

Breastfeeding Your Baby

Information for Parents

Von Voigtlander Women's Hospital

Lactation Consultants



**VON VOIGTLANDER
WOMEN'S HOSPITAL**
UNIVERSITY OF MICHIGAN HEALTH

The goal of our education materials is to provide medically accurate information that is inclusive of all parents and families. We invite you to have a conversation with your provider about the vocabulary and language that is most comfortable for you.

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Breastfeeding (Chestfeeding) Your Baby: Day 0-3

How will I be able to tell if my baby is hungry?

Your baby will give you signs that they are hungry, like:

- Thrusting their tongue out
- Licking their lips
- Putting their hands to their mouth

How often should I expect to feed my baby?

How often you feed your baby from birth until they're 3 days old will vary.

Hours of life:	Number of feedings:	Diapers to expect:
Birth to 24 hours	At least 4-6 feedings	At least 1 pee and 1 poop
24 hours-48 hours	At least 6-8 feedings	At least 2 pee and 2 poop
48 hours-3 days	At least 8-12 feedings	At least 3 pee and 3 poop

What are the signs of a good breastfeeding?

- Your baby's suckle (sucking milk from the breast) should be slow and rhythmic, with deep jaw movements.
- For the first few days, it can be hard to hear your baby swallow the thick colostrum (the first milk you produce), but your baby should look satisfied after a feeding. They should be calm, with relaxed arms and open hands.
- As your milk starts to come in (3-4 days after delivery), you should begin to hear your baby swallow regularly while breastfeeding.
- Your baby's diapers should increase with **3 or more poop diapers and 6 or more pee diapers every day.**
- Your baby's stool should also change from a sticky, tar-like black color to a seedy yellow color.

- Many babies lose up to 10% of their birth weight during the first 3 days of life. As your milk comes in, your baby should start gaining weight.

Do I need to wake my baby for feedings?

Most newborns have a very effective breastfeeding immediately after birth, and then they sleep for several hours. It's normal for them to be too sleepy to eat during their first 24 hours of life.

As they begin to wake up again, it is normal for a breastfed baby to eat often. After the first 24 hours, you can expect that your baby will need to eat at least every 2-3 hours.

- **If your baby is not awake 3 hours after the start of the last feeding they had, wake your baby** by unswaddling them (unwrapping the blanket around their body), changing their diaper, and removing some of their clothing if needed.
- Spend about 15 minutes trying to latch your baby to your breast. When your baby is latched well, you should feel deep tugs at your breast and hear some swallowing. Swallowing sounds like a soft sigh.

Do I need to give my baby supplemental (extra) breast milk or formula?

Your baby may need supplements of expressed breast milk (milk removed from your breast) or formula if they have any of these signs and symptoms:

- Your baby is not able to latch onto your breast for feedings.
- Your baby is not able to show they're stopping and starting sucking with swallows you can hear for at least 10-20 minutes during breastfeedings.
- Your baby has lost more weight than expected for their day of life.
- Your baby is not making enough wet (pee) or dirty (poop) diapers.
- Your baby was born before 38 weeks of pregnancy.

- Your baby weighed less than 2700 grams (6 pounds) at birth.
- Your baby shows signs of jaundice (yellowing of their body) with high bilirubin levels on their tests.

What is the best way for my baby to get their extra feedings?

If your baby needs more than 5 ml of supplemental (extra) feeding because of difficulty breastfeeding, we recommend the **paced bottle technique**. This method of feeding requires a sucking technique similar to breastfeeding. It also requires your baby to be in control of their feeding to prevent overfeeding (meaning they're able to stop eating when they feel full). Follow these steps:

1. Position your baby so they are sitting upright. Using one hand to support their head and neck.
2. Hold the bottle horizontally (straight across) instead of up and down. This slows the flow of the milk and encourages your baby to suck from the bottle.



When giving your baby any supplemental (extra) feeding, use the following table to figure out the recommended amount to give them and how often you should do the extra feedings:

	Hours after birth:			
	0-24 hours	25-48 hours	49-72 hours	73-96 hours
Amount:	2-10 ml	5-15 ml	15-30 ml	30-60 ml (increase as needed)
How often:	Every 2-3 hours, at least 4-6 times a day	Every 2-3 hours, at least 8 times a day	Every 2-3 hours, at least 8 times a day	Every 2-3 hours, at least 8 times a day

Your milk is the best milk for your baby. If you are not able to express the recommended amount of breast milk for supplemental feedings, then use heat-pasteurized donor human milk (HPDM) or infant formula. Start by giving your baby the available breast milk first, and then give them extra human milk or formula as needed to meet the amount recommendations.

If my baby needs extra feedings, do I need to use a breast pump?

- **The first 2 weeks after giving birth are a really important time in lactation (milk production).** Because of your body’s hormonal changes, you’ll start to have a lot of milk production around 72-96 hours (about 3-4 days) after delivery. At that time, milk production will continue to increase if milk is frequently removed from your breasts (through your baby breastfeeding or through pumping or hand expressing your milk).
- If your baby is having trouble breastfeeding and they’re not able to empty your breasts with feedings at least every 2-3 hours, then it is important that you use your breast pump for **15-20 minutes every 2-3 hours**. This is how you can make and keep producing enough breast milk to feed your baby.
- If your baby is not breastfeeding well and you are mostly emptying your breasts by using a breast pump, you should expect to express (pump) the following milk amounts:

Day:	Amount:
Day 0-2	About 30 ml (1 ounce) per day (2-10 ml or 1-2 teaspoons per pumping session)
Day 3-7	350 ml (11.5 ounces) or more per day (30-45 ml or 1-2 ounces per pumping session)
Day 7-14	500-1000 ml (16.5-33 ounces) or more per day (50-150 ml or 2-4 ounces per pumping session)

- Write down your baby's feeding times and your expressed milk amounts in a feeding diary. We have included one in this guide. You can also record your baby's feedings using a phone app.
- See your baby's primary care provider 1-2 days after leaving the hospital for more advice on supplemental feedings.

Engorgement

What is engorgement?

Engorgement is a filling of the breasts with increased amounts of milk, blood, and lymph fluid. Normal engorgement typically starts 3-5 days after delivery and goes down within 24-48 hours.

How will my breasts feel when engorged?

You may experience only slight fullness of the breasts, or you may find the breasts become larger and heavier with increased tenderness or throbbing. The breasts can become hard with tightly stretched skin that may look shiny or feel warm. Engorgement can also extend up into the armpit and out to the end of the nipple. You may develop a low-grade fever, between 99.5-100.3° F (37.5-38.3° C).

What are some things I can do to help relieve engorgement?

Before feedings:

- Try to express a small amount of milk to soften the **areola** (the area around the nipple) to help your baby latch. You can do this with hand expression or with a breast pump on a low setting.

During feedings:

- Let your baby breastfeed for as long as possible on the first breast before offering the second breast. The first breast should be noticeably softer after a feeding.
- Breastfeed your baby often. It is normal for a newborn baby to breastfeed as often as every hour, but don't go longer than 3-4 hours between feedings for the first week of your baby's life.

In between feedings:

- Allow your breast to rest between feedings.
 - Avoid deep massage or squeezing your breast.
 - Avoid overfeeding or overpumping.
- Use cold packs on the breasts for 20 minutes after feedings, keeping a layer of fabric between your skin and the cold pack.
- Try wearing a well-fitting, supportive bra to help reduce swelling and improve pain. Without a bra, fluid may collect in the bottom parts of your breast.
- Help with lymph fluid movement and avoid extra fluid build-up in your breast by doing **gentle lymphatic massage**. Gentle lymphatic massage helps your body get rid of swelling. You can do this massage using your hands (no special devices are needed). Use the tips of your fingers to practice very light touch massage from the nipple toward your neck.
 - Scan the QR code or click on the link to see an instructional video about massage to help with lymphatic drainage.

**Lymphatic Massage for the Breast During
Pregnancy and Lactation (IABLE):**
[youtube.com/watch?v=-0Uwx7L47cg](https://www.youtube.com/watch?v=-0Uwx7L47cg)



What are some things I should avoid doing when my breasts feel engorged?

- Avoid using heat for breast comfort, as heat can increase swelling and inflammation. This can make it more difficult for milk to flow.
- Do not pump or express extra milk if your baby is breastfeeding well. Removing extra milk will cause your body to make extra milk, which can make engorgement worse.

Can I take any medication for the engorgement pain or discomfort?

You can take acetaminophen (Tylenol®) or ibuprofen (Motrin® or Advil®) as directed on the bottle to help with discomfort.

Should I use a breast pump to relieve engorgement?

During the normal period of engorgement that happens 3-5 days after delivery, your body will know how much milk is necessary to feed your baby. As milk is removed, your body will respond by producing more milk. Unused milk that is held in the breast will cause your body to slow milk production. This is described as “supply and demand.”

- If your baby is latching well and breastfeeding often, you shouldn't need to pump more.
- You may be tempted to use your breast pump between feedings to relieve some of the pressure of engorgement, but you should limit these pumping sessions to only a couple minutes. Your goal should be to pump to comfort, but not empty the breasts.
- If your baby is not latching well, you should continue pumping for **15-20 minutes every 2-3 hours** until your baby is breastfeeding regularly.

Will my breasts get engorged again?

Engorgement can happen at any time while you're breastfeeding if your breasts are not emptied fully and frequently. Some of the risk factors for engorgement include:

- Your baby is sleeping longer than usual and missing a feeding.
- You have short or restricted feedings.
- Your baby is taking more feedings away from the breast (with supplements or when starting solid foods).

When should I call my healthcare provider?

- If your engorgement is not relieved within 48 hours, contact a lactation consultant for help.
 - Please call the Lactation Help Line at **(844) 200-8894**. We'll ask you to leave a message and a lactation consultant will return your call within 24 hours.
- If you notice signs of infection, including fever, redness, or swelling, contact your healthcare provider.
 - If you delivered your baby within the past 6 weeks, you can call Birth Center Triage at (734) 764-8134.

Breastfeeding (Chestfeeding) Your Baby: Day 3 and Beyond

How will I be able to tell if breastfeeding is going well?

- Your baby's behavior should change as they feed and become satisfied.
 - At the beginning of the feeding, your baby's fists may be tightly clenched and their sucking may be fast.
 - As the feeding continues, your baby should start to relax and their sucking will start to slow.
- Your baby should be able to latch onto the breast without trouble.
- Your baby should have slow, rhythmic sucking for 10-30 minutes.
- Once your milk is in, you should hear frequent swallowing during feedings.
- Once your milk is in, your breasts should feel softer after feedings.
- Your nipples may feel tender, but they should not be sore, cracked, or bleeding.

What can I expect after my milk comes in 3-5 days after birth?

- Feedings: You can expect 8-12 feedings or more in 24 hours.
- Stools: You can expect 3 or more stools (poops) a day.
- Urine: You can expect 3 or more wet (pee) diapers a day, getting up to 6-8 wet diapers a day by day 7.

When should I talk to a lactation consultant?

Contact a lactation consultant if you're having any of these concerns:

- Your nipples are sore, cracked, or bleeding.
- Once your milk is in, your breasts do not feel softer after feedings.
- Your milk is not in 5 days after birth.

When should I contact my baby's healthcare provider?

Contact your baby's healthcare provider immediately if you notice any of the following:

- Your baby's mouth is dry.
- The soft spot on the top of your baby's head is sunken.
- Your baby falls asleep at the breast shortly after starting to breastfeed.
- Your baby sleeps all the time or cries all the time.
- After your milk is in, your baby's urine (pee) is orange or brick-colored.

Milk Storage Guidelines

Many parents find it convenient, or even necessary, to collect their breast milk and store it to be used later. This is often the case for parents who are going back to work or school, or for those who are separated from their babies. These guidelines will answer some of the questions you might have about safely storing your breast milk.

How should I collect the milk?

- Wash your hands with soap and water before expressing or handling breast milk.
- Use new, clean collection bottles for each pumping session.
- Check the pump, the pump kit, and the tubing to make sure they are clean. Never use moldy tubing, and replace it immediately.
- Clean the pump dials and countertop.

How should I store the milk?

- At home, you can use human milk storage bags or clean, food-grade containers with tight fitting lids to store your expressed breast milk.
 - Don't store milk in containers made of plastic containing bisphenol A (BPA). These types of plastic containers are marked with the recycle symbol #7 (a triangle made of arrows with the number 7 in the center).
- Clearly label the milk with the date it was expressed. Include your baby's name on the label if you plan to give the milk to a childcare provider.
- Store the milk in the back of the freezer or refrigerator (do not store it in the door of the fridge or freezer).
- If you don't plan to use freshly expressed milk within 4 days, freeze it right away.

- Leave an inch of space at the top of the container you are freezing, because the milk will expand when it freezes.

How much milk should I store in each container?

After their first week of life, most babies typically take 2-4 ounces of human milk per feeding. We recommend that you store milk in small amounts of 2-4 ounces to avoid wasting any of your expressed milk.

Can I add freshly expressed breast milk to breast milk that was cooled or frozen?

Freshly expressed, warm milk should be chilled completely in the refrigerator before adding it to milk that was cooled or frozen before.

How do I thaw frozen milk?

- Always thaw the oldest milk first.
- **Do not use a microwave oven to thaw containers of breast milk.** We recommend slowly thawing the milk in the refrigerator overnight.
- You can also thaw frozen milk by placing the container of milk under lukewarm running water, or by using a waterless warmer.
- Once completely thawed, use the milk within 24 hours.
- **Do not refreeze breast milk once it has been thawed.**

How do I prepare thawed milk for feeding?

- You can give the milk to your baby cold, room temperature, or warm.
- To warm the milk, place the sealed (closed) container of thawed breast milk in a cup of warm water. You can check the temperature before feeding by putting a few drops of milk on your wrist. The milk should feel warm, **not hot**.

- **Do not heat breast milk on the stove or in the microwave.** Microwaving causes uneven heating which can burn your baby's mouth or damage the milk.
- Swirl the container of milk gently before feeding your baby.
- Once warmed, you should use the milk **within 2 hours**.
- **Do not save milk from a used bottle for another feeding.**

How do I clean the pump parts and milk storage containers?

- After each use, you must take apart the pump kits, milk collection containers, and other feeding items to wash them.
- Use a clean bowl with hot soapy water to wash the items.
 - Do not wash items directly in the sink, because germs in the sink could get onto the items and make your baby sick.
- Rinse the items really well under running water.
- Let the items air dry on a clean cloth or paper towel.
- Using clean hands, put away the dry items. Store them in a clean, protected area.

Do I need to sanitize (deep clean and disinfect) the pump parts and milk storage containers?

- It is not possible to completely sterilize breast pump parts at home, even if you boil them. You can keep these parts safe and sanitary by thoroughly washing away germs and bacteria with liquid dishwashing soap and warm water.
- Extra sanitizing is important if your baby is less than 2 months old, was born prematurely (before 37 weeks), or has a weakened immune system due to illness or medical treatment.

- For extra safety to make sure there are no germs, you can sanitize your pump kits, milk collection containers, and other feeding items every day using one of these methods:
 - Clean them in the dishwasher using hot water and a heated drying cycle (or the “Sanitize” setting, if your dishwasher has one).
 - Boil them in water for 5 minutes (after cleaning them with soap and water).
 - Steam them in a microwave or a plug-in steam system. Follow the manufacturer’s directions (after cleaning them with soap and water).

Is there anything I should do differently if my baby is hospitalized?

- While your baby is in the hospital, you should use the small (80 ml) milk storage bottles provided by the hospital.
 - The bottles can be connected directly to most pump kits, so you can collect and store the milk in the same bottles.
- When you are traveling, you can store milk in an insulated cooler bag with frozen ice packs for up to 24 hours.
- If you are delivering breast milk to the hospital, clearly label each bottle with **your baby’s name, medical registration number (MRN), and the date and time of pumping**. Your baby’s nurse can give you printed labels with your baby’s name and MRN if you need them.

What else do I need to know about how long I can store breast milk?

See the table below for detailed information about how long you can safely store and use milk, depending on what type of milk it is and where it is stored.

Type of breast milk	Storage locations and temperatures		
	Countertop (up to 77 °F or 25 °C, or room temperature)	Refrigerator (40 °F or 4 °C)	Freezer (0 °F or -18 °C or colder)
Freshly expressed or pumped milk	Up to 4 hours	Up to 4 days	Within 6 months is best. Up to 12 months is acceptable.
Milk that was frozen and then thawed	1-2 hours	Up to 1 day (24 hours)	Never refreeze human milk after it has been thawed.
Milk leftover from a feeding (baby didn't finish the bottle)	Use within 2 hours after the baby is done feeding.		

Resources for Breastfeeding (Chestfeeding) Parents

Breastfeeding is natural, and it is also a skill that requires learning and practice. As you and your baby work together to develop your breastfeeding skills, you may need more support.

Michigan Medicine breastfeeding resources:




- Website: [MottChildren.org/conditions-treatments/breastfeeding](https://www.mottchildren.org/conditions-treatments/breastfeeding)
- Lactation Help Line: (844) 200-8894
 - For general breastfeeding questions, please leave a message and a lactation consultant will return your call within 24 hours.

Outpatient lactation clinics:

- Each lactation (breastfeeding and chestfeeding) clinic is staffed by an International Board Certified Lactation Consultant (IBCLC). Some of the clinics are also staffed by an OBGYN doctor who specializes in breastfeeding concerns.
- Many insurance plans provide coverage for lactation services. Please contact your insurance company to verify (make sure you have) coverage.
- Your primary care provider (PCP) may refer you to the clinic, but a doctor referral is not required.
- Please call **(734) 763-6295** to schedule an appointment for an in-person consultation at the clinic of your choice.


Outpatient clinic name	Address	Hours
Brighton Health Center	8001 Challis Rd. Brighton, MI	Monday by appointment only
Canton Health Center	1051 N. Canton Center Rd. Canton, MI	Tuesday by appointment only
Briarwood Center for Women, Children and Young Adults	400 E. Eisenhower Pkwy. Building 2, Suite B Ann Arbor, MI	Wednesday by appointment only
Northville Health Center	39901 Traditions Dr. Suite 240 Northville, MI	Thursday by appointment only
West Ann Arbor Health Center	380 Parkland Plaza Ann Arbor, MI	Friday by appointment only

Community breastfeeding resources:

La Leche League International: This group offers free support meetings for pregnant parents, mothers, and breastfeeding parents. General website: llli.org	
La Leche League of Michigan groups host many different online meetings each month: LaLecheLeagueOfMichigan.org	
Breastfeeding Center of Ann Arbor: bfcaa.com or call (734) 975-6534	

Online resources:


Evidence-based breastfeeding resources

US Department of Health and Human Services Office of Women’s Health: WomensHealth.gov/breastfeeding	
KellyMom: KellyMom.com	


Video links on hand expression of breast milk

Droplet: FirstDroplets.com	
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Information on increasing milk supply

“Making More Milk: The Breastfeeding Guide to Increasing Your Milk Production” by Lisa Marasco, MA, IBCLC and Diana West, BA, IBCLC: LowMilkSupply.org	
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Information on medications and breastfeeding

Infant Risk Center (provides counseling on medications and substance use in pregnancy and breastfeeding): InfantRisk.com	
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Book resources:

General breastfeeding information books

- “The Art of Breastfeeding” (2024) by La Leche League International
- American Academy of Pediatrics “New Mother’s Guide to Breastfeeding” (2011) by Joan Younger Meek, MD, MS, RD, FAAP, IBCLC
- “Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers” by Nancy Mohrbacher, IBCLC, FILCA and Kathleen Kendall-Tackett, PhD, IBCLC (website: BreastfeedingMadeSimple.com)

Books on working and breastfeeding

- “Balancing Breast & Bottle: Reaching Your Breastfeeding Goals” (2009) by Amy Peterson BS, IBCLC and Wendy Harmer, MA, CCC-SLP
- “Nursing Mother, Working Mother: The Essential Guide to Breastfeeding Your Baby Before and After You Return to Work” (2007) by Gale Pryor and Kathleen Huggins, RN, MS

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