

PERINATAL BREASTFEEDING EDUCATION GUIDE



World Alliance for Breastfeeding Action/WBW

The
Maternity Center
at Montefiore | Nyack

WELCOME TO MONTEFIORE NYACK HOSPITAL

The Maternity Center

CONGRATULATIONS ON YOUR PREGNANCY!

We welcome the opportunity to support and facilitate your birthing goals with expert guidance and essential family bonding time in a comfortable and safe space. Our goal is to provide the best possible care and treatment every day without exception. It is a commitment that we make to everyone who enters the hospital.

You are the most important member of your health care team. We encourage you to ask your nurses, doctors, and other caregivers any questions you may have. Family members are also essential partners as they play a vital role in the care and recuperation of loved ones. Your multidisciplinary team of compassionate professionals will work with you and your family to create a personalized care plan. Enclosed is additional information about nurturing your baby. Breastfeeding provides unique health benefits to both you and your baby.

Your well-being, safety, and comfort are our greatest priority. Please let us know if there is anything we can do to make this experience better for you.

Thank you for placing your trust in our care.

Best wishes,

THE MATERNITY CENTER TEAM
montefiorenyack.org/maternity-center

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Breastfeeding Mothers' Bill of Rights

Choosing how to feed her new baby is one of the important decisions a mother can make in preparing for her infant's arrival. Doctors agree that for most women, breastfeeding is the safest and healthiest choice. It is your right to be informed about the benefits of breastfeeding, and to have your health care provider, maternal health care facility, and child day care facility encourage and support breastfeeding. You have the right to make your own choice about breastfeeding. Whether you choose to breastfeed or not, you have the rights listed below, regardless of your race, creed, national origin, sexual orientation, gender identity or expression, or source of payment for your health care. Maternal health care facilities have a responsibility to ensure that you understand these rights. They must provide this information clearly for you, and must provide an interpreter, if necessary. These rights may be limited only in cases where your health or the health of your baby requires it. If any of the following things are not medically right for you or your baby, you should be fully informed of the facts and be consulted.

(1) Before You Deliver:

If you attend prenatal childbirth education classes (those provided by the maternal health care facility and by all hospital clinics and diagnostic and treatment centers providing prenatal services in accordance with Article 28 of the Public Health Law), then you must receive the Breastfeeding Mothers' Bill of Rights. Each maternal health care facility shall provide the maternity information leaflet, including the Breastfeeding Mothers' Bill of Rights, to each patient or to the appointed personal representative at the time of prebooking or time of admission to a maternal health care facility.

You have the right to receive complete information about the benefits of breastfeeding for yourself and your baby. This will help you make an informed choice on how to feed your baby.

You have the right to receive information that is free of commercial interests and includes:

- How breastfeeding benefits you and your baby nutritionally, medically and emotionally;
- How to prepare yourself for breastfeeding;
- How to understand some of the problems you may face and how to solve them.

(2) In The Maternal Health Care Facility:

- You have the right to have your baby stay with you right after birth, whether you deliver vaginally or by cesarean section.
- You have the right to begin breastfeeding within one hour after birth.
- You have the right to get help from someone who is trained in breastfeeding.
- You have the right to have your baby not receive any bottle feeding or pacifiers.
- You have the right to know about and refuse any drugs that may dry up your milk.
- You have the right to have your baby in your room with you 24 hours a day.
- You have the right to breastfeed your baby at any time day or night.



- You have the right to know if your doctor or your baby’s pediatrician is advising against breastfeeding before any feeding decisions are made.
- You have the right to have a sign on your baby’s crib clearly stating that your baby is breastfeeding and that no bottle feeding of any type is to be offered.
- You have the right to receive full information about how you are doing with breastfeeding, and to get help on how to improve.
- You have the right to breastfeed your baby in the neonatal intensive care unit. If nursing is not possible, every attempt will be made to have your baby receive your pumped or expressed milk.
- If you – or your baby – are re-hospitalized in a maternal health care facility after the initial delivery stay, the hospital will make every effort to continue to support breastfeeding, and to provide hospital-grade electric pumps and rooming-in facilities.
- You have the right to get help from someone specially trained in breastfeeding support, if your baby has special needs.
- You have the right to have a family member or friend receive breastfeeding information from a staff member, if you request it.

(3) When You Leave The Maternal Health Care Facility:

- You have the right to printed breastfeeding information free of commercial material.
- You have the right, unless specifically requested by you, and available at the facility, to be discharged from the facility without discharge packs containing infant formula, or formula coupons unless ordered by your baby’s health care provider.
- You have the right to get information about breastfeeding resources in your community, including information on availability of breastfeeding consultants, support groups, and breast pumps.
- You have the right to have the facility give you information to help you choose a medical provider for your baby, and to help you understand the importance of a follow-up appointment.
- You have the right to receive information about safely collecting and storing your breast milk.
- You have the right to breastfeed your baby in any location, public or private, where you are otherwise authorized to be. Complaints can be directed to the New York State Division of Human Rights.
- You have a right to breastfeed your baby at your place of employment or child day care center in an environment that does not discourage breastfeeding or the provision of breast milk.
- Under section 206-c of the Labor Law, for up to three years following childbirth, you have the right to take reasonable unpaid break time or to use paid break time or meal time each day, so that you can express breast milk at work. Your employer must make reasonable efforts to provide a room or another location, in close proximity to your work area, where you can express breast milk in private. Your employer may not discriminate against you based on your decision to express breast milk at work. Complaints can be directed to the New York State Department of Labor.

These are your rights. If the maternal health care facility does not honor these rights, you can seek help by contacting the New York State Department of Health, or by contacting the hospital complaint hotline at **1-800-804-5447**; or via email at **hospinfo@health.ny.gov**.



BREASTFEEDING RECOMMENDATIONS FROM LEADING HEALTH ORGANIZATIONS

Breastfeeding, or **nursing**, is the process by which human breast milk is fed to a child. Breast milk may be from the breast, or may be expressed by hand or pumped and fed to the infant.

- “*The World Health Organization (WHO) and United Nations Children’s Fund (UNICEF)* recommend that children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life – meaning no other foods or liquids are provided, including water. Infants should be breastfed on demand – that is as often as the child wants, day and night. No bottles, teats or pacifiers should be used. From the age of 6 months, children should begin eating safe and adequate complementary foods while continuing to breastfeed for up to 2 years and beyond.”
- “Based on the benefits of lactation, *American College of Obstetricians and Gynecologists (ACOG)* recommends breastfeeding exclusively for 6 months with continued breastfeeding as complementary foods are introduced during the infant’s first year of life or longer, as mutually desired by the woman and her infant.”
- “*American Academy of Pediatrics (AAP)* recommends exclusive breastfeeding for approximately 6 months after birth. Furthermore, the AAP supports continued breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired by mother and child for 2 years or beyond. These recommendations are consistent with those of the *World Health Organization (WHO)*. Medical contraindications to breastfeeding are rare.”



PRENATAL PREPARATION



Information for breastfeeding families



Breastfeeding Begins Before Birth

Gather Your Breastfeeding Team

Everyone needs help as a new breastfeeding parent. Before you deliver, locate those who can help you get started.

- ✓ Friends who have breastfed before
- ✓ Family member
- ✓ Obstetrician/Midwife
- ✓ Pediatrician
- ✓ Lactation Consultant
- ✓ WIC counselor
- ✓ Peer Support Group

Learn About Breastfeeding

- ✓ Read a breastfeeding book/brochure
- ✓ Attend a breastfeeding class or peer support group
- ✓ Ask about things you have heard that you might wonder about or might be untrue
- ✓ Learn about the Baby Friendly Hospital Initiative and how it will help you get started with breastfeeding
- ✓ Access additional helpful resource sheets
<https://www.lactationtraining.com/resources/educational-materials/handouts-parents>

Key Points

- ✓ Hold your baby skin-to-skin right after birth until the first feed
- ✓ Delay common procedures until the first feeding is done (newborn weight, eye treatments, vitamin K)
- ✓ Keep your baby in your hospital room around the clock (rooming-in)
- ✓ Feed your baby around the clock whenever you see feeding cues (at least 8 times per 24 hours)
- ✓ Plan for quiet time without visitors during your hospital stay
- ✓ Do not use pacifiers; offer your breast if your baby is fussy or wants to eat
- ✓ Use no supplemental bottle feedings unless your healthcare provider says there is a medical reason
- ✓ Do not accept samples of formula or other items that might distract from breastfeeding



Information for breastfeeding families

I wish someone had told me...



Moms who have successfully breastfed their babies can give great advice. Here are some of their gems.

Take a breastfeeding class before delivery

Breastfeeding is a wonderfully natural thing to do, but learning how can help. Spend a little time learning about what happens after delivery.

Start breastfeeding right in the delivery room

Your baby will be interested in feeding within a few minutes of birth. Keep skin-to-skin and enjoy an early feeding.

It's all about the latch

How your baby holds your nipple and areola is the key to comfortable breastfeeding. Make sure the mouth is opened wide and baby gets a big mouthful. If it hurts, get help ASAP!

Feed throughout the night at first

No matter how tired or sore you are, you do need to feed around the clock in the beginning. This brings in a excellent supply of milk and assures that your baby starts gaining weight quickly.

Babies cry more on their second day of life

This can be upsetting and you might not know what to do to sooth your baby. Crying doesn't always mean hunger. Hold your baby skin to skin and offer the breast frequently. This fussiness is common and is called "Second Night Syndrome" although it can happen during the daytime also.

You don't need a breast pump right away

Your newborn is the best pump, and frequent feedings get breastfeeding off to a good start. If a breast pump does become necessary for a medical reason, a lactation consultant (IBCLC) can give you advice about the best kind for your situation.

Use it or lose it

The best way to make more milk is to feed the baby. An empty breast makes more milk. Don't skip breastfeeding sessions in the early days.

Don't wait too long to try a bottle

Breastfeeding exclusively for the first 4-6 weeks gets breastfeeding off to a good start. But if you are planning on going back to work or will need to give a bottle for some reason, start between around 4 weeks and offer it weekly to keep the baby in practice.

The best milk to use in the bottle is your pumped breastmilk. A breast pump can make that an easy thing to do.

If you are going to be home with your baby, you can skip this step.

You might make too little or too much milk for your baby

Feed often in the early days to get a good start. If your baby is not gaining weight well or you are overflowing with milk, get advice from a lactation consultant (IBCLC).

Attend a breastfeeding moms group

Just seeing other moms breastfeed and chatting with them can be a world of reassurance.

The leader will sometimes be a lactation consultant who can answer questions and help you troubleshoot problems.

Nurse lying down

Recline with your baby "on top of you" or lie on your side while your baby feeds. Use pillows to get yourself and your baby comfortable. You need a little rest too!

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Information for breastfeeding families

Five Keys to Successful Breastfeeding



Keep your baby skin to skin with you until after the first feeding

The first feeding sets the pace for next several feedings. In the time right after birth, babies are often awake and ready to feed during that hour. Take advantage of this special time by asking the nurses to delay the eye treatment, weight, and routine injections until after the first feeding. Your partner can do skin-to-skin too, especially if you have had a cesarean and skin-to-skin may be delayed a bit. Ask your nurse for assistance.



Room in with your baby

Keep your baby with you during your hospital stay so you can learn your baby's hunger cues and feed on demand. Babies typically feed more than 8 times each 24 hour day for the first several weeks. Offer the breast whenever your baby seems willing.



Avoid supplementary feedings

All your baby needs is you! Rarely is there a baby who needs more than the breast in the first 24 hours. Offer the breast often. The fast flow and different feel of a bottle nipple can confuse babies and make subsequent feedings difficult.

Breastfeed whenever your baby seems hungry. Observe your baby for feeding cues: mouthing, sticking the tongue out, bringing hands to the face; offer the breast – before he begins crying.



Limit the use of pacifiers and swaddling

Anytime your baby seems hungry, offer the breast. In-between, continue your skin to skin holding. Later your health care provider may recommend the use of a pacifier to reduce the risks of SIDs, but not until breastfeeding is well established.

Babies who are constantly swaddled do not wake up as often for feeding. And their hands help them find the way, so babies' hands should be free during feedings. Frequent feedings in these early days assures that you will bring in an abundant milk supply and your baby will feed adequately.



Ask for help

If things don't seem to be going well, or your breasts become sore, ask to see the lactation consultant in the hospital. She can watch a feeding and give you tips on how to hold your baby at the breast. When you get home, contact a breastfeeding support group, a lactation consultant in the community, or other breastfeeding assistance. A family member who was successful with breastfeeding may be able to help.

Lactation Education Resources. 2019. www.LactationTraining.com This handout may be freely duplicated. Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your healthcare provider for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information.

Information for Breastfeeding Families

Breastfeeding in the Hospital



Getting the best start, right in the hospital in the first few days of your baby's life, is key to long-term breastfeeding.

Talk to your health care providers during your pregnancy so they are aware of your wishes. Talk to your labor nurse when you arrive at the hospital to assure that she knows your wishes and can help you when the time arrives.

First, ask that your baby be put on your tummy right after delivery

- Hold skin to skin and watch your baby crawl up to the breast for the first feeding. This may happen from 10 to 40 minutes after birth.
- Keep your baby skin-to-skin until the first feeding.
- Delay the eye treatment, first weight, newborn injections and other procedures that are common right after delivery until the first feeding is finished.
- If you give birth by cesarean-section, your partner can hold your baby skin-to-skin until you are able to initiate breastfeeding. Some hospitals will do skin-to-skin even right after cesarean. Ask.

Second, keep your baby right with you at all times (rooming-in)

- If you are moved from the delivery area to the maternity area after the birth is over, hold your baby skin-to-skin during this transfer. Cover you both with blankets.

- Your baby can't breastfeed in the hospital nursery. Keep your baby with you so you can respond easily and quickly every time you see feeding cues.
- Feed your baby at least 8 times each 24 hour day on demand.
- Look for feeding cues:
 - Waking up, becoming agitated
 - Rooting (turning head and opening mouth)
 - Licking, smacking, mouthing movements
 - Sucking on fingers or fist
 - Crying is the last cue. Don't wait for that!
- Continue holding your baby skin-to-skin, before feedings, after feedings, and whenever your baby is upset.

Avoid unnecessary supplementation

- Feeding right after birth assures that your baby gets a nice big feeding right away. Then offer the breast often.
- If you are unsure your baby is breastfeeding properly, ask for help! Your nurse can give you pointers and if you need more assistance, ask to see the Lactation Consultant.

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Information for breastfeeding families

Risks of Not Breastfeeding



For Infants

It may not seem like offering your baby a bottle of infant formula has any consequences. However, it does. And there are some drawbacks to just one bottle, and more to more feedings of infant formula. Before you make a decision, consider these things. Ask your nurse, physician, or lactation consultant for more details if you have questions.

Increased risk of

- ✓ Infections (lung and GI tract)
- ✓ Childhood obesity
- ✓ Type 1 and type 2 diabetes
- ✓ Childhood cancer
- ✓ Sudden infant death syndrome
- ✓ Otitis media (ear infections)
- ✓ Lower respiratory tract infections
- ✓ Asthma
- ✓ Atopic dermatitis (skin allergies)
- ✓ Heart disease and high blood pressure
- ✓ Diarrhea
- ✓ Necrotizing Enterocolitis in premature infants
- ✓ Colic and stomach upset
- ✓ Changes the digestive bacteria in your baby's GI tract
- ✓ Dental malocclusion

If you are breastfeeding, offering a bottle can:

- ✓ Reduce your breastmilk supply
- ✓ Change your baby's suck at the breast
- ✓ Reduce your baby's desire to breastfeed

If infants were breastfed optimally (6 months exclusively, continuing for a year or more), it would save 721 infant lives and \$14 billion annually.

Bartick M. Suboptimal Breastfeeding in the United States: Maternal and pediatric health outcomes and costs. Maternal and Child Nutrition 2017

For Mothers

It may be surprising that there are risks of not breastfeeding. The longer the mother breastfeeds, the lower the risks.

Increased risk of:

- ✓ Premenopausal breast cancer
- ✓ Ovarian cancer
- ✓ Obesity
- ✓ Retained pregnancy weight gain
- ✓ Type 2 diabetes
- ✓ Myocardial infarction (heart attack)
- ✓ Metabolic syndrome
- ✓ Osteoporosis
- ✓ Rheumatoid arthritis

If infants were breastfed optimally (6 months exclusively, continuing for a year or more), it would save 3,340 lives from only 3 diagnoses (breast cancer, hypertension, and MI) annually.

Bartick M. Suboptimal Breastfeeding in the United States: Maternal and pediatric health outcomes and costs. Maternal and Child Nutrition 2017

In addition, there is the risk of possible contaminated formula or improper preparation of ingredients. There have been several recalls by formula manufacturers in recent years.

The Centers for Disease Control, The American Academy of Pediatrics, the World Health Organization, and other professional groups involved in infant health all recommend exclusive breastfeeding for the first 6 months, and then continuing for 1-2 years with the gradual introduction of solid foods.

POSTPARTUM PREPARATION



World Alliance for Breastfeeding Action/WBW



Information for breastfeeding families

Congratulations on the Birth of Your Baby!

Here are some basic guidelines to keep in mind for the first few weeks.

Wet diapers: 6+ per day
Stools: 3+ per day
Feedings: At least 8 times, according to the baby's cues, around the clock for the first 2-3 months

Signs of Good Feedings

- Feeling a deep, strong pulling sensation without sharp pain
- Consistent sucking with only brief pauses
- Hearing swallowing (after the milk comes in)
- Latch is easy
- Vigorous sucking at the breast
- Breasts are softer after the feeding
- Seeing milk in your baby's mouth
- Feeling a let-down reflex or seeing a change in the baby's feeding rhythm
- Adequate wet diapers and stools
- Minimal weight loss during first few days
- Baby regains birth weight by 2 weeks and gains $\frac{3}{4}$ to 1 oz daily thereafter



Signs of Poor Feedings

- Feeling pain during feedings
- Sleepy baby
- Inconsistent, flutter (weak) sucking
- Difficulty latching and staying attached
- Clicking or popping sounds in your baby's mouth
- Prolonged nursing (more than 20-25 minutes on each side)
- Infrequent nursing (baby does not wake to feed at least every 3 hours)
- Baby is not satisfied at the end of the feeding
- Engorgement
- Inadequate wet diapers and stools
- Rapid or excessive weight loss (more than 7-10%) during the first few days
- Has not regained birth weight by 2 weeks
- Slow weight gain thereafter (less than 1/2 - 3/4 oz per day)



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Information for Breastfeeding Families

Tips for Feeding in Delivery



- **Provide lots of skin-to-skin contact** immediately after birth. Ask your provider to place your baby on your abdomen. Your baby will instinctively move towards your breasts for its first feeding. Skin-to-skin holding helps your baby regulate temperature, heart rate, and breathing. Any routine procedures that need to be done can be done while your baby is nestled near your breasts. Tee-shirt to nightgown does not count; it must be skin-to-skin.



- **Position your baby comfortably on your chest** Babies usually assume a face down position, and this is perfect for them to look for the breast. Provide a little gentle guidance if your baby needs it.



- **Feed your baby early** Begin breastfeeding within the first hour after delivery. This is the optimal time to start. Let your baby crawl to the breast and find it with only minimal help from you. They can do it! Keep your baby skin-to-skin with you until you have completed the first feeding. Your baby will be ready and willing!
- **Massage your breasts** to increase the flow to your baby. Massage from the outer edges towards your nipple. This will move colostrum into your nipple. Then give your breast a gentle squeeze.

- **Babies are very sensitive to smells** Your baby will know you by your scent. Gently wipe away any fluids from their skin but delay the first bath for 24 hours or so. Let breastfeeding get off to a good start before others hold your baby. Delay your bath until after several feedings to allow your baby to “know you by your scent.”

- **If supplements are necessary** for medical reasons, give only 5 to 10 mls. Continue skin to skin contact and encourage breastfeeding again as soon as your baby shows interest.

- **Moving to the post-partum unit** Wrap both you and your baby together to maintain skin-to-skin contact while you are moved from labor and delivery to your post-partum room. Then keep your baby with you throughout the day and the night so you can respond quickly when your baby shows signs of wanting to feed.

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Information for breastfeeding families

Breastfeeding After a Cesarean Delivery



Almost 1/3 of babies are born by cesarean in the U.S. Whether your cesarean was planned or an urgent situation, it can make initiating breastfeeding a bit more difficult. It is major surgery, so your body will need time to recover. Please do not feel that you have “failed” or did anything to contribute to the surgery. The important thing is that your baby is healthy! Be flexible to meet your baby’s needs. There is no reason that your surgery will prevent you from breastfeeding successfully and for as long as you would like.

Breastfeed right after delivery

You can breastfeed in the recovery area. Your husband/partner can hold your baby skin to skin until your surgery is completed. Studies show that babies feed better if they have been held skin to skin uninterrupted until the first feeding.

In some hospitals your baby can enjoy skin to skin while you are still in the operating room and your surgery is ending. Then your baby can begin breastfeeding when he is ready. Ask, as soon as you know about your surgery, when breastfeeding can begin.

Discuss the options of general versus regional anesthesia before surgery. Often in elective cesareans, regional anesthesia is an option and mothers are able to breastfeed sooner. Even if general anesthesia is used and putting the baby to the breast is delayed, you can make up for lost time once you are together.

Baby “on top,” across moms body, feet positioned away from your incision



Recovery

The hospital stay will be longer after a cesarean than after a vaginal delivery. Since you will be recovering from surgery as well as learning how to care for your new baby, it makes sense to take it easy, limit visitors, get as much rest as possible and take advantage of family members and friends who want to help. Take the pain medication that is offered to you in the hospital and at home. These medications do pass through breastmilk, but in very small quantities. Keep yourself comfortable. Your recovery will be faster.

Your milk may be a bit slower to “come in” due to the surgery. Feed frequently (at least 8-12 times each day) and assure that your baby is feeding effectively.

Positioning

Find a position that is comfortable for you to nurse. It may be a football hold, or a “baby on top” position with his legs off to the side so they are not resting on your incision. Tuck pillows or blankets in wherever you need a little support. See the handouts on positioning your baby.

Football hold with blanket for wrist support



Information for Breastfeeding Families

Colostrum First



Colostrum is the *“first milk”* that a breastfeeding mother produces in the weeks before delivery and in the early days of breastfeeding. It is just waiting for your baby to be born. This special milk is low in fat and high in carbohydrates, protein, and antibodies; it is also extremely easy to digest. Although the amount of colostrum is low, it is high in concentrated nutrition. It is the perfect first food!

If you worry that you have no milk the first few days after delivery, remember that a little bit of colostrum goes a long way. Put your baby to breast often for him to “sip” on colostrum. This helps bring in your “second milk,” the mature milk, sooner.

To help your baby get the full benefit from colostrum, make sure the first several feedings are colostrum. If supplementation becomes necessary for a medical concern, try expressing some of your own colostrum. You can express some colostrum by hand or use a breast pump and feed your pumped milk to your baby by spoon or syringe. Ask your lactation consultant for assistance. Make sure your baby’s gut is first protected by colostrum before other fluids are given.

- Colostrum has a laxative effect on your baby, helping him pass meconium which aids in the first bowel movements and helps prevent jaundice.
- Colostrum is often called “white blood” because it provides large amounts of living cells (lymphocytes and macrophages, similar to those in blood) which will defend your baby against infections and illnesses.
- Colostrum has an especially important role in protecting your baby’s gastrointestinal tract. A newborn’s intestines are very permeable (leaky). Colostrum seals the microscopic holes by “painting” the gastrointestinal tract with a barrier which prevents most foreign proteins (from food the mother has eaten or from infant formula) from penetrating the gut and possibly sensitizing your baby to an allergy.
- Colostrum is considered your baby’s first immunization because it contains large quantities of an antibody called secretory immunoglobulin A (sIgA).
- As breastmilk changes from colostrum to mature milk, the concentration of immune factors and antibodies decreases but the volume of breastmilk greatly increases. Therefore, the amount of infection fighters your baby receives remains fairly constant throughout breastfeeding.

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Promoting Skin-to-Skin Contact



What is skin-to-skin contact?

Skin-to-skin contact, also called “kangaroo care,” is when your baby is placed on your chest after birth instead of being wrapped in a blanket and placed in a crib or incubator (warmer).



How do I have skin-to-skin contact with my baby?

Your naked baby should be placed directly on your skin without a blanket or clothes between your chest and your baby. This allows your body heat to keep your baby warm. It works best if you place the baby between your breasts on your chest facing you. You can put a warm, dry blanket on top of both of you. This helps keep that heat around both of you. If your room is cold, you may want to put a hat on your baby so there is less heat lost from your baby's head.

Why is skin-to-skin contact important?

Babies can get too cold right after they are born because they are not able to keep their temperature normal. It is comforting for your baby to be close to you. Your baby already knows your scent and touch. Your voice and the rhythm of your breathing are soothing. Skin-to-skin contact is good for both you and your baby.

When should skin-to-skin contact start?

Skin-to-skin contact has the most benefits when you do it right after your baby is born, but it is also good later on. Your partner or a close family member can also have skin-to-skin contact with the baby. This allows them a chance to bond with the baby further.

What are some benefits of skin-to-skin contact?

- Skin-to-skin contact keeps your baby's temperature normal better than being wrapped in blankets or placed under a heating lamp.
- Skin-to-skin contact helps your baby's heart and breathing rate stay regular.
- Skin-to-skin contact shortens the time it takes to deliver your placenta.
- Skin-to-skin contact helps your baby smell and find your nipple so breastfeeding starts easily and is more successful. Your body may also make more breast milk.
- Skin-to-skin contact lowers the levels of stress hormones in your blood, which helps you bond with your baby.

- Skin-to-skin contact can help build your confidence about parenting and your ability to take care of your baby's needs.
- Your baby may spend more time sleeping, longer being quiet and awake, and less time crying.
- Babies who have skin-to-skin contact right after birth are less likely to need to be in the neonatal intensive care unit (NICU).
- If your baby is sick, skin-to-skin contact can help your baby heal.

What are the risks of skin-to-skin contact?

If you and your baby are healthy right after the birth, there are no health risks from skin-to-skin contact.

When might my baby need to be taken to an incubator?

If your nurse or provider sees that your baby needs additional help breathing or keeping a normal heartbeat in the first minutes after birth, he or she may be taken to an incubator. There, tools like oxygen can be used to help your baby adapt to life outside the uterus (womb).

When can I expect my baby to be taken to an incubator?

In some hospitals, the nurses who are at your birth take your baby to the incubator within the first hour. There they will do a physical exam, give a vitamin K shot, and administer eye drops. The physical exam that is needed in the first hour after the birth can be done while you and your baby share skin-to-skin contact. The eye drops and vitamin K shot can be put off for a couple hours after birth. If you want skin-to-skin contact, you will want to ask your provider what the hospital's usual practice is before you go into labor. This way you can notify the staff ahead of time that you do not want to be separated from your baby in the first hour after birth if you are both healthy.

How do I let my nurse and provider know I want skin-to-skin contact?

Discussing your birth plan with your nurse and provider before labor or when you get to the hospital or birth center is an important step in communication. This helps the staff provide the type of care that is important to you.

For More Information**March of Dimes**

<http://www.marchofdimes.com/downloads/CloseToMe.pdf>

Kangaroo Mother Care

<http://www.kangaroomothercare.com>

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Information for breastfeeding families

Baby's Second Day



Often babies are very sleepy the first day after birth. It will be a challenge to keep them awake long enough to feed, and they may not wake up frequently for feeds. So you may need to arouse your baby to feed at least 8+ times that first day. But by the second day, your baby may be more awake, ask for feedings, and be unsettled. This can be upsetting and you might not know what to do to sooth your baby.

Second Night Syndrome

Generally occurs about 24 hours after birth for almost every baby. Your baby will want to be on the breast constantly but quickly fall asleep. If put down, your baby will probably wake up. If put to breast, the baby will feed for a short time and fall asleep. You may go back and forth with this many times.

Because you will be exhausted at that point, it would be easy to send your baby to the nursery or request a bottle feeding, **BUT** here is the best strategy:

Hold your baby skin-to-skin

Skin-to-skin holding is very soothing to your baby. Babies are familiar with the feel and smell of their mother's body.

Offer the breast when your baby wants to eat

Frequent nursing is the key to an abundant milk supply. Just make sure your baby has a good latch at the breast. Your nurse or lactation consultant can give you pointers on positioning and latch-on.

Assure that your baby is drinking

Make sure your baby is getting milk while at the breast.

- ✓ Check for a wide, deep latch on the breast
- ✓ The angle of your baby's mouth on the breast is 150° or wider
- ✓ Arouse your baby if drowsy while nursing
- ✓ Listen for swallows every 5-15 sucks

Nap when your baby naps

Take a short nap whenever your baby is asleep. It is likely your baby will want to be fed several times through the night, so take advantage of any quiet time to rest.

Enlist help!

Work out a plan with your partner, sibling, parent, or anyone who can spend the night with you. They can take turns holding and walking or rocking the baby while you take a break.

You are not alone

Just knowing that Second Night Syndrome is common may help you relax a bit. Almost every baby experiences this, but it will last only a night or two. Maybe three.

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Information for breastfeeding families

Waking a Sleepy Baby



Babies are often sleepy during the first week or so. They may not awaken often enough to feed: remember newborns need to eat 8 or more times per 24 hours. Or once the feeding has begun, they may fall asleep again. Here are a few suggestions for waking your baby. Some work better on certain babies than others. When one quits working, try another.

Stimulate all of your baby's senses

- Hold baby skin-to-skin for 15-30 minutes
- Undress the baby to diaper
- Rub and massage the baby in various places
 - Top of the head
 - Bottom of the feet
 - Up and down the spine
 - Across the belly
 - Up and down the arm
 - The spot right above the belly button
- Change the position of the baby, from cradle hold to football hold and back again
- Do "baby sit-ups". Rock the baby from a sitting to lying position and back again. Rock gently back and forth until the baby's eyes open. *Do not* "jack-knife" the baby (force forward)
- Talk to the baby. Babies respond to parents' voices
- Try adjusting room lights up for stimulation or down so the baby can comfortably open eyes

- Start to pull the nipple from the baby's mouth (Make sure that this does not result in the baby sucking on just the tip of the nipple. If it does, break the suction and re-attach the baby to the breast.)
- Change the baby's diaper
- Apply a cool washcloth to the baby's head, stomach or back. (Do not let the baby become chilled. Premature infants become chilled more easily than term infants.)
- Allow your baby to suck on your finger for a few minutes
- Express some breastmilk and place just under your baby's nose. Dribble milk over the nipple while latching-on.

Signs of concern

If your baby is un-aroused after a reasonable amount of time and the use of several techniques, contact your healthcare provider.

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Information for breastfeeding families

If your baby refuses your breast



If your newborn has had some bottles or uses a pacifier a lot, your baby may be confused or even refuse to go to the breast.

Skin to skin holding

Try this several times each day for an hour or two. Not only is skin-to-skin contact great for promoting breastfeeding, it helps enhance your baby's nervous system and is fun to do.

Laid-back breastfeeding

If your baby needs more assistance, try laying back for the feeding. Babies seem to feed better when their tummy is in full contact with the mom.

All you have to do is lean back, find a comfortable position, and lay the baby near the breast. When ready baby will find the breast with little help from you. Watch the video of this "Laid Back Breastfeeding" at

<http://www.biologicalnurturing.com/video/bn3clip.html>



Give him a taste

Express a few drops of milk on your nipple, or drip some milk over your nipple for your baby to taste. Stroke your baby's lips with your nipple (from nose towards chin) until the mouth opens wide. Be patient and let your baby take the lead.

Sandwich hold

If your nipple is difficult to grasp, roll it gently between your fingers to make it stand out. Make your breast into a "nipple sandwich" by gently compressing behind the edge of the areola. Keep your thumb in line with your baby's nose and your fingers on the opposite side.



Temporary feeding measures

Sometimes lactation consultants recommend additional feedings given in a way that will not compromise breastfeeding in addition to trying at the breast. Some lactation consultants recommend that you feed the baby a little at first to take the frantic edge of hunger off but end the feeding at the breast so the sense of contentment of fullness happens there. You want the breast to be a pleasant place for your baby to be, not a battle ground.

Get advice on alternative feeding methods. Don't confuse your baby with bottle nipples or pacifiers at this time. After breastfeeding is going well, they can be used. While you are working on transitioning the baby to the breast, be sure to use a hospital grade breast pump at least 8 times per day to maintain your milk supply. Returning the baby to the breast is always easier if there is an abundant flow of milk available.

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Your Newborn is Crying, Now What?

Try these quick solutions to restore calm

➤ **Hold the baby skin-to-skin**

Skin to skin contact reduces stress levels for both mother and baby. When the baby is calm, then offer the breast

➤ **Let the baby suck**

Offer a finger (or pacifier) for the baby to suck on for a minute or two. Sucking is a way babies sooth themselves.

➤ **Give a taste**

Hand express milk from the nipple for the baby to taste. Or dribble milk over the nipple to entice him to the breast.

➤ **Provide motion**

Pick the baby up, rock, walk, bounce or dance. Babies are used to constant motion while in the uterus. Providing motion reminds them of “home.”

➤ **Check skin temperature**

Feel your baby’s tummy and make sure it is not too hot or too cool.

➤ **Stay Calm**

Babies are sensitive to your stress level. Remain calm and your baby may follow suit.

➤ **Reduce the stimulation**

Too much stimulation, for too long, can be over-whelming for babies. Dim the lights, make no sounds and give the baby a break. Sometimes white noise like the sound of a hair dryer helps.

➤ **Burp your baby**

Maybe there is a burp that needs to come up or gas that needs to go down.

➤ **Do something different**

If none of these solutions work, distract your baby with something different. Sing or hum, hold your baby up over your head or give a bath.

Watch for feeding cues for the next feeding:

- Waking up
- Licking lips & sticking tongue out
- Sucking sounds
- Rooting
- Hand to mouth activity
- Generalized body movements

Feed the baby before the last feeding cue...

- Crying

You won’t spoil your baby by attending to needs!

Information for breastfeeding families

Promoting Let-down and Milk Flow



“Let down” occurs when the milk releases and generously flows from the breast, stimulated by the hormone oxytocin. It usually occurs about 1-3 minutes after the start of breastfeeding or using a breast pump. Try these suggestions to let the milk flow.

Promote relaxation

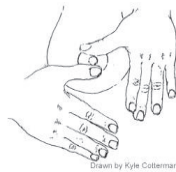
- ✓ Take several deep breaths and close your eyes before you begin
- ✓ Visualization:
 - * Imagine the beach or other relaxing place: Use all five senses: imagine the sights, smells, taste, sound and sensations around you in this location
 - * Try to visualize and "feel" what the let-down response feels like.
 - * Imagine your milk flowing or use images of waterfalls or a river of milk
 - * Think of your baby's soft little hand moving at your breast
- ✓ Look at pictures of your baby
- ✓ Listen to the sound of your baby cooing or “talking” to you. Even a cry can be helpful.
- ✓ Smell your baby's unwashed shirt or blanket
- ✓ If you are in any pain, take Advil or Tylenol about 30 minutes before you expect to nurse. Pain can cause stress and inhibit let-down
- ✓ Set up a “nursing nook” where you always go to breastfeed or pump that is quiet and without distraction. Have a comfy chair, pillows, footstool, soothing music, and warm beverages easily available
- ✓ Hold your baby skin-to-skin
- ✓ Get in a warm bath with baby and nurse there
- ✓ Singing or humming may speed let-down
- ✓ Distract yourself – listen to a podcast, talk on the phone, read a book, etc.
- ✓ Place a heating pad or warm herb pack on your shoulders and/or across your breasts
- ✓ Have a helper massage your back and shoulders before and while you nurse

Nipple stimulation to release oxytocin

One minute of moist heat, massage, nipple rolls and gentle tugging. Rest two minutes then pump or feed your baby.

Reverse Pressure Softening

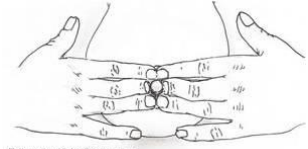
Apply direct pressure on the areola with your fingertips



Drawn by Kyle Cotterman



Drawn by Kyle Cotterman



Drawn by Kyle Cotterman

Breast massage

- ✓ Helper stands behind mom using non-scented lotion or massage oil
- ✓ Warm compresses
- ✓ Start around the areola
- ✓ Work tips of fingers in circles around breast clockwise
- ✓ Gently and gradually apply pressure to stubborn areas
- ✓ Apply breast compressions periodically



Hands-on pumping

<https://med.stanford.edu/newborns/professional-education/breastfeeding-maximizing-milk-production.html>

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Hand Expression

Hand expression is a handy skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first week or so, use hand expression to provide the milk needed!

Hand expression routine:

1. Apply heat, massage, and stroke breasts
2. Position fingers behind areola
3. Press back toward the chest
4. Compress fingers together to express milk
5. Relax and repeat, getting a rhythm going
6. Express for 5-7 minutes
7. Move fingers to a different position
8. Massage and stroke the breast
9. Press back toward the chest
10. Compress fingers together to express milk
11. Express milk for 3-5 minutes
12. Massage and stroke breasts
13. Move fingers to a different position
14. Express milk for 1-2 minutes
15. Complete cycle takes 20-30 minutes



Watch these videos while you are hand expressing to see the technique in action!

<https://med.stanford.edu/newborns/professionaleducation/breastfeeding/hand-expressing-milk.html>

<https://firstdroplets.com/?sfns=mo>

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Information for breastfeeding families

Positioning & Latch: Mother-Led Latching

The way you hold your baby and latch to the breast are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch can prevent many of the common problems that are encountered when starting to breastfeed. Mother-led latching is good for any time the baby needs additional assistance, is too sleepy to latch spontaneously, or you have sore nipples.

Getting Comfortable

Choose a comfortable chair or sofa with good support for your back. Use a footstool to bring your knees up so your lap is slightly inclined and the pressure is off the small of your back. Position pillows wherever needed to support your arms and relax your shoulders.

Positioning Your Baby

With any position you choose to hold your baby, turn your baby completely "tummy to tummy," so your baby's mouth is directly in front of the breast and there is no need for the baby's head to turn to the side to reach the nipple.

Position your baby nose to your nipple so baby has to "reach up" slightly to grasp the nipple. The chin should touch the breast first, then grasp the nipple.

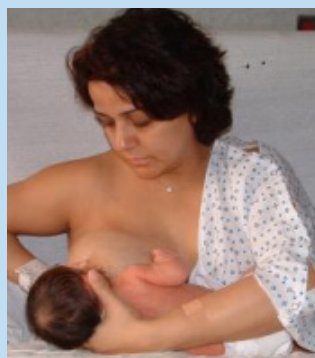


Place your baby's lower arm around your waist. This will draw your baby close to you. Look for a straight line from your baby's ears, to shoulders, to hips. The head should not be tucked into the chest or tipped backwards. Your baby's legs should curl around your waist.

The **football hold (clutch hold)** is good for parents who have had a cesarean delivery because the weight of the baby is not on the abdomen. Tuck the baby under your arm with pillow support to place the baby at breast height. Tuck a pillow or rolled receiving blanket under your wrist for support.



Using a C-hold, place your baby facing you with baby's mouth at nipple height. Baby's hips should be flexed with legs and feet tucked under your arm.



The **cross-cradle hold** is one of the preferred positions for the early days of breastfeeding. You will have good control of the position of your baby's head when you place your hand behind your baby's ears. Roll the baby to face you "belly to belly."

Side lying is great for getting a bit of rest while your baby nurses or if you want to avoid sitting because of soreness. Notice the pillow support and your back and the baby's back, and between your legs. Roll the baby towards you "belly to belly".



The **Cradle hold** is great for after the baby is nursing easily and the latch is easy. It is the most common position and you will often see this in pictures of breastfeeding mothers. Please wait to use this position until your baby latches easily.



Latch

Compress your areola slightly to make a "nipple sandwich" for the baby. This will allow the baby to get a deeper latch. Make sure your fingers are well behind the edges of the areola (1 to 1 ½" from the base of the nipple). Allow your baby's head to lean back slightly so the chin touches the breast first.

An easy way to remember how to hold your hand is to keep your thumb by your baby's nose and your fingers by the baby's chin. That way you will automatically rotate your hand to match the baby's positioning.



Touch your nipple to the philtrum (the skin between his nose and lips). Your baby will open wide and you can bring baby to the breast. If your baby doesn't open wide, tickle the philtrum and wait for a WIDE (like a yawn) mouth and the tongue to come forward.

There should be a "big mouthful" of the areola in the mouth. Bring the baby to the breast, not the breast to the baby!

Check your latch

Your baby's chin should touch the breast and the nose should be free. Worried that your baby can't breathe while at the breast? Don't! If babies truly can't breathe, they will let go. Usually, babies can breathe easily even when pressed close to the breast because they can breathe around the "corners" of their noses. Do not press on the breast to make a breathing passage for the baby to breathe. If necessary, pull the baby's hips in closer to you. This should free up the nose. The angle of your baby's lips at the breast is 140 degrees or greater. Most of the areola is in your baby's mouth and both upper and lower lips are rolled out.



You feel deep pulling sensation as the baby nurses. It should not be sharp pain or last more than a moment during the latch.

If you feel pain, reattach your baby. But first try to tuck your baby in closer and slide baby down an inch or two to see if that will help. If you need to remove your baby from the breast, slip your finger between lips and gums to break the suction

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Information for breastfeeding families

Signs of a Good Feeding

**A good latch is the key to a good feeding.
Regardless of the position you hold your baby, the latch remains the same.**

Signs of a Good Latch

- The baby has a deep latch with an angle where the lips meet the breast of at least 140°
- Both upper and lower lips are flanged (rolled out)
- Baby's mouth should be full of nipple and as much areola as can fit. More from the bottom of the areola than the top (asymmetrical latch)
- You are comfortable through the feeding. There may be some "latch" pain that subsides quickly
- There is movement in the baby's temples with sucking and the jaw moves up and down an inch or more
- There is slight movement of your breast near the baby's lips



Signs of a Good Feeding

- Hearing swallowing at least every third suck once the milk comes-in. Seeing milk in the baby's mouth
- Consistent sucking with only brief pauses
- The breasts are softer after feedings
- Appropriate output for age. (1 wet diaper on day 1, 2 wet diapers on day 2, 3 wet diapers on day 3, 6 wet diapers on day 4 and on, and several stools each day)
- Feeling strong, deep, "pulling", sucking, no sharp pain
- Leaking from the other breast or feeling of a "letdown" reflex or noticing a change in the baby's sucking rhythm from faster to slower
- Vigorous sucking on the breast
- Your baby nurses 8 or more times per day (24 hour day)
- Your baby latches easily with minimal attempts and stays latched
- Minimal weight loss during the first few days (<10% of birth weight) and return to birth weight by 2 weeks

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Information for breastfeeding families

Breastfeeding Survival Guide for the First Two Weeks

Breastfeed whenever your baby shows feeding cues

It sounds like a lot, but your baby needs your milk and your breasts need the stimulation to bring in an abundant milk supply. Newborns need to be fed around the clock so that they get 8 or more feedings each 24 hour period.

Wake your baby up well before feedings

A drowsy baby will not feed for long. Undress to the diaper, rub the tummy and back, talk to and rock your baby until the eyes open. A good strategy is to put the baby naked (except for a diaper) on your chest skin to skin for 1/2 hour prior to feeds.

Keep your baby sucking through the feeding

If your baby drifts off to sleep, "bug baby" to keep awake. Massage your baby's feet or back, use cool wash cloths, and talk to keep your baby feeding. Look for vigorous sucking on each breast.

Try baby led latching

Get into a reclined position and place the baby on top of you in any position that is comfortable for you. Allow the baby to locate the breast and latch. Baby's head will bob to locate the breast. When the chin feels the breast first, the mouth will open wide and latch. Try again if you feel any nipple pain.

Read this for more details:

<http://www.biologicalnurturing.com/index.html>



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If your breasts get full, have your baby empty them for you by frequent feeding

Engorgement is common in the first few days. Emptying your breasts helps. Massage your breast during the feeding to "empty" them more completely. If that is not enough, you may use a breast pump prior to feedings to get the milk flowing and shape the nipple, then feed the baby. After feedings, if you are still over-filled, use the breast pump again. Ice is also a good way to slow down breastmilk production at this time. And it will feel good!

Look for one wet diaper according to baby's age until day 6

For example, 3 wet diapers on day three, four on day four, and so on. Continue with 6 wet diapers and 2-3 stools daily. More is fine, but if you are not getting these minimums, call a lactation consultant or your health care provider for evaluation of your situation and advice.

If your nipples get sore

Try the sandwich hold. Gently squeeze the breast into a "sandwich". Create an oval of the areola with your thumb lined up with your baby's nose, your fingers under the breast.

When do I get to sleep?

Sleep when your baby sleeps. Newborns tend to feed a lot at night and sleep more during the day. Around the clock feeds are grueling and you can maximize your sleep by napping when your baby does. Accustom yourself to these quick "cat-naps" to help you feel refreshed. You can also encourage the baby to spend more time awake during the day by feeding and playing.

Find your groove

It will take several weeks for you and your baby to get into a pattern of feedings and nap times. Go with the flow and learn what your baby's natural rhythms are. Schedules don't tend to work until the baby is a bit older and bigger. You can encourage a more predictable pattern later.



Information for breastfeeding families

Hands-On Pumping

Using a breast pump is important if your baby is ill, premature, or unable to feed directly at the breast for any reason. You will obtain more milk from the pumping session if you use breast massage at the same time. You will have more milk to save for feedings, and your milk supply will increase.

Hands on pumping routine:

- Begin pumping as soon as possible. You may have the most success if you pump or hand express within the first six hours after birth; ideally within the first hour.
- Use a hospital grade double electric pump if at all possible.
- While a rigid schedule is not necessary, milk should be removed at least 8x per day to maintain supply.
- Assure the flanges are appropriate size:
 - Nipple moves freely in and out during suction cycle.
 - Breasts are “emptied” completely, no areas of lumps.
 - No pain while pumping.
 - No indentation ring from the flange after pumping.
- Wear a bra or bustier that will hold the flanges in place while you pump so your hands can be free for massaging.
- Start with slow massage to stimulate let-down.
- Apply the breast pump and use the maximum suction level that is comfortable, not painful.
- Watch the sprays of milk and adjust hand position to where milk flows the most easily.
- When the sprays of milk subside, switch to single pumping so you can be more vigorous with the massage.
- When the sprays of milk subside again, turn off the pump and hand massage into the pump flange.
- Some mothers can double their output this way.
- Pay special attention to remove milk from the outer margins toward the armpits area.



Watch this video while you are pumping!

<https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

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Information for breastfeeding families

Help From Friends and Family



New mothers need help and support in the early days of breastfeeding. Partners, grandparents, siblings, and friends all can play a critical role in meeting the needs of a new mother. Everyone needs to be on the same “wave length” when offering help and suggestions. Be aware of differences in culture and changes in parenting philosophy from generation to generation.

How to Help

- Watch for feeding cues and bring the baby to mom for feedings
- Change diapers
- Burp the baby
- Hold the baby skin-to-skin
- Walk, rock, swing, and cuddle the baby
- Take care of household duties
- Bathe the baby
- Take care of the other children
- Offer encouragement
- Be there!

What Has Changed

- No feeding schedules. Feed on demand.
- No “crying it out”
- Minimal pacifier use
- Continue breastfeeding while employed by using a breast pump at work

Notes from Dad to Mom

- Treat me like I know what I am doing; teach me when I don't
- Look at me like you used to
- Let me help when you are tired
- Spend some alone time with me
- Take my advice
- Be agreeable with my family
- Encourage me to be part of the special relationship you have with the baby
- Ask me what my concerns are and listen
- Ask for help if you need it

Notes from Mom to Dad

- Take the baby for awhile and give me a break
- Tell me I am doing a good job
- Be my “breastfeeding coach”
- Plan something special for the two of us
- Give me a massage
- Send me flowers
- Limit my visitors
- Make dinner or breakfast in bed
- Be agreeable with my family
- Don't question purchases to make breastfeeding easier/more comfortable
- Wash the pump kit
- Do some of the housework
- Plan time so I can sleep
- Just listen and offer support
- Be our advocate for nursing
- Get involved in our baby's care
- Ask for help if you need it
- Talk proudly to your friends about breastfeeding

Information for Breastfeeding Families

When to Call a Lactation Consultant



Call a lactation consultant for additional instruction and support if your baby :

- Is jaundiced
- Refuses to latch-on
- Is not gaining weight quickly (3/4 – 1 oz per day)
- Is gaining weight too quickly (more than 1 ½ oz per day)
- Cries a lot and is fussy
- Feeds “all of the time”
- Is premature or a “late preterm” baby
- Spits up “a lot”

Call a lactation consultant for additional instruction and support if you :

- Have flat or inverted nipples
- Have sore nipples
- Are engorged
- Are ill or need to have surgery
- Have a low milk supply
- Are returning to work
- Experience mastitis (breast infection)
- Wish to breastfeed an adopted baby
- Experience stress around feedings
- Need to take medications
- Need advice about selecting an appropriate breast pump
- Are receiving conflicting advice or discouragement to breastfeed

Or, anytime you are unsure if breastfeeding is going well

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CLINICAL CIRCUMSTANCES





Information for breastfeeding families

Increasing Your Milk Supply

During the first few days and weeks, frequent stimulation of the breasts is essential to establish an abundant supply. If you find your milk supply is low, try the following recommendations.

More breast stimulation

- Breastfeed more often, at least 8 or more times per 24 hours.
- Delay the use of a pacifier.
- Try to get in “one more feeding” before you go to sleep, even if you have to wake the baby.
- Offer both breasts at each feeding.
- Empty your breasts well by massaging while the baby is feeding.
- Assure the baby is completely emptying your breasts at each feeding.

Use a manual or electric pump

- Use a hospital grade pump with a double kit.
- Pump after feedings or between feedings.
- Apply warmth and massage before beginning to pump.
- Try “power pumping.” Pump for 15 minutes every hour for a day; or try pumping 10 minutes, resting 10 minutes, pumping 10 minutes and soon, for an hour.

Parent care

- Increase skin-to-skin holding time with your baby; relax together.
- Take a warm, bath, read, meditate, and empty your mind of tasks that need to be done.
- Reduce stress and activity. Get help.
- Eat nutritious meals; continue to take prenatal vitamins.
- Increase fluid intake.
- Back rubs stimulate nerves that serve the breasts (central part of the spine).

Avoid these things that are known to reduce milk supply

- Smoking
- Birth control pills and injections
- Decongestants, antihistamines
- Severe weight loss diets
- Mints, parsley, sage (excessive amounts)

Keep records

- It is important to keep a daily log with the 24 hour pumping output totals - this amount is more important than the pumped amount at each session. This will help you see your progress over the days.
- Keep in touch with your lactation specialist or healthcare provider to monitor your progress and modify your care as necessary.

Retained placenta

- If you are not seeing improvement and you are still having vaginal bleeding after 2 weeks, discuss the possibility of retained placental fragments with your healthcare provider. Small bits of the placenta can secrete enough hormones to prevent the milk from coming in.

Low thyroid

- Have your healthcare provider check your thyroid levels. Low thyroid can affect milk supply.

If supplementation is recommended

- Determine the amount needed with your healthcare provider.
- Pump after the feeding.
- Offer the supplement in a way that won't interfere with breastfeeding such as tube or syringe at the breast or a cup or spoon.
- Wean your baby off the supplements gradually.

Other resources

- <http://www.lowmilksupply.org>

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Information for breastfeeding families

Increasing breastmilk supply for a baby in the NICU

Frequent stimulation of the breasts, by breastfeeding or using a breast pump during the first few days and weeks, is essential to establish an abundant milk supply.

Get off to a good start

Begin pumping or hand expression, as soon after the birth as possible, preferably in the first few hours. Pumping 8 or more times per day notifies your breasts that they need to produce more milk. The pump substitutes for the suckling your baby cannot currently do. Use a double pump kit. This stimulates your milk supply better than pumping each breast individually.

We recommend that you use a hospital grade breast pump when you pump. It is the only type that is designed to start your milk supply when you are not breastfeeding yet.

Pump for about 15 minutes each time. When the milk stops flowing, it doesn't mean you are "empty". Do some hand massage to remove the remaining milk. Rotate your hands around the breast to empty all areas.

Pump regularly

Continue to pump 8 or more times per day. It does not need to be on a schedule. Some parents are able to pump 8+ sessions during their awake hours so that they can take a 4-5 hour break in the middle of the night to sleep. If you miss a session, make up for it as soon as you can.

When you visit your baby, use the breast pumps in the NICU so you won't miss a session. Just bring your own kit with you.

Avoid these things that are known to reduce breastmilk supply

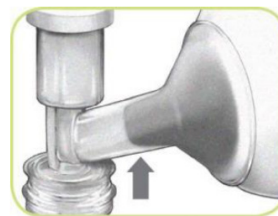
- Smoking
- Caffeine
- Birth control pills and injections
- Decongestants, antihistamines
- Severe weight loss diets
- Sage or peppermint (excessive amounts)

Make sure that your flange fits

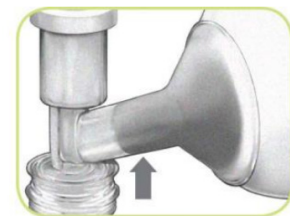
You will know it fits if:

- Your nipple stretches easily in the flange.
- Only the nipple is pulled into the flange, none of the areola.
- Your breast "empties" all over with no lumps or full pockets of milk.
- There is gentle motion of your breast tissue outside the flange during each suction cycle.
- There is no pain, only a tugging sensation.
- There is no compression ring or blanched skin around the areola.

Watch what happens during a pumping session. Your nipple size may change during a pumping session, or over the weeks that you use a breast pump. There are larger flanges sizes available if you find that yours is too tight.



Good Fit
Space seen around nipple.



Too Tight
Nipple rubbing along tunnel.

Pump like a baby feeds

At the beginning of your pumping session, start your pump on low suction and fast cycles. Your baby will start sucking fast and light. Gradually turn the suction up over the first few minutes.

Once the milk begins to flow, that means your let-down reflex has started; this is the time that your baby would be sucking slow and deep. Turn your pump cycling down and continue increasing the suction until it begins to pinch. Then turn it back a bit. That will be the right suction level for you. Don't turn the suction beyond when it begins to feel uncomfortable. There are some breast pumps that do these adjustments automatically.

Massage your breasts while pumping

Massage can make a tremendous difference in how much milk you obtain while pumping. For detailed instructions on how to do breast massage while pumping, view this video:

<https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>. Massage until the milk stops flowing, then compress or gently squeeze the breast to remove even more.

To have one hand free while pumping, you can use one hand to hold both flanges, wear a tight camisole or purchase a special bustier.



Stimulate your let-down reflex

Let-down is when the milk is flowing easily. Stress is a major problem for your let-down reflex and is common, of course, among NICU parents. Here are some suggestions to help:

- Hold your baby skin-to-skin.
- Smell your baby or if you are home, smell your baby's worn clothes.
- Look at pictures of your baby.
- Listen to the sounds your baby makes.
- Listen to relaxing music or nature sounds.
- Massage your breasts.
- Relax your shoulders, do neck rolls.
- Use visualization; think about rivers of breastmilk or think of a peaceful place.
- Eat and drink something while pumping.
- Pump prior to a stressful event.
- Don't watch the collection bottles.
- Get a back or foot massage.
- Wear a Rice Sock around your neck or lay it over your breasts while pumping.



What is a Rice Sock?

Fill a clean gym sock with uncooked rice and tie it shut. Some people add pleasant smells such as lavender or chamomile to aid in relaxation. Heat it in the microwave for 30-60 seconds (make sure it does not get too hot) and wear it around your neck or lay over your breasts.

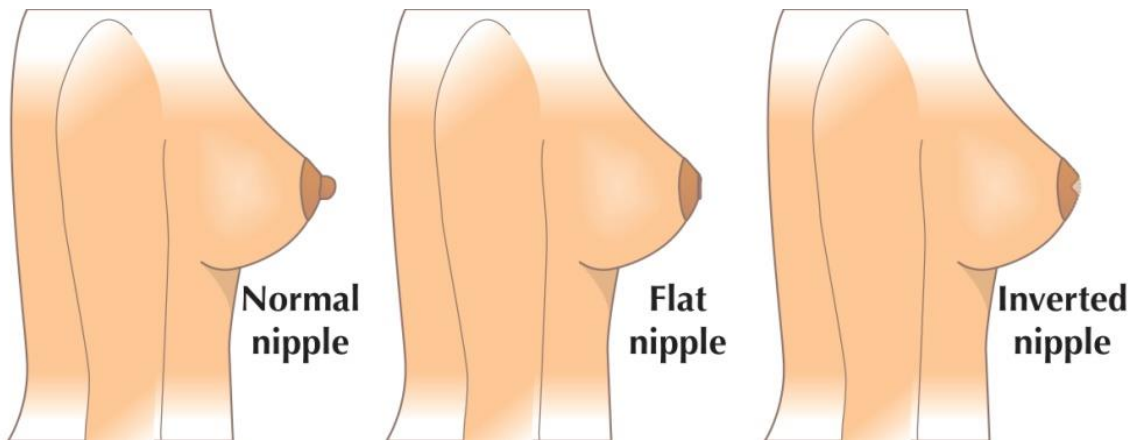
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Information for breastfeeding families

Do I Have Flat or Inverted Nipples?



Flat or inverted nipples can sometimes be problems when starting to breastfeed. It is a good idea to know your nipple shape before starting to breastfeed. Compare yourself to these examples. Gently squeeze at the edge of the areola to see how your nipples react. There are three basic shapes.



Normal Nipples

These normally shaped nipples are easy for most babies to latch-on to. The nipple is erect at rest or becomes erect when it is stimulated or the mother is chilled. If you gently squeeze at the edge of this nipple it remains everted.



Flat nipples

These nipples can be difficult for an infant to attach to. They are flat and remains flat even when stimulated.

Occasionally lactation consultants recommend the use of breast shells prior to the baby's birth. Regularly gently rolling and pulling the nipple it may help it become more erect. Do not wear breast shells or pull your nipples if you are at risk for preterm delivery.

The use of a breast pump just before feedings will help the nipples become more erect.

Check with your lactation consultant or knowledgeable health care provider to determine solutions that will work best for your situation.



Inverted Nipples

These nipples actually retract at rest or when stimulated. Try gently squeezing at the edge of the areola. Usually these nipples remain inverted.

Occasionally lactation consultants recommend the use of breast shells prior to the baby's birth.

They may suggest a breast pump just before feeding the baby to pull these nipples out for the baby. Check with your lactation consultant or knowledgeable health care provider to determine which solution will be best for your situation.



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Plugged Ducts & Mastitis

Plugged Ducts

If you notice a small lump the size of a pea in your breasts, it may be a plugged duct. This occurs when a portion of the breast does not get emptied completely during feedings.

Remedy:

- Apply a warm compress to the area before feeding
- Massage the lump towards the nipple during a feeding
- It may take 2 or 3 feedings for it to completely empty. Position your baby's chin or nose towards the area of the lump. This is where the greatest emptying will occur.
- If you find a persistent lump that does not respond to these measures, please see your healthcare provider. It could be a different problem.



Plugged Nipple Pore (Bleb)

This appears as a small white dot on the tip of the nipple and is usually very painful. It is one milk duct that has become plugged.

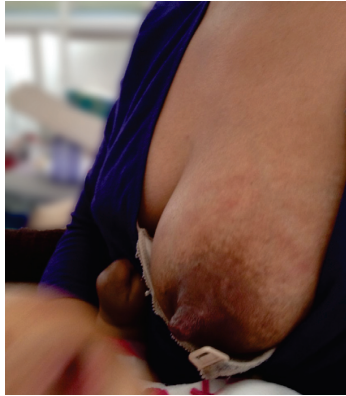


Remedy:

- Warm soaks and gentle rubbing with a warm towel may be effective to release the milk.
- In persistent cases, you may need to see your health care provider

Mastitis

This occurs most frequently in mothers who have had a cracked or blistered nipple or who are undergoing a period of stress such as returning to work, participating in holiday activities, or experiencing a change in normal daily routine.



Symptoms may include:

- High fever, starting suddenly
- Hot area
- Red streaks
- Pain and a lump in the breast
- Hard, wedge-shaped area
- Flu like symptoms and chills
- Extreme tiredness
- Discoloration of skin, may appear red in lighter skin tones

Remedy

- Early, frequent breastfeeding
- Applying moist heat before feeding (shower or compress)
- Correct positioning and alignment to achieve deep latch
- Gentle massage and compression during a feed
- Hand express or pump for relief before or after feeding, if needed
- Ice pack after feeding



Your health care provider will prescribe an antibiotic. You must take a full 7-10 day course of medication. Do not stop taking it until the prescription is gone even though you start to feel better. Inadequately treated mastitis is more likely to return.



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Date: December 2020
Reviewed By: Nekisha Killings MPH, IBCLC

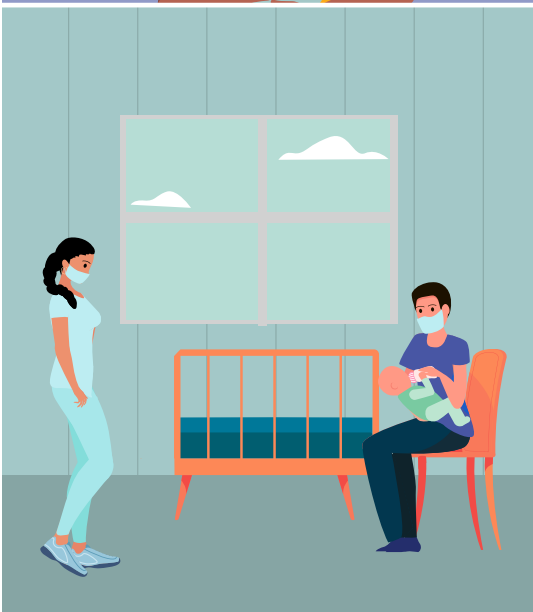
HOW TO SAFELY BREASTFEED IF YOU HAVE COVID-19

We don't know for sure if mothers with COVID-19 can spread the virus to babies in breast milk, but based on what we do know, this is unlikely.



If You Have COVID-19 and Choose to Breastfeed

- Wash your hands with soap and water for at least 20 seconds before breastfeeding.
- [Wear a mask](#) while breastfeeding AND whenever you are less than 6 feet away from your baby.
 - » Do not put a face shield or mask on your baby. A face shield or mask could increase the risk of [sudden infant death syndrome \(SIDS\)](#) or accidental suffocation and strangulation.



If You Have COVID-19 and Choose to Pump or Express Breast Milk by Hand

- Use your own breast pump (do not share a breast pump).
- Wear a mask while pumping.
- Wash your hands with soap and water for at least 20 seconds before touching any pump or bottle parts.
- [Clean your pump](#) after you use it, every time.
- If possible, have someone who lives with you and is vaccinated feed the pumped breast milk to the baby. Make sure they do not have COVID-19 and are not [at increased risk](#).
- Any caregiver living with you might have been exposed, and should wear a mask when they are within 6 feet of the baby for the entire time you are in [isolation](#)* for COVID-19, and during their [quarantine](#)**.

* Isolation refers to keeping someone who is infected with the virus away from others, even in their home.

**Quarantine refers to keeping someone who might have been exposed to COVID-19 away from others.



Breastfeeding if You Are Separated from Your Newborn

If you have COVID-19, you may choose to temporarily separate from your newborn to reduce the risk of spreading COVID-19 to your baby. However, you may find it hard to start or continue breastfeeding. There are steps you can take that can help build your milk supply:

- Pump or feed every 2-3 hours (at least 8-10 times in 24 hours, including at night), especially in the first few days. This signals the breasts to produce milk and prevents blocked milk ducts and breast infections.
- If you are unable to establish milk production or have to temporarily stop breastfeeding for any reason, consider getting help from a [lactation support provider](#).

- **COVID-19 vaccination is recommended for people who are breastfeeding.** COVID-19 vaccines are effective at protecting you from getting sick even after you have had COVID-19. In addition, everyone who is ages 18 and older should get a [booster shot](#).



cdc.gov/coronavirus

Donor Breast Milk for Your Baby

We provide safely pasteurized donated breast milk to premature and sick infants.

We also provide donor milk to

- Adopted and foster babies
- Babies born in LGBT families
- Babies born through surrogacy
- Full term and older infants

Call us to find out how your baby can receive donor milk.

212-956-MILK (6455)

Give. Nourish. Thrive



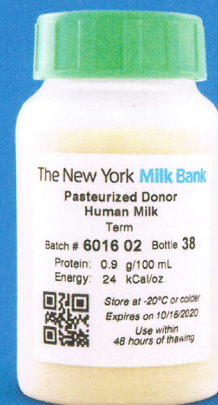
The New York **Milk Bank**

Human breast milk is the healthiest option for all babies and can be life-saving for fragile infants. But sometimes a mother's own milk supply might be unavailable or limited.

Our donors are screened for alcohol, drugs and tobacco. Their blood is tested for HIV, hepatitis and other infectious diseases. The milk is pasteurized to destroy bacteria/viruses and tested before it is dispensed. This ensures safety, while preserving the nutritional and immunological benefits of human milk.

Donor milk requires a prescription from your baby's doctor. Call and we can help you through the process.

www.nymilkbank.org



The New York **Milk Bank**
Give. Nourish. Thrive.



The New York Milk Bank, Inc.
401 Columbus Avenue
Valhalla, NY 10595
212-956-MILK (6455)

The New York Milk Bank, Inc. is a 501(c)3 nonprofit, licensed by the New York State Department of Health and a member of the Human Milk Banking Association of North America (HMBANA).

ADDITIONAL SUPPORT RESOURCES



World Alliance for Breastfeeding Action/WBW



THE MATERNITY CENTER AT MONTEFIORE NYACK HOSPITAL **CHILDBIRTH + INFANT CARE EDUCATION CLASSES**

- **Accelerated Weekend Lamaze Course - \$100**

Virtual, interactive two-day course to learn about the birthing process, comfort measures, partner coaching techniques and hospital experience. This class is taught by a Certified Childbirth Educator.

- **Breastfeeding Basics Class - \$50**

Virtual, interactive two-hour class to prepare for breastfeeding your baby. Learn about feeding strategies, pumping & storing and other common concerns. This class is taught by an International Board Certified Lactation Consultant.

- **Infant Care and Nutrition Class - \$50**

Virtual, interactive two-hour class to learn the basics of caring for babies up to 12 months old. Learn about holding, diapering, bathing, sleeping, feeding, safety and other common concerns. This class is taught by a Certified Childbirth Educator.

- **Infant CPR Class - \$50**

Virtual, interactive two-hour class teaches how to perform CPR on babies up to 12 months old. This class is taught by a Certified American Heart Association Instructor.

To register and enroll in any class, please call the Community Health and Wellness Department at 845-348-2004 for scheduled dates and times.

Maternity Tours

Maternity tours are given by appointment. To schedule, please complete the online form: [Montefiorenyack.org/maternity-center/tours](https://montefiorenyack.org/maternity-center/tours)

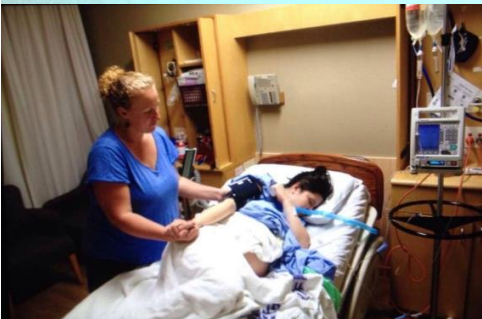
For more information, please call 845-348-2620 or email TheMaternityCenter@montefiorenyack.org



ARE YOU PREGNANT?

ARE YOU IN NEED OF DOULA ASSISTANCE?

Birth and Postpartum Doulas Available



- A birth doula provides continuous support to pregnant individuals and their partners before, during and after childbirth.
 - **Services Include:**
 - Prenatal visits, up to 4
 - Basic breastfeeding education
 - Doula support during labor & birth
 - Postpartum visits, up to 4
 - Follow-up phone, text, and email
- A postpartum doula will help provide educational and emotional support and help in the postpartum period.
 - **At-home care provided after delivery**
 - Certified Lactation Counselors (CLC) and/or trained in basic breastfeeding

For more information, please contact:

Angela Campbell, Ed. D
 Phone: (914) 922 - 2240 ext.101
 Email: campbella@lhvpn.net

Juliet Antelmi, CD:DONA, CLC
 Email: antelmij@lhvpn.net

Send all Referrals to:
 Email: support@lhvpn.net



**CHILDREN'S
 HEALTH
 & RESEARCH
 FOUNDATION, INC.**

Doulas are provided for by the Lower Hudson Valley Perinatal Network through the Children's Health and Research Foundation

LACTATION SUPPORT LIST

The Maternity Center Patient Breastfeeding Helpline: 845-348-2676

Paula Loeb, IBCLC, MBA Nicole Pantierer, IBCLC, RN

The Prenatal Center Patient Breastfeeding Helpline: 845-348-7505

Patricia Soriano Guzman, IBCLC, ICCE, PMH-C, PRaM, BSBA

Community Resources for Free Breastfeeding Support:

- Women’s Health and Resource Line: 800-994-9662
- LLL USA National Breastfeeding Helpline: 877-4-LALECHE (452-5324)
- Rockland County Breastfeeding Helpline: 845-364-3786
- WIC Breastfeeding Peer Counselor Program: 845-364-2577
- La Leche League of Rockland County: (Facebook or Call) 845-432-LLLI (5551)
- WestRock Baby Café: (Facebook or Call) 845-271-3875
- Montefiore Nyack *New Moms Circle* Support Group: 845-348-7505

Lactation Consultation via Video, Phone or In-Person: (Fee-based Services)

Inquire about fees and insurance coverage accepted for consultations.

Rockland County:

- Deirdre McLary, IBCLC 845-323-8977
Deirdre.mclary@gmail.com
- Laura Rime, IBCLC 201-362-3213
www.livingthedreamlactation.com (serving Rockland, Bergen, lower Westchester and virtual nationwide)
- Lenora S. Mesibov, IBCLC 845-304-2916
Lmesibov@verizon.net (serving Rockland and Bergen counties)
- Pauline Nardella, FNP-BC, MS, MPA, IBCLC 845-323-1830
www.integrativelactationandfamilyhealth.com

Westchester County:

- Julie Bouchet-Horwitz, FNP-BC, MS, MPA, IBCLC 914-231-5065
www.Hudsonvalleybreastfeeding.com

Orange County:

- Chloe Vital, CBS, Director 845-419-3817
www.midhudsonchocolatemilk.org

New Jersey:

- Amy Schecter, MD, IBCLC 973-826-9226
www.breastfeedingmedicineNJ.com

New York:

- Sharen Medrano, IBCLC, MPA: 347-306-3595
www.sharenmedrano.com

Online Breastfeeding Information Resources (Free / Multiple languages available):

- www.cdc.gov/breastfeeding www.womenshealth.gov/breastfeeding www.la lecheleague.org
www.tri-statebreastfeeding.org www.ilca.org www.breastfeedingpartners.org

Free Breastfeeding Support Groups

In Rockland County




La Leche League of Rockland

Meeting dates: 2nd Wednesday of every month

Time: 10:00 am - 12:00 pm

Location: 168 Washington Street, Tappan, NY or virtual via Facebook

Contact info: Call Laura Rime at 201-362-3213 or Email LMesibov@verizon.net

 La Leche League of Rockland County

La Leche League is a non-profit organization aimed at helping mothers worldwide breastfeed through mother-to-mother support, encouragement, information and education. LLL promotes a better understanding of breastfeeding as an important element in the healthy development of the mother-baby relationship.

Meetings are free to attend for mothers, babies, siblings and other family members. We are happy to answer questions, help with latch, etc. Meeting topics include: getting off to a good start, benefits of breastfeeding, how weaning happens, first foods, and more.

www.llli.org



Westchester and Rockland Baby Cafe

Meeting dates: Tuesday and Thursday each week

Time: 12:00 pm - 1:30 pm

Location: Virtual via Zoom

Contact info: Call 845-271-3875 or email info@lhvpn.net

 Rockland County Baby Cafe Public Page

Baby Café USA is a non-profit organization that helps coordinate free walk-in sites, called Baby Cafés, where pregnant and breastfeeding mothers and their families can get free one-on-one support from trained lactation (breastfeeding) specialists. Café visitors also have a chance to share their experiences with others in a group setting.

www.hudsonvalleychrf.org


New Moms Circle Support Group

Meeting dates: Saturdays Bi-weekly

Time: 10:00 am - 11:30 am

Location: Virtual via Zoom or In-person

Contact info: Call (845) 348-7505 or Email guzmanps@montefiorenyack.org

 Montefiore Nyack New Moms Circle

Parent support group welcoming all who are expecting, have babies, toddlers and/or young children! Join us as we enjoy open circle discussions and special activities.

www.tinyurl.com/NewMomsCircle



New Moms Circle Support Group

The background of the entire page is a soft-focus photograph of a woman with dark hair, seen from the side, gently kissing the forehead of a sleeping baby. The baby is wearing a light-colored onesie and is wrapped in a thick, textured grey blanket. The overall mood is intimate and tender.

1 IN 7 MOTHERS

experience depression or anxiety
during pregnancy or postpartum.



You are not alone.
We are here to help.

CALL OR TEXT 'HELP' - 800.944.4773

Leave a confidential message any time, and a trained and caring volunteer will return your call or text. Our volunteers will listen, answer questions, offer encouragement, and connect you with local resources as needed.

Postpartum Support International | www.postpartum.net



1 IN 10 FATHERS

experience depression or
anxiety after the birth of a child



You are not alone.
We are here to help.

CALL OR TEXT 'HELP' - 800.944.4773

Leave a confidential message any time, and a trained and caring volunteer will return your call or text. Our volunteers will listen, answer questions, offer encouragement, and connect you with local resources as needed.

Postpartum Support International | www.postpartum.net



**LACTATION
IS A
LANGUAGE
OF LOVE!**



**SCAN FOR MORE
INFORMATION
OR VISIT**

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CHOCOLATE MILK

MIDHUDSON
CHOCOLATE MILK
ENCOURAGES INDIVIDUALS
TO DEVELOP A HEALTHY
RELATIONSHIP WITH
AUTONOMY, BY ENGAGING
THE PERINATAL JOURNEY AS
AN OPPORTUNITY TO
RECALIBRATE RESTORATIVE
TOOLS. WE OFFER
EDUCATION, SUPPORT, AND
RESOURCES TO HELP YOU
FEEL CONFIDENT NAVIGATING
YOUR JOURNEY.



NEW MOMS CIRCLE SUPPORT GROUP

Saturdays, bi-weekly from 10:00 to 11:30 AM

Participation is free

Parent support group welcoming all who are expecting, have babies, toddlers and/or pre-K children! Join us to connect with others in community as we enjoy special activities and open circle discussions. Depending on the topic, partners and other caregivers are welcome too.

To RSVP, please email
Patricia Soriano Guzmán, BSBA, IBCLC, ICCE, PMH-C, PRaM
guzmanps@montefiorenyack.org

For more information, go to:
The Maternity Center at Montefiore Nyack Hospital
montefiorenyack.org/maternity-center

Montefiore Nyack Hospital

160 North Midland Avenue

Nyack, NY 10960

845-348-2000

montefiorenyack.org

MAT_002 06/2023

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