

# Breastfeeding SOS

## RESOURCE GUIDE

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# Breastfeeding SOS

RESOURCE GUIDE

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# Breastfeeding SOS

## Class Notes

### Eating More Frequently

- **Breastfed newborns should:**
  - Be back to their birth weight by 2 weeks.
  - Gain 4-7 oz per week in the first month.
  - Feed at least 8-12 times in 24 hours.
  - Have at least 6 wet and 3+ large poopy diapers in 24 hours by 1 week.
  - Seem satisfied after most feedings.
  - Stay on their growth curve.
- **Mom should:**
  - Be comfortable when nursing.
  - Experience softer breasts after feedings.
  - Hear lots of swallowing during nursing sessions.
- **Newborns commonly go through growth spurts at 3, 6, and 9 weeks.**
  - Pay attention to hunger cues and allow baby to breastfeeding on cue.
  - Cluster feeding can be normal during growth spurts.
  - Babies may nurse more frequently in the evening.

If baby is breastfeeding for extended periods (40 minutes or longer) once milk comes in, is rarely satisfied after feedings, and swallowing is not heard, **meet with a lactation consultant** to evaluate what the underlying problem is.



# Issues with Latch and Pain

- **Positioning for a Deep Latch**
  - Tummy-to-tummy with mom for most breastfeeding positions.
  - Arms wrapped around the breast.
  - Baby's ears, shoulders, and hips should be in alignment.
  - Sandwich breast as needed.
  - Use an asymmetrical latch.
  - Breastfeeding Videos
  - Breastfeeding Videos (Multi-Language).
- **Oral Tie Symptoms**
  - Difficulty latching or coming on and off the breast.
  - Poor milk transfer from breast to baby.
  - Noisy eating or making a clicking sound during an entire feeding.
  - Swallowing air while nursing - can lead to gassiness.
  - Falling asleep quickly at the breast.
  - Nursing "constantly" with few periods of satisfaction.
  - Slow infant weight gain.
  - Nipple pain and damage.
  - Pinchy or biting sensation when baby is latched.
  - Baby sleeps with mouth open.
- An oral tie specialist (pediatric dentist or ENT) should do a full, in-person assessment to evaluate tongue function.
  - If baby needs an oral tie revision, a laser is the preferred method.
  - Pre-release bodywork can help prepare baby for the release procedure.
  - Post-procedure mouth and tongue stretches can help support baby.
  - Follow provider's pre and post care instructions.
  - Post-release bodywork can also help improve feeding skills.



# Nipple Shields

A nipple shield can be a useful tool to address some specific breastfeeding issues, but shouldn't be the first suggestion to solve a breastfeeding problem.

If a nipple shield is advised by a lactation consultant:



**1. Invert the nipple shield halfway.**



**2. Stretch it and place it as deep on the nipple as possible.**



**3. Fill the nipple shield with milk before latching baby.**

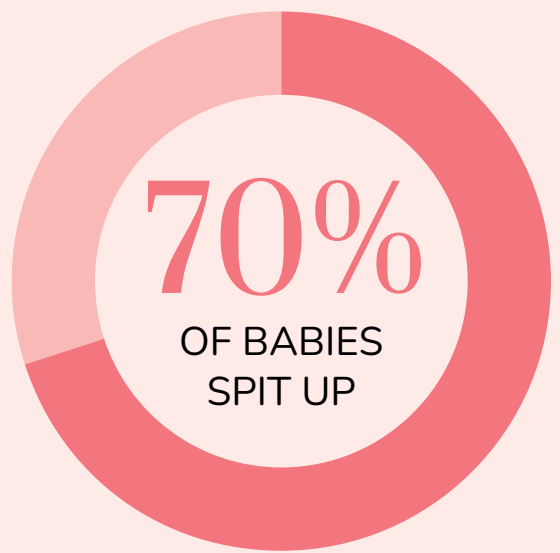
**Work with a lactation consultant to make sure baby is transferring milk efficiently and your milk supply is maintained.**

- **To wean off of a nipple shield:**
  - Improve positioning of baby to get a deep latch.
  - Baby should open wide before latching.
  - Give baby time to practice.
  - Consider starting a feeding with the shield, then remove it part way through the feeding.
  - Consider offering the breast during a “dream feed”.



# Spitting Up and Reflux

- If baby is growing, gaining weight and has no discomfort, spitting up is normal.
- Up to 70% of babies spit up and most outgrow it by age 1.
- **Symptoms of GERD (gastroesophageal reflux disease):**
  - Baby is hesitant to nurse.
  - Baby appears to be in pain when spitting up.
  - Fussiness.
  - Slow weight gain.
  - Wet burps.
- **Tips for managing excessive spitting up and reflux:**
  - Try to use a laid-back nursing position to slow the flow of milk.
  - **Laid-Back Breastfeeding Position.**
  - Wear your baby upright in a wrap or carrier after feedings.
  - Take baby out of the car seat when you get out of the car.
  - Breastfeed often and incorporate smaller, more frequent feedings.
  - If bottle feeding, use a paced bottle feeding technique.
  - **Paced Bottle Feeding.**



# Food Sensitivities

- Babies are not allergic to breast milk, but may have sensitivities to proteins that pass into breast milk from foods mom has eaten.
- **Signs and symptoms of food sensitivity**
  - Colic-like symptoms
  - Diarrhea
  - Bloody stool
  - Green stool
  - Eczema
  - Rash
  - Diaper rash
  - Stuffy nose
  - Frequent spitting up
  - Gassiness
  - Fussiness
- **Signs and symptoms of food allergy**
  - Extreme vomiting
  - Hives
  - Swelling of the face, tongue or throat
  - Wheezing, trouble breathing
  - **Seek medical help immediately if your baby has these symptoms!**
- **Common food allergies and sensitivities**
  - Dairy (cow's milk protein, not lactose)
  - Soy
  - Wheat
  - Peanuts
  - Eggs
- There is no need to avoid certain foods unless baby is showing signs of sensitivity or intolerance.
- Contact a lactation consultant and baby's provider if there are concerns about a food sensitivity or allergy or if there is a family history of food allergies.



# Slow Weight Gain and Low Milk Supply

- Newborns typically **lose 5% - 10% of their birth weight** in the first week of life.
- At 2 weeks, newborns should be back at or over their birth weight.
- **Identifying pregnancy, birth, and early postpartum causes:**
  - Surgical birth
  - Birth interventions that interfere with breastfeeding
  - Lack of skin-to-skin and early breastfeeding
  - Early introduction of artificial nipples and unnecessary formula
  - Oral ties or other latch issues
  - Mother's medical issues that could be a risk factor for a low milk supply
- **Symptoms of low milk supply in baby:**
  - Rarely satisfied after nursing sessions
  - Not having enough wet/dirty diapers
  - Frustrated, fussy, or crying at the breast
  - Little to no swallows heard at the breast
  - Slow weight gain
- **Ways to Increase Milk Supply**
  - Frequent and effective nursing or pumping sessions
  - Nursing at least 8-12 times in 24 hours
  - Skin-to-skin before and after nursing sessions
  - Add in pumping as instructed by a lactation consultant
  - Stay hydrated, well-nourished and rested
  - Manage stress by asking for help and letting things go that can wait
  - Consider using a Supplemental Nursing System (SNS)
  - Supplemental Nursing System





# Oversupply and Clogged Ducts (Ductal Narrowing)

- It is a myth that you need to pump after nursing to get a full milk supply.
- Oversupply means that your body is making more milk than your baby needs.
- **Oversupply can cause:**
  - Pain associated with fullness
  - Painful letdown
  - Clogged milk ducts/mastitis
  - Excessive leaking
- **Signs/symptoms of oversupply in baby:**
  - Coming off the breasts frequently while feeding
  - Coughing or sputtering at the breast
  - Overwhelmed with the flow of milk
  - Explosive green stools
  - Extra gassy or fussy
  - Clicking sounds heard with a fast milk flow
  - Spitting up large amounts after feedings
- To prevent oversupply, **do not to use a breast pump in the first 4-6 weeks** unless under the direction of a doctor or lactation consultant.
- **Tips for managing oversupply and engorgement**
  - Pump or hand express a little bit of milk before latching.
  - Use a laid-back position to help baby regulate the flow of milk.
  - Take short breaks during nursing sessions.
  - Use a hand pump or hand express the minimum amount of milk needed to feel comfortable before or after a feeding.
  - Cold compresses can decrease swelling.
  - Avoid deep massages and electric massagers.
  - Consider:
    - Therapeutic Breast Massage.
    - Reverse Pressure Softening



# Oversupply and Clogged Ducts (Ductal Narrowing)

- **Clogged Ducts (Ductal Narrowing)**
  - Occurs when the flow of milk is blocked or obstructed due to inflammation that narrows the milk ducts in an area of your breast.
- **Symptoms of clogged ducts include:**
  - A hard lump, knot or wedge-shaped area in the breast
  - Pain/tenderness in breast that is worse before nursing or pumping and improves after
  - Decreased milk output
  - Baby is fussy when nursing on the affected side
  - Nursing is painful on the affected side
  - **Breast Massage for Clogs and Engorgement**
- Unresolved clogged ducts can develop into mastitis
  - **Mastitis symptoms include:**
    - Achiness
    - Fever
    - Chills
    - Overall body soreness
    - Other flu-like symptoms
    - Red areas of the breast
    - An area of the breast that is warm to touch
    - Deep pain in the breast

**Reach out to your provider and lactation consultant for support if you have any of these symptoms!**



## Thrush

- A fungal infection caused by the yeast *Candida*.
- Symptoms include
  - Nipple pain
  - Nipple redness
  - Itching
  - Burning
  - Pain that occurs during and after breastfeeding
  - White patches on baby's tongue, gums, or insides of cheeks
  - Baby is fussy during breastfeeding
- Thrush requires treatment for both mother and baby to prevent reinfection.
- Contact provider and lactation consultant for treatment options.

## Pumping

- A frequent cause of painful pumping is having the wrong flange size.
- Pumping with the wrong flange size can lead to:
  - Nipple Damage
  - Clogged Ducts
  - Reduced Milk Supply
- A properly fitted flange allows the nipple to glide into the flange tunnel with no pain and little to no areola entering the flange tunnel.
  - [Flange Sizing Guide](#)
  - [Breast Pump Quick Guide](#)
  - [Breast Pump Cleaning Guide](#)
  - [Milk Storage Guidelines](#)



## Nighttime Breastfeeding

- It is a myth that night weaning will ensure baby sleeps through the night.
  - **Nearly half of all babies** (whether formula or breast milk fed) **wake 1-2 times per night from 3-12 months.**

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Sleeping “through the night” is considered a 5 hour stretch of sleep.

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- It is developmentally and biologically appropriate for babies to wake at night to feed.
- Waking at night to breastfeed helps to prevent SIDS.
- Breastfeeding at night helps ensure an abundant milk supply.

## Building Your Support Team

- Lactation consultants, pediatricians and other healthcare providers can collaborate to help guide you and your baby through any obstacles that may come along with breastfeeding.
- **Lactation support**
  - Virtual visits through Aeroflow, covered by your insurance.
  - Check with your local hospital.
  - Local in-home help (insurance directory, USLCA directory, ILCA directory, Zipmilk, local breastfeeding coalitions).
  - AAP Statement on Breastfeeding

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Classes

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Appointment



# References

- <https://www.liebertpub.com/doi/10.1089/bfm.2013.9979>
- <https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/26-persistent-pain-protocol-english.pdf>
- <https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Infant-Allergies-and-Food-Sensitivities.aspx>
- [https://www.aap.org/en/patient-care/newborn-and-infant-nutrition/food-allergies-and-intolerances-in-newborns-and-infants/?srsrtid=AfmBOort65\\_3Sa\\_CKzVThXa10pvo1PyRgPzzSe\\_Co\\_XK6BLNAPEnGPSd](https://www.aap.org/en/patient-care/newborn-and-infant-nutrition/food-allergies-and-intolerances-in-newborns-and-infants/?srsrtid=AfmBOort65_3Sa_CKzVThXa10pvo1PyRgPzzSe_Co_XK6BLNAPEnGPSd)
- <https://wicbreastfeeding.fns.usda.gov/5-breastfeeding-holds-try>
- <https://llli.org/breastfeeding-info/tongue-lip-ties/>
- [https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12251?casa\\_token=AT2bxpweL\\_8AAAAA%3ANDIVC-bRMLwyNfvguRAjGuGG3AAh886LbrrATNHSax8xuD2YGig0CkY4mWcnll-xN3icbA](https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12251?casa_token=AT2bxpweL_8AAAAA%3ANDIVC-bRMLwyNfvguRAjGuGG3AAh886LbrrATNHSax8xuD2YGig0CkY4mWcnll-xN3icbA)
- [https://journals.sagepub.com/doi/full/10.1177/0890334416664711?casa\\_token=8YC5nz8Mu1UAAAAA%3AO62HxaSc2UAdvOnNNvN1c1wuAaN5\\_zKp2zaN4ztFPdU-jWPGM-bQ7qfsUKfQB0pykNPnaskQLs](https://journals.sagepub.com/doi/full/10.1177/0890334416664711?casa_token=8YC5nz8Mu1UAAAAA%3AO62HxaSc2UAdvOnNNvN1c1wuAaN5_zKp2zaN4ztFPdU-jWPGM-bQ7qfsUKfQB0pykNPnaskQLs)
- <https://wicbreastfeeding.fns.usda.gov/low-milk-supply>
- <https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/3-supplementation-protocol-english.pdf>
- <https://www.liebertpub.com/doi/full/10.1089/bfm.2019.29141.hmj>
- <https://www.bfmed.org/assets/ABM%20Protocol%20%20336.pdf>
- [https://portal.ilca.org/files/resources/ilca\\_publications/Role%20%20Impact%20of%20the%20IBCLC-webFINAL\\_08-15-11.pdf](https://portal.ilca.org/files/resources/ilca_publications/Role%20%20Impact%20of%20the%20IBCLC-webFINAL_08-15-11.pdf)

