

We strive to provide outstanding pediatric care for the families throughout the Dallas/Fort Worth metroplex who entrust their child's well-being to our experienced team of Board Certified Pediatricians. Our Pediatricians work closely with our Certified Lactation Counselor, Janis Wilbert, in order to help ALL newborns, infants and children. Even if you have decided not to breastfeed, or you are medically unable to do so, our Lactation Counselor wants to help you with questions regarding preparation of formula, baby care and most importantly, SUPPORT for your family. Below, please find some frequently asked questions & answers from our new Moms and Dads.

How often should I breastfeed?

Early and often! Breastfeed as soon as possible after birth, then breastfeed at least 8 to 12 times every 24 hours to make plenty of milk for your baby. This means that in the first few days after birth, your baby will likely need to breastfeed about every hour or two in the daytime and a couple of times at night. Healthy babies develop their own feeding schedules. Follow your baby's cues for when he or she is ready to eat.

How long should feedings be?

Feedings may be 10 to 20 minutes or longer per breast. But there is no set time. Your baby will let you know when he or she is finished. If you are worried that your baby is not eating enough, talk to your baby's doctor.

How do I get my baby to latch?



Tickle the baby's lips to encourage him or her to open wide.



Pull your baby close so that the chin and lower jaw moves into your breast first.



Watch the lower lip and aim it as far from the base of the nipple as possible, so the baby takes a large mouthful of breast. You should feel a tugging or pulling sensation, not pain.

What are signs of a good latch?

- The latch feels comfortable to you, without hurting or pinching. How it feels is more important than how it looks.
- Your baby's chest is against your body and he or she does not have to turn his or her head while drinking.
- You see little or no areola, depending on the size of your areola and the size of your baby's mouth. If areola is showing, you will see more above your baby's lip and less below.
- When your baby is positioned well, his or her mouth will be filled with breast.
- The tongue is cupped under the breast, although you might not see it.
- You hear or see your baby swallow. Some babies swallow so quietly, a pause in their breathing may be the only sign of swallowing.
- You see the baby's ears "wiggle" slightly.

- Your baby's lips turn out like fish lips, not in. You may not even be able to see the bottom lip.
- Your baby's chin touches your breast.

How do I position my baby during feeding?

Hold your baby close, next to your skin, tummy to tummy. Press his chin into your breast with your nipple just opposite his nose. Tickle the baby's upper lip with your nipple to make his mouth open wide, like a yawn. Hold your hand behind the baby's neck and shoulders. This will allow the baby to tip his head back so he can open his mouth wider. Use your other hand to support the breast and compress it slightly in the same direction as his lips. This will help him to get more of a mouthful. When your baby's mouth is wide open, bring him to your breast quickly to help baby get more breast into his mouth. Baby should latch on to the areola, not just the nipple. This will enable baby to get more milk. If you feel discomfort with nursing, baby may not have enough breast tissue in his mouth. Insert your finger between his jaws and the breast tissue to break suction, and then re-latch.

Breastfeeding positions:

- Cross-cradle: Hold baby tummy to tummy. Hold your forearm along baby's back, with your hand supporting baby's neck and shoulders. Your other hand supports the breast like a U.
- Football: Baby's body is under your arm and your hand supports his neck and shoulders. Baby's head is under the breast, looking up at you. Your other hand supports the breast like a C.
- Side-lying: You can rest while your baby feeds! Lay on your side, baby tummy to tummy with you. Use your upper arm to support your breast in a C hold.

When baby's mouth opens wide, press baby onto breast with your lower hand between baby's shoulder blades. Another way is to hold your body up on one elbow. Place baby on her back, under your breast. Use your upper hand to support the breast in C hold. Tickle the baby's lip to get a wide gape then lower your breast into baby's mouth. Once baby is latched and sucking, pull out your lower arm and lay on your side.

How do I prepare powdered formula?

Carefully follow the mixing instructions on the formula tin to find out how much water and how much powder you need to prepare the formula correctly. Tap water, filtered tap water, nursery water, or boiled water can be used to prepare formula. The tap water in Dallas is safe for consumption and has the recommended amount of fluoride (excessive fluoride in water has been shown to cause fluorosis, splotchy white or brown stains on the teeth that can sometimes lead to pitting of the tooth enamel) that is considered safe for infants and children. Using filtered tap water will further reduce the amount of fluoride present in water as well as reduce other impurities that can be present.

If you prefer to use boiled water:

- Bring water to a rolling boil in a covered pot on the stove or in a kettle that does not have an automatic shut-off, and keep boiling for 1 minute.
- The water used to mix with the powder should be at least 70° C (158° F).



- Mix the correct amount of hot water and powdered formula in a sterilized bottle. Take care to avoid scalds.
- Put a ring and nipple on the bottle and mix thoroughly by gently shaking or swirling the bottle.
- Formula prepared with hot water is too hot to feed to your baby.
 - Quickly cool it by carefully placing the bottle under cold running water or in ice water.
 - Make sure the cold water is below the ring of the bottle.
 - Once the bottle has been cooled, make sure it is a comfortable temperature.
 - Test a few drops on the inside of your wrist before feeding your baby.

How do I store prepared powdered formula?

Once opened, powder formula containers should be closed and stored in a cool, dry place — not in the refrigerator. Avoid extreme temperatures. Use contents within one month. Once mixed, feed immediately or refrigerate in a sealed container, and use within 24 hours. See the label for specific instructions. Do not leave prepared formula at room temperature and do not freeze it, because doing so can cause the protein and fat to separate. If your baby does not finish a bottle of formula within one hour, throw it away. Do not save it for later. During a feeding, your baby's saliva can contaminate the formula in the bottle. Once this occurs, reheating or refrigerating will not kill the bacteria. If you warm the formula and your baby decides not to take it, do not refrigerate it and reheat it again later. Throw it out instead.

How do I store my breast milk?

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

How often should I make my baby's bottles?

Some parents opt to make a bottle just before each feeding, but many others choose to pre-make and refrigerate enough to use for the day. If you know your baby eats every 3-4 hours, for instance, you can make six to eight bottles to last you all day. Mix your baby's formula in 2- or 3-ounce (60- or 90-milliliter) servings for the first few weeks and gradually increase the amount as you become familiar with your baby's eating patterns and appetite. Remember to refrigerate it immediately after mixing. If your baby is staying with a caregiver for a long period of time, you may want to prepare just one or two bottles and leave instructions and supplies (bottles, nipples, formula, and water, if necessary) so the caregiver can prepare bottles as needed and not waste any formula. After all, you'll need to throw away any mixed formula after 24 hours.

Is my baby eating enough?

Babies grow at different rates, and at times you may wonder whether your baby is getting enough nutrients to develop properly. Here's a general look at how much your baby may be eating at different stages:

- On average, a newborn consumes about 1.5-3 ounces (45-90 milliliters) every 2-3 hours. This amount increases as your baby grows and is able to take more at each feeding.
- At about 2 months, your baby may be taking 4-5 ounces (120-150 milliliters) at each feeding and the feedings may be every 3-4 hours.
- At 4 months, your baby may be taking 4-6 ounces (120-180 milliliters), depending on the frequency of feedings and his or her size.

- By 6 months, your baby's formula intake can be between 24-32 ounces (720-950 milliliters). This also depends on whether you've introduced any baby food.

What should I expect for the first 6 weeks?

Time	Milk	The Baby	You (Mom)
Birth	Your body makes colostrum (a rich, thick, yellowish milk) in small amounts. It gives your baby a healthy dose of early protection against diseases.	Will probably be awake in the first hour after birth. This is a good time to breastfeed your baby.	You will be tired and excited.
First 12-24 hours	Your baby will drink about 1 teaspoon of colostrum at each feeding. You may or may not see the colostrum, but it has what the baby needs and in the right amount.	It is normal for the baby to sleep heavily. Labor and delivery are hard work! Some babies like to nuzzle and maybe too sleepy to latch well at first. Feedings may be short and disorganized. As your baby wakes up, take advantage of your baby's strong instinct to suck and feed every 1-2 hours. Many babies like to eat or lick, pause, savor, doze, then eat again.	You will be tired, too. Be sure to rest.
Next 3-5 days	Your white milk comes in. It is normal for it to have a yellow or golden tint first. Call your Pediatrician and Lactation Counselor (Janis Wilbert, CLC) if your milk is not in yet.	Your baby will feed a lot (this helps your breasts make plenty of milk), at least 8-12 times or more in 24 hours. Very young breastfed babies don't eat on a schedule. Because breast milk is more easily digested than formula, breastfed babies eat more often than formula-fed babies. It is okay if your baby eats every 2-3 hours for several hours, then sleeps for 3-4 hours. Feedings may take about 10-20 minutes on each side. The baby's sucking rhythm will be slow and long. You might hear gulping.	Your breasts may feel full and leak. (You can use disposable or cloth pads in your bra to help with leaking.)
The first 4-6 weeks	White breast milk continues.	Your baby will likely be better at breastfeeding and have a larger stomach to hold more milk. Feedings may take less time and will be farther apart.	Your body gets used to breast-feeding so your breasts will be softer and the leaking may slow down.

Minimum number of wet diapers and bowel movements in a baby's first week (it is fine if your baby has more) **1 day = 24 hours**

Baby's age	# of Wet Diapers	# of Bowel Movements	Color and texture of Bowel Movements
Day 1 (first 24 hours after birth)	1	The first one usually occurs within 8 hours after birth	Thick, tarry, and black
Day 2	2	3	Thick, tarry, and black
Day 3	5-6	3	Looser greenish to yellow (color may vary)
Day 4	6	3	Yellow, soft, and watery
Day 5	6	3	Loose and seedy, yellow color
Day 6	6	3	Loose and seedy, yellow color
Day 7	6	3	Larger amounts of loose and seedy, yellow color

What are hunger cues? How do I know when my baby is hungry?

Babies show several cues in readiness for breastfeeding. Tuning into your baby's cues will make your feeding more successful and satisfying for both your baby and for you. Your baby does not have to cry to let you know he is hungry. Crying is the last hunger cue! Here are a few of the most common hunger cues.

- Awakening Soft sounds
- Mouthing (licking lips, sticking tongue out, licking lips)
- Rooting towards the breast (turning the head and opening the mouth)
- Hand to mouth activity
- Crying beginning softly and gradually growing in intensity

What is skin-to-skin contact? Why is it important?

Skin-to-skin contact is the close contact includes the baby unwrapped down to their diaper and tucked under mother's clothing so that both mother and baby can begin or continue the attachment/bonding process. There are numerous reasons why keeping your baby right on your chest, skin-to-skin, is essential. Babies cry less and latch properly to the breast sooner. They are also able to maintain their skin temperature more efficiently, and they have a better tolerance for pain when receiving regular skin-to-skin contact.

How do I hand express breast milk?

- Position the thumb (above the nipple) and first two fingers (below the nipple) about 1" to 1-1/2" from the nipple, though not necessarily at the outer edges of the areola. Use this measurement as a guide, since breasts and areolas vary in size from one woman to another. Be sure the hand forms the letter "C" and the finger pads are at 6 and 12 o'clock in line with the nipple. Note the fingers are positioned so that the milk reservoirs lie beneath them.
- Avoid cupping the breast
- Push straight into the chest wall
- Avoid spreading the fingers apart.
- For large breasts, first lift and then push into the chest wall
- Roll thumb and fingers forward at the same time. This rolling motion compresses and empties milk reservoirs without injuring sensitive breast tissue.
- Repeat rhythmically to completely drain reservoirs.
- Position, push, roll... • Position, push, roll...
- Rotate the thumb and fingers to milk other reservoirs, using both hands on each breast.

Avoid These Motions: 1. Do not squeeze the breast, as this can cause bruising. 2. Sliding hands over the breast may cause painful skin burns. 3. Avoid pulling the nipple which may result in tissue damage.

Does my baby need cereal or water?

No, your baby only needs breast milk or formula for the first 4-6 months of life. The American Academy of Pediatrics recommends exclusive breastfeeding for 6 months. Breast milk or formula alone will provide all the nutrition your baby needs. Giving the baby cereal may cause your baby to not want as much breast milk, gain too much weight, and have hard constipated stools. Even in hot climates, breastfed infants do not need water or juice.

Is my baby getting enough Vitamin D?

Vitamin D is needed to build strong bones. All infants and children should get at least 400 International Units (IU) of vitamin D each day. To meet this need, all breastfed infants consuming less than 32 ounces of formula per day should be given a vitamin D supplement of 400 IU each day. Sunlight is a major source of vitamin D, but it is hard to

measure how much sunlight your baby gets, and too much sun can be harmful. Once your baby is weaned from breast milk, talk to your baby's doctor about whether your baby still needs vitamin D supplements. Some children do not get enough vitamin D through diet alone.

Can I drink alcohol and nurse my baby?

Current research says that occasional use of alcohol (1-2 drinks) does not appear to be harmful to the nursing baby. If you are worried about the amount of alcohol in your breast milk, there are products available to test the amount of alcohol in your breast milk: www.milkscreen.com/where-to-buy

- The American Academy of Pediatrics Committee on Drugs classifies alcohol (ethanol) as a “Maternal Medication Usually Compatible with Breastfeeding.” The American Academy of Pediatrics Section on Breastfeeding notes: “Breastfeeding mothers should avoid the use of alcoholic beverages, because alcohol is concentrated in breast milk and its use can inhibit milk production. An occasional celebratory single, small alcoholic drink is acceptable, but breastfeeding should be avoided for 2 hours after the drink.”
- Many experts recommend against drinking more than 1-2 drinks per week.
- Per Hale (2008), “mothers who ingest alcohol in moderate amounts can generally return to breastfeeding as soon as they feel neurologically normal.”
- There is no need to pump & dump milk after drinking alcohol, other than for mom's comfort —pumping & dumping does not speed the elimination of alcohol from the milk.
- Alcohol has been shown to inhibit let-down and decrease milk production
- If you're away from your baby, try to pump as often as baby usually nurses (this is to maintain milk supply, not because of the alcohol). At the very least, pump or hand-express whenever you feel uncomfortably full – this will help you to avoid plugged ducts and mastitis.

How do I contact the Lactation Counselor at Forest Lane Pediatrics?

Call Janis Wilbert, CLC at 972-284-7770

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