What is Cord Blood Banking?

After a baby is born and the umbilical cord has been clamped and cut, some blood remains in the blood vessels of the placenta and the attached portion of the umbilical cord. This cord blood and cord tissue is rich in stem cells that can be used in transplants. These stem cells are also being explored for their ability to treat conditions, such as cerebral palsy and autism, that currently have no cure. You may choose to store these stem cells for your family's private use, or donate them for public use.

Breastfeeding

Whether to breastfeed your baby or not is a very personal choice and is your decision to make. Mother Nature, though, has provided you with the best food to feed your baby. Human milk is a unique combination of fats, sugars, mineral proteins, vitamins and enzymes, custom-made to promote brain and body growth.

Colostrum, also called first milk, is a milky or yellowish fluid secreted by the mammary glands a few days before and after birth. Colostrum provides unmatched immunity against bacteria and viruses. Colostrum also acts as a natural laxative to clear the meconium (first bowel movement) from the baby’s intestine, thereby, decreasing the chance of jaundice.

For additional support, you may call Julie Duncan, RN, our lactation consultant, at 770-722-9794 to receive information from the Breastfeeding Support Service.

Breastfeeding Options for Working Mothers

Full time Nursing means you can nurse the baby during the workday OR you want to express milk often enough (at least every 3-4 hours) to be able to provide all the milk your baby needs while separated from you.

About seven to fourteen days prior to returning to work begin practicing with expressing milk with a pump to become familiar with the technique. It will take about 3 to 4 times before you become proficient.

Most women find they have more success expressing milk in the morning. Try this about one hour after the baby nurses. Just express for 10 to 15 minutes at the most and do it consistently each day.

Milk can be stored in baby bottles or bags. Don’t worry if you only get a small amount when you begin. Fresh milk can be added to the milk you already have in the refrigerator as long as the new milk is chilled first. Milk can be kept in the refrigerator for 5 days. After 5 days it should be frozen or discarded. Breast milk, when removed from the refrigerator or freezer, may appear discolored (yellow tinged, bluish green, even a little brown). This does not mean the breast milk is bad. Always check breast milk to be certain it does not smell sour or taste bad. Because breast milk does not look like cow’s milk when stored, taste and smell, not color, should determine if the refrigerated breast milk is good.

Remember that you only need enough milk for your first day back to work. What you express each day at work is what is used the next day.

Occasional bottle-feeding should begin at about 4-6 weeks after delivery even if you are not planning on returning to work until your baby is several months old. Introduce the baby to the bottle 1-3 times per week by letting dad or someone else feed some of your expressed milk by bottle. It doesn’t need to be a “full” feeding; the intent is for the baby to get used to how to drink milk from a rubber nipple and bottle.

When you are at work express milk every 2-4 hours. You do not have to express at the same time every day but express milk often enough to prevent engorgement.

Sore Nipple Management

Breastfeeding is meant to be a comfortable, pleasant experience. However, many new mothers still find their nipples tender for the first few days when the baby starts nursing. This usually disappears by 1-2 weeks.
To help prevent nipple tenderness, start with the correct positioning and latch on.

**Cradle Position**
- Place a pillow or two in your lap to support your baby.
- Place your baby’s head on the crook of your arm
- Make sure your baby is turned toward you chest to chest at breast level
  a. Support your breast with your hand in an “L” or “C” position, thumb on top of your breast, fingers below, away from areola.
  b. Tickle your baby’s lower lip until he opens WIDE, and then quickly pull him onto your breast. Be patient. This may take a minute.
  c. Make sure your baby’s lips are behind the nipple, encircling the areola.
  d. The tip of your baby’s nose should be touching the breast.

**Football/Clutch Position**
- Put a pillow or two at your side to help support your arm and your baby.
- Support your baby’s neck and the lower back of his head in your hand, with your forearm supporting his upper body against your side.
- Follow steps a, b, c, and d under the Cradle position.

**Lying down Position**
- Lie on your side with pillows supporting your back and your top leg, which is bent forward.
- Place your baby on his side facing you.
- Follow steps a, b, c, and d under the Cradle position.

Vary nursing positions for the first week.

Breastfeed frequently, about every three hours. Keeping your baby on an artificially longer schedule may make him frantically hungry and increase the likelihood of vigorous nursing and tender nipples.

Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby’s mouth between his jaws. Don’t take him away until you feel the suction break.

After nursing your baby, express a little breast milk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible. Never use soap, alcohol or breast creams on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe.

If your nipples do become sore, try these suggestions:
- Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
- Limit the nursing time on the sore nipple.
- Express a little milk first to stimulate let down.
- Massage your breasts while nursing. This helps stimulate the milk to flow.
- Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
- If your nipples become dry or cracked, use a little USP Modified Lanolin on them. This forms a moisture barrier so they stay dry.

**Suggested Books on Breast Feeding**

“The Womanly Art of Breast Feeding” by: LaLeche League International

“Breastfeeding your baby” by: Sheila Kitzinger

“Best feeding: Getting Breastfeeding right for you” by: Mary Renfew, Chloe Fisher, Suzanne Arms

“The Nursing Mothers Companion” by: Kathleen Huggins.

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1. Make an appointment to see the doctor for a check-up 6 weeks after delivery.
2. Refrain from tampons and swimming until after your post-partum check-up.
3. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take softeners (Colace) may be used. Include food like bran cereal, fresh fruits and vegetables in your diet.
4. If you had a Cesarean delivery, keep your incision clean with soap and water. Call the office if the incision is swollen, red or has any unusual drainage. Remove any steristrips after 10 days.
5. Wear comfortable walking shoes, but be sure to support your back.
6. Abstain from intercourse until your post-partum visit. Contraception options will be discussed with your postpartum depression.
7. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners are recommended while taking narcotics.
8. Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners are recommended while taking narcotics.
9. Stay in bed until after your post-partum check-up.
10. If you have a fever of 101ºF or greater, call the office.
11. You may climb stairs 2-3 times a day in the first 2 weeks.
12. Please call the office if you have a fever of 101ºF or greater, swelling, tenderness or redness in the breast.
13. You may walk as you feel up to 6-8 weeks after delivery.

40-60 days after delivery your body will need sleep, rest, treatment for any problems you or your baby may be having, and a chance to bond with your baby postpartum.