Baby Bonds

Breastfeeding Basics

Anatomy of a Good Latch

Nose is clear of the breast.

Lips are neutral or flanged with mouth wide open to roughly 140 degrees.

Latch is asymmetric with more tissue from the lower part of the areola.

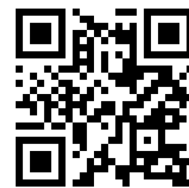
Chin is close to the breast.

A good latch starts with the nipple opposite to or above the nose.

How do you know if your baby has a good latch?

- The latch is comfortable with no nipple damage.
- Baby is actively swallowing with audible sounds during letdowns.
- Baby is satiated after feedings.
- Baby is growing well.

If all of the above are NOT true, contact your lactation consultant today for skilled evaluation and assistance.

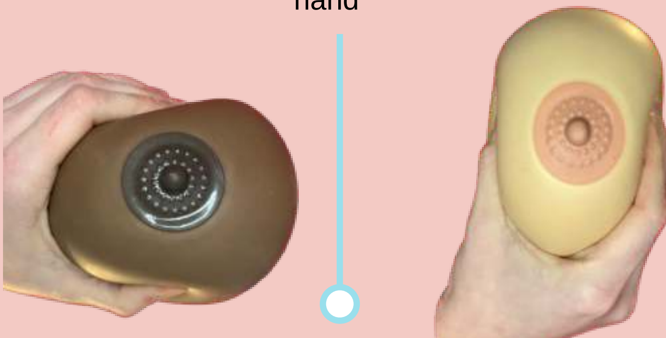


Scan QR Code for Help Meeting Your Goals

Breast Holds/Shaping

C-hold/U-hold:

Breast is compressed parallel to baby's lips using whole hand



V-hold/Scissor Hold:

Breast is compressed parallel to baby's lips using two fingers about 1-2 inches back from areola

Flipple:

Breast is compressed to allow nipple to point up, and then the breast is "flipped" into baby's wide open mouth to get a deeper latch. Often used for baby's with shallow latches or tongue ties.

Front View

Side View

Support and Lift:

Simply lift the breast tissue to allow the nipple to be more accessible to baby without manipulating tissue shape.

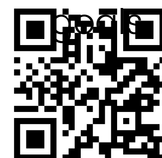
Reverse Flipple/ Modified Concorde:

Breast is compressed to allow nipple to point down. This is often used for getting the nipple past a high palate so it's protected by the soft palate. This is a complicated latch technique.

Front View

Side View

The right hold for your needs may vary. Always seek skilled lactation support for the best strategies to meet your goals



Scan QR Code for Help Meeting Your Goals

Melanie Henstrom, IBCLC

www.babybonds.us

Breastmilk Storage & Hygiene

Before Pumping

Wash Hands with soap
Ensure pump kit is clean
Inspect for mold/damage
Clean pump dials
Clean/Disinfect countertops

Milk Storage Containers

Use breast milk storage bags
Use clean, food-grade containers
Ensure tight fitting lids

Avoid: Plastics with bisphenol (BPA) #7 ♳

How to Collect and Store Milk

- Freeze milk in 2oz-4oz increments to avoid waste.
- Always label milk with the date expressed (and child's name if sending to daycare)
- Leave an inch of space at the top of container; breast milk expands as it freezes
- Milk is safe to be stored in an insulated cooler bag with ice packs (frozen) for up to 24 hours when traveling
- Do not store milk in the rerifgerator or freezer door. Place in the main section in the back.

Breastmilk Storage Guidelines

Storage Locations and Temperatures	Types of Breast Milk		
	Freshly Expressed or Pumped	Thawed (Previously Frozen)	Leftover from a Feeding (unfinished bottle)
Countertop 77°F (25°C) or colder (room temp)	up to 4 Hours	1-2 Hours	Use within 2 hours after the child has finished feeding
Refrigerator 40°F (4°C)	up to 4 Days	up to 24 Hours	
Freezer 0°F (-18°C)	up to 6 mos (best) up to 12 mos (acceptable)	NEVER RE-FREEZE Breastmilk once it has thawed	

Breastmilk Storage & Hygiene

Thawing Milk (Thaw the oldest milk first)

How to Thaw

- Thaw under lukewarm running water
- Place in a container of lukewarm water
- Thaw overnight in refrigerator

NEVER

- Never use a microwave to thaw - it destroys the nutrients and can burn baby's mouth
- Never RE-FREEZE thawed milk

Serving Milk

- Serve cold, at room temperature, or warm
- Test the temperature before serving baby by putting a few drops of milk on your wrist. It should feel warm, NOT HOT!
- Swirl to mix the milk fat which may have separated.

Cleaning and Disinfecting Parts

- Wash pumping parts in a separate bucket or basin with a gentle dish soap.
- DO NOT wash parts in the sink. It could contaminate your pump because of all of the germs inside your sink.
- Rinse soap off well
- Air dry pump parts on a clean dish towel or paper towel

Sanitizing Pump Parts and Bottles

- Clean in the dishwasher using hot water and heated dry (or sanitizing cycle)
- Boil in water for 5 minutes (after cleaning with soap and water)
- Steam in the microwace or a steam system according to instructions after cleaning

Schedule a Consult

For more info, visit the CDC's website.

Cluster Feeding

What is Cluster Feeding?

Cluster Feeding refers to a normal infant behavior where your baby eats frequently, often nursing for short feedings multiple times within a few hours. This is most commonly seen in the early evening hours. Cluster feeding is most common in younger babies or babies who are stressed by illness, separation, or changes in routine. Cluster feeding should not cause nipple soreness, pain or damage.

Coping with Cluster Feeding

Cluster feeding may be normal, but it doesn't make it easy! The best way to cope with cluster feeding is to plan for being busy feeding for a few hours and manage expectations.

- Build a nursing "nest" to have food and drinks handy.
- Prep and cook meals at other times of the day when baby is more content.
- Baby wear to help you feed baby while being more mobile.
- Keep special high value items/toys/shows to use to keep an older sibling occupied and safe while you tend to the baby

What you thought infant feeding looked like

What infant feeding actually looks like

This is what cluster feeding looks like- short closely spaced feeds for a period of a few hours

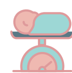
Cluster Feeding is normal, but if you feel overwhelmed it's time to get professional breastfeeding support. Scan to book a consultation today.

Hang in there, this stage does pass!

How do you know if baby is getting enough milk?

Cluster feeding has a way of making parents doubt their ability to feed their infants because they have been taught by society that frequent feedings mean poor feedings. Cluster feeding in a thriving baby is no cause for concern, so we track your baby's feedings, weight gain, and diapers to make sure your baby is doing well.

8-12 Feedings per 24 hours



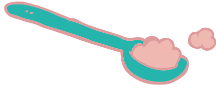
.5-1 ounce weight gain per day

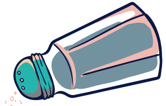
5-6 very wet diapers and frequent yellow soft stools.

When should I worry?

If your baby is not meeting the number of feedings, weight gain, or wet diapers, you need help. If you are dealing with sore or painful nipples, you need help. If you are not sure what is normal versus concerning, you need help. It's never a bad idea to ask for help to either get reassurance this is normal or help if it is not.

Epsom Salt vs Saline Soaks





Commonly Used For

Milk Blebs and Clogged Ducts to rapidly reduce swelling

Commonly Used To

Help heal nipple damage and reduce swelling and inflammation

Epsom Salt Soak Recipe

Mix 2 tsp of Epsom salt into 8 ounces of warm water.

Soak the breast or nipple in the water.

A common variation on this includes using a Haakaa Pump with the warm water and Epsom Salt solution to use suction to increase the results.

How Often

No more than 2-3 times per day for 5-10 minutes.

*Use caution if you have nipple damage, Epsom salt can irritate your already damaged nipples worsening your situation.

Saline Soak Recipe

Dissolve 1 teaspoon of table salt in 8 ounces of warm water.

Soak the breast of nipple in the water AFTER nursing or pumping.

Follow the saline solution soak by applying oil or nipple balm and a clean, dry breast pad.

How Often

Soak your nipples for 2-3 minutes, a few times per day

*Saline soaks are typically done as part of a moist wound healing care plan, but they can be used for all types of nipple pain and trauma.

Need Help? Schedule a Consult

Feeding Cues

Identifying when your baby wants to eat

Early Feeding Cues

Early feeding cues should be watched for, and the breast should be offered when your baby is showing these signs. Feeding a baby at this stage is most likely to allow for a calm and successful feed.

- Licking lips
- Making a smacking or sucking sound
- Sticking Tongue Out
- Sucking Things Nearby
- Rooting (Turning head and opening mouth)
- Hands to Mouth

Babies will, on average, eat 8-12 times in 24 hours. Watch your baby's diapers to know that baby is getting enough milk.

Late Feeding Cues

Later Feeding Cues:

- Fidgeting and squirming
- Fussing

Later feeding cues means the early cues were missed and now baby is quite hungry. Feeding may be more difficult.

Final Feeding Cues:

- Turning Red
- Crying

Final feeding cues mean the baby is very hungry and is likely to struggle to coordinate themselves to feed effectively. Try to avoid letting it get that far.

A crying baby cannot latch well. Try to soothe your baby and then feed once calmed

Getting Baby Back to the Breast

Getting a baby who is accustomed to bottle feeding back to the breast requires some careful planning and patience. We want to, above all, make sure we are keeping baby fed and respecting baby's needs and cues. The plan for getting your baby back to the breast is going to be most successful when working with a skilled lactation consultant to uniquely tailor the plan to you and your baby's needs.

Realistic Expectations

In most cases, getting a baby to re-establish nursing at the breast takes a lot of time, patience, and trial and error. Depending on the reasons that nursing was stopped or not initiated, there may be work to do before we can even attempt to get baby to try nursing.

Around 4 months of age, the rooting reflex and the suck reflex integrate and disappear. When this occurs, baby has to voluntarily latch and nurse.

Preparing the Breast

Nursing will typically require adequate flow at the breast to keep baby engaged and feeding. If there are milk supply issues, we will want to address that to the best of our abilities. If there is an underlying reason adequate flow cannot be established, we will likely want to consider a Supplemental Nursing System.

Preparing the Baby

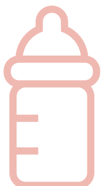
An important part of preparing your baby for nursing at the breast will be establishing that baby has the oral skills required to feed at the breast. If there are issues with oral skills, we want to identify those and work to help your baby gain the skills to feed effectively at the breast and prevent painful nipples.

Make Bottle Feeding More Like Breastfeeding to Ease the Transition

More Narrow Bottles Allow a More Breast Like Latch

- Slow the Flow
- Use Paced Bottle Feeding
- Make sure the flow of milk takes pauses and doesn't start as soon as the bottle enters the mouth. Baby will have to be patient at the breast to stay engaged.
- Try bottle feeding in breastfeeding positions to establish these as feeding positions
- Breastfeed skin-to-skin to help establish baby's comfort

Wider Nipples Encourage Bad Latching



Scan to learn more about getting your baby back to the breast

Getting Baby Back to the Breast

Strategies to Establish the Breast as a Happy Place

More than nutrition and more than immunological benefits, nursing at the breast is about meeting baby's emotional needs for connection and security. We want to establish the breast as a good place to be. A baby who is uncomfortable is not going to re-establish nursing.

Strategies to Achieve This:

- [ ] Skin to Skin
- [ ] Safe Co-Sleeping
- [ ] Co-Bathing
- [ ] Baby Wearing
- [ ] Bottle Feeding Skin-to-Skin in a Breast Feeding Position

Keep the time at the breast a happy time with no expectations. If baby chooses to latch, go with it, But if not, don't force anything.

Everything here is just a suggestion or idea. Take what works, leave the rest. You and your baby are a unique dyad - not everything will be the right solution for you.

Strategies to Encourage and Enable Baby to Latch

- [ ] Provide breast access when baby is sleepy. Sleepy babies may be more inclined to try latching.
- [ ] Offer milk with a syringe, finger feeding, or cup to teach baby there are multiple ways to eat aside from the bottle.
- [ ] The Bait and Switch: Start by bottle feeding skin-to-skin in a cradle position. Then, offer the breast when baby is about 1/2-3/4 of the way through their bottle and drowsy.
- [ ] Cosleeping safely allows baby access to the breast even just for comfort to encourage latching.

Get the support you need to meet your breastfeeding goals today. Scan to book a consultation .

Be patient and don't get discouraged. This takes time and often professional support over a period of several weeks. This is hard work, but when it pays off, it's worth the effort.

Low Milk Supply Checklist

- [ ] My baby struggles with latching or nursing
- [ ] I have nipple pain and damage
- [ ] I suspect or know my baby has a tongue tie
- [ ] I pump or nurse less than 8 times per day
- [ ] I do not nurse or pump at night
- [ ] I use a feeding schedule
- [ ] I replace feedings with formula or donor milk
- [ ] My baby frequently uses a pacifier
- [ ] I limit the length of feedings
- [ ] I think my pump flanges are the wrong size.
- [ ] I consume less than 1500-1800 calories per day
- [ ] I am using hormonal contraception
- [ ] I regularly consume alchol or nicotine containing products
- [ ] I stopped expressing my milk at one point in time

If you checked any of these boxes, you have **secondary risk factors** for low milk supply. Typically, these can be addressed by changing your breastfeeding management. A lactation consultant can help you sort out how to improve your situation.

- [ ] I am pregnant
- [ ] I have had breast surgery (implants, reduction, biopsy, etc.)
- [ ] I have had a chest injury or surgery involving my chest
- [ ] I have had a spinal cord injury or surgery
- [ ] I have been told I have Hypoplastic Breasts
- [ ] I have been told I have Insufficient Glandular Tissue
- [ ] One of my breasts is significantly smaller than the other
- [ ] I have a flat wide space between my breasts
- [ ] I had little to no changes to my breasts during pregnancy
- [ ] I had little to no changes to my breasts in the first week
- [ ] I have Diabetes Type 1 or 2
- [ ] I have a history of gestational diabetes
- [ ] I have been diagnosed with an eating disorder
- [ ] I have undergone gastric bypass surgery

If you checked any of these boxes, you have **primary risk factors** for low milk supply and should seek out a consultation with a lactation consultant to optimize your chances of breastfeeding success. If you also have secondary risk factors it will be important to eliminate as many of those as possible to better support lactation.

Scan to Schedule a Consult

Moving Past the Nipple Shield

The most important step: Identify why the shield was used and if the issue still persists. The shield often masks other problems that will need to be addressed to meet your breastfeeding goals.

Depending on why the shield was introduced, you may need skilled lactation care to help prepare your baby to be able to successfully latch without the shield.

Book today to get the help you need

Set the Stage

- Use skin to skin to reacquaint baby to the breast without a shield present. Don't try to offer the breast, just leave it available and have no expectations for baby.
- Entice baby to latch by expressing a few drops of milk so they can smell and taste the milk.
- Allow baby to explore the bare nipple without expectations

Feed the Baby

Keep baby fed frequently! Hungry babies are less likely to work with you on a new skill. Feeding every 2 hours makes sure baby is hungry enough to try without the shield, but not so hungry that baby is frustrated.

Try the Bait and Switch

Try latching the baby with the shield for a few minutes, then unlatch and take the shield away before quickly re-latching. The baby may not even notice!

Pick the Right Times to Try

- Times when baby is just waking up are great times for a non-frantic feed.
- Dream feeds work well, too. Babies are calm when they dream feed, and it may take less effort to achieve that shield free latch.
- Pick a time when feeding is calm for both you and baby, and you can try feeding in a quiet, dimly lit environment.
- Stop if you and/or baby become frustrated. Try again another time when you are both calmer.

Shape the Nipple

- If you are engorged, use reverse pressure softening to make the nipple flexible.
- Use a pump or cold washcloth to make your nipple more erect and firm so baby can latch more easily.
- Use your hand to point the nipple up at the roof of the baby's mouth.
- Try the flipple technique to encourage a deeper mouth full of breast tissue.

Point your nipple up when latching to get a deeper latch!

Above all, be patient! It can take time to make this happen!

Newborn Feeding Expectations

Scan for help feeding your baby

How often does a baby feed and for how long?

Newborns should be feeding a minimum of 8 times in 24 hours, with a typical range of 8-12 feedings in 24 hours. Your baby should be eating every 2-3 hours around the clock with no more than one 4-hour stretch at night until we have confirmed positive weight gain and efficient feeding.

Your newborn should eat for 20-40 minutes per feeding and may eat from one or both breasts.

Until we are sure your baby is eating well and gaining weight, do not let them sleep long stretches, especially during the day. This will help prevent getting their days and nights mixed up if they are frequently awakened to feed during the day.

Is My Baby Getting Enough Breastmilk?

Melanie Henstrom, IBCLC

www.babybonds.us

Birth to Day 4

Breast Expectations	Baby Expectations	Feeding Expectations	Diaper Expectations	Weight Expectations
Your breasts will contain your first milk called Colostrum. You may not feel like baby is actually drinking because Colostrum is very thick and powerful for baby in tiny amounts. Your breasts may still feel normal or empty and not yet engorged (full) with milk. THEY ARE WORKING! Breastfeeding should not hurt. If it hurts, tell a lactation consultant.	Baby wants to be close with mom. It is where they are most comforted. Your baby may pop on and off the breast frequently. This sucking action and stimulation will help initiate (start) your milk supply. Baby should feed often. A baby should not be sleeping in long stretches. Skin-to-skin contact helps you to bond and create more milk.	Feeding about 8-12 times a day is good and normal. If baby is irritable or fussy, offer the breasts again even if they already ate from that side earlier. Feeding often helps to prevent clogged ducts and mastitis from forming.	Frequent diaper changing of your baby will help to prevent diaper rash and irritation. 1-2 Wet diapers a day (minimum) Thick black poop that looks like tar called Meconium is also normal.	Babies typically lose weight after birth. Weight loss up to 10% of birth weight is considered normal. Weight loss more than 10% is a concern to be immediately addressed by a trained lactation consultant. Schedule a Consultation

How should I track my baby's feedings and diapers?

The best way to track your baby's feedings and diapers is with a paper log. This helps you easily share how your baby is doing with your team of health care providers and lactation consultants.

When in doubt seek professional breastfeeding support to make sure your baby is fed and your milk supply is protected.

What infant feeding actually looks like. Amounts and frequency vary through a 24-hour period for an average of 8-12 feedings

This is what cluster feeding looks like- short closely spaced feeds for a period of a few hours

When should I worry?

If your baby is not meeting the number of feedings, weight gain, or wet diapers, you need help. If you are dealing with sore or painful nipples you need help. If your baby is difficult to wake or keep awake for feedings, you need professional breastfeeding assessment and support. If you are not sure what is normal versus concerning, you need help. It's never a bad idea to ask for help to either get reassurance this is normal or help if it is not.

Be patient! You and your baby have to learn to breastfeed!

In the early days, breastfeeding can feel like a lot of work, but you and your baby are learning to do this together. Monitor your baby's weight gain, diapers, and feedings, and in a few weeks, things will be a lot easier.

Pain and Damage Are Not Normal

If breastfeeding hurts, you need professional support ASAP to assess what is happening to prevent further damage, make sure your baby has the skills to eat properly, and protect your milk supply. Pain isn't part of the package.

Postpartum Feelings Discussion List

- [ ] Depressed Mood
- [ ] Mood swings
- [ ] Difficulty bonding with my baby
- [ ] Withdrawing from friends or family
- [ ] Loss of appetite
- [ ] Eating much more than usual
- [ ] Inability to sleep (insomnia)
- [ ] Sleeping too much
- [ ] Overwhelming fatigue
- [ ] Loss of Energy
- [ ] Reduced interest or pleasure in things you previously enjoyed
- [ ] Intense irritability or anger
- [ ] Fear of being a bad parent
- [ ] Hopelessness
- [ ] Feelings of worthlessness, shame, guilt or inadequacy
- [ ] Diminished ability to think clearly, concentrate, or make decisions
- [ ] Restlessness
- [ ] Severe anxiety or panic attacks
- [ ] Thoughts of harming yourself or your baby
- [ ] Recurrent thoughts of death or suicide

Almost all medications for postpartum mental health support are compatible with continued breastfeeding. Never discontinue breastfeeding or "pump and dump" without consulting with these sources for updated information:

The Infant Risk Center: 1-806-352-2519
Lactmed
E-Lactancia

This is a checklist to help you and your doctor and/or therapist begin the discussion about getting you the help you need.

Hey Doc! I need some help with how I am feeling. I'd like to discuss these items on my checklist.

_____I have been on medication for this before.

- What was it?____________
- Did you like it? YES/NO

_____I would like to try medication for the first time.

_____I am also breastfeeding.

_____Are you comfortable discussing breastfeeding and medications, or do you recommend another specialist to handle this need? YES/NO

_____Here are some compatible medications I would feel comfortable discussing.

- ____________________
- ____________________

_____I would like to try medication and therapy.

_____I am only interested in therapy at this time, but what are some signs that therapy may not be working on its own?

Prenatal Risk Factors for Lactation Challenges

Health Related Risk Factors

- [ ] Primiparity (First Time Parents)
- [ ] Maternal Age (Older parents are at higher risk)
- [ ] Maternal Obesity
- [ ] Diabetes(including Gestational Diabetes)
- [ ] Hypertension
- [ ] History of Eating Disorders
- [ ] History of Gastric Bypass Surgery
- [ ] History of Thyroid Disorders
- [ ] Infertility Challenges
- [ ] PCOS (Polycystic Ovarian Syndrome)

Breast Related Risk Factors

- [ ] History of Breast Surgery (including augmentation)
- [ ] History of Injury or Surgery to the Chest
- [ ] Hypoplastic Breasts
- [ ] One breast is significantly smaller than the other
- [ ] Flat or Inverted Nipples

Breastfeeding is most successful when we are aware of risk factors for milk making challenges. When identified prenatally, or as soon after birth as possible, it allows us time to formulate a plan for you and your baby that keeps you both safe, healthy, and able to meet your goals!

Book a Prenatal Consultation today to learn how to make breastfeeding work for you!

Follow this Link for More Information or To Schedule a Consultation

NOTES:

Risk Factors for Lactation Challenges

Health Related Risk Factors

- [ ] Primiparity (First Time Parents)
- [ ] Maternal Age (Older parents are at higher risk)
- [ ] Maternal Obesity
- [ ] Diabetes(including Gestational Diabetes)
- [ ] Hypertension
- [ ] History of Eating Disorders
- [ ] History of Gastric Bypass Surgery
- [ ] History of Thyroid Disorders
- [ ] Infertility Challenges
- [ ] PCOS (Polycystic Ovarian Syndrome)

Breast Related Risk Factors

- [ ] History of Breast Surgery (including augmentation)
- [ ] History of Injury or Surgery to the Chest
- [ ] Hypoplastic Breasts
- [ ] One breast is significantly smaller than the other
- [ ] Flat or Inverted Nipples

Breastfeeding is most successful when we are aware of risk factors for milk making challenges. When identified prenatally, or as soon after birth as possible, it allows us time to formulate a plan for you and your baby that keeps you both safe, healthy, and able to meet your goals!

Book a consultation today to learn how to make breastfeeding work for you!

Follow this Link for More Information or To Schedule a Consultation

Risk Factors Related to Birth and the Early Days

- [ ] Prolonged Labor
- [ ] Difficult or Traumatic Delivery
- [ ] Delay in Latching
- [ ] Fluid Overload/Edema
- [ ] Epidural or Narcotic Pain Killer Usage
- [ ] Infrequent Nursing or Pumping
- [ ] Seperation of parent and baby
- [ ] Nipple Pain or Damage

Laid Back Positioning

Why this Position?

- Aids baby in neck flexion by positioning them where they have space to tilt their heads back.
- Encourages baby to drop their lower jaw and keep the jaw wide with gravity.
- Can help babies with tension or oral restrictions get a deeper latch they can maintain.
- Allows parents to rest during longer feeds that are common in the early days
- Helps baby to engage their innate infant feeding reflexes to find a latch that works well for their anatomy and their parent's anatomy.

How to know if You Have It Right

- Baby stays in place even if you move your arms.
- You are fully relaxed and supported, you aren't too upright, and you aren't flat.
- Baby is tummy down with head higher than their bottom.

Positioning Highlights

Baby is tummy to tummy on top of you.

Your arms act as a guard for baby.

You are reclined

To latch, baby has to lean their head back and go up and over the nipple.

Baby is supported at the breast by gravity.

Videos to Help You!

Scan QR Code for Help Meeting Your Goals

Melanie Henstrom, IBCLC

Side Lying Position

Why this Position?

- Aids baby in neck flexion by positioning them where they have space to tilt their heads back.
- Encourages baby to drop their lower jaw and keep the jaw wide with gravity.
- Can help babies with tension or oral restrictions get a deeper latch they can maintain.
- Allows parents to rest during longer feeds that are common in the early days
- Can be used to facilitate night time nursing to support healthy breastmilk production.

Your arms act as a guard for baby or you can use a rolled up blanket behind their back.

Baby should be tummy to tummy.

Depending on baby's size and your breast anatomy, you may need an arm under baby to align them well.

A pillow can be used to make you more comfortable.

Baby should be lined up nose to nipple to encourage reaching a deeper latch.

A Video to Help You!

Scan QR Code for Help Meeting Your Goals

The Seated Koala Hold

Why this Position?

- Aids baby in neck flexion by positioning them where they have space to tilt their heads back.
- Encourages baby to drop their lower jaw and keep the jaw wide with gravity.
- Can help babies with tension or oral restrictions get a deeper latch they can maintain.

Positioning Highlights

Nipple is above or equal to height of nose

Hand is on shoulders so neck is free to flex

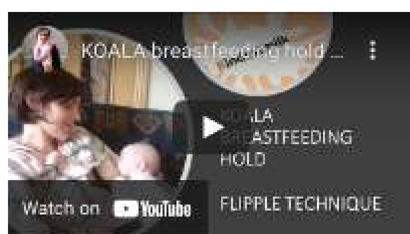
Baby's legs are stradling your thigh.

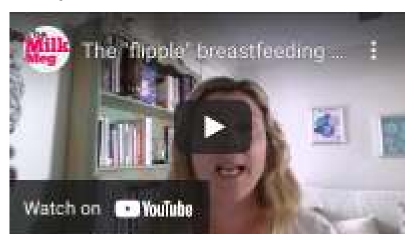
Arms are on sides of the breast and out of baby's way.

Often Paired with the Flipple Latch or Exaggerated Latch Technique

This position may be hard with younger babies, and we may opt for the laid back position instead.

Videos to Help You!





Scan QR Code for Help Meeting Your Goals

Melanie Henstrom, IBCLC www.babybonds.us

The MilkShake Method

What is the MilkShake Method and why do we use it??

The MilkShake method is a simple intervention designed to help get more milkfat combined into breastmilk when nursing or pumping.

This method assists in situations where, for a variety of reasons, the milkfat is not being successfully transferred to the milk, and the milk being expressed is higher in lactose and lower in fat that ideal.

This can occur with an oversupply where large volumes of milk accumulate in the breast, and adequate emptying is not occurring. This allows time for the milkfat to seperate from the more watery components of the breastmilk. The fat then clings to the walls of the milk ducts, and that can make it harder for the milkfat to release into the milk.

Another common reason to use this intervention is in the case of a baby with compromised milk transfer, whether weak from an early birth, or from a compromised latch like with a tongue tie. This method can help assure that the milkfat is more readily accessible to help baby get everything they need to grow and thrive.

How to do the MilkShake Method?

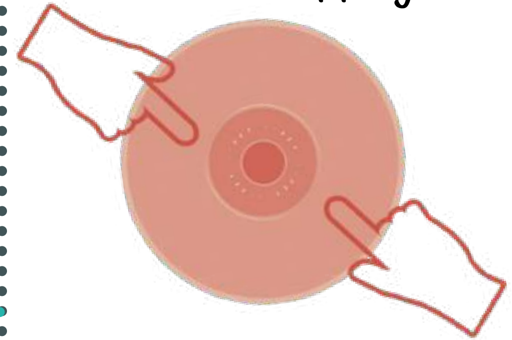
To use the MilkShake Method, you use your hands to help stimulate the breasts before nursing or pumping to help make sure the milk in the milkducts is well combined and any sticky milkfat has been dislodged from the walls of the milkducts. Use a combination of massage, tapping, and shaking to stimulate the breast.

Be gentle with your breasts! Never touch them more firmly than you would your baby. If it hurts, stop and talk to your lactation consultant!

Breast Massage

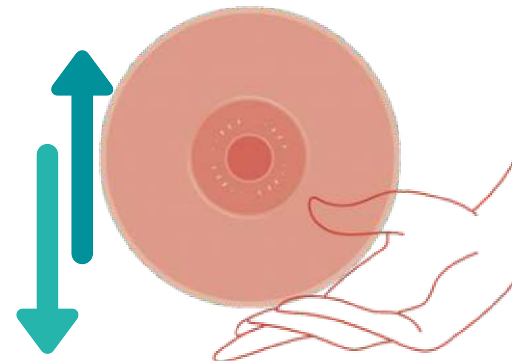
Massage the breast in circles to reduce swelling and encourage milk removal.

Breast Tapping



Use your fingers to gently tap the breasts to help stimulate before hand expression, pumping, or nursing to encourage better milk removal.

Breast Shake



Gently use your hands to shake the breast in an up and down motion for 20-30 seconds to help dislodge the milk fat.

Tongue-Tie Basics

Melanie Henstrom, BS, IBCLC

SCHEDULE A CONSULT

What is a Tongue-Tie?

A tongue-tie is the common term for ankyloglossia, and refers to a condition present from birth where there is a band of tissue under the tongue that is restricting the tongue's ability to move properly. In severe cases, the tongue may be anchored to the floor all the way to the tip of the tongue.

Why Do Tongue-Ties Matter?

A tongue-tie can interfere with a baby's ability to properly nurse as well as bottle feed. Check the symptoms' chart below, and if you feel you need to be assessed, schedule a Virtual Breastfeeding Consultation.

Parent's Symptoms of Tongue-Tie

- Nipple pain when nursing
- Vasospasms
- Overactive Let-down
- Painful Oversupply
- Pain in breasts
- Recurrent Thrush
- Nipples look pinched or lipstick shape after nursing
- Recurrent Plugged Ducts, Blisters/Blebs, Mastitis
- Cracked or Bleeding Nipples
- Low Milk Supply

Baby's Symptoms of Tongue-Tie

- Poor Latch/Sucking
- Irritability or "colic"
- Coughing and choking when nursing
- Unusually strong suction
- Gas and Reflux - excessive spit up from taking in too much air at the breast
- Green Bowel Movements
- Clicking sound when nursing
- Fussiness at the breast
- Small Speck of Blood in the Stool
- Very Low or Slow Weight Gain
- Arching away from the breast

Question: My baby and I have many of these symptoms, is it for sure a tongue-tie?

Answer: I really wish it was that simple. Assessing a tongue-tie involves looking for visual clues in the mouth, assessing if baby has full range of motion and use of the tongue, and if baby is capable of properly eating at the breast and/or bottle. Scan the QR code above to schedule a consult.

Triple Feeding

Nurse, Pump, Supplement

Reasons for Triple Feeding

Triple Feeding is an intensive intervention designed to protect and boost milk supply, preserve nursing at the breast, and ensure a baby who is not capable of feeding at the breast 100% is adequately fed.

Benefits of Triple Feeding

Triple Feeding allows us to intervene in situations where either the milk supply is too low for baby's needs, or baby is too weak to effectively nurse at the breast exclusively. Continued time at the breast helps prevent breast rejection and preserves the nursing relationship.

Risks of Triple Feeding

Triple Feeding is an intense intervention that can be difficult and overwhelming. It should only be used short term to prevent burnout that can lead to early weaning. Triple Feeding can contribute to maternal stress and anxiety and exacerbate PPD/PPA.

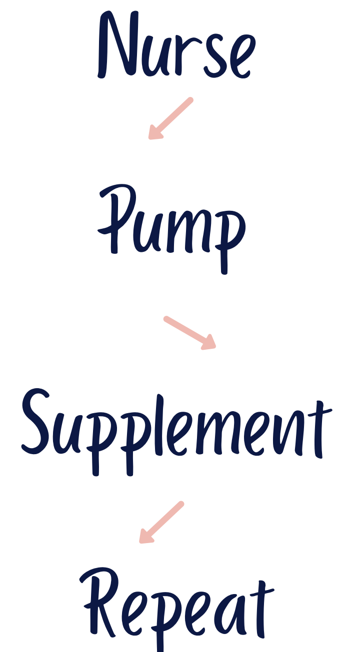
Triple Feeding Is A Short Term Intervention, Not A Long Term Solution

Parallel Pumping is an intervention as part of a comprehensive plan to address a breastfeeding difficulty, it is not a solution that will fix things on its own.

Triple Feeding Should Only Be Used As Part of a Comprehensive Care Plan by a Skilled Clinical Lactation Provider in Conjunction with a Care Plan to Improve Baby's Ability to Nurse Effectively

How to Triple Feed

Triple Feeding is the Process of Nursing at the Breast, Pumping after Nursing to empty fully/increase supply, and feeding baby with supplemental milk to ensure baby is fed.



Triple Feeding

Nurse, Pump, Supplement

Triple Feeding Success is dependent on effective breast pumping.

Be sure to use a heavy duty pump with a well fitted flange.

Triple Feeding Should Be Done For The *Least* Amount of Time Possible

Tips for Making Triple Feeding Work

- Consider Triple Feeding for only certain feedings of the day when there is a support person available to help.
- Use a hands free pump bra or Freemie/Spectra Cups to make feeding baby the supplement milk with pumping possible and to shorten the time it takes to feed.
- Try to limit overnight Triple Feeds to manage sleep deprivation.
- Speak up if the care plan is too much for you! There are other options available to meet your goals.

Consider Parallel Pumping or Feeding with a Supplemental Nursing System if Appropriate

Care Plan for Feeding/Pumping

Nurse for : _____ minutes on 1/each breast

Pump for _____ minutes with a _____ pump using a __________ mm flange

Supplement with ______ mL of ________________________ _____________________

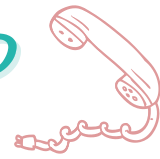
Repeat at _____ feedings per day for ______ days.

Follow Up in ________ days with _____________________or sooner if care plan becomes unmanageable

Care Plan for Improving Feeding at the Breast

Scan to Schedule a Consult

Who Do You Call?



Doula

Birth Process

Birth Education

How to Manage Childbirth

Basic Infant Feeding Info

Family Dynamic Changes

How Partners Can Help

Basic Infant Care Support

Midwife/Obgyn

Bleeding

Urination Issues

Pain at Tearing Site

Fever

Anxiety/Depression

Rapid Weight Loss/Gain

Headaches

Medical Support for Breastfeeding Complications

Basic Breastfeeding Support

Learning what is Normal

Latching Issues

Positioning Issues

Breastfeeding Education

Lower Level Problem Solving

Baby Poop

Assessing Low Milk Supply

Clinical Breastfeeding Support

Everything the Basic Support Can Do, AND Managing and Creating the Care Plans to Manage Breastfeeding Issues.

Milk Supply Concerns

Tongue-Ties

Baby's with Special Needs

Oral Dysfunction

Breast Abnormalities

Is Breastfeeding Going Well?

SIGNS IT IS

- [ ] Seeing/Hearing Baby Swallow
- [ ] Baby is Maintaing Growth Chart Curve
- [ ] The Tugging/Pulling Sensation with Breastfeeding doesn't Hurt
- [ ] Baby Feeds Every Few Hours for a total of 8-12 times in 24 hours
- [ ] Mom is Content with Current Breastfeeding Experience
- [ ] Baby Begins to Develop Their Own Nap/Wake/Feed Schedule

Trust your instincts.
If something feels wrong or off, let us know! You know your child best. Empowered Parents are Strong Parents.

SIGNS IT ISN'T

- [ ] Feeding Constantly (different from Cluster Feeds)
- [ ] Clicking Noises from Baby
- [ ] Pain or Discontent (Mother or Baby)
- [ ] Nipples Look Different After Feeds
- [ ] Falling Asleep at the Breast After Latching
- [ ] Unable to Latch without a Nipple Shield
- [ ] Baby Feeds Longer than 30 Minutes*
- [ ] Baby's Coloring Appears Pale or Orange
- [ ] Baby's Not Meeting Diaper Count

*Can be normal, but should be assessed

SCAN TO SCHEDULE A CONSULTATION

If there is something that concerns you, we want to help.

Melanie Henstrom, IBCLC www.babybonds.us

Breastfeeding Compatible Medication List

As verified by E-lactancia, Infant Risk Center and LactMed as Very Low/Low Risk as of January 2022

Allergy Medications

- Allegra
- Benadryl
- Claritin
- Flonase
- Xyzal
- Zyrtec

Allergy Meds marked "D" contain Pseudoephedrine and can impact supply. Use with Caution.

Antibiotic Medications

- Amoxillin
- Azithromycin
- Cephalexin
- Ciprofloxacin
- Clindamycin
- Levofloxacin
- Metrodinazole
- Trimethoprin

Cough/Cold Medications

- Dextromethorphan
- Guaifinesin
- Phenylephrine

Pain/Fever Medications

- Aleve (Naproxen)
- Diclofenac
- Ibuprofen
- Tylenol (Acetaminophen)

Mental Health Medications

- Abilify
- Celexa
- Cymbalta
- Effexor
- Lexapro
- Paxil
- Prozac
- Wellbutrin*
- Zoloft

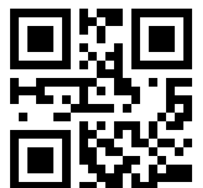
*Can Impact Supply, Use with Caution

Stomach Ache Medications

- Calcium Carbonate
- Immodium
- Pepto Bismol
- Prevacid (Lansoprozole)
- Zofran
- Zegerid (Omeprazole)

If you feel sick, the most important things to do are rest, hydrate, and feed your baby.

For Breastfeeding Support, Scan to Schedule Help Now



For More Info, or to Search a Medication not listed, visit E-Lactancia