

A Guide to Breastfeeding

Patient Education Guide



Our Commitment to You

Henry Ford Health (HFH) is here to support your goals for feeding baby. HFH encourages, promotes, and supports breastfeeding. Every person has the right to make an informed choice about how to best feed baby. This guide has information and resources for you. Your decision is respected and supported.

This book has information about breastfeeding in the first few weeks of baby's life. Remember that learning to breastfeed is new for both you and baby. It takes patience and practice.

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Importance of Breastfeeding

Breast milk is the best possible nutrition source for baby. The American Academy of Pediatrics (AAP) recommends breast milk as the only food babies need for the first 6 months of life. When it comes time for other foods, breast milk should still be an important part of baby's diet for at least the first year of life.

Breastfeeding is the process of feeding a child human breast milk. This can include various methods including directly latching to the breast or chest, expressing milk (or pumping), or giving expressed human breast milk to the child. Breastfeeding may look different for everyone. The use of the term "breastfeeding" in this guide is inclusive of all families involved in this process, regardless of the method used.

Benefits to Baby

- Lowers the risk of sudden infant death syndrome (SIDS).
- Gives baby the best nutrition and is easier for them to digest.
- Protects baby from illness.
- Fewer ear infections.
- Fewer episodes of vomiting and diarrhea.
- Lower chance of asthma and food allergies.
- Lower risk of developing diabetes.
- Helps with brain development.
- For babies in the NICU (neonatal intensive care unit), breastmilk lowers their risk of developing necrotizing enterocolitis (serious intestinal disease)



Source: U.S. Breastfeeding Committee

Benefits of Producing Breast Milk

- Helps with better recovery after birth:
 - Reduces blood loss.
 - Speeds up uterus healing.
- Reduces the risk of ovarian and some breast cancers.
- Lower chance of osteoporosis later in life.

Formula Differences

Breast milk differs from formula in many ways. Breast milk has ingredients to help fight infection, and proteins that are important for babies that formula does not have. Formula use can:

- Lower baby's protection from illnesses and chronic disease.
- Make breastfeeding more difficult.
- Lower breast milk supply.

Donor Milk

Human breast milk is the best for baby. Milk from a healthy donor is a great option, if needed. Donor milk is carefully tested to make sure it is safe for baby, and all donors are carefully screened.

- Donor milk is easier for babies to digest and offers better nutrition than formula.
- Donor milk is better for babies because formula exposes baby to foreign fats, proteins, and carbohydrates that can hinder (cause to not work as well) their immune system.



Visit the website or scan the QR code for more information.

Henry Ford Jackson Milk Bank

henryford.com/milkbank

Colostrum and Milk Production

Breast milk production begins during pregnancy when the first milk, called colostrum, is made. Your body gets the signal to start making mature milk when baby is born and the placenta is delivered. When baby suckles at the breast, it tells your body to continue making milk. Putting baby to breast frequently signals your brain and body to make plenty of milk.

Colostrum

Colostrum is the first milk made by the body. People often worry about the small amount of colostrum babies get in the first days after birth, but a little goes a long way.

- The small feedings of colostrum provide important nutrition, infection protection, and plenty of food for a newborn.
- Colostrum is often clear or yellow, and sometimes sticky.
- It has a laxative effect that helps baby pass the first stools, called meconium.
- Your milk will change over time. You may notice that your breasts become fuller and the milk volume increases.

Stimulate Milk Production

Tips to help stimulate milk production are:

- Have a lot of close contact with baby and skin-to-skin in the weeks after birth.
- Feed baby frequently and “on demand” whenever baby wants to eat.
 - Feed baby when they want to eat for as long as they want to eat.
 - Crying is a late sign that baby is hungry. Watch for early cues baby is hungry, such as:
 - Rooting or turning head and opening mouth
 - Sticking out their tongue
 - Mouth movements or lip smacking
 - Hand to mouth movements
- Stimulate the breasts.
 - Newborn babies need small, frequent feedings in the first days of life, at least 8 feedings a day. Frequent feedings that empty the breast help to build milk supply.
 - Less nursing means less milk the body makes.

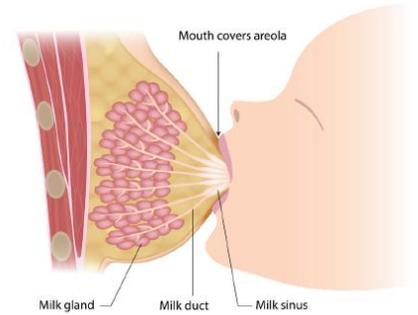


Source: U.S. Breastfeeding Committee

Latch

Latch is the way baby takes the breast into the mouth and gets milk from it.

- When baby does not latch well, it can cause sore nipples or pain, decrease how much milk baby gets, and decrease your milk supply.
- It is normal for your nipples to be tender for the first few days to a week after birth. Pinching or persistent pain can be a sign of poor latch.
- Staff can help you with latching while you are in the hospital.



When latching, look for:

1. **In Line:** baby's ear, shoulder, and hip should all be in a straight line so their neck is not twisted or bent forward or back.
2. **Close to Your Body:** make sure baby is close to your body and baby is brought to the breast (do not bring the breast to baby).
3. **Supported:** make sure baby is supported at the head and shoulders.
4. **Facing the Breast:** baby's nose should be pointed at the nipple as you bring them to your breast.

Signs of a Good Latch

- Baby has flanged out, fish-like lips
- Baby has as much of breast as possible in mouth
- Nipple is towards the back of baby's mouth and their tongue is below the nipple
- No clicking sounds
- Baby's cheeks are puffed out
- Rhythmic jaw movement (suck, suck, swallow)
- No pain for you
- Audible swallowing for baby (gulp, gulp)



Source: U.S. Breastfeeding Committee

Good Latch

Baby has fish-like lips and has the nipple and areola in their mouth.



Not a Good Latch

Baby does not have fish-like lips, and only has the nipple in their mouth.

Global Health Media Project: Breastfeeding Attachment Video



This video can help you understand latch and how to help baby have a good latch.
[youtube.com/watch?v=y--syZR0u1E](https://www.youtube.com/watch?v=y--syZR0u1E)

Bottles and Pacifiers

Bottles and pacifiers can interfere with breastfeeding. This is especially true in the early weeks.

- Pacifier use with a healthy newborn can reduce the frequency of breastfeeding. This may lead to lower breast milk supply, slow weight gain, early weaning, and developing improper sucking technique.
 - If baby is in the NICU or special care nursery (SCN), a pacifier may be medically needed.
- For the first 3 to 4 weeks after delivery, try to avoid pacifiers or using bottles unless there is a medical reason to do so. After milk supply is established, usually around 3 to 4 weeks, pacifiers are recommended as a way to help prevent sudden infant death syndrome (SIDS).
 - A safe pacifier is made of one piece. It does not have small parts that can break apart and choke baby.
 - Pacifiers should be clean and replaced regularly.
 - Pacifiers should never be dipped in anything sweet.
 - Never force baby to take a pacifier.

Breastfeeding Positions

One important way to help baby latch well is to hold baby in a good position. You and baby should both be comfortable and find a position that works best for both of you. A lactation consultant can help show you different positions that may work for you.



Hand Expression

Hand expression is a useful skill to have when you need to empty your breasts and you are not with your baby or baby is temporarily not able to breastfeed.

- It can be easier to get colostrum out in the first few days after birth with your hands than with a breast pump.
- It can help promote a full supply of mature milk. You will see a gradual increase in the amount of milk you collect each time you hand express.
- If baby needs a supplement in the first few days, is not latching well, or is separated from the you, use hand expression to give baby the milk they need.
- It should not hurt or cause discomfort.
- It can help clear a blocked milk duct.

Steps to Hand Express Breast Milk

1. Wash your hands with soap and water.
2. Massage and stroke your breasts.
3. Form a “C” with your hand around your breast.
 - Your thumb and index finger should be on either side of your nipple.
 - Your fingers should be 1 to 2 inches (3 to 5 centimeters) from the base of your nipple.
4. Press back gently towards your rib cage or chest.
5. Compress or squeeze your breast with your fingers to express milk.
6. Relax and then repeat. It can take a few minutes before you see milk. Once you see milk, continue until it slows.
7. Once milk slows, move your fingers to another position and repeat steps 3 to 6.
8. Collect milk in a syringe, spoon, or small cup to feed to baby. If you express a lot of colostrum, you may want to use a cup or feeding syringe.
9. You can express for 5 minutes when you have a chance, or up to 30 minutes to get as much milk as possible. Express before feeding baby to get milk flowing and a few times a day in between feedings.



More Information



Watch the video for more information on hand expression.

med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html

Signs Baby is Hungry and Getting Enough Milk

Baby is Hungry

Feed baby any time they want to eat for as long as they want to eat. Babies need small, frequent feedings in the first days of life. Too much food can lead to spit-ups as their little stomach cannot hold that much food.

Cues to watch for that baby is hungry are:

- Rooting/turning head and opening mouth
- Sticking tongue out
- Mouth movements and lip smacking
- Hand to mouth movements
- Crying is a late sign that baby is hungry. Try to feed baby when you see the earlier cues.



1 to 2 Days



3 to 4 Days



5 to 6 Days



7 to 8 Days

Amount per Feeding

The table below shows up much milk per feeding baby takes in the early days.

Time Frame	Amount of Milk per Feeding
First 24 hours (first day)	2 to 10 mL per feeding
24 to 48 Hours (Day 2)	5 to 15 mL per feeding
48 to 72 hours (Day 3)	15 to 30 mL per feeding
72 to 96 hours (Day 4)	30 to 60 mL per feeding

Baby's Tummy Size

The pictures on the right show baby's tummy size for the first 8 days of life. Giving too much milk can lead to spit ups because baby's tummy cannot hold that much. Small, frequent feedings are best for baby's tummy size.

Signs Baby is Getting Enough Milk

Wet diapers and stools will tell you whether baby is getting enough milk.

- It is a good indicator that your mature milk is in when the color of the stool changes to yellow.
- Breast milk stools are usually mustard-yellow, seedy, loose, or runny and often passed with each feeding.
- As your milk supply increases, the amount of diapers should increase.

Days After Birth	Number of Wet Diapers	Number of Soiled Diapers	Color of Stool
Day 1	1	1	Black
Day 2	2	2	Black
Day 3	3	3	Green/black
Day 4	4 (clear/pale yellow)	3	Green/yellow
Day 5	5 (clear/pale yellow)	3 or more	Yellow
Day 6	6 (clear/pale yellow)	3 or more	Yellow seedy
Day 7	6 to 8 (clear/pale yellow)	3 or more	Yellow seedy

Other Signs Baby is Getting Enough

- Baby sucks strongly and steadily with regular swallowing.
- Your breast feels softer and less full after baby nurses.

Signs Baby is Not Getting Enough Milk

Some signs to watch for that baby may not be getting enough milk are:

- Fussy baby.
- Baby sleeps more than 4 hours before they show feeding cues.
- Baby nurses continuously or takes more than 1 hour to eat.
- Decreased urine or stool output (see chart above).

If you are concerned baby is not getting enough, call baby's doctor or a lactation consultant.

What to Expect

The First Hour

The first hour of baby's life is often called the "magical hour." This is when you get to know each other and can start to set you and baby up for breastfeeding.

Skin-to-Skin

Skin-to-skin holding is **very** important as soon as possible. Holding baby naked or in a diaper to your bare chest provides a warm, safe place for baby to adjust to the outside world.

- Skin-to-skin releases chemicals or hormones in both baby and you. These help you and baby bond, helps you heal after delivery, and stimulates your body to make milk.
- Baby will find comfort in your touch, your scent, your heartbeat, and your voice.
- Your body helps keep baby's temperature just right.
- Baby will adjust better after delivery, cry less, and may also have better oxygen and blood sugar levels.
- Baby may latch on to the breast on their own during skin to skin, which helps get breastfeeding off to a good start.



Source: U.S. Breastfeeding Committee

If You and Baby Are Separated

If you and baby are separated, it is important to hand express and pump your breast milk so your breasts get stimulation as if baby was nursing. Milk supply can be delayed or decreased without this stimulation.

- See page 8 for more information on hand expression.
- See page 15 for more information on pumping.

After the First Hour

You and baby will be cared for together at your bedside (this is called "rooming-in"). This provides the best support for breastfeeding.

- You and baby will likely stay together in the same room. There are many benefits to you and baby, such as:
 - Baby sleeps better and cries less
 - Baby will feed more often, which helps your milk come in better and sooner
 - You will learn baby's feeding cues
 - You may feel more prepared to breastfeed when you go home
- Baby will have routine tests. Your nurse will tell you more about them. If possible, nursing or doing skin-to-skin during these procedures may help baby stay calm.

The Second Night

Often babies are sleepy on the first day after birth. This may be a challenge at feeding times and you might need to wake baby up to get feedings in. By the second day, baby may be more awake, ask for more feedings, and seem unsettled. Baby may want to be on the breast constantly. This is called “cluster feeding.”

- Sometimes when baby is taken off the breast after they fall asleep, they may wake up and cry. Baby may only seem content to be held or fed. This is normal.
- Although this can be frustrating, baby’s frequent nursing can help your milk come in sooner.
- This cluster feeding may happen the third and fourth nights as well, until your milk “comes in.”
- Knowing what to expect can decrease the chance you need to supplement.

Tips to Help

- Pick baby up when they first stir and put them skin-to-skin for comfort.
- Put them to breast when they start to root or bob their head.
- If baby falls asleep at the breast, break the suction and slide your nipple out of their mouth. Gently return to skin-to-skin. You do not have to try and burp them.
- Have your support person stay overnight the second night if they can. They can help with skin-to-skin holding.
- Keep baby’s hands free to reach their face and touch their surroundings.



Source: U.S. Breastfeeding Committee

First Few Weeks After Delivery

The first week or so can be challenging with breastfeeding. It is natural, and takes time and patience. After the first week or two, breastfeeding usually becomes easier.

Baby’s Weight Changes

- Most newborns lose weight the first few days of life. This will be monitored during your hospital stay and with baby’s pediatrician.
- After your milk comes in, baby will start to regain weight. Ideally, baby should return to their birth weight by 10 to 14 days of age.

Feeding Frequency

- The amount a baby naturally wants to feed will vary. The goal is to feed at least 8 times in a 24 hour period. Do not limit the number of feedings per day. Feed baby when they show signs they are hungry (feed on cue).
- Breastfeeding patterns can vary from day to day. Baby may eat hourly for a few hours in a row, especially during growth spurts. They may nurse on some days more than others. This is normal. The need to breastfeed more often usually lasts a few days to a week. This is baby’s way of increasing your milk supply so they can grow.

Changes in Baby’s Stool

After the first month, a breastfed baby may go longer periods of time between stools. As they continue to nurse well and are happy, do not be concerned if baby goes 5 to 7 days between stools.

Breast Changes

- The amount of milk your body makes increases over the first 6 to 7 weeks.
- Breastfeeding often and at night helps maintain your milk supply.
- After a few weeks, your breasts will become softer between feedings even though you make more milk. It does not mean you are making less milk. Pay attention to baby’s wet diapers and weight gain to reassure yourself baby is getting enough food.

Common Breastfeeding Challenges

Talk to a lactation consultant, midwife, or doctor if you have questions, concerns, or face any challenges.

Sore Nipples

Some people have nipple tenderness in the early days of breastfeeding. This usually peaks around days 3 to 4, is better by day 7, and goes away within 2 weeks.

- Sore nipples can be caused by poor latch (most common), engorgement, not breaking the suction when you take baby off the breast, or a yeast infection of the nipple or ducts.
- Let your nipples air dry or use a small amount of expressed breastmilk, coconut oil, or lanolin cream to help. It is very important to address the cause of sore nipples to help.
- Your nipples should look the same before and right after feeding (looking temporarily longer is normal, but not flattened, cracked, or pinched).
- Call your lactation consultant, midwife, or doctor if you:
 - Notice cracking, bleeding, or any other nipple damage.
 - Have intense pain.
 - Have pain that continues through feeding or in between feedings.

Nipple Size and Shape

Nipples come in different sizes and shape, which can impact latch and breastfeeding. Most babies can learn to latch regardless of shape or size. Staff can help you adjust positioning if needed. While you learn, you may need to pump and give expressed milk if baby is not able to latch or get enough milk from the breast.

Baby is Too Sleepy to Latch

Most babies sleep for long stretches during the first 12 to 24 hours after birth. Some babies, especially babies born before their due date, are sleepy beyond that and only latch on briefly before they fall asleep.

- Hold baby skin-to-skin as much as possible and try to breastfeed every 3 hours.
- Use hand expression and pumping to get colostrum out if baby does not latch. You can give baby colostrum with a spoon or syringe.
- To wake baby up to feed them:
 - Stroke their feet
 - Undress baby and change their diaper
 - Talk to baby, hold skin-to-skin, gently rub their back or the bottoms of the feet
 - Gently move baby around (support their back and neck)
 - Feed baby in an upright position

Baby Latches But Falls Asleep While Feeding

- Hand express some milk into baby's mouth if they take a long pause at the breast. This will remind them to keep nursing.
- Check to make sure baby is latched correctly.
- Use breast compressions when baby is paused feeding. While baby is still latched, gently compress or squeeze the breast behind where baby is latched. This will help massage milk into baby's mouth. Try compressing steadily for a slow count to 5 before releasing.
- If baby is still not continuing to feed, release the suction and then place baby skin to skin. Sometimes baby just needs more time to rest before they are ready to feed again.
- If baby will not latch and keep drinking, hand express or pump.

Baby is Fussy and Will Not Eat

Calm baby before trying to nurse.

- Put baby skin-to-skin.
- Offer baby a clean finger to suck on before putting them to your breast.
- Express colostrum on to the nipple or into a spoon and then feed to baby.

Engorgement

When milk comes in after baby is born, breasts can become engorged or very full. They may also be tender. The fullness is not just milk in your breasts, but also swollen breast tissue. Engorged breasts need gentle care. Below are some tips to help reduce engorgement. If after using these tips, the engorgement does not get better after 24 hours, reach out to a lactation support provider. Engorgement most often happens in the first week of breastfeeding, but can also happen if your feedings or pumping are not frequent or ineffective.

Tips to Avoid Engorgement

- Keep baby skin-to-skin as much as possible and let them nurse on demand.
- Encourage and expect a lot of nursing during the first week.
- Position yourself and baby so you are comfortable during nursing.
- Get help if nursing is painful.
- Make sure baby's mouth is open very wide and their chin and chest are secure against you when nursing.



Engorged breasts

Tips if You Become Engorged

If you are still engorged after trying these tips for 24 hours, call a lactation consultant for help.

- Hand express milk at the start of each nursing session until the nipple and areola are soft enough for baby to latch.
- Hand express or nurse at least every 2 hours to prevent milk from collecting in your breasts. The more milk you remove, the better you will feel.
- Hand express or pump after you nurse baby to remove extra milk and make your breasts softer.
- Use an ice pack or bag of frozen vegetables after nursing to help with swelling.

Reverse Pressure Softening

If baby is not able to latch because of engorged breasts, you can try reverse pressure softening. This helps temporarily move milk away from the nipple area to soften it right before baby nurses.

1. Lie flat on your back or reclined in a comfortable position.
2. Use your finger tips to apply gentle but firm pressure to the areola at the base of the nipple. Push in and back towards your chest wall.
3. Press for 1 to 2 minutes.
 - Depending on how engorged you are, you may need to move your fingers and press on another area for 1 to 2 minutes.
4. Bring baby to breast to latch for nursing.



Watch for Mastitis

When milk is not flowing well from your breasts, they can become tender and inflamed. This is called mastitis. It can cause a fever, chills, and flu-like symptoms. There is also a risk for infection.

Call your doctor or midwife if you have symptoms of mastitis, along with breast pain, redness, a hard red lump in your breast, or red streaks from your nipple towards your armpit.



Mastitis

When to Call Baby's Doctor or a Lactation Consultant

There are signs to watch for that breastfeeding is going well and when to call for help once you go home with baby.

Breastfeeding is going well if:

- Baby is breastfeeding at least 8 times in 24 hours.
- By day 5 after birth, baby has at least 5 to 6 wet diapers every 24 hours and a yellow stool color.
- Baby has at least 3 Tablespoon sized bowel movements every 24 hours (a “scoop-able” poop).
- You can hear baby gulping or swallowing while nursing.
- Your breasts feel softer after nursing.
- Your nipples are not painful.
- Breastfeeding is an enjoyable experience.

Call baby's doctor or a lactation consultant if:

- Baby is nursing less than 8 times in 24 hours.
- Baby is irritable and not able to latch or latches for a brief time.
- Baby nurses for long periods of time without much swallowing.
- Baby has less than 5 to 6 wet diapers by the fourth day.
- Baby has fewer than 3 stools by the fourth day, or still has black tarry stools on day 5.
- Your milk is in but you do not hear baby gulping or swallowing frequently during nursing.
- Baby seems to breastfeed “all the time” or consistently falls asleep within a minute or 2 at the breast.
- You do not feel as if your milk has come in by the fifth day.
- You have pain in the breast, a rash on or around the nipple, or cracked or bleeding nipples.

Take Care of Your Breasts

Some tips to help you care for your breasts during breastfeeding are:

- When bathing, wash your breasts with gentle soap and water, or just water. Use moisturizers on breasts if needed.
 - Avoid lotions with fragrance.
 - Do not use Vaseline® or vitamin E on breasts.
- Wear a supportive bra that feels comfortable.
- Cloth or bamboo nursing pads can be helpful if you leak milk between feeds. Leaking is normal, especially the first few weeks.

Breast Pump

Sometimes a breast pump is needed, such as when:

- You and baby are separated, like during sickness or when you return to work.
- Baby is not able to nurse directly from the breast.
- Baby is not latching well or not feeding well.

Pumping Tips

Once your milk is in, a breast pump is a good way to remove and collect milk.

- Pump at least 8 times a day to help establish and keep a full milk supply. The sooner you start, the more milk is produced.
- Initially when you start to pump, you may only see drops of milk. This is normal until your “milk comes in,” between 3 and 5 days after baby is born.
 - Hand expressing milk before you pump can help get more milk or colostrum out.
 - It is still important to pump 8 times a day even in the early days.
- After a week, you should get 2 to 4 ounces each time you pump.
- The goal is 25 to 30 ounces of breast milk a day by 2 weeks after baby is born.
- Talk to a lactation consultant for flange sizing and proper fit.



Source: U.S. Breastfeeding Committee

Choosing a Pump

There are different types of breast pumps. A lactation consultant can help if you have questions or concerns about the type of breast pump.

Pump Type	Pump Information
Multi-User Pump	<ul style="list-style-type: none"> • This is the most expensive and is usually what is available to use in the hospital. • Pumps both breasts at the same time and is best to help establish milk supply for a newborn that is not nursing.
Single-User Pump	<ul style="list-style-type: none"> • Can be purchased and is often paid for by most insurance companies. Talk to your nurse or call your insurance company for more information. • Pumps both breasts at the same time. • A good choice for parents separated from baby in the hospital or when returning to work. • Some plug into the wall for power, others are hands-free. • Hands-free models are only effective if they fit the breast well and are used after milk production has been established. Hands-free are not recommended in the early weeks.
Hand Pump	<ul style="list-style-type: none"> • Least expensive option. • Pumps only 1 breast at a time. • Suction is controlled by the user’s hand. Does not need electricity. • Best used after breastfeeding is well-established, and for occasional use.

Pump Routine

1. Wash your hands well with soap and water.
2. Sit somewhere comfortable if possible, and put your pump on.
3. As you start to pump, take a few deep breaths and think of baby. Sometimes, having a picture of baby close by can help with milk let-down.
4. Massage your breast to help with milk expression.
5. Pump both breasts for 15 minutes, even if your milk stops flowing.
6. Store the expressed milk, clean your breast pump parts, and wash your hands.

Clean Your Breast Pump

- Wash the pieces of your pump (not the tubing) with hot, soapy water right after you use it. Use a bottlebrush to clean the parts well. Rinse well and air dry.
- If your pump has parts that can be washed in the top-rack of the dishwasher, be sure to hand wash any other delicate parts that cannot go in the dishwasher.
- You may choose to additionally sterilize the pump parts every 24 hours.
 - Follow the instructions you get with your pump on how to sterilize.
 - Make sure you review the instructions on the pump parts that you should not sterilize. There are often smaller, delicate parts that should not go in the dishwasher or be sterilized.



Source: U.S. Breastfeeding Committee

Store Expressed Breastmilk

Make sure the container you store the milk in is washed with hot, soapy water and dry before you put the milk in it.

Storage Location and Temperatures			
Types of Breastmilk	Countertop/Room Temperature 77°F (25°C) or colder	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 to 2 hours	Up to 1 day (24 hours)	Never refreeze breastmilk after it has been thawed

Source: Center for Disease Control and Prevention

- If you have leftover breastmilk from feeding baby, use within 2 hours after baby is finished feeding.
- If you use an insulated cooler bag to store milk:
 - Keep ice packs in contact with milk containers at all times.
 - Limit opening the cooler bag.
 - Move milk to refrigerator or freezer as soon as possible.
 - Only store milk for a maximum of 24 hours in an insulated cooler bag.

Baby in the Hospital

Breastmilk storage for baby can be different when they are in the hospital. Talk to baby's nurse or a lactation consultant for more information.

- Each pumping session can be combined into one bottle or syringe. Do not combine milk from different pumping sessions.
- Label the bottles/syringes with your name, date, and time the milk was expressed.
- Put pumped milk immediately in the refrigerator or freezer after you label them.
 - If you plan to go to the hospital within a day, put milk in the refrigerator at home. Bring containers/syringes to the hospital in an insulated bag with a frozen cold pack in it. Give your milk to baby's nurse as soon as you arrive.
 - If you are not visiting the hospital within a day of pumping, put milk in the freezer.

Breastfeeding Support and Resources

To scan a QR code:

1. Open the camera on your smartphone.
2. Place the QR directly in the center of the camera and the link should appear on the screen.
3. Click the link to go to the webpage.

Support Person

Your support person is important as you all learn breastfeeding together. Some tips to share with your support person that can help you are:

- Have them bring pillows or folded blankets to support your limbs as you find a comfortable position.
- Let them do other things with baby so you can rest, such as hold baby, change their diaper, give baby a bath, talk to baby, and play with baby.
- Talk to your support person if you feel tired or overwhelmed.

Wellbeing

Birth and breastfeeding cause a lot of physical changes to the body. It can be common to feel a lot of emotional changes during this time too. **Talk to your doctor or midwife if you feel sad or overwhelmed.** If you feel intense sadness, anxiety, or hopelessness, this can impact your ability to care for yourself and baby.



Henry Ford Health Behavioral Health

henryford.com/services/behavioral-health/mental-health

Community Services



Henry Ford Health

- Lactation consultants are available after you go home from the hospital.
- Visit the website to find support near you.
- henryford.com/services/baby/breastfeeding/lactation-consultants/team



WIC (Women, Infant, Children) Breastfeeding Support

- Peer counselors are trained to provide you with breastfeeding information and support.
- They can see you in person, by telephone, in the home, at the hospital, or at WIC clinics.
- michigan.gov/mdhhs/assistance-programs/wic/breastfeeding



Black Mothers' Breastfeeding Association

- Provide education, valuable resources, and ongoing support to black families.
- blackmothersbreastfeeding.org/



La Leche League of Michigan: Breastfeeding Support and Education

- Free breastfeeding support and education.
- lalecheleagueofmichigan.org/

Breastfeeding Websites



Medicine and Breastfeeding Safety Infant Risk Center

Gives you information on different medicines and safety during breastfeeding, and more. Anyone can call the phone number for free with questions on medicine and breastfeeding.

- www.infantrisk.com
- (806) 352-2519



First Droplets

Help with breastfeeding the first few days.

www.firstdroplets.com



Centers for Disease Control and Prevention (CDC)

Learn more about breastfeeding from the CDC.

cdc.gov/breastfeeding/about-breastfeeding/index.html



La Leche League International

<https://llli.org>



MI Breastfeeding Network

Breastfeeding support at home, workplace, and community.

mibreastfeeding.org/



U.S. Department of Labor

Federal laws protect breastfeeding at work.

dol.gov/agencies/whd/nursing-mothers



Momma's Mobile Milk

Human milk delivery program if maternal/infant separation happens.

semiibclcofcolor.org/mamasmobilemilk.html



Human Milk Banking Association of North America

Learn about how to donate milk, find a milk bank, and more.

hmbana.org/

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