Providing Breast Milk for Your Baby
At SickKids, We Value Breast Milk

The health benefits of breastfeeding and breast milk are well known and are especially important while your baby is in hospital.

**Some of the benefits of breast milk for your baby:**
- Acts as a medicine for babies who are sick or premature
- Provides antibodies to protect against certain infections, including COVID-19
- Provides growth factors for brain, eye and gut development

**Any amount of breast milk is beneficial for your baby’s health, every drop counts!**

Our Breastfeeding Program is a team of registered nurses who are also lactation consultants and are specially trained to provide breastfeeding and lactation support to families of patients who are admitted to SickKids.

Speak to a member of your health-care team for a referral to a lactation consultant for any breastfeeding or lactation concerns.
Starting Early is Key
Frequent pumping programs your breasts to produce milk for your baby – this will ensure you have enough milk as your baby grows.

Check list
☐ Start pumping within 6 hours of delivery or any time your baby is unable to feed at the breast
☐ Rent or purchase a double electric pump for home use
☐ Pump every 2-3 hours – 8-12 times daily
☐ Wake up at least once at night to pump (you can have one 4 hour gap between pumps)
☐ Don’t worry if you don’t get anything, or only drops when you pump in the first few days after birth – keep going!
☐ Ensure your volumes are increasing daily over the first week after birth (see page 20)
☐ Speak to your baby’s nurse or a lactation consultant for more information

Where can I pump?
SickKids will provide you with one set of pump kits to use with our pumps while you are here. Please see cleaning instructions on page 12-13.

If your baby is in NICU/CCCU/PICU:
• There are pump rooms on the unit (3 rooms in the NICU, 1 room in the CCCU/PICU)
• There are rolling pumps for you to use at your baby’s bedside
• There is a pump room on the 2nd floor – Room 2319 (beside the family laundry room)

If your baby is on a ward:
• There are rolling pumps to use at your baby’s bedside

Alternate pump rooms for any family:
• Main Floor – Room M464 (beside the elevators in front of Shoppers)
• 7th floor – Room 7732 (down the hallway between 7A and 7D)

These two rooms do not have storage bottles – bring some from your unit.

Pumping More Often is the Key to More Milk!
When your baby cannot breastfeed, you need to tell your body what to do by pumping instead.

Your baby would be feeding at least 8 times in 24 hours.

Pump at least 8 times in 24 hours
How to Hand Express Breast Milk

Hand expression and pumping with a double electric pump helps establish and maintain your breast milk supply. Try hand expressing after pumping. Hand expressing works well to express colostrum in the first few days.

Hold your breast between your finger and thumb about 3-4 cm/1.5” from the nipple (edge of the areola). Your finger and thumb should be opposite each other and in line with the nipple. A small mirror helps show you where to place your finger and thumb.

Keeping your finger and thumb placed, press back toward your chest wall.

Keeping finger and thumb placed, press together while back into your chest, compressing the breast tissue between them.

Continue until milk stops flowing, then rotate finger and thumb to a new position, always keeping finger and thumb in line with the nipple. You can go from one breast to the other.

Breast Massage

Three ways for you to help increase flow of breast milk. Try before pumping or between pumping and hand expressing.

Start at the outer edge of the breast and move toward the nipple. Massage by making small circles, pressing gently into the breast tissue. At the outer edge of the breast move over 1-2 inches (3-5 cm.). Starting at the outer edge of the breast, massage in circles down toward the nipple.

Start at the edge of the breast and move toward the nipple. Massage by pressing gently with your fingers into the breast tissue. At the outer edge of the breast move over 1-2 inches (3-5 cm.). Breast massage with your fingers down.

Cup the breast on one side. With either the heel of your hand or your fingers push gently through the breast to your cupped hand on the other side.

You can try massaging during pumping:
- You can buy or make a nursing bra to hold the kits in place.
- The breast pump kit can be held between your middle fingers allowing your thumb and baby finger to massage the breast.
How Do I Put the Pump Kit Together?

Double Pumping (Recommended)

Pump both breasts together for better milk supply
Attach both tubes

Single Pumping

Pump one breast at a time
Remove one tube
Insert Plug

Try not to touch the bottom!
Try not to touch the inside!
Try not to touch the tip!

It is important that you try not to touch any part of the kit that comes in contact with the breast milk.

How to Use the Ameda Platinum Breast Pump

1. Position the breast kit. Make sure the nipple is in the center.
2. Turn on the pump. The pump comes on at a speed of 80 cpm (cycles per minute) and 1% suction.
   Suction Ranges: 1-100%
   Speed Ranges: 30-80 cpm
3. Stay at 80 cpm and continue to ↑ suction as tolerated up to 20%.
   Lightly touch to ↑ or ↓ by 1%. Firmly touch to ↑ or ↓ by 10%.
4. Stay at these settings until your milk begins to flow or until the two minute mark is reached.
5. ↓ speed setting to 40-50 cpm.
6. Continue to ↑ suction to your highest comfortable level*. Continue to pump for 15 minutes or a little longer if your milk still flows.
7. If milk stops flowing before 15 minutes ↓ speed back to 80 cpm. ↓ suction to comfort. Return to steps 5 and 6 if milk resumes.
8. To stop pumping, ↓ the suction to 1% and turn the pump off.

* Suction numbers in the pictures are only an example. Keep suction level where it is comfortable.
Educational Videos

- How to establish and maintain a breast milk supply for your hospitalized baby
- Breast milk mouth care: Boost your baby's immune system (Oral immune therapy – OIT)
- Kangaroo Care (KC) and the hospitalized infant
- Kangaroo Care (KC) and the hospitalized infant – Ventilated babies
- Common breast complications during lactation – engorgement, plugged ducts, mastitis
- Breastfeeding position and latch
- Breastfeeding intake assessment, Part 1 – How to know if a baby is drinking enough milk
- Breastfeeding intake assessment, Part 2 – How to do a test weight with Medela BabyWeigh

Visit www.sickkids.ca/breastfeeding for more breastfeeding/pumping resources.

Where to Clean Your Kits in Hospital

If your baby is in an ICU (NICU, CCCU, PICU), you will need to use the Breast Pump Kit Cleaning Stations to clean your kits between each pump session at the hospital.

These are located on:

- NICU across from the pump rooms (for NICU families only)
- 2nd Floor, outside of the Critical Care Unit on the side with the windows
- 5th Floor, outside of unit 5A

Why do I have two basins?

You have been given two basins so that you can use one as your “dirty” bin to put used pump kits in and one as your “clean” bin for after you have cleaned them.

Please write your baby’s first initial and last name on both bins in permanent marker (available at the front desk).

Why do I have soap and a bottle brush?

You have been given soap and a bottle brush so that if your baby is transferred to a single room on a ward, you can wash your kits in one of the basins in your private bathroom sink. Please see the instructions on the following two pages.

Please do NOT use this soap in the cleaning station dishwashers!
Breast Pump Kit Washing Instructions in Hospital

Dishwashers provide a safe and more thorough process for cleaning breast pump kits. At least once a day, wash and sanitize breast pump kits in the dishwasher in cleaning stations on 5th floor (room 5703) or 2nd floor (room 2763).

For Patients in Single Bed Rooms
After each breast pump kit use, take apart the kit and place parts in one of the plastic basins provided. Label basin with patient’s first initial and last name with permanent marker.

Wash the parts using the patient washroom sink in your baby’s room, NOT the hand hygiene sink outside the washroom.

Prepare a table top surface. Using clean gloves and hospital disinfectant, wipe surface clean and allow to air dry.

At least once a day, sanitize the breast pump kit supplies in the dishwasher (except white cap and tubing).

Rinse all parts well.

Wipe the white cap and tubing with hospital disinfectant and let dry.

Prepare the second basin by wiping inside with disinfectant and allowing to air dry on the clean table top.

Place washed and rinsed breast pump kit parts on a clean paper towel or absorbent pad in your clean basin, in an area protected from dirt and dust. Allow to air dry thoroughly or pat dry with paper towels. Do not use cloth towels, as they have a greater chance of spreading germs than paper towels.

Cleaning kits at home: Keeping the breast pump kits clean is critical, because germs can grow quickly in breast milk or breast milk residue that remains on the pump parts. See the link here for more information. www.cdc.gov/healthywater/pdf/hygiene/breast-pump-fact-sheet.pdf
How to Clean Your Pump Kits at Home

How to Keep Your Breast Pump Kit Clean

Providing breast milk is one of the best things you can do for your baby’s health and development. Pumping your milk is one way to provide breast milk to your baby. Keeping the parts of your pump clean is critical, because germs can grow quickly in breast milk if breast milk residue remains on pump parts. Following these steps can help prevent contamination and protect your baby from infection. If your baby was born prematurely or has other health concerns, your baby’s health care providers may have more recommendations for purifying breast milk safely.

**Before Each Use**

- **Wash hands** with soap and water.
- **Inspect and assemble** clean pump kit. If your tubing is moldy, discard and replace immediately.
- **Clean pump dials, power switch, and countertop** with disinfectant wipes, especially if using a shared pump.

**After Each Use**

- **Store milk safely**. Cap milk collection bottles or seal milk collection bag, label with date and time, and immediately place in a refrigerator, freezer, or cooler bag with ice packs.
- **Clean pumping area**, especially if using a shared pump. Clean the dials, power switch, and countertop with disinfectant wipes.
- **Take apart** breast pump tubing and separate all parts that come in contact with breast milk.
- **Rinse** breast pump parts that come into contact with breast milk by holding under running water to remove remaining milk. Do not place parts in sink to rinse.
- **Clean pump parts** that come into contact with breast milk as soon as possible after pumping. You can clean your pump parts in a **dishwasher** or by hand:
  - **In a dishwasher**: Do not place pump parts directly in the sink.
  - **By hand**: Add soap and hot water to basin. Scrub items using a clean brush used only for infant feeding items. Rinse by holding items under running water or by submerging in fresh water in a separate basin. Air-dry thoroughly. Place pump parts in a clean, unused dish towel or paper towel in an area protected from dirt and dust. Do not use a dish towel to rub or pat items dry. Clean wash basin and bottle brush. Rinse well and allow them to air-dry after each use. Wash them by hand or in a dishwasher at least every few days.

**After Cleaning**

**For Extra Protection, Sanitize**

For extra germ removal, sanitize pump parts, wash basin, and bottle brush at least once daily. Items can be sanitized using steam, boiling water, or a dishwasher with a sanitize setting. Sanitizing is especially important if your baby is less than 3 months old, was born prematurely, or has a weakened immune system due to illness or medical treatment. For detailed instructions on sanitizing your pump parts, visit: www.cdc.gov/healthywater/hygiene/healthycare/infantfeeding.html

**Store Safely**

Store dry items safely until needed. Ensure the clean pump parts, bottle brushes, and wash basins are air-dried thoroughly before storing items must be completely dry to help prevent germs and mold from growing. Store dry items in a clean, protected area.

Learn more about safe and healthy diapering and infant feeding habits at www.cdc.gov/healthywater/hygiene/healthycare.
Caring for Your Breast Milk for Your Hospitalized Baby

- Wash your hands with soap and water or hand sanitizer before pumping.

- Always use approved SickKids containers to store breast milk.

- Leave at least ½ inch space at the top. Write the date and time of pumping on the label with a pen. Apply the SickKids label to the container vertically (as shown). Refrigerate or freeze right away or within one hour of pumping.

- Do not combine the milk from more than one pump session in the same container. Take enough containers for each pumping session home with you. Ask your nurse how much milk to store in the container.

- Transport refrigerated milk in an insulated cooler with frozen gel packs or ice cubes stored in ziplock bags or a container with a lid.

- Transport frozen milk in an insulated cooler with frozen gel packs. Don’t add ice cubes as they will draw the freezing out of the breast milk.

Breast Milk Storage Times for Hospitalized Babies

Storage times are more conservative for hospitalized babies.

We encourage you to bring all of your breast milk to SickKids, unless otherwise indicated.

**Storing expressed breast milk (EBM)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hour</td>
<td>Freeze or refrigerate EBM right away or within 1 hour of pumping.</td>
</tr>
<tr>
<td>24 hours</td>
<td>Refrigerated EBM must be frozen within 24 hours of pumping.</td>
</tr>
<tr>
<td>48 hours</td>
<td>Refrigerated EBM can be kept for 48 hours.</td>
</tr>
</tbody>
</table>

**Freezing expressed breast milk (EBM)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months</td>
<td>Freeze EBM in the freezer of a 2 door fridge for up to 3 months at -18°C (0°F).</td>
</tr>
<tr>
<td>6 months</td>
<td>Freeze EBM in a deep or chest freezer for up to 6-12 months at -20°C (-4°F).</td>
</tr>
<tr>
<td>12 months</td>
<td>Throw away frozen EBM after 12 months if it was kept in a deep freezer.</td>
</tr>
</tbody>
</table>
You’re an Important Team Member in Your Baby’s Care

Here are some of the things you can do:

**Oral Immune Therapy (OIT)**
Using some of your breast milk to provide mouth care for your baby, the inside of your baby’s mouth is coated with your breast milk using a swab or syringe.

Why? Helps boost baby's immune system, protects against infections, increases attachment, bonding, and breastfeeding rates.

Who? Babies who cannot receive any feeds (NPO) and/or are not feeding by mouth (tube fed).

**Kangaroo Care (KC)**
Holding your baby skin-to-skin or touching your baby skin-to-skin for modified KC when your baby cannot be held.

Why? Helps to prepare you and your baby for breastfeeding, aids in sleep and brain development, decreases stress, increases bonding, and helps stimulate milk production.

Who? All SickKids babies.

To help facilitate kangaroo care, Joey bands are available in the neonatal intensive care unit (NICU). These wraps are adjustable and can be taken off in seconds. If you are on another unit, they are available for purchase at The Specialty Food Shop.

Breast Pumps to Purchase for Home Use

**Ameda and Medela** make hospital recommended double electric breast pumps to establish and maintain a breast milk supply. You can find these at:
- The Specialty Food Shop at SickKids (Main floor)
- Mount Sinai Hospital baby shop (17th floor)
- Most baby stores
- Amazon.ca

Breast Pump Rental

To find a location near you that rents **Ameda** breast pumps, go to:
[www.motherschoiceproducts.com/find-rental-location](http://www.motherschoiceproducts.com/find-rental-location)

To find a location near you that rents **Medela** breast pumps, go to:
[www.medela.ca/breastfeeding/locationfinder](http://www.medela.ca/breastfeeding/locationfinder)
Track Your Milk Volumes

Pump at least 8 times in 24 hours, every 2-3 hours with a maximum of one 4 hour gap at night. Breast massaging before/during pumping and hand expressing after pumping helps increase your milk supply.

Goal/Expected Milk Volumes

- Drops to a few mL per pump session in the first few days
- 350 mL by day 7 of life for premature infants
- 500 mL by day 7 of life for term infants
- 750 mL by day 14 of life for all infants

*If you do not reach these volumes, ask to speak to a lactation consultant*

On the following pages, record the volume (amount) pumped under the hour column, and add up your 24 hour totals.

There are also a number of apps you can use to track your milk volumes. Search “Pump log” in your app store.

*Don’t worry about what you get at each individual pump session, as it is normal for it to vary during the day or depending on the amount of time since your last pump session. Only focus on how much you are making in 24 hours and if that total is meeting your goals.*

Remember: The earlier you start to pump, the better.

Pumping at the Bedside

Pumping at the bedside lets you spend more time with your baby. Being near your baby when you pump can also help boost your supply.

If you would like more privacy, pumping ponchos are available in the neonatal intensive care unit (NICU). If you are on another unit, you can use your own nursing cover.

*Privacy screens and signs are available as required.*
<table>
<thead>
<tr>
<th>24 Hour Totals</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>1 am</td>
<td>2 am</td>
<td>3 am</td>
<td>4 am</td>
<td>5 am</td>
<td>6 am</td>
<td>7 am</td>
<td>8 am</td>
<td>9 am</td>
<td>10 am</td>
<td>11 am</td>
<td>12 pm</td>
<td>1 pm</td>
<td>2 pm</td>
<td>3 pm</td>
<td>4 pm</td>
<td>5 pm</td>
<td>6 pm</td>
<td>7 pm</td>
<td>8 pm</td>
<td>9 pm</td>
<td>10 pm</td>
<td>11 pm</td>
<td>12 am</td>
<td>1 am</td>
<td>2 am</td>
<td>3 am</td>
<td>4 am</td>
<td>5 am</td>
<td>6 am</td>
<td>7 am</td>
<td>8 am</td>
</tr>
<tr>
<td>Pumps 1</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumps 2</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumps 3</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumps 4</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumps 5</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumps 6</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumps 7</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumps 8</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumps 9</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumps 10</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td>ml.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To contact the Breastfeeding program at SickKids, call **416-813-5757, option 2.**