

# *A Quick Guide to* Caring for Mom and Baby When You Go Home



Developed by Kapi'olani Physicians and Nurses

**HAWAII  
PACIFIC  
HEALTH**

**KAPI'OLANI**  
MEDICAL CENTER  
FOR WOMEN & CHILDREN



CREATING A HEALTHIER HAWAII

# Congratulations!

We wrote this booklet to help new parents like you navigate changes or issues you may encounter both in the medical center and at home. The book has two parts. The first is focused on caring for the new mother and the second on caring for baby. We know we can't answer every concern new parents may have, so please don't be afraid to ask questions! Call us at 808-983-6000.

You also can find other helpful information online at [Kapiolani.org](http://Kapiolani.org).

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# Caring for Mom

## When to call the doctor:

- Heavy, bright-red bleeding (pad is soaked in less than one hour).
- Worsening abdominal or vaginal pain that isn't relieved with medicine.
- Foul-smelling discharge.
- Fever of 100.4°F or higher.
- Reddened, hard and very painful breasts.
- Urinating too often, burning when urinating or trouble with urinating.
- Incision is draining fluid, looks red or feels hot.
- Postpartum depression that lasts longer than two to three weeks.
- Worsening headaches.
- Blurred vision, dizziness or feeling weak or faint.
- Swelling that gets worse or doesn't go away.

Your body will go through many changes after having a baby. Your doctor will want to see you in six weeks. Until then, we hope you find this information helpful.

## Uterus (Womb)

In the next few weeks, your uterus will shrink back to normal size. Most women will feel some cramping, referred to by some people as **afterpains**. Cramps are stronger during breastfeeding, usually lasting two to three days. You can help ease the pain by relaxing and breathing. Some doctors will prescribe pain medication. Check with your doctor if you have questions or concerns.

## Vagina

You will have discharge from your vagina. This is called **lochia**. It's heavy and bright red for about three days. The color will change from red to brown, then to pink and finally to off-white. The **lochia** should decrease during the first two to six weeks after you give birth. If it becomes bright red again, or if the amount increases, decrease your activity as recommended and reassess. If the bleeding becomes heavy (soaking a pad in less than an hour), contact your physician.

- **Pelvic Rest:** Your body is healing. Do not put anything in your vagina until you see your doctor and get approval. This means NO sex, tampons or douches.
- **Bathing:** Take a shower and gently wash your private parts every day. Don't swim or take a bath until after your doctor says it's OK.



## Bladder

Some moms have a weak bladder after having a baby. Call your doctor if you have urinary problems, such as:

- Pain.
- Burning.
- Urinating more often.
- Urinating in small amounts.
- Smelly or cloudy urine.

## Perineum (area between the vagina and anus)

Some women have stitches. It is important to keep this area clean so it doesn't get infected. Make sure to use the plastic "peri" bottle after you go to the bathroom and gently pat dry, front to back. Change your pads each time you use the bathroom. Perineum stitches will go away on their own. They do not need to be removed.

- **Pain:** If you're having pain, use a hot or cold washcloth applied with light pressure to the area. Additionally, some doctors prescribe sprays or creams that can ease pain.

## Bowel Movements

Many women are constipated after having a baby. You should have a bowel movement after two to three days. Your doctor may prescribe a stool softener for you to take at home – this helps move stool through the body more easily. Do not strain yourself in the bathroom.

- **Things you can do to help:**
  - Drink lots of water (six to eight glasses) each day.
  - Eat fruits and vegetables.
  - Do some light exercise (like walking).
- **Hemorrhoid relief:** Take a 15-minute Sitz bath two to three times a day. If you are constipated, ask your doctor for a stool softener.

## Gas Pain

Gas pain is common after any type of abdominal surgery. The pain can be in the stomach or over the shoulders. You can help to move the gas along and lessen the pain by:

- Walking.
- Drinking and eating slowly.
- Drinking warm liquids, which help to keep your bowels active.
- Not using a straw.
- Avoiding soda and gas-producing foods (beans, cabbage and melon).

## Activity Level After Delivery

- **Exercise:** Be careful not to do too much too soon. Light exercise, such as walking or pelvic tilts, for 10 to 15 minutes at a time is good. Avoid intense exercise until your doctor says it's OK.
- **Stop all exercise:** If you have pain, bleeding or increased discharge.
- **Give yourself time:** It takes at least two weeks to recover after having a baby, and longer if you had a C-section.
- **Sleep:** When your baby sleeps.
- **Rest:** Let your family and friends help with household chores. Climb stairs carefully. Do not lift anything heavier than your baby.
- **Kegel Exercises:** These exercises are recommended to strengthen your pelvic muscles. This will help you heal and prevent urine from leaking. Try 10 to 20 Kegel exercises at least three times a day.

### To do this exercise:

- Squeeze the muscles that you use to stop the flow of urine.
  - Hold for up to 10 seconds, then release.
  - Repeat.
- **Sexual Activity:** Your body needs time to heal first. Many doctors recommend that you not have sexual intercourse until after your checkup in four to six weeks.
- Remember:**
- You can get pregnant at any time.
  - You don't need to have a period to get pregnant.
  - Breastfeeding won't prevent pregnancy.
  - Talk to your doctor before resuming sex to discuss birth control options.





## After Cesarean Birth

It will take an **extra one to two weeks** for your body to heal from both the surgery and the birth.

- **To get up:**
  - Roll onto your side and lower your legs over the side of the bed.
  - Push up to a sitting position with your arms.
  - Sit on the side of the bed for a few minutes, then stand up slowly, as tall as you can.
  - Support the incision with your hand or a pillow as you move or cough.
- **Take care of your lungs:**
  - Cough and take deep breaths to help your lungs clear.
  - To lessen discomfort when coughing, place a pillow over your belly and lean forward.
  - Take deep breaths often throughout the day.

## Incision Care

Your incision may be closed with staples or with stitches. Stitches will dissolve on their own. Staples will be removed before you leave the hospital and replaced with small pieces of special tape (*steri-strips*) – do not remove these. Follow your doctor's instructions regarding removal should they not fall off on their own after seven to 14 days.

- **Keep your incision clean.** Use warm water and soap in the shower. Do not scrub; just allow the water to run over the area. Do not soak your incision under water until your doctor says it is OK.
- **Dry well after cleaning.** Touch or pat the incision lightly with a dry towel. If it remains moist, place a pad across it. Do not use lotion, powder or ointment on the incision. Your doctor will want to see you to make sure the incision is healing; make sure you have an appointment scheduled.



### Engorgement:

Engorgement is a swelling of the breasts that occurs three to five days after giving birth as the mature milk comes in. In mild cases, the breasts feel warm and heavy. In more severe cases, the breasts become very sore, tight and shiny in appearance.

To prevent engorgement, nurse often, eight to 12 times per day. Some women find it helpful to take a brief warm shower or place warm washcloths on the breasts for a few minutes before nursing. You can also gently massage your breast while nursing to help the milk flow.

At each feeding, let your baby drain your first breast well, then offer the second side. Encourage your baby to nurse as long as possible. If baby isn't nursing well, drain your breasts by using a breast pump for 15-20 minutes every two to three hours. Keep the suction setting at a level that is comfortable.

If your breasts become very hard and sore to the touch, it may be hard for milk to flow. Try these things to reduce swelling:

- Place cold packs over the breasts. Apply for 20 minutes on, 20 minutes off. Repeat as desired.
- If your doctor prescribed ibuprofen, take as directed.
- A gentle type of breast massage can be very helpful. Recline comfortably. Use a little bit of olive or coconut oil on fingertips. For 10-15 minutes, gently massage the breast using long strokes going up toward the armpit. There is a video demonstration at [BFMedNeo.com](http://BFMedNeo.com).
- If engorgement makes it difficult for your baby to latch on well, try reverse pressure softening prior to feeding. This softens the areola and makes latching on easier. Place several fingers on each side of your areola, just behind the nipple. Press straight inward toward the chest wall for a full 60 seconds or longer. Rotate your hand placement and repeat.





## Nipple Care:

- Position your baby and the breast carefully before latching.
- If baby is latched correctly, you will feel a rhythmic pulling/tugging sensation while nursing. Some mild nipple tenderness is common in the first few days, but should resolve. Please obtain additional breastfeeding help if you experience persistent nipple pain.
- Many women like to apply a nipple cream after each feeding, especially in the first one to two weeks. This is optional. Lansinoh and Motherlove are two of the brands available. Use clean hands when applying.
- If your nipples become cracked, gently clean the skin using mild soap and warm water two to three times a day until healed. This will reduce the risk of infection.



## Postpartum Depression

It is normal to feel weepy and tired right after giving birth. This is sometimes called the “baby blues” and usually goes away after two to three weeks. Postpartum depression lasts much longer and is more severe. It can make you feel tired, sad and hopeless most of the time. You may even feel ashamed, guilty or have feelings that your parenting or bonding with your child is harmful or bad.

The exact cause of postpartum depression is unknown. It is often thought, however, that changes in your hormones during and after childbirth may contribute to depression. It is known that caring for your new baby and adjusting to being a mother can contribute to fatigue and feelings of sadness. The risk of postpartum depression increases if you have been depressed during your pregnancy, or if you or family members have a history of mood problems.

If you are experiencing any of these symptoms, please contact your physician. There are effective ways to treat postpartum depression.





# Caring for Baby

## When to call the doctor:

- Fever (temperature over 100°F taken rectally).
- Twitching or seizures.
- Vomiting.
- Baby won't eat.
- Diarrhea (more than 10 instances in one day).
- No stools for 24 hours.
- Blood in stool.
- Fewer than six wet diapers per day, dark-colored urine or blood in urine.
- Unusual crying or irritability.
- Very sleepy, or if your baby is behaving differently.
- Baby's skin turns much more yellow than in the hospital, or the whites of the eyes turn yellow.

**Trust your instincts.** If you think your baby is sick, call your baby's doctor.

**Words of wisdom:** You will have lots of people giving you advice – some good and some not. Listen to it, thank them and do what you think is right. When in doubt, ask your baby's doctor.

**Just remember:** Not all babies are alike. Any time you have a question, your baby's doctor is ready to help. If you are concerned that breastfeeding is not going well, please refer to the Community Breastfeeding Resources provided.

## Infant Behavior

- It is not uncommon for newborns to experience irregular breathing. This is when newborns stop breathing for five to 10 seconds and then immediately begin breathing again on their own. This is normal.
- It is normal for newborns to hiccup, sneeze, yawn, spit up, burp and gurgle.
- Most babies want to look at your face.
- Babies like bright objects with interesting patterns.
- Babies like musical sounds.
- Newborns recognize familiar voices, so you should talk to your baby often.
- It is normal for newborns to throw out their arms and legs, and then curl back up when startled. This normal response often is followed by crying.
- Skin-to-skin contact is a wonderful way to bond, stimulate your baby and provide warmth.
- Allow your baby to quiet him or herself by sucking, changing position, listening to voices or paying attention to other things in the environment.



## Safe Sleep

Newborns usually sleep 16 to 20 hours a day. Babies should sleep on their backs. This is the safest position and prevents crib death – Sudden Infant Death Syndrome (SIDS).



### Putting baby safe to sleep:

SIDS is the leading cause of death among babies 1 month to 1 year old. It is a sudden and silent medical disorder that can happen to an infant who seems healthy.

- Use a firm sleep surface, such as a mattress in a safety-approved crib, bassinet and play yard covered by a fitted sheet.

- Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.
- Keep soft objects, toys and loose bedding out of your baby's sleep area.
- Do not smoke or let anyone smoke around your baby.
- Make sure nothing covers the baby's head.
- Always place your baby on his or her back to sleep, for naps and at night.
- Dress your baby clothing, such as a one-piece sleeper, and do not use a blanket.
- Baby's sleep area is next to where parents sleep.
- Baby should not sleep in an adult bed, on a couch or on a chair alone, with you, or with anyone else.

If you cannot afford a crib, call Healthy Mothers Healthy Babies Cribs For Kids Program at 808-951-6660 or email [Info@HMHB-Hawaii.org](mailto:Info@HMHB-Hawaii.org).

## Crying

- **Newborns cry for lots of reasons:**
  - They need a diaper change.
  - They're too hot or too cold.
  - They hurt.
  - They're sick.
  - And sometimes, they just cry.
- **You can't spoil a new baby. It is always OK to help baby stop crying. If your baby starts to cry, you can try:**
  - Feeding                      – Changing                      – Wrapping                      – Holding
  - Singing                      – Walking                      – Rocking



**Call the doctor if you cannot calm your baby. Inconsolable crying may indicate that something else may be wrong.**

- **If baby keeps crying and you are getting frustrated:**
  - Put your baby safely in the crib or on the floor.
  - Call someone else to come and try to console your baby.
  - Never shake your baby.
  - Don't leave your baby alone on the couch or table; he or she might fall.

## Genital Care

- **Vagina:** Newborn girls have mucous from the vagina. Sometimes it turns brown or bloody in the first week. This is normal.
- **Uncircumcised Penis:** For newborn boys who are not circumcised, gently clean the tip of the penis. Do not pull back the foreskin. It retracts on its own with time.
- **Circumcised Penis:** When you change the diaper, remove the gauze and clean the diaper area. If the gauze sticks to the penis, completely wet the gauze and remove once it comes loose from the skin. Do not pull off the gauze if it is stuck. Put on clean gauze with Bacitracin ointment until fully healed – this takes about a week.

***Call the doctor right away for any swelling, redness or bleeding.***

## Cord Care

When you leave the medical center, the cord should be almost dry and hard. Don't try to take it off. It will fall off by itself in one to three weeks. Apply alcohol to the bottom of the cord with a swab or cotton ball. Do this with every diaper change.

## Bathing

Give only sponge baths until after the cord falls off. You don't have to give your baby a full bath every day.

## Suctioning Nose and Mouth

Use a bulb syringe if you need to clear the baby's nose or mouth. Suction the mouth first, then the nose. Do not suction the baby's nose unless there is a lot of nasal discharge and it is bothering the baby.

- **To use a bulb syringe:**
  - Squeeze the bulb first, then put the bulb in the baby's nose or mouth.
  - Release the bulb to suck out the liquid.
  - Remove the bulb and squeeze the liquid onto a paper towel.
  - Repeat if needed. Rinse the bulb with warm, soapy water and let it dry.





## Skin Color

Babies should be pink and warm.

- **Blue:** Any time you see a blue or gray coloring around the mouth and nose or on the baby's chest, **call 911**.
- **Yellow:** Almost all babies get a little yellow. This is called jaundice.

## Jaundice in Newborns

- **What is it?** Jaundice is a yellowish coloring of the skin and whites of the eyes. It is caused by bilirubin in the body. Almost all babies get some jaundice.
- **Why does it happen?** Babies are born with extra blood. When the blood breaks down, it makes bilirubin. It takes a while for a baby's liver to break this down. Bilirubin builds up in the baby's body for the first week, then it usually gets better by itself. Other reasons for jaundice are bruising at birth, infection or a mismatch between the infant's and mother's blood types.
- **How is it diagnosed?** We check all babies before they go home with a test through the skin. If the result is high, we do a blood test to tell if the baby needs treatment.
- **How is it treated?** Jaundice is treated with special phototherapy lights called bili lights.

# Newborn Feeding




## Breastfeeding

Breastfeeding is best for your baby. It helps prevent diseases in mom, too. If possible, feed your baby nothing but breast milk for the first four to six months. Keep breastfeeding for as long as you desire.

- Breastfeed your baby in the delivery room if you can.
- Breastfeeding often helps make more milk.
- Keep your baby with you at all times in the hospital, then you'll know right away when he or she is hungry.
- Most babies nurse every one and a half to three hours – that's up to 12 times a day! Sometimes they feed every 20 minutes.

### Newborns Need Frequent Feedings

At each feeding, a newborn can take in about as much milk as would fill these objects:

		
Day 1 Shooter Marble 2-10 ml (1/8-5/8 tsp)	Day 3 Ping Pong Ball 15-30 ml (1-2 tbsp)	Day 10 Large Egg 75-90 ml (5-6 tbsp)

## Learning About Your Baby's Feeding Cues

Babies give subtle cues when they are ready to feed – long before they begin to cry. Knowing the early feeding cues can help you to have a relaxing and successful breastfeeding experience. The reason that it's best to watch for early or active feeding cues is because latching and breastfeeding is much easier when your baby is calm.

Breastfeed your baby on demand, and AT LEAST eight to 12 times per day. Breastfed babies often cluster feed in the early days, or later when they are getting ready for a growth spurt. At these times, it is common for them to display feeding cues even more than 12 times per day. Breastfeed your baby on demand – anytime you see these feeding cues.

### EARLY FEEDING CUES

- Stirring.
- Opening and closing mouth.
- Sucking on lips, tongue, hands, fingers, toes, toys or clothing.
- Turning head.
- Rooting (searching for the breast with an open mouth).



### ACTIVE/MIDDLE FEEDING CUES

- Stretching.
- Increasing physical movement.
- Putting hand to mouth.
- Fidgeting or squirming around a lot.
- Fussing or breathing fast.



### LATE FEEDING CUES

- Agitated body movements.
- Moving head frantically from side to side.
- Crying.
- Face turning red.



## How to Achieve a Deep Latch

- Find a comfortable position and allow yourself to relax.
- Hold your baby very close. Baby's body should be touching mom's body – tummy to tummy. In whatever position you are nursing your baby, you should notice if your baby's ear, shoulder and hip are in a straight line.
- Support your breast by holding it either from the side or underneath. Make sure your fingers are not so close to your nipple/areola that they block baby's ability to grasp the breast deeply.
- Bring your baby up to your breast, so that her nose is across from your nipple and her chin is resting on your breast underneath the nipple. You should be holding baby's head at the base of the skull (with your palm on the upper back) rather than pushing on the back of baby's head.
- When baby tilts her head back and opens her mouth wide, quickly pull her deeply onto your breast.
- If baby is latched correctly you will feel a strong pulling and tugging sensation as she sucks. There should not be any pain or pinching. If you do feel pain, remove baby from the breast by breaking the suction. Insert your finger into the corner of baby's mouth, between the gums. This will break the seal. Then you can remove baby without hurting the nipple.
- Let baby thoroughly drain the milk from the first breast. This usually takes 10-20 minutes; sometimes longer. When first breast is thoroughly softened, burp for a few minutes and then offer the second breast.
- After the first breast, burp and wake your baby for the second breast. If baby is sleepy, then manually express the second breast for five to 10 minutes.



Breastfeeding frequently and on demand in the first several days after delivery will help you to establish a good milk supply. Babies are often sleepy in the first 18-24 hours of life and then much more alert on the second day and night. On day two your baby may want to nurse as frequently as every one to two hours. This is normal. By the time your breasts are noticeably filling (the third or fourth day) most newborns will begin to space out their feedings to about every two to three hours (eight to 12 times per day).

## Breastfeeding Holds

### The Clutch or Football Hold – Best for getting

**started:** If you've had a C-section; if your baby is small or has trouble latching on; for women who have large breasts or flat nipples; and for mothers of twins.

- Tuck your baby under your arm (on the same side that you're nursing from) like a football or handbag. First, position your baby at your side, under your arm. Rest your arm on a pillow in your lap or right beside you, and support your baby's shoulders, neck and head with your hand. Guide her to your nipple, chin first. Be careful – don't push her toward your breast so much that she resists and arches her head against your hand. Use your forearm to support her upper back.



*Clutch or Football Hold*

**The Cross-Over Hold – Best for:** Small babies and for infants who have trouble latching on.



*Cross-Over Hold*

- If you're nursing from your right breast, use your left hand and arm to hold your baby. Rotate baby's body so the chest and tummy are directly facing you. With your thumb and fingers behind baby's head and below the ears, guide baby's mouth to your breast.

**The Cradle Hold – For:** Full-term babies who were delivered vaginally. Some mothers say this hold makes it hard to guide their newborn mouths to the nipple, so you may prefer to use this position once your baby has stronger neck muscles at about 1 month old. Women who have had a C-section may find this hold puts too much pressure on their abdomen.

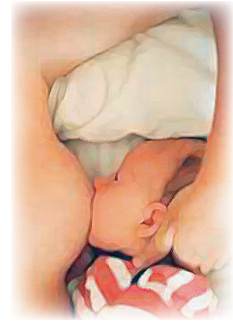
- Cradle your baby's head with the crook of your arm. Sit in a chair that has supportive armrests or on a bed with lots of pillows. Avoid leaning down toward your baby. Hold baby in your lap (or on a pillow on your lap) so that she's lying on her side with her face, stomach and knees directly facing you.



*Cradle Hold*

**Side Lying Position – Best for:** If you’re recovering from a C-section or difficult delivery; sitting up is uncomfortable; or you’re nursing in bed at night or during the day.

- To nurse while lying on your side in bed, the goal is to keep your back and hips in a straight line. With your baby facing you, draw her close and cradle her head with the hand of your bottom arm. She shouldn’t strain to reach your nipple, and you shouldn’t bend down toward her.



*Side Lying Position*

### Breastfeeding – How to tell if your baby is getting enough

1. Your baby nurses eight to 12 times in 24 hours and seems satisfied after feedings.
2. Your baby actively suckles for at least 10-15 minutes with every feed. You feel a strong tugging and pulling sensation when baby sucks.
3. You hear swallows after every few sucks and have noticeable softening of the breasts each time baby nurses.
4. Your baby has at least as many diapers as are listed in the table below.
5. Your breasts are noticeably fuller (mature milk comes in) by day 3-4.
6. Your baby is back at birth weight by day 10-14 and then gains 4-7 ounces per week afterward.

Day	Stools	Wet Diapers
Days 1 to 2 of life	Stool is black, tarry, sticky substance called meconium. At least one per day.	1 to 2 wet diapers per day.
Days 3 to 4 of life	An increasing number of stools with color ranging from black to green to brown. Two to three per day.	3 to 4 wet diapers per day.
Days 5 to 6 of life	Green or mustard-yellow stools (soft, loose and looks like cottage cheese). Three or more per day.	5 to 6 wet diapers per day. The urine should be clear or pale yellow.

**Stools should be at least the size of a quarter. Wet diapers should be moderately to heavily saturated.**



**Once you return home,**

**CALL THE DOCTOR IF YOUR BABY:**

- Does not have a stool in a 24 hour period.
- Does not wet the diaper per stool and urine chart on page 17.
- Is unusually sleepy or lethargic or is not feeding well.

If you are concerned that breastfeeding is not going well, please refer to the Community Breastfeeding Resources provided.

### **Breastfeeding and Returning to Work**

- If you can manage it, don't bottlefeed until your baby is 3 weeks old.
- Choose the right breast pump for your needs. Ask a lactation consultant if you have questions.
- Start using your breast pump after feedings to store extra milk.
- Store your breast milk in plastic bottles or milk storage bags.
- Use 2- to 4-ounce serving sizes.
- Label bottles/bags with the date, time and amount of breast milk.
- Use the oldest milk first.
- A freezer that keeps ice cream frozen hard is cold enough to store breast milk.

### **Collection and Storage of Breast Milk**

Many mothers use a pump to collect their breast milk and store it to be used at a later time. This may be the case when returning to work or school. The guidelines below explain how to safely store milk.

*\* If your baby was born premature or is hospitalized, these guidelines will differ. Check with your health care provider or a lactation consultant for the recommended storage guidelines.*



## Steps for Pumping

*Follow manufacturer guidelines for breast pump use.*

1. Wash your hands and gather your supplies.
2. To help you with “let-down” have one of the following items nearby – a picture of your baby, a baby blanket, or an item of your baby’s clothing that has his or her scent on it. You may also want to apply a warm compress to your breasts.
3. Massage your breasts for several minutes using circular motions around your entire breast.
4. Stimulate your nipples by gently rolling them.
5. Center breast pump flanges over breasts. Begin with low suction strength and then gradually increase to level of comfort. **Pumping should not be painful.**
6. Double pumping: **Pump for 15-20 minutes every two to three hours.** Double pumping is recommended for maximum milk yield.
7. Single pumping: Pump first breast five minutes, then second breast five minutes, then return to first breast for five minutes and so on. While you are pumping on one side you can massage that breast with your other hand. Total pumping time should be 15-20 minutes per breast.
8. Research shows that hands-on pumping, where mom or partner uses hands to massage and compress breasts while pumping, results in greater milk removal. There is a video with demonstration of this at **[Newborns.Stanford.edu/Breastfeeding/MaxProduction.html](http://Newborns.Stanford.edu/Breastfeeding/MaxProduction.html)**.

Using a breast pump should not be painful! If your nipples or breasts become tender:

- Use the pump on a lower suction level.
- Pump for a shorter time on each side.
- Check the flange size for proper fit. Your nipples should not rub on the sides of the tunnel. If this is happening you may need to use a larger flange size.
- Contact a lactation consultant for further assistance.

## Storage of Breast Milk for Home and Child Care Use

Pumped breast milk can be stored in standard baby bottles or breast milk storage bags. Standard plastic sandwich bags are unsuitable for breast milk because they are thin and tear easily.

### Labeling

Label each container with the date and time pumped. Store milk in 2- to 4-ounce volumes. Any milk not consumed within an hour after start of feeding will need to be discarded.

### Layering Your Milk

- Chill freshly pumped milk in the refrigerator before adding to frozen or refrigerated milk.
- Add only the amount of milk equal to or less than amount of milk already frozen.
- Layer only up to three times to minimize bacteria in the milk.
- Record on the label amount and dates added.

### Cleaning Equipment

Follow manufacturer's instructions for cleaning and sterilizing the pump before initial use. **Note:** Do not sterilize or wash tubing. After routine pump use, rinse all parts of the pump that come in contact with milk, and then wash with warm soapy water. Rinse, place on a clean towel until dry, then store.

	Room Temperature (max. 29°C or 85°F)	Refrigerator < 4°C or 39°F	Freezer -18°C*or -4°F*
Freshly Expressed Breast Milk	4 hours	4 days (8 days for older child)	6 months Deep freezer (-20°C) up to 12 months
Thawed Breast Milk (previously frozen)	Up to 1 hour then discard	< 24 hours	Never refreeze thawed milk

\* A freezer that keeps ice cream frozen hard is adequately cold for storing human milk.

\*\* In general, it is always best to refrigerate breast milk as soon as possible. Please note that breast milk should only remain at room temperature for six hours when temperature is 85°F or below.

### Defrosting

Thaw frozen breast milk overnight in the refrigerator. Once thawed, this milk can be kept in the refrigerator for 24 hours. **DO NOT REFREEZE.**

### Warming Milk

- For newborns: warm milk before feeding, place the sealed container of milk in a bowl of warm water to bring it to room temperature.
- Some older babies accept milk right from the refrigerator.

# Transporting

Frozen milk should be packed tightly in an insulated cooler. Freezer gel packs should be used.

**Never microwave breast milk and never heat on stove. These heating methods can cause burns to baby's mouth and they also destroy certain components of the breast milk.**

*Resource: Human Milk Banking Association of North America, "Best Practice for Expressing, Storing and Handling Human Milk in Hospitals, Homes and Childcare Settings 2019"*

## If You Choose to Formula Feed

Most babies should use cow-based infant formula. There are several American brands to choose from. Ask your baby's doctor if you have questions about which formula to give.

Formula comes three ways. All are the same if you mix them correctly. Always wash and dry hands thoroughly before preparing a bottle.

- Ready to feed formula: just open and feed.
- Liquid concentrate: comes as a liquid but you have to add water.
- Powdered formula: it is important to use the correct amount of powder and water. Follow manufacturer's instructions carefully when preparing formula.

The American Academy of Pediatrics (AAP) suggests feeding approximately the following amounts, keeping in mind that every baby is different. If your baby is fidgety or distracted during the feed, they may be full. If baby is smacking the lips or sucking on the hand, they may still be hungry and you can give more.

Newborn day 1 (0-24 hours of life)	2-10 ml every 3 hours
Newborn day 2	5-15 ml every 3 hours
Newborn day 3	15-30 ml every 3 hours
Newborn day 4	30-60 ml every 3 hours
Newborn days 5-7	About 60 ml every 3 hours
2-4 weeks old	2-4 ounces every 3-4 hours
2 months old	4-5 ounces every 3-4 hours
3-5 months old	6-7 ounces per feed, 4-5 times per 24 hours

Throw away anything left over in the bottle. Wash bottles and nipples with hot soapy water.

- During the first few weeks of life, wake your baby and offer a bottle if she sleeps longer than three to four hours.
- You can give your baby room-temperature or even cold formula. If your baby prefers it warm, place the filled bottle in a bowl of warm water for a few minutes before feeding. It should feel lukewarm, not hot. Never warm bottles in the microwave.
- Always hold both the bottle and the baby during the feeding. Hold your baby almost upright and the bottle almost level to make it easier for baby to control the flow. Burp well afterward.
- **Breast Care:** Your breasts will feel heavy and full a few days after giving birth. Wear a supportive bra such as a sports bra and use ice packs as needed for pain. Do not remove milk; this will tell your body to keep making more. After a few days your breasts will start feeling better.

### Safety Tips

- No medicines for baby unless your doctor says.
- No honey for babies before age 1.
- Babies should sleep on their backs.
- Never worry about the baby by yourself. Call your doctor. Make them worry too, or let them help you stop worrying.
- Remember: Most baby care is common sense. If it seems right to you, it probably is.
- Enjoy the moment. You now have the best (and most tiring) job on earth: Raising the future.

## Car Seat Safety

Hawai'i Child Passenger Restraint Law requires children younger than 4 years of age to ride in a child safety seat (car seat). Children ages 4 through 7 years old must ride in a child passenger restraint or booster seat. Ensuring the safety of your child is the single most important reason for the use of car seats.

### Never Leave a Child Alone in a Car!

In just 10 minutes, a car's temperature can increase by 19 degrees – and it continues to rise.

- Never leave a child unattended in a vehicle, even with the window slightly open.
- Place a cell phone, purse, briefcase, gym bag or whatever it is to be carried from the car, on the floor in front of a child in a backseat. This triggers adults to see children when they open the rear door and reach for their belongings.



### Car Seat Installation

- Always refer to your specific car seat manufacturer's instructions.
- Read the vehicle owner's manual on how to install the car seat
- Have your child's car seat checked by a certified child passenger safety technician by calling Kapi'olani Health Connection at 808-527-2588 to make an appointment.

### Backover Injuries

Many children are killed or seriously injured in backover incidents.

- Teach children not to play in or around cars.
- Supervise children carefully when in and around vehicles.
- Always walk around your vehicle and check the area around it before backing up.

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### Notes/Questions to ask your doctor:

[illegible]

## Parenting Resources to Keep at Home

- *Caring for Your Baby and Young Child*, by Shelov, et al. (AAP Publications)
- *Baby 411*, by Ari Brown, M.D. and Denise Fields or online at Baby411.com
- *Dr. Spock's Baby and Childcare*, by Benjamin Spock and Robert Needlman
- *What to Expect the First Year*, by Heidi Murkoff, Sharon Mazel and Arlene Eisenberg

**HAWAI'I  
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FOR WOMEN & CHILDREN



CREATING A HEALTHIER HAWAI'I

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Rev. 01/24