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# Breastfeeding

**HOSPITAL TRUSTED**  
SINCE 1942

REFERENCE & PRODUCT GUIDE

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## More Than Food

Your baby is born expecting to receive what is in your milk. Of course, your milk is food for your baby. But it is far more. Unlike the alternatives, your milk contains live cells that engulf bacteria to help prevent illness. Some of these live cells stay active in your baby's body for years, helping to keep her healthy long after weaning. Growth factors in your milk help your baby to mature and develop. Still other parts of your milk help to activate your baby's immune system. We



are only now starting to understand the many roles Mother's milk plays in your baby's lifelong health.

Because babies who miss out on Mother's milk tend to have poorer health outcomes, experts such as the World Health Organization and the American Academy of Pediatrics recommend exclusive breastfeeding for the first six months. After six months, they recommend continued breastfeeding along with solid foods for at least one to two years.

Breastfeeding matters to your baby's health, but there is more. Breastfeeding is also part of your relationship with your baby. It calms and comforts your baby. It is one way of bringing you and your baby closer.

This guide is designed to help answer your basic questions about breastfeeding and describe products that may help you. If you need to know more, visit our web site [www.ameda.com](http://www.ameda.com) for a variety of breastfeeding articles written by well-known experts. See also "Finding Help" (p. 28).

## Before Birth—Learning about Breastfeeding

### Babies Are Born to Breastfeed

Babies are born knowing how to breastfeed. Lean back, lay your baby tummy down on your body, make your breasts available, and watch nature takes its course. Like all mammal newborns, your baby is born with the reflexes needed to get to the breast on her own and feed. Knowing this takes the pressure off of you to do everything "right." Your job is just to help your baby get in position and cheer her on.

### How Mothers Learn

Mothers learn best by responding to their babies. Having lots of relaxed, practice time helps. Another great way to learn is to spend time with breastfeeding mothers before giving birth.

### Attend a local breastfeeding mothers' group.

There you can learn from others' experiences and see breastfeeding first-hand:

- Find a local group online at [www.la lecheleague.org](http://www.la lecheleague.org).
- Check about groups at your hospital.
- Call your public health office.



### Read about breastfeeding.

Check out the articles on

[www.ameda.com](http://www.ameda.com) and get a good book, such as:

- *Breastfeeding Made Simple* by Nancy Mohrbacher, IBCLC, and Kathleen Kendall-Tackett PhD, IBCLC
- *The Womanly Art of Breastfeeding* by La Leche League International.

**Go to a breastfeeding class.** Check your local hospital and healthcare provider's office for classes near you.

The more you learn before your baby is born, the more smoothly breastfeeding is likely to go.

## Breastfeeding—Getting Started

The time after a baby is born is exciting and exhausting. Knowing a little bit about breastfeeding before birth may make this time easier for you.

### Use Your Baby's Hard-Wiring



Babies laid tummy down on their mothers' bellies after birth can push themselves to the breast and latch on without help. If all goes well, this usually happens within an hour or so after birth, the ideal time to

start breastfeeding.

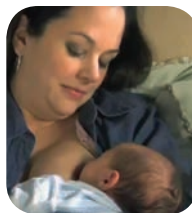
But you can see your baby's inborn feeding skills in action any time during the first months. Lean back in a comfortable, relaxed, well-supported position, like when watching television. Make your breasts available and lay your baby tummy down on your body. When a calm, hungry baby feels her mother's body against hers:

- She will move toward the breast.
- The touch of her chin against your breast will trigger a wide open mouth
- Gravity will help her take the breast deeply, which makes breastfeeding comfortable.

Feel free to give her some help if needed. In "laid-back" breastfeeding positions, gravity keeps your bodies touching, which triggers baby's feeding reflexes. Breastfeeding is also easier and less work for you when your body supports your baby's weight.



### Holding Your Baby



There is no one "right" way to hold a baby during breastfeeding. Do what feels good for both of you. In the early weeks, the "laid-back" positions described on the previous page may make it easier for you and your baby to get off to a good start. If you've had a cesarean birth, try laying your baby's body across your breasts.

Laid-back breastfeeding can be done anywhere, just by moving your hips forward in a chair. But after you and your baby master these positions, you may also want to give others a try.

If you breastfeed sitting upright, find a hold that lets you relax your shoulders and arms and a seat with good back support. You can breastfeed your baby in front by supporting your baby's back and head with your forearm near your wrist. Some mothers with large breasts find it more comfortable to breastfeed sitting up with baby along their side. It lets them cuddle close and gives them a good view of their baby's face.

### When in an upright sitting position, your baby will find it easier to breastfeed when:

- Her head, shoulders, and hips are in line, not twisted or turned.
- Her whole body faces yours with no head-turning needed.
- Her feet, bottom, and shoulders are pulled in close and pressed against you.
- Her head is free to tilt back a bit so she comes to the breast chin first.



It can be helpful to learn to breastfeed lying on your side, another way to rest and sleep while you feed. Practice this during your waking hours, as no one learns best when half asleep. Here are some pointers, but feel free to adjust as needed:



- Lie on your side facing your baby with one pillow under your head and one behind your back. Have a small rolled-up towel or baby blanket within reach.

- Put your baby on her side, facing you, with your nipple in line with her nose.

- Pull her feet in close.
- Lean back into the pillow behind you until your nipple lifts off the bed to the level of your baby's mouth.
- When your baby's mouth opens wide, she will quickly move onto the breast. At the same time, gently press her shoulders against you for a deep latch on.
- Wedge the towel or blanket behind her back, leaving her head free to tilt back.

Some mothers like their baby's head resting on their arm. Others prefer their baby's head on the bed.

## Latch On

Your comfort during breastfeeding also depends on where your nipple lands in your baby's mouth. And that depends on how your baby takes the breast, or latches on.

To understand this better, use your tongue or finger to feel the roof of your mouth. Behind your teeth and the ridges, it feels hard. When your nipple is pressed against this hard area in your baby's mouth, it can hurt.



Photos: Catherine Watson Genna, BS, IBCLC

But if you go back farther in your mouth, you'll feel where the roof turns from hard to soft. Some have nicknamed this area "the comfort zone." Once your nipple reaches your baby's comfort zone, breastfeeding feels good. There is no undue friction or pressure on your nipple. The easiest way to get your nipple to the comfort zone is to use the laid-back breastfeeding positions described above. The feel of your body against your baby's chest and tummy trigger your baby's inborn feeding reflexes and the feel of her chin against the breast automatically trigger a wide open mouth. Gravity helps the baby take the breast deeply.

When sitting upright, getting the nipple into the comfort zone can be more work, because you need to use your arms to support baby's weight and keep her body pressed against yours. When latching on in an upright position, be sure her chin touches the breast to trigger a wide-open mouth and her head is free to tilt slightly back. Align her body with yours so her lower jaw is as far from the nipple as it can be and she take the breast off-center. As your baby takes the breast, give a gentle push from behind her shoulders to help her take a bigger mouthful.



## Signs of a Good Latch-on



- You feel a tugging but no pain. (In the first week or so, you may feel some pain at first that eases quickly.)
- You hear your baby swallowing.
- Both of her lips are rolled out.
- You see more of the dark area

around the nipple above your baby's upper lip than below, which means the latch is off-center as it should be.

- Your baby breastfeeds with a wide open mouth, not a narrow mouth.
- When baby comes off, the nipple is rounded, not pointy looking.

Breastfeed until your baby is done. When she comes off the breast, burp her or change her diaper. Then, offer the other breast. Most babies take one breast at some feedings and both breasts at other feedings.

If breastfeeding hurts, seek help right away from a board-certified lactation consultant (IBCLC). See "Finding Help." Nipple pain can almost always be fixed. The sooner you see someone who can help, the better.

## Holding the Breast

If your baby has trouble latching on, it may help for you to shape your breast with your fingers. To do this:

- Position your thumb and fingers so they run in the same direction as baby's lips. (Imagine your thumb as your baby's moustache.)
- Keep your fingers out of her way.
- Squeeze the breast gently to form a "nipple sandwich" to make it easier for her to take.

When breastfeeding in an upright position, some babies do better in the first month or so if you support the weight of the breast with your hand.



## Breastfeeding Basics

### Birth to Day 4



Knowing what to expect may help you enjoy this special time more.

### Fun Facts:

- A newborn's stomach is about the size of a shooter marble.
- At birth, you have just the right amount of milk to fill it.
- Your breasts are never empty.
- When breastfeeding is going well, babies do better without water and formula.
- Lots of breastfeeding helps bring in more milk faster.
- Lots of breastfeeding helps prevent engorged breasts.
- One mother can make enough milk for twins, triplets, and more.
- When you keep your baby's bare skin touching yours, feedings go better, and you make more milk.

### What to Expect:

- Many newborns are more wakeful and hungry at night. If your baby still seems hungry, offer each breast more than once until she's happy.
- If your baby is latched on well, your nipples may feel tender for the first minute or two then feel better.
- Expect 1-2 wet diapers each day and black stools.
- Up to 10% weight loss by Day 4 is considered normal.

## Things to Learn



- Find laid-back breastfeeding positions that allow you to rest while you feed.
- If breastfeeding hurts, talk to a lactation consultant.
- Make sure baby feeds at least 8 times each day. Many feedings may be bunched together. If needed, bring your baby to breast while she sleeps.
- Find out where you can get breastfeeding help.

## Some Reasons to Seek Help

- If breastfeeding hurts the whole time or hurts a lot.
- If baby loses more than 10% of birth weight.

## Day 4 to Week 6

This is a time of intense breastfeeding. After about six weeks, breastfeeding gets much faster and easier—generally easier than the alternative. Until you get there, here are some things to know.

### Fun Facts

- A baby's stomach grows from shooter marble to chicken-egg size by Day 10.
- Most babies feed 8-12 times a day but not at set times. They may bunch feedings close together for part of the day, often evenings.
- Babies may be done after one breast or want both. Either is fine.
- More breastfeeding makes more milk.
- Most mothers make much more milk starting on Day 3 or 4.
- Drained breasts make milk faster. Full breasts make milk slower.
- Experts suggest avoiding pacifiers for the first month, and when baby is breastfeeding well, avoiding water or formula.

- If you plan to give a bottle and your baby is breastfeeding and gaining weight well, wait until your baby is about 4 weeks old.
- Your milk supply grows from 1 ounce on Day 1 to about 30 ounces on Day 40.

## What to Expect

- If your breasts feel very full, breastfeed more or express milk. This will help any engorgement go away faster.
- By Day 3-5, your baby's black stools first turn green then yellow.
- After that, expect 3-4 or more yellow stools every day the size of a US quarter (2.5 cm) or larger.
- Expect 5-6 or more wet diapers a day by Day 5.
- Your baby should be back to birth weight by 2 weeks. After Day 4 expect baby to gain at least 7 ounces a week or 2 lbs. a month. If not, seek help.
- Your baby may want to feed again soon after breastfeeding. This is normal now.
- Many babies sleep for one 4-5 hour stretch a day. It may not be at night.

## Things to Learn

- You'll know it's time to breastfeed when baby's head turns from side to side with an open mouth. Or when hand goes to mouth.
- Don't wait until your baby fusses or cries. When upset, it's harder to feed well.
- Use feeding positions that feel good to you and your baby.
- Learn to sleep while you breastfeed. Practice during the day.
- If breastfeeding hurts, get help. A small change in how your baby takes the breast may be all you need to feel better.
- Find a mothers' group near you. It helps to be with other breastfeeding mothers.

## Some Reasons to Seek Help

- If breastfeeding hurts.
- If your baby falls asleep a minute or two after she starts breastfeeding and sleeps a lot.
- If your baby loses weight or gains too slowly.

Breastfeeding may be going well even if you experience some of the following:

- Baby has fussy times.
- Your baby wants to feed again soon after breastfeeding.
- Your breasts don't leak.
- Your baby wants to feed more often.
- Your breasts no longer feel full.
- Your baby wants to feed less often or for a shorter time
- Your baby wakes a lot at night.
- Your baby will take a bottle after breastfeeding.
- You can't express much milk

You Know You Have Plenty of Milk When:

- Your baby gains weight well on breastfeeding alone
- 4 days-4 months: 7 ounces or more a week or 2 lbs. a month

After this time, weight gain should slow down.

## How Milk Production Works



Despite what you may have heard, the following are unlikely to affect how much milk you make:

- The amount of fluids you drink.
- Your diet (unless it is extreme)
- How much rest you get

The following are the basic dynamics of how milk production really works.

**Drained breasts make milk faster.** When breasts are drained often and well by your baby or by a pump, this sends the signal to make milk faster. Lots

of breastfeeding at first “puts in your order” for a healthy milk supply. Lots of breastfeeding is how your baby adjusts the amount of milk you make to meet her growing needs during the first month or so.

**Full breasts make milk slower.** Mother's milk contains a substance called FIL, or feedback inhibitor of lactation, that signals the breast to slow down its milk-making. The more FIL in the breasts, the slower milk is made. Don't listen to those who tell you to wait until the breast “fills up” before breastfeeding. Following that advice slows down milk production.

**Different breasts mean different feeding patterns.** How long it takes for breasts to feel full depends on a woman's “breast storage capacity.” This is the amount of milk her breasts can hold before feeling full. The room in the milk glands (not breast size!) is the basis for this and differs from one mom to the next. Moms with a “large capacity” store more milk. Their babies may breastfeed less often and get more milk at a feeding. Moms with a “small capacity” get full faster. Their babies need to breastfeed more often to get the same amount of milk. Both kinds of moms can make plenty of milk, but the number of breastfeedings their babies need every day can vary greatly. This is why a “one-size-fits-all” breastfeeding schedule does not work for everyone.

**Very long stretches between feedings can slow milk production.** Because full breasts make milk slower, very long stretches between breastfeedings (more than 8 hours) may cause milk supply to adjust downward, especially if the breasts get very full. Breastfeeding less often may work if you have a “large capacity.” But if you're a mom with a “small capacity,” be careful! Your milk supply may drop along with your baby's weight gain.



## Using a Breast Pump

There are several good reasons to use a breast pump:

- To relieve breast fullness or engorgement
- To provide your milk for your baby when you'll be away at feeding time
- To provide your milk when your baby is unable to breastfeed
- To boost your milk production

There are several types of pumps for sale and rent and quality can vary. Ameda offers a full line of top-quality breast pumps to meet all your pumping needs.

### Choosing an Ameda Pump

Choose a pump based on your situation and the features you want.

	PURELY YOURS BREAST PUMP	HOSPITAL-GRADE RENTAL PUMP	ONE-HAND MANUAL BREAST PUMP
<b>Frequency of Use</b>			
Occasional Use (night out, work part-time, etc.)	✓		✓
Daily Pumping	✓	✓	
<b>Special Situations</b>			
Inverted Nipples	✓	✓	✓
Sore Nipples	✓	✓	
Engorgement	✓	✓	
Low Milk Supply		✓	
Initiating Milk Supply		✓	
Baby Too Premature or Sick to Breastfeed		✓	
<b>Product Features</b>			
Double Pumping	✓	✓	✓
Proven AirLock Protection — No Need to Clean Pump Tubing	✓	✓	N/A
CustomControl™—Separate Cycle and Suction Dials	✓	✓	N/A

## Pumping Basics



Pumping can be easy after just a little practice.

- Before pumping, read your pump instructions.
- Wash your hands well.
- Find a place to sit where you can relax and have good support for your back and shoulders.
- Make sure all you need is in reach (TV remote, drink, snack, etc.).
- Center the breast flange(s) over your nipple(s).
- Press lightly to make an air seal and angle the flange(s) downward so milk flows down by adjusting the flange(s) at the breast rather than by leaning over.
- Start by setting your pump to the highest comfortable suction. See “CustomControl” about varying your pump speed.
- Your nipple should move in and out of the nipple tunnel without rubbing against its sides. See photos in next section.
- An average pumping time lasts about 10-15 minutes per breast.

## Getting a Good Flange Fit

The part of the flange that affects fit is the width of the opening. This is called the nipple tunnel. As you pump, your nipple is pulled into the nipple tunnel. The best way to gauge flange size is what you see while pumping.

Some mothers do well with a standard breast flange. But some mothers need a larger or smaller size. How do you know what size you need? You know you need a larger flange when:

- Pumping hurts, even on low suction.
- Your nipple at rest is as wide as a US nickel (22 mm) or larger. But even if it is smaller, you might still need a larger size because the breast changes as you pump.



**Left Photo:**  
Good Fit

**Right Photo:**  
Tight Fit

**Photos:** Barbara  
Wilson-Clay,  
BS, IBCLC

- In the “Good Fit” photo, see the space around the nipple as it is pulled into the nipple tunnel.
- In the “Tight Fit” photo, the nipple rubs along the flange sides. A tight fit squeezes the milk ducts and slows milk flow. Rubbing may cause pain, and friction can even break the skin.

Consider a smaller flange if:

- More than about  $\frac{1}{8}$  inch of the dark area around your nipple is drawn into the tunnel
- Your nipple bounces in and out of the tunnel and you cannot get a good air seal

If you need a larger size and your kit contains larger flanges, replace your standard flange with a larger flange. Try the flange sizes until you find one that feels best and pumps the most milk. If your kit does not contain larger flanges, contact your Ameda retailer for Custom Breast Flanges with inserts.

### 7 BREAST FLANGE SIZES

To Meet Your Changing Needs

EXTRA SMALL Flexishield areola Stimulator (Fits Inside Standard Breast Flange 25.0 mm)	21.0 mm
SMALL Reducing Insert (Fits Inside Standard Breast Flange 25.0 mm)	22.5 mm
STANDARD (Included with all Ameda Breast Pumps)	25.0 mm
MEDIUM (2) Custom Flange Inserts (Fits Inside Large Breast Flange 30.5 mm)	28.5 mm
LARGE (2) Custom Breast Flanges	30.5 mm
X-LARGE (2) Custom Flange Inserts (Fits Inside XX-Large Breast Flange 36.0 mm)	32.5 mm
XX-LARGE (2) Custom Flange Inserts	36.0 mm

## How Much Milk to Expect



How much milk you pump at a time will vary by baby's age, time since last breastfeeding or pumping, time of day, pump quality and fit, how much practice you've had with your pump, and whether you're relaxed or stressed. Here are some averages:

- If you pump between regular breastfeedings and are giving only the breast, expect to pump about half a feeding.
- If you pump for a missed breastfeeding, expect a full feeding.
- Feeding amount will vary by baby's age. During Week 1, expect a feeding to be about 1-2 ounces (30-60 ml). Weeks 2-3, expect a feeding to be about 2-3 ounces (60-90 ml). After Week 4, about 3-4 ounces (90-120 ml).
- Babies often take more milk from the bottle than you pump in one pumping session. This does NOT mean your milk supply is low. The faster, more

constant flow of the bottle causes many babies to take more milk than they need.

- Most women find they get more milk from one breast than the other.

## When to Pump

### If you're home with your baby and fully breastfeeding:

- Try pumping in the morning. Most women get more milk then.
- Pump 30-60 minutes after a nursing and at least an hour before a nursing. This leaves plenty of milk for your baby at the next feeding.
- If your baby wants to breastfeed right after a pumping, go ahead. Some babies are patient and feed longer to get the milk they need. Just keep going back and forth from breast to breast until your baby is done.

### If you're pumping for a baby who is not breastfeeding, until you have a full milk supply (25-35 ounces [750-1050 ml] per day):

- Plan to pump 8-10 times each day.
- Go no longer than 5 hours between pumpings.
- Once you have a full supply, if you can sleep for an 8-hour stretch without too much breast fullness, go ahead.
- With a full supply, most women can cut back to 6-7 pumpings per day to maintain their supply until their baby is ready to breastfeed.

## Make the Most of Your Pumping

To get more milk at a pumping, first set your pump at the highest comfortable suction and no higher. Pumping should not hurt.

Pumping milk is not like sucking a drink through a straw. With a straw, the stronger you suck, the more you get. When pumping, most milk comes only when a let-down, or milk release, happens. Without a milk release, most milk stays in the breast.

## What is a Milk Release?

- Hormones cause muscles in the breast to squeeze and the milk ducts to widen.
- This pushes the milk out of the breast.
- Some mothers feel this as a tingling. Others feel nothing.

A milk release can happen with a touch at the breast, hearing a baby cry, or even just thinking about your baby. Feelings of stress or anger can block milk release. While breastfeeding, most mothers have three or four milk releases without knowing it.

**To get more milk with your pump, you need more milk releases,** but you may need some help at first, until your body learns to respond to your pump like a baby.

To trigger more milk releases, use your senses. One or two senses may work better than the others. Try them all to find out which work best for you.

**Mind/Feelings:** Close your eyes, relax, and imagine your baby breastfeeding. Think about how much you love your baby.

**Sight:** Look at your baby or your baby's photo.

**Hearing:** Listen to a recording of your baby cooing or crying. If you're apart, call and check on your baby. Or call someone you love to relax and distract you.

**Smell:** Smell your baby's blanket or clothing.

**Touch:** Apply a warm cloth to your breasts or gently massage them.

**Taste:** Sip your favorite warm, non-alcoholic drink to relax you.

**Use CustomControl™** to adjust your pump speed when milk flow changes. A pump that lets you adjust suction and speed separately puts you in control and gives you more choices. This makes it easier to find your optimal pump settings.



If using an electric pump, check to see if your pump has both SUCTION (also called VACUUM) and CYCLE (also called SPEED) controls. If so, use your senses as you adjust the controls to get more milk faster. Use your milk flow as your guide while you pump.

- Set SUCTION/VACUUM to the highest setting that feels good.
- Set CYCLE speed on the fastest setting.
- When your milk starts flowing, turn CYCLE speed down near the slowest setting.
- When the milk flow slows to a trickle, return to fast CYCLE speed and use your senses.
- Repeat, using fast CYCLE speed to trigger milk releases and slow cycles to drain.

If using a manual pump like the Ameda One-Hand Breast Pump, use CustomControl by using both fast and slow squeezes. Again, watch your milk flow and use it as your guide. Change breasts every 5-7 minutes. Pump for a total of 10-15 minutes per breast.

## Milk Handling and Storage

Milk storage guidelines vary. The guidelines below are research-based and apply to full-term, healthy babies. If they differ from your hospital's guidelines, follow its guidelines.

### Milk Storage Guidelines for Full-Term Healthy Babies

#### Storage Time for Mother's Milk

Mother's Milk*	Deep Freeze (0° or Less)	Refrigerator Freezer (About 0°F)	Refrigerator (32°F-39°F)	Room Temperature (66°F-72°F)
Mother's Milk Fresh	6+ Months	3-4 Months	8 Days	24 Hours (Colostrum) 6-10 hours (Mature Milk)
Mother's Milk Thawed	Do Not Refreeze	Do Not Refreeze	24 Hours	1 Hour

\*Storage times may vary for premature or sick babies. Sources: Jones, F. and M.R. Tully, Best Practice for Expressing, Storing and Handling Human Milk in Hospitals, Homes and Child Care Settings. Raleigh, NC: Human Milk Banking Association of North America, 2006; Mohrbacher, N. Breastfeeding Answers Made Simple. Amarillo, TX: Hale Publishing, 2010.

### Milk Storage Basics:

- Glass or hard plastic containers can be used. Milk freezer bags are also an option. Avoid thin bottle liners, which can rip.
- If you follow the recommended storage times, you can keep your milk at room temperature, refrigerate it, and then freeze it.
- Store only as much milk in a container as your baby might take. This means less waste. It also makes the milk faster to warm. If your baby wants more, more milk can be added.



- If your baby takes some milk from a bottle and there is milk left, don't save it. The baby's saliva mixes with the milk during feedings, and that affects storage recommendations.
- Write the date and time on your milk container with a sticky label or non-toxic marker. Add baby's name if your baby is in daycare or in the hospital.
- You can combine milk pumped at different times, even if one batch is cooled. If you combine milk from different days, use the date of the oldest milk.
- If your milk will be used within 8 days, keep it in the fridge. Otherwise, plan to freeze it in the coldest part of the freezer. Avoid the door.
- You can add fresh milk to cooled milk. And you can add fresh milk to frozen milk if it's cooled first and is less than the amount frozen.
- Your milk is not "homogenized" like the milk in the store. So it may separate into layers. This does not mean it's spoiled. If this happens, just gently swirl it to mix.
- Before freezing lots of milk, freeze a batch or two and then thaw and smell it. Some women have milk high in an enzyme called lipase. This is normal for them, but can cause their milk to smell soapy after freezing. If this happens and the baby won't drink it, to prevent frozen milk from developing this smell, scald it briefly before freezing. This is done by heating it in a pot on the stove until bubbles form around the edges. Then cool the milk before freezing. Nothing can be done for milk that already smells soapy.

## Warming or Thawing Human Milk

If a newborn is fed cold milk, it can bring down body temperature. Milk given to a newborn should be between room temperature and body temperature.

- Whether warming or thawing milk, keep the heat low. High heat destroys the parts of the milk that keep your baby healthy.
- To warm Mother's milk, run warm water over the sides of the bottle. Keep the warm water away from the lid so that it doesn't mix with the milk.
- One way to do this is to put the bottle in a bowl with sides lower than the bottle's lid. Run warm water in the bowl. The warm water against the bottle warms the milk. The milk is ready when it is between room and body temperature.

### Here are some milk-warming "don'ts":

- Don't warm milk in the microwave. It changes the milk and causes hot spots that can burn your baby's throat.
- Unless your milk smells soapy after freezing (see previous section), don't heat your milk in a pot on the stove. High heat can make the milk too hot for your baby, and it can destroy parts of your milk that protects your baby from illness.



## Sore Nipples

### ● My nipples are very sore. What should I do?

● Tender nipples at the start of a breastfeeding are normal in the first week or two. But intense pain, cracks, blisters, and bleeding are not. Your comfort depends on where your nipple goes in the baby's mouth. And that depends on how your baby takes the breast, or latches on. See “Breastfeeding—Getting Started” for tips for adjusting how your baby takes the breast. If that doesn't help, see “Finding Help” so that you can find someone to see in your area.

Before help arrives, if you have broken skin on your nipples, products that promote a healthy moisture balance will soothe your skin and speed healing. Mothers were once told to keep their nipples dry, but now moist wound healing is recommended. Helpful products include:

- Ameda ComfortGel® Extended Use Hydrogel Pads. These provide moist wound healing and pain relief. They are worn like a breast pad in the bra between feedings and/or pumpings.
- Ultra-purified lanolin, such as Lansinoh® lanolin for Breastfeeding Mothers. For best results, apply enough lanolin after every feeding to keep nipples moist.



## Flat/Inverted Nipples

### ● If my nipples are flat or inverted, can I still breastfeed?

- Most likely, you can.
- A flat nipple is one that does not protrude or become erect when stimulated or cold.
- When using laid-back breastfeeding positions, (see “Holding Your Baby”), flat nipples should not cause

breastfeeding problems, especially if your baby has the chance to learn to breastfeed well before getting bottles or pacifiers.

- An inverted nipple looks like it is inside out. In most cases of inverted nipples, babies can breastfeed just fine. Again, deep latch-on is vital.
- A severely inverted nipple, depending on type and degree may make breastfeeding difficult or impossible.
- Some mothers have one flat or inverted nipple and the baby may prefer one breast.

Keep in mind that babies “breastfeed,” not “nipple feed.” If the baby takes the breast deeply, most flat or inverted nipples will not be a problem. If you have problems, see “Finding Help” to contact a lactation consultant.

## Engorgement

### ● I'm so engorged. What should I do?

- To treat engorgement:
  - If needed, express some milk before feeding to make it easier for your baby to latch-on.
  - Apply warmth right before feeding to aid milk flow.
  - Breastfeed at least every 90 minutes to two hours during the day and at least every two to three hours at night until engorgement is gone.
  - Use breast massage or compression during feedings to more fully drain your breasts.
  - Let warm water run over your breasts in the shower. Leaking relieves pressure.
  - If your breasts still feel full after feedings, use a breast pump to drain your breasts fully.
  - Apply cold—gel ice packs or bags of frozen peas, wrapped in cloth—after feedings for 10-15 minutes to reduce swelling.

If these do not bring relief, seek help right away from a doctor, board-certified lactation consultant or other knowledgeable healthcare provider.

## Multiples

- **I'm expecting twins. Should I even consider breastfeeding?**
- Yes. Breastfeeding can make the intense early months with twins easier.
- Mothers of multiples begin breastfeeding at the same rate or higher than mothers of single babies.
- Many mothers have fully breastfed twins and triplets.
- There are even some who have fully breastfed quadruplets.
- You can make enough milk by breastfeeding or pumping often around the clock.
- Breastfeeding helps ensure both babies will get the skin-to-skin contact and holding needed for a close relationship.
- Breastfeeding saves eight to 10 hours a week even if the babies sometimes breastfeed together and sometimes one at a time.
- Mother's milk is always ready. There is no waiting while babies cry.
- The cost savings are great, \$1,000 to \$2,000 **per baby** during the first year.

## Illness/Medication

- **If I get sick, should I stop breastfeeding? What if I need to take medication?**
- With rare exceptions, it is better for your baby to keep breastfeeding while you are ill.
- Once you have symptoms, your baby has already been exposed, because you are most contagious just before your symptoms appear.
- One of the first things your body does when you become sick is to produce specific antibodies to fight that illness that go right into your milk.
- If your baby continues breastfeeding, the antibodies in your milk will either prevent her from catching the illness, or if she does get sick, she will get a milder case.

At some time, most breastfeeding mothers need to take a prescription or over-the-counter medication.

- Very few medications are not compatible with breastfeeding.
- For most drugs, your baby is only exposed to a tiny amount (often less than 1% of your dose), and continued breastfeeding is recommended.
- Even though most medications are considered safe during breastfeeding, check with your doctor, pharmacist or lactation consultant before taking anything.

## Finding Help

If you still have a breastfeeding question or problem after reading this booklet, it is time to look for more help. Check the articles on **ameda.com**.

The next place to go is your healthcare provider and/or someone with the credential IBCLC. An “international board certified lactation consultant” has passed a rigorous certifying exam. To take that exam, she must have formal education, breastfeeding education, and thousands of hours of one-on-one work with breastfeeding families.

### To find an IBCLC:

- Call your local hospital and ask if there are IBCLC’s on staff or if they know some in your area.
- Click on “Find a Lactation Consultant” on **www.ilca.org**. The International Lactation Consultant Association (ILCA) is the professional association for lactation consultants. Not all IBCLC’s are members.
- Check your telephone book under “Breastfeeding”.

### For free breastfeeding help, contact your local breastfeeding mothers’ group at:

- [www.lalecheleague.org](http://www.lalecheleague.org)
- [www.nursingmothers.org](http://www.nursingmothers.org)

These women have breastfed their own children and volunteer their time to help other mothers. You can also contact your local public health department.



MOM INSPIRED. HOSPITAL TRUSTED.



## Breast Pumping

AMEDA PRODUCT GUIDE



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### Note

This reference guide represents products that may not be available in all countries. Check with your local retailer for availability.

## Personal Electric Breast Pumps

### Purely Yours Ultra™ Double Electric Breast Pump



The Ameda Purely Yours Ultra offers all mothers—including full-time working moms—the flexibility, convenience, and styling they need and deserve from their breast pump.

#### CustomControl™

The Ameda Purely Yours Ultra—with separate **CustomControl™** suction and speed dials—doesn't make decisions for you or limit your choices like one-dial, pre-programmed pumps. Dual adjustability allows you to choose from a total of 32 combinations—for the best comfort and milk flow every time.

#### CustomFit Flange System™

Every mother needs her breast pump flange to “fit” for the greatest comfort and best milk flow. Enjoy a good flange fit at your very first pumping and later as your body changes. Purely Yours Ultra features three of the most commonly needed flange sizes and easily adapts with four others available separately.

#### Convenience

The lightweight Purely Yours Ultra offers professional performance and easy care wherever you go. Designed to work with all Ameda electric breast

pumps, the HygieniKit™ Milk Collection System features Proven Airlock Protection™ a solid barrier which prevents moisture in tubing to help protect against viral and bacterial growth. The HygieniKit is dishwasher-safe and can even convert to a manual pump.

#### Ameda Purely Yours Ultra also features:

- Cool 'N Carry™ Tote — A removable insulated milk carrier to keep 6 bottles cool for up to 10 hours
- Built-In Battery Compartment (operates on 6 AA batteries, not included)
- Manual Pump Adapter
- 2 Extra Valves for HygieniKit
- Drawstring Accessory Bag
- Breast Milk Storage Guidelines

#### Sophisticated Styling

Our upscale and contemporary ultra suede and faux leather Ultra Tote complements your wardrobe while discreetly storing all your pumping essentials. Easy-clean interior features pockets and dividers to keep you organized on the go.

	PURELY YOURS ULTRA	A LEADING COMPETITOR
Independent Control of Speed & Suction	Yes	No
Number of Breast Flange Sizes Included	3	1
Pump Tubing May Require Cleaning	No	Yes
Milk Cooler Storage Capacity	6 Bottles	4 Bottles
Battery Option	6 AA (built-in compartment)	8 AA (separate battery pack)
Built-in Bottle Holders to Prevent Spills	Yes	No
Pump Removable from Bag	Yes	Some Models
Manual Pump Adapter	Included	Sold Separately
Pump Motor Weight	1 lb.	2¼ lbs.

# Personal Electric Breast Pumps

## Purely Yours Breast Pump

This portable double electric breast pump combines hospital-recommended technology with mom-friendly features. It's ideal for moms working full-time or anyone who wants an easy and effective breast pumping experience.

- Piston-driven for comfortable and efficient pumping
- Compact and lightweight—motor weighs only 1 pound
- Individually adjustable cycle and suction controls—make it easy to find optimal settings for you.
- Saves time – its unique design prevents milk and moisture from entering tubing, so under normal use there's no need to clean pump tubing!
- Use it anywhere! Operates using AC adapter, AA batteries or optional car adapter
- Includes our Ameda HygieniKit Milk Collection System

## Purely Yours Breast Pump with Carry All Tote

- Purely Yours Breast Pump
- Ameda HygieniKit Milk Collection System
- Lightweight, stylish microfiber
- Cool 'N Carry Tote with three cooling elements and six 4-ounce bottles with lids



## Purely Yours Breast Pump with Backpack

- Purely Yours Breast Pump
- Ameda HygieniKit Milk Collection System
- Lightweight, sporty microfiber backpack
- Cool 'N Carry Tote with three cooling elements and six 4-ounce bottles with tops
- 12V car power adapter
- Two cotton breast pads
- One-Hand Manual Breast Pump handle assembly



## Purely Yours Tote Options

Purely Yours Breast Pump with...	Backpack	Carry All	No Tote
Ameda HygieniKit Milk Collection System	●	●	●
Microfiber Backpack Tote with Exclusive Ameda Detailing	●		
Microfiber Carry All Tote with Exclusive Ameda Detailing		●	
AC Power Adapter	●	●	●
Works with 6 (AA) Batteries	●	●	●
Car Adapter	●		
2 Cotton Breast Pads	●		
Manual Pump Adapter Handle	●		
Milk Storage Guidelines	●	●	
Cool 'N Carry Tote: Insulated Cooler Bag (3) Cooling Elements (6) 4 oz. Bottles with Tops	●	●	



Cool 'N Carry Tote

## Optional Accessories

for Purely Yours Products

### Ameda Purely Yours Breast Pump Car Adapter

12V car adapter specifically for use with the Purely Yours and Purely Yours Ultra Breast Pumps. Fits most standard vehicles.

### Ameda Purely Yours Breast Pump A/C Adapters

For moms traveling abroad who still are pumping, Ameda offers AC adapters for use in other regions. Contact your local retailer for more details.

- **North America**
- **United Kingdom**
- **Europe**
- **Australia**

## Hospital-Grade Breast Pumps to Buy or Rent

### Elite Electric Breast Pump

This durable, hospital-grade breast pump features **CustomControl** — individually adjustable cycle and suction controls help mothers find their optimal settings.

- Piston-driven—for effective pumping
- Compact and lightweight—weighs only 6 pounds
- Convenient to carry and easy to clean and operate
- Compatible with any Ameda HygieniKit Milk Collection System



Elite Electric Breast Pump

### Kit for Elite Rental Pump

- Soft Carrying Bag
- Ameda HygieniKit Milk Collection System
- Two cooling elements
- Two extra breast milk collection bottles



Elite Electric Breast Pump and Elite Pump Rental Kit (Elite available separately)

### SMB Electric Breast Pump

*(refurbished; rental only)*

Setting the standard for electric breast pumps for more than 60 years. The SMB was the first Ameda brand breast pump and still is among the most requested clinical breast pumps in hospitals today because of its proven performance and reliability.

- Piston-driven, maintenance-free operation
- Compatible with Ameda HygieniKit Milk Collection System

### Lact-e Electric Breast Pump

*(refurbished; rental only)*

This quiet, 11-pound, piston-driven electric breast pump provides the same performance as the SMB Electric Breast Pump in a more portable form. Includes a protective cover (not shown) and built-in handle.

- Easy to clean and maintain.
- Compatible with Ameda HygieniKit Milk Collection System



Lact-e Electric Breast Pump



SMB Electric Breast Pump

**Please call 1.866.99.AMEDA for additional information on our rental program.**

## Milk Collection Kits for Ameda Hospital-Grade Breast Pumps

All Ameda Hospital-Grade Breast Pumps are part of a 2 part system which requires the use of an Ameda HygieniKit Milk Collection System for effectiveness and safety when pumping.



Dual HygieniKit Milk Collection System  
with One-Hand Breast Pump and  
Flexishield Areola Stimulators

- Pump into any standard-thread baby bottle or Ameda milk storage bags
- All kits are without BPA
- Available as double or single pumping kits
- Available with or without:
  - One Hand Breast Pump Adapter
  - Flexishields
  - CustomFit Flanges



### Proven AirLock Protection™

Solid barrier prevents moisture in tubing to help protect against viral and bacterial growth.

## Ameda HygieniKit Milk Collection System

Our exclusive system features a solid silicone diaphragm creating Ameda's **Proven AirLock Protection™**. This barrier prevents milk back up into tubing and the pump motor which is critical to prevent mold and/or contamination from forming in the tubing—so under normal use there's no need to clean the pump tubing!

- Sterile, pre-assembled and ready to use
- Fits all Ameda electric breast pumps
- Easy to clean and re-assemble

# CustomFit Flange System™

## Custom Breast Flanges with Inserts

Research has shown one-third or more new mothers pump more comfortably and effectively with a larger flange. For these mothers, Ameda offers Custom Breast Flanges to replace standard flanges (25.0 mm) included with most Ameda pumps and milk collection kits. Each box includes two flanges and two inserts.

Description: \_\_\_\_\_ Nipple Tunnel Diameter: \_\_\_\_\_

**Large Custom Breast Flange with Medium Custom Flange Insert** 30.5 mm  
28.5 mm

**XXL Custom Breast Flange with XL Custom Flange Insert** 36.0 mm  
32.5 mm

### Reducing Insert



Fits standard-sized flanges in all Ameda HygieniKit

Milk Collection System; designed to help maximize pumping when standard-sized flanges are too large. Nipple Tunnel Diameter: 22.5 mm



### Flexishield Areola Stimulator

This comfortable silicone insert fits standard-sized flanges in all Ameda HygieniKit Milk Collection Systems.

- Reduces shield size for maximum effectiveness with smaller nipples
- Helps stimulate the let-down reflex
- 2 pack to accommodate dual pumping
- Reduces Nipple Tunnel Diameter: 21.0 mm



## 7 BREAST FLANGE SIZES

To Meet Your Changing Needs

EXTRA SMALL Flexishield areola Stimulator (Fits Inside Standard Breast Flange 25.0 mm)	21.0 mm
SMALL Reducing Insert (Fits Inside Standard Breast Flange 25.0 mm)	22.5 mm
STANDARD (Included with all Ameda Breast Pumps)	25.0 mm
MEDIUM (2) Custom Flange Inserts (Fits Inside Large Breast Flange 30.5 mm)	28.5 mm
LARGE (2) Custom Breast Flanges	30.5 mm
X-LARGE (2) Custom Flange Inserts (Fits Inside XX-Large Breast Flange 36.0 mm)	32.5 mm
XX-LARGE (2) Custom Flange Inserts	36.0 mm

## Manual Breast Pumps

### One-Hand Breast Pump

This ergonomic and compact manual pump earned the High Design-Innovation Quality Award from Design Zentrum Nordrhein-Westfalen Germany. Fits inside your purse or tote. Pump directly into any standard baby bottle or freezer bag. Easy-to-use and allows you to vary the frequency and degree of the handle squeeze for more effective pumping.

- Includes the Flexishield Areola Stimulator to help stimulate the let-down reflex.
- No need for batteries or an electrical outlet
- Pump one breast while your baby nurses on the other
- Use two manual pumps to save time



One-Hand Breast Pump  
with Flexishield Areola Stimulator

### Breast Pumping Starter Kit

- Sterile, One-Hand Manual Breast Pump
- 2 Contoured, Washable Cotton Breast Pads
- Lansinoh® Lanolin Sample Card
- Insulated Lunch Bag Style Tote



### One-Hand Pump Handle Assembly

Here's an economical way to convert the HygieniKit Milk Collection System into a One-Hand Breast Pump without having to buy an entirely new kit!



## Milk Storage

### Store 'N Pour™ Breast Milk Storage Bags

Pump directly into bags with unique flange adapters\* which screw directly onto your breast flange. No tape or twist ties needed!

- Freezer safe
- Easy-close, zip-seal bags
- Gusseted bottom allows bag to stand
- Unique pour spout helps prevent spills



### Store 'N Pour Breast Milk Storage Bags Getting Started Kit

20 count with 2 flange adapters

### Store 'N Pour Breast Milk Storage Bags

40 count

\*Flange adapter is sold separately in Getting Started Kit

### Breast Milk Collection Bottles

These universal thread bottles are ideal for the collection and storage of breast milk. Fit most standard-sized feeding nipples.

- 4-pack bottle set



### Cool 'N Carry™ Milk Storage Tote

Insulated storage for easy and discreet transport of collected breast milk.

- Three cooling elements
- Six 4-ounce bottles with tops
- Milk Storage Guidelines



Use one for daycare and another for work.

### Baby Cup

This sterile feeding cup for expressed milk helps your baby transition more easily to the breast.

Six feeding cups per package.

- Ideal for newborns and preemies
- 2-ounce capacity, calibrated in both ounces and milliliters



## Breast Care

### ComfortGel™ Extended Use Hydrogel Pads

Designed for breastfeeding mothers with nipple discomfort. They help to relieve soreness by soothing, cooling, and protecting nipples.

These pads provide a moist environment for optimal healing that hospitals have recommended for many years. ComfortGel Pads also provide extra cushioning and protection from clothing friction and fit discreetly and securely inside any bra.

- Provides a moist healing environment
- Fits discreetly under a nursing bra
- Can be rinsed and used up to six days
- One pair per retail envelope



### Lansinoh™ Lanolin

Medical-grade 100 percent ultra-pure lanolin soothes and helps heal cracked nipples.

- One 2-ounce tube
- Safe and non-toxic for mother and baby
- The only product endorsed by La Leche League International



### Nursing Pads

For some mothers, milk leakage can be a big concern. Our nursing pads provide an easy and cost-effective solution to a potentially embarrassing problem.

#### Ameda Washable Nursing Pads

Available in 6 and 4-count

- Reusable; made of 100 percent natural cotton
- Machine-washable
- Multi-layer construction draws moisture away from skin



**New!**

#### Ameda NoShow Premium™ Disposable Nursing Pads

Available in 50 and 30 count to help prevent leaks.

- Studies have found Ameda NoShow Premium pads to be the most absorbent disposable pads when compared to other premium brands tested.\*
- Unique triangular shape designed to fit neatly and inside most any bra style



\*Tested by an independent, third-party lab.



## Breast Care

### Breast Shells

Ameda DuoShell™ BreastShells protect nipples and help prevent soreness and irritation. May also be used to help draw out inverted nipples.

- Ventilated back allows for air circulation. When used with CottonRolls™, prevents drip milk from leaking onto clothing

#### Ameda DuoShell BreastShells

Contains two aerated shells, two sets of backs, one pair for sore nipples and one for inverted nipples

#### Absorbent CottonRolls™

24 rolls per box

#### ComfortPads™

10 pads per box



### Nipple Shield

This ultra-thin, flexible silicone shield is designed to encourage a baby's latch on to your breast, and may help bottle-fed babies return to breastfeeding.

- Only for short-term use under the guidance of a healthcare professional
- In special cases, this shield may help cushion sore or sensitive nipples



## Spare Parts

**White Valve** for use with the Ameda HygieniKit Milk Collection System

**Silicone Diaphragm** for use with the Ameda HygieniKit Milk Collection System

**25.0 mm Breast Flange** for use with the Ameda HygieniKit Milk Collection System

**Tubing Adapter** for use with the Ameda HygieniKit Milk Collection System

**Adapter Cap** for use with the Ameda HygieniKit Milk Collection System

**Silicone Tubing** for use with the Ameda HygieniKit Milk Collection System

**Locking Ring** one part of two-part lid for Ameda milk collection bottles

**Locking Disc** one part of two-part lid for Ameda milk collection bottles

**Cooling Element** for the Cool 'N Carry Milk Storage Tote



Spare parts are available for most Ameda breast pumping and feeding products, please visit [www.ameda.com](http://www.ameda.com) or call **1.866.99.AMEDA** in the US or **1.800.604.6225** in Canada to find a local retailer.

## Educational Materials

### Breastfeeding Answer Sheets

Visit [www.ameda.com](http://www.ameda.com) to download these helpful educational brochures.

### Working and Breastfeeding: Making It Work

### Making the Most of Your Breast Pump

### Sore Nipples & Engorgement

### How to Build a Full Milk Supply with a Breast Pump

### Breastfeeding Q&A

### Making Milk for Your Baby

### Storing and Handling Mother's Milk

### Diet & Breastfeeding

### Breastfeeding the Preterm Baby

### Holding Your Baby & Latching On

### Dads & Breastfeeding

### Mastitis and Thrush - Q&A

### Jaundice and Breastfeeding

Also Available in Spanish!

Visit [www.ameda.com](http://www.ameda.com)

## Where Breast Pumps were Born and Raised

More than 60 years ago in Sweden, engineer Einar Egnell made it his life's work to help breastfeeding mothers. After years of research, Egnell created the first comfortable and effective breast pump. In the process, Egnell also created the vacuum and cycling standards that today's lactation consultants use to justify most breast pumps.

Today, Ameda breast pumps combine Egnell's innovative technology with the features a 21st Century mother expects. Everything Ameda offers - Ameda breast pumps and products, Ameda breastfeeding education, and Ameda support of lactation professionals - reflects our passion for breastfeeding. We know how much breastfeeding matters to you and your baby.

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