

Caregiver's Guide to the **BREASTFED** BABY

By Anne Smith, IBCCC
www.breastfeedingbasics.com

There may be times when, for a variety of reasons, nursing mothers need or want to leave their nursing baby with a caregiver.

This may be a 'once only' event, or a regular daily arrangement.

The information is intended as a guide for the caregiver of a breastfed baby, so she/he can better understand how to care for the baby and the expressed breast milk (EBM) left for the baby's use.

The AAP (American Academy of Pediatrics) recommends that for optimal nutrition, babies be exclusively breastfed for at least the first six months. This means no supplemental water, formula, or solid foods. Always check with the baby's mother before offering ANY food other than her breastmilk.

HUMAN MILK does not look like formula or cow's milk. It may be a different color or consistency, and it is normal for it to be bluish, greenish, or even brownish in color.

FROZEN MILK, or milk expressed during the early days of nursing (which still contains colostrum) may look yellowish.

- Because human milk is not homogenized, it will naturally separate into layers of milk and cream. This is normal, and does not mean the milk is spoiled. If the milk separates, heat and swirl it gently to mix.
- Several batches of EBM (expressed breast milk) pumped at different times may be mixed and/or stored together to make enough for one feeding. A mother's EBM should only be used for her baby. Milk from different mothers should not be pooled.
- Because a baby digests and uses human milk so completely, less breast milk than formula may be needed at a feeding. There is no way to predict exactly how much milk a baby will need at each feeding, but you will soon learn how much milk the baby usually takes. In exclusively breastfed babies, milk intake increases quickly during the first few weeks of life, then stays about the same between one and six months – though it is likely to periodically increase during growth spurts. During the first six months, most babies will take in about the same amount of milk: around 25 ounces in 24 hours. It's a good idea to have some 1-2 ounce portions available for snack feedings.
- At some point after 6 months, depending on how much of his nourishment comes from solid foods and how often he nurses, the baby's milk intake will gradually decline as his nutrient intake from other sources increases. The 'average baby' will 'usually' take between 2-4 ounces, but this varies greatly from baby to baby. Remember, these are only guidelines and don't apply to each unique little person.
- As a rule of thumb, babies under 3 months will usually take between 2-4 ounces, and babies over 3 months will take from 4-6 ounces. *continued*

- Until you get a feel for how much the baby will consistently take at each feeding, offer small amounts of EBM at a time. If the baby is not very hungry, you will not then have to waste large quantities of milk. If he needs more, prepare another smaller amount.
- You should be aware that a breastfed baby may not be on the same feeding schedule as a formula fed baby. Breast milk is digested quickly, and the baby may need to feed more frequently. Also, many nursing babies are used to nursing for comfort as well as nutrition, and may need extra cuddling and rocking, especially at nap time. Be flexible, and as you spend time with the baby you will get to know his own unique schedule, and you will be able to comfort him in your own way.
- Breastfed baby's bowel movements are looser than formula fed infants, and may be more frequent (especially in the early weeks). It is not unusual for a newborn nursing baby to have a loose stool every time he feeds, but this is not diarrhea (unless accompanied by fever, lethargy, vomiting, or other symptoms of illness). In breastfed babies older than 6 weeks, it is not unusual for babies to go several days without stooling. In a totally breastfed infant, this is not considered constipation. Constipation consists of hard, dry stools that are painful to pass. An older nursing baby may not stool every day, but the stool will be loose and plentiful when he does pass it. Totally breastfed baby's stools are usually mustard yellow and seedy, but may also be yellow green or brownish. They are much milder smelling than a formula fed baby's stools.

Thawing and Heating

- To thaw frozen EBM, it is best to leave it in the refrigerator for about 12 hours. If you need to thaw it quickly, hold the container of milk under cool running water, and gradually add warmer water until the milk is thawed and heated to room temperature, gently swirling to mix in the fat.
- To heat refrigerated EBM, put the container of milk in a pan of warm (not hot) water just until the chill is off. Many babies don't mind if the milk is cold, and serving it right out of the refrigerator is not harmful. Run the nipple under warm water, though, as most babies don't like the feel of a cold nipple.
- NEVER thaw or heat EBM in a microwave. This can destroy valuable nutrients, and can also create dangerous 'hot spots' that can burn the baby's mouth, even though the bottle may feel cool to the touch. For the same reasons, do not boil or overheat EBM.
- Use thawed EBM within 24 hours.
- EBM that has been refrigerated but not frozen will keep for up to 8 days in a refrigerator. Human milk that is properly stored is not spoiled, unless it smells sour or tastes bad.

Encouraging Baby to Feed

Many breastfed babies are reluctant to take a bottle at first. A hard rubber nipple feels and tastes very different from soft skin. Babies may refuse to take a bottle from their mother since they associate her with nursing, but will take it more readily from a caregiver, especially if the mother is not in the room. Most babies adjust more easily if they get to know their caregiver gradually, so it may be helpful to try a program of visits and short stays (that include a feeding time) before baby is left for longer periods.

continued

Tips to Get the Baby to Take a Bottle

- Offer the bottle before the baby gets frantically hungry.
- Offer the bottle in a position other than the traditional cradle hold – many babies associate this position with nursing. It sometimes works well to sit the baby in an infant seat or prop him on your knees while offering the bottle.
- Wrap the baby in a piece of the mother’s clothing while offering the bottle.
- Tickle the baby’s mouth gently with the bottle nipple and let him draw it in himself, rather than pushing it in. Run warm water over the nipple before offering it.
- Try different types of nipples to find a shape and flow rate that the baby will accept.
- Try moving rhythmically – rocking, walking, or swaying from side to side while offering the bottle.

If the baby will absolutely not take the bottle, he can be fed EBM by other methods, such as cup, spoon, syringe, or dropper. With a little time and patience, he will usually learn to accept the bottle.

When the Mother Will Be Returning Soon

If the baby becomes unsettled, try rocking and talking to him rather than feeding him. Offer a pacifier if he is used to using it, and the mother approves. When the mother returns, she will probably want to feed him as soon as possible for practical reasons – her own comfort, closeness with her baby, and to stimulate her milk supply. If you can’t get him settled, offer a small amount of EBM. If no milk is available, offer a small amount of boiled water. The mother should be consulted before any other liquids are offered to her baby. If the baby is old enough to eat solid foods, you may be able to offer something that has been tolerated previously. Always check this with the mother first.

Your Relationship With the Baby’s Mother

You can be an enormous help to the baby’s mother in supporting her efforts to provide breast milk for her baby. Mothers choose to provide EBM for their infants when they have to be separated from them because they want the very best for their babies. Making the decision to leave breast milk rather than formula, and to continue the nursing relationship even after returning to work or school requires a great deal of commitment on the mother’s part. Your encouragement and support can make all the difference, especially if the mother arranges to come to your home or day care center to feed her baby.

There are times when a baby may go through periods of appetite increase. These “growth spurts” often occur at about 3 weeks, 6 weeks, 3 months, and 6 months. If you let the mother know, she will then try to express more milk. Sometimes it takes a few days for her supply to catch up. If the mother knows you support her efforts to provide breast milk for her baby, you will be contributing in a very positive way to helping her continue to nurse.

Remember: Breastmilk is the perfect food for babies!