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Care in Style

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A COMPREHENSIVE GUIDE FOR BREASTFEEDING MOTHERS



GETTING HELP WITH BREASTFEEDING

Becoming comfortable with breastfeeding can take time – for you and your baby. If either of you are struggling or your nipples hurt, get help as soon as possible.

A lactation consultant can address a poor latch and other problems. Your doctor, midwife, nurse, or your baby's doctor, and other mums can also be supportive resources.

WHY A GOOD LATCH IS SO IMPORTANT

With a good latch, your baby is securely fastened onto your breast and feeding well. The following photos show how to get a good latch.

With a poor latch, your baby doesn't get enough milk, and your nipples will hurt. A bad latch is the primary cause of cracked or bleeding nipples. It can also lead to problems such as clogged milk ducts, mastitis, and low milk supply.

Although your nipples might feel sore when you first start breastfeeding, a good latch shouldn't hurt. If your pain continues or is severe, see a lactation consultant.

GET COMFORTABLE AND POSITION YOUR BABY

Sit upright in a comfortable position. You may want a pillow on your lap to help support your baby. Position your baby so that baby's head and body are in a straight line. Baby should be facing you with the nose near your nipple.

Position your nipple between your baby's upper lip and nose, and then encourage baby to open wide by gently tickling her upper lip with your nipple. Your baby will start rooting – looking for your breast with her mouth open. Pull baby to your breast (rather than bringing your breast to baby's mouth) and aim your nipple toward the roof of the baby's mouth.



CHECK YOUR NIPPLE POSITION

As your baby latches on, the chin should touch your breast first and the upper lip should close around your breast, ensuring they get a big mouthful of breast tissue, primarily the lower part of your areola and the breast beneath. You might still see a bit of your areola on top.

Your nipple should end up far back inside your baby's mouth. If the latch isn't deep enough, you'll probably feel pain because your nipple will be pressed against the hard roof of your baby's mouth and her tongue will be stroking your nipple.

CHECK YOUR BABY'S LIP POSITION

Your baby's lips will open wide around your breast. You'll feel the tongue and mouth pull your breast – not just your nipple – into the mouth. Baby's lips should be turned outward, though you might not be able to see her bottom lip.

When baby is latched on well, you may hear swallowing or see the jaw working as the tongue massages your lower breast.

As your baby nurses, hold them close. You may want to support your breast, especially if your breasts are large. Babies chin should press against you, but the nose should be clear to breathe. Check that the head and body stay in a straight line, so they don't have to turn the head.

You might need to experiment with different nursing positions or pillows to find what works well for you and your baby.

IF LATCHING HURTS, TRY AGAIN

If the latch is painful or seems incorrect, gently slide a clean finger into the side of your baby's mouth and between the gums. This will break the suction so you can reposition your baby and try again.

You also might need to release the latch if baby falls asleep on your breast. But if your baby seems to be feeding contentedly and you're comfortable, let baby nurse until they have emptied the breast, baby is likely stop sucking and release your breast.

BREASTFEEDING POSITIONS

Here are some time-tested positions to try, plus tips to make nursing go smoothly.

The cradle hold

This classic breastfeeding position requires you to cradle your baby's head in the crook of your arm.

1. Sit in a chair with supportive armrests or on a bed with lots of pillows. Rest your feet on a stool or another raised surface to avoid leaning forward toward your baby.
2. Hold baby in your lap (or on a pillow on your lap) so that baby lying on her side directly facing you. If she's nursing on the right breast, rest baby's head on your right forearm. Extend your forearm and hand down her back to support baby's neck, spine, and bottom. Secure baby's knees against your body across or just below your left breast. Baby should lie horizontally or at a slight angle.
3. Guide your baby's head to tilt back slightly for a wide-open mouth to establish a good latch.



Best for: full-term babies who were delivered vaginally. Some mothers say this hold makes it hard to guide their newborn's mouth to the nipple, so you may want to wait to use this position until you've become more comfortable with breastfeeding, usually when your baby is 4 to 6 weeks old. Women who have had a caesarean section may find it puts too much pressure on their abdomen.

The crossover hold

Also known as the cross-cradle hold, this position differs from the cradle hold in that your arms switch roles.

1. If you're nursing from your right breast, use your left hand to support your baby's head.
2. With your thumb and fingers behind his head and below his ears, guide his mouth to your breast.

Best for: newborns, small babies, and infants who have trouble latching on.



The clutch or football hold

As the name suggests, you tuck your baby under your arm (on the side that you're nursing from) like a football or handbag.

1. Position your baby at your side, under your arm, supported by a pillow. She should be lying faceup, her nose level with your nipple.
2. Rest your arm on the pillow and support your baby's shoulders, neck, and head with your hand and forearm.
3. With your thumb and fingers behind her head and below her ears, guide her mouth to your nipple, chin first, to establish a good latch.

Best for: if you've had a c-section (to avoid having the baby putting pressure on your stitches). And if your baby is small or has trouble latching on, this hold allows you to guide her head to your nipple. It also works well for women who have large breasts or flat nipples, and for mothers of twins nursing both babies at once.



The side-lying position

Though you won't see women breastfeeding in public like this, it's a popular position for many nursing mothers when they're at home.

The side-lying position also makes it easy for you to extract yourself if your baby falls asleep on the breast. Just be sure to transfer baby to a safe sleep space, and never leave baby unattended on an adult bed or couch.

1. Lie on your side in bed with a pillow under your head and one between your bent knees, if you wish, to keep your back and hips in a straight line.
2. With your baby facing you, draw baby close, allowing the head to tilt back slightly so baby can open the mouth wide. Rest your head on your bottom arm.
3. If your baby needs to be higher and closer to your breast, use your top arm to cradle, with your hand below the ears. Be sure not to put pressure on the back of his head. Baby shouldn't strain to reach your nipple, and you shouldn't bend down toward him.



Best for: if you're recovering from a c-section or difficult delivery, sitting up is uncomfortable, or you're nursing in bed.

The koala hold

Once you get this hold down, you may want to try it while your baby is strapped to you in a soft carrier for hands-free breastfeeding. If this works for you and your baby, you may never go back.

1. Hold your baby securely upright, legs straddled over your leg and the head in line with your breast.
2. The head will naturally lean back when baby latches on. Be sure to support the head and keep one arm around baby at all times – until baby gets old enough to hold themselves up.



Best for: babies with reflux, since nursing upright can be easier on their digestion. If you're able to master this hold in a carrier, it's an ideal position for active mums.

The laid-back hold

Research shows that nursing in a reclined position can stimulate feeding reflexes in mothers and babies.

1. Lie back in a semi-reclined position. Make sure your head and shoulders are supported.
2. Lay your baby face down on your stomach with babies arms hugging your breast. Gravity should keep him in the ideal position and will help deepen his latch.

Best for: mothers with sore nipples or babies with a difficult latch. This is also a great position for mothers who want a nice, relaxing cuddle. You may find that this hold feels quite natural for you and your baby.



The post-caesarean laid-back hold

This hold takes the pressure off your incision site while letting you enjoy a semi-reclined position. It may look a little funny, but since the breast is a circle, it can be approached from any side.

1. Find a comfortable spot where you can sit at a 45-degree angle and be fully supported.
2. Lay your baby over your shoulder so that baby's head is facing your breast and the mouth is in line with your nipple.
3. Check to make sure you and your baby are both snug and secure before you guide her to latch on.

Best for: nursing mothers who want to sit back and relax after a recent c-section.



The twin hold

Breastfeeding twins means that you will make a lot of milk and need a lot of support – literally and figuratively.

1. Place a large pillow or cushion across your lap to help you cradle both of your babies at once.
2. If possible, have someone nearby who can pass your babies to you once you're set up.
3. Put one baby under each arm with their heads facing your breasts. Use your arms and hands to support their backs and heads. Make sure both babies are close enough to the breast to get a comfortable latch.



Best for: nursing twins. This hold could save your sanity if you're the mother of multiples.

TIPS FOR EVERY NURSING POSITION

Support your body

Choose a comfortable chair with armrests, and use pillows – lots of them – to support your back and arms. (Most couches aren't supportive enough.)

Support your feet as well, to avoid bending toward your baby. A footstool, coffee table, or stack of books can work. A pillow or folded blanket on your lap can also keep you from hunching over.

Whichever nursing position you use, be sure to bring your baby to your breast, rather than the other way around.

Support your breasts

Breasts get bigger and heavier during lactation. As you nurse, use your free hand to support your breast with a C-hold (four fingers on one side of the breast and the thumb on the other side) or a V-hold (index and middle fingers splayed on either side of the breast).

Note: Keep your fingers at least 2 inches behind the nipple and areola so that your baby can get a full latch.

Support your baby

Feeling comfortable and secure will help your baby nurse happily and efficiently. Use your arms and hands, plus pillows, to support your baby's head, neck, back, and hips – and keep them in a straight line. In the beginning, skin-to-skin contact is best, using a blanket to keep your baby warm when necessary.

Vary your routine

Experiment with nursing positions to find your favourites. A deep, comfortable latch will help you avoid nipple pain. Many women regularly alternate breastfeeding holds to avoid getting clogged milk ducts. Because each hold puts pressure on a different part of your nipple, variety may also help you avoid sore nipples.

Tip: Alternate which breast you nurse from first at every feeding to boost milk production.

Relax, then nurse

Take a few deep breaths, close your eyes, and think peaceful, calming thoughts. Keep a glass or bottle of water on hand to drink while you breastfeed – staying hydrated helps you to produce milk.

Time to stop?

Ideally, your baby will decide that they have had enough when they have drained one or both breasts. If you need to take your baby off your breast while feeding, gently insert your finger into the corner of the mouth, reaching between the gums to break the suction (which can be remarkably strong!).

Try to avoid falling asleep

Breastfeeding helps protect your baby against [sudden infant death syndrome \(SIDS\)](#). It is recommended that you don't fall asleep with your baby because you could roll over onto them. If you think you could possibly fall asleep while breastfeeding, feed your baby on the bed rather than on a sofa or cushioned chair, which are more hazardous because babies can get trapped between the cushions.

Also, make sure there are no pillows, blankets, sheets, or other items on the bed that could obstruct your baby's breathing or cause overheating. If you do fall asleep, move your baby to his own bed as soon as you wake up.

HOW MANY DAYS WILL IT TAKE FOR MY MILK TO COME IN?

Even before you give birth, your milk is already "in." The colostrum you've produced since you were about four months pregnant is milk. However, we generally refer to the surge in milk volume and the change in composition as the milk "coming in." In the normal course of events, your milk will change and increase in volume even if you don't breastfeed your baby. When the placenta is delivered, the hormone that causes milk production (prolactin) goes to work. So whether or not you put your baby to your breast, your body will make milk. If you're a first-time mum, you'll probably notice your milk increasing about three to four days postpartum, with your breasts getting fuller, firmer, and heavier.

If you've had a very difficult delivery, or if you notice a lot of extra swelling in your body after a prolonged induction with an epidural, you may find that it takes a day or two more for the milk volume to increase. With your second or later babies, you're likely to notice it a bit earlier, at around two to three days. These time frames are averages — some mums have milk earlier, some later. Your baby is getting colostrum from the start, though, so don't worry that he has nothing to eat!

It's very important to breastfeed your baby early and often that's because early, frequent, and effective nursing increases prolactin activity in the breast, which helps assure abundant and robust milk supply. The more often you feed your baby in the first 48 to 72 hours, the better your milk supply will be.

HOW OFTEN WILL MY BABY BREASTFEED?

There's a very wide range of what's considered normal. Some babies like to nurse all the time – not just for nourishment, but also for enjoyment – while others nurse only when prompted by their tummy. Your baby may be too sleepy to nurse much in the first 24 hours. But after that, here's what's typical:

1 to 7 weeks

- Every 2 to 3 hours
- 8 to 12 times daily

This might seem like a lot – and make you wonder whether they are getting enough at each feeding – but keep in mind that your new baby has a tiny tummy and needs frequent refills.

2 to 5 months

- Every 2/1 2 to 2/1 3 hours
- 7 to 9 times daily

As baby grows bigger and gets more efficient at breastfeeding, they will go longer between feedings and spend less time overall at your breast.

6 months and beyond

- Every 5 to 6 hours
- 4 to 5 times daily

And at this age, they may stay for as long as you continue to nurse her.

HOW MUCH BREAST MILK DO I NEED TO PUMP?

If you pump your breast milk for your baby, you can follow these guidelines to know how much he'll need:

- Up until they're about 1 month old, most babies will take to 73 – 88mls of breast milk in a bottle, feeding about eight times a day – that's taking in a total of 591mls to 709mls in 24 hours.
- By 6 months, your baby will most likely be drinking 709mls to 887mls a day, divided into six to eight feedings. They will start drinking a little less once they starts eating solid food. Keep in mind that these are just rough guidelines – don't try to get your 6 month - old to drink 887 mls each day if they don't want to.

WHAT ARE THE SIGNS THAT MY BABY ISN'T GETTING ENOUGH BREAST MILK?

Watch for these signs if you're concerned about your baby's milk intake:

- Your baby continues to lose weight. If your baby doesn't start gaining weight after five days, or if they starts losing weight again any time after that, talk with his doctor.
- Your baby is wetting fewer than six diapers in a 24-hour period after the five days following birth.
- Your baby has small, dark stools after the first five days.
- Your baby's urine is very dark, like the colour of apple juice. (If the urine is pale or clear, baby is getting enough liquid. If it's more concentrated, it may be a sign that they are low on fluids.)
- Your baby is fussy or lethargic much of the time. Baby may fall asleep as soon as you put them to your breast but then fuss when you take them off.
- Your baby appears to have a dry mouth or eyes.
- Your baby just doesn't seem satisfied, even if feedings consistently take longer than an hour.
- Your breasts don't feel softer after nursing.
- You rarely hear your baby swallow while nursing. (Some babies are very quiet feeders, so if all other signs are positive, don't worry about this one!)

WHAT HAPPENS IF MY BABY DOESN'T GET ENOUGH BREAST MILK?

Although most mums are able to provide their babies with all the milk they need, sometimes babies don't get enough. And when the problem isn't addressed, a baby can suffer from dehydration and failure to thrive, which are uncommon but serious problems.

If you're concerned that your baby isn't getting enough milk, call your baby's doctor or check in with a nurse or lactation consultant. At these appointments, you'll typically feed your baby while the consultant observes you and gives you valuable tips for breastfeeding success.

IS IT POSSIBLE TO OVER FEED A BABY?

Yes, if you're bottle feeding, it's easy to give a baby too much formula or breast milk.

A breastfed baby can comfort themselves at the breast while getting just a minimal amount of milk, or drink just enough to quench thirst, but it isn't that easy for a bottle-fed baby. If you bottle-feed a baby who wants just a little milk, they usually wind up getting much more because of how fast the milk flows through the nipple of a bottle.

HOW CAN I PREVENT OVER FEEDING MY BABY WITH A BOTTLE?

To help your baby get just the right amount of milk, bottle-feed them slowly and take little breaks to give him a chance to let you know when he's had enough. If your baby seems to be gulping the breast milk quickly, help them catch his breath by taking a break every 10 sucks or so. This is especially important during the first couple of months, until they learn to pace themselves.

As babies start eating more solid foods, they start taking in less breast milk. As your baby nears the first birthday, they might drink breast milk three to four times a day.

Once your baby is a 1 year old, they can transition to whole cow's milk in a bottle or sippy cup. Keep in mind that while cow's milk is good for them, you don't want to overdo it or they won't have much appetite for other healthy foods. (Too much cow's milk can also lead to iron-deficiency anemia.) 473mls to 709mls a day should be just fine.

And of course, you can continue to nurse past age 1 if you and your child want to. Even though your toddler will get most of his nutrition from solid food, breast milk still provides calories, immune protection, vitamins, and enzymes.

WHAT'S A CLOGGED MILK DUCT?

If you're making breast milk faster than it's getting expressed, it can get backed up in the duct. When this happens, the tissue around the duct may become swollen and inflamed and press on the duct, causing a blockage.

These are signs that you might have a clogged duct:

- A small, hard lump that's sore to the touch or a very tender spot in your breast
- Redness
- A hot sensation or swelling that may feel better after nursing.

If you feel achy, run down, and feverish, it could be a sign that your clogged duct has become infected and you should see your doctor. Left untreated, a clogged duct can evolve into mastitis, so don't ignore the symptoms.

HOW CAN I TREAT A CLOGGED DUCT?

Nurse, nurse, nurse! It may be painful to nurse on the affected side, but frequent breastfeeding is crucial to completely empty the breast, which will make you more comfortable and reduce inflammation.

Once the duct is unclogged, the area may still be red or feel tender for a week or so, but any hard lumps will be gone and it won't hurt as much to nurse. Here are some tips that can help:

- Start with the sore breast. If it's not too painful, nurse on the side with the clogged duct first.
- Massage
- Get rest
- Consider medication
- Vary your nursing position
- Eat well and drink water
- Hot and cold

CAN I STILL NURSE?

Yes, and you should. It's the best way to get the duct unclogged.

WHAT IF HOME REMEDIES DON'T WORK?

If your breast still hurts after trying rest, heat, massage, and frequent nursing for 24 hours, call your Lactation Consultant, Midwife, Doctor or visit Emergency Room. Call right away if you develop a fever at any time, because this could be a sign that you have an infection that requires medication.

CRACKED OR BLEEDING NIPPLES

Cracked nipples or bleeding nipples make breastfeeding very painful for a lot of nursing mums. If you have bloody discharge or sore nipples because of damaged skin, get treatment as soon as possible. Enlist your healthcare practitioner and a lactation consultant to help you figure out what's causing your nipples to crack or bleed and get the best treatment.

IS IT NORMAL TO HAVE CRACKED OR BLEEDING NIPPLES WHEN YOU BREASTFEED?

No. Cracked nipples or nipples with bloody discharge are not normal. But they're such a common health problem for breastfeeding moms that they're too often brushed aside as such.

If you have cracked or bleeding nipples, breastfeeding can be very painful. In fact, the pain can be so severe that it causes women to stop breastfeeding. Prompt treatment can reduce the pain, prevent more severe skin damage, and help you start healing.

WHAT CAUSES NIPPLES TO CRACK OR BLEED?

Here are common causes for sore nipples that are cracked or bleeding from breastfeeding. You may suffer from multiple problems:

- **An improper latch**
- **Nipple or breast problems:** Flat or inverted nipples.
- **Breast pumps:** Using a breast pump incorrectly.
- **Thrush (yeast infection):** Thrush can cause nipple pain and damage. Signs include itchy, red, shiny painful nipples.
- **Eczema:** Your nipples can crack or bleed because of severe dry skin or eczema.
- **Your baby is tongue-tied:** This happens when the tissue connecting her tongue to the floor of her mouth is short or extends too far to the front of her tongue. This can cause nipple pain and damage when she nurses because she may have difficulty latching on.

WHAT SHOULD I DO IF MY NIPPLES CRACK OR BLEED?

Contact a lactation consultant, midwife or nurse for help as soon as possible for practical advice and support. Not all of these suggestions are appropriate for every woman, but here are some things that may help:

- **Check your baby's latch.**
- **Try different nursing positions.**
- **Nurse on the less injured side first, if you have one.**
- **Briefly apply a cold pack to numb the injured nipple area before nursing.**
- **Breastfeed frequently.**
- **Pump before nursing.**
- **Limit the duration of breastfeeding.** Some babies will continue to suck even when they're not getting more milk, which can irritate the skin. Listen for your baby swallowing, and when he's no longer swallowing gently detach him from your breast (see "After breastfeeding" below). You can also try limiting the length of nursing sessions to 10 to 15 minutes per side. If you limit breastfeeding sessions, consider hand expressing or pumping to keep up your milk supply.

AFTER BREASTFEEDING

- Detach your baby gently. Normally, a baby will let go of a breast when he's finished feeding and no longer getting any milk. If he doesn't, or if you need to detach him yourself, insert your pinky (little finger) into the corner of his mouth to break the suction, so you can pull him off your breast more easily.
- Clean your nipples gently. When you have a cracked or bleeding nipple, rinse the breast after each feeding with warm water, pat with a clean towel, and air dry.
- Use a nipple cream, balm, gel, and/or an antibacterial ointment.
- Apply expressed milk to your nipples. Human milk has healing properties that can ease irritation and doesn't need to be washed off before nursing. However, don't do this if the nipple soreness is due to thrush, because it can encourage yeast growth.
- Take painkillers. Take ibuprofen about 30 minutes before nursing to help lessen pain. These medications are considered safe to take in standard doses when nursing.
- Wear breast shells. Sometimes nipples can become so sore that you cannot bear the pressure of wearing a bra, or the scab sticks to the bra and falls off every time you remove it. In this case, try wearing a plastic breast shell inside your bra to create a space between your breast and the bra. Don't use breast shells if your breasts are engorged, however. Wearing them against an engorged breast could impede milk flow and lead to plugged ducts. Also be sure to wash breast shells between wearings.

- Pay attention to your nursing bras. To prevent skin irritation from your nursing bras, buy ones that are comfortable, made from natural fabrics, and fit you well (make sure they're not too tight or have seams that rub). Avoid underwire bras. Wash them frequently with unscented laundry detergent and rinse well.
- Avoid offering your baby a bottle or pacifier until breastfeeding is well established.

Note: Be diligent about washing your hands before touching your cracked or bleeding nipples. Scrub for 30 seconds with soap and warm water before expressing milk or applying expressed milk, lanolin, or ointments for example.

SHOULD I STOP BREASTFEEDING UNTIL MY SORE, CRACKED, OR SCABBED NIPPLES HEAL?

In most cases, no. Breastfeeding is good for your baby, and nipple problems are usually a temporary setback that can be resolved. If breastfeeding with cracked or bleeding nipples becomes just too painful, though, pumping and bottle-feeding your baby is one way to give yourself a break.

WHAT IF NURSING WITH CRACKED OR BLEEDING NIPPLES IS UNBEARABLY PAINFUL?

If nursing is too painful to bear, you may need to stop breastfeeding and pump for a day or so, possibly longer depending on your individual situation, to let your nipples heal. Sometimes more frequent pumping can make the nipples sorer, however. Your lactation consultant can show you how to use the pump properly so you can preserve your milk supply and avoid further nipple damage.

Cracked or bleeding nipples – and the accompanying pain – are interfering with breastfeeding. Seek treatment from the doctor or a lactation consultant as soon as possible if you're suffering. The nipple trauma needs to be assessed, along with your baby's weight gain and ability to feed comfortably from the breast.

IS IT SAFE FOR MY BABY TO BREASTFEED IF MY NIPPLES ARE CRACKED OR BLEEDING?

Yes, if it's just your skin that's damaged. Your baby may swallow some blood and you may see it come out in her diaper, but it won't do her any harm. If she's got a poor latch, though, she may not be getting enough milk. That's another reason it's important to check with a lactation consultant.

Don't nurse until your nipples heal, though, if you have:

- **Hepatitis C:** If you have cracked or bleeding nipples, stop nursing temporarily, because until you receive treatment the virus can be passed through infected blood.
- **Toxoplasmosis:** Theoretically it's possible the parasite can pass to your baby through breastfeeding if you have cracked or bleeding nipples during the week or two after you get infected.

WHAT CAN I DO TO HELP BREAST MILK STAY FRESH LONGER?

Bacteria will eventually spoil breast milk, but there are ways to slow down this process:

- Limit the amount of bacteria that gets into the milk by maintaining very clean conditions: Always wash your hands, pump parts, and bottles before pumping and storing your milk. (You can use disposable collection bags instead of bottles.) Follow the cleaning instructions that come with your pump.
- If you're not using it right away, put breast milk in a refrigerator or freezer. Cold inhibits bacteria's growth. Keep milk in the back of the fridge or freezer, where the temperature stays more constant.

HOW LONG DOES BREAST MILK STAY FRESH?

See the guidelines below to find out how long breast milk stays fresh under different conditions. Keep in mind that these guidelines are intended for healthy, full-term babies. If your baby is preterm or hospitalized, ask your baby's doctor for recommendations on storing breast milk.

Always label your pumped milk with a time and date so you can tell how old it is. Throw away milk that's unused by the maximum period of time, and dispose any that smells like sour cow's milk, even if it's not expired.

Also, breast milk starts to lose nutritional benefits over time, so that's another reason not to store the milk too long before feeding it to your baby.

Freshly pumped breast milk: How long does it keep?

- At room temperature (up to 77 degrees Fahrenheit): 4 hours is optimal
- In a cooler with ice packs surrounding the milk container: 24 hours
- In the fridge (39 degrees F): 5 days
- Refrigerate or freeze breast milk as soon as possible after pumping. After it's been left out or in the fridge for the maximum amount of time, you must use it, freeze it, or dispose of it.

If you want to add freshly pumped milk to a container of milk that's already in the fridge, chill the newly pumped milk first before pouring it in. Leave the container labelled with the date of the older milk.

Frozen breast milk: How long does it keep?

- In a freezer compartment inside a fridge: 2 weeks
- In a regular freezer: 3 to 6 months
- In a deep freezer: 6 to 12 months

Thawed, previously frozen breast milk: How long does it keep?

- At room temperature: 2 hours (up to 4 hours if pumped under very clean conditions)
- In a cooler with ice packs surrounding the container: 24 hours
- In the fridge: 24 hours

Don't refreeze thawed breast milk.

THAWING FROZEN BREAST MILK

To thaw frozen breast milk, hold the milk container under warm running water, or put it in a bowl of warm water. You can also thaw it by putting it in the fridge for about 12 hours. (Thawed milk only keeps in the fridge for about 24 hours, so don't leave it in there longer than that.)

Caution: Don't thaw breast milk by leaving it out at room temperature because that can allow harmful bacteria to grow. And never use a microwave to thaw frozen breast milk because it can create hot spots, which can burn your baby's mouth. It also destroys some of the milk's nutritional benefits.

WARMING COLD BREAST MILK

Babies don't need to have warmed milk, but they may prefer it. To warm chilled milk, hold the milk container under warm running water, or put it in a bowl of warm water for a few minutes. If the milk has separated into layers, gently swirl (don't shake) to recombine.

IF MY BABY DOESN'T FINISH A BOTTLE OF BREAST MILK, CAN I SAVE IT FOR LATER?

During a feeding, bacteria enter the bottle from your baby's mouth and will eventually spoil the milk. The problem is, there's no way to tell exactly how fast that happens.

Based on the available evidence, once your baby starts drinking breast milk from a bottle, they have up to two hours to finish it. If they doesn't, throw it out.

If your baby often leaves bottles unfinished, prepare smaller quantities. It can be upsetting to throw breast milk away!

BREAST MILK STORAGE TIPS

- Store breast milk in bottles made of glass or hard plastic with tight-fitting lids. Or use plastic bags made for storing breast milk. They're not as durable, but you can double bag for extra protection.
- If you're freezing milk, leave room at the top of the bottle or bag to allow for expansion.
- Store milk in small amounts, such as 2 to 4 ounces, or as much as your baby usually drinks in one sitting.
- Before stockpiling frozen milk, make sure your baby is willing to drink thawed milk. Sometimes thawed milk smells or tastes soapy when the enzyme lipase starts to break down the milk fats. The milk is still safe, and most babies will drink it.

FINALLY YOU WILL ENJOY THE SPECIAL TIME FOR YOUR BABY, PROMOTING SPECIAL BOND BETWEEN YOU AND YOUR LITTLE ONE, WITH ALL THE LIFETIME HEALTH BENEFITS FOR BOTH