A single bottle of formula increases the risk of many childhood and adult illnesses and diseases, and disrupts the baby's intestines for up to a month. "*Playing it safe*" *almost always means continued breastfeeding, not weaning.* Here are some of the reasons:

- *Even if a mother's blood level for a given drug is high, it's still very dilute for her breastfeeding baby to swallow in her milk, digest, and put into his bloodstream.*
- *Age matters.* Some drugs that might be a concern for premature infants are not a concern for full-term babies. The older the baby, the less the concern. Some mothers are mistakenly told to wean for a drug that may be given directly to babies or small children.
- *When in doubt,* check the baby's blood or just watch for changes like diarrhea or fussiness.
- *Temporary weaning*—and pumping, and bottle-feeding an unhappy baby—*is a huge physical and emotional stress* during an already stressful time.
- *Breastfeeding is not a faucet.* Turning it off abruptly can mean turning it off permanently. Talk about risks!
- *Further risk reduction:* Nursing before taking the dose, waiting five "half-lives," finding a safer drug or treatment, even nursing part-time—all far better choices than even temporary weaning.
- *Drug companies tend to recommend weaning to avoid litigation. The actual research rarely supports weaning.*

For more information, check Thomas Hale's book *Medications and Mothers' Milk* or:

- LactMed, the U.S. National Institutes of Health's *Drugs and Lactation Database* ([toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT](http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT))
- Dr. Hale's website ([neonatal.ttuhscc.edu/lact](http://neonatal.ttuhscc.edu/lact))
- The UK National Health Service *Quick Reference Guide for Drugs in Breast Milk* ([ukmicentral.nhs.uk/drugpreg/qrg\\_p1.htm](http://ukmicentral.nhs.uk/drugpreg/qrg_p1.htm))



## A Few Online Breastfeeding Resources for Mothers

La Leche League International	l1i.org
Adoptive breastfeeding resource	fourfriends.com/abrw
American Academy of Pediatrics Breastfeeding Policy Statement	aappolicy.aapublications.org/cgi/ content/full/pediatrics;115/2/496
Breastfeeding after breast and nipple surgery	bfar.org
Breastfeeding—general information	kellymom.com
Common Sense breastfeeding (Diane Wiessinger)	normalfed.com
Depression in new mothers	granitescientific.com
ILCA (International Lactation Consultant Association)	ilca.org
Jack Newman, MD, co-author of <i>The Ultimate Breastfeeding Book of Answers</i>	drjacknewman.com
Low milk supply issues	lowmilksupply.org
Oral issues (tongue-tie, dental caries, etc.)	brianpalmerdds.com
Plus-size nursing bra and clothing resources	vireday.com/plus/PlusMat_Nursing .html
Research-based hospital protocols— Academy of Breastfeeding Medicine	bfmed.org
Sleeping safely—and together (Notre Dame Mother-Baby Behavioral Sleep Lab)	nd.edu/~jmckenn1/lab
Thomas Hale ( <i>Medications and Mothers' Milk</i> )	neonatal.ttuhs.edu/lact
The United States Breastfeeding Committee	usbreastfeeding.org



## Dealing with Plugs and Blebs

### *Nursing ideas*

- Nurse as often as possible, keeping the affected breast as soft as possible.
- Lay your baby on his back on a folded blanket, head off the edge, face toward the ceiling. Lean over him on elbows and knees, and nurse with breast dangling.

### *Manual ideas*

- Use hand expression and gentle nipple manipulation to work the bleb out.
- After showering or soaking, gently rub surface of nipple to release the bleb.
- Using sterilized needle, gently lift and open skin over bleb; use sterile tweezers if needed. Apply topical antibiotic several times a day, for several days.
- Apply pressure behind the nipple, along with gentle massage and manipulation.

### *Soaking ideas*

- Olive oil on a cotton ball over your nipple inside a bra.
- Vinegar on a breast pad.
- Epsom salts (2 teaspoons in a cup of warm water) four times per day.

### *Breast ideas*

- Stop wearing a bra, or stop wearing an underwire.
- See physiotherapist for ultrasound treatment of the breast.
- Use personal massager, electric razor, electric toothbrush, or lean against washer on spin cycle.
- Lay cabbage leaves over any area of engorgement.

### *Diet ideas*

- Increase fluids.
- Take two tablespoons of lecithin daily (available at health, drug, and vitamin stores).
- Avoid some or all dairy products, sugar, peanuts, chocolate, fats (especially saturated fats), caffeine, antiperspirants, and decaffeinated products.
- Increase immune system boosters like vitamins D and C.

### *Other ideas*

- Ask your doctor about taking an anti-inflammatory medicine.
- Stress? Anemia? Herpes simplex.
- Call an LLL Leader or breastfeeding helper. Why go it alone?



## Mastitis, and What You Can Do if You Get It

Mastitis means an inflammation in your breast. It's sometimes due to an infection, but may not be. Signs include:

- A warm or hot, sensitive (sometimes painful) area on one breast (rarely both) that may look red or have reddish streaks
- Sometimes fever and/or chills and/or generalized aching, as though you have the flu.

*How did you get it?* Often nobody knows. Maybe cracked or damaged nipples that let germs in, plugged ducts, ineffective or infrequent nursing (or pumping), pressure from a bra or baby carrier, being overtired and run-down (“holiday mastitis”).

*What can you do?* You may want to talk to your doctor about a prescription for antibiotics. It may not be an infection, so you could try other treatments first.

- Empty Breast, Lots of Rest. That means (a) frequently nursing, pumping, or hand-expressing to keep the milk moving and (b) spending as much time as possible in bed or lying down, resting or sleeping.
- Cold packs (such as frozen peas wrapped in a cloth) or other sources of cold on the inflamed area, twenty minutes on, twenty minutes off, or a heating pad, whichever feels better.
- Over-the-counter anti-inflammatory medication that your doctor approves.

No worse after 24 hours? You can repeat for another 24. No better? Think about antibiotics.

For more suggestions, see the Academy of Breastfeeding Medicine's mastitis protocol at [bfmed.org/Resources/Protocols.aspx](http://bfmed.org/Resources/Protocols.aspx).



## Gaining, Gulping, Grimacing?

*Is your baby thriving . . . but nursing is a struggle? Do these sound familiar?*

1. My baby chokes and gulps and splutters when she nurses.
2. My breasts always feel full, and/or they spray when my milk releases.
3. My baby “wrestles” with my breast, pulling off, crying, tugging, arching.
4. My baby has *lots* of wet and poopy diapers.
5. My baby is colicky, or gassy, or spits up frequently.
6. My baby sometimes—or always—has frothy or greenish stools. Some diapers may have a little blood.
7. My baby is gaining rapidly, or grew fast at first with weight gain dropping as fussiness increased.
8. My baby rarely falls asleep at my breast; nursing is an athletic event.
9. My baby will nurse only for food, not for comfort.
10. My baby grimaces when she nurses.
11. My baby often seems to have uncomfortable intestines.
12. I try to make a point of nursing on both breasts each time.
13. If it’s been less than two hours, I look for some cause for fussiness other than hunger.

Those can mean a baby who’s getting “too much soup, not enough cheesecake.” The milk that builds up in our breasts between feedings tends to be a lower-fat milk, changing gradually from “soup” to “cheesecake” through the feeding. If we have too much milk, she may not get through all the soup at one sitting. If we switch breasts partway through the nursing “to make sure she takes the other side,” or if we try to space our nursings to two hours or more, that can mean the baby plows through a whole lot of soup and never gets much cheesecake. She grows fine. But without the extra fat, milk travels fast through her intestines, doesn’t break down fully,

and can ferment in her large intestine, causing gas, discomfort, and frothy green stools.

And then there's the fire hose effect. All that milk can squirt into your baby's mouth, making her feel she must swallow or drown. Not much fun. You may find your baby is happier and more settled if you let her "get to the bottom of the barrel," where the cheesecake is, by doing two things:

- Offer to nurse whenever she shows interest, even after just a few minutes. Shorter intervals mean the higher fat milk is still there.
- If she's happy on one side, leave her there. If that side isn't nice and soft afterward, use it again next time. Using one side for a couple hours may be all it takes. Some need to spend four to six hours on one side before using the other. Use your instinct more than the clock. The over fullness on the other side cuts back production, which is what you want. If you're *too* overfull, nurse or express just enough for comfort, then go back to the side you're trying to soften.

These sound like rules, but they're just temporary reminders to help you get past two ideas that may have started the problem—making a point of switching sides, and delaying feedings.

As your supply settles down, you may worry that you've "lost your milk." No more heavy, leaking breasts or choking. If your baby is still getting lots of wet and poopy diapers, and looks relaxed and comfortable during and after nursing, these are signs of good milk supply. If she wants to increase it, all she has to do is nurse more often, or start taking both sides sometimes. Trust her, and trust your body.

You should begin to see a happier baby and easier feedings within a few days. If not, check with an LLL Leader or visit [lalli.org](http://lalli.org) for more ideas.



# Pumping Chart

*Circle Each Hour in Which You've Pumped*

Double-pump about 15 minutes at first; adjust as you learn your breasts.

Pump at least once a night.

If you have a non-nursing baby, 10 expressions per day is excellent.

Many mothers aim for 8. Try not to fall below 8 in the early weeks.

After the first two weeks, 6 is a bare minimum.

For best volume, be sure to follow each pumping session with some hand expression!

Date	Goal	Total
____ Midnight 1 2 3 4 5 6 7 8 9 10 11 Noon 1 2 3 4 5 6 7 8 9 10 11	____	____
____ Midnight 1 2 3 4 5 6 7 8 9 10 11 Noon 1 2 3 4 5 6 7 8 9 10 11	____	____
____ Midnight 1 2 3 4 5 6 7 8 9 10 11 Noon 1 2 3 4 5 6 7 8 9 10 11	____	____
____ Midnight 1 2 3 4 5 6 7 8 9 10 11 Noon 1 2 3 4 5 6 7 8 9 10 11	____	____
____ Midnight 1 2 3 4 5 6 7 8 9 10 11 Noon 1 2 3 4 5 6 7 8 9 10 11	____	____
____ Midnight 1 2 3 4 5 6 7 8 9 10 11 Noon 1 2 3 4 5 6 7 8 9 10 11	____	____
____ Midnight 1 2 3 4 5 6 7 8 9 10 11 Noon 1 2 3 4 5 6 7 8 9 10 11	____	____





## Storing Milk for Your Healthy Full-Term Infant

Where	Temperature	Time	Comments
Room temperature	66° to 78°F (19° to 26°C)	4-8 hours	Containers should be covered and kept as cool as possible; covering the container with a damp towel may keep milk cooler.
Insulated cooler bag	5° to 39°F (-15° to 4°C)	24 hours	Keep ice packs in constant contact with milk containers; limit opening cooler bag.
Refrigerator	39°F (4°C)	3-8 days	Collect in a very clean way to minimize spoilage. Store milk in the back of the main body of the refrigerator.
Freezer compartment of refrigerator	5°F (-15°C)	2 weeks	Store milk away from sides and toward the back of the freezer, where temperature is most constant. Milk stored for longer than these ranges is usually safe, but some of the fats in the milk break down over time.
Freezer compartment of refrigerator with separate doors	0°F (-18°C)	3-6 months	
Deep freezer	-4°F (-20°C)	6-12 months	



## Bottle-Feeding a Breastfed Baby: Ideas for Day Care and Others

- Human milk is safe and sturdy. Don't feel you need to take special precautions with it.
- Feed the baby when he shows hunger cues, not on a schedule.
- Hold the baby snugly. Keep him fairly upright to give him control.
- Hold bottle almost vertically against his lips at the start, as you would hold your finger to say "Shh." When he reaches with his lips, tip the bottle horizontally into his opening mouth. Let him draw it in himself, so his lips close on the fat part of the bottle nipple, *not* just the skinny part.
- Keep him fairly upright, so that the bottle is nearly horizontal when it's in his mouth. The milk won't pour into him automatically, and he'll have much more control. You may hear him sucking some air, but it will just come out his nose.
- If he gets tense or gulps, tilt baby and bottle slightly forward so the milk drains away. He will soon learn to pause on his own.
- Let him pause and take breaks when he wants to.
- When you think he is *nearly* full, twist and remove the bottle. Immediately offer the bottle again to see if he wants more. If he takes it, offer another ten sucks or so, remove, and offer again. Finally he'll just keep his lips closed. This reduces the risk of overfeeding. If he routinely doesn't finish the bottle, put less in it.
- If there's milk left over, don't throw it out! It will keep just fine in the refrigerator until the next feeding.
- If his mother is coming soon, try to distract him, or give him just a small amount. She'll be ready to nurse, and she'll want him to be ready, too.



## Safe Handling and Storage of Your Milk

### *Expressing your milk*

- Wash your hands before expressing or handling your milk.
- Any clean container works. To avoid known toxins, use glass or look for the number 5 recycling symbol and/or the letters PP on the bottom of the container.
- Put date and name on the bag or bottle *before filling*.

### *Storing your milk*

- Refrigerate or chill your milk right after expressing if it won't be used in the next few hours.
- If milk separates, swirl (don't shake) to redistribute cream before feeding.
- Combine several pumpings in one container by adding cold to cold.
- Milk expands as it freezes, so leave space at the top if you plan to freeze.
- Fill each container with only 2 ounces (60 ml) to minimize waste.
- Unneeded milk can be frozen for use later as needed.
- Store in the back of the freezer away from sides, where temperature is most steady.
- If storing milk in bags, double-bag them or store in sealed container to avoid freezer burn.
- Horizontal bags may save space.
- Use the oldest frozen milk first to keep it from getting too old.

### *Thawing your milk*

- Thaw frozen milk in refrigerator or a bowl of warm water or under warm faucet.
- Don't heat the milk directly on the stove, don't use a microwave.
- Some babies are happy to drink cold milk.
- Thawed can be refrigerated for up to twenty-four hours. Then use, refreeze, or discard.