Your Guide To Breastfeeding

MID-CITY OB-GYN

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Benefits of Breastfeeding

Breastfeeding is universally endorsed by the world's health and scientific organizations as the best way of feeding infants. Years of research have shed light on the vast array of benefits not only for children but also for mothers and society.

For children, breastfeeding supports optimal development and protects against acute and chronic illness.

For mothers, breastfeeding helps with recovery from pregnancy and childbirth and provides lifelong health advantages.

For society, breastfeeding provides a range of economic and environmental rewards.

Benefits for Children

Breastfeeding offers advantages for children that cannot be duplicated by any other form of feeding. The benefits of breastfeeding begin from the first moments after childbirth and last for many years after breastfeeding ends.

Compared with formula-fed children, those who are breastfed are healthier and have fewer symptoms and shorter illnesses when they do get sick. Breastfed children:

- Score higher on cognitive and IQ tests at school age, and also on tests of visual acuity.
- Have a lower incidence of sudden infant death syndrome (SIDS).
- Are less likely to suffer from infectious illnesses and their symptoms (e.g., diarrhea, ear infections, respiratory tract infections, meningitis).
- Have a lower risk of the two most common inflammatory bowel diseases (Crohn's disease, ulcerative colitis).
- Suffer less often from some forms of cancer (e.g., Hodgkin's disease, childhood leukemia).
- Have a lower risk of juvenile onset diabetes, if they have a family history of the disease and are breastfed exclusively for at least 4 months.
- Are significantly protected against asthma and eczema, if at risk for allergic disorders and exclusively breastfed for at least 4 months.
- May have a lower risk of obesity in childhood and in adolescence.
- Have fewer cavities and are less likely to require braces.

Breastfeeding provides benefits not just for full-term infants but also for premature and low birth weight infants.

Compared with premature infants who received human milk, those who receive formula have future IQs that are 8-15 points lower.

For premature infants, human milk:

- Significantly shortens length of hospital stay.
- Reduces hospital costs.
- Hastens brainstem maturation.
- Reduces the risk of life-threatening disease of the gastrointestinal system and other infectious diseases.

Benefits for Mother

Breastfeeding offers an array of benefits for mothers as well as their children.

- Women who have breastfed are less likely to develop ovarian and premenopausal breast cancers. The more months a woman has spent breastfeeding, the greater the beneficial effect.
- Breastfeeding reduces osteoporosis.
- Breastfeeding mothers enjoy a quicker recovery after childbirth, with reduced risk of postpartum bleeding.
- Mothers who breastfeed are more likely to return to their prepregnancy weight than mothers who formula feed. Breastfeeding reduces the risk for long-term obesity.
- Exclusive breastfeeding may reduce the risk of anemia by delaying the return of the menstrual cycle for 20 to 30 weeks.
- Exclusive breastfeeding for the first 6 months postpartum, in the absence of menses, is 98 percent effective in preventing pregnancy.
- Breastfeeding mothers are reported to be more confident and less anxious than bottle-feeding mothers.
- Breastfeeding contributes to feelings of attachment between a mother and her child.

Benefits for Society

Breastfeeding offers society not only improved health of children and mothers but also economic and environmental benefits.

- Breastfeeding reduces the need for costly health services that must be paid for by insurers, government agencies, or families.
- Breastfeeding reduces the number of sick days that families must use to care for their sick children.
- The estimated cost of artificial feeding (up to $1,200 per year for powdered formula) is four times that of breastfeeding (approximately $300 per year for increased food for a lactating woman).
- Concentrated and ready-to-feed formulas are even more expensive than powdered formula. The cost of artificial feeding has increased steadily over the last 10 years.
- Electricity or fuel are consumed in the preparation of infant formula.
- Breastfeeding requires no packaging, and its production does not harm the environment.

Breast Milk Facts

Breast milk is an amazing substance that cannot be duplicated by any artificial mean. Unique in its composition and function, breast milk:

- Contains and ideal balance of nutrients that the infant can easily digest.
- Changes over time, and even over the course of a day, to meet the changing needs of the growing child.
- Contains substances essential for optimal development of the infant's brain, with effects on both cognitive and visual function.
- Supplies growth factors that combine to mature the infant gut.
- Provides the infant with immune factors manufactured to fight allergens and illnesses specific to the mother's and infant's environment.

What's Needed

Though any amount of breastfeeding is beneficial, exclusive breastfeeding that lasts beyond the first few weeks of life is best.

Exclusive breastfeeding for the first 6 months of life, with gradual introduction of solid foods after 6 months, is recognized as the preferred method of infant feeding.

Breastfeeding provides ideal nutrition despite any social or economic disadvantages that may exist for the child.

Greater numbers of women are choosing to initiate breastfeeding, but ethnic and social disparities persist.

Breastfeeding rates can be increased by:

- Culturally appropriate and skilled lactation support.
- Worksite support for breastfeeding mothers.
- Accommodation for human milk feeding in child care settings.
- Appropriate legislation.

For more information on breastfeeding benefits and promotion, visit the United States Breastfeeding Committee's website at www.usbreastfeeding.org.

Economic Facts

Economic facts related to breastfeeding in the United States include:

- $2 billion per year is spent by families on breast milk substitutes such as infant formula.
- $578 million per year in federal funds is spent by the U.S. Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to buy formula for babies who are not breastfeeding.
- Every 10 percent increase in the breastfeeding rate among WIC recipients would save WIC $750,000 per year.
- $1.3 billion more is spent by insurers, including Medicaid, to cover sick-child office visits and prescriptions to treat the three most common illnesses - respiratory infections, otitis media (ear infections), and diarrhea - in the first year of life for formula-fed infants versus breastfed infants.
- $3.6 to 7 billion excess dollars are spent every year on conditions and diseases that are preventable by breastfeeding.

Did You Ever Wonder What's in...

Breast Milk

Water

Carbohydrates (energy source)
- Lactose
- Oligosaccharides (see below)

Carboxylic Acid
- Alpha hydroxy acid
  - Lactic acid

Proteins
(Building muscles and bones)
- Whey protein
  - Alpha-lactalbumin
    - HAMLET (Human Alpha-lactalbumin Made Lethal to Tumour cells)
  - Lactoferrin
  - Many antimicrobial factors (see below)
- Casein
- Serum albumin

Non-Protein Nitrogens
- Creatine
- Creatinine
- Urea
- Uric acid
- Peptides (see below)
- Amino Acids (the building blocks of proteins)
  - Alanine
  - Arginine
  - Aspartate
  - Clycine
  - Cystine
  - Glutamate
  - Histidine
  - Isoleucine
  - Leuicine
  - Lycine
  - Methionine
  - Phenylalanine
  - Proline
  - Serine
  - Taurine
  - Theronine
  - Tryptophan
  - Tyrosine
  - Valine
  - Carnstine (amino acid compound necessary to make use of fatty acids as an energy source)
- Nucleotides (chemical compounds that are the structural units of RNA and DNA)
  - 5'-Adenosine monophsphate (5"-AMP)
  - 3'-5'-Cyclic adenosine monophosphate (3'-5'-cyclic AMP)
  - 5'-Cytidine monophsphate (5'-CMP)
  - Cytidine diphosphate choline (CDP choline)
  - Guanosine diphosphate (UDP)
  - Guanosine diphosphate-mannose
  - 3'-Uridine monophosphate (3'-UMP)
  - 5'-Uridine monophosphate (5'-UMP)
  - Uridine diphosphate (UDP)
  - Uridine diphosphate hexose (UDPH)
  - Uridine diphosphate-N-acetylhexosamine (UDPAH)
  - Uridine diphosphoglucuronic acid (UDPGA)
  - Several more novel nucleotides of the UDP type

Fats
- Triglycerides
- Long-chain polyunsaturated fatty acids
  - Docosahexaenoic acid (DHA) (Important for brain development)
  - Arachidonic acid (AHA) (Important for brain development)
  - Linoleic acid
  - Alpha-linolenic acid (ALA)
  - Eicosapentaenoic acid (EPA)
  - Conjugated linoleic acid (Rumenic acid)
- Free fatty acids
- Monounsaturated fatty acids
  - Oleic acid
  - Palmitoleic acid
  - Heptadecenoic acid
- Saturated fatty acids
  - Stearic
  - Palmitic acid
  - Lauric acid
  - Myristic acid
- Phospholipids
  - Phosphatidylcholine
  - Phosphatidylethanolamine
  - Phosphatidylinositol
  - Lysophosphatidylcholine
  - Lysophosphyatidylethanolamine
  - Plasmalogens
- Sphingolipids
  - Sphingomyelin
  - Gangliosides
    - GM1
    - GM2
    - GM3
  - Glucosylceramide
  - Glycosphingolipids
  - Galactosylceramide
  - Lactosylceramide
  - Globotriaosylceramide (GB3)
  - Globoside (GB4)
- Sterols
  - Squalene
  - Lanosterol
  - Dimethylsterol
  - Methosterol
  - Lathosterol
  - Desmosterol
  - Triacylglycerol
  - Cholesterol
  - 7-dehydrocholestrol
  - Stigma-and campesterol
  - 7-ketocholesterol
  - Sitosterol
  - ß-lathosterol
  - Vitamin D metabolites
  - Steroid hormones

Vitamins
- Vitamin A
- Beta carotene
- Vitamin B6
- Vitamin B8 (Inositol)
- Vitamin B12
- Vitamin C
- Vitamin D
- Vitamin E
- α-Tocopherol
- Vitamin K
- Thiamine
- Riboflavin
- Niacin
- Folic acid
- Pantothenic acid
- Biotin

Minerals
- Calcium
- Sodium
- Potassium
- Iron
- Zinc
- Chloride
- Phosphorus
- Magnesium
- Copper
- Manganese
- Iodine
- Selenium
- Choline
- Sulphur
- Chromium
- Cobalt
- Fluorine
- Nickel

Metal
- Molybdenum (essential element in many enzymes)

Growth Factors
(aid in the maturation of the intestinal lining)
- Cytokines
  - interleukin-1ß (1L-1ß)
  - IL-2
  - IL-4
  - IL-6
  - IL-8
  - IL-10
  - Granulocyte-colony stimulating factor (G-CSF)
  - Macrophage-colony stimulating factor (M-CSF)
  - Platelet derived growth factors (PDGF)
  - Vascular endothelial growth factor (VEGF)
  - Hepatocyte growth factor-α (HGF-α)
  - HGF-ß
  - Tumor necrosis factor-α
    - Interferon-γ
  - Epithelial growth factor (EGF)

- Transforming growth factor-α (TGF-α)
- TGF-ß1
- TGF-ß2
- Insulin-like growth factor-I (IGF-I) (also known as somatomedin C)
- Insulin-like growth factor-II
- Nerve growth factor (NGF)
- Erythropoietin

Peptides
(combinations of amino acids)

- HMGF I (Human growth factor)
- HMGF II
- HMGF III
- Choecystokinin (CCK)
- ß-edorphins
- Parathyroid hormone (PTH)
- Parathyroid hormone-related peptide (PTHrP)
- ß-defensin-1
- Calcitonin
- Gastrin
- Motilin
- Bombesin (gastric releasing peptide, also know as neuromedin B)
- Neurotensin
- Somatostatin

Hormones
(chemical messengers that carry signals from one cell, or group of cells, to another via the blood)

- Crotisol
- Triiodothyronine (T3)
- Thyroxine (T4)
- Thyroid stimulating hormone (TSH) (also known as thyrotropin)
- Thyroid releasing hormone (TRH)
- Prolactin
- Oxytocin
- Insulin
- Corticosterone
- Thrombopoietin
- Gonadtropin-releasing hormone (GnRH)
- GRH
- Leptin (aids in regulation of food intake)
- Ghrelin (aids in regulation of food intake)
- Adiponectin
- Feedback inhibitor of lactation (FIL)
- Elcosanoids
  - Prostaglandins (enzymatically derived from fatty acids)
    - PG-E1
    - PG-E2
    - PG-F2
  - Leukotrienes
  - Thromboxanes
  - Prostacyclins

Enzymes
(catalysts that support chemical reactions in the body)

- Amylase
- Arysulfatase
- Catalase
- Histaminase
- Lipase
- Lysozyme
- PAF-acetylhydrolase
- Phosphatase
- Xanthine oxidase

Antiproteases
(throught to bind themselves to macromolecules such as enzymes and as a result prevent allergic and anaphylactic reactions)

- a-1-antitrypsin
- a-1-antichymotrypsin

Antimicrobial factors
(are used by the immune system to identify and neutralize foreign objects, such as bacteria and viruses)

- Leukocytes (white blood cells)
  - Phagocytes
    - Basophils
    - Neutrophils
    - Eoisinophis
  - Macrophages
  - Lymphocytes
    - B lymphocytes (also know a B cells)
    - T lymphocytes (also know as C cells)
  - SigA (Secretory immunoglobulin A) (the most important antiinfective factor)
  - IgA2
  - IgG
  - IgD
  - IgM
  - IgE
  - Complement C1
  - Complement C2
  - Complement C3
  - Complement C4
  - Complement C5
  - Complement C6
  - Complement C7
  - Complement C8
  - Complement C9
  - Glycoproteins
    - Mucins (attaches to bacteria and viruses to prevent them from clinging to mucousal tissues)
    - Lactadherin
  - Alpha-lactoglobulin
  - Alpha-2 macroglobulin
  - Lewis antigens
  - Ribonuclease
  - Haemagglutinin inhibitors
  - Bifidus Factor (increases growth of Lactobacillus bifidus - which is a good bacteria)
  - Lactoferrin (binds to iron which prevents harmful bacteria from using the iron to grow)
  - Lactoperoxidase
  - B12 binding protein (deprives microorganisms of vitamin B12)
  - Fibronectin (makes phagocytes more aggressive, minimizes inflammation, and repairs damage caused by inflammation)
  - Oligosaccharides (More than 200 different kinds!)

Formula

Water

Carbohydrates

- Lactose
- Corn maltodextri

Protein

- Partially hydrolyzed reduced minerals whey protein concentrate (from cow's milk)

Fats

- Palm olein
- Soybean oil
- Coconut oil
- High oleic safflower oil (or sunflower oil)
- M. alpina oil (fungal DHA)
- C. cohnii oil (Algal ARA)

Minerals

- Potassium citrate
- Potassium phosphate
- Calcium choloride
- Tricalcium phosphate
- Sodium citrate
- Magnesium chloride
- Ferrous sulphate
- Zinc suphate
- Sodium chloride
- Copper sulphate
- Manganese suphate
- Sodium selenate

Vitamins

- Sodium ascorbate
- Inositol
- Choline bitartate
- Alpha-Tocopheryl acetate
- Niacinamide
- Calcium pantothenate
- Riboflavin
- Vitamin A acetate
- Pyridoxine hydroxchloride
- Thiamine mononitrate
- Folic acid
- Phylloquinone
- Biotin
- Vitamin D3
- Vitamin B12

Enzyme

- Trypsin

Amino Acid

- Taurine
- L-Carnitine (a combination of two different amino acids)

Nucleotides

- Cytidine 5-monophosphate
- Disodium uridine 5-monophosphate
- Adenosine 5-monophosphate
- Disodium guanosine 5-monophosphate
- Soy Lecithin

A Mother's Ten Steps to Successful Breastfeeding

1. **Breast is best, but why?** Learn why giving only breast milk is best for your baby and you, and why formula feeding can cause problems. Use WIC, lactation consultants, other moms, books, and videos as resources. Take a breastfeeding class!

2. **Tell the world!** Let your OB doctor, family, friends, and employers know that you are planning to give only breast milk and need their full support. Tell the Labor & Delivery doctors and nurses, as well as the nursery and postpartum nurses, that you want only breast milk for your baby.

3. **Hold your newborn skin-to-skin right after birth.** Your baby will be alert and interested in breastfeeding. Tell your doctor and nurse that you want this if it is not offered.

4. **Room-in with your baby.** This will allow you to respond to your baby's cues and breastfeed as soon as they show they are hungry. Don't wait for them to cry. Ask for rooming-in if it is not offered.

5. **Frequent feeds, not formula.** Don't use formula just because it is provided. Some hospitals provide formula to all mothers even if there is no medical reason. If formula is given, your baby will be too full to breastfeed often.

6. **Think ahead.** If you will return to work, start off with breastfeeding *only* so your body makes the milk your baby will need. Introduce bottles later.

7. **Ask for help if you need it.** Ask your nurse if the hospital has a lactation specialist available.

8. **Don't get discouraged if you have difficulties.** Most breastfeeding problems can be easily fixed. Ask for help from a friend or relative who has breastfed or a lactation counselor.

9. **Plan for the long term.** Get comfortable breastfeeding away from home; make a plan for pumping when you return to work or school.

10. **Get to know other breastfeeding moms.** Make new friends; join a breastfeeding mothers' group. And most importantly, have fun getting to know your baby!

THE SACRED HOUR

Just the Facts, Mom!

Trust yourself. The baby knows what to do.

Upon delivery, the baby's FIRST HOUR should be spent with the baby placed directly on mom's chest, SKIN-TO-SKIN. Common delivery room practices such as weighing, measuring, bathing, eye drops, etc., should be delayed to allow this important time and process. During this time, the baby will naturally go through NINE STAGES that help with breastfeeding. To start, place baby on mom's chest.

1. **Birth Cry** - Distinctive cry occurs immediately after birth as the baby's lungs expand.
2. **Relaxation** - The newborn exhibits no mouth movements and the hands are relaxed.
3. **Awakening** - The newborn exhibits small movements in the head and shoulders.
4. **Activity** - The newborn begins to make increased mouthing and sucking movements; baby opens eyes and may look for mom.
5. **Resting** - The newborn may have periods of rest between periods of activity throughout the Sacred Hour.
6. **Crawling** - The newborn approaches the breast with short periods of movement that result in reaching for the breast and nipple.
7. **Familiarization** - The newborn becomes acquainted with its mom by licking the nipple and touching and massaging her breast.
8. **Suckling** - The newborn takes the nipple, self-attaches and suckles.
9. **Sleep** - The newborn falls into a restful sleep.

REMEMBER - you cannot repeat this first hour, so make sure to ask for support from your doctor and family BEFORE DELIVERY!

SKIN-TO-SKIN
Just the Facts, Mom!

1. The best start for baby and parents is skin-to-skin not just for breastfeeding and nutritional benefits, but also to SUPPORT baby's brain development in the first eight weeks of life.

2. In fact, breastfeeding benefits are 10% NUTRITIONAL and 90% DEVELOPMENTAL, thanks to the power of skin-to-skin contact.

3. EITHER parent's skin will do: skin-to-skin provides a safe, warm place where the baby's brain begins to make positive connections with the parents and the world.

4. Give your child an HOUR OR MORE of skin-to-skin contact each day with either parent. This closeness is one of the BEST WAYS to learn about your baby and develop a bond that will last a lifetime.

5. Skin-to-skin also BENEFITS THE MOM – it releases oxytocin – a calming hormone that reduces depression.

6. Skin-to-skin also helps the child's temperature, blood pressure, heart and respiratory rates maintain healthy balances.

7. The ABC's of skin-to-skin parenting benefits
   - A. AFFECTION
   - B. BETTER BONDING
   - C. CONFIDENCE
   - D. DECREASES ANXIETY AND DEPRESSION
   - E. EMOTIONAL HEALING CAN OCCUR SOONER

Early breastfeeding is essential to promote successful breastfeeding. You should have your first attempt to breastfeed within one hour after delivery. If this is not possible, you should begin pumping as soon as possible, within the first 1-2 hours.

Initially, your breasts will produce colostrum, which is produced in small amounts. Colostrum is rich in antibodies and nutrients. This small amount is enough to provide the nutrition needed for your baby until your milk comes in. Frequent feedings are needed to signal your body to begin producing milk. The transition from colostrum production to milk production usually takes between three to five days. If you need to pump, you may not get any or only a few drops of colostrum. Do not be discouraged. Remember that it is the frequent stimulation (nursing or pumping) of the breasts that stimulates your milk production.

Rooming-in is where the baby stays in your room in the hospital. This is an excellent opportunity to learn when your baby is ready to feed, as babies will want to nurse frequently, day and night. When placing baby back into crib or bassinet, make sure you place the baby on their back to decrease the risk of sudden infant death syndrome, or SIDS.

Breastfeeding is a natural process; however, it is also a learned process for both you and your baby. It can feel very awkward at first, so do not be afraid to ask for help.

Latch

A correct latch will help prevent sore nipples. When placing baby at the breast, tickle their nose with your nipple until they open their mouth. It is important for the baby to have a large portion of the areola (dark skin around the nipple) in their mouth during breastfeeding. You can expect to feel gentle tugging or pressure with feedings, but you should not feel any pain. When latched correctly, the baby's lips should form a seal around the breast. The lips should be turned out with their chin touching your breast. If you need to remove your baby from your breast, put your little finger in the corner of the mouth to break the suction. Once the suction is broken, you can move your baby. You can also hand express some milk before latching baby and/or gently pat several drops of expressed milk to your nipple after nursing.

Positions

In the first few days, when your milk volume is relatively low, you can offer both breasts during each feeding. Once you are making ounces of milk, make sure your baby drains the first breast before switching sides. It is okay if they do not always feed on the second side. You should alternate which side you start on each time.

At first, babies do not distinguish day from night in their feeding pattern. After a few weeks, they often settle into a pattern where they sleep for three or four hours at a time during some parts of the night. The average four-month-old might be able to go six to eight hours in between feedings at night, but different babies have different sleep patterns.

Maintaining Your Milk Supply

Throughout breastfeeding, the amount of milk that you produce depends on how often and how completely your breasts are emptied. This is a natural "demand and supply system", in which your body adapts to meet your baby's needs. Therefore, you can help maintain your milk supply by doing the following:

- Feed frequently, and try to have your baby empty at least one breast at each feed.
- Switch which breast you start with for each feed.
- If you need to be separated from your baby, empty your breasts by pumping or hand expressing milk each time your baby feeds in any way other than directly at your breast.
- Don't give your baby formula unless your health care provider advises that it is medically necessary to do so. Feeding your baby formula won't make them sleep better and can lead to a low milk supply.

Breastfeeding Guide (Beyond the Basics), courtesy of https:/www.uptodate.com

Let Your Baby Lead

Watch your baby for signs of hunger; not the clock. Follow baby's feeding cues and do not try to schedule feedings or limit feedings. Early hunger cues include:

- Baby opening their mouth and moving their head side to side (known as the rooting reflex).
- Baby making sucking motions with their mouth.
- Baby begins to chew or suck on their hands or fingers.
- Do not wait for your baby to cry to let you know they are hungry.
- Crying is a very late hunger cue.

Increasing Your Milk Supply

Mothers throughout the ages have been able to produce plenty of milk for their babies. In certain situations, because of a health problem or other complication, a mother may have a reason to be concerned and may need to carefully monitor her baby's weight gain in order to be sure they are getting enough milk. If baby is not gaining well or they are losing weight after the first few days, contact baby's health care provider. Slow weight gain may indicate a serious health problem. If you are concerned about your milk supply, get help. Being in touch with a lactation consultant can often provide the information, support, and encouragement that mothers need to be reassured that they are providing plenty of milk for their babies. Steps that will help your baby get as much of your milk as possible include:

Nurse often for as long as your baby will nurse. The more milk that is removed from the breast, the more milk the breast will make to replace it. Frequent breastfeeding helps to establish a plentiful milk supply. A sleepy baby may need to be awakened and encouraged to nurse more frequently. A baby who nurses for excessively long periods may not be nursing efficiently. If you're experiencing this, have a breastfeeding session observed by an experienced lactation professional.

Offer both breasts when feeding. This will ensure that your baby gets all the milk available and that both breasts are stimulated frequently. Allow your baby to indicate they are finished on the first breast, then offer the other breast.

Check baby's positioning and latch. Breastfeeding should not hurt. Hold baby close with their whole body facing you so they do not have to turn their head. When they open their mouth wide, their head should be slightly tilted back with their nose at the level of your nipple. As they approach the breast with their head slightly tilted back, this will bring them to the breast chin first. This will help you better aim their lower jaw so that they cover more of your breast with their lower jaw than with their upper mouth. As you bring baby onto the breast, aim your nipple toward the roof of their mouth. If you feel comfortable and baby is nursing actively, the latch is good.

Try breast compression to keep your baby interested in breastfeeding. Squeeze the breast firmly with your thumb on one side and fingers on the other to increase milk flow. Keep squeezing until baby is no longer actively sucking; then release. Rotate fingers around the breast and squeeze again. Then switch to the other breast, using both breasts twice at each feeding. Squeeze firmly but be careful not to cause injury to your breast tissue.

Feed your baby only your milk. If your baby has been receiving formula supplements, do not cut these out abruptly. As you improve your breastfeeding techniques with the help of a lactation professional, and as your milk supply increases, you will be able to gradually reduce the amount of supplement. Monitor baby's weight gain and stay in touch with your baby's health care provider during this transition.

All your baby's sucking should be at the breast. If some supplement is necessary, it can be given by spoon, cup, or with a nursing supplementer. Be aware that a pacifier can create more problems than it solves. If you decide to give your baby a pacifier; wait until they are nursing effectively and gaining well.

Use skin to skin contact. It may encourage your baby to nurse more often. Skin-to-skin means that baby will be nestled upright between your breasts, clad in only their diaper, directly against your skin. Your warmth, smell, and heartbeat will also soothe baby, which in turn aids in their development.

Try to relax. Paying attention to your need for rest, relaxation, and proper diet will help your milk supply and improve your general sense of well-being.

False Alarms

Some mothers think their babies are not getting enough milk when they are getting plenty of milk. Some "false alarms" that worry mothers include:

Your breasts feel different. If your breasts suddenly feel softer or your breasts no longer leak between feedings, it does not mean you are producing less milk; it simply means that your supply has adjusted to your baby's needs.

Baby seems fussy. Many babies have a fussy time every day that is not related to hunger. Some babies need lots of stimulation and activity; others need soothing. You will learn how to respond to your baby as you find the ways that comfort them. If your fussy baby settles down when you offer them the breast, go ahead and breastfeed. But do not take this as a sign that they are not getting enough to eat.

Baby suddenly wants to feed more often, or seems hungry again soon after being fed. Babies often go through "growth spurts" when they are two to three weeks old and again at six weeks and at three months. At these times, breastfeed as often as possible as your supply catches up with baby's demand.

Baby decreases their nursing time, perhaps down to five minutes or so at each breast. As babies get older, they become very efficient at taking the milk, so this is a positive sign that breastfeeding is going well, not something to worry about.

Breastfeeding with Sore Nipples

Breastfeeding is something only you can do for your baby. It should be a pleasant experience for both of you. A healthy, full-term baby is likely to know instinctively what to do at the breast. In the first three to five days after birth, if you experience nipple soreness beyond a slight tenderness when your baby latches on, it may be a sign that something isn't right with the baby's latch, position, or suck. An adjustment to the latch or positioning can help you and your baby to be more comfortable. With proper positioning and latch-on techniques, you can expect little or no nipple soreness. Correcting poor positioning or latch-on can often alleviate sore, cracked nipples and allow healing to begin.

If nipple pain worsens after the early days of breastfeeding, your nipple pain may be due to other causes like thrush, bacterial infection, or tongue-tie. Contact a La Leche League Leader or lactation consultant for help if you need further assistance to improve your sore nipples.

The First Week: Positioning and Latch-On

Learn to recognize your baby's early feeding cues so you have time to get in a good position and comfortable before they become desperately hungry. Early cues include opening their mouth and moving their head side-to-side—known as the rooting reflex—or sucking on hands or fingers. Don't wait for baby to cry to let you know the are hungry. Crying is a very late hunger cue.

Adjusting the position can improve breastfeeding pain. If you have pain, try different positions such as laid-back, football or cradle position.

Laid-back position

- Position yourself comfortably in bed, on the couch or in a recliner with back support, pillows to also support your head, shoulders, arms. Since you're leaning back, your baby can rest on you in any position you like.
- If you are seated, support your feet with a footrest or a telephone book.
- Let your baby's whole front touch your whole front. Their mouth and nose should be facing your nipple. Let your baby's cheek rest somewhere near your bare breast.
- Rub your nipple on baby's upper lip to encourage baby to open wide. Bring your baby close. Have their chin touch your breast first, and then their nose will touch your breast.
- Position baby close to you, with their hips flexed, so that they do not have to turn their head to reach your breast. Baby's feet need to feel supported by your body so they don't dangle in the air.
- Use one hand to support your breast, if needed, and the other to support baby's thigh or bottom.
- If you are feeling pain, detach baby gently by using your finger to touch the corner of baby's mouth and try again.

Football position

- This is a good position for a mother who has had a Cesarean birth, as it keeps the baby away from the incision.
- Baby is to your side on the same side you are breastfeeding and under your arm. Support your baby's head in your hand and their back along your arm beside you.
- Support your breast with a "C" hold.
- Have baby facing the nipple, with their mouth at nipple height. Use pillows to bring the baby to the correct height.
- Your baby's legs and feet are tucked under your arm with their hips flexed and their legs resting alongside your back rest so the soles of their feet are pointed toward the ceiling. (This keeps them from being able to push against your chair.)

Cradle position

- Make sure you are relaxed and comfortable as your baby feeds. Lean back in your chair, supporting your back with a bed pillow turned vertically, if needed. Don't lean forward and hunch over your baby. Raise your feet off the floor using an ottoman or even a phone book. Breathe deeply and be sure to relax and drop your shoulders.
- Position your baby on their side, with their whole body facing yours and angled so their chest is securely against your abdomen. Baby should not have to turn their head to nurse.
- Cradle baby in the arm on the same side as the breast they will be nursing from. If you're breastfeeding on the right breast, baby's head will rest on your right forearm near your elbow, their nose at the level of your nipple, and their head tilted slightly back. They are supported by your forearm with your hand holding their bottom or thigh.

- Support your breast with your other hand well back from the nipple and baby's mouth, keeping your fingers positioned either above or below or on either side of the breast.
- Bring your baby to the breast. Trigger their natural response to open their mouth wide by touching their lips lightly with your nipple. Light, repeated tapping or brushing triggers a wide-open mouth.
- As you bring baby to the breast with their head slightly tilted back, their chin will press into the breast first. More of your breast will be covered with their lower jaw.
- Aim your nipple toward the roof of baby's mouth and gently bring them onto the breast as they latch on.
- When baby is latched well, their chin should be pressed into the breast, and their nose slightly away from it.
- If you leave the hand supporting the breast in place, be sure you do not press down with your thumb, which can pull your nipple to the front of baby's mouth. If you remove the supporting hand from your breast, make sure baby has enough head control to keep them well latched. If your breasts are large, it can be helpful to put a small rolled-up towel beneath them for support.

Cross Cradle Position

- This position is a variation of the cradle position, called the cross-cradle position.
- For this position, your baby is supported on a pillow across your lap to help raise them to your nipple level.
- Pillows should also support both elbows so your arms don't hold the weight of the baby; they will tire before the feeding is finished.
- If you are preparing to breastfeed on the left breast, your left hand supports that breast in a "U" hold.
- You support your baby with the fingers of your right hand. Do this by gently placing your hand behind your baby's ears and neck with your thumb and index finger behind each ear.
- Your baby's neck rests in the web between the thumb, index finger and palm of your hand, forming a "second neck" for baby. The palm of your hand is placed between their shoulder blades.
- As you prepare to latch on your baby, be sure their mouth is very close to your nipple from the start. When baby opens their mouth wide, you push with the palm of your hand from between the shoulder blades. Their mouth will be covering at least a half-inch from the base of your nipple.

If baby is not latched on well or if it hurts, remove them from the breast by inserting your finger into the side of their mouth and try again.

Look at your nipple after breastfeeding, if it looks blanched or pinched, review the latch and positioning tips to see if you can find adjustments to make. The nipple should look the same way it did before breastfeeding, neither pinched nor blanched.

If nipple soreness persists, contact a La Leche League Leader or lactation consultant for help. Mild soreness, if left untreated, can lead to more pain.

Causes of Sore Nipples

Improper latch-on occurs when baby does not grasp enough breast tissue or their tongue is positioned improperly. Baby must be able to compress your breast tissue with your nipple positioned deep in their mouth. First, check baby's body position. Be sure that they open their mouth very wide, like a yawn, before you offer your breast, checking to see that their tongue is cupped and forward in their mouth. Their lower lip should not be tucked in—it should be fanned outward on the breast. If you gently pull down the corner of the baby's mouth while they are nursing, you should see the underside of their tongue, which should extend over their lower gum line, cupping the breast.

Sometimes babies latch deeply, but slide down the nipple during the feed—watch for more distance between their nose and your breast. If this happens, break the suction and re-latch your baby, being sure that they are well supported.

Tongue-tie can also cause sore nipples. When baby cries, can you see if their tongue is able to reach past their lower lip? If baby's tongue appears heart-shaped, it could be a short or restricted frenulum (tongue-tie) that prevents a good latch-on. Contact a lactation consultant if your baby does not seem to be latching on well.

Flat or inverted nipples can make it difficult for baby to grasp your breast in their mouth and properly latch on. With proper latch-on, your baby's sucking can effectively draw out flat or inverted nipples.

Gentle pumping or special exercises are sometimes recommended to draw the nipple out. If you received IV fluids for several hours during the birth process, this can be a cause of edema (swelling) in the breast and nipple. Reverse Pressure Softening can help create a softer nipple/areola that baby can grasp. Reverse Pressure Softening involves using gentle finger pressure around the base of the nipple. This temporarily moves some of the swelling slightly backward and upward into the breast. This technique is also helpful in preventing sore nipples if your breasts become engorged (swollen and uncomfortable) when your milk supply comes in several days after birth, making it difficult for baby to latch on comfortably.

Removing baby from the breast without breaking the suction first can be painful and cause damage to sensitive breast tissue. If baby is latched on and sucking well, they will end the feeding themself by letting go of the breast or releasing the nipple as they fall asleep. Allowing baby to determine the end of the feeding will ensure that they are getting the right balance of foremilk at the beginning of the feed, which is more watery and quenches baby's thirst, and hindmilk at the end of the feed, which is creamy milk that is higher in calories and satisfies baby's hunger. If you decide to take baby off the breast before they are finished, you can break the suction by pressing down on your breast near baby's mouth, pulling down on baby's chin, or inserting your finger into the corner of baby's mouth.

Personal care practices may lead to nipple soreness. Avoid bras that are too tight and put pressure on your nipples. Be vigilant about thorough rinsing of nursing bras to be sure any laundry detergent residue is removed. Soap, shampoo, body wash, and alcohol can dry your nipples. Take care when applying cologne, deodorant, hair spray, or powder near your nipples. When bathing, rinsing breasts with clear water is all that is needed to keep your breasts and nipples clean.

When your nipples are sore you can gently apply your own milk or an emollient that is safe for the baby to ingest, such as HPA® Lanolin. Either of these can be very soothing. Be aware that more than one cause can be contributing to nipple soreness at the same time. Avoid limiting the length of nursing sessions, a practice that is mistakenly thought of as a way to avoid sore nipples. Instead, aim to coordinate optimal positioning with careful personal care practices, and contact a lactation consultant for helpful tips.

Treatment of Sore Nipples

While the cause of sore nipples is being determined and corrected, continued breastfeeding is important. When baby is latched on well with your nipple deep in their mouth, the nipple is protected from further damage. You may want to try one or more of these comfort measures while the cause of your sore nipples is being corrected. If this is not helping, see a lactation consultant.

Vary nursing positions—cradle hold, cross cradle hold, football (clutch) hold, and lying down—in order to vary the position of baby's mouth on your breast.

Begin to nurse on the least sore side until the letdown occurs, then gently switch baby to the other breast, paying careful attention to good positioning and latch-on. Some mothers use relaxation breathing until their milk lets down.

When your nipples are sore, apply some of your own milk on your nipples. Your milk has healing properties to relieve soreness. Also, a small pea-sized portion of ultrapure modified lanolin, such as HPA® Lanolin, between clean fingertips and apply to the nipple and areola. Gently pat it on: do not rub it in. This provides a moisture barrier that will slow down the loss of internal moisture, which is vital to healthy, supple skin, eases discomfort, and promotes healing without scab formation. This process is known as "moist wound healing." Gel pads may provide relief from soreness and promote healing.

In most cases, sore or cracked nipples are no longer painful once good positioning and latch on are achieved. It is rarely necessary to discontinue breastfeeding. The many benefits to both baby and mother make continuing to breastfeed worthwhile.

It is not typically recommended anymore that mothers dry sore nipples with a hair dryer or use a sun lamp. These practices have been shown to dehydrate skin further and cause additional damage to tender nipple tissue.

Breastfeeding Information, Breastfeeding with Sore Nipples, courtesy of https:/www.llli.org

How to Deal with Extreme Fullness

It is normal to experience increasing breast fullness during the first few days after birth. Some mothers experience extreme fullness, which may be uncomfortable and make it difficult to breastfeed.

To prevent extreme fullness in your breasts:

- Breastfeed on cue - whenever your baby is interested, or 10+ times per 24 hours.
- Wake your newborn to breastfeed if they sleep longer than 2 hours during the day or 3 hours during the night.
- Latch your baby onto your breast so that they take most of the dark area around your nipple, taking slightly more of the dark area below the nipple than above.
- Use both breasts at each feeding, if you can.
- Let your baby decide when to stop breastfeeding. A breastfeeding may take between 1/2 to one hour in the first few weeks.

To relieve discomfort:

- For comfort between feedings you can use a cold compress or frozen pack.
- If these steps don't resolve the problem, call a lactation consultant to help you find a way to breastfeed your baby comfortably.

Engorgement

Full breasts are normal during the first week as the breasts adjust to making milk. The fullness often decreases within the first two or three weeks after birth if the baby is breastfeeding often and well.

The secret to not having over-full breasts:

- Make sure baby is latched on and positioned well.
- Make sure you hear baby swallowing.
- Feed baby every 2-3 hours during the day with one longer 4-5 hour sleep period at night.

If breasts become so full that your areola (dark area around nipple) is flat and taut, try:

- Expressing enough milk to soften the breast so baby can latch on.
- Different nursing positions (football hold, lying down, cross cradle hold).
- Reverse pressure softening to nipples prior to latching.
- Letting baby finish the first breast before offering the other breast.
- You may need to hand express or pump the second breast just long enough so that your breast feels comfortable. Start with the second breast at the next feeding.
- Fully drain the breasts once or twice using an effective breast pump. Pumping the breasts fully once or twice will not increase the amount of milk you make. It will help the milk flow so your baby can milk your breasts.
- Put cold compresses on your breasts between feedings. This helps reduce swelling and relieve pain.

To maintain your milk supply, it is vital to drain your breasts. If baby cannot do this because the are sick, premature, or cannot breastfeed for some other reason:

- Try using a nipple shield. A nipple shield is a thin, flexible silicone nipple with holes in the tip that is worn over the nipple. It helps baby grasp and milk the breast. Discuss this with a lactation consultant prior to starting to use a nipple shield.
- Use an effective breast pump to remove the milk.
- Feed the baby expressed milk using a supplemental nursing system, bottle, or cup. This will require education from a lactation consultant prior to initiating.

Is My Breastfed Baby Getting Enough Milk?

Whether or not baby is getting enough milk is one of the most common concerns of new moms. Since we do not have measurement markers on our breasts, we cannot initially "see" that our babies are really getting the milk they need. You can tell baby is getting enough milk, however, by keeping track of dirty diapers, weight gain, and appearance.

How Often are You Breastfeeding?

A baby needs to breastfeed frequently. Your milk is digested quickly and easily, sometimes in as little as 60 minutes, and small amounts are perfect for baby's tiny stomach. These frequent feedings also help to establish your milk supply. In simple terms, the more milk that is removed from your breasts, the more milk your body will produce. Frequent feedings are good for both of you!

- A newborn should feed at least 8 to 12 times in a 24-hour period.
- Allow baby to determine the length of feedings: 10 to 20 minutes per breast or longer.
- Keep in mind that some babies "cluster nurse", which means they nurse very often for a few hours and then sleep for several hours. The number of feedings in a 24-hour period is more important than the spacing of feedings.
- A sleepy baby may need to be wakened every two to three hours to feed, particularly if they have jaundice. Talk with your health care provider if baby is lethargic and difficult to wake for feedings.

Weight Gain

Your baby may lose up to seven percent of their birth weight during the first three or four days. Once your milk "comes in", expect your baby to begin gaining weight. They should regain their birth weight by the time they are 10 to 14 days old.

Age	Weight gain (per week)
0-3 months	4-7 ounces (110-200 grams)
4-6 months	4-5 ounces (110-140 grams)
6-12 months	2-4 ounces (60-110 grams)

You also know your baby is getting enough milk by noting the following:

- Baby's color is good.
- Baby's skin is firm.
- Baby is filling out and growing in length and head circumference.
- Baby is active and alert.

Diapers

Counting your baby's diapers can be a helpful indicator as to whether or not they are getting enough of your milk.

Baby's Age	Mother's Milk	Wet Diapers/24 hrs	Dirty Diapers/24 hrs
1-2 days	colostrum (provides immunities and helps with jaundice)	1-2	greenish-black tarry meconium
2-6 days	milk "comes in"; bluish color	5-6 wet disposable diapers (6-8 wet cloth diapers)	At least 3 greenish transitional stools
6+ days	milk supply adjusts to suit your baby's needs	Same as 2-6 days	At least 3-5 very loose stools; bright yellow color that are about 2.5 cm
6 weeks	milk supply established	Same as 2-6 days	Some babies switch to less frequent but large bowel movements

Storing

If you are returning to work or school, you can pump your milk while you are away from home. Store your freshly pumped or expressed breast milk in a clean, sealed container.

Outside the Refrigerator:

- Pumped or expressed milk will keep for 4 hours if it is cooler than 100° F.
- When possible, put the pumped or expressed milk in a cooler with an ice pack until it can be refrigerated.
- Pumped or expressed milk may be kept in a cooler with an ice pack for up to 24 hours.

In the Refrigerator:

- Store the breast milk in the center of the refrigerator, not in the door.
- Use the fresh pumped or expressed breast milk within 5-8 days.
- Freeze your pumped or expressed breast milk if it will not be used within 5 days.

In the Freezer:

- Frozen breast milk stored in a freezer compartment *inside* the refrigerator will keep up to 2 weeks.
- Frozen breast milk stored in the freezer compartment with a separate door will keep up to 3-6 months.
- Frozen breast milk stored in a separate deep freeze at a constant temperature of 0° F will keep for 9 months or longer.

Defrosting Frozen Milk:

- Defrost the frozen milk in the refrigerator or under warm running water.
- Do no defrost it in the microwave or boil it on the stove.
- Defrosted milk stored in the refrigerator must be used within 24 hours.
- Defrosted milk kept at room temperature should be used within 1 hour.
- Do not refreeze defrosted milk.

Tips On Using Expressed Breast Milk:

- Breast milk will separate naturally – the milk is still good.
- Gently knead it to mix it.

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 or breast milk residue that 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, you baby's health care providers may have more recommendations for pumping breast milk safely.

Before Every 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 Every Use:

- **Store milk safely.** Cap milk collection bottle 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/breast milk.
- **Rinse** breast pump parts that come into contact with breast/breast milk by holding under running water to remove remaining milk. Do no place parts in sink to rinse.
- **Clean** pump parts that come into contact with breast/breast milk as soon as possible after pumping.

Clean Pump Kit

Clean By Hand:

- **Place pump parts in a clean wash basin** used only for infant feeding items. **Do not place pump parts directly in the sink!**
- **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, wash basin, and bottle brush on 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 them well and allow them to air-dry after each use. Wash them by hand or in a dishwasher at least every few days.

Or Clean in Dishwasher:

- **Clean pump parts in a dishwasher,** if they are dishwasher-safe. Be sure to place small items into a closed-top basket or mesh laundry bag. Add soap and, if possible, **run the dishwasher using hot water and a heated drying cycle (or sanitizing setting).**
- **Remove from dishwasher** with clean hands. If items are not completely dry place items on a clean, unused dish towel or paper towel to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry!

After Cleaning

For Extra Protection, Sanitize:

- **For extra germ removal, sanitize** pump parts, wash basin, and bottle brush at least once daily after they have been cleaned. 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/healthychildcare/infantfeeding.html.

Store Safely:

- **Store dry items safely until needed.** Ensure the clean pump parts, bottle brushes, and wash basins have 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.

Safe Sleep for Breastfeeding Babies

Sleeping with our babies is an instinct as old as motherhood itself. Yet today, some authorities say it's risky. What are the facts?

Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS), Crib Death, or Cot Death is the unexpected and unexplainable death of a baby. The highest risk is during the first six months. The greatest SIDS risk factors are smoking during your pregnancy and placing your baby face-down for sleep. Formula-fed children have double the risk of SIDS. Parents who smoke and share a bed with their infant also increase the risk, regardless of where or when the parent smokes. One in five SIDS deaths occurs in daycare.

Suffocation

Suffocation isn't SIDS. It almost always involves either prone (face-down) sleeping or a baby becoming wedged, for instance in a couch or recliner. Sharing sleep with an adult who smokes or is impaired by drugs or alcohol is risky. Using pillows, props, or soft bedding to "help the baby sleep" increases risks. When a breastfeeding mother sleeps in bed with her baby, she tends to curve her body around her baby in a "cuddle curl" that keeps the infant at breast level and keeps her from rolling onto them. (And, of course, they would wriggle and yell if she did!) Her sleep cycles tend to synchronize with them, often increasing sleep time and lowering stress for both. Unfortunately, some mothers, mistakenly believing their bed is a SIDS risk, move to a couch or recliner with the baby – a much greater risk than the bed they left.

"Cuddle Curl"

"All bed sharing", "all babies", and "all bed partners" are not the same, just as "all drivers" are not the same. Anything that interferes with breastfeeding puts a baby at higher risk. There is no known increased risk when a sober, non-smoking, breastfeeding mother sleeps with her baby on a safe surface.

Here's What Our Babies Have Always "Expected" at Night:

During sleep, babies "expect"…	What you can do
AN ADULT WITHIN REACH. When they're alone, babies' temperature and breathing are less stable, and they have less practice in rousing – important practice! They also have more periods of apnea (no breathing) – all risk factors for SIDS	Keep your baby within their arm's reach, not yours. Breathing on your baby is actually good for them. If you don't share a bed, be sure to keep your baby in proximity (within arm's reach) during sleep such as in a bassinet, crib, or "sidecar" (which attaches to the bed), for at least the first 6 months.
A COMFORTABLE TEMPERATURE; overheating increases the risk of SIDS.	Dress your baby the way you dress yourself. No extra covering or swaddling for sleep.
FREE ACCESS TO SUCKLING AT BREAST. There's no evidence that a sleeptime pacifier helps protect a bed sharing, breastfed baby.	Learn to breastfeed lying down during the day. Then, at night, you'll already know how.

What Do Mothers Expect at Night? And How Can They Get It?

Unbroken Sleep	Babies usually double their weight by six months and triple it by a year; no wonder they breastfeed at night! Of all mothers, those who bed share and breastfeed exclusively tend to get the most sleep. Expect your baby to feed at night, so you won't resent it. If your baby doesn't stay in your bed full-time, put them on a thin blanket or pad next to you, or in a 'sidecar' attached to your bed, and move baby and blanket/pad to the other surface to keep them settled during the switch.
A Comfortable Position	Practice during the day. Leaning back with your baby facing your chest is not a risk. Because breastfeeding hormones make you relaxed and drowsy, breastfeed where your baby will be safe if your arms relax. Lying on your side? Remember that babies tend to skootch up; you may need to slide them down for easy latching. To breastfeed from the top breast, use the bottom breast first so you can roll onto it somewhat.
A Dry Bed	A large towel or absorbent pad can protect sheets from both mother and baby leaks. Or use a waterproof mattress pad. Leaking milk usually subsides after the early weeks.
Easy Diaper Changes	Keep diapers and wipes at bedside. Once they stop pooping at night, they can probably use the same diaper all night.
Enough Room	Many families play musical beds at night. The parent without the baby can sleep anywhere, leaving mother and baby in their familiar, safe place.
A Little Time Without the Baby	Babies need lots of touch. In the beginning, life will be simpler if you don't try to get away from the baby. And letting them sleep alone "until they wake up the first time" can mean that they sleep too deeply to rouse – not good for either of you and a risk for SIDS. As they develop, you'll find patterns that work for you and your family.

Read more about *Sweet Sleep – Nighttime and Naptime Strategies for the Breastfeeding Family* by Diane Wiessinger, Diana West, Linda J. Smith, and Teresa Pitman

Breastfeeding Information, Safe Sleep Breastfeeding Babies, courtesy of https:/www.llli.org

12 TIPS FOR NURSING MOTHERS PREPARING

To Go Back To Work

You know the benefits of breastfeeding and are committed to giving your baby the healthiest start in life. However, you will need to prepare for the world of pumping if you are going back to work.

For novice pumpers, it may take time to adjust and learn how to express breast milk while in the workplace.

1. **Speak to your employer early on.** Talk to your boss, preferably while still pregnant, and let him/her know you intend to pump when you return to work. Give your company as much time as possible to come up with a suitable arrangement, and not spring it on them your first day back. New healthcare legislation requires an employer with more than 50 employees to provide a private space for pumping (not a restroom) and reasonable breaks for all new mothers.

2. **Be prepared.** Create a specific plan prior to returning to work and share it with your partner and caregiver. What are your expectations? How often will you need to express milk? Will there be an effect on your work day? Will you nurse your infant in the mornings and evenings? Flexibility is key – be flexible as your baby's needs change along with your work demands.

3. **Connect with other working mothers.** Working mothers are very willing to share their experiences and are a terrific source of information and ideas. Speak with other mothers in your workplace, or friends and relatives, about their pumping experiences. Many forums and information sources online can also help you prepare.

4. **Ease back into full-time.** It can be a big adjustment from caring for your newborn 24/7 to taking on the role of full-time working mother. During the first few days, expect to be working out the kinks. Many employers are open to a slower re-entry, a shorter first week, or working shorter days – some new mothers begin re-entry on a Thursday instead of a Monday.

5. **Practice pumping for a couple of weeks before going back to work.** As with anything, practice does make it easier. Heading back to work with some pumping experience will increase your confidence. For more information, see Pumping: How to Use a Breast Pump at www.bravadodesigns.com/info/back-to-work.

6. Build up a 2-3 day supply of milk. Knowing that you have milk on hand for the first few days will boost your confidence and allow you time to adjust to the reality of pumping at work. A buffer supply will help you through the first few days as you establish your pumping routine.

7. **Practice setting up and cleaning your pump.** Although maintaining clean pump parts is not very time consuming, it can be an adjustment at first. With practice, you will quickly become a pro and minimize this time.

8. **Introduce a bottle to your newborn before going back to work.** Some babies take to a bottle with ease, others not so much. Even one bottle for a few days leading up to your return to work will reduce your stress level and ease the transition back to work.

9 **Plan ahead. Some jobs require you to travel for work.** With a little practice and confidence, pumping, like nursing, can be done anywhere. First be sure you have the supplies to make this easier. Most pumps can be used with batteries if you don't have an outlet available, and some pumps can be plugged into a car adapter. If you plan to stay somewhere overnight, call ahead and make sure your room will have a mini-fridge and if not, request one to be brought in. Carry a cover-up – sometimes total privacy isn't available while on the road.

10 **Remain positive about what you are able to give to your baby.** Returning to work and leaving your baby, either at home, with a caregiver or in a daycare, can be trying to a new mom. Give yourself the time and space to adjust to this learning curve. View your pumping times as a time where can visualize your baby and "re-connect", while providing them with sustenance.

11 **Give as much as you can, and be easy on yourself if you need to introduce a supplement.** Some women (not all) experience some lower pumping yields when they return to work. Remember, even if you need to introduce some other kind of supplement, everything you can give is important. The benefits of breast milk are close-related: the more, the better. So even if you end up only producing 70% of their daily needs while at work, it is still hugely worth it!

12 **Be your own advocate.** Breastfeeding your child is likely a decision you made while you were still pregnant. Be confident about this decision and determine what it will take to make this a reality. It is up to you to decide and vocalize what you need to make this very important period in your early family life, a success.

EMPLOYEE RIGHTS
UNDER THE FAIR LABOR STANDARDS ACT

Breastfeeding Support is the Law

Break Times	An employer shall provide a reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child's birth each time such employee has need to express the milk.
Private Space	The employer shall provide a place, other than a bathroom, that is shielded from view and free from intrusion from the public and co-workers, which may be used by an employee to express breast milk.
Compensation	An employer shall not be required to compensate an employee for any work time spent for such purpose.
Additional Information	An employer that employs less than 50 employees or if such requirements would impose an undue hardship on the employer's business, they shall not be subject to the requirements of this subsection

For more information, contact your supervisor or human resources office.

Lactation Support Laws

Nebraska Fair Employment Practice Act (LB 627)
Effective August 30, 2015, companies with 15 or more salaried or hourly employees must comply to making reasonable accommodations for break time and appropriate facilities for breastfeeding or expressing breast milk.

Under the Nebraska FEPA, breastfeeding moms are now a protected class similar to race and disability. Employers cannot discriminate on the basis of color, national origin, religion, sex, disability, marital status, and now an individual who's pregnant, given birth, breastfeeding, or has a related medical condition. Reasonable accommodations for breastfeeding now includes break time and appropriate facilities for breastfeeding or expressing breast milk.

Discrimination in Nebraska includes not making "reasonable accommodations" for breastfeeding employees including time off to recover from childbirth or break time and appropriate facilities for breastfeeding or expressing milk.

*The"15 or more employees" should not hold a business from accommodating mothers. ALL businesses, regardless of size, must accommodate breastfeeding employees unless they can prove undue hardship. However, it's a process to claim undue hardship and finding a solution to accommodate the nursing mother will likely be easier and more successful.

Nebraska State Statute (LB 197) Allow Breastfeeding as Prescribed
Nebraska was the 48th state to pass a law in 2011 that gives women the legal right to breastfeed her child in any public or private location where the mother is otherwise authorized to be.

View the complete toolkit here:
nesafetycouncil.org/lactation

Local Resources

Breastfeeding

Milkworks O (Omaha)
https://milkworks.org/
omaha@milkworks.org
10818 Elm Street, Omaha, NE 68144
402-502-0617

Nurture Omaha Lactation and Family Support
www.nurtureomaha.com
hello@nurtureomaha.com
8329 Cass St. Omaha NE
402-915-1559

Essential Breastfeeding Support
https://www.essentialbreastfeedingsupport.com/
contact@essentialbreastfeedingsupport.com
402-383-1746

Grace and Able Lactation
graceablelactation@gmail.com
Stonebridge Christian Church
15801 Butler Avenue, Omaha, NE 68116
402-807-3526

Certified Lactation Consultants
Lactationconsultants@nmhs.org
402-815-1528

Breastfeeding Boutique

Located within the Gift Shop in the lobby of Methodist Women's Hospital, the Breastfeeding Boutique offers a wide selection of breastfeeding products and services, including help with filing breast pump claims with your insurance provider.

707 N 190th Plaza, Elkhorn, NE 68022
Hours Monday through Friday, 9 am – 4 pm
bfboutique@nmhs.org
402-815-1135

Support Classes

Omaha Birth and Babies
Newborn Care & Breastfeeding Classes
info@omahabirthandbabies.com
402-237-8767

Certified Lactation Consultants
Baby & Me – Support Group for New Mothers and Babies
Back to Work & Breastfeeding
lactationconsultants@nmhs.org
402-815-1528

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