

# Breastfeeding and Lactation Quick Reference Guide for Parents

## Why Breastfeed?

- **For Parents:** Breastfeeding can reduce postpartum bleeding, lower the risk of breast and ovarian cancers, and help lower the chance of depression by releasing "feel-good" hormones in the brain. It may also help parents lose "baby weight" faster by burning extra calories.
  - **For Babies:** Babies who are breastfed have a lower risk of ear infections, respiratory infections, NEC (a serious gut condition), eczema, and childhood obesity. Human milk is baby's first immunization as they receive disease antibodies in the milk.
  - **For Society:** If more people breastfed, we could save \$13 billion+ each year in healthcare costs, and over 900 infant deaths could be prevented.
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## Who Should Not Breastfeed?

*Some parents should avoid breastfeeding or chestfeeding, including those who:*

- Are HIV-positive (talk to your doctor for current recommendations).
- Have HTLV (a type of virus).
- Are receiving certain chemotherapy or radiation treatments.
- Have active herpes sores on their breasts (until cleared by a physician).
- Have babies diagnosed with Galactosemia (a condition where the baby cannot process certain sugars in breast milk).
- Have active tuberculosis (until treated and cleared by a physician).
- Are taking medications that could harm the baby (though many medications are safe for breastfeeding).
- Are actively using street drugs (talk to a physician for support and guidance).

If you're unsure about a medication, check with your healthcare provider or visit [www.toxnet.gov](http://www.toxnet.gov) for more information.

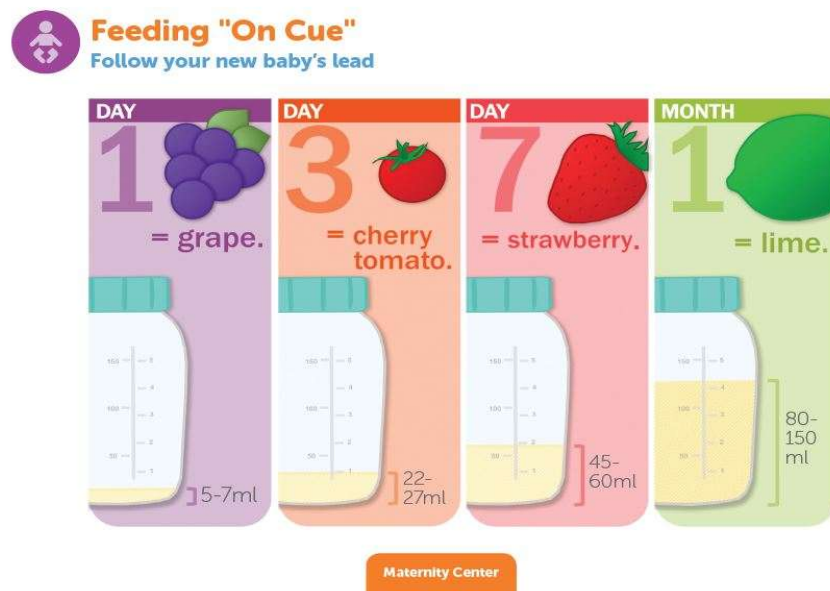
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## What Is Normal for My Baby?

- **Feeding:**
  - In the first 24 hours, you will learn to recognize your baby's hunger cues. Most newborns eat every 1-3 hours when awake, totaling 8-12 feedings in 24 hours.
  - You cannot breastfeed or chestfeed too often, but you can feed too little.
  - Feed your baby at the first signs of hunger, like stirring, rooting, or putting their hands to their mouth. Do not wait until they cry as it can make latching more difficult if they are upset.
  - If your baby is very sleepy at first, wake them to feed by changing their diaper or placing them skin-to-skin.

- If your baby tends to fall asleep at the breast, try to keep them awake by tickling a foot, moving an arm, or rubbing between their shoulders.
- Offer both breasts during each feeding.
- **Sleeping:**
  - It is normal for newborns to sleep most of the day. They need to wake up to feed and might need help to stay awake for feeding during the newborn stage.
  - Newborns sleep about 16 hours a day, in 3-4 hour stretches. Waking to feed every 2-3 hours is normal and best for their growth and development.
  - As babies grow, they stay awake longer between feedings.
- **Dirty Diapers:**
  - In general, you should expect your baby to have 1 dirty diaper on day 1, 2 dirty diapers on day 2 and 3-4 dirty diapers per day until about the end of the first month.
  - In the first two days, your baby's stool will be thick, tarry, and black (called meconium).
  - After days 2-3, the stool will turn green.
  - By day 4, the stool of breastfed babies should be mustard-yellow with tiny seed-like pieces in it. This is normal.
  - By day 4, your baby should have at least six wet diapers and several stools per day. This shows they are getting enough milk.
- **Milk Changes:**
  - **0–24 Hours:** Your baby feeds on a very small amount of colostrum, which is thick, yellow, or clear, and full of nutrients and antibodies.
  - **24–72 Hours:** Your milk starts becoming thinner and increasing in volume. You may feel a sensation in your breasts as your milk "comes in."
  - **Days 3-5:** Mature milk appears, and the amount increases. Your breasts may feel fuller or heavier.

## What Is Not Normal?



## Signs breastfeeding might not be going well, and you should get support:

- By days 3-5, your baby has lost more than 7% of their birth weight.
- Your baby has fewer than 3-4 wet diapers or fewer than 2 stools in 24 hours or stools are still meconium at 3-5 days old.
- You feel pain while breastfeeding or have cracked, bruised or bleeding nipples.

\*If any of these signs happen, talk to your healthcare provider for help.

Your baby should regain their birth weight by 14 days of age.

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## Helpful Tips:

### Common Breastfeeding Holds:

1. **Cradle Hold:** Sit comfortably with good back support. Hold your baby in your lap with their head in the crook of your arm. Use your other hand to support your breast.
2. **Cross-Cradle Hold:** Similar to the cradle hold but with the arm opposite the breast you are feeding from. This lets you guide your baby's head and help them latch.
3. **Football Hold:** Tuck your baby under your arm like a football. Their body is along your side, with their head near your breast. This position is good for people recovering from C-sections or those with larger breasts.
4. **Side-Lying Position:** Lie on your side with your baby facing you, at chest level, for easy latching. This works well for nighttime feedings or when you need rest.
5. **Laid-Back Position (Biological Nurturing):** Recline slightly and lay your baby on your chest. This position encourages skin-to-skin contact and relaxation.

## Encouraging a Good Initial Latch:



**Cross-Cradle Hold**



**Football Hold**

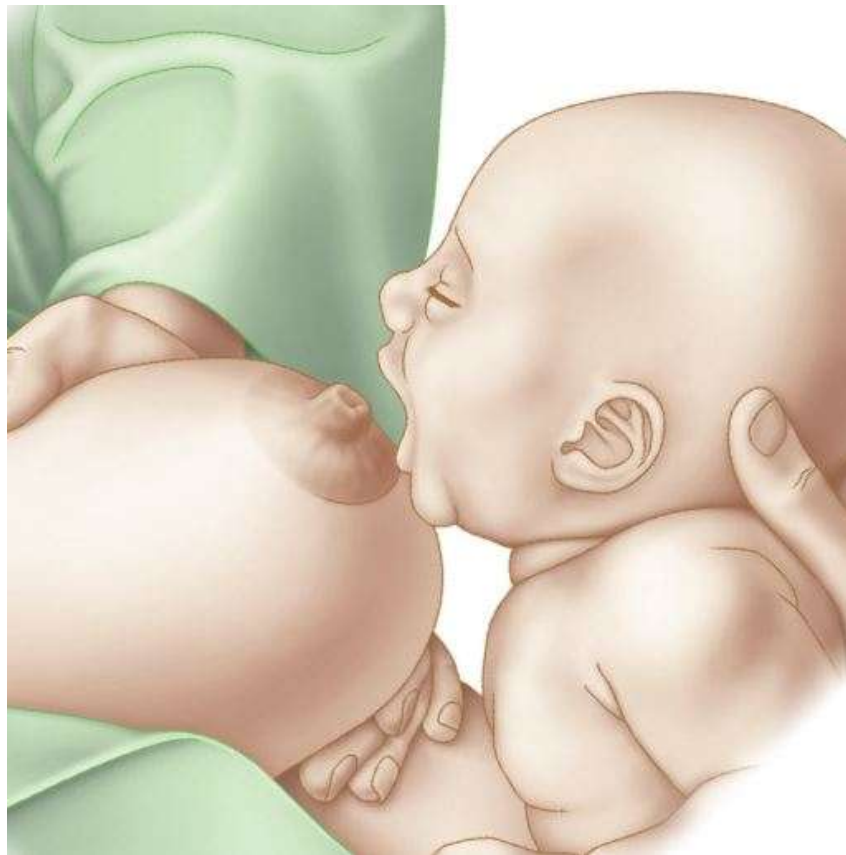


**Cradle Hold\***  
(commonly used  
after the first few weeks)



**Side-Lying**

- **Positioning:** Make sure your baby's head and body are aligned, with their nose level with your nipple. Bring your baby to your breast, not your breast to your baby. In any position, it is helpful to lean back a little bit, instead of leaning forward. Try to make sure you make yourself comfortable and use pillows or rolled up towels so that you are not leaning forward.
- **Tickling the Lips:** Gently tickle your baby's lips with your nipple to encourage them to open their mouth wide.
- **Wide Mouth:** Once your baby opens wide, quickly bring them to the breast, ensuring they take in both the nipple and part of the areola (the darker area around the nipple). Often, we can see a little bit more of the top part of the areola compared to the bottom. This is sometimes called an asymmetric latch.
- **Comfort Check:** A good latch should feel like gentle tugging, not pain. Your baby's lips should be flanged outward, and you should see rhythmic sucking and hear swallowing.



If you have trouble with latching, reach out to a lactation consultant for support. A list of Lactation Consultants and help are found at the end of this document (Pg. 7).

## Common Breastfeeding Problems and Solutions:

### 1. Sore Nipples:

- **Problem:** Cracked, sore, painful, or bleeding nipples.
- **Solution:** Ensure your baby has a proper latch, apply breast milk to soothe your nipples, and let them air dry after feedings. Some people find relief by using ice packs or specially designed gel pads that can be frozen and placed inside the bra. These can help reduce pain and inflammation.

### 2. Low Milk Supply:

- **Problem:** Feeling like you are not making enough milk.
- **Solution:** Breastfeed frequently (every 2-3 hours), ensure proper latch, try pumping after feedings to help increase supply, stay hydrated, eat a balanced diet.

### 3. Mastitis:

- **Problem:** Breast infection with redness, swelling, warmth, and flu-like symptoms.
- **Solution:** Continue breastfeeding or pumping to keep the breast empty. Apply cold compresses after breastfeeding or pumping. Rest, stay hydrated, and take ibuprofen if approved by your doctor. If symptoms persist, see a healthcare provider.

### 4. Nursing Strikes:

- **Problem:** Baby refuses to breastfeed.
- **Solution:** Rule out issues like a stuffy nose or teething, try skin-to-skin contact, offer the breast when your baby is calm or try feeding your baby while they're in active sleep-when you notice their eyes moving behind their eyelids, even though they're still asleep, and minimize distractions. Pump milk if needed and reach out to a lactation consultant if problems persist.

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## New York Laws Protecting Breastfeeding

1. **Breastfeeding in Public:** In New York, parents have the legal right to breastfeed anywhere they have the right to be, including but not limited to restaurants, parks, stores, and public transportation.





2. **Paid Pumping Breaks at Work:** New York Labor Law ensures employees have the right to take breaks to express milk for up to three years after their baby's birth. Employers must provide a private space (not a bathroom) for pumping and are required to pay employees during these breaks. <https://dol.ny.gov/expressing-breast-milk-workplace>



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### Human Milk Storage Guidelines for Healthy Full-Term Babies\*

The information on the table below is sourced from the [CDC Milk Storage Guidelines](#). You or your baby's healthcare provider may have different recommendations based on your baby's specific health needs. Please be sure to discuss this information with your baby's provider.

HUMAN MILK STORAGE GUIDELINES*			
TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40 °F (4°C)	Freezer 0 °F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1-2 Hours	Up to 1 Day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

\*Recommended storage times are important to follow for best quality.

Information is adapted from the Academy of Breastfeeding Medicine's (ABM) Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants, Revised 2017.

## Where to Find Help for Breastfeeding Issues

- **The Hospital where your baby was delivered:**  
Highland Hospital Lactation Consultants 585-341-6808  
Noyes Memorial Hospital 585-276-MILK (6455) for Strong Lactation  
RRH Newark Wayne Community Hospital 301-496-1131  
RRH Rochester General Hospital 585-922-4062  
RRH Unity Hospital Breastfeeding Helpline 585-368-4033  
Strong Memorial Lactation 585-276-MILK (6455)  
Thompson Hospital Lactation 585-396-6295
- **UR Breastfeeding and Lactation Medicine Clinic**  
<https://www.urmc.rochester.edu/childrens-hospital/breastfeeding-lactation-medicine>
- **ROC City Lactation Support Groups:** ROC City Lactation Support offers virtual and in-person group meetings where new parents can ask questions and get advice from trained lactation staff.  
Visit [www.rochesterregionalbreastfeedingcoalition.com](http://www.rochesterregionalbreastfeedingcoalition.com) for more info.

