

OHIO STATE'S MATERNITY CENTER

buckeyebaby



Breastfeeding

Getting Started When Your Baby Is Born



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



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For a digital copy of this book, please visit go.osu.edu/pted3939.

This book is for informational purposes. Talk to your healthcare provider if you have any questions about your care. For more education, contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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Getting Started

Congratulations!

Congratulations on your new baby, and your decision to breastfeed! Breast milk is the perfect food for your baby, and is a great way for you and your baby to stay healthy and close. Use these guidelines to help you meet your baby's needs in the first days of life.

Breast milk is best because it:

- Has everything your baby needs to grow strong and stay healthy.
- Helps prevent allergies and infections.
- Is easy to digest and tastes better than formula.

Breastfeeding is also good for you because it:

- Builds a special closeness for you and your baby.
- Helps tighten your uterus, getting you back in shape.
- Saves time and money, with nothing to buy, mix, or heat.

Breastfeed soon after delivery

- It is important to stimulate your breasts by breastfeeding soon after delivery.
- Offer your baby the breast whenever they show signs of hunger or at least every 2 to 3 hours around the clock. This gets your milk supply going and helps your baby learn how to breastfeed.

Ohio State Lactation Services

- Education before your baby is born
- Support in the hospital
- Support after you go home



Learn more at go.osu.edu/lactation-services

Ohio State Breastfeeding Helpline 614-293-8910

Call if you need support or have questions about breastfeeding.

Helpful tips

- Rest as much as you can. Try to sleep when your baby sleeps.
- Watch for signs that your baby is hungry or has finished eating.
- If your baby latches on, let them nurse as long as they are still actively sucking and swallowing. Watch and listen for the swallows.
- Drink fluids when you feel thirsty. Aim to keep your urine a pale yellow color. If it is a darker yellow, then you are not drinking enough fluids.
- Sit or lie down in a comfortable position when breastfeeding.
- Ask for support from family and friends to give you time with your baby.
- Limit visitors the first few days. This is a time to focus on learning how to breastfeed.



Starting in the hospital

We encourage you to keep your baby with you in your room during your hospital stay unless there is a medical reason not to. This is the best way to learn about your baby's needs and to know if they are hungry.

Support in the Hospital

The first few days are a time for learning how to breastfeed for both parent and baby.

Your bedside nurse is ready to help you at any time, just ask.

Your lactation specialist will also visit you in the hospital to guide you in getting started and to provide support.

Support After You Go Home

For questions or support after you go home from the hospital, call the **Ohio State Breastfeeding Helpline 614-293-8910**.

Early challenges

- During the first 12 to 24 hours, babies sleep a lot. If your baby is sleepy when it is time for a feeding, try to wake them by touching, unwrapping the blanket, changing the diaper, or holding them upright.
- If your baby is not latching on well, it is best to limit your time trying to no more than 15 minutes at a time. If they do not latch on well by then, place them skin to skin on your chest and try again later.

Wait to use bottle or pacifier

- Wait until your milk supply is well established at 2 to 3 weeks of age before using bottles or pacifiers. Using bottles or pacifiers too early can cause your baby to suck the wrong way on your breasts.
- Do not use bottles in the first few weeks unless directed by your baby's doctor. Your milk supply depends on feeding your baby early and often.



Skin to Skin Contact

Skin to skin contact, also called kangaroo care, means holding your unclothed baby on your bare chest, with your baby's stomach on your chest.

This has many benefits for both you and your baby. It helps your baby keep a steady blood sugar and body temperature, boosts your hormones for making milk, and helps you to bond. You may also be more aware of when your baby is hungry.

Tips for holding your baby skin to skin:

- Place your baby upright on your bare chest or between your breasts, so your baby's stomach is toward your chest.
- Turn your baby's face to one side. You should be able to see their face.
- Support your baby's head and body with your arms. Your baby's legs can be tucked in or stretched out.
- You should be sitting up, not sleeping. It is not safe for your baby for you to be asleep.
- Your baby may wear a diaper and head cover, or not wear anything.
- You can place a blanket over your baby's back or nest them inside of your clothing.

Feeding Cues

Signs your baby is hungry

- Offer your baby the breast whenever they show signs of hunger or at least every 2 to 3 hours around the clock. This gets your milk supply going and helps your baby learn how to breastfeed.
- Respond early to signs that your baby is hungry, called feeding cues.

These include:

- Clenched fists
 - Putting hands to mouth
 - Licking lips
 - Moving arms and legs
 - Turning head toward your chest or rooting
 - Sucking sounds
 - General fussiness
- Crying is a late sign of infant hunger. You may need to calm your baby down before trying to breastfeed. Talking in a soothing voice, cuddling, or placing your baby skin to skin on your chest are all ways to calm them.

Signs your baby is full

Your baby will also show signs when they are full and finished eating. These include:

- Fingers open
- Hands down to the side
- Relaxed arms and legs.



How much your baby can eat

Your baby will not be able to eat much in the first weeks of life. On day 1, your baby's stomach is the size of a small marble and can only hold 5 to 7 milliliters (ml) of fluid. This expands a little more each day, reaching the size of a ping pong ball by day 10.

A baby's stomach will slowly stretch, but try not to overfeed your baby. Small feedings given often are best for your baby's health and nutrition.

Watch for your baby to give you signs they are hungry or finished eating.



Day 1
small marble



Day 3
larger marble



Day 10
ping pong ball

Baby's Stomach Size

Your Milk and Breast Care

Your first milk

The first milk you produce, called colostrum, may look yellow and creamy or clear at first.

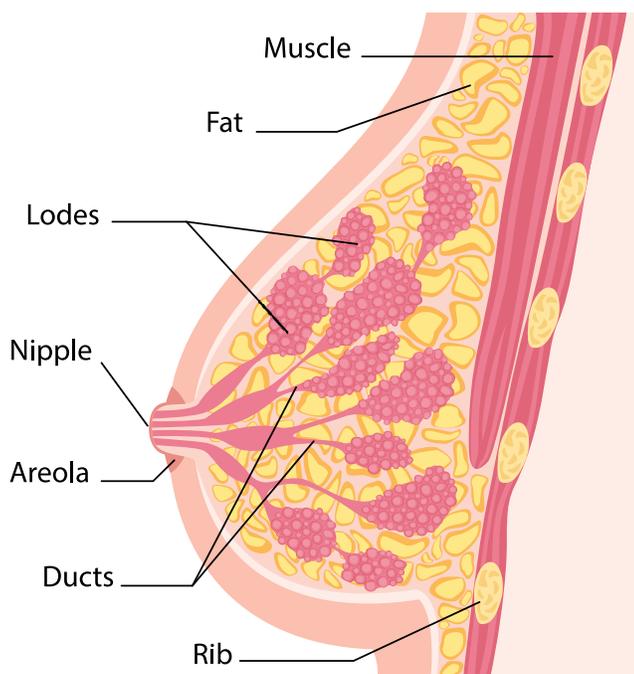
Colostrum provides your baby with essential nutrients and infection fighting antibodies.

Your baby will get anywhere from a few drops to a teaspoon of colostrum with each feeding.

Unless there is a reason your baby needs more, colostrum is all your baby needs during the first few days after birth. In 3 to 5 days, your breasts will feel fuller and your milk will be changing.

How your milk is made

The alveoli make milk in response to the hormone prolactin. Prolactin rises when your baby suckles. Another hormone, oxytocin, also rises when your baby suckles. This causes small muscles in the breast to contract and move the milk through the ducts.



Let down reflex

The let down reflex (or let down) happens when your baby begins to nurse. The nerves in your breasts send signals that release the milk into your milk ducts.

Let down happens a few seconds to several minutes after you start breastfeeding. It also can happen a few times during a feeding or other times, such as hearing your baby cry.

You can use a moist compress or a warm shower right before feeding to help stimulate milk let down.

Daily breast care

- Wear a well-fitting support bra day and night for the first 2 to 3 weeks, if you choose.
- Avoid wearing an underwire bra or sports bra.
- If you are breastfeeding, a nursing bra may add to your comfort.

Parts of the Breast

This image shows the parts of your breast that are involved in breastfeeding.

Your breasts make milk in response to your baby nursing.

Am I making enough

Many new parents worry if they are making enough milk. Your body makes as much milk as your baby needs. If you empty your breasts 10 to 12 times in 24 hours, you will make more than enough.

It is normal for babies to lose weight at first. When your milk supply increases at 3 to 5 days after birth, your baby should quickly regain any lost weight.

As long as your baby has enough wet and dirty diapers and is gaining the right amount of weight, then they are getting enough to eat. Read more about this on page 18.

Get help within the first 5 days if you think your baby is not getting enough. Call your baby's doctor or lactation specialist.

Vitamin D supplement

Babies who are only breastfed or who get less than 1 liter (or 33.8 ounces) of formula per day need a vitamin D supplement to make sure they are getting enough vitamin D. This is because breastfeeding parents do not have enough vitamin D in their body to provide what is needed through their breast milk.

Talk to your doctor about ways to improve your own vitamin D levels.

Sometimes called dangle feeding, this position uses gravity to help with clogged milk ducts.

Clogged ducts

Clogged ducts can occur when milk is not fully emptied from a breast. They can cause firm areas within a breast that are very painful.

There are some things you can try for relief:

- Feed your baby more often or express your milk (hand or pump) more.
- Place a warm compress or take a hot shower.
- Gently massage the area.
- Change the feeding position, so baby's chin is pointed toward the area of discomfort.
- Try dangle feeding. For this feeding position, you lean over your baby, so gravity may help in moving the milk.

When to call your healthcare provider

Call your healthcare provider if you have any of these signs:

- Fever
- Flu-like symptoms
- Breast is painful
- Breast is hard with red streaks



Breastfeeding Positions

There are different positions that can be used when breastfeeding. Choose the position that works best for you and your baby. Work with your baby to get a good latch with any hold you use.

Football hold

This hold is helpful if you had a cesarean birth (C-section), have larger breasts, or your baby cannot find the nipple quickly. This hold also works well with babies who are small or premature.

1. Hold your baby at your side, lying on their back. Center your baby's face in front of your breast – nose to nipple.
2. Support your baby with their back on your forearm. Put your hand between your baby's shoulder blades, letting their head fall back in the crook of your hand.
3. Use the hand of the opposite arm to support your breast and to guide the nipple to your baby's mouth.



Cross cradle hold

This hold is a good starting position for new parents. It provides the best head control for the newborn.

1. Place your baby across your lap, so they face you. Keep your baby at breast level – tummy to tummy and nose to nipple.
2. Place your baby's legs under your arm on the opposite side. Support their head and back using your arm.
3. Using the hand on the side your baby will be feeding on, place your hand behind the areola and gently lift the breast. Guide the nipple to your baby's mouth.



Cradle hold

This position is used most often, but can be harder for babies to learn to latch on. Before using this position, give your baby several days of practice latching on or wait until breastfeeding is going well.

1. Support your baby's head, back, and bottom with your arm. Keep your baby's tummy against your tummy.
2. Use the other hand to hold your breast. Place your hand behind your areola and gently lift your breast. Guide the nipple to your baby's mouth.



Side lying hold

This position is useful if you had a C-section, have large breasts, or if your baby is sleepy. This is also one that is best to wait to use until breastfeeding is going well.

1. Prop yourself up with pillows behind your head and back to keep yourself comfortable.
2. Turn on your side. Place your baby next to you with their tummy against your tummy.
3. Use the hand of your opposite arm to support your breast and guide your nipple to your baby's mouth.



Laid back hold

This position is thought of as a natural instinct position. Also called the breast crawl, it uses a more relaxed, baby-led approach.

1. Lie back on a pillow.
2. Lay your baby against your body with your baby's head just above and between your breasts. Gravity and an instinct to nurse will guide your baby to your breast.
3. As your baby searches for your breast, support your baby's head and shoulders, but don't force the latch.



Twins front cross hold

Feeding 2 babies at once works best if you wait until each baby is able to latch on well, and you are comfortable with breastfeeding. The cross hold is one position option. It is similar to doing 2 cradle holds at once.

1. Hold both babies on your lap, supported by a pillow.
2. Starting with the first baby, support your baby's head, back, and bottom with your arm. Use the other hand to lift your breast to your baby's mouth.
3. Repeat the process with the second baby. Use the arm holding the first baby to support the second baby while your baby latches on.



Getting a Good Latch

Tips for getting a good latch

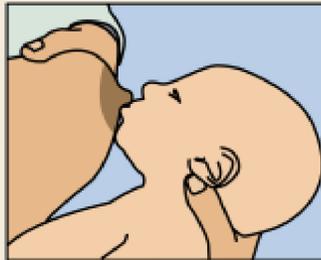
A deep latch is when your baby gets much of the brown area (areola) deep inside their mouth. A deep latch helps to drain your breast better and prevent sore nipples.

Here are some tips to help your baby to get a deep latch.

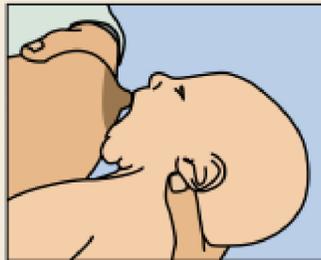
Some babies need help latching on. Be patient and try these tips:

- Tickle your baby's upper lip with your nipple. Gently squeeze out some milk to encourage your baby to latch on.
- Squeeze your breasts together as if you are "sandwiching" your breast tissue together in the direction of your baby's mouth.
- Look for your baby to have a wide open mouth, like a big yawn. Aim the nipple up and back deep into your baby's mouth, and then quickly pull your baby onto your breast.
- Hold your baby tummy to tummy with the tip of your baby's nose and chin next to your breast while nursing.
- Continue to hold your breast to support its weight and prevent your nipple from dropping back out of your baby's mouth.

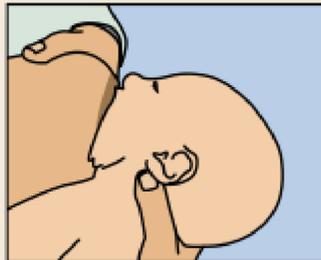
Getting your baby to latch:



Tickle the baby's lips to encourage him or her to open wide.

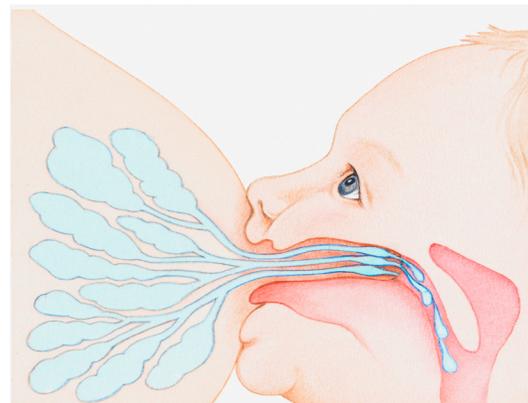


Pull your baby close so that the chin and lower jaw moves into your breast first.



Watch the lower lip and aim it as far from the base of the nipple as possible, so the baby takes a large mouthful of breast.

HHS Office of Women's Health



Once baby has a deep latch, the milk flow is better.

Signs of a good latch

- All of your nipple and as much of your areola as possible are in your baby's mouth.
- Your baby's lips are turned out and tongue is extended over the gum line.
- You can hear or see your baby swallowing. It should have a rhythm to it.
- Your baby's sucks should be in bursts of at least 6 sucks in a row before pausing.
- Feels like pulling, not biting or pinching.
- Your baby is able to stay on the breast during feeding.
- You have no pain after baby has latched on (after the first 10 to 15 seconds).
- You may have mild tenderness for the first week, but should have no bleeding or cracks in your skin.



Deep Latch

Best for feeding and your comfort.

Nipple and most of the areola are in the baby's mouth. Baby's lips are turned out and tongue is over the gum line.

Shallow Latch

Take baby off and try again.

Only the nipple is in the baby's mouth. Baby's lips are tight around the nipple.

Breaking the latch

When your baby has finished eating (see feeding cues on page 5), slide your finger to the corner of your baby's mouth to gently break the suction from your breast. This is called breaking the latch and does not hurt your baby.

Do not pull your baby off your breast without breaking the latch first. This can be painful for you and lead to sore nipples.

When your baby is older, they will have learned to release your breast without your help.



Sore Nipples

Prevention and Treatment

Preventing sore nipples

Breastfeeding is meant to be a comfortable, rewarding experience for you and your baby. You may have some nipple tenderness the first few days, but this should disappear within 1 to 2 weeks.

There are some basic things that will help you to avoid having sore nipples after that.

- Find breastfeeding positions that work well for you.
- Work with your baby to get a deep latch for feeding. See page 10 and 11 for more information.
- Do not use soap on your nipples when washing.

Reasons for sore nipples

There may be different reasons for sore nipples, including:

- Baby not latching on well or has a shallow latch.
- Baby not positioned well during feeding.
- Breasts engorged or not being emptied often.
- Your nipples are flat or inverted (turned inward).
- Removing baby from the breast before breaking the suction (latch).
- Breast pump not used the right way.

If your nipples are cracked, bleeding, bruised, or blistered, have them checked by a lactation consultant.



Treating sore nipples

Your first step is to figure out why they are getting sore. Here are some things to try:

- Make sure that your baby is latched on with your nipple deep in your baby's mouth. This protects the nipple from more damage.
- Always use your finger in the corner of your baby's mouth to gently break the suction before taking baby off the breast.
- Breastfeed often (every 1½ to 3 hours for 8 to 12 feedings a day) to prevent engorgement.
- Vary nursing positions to change your baby's positions on the nipple.
- Hand express milk onto your nipples before and after feedings.
- After feeding, allow the nipples to air dry.
- Apply a pea-size amount of ultra-pure, modified lanolin by gently patting the nipples. This also treats dry skin on the nipple and areola. Ask a lactation consultant about other products.
- Your nurse may recommend hydrogel pads and can give you some in the hospital.

Engorgement

Prevention and Treatment

About engorgement

Your breasts begin making large amounts of milk 3 to 5 days after giving birth.

It is normal for breasts to become larger, heavier, and tender. Breasts may also feel warm to the touch, leak, and lumps may develop in the milk glands as far back as the armpits. This is from the increase in milk, extra blood, and lymph fluids.

Normal fullness often decreases within the first 1 to 2 weeks after birth if your baby breastfeeds regularly.

Engorgement happens when the breasts are not emptied well or often enough. Breasts may become very hard and uncomfortable. This is not all milk, but other fluids too.

Preventing engorgement

- Breastfeed your baby soon after birth.
- Keep your baby in your room while in the hospital, so you can nurse 8 to 12 times every 24 hours.
- Work with your baby to get a deep latch. If you feel pain or pinching during breastfeeding, stop and ask for help from your bedside nurse.
- Feed your baby at least every 3 hours, and allow your baby to feed as long as they want.

Signs of engorgement

- The breast swells and the areola (darkened area around nipple) feels hard and tight like your chin, instead of soft and elastic, like your earlobe.

- Breast tenderness may occur with throbbing pain.
- Low-grade fever of 100 degrees F (38 degrees C) or less occurs with redness and warmth over the breasts.
- Flatter nipples that make it difficult for your baby to latch on.

Treating engorgement

Empty the Breast

- Once baby is latched correctly, gently massage the breast from the chest wall toward your baby to help milk flow.

Breastfeed Often

- Nurse or remove milk at least every 2 to 3 hours. The more often you nurse, the sooner the engorgement will go away.
- Breastfeed on the first side until your baby no longer wants to nurse. If your baby does not take the second side, start on that breast at the next feeding.
- If the breast your baby doesn't take is uncomfortable, pump 2 to 3 minutes to remove some of your milk.

Use Cold Compresses After Feedings

- Use an ice pack or a bag of frozen vegetables in a cloth on your breasts for 15 to 20 minutes to lessen swelling.

Wear a Supportive Nursing Bra

- Use a supportive nursing bra for comfort, even at night. Be careful of underwire bras. They can cause milk ducts to plug.

Use Non-Aspirin Pain Reliever

- Take a non-aspirin pain reliever such as ibuprofen (Advil) or acetaminophen (Tylenol) as directed by your doctor.

When engorgement causes problems with latching on

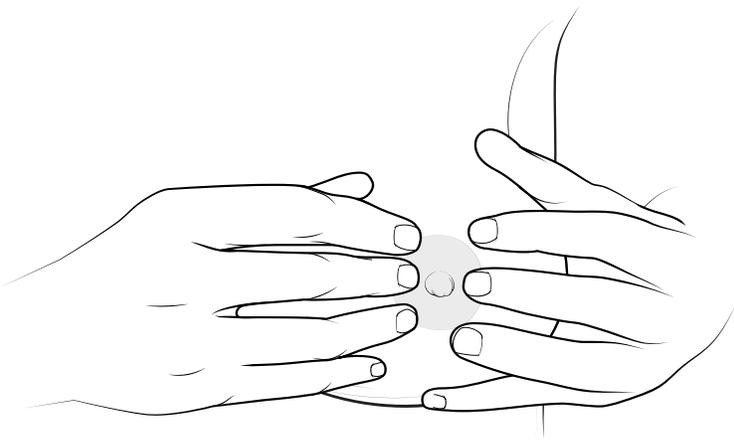
Your baby may not be able to get a deep latch if your breasts are engorged. This can lead to sore nipples and your baby having trouble draining the breast.

Express Some Milk First

To help with latching, soften the areola around the nipple by hand expressing milk or pumping before starting to breastfeed. Limit it to no more than 5 minutes of expressing or pumping.

Reverse Pressure Softening

Reverse pressure softening can help push the swelling back enough for your baby to latch on when you are engorged. Apply gentle pressure around the area of your areola by pressing in a 1 to 2 inch area around the base of the nipple. This will help move the swelling back away from your nipple to make it easier for your baby to latch on.



Reverse Pressure Softening

Other breast care tips

- Gently massage your breasts to get the milk flowing.
- Nurse your baby or pump your breasts at least 8 to 12 times a day.
- Use ice packs to relieve swelling and slow milk production between feedings for 20 minutes at a time, if desired.
- Take pain medicines as directed by your healthcare provider.
- Try wearing a supportive nursing bra 24 hours a day until breast swelling decreases.
- Avoid wearing tight clothing and underwire bras.

When to call the doctor

These are signs you may have an infection, and an antibiotic may be needed. Please call your doctor if you have:

- Painful breasts
- Breasts that are hard with red streaks
- Flu-like symptoms, such as muscle aches, chills, or headache
- Fever of 100 degrees F (38 degrees C) or higher

Expressing and Storing Breast Milk

Why express your milk

When breastfeeding, you may need to express your breast milk for many reasons, including:

- Parent and baby are apart a long time
- Parent is ill
- Breasts become too full or engorged
- Baby is not able to latch on
- Parent returns to work or school

When to remove milk

Start expressing as soon as you miss a feeding. Do not wait until you are getting full or engorged.

Begin to collect and save milk within the first hour after delivery if your baby is not latching on or you are separated from your baby.

To pump or hand express

You can choose to pump or to hand express your milk. Hand expressing has some advantages over pumping, including:

- Leaves less milk in the breast
- More effective in the first few days
- Free, needs no equipment or power
- No cleaning supplies
- Ready for emergencies

Before you start, wash your hands with soap and water. If you can't, use an alcohol-based hand sanitizer that has at least 60% alcohol.

Pumping

- Use a pump of your choice. There are many kinds, including electric or hand pumps. If you are going back to work or will be away from your baby for a long time, a larger electric pump may be better.
- You can rent electric pumps from different providers.
- Follow the pump's instruction manual.
- Call the Ohio State Breastfeeding Helpline if you need help choosing one at 614-293-8910.

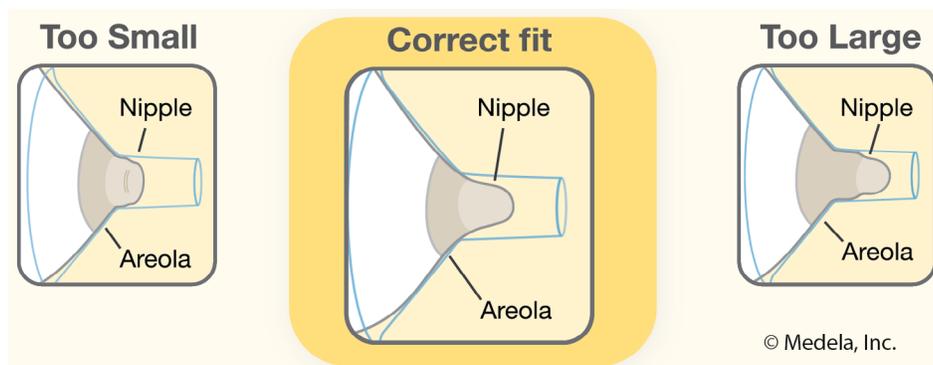
Choosing a Breast Flange Size

A breast flange, or shield, is a small plastic cover that fits over your nipple and areola to create the suction that pulls the milk out of your breast. It is used with a breast pump. Getting the right fit is important to get the best seal. Your lactation consultant can help.

Too Small – Nipple rubs along the side of the tunnel. Try a larger size.

Too Large – Nipple and much of areola are pulled into tunnel. Try smaller size.

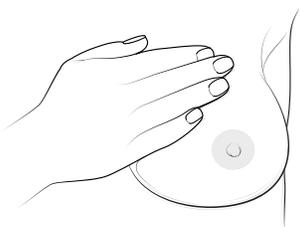
Correct Fit – Nipple is in the center of the tunnel and moves freely during pumping.



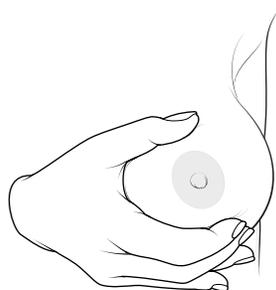
Hand expression

If you choose to hand express your milk, it may take a few sessions to practice. You will learn what works best for you.

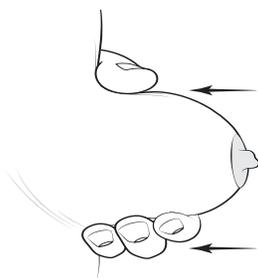
1. Gently massage your breasts in circles toward your areola.



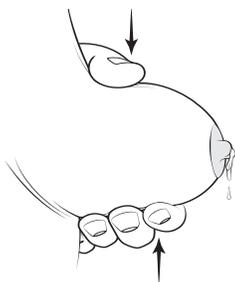
2. Place your thumb and first 2 fingers around the areola in a “C” shape. Fingers should be about 1 inch from your nipple.



3. Gently push back toward the chest.



4. Bring your first finger and thumb together to squeeze the milk ducts.



Continue this motion, moving around each breast. You may need to repeat this a few times on each breast to remove the milk.

Use a clean bottle, bowl, or other wide-mouth container to collect your milk. Store it the same way you would pumped milk.

Watch a video at:

[stanford_hand-expressing-milk](https://www.stanford.edu/hand-expressing-milk)



Storing breast milk

How Long to Store

(if using with a healthy, full-term baby):

- Room temperature (77°F or colder):
 - Up to 4 hours for freshly pumped milk
 - 1 to 2 hours for thawed milk
- Refrigerator (40°F or colder):
 - Up to 4 days for freshly pumped milk
 - Up to 1 day for thawed milk
- Freezer (0°F or colder):
 - Up to 6 months (up to 12 months is OK, but quality may not be as good as the milk gets older)
- Leftover from a feeding (baby did not finish the bottle):
 - Use within 2 hours after your baby has finished feeding

Source: Centers for Disease Control and Prevention, Proper Storage and Preparation of Breast Milk.

What to Store It In

- Most hospitals suggest that breast milk be frozen in glass or hard plastic bottles. Leave some room in the bottle for the milk to expand when it freezes.
- If your baby is in the hospital, you will need to follow certain guidelines to store breast milk to bring into the hospital for your baby. Ask the nurse for containers to collect and store your breast milk. Plastic liners may not be used in the hospital.

When You Go Home

- When your baby goes home, plastic liners may be used for full-term infants. Be careful not to touch the inside of the liner or bottle, so the milk will not get bacteria in it. Seal all containers right away after the milk is collected.

When Ready to Use

- When breast milk is stored, it is normal for the milk to separate into layers. Gently tip the bottle up and down to mix the milk before giving it to your baby.

Going back to work or school

If you are returning to work, this checklist can help you to pump or hand express successfully.

- Start pumping once a day for at least 2 weeks before you return to work. This is in addition to breastfeeding your baby. This will help you build up a freezer supply.
- Bring all of your supplies with you every day, which may include:
 - › Cooler bag for keeping your milk
 - › Bags or bottles for storing milk
 - › Breast pump, if you use one
 - › Soap or wipes to wash your hands



- Clean pump parts after each use. Follow the pump instruction manual for cleaning. Microsteam bags may also be used to sterilize items if needed. These are small plastic bags that use steam. You just add water and heat in the microwave. You can buy them at many stores.
- Know where the closest place to pump is. Many worksites and other public places have a room just for pumping or hand expressing your breast milk.



Thawing breast milk

- Thawed breast milk should be refrigerated and used within 24 hours.
- Thaw breast milk under warm tap water. Do not boil or microwave breast milk. High temperatures destroy the antibodies that are important for keeping your baby healthy.
- When milk is thawed, gently shake and swirl the bottle to mix the milk.
- Do not refreeze breast milk that has been completely thawed.

Increasing Your Breast Milk Supply

Is there enough milk

You may question if your baby is getting enough milk.

Signs your baby is getting enough milk:

- About 6 wet diapers per day by the end of the first week.
- About 4 dirty diapers per day by around day 4 and becoming yellow and seedy (3 diapers is also OK if the amount is large).
- Gaining the right amount of weight (may be 4 to 7 ounces per week).

It is normal for babies to lose weight the first week, but your baby should begin gaining after that. Your baby's doctor can guide you.

You can track your baby's progress using the daily records on pages 28 to 29.

Nursing your baby stimulates your breasts to make more milk, increasing your supply.



Things that may limit supply

These factors can affect your milk supply:

- Stress
- Giving your baby formula also when it is not needed
- Not feeding your baby often enough
- Your baby has a poor latch
- Pump equipment not fitted correctly
- Not drinking enough fluids while breastfeeding
- Some medicines, such as decongestants and birth control

Tips to make more milk

If you are still concerned, these tips may increase your milk supply:

- Nurse 8 to 12 times in 24 hours.
- If your baby is not nursing well, hand express or pump every 2 to 3 hours and at least 1 time during the night.
- If your baby is nursing well, hand express for 5 to 10 minutes after each feeding session and feed your baby your expressed milk.
- Avoid pacifiers or supplements during the first 2 to 3 weeks.
- Drink plenty of fluids and eat a healthy diet.
- Hand express or pump in between or after feedings for more stimulation.
- Feed your baby until they release the breast and have a relaxed position.

If you still have concerns with your milk supply, call the Ohio State Breastfeeding Helpline at 614-293-8910.

Your Diet and Exercise

While you are breastfeeding, you will need to consume 300 to 500 calories a day more than your normal diet. If you nurse more than 1 baby, you will need even more calories. The best guide for the amount of food and fluids is your appetite and thirst.

Foods

Eat a Variety

- Eat a variety of nutritious foods with proteins, dairy, vegetables, fruits, and whole grains.
- As you eat various types of foods, your baby will benefit as well. By getting this variety in your breast milk, it may be easier to give your baby new flavors when solid foods are introduced after 6 months of age.

Fuss Foods

- If you believe your baby has been “upset” by something you have eaten, avoid that food for 7 to 10 days.
- After that time, add it back into your diet and see if your baby reacts. If your baby reacts, consider it a “fuss food” and do not eat it for several weeks.
- As your baby’s digestive tract matures, these reactions are less likely to occur.

Prenatal vitamins

- Keep taking your prenatal vitamins while breastfeeding.
- Take them with juice, milk, or water. You may also take them with a meal or snack.

Fluids

- Drink about 8 cups of water, milk, juice, or other fluids during the day.
- Drink dairy products, if you can, to help boost your calcium levels.
- Limit caffeine, such as regular coffee, tea, and cola, to no more than 1 to 2 cups a day. Caffeine may make your baby irritable and not able to sleep well.

Allergies

- If you have a family history of allergies, your baby can benefit a lot from your breast milk. Your milk is least likely to cause your baby to have an allergic reaction to it.
- Ask your baby’s doctor or a lactation consultant if you have questions or concerns about allergies.

Exercise

- Exercise is a healthy part of life and not harmful when breastfeeding.
- You will feel more comfortable if you wear a support bra and exercise after emptying your breasts.

Losing weight

Many people who breastfed their babies said it helped them get back to their pre-pregnancy weight more quickly, but this does not always happen. Some people do not lose weight while breastfeeding.

- Avoid dieting to lose weight quickly. Losing 2 to 4 pounds per month should not affect your milk supply. Losing more than 4 to 5 pounds a month (after the first month) is not advised for someone who is breastfeeding.
- Tips for weight loss:
 - Limit sweets and high fat foods, such as soda pop, candy, chips, and cake. High calorie foods will fill you up without providing your body with necessary vitamins and minerals.
 - Limit butter, margarine, sour cream, mayonnaise, and salad dressing. Try reduced calorie types.
- If you are concerned about your weight at 6 to 8 weeks after delivery, talk with your doctor or a dietitian about your diet.

Over the counter medicines

- Before taking any over-the-counter medicines, ask your doctor if it is safe while breastfeeding. There are very few medicines that need to be avoided.
- Some medicines can affect your milk supply, such as antihistamines, decongestants, and some forms of birth control.
- You can call the lactation consultants at Ohio State to ask about a particular drug and how it reacts with breastfeeding.

Alcohol use

- You should avoid alcohol in large amounts. According to the American Academy of Pediatrics (AAP), a drink now and then is fine. Wait 2 or more hours before nursing.
- You also can pump milk before you drink to feed your baby later.
- There is no need to “pump and dump” your milk after drinking. Alcohol leaves the milk as it leaves the blood. When your blood alcohol levels are back down, so are your milk alcohol levels.

Marijuana use

- Using marijuana while breastfeeding allows harmful substances to cross over to your baby. To prevent exposing your baby, leading health experts strongly recommend not using marijuana or products with CBD while breastfeeding.
- Marijuana has over 80 active ingredients. The most common are CBD and THC.
 - **CBD (cannabidiol):** Most CBD products have not been tested and their purity is unknown. The long-term health impact of CBD is being studied.
 - **THC (delta-9-tetrahydrocannabinol):** THC causes euphoria and intoxication, and impairs memory and motor function. THC can impair your ability to nurse and care for your baby. The concentration of THC has been rising over time. In 1995, the THC concentration was 4% on average. Today, the marijuana sold by dispensaries can contain up to 23% on average.
- THC binds to the brain receptors that are part of the system that is critical to decision making, mood, and how we respond to stress. Disrupting this system could hurt the baby’s brain development.
- THC in breast milk is higher than in the breastfeeding person’s blood because of the milk’s high fat content. Peak levels of THC in breast milk can be reached within 1 hour of intake. THC can also take up to 6 weeks to clear out of the body.
- Secondhand smoke causes your baby to inhale all the harmful substances in marijuana. Exposure through breast milk and secondhand smoke increases your baby’s risk of sudden unexpected death (SUD).

Strategies for Common Challenges

Breastfeeding can take some learning and practice for both you and your baby. Both of you may be tired and need more rest at first. Breastfeeding can be challenging, especially in the early days. If you feel like you are having trouble getting started, here are some strategies to try. If you still need help, talk to your bedside nurse or lactation consultant for help.

Baby not latching on

- If your baby is not latching on to either breast after 5 to 10 minutes, place your baby on your chest, skin to skin. Wait a few minutes. Watch for signs that your baby may want to feed and then try again.

Sleepy baby

- Aim to feed your baby on cue, rather than on a timed schedule. Although, **try at least every 3 hours** if your baby is not waking up to feed.
- If your baby falls asleep after sucking for a few minutes, they may be sucking for comfort instead of hunger. This is important for your baby too.

Not having good feedings

- If your baby has had 2 good feedings in the first hours after birth, you and your baby are doing well. A good feeding means that your baby is actively sucking for at least 10 minutes. If your baby has a deep latch, this will feel comfortable.
- If you are not having good feedings, your nurse may encourage you to hand express breast milk to feed to your baby.
- Your nurse will help you decide how best to feed your baby your expressed milk, such as with a spoon or nipple.
- Your baby's blood sugar will be checked to make sure they do not have low blood sugar, called hypoglycemia.
- Continue to offer the breast as baby cues that they are hungry.



Not meeting goals

- Your baby should have 5 or 6 good feedings of at least 10 minutes in the first 24 hours. **If not, ask for help because there may need to be another feeding plan.**
- After the first day, your baby should have 8 good feedings a day or more.
- If your baby is not feeding at least 8 times after the first day, continue to try skin to skin and offer the breast at least every 3 hours.
- If your baby is not meeting this goal, it could be a problem for your milk supply and your baby's health. Work with your bedside nurse and lactation consultant to decide on the best feeding plan.
- Call a lactation consultant if your baby still will not breastfeed.

Time	Your Milk	Baby	Strategies
Birth to first 12 hours	<ul style="list-style-type: none"> You make colostrum (a rich, thick, yellowish milk) in small amounts 	<ul style="list-style-type: none"> Wide awake after delivery Rooting/crawling to the breast Black, tarry stool 	<ul style="list-style-type: none"> Place baby skin to skin Put baby to breast within 1 hour of birth, which helps with milk production Hand express or pump if you are away from baby or if baby will not feed after delivery
Hour 12 to 24	<ul style="list-style-type: none"> Baby will drink about 1 teaspoon of colostrum at each feeding 	<ul style="list-style-type: none"> May be too sleepy to latch on well at first Feedings may be short Black, tarry stool 	<ul style="list-style-type: none"> Place baby skin to skin Try to breastfeed when baby shows signs of hunger (see feeding cues on page 5) or at least every 3 hours
Day 2	<ul style="list-style-type: none"> You continue to make colostrum 	<ul style="list-style-type: none"> Baby may feed several times in a row close together Black, tarry stool 	<ul style="list-style-type: none"> Feeding more often will help increase supply Have a lactation consultant watch you feed baby to ensure that things are going well
Day 3 and 4	<ul style="list-style-type: none"> White milk comes in and may have yellow tint at first Milk increases Heavier, lumpy breasts 	<ul style="list-style-type: none"> Baby feeds more often Stools are green and thinner 	<ul style="list-style-type: none"> Watch for signs that baby is getting enough milk Call a lactation consultant if your milk has not come in yet
Day 5 and 6	<ul style="list-style-type: none"> White breast milk continues Hard, painful breasts possible (engorgement) 	<ul style="list-style-type: none"> Baby is growing and should be same weight as hospital discharge weight Yellow, seedy stool 	<ul style="list-style-type: none"> Feed, hand express, or pump often to help with engorgement Can use ice packs after breastfeeding, hand expressing, or pumping to help breast swelling
Day 7 and beyond	<ul style="list-style-type: none"> White breast milk continues Your breasts will be softer and may leak 	<ul style="list-style-type: none"> Baby's larger stomach holds more milk, so there may be more time between feedings Baby should be gaining weight Yellow, seedy stool 	<ul style="list-style-type: none"> Breastfeed on demand or at least every 3 hours Check with your baby's doctor when you can let baby sleep longer at night

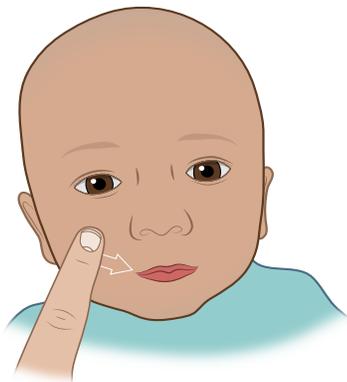
Training Your Baby for Better Breastfeeding

To breastfeed, a baby's tongue needs to be in the right place and move in the right pattern. Some babies need help to learn the skills they need to do this. If your baby is having trouble, these exercises, called suck training, can help your baby to remove more milk from your breast.

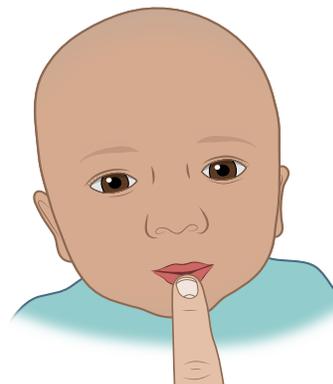
Talk to your baby's doctor or lactation specialist before starting these exercises with your baby.

Steps

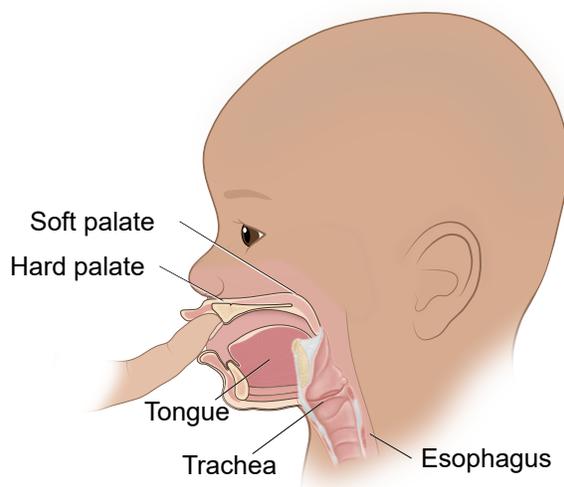
Before you start, wash your hands with soap and water or wear a clean glove.



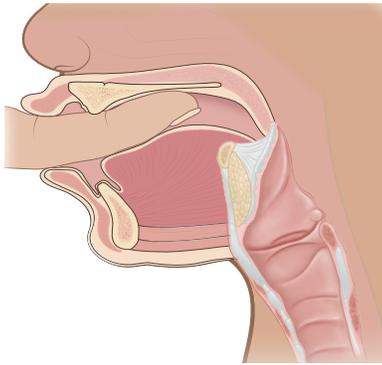
Step 1
Touch your baby's cheek with your finger, moving toward the lips.



Step 2
Brush your baby's lips a few times with your finger to encourage them to open their mouth.



Step 3
Using the pad of your finger, massage the outside of the lower gums and the top of the upper gums.

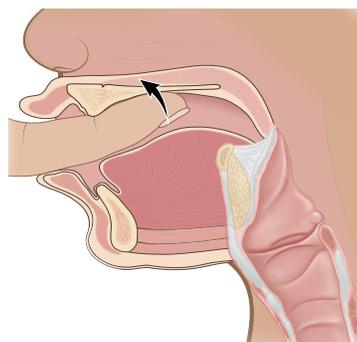
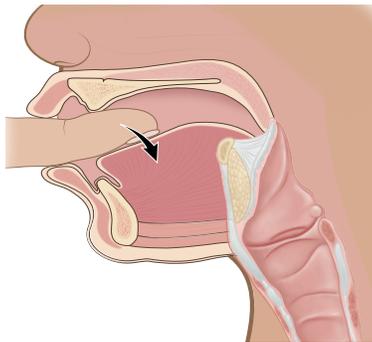


Step 4

Insert your finger into your baby's mouth up to your first knuckle, with your finger nail side down.

Gently slide your finger to the hard palate just behind the gums, then slide to where the hard palate meets the soft palate. This is where your nipple usually reaches when breastfeeding. Do not go too far with your finger or your baby may gag.

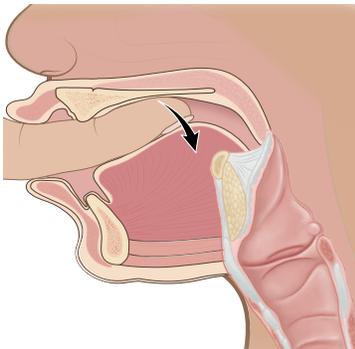
You can use the pad of your pinky or index finger to apply light pressure.



Step 5

With your finger still in your baby's mouth, press down and forward on the tongue with the flat part of your fingernail as your baby suckles.

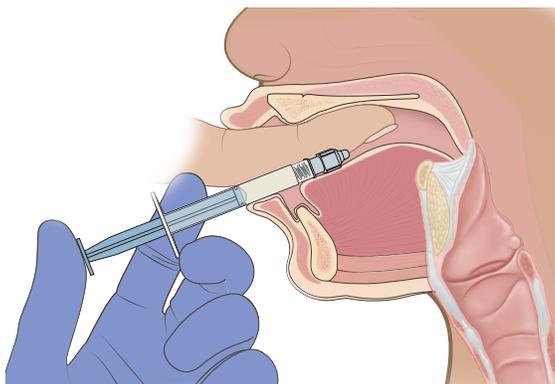
Alternate rubbing the palate and tongue.



Step 6

If your baby holds the back part of the tongue in a humped position, press down on this part of the tongue with the nail side of your finger.

Do this now and then for a few seconds and then return to light pressure on the palate. The tongue may relax after repeating this exercise several times.



Step 7

You may reward your baby with drops of colostrum, human donor milk, or formula from a syringe while they are sucking.

Tongue Tie Treatment

What is a tongue tie?

A tongue tie is a small piece of tissue under the tongue that is too tight or too short.

If your baby has a tongue tie that makes it hard to breastfeed, your doctor may recommend a frenotomy. The frenotomy is a simple procedure/surgery that can fix the tongue tie.

A tongue tie does not usually get in the way of bottle feeding.



Tongue tie

© Healthwise, Incorporated

What is a frenotomy?

A frenotomy is also called a “tongue clip.” The doctor lifts the baby’s tongue to cut the piece of tissue under the tongue. This makes it easier for the tongue to move.

Signs your baby may have a tongue tie

Breastfeeding Baby Symptoms:

- Cannot latch properly while nursing (does not stay on the nipple)
- Makes clicking sounds while nursing
- Chews or gums the nipple
- Is still hungry after feeding
- Does not gain weight well
- Has gas or tummy problems

Breastfeeding Parent Symptoms:

- Nipples that are flat or creased
- Nipples that hurt, crack, or bleed
- Pain when baby latches on
- Milk that is not draining properly from the breast

Risks of a frenotomy

A frenotomy is safe, but there are a few small risks. The baby could bleed a little, and sometimes the saliva ducts under the tongue could get hurt. There is also a small chance of scarring that could need another surgery.

What to expect during procedure

At the hospital, a sugar solution is used to make the baby feel better during the procedure. Your baby may cry for a little while after, but they can breastfeed again soon.

When to call your baby's doctor

- If your baby has bleeding that does not stop
- If your baby refuses to nurse
- If your baby has a fever higher than 100.4°F (38°C)

Exercises after the frenotomy

After the frenotomy, you will need to do some exercises to help your baby's tongue move better. If you have the procedure at Ohio State, a lactation specialist will show you how to do these.

Instructions:

- Make sure your hands are clean and your nails are short before you start.
- Try doing these exercises when your baby is calm and not hungry. If your baby resists, stop and try again later.
- You should do the exercises 4 to 6 times each day for 4 weeks.

Exercises

1. Tongue side to side:

Use your finger to gently trace the baby's gum from left to right. This helps the baby's tongue move side to side.

2. Tug of war:

Let the baby suck on your finger with the pad of your index finger or pinky in the roof of the mouth. Then gently try to pull your finger out. This encourages the baby to use their tongue and to extend it over the gum line.

3. Suck training:

This time, flip your finger over and press down on the tongue with the pad of your index finger or pinky. This also helps the baby move their tongue over the gum line.

Follow up with lactation

You should also plan to see a lactation consultant after you go home. If you are a patient at Ohio State, call Ohio State Outpatient Lactation to schedule an appointment.

My Breastfeeding Plan

When you are getting started, it helps to have a plan. In general, offer your breast every 3 hours, or sooner if your baby is showing signs of hunger. Work with your lactation specialist on this plan to get breastfeeding going.

Attempt to breastfeed your baby for 10 to 15 minutes

If your baby:

- A. Latches on deeply and is feeding with rhythmic sucking and swallowing – then let your baby feed for as long as your baby wants (if actively nursing). Hand expression after breastfeeding is recommended for the first few days, even if your baby is nursing well.
- B. If your baby does not latch on or is not active at the breast for a total of 10 to 30 minutes – then express your milk. Pump first, then hand express.
 1. Give or feed any pumped breast milk
 2. Give or feed donor human milk or formula supplement, if needed

Recommended amounts of breast milk or formula per feeding

- Less than 24 hours of life: 2 to 10 milliliters (ml)
- 24 to 48 hours of life: 5 to 15 ml
- 48 to 72 hours of life: 15 to 30 ml
- 72 to 96 hours of life: 30 to 60 ml
- More than 96 hours of life: 50 ml or more

Tips for following your breastfeeding plan

- Put your baby skin to skin on your chest before each feeding.
- Your baby should eat 8 to 12 times every 24 hours.
- Your baby should have at least as many wet and dirty diapers as days of life through day 4.
- Use slow flow nipples for bottle feedings, if available.

Call the Ohio State Breastfeeding Helpline for support 614-293-8910.

Daily Breastfeeding Record

Week 1 Mark the boxes as your baby feeds and has wet or dirty diapers. The gray boxes show the minimum your baby should have each day during the 1st week.

Day	Number of Feedings	Number of Wet Diapers	Number of Dirty Diapers
Day 1	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Day 6	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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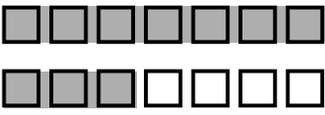
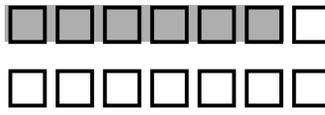
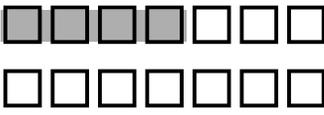
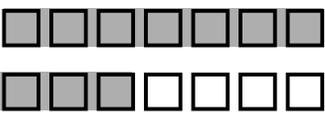
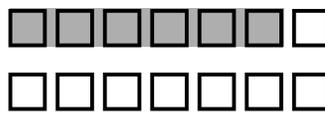
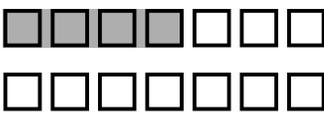
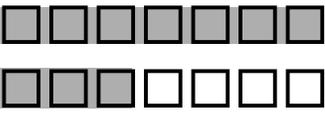
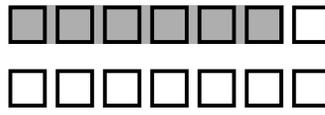
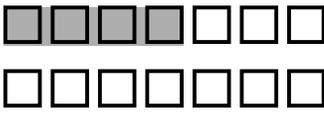
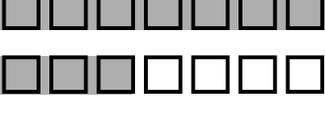
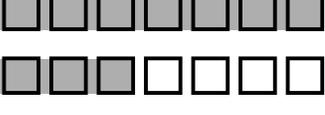
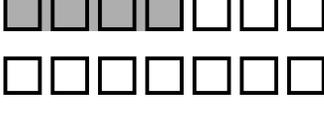
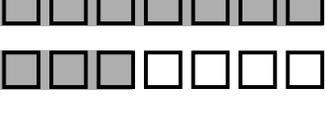
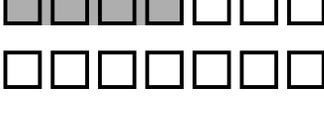
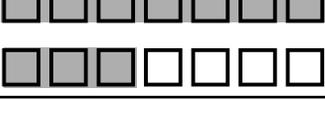
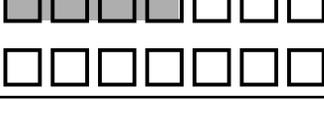
Baby's Weight:

Birth weight _____

Weight leaving hospital _____

First doctor visit _____

Week 2 Mark the boxes as your baby feeds and has wet or dirty diapers. The gray boxes show the minimum your baby should have each day during the 2nd week.

Day	Number of Feedings	Number of Wet Diapers	Number of Dirty Diapers
Day 8			
Day 9			
Day 10			
Day 11			
Day 12			
Day 13			
Day 14 *			

*Same goal amounts until the end of the first month.

Baby's Weight:

Day 8 to 14 _____

Breastfeeding Resources

Breast pump rentals

Call for information and prices.

Discount Drug Mart

Call your local store for information.

**Nationwide Children's Hospital
Pediatric Home Medical Equipment**
614-355-1100 or 1-800-466-2727

**Riverside Hospital
Breastfeeding Helpline**
614-566-3434

Mount Carmel – Lori's Gift Shops
West 614-234-1848
East 614-234-6713
St. Ann's 380-898-4144

Information

Office on Women's Health:
womenshealth.gov
Helpline: 800-994-9662
(English/Spanish)

La Leche League: lilli.org
Hotline: 877-4-LALECHE
(English/Spanish)

BFAR (Breastfeeding After Reduction)
BFAR.org
Breastfeeding after breast and
nipple surgeries.

First Droplets: firstdroplets.com
Learn about attachment, boosting
breastmilk supply, hand expression, and
pumping.

Infant Risk Center: 806-352-2519
infantrisk.com/breastfeeding
Information about the safety of medicines
and breastfeeding.

Lactation consultants

**The Ohio State University Wexner Medical
Center Lactation Services**
614-293-8910
go.osu.edu/lactation-services

Mount Carmel Health System Lactation Clinic
614-234-6455

Riverside Hospital Breastfeeding Helpline
614-566-3434

Franklin County WIC Program
Program participants call your WIC clinic or
WIC Breastfeeding Helpline: 614-645-7065

La Leche League of Ohio: llohio.org
Local consultants, support groups, and
information.

Appalachian Breastfeeding Network
After hours helpline: 888-588-3423

Videos

firstdroplets.com

Use the QR code with your
smartphone camera to get to all
of these videos:



- Breastfeeding in the First Hour
- Expecting to Breastfeed a Premature Baby
- Hand Expression
- Attachment Details
- Electric Pump and Hands-on Pumping

Donor Human Milk

About donor milk

Human milk is the ideal nutrition for babies. A parent's own milk is best, but if that is not available, donor human milk from a certified milk bank is the next best choice. It is carefully screened and prepared to make sure it is healthy and safe.

Ohio State uses donor milk from OhioHealth Mothers' Milk Bank. Mothers' Milk Bank only accepts milk from volunteers who:

- Are healthy and do not smoke.
- Have passed a medical, dietary, and lifestyle screening.
- Have been tested for HIV, human T-cell leukemia-lymphoma virus (HTLV), hepatitis B, hepatitis C, and syphilis.

The milk is pasteurized, or heat treated, and cultured to be certain it does not contain any bacteria or diseases.

Only use pasteurized human milk that is from a certified milk bank. We do not recommend the use of unpasteurized breast milk, the casual sharing of breast milk, or purchasing it from the internet because of the risk of it being contaminated.

You can use the Ohio State donor milk program if you:

- Have a baby who has been exclusively breastfed and you want to continue.
- Agree to pump your own milk while giving donor human milk at each feeding.
- Have signed an authorization form in your medical record.
- Have a doctor's order for donor milk.

Program guidelines

- Donor human milk is intended to be used as a supplement if your own milk is not available or if more milk than you can produce is needed for medical reasons.
- The use of donor human milk is temporary until feeding with your own milk is successful. Donor human milk will not meet the long term nutritional needs of your baby.
- To protect your own milk supply, you should be pumping or expressing your own milk when giving donor milk to your baby. It is best if this happens with each feeding. When available, your own milk should be given to your baby before donor milk. It is fine to pump your milk after offering donor milk and to save that milk to give before or along with the next feeding.
- Donor human milk will not be given to babies who are in the nursery at night. If your baby needs to be fed, your baby will be brought to you to try to breastfeed or to express milk before giving your baby donor human milk.

After leaving the hospital, you can buy donor human milk from the OhioHealth Mothers' Milk Bank, Monday through Friday. It will not be supplied by the hospital after you and your baby are discharged to go home. Ask your lactation consultant for more information.

For more information

Talk to a member of the medical team, your baby's doctor, or your lactation consultant if you have questions. You can also learn more about banked donor human milk from OhioHealth Mothers' Milk Bank at 614-566-0630 or ohiohealth.com.



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