

UCLA Health

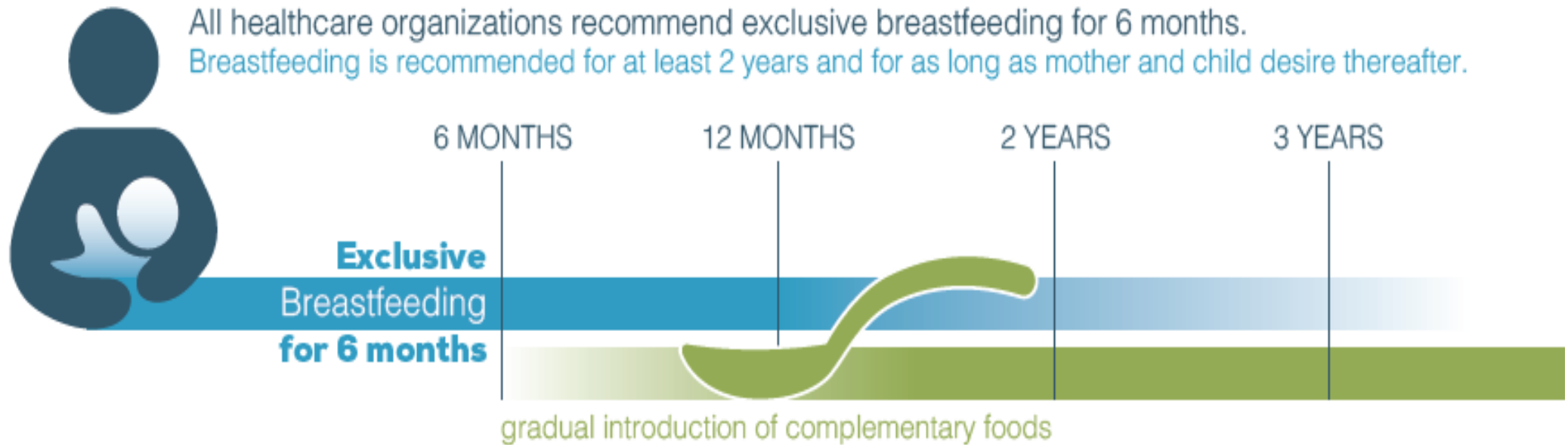
Making Milk

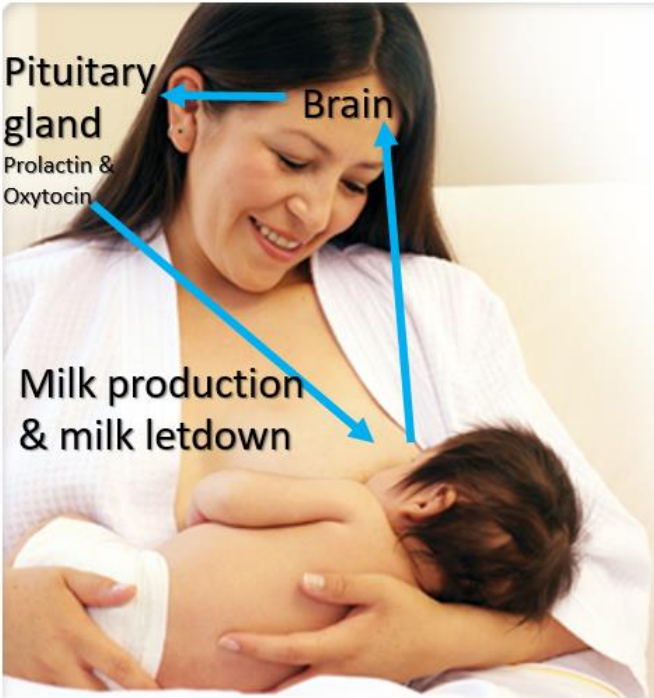


- **Please turn on your video if you are comfortable doing so**
- **Zoom – HIPAA Compliant**
- **Group Format - Consent to participate, Personal questions in a group format**
- **General advice – not Medical Advice**
- **Please “Mute” yourself–background noise- Show Video**
- **“Raise Hand” or wave or use the Chat Box**

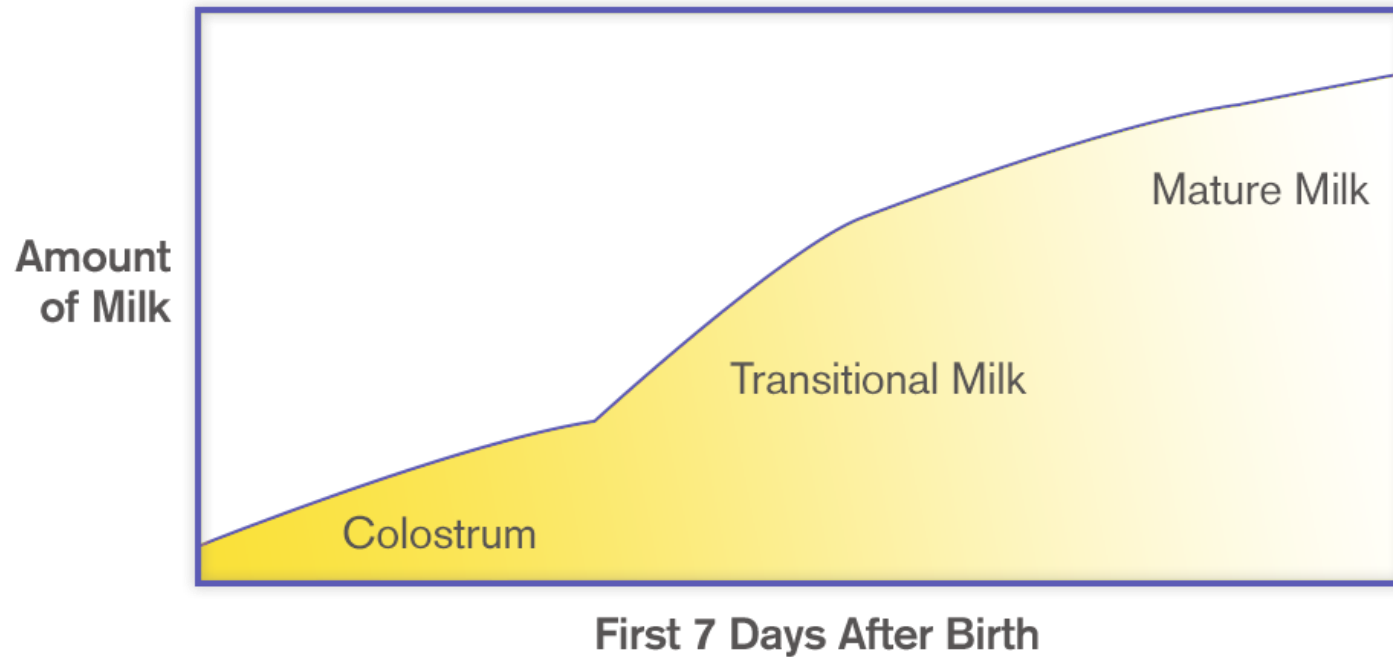
The instructor does not have any relevant financial relationships with commercial interests

A Quick Review: Basics of Breastfeeding





“You have to take it, to make it”



Colostrum gives me tons of nutrition in tiny amounts – perfect for my first meals!

A Mother's Touch

- **Milk sends signals to body**
 - Make more milk!
- **Hand expression skills take practice**
 - Ask your OB or midwife about trying it prenatally (after 36 weeks)



Positioning & Latch



Positioning an Infant While Nursing

Positioning an Infant for Nursing



Positioning an Infant for Breastfeeding
by IABLE

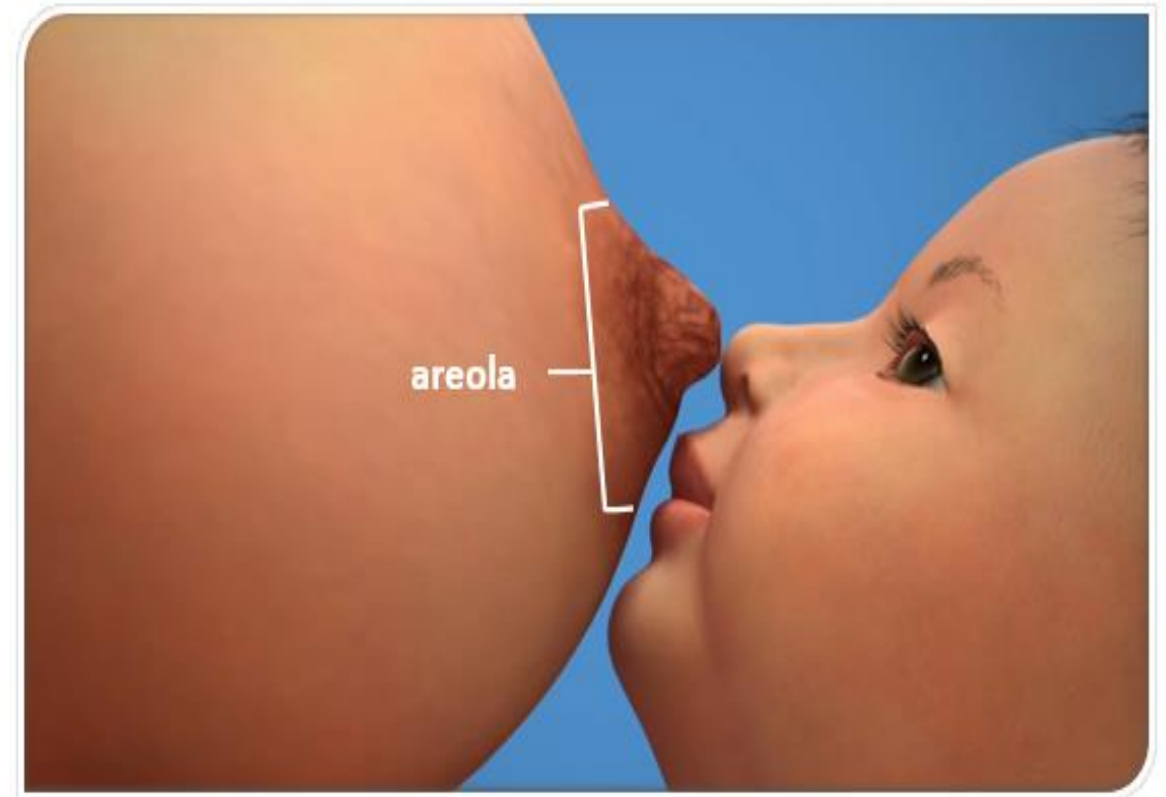
- **Bring baby to breast**
 - Not breast to baby
- **Pillows can help or hurt**
 - Make sure pillow is high enough
 - Make “shelf” under breasts – not around waist
 - Don’t bring to the hospital
- **Footstool can be helpful**
- **Favorite positions might change as baby gets older**



- Cross cradle
- Football/ clutch
- Laid back
- Side lying



- **How baby attaches to breast**
- **“Deep” latch = pain free latch**
 - Make sure pillow is high enough
 - Make “shelf” under breasts – not around waist
 - Don’t bring to the hospital
- **Start with “noes to nipple”**
 - Chin deep into breast
 - Lips flanged out
 - Cheeks touching breast
 - Nose lightly touching breast
 - Asymmetrical







Ineffective Latch Video



Common Concerns



- **Most common cause – poor swallow latch**
- **Transitional soreness is normal**
 - First few days – 1 week
 - Improves as milk increases in volume
- **Need help:**
 - Severe pain
 - Pinched nipples
 - Visible nipple damage



- Many parents are swollen with fluids after birth
- Fluids go to extremities: feet, hands, and breasts
- Need to move fluids away from nipple:
 - So baby can latch
- Reverse pressure softening



Lymphatic Drainage



- Reduces swelling by assisting movement of lymph fluid, decreasing edema
- Technique
 - “Very gentle touch/traction of skin - “like petting a cat”
 - The purpose is to lift skin to allow flow of lymphatic drainage and vascular decongestion
 - Ten small circles at junction of internal jugular and subclavian veins
 - Ten small circles in axilla
 - Continue with light touch massage from nipple towards clavicle, axilla
- Start during pregnancy if experiencing painful rapid breast growth, and use as needed postpartum for engorgement

PhysicianGuideToBreastfeeding.org

- **After 2-4 days - milk increases in volume**
- **Warm compress before (warm shower) and COLD compress after**
- **Hand express between feedings, if still uncomfortable**
- **Lymphatic drainage**

- **Plugged ducts** are an area of milk blockage
- **Mastitis: inflammation → infection of the breast**
 - Fever
 - Flu-like symptoms
- **Treatment:**
 - Breastfeed on demand
 - CAREFUL massage (or none)
 - Pump (only if baby not breastfeeding)
 - Rest + COLD COMPRESS on breast
 - Increase fluids
 - For mastitis: antibiotics



Is My Baby Getting Enough?

- Feeds 8x or more/24 hours; and
- Anytime baby shows feeding cues
- Baby sucks, pauses, starts again
 - Sustained feeding
- Audible swallowing
- Diaper output
- Weight
- Satiety cues:
 - Soft hands, relaxed face and body



HOMework

Signs of Feeding Readiness



Open mouth



Sucking movements



Hand to mouth



Moving or fidgeting










Rooting for a breast



Crying (late sign)

Diaper Output

	Day one	Day two	Day three	Day four	Day seven
Wet diapers	1	2	3	4	At least 6
					
	Day one	Day two	Day three	Day four	Day five
Number of soiled diapers	1	2	3	4	4
Color and texture	Sticky black	Brownish	Greenish yellow	Dark yellow soft	Yellow liquid seedy
					

*Contact your pediatrician if there are not enough wet and dirty diapers.

- **After Day 3 – 4**
 - Milk increases in volume
- **Baby gains weight**
 - After about day 4
- **Baby seems satisfied**



- **Baby comes off breast**
- **Sucking slows down**
 - light, “fluttery” sucks or stops
- **The baby’s hands are relaxed**



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- **Feed 8x or more/24 hours; and**
- **Any feeding cues**
 - 8x is the minimum, expect more
- **Feeding = actively sucking and swallowing**
- **Offer both breasts, every feeding**
 - OK if baby “declines” offer and takes only one breast
- **Watch baby**



*Feedings can be short
or long*

- **Feeding less than 8-10x in 24 hours**
 - **Not enough wet/dirty diapers**
 - **Not gaining weight or losing weight after day 4**
- **Severe nipple or breast pain**
 - **Significant nipple soreness that lasts past 1 week**
 - **Tender area on breast + flu symptoms**
 - **Feelings of deep sadness or hopelessness**



UCLA Health

UCLA Lactation Program

The UCLA Lactation Program offers private lactation visits with UCLA Health's lactation consultants. Lactation visits are offered in Santa Monica by appointment with provider referral.


What other lactation support does UCLA Health offer?

UCLA Health is proud to offer prenatal chest/breastfeeding classes, inpatient lactation help, and new parent and baby support groups.

Contact Us

For more information, schedules for classes and support groups, and to register, visit uclahealth.org/birthplace.

To learn more about the UCLA Lactation Program or to schedule a visit, please call **424-259-8250**.



- **UCLA Outpatient Lactation: 424-259-8248**
- **Online & In-Person UCLA Support Groups**
- **UCLAHealth.org/medical-services/birthplace/breastfeeding-support**

- **Breastfeeding in the Hospital & Beyond**
 - The first 24 hours after delivery & baby's second night
 - Early breastfeeding challenges
 - How to get off to the best start with breastfeeding

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