



# Frequently Asked Questions

<http://www.pedsalex.com/breastfeeding.php>

## Q: Doesn't my baby need more breast milk as he gets older?

**A:** Not necessarily. You will be surprised that most 1-month olds will have the same intake as most 4-month olds. This is possible because the composition of your milk changes as your baby grows, supplying more nutrition per ounce as your baby ages.

## Q: Does breast size affect breast milk storage capacity/supply?

**A:** No! Storage capacity is not determined by breast size. Some breastfeeding mothers can even have a difference in milk storage between their two breasts. Although breast size can *limit* the storage capacity, it is very possible for a mother with smaller breasts to have a larger storage capacity than a mother with larger breasts. The only effect storage capacity has on feeding is the frequency: the smaller the storage capacity, the more frequent baby will feed; the larger the storage capacity, the less frequent baby will feed. *Exception: mothers with history of breast reduction/augmentation surgeries*

## Q: What are signs of clogged milk ducts?

**A:** Clogged or blocked milk ducts occur when milk dries up inside the breast and stops the rest of the milk from emptying. This most often occurs because a mother's breast has not been sufficiently and appropriately emptied. A plugged duct happens over time, and usually can be felt as a hard lump with or without tenderness, and is typically not associated with a fever. It can however be a precursor to mastitis, therefore it is important to clear it. To relieve a blocked milk duct, utilize warm compresses to affected area, massage the lump during feeding and while in warm shower, and try new positions, such as "dangle feeding" that use gravity to increase milk flow.

## Q: What are signs of engorgement?

**A:** Engorgement is a term to describe fuller, lactating breasts. This can be a normal sign that your breasts are changing production of colostrum to more mature milk. It can also happen if you miss feeds, have clogged ducts, or you are developing mastitis (breast infection). If your breasts are intensely painful, hot, red, or if you feel exceptionally tired, have chills or fever, or you are feeling progressively worse, **contact your doctor** because you may be developing mastitis.

## Q: What is the difference between a nipple shield and breast shell?

**A:** A **nipple shield** is used during feedings to assist a baby's latch or to further protect a mother's damaged nipple. It is a flexible buffer worn over the mother's nipple and areola during breastfeeds. A **breast shell** is worn in between feedings to protect the nipple from contact with the mother's bra. It's especially useful during the healing of damaged nipples.

**Q: When can I stop waking my baby at night to feed?**

**A:** Generally once your baby has reached their birth weight by two weeks after birth, on demand feedings are acceptable.

**Q: How do I control oversupply?**

**A:** Mothers with an over supply wishing to decrease their milk supply can afford to feed one breast at a time for 30-40 minutes. It is important to keep up with the same frequency of feeds, but reducing stimulation down to one breast at a time will tell your body to slow down its milk production.

**Q: How do I know my baby is getting enough?**

**A:** The best way, without weighing your baby every day for weight gain, is to ensure an adequate number of wet and/or diapers daily. The variance of babies' elimination patterns is wide. Normally, and after the 5<sup>th</sup> day after birth, a baby will produce 6-8 wet diapers a day. Additionally, breastfed babies can produce as many as 12 small bowel movements daily to as few as 1 large bowel movement weekly. Bowel movements should be yellow and seedy.

Additional indicators that your baby is getting enough:

- Nursing 8-12 times daily (about every 2-3 hours)
- Baby produces audible, swallowing sounds
- Baby should appear alert and active
- Feeding 10-20 minutes per breast

**Q: How do minimize spitting up?**

**A:** Spitting is normal for the first 6-12 months of life, and bothers the parent and not the baby. Strategies for avoiding spitting:

- Burp your baby every ½ - 1 oz, or in equal increments to total 4 burps per feed
- Elevate your baby's head 30-45 minutes after feeding
- Avoid sudden movements directly after feeds

**Q: How do I remedy cracked/bleeding nipples?**

**A:** If your nipples are cracked or bleeding, your baby's latch is not correct. Nursing should not be painful, and it is a warning sign that there is a problem. If you haven't already, you should have a professional observe your baby's latch for improvement strategies. In the meantime, it is important to heal your nipples to avoid mastitis, breast abscess, or the negative effects it may have on your breastfeeding. **Lanolin** is an over-the-counter emollient, especially for damaged nipples, and is safe to use while breastfeeding. *During nursing*, nurse on the less injured side first. After nursing, clean nipples with antibacterial soap, apply antibacterial ointment for open wounds, apply lanolin for moisture, use **hydrogel dressings**, and take a painkiller like ibuprofen.

### Q: Are breastfeeding supplies reimbursable?

**A:** If you are signed up for a *flexible savings account* or a *health savings account*, then you are most likely eligible for reimbursement for your breast pump and other associated supplies. Additionally, some insurance companies are recognizing the benefits of breastfeeding and have begun covering breast pumps, supplies, and lactation services. [Click here to learn more about reimbursements.](#)

### Q: My baby dropped percentiles at his last visit. Is this okay?

**A:** If your provider is worried, they will mention it. One of the reasons why it is important to maintain up-to-date well checks is to assess weight gain at frequent intervals, *preventing or recognizing problematic growth velocity*. Babies naturally wax and wane with their weight gain depending on their heredity, growth cycle, eating habits, and activity level.

### Q: What is a warmline?

**A:** A *warmline* is a form of social support. It offers confidential support for free, non-crisis related issues. In this case, the *warmlines* are about breastfeeding. Moms have the opportunity to call in and speak with an [expert Lactation Consultant.](#)

### Q: How do I know if I am overfeeding my baby?

**A:** Spitting up can be the first clue that you are overfeeding your baby. Often times, reflux and overfeeding can be confused. The rule of thumb is: feeding every 2 hours, give 2 ounces; feeding every 3 hours, give 3 oz; feeding every 4 hours, give 4 ounces. Although spitting up after feeds is considered normal through 6 – 12 months of life, it can also be a symptom of reflux. If your baby seems to be in pain during feedings, pulling away from the breast mid-feed, arching his back, upset when spitting up – you should first change the frequency of burping to every ½ to 1 ounce, and keep your baby's head elevated for 30 – 45 minutes after each feed. If you have done this, and symptoms persist, please call your doctor's office for further assessment.

### Q: If I am breastfeeding, when should I start feeding my baby solids?

**A:** Whenever possible, exclusive breastfeeding is recommended through 6 months of life. But the introduction of solids may start as early as 4 months of age, as published by the American Academy of Pediatrics. **Most breastfed infants will not need complementary solids until 6 months of life.** Delaying solids until 6 months may offer greater protection against illness, may allow the digestive system more time to mature, may decrease the risk of food allergies, and may make starting solids easier. For infants and families who are ready earlier, it is recommended that the introduction of solids occur no sooner than 4 months of life. Infants that show interest in solids by reaching for food, whose weight gain is not continuing at a desired rate, or who are demanding more breast milk than mother is able to supply, may be good candidates for earlier introduction of solids. **Breastfeeding, formula feeding, and introducing complementary solids are a choice that should be discussed with your infant's medical provider.**

**Q: How should I store my pumped breast milk?**

**A:**

Freshly Expressed Breastmilk Storage Guidelines (For Healthy Term Babies)				
Room Temperature	Cooler with 3 Frozen Ice Packs	Refrigerator	Freezer	Thawed Breastmilk
4–6 hours at 66–78 °F (19–26 °C)	24 hours at 59 °F (15 °C)	3–8 days at 39 °F or lower (4 °C)	6–12 months 0–4 °F (-18–-20 °C)	use within 24 hrs

**Q: What is the best way to go back to work?**

**A:** Going back to work can be a stressful transition. But if you are prepared, you can alleviate some of that stress. **Work and Pump** is an excellent resource to guide your preparation and maintenance of your breastfeeding routine. Our **Pumping** webpage offers tips on milk expression and our **Working Mothers** webpage offers guidance for a more comfortable return to work.

**Q: What should a breastfeeding mother’s diet include/avoid?**

**A:** It is important to remember that breastfeeding increases the need for calories and nutrients. A robust, balanced diet is just as important for mother as it is to baby. **Nutritional Needs of Pregnancy and Breastfeeding** offers guidance on the specifics of necessary nourishment during breastfeeding. The USDA maintains an interactive tool to help you track your needs and plan your daily intake. **Click here** to assess your daily food plan.

**Q: What are supportive gear options that will assist me during breastfeeding?**

**A:** The two best support pillows on the market are the **Boppy** and **My Brest Friend**. Each are meant to support a baby’s weight and ensure more appropriate positing to breast. In general, one is not better than the other, rather, the choice is personal preference. Below is a comparison of the two brands.

	<b>My Brest Friend</b>	<b>Boppy</b>
<b>Design</b>	Wrap-around with clip	
<b>Surface</b>	Flat	Curved
<b>Mother’s back support</b>	Yes	No
<b>Accessory</b>	Side pocket for holding nursing pads, pacifiers, etc.	None
<b>Tummy time support</b>	No	Yes
<b>Base Price</b>	\$39.99	\$29.99
<b>Slipcover Price</b>	\$17.99	\$19.99