

Feeding your Newborn

FAQ on breastfeeding, pumping and formula feeding

The following are common questions on breastfeeding, pumping or formula feeding for babies. Marshfield Clinic Health System lactation consultants shared their expertise on the answers.

1. What is colostrum?

Colostrum is the first milk made by mothers during pregnancy and is available for the baby immediately after birth. It is complex, biological fluid that helps the newborn develop immunity and meet nutritional needs.

2. When will my breast milk come in?

For most mothers, milk volume increases three to five days after delivery. This is different for every mother. Breasts will start to feel fuller and this is a sign that milk is changing from colostrum to mature milk.

3. Does my breast size relate to how much supply I will have?

Breast size does not matter when it comes to milk production. A mother with small breasts might have just as much milk as a mother with large breasts.

4. How long should my baby nurse at each feeding?

As long as baby is healthy and not born prematurely, babies should be allowed to breastfeed on demand. That means, nurse for as long and as often as baby would like. Generally, newborns breastfeed about every two to three hours for 10-20 minutes per side.

5. What can cause my baby not to latch?

There are several reasons that babies may be having problems latching. They may include: sleepy baby, ineffective suck, flat or inverted nipples, prematurity, breast engorgement, separation of mom and baby, frequent bottle feeding. If baby is not nursing well, mothers should seek help from a lactation consultant and protect her breast milk supply by hand expressing or pumping until baby is nursing well.

6. What is the best way to hold your baby while breastfeeding?

Many positions can be used for breastfeeding. It is best to breastfeed a newborn in a position that mother is able to support her breast and baby's head. Common positions that work well for this are the cross-cradle hold and the football hold. After breastfeeding is well established, most moms and babies find the cradle hold the most natural.



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7. Do I need to wake my baby for feedings?

Newborns who sleep for longer periods should be awakened to feed. It is best to wake a newborn to feed every three to four hours until baby is gaining weight well. This will usually happen within the first couple of weeks. When breastfeeding is well established and baby is gaining weight nicely, it is acceptable to let the baby sleep for longer periods of time at night.

8. What is cluster feeding?

Cluster feeding is when a baby wants to nurse frequently within a few hours. It is very normal and happens often on days two or three of life and again during periods of rapid growth. Babies should be allowed to breastfeed on demand and parents should watch for feeding cues to know when it is time to feed.

9. How long should I breastfeed for?

The American Academy of Pediatrics recommends exclusive breastfeeding (no other foods or solids) for six months and then continued breastfeeding along with introduction of other age-appropriate foods for at least one year and continued as long as mom and baby mutually would like. Length of breastfeeding is a personal decision for each family depending on a variety of factors.

10. Is it safe to breastfeed while sick with a common cold or flu?

If you are sick with a common viral or bacterial illness, continue to breastfeed your child. Moms are actually passing immunities to their baby through breastfeeding. Any immunities developed through the illness are being transferred directly to their baby and help protect the baby from the illness that mom currently has. Breast milk does not transfer an illness to your child; instead, it has antibodies in the milk to keep your baby healthy. The same holds true for when your baby is sick – continue to breastfeed your child to help keep their immune system strong and fight off infections.

11. Why would I use a nipple shield?

A nipple shield can be used temporarily in some cases to establish breastfeeding. A nipple shield is a thin, silicone assistive device that can be placed over mother's nipple to help a baby who is having difficulty learning to breastfeed. A nipple shield can be helpful if: baby is struggling to learn how to breastfeed, mother has flat or inverted nipples or very soft breasts as it can help maintain nipple shape, your baby was born prematurely or your baby needs extra stimulation to suck.

12. What can I do about engorgement?

Breast engorgement occurs when mother has too much breast milk. Engorged breasts can become painful and difficult to empty. It occurs commonly when breast milk first comes in or when breasts aren't emptied frequently. Tips for breast engorgement include: feeding or pumping more regularly (at least every two to three hours), nursing for as long as the baby will feed, using a warm compress or taking a warm shower to encourage milk to start to flow, massaging breasts while feeding or pumping, applying a cold compress after feeding/pumping to relieve pain and swelling. It is not necessary to breast pump to empty breasts after breastfeeding if baby is nursing well. Additional breast pumping to empty breasts fully will only further stimulate milk supply. If necessary, pump breasts only for comfort, but not to fully empty. Engorgement when milk comes in usually lasts only a few days.

13. What is thrush?

Thrush is a common infection in the mouth of babies. It is caused by a yeast-like fungus. It appears as small, white patches that do not rub off that appear on the tongue, inner lip or inside of the cheeks. Thrush is treatable and parents should contact baby's provider if thrush is suspected.

14. What are signs that my baby is allergic to breast milk?

Breast milk does not typically cause allergic reactions for breastfeeding babies, but many parents worry that their baby might be allergic to something that mother may be eating and passing into the breast milk. Only about 2-3% of exclusively breastfed babies actually have an allergic reaction to breast milk and the most common cause is often to dairy in mother's diet. If a true allergy exists, baby may show signs of: skin rash, blood or mucous in stools, hives, wheezing, fussiness, vomiting or diarrhea. Check with your baby's provider if you are concerned anytime your baby is having an allergic reaction.

15. If I'm pumping, how can I store my breast milk?

For healthy, term babies, breast milk can be stored safely for up to four hours at room temperature (less than 77 degrees F), up to four days in the refrigerator (less than 40 degrees F), and for up to six-12 months in the freezer of refrigerator (0 degrees F or less). Thawed milk should be fed right away and not kept at room temperature for more than one-two hours. It can be kept in the refrigerator for 24 hours and should never be re-frozen after thawing.

16. Will pumping take breast milk away from my baby during breastfeeding?

Mother's breasts are never fully empty and milk is made the fastest when mother just fed or pumped. If mother has a good milk supply overall, she does not need to worry about baby wanting to feed shortly after pumping. The increased demand of breast milk will increase the amount of breast milk mother has overall.

17. Do I need to pump at night if my baby sleeps through the night?

Pumping through the night may be necessary after baby starts sleeping through the night. The answer to this is dependent on: mother's overall milk supply, age of the baby and if her breasts are feeling full. If mother has a good milk supply, baby is older and mother's breasts are not feeling full through the night, it generally would be acceptable to not pump at night.

18. When would you recommend formula?

Exclusive breast milk feeding is recommended for most babies. However, formula may be necessary in a variety of situations. Generally, formula is necessary if it is determined that mother does not have enough breast milk for her baby. This may be something that is noticeable over time (i.e. baby is not gaining weight appropriately) or after birth if baby loses too much weight or loses too much weight quickly. Formula also may be necessary when mother has certain medical conditions or is taking certain medications. When mothers are choosing how to feed their baby or questioning if formula supplementation is necessary, it is always best to seek help from baby's provider or lactation consultant for more assistance.

19. How do you supplement with formula?

Mothers who are breastfeeding are always encouraged to breastfeed or feed any available breast milk prior to formula. If formula supplementation is necessary, the amount and frequency is determined by other variables including: reason for supplementation, baby's age and weight and mother's milk supply. In the first three months if formula is needed, it is recommended to use ready-to-feed infant formula to ensure safety. Powdered infant formula can contain bacteria that can be harmful or fatal to babies that are less than 3 months old.

How do you transition to formula?

Usually, it is best to transition baby to formula slowly and not all at once. Formula and breast milk should not be mixed, but kept separate. If moving towards formula feeding, it is reasonable to continue to feed breast milk for some feedings as available and substitute some breast milk feedings for formula feeding. The amount of formula should slowly increase per day if able to make sure baby tolerates the switch.

20. How much formula should my baby have compared to breast milk (in oz)?

The amount of nutrients, calories, protein and fat content is different when comparing formula to breast milk. Breastfed babies typically eat less at a feeding because breast milk has more nutrients per ounce, and babies digest breast milk more fully than formula. Feeding volumes can vary greatly depending on: the age of the baby, stomach capacity, growth rate, composition of feeding, time between feedings, etc.

If you have additional questions on feeding your baby, talk to your child's provider or local lactation consultant. Visit [shine365.marshfieldclinic.org](https://www.shine365.marshfieldclinic.org) for more health care advice for you and your family.



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