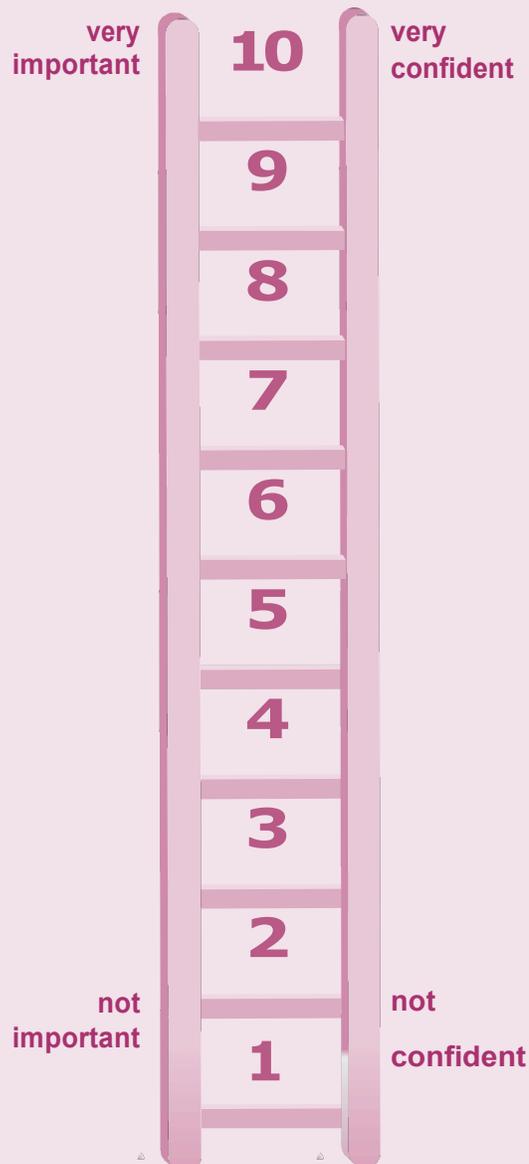


Setting breastfeeding goals

- 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?



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.

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.

Why breastfeed?

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—until about 6 months of age for most babies.

After that, it is recommended to continue giving breast milk for at least one to two years, 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.



Common questions and answers

What are the risks to my baby if I don't breastfeed?

Formula-fed babies have a higher risk of ear infections, sudden infant death syndrome (SIDS), asthma and diabetes than babies who are exclusively breastfed.

For how many weeks or months should I breastfeed or give breast milk?

Any amount of time spent breastfeeding is good for your baby — though the longer, the better. Experts recommend that you give only breast milk and no formula, water or food until the baby is about six months old. When you add baby foods, you can and continue to feed your baby breast milk.

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.

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.

How do I know if my baby is getting enough food?

Your baby will let you know when she is satisfied. Often, when a baby is satisfied, her hands and body are relaxed and she'll remove her mouth from the nipple or will fall asleep.

There are other signs that your baby is getting enough. She'll be gaining weight, as your baby's doctor will be able to tell you. Also, the amount of urine and number and appearance of bowel movements she has each day can help you know that she is nursing well. This table 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:	¼ of one ounce (5–7 ml) per	1–1 ½
Three days old:	¾–1 ounce (22–27 ml) per	4 ½–5 ½
Ten days old:	2–2 ¾ ounce (69–81 ml) per feeding	13–16 teaspoons

Is breast milk the same as formula?

No. Breast milk is special and meets the unique needs of your baby. And unlike formula, breast milk changes as your baby grows — so it provides exactly what your baby needs at each feeding. 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.

While I breastfeed, do I have to change the way I eat?

No. 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.

Can I breastfeed in public?

Yes. 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 (see page 10) or put a shawl or receiving blanket over your shoulder to cover your breast.

Will breastfeeding ruin my breasts?

No. While breasts do change during pregnancy, they usually return to their original appearance after breastfeeding ends. Your breasts may lose their shape as you age, but breastfeeding doesn't make this worse. You may choose to wear a more supportive bra, especially while you are pregnant or nursing.

Can I get pregnant when 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 or midwife about family planning, or call 311 and ask for the Health Department's brochure called "Birth Control: What's Best for You."

Can I have sex while breastfeeding?

Yes. But remember that most healthcare providers suggest that you wait to have sex (vaginal or anal) until your post partum 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.

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.

Getting others involved

When you choose breastfeeding, it's important for the people around you to support your decision. This includes health care providers, family members, and friends.

During your prenatal visits: Tell your provider that you want to breastfeed. Ask questions and get the information you need before having your baby.

In the birthing center or hospital:

- **When you are in labor**, tell your provider that you want to breastfeed. Before you deliver, tell your provider that you want your baby to stay in the room with you at all times so you can learn to recognize the baby's feeding cues and breastfeed on-demand. Ask to initiate skin-to-skin contact as early as possible.
- **When you start breastfeeding**, keep in mind that it sometimes takes a little while for mother and baby to figure it out. **If you have questions, ask a provider to help you.**
- **In the hospital: If you and your baby need to be separated for medical reasons, remind the nurse that you plan to breastfeed.** Ask the nurse not to give the baby formula, water, or a pacifier unless your doctor orders it.

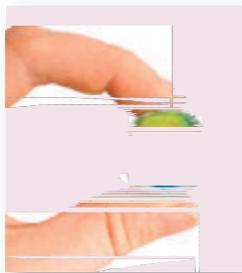
At home:

- **If partners, family or friends offer to help by giving your baby a bottle**, remind them that you are breastfeeding for the health of your baby. If they want to help you with the baby, there are plenty of other things they can do to assist you:
 - Keep you company while you breastfeed and offer you a drink, footstool or pillow.
 - Burp the baby after feeding, or change the baby's diaper.
 - Take care of the baby so that you can take a shower, nap or eat.
 - Help with household chores such as cooking, cleaning, laundry, grocery shopping or washing dishes.
 - Take care of an older child while you breastfeed.

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 offer some supplemental foods—though experts recommend continuing to breastfeed through at least the first year.

The amount of milk you produce corresponds to the 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

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. **Your baby's mouth needs 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!

Latching on

cont'd

You can also hold your breast 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 or midwife about continuing your prenatal vitamins or taking another multivitamin.

Popular positions

Try different breastfeeding positions to see what works best for you. A good latch 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.



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.



Hold your baby skin-to-skin early and often

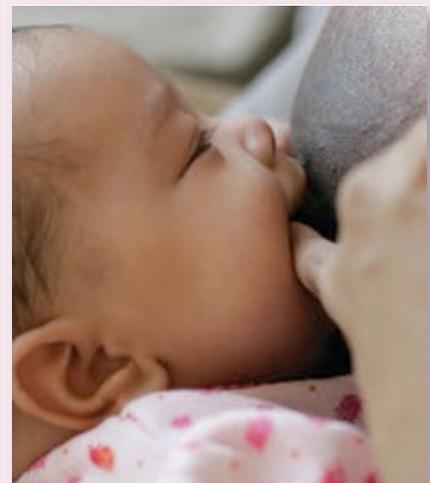
- Hold your baby skin-to-skin as soon as possible after birth; if your baby is preterm or has special care needs, your health care provider will tell you when your baby is ready for skin-to-skin contact.
- **Hold your baby skin-to-skin before you begin to nurse.**
 - ◆ Remove baby's clothes and have 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.

Remember...

- 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

- Let your baby nurse whenever he is hungry. This is called feeding “on demand.”
- In a 24-hour period, a newborn will usually feed at least 10 to 12 times.
- Don’t wait until your baby is crying— that is a 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.



Expressing milk

Manual expression (also known as hand expression) in the early postpartum period can help to stimulate production of colostrum. Manual expression can also stimulate your baby to latch. When you are producing colostrum, manual expression is more gentle and effective than using a breast pump. Manual expression can also be used to relieve engorgement or a blocked duct.

If you plan to return to work or school while breastfeeding, you will need to express your breast milk so that there is a supply available for your baby's caregiver while you're away. Expressing milk takes some practice; ask a lactation consultant or your health care provider to help you. There are two ways to express milk: With your hand and with a pump.

Expressing by hand

1. Wash your hands with soap and water
2. Have a clean container, such as a bowl or cup, ready to catch your milk
3. Gently massage your breasts to make the milk flow more easily.
4. Use the "C-Hold" to place your fingers near the outside of your areola.
5. Push your hand straight back toward your chest wall.
6. Gently squeeze / roll your fingers to express milk.
7. Rotate your fingers to another position on the breast and repeat.

Using a pump to express milk

Using a pump is the quickest way to express milk. Your insurance should reimburse you for a breast pump- see our "how to" guide on dealing with your insurance company.

There are several different kinds of pumps available, each with its advantages.

Manual Breast Pumps

Hand pump that allows you to pump one breast at a time

Good for occasional use, such as once a day

Low cost and easy to carry around

Single or Double Electric Breast Pumps

Electric-powered pump (battery or power outlet)

Faster and more efficient than a manual pump

Storing expressed milk

- Breast milk should be stored in glass or plastic containers. But avoid using plastic containers with recycling numbers 3, 6 or 7 or containers that look worn (to avoid the risk of chemicals getting into breast milk).
- It is best to store breast milk in the refrigerator or freezer, but it can be kept at room temperature for six to eight hours or in a cooler bag with ice packs for up to 24 hours.
- Use refrigerated milk within two days.
- For longer storage, freeze milk as soon as possible. Store it in the back of the freezer— usually the coldest spot in the freezer. Frozen milk can be stored for three to six months. Put a date on each breast milk container and use it in the order it was frozen.
- Thaw frozen milk quickly under warm, running water or gradually in the refrigerator. Once thawed, use within 24 hours. Never heat breast milk on the stove or in the microwave.

Overcoming problems

With a little patience, almost any breastfeeding problem can be solved. Stick with it! 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. After giving birth, 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.

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. 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) afterwards.
- If your baby is having a hard time latching on, express a little milk before you offer the breast to relieve discomfort and reduce swelling.
- Nurse often (10 to 12 times in 24 hours), offering both breasts at each feeding.

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.
- Drink lots of fluids and get lots of rest.
- Shower and apply warm, wet compresses to the painful breast.
- Massage the area gently.
- If the lump does not go away in a day or two, see your doctor or midwife.

Breast infection (mastitis)

If you experience both a lumpy, painful red area on the breast and chills, aches and fever (almost like the flu), you may have a breast infection. Here's what to do:

- Call your health care provider. You may need an antibiotic; your doctor or midwife will choose one that is safe to take while breastfeeding.
- Follow the steps for a blocked milk duct (above).
- Continue to breastfeed.

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 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.

Weaning your baby

Weaning, or ending breastfeeding, is best done gradually. Your breasts need to adjust to the decreasing demand for milk, and both you and your baby may feel the loss of comfort and security that breastfeeding provided.

To wean gradually, you may want to eliminate one breastfeeding or pumping session every two days, until you are no longer breastfeeding or pumping. Usually, the last feedings to eliminate are the morning, nap-time and bedtime feedings.

As you are weaning your baby, watch for signs that weaning might be happening too quickly:

For baby — irritability, clinging or anxiety

For mother — breasts feel overly full, swollen, warm to touch or painful; fever; feeling ill; sadness (from hormone changes)

Adjust your pace depending on your and your baby's level of comfort. If you have breast discomfort, express just enough milk, by hand or breast pump, as needed. To avoid pain and breast infection, wear a comfortable bra and do not bind your breasts! If the pain becomes severe, your breasts are tender, there is warmth in the breast or you have a fever, feel achy or ill, call your doctor or midwife.

Most experts recommend exclusive breastfeeding for the about first 6 months of your baby's life, and continued breastfeeding with complimentary foods for as long as is mutually desired (the American Academy of Pediatrics recommends at least 1 year; the World Health Organization recommends at least 2 years).

This document was adapted from the *New York City Mother's Guide to Breastfeeding*, a publication of the New York City Department of Health and Mental Hygiene.

For more information, please visit <http://www.nyc.gov/html/doh/pregnancy/html/after/breast-feeding.shtml>