# Support for your breastfeeding journey

AHN

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The contents of this guide do not replace any personalized medical or breastfeeding advice for you and your baby. Please always talk to your pregnancy care provider or certified lactation consultant if you have any questions.

# We'll help you breastfeed with confidence.

Welcoming a new baby is both an incredibly happy and incredibly tiring time. Whether or not it's your first baby, it's important to remember that every baby is different — and that breastfeeding can be hard (but rewarding) work.

Breastfeeding offers many health benefits for both you and your baby and it helps with bonding. But it is a learned skill that takes patience and practice. This guide will help you troubleshoot common concerns and connect you with breastfeeding resources from AHN.

# Breast milk production

Breast milk production is driven by the hormone prolactin. While this hormone controls the amount of milk you make, you and your baby ultimately tell your body how much milk your baby needs. Every time your baby latches and suckles, your body releases prolactin and another hormone called oxytocin to start the flow of milk. This is called the let-down reflex.

### Establishing milk supply

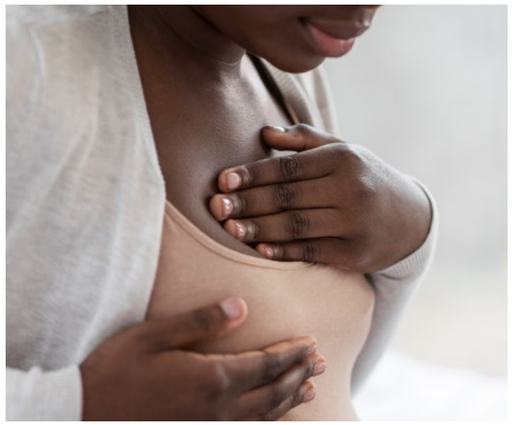
Breast milk production follows the basic rule of supply and demand. This means that the more you nurse your baby, the more milk your body will make. To help keep your milk production up, breastfeed as soon as possible after birth, and nurse your baby on demand by following their feeding cues. Make sure your baby is latched correctly and effectively removing milk from your breasts at every nursing session. If you have concerns about possible low milk supply, contact your provider or the AHN lactation team for help.

### Signs your baby is getting enough milk:

- Your baby is having plenty of wet diapers with clear or pale-yellow urine.
- Your baby is alert and active during short wake periods.
- Your baby is satisfied after breastfeeding.
- You can see and hear your baby swallow while nursing.
- Your baby steadily gains weight after the first week of age.

# Common concerns

While breastfeeding your baby can be incredibly rewarding, it can also feel uncomfortable, tiring, and just plain hard. Like any journey, there are going to be ups and downs — including some of these common challenges. No matter how long you choose to breastfeed for, you're doing an amazing job.



### Nipple pain

Your nipples may be sore, tender, or sensitive when you first start breastfeeding. To help prevent nipple injuries, make sure your baby has a good latch and try changing positions each time you nurse. After breastfeeding, express a few drops of milk and rub it gently on your nipples to help soothe them — or try a nipple balm or hydrogel pads for relief. If your nipples are cracked, use a mild soap and water to clean them, but avoid harsh cleansers and ointments.



### Breast engorgement

When you first start breastfeeding, your body may make more milk than your baby needs. This can cause your breasts to become firm, tender, swollen, and engorged. Breast engorgement can also happen if you miss a nursing or pumping session or when your baby is going through a growth spurt.

**You can prevent engorgement by:**

- Breastfeeding or pumping as soon as possible after delivery.
- Removing milk from your breasts often, around 8 to 12 times every 24 hours.
- Making sure your baby has a good latch and is emptying your breasts at each feeding session.

To relieve breast engorgement, try gentle, circular massage, standing in a warm shower, or applying a cold pack to your breasts for 10 to 20 minutes before and after feedings to reduce swelling and discomfort. Avoid using heat, which can increase swelling and inflammation.

If this doesn't help, lie on your back to help your body reabsorb excess fluid. Use your fingers to gently massage in a circular pattern from your nipple toward your body, and apply a cold pack to help reduce swelling.

Your baby may find it too hard to latch if your breasts are engorged. If this happens, try the reverse pressure softening technique to make your nipple easier to grasp. Apply gentle back and upward pressure at the base of your areola for several minutes. This makes dimples where your fingers were and temporarily reduces swelling. You can also hand express or pump a little milk before feeding to soften the breast, areola, and nipple.

### Ductal narrowing

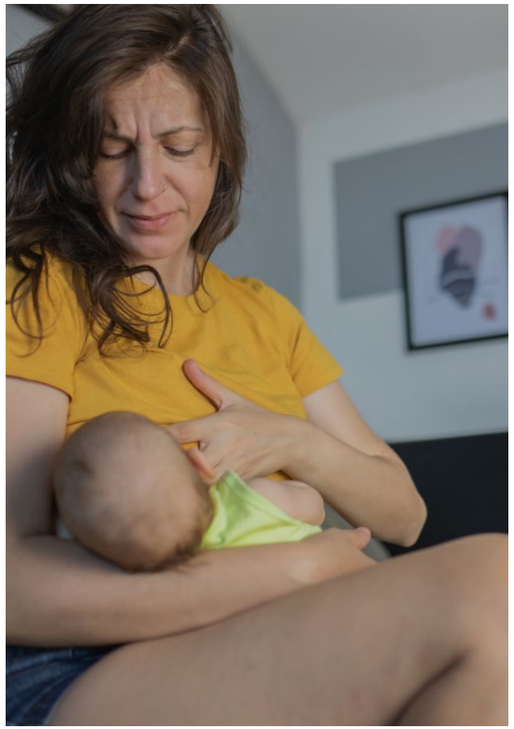
The tubes in your breast that carry milk can sometimes become swollen, inflamed, and narrow, causing a painful lump. The lump may look red and feel warm to the touch.

**This can be caused by:**

- An Incorrect latch.
- Missing feedings or pumping sessions.
- Not letting your baby nurse long enough.
- An oversupply of milk.
- Engorgement that doesn't go away.

If you notice a sore or tender lump, keep nursing on demand or emptying your breasts frequently using a pump or hand expression. Avoid deep or aggressive breast massage, which can make things worse. To help with the pain, use a cold pack on your breast and take anti-inflammatory pain medications like ibuprofen.

If symptoms don't improve in a few days, or if you get a fever and flu-like symptoms, see your doctor right away. Ductal narrowing can sometimes lead to a more serious condition called mastitis.



### Strong let-down reflex

This reflex happens when your baby latches on and begins to nurse. In some women, it can be very strong and cause a rush of milk, causing your baby to choke or sputter while breastfeeding. If this happens, gently break the latch and let the excess milk spray into a towel before relatching your baby. You can also hold your baby in the laid-back position while nursing, which allows them to better manage the flow of milk. If this doesn't work, try expressing some of your milk by hand before feeding your baby.

### Low milk supply

Every breastfeeding mom's biggest worry is not making enough milk for their baby. Low milk supply can be caused by some health conditions, certain medications, or simply not breastfeeding enough.

Sometimes, things that might seem like low milk supply are actually normal, like your breasts feeling softer between nursing sessions or your baby wanting to nurse more often. Instead, pay attention to how your baby nurses. If your baby doesn't seem to be swallowing when breastfeeding, isn't gaining weight well, or isn't having enough wet or dirty diapers, talk to a lactation consultant or your health care provider.

A lactation consultant can watch you breastfeed, help adjust your baby's latch, and make sure your baby is removing milk from your breasts effectively. If you do have low milk supply, nursing or pumping more often can help get you back on track.

### Mastitis

This painful breast inflammation sometimes looks and feels like ductal narrowing. You may feel like you have the flu, complete with a fever, body aches, nausea, and vomiting. Your breasts may also feel warm or hot to the touch with red and streaky skin. If these symptoms do not go away within 24 hours, call your doctor, as you may need to start antibiotics.

If your symptoms come on suddenly, if you think you could have an infection in both breasts, or if there is pus or blood in your milk, get medical care right away.

# Recommended supplies

Some people will tell you the only things you need to breastfeed are you and your baby. While that's technically true, some supplies can make your experience easier and more comfortable in the beginning.

**A nursing pillow** can help make some breast-feeding holds and positions more comfortable by elevating your baby and helping you keep their body in alignment.

**Nursing shirts and bras** are designed to give your baby quick and easy access to the breast without you needing to undress every time they want to eat.

**Nursing pads** help keep milk from leaking into your bra or shirt, which can happen often — especially in the early days whenever your baby cries. To avoid staining, save wearing your pre-pregnancy bras for when you're done breastfeeding.

**Nipple ointment** can help soothe and moisturize sore nipples in between feeds. Look for ultra-moisturizing lanolin, olive oil, beeswax, or shea butter as the top ingredient.

**A nursing cover** can make you feel more comfortable when breastfeeding your baby in a public place.

# Using a breast pump

At some point in your breastfeeding journey, you may need (or want) to use a breast pump. Whether you're going back to work full-time, want to get your partner involved in feedings, choose to supplement with pumped milk, or decide to pump exclusively, we'll help you get the hang of it.

If you have questions on what kind of pump to get or when you should start pumping, talk to your lactation consultant.

# Getting to know your breast pump

It may take some time to become familiar with all the parts and learn how to operate it. Though they all do the same thing, every breast pump is a little different. Read the manual to make sure you have all the parts you need and know how everything works before trying to pump for the first time.

## Different types of breast pumps

If you don't already have a breast pump, you can ask your health insurance company about which pumps they cover or purchase one on your own. You can also rent a hospital-grade breast pump from AHN West Penn Hospital. Your pregnancy care provider can write you a prescription for a breast pump if you need one.

**Electric breast pumps** can remove milk from one or both breasts at a time, making them a good option for regular pumping. Some newer options include wearable electric pumps, so you can pump hands free without tubing or power cords keeping you in one spot.

**Manual breast pumps** are affordable and easy to carry around since they don't need batteries or electricity. You control how fast or slow your milk comes out by squeezing a handle on the pump. Manual pumping takes longer and requires more effort from you. Most manual pumps are designed to only pump one breast at a time.

**Milk collection devices or suction pumps** are made of silicone and collect milk from one breast while your baby is nursing on the other. Some use suction to draw milk out, while others collect milk that would have leaked into your bra or nursing pad. If you have an oversupply, talk to your provider before using.

## Breast pump parts

Most electric and manual breast pumps have the same or similar parts, regardless of manufacturer or brand. The names of these parts can vary across each brand, model, and type of pump.

**Breast shield or flange**

This part goes directly over your nipple and forms a vacuum seal to extract milk.

Flanges come in different sizes. Using the wrong size can make it difficult and uncomfortable to pump milk. To figure out your size, make sure you have some room between your nipple and the flange while you're pumping. You don't want your nipple to rub tightly against the flange, but you don't want your areola to be drawn inside the flange either.

**Valve, membrane, or duckbill**

Breast pump valves (also called membranes or duckbill valves) are made of flexible silicone. They stretch and release each time your breast pump sucks in, mimicking the suction of a nursing baby.

**Tubing**

Your pump tubing connects your breast flange and other parts to the pump motor. Milk does not travel through the tubing, so you don't need to clean it. If you see condensation after pumping, let the tubes air dry. If you do notice milk in the tubes, replace them right away to prevent mold growth.

**Backflow protector or diaphragm**

These parts keep milk from entering the breast pump motor through the tubing. This also makes sure your milk supply stays sanitary.

**Breast pump settings**

Most electric breast pumps have a variety of suction settings and pumping cycles. This includes a massage or letdown mode, which uses a lower level of suction at a higher speed to trigger your letdown reflex. Once your milk starts flowing, you can switch to the expression mode, which uses a slower and more intense suction to maximize the amount of milk you pump.

You should try to pump at the highest suction setting that is still comfortable for you. To find this setting, increase the suction strength until it's slightly uncomfortable and then lower it a little bit.

**Replacing pump parts**

The parts in your pump kit will wear out over time and should be replaced as recommended by the manufacturer, sometimes sooner if you use your pump frequently. Replacing your pump parts regularly helps reduce bacteria and mold build-up and ensures your pump doesn't lose suction strength.

## Common pumping concerns

It may take your body some time to get used to a pump, since it feels different than breastfeeding. Pumping shouldn't hurt but may feel slightly uncomfortable at first. If you feel pain while pumping or notice blisters or chafing on your nipple or breast, use a lower level of suction and make sure your breast shield is the right size. If pumping is still painful after making these adjustments, talk to a lactation consultant for help.

If you're having trouble getting milk to start flowing within the first few minutes of pumping, try thinking about or looking at photos of your baby, gently massaging your breasts, and using a warm, moist compress.

## Before using your pump

It's important to sterilize your breast pump parts before you pump for the first time. You only want to sterilize the parts that come into contact with your breasts or breast milk. Follow your pump manufacturer's instructions for cleaning and sterilizing parts. Once your parts are sterilized, let them air dry completely on a clean dish towel before putting them away or assembling them.

### Clean your pump parts regularly

Before every pumping session, make sure your pump parts and tubing are clean. Throw away and immediately replace pump tubing if you notice mold.

Some breast pump parts are dishwasher safe. If you do use your dishwasher to clean and sanitize pump parts, remove them before the drying cycle starts since too much heat can warp them. Learn more about cleaning your pump parts after use on page 24.

### Sharing breast pumps

Some hospital-grade pumps can be shared. If you are using a shared pump, use a disinfectant wipe to clean the pump dials, power switch, and surrounding countertop. Do not share the parts in your personal pumping kit (breast shields, connectors, valves, and membranes).

# How to pump breast milk

Now that you're familiar with your breast pump parts and settings, you're ready to start pumping. Try to pump in a comfortable, quiet spot where you can sit and relax with few distractions.

## Steps for pumping successfully

| | |
|---|---|
| **Step 1** | Make sure the place where you are pumping, along with your pump parts and bottles, is clean. |
| **Step 2** | Always wash or sanitize your hands before touching pump parts that will come into contact with your breasts or milk, like flanges and duckbills. |
| **Step 3** | Sit up straight and make sure your shoulders are back, and your arms are supported. |
| **Step 4** | Center the breast shield(s) over your nipple(s). If you need to have your hands free while you pump, fit the breast shields into a special pumping bra first. |
| **Step 5** | To help your milk start flowing, apply a warm compress and lightly massage your breasts. |
| **Step 6** | Turn the pump on. Most electric pumps will start in letdown mode, which uses short, fast bursts of low suction to start the flow of milk. |
| **Step 7** | Once your letdown happens, switch to a slower pumping speed with a higher amount of suction. You can increase the amount of suction as you feel comfortable (but remember that a higher amount of suction doesn't mean you'll pump more milk). |
| **Step 8** | Throughout your pumping session, use your hands to apply pressure to your breasts, including where they meet your armpit, to help get all the milk out. |
| **Step 9** | Pump until milk stops flowing into the bottle. (This should take around 15 to 20 minutes). After pumping, your breasts should feel soft with no hard areas or lumps. |
| **Step 10** | Take your pump apart and wash any parts that touched your breast or breast milk. Let pump parts air dry. |

# Storing your breast milk

After you finish pumping, you'll want to refrigerate or freeze your milk as soon as possible. Before storing, consider when you plan to use the milk. For example, if you don't think you will use the milk within four days, store it in the freezer. If you are pumping away from home, store your milk in an insulated cooler bag with a frozen ice pack, then move it to the refrigerator or freezer once you are able.

**How to store your milk**

You can store breast milk in bottles (glass or BPA-free plastic) or milk storage bags. Do not store breast milk in disposable bottle liners or other plastic bags. Remember to label the storage container with the date you pumped. This will help you remember how long you have to use it. If your baby is with a childcare provider during the day, you should also label your stored breast milk with your baby's name.

**Tips for freezing, storing, thawing, and warming milk**

- Always store your milk in the back of the refrigerator or freezer, away from the door where the temperature can change.
- Freeze milk in smaller portions (between 2 and 4 ounces) to help avoid waste. This also helps you thaw milk faster.
- Leave an inch of space at the top of the container when freezing milk, since it expands as it freezes.
- Use the oldest stored milk first.
- If your milk has separated, swirl gently to incorporate the fat. Do not shake the milk in its container.
- Breast milk can be served fridge temperature, room temperature, or slightly warmed. If warming milk, do not put a bottle or bag directly on the stove or in the microwave. Before serving, test the temperature by dropping some on the inside of your wrist.

# Cleaning your pump parts

After you finish pumping and storing your milk, take your pump apart. Disconnect the tubing and separate all parts. You'll need to clean anything that touched your milk or your breasts after each pumping session.

## How to clean your pump parts

| | |
|---|---|
| **Step 1** | Rinse all pump parts that have touched your body or your breastmilk by holding them under running water. Do not rinse the pump tubing. |
| **Step 2** | Using a separate wash basin, clean the rinsed parts by hand with soap and warm water. Do not put pump parts directly in the sink to avoid contamination. |
| **Step 3** | Air dry pump parts on a clean dishtowel or paper towel. Do not use a dish towel to pat dry pump parts. |
| **Step 4** | Once dry, use clean hands to store the parts in a clean, protected area. |

**If your pump parts are dishwasher safe:**

- Place smaller pump parts in a closed-top basket or mesh laundry bag to keep them from getting caught in your dishwasher filter.
- Run the dishwasher on a hot water or sanitizing cycle to help kill more germs. Avoid using the heat dry setting as this can warp your pump parts.
- Wash your hands with soap and water before removing parts from the dishwasher and storing them.
- If items are not completely dry, put them on a clean, unused dish towel or paper towel before storing.

**Pump parts can be sanitized using steam, boiling water, or a dishwasher with a sanitize setting. If you are pumping regularly, sanitize your pump parts once a day after cleaning them. You may want to sanitize more often if your baby is less than 3 months old, was born prematurely, or has a weakened immune system.**

**For more tips, visit cdc.gov and search for "breast pump cleaning."**

# Introducing a bottle

Breastfeeding and bottle feeding are very different experiences for your baby. If you breastfeed exclusively, you may not know how much milk your baby gets every time they nurse. If you will be away from your baby and need someone to feed them with a bottle, you can do some simple math to find out how many ounces to offer in a bottle.

**How much milk will my baby drink?**

Most babies consume an average of 25 ounces every 24 hours between 1 and 6 months old. If your baby nurses eight times in a 24-hour period, divide 25 ounces by eight feedings. This estimates that your baby may want to have 3 ounces in a single bottle.

When offering a bottle to a breastfed baby, paced feeding helps them drink slowly. Start by using a medium or wise-base nipple with a slow flow. Hold your baby almost upright with the bottle horizontal so that the nipple fills with fluid. Encourage your baby to latch onto the bottle nipple with a wide-open mouth. It should take between 15 and 30 minutes for your baby to finish the bottle. If your baby is drinking too fast, tip the bottle away from your baby or pause the feeding.

# Support and resources

You and your baby aren't alone in your breastfeeding journey. AHN offers several ways to get help with breastfeeding, including in-person support groups, classes, and one-on-one lactation consultant appointments. We'll also help you choose a breast pump and supplies that may make things easier as you're getting the hang of breastfeeding or pumping.

### AHN Nursing Café

Available at AHN West Penn Hospital, AHN Jefferson Hospital, and AHN Wexford Hospital, this in-person breastfeeding support group is open to all breastfeeding moms and babies. During meetings, you can get answers to your questions from a certified lactation consultant and discuss your breastfeeding experiences and challenges with other nursing moms. We'll provide breastfeeding pillows, as well as a scale to weigh your baby before and after feeding.

Attendance is free and open to the public, but space is limited. To register, visit **events.ahn.org** and search for "nursing cafe."

### Hospital-grade pump rentals and breastfeeding supplies

**AHN West Penn Hospital**
412-578-7030

### Other important numbers

**National Breastfeeding Help Line**
800-994-9662
9 a.m. – 6 p.m., Monday – Friday

**InfantRisk Center Help Line (Breastfeeding Medication Safety)**
806-352-2519
8 a.m. – 3 p.m. CT, Monday – Friday
infantrisk.com

### AHN lactation consultants

You can call any of our locations and speak with a lactation consultant to get one-on-one support for concerns or challenges with breastfeeding or pumping.

Some of our locations also offer in-person appointments with a lactation consultant. Call your preferred location to confirm.

**AHN West Penn Hospital**
412-578-7030

**AHN Forbes Hospital**
412-858-4195

**AHN Jefferson Hospital**
412-469-5475

**AHN Saint Vincent Hospital**
814-452-7732

**AHN Wexford Hospital**
878-231-5303

**Scan the QR code for more breastfeeding tips, resources, and support.**

AHN

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## LANGUAGE ACCESSIBILITY AND NONDISCRIMINATION

Allegheny Health Network (AHN) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs and services. In order to treat individuals in a nondiscriminatory manner, AHN provides free communication aids and language assistance services.

**Spanish**
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 412-359-3131.

**Chinese**
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 412-359-3131.

**Vietnamese**
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 412-359-3131.

**Russian**
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 412-359-3131.

**Pennsylvania Dutch**
Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: call 412-359-3131.

**Korean**
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 번으로 전화해 주십시오. 412-359-3131.

**Italian**
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 412-359-3131.

**Arabic**
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 412-359-3131.

**French**
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 412-359-3131.

**German**
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 412-359-3131.

**Gujarati**
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 412-359-3131.

**Polish**
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.
Zadzwoń pod numer 412-359-3131.

**French Creole**
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.
Rele 412-359-3131.

**Mon-Khmer**
បុរយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សូរ៉ាជំនួយផ្នែកភាសា ដាយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 412-359-3131.

**Portuguese**
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.
Ligue para 412-359-3131.

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