

Whether you have decided to breastfeed or formula-feed your infant, we will support you in your decision. The information in this section outlines available resources and provides answers to commonly asked questions about feeding and nutrition. You are welcome to call the *Hartford Hospital Lactation Center* at 860-545-2824 for more information.



Getting Started With Breastfeeding

How often should I nurse?

- Offer your baby the breast for the first time as soon after birth as possible, ideally within 1 hour of birth.
- The first milk, called colostrum, is extremely important for your baby's health. Only small amounts are made but it is all your baby needs for the first 2–4 days.
- Because breast milk is rapidly digested, your baby will need to nurse frequently, day and night, in the early weeks, at least 8–12 times in 24 hours. The more your baby nurses, the more milk you will make.
- Babies need to nurse on cue, which means whenever your baby shows signs of hunger: putting hands to mouth, sucking on hands or blanket or making sucking sounds while waking up. In the early weeks, it can be normal for a baby to need to feed more frequently during the night and to “cluster feed” (feed frequently during a several hour period). It is impossible to overfeed your breastfed baby.
- Offer both breasts to your baby at each feeding, but it is normal for a newborn to feed on only one breast. Alternating breasts each feeding allows adequate stimulation to both breasts.
- Allowing the baby (not the clock!) to finish the breast before offering the other breast helps the baby adequately stimulate your milk supply. This also allows the baby to get the higher-fat milk that flows later in the feeding. A baby may nurse for 10 to 45 minutes on each breast. This is **highly individual**, some babies will nurse longer, some shorter.
- Your mature milk will generally come in on the 3rd to 5th day after birth. Nursing often and offering both breasts at each feeding may help decrease breast engorgement (breast fullness).
- When babies go through “growth spurts” they want to nurse more frequently for a few days. These spurts often occur around the ages of 6–10 days, 6 weeks, 3 months and 4–6 months, but anytime can be normal for your baby. This is nature's way of increasing your milk supply to meet your baby's needs.

How can I tell if my baby is getting enough breast milk?

- Adequate stooling is one of the main signs of sufficient milk intake, combined with appropriate weight gain.
- Your baby should be stooling at least 1–2 times in the first 2 days, increasing to a minimum of 2–4 times in the following 2 days. Once your mature milk has come in (generally day 3–5), expect at least 3 bowel movements every 24 hours. It can be normal for exclusively breastfed babies to stool with every feed. It can also be normal for bowel movements to become significantly less frequent after 5 weeks of age. (See chart on page 56).

- It is normal for a baby to initially lose 7–8 % of his birth weight. Losing more than 10 % of his birth weight may be a sign of insufficient milk intake.
- Your baby should be nursing 8–12 times in 24 hours during the first few weeks. “Good” babies who sleep all the time may not be getting enough milk.
- A baby who is receiving a sufficient quantity of breast milk will regain birth weight by 2–3 weeks of age and thereafter gain 4–8 ounces each week.

How do I burp my baby?

- During a feeding a baby sometimes swallows air that needs to be expelled to make baby more comfortable.
- Some breastfed babies never seem to need burping while others will swallow air when breast is very full or milk comes out quickly.
- Burping is one thing to try with a fussy baby. Try burping baby by placing baby on shoulder and gently patting back.
- Some mothers burp baby when switching from one breast to the other during a feeding and again at end of nursing. If there is no burp after a few moments, there may be no burp coming.

Three methods of burping

1. Holding infant upright on shoulder.
2. Holding infant in sitting position on feeder’s lap with chin and chest supported on one hand.
3. Laying infant across feeder’s lap on abdomen, then patting or stroking the infant’s back with the other hand.

When my baby cries, how do I know if he or she is hungry?

A baby’s cry is a distress signal to tell his caregiver that he is uncomfortable. He may feel discomfort if he needs to be held, is hungry or for a variety of other reasons. In general, a dirty diaper bothers adults more than it bothers baby. Crying is one of the several ways babies communicate their needs with their caregivers.

In the early months, most of a baby’s cries are related to hunger or a need for contact with another person. Many breastfeeding mothers offer the breast **first** when baby is signaling or crying, regardless of how long it has been since the baby nursed, because breastfeeding satisfies many of a newborn’s basic needs. If it does not seem that the baby wants the breast, then the mother might look for other causes of discomfort.

While crying can be a feeding cue, babies will often show earlier, more subtle cues to feed such as tongue thrusting, hand-to-mouth movements and rooting. Babies who are put to breast in response to early feeding cues, rather than waiting until the baby is crying, may have an easier time latching-on and may feed more effectively.

Can I supplement my baby's diet with formula while nursing?

- The American Academy of Pediatrics says that routine supplements (water, sugar water, or formula) should not be given to the breast-feeding infant for the first six months. The healthy term infant does not need any supplements. Studies show that they may decrease the chance of breastfeeding successfully.
- Offering formula will result in baby demanding less breast milk during the day, and therefore your breasts will produce less milk. If you supplement with bottle feedings, your breasts do not get the stimulation they need to make milk. Formula also increases the time between feedings because it takes longer to digest.
- It is important to breastfeed frequently and to feed your baby as often as he or she wants to feed. If not, your breasts may become hard and painful from engorgement from milk. Milk that sits in engorged breasts signals your body to make less milk. This is why it is important to empty your breasts frequently.
- The way babies use their tongue, palate, and facial muscles to nurse is different from the way they use them to suck on a rubber nipple. Because of the different sucking techniques used for breast and bottle, some babies may refuse the breast after bottle feedings. For the first 3-4 weeks, bottles should be avoided, if possible, to give the baby a chance to develop his sucking skills at the breast. After this time, bottles may be offered if parents wish to do so.
- If it is medically indicated that an infant be supplemented, expressed breast milk is generally the first choice.
- The American Academy of Pediatrics recommends using formula for feedings when breast milk is unavailable. If you are considering giving formula you should discuss this with your pediatrician, but generally it is best to limit supplementary formula.
- Early use of formula can place a baby at higher risk for future food sensitivities and/or allergies.

How can I avoid common problems in breastfeeding?

Many mothers report that breastfeeding (like parenting) is sometimes difficult during the first month, after which it usually gets considerably easier. Breastfeeding difficulties are often avoidable and when they do arise, are more easily resolved when addressed promptly. Access to appropriate breastfeeding information and support is crucial during this time. The following list outlines suggestions that can lower your risk of experiencing breastfeeding difficulties.

- Keep your baby close—day and night
- Feed your baby early, within the first hour of birth
- Feed your baby frequently, on early feeding cues (8–12 times in 24 hours)
- Allow your baby (not the clock!) to finish the first breast before offering the second breast
- Encourage your baby to latch on to the breast with a wide mouth (like a yawn) and flanged lips
- Avoid artificial nipples (bottles & pacifiers) for at least the first month
- Avoid water or formula supplements for at least the first month, unless medically necessary

Engorgement

You may experience engorgement—swelling or fullness of breast—3 to 5 days after delivery. This lasts approximately 24–48 hours. The breast is usually tender, firm, lumpy and warm. The feeling may extend even under the arm. Your temperature may be upwards of 100° F. During this time, your baby could have trouble latching on because your nipple is tight. Breastfeeding may be uncomfortable for you right now and frustrating for your baby, who is used to your soft nipple. Here are some things you can try:

- Apply a warm, wet towel or take a warm shower.
- Apply cold compresses after feeding. (For severe engorgement, cold compresses may be used prior to feedings.)
- Massage the breast before and during feeding to help milk flow more easily.
- Express a small amount of milk (*see collecting and storing breast milk*).
- Feed your baby on cue from time of birth (8 feedings in 24 hours).
- Offer both breasts to your baby at every feeding.
- Breastfeed at night.
- Avoid formula or sugar water between feedings, unless medically indicated.
- Do not skip or put off feedings.
- Relax. This may help milk flow better.
- Do not limit the amount of time at each breast. Let baby feed until he or she signals being done.

Sore Nipples

While sore nipples in the early weeks of breastfeeding may be common, they are not part of the normal course of breastfeeding. Sore nipples are generally a result of baby's incorrect positioning or latch on the breast. Luckily, it is often very easy to adjust baby's latch so that mother is more comfortable nursing, especially when addressed in the early days. While the best remedy for sore nipples involves assessment by an experienced breastfeeding specialist, the tips below may help to relieve some discomfort:

- Begin breastfeeding on the least sore breast.
- Position baby belly-to-belly when offering the breast.
- Encourage baby to open wide before offering the breast
- Experiment with different positions to see if baby latches better in a certain position, allowing a more comfortable feed.
- For nipples that have visible trauma (bruised or cracked), rub a little breastmilk into the nipple after a feeding and allow the nipple a lot of air-time to speed healing.
- Ointment made from purified lanolin (i.e. Lansinoh, Pure-Lan) is safe for breastfeeding and may be soothing for mildly sore nipples in the first week. Apply a very small amount to the nipple after feeding. It does not need to be washed off before the next feeding. This ointment will **not** prevent sore nipples.
- If the nipple pain is so severe that you feel you cannot breastfeed, maintain your supply by pumping (at least 8 times in 24 hours) and offer baby your expressed milk. Allowing your nipples time to heal and working with a breastfeeding specialist may help you get back to comfortably putting your baby to breast.

Leaking

- Many women will leak from one breast while baby is nursing on the other, during the early weeks.
- Sometimes breasts will leak to relieve fullness.
- Breast leaking may be triggered by your baby's cry, or by another baby's cry in the early weeks.
- Some mothers wear nursing pads (avoid plastic-lined pads) in their bra to absorb leaking or cross their arms over their chest to stop the flow.
- Some women leak frequently, while others do not leak at all. Both situations are normal. Leaking tends to be most pronounced in the early weeks.

Plugged Ducts

- A plugged duct is a milk duct that is not draining properly. It may feel like a sore, hard spot on your breast. If it becomes infected, it can develop into a breast infection (mastitis).
- The risk of developing plugged ducts is lowered by avoiding restrictive clothing or bras (i.e. wear a well-fitting bra that is not an underwire), feeding frequently on cue and getting adequate rest.
- Attempting to resolve the plugged duct as soon as it is noticed can reduce the chance that mastitis will develop.
- Plugged ducts can often be resolved by massaging the plug with several fingers, then applying heat to the area, then nursing baby on that breast.
- Encouraging the baby to nurse more frequently on the affected breast and positioning baby so that the chin is pointed toward the plug may help to draw it out.
- It is safe for baby to nurse on a breast with a plugged duct or breast infection.

Mastitis

- Mastitis is a breast infection usually beginning with a plugged duct which then becomes infected.
- Common symptoms of mastitis are: local breast tenderness, chills/fever, body aches and extreme fatigue.
- Trying to locate the plugged duct and attempting to relieve it by using the remedies outlined in the above section, *Plugged Ducts*, may help the infection to resolve quickly.
- If you have symptoms of mastitis, call your health care provider. Most medications used to treat mastitis are safe for the breastfed baby.
- Baby should continue to be fed frequently on the affected breast during treatment. Any attempts at weaning during this time should be discontinued until the mastitis is fully resolved.
- As with any infection, increasing your rest and fluids are important.
- Recurring mastitis can be a sign of incorrect breast feeding management or another specific issue. Speaking with a breastfeeding specialist may help you to identify the cause of the recurrence.

How do I go about collecting and storing breast milk for my baby?

Milk may be expressed from the breast using your hand or a pump. Mothers generally express their milk for several reasons: to relieve uncomfortable breast fullness (engorgement), to store milk for when mom and baby are separated or to increase milk supply.

With your Hand—Expressing breast milk by hand may be easier in a warm shower. Relax and think about your baby. Put your thumb and first finger just behind the dark circle around your nipple. Press your fingers back toward your chest. Press thumb and finger together to express milk. Move thumb and finger to new position and repeat. If you want to save milk, collect it in a clean, container with a cover or sealed top and refrigerate right away.

With a Breast Pump—There are three types of breast pumps: manual, battery-operated and electric. You can buy or rent an electric breast pump. Manual and battery-operated pumps are generally very portable and less expensive than electric pumps. They are appropriate for occasional pumping or when mom and baby are separated for only a few hours a day. Electric breast pumps cost significantly more than the manual and battery-operated types but are generally much more effective. They are appropriate for regular pumping when mom and baby are separated for more than a few hours or when the baby is not latching onto the breast or not feeding effectively in the early weeks. Pump parts may be washed in hot soapy water after each use and sterilized once a day in a dishwasher or in boiling water according to pump manufacturer's directions. Bulb suction pumps are not recommended because they tend to be difficult to clean. A new alternative cleaning method available by Medela, Inc. involves the use of QuickClean Microwave Sterilizer bags. These may be useful when a more portable cleaning method is needed.

Containers for Breast Milk Storage—Breast milk may be stored in plastic bottles, plastic bottle bags, breast milk storage bags or glass containers. Glass containers offer the advantage of being easy to sterilize. Bags take up less space in the freezer. If using disposable bottle bags, double bagging lowers the risk that milk will be lost due to puncture. Breastmilk storage bags are thicker, so double bagging is not necessary.

Storing Your Breast Milk—Freshly expressed breast milk is safe at room temperature for 4–10 hours. Milk that is refrigerated soon after expressing is safe for 5–7 days. It will stay fresh for up to three to four months in the freezer of a two-door refrigerator or 6 months or longer in a deep freeze at 0° Fahrenheit. Place the milk in the back of the freezer where it is coldest and store in different containers each time you collect it. It is best to put milk in 2–4 oz. amounts to avoid waste later with feeding and help with thawing. Write the date on each container.

Thawing Breast Milk—Thaw frozen breast milk under lukewarm running water, or in a pan of lukewarm water or the refrigerator overnight. Never heat milk on the stove or in a microwave. Do not leave it at room temperature to thaw and do not re-freeze. Throw away any milk left after your baby's feeding.

When to Call Your Doctor or Lactation Consultant

- On the first day home from the hospital and your baby still does not latch on to breast.
- On the second day home from the hospital and your baby's diaper count drops from the average amount.
- On any day, if your nipples are so sore that you feel cannot breastfeed.
- If for any reason, you feel your baby needs to be supplemented.
- If your baby is constantly fussy.

What are my resources if I have questions or problems with breastfeeding?

- Call *Hartford Hospital's Lactation Center* at 860-545-2824.
- Call your baby's health care provider.
- Call a community breastfeeding support (see listings in this section).
- Call Medela, Inc. at 1-800-TELL YOU for access to lactation consultants, bras, baby weigh scales and pump rentals.
- Read books about breastfeeding. *Some suggested titles:*

Breastfeeding Your Baby. Kitzinger, Shelia. (1998) Revised edition.

The Womanly Art of Breastfeeding. La Leche League International. 7th revised edition.

Breastfeeding: Getting Breastfeeding Right for You: The Illustrated Guide. Renfrew, Mary; Fisher, Chloe; and Arms, Suzanne. (2000) 10th Anniversary edition.

The Nursing Mother's Companion. Huggins, Kathleen. (2005) 5th revised edition. Mary, Fisher, Chloe, and Arms, Suzanne. (1990) Berkeley, California: Celestial Arts.

A Guide for Successful Breastfeeding

| | First 8 HOURS | 8–24 HOURS | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 |
|----------------------------|--|---|--|--|---|--|--|
| Milk Supply | <ul style="list-style-type: none"> Breasts are producing colostrum. Amounts are small but sufficient for baby's needs. | | <ul style="list-style-type: none"> Milk should increase or come in between the 3rd and 5th days. Colostrum still present for baby. | | | <ul style="list-style-type: none"> Milk should be in. Breast may be firm and/or leak milk. | |
| Baby's Activity | <ul style="list-style-type: none"> Baby is awake and alert for 1st hour of life. Baby may go into a deep sleep 2–4 hours after birth. | <ul style="list-style-type: none"> Baby may not wake up on own to feed. If your baby boy is circumcised, he may not want to nurse for several hours. You may start to hear baby swallow your milk while nursing. | <ul style="list-style-type: none"> Baby should be more co-operative and less sleepy. | <ul style="list-style-type: none"> Look for early feeding cues such as rooting, lip smacking, and hands to face. | | <ul style="list-style-type: none"> You should be able to hear your baby swallow your milk. | <ul style="list-style-type: none"> Baby should be satisfied after a feeding or cluster of feedings. |
| Breast-feeding Tips | <ul style="list-style-type: none"> Put baby to breast within the first hour of birth. Avoid use of artificial nipples and pacifiers (mainly in first 3–6 weeks after birth). | <ul style="list-style-type: none"> Keep baby with you in room as much as possible, even at night. Put baby to breast when any of the following feeding readiness cues are present: (Don't just watch clock or wait for baby to cry) <ul style="list-style-type: none"> <i>rapid eye movements under eyelids</i> <i>sucking movements of mouth and tongue</i> <i>hand to mouth movements</i> <i>body movements</i> <i>small sounds</i> Ask for help if baby is not feeding at all by at least 24 hours. | | <ul style="list-style-type: none"> Consider hand expressing or pumping a few drops of milk to help soften nipple if breast is too firm for baby to grasp. | <ul style="list-style-type: none"> Your baby will decide how long he/she needs to nurse. | | <ul style="list-style-type: none"> Your nipple tenderness is improving or is gone. |
| | | | | <ul style="list-style-type: none"> Nurse on cue, at least 8–12 times in 24 hours. When your baby is finished with feeding, he/she will: <ul style="list-style-type: none"> have fewer sucking movements no longer suck or swallow relax his/her body come off breast on own | | | |

A Guide for Successful Breastfeeding

| | First 8 HOURS | 8–24 HOURS | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 | |
|---------------------------------|---|---|--|---|---|---|---|--|
| Feeding Times | <ul style="list-style-type: none"> Baby may feed only 2-3 times. | <ul style="list-style-type: none"> Baby may feed 3–4 times. | <ul style="list-style-type: none"> Baby feeds on cue, a minimum of 8–12 feedings in 24 hours. | | | | | |
| Baby’s Urine Output | | <ul style="list-style-type: none"> Baby should have at least 1 wet diaper in first 24 hours. | <ul style="list-style-type: none"> Baby should have 2–3 wet diapers in 24 hours. | <ul style="list-style-type: none"> You should see an increase in wet diapers (4–6) in 24 hours. | <ul style="list-style-type: none"> Baby’s urine should be light yellow in color. | <ul style="list-style-type: none"> Baby should have 6–8 wet diapers each day of colorless or light yellow urine. | | |
| Baby’s Bowel Movements (stools) | | <ul style="list-style-type: none"> Baby should have a black-green stool. | <ul style="list-style-type: none"> Baby may have a second very dark stool. | <ul style="list-style-type: none"> Baby’s stools should be changing color from black-green to yellow (3–4 stools per day). | | <ul style="list-style-type: none"> Baby should have at least 3–4 yellow, loose stools a day. | <ul style="list-style-type: none"> Baby should have 3 or more stools per day. The number of stools may decrease <i>after</i> 4–6 weeks of life. | |

Community Breastfeeding Support Resources

Lactation Consultants:

Lactation consultants are health workers who are specially trained and experienced in helping breastfeeding mothers. Many in the community have breastfeeding equipment and supplies for rental and purchase. There may be a fee to see a consultant. Ask about this.

Lactation Center, Hartford Hospital
Hartford, Connecticut
860-545-2824

Pump rentals available at Hartford Hospital Auxiliary Store.

Lactation Consultants:

Sara Young, RN, MSN, IBCLC

Elena Coffey, IBCLC

Emily Brady, RN, IBCLC

Per Diem Lactation Consultants:

Kristen Kalisher, IBCLC

Dawn Flohr, RN, IBCLC

Patrice Jones, PA, IBCLC

Frances Penny, RN, IBCLC

Donna Bielecki, RN, BSN, IBCLC
Enfield (surrounding towns), Connecticut
860-745-1274

Consultations in your home/her home. Pump rental (Medela “lactina”) and parts.

Valerie Bozzi, BS, IBCLC
East Hartford Community Healthcare
East Hartford, Connecticut
860-528-1359 Ext. 36

Consultations in office. Spanish interpreter available, sliding fee scale.

Susan Forrester, MA, IBCLC
West Hartford (surrounding towns), Connecticut
860-313-0799

Consultations in your home.

Amy Gagliardi, IBCLC
Middletown, Connecticut
860-347-6971 (W)

Prefers to have mothers come to see her. Some breast pumps available.

Kathleen Glucksman, RN, BSN, IBCLC
Tolland, Connecticut
860-875-4957

Does home visits. Has special interest of working with mothers of twins.

Loretta Gorcinski, RN, IBCLC
Columbia (surrounding towns), Connecticut
860-228-4194

Consultations in your home.

Judy Hatch, RN, MS, IBCLC
Springfield (surrounding towns), Massachusetts
413-566-3635 or 413-478-9668

Consultations in your home/her office. Pump rental (Ameda and Medela) and parts.

Kristin Kalisher, IBCLC
Hebron (surrounding towns), Connecticut
860-617-3329
Consultations in your home.

Middlesex Hospital Homecare Dept. – Kim Wilcox, RN, IBCLC
Middletown, Connecticut
860-704-5600 (Call “intake”)
Consultations in your home.

Middlesex Hospital Lactation Center
Middletown, Connecticut
860-344-6867
Consultations in office when available, support group – Tuesday at 10 a.m.
Pump rental (Medela “symphony”) Mon-Fri. 8:30 a.m.-12:30 p.m. 860-344-6699

Kathleen Pasakarnis, IBCLC
South Windsor, Connecticut
860-614-4870
Does home visits.

Stacey Rubin, MN, APRN, IBCLC
Granby, Avon, Simsbury, West Hartford, Farmington, Connecticut
860-231-8050
Does home visits and breast pump rental.

La Leche League Groups and Leaders

La Leche Group meetings are held throughout Connecticut. To find out about a group near you, call Judie Gubala at the HELP LLLINE 860-563-6624. Or you can access the information on their web site, www.lalecheleague.org.

Breastfeeding Skills Checklist for Mothers

- I can position my baby correctly at both breasts.
- It does not hurt once the baby starts sucking and swallowing.
- The baby can latch onto each breast.
- I can tell when my baby is swallowing milk.
- I know how many times in each 24 hours to feed the baby.
- I know when it is time to feed the baby.
- I know five feeding cues to use if my baby is sleepy.
- I know how many wet diapers and bowel movements my baby should have each day for the first two weeks.
- I know how to tell if a disposable diaper is wet.
- I know how much weight the baby should gain weekly.
- I know that artificial nipples and pacifiers can confuse the baby and have been shown other ways to feed him or her if necessary.
- I can identify two (2) ways in which breastfeeding will benefit my baby.
- I can identify two (2) ways in which breastfeeding will benefit me.
- I know when and whom to call for help with breastfeeding.

The Lactation Center at Hartford Hospital

The Women's Health Services' Lactation Center provides breastfeeding education and support services on an outpatient basis to mothers who have delivered their babies at Hartford Hospital.

Staffed by certified lactation consultants, the center provides information for nursing mothers about proper positioning techniques, as well as education and counseling designed to enhance the whole breastfeeding experience. The lactation consultant is also available for any questions or concerns a new mother may have regarding her ability to breastfeed her baby, such as; prior breast surgery, breastfeeding multiple babies, or breastfeeding a premature baby. Appropriate referrals to outside resources are also available.

The Lactation Center is located at Hartford Hospital. Please call for an appointment. The cost is a scaled fee, based on an individual's needs.

For more information, please call the Lactation Center at Hartford Hospital at 860-545-2824.



Formula Feeding Your Baby



At Hartford Hospital we strongly recommend breastfeeding because of its many benefits to both you and your baby. However, if you have considered the information about breastfeeding and have decided against it, we will help you in getting off to a good start formula feeding your baby. The following information will help you to feed your baby in a safe and satisfying way.

All available formula brands come with iron or low iron. Nutritionally all brands are essentially the same. Your pediatric provider will recommend which formula to use. It is important not to switch back and forth between formulas, which may lead to feeding problems. Do not switch formulas without talking to your pediatric provider. Pediatricians discourage the use of whole milk or skim milk during the first year of life.

Three types of formula

1. Ready-to-use (no water is added)
2. Powder (following directions, powder is mixed with water)
3. Concentrate (formula is mixed with water)

All three offer the same nutrition for your baby. The main differences between the forms are how they're prepared and their cost. The ready-to-use is convenient for travel/day care or when refrigeration is not practical. However, it is the most expensive. The powder is convenient when storage is a problem. It is good for one month once it is open. It is also convenient for single feedings. The most economical is the concentrate, which requires mixing.

Preparation

- Always wash your hands first.
- Wash the top of the can with soap and water and rinse before opening.
- If using concentrate, shake the can before opening. Mix equal parts of water and formula. Follow manufacturers' instructions exactly. Take care to always measure formula and water accurately so baby gets proper nutrition. Use cold tap water, not hot tap water, when mixing. You can make up a day's supply at one time.
- If there is no problem with your water supply you can wash the utensils in hot tap water and detergent, and then rinse, keeping them dry prior to use.
- A dishwasher is also adequate, if it has a sterilizer cycle.
- If you are unsure about your water supply, boil the water, bottles, and nipples for ten minutes.
- Another technique if you are unsure about your water supply is terminal heating—you clean the bottles in advance, fill them with prepared formula and cap them loosely. Then place the filled bottles in a pan of water reaching halfway up the bottles and boil water gently for 25 minutes.

Storage

- Formula prepared in advance should be stored in the refrigerator. Throw it out if not used within 48 hours.
- Do not leave the baby's formula out of the refrigerator for more than one hour.
- Do not freeze any of the formulas.
- Always check the expiration date and the condition of the can.
- Do not use if outdated or the can is badly damaged.
- Tightly cover open cans of unused ready-to-feed or concentrate formula and refrigerate. Use within 48 hours.
- Cover open powdered can with plastic lid and store in a cool, dry place. Do not store in the refrigerator. Use within one month.

Feeding

- Use a new bottle each time you feed the baby.
- If the baby does not finish the bottle, throw out the formula remaining in the bottle.
- Serve at room temperature or warmed slightly.
- Do not heat bottles in the microwave, since hot spots may occur and burn baby.
- Warm bottle by running hot tap water over the bottle or by warming it in a bowl of warm water.
- Test the temperature by shaking a few drops from the bottle onto your wrist, to be sure it's not too warm.
- The formula should flow out of the nipple freely, one drop at a time. If it flows too fast, throw the nipple away. If it flows too slowly, enlarge the nipple with a needle or toothpick.
- Never add honey, or baby food to the formula. Cereal should be added to formula only when directed by your pediatric provider.
- Do not give the baby cow's milk until baby's first birthday.
- Hold the infant with the head slightly raised, almost sitting. The head must be above the stomach to prevent ear infections.
- Never prop bottle and baby up so that baby can feed himself or herself, because your baby may choke. Babies benefit from being held (human contact).
- Keep the neck of the bottle filled with formula to prevent the intake of air.
- Usually 6–7 feedings a day is enough.
- At first your baby will take about 1–3 oz. per feeding on the average of every 3-4 hours.

- By 2 weeks of age the baby will take 2–4 oz.
- As the baby grows he or she will take more formula each feeding and sleep longer.
- The infant should not be restricted or pushed, as babies know just what they need.
- If the bottle is drained completely, offer one more ounce at that feeding and subsequent feedings.
- A flexible on demand feeding schedule is best. The interval between feedings may vary from every 2-3 hours to 5-6 hours.

Burping

- Babies often swallow some air while feeding.
- During the first few weeks, offer the baby a chance to burp after every $\frac{1}{2}$ to 1 oz.
- Burping times can be reduced to about half way through the feeding and at the end of each feeding as they grow.
- Some babies may require an extra burp within a half hour after feeding.
- Allow the baby to rest in an upright position for 20–30 minutes after the feeding, or place infant on right side to aid stomach emptying.
- All babies will spit up occasionally. If it becomes a problem, try feeding more slowly and burping more frequently. Feed in a more upright position.
- As the infant grows and matures spitting up will gradually disappear.
- If baby vomits more formula than you are comfortable with and with a great deal of force behind the milk, call your baby's pediatric provider.
- Hiccups are normal and may occur with feeding. They require no treatment.

Three methods of burping

1. Holding infant upright on shoulder.
2. Holding infant in sitting position on feeder's lap with chin and chest supported on one hand.
3. Laying infant across feeder's lap on abdomen, then patting or stroking the infant's back with the other hand.