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Breastfeeding Information
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Breastfeeding Information

Difficult Latch-on

Breastfeeding, like many things in our life, is a learned task. For some infants, they will need help with this learning activity. In general, having a good latch is the first step in solving difficulties with breastfeeding. If you are having problems, we encourage you to make an appointment with one of our nurse practitioners.

Feeding Cues

- Look for feeding cues including lip smacking, hand to mouth activity
- Ensure that your infant is alert and awake. It is easier to feed an alert infant. Some ideas to wake your infant include:
    - Skin to skin contact (your infants should be in a diaper only)
    - Playing with the infant's hands or feet
    - Stroke your infant's cheek, chin or neck
    - Walk your fingers up and down your infant's spine.
    - A room temperature wet washcloth – stroke the infant's forehead, back or legs with the washcloth.
    - Change your infants diaper
    - Sit your baby upright in your lap, with head supported, move your infant forward and then backward as if doing a sit-up.
    - Try switching to the other breast. You can switch back and forth multiple times.

Proper positioning at the breast

* These tips are for the cross cradle hold. However, many of the points apply to all holds.

- Hold your infant so he is as close to you with his head and body at the breast level. His head should be facing your breast and tummy facing your tummy.
- Keep your infant horizontal at waist in flexed and relaxed position.
- Position your infant so he is aligned from ear to shoulder to hip.
- Position you infant so that his nose is aligned with your nipple.
- Support your breast with one hand behind areola, fingers below, thumb on top (C-hold) or fingers on one side and thumb on the other (U-hold).
- It is important that the mother is comfortable with her shoulders relaxed and back straight. Utilize different sized pillows and foot stools as needed.

Proper latch-on

- Stroke your infant's nose-lip-chin or apply slight downward pressure on chin.
- Wait for your infant's mouth to open wide with lips spread and tongue over lower gums before bringing infant to your breast. You may need to stroke your infant's lips repetitively until he opens wide like a yawn.
- Bring your infant to your nipple, covering as much areola as possible. Bring your infants' chin and lower jaw to the breast first.
- Note that your infant's lips are flanged outward and mouth is open wide on breast.
- Keep chin snuggly into breast. Do not make an indentation into the breast tissue for the infant to breath.
- Feed completely on the first breast, then offer the second breast.

Proper Suck and Swallow

- Your infant's mandible (jaw) will move in a rhythmic and rotating motion; the ear lobe can be seen moving as well.
- Your infant's cheeks are rounded, not dimpled.
- Audible swallowing is heard.

Note: It is a good idea to rotate breastfeeding positions to encourage optimal drainage from different milk ducts and to minimize nipple discomfort and to avoid the use of pacifiers or bottles until your baby is latching and nursing well.

Problems:
There are many reasons that your infant may have a difficult time latching onto the breast and have a successful feeding experience. The following are just a few common concerns. Consult your nurse practitioner to evaluate your infant's particular needs.

Your infant latches onto the nipple – You are hearing a clicking sound during feeding.
Remove your baby from your breast by sliding your finger into your infant's mouth and pressing down onto the breast. This will break the suction. Then try to latch again.

You have had a C-Section and the cradle hold is painful on your incision –
Try the football hold. Try placing a pillow above the incision and try the cradle hold again.

Nipple looks like a tube of lipstick after feeding –
Your infant has been latching onto the nipple.

Refusal to nurse –
Try when your infant is sleepy. For example, when he is just waking from a nap.

Disorganized suck/ frantic sucker –
Try swaddling. Try finger feeding about 10cc at the beginning of the feeding to calm your infant. Then try to latch again.

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Breastfeeding Information
Engorgement

Engorgement is the feeling of very firm, painful breasts.
Primary engorgement typically begins 72 hours after delivering your baby. During this time, colostrum is changing into mature milk causing an increase in the volume of milk with in your milk ducts (where breast milk is stored in your breasts). Additionally, there is a fluid shift around the milk ducts similar to the fluid that may have accumulated at your ankles during pregnancy. This type of engorgement typically lasts for 1-3 days.
Although less common, engorgement can occur when large amounts of milk remain in the milk ducts. This is typically due to a missed feeding but can occur when a baby takes only a small amount of milk or when a mother is producing a large amount of milk.

Advice

- Nurse your baby frequently; at least every 2-3 hours. Your goal is 8-12 feedings every 24 hours.
- It is easier to feed an alert infant. Try to wake your infant up. Some ideas include:
  - Skin to skin contact (your infants should be in a diaper only)
  - Playing with the infant's hands or feet
  - Stroke your infant's cheek, chin or neck
  - Walk your fingers up and down your infant's spine.
  - A room temperature wet washcloth – stroke the infants forehead, back or legs with the washcloth.
  - Change your infants diaper
  - Try switching to the other breast.
- Ensure that your infant has a good latch and is able to suck well.
- If your infant is having a hard time getting a deep latch on a full breast, hand express or pump (approximately 2 minutes) to soften the areola.
- To start the flow of milk, apply warm heat to your breasts. A warm shower may also help assist in milk let-down and flow.
- Allow your infant to finish a feeding; do not limit his time at the breast.
- If your infant does not feed off of both breasts, use a breast pump or hand express to relieve fullness.
- Use relaxation techniques prior to feedings to assist in milk let-down and flow.
- Although it may be difficult, the mother should rest!

- If you still feel uncomfortably full after a feeding, pump until you feel better. The trick with pumping and engorgement is to pump until you feel OK, not until you are empty.
- Taking ibuprofen 400-600mg every 6-8 hours may be helpful with discomfort.

Cautions

- If there is no improvement in 2-3 days, call your nurse practitioner.
- Fever, nausea or body aches may indicate an infection such as mastitis. Call your OB office for treatment.
- Avoid using bottles or pacifiers in the first three weeks of life.

Cabbage Leaf Wrap

- Wash chilled green cabbage leaves
- Remove base of hard core vein and gently pound leaves
- Wrap leaves around breast and areola, leaving nipples exposed
- Leave on until wilted (approximately 20-30 minutes)
- Remove wilted leaves
- Reapply new, cool leaves until milk begins to flow, areola area is compressible enough to hand express, you are able to use a breast pump or your infant is able to latch on comfortably
- Repeat only 2-3 times in a 24 hour period. Overuse may result in reduction of milk supply.

Call for help:

- If your baby has trouble latching on despite trying the above advice
- If your baby is having less than 3 BMs in 24 hours.

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Breastfeeding Information

Flat or Inverted Nipples

Description:
Flat nipples will not extend when stimulated whereas inverted nipples may actually sink into the breast tissue when stimulated. This causes a difficulty with breastfeeding when the baby is learning how to latch since the feeling of the nipple inside of the mouth is one of the triggers that stimulate the infant to suck. It is difficult to fully evaluate this during pregnancy; changes in your nipples in the first few days after birth as well as the baby's ability to suck will influence the success of the breastfeeding experience. Many babies will actually learn to suck from a nipple that barely extends beyond the areola. Because it is difficult to evaluate this we recommend coming in for a full lactation consultation with one of our Pediatric Nurse Practitioners (PNP)/Lactation Consultants.

Treatment:
Breast shells and/or nipple shields are sometimes used. Your PNP/Lactation Consultant will discuss with you to fit your individual needs:

Other helpful ideas:

- Manual stimulation of the nipple: Pull and roll the nipple gently before feeding. Do not stimulate the nipple during pregnancy as it may stimulate uterine contractions and labor.
- Pumping: Pump the breast for 2-3 minutes prior to feeding to elongate the nipple.
- Ice: Apply ice to the nipple (not the areola) just prior to feeding.
- Positioning: Ensure a deep latch with a wide mouth.
- Avoid the use of bottles or pacifiers until the problem is resolved.

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Fussy Infant:
A Parenting Guide

Babies may be fussy for many reasons. The most common causes include being overtired or overstimulated for all infants, whether bottle or breast fed. In general most babies will fuss. On average, newborn infants cry approximately 2 hours per day; over the first few months of life this may increase. Typical fussy time is generally in the late afternoon or evening. Parents generally report their infant being fussy around 2-3 weeks of age; this is normal. Infant fussiness usually peaks around 5-6 weeks of age and resolves between 3-4 months of life.

Here are some ideas that may help you problem solve fussiness in your infant:

- Nurse (feed) your infant every few hours. Follow infant cues. Do not attempt to schedule feedings. Feed your baby when cueing; on demand!
- Growth spurts may increase fussiness and feeding for approximately 1-2 days. Continue to feed on demand!
- Fussiness may increase during teething (and with illness). If you are concerned about illness in your infant, scheduling an appointment may be necessary.

Mother's who are breastfeeding typically characterize their infant as needing to have frequent, small feeds and lots of intimate contact. If your infant is breastfed, here are some additional things to consider:

- Milk supply
    - Make sure you are getting enough rest, consuming a well-balanced diet and taking in enough fluids.
    - Specific foods, such as caffeine, may alter your milk supply. Consider decreasing the amount you consume.
    - If you are concerned your supply is not adequate, discuss this with a nurse practitioner. You may request our milk supply handout.
- Let down issues
    - For slow or weak letdown, condition by repetition. Nurse your infant in the same place. Drink fluids. Relax.
    - For rapid or overwhelming letdown:
        - Consider use of hand expression or pump breast for a few minutes until let down occurs. Once letdown subsides, then latch your infant to feed.
        - Position your infant in the Australian hold; this is where infant is sitting or held upright in the football hold.
        - Compress your breasts (milk ducts) with hands during initial letdown.
- Foremilk-hindmilk imbalance (also known as oversupply)

If you have concerns about the intake of milk your infant is needing, discuss this with your nurse practitioner. Typically it is not recommended to supplement a fussy infant (or one who feeds very frequently (commonly referred to clustering).

In general, to comfort a fussy infant remember their basic needs (feed, burp, change diaper and or clothing) first. Then consider doing comforting touch (massage), decrease stimulation, change the environment you are in, add calming music, and/or motion. Pediatrician Harvey Karp's *The Happiest Baby on Block* refers parents to the 5 S's in calming a fussy infant:

1. swaddling,
2. side or stomach positioning while awake,
3. shushing,
4. swinging, and
5. sucking.

Having a baby who fusses can be difficult at times. However, know that attending to your infant does not spoil them. As a parent you will learn to read his or her cues easier and in return a secure and loving relationship develops.

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Breastfeeding Information
Increasing Milk Supply

Some women who are breastfeeding will experience times when their supply is not adequate. The following information will help you to increase your supply.

Breastfeeding Habits

- Nurse your infant frequently; at least every 2-3 hours during the day and evening with one 4 hour stretch at night. Your goal is 8-10 feedings every 24 hours. The more frequently you stimulate your breasts, the more milk they will produce.
- Rest 10-15 minutes before breastfeeding or pumping.
- Massage breasts or use warm compresses on breasts prior to feeding or pumping.
- Ensure that your infant has a good latch and is able to suck well.
- Increase skin to skin contact with your infant.
- Use a quality electric breast pump. Pumping increases stimulation to the breast and thus increases milk supply.
- Keep a daily log of pumping sessions and amount of milk obtained. Total amount in 24 hours is more important than the amount pumped at each session.
- If your infant is hospitalized, visit your infant before pumping when ever possible. This will enhance the let-down and increase supply.
- Do NOT wait “a little longer” to breastfeed or pump. Although you may see increased volumes per pumping, your overall supply in 24 hours will be decreasing from the decreased stimulation.

Enhance the let-down reflex

- Play relaxing music
- Imagine your infant, look at pictures of your infant, smell your infant’s clothing.
- Take slow, deep and relaxing breaths.
- Use a quiet relaxed place for pumping.

General

- Although it may be difficult, the mother should rest!
- The mother should also eat nutritious meals, drink to thirst and continue to take her prenatal vitamins.
- Back rubs help to stimulate nerves that increase milk supply.
- Stress or illness may temporarily decrease your supply.

Galactogogues(herbal supplements that increase milk supply) we often recommend – discuss dosing with PNP/Lactation consultant

❖ **More Milk Plus**	Blend of fenugreek, blessed thistle and fennel
Side Effects	
Notes	▪ Increases milk in 3-4 days. ▪ Taper if needed.

❖ **Fenugreek**	
Side Effects	Fenugreek will make you smell like maple syrup. It also has a high amount of fiber and should not be taken within two hours (before or after) other medications. Occasional loose stools.
Notes	▪ Use with caution if you have peanut allergies, diabetes, asthma, migraines or hypertension. ▪ Mothers generally notice an increase in production in 24-72 hours but it may take up to 14 days. ▪ Fenugreek may be used to boost supply in the short term or to augment supply for longer periods.

❖ **Anise**	
Side Effects	None noted
Notes	▪ DO NOT confuse with Japanese **star anise** (Illicium anisatum) which has been associated with illnesses such as seizures, vomiting, and jitteriness.

❖ **Goat's rue**	
Side Effects	Sweating, low blood sugar
Notes	▪ Use with caution if you have peanut allergies.

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Breastfeeding Information

Hand expression of Breast Milk

- Wash hands before expressing. Do not wash breasts; washing may dry the skin and cause irritation.
- Gently massage each breast.
- To express your milk, support your breast with one hand placing the thumb above and middle finger at the edge of the areola.
- Press inward toward chest wall while gently squeezing your thumb and finger together, collecting milk in a clean container.
- Rotate your fingers to all of the milk ducts, using 10 position changes for each breast.
- Alternate breast every few minutes until no more milk is obtained.

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Breastfeeding Information
Plugged Ducts

Description
A plugged duct is an area on your breast that is hard. It may or may not be painful to the touch. This area frequently does not go away after a feeding or emptying of the breasts. It is due to a diminished flow through a milk duct, often causing a blockage to the flow of the milk from mom to baby.

Common symptoms of plugged ducts
A hard area on the breast or into the arm pit that may be tender to the touch. In addition, some women find a blister or bleb (white pimple) at the tip of their nipple. While the milk duct is plugged, the baby may be fussy at the breast because the flow of the milk may be slower than usual.

Treatment
- Continue to feed on the affected side. It may help to position the baby's chin so that it "points" to the area of hardness. This is not a good time to wean; it may make the problem worse.
- Massage the area thoroughly while breastfeeding or pumping. Pay special attention to massaging behind the plugged duct toward to the nipple.
- Apply heat to the area; especially 15 minutes to promote drainage.
- Apply a warm compress with olive oil on a cloth to the nipple or to the plugged area of the breast.
- Change sleeping positions.
- Do not wear under-wire or tight fitting bra's. The location of the wire may block ducts.
- Although it may be difficult, the mother should rest!
- Take pain relievers such as ibuprofen or acetaminophen as needed.
- If you are experiencing recurrent plugged ducts:
  - replace saturated fats with polyunsaturated fats in mother's diet
  - take 1 Tbsp of lecithin daily or 1200mg 3-4 times per day (*mg dose per Jack Newman, MD)*

Prevention
- Maintain feeding routines – Changes in routines (missed feeding, travel, return to work) may increase your risk of plugged ducts or mastitis.

A LUMP THAT DOES NOT GO AWAY SHOULD BE INVESTIGATED BY YOUR PHYSICIAN

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Breastfeeding Information
Mastitis

Description
Mastitis is a bacterial infection in the breast tissue.

Common symptoms of mastitis
- Fever, chills, muscle aches, fatigue
- Pain, tenderness, red areas on the breast or streaks of red on the breast may be found
- Breastmilk may taste salty during mastitis sometimes affecting the baby's desire to feed.

Treatment
- Keep breasts empty with frequent feeding or pumping. In fact, you should continue to feed 8-12 times per 24 hours. If the baby does not fully empty the breast after feeding, hand express or pump the affected side.
- Continue to feed on the affected side. It may help to position the baby's chin so that it "points" to the area of hardness. This is not a good time to wean; it may make the problem worse.
- Massage the area thoroughly while breastfeeding or pumping.
- Apply heat to the area; especially for 5 -15 minutes to promote drainage.
- Although it may be difficult, the mother should rest, reduce activity and increase fluid intake.
- Take pain relievers such as acetaminophen or ibuprofen as needed.
- Call OB for antibiotic therapy if fever develops or if you do not feel better with in 24-36 hours. If antibiotics are started you should begin to feel better with in 24 hours and your symptoms should be gone with in 3-5 days.
- Again, do not wean at the time. If the baby will not or is unable to feed, then continue to pump every 2-3 hours until mastitis is resolved.

Prevention
- Minimize stress
- Maintain feeding routines – Changes in routines (missed feeding, travel, return to work) may increase your risk for plugged ducts or mastitis.
- Moderate the amount of salt in the mother's diet. Too much or too little can contribute to mastitis.

A LUMP THAT DOES NOT GO AWAY SHOULD BE INVESTIGATED BY YOUR PHYSICIAN

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Breastfeeding Information
Breast Milk Collection - Pumping

Description
Mothers often have to replace one or more of the babies feeding per day with pumped milk. This guideline will review general guidelines to successful breast pumping.

Types of Pumps
There are several types of breast-pumps, including hand operated, single sided electric and double sided electric. The double sided electric will be the most expensive, but most efficient in time for the mother. Some moms will not want to add that cost, and need to be able to pump a minimal amount of time, so hand held or single electric will be fine.

Pumping principles
- Usual amount of pumping time is 10-15 minutes per side. A double pump that can pump both breasts simultaneously is the most time beneficial.
- Amount a mom is able to pump will vary
- It usually takes about the same amount of time to pump as it does to nurse a baby.
- Express milk in a comfortable and familiar setting
- Minimize distractions, especially when pumping at work
- Follow a routine and have quiet music or pictures of the baby to stimulate let down.
- Massage breasts before and during expression.

Pumping to Return to Work
- Begin pumping about 4 weeks after the baby is born, one to two times per day should be fine.
- To increase supply and store some breast milk, always pump within 10-15 minutes of feeding the baby. If you pump later than this, you could be stealing milk from the next feeding.
- If you are going to skip a feeding, pump at least once for every feeding missed. You may need to pump twice, if your breasts are feeling full.
- Key is to empty the breasts which stimulates the body to produce more milk for the baby. Breast milk production is based on supply and demand, if milk is left sitting in the breasts, the body interprets this as not needing to make more milk.

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Breastfeeding Information
Storage of Breast Milk

Collection of breast milk

- Wash hands with soap and water before expressing. Do not wash the breasts.
- Wash all the collecting parts of the breast pump with hot soapy water daily. You may also use a dishwasher, bottle sterilizer or a microwave sterilization kit or boil the parts for 10 minutes. Allow the parts to air dry.

Storage of breast milk

- Store milk in any clean container. For premature infants you may need to sterilize the containers. Examples of containers include baby bottles, special breast milk storage bags or (for short term use) baby bottle liners double bagged.
- Label the container with a date and time of expression. Use the oldest milk first.
- Store your milk in 2-4 oz portions. Small amounts thaw more quickly. Be sure to leave room at the top for expansion if you plan to freeze the milk.
- When storing, place the container in the rear of the refrigerator or freezer and not in the door where temperatures may fluctuate.

	Room Temperature 66-77 F	Cooler with 3 frozen Ice Packs	Refrigerator 32-39 F	Refrigerator Style Freezer	Deep Freezer 0 F
Fresh Breast Milk	8 hours	24 hours at 59 F	3 days	3-4 months	12 months
Thawed Breast Milk	1 hour		24 hours	Never refreeze thawed milk	Never refreeze thawed milk
Formula	4 hours		24 hours	Do Not Freeze	Do Not Freeze

It is important to note that different resources may have variations on these recommendations.

Using stored frozen milk

- Use the oldest milk first
- Thaw in a pan of cool water or overnight in the refrigerator.
- Warm the bottle with milk in a bowl of warm water.

- DO NOT MICROWAVE BREAST MILK. Valuable proteins in the milk are destroyed during the process of microwaving and there is a risk of scalding the infant because of uneven warming.
- Discard any milk left over after a feeding.
- Breast milk that has been frozen may look different from freshly pumped milk. It is normal for it to look blue, yellow or brown. Frozen breast milk may separate into layers (creamy on top, milk on bottom). It is OK to mix the layers by gently shaking. -- Consult your PNP/Lactation Consultant if your frozen milk has an odor and the baby refuses it.

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Breastfeeding Information

Sore Nipples: Prevention and Treatment

Many women experience some nipple discomfort during nursing. It is important to properly position and latch your baby to the breast because an improper latch is the most common reason for nipples to be sore. However, infections and trauma to the nipples can also cause sore nipples. If you suspect an infection, please contact your PNP/Lactation Consultant.

Proper positioning at the breast (for the cross cradle and cradle position)

- Hold your baby so that he is close to you, often tummy to tummy.
- Position him so that he is aligned from the ear to the shoulder to the hip.
- Keep your baby horizontal at the waist in a flexed position.
- Support your breast with your hand behind the areola, fingers on one side and thumb on the opposite side.
- Position so that your baby's nose is across from your nipple, not you baby's mouth.

Proper latch

- Stroke the baby's lips with your nipple or apply slight downward pressure on the chin.
- Wait for you baby's mouth to open wide, as if yawning, with lips spread and tongue over lower gums before bringing him to your breast.
- All of the nipple and as much areola as possible should be in the baby's mouth. A baby properly latched on will be covering more of the areola with his lower lip than the upper lip. Additionally, when properly latched, your nipple will reach far back into your baby's mouth.
- Keep the baby's chin snuggly into the breast and his body close to you.
- Do not make an indentation for the baby to breathe. This will change the position of the nipple inside his mouth and may make you more sore. Instead bring his butt closer to you.

Nipple Care

- Express breast milk after feeding and apply to nipples
- Use pure lanolin on your nipples after breastfeeding to soothe. Examples include Purlan, Lanisnoh and Mother Love Nipple Cream.
- Expose nipples to sunlight after feedings
- Allow nipples to air dry. Or use a hairdryer on a cold setting to dry nipples.
- When it's not possible to expose your nipples to air, wear plastic dome shaped breast shells to protect your nipples from rubbing on clothing. These shields can be purchased from your lactation consultant or found at Babies-R-Us.
- Water should be all that you need to clean your nipples. Do not use soap.
- Avoid plastic lined bras or nursing pads as well as underwire bras. Wear cotton bras to ensure adequate air circulation. If the nipple does stick to the bra, soften the area with water before pulling the bra away.

Feeding Habits

- Begin nursing on the least sore side.
- Nurse frequently, approximately every 2-3 hours.
- Change the feeding "hold" or "position" of the baby at each feeding; the cradle, football or lying.
- Try to minimize engorgement by feeding frequently. If your breasts become engorged, express a little milk first. Engorged breasts make it difficult for your baby to latch on. Use warm compresses on breasts prior to feeding.
- Before removing your baby from the breast, break the suction by inserting your finger into the baby's mouth.
- If you are unable to breastfeed exclusively because of pain, some options include:
  - Alternate nursing with alternative feeding systems. (see guidelines on supplemental feeding). Remember that any missed nursing requires pumping from that breast to maintain milk supply and to prevent breast infection.
  - Nurse on one side per feeding and use an alternative feeding system to complete the feeding.
  - Give your nipples a break; stop nursing and instead pump for 24-48 hours. Feed your baby the pumped milk with an alternative feeding system.
  - If you plan on pumping, invest in a good electric or hand pump. Do not use a bicycle horn type of breast pump. Talk to your lactation consultant regarding features of pumps or brand names.
  - Nipple shields may be appropriate as well. These are thin flexible shields that fit over the nipple. Talk to your lactation consultant for the correct fit and need.

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Breastfeeding Information
Yeast Infections

Candida or yeast infections may occur at any time during breastfeeding. Although yeast normally lives harmlessly on our skin and other areas of our body it will grow rapidly in warm, dark, moist environments such as an infant's mouth or on a nursing mother's breasts causing a yeast infection. Yeast infections of the skin are even more likely to occur when there is a breakdown in the integrity of the skin; for example, cracked nipples. Mothers who have been on antibiotics are at a higher risk for getting a yeast infection.

Common symptoms of yeast infections

In your infant:

- Thrush, an oral form of a yeast infection, appears as a white, thick, cheesy type of covering on the tongue and/or inside of the cheeks. It is difficult to wipe off and may bleed. Milk on the tongue may look similar but milk should wipe off easily.
- Your infant may become a fussy feeding at this time.
- A shiny red diaper rash with little red dots may also indicate a yeast infection.
- The baby could also have no symptoms at all. Her cheeks, gums and tongue may be pink without any white plaques. If the mother has symptoms, yeast may be present but just not enough to cause the distinctive white plaques.

In the mother:

- Sore nipples that become shiny, red, swollen, tender, cracked or peeling.
- Red dots surrounding the nipple on the areola
- Pain is often described as shooting, burning or itching during and/or after the feeding. The pain may spread to the shoulder.
- Often, the pain experienced will begin after a period of pain free nursing.

Note: Because it is easy for mother and baby to pass yeast back and forth, both are treated at the same time. However, they may or may not both have symptoms.

Treatment - Consult your PNP/Lactation Consultant for dosing

Nystatin – a prescribed drug

- It is recommended to treat until there are no symptoms PLUS three more days. Nystatin therapy may be repeated, ask your nurse practitioner for advise.

Gentian Violet – dilute solution to half strength with water before use.

- Side effects: This solution will turn everything it touches blue/purple, including clothing. Also, using full strength may cause burns to the infant's mouth.

All Purpose Nipple Ointment

- A combination of creams (either prescription or over the counter) will treat a mild skin infection, a yeast infection and the inflammation that can occur.

Diflucan – a prescribed drug

Prevention

- Lactobacillus Acidophilus – 1-2 capsules 2-4 times per day for 2 weeks after antibiotics are completed. Then decrease by 1 capsule per day over 5 days.
- Culturelle – 1 capsule 2 times per day. This can be an alternative to acidophilus.
- Wash hands carefully before breastfeeding. Use paper towels to dry hands or change towels daily.
- Wash infant's hands before each breastfeeding, especially if he sucks his thumb.
- Wash bath towels after each use.
- Change tooth brushes frequently or wash them in the dishwasher.
- Sterilize artificial nipples, pacifiers, teething toys and bottle nipples by boiling for 20 minutes daily until all the yeast symptoms are gone. Dishwashers or sterilizers are sufficient to eliminate yeast as well.
- Change bra daily. Wash in hot, soapy water and dry in the dryer. Use disposable bra pads or wash cloth pads in hot, soapy water and dry in the dryer. Change pads frequently throughout the day.
- Use disposable diapers. Wash cloth diapers in hot, soapy water and dry in the dryer.
- Sterilize the parts of the breast pump that come into contact with the skin or breast milk by boiling for 20 minutes or using a microwave sterilization bag daily.
- Reduce sugar and dairy products in mother's diet. Garlic, zinc or Vitamin B tablets may help.
- Since freezing does not kill yeast, do not attempt to save additional milk by expressing and freezing at this time.

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Breastfeeding Information

Web resources

General Breastfeeding Concerns
La Leche League www.lalecheleague.org
National Women's Health information www.4women.gov/Breastfeeding
Academy of Breastfeeding Medicine www.bfmed.org
Children's Hospital of MN www.childrensmn.org

Breastfeeding after Reduction Surgery www.bfar.org

Organizations
American Academy of Pediatrics www.aap.org
International Board of Lactation Consultant Examiners www.iblce.org
International Lactation Consultant Association www.ilca.org