



The New York City
Mother's Guide to Breastfeeding:
Prenatal Curriculum

How to use this curriculum

A key public health goal of the New York City Health Department is to make breastfeeding the norm, which includes encouraging and supporting exclusive breastfeeding up to six months of age as recommended by the American Academy of Pediatrics. This curriculum was developed for use in the prenatal setting. It is intended to support a mother's choice to breastfeed and to help her establish and achieve her breastfeeding goals.

The curriculum may be implemented by a nurse, clinician, lactation specialist or other educator—ideally with unified messages from all. It is largely designed for one-on-one teaching through brief discussions as part of prenatal visits, with the content building sequentially over three trimesters. A mother and teacher may choose to move around within the curriculum depending on personal needs and insights, and teachers in some settings may choose to use the curriculum for small group sessions.

The curriculum is arranged in a book format, with content for the teacher in pages on the left, and content for the mother in pages on the right. The teacher's pages include key messages, teaching points and questions that should be anticipated, and indicates when related handouts can be distributed. The mother's pages should be used as the educational and conversational guide to each session. Partners and other support people should be included in the sessions whenever possible. The technique of motivational interviewing is included as a suggested teaching approach (see **Resources** for more information).

Teachers are encouraged to consider how best to implement this curriculum in their own settings, for example, by distributing handouts in other languages and providing local resource listings.

We welcome your questions and/or feedback; please contact the Bureau of Maternal, Infant and Reproductive Health via email at bfic@health.nyc.gov.

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Can I breastfeed?

Key messages

- Nearly all women can breastfeed.
- There are very few medical reasons *not* to breastfeed.
- As your health care team, we want to support you in breastfeeding and we want to make breastfeeding the norm in NYC.

Teaching points

- Review conditions/behaviors on page 5 and elicit concerns.
- Clarify difference between true contraindications and perceived reasons why women can't breastfeed.
- Refer women at risk for breastfeeding problems to IBCLC (very asymmetrical breasts, history of breast surgery).

Anticipate questions

Can I breastfeed if...

- **I don't feel well?**
 - ◆ Colds, flu and other infections: breastfeeding permitted. The breast milk provides antibodies to baby to protect against infection. Handwashing can be reinforced.
 - ◆ If mother is hospitalized, pumping milk is an option.
- **I take medications?**
 - ◆ Most prescribed and over-the-counter medications are safe to take when breastfeeding. However, there are some medications (including some birth control pills and herbal remedies) that should not be used by breastfeeding mothers.
 - ◆ Mothers should check with their physician or other clinician about any medications.
 - ◆ "LactMED"; a National Institutes of Health database of drugs to which breastfeeding women may be exposed, is a good source of information about medications and possible risks to the nursing infant.

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Can I breastfeed?

Mothers can breastfeed if they...

- Have a cesarean section.
- Take medications for illnesses; *many* are permitted, but always check with a provider.
- Have had certain breast surgeries, often with support from a breastfeeding counselor.
- Have hepatitis A or B, once baby is given protective shots in the hospital.
- Have hepatitis C, unless nipples are cracked or bleeding.
- Have pierced nipples.
- Have inverted nipples, as the nipple may “pop out” during pregnancy.
- Have an *occasional* alcoholic drink—with spacing between drink and next feeding.
- Smoke tobacco; it is best for mother’s and baby’s health for mother not to smoke, but it is not a reason to avoid breastfeeding.

Mothers cannot breastfeed if they...

- Have HIV.
- Have other HTLV diseases.
- Use illegal drugs.
- Are receiving cancer chemotherapy, radioactive isotopes or thyrotoxic agents.
- Have active shingles or chicken pox on the breast (herpes viruses).
- Have untreated chicken pox or untreated active tuberculosis.

Can I breastfeed?

cont'd

Can I breastfeed if...

• I smoke tobacco?

- ◆ It is still better to breastfeed than formula-feed—breast milk provides better nutrition and protection against infection.
- ◆ Counsel mothers about the dangers of secondhand smoke: can increase the risk of sudden infant death syndrome (SIDS) and asthma episodes.
- ◆ Refer mothers to smoking cessation programs via 311.

• I drink alcohol?

- ◆ Alcohol can pass into breast milk, and it also can make mothers drowsy and less alert when taking care of the baby.
- ◆ For some women, an occasional, single drink is okay. Drink should be taken *just after nursing* rather than just before, with the expectation that the alcohol will no longer be in the breast milk by the next feeding.

• I use illegal drugs?

- ◆ Illegal drugs — such as crack, cocaine, marijuana, heroin and ecstasy — can harm both mother and baby.
- ◆ They can pass through breast milk, so do not use any illegal drugs if you are nursing.
- ◆ In rare circumstances, mothers on methadone may breastfeed, but there needs to be excellent coordination and follow-up between the mother's obstetrician and the methadone program. Protocols are available through the Academy of Breastfeeding Medicine.



Why breastfeed?

Key messages

- Breastfeeding is a gift that only you can give to your baby.
- Breast milk is superior to formula.
- Breast milk and breastfeeding provides many health benefits for mothers and babies.
- Mothers and babies benefit the most when breast milk is the only food or liquid given to babies for the first six months (exclusive breastfeeding).

Teaching points

- Use and define the term exclusive breastfeeding; explain the expert recommendations.
- Review the reasons why breastfeeding is best for babies and mothers.
- Ask: What do you think about the advice from health experts?
- Explore breastfeeding history and pertinent medical history (asthma, eczema, diabetes, obesity).
- Tailor communication to specific medical history of patient. "Considering your medical history of _____, breastfeeding may be particularly beneficial in reducing your child's risk for _____."
- This is an opportunity for discussion and referral if issues are identified.
- Ask: Which of the benefits on the list is most meaningful to you?
- Discuss the "flip side" of the benefits: What are the risks of not breastfeeding?
 - ◆ Formula-fed babies have a higher risk of ear infections, pneumonia, sudden infant death syndrome (SIDS), asthma, eczema, obesity, and diabetes than babies who are exclusively breastfed.
- Discuss plan at your institution for prenatal breastfeeding education, including referral to hospital-based breastfeeding class or individual education. Discuss commitment from health care providers to support women in breastfeeding.
- **Handout:** *NYC Mother's Guide to Breastfeeding.*

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Why breastfeed?

- Breast milk is a gift that only *you* can make for your baby.
- Experts around the world agree that breast milk is the only food your baby needs for the first six months of life. This is called “exclusive breastfeeding.”

It’s best for your baby. Nothing else comes close.

- Breast milk is:
 - ◆ Rich with antibodies (special proteins that fight infection) to help the baby ward off illnesses. It’s been called “baby’s first vaccine.”
 - ◆ Filled with the vitamins and nutrients that your baby needs. It builds your baby’s immune system and helps with brain development.
 - ◆ Easier to digest than formula, resulting in less spit-up and constipation.
- Breastfed babies are:
 - ◆ Less likely to get ear infections, diarrhea, and to be hospitalized for pneumonia.
 - ◆ Less likely to develop asthma, some cancers, and diabetes.
 - ◆ Less likely to die from SIDS (sudden infant death syndrome).
 - ◆ Less likely to become obese later in life.
- Babies who are exclusively breastfed get more health benefits than babies who are fed both breast milk and formula.

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Why breastfeed?

cont'd

Anticipate questions

- Isn't formula the same as breast milk?
 - ◆ No. Breast milk is special. Its unique combination of vitamins, other nutrients and antibodies is not found in formula. And unlike formula, breast milk changes as your baby grows — so it provides exactly what your baby needs at each feeding and over time. Breastfed babies are also less likely to get infections and to develop asthma, some cancers, diabetes and SIDS (sudden infant death syndrome). Formula does not provide the same protection.
- What if I want or need someone else to help feed the baby?
 - ◆ For most mothers and babies, after the first few weeks – once your baby gets used to nursing and your milk supply is well established – you can pump your milk so that others can give it to your baby in a bottle. Pumping and storing milk for later use gives options for others to help feed the baby.
 - ◆ Premature babies often start with pumped breast milk and then learn how to nurse at the nipple as they get ready to leave the NICU.

Why breastfeed?

cont'd

It's best for you.

- Breastfeeding helps your body recover from pregnancy and labor, shrinking your uterus back to size and reducing bleeding after childbirth.
- Breastfeeding lowers your risk of getting diabetes, ovarian cancer and some forms of breast cancer.
- Breastfeeding helps you bond with your baby.
- Breastfeeding saves time: Unlike formula, breast milk is always the right temperature and requires no bottles to wash and sterilize.
- Breastfeeding saves money:
 - ◆ Breast milk is all your baby needs for the first six months of life, saving you hundreds of dollars that would have been used to buy formula and other supplies.
- Breastfed babies are often healthier, meaning fewer absences from work or school.
- When you breastfeed exclusively, your milk supply builds up quickly. This will help you achieve your breastfeeding goal more easily.

- The American Academy of Pediatrics recommends “exclusive breastfeeding” — which means no water, food, or formula supplement, just breast milk—for up to 6 months of age for most babies.
- After that, it is recommended to continue giving breast milk for up to a year, and longer as desired, while starting baby on other foods.
- Only vitamin D drops are needed for added nutrition—your baby’s doctor will give you a prescription.

Setting breastfeeding goals

Teaching points

- Use motivational interviewing techniques to explore factors that influence breastfeeding goals.
 - ◆ Ask open-ended questions to gather information from patients. In contrast, close-ended questions are answered with a “yes” or “no” or a one-word answer and are not as helpful in gaining insight into patients’ views. Here are examples of open-ended questions:
 - What have you heard about breastfeeding?
 - What thoughts do you have about breastfeeding?
 - What appeals to you about breastfeeding?
 - Tell me about your breastfeeding goal (how long, exclusivity).
 - What concerns do you have about your ability to breastfeed?
 - ◆ Use reflective listening: Reflect back to patient what you heard her say in order to continue exploring her thoughts and feelings related to breastfeeding.
 - ◆ “That’s right and...” statements are a good way to affirm and build on what the patient knows and where she is coming from.
- Acknowledge concerns (Note: Common challenges are addressed later in curriculum; may need to offer information here depending on mother’s concerns).
- Ask: On a scale from 1-10:
 - ◆ How important is it for you to breastfeed, where 1 is not important and 10 is extremely important?
 - ◆ Then ask mother to explain the reasons for choosing the scale number she did.
 - ◆ Why are you at scale number _____, and not at a lower number?
 - ◆ What would make it possible for you to move to a higher scale number?
 - ◆ How confident are you that you will be able to meet your breastfeeding goal, where 1 is not confident and 10 is extremely confident?
- Document breastfeeding goal per institution protocol.

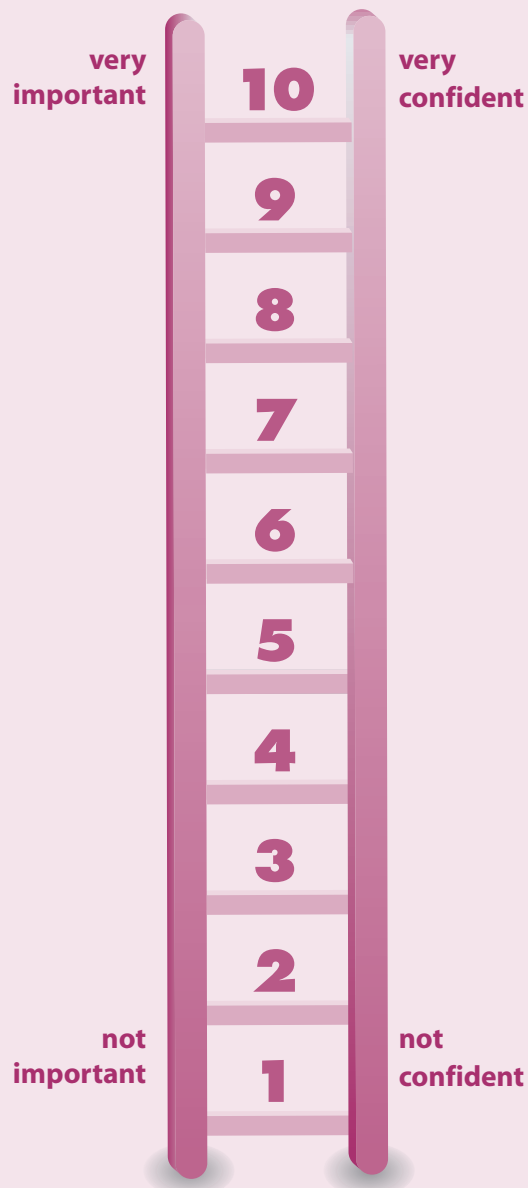
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Setting breastfeeding goals

- What thoughts do you have about breastfeeding?
- What appeals to you about breastfeeding?
- Tell me about your breastfeeding goal.

On a scale of 1 to 10:

- How important is it for you to breastfeed?
- How confident are you that you will be able to meet your breastfeeding goal?



Setting breastfeeding goals

cont'd

Anticipate questions

- I am thinking about both breastfeeding and bottle/formula feeding.
 - ◆ Experts recommend exclusive breastfeeding — feeding the baby only breast milk — for the first six months because there are greater health benefits for babies fed breast milk exclusively than for babies fed both breast milk and formula. Plus, most mothers can provide all the milk the baby needs — so there is no need for formula.
- **Handout:** *Why Exclusive Breastfeeding?*



Support from others during breastfeeding

Key messages

- Support is key to helping mothers breastfeed.
- Fathers and partners can support breastfeeding in many ways.
- Many different types of professional and community support are available.

Teaching points

- **Handout:** *Who Can Help You with Breastfeeding?*
 - ◆ When you choose breastfeeding, it's important for the people around you to support you in this decision. This includes doctors, nurses, partners, other family members and friends.
- Use one or more of these questions to explore supports and barriers:
 - ◆ Tell me about your support system during this pregnancy.
 - ◆ In what ways do you feel most supported to breastfeed? Least supported?
 - ◆ After what we talked about today, is there anything that you think is important to share with someone at home?
 - ◆ Is there anyone else who will be involved in feeding your baby?
 - ◆ Is there anyone who will discourage you from breastfeeding?
- Encourage client to consider a breastfeeding support system, such as other mothers who breastfed, lactation staff at institution, La Leche League in neighborhood, WIC, and/or a breastfeeding class. **Identify one or two specific resources for her.**
- Discuss possible barriers to breastfeeding—and thoughts about how to address them.

Support from others during breastfeeding

When you choose breastfeeding, it's important for the people around you to support you in this decision. This includes doctors, nurses, partners, other family members and friends.



How your body makes milk

Key messages

- Every mother's body makes breast milk to feed her baby.
 - The more a mother breastfeeds, the more milk she makes.
 - With a good latch and frequent feedings, nearly all mothers can make enough milk to feed their babies.
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Teaching points

- Emphasize mother's ability to build milk supply by breastfeeding frequently—more frequent emptying of the breast through breastfeeding (or pumping) will stimulate supply.
 - Ask:
 - ◆ How confident are you that your body will be able to provide enough milk for your baby?
 - ◆ What might increase your confidence level?
-

Anticipate questions

- Can I produce enough milk? What if my breasts are small?
 - ◆ Almost every woman — no matter how small or large her breasts are — can make more than enough milk for her baby. To get the milk, your baby needs to be latched on well and nurse often.
 - ◆ The more often the baby nurses, the more your brain and breasts are stimulated to make more milk.

How your body makes milk

- Your body provides your baby with all the nourishment it needs while in your womb. During pregnancy, your body is also preparing for your baby's birth by getting ready to produce breast milk, the best possible nutrition for your baby.
- At delivery, pregnancy hormones change suddenly and the breastfeeding hormones (prolactin and oxytocin) can start working to provide breast milk.
- When your baby sucks at the breast, the hormones are released, causing milk to "let-down" or flow.
- The more frequently your baby feeds, the more your hormones will be released, and the more milk you will make.
- When your baby feeds well, and empties the breast well, this will also tell your body to make more milk.
- Giving babies formula instead of breast milk will decrease the amount of milk your body makes. Exclusive breastfeeding, especially in the first several weeks, will really help you make more milk to meet your breastfeeding goals.

What is in your milk?

Key messages

- Breast milk is filled with the vitamins and nutrients that your baby needs.
 - Colostrum is the milk made in the first few days. It is yellow in color and rich in nutrition.
-

Teaching points

- Highlight the unique properties of breast milk.
 - ◆ The antibodies, special proteins and changing composition of breast milk make it unique. It builds the baby's immune system, is easily digested and changes in make-up as the baby develops.
 - Emphasize the value of colostrum as the first milk, and explain how, in 3 – 5 days, the milk will appear "milky" and will be produced in greater quantities.
 - Use belly balls to illustrate the growing size of the baby's stomach.
-

Anticipate questions

- While I am breastfeeding, do I have to change the way I eat?
 - ◆ You do not need to eat differently to make good breast milk. Eating healthy foods is always good for you, but even if your diet is not the best, your breast milk is still the best thing for your baby. Continue to take your prenatal vitamin and drink plenty of fluids, especially water.
- Do I need to give my baby vitamins when I am breastfeeding?
 - ◆ The American Academy of Pediatrics (AAP) recommends that all infants have a minimum daily intake of 400 IU of vitamin D beginning soon after birth. This includes babies who drink ONLY breast milk. Ask your doctor for more information.

What is in your milk?

- The milk that you make in the first few days is called colostrum; it is yellow in color and rich in nutrition. Colostrum protects your baby from disease and gives her everything she needs.
- After three to five days, your milk will change to a bluish-white color and will be produced in greater amounts. Your breast milk helps your baby fight infections because it has **antibodies** from your immune system in it.
- Your breast milk is filled with a balance of proteins, vitamins, healthy fats and sugars, antibodies, and even water.
- Breast milk changes as your baby develops—so that your baby gets exactly what he needs at every stage of growth.
- At about 6 months, you can begin to spoon-feed baby food—though you should also continue to breastfeed through at least the first year.

The amount of milk you produce corresponds to the actual size of your baby's stomach:



Day 1:
about the size of a marble.



Day 3:
about the size of a ping pong ball.



Day 10:
about the size of a large egg.

Latching on

Key messages

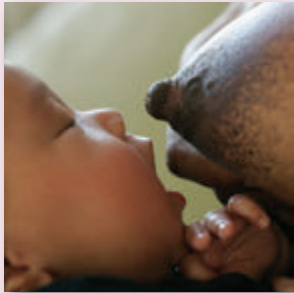
- A good latch is needed for the breast milk to flow properly and for your baby to feed well.
- Breast or nipple pain is a sign that the baby is not latched on well.
- Discomfort and pain can be prevented by latching the baby properly to the breast, by good positioning and by properly taking the baby off the breast.

Teaching points

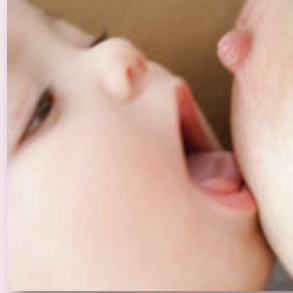
- Use the photos to show latch pointers—how to bring baby to the breast, ensure that baby's mouth is wide open with flanged lips, and achieve an asymmetrical latch onto areola.
- Good latch includes good practices for taking baby off the breast. Emphasize how to break seal first with pinky. Show photo on page 37.

Latching on

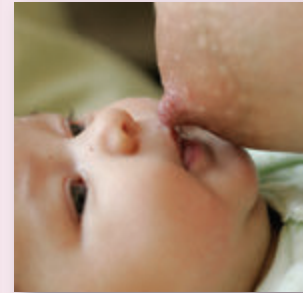
To succeed at breastfeeding, it is very important for the baby to latch on well to the breast. Follow these steps and you'll be a pro in no time!



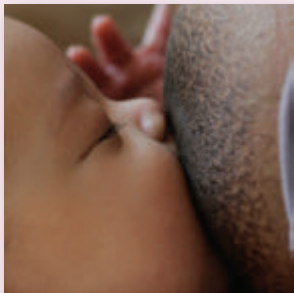
1. Hold your baby toward your body and her nose close to your nipple.



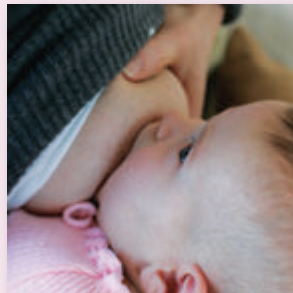
2. Move your baby back an inch or two. Her head should tilt back, and her mouth will open. **It's important for your baby's mouth to open WIDE.**



3. If she doesn't open her mouth, you can touch your nipple to her lips to get her to open up.



4. When she opens her mouth wide, move it onto the nipple by pulling her toward you. This is called "latching on."



5. Get as much of your areola — the dark area around your nipple — into the baby's mouth as possible.



6. Watch to see if your baby is sucking and swallowing easily.

7. Listen for the sounds of a happy, feeding baby!

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Latching on

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You can also hold your breast in such a way as to help your baby latch on. Here are two holds you may want to try:

- **U-Hold:** Place the thumb on the areola on one side at the 9 o'clock position and the remaining fingers at the 3 o'clock position — so that your hand forms the letter "U."
- **C-Hold:** Place the thumb above the nipple at the 12 o'clock position and the remaining fingers below the nipple at the 6 o'clock position — so that your hand forms the letter "C."



C-hold

Signs that your milk is flowing

You may notice:

- A change in your baby's sucking rate, from rapid sucks to sucking and swallowing rhythmically, at about one suck per second.
- A tingling or pins-and-needles feeling in your breast.
- A sudden feeling of fullness in the breast.
- That the other breast is leaking milk.
- That you've become thirsty.

Nursing should not hurt! Pain is a sign that your baby hasn't latched on properly. If your baby is sucking only on the nipple, break the suction by placing your pinky finger gently into the corner of her mouth. Take her off the nipple, and try to place her onto the breast so that she is latched onto the areola as much as possible. You'll notice the difference!

Other helpful tips for successful breastfeeding

- Bring the baby to the breast, not the breast to the baby! Hunching over while nursing may cause back pain and a poor latch.
- Your baby sucks differently to breastfeed than to bottle-feed. Avoid using a bottle to feed your baby or using a pacifier while your baby is learning to breastfeed (usually during the first couple of weeks).
- Take care of yourself. Get plenty of rest, drink lots of fluids, eat healthy foods and talk with your doctor about continuing your prenatal vitamins or taking another multivitamin.

Popular breastfeeding positions

Key messages

- There are several positions for breastfeeding.
 - Using different positions can help reduce nipple soreness.
 - Mothers should be comfortable during breastfeeding.
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Teaching points

- **Handout:** *Breastfeeding Positions: See What Works Best for You*
 - If available, use a doll to let mother try out different positions.
 - Reinforce that good position can help avoid nipple soreness.
-

Anticipate questions

- At each feeding, how long should my baby stay on the breast?
 - ◆ Let your baby nurse until he is satisfied, often from 10 to 20 minutes on each breast. If it seems like your baby is nursing for too long or not long enough, check with a lactation consultant or doctor.
- Should I switch breasts?
 - ◆ You can offer one breast or both breasts at each feeding. Don't worry if your baby nurses for a shorter time on the second breast. If you start with the right breast at one feeding, start with the left breast the next time. If you can't remember which side you last nursed on, put a safety pin on your bra to remind you, or feel which breast is fuller. Some mothers switch a ring from one hand to the other to remind them.

Popular breastfeeding positions

Try different breastfeeding positions to see what works best for you. A good latch onto the breast and a comfortable position are important for breastfeeding success.

Cradle or cuddle hold

This position makes it easy to nurse without other people noticing.

1. Sit up straight in a comfortable chair.
2. Lay your baby on his side, with his stomach touching yours and his head in the curve of your arm.
3. Put your arm and hand down his back to support his neck, spine and bottom.
4. Bring him to your breast. Don't lean forward as this may cause back pain.
5. You may want to put a nursing pillow under the baby so that he is closer to your breast.



Football hold

This is a good hold to use after a cesarean birth, if your breasts are large or if your baby is sleepy.

1. Tuck your baby at your side, under your arm with your elbow bent.
2. With your open hand, support your baby's head and face her toward your breast with her nose to your nipple and her feet pointing toward your back.
3. Use your arm to support your baby's back, neck and shoulders from underneath.
4. For comfort, put a pillow on your lap under your baby.
5. Support your breast with your other hand, if necessary.



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Popular breastfeeding positions

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Side-lying position

This position is an option if you've had a cesarean delivery, sitting up is uncomfortable for you or if you wish to rest while you nurse. But remember not to sleep with your baby after feeding; put him in his crib or bassinet.

1. Lie on your side with your baby facing you.
2. Support his body with your free arm and his head with your hand.
3. Pull your baby close and guide his mouth to the breast.
4. Once your baby latches on, use the bottom arm to support your own head and your top hand and arm to help support your baby.



Cross-cradle hold

This hold works well for babies who are having trouble latching on, small babies, preemies and babies with special needs.

1. Sit up straight in a comfortable chair.
2. Hold your baby with the arm opposite the breast at which she will nurse. For example, if you are nursing from your left breast, use your right hand and arm to hold your baby.
3. Your baby's chest and stomach should be directly facing you.
4. Using the hand that is holding your baby, position the palm of your hand on her back, supporting her head with your thumb behind the ear and other fingers supporting her cheek. Don't push her head into your breast.



Caring for your breasts

Key messages

- Caring for your breasts while breastfeeding is not very different from other times.
 - Most problems are preventable with good latch and breastfeeding techniques.
 - Check with your health care provider if you have redness, sores, or cracks.
-

Teaching points

- Emphasize that simply washing with water, without soap, is often enough.
 - Reinforce that breast pads should be changed often to avoid irritation.
 - Reinforce the importance of getting help early if experiencing problems with latch, pain, redness, or cracked nipples—and reinforce that continuing to breastfeed is usually part of the solution.
-

Anticipate questions

- What if my nipple(s) is irritated or my breast(s) gets infected?
 - ◆ For sore nipples, adjusting the latch may be the most important solution. Continue to breastfeed and make sure you and the baby have a good latch.
 - ◆ If there is an infection, your doctor will treat you. If medicine is needed, your doctor will choose one that is safe to take while breastfeeding.
 - ◆ Sometimes, if the baby has thrush—a minor yeast growth in the baby’s mouth—the baby may also be treated with medicine.

Caring for your breasts

Caring for your breasts when breastfeeding is not much different from caring for them at other times. A daily shower is usually enough, but here are some useful tips:

- Try to avoid putting soap on your nipples or scrubbing them, as it can make them dry and more likely to crack.
- If your nipples are tender, you may find it helpful to put a little breast milk on the nipple (and let it dry) at the end of each feeding. Breastfeeding should not be painful. If you feel pain, it may mean that your baby has not latched on well (see **Latching on**).
- Use breast pads in your bra to absorb any milk that might leak.
- Change your breast pads often, especially when you feel that they are moist or wet. Leaving a wet breast pad against your skin can cause irritation and cracked nipples.
- Look at your breasts daily, checking for any red areas, rashes or anything else that looks unusual. Consult a breastfeeding specialist or your doctor if it is not going away or if you are in pain or feel ill.

What you need to know about breastfeeding

Key messages

- Breastfeeding frequently and exclusively will build up your milk supply: Start with skin-to-skin contact in the delivery room, and continue on demand in response to your baby's feeding cues.
- The lactation consultant and many of the maternity floor nurses can help with any breastfeeding problems prior to leaving the hospital; ask if you aren't sure of anything.

Teaching points

- Be prepared to discuss the hospital-specific policies and practices related to breastfeeding (skin-to-skin and rooming-in).
- Encourage patient to take a hospital tour, attend childbirth classes, and/or meet the lactation coordinator in advance.
- **Handout:** *Once you choose to breastfeed, nothing should stand in your way*
 - ◆ As your pregnancy continues and after your baby is born, you will be talking to many doctors and nurses about your health and your baby's health.
 - ◆ How comfortable are you asking questions and talking with doctors and nurses?
 - ◆ This card gives you some ideas on ways to talk with your team at the hospital.
- Encourage patient to talk to her doctor well before her due date about pain management options during labor. Discuss the effects of medication (including epidural) on early breastfeeding, but reassure the patient that she can still breastfeed.

What you need to know about breastfeeding

- Breastfeeding is a skill that you and your baby learn together.
- Breastfeeding gets easier after the first couple of weeks.

Getting off to a good start

- Breastfeed within one hour of your baby's birth. You can usually start breastfeeding right away — even in the delivery room!
- Skin-to-skin contact and breastfeeding right after birth helps your baby transition to life outside of the womb (see **Hold your baby skin-to-skin often** on page 35).
- Keep your baby in your room (rather than the nursery) so you can learn to “read” your baby's feeding cues and breastfeed on demand.
- Let your baby nurse whenever he wants, day and night — usually about 10 to 12 times in 24 hours in the first few weeks.
 - ◆ Feeding often will get your milk flowing, help you make plenty of milk and help your baby grow.
- If your baby falls asleep during the first few minutes of feeding, gently wake her up to help her finish feeding. Try tickling her feet or talking to her to wake her up.
- Ask for help from a nurse or a lactation specialist if you're feeling any discomfort when breastfeeding or are worried that your baby is not getting enough to eat.

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What you need to know about breastfeeding

cont'd

Hold your baby skin-to-skin often

- Hold your baby skin-to-skin as soon as possible after birth; if your baby is preterm or has special care needs, your health care provider will tell you when your baby is ready for skin-to-skin contact.
- Hold your baby skin-to-skin before you begin to nurse.
 - ◆ Remove baby's clothes and have him wear only a diaper.
 - ◆ Place baby on your bare chest.
 - ◆ Cover both you and baby with blanket, leaving your baby's head uncovered.
- Skin-to-skin contact:
 - ◆ Comforts your baby when fussy.
 - ◆ Keeps your baby warm.
 - ◆ Promotes bonding with your baby.
 - ◆ Increases your breast milk supply.
 - ◆ Helps your baby latch onto the breast.
 - ◆ Helps keep your baby's heart rate and blood pressure stable.
- Your baby's father or other family member can also hold the baby skin-to-skin.



Courtesy of the United States Breastfeeding Committee

Good habits for breastfeeding

- Always wash your hands before breastfeeding or pumping or expressing milk.
- Avoid using a bottle or pacifier too soon, as it can get in the way of developing a good breastfeeding routine.
- It is better to delay foods like cereal, fruits and vegetables until about six months of age. They are not needed for your baby's nutrition and can interfere with him getting enough breast milk.

Feeding cues

Key messages

- Babies communicate when they are hungry and when they are full, and you will learn your baby's individual cues.
- Crying is a late sign of hunger.
- Breastfeed your baby according to cues, not according to a schedule.

Teaching points

- Discuss specific feeding cues and signs of satiety.
- Reinforce the importance of getting the baby to latch on when the early feeding cues are seen. Crying is a late cue; a crying baby may have more difficulty achieving a good latch.
- Use belly balls and/or the teaspoon diagram (page 39) to reinforce the size of a newborn stomach.

Anticipate questions

- Do I feed the baby from both breasts each time?
 - ◆ You can offer one breast or both breasts at each feeding. Don't worry if your baby nurses for a shorter time on the second breast.
 - ◆ Tip: If you start with the right breast at one feeding, start with the left breast the next time. If you can't remember which side you last nursed on, put a safety pin on your bra to remind you, or feel which breast is fuller. Some mothers switch a ring from one hand to the other to remind them.
- What if the baby doesn't seem to wake up for a feed?
 - ◆ Babies don't always need to seem fully awake. If the baby is in light sleep (eyes moving behind closed lids, or baby moving around slightly), the baby may latch on and start to nurse.
- How can I tell that my baby is getting enough milk?
 - ◆ Babies will usually eat until they are satisfied and their belly is full. Remember to listen for active sucking and swallowing, and to notice when the baby seems to relax and almost fall asleep on the breast—these are good signs.
 - ◆ You can also track how many wet and dirty diapers there are. Also, when you go for the 3-5 day visit after delivery, your baby's provider will weigh the baby carefully.

Feeding cues

- Let your baby nurse whenever he is hungry. This is called feeding “on demand.”
- In a 24-hour period, a healthy newborn will often feed at least 10 to 12 times.
- Don’t wait until your baby is crying for a feed — that is a very late sign of hunger.
- Feeding cues — early signs that he is hungry — include:
 - ◆ Hand to mouth movements.
 - ◆ Sucking on his hands.
 - ◆ Smacking his lips.
 - ◆ Opening his mouth or moving his mouth.
 - ◆ Moving his eyes while sleeping.
 - ◆ Sleeping lightly after one or two hours of deep sleep.
- Let your baby nurse until she is satisfied — usually about 10 to 20 minutes on each breast. Watch for signs that she is satisfied:
 - ◆ Baby’s hands and body are relaxed.
 - ◆ She removes her mouth from the nipple on her own, or falls asleep.
 - ◆ Also, you will notice that your breast feels less full.
- If your baby has finished breastfeeding but is still latched on, put the tip of your pinky finger gently into the corner of her mouth to release suction and take her off the breast.



cont'd



Feeding cues




cont'd

Signs that your baby is getting enough milk

- You will be able to hear the baby suck and swallow your milk when he is at the breast.
- Your baby will let you know when she is satisfied. Often, when a baby is satisfied, her hands and body are relaxed, she'll remove her mouth from the nipple or will fall asleep.
- He'll be gaining weight, as your doctor will be able to tell you. Most babies gain between 4 and 7 ounces per week and about 1 pound per month in the first 4 months.
- Also, the number of wet and dirty diapers each day can help you know that she is nursing well. The table below will guide you.

Days Old	Number of Wet Diapers	Number of Dirty Diapers	Stool Appearance
Day 1	1	1	Black/sticky
Day 2	2	2	Black/sticky
Day 3	3	3	Greenish
Day 4	4	3 or more	Greenish
Day 5	5	3 or more	Greenish to yellow seedy
Day 6+	6 or more	6 or more	Yellow seedy

As your baby grows, her stomach grows, too. Here's the amount of milk your baby's stomach can hold at different ages:

- One day old:** $\frac{1}{4}$ of one ounce (5–7 ml) per feeding = 
- Three days old:** $\frac{3}{4}$ –1 ounce (22–27 ml) per feeding = 
- Ten days old:** 2–2 $\frac{3}{4}$ ounce (69–81 ml) per feeding = 

Breastfeeding goal, confidence, and support revisited

Key Messages

- We want to support you in your breastfeeding goal.
- Support from others makes a difference—especially from within your family.
- Anticipate those who might not be so supportive; remain strongly committed to breastfeeding.

Teaching points

- Elicit breastfeeding goal (duration/exclusivity). Ask why she has set those goals.
- Reassess confidence using the scale used in first trimester. Ask:
 - ◆ On a scale from 1 to 10, how confident are you that you will be able to meet your breastfeeding goal, where 1 is not confident and 10 is very confident?
 - ◆ What would make it possible for you to move to a higher scale number?
- Document breastfeeding goal per institution protocol.
- Reassess patient's support system. Ask:
 - ◆ Do you feel as though you have people around you who will support you?
 - ◆ What would you like them to help with?
 - ◆ Is there anyone who you think will be less supportive about your decision to breastfeed? How will you let them know about your goal?

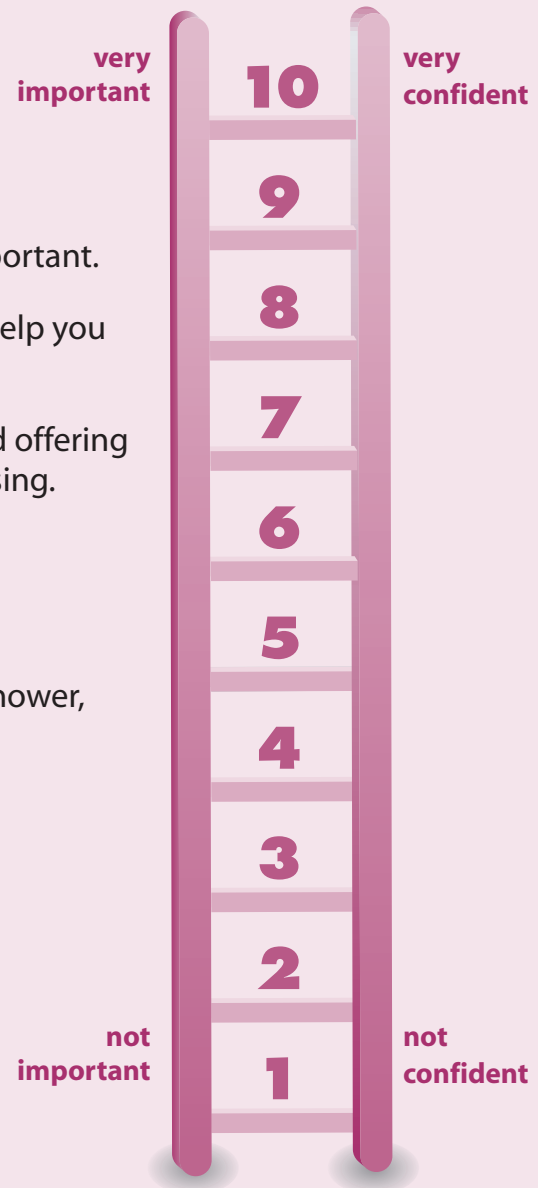
Anticipate questions

- My ____ (mother/father/partner/other) really thinks I should give formula too. What should I do?
 - ◆ It is YOUR decision. If breastfeeding is going well, breast milk is all your baby needs.

Breastfeeding goal, confidence, and support revisited

- I want to feed my baby:
 - Breast milk only
 - Breast milk and formula
- I want to breastfeed until the baby is ____ months or years old.
- On a scale of 1 to 10:

- ◆ How important is it for you to breastfeed?
 - ◆ How confident are you that you will be able to meet your breastfeeding goal?
- Getting the support you need to breastfeed is important.
 - Your partner, family members and friends can all help you and your baby by:
 - ◆ Keeping you company while you breastfeed and offering you a drink, footstool or pillow to use when nursing.
 - ◆ Burping the baby after feeding.
 - ◆ Changing the baby's diaper or bathing him.
 - ◆ Taking care of the baby so that you can take a shower, nap or eat.
 - ◆ Helping with household chores such as cooking, cleaning, laundry, grocery shopping or washing dishes.
 - ◆ Taking care of an older child while you breastfeed.
 - ◆ Bringing the baby to you from the bassinet or crib for nighttime feeds.



Overcoming challenges

Key messages

- Ask for help early if you are having problems with breastfeeding.
 - Help is available from many places.
-

Teaching points

- Emphasize that, with a little patience, almost any breastfeeding problem can be solved.
 - Review the common challenges and solutions.
 - Encourage patient to contact a breastfeeding role model or lactation consultant if she experiences breastfeeding problems.
 - Refer patient to the birth hospital lactation services, 311, or the NYLCA website to find a lactation consultant (see **Resources**).
-

Anticipate questions

- What if the baby delivers early?
 - ◆ Breast milk is all the more important for preemie babies—it can help prevent serious infections. The hormones for breastfeeding will allow you to make milk, even if you deliver early. Your hospital team will help you pump the milk for your baby, and will help you give it.
- What if I can't breastfeed, like I just don't seem to be making milk?
 - ◆ Most women can breastfeed, but if it seems like you are not making colostrum or milk when you should, ask for help. A lactation specialist will be able to assess you carefully to help overcome the problem in most cases.
- What if I need to take medications for something? Aren't most medications a problem?
 - ◆ Many medications are safe to take while breastfeeding. Check with your doctor, and be sure to let any doctor you see know that you are breastfeeding.

Overcoming challenges

If something doesn't seem right, reach out to your go-to person — another breastfeeding mom, your WIC peer counselor, a lactation consultant from the birth hospital, your baby's doctor. No concern is too small or too large.

Here are a few common problems — and solutions:

Sore nipples

- If your baby isn't latching on properly, your nipples may get sore in the beginning.
- Ask a nurse or lactation specialist for help in getting your baby latched on.
- It also helps to:
 - ◆ Make sure your baby is taking as much areola in her mouth as possible.
 - ◆ Nurse more frequently for shorter periods.
 - ◆ Nurse on the less-sore side first.
 - ◆ Coat your nipples with breast milk after feedings and let them air dry.
 - ◆ Remove baby from breast properly by putting your finger in your baby's mouth to break the seal.

Engorged breasts

- You may have swelling of the breasts when your milk is coming in, especially during the first three to five days after birth. It may feel like your breasts are "too full." This is called engorgement, and it goes away once your body gets more practice making milk and the baby gets more practice emptying the milk from your breast.
- In the meantime:
 - ◆ Shower or apply warm, wet washcloths to your breasts before you breastfeed, and apply cold compresses (such as an ice pack or frozen bag of peas wrapped in a towel) afterwards.
 - ◆ If your baby is having a hard time latching on, express a little milk before you offer the breast to reduce swelling and relieve discomfort.
 - ◆ Nurse often (10 to 12 times in 24 hours), offering both breasts at each feeding.

cont'd



Overcoming challenges

cont'd

Blocked milk duct

- A painful red area or lump in the breast may mean a blocked milk duct.
- Here's what to do:
 - ◆ Make sure your bra fits properly and is not too tight. Also, avoid sleeping positions that put pressure on your breasts.
 - ◆ Breastfeed often, from the painful side first. This will help the duct open faster.
 - ◆ Shower and apply warm, wet compresses to the painful breast.
 - ◆ Massage the area gently.
 - ◆ Drink lots of fluids and get lots of rest.
 - ◆ If the lump does not go away in a day or two, or you get a fever or chills, see your doctor.

Breast infection (mastitis)

- If you have chills, aches and fever (almost like the flu) and a lumpy, painful red area on the breast, you may have a breast infection. The flu-like symptoms often come first.
- Here's what to do:
 - ◆ Call your health care provider as soon as possible. You may need an antibiotic; your doctor will choose one that is safe to take while breastfeeding.
 - ◆ Continue to breastfeed.
 - ◆ Follow the steps for a blocked milk duct (above).

Thrush

- If you notice white patches in your baby's mouth, or you have itchy, red nipples or painful breasts during and after feeding, you may have thrush.
- Thrush is a mild yeast infection that is easily treated. Your doctor will prescribe an anti-fungal medication for both you and your baby.

Breastfeeding in public

Key message

- New York State laws protect the rights of breastfeeding mothers to breastfeed in public and to express milk at work.

Teaching points

- Ask:
 - ◆ How comfortable would you be breastfeeding in public?
 - ◆ If you were going to breastfeed in public, do you know some techniques that would help you feel comfortable?
 - ◆ If you choose not to breastfeed in public, are you set up to pump milk at home so that when in public places, your baby can have breast milk in a bottle?
- Discuss Breastfeeding Bill of Rights.
- **Handout:** *You Have the Right to Breastfeed.*

Anticipate questions

- What if someone criticizes me about breastfeeding in public?
 - ◆ Some people do not understand. Do not feel you have to convince them, but do feel confident that you are doing the right thing and that the law is on your side. Keep the palm card handy in case you want to reinforce that the law is on your side.
- How could I possibly show my breast in public?!
 - ◆ Many women cover up so well that it is difficult to tell that they are breastfeeding. If you do not want your breasts to show in public, try using the cradle position or put a shawl or receiving blanket over your shoulder to cover your breast. Or, you might want to pump your milk and give it to the baby by bottle when in public places. Your comfort is important.

Breastfeeding in public

- New York City Civil Rights Law Section 79-e gives you the right to breastfeed your baby in any public place, even if the nipple can be seen.
 - ◆ If you do not want your breasts to show in public, try using the cradle position and put a shawl or receiving blanket over your shoulder to cover your breast.
- If you prefer not to nurse in public, you can express your milk at home and take it in a bottle with you to feed your baby when you go out.

You Have the
Right to Breastfeed



Breastfeeding – Simply the Best
Know Your Rights!

NYC
Health

Returning to work or school

Key message

- Mothers can continue to breastfeed, by law, when they return to work or school.
 - A hospital-grade pump can be an important tool to maintain your milk supply and to fulfill your breastfeeding goal.
-

Teaching points

- Ask about the mother's plans to return to work or school postpartum.
 - ◆ What thoughts do you have about continuing to breastfeed after you return to work or school?
 - Encourage the mother to discuss the need to pump with her work supervisor or school counselor well in advance of her return date.
 - Educate mother about using a hospital-grade pump to begin to build up her stored supply of milk before returning to work.
-

Anticipate questions

- How often will I need to pump at work or school?
 - ◆ Many women breastfeed before work, then pump 2-3 times while at work.
- Where can I get a pump?
 - ◆ A good place to start is your WIC center (if you get WIC). You can also look online for hospital-grade pumps from retail stores and companies, and put it on your wish list for your baby shower. Pumps can often be rented as well, and insurance may pay for them.

Returning to work or school

- Many mothers who breastfeed also work outside the home or go to school.
- Before you return, let your employer/school know that you wish to express (pump) your milk during the day.
- The New York State Labor Law Article 7, Section 206-c, Right of Nursing Mothers to Express Breast Milk, encourages employers to allow nursing mothers the time and place to express their milk for up to three years after their babies' birth.

Here are some tips to help make the transition easier:

- Consider returning to work or school in the middle of the week rather than on a Monday. This will give you time to adjust to the routine, and to be together with your baby after only a few days.
- Select a breast pump several weeks before going back to work and start pumping in between feedings.
 - ◆ Store the pumped milk in the freezer before you start back to work so there will be plenty of stored milk that can be fed to your baby.
- Nurse your baby right before you leave for work and right after you get home.
- Express your milk during the day and keep it in a refrigerator or a cooler bag with an ice pack. Refrigerate or freeze the milk when you return home.
 - ◆ Use refrigerated milk within two days.
 - ◆ Frozen milk can be stored for three to six months. Once thawed, use within 24 hours. Never heat breast milk on the stove or in the microwave.
- If possible, wear clothes that let you breastfeed or pump easily, like two-piece outfits or clothes designed for breastfeeding.
- Consider nursing your baby more often when you are home, especially during the weekends. This will help you maintain your milk supply and keep your baby close.

Other questions

Anticipate questions

- Can I get pregnant while breastfeeding?
 - ◆ Yes. You can still get pregnant when you are breastfeeding. To prevent pregnancy, use a safe and effective birth control method.
 - ◆ Talk to your doctor about birth control methods that you can use while breastfeeding.
- Can I have sex while breastfeeding?
 - ◆ Yes. But remember that most health care providers suggest that you wait to have sex (vaginal or anal) until your postpartum check-up, about six weeks after giving birth.
 - ◆ Sometimes the breasts leak milk during sex; this is common and nothing to worry about.
 - ◆ Also, some women have less interest in sex for a while after having a baby.

Any questions?



Resources

Refer mothers to:

New York City Health Department

www.nyc.gov and search for “breastfeeding” for videos, print content, referral information

New York State WIC

www.breastfeedingpartners.org

Texas Department of State Health Services (comprehensive breastfeeding website)

www.breastmilkcounts.com/community.php

Standards

Baby Friendly USA “Ten Steps” and other documents for hospital-based programs

babyfriendlyusa.org/eng/docs/2010_Guidelines_Criteria_Rev%2011_28_11.pdf

American Academy of Pediatrics Policy Statement on Human Milk and Breastfeeding

pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552.full.pdf

Academy of Breastfeeding Medicine Protocol(s)

www.bfmed.org/Media/Files/Protocols/Protocol%2019%20-%20Breastfeeding%20Promotion%20in%20the%20Prenatal%20Setting.pdf

New York State Breastfeeding Mothers’ Bill of Rights

www.nyclu.org/files/publications/nyclu_pub_breastfeeding_rights.pdf
www.health.ny.gov/publications/2028.pdf

National Library of Medicine: Lactmed database for assessing medications in lactation

toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT

Materials for teaching

To reorder NYC Health Department patient materials, call 311

Video clip on hand expressing breast milk

newborns.stanford.edu/Breastfeeding/HandExpression.html

Partner support and education (downloadable pamphlet)

www.fns.usda.gov/wic/Fathers/SupportingBreastfeeding.HTM

Healthy Children lactation DVDs and other materials

www.healthychildren.cc/index.cfm?show=ad_council

American Academy of Pediatrics resident curriculum

www2.aap.org/breastfeeding/curriculum/

Skills-building for teachers

Motivational interviewing

www.motivationalinterview.org/Documents/1%20A%20MI%20Definition%20Principles%20&%20Approach%20V4%20012911.pdf

Resources

If you have questions or problems, don't wait. Another nursing mother or mother's support group can often help. Your hospital, WIC office, baby's doctor, midwife or OB-GYN can refer you to a lactation consultant—a specialist in breastfeeding problems. Here are some sources for breastfeeding information:

New York City Health Department

For support groups, lactation consultants, information about birth control and free or low-cost health centers, call 311 or go to www.nyc.gov/health and search "breastfeeding."

New York State WIC

www.breastfeedingpartners.org
Growing Up Healthy Hotline: 800-522-5006

African-American Breastfeeding Alliance

www.aabaonline.com
Help line: 877-532-8535
9 am to 5 pm, Monday to Friday

Breastfeeding.com

BreastfeedingBasics.com

La Leche League (for support groups and lactation consultants)

www.la lecheleague.org
800-Laleche (800-525-3243)

New York Lactation Consultant Association (to find a lactation consultant)

www.nylca.org





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