

Lactation support guide.



BaylorScott&White
MEDICAL CENTER

FRISCO

Joint ownership with physicians





What you will find in this guide

Lactation support

- Tips for successful breastfeeding 4 - 5
- Baby weight loss.....5
- Pumping for your newborn.....5
- Steps to successful breastfeeding5

Breastfeeding and nutrition

- Fuel your feedings.....7
- Smart seafood.....7
- Fluid intake7
- Safe strategies7
- Breastfeeding support7

Breastfeeding resources

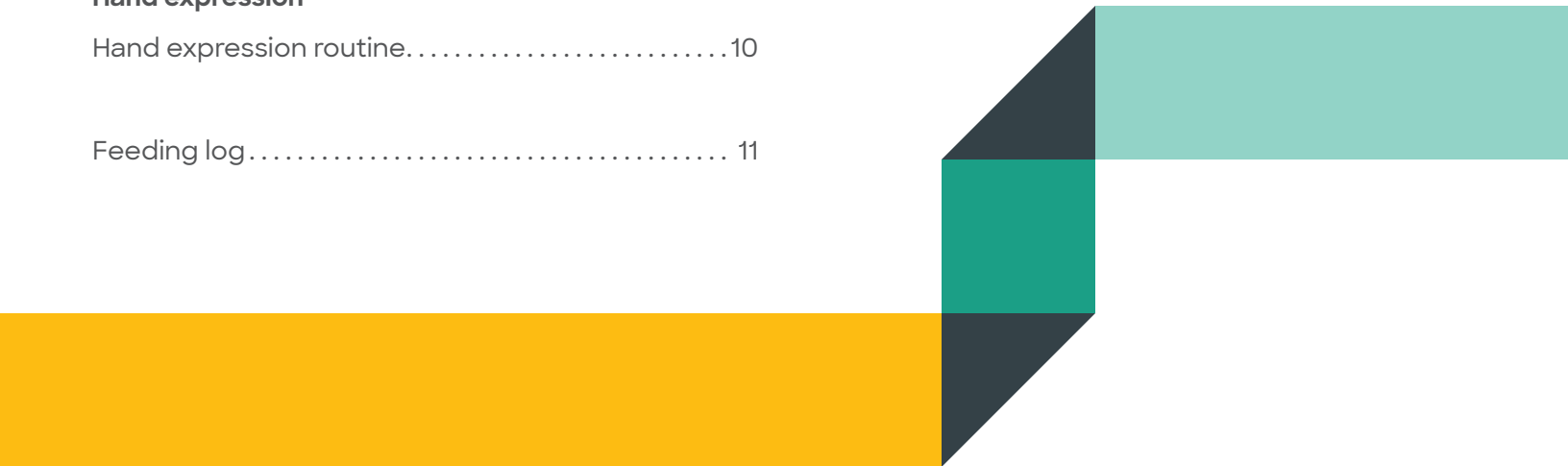
- Additional resources.....8

Breast engorgement

- To prevent engorgement.....9
- For moderate engorgement9
- For extreme engorgement.....9

Hand expression

- Hand expression routine.....10
- Feeding log..... 11



Lactation support

Congratulations! We are excited to be a part of your journey. Please let us know how we can be helpful. Contact lactation support at 214.407.5535.

Skin-to-skin

Your baby's first hour of life is a transition period. Keeping your baby skin-to-skin with you, as much as possible, is the most important thing you can do to help your baby learn to breastfeed. Your baby should be skin-to-skin without interruptions for 60 - 90 minutes after birth. This allows your baby to recover after delivery and improves breastfeeding success by allowing them to access your breast and support baby-led attachment.

During skin-to-skin, the mother is in a semireclined position, and the baby is placed undressed on the mother's chest, with the baby's head turned to the side. You and your baby will be covered with a blanket. This blanket should cover your baby's shoulders but not their head. You should always be able to see your baby's face and monitor your baby's skin color (Please keep the lights on.)

Paying attention to your baby and not being distracted by your cell phone or other people is very important. Studies have shown that monitoring your baby's position and coloring is essential for their safety.

The benefits of skin-to-skin:

- Stabilizes your baby's blood sugar level.
- Increases your baby's energy level for breastfeeding.
- Helps keep your baby warm.

Tips for successful breastfeeding

- Wake your baby every three hours to offer your breast. Feed your baby more often if your baby is showing signs of hunger, including hands to mouth, smacking lips or opening mouth.
- Undress your baby for feedings. Skin-to-skin with mom is best.
- In the first 24 hours, it is normal for your baby to only feed well once or twice. Try not to worry!
- Your baby's stomach is still small at birth and only needs a few drops to two teaspoons of colostrum, exactly what mom is producing.
- After the baby's first day of life, expect eight to 12 feedings every 24 hours.
- Expect your baby to cluster feed on the second night. Your baby will want to feed more frequently. A hungry baby on the second night is normal.
- Your baby will be more awake at night and want to feed more frequently. Please prepare for this by napping during the day between feedings and coordinating your visitors to allow for naps. Babies are little night owls!
- Expect your baby to be very hungry on days two to three, especially at night!
- Please remember to offer both breasts at each feeding.
- Keep your baby in your room, especially at nighttime. It is easier to identify early feeding cues indicating your baby is hungry.
- Massage breasts for two to three minutes prior to feeding to encourage milk flow.
- In the first couple of days, the baby may only take one side, but it's always good to attempt latching on both sides. Most moms do not have the volume to feed exclusively on one side until their milk comes in.

- If the baby takes both breasts, they will get double the food.
- Studies show that when infants are offered both breasts, they:
 - Lose less weight
 - Maintain higher blood glucose levels
 - Moms have less engorgement when their milk comes in.

Baby weight loss

Weight loss is normal. Most babies lose weight in the first several days of life. Most breastfed infants will lose 7 – 10% of their birth weight in the first few days. Bottle-fed infants will lose 5% on average. The goal is for the baby to return to birth weight by two weeks of life. Remember that weight loss can be from IV fluids given to mom during delivery and from the baby's meconium stool output.

Pumping for your newborn

The ideal time to begin pumping for your newborn is between the third and fifth week after delivery. This is also the best time to introduce your new baby to bottle feeding, using your pumped breast milk.

Some reasons to pump before the third week postpartum:

- Your infant is not latching well and is over 24 hours old.
- Your infant needs supplementation with formula or donor milk.
- You have had breast reduction surgery.
- You have a history of low milk supply.
- Your infant is in the NICU.

Potential risks of pumping too soon when not necessary include:

- Risk of severe engorgement
- Risk of clogged milk ducts
- Increased risk of mastitis (breast infection)
- Oversupply of breast milk
- Breast leakage
- Breast discomfort



Steps to successful breastfeeding

1. Place the infant in a diaper only on your bare chest for 30 – 60 minutes before attempting to latch or calling for lactation assistance.
2. After 30 – 60 minutes of skin-to-skin contact, have your partner burp and change the diaper to wake the infant (eyes open). It is normal for your infant to cry when being woken up.
3. Massage your breast for two to three minutes to help release your milk.
4. Test if your infant is ready to feed by seeing if the infant will suck on your clean finger. If the infant will not suck, they are not ready to feed. Resume skin-to-skin and try again in an hour.
5. Once ready, position the infant on their side facing you and support your breast. Rub your nipple on the infant's upper lip, and pull them quickly to your breast when he or she opens wide. During breastfeeding, keep your infant awake and actively feeding.
6. If, after several attempts, the infant is too sleepy, resume skin-to-skin and try the process again in one to two hours.
7. After breastfeeding for at least 10 – 15 minutes, try the next feeding in three hours unless your infant wakes sooner. Offer both breasts at each feeding. Your infant may only feed on one side during the first few days.
8. After feeding, express and rub colostrum on nipples and apply nipple cream as desired.

Signs that your baby is getting enough milk

- Breastfeeds eight to 12 times in 24 hours (including night feedings).
- During breastfeeding, you can see and hear your baby suck and swallow.
- Day three - Your baby has three or more wet diapers and two to three stools.
- Day four - has four or more wet diapers and two to three stools.
- Day five - has six or more clear or pale yellow wet diapers and four or more loose yellow stools.
- Seems calm and full after feedings once mother's milk has come in.
- Has periods of being awake and alert during the day.
- Regains their birth weight within 10 - 14 days and gains 5 - 7 ounces a week for the next several months.
- Breasts feel full before feeding and softer after feedings (once milk is in).

Support people

There are many ways that support people can help with a new infant at home.

1. When baby is crying, check the diaper and try swaddling and rocking your baby.
2. Try skin-to-skin contact, which can be very soothing for the baby.
3. Try walking around the room with the baby. Babies love movement.
4. Try burping your baby by patting on the back or bottom.
5. "Shushing" your baby is very helpful. This sound mimics that of mom's circulatory system and is comforting.
6. If your baby is cluster feeding and mom needs a break, offer to hold the baby. Often it is helpful to move away from mom's scent.



Breastfeeding and nutrition

Fuel your feedings

While making milk, your body may need a higher amount of a few key nutrients. Most of these can be found by eating a wide variety of healthy foods (such as fruits and vegetables, lean meats, nuts, beans, and whole grains) and cooking with fats and oils that come from plants (like olive, canola or sunflower oils). Using a tool like the USDA MyPlate is a great way to build balanced and healthy meals.

Use more, make more

There is very little evidence that special supplements or specific foods will increase the amount of milk you make. Instead, remember that “demand builds supply.”

The more milk you use, the more milk you produce. Stimulating and draining the breasts eight to 12 times per 24-hour period, including at night, will result in an optimized milk supply.

Smart seafood

Eating two to three servings of fish per week is recommended while lactating. Fish contains nutrients and essential fats necessary for the development of an infant’s brain, eyes and spinal cord. It’s safest to choose fish lower in mercury.

Fluid intake

Staying hydrated by drinking water is important for your general health and well-being. Regarding beverages with caffeine or alcohol, the Centers for Disease Control and Prevention (CDC) advises the following:

- Caffeine passes from the mother to infant in small amounts through breast milk. This usually does not adversely affect the infant when the mother consumes low to moderate amounts (two to three cups of coffee per day).
- Not drinking alcohol is the safest option for breastfeeding mothers. However, moderate alcohol consumption (up to one standard drink per day) is not known to be harmful to an infant. To be safe, the mother can wait at least two hours after a single drink before nursing.

Safe strategies

In most cases, starting a diet that avoids or restricts groups of foods is discouraged, as these diets may reduce nutrients that are valuable for you and your infant. Talk with your doctor before you start a new diet, use any herbal supplements or start medications while making milk.

Breastfeeding support

If you normally follow a special diet (like vegan, vegetarian or gluten-free, for example) or have any questions about nutrition, medications or breastfeeding practices, contact your physician. You can also connect with lactation consultants and registered dietitians to help provide individualized care on your lactation journey.



Breastfeeding resources

Additional resources

[CDC.gov/Breastfeeding](https://www.cdc.gov/Breastfeeding)

[MyPlate.gov](https://www.myplate.gov)

[InfantRisk.com](https://www.infantrisk.com)

[FDA.gov/Food/Consumers/Advice-About-Eating-Fish](https://www.fda.gov/food/consumers/advice-about-eating-fish)

[BFMed.org/Protocols](https://www.bfmed.org/protocols)

Phone resources

Texas Lactation Support Hotline: [1.800.514.6667](tel:18005146667)

Texas Statewide WIC: [1.800.942.3678](tel:18009423678)

Mother's Milk Bank of North Texas: [1.866.810.0071](tel:18668100071)

Internet resources

Mother's Milk Bank of North Texas: [MMBNT.org](https://www.mmbnt.org)

Stanford Newborn Nursery:

med.stanford.edu/newborns/professional/education/breastfeeding.html

Breastfeeding Online: [BreastfeedingOnline.com](https://www.breastfeedingonline.com)

Kelly Mom Parenting/Breastfeeding: [KellyMom.com](https://www.kellymom.com)

La Leche League International: [LLLI.org](https://www.llli.org)

YouTube: Search "Breastfeeding NZ"

Reading materials

Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers, Nancy Mohrbacher & Kathleen Kendall-Tackett
The Nursing Mother's Companion, Kathleen Huggins
The Womanly Art of Breastfeeding, La Leche League International



Breast engorgement

Breastmilk usually “comes in” two to five days after delivery. This means your milk changes from colostrum, or early milk, to mature milk. Your body may make more than your baby needs during this period, and it is easy to become overly full.

To prevent engorgement

- Begin feeding soon after delivery.
- Nurse frequently, according to your baby’s cues, eight or more times per day around the clock.
- Make sure your baby latches well to “empty” your breasts effectively.
- Keep your baby actively nursing throughout the feeding. Make sure they are swallowing after a few sucks.
- Do not skip feedings or give formula feedings during the first several weeks.

For moderate engorgement

(Your breasts are as firm as the tip of your nose.)

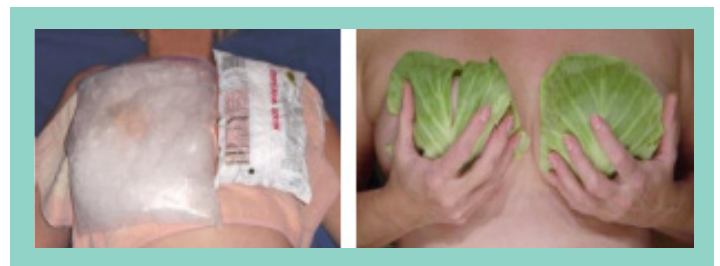
- Apply warmth before feedings to soften the breast and encourage the let-down reflex.
- Stand in the shower and let warm water run over your breasts. This will feel good and encourage leaking.
- Do some gentle breast massage. With your fingertips, gently massage your breast from under the nipple up toward your armpit. Then stroke from the outer breast toward the nipple.
- Watch this excellent video of hand expression of breastmilk: med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html
- Apply cold after feedings to reduce the swelling and provide comfort. You can use ice packs or bags of frozen vegetables wrapped in a light towel. Apply for 10 - 20 minutes

For extreme engorgement

(Your breasts feel as hard as your forehead.)

- Apply cold to the breasts, no heat. This will reduce swelling, slow refilling of the breasts and provide some comfort.
- Lying on your back helps the excessive fluid in your breasts be reabsorbed by your body.

- Talk to your healthcare provider about taking an anti-inflammatory. This may help you to feel better.
- Cabbage leaves may be applied to the breasts before feedings to reduce swelling. Although this may sound like an unusual treatment, many parents have found it effective in relieving the pain and fullness of engorgement. Place the chilled cabbage leaf in your bra for 15 - 30 minutes two to three times per day or until your breasts begin to soften. Not more. More can reduce your milk supply. Do not use cabbage applications if you are allergic to cabbage or you develop a skin rash.
- You may then want to try the reverse pressure softening technique shown in this video: [YouTube.com/watch?v=tCWisBRmzpw](https://www.youtube.com/watch?v=tCWisBRmzpw)
- If latch is difficult at the beginning of a feeding because of the fullness, you can use hand expression to make your nipples graspable or use a breast pump for a few minutes. Hand expression may work best at this time.
- If your baby doesn’t “empty” your breasts sufficiently during feedings or only feeds on one breast, you may use hand expression or a breast pump after feedings for a day or two. It is important to treat engorgement before your breasts become very full and painful. This back pressure on the milk-producing cells in your breast can damage them and reduce your overall milk supply.
- If, despite using these methods, you cannot obtain relief, seek help from a lactation consultant or other knowledgeable healthcare provider.



Hand expression

Hand expression is a handy skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first week or so, use hand expression to provide the milk needed!

Hand expression routine

1. Apply heat, massage and stroke breasts
2. Position fingers behind areola
3. Press back toward the chest
4. Compress fingers together to express milk
5. Relax and repeat, getting a rhythm going
6. Express for five to seven minutes
7. Move fingers to a different position
8. Massage and stroke the breast
9. Press back toward the chest
10. Compress fingers together to express milk
11. Express milk for three to five minutes
12. Massage and stroke breasts
13. Move fingers to a different position
14. Express milk for one to two minutes
15. Complete cycle takes 20 - 30 minutes

Nancy Mohrbacher & Kathleen Kendall-Tackett
The Nursing Mother's Companion, Kathleen Huggins
The Womanly Art of Breastfeeding, La Leche League International

Watch these videos while you are hand expressing to see the technique in action.
med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html



Feeding log

Circle time of each feeding and record number of wets and stools. Goal is eight to 12 feedings in each 24 hour period. Under each time that you breastfeed, write **E** for excellent feeding, **F** for fair feeding and **A** for feeding attempt.

Day one (first 24 hours after birth)

12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11

at least 1 wet (write in time): _____ at least 1 stool (write in time): _____ black, tarry stool

Day two (25 - 48 hours after birth)

12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11

at least 2 wet (write in time): _____ at least 2 stools (write in time): _____ brown stool

Day three

12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11

at least 3 wet (write in time): _____ at least 3 stools (write in time): _____ green stool

Day four

12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11

at least 4 wet (write in time): _____ at least 4 stools (write in time): _____ yellow, seedy stool

Day five

12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11

at least 5 wet (write in time): _____ at least 4 stools (write in time): _____ yellow, seedy stool

Excellent breastfeeding

- Grasps breast, tongue down, lips turned out
- Active sucking with pauses
- Hear swallows after baby is 24 hours old
- Comfortable latch or initial tenderness that improves
- Minimal or no help from staff

Fair breastfeeding

- Repeated attempts to latch
- Stimulate to suck
- No swallows
- Discomfort with latch
- Full assistance from staff

Attempted breastfeeding

- May or may not have hunger cues
- No sustained latch or suck, may lick or root



Complimentary valet service available Monday through Friday,
6:00 AM – 6:00 PM. Registration desk open 5:30 AM – 6:30 PM.
The concierge can direct you to destinations throughout the hospital.

[BSWHealth.com/Frisco](https://www.bswhealth.com/frisco)

214.407.5000 Main



Baylor Scott & White

MEDICAL CENTER

FRISCO

Joint ownership with physicians

5601 Warren Parkway

Frisco, TX 75034

Baylor Scott & White Medical Center - Frisco is a facility in which physicians have an ownership or investment interest. The list of physician owners or investors is available to you upon request. We are fully licensed by the state of Texas and are Medicare certified. Our facility is also accredited by The Joint Commission. We are an affiliate of United Surgical Partners International, and partnered with local physicians. Physicians are members of the medical staff and are neither employees nor agents of Baylor Scott & White Medical Center - Frisco, United Surgical Partners International, Baylor Scott & White Health, or any of their subsidiaries or affiliates. Baylor Scott & White Medical Center - Frisco complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ©2025 Baylor Scott & White Health 99-SUR-954350KP