



New Mom Notebook

A publication of the Nursing Mothers Advisory Council, Inc. (NMAC)

NMAC Chapter Areas: Abington • Ambler • Doyelstown • Mt Airy-Chestnut Hill • Warwick-Warminster

Congratulations on Your New Baby!

We hope that you find the information in this publication helpful in the early days of breastfeeding and beyond. If you have any questions, or want to find out more about starting solids or weaning, please don't hesitate to contact your counselor.

NMAC offers monthly meetings for moms and babies, a helpline, and other resources for new mothers like you. Our goal is to support each mother in her desire to breastfeed for as long as she wants to continue, from birth to weaning. Choosing to breastfeed for any length of time will provide rewards for both you and your baby, and should be commended. Congratulations!

For more information about breastfeeding, and to find out more about Nursing Moms Chapter events, go to NMAC's website at:
www.nursingmoms.net

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How Can You Prepare For Breastfeeding?

Breastfeeding is natural, but it doesn't always come naturally for all mothers and babies. Your body will do most of the work in preparation for breastfeeding, but there are things you can do in advance of giving birth to help prepare you for your breastfeeding journey.

- Learn as much as you can about breastfeeding before giving birth. A few ways to do that are talking to other nursing moms, reading books and articles, watching videos, and talking to your NMAC counselor. Consider taking a breastfeeding class (offered by most hospitals) some time in your third trimester.
- Enlist the support of your doctor. Make sure your doctor knows your intent to breastfeed and that she is supportive. In certain circumstances that can arise during and after childbirth, this person can have a great impact on your breastfeeding success or failure.
- Ensure the doctors and support staff of your hospital are aware of your breastfeeding plans. Let them know, for example, that you want your baby to room-in with you, or that you do not wish for your baby to be given any bottles or pacifiers. Ask in advance about the availability of a lactation consultant on staff, and when you can expect them to visit you after giving birth.
- Find a good pediatrician. Ask for recommendations from your OB/GYN or other parents. Make sure that your doctor is knowledgeable on current breastfeeding practices. Find out if they are open to phone calls, questions, and last minute appointments.
- Establish a support system. Your baby's father, family members or friends can be your support system as you prepare for childbirth and breastfeeding. Breastfeeding can be challenging and time consuming—especially in the early weeks and months. You will want to have others around to ask questions and support you while nursing.
- Create a nursing checklist of items that can help make breastfeeding more comfortable and convenient. These items can include nursing bras, nursing tanks, nursing pillows, and breast pads. A good book and a glass of water are helpful too!
- You do NOT need to toughen or "prepare" your nipples for breastfeeding. Don't rub or scrub your nipples—this will only hurt you and make breastfeeding difficult. Teaching your baby the right way to latch on to your breast from the beginning is the most effective way to prevent soreness.



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Breastfeeding 101: How to Get off to the Best Start!

During the first few days after birth, many babies want to breastfeed often and long, until the mother's milk supply becomes more plentiful. Frequent, unrestricted breastfeeding in the early days offers health benefits for both mother and baby:

- Provides the baby with colostrum, the "first milk" packed with nutrients.
- Prevents painful breast engorgement in the mother.
- Stimulates her uterine contractions and lessens the chance of hemorrhage.
- Prevents or reduces the duration of newborn jaundice.
- Stimulates the mother's breasts to increase her milk supply more quickly.

Babies should nurse 8-12 times in a 24-hour period. Watch for your baby's cues that he/she is hungry (e.g., putting fists to mouth, rooting) and don't worry about the length of time since the last feeding. Most babies will fall into their own pattern of nursing. Some will space them evenly and some will nurse more often at certain times of the day and less at others. It is the overall number of feedings in a 24-hour period that is important. We can gauge how much milk a baby is getting by counting the number of wet and poopy diapers in a 24-hour period. See Table 1 for guidelines on the number of wet and poopy diapers to expect the first week after birth.

The baby's first bowel movement (called meconium) is dark and tarry. After the first few days, bowel movements should be a "golden mustard" color with "seeds" in it. There is usually no offensive odor associated with the bowel movements of an exclusively breastfed baby.

When breastfeeding is going well, water or formula supplements are not needed. There are several reasons that supplements should be avoided.

- Supplements interfere with the establishment of the milk supply.
- Artificial nipples can weaken a baby's suck or cause the baby to refuse the breast.
- Supplements decrease the time at the breast, which can lead to engorgement in the mother.
- Supplements have been associated with development of allergies in infants.

How Can I Tell If My Baby Is Getting Enough?

Your baby's diapers are excellent indicators of whether your breastfed baby is getting what he or she needs. Because the first milk your newborn gets (colostrum) is concentrated, your baby may have only one or two wet diapers until your milk "comes in", which is usually about 3 to 5 days after birth.

During the first two days of the baby's life, the mother can expect to experience uterine contractions during feedings.

Mom's breasts begin to feel fuller between three and five days postpartum. After this occurs, at least one breast feels softer after feeds.

After 5 days, here are some signs you should look for:

- six or more wet diapers per day, with clear or very pale urine
- four or more yellow, seedy bowel movements per day, but it is common for some babies to have one after each feeding through 4 weeks of age. After about a month, breastfed babies usually have fewer bowel movements and many may not have one every day.

Your breastfed baby is also probably getting enough if she:

- seems alert and content
- is waking for feedings
- seems satisfied after feedings
- is steadily gaining weight
- feeds between eight to twelve times per day

The table below shows the appropriate number of feedings, and number of wet and poopy diapers expected for a newborn. The day 7 pattern should continue for about the first month of life. At about 4-6 weeks, many breastfed babies may not poop as frequently and may skip days.

Table 1

Number of Days Old	Number of Feedings	Number of Wet Diapers	Number of Stools
Day 1	6-8	1	1 (black, tarry)
Day 2	8-12	2	2 (black, tarry)
Day 3	8-12	3	3 (green)
Day 4	8-12	4	4 (yellow)
Day 5	8-12	5-6	4 (yellow)
Day 6-7	8-12	6	4 (yellow)



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Common Questions and Answers

Q: How many times a day should my baby be nursing?

A: Newborns should nurse between eight and twelve times a day, or about an average of once every 2-3 hours. These are minimum guidelines—it is normal for some babies to nurse more frequently.

Q: Is it normal for breastfeeding to hurt?

A: No. It is normal for there to be some discomfort when baby first latches on, especially in the first few days of breastfeeding, but that discomfort should go away within a minute or two. If you are having pain that persists longer or your nipples are irritated, cracked, bleeding or misshapen at the end of a feeding, your baby may not be correctly latched onto your breast.

Q: My baby seems to nurse a lot, especially at certain times of the day. Is this normal?

A: This is commonly called “cluster feeding”. Every baby is different, so what is “normal” for one may not be for another. But it is important to keep in mind that baby’s eating and sleeping patterns may change frequently in the early months of life. If you find that your baby likes to nurse frequently (or in some cases continuously!) at a certain times of the day, try to plan ahead to spend that time with your baby. Don’t automatically assume that an increase in appetite means that your baby is suddenly not getting enough to eat. If she is soiling enough diapers in a 24-hour period and gaining weight, she probably is just “snacking” her way through the day or evening. If you have any questions or concerns about your baby’s eating pattern, call your counselor or pediatrician.

Q: I am concerned that my breast will get in the way of baby’s breathing when I nurse him. Will he suffocate?

A: No. When a baby is positioned well, his chin should be touching the breast and his nose should be slightly away. If your baby’s nose is covered by the breast, simply allow his head to tip back. Remember, move the baby, not the breast! Keep in mind that a baby’s nose is designed to allow them to breathe while nursing. Put the palm of your hand on your own nose and press down. Can you still breathe? Of course you can! Babies will always choose breath over food no matter how hungry they are. Resist the temptation to “make a breathing hole” for your baby by pressing down on your breast with your finger. This can interfere with a good latch and can cause sore nipples.

Q: I’m exhausted! My baby seems to sleep more during the day than at night. How do I change her sleep pattern?

A: Newborns are often more wakeful at night in the first few days and weeks after birth, but if she’s sleeping for longer periods during the day and up hourly at night, she’s most likely “flipped” her days and nights. You can gradually get her to sleep more at night by waking her for nursing during the day. Also, wake her to nurse right before *you* go to bed. This will increase the chance that she’ll sleep long enough for you to get a full three hour sleep cycle. It will take a few days to get her “turned around” but it will happen! And

remember, if she’s sleeping five hours or longer, she’s technically sleeping “through the night”.

Q: Is breast milk really better than formula?

A: Over the last two decades, studies have proven that breastfeeding provides numerous benefits for both mother and baby. Breast milk is living human tissue. Artificial baby milk is only food, and can’t provide what human milk can. Infant formula is not interchangeable with breast milk. Unfortunately, many people think the solution for any breastfeeding problem is to resort to a bottle of formula. Remember, in doing so, breastfeeding can be undermined. Call a counselor, the NMAC Helpline, or a lactation consultant instead.

Q: I’m going back to work/school, when should I start pumping?

A: If you know you are going back to work/school in a few weeks, you may feel anxious about having enough of a supply on hand for your baby while he is in day care. If you plan to continue pumping after you return to work/school, there is no need to start pumping to build a supply until 2 or 3 weeks prior. Before starting to pump, be sure that breastfeeding is going well and that your milk supply is well established, usually 3 to 4 after your baby is born. It is important to select the right pump for your situation and to develop a “pumping plan” so that you can take regular time out of your day to pump for your baby.

It’s important to note that breastfeeding does not have to be an all or nothing endeavor. If you decide not to pump at work/school, it’s possible to maintain a part-time nursing relationship, breastfeeding during those times when you are able to be near your baby.

Q: What is the best pump to buy?

A: There are lots of different pumps on the market from manual to hospital grade electric. What type you need depends on how much pumping you’ll be doing. If you’re planning to pump for the occasional “night out”, then a manual pump may be just fine. If you are returning to work, an electric pump is probably the best option. Your counselor can advise you about the type of pump best suited to your needs and how to store your breast milk for baby.

Q: When should I start solids?

A: The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for at least the first six months of life. Some signs that your baby may be ready for solids are: baby can sit up well without support; baby has lost the tongue-thrust reflex and doesn’t automatically push solids out of her mouth with her tongue; baby is developing a “pincer” grasp and can pick up food or other objects between thumb and forefinger; baby seems interested in what you are eating any may try to grab food and put it in her mouth; baby is able and willing to chew. When starting solids, it’s good idea to breastfeed first and offer solids second as breast milk will continue to be your baby’s main source of nutrition through the first year.



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Benefits of Breastfeeding

Breastfeeding is the biological norm and offers many benefits for both mom and baby. Here are just a few.

Breastfed babies have:

- Less instances of gastrointestinal issues, respiratory infections, and ear infections
- Less likelihood of developing allergies
- Higher IQs
- A decreased risk of obesity later in life
- Lower rates of infant mortality
- Less illness overall and less hospitalization
- Parents who have up to 6 times less absenteeism

Breastfeeding helps moms:

- Burn extra calories, can help to lose pregnancy weight faster
- Release oxytocin, which helps the uterus return to pre-pregnancy size and can help control postpartum bleeding.
- Reduce the risk of ovarian cancer
- Reduce the risk of breast cancer
- May reduce risk of osteoporosis

Source: WomensHealth.gov

<http://www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important/>

Breastfeeding and Pennsylvania Law

The Pennsylvania Freedom to Breastfeed Act was signed into law on July 8, 2007. Pennsylvania joined other states which already had breastfeeding laws. The General Assembly found that breastfeeding a baby is an important and basic act of nurturing that must be protected in the interests of maternal and child health and family values.

The Freedom to Breastfeed Act permits a mother to breastfeed her child in any location, public or private, where the mother and child are otherwise authorized to be present, irrespective of whether or not the mother's breast is covered during or incidental to the breastfeeding.

Source: PA.gov

http://www.state.pa.us/portal/server.pt/community/pa_gov/20387

Breastfeeding & Jaundice

Excerpt from "Jaundice and the Breastfed Baby" by Anne Smith, IBCLC

Nearly all infants are jaundiced to some degree. In the vast majority of cases, newborn jaundice is a normal process. Jaundice occurs when a yellow pigment called **bilirubin** accumulates in the tissue, especially the skin, where you can see it as a yellowish or orangish tint. In adults or older children, jaundice is considered a pathological condition, but this is rarely the case with newborns. The very common type of jaundice that most babies experience is called normal, or physiologic jaundice. Physiologic jaundice is not a disease – it is nearly always a harmless condition with no adverse after effects, as long as the bilirubin count doesn't reach dangerous levels.

There are three types of jaundice: **Physiologic jaundice**, affecting the majority of newborns, **pathologic jaundice** (caused by, for example, blood type incompatibilities, prematurity, or infection), or **breast milk jaundice**, probably caused by a factor in some mother's milk that seems to delay or prolong the excretion of excess bilirubin.

In most cases, jaundice is a normal, possibly even beneficial process that can be managed without interrupting breastfeeding. The treatment for physiologic jaundice is **more** breastfeeding rather than less, and sick babies with pathologic jaundice need breast milk even more than healthy babies. Even in rare cases where the jaundice is caused by the breastfeeding, there is no reason to wean and every reason to continue giving your baby the best possible nourishment – mother's milk.

For More Information:

<http://www.breastfeedingbasics.com/articles/jaundice-in-the-breastfed-baby>

American Academy of Pediatrics and World Health Organization Breastfeeding Guidelines

How long should I breastfeed my baby?

The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for about the first 6 months of life. This means your baby needs no additional foods or fluids unless medically indicated. The AAP recommends babies should continue to breastfeed for a year and then for as long as is mutually desired by mother and baby.

The World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months of life. At 6 months, the WHO recommends that other foods complement breastfeeding for up to 2 years or more. Breastfeeding should be supported for as long as it is the right choice for you and your baby.

Source: American Academy of Pediatrics
www.aap.org/breastfeeding/faqsbreastfeeding.html

Source: World Health Organization
www.who.int/topics/breastfeeding/en/



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Latching A Baby

By Colette M. Acker, BS, IBCLC, Breastfeeding Resource Center

No matter what position you use, following some basic guidelines can help with any position.

Get yourself comfortable. Make sure you have everything you may need around you. You may want to grab something to drink, a good book, or a few receiving blankets to help with positioning.

Place pillows around you in order to bring your baby to your breast level. Every mother's breast level is different, so there isn't a "perfect" pillow for all mothers. Use whatever pillows you find that work for you and your baby. Pillows help to get your baby in a good position and keep them there throughout the feeding. You won't need to use pillows forever, but they are helpful in the early weeks.

Your baby's body should be facing you. Their ears, shoulders and hips should be in one line.

Allow your breast to fall naturally and position your baby so their nose is facing your nipple. Support your baby's neck and shoulders by placing a hand behind their head with your fingers behind their ears. Be sure your baby's body is pulled in close to you.

Use your other hand to compress the breast tissue to match the way the baby's mouth will open. Think of what you would need to do to get a large sandwich in your mouth. Compress your breast to help you fit as much breast tissue as possible into your baby's mouth.

Brush the tip of your nipple across the baby's upper lip to elicit the rooting reflex (the reflex that makes them open wide). If you tickle the upper lip, the baby will reach up for the breast, giving you a wide mouth.

When the baby's mouth is open wide, pull the baby onto the breast. Once the baby is latched, be sure their body continues to be in a nice straight line. If you positioned them well, their chin should be touching the breast and the nose should be slightly tipped back. If not, let the baby's head tip away.

Check your baby's lips. They should be flanged like fishy lips, not tucked. If they are tucked, you can gently pull them out while the baby is latched.



When properly latched on, you may have 30 to 60 seconds of latch-on pain (this is caused by the nipple and areola being pulled into your baby's mouth), then the pain should subside. It will then feel like a tug when your baby is sucking. If you continue to feel pain, stop feeding momentarily and reposition your baby on your breast.

Your baby should give four to five sucks, followed by a 5 to 10 second pause. Your baby's sucks will increase in number as the quantity of your milk increases. As the milk flow slows, your baby's pattern will probably change to three or four sucks and pauses that last longer than 10 seconds.

Breaking the Suction

Most babies will release the breast on their own. If your baby doesn't release your breast but the sucks now seem limited to the front of his or her mouth (between the gums), put your finger in baby's mouth, then turn your finger a quarter turn to break the suction. Then, try to burp your baby and switch him or her to the other breast.

If your baby consistently latches on improperly, sucking on your nipple without getting much of your areola in the mouth, you'll probably feel discomfort throughout each feeding. Some moms say it's painful or feels like a pinch as their babies nurse.

Babies who tend to latch on incorrectly will also frequently sleep at the breast and may not seem satisfied because they may not be getting enough. If either of these occurs, break the suction and reposition your baby onto your breast to include the nipple and areola.

Good positioning and latch are sometimes difficult to master just from reading some suggestions. If you are having difficulty, or have cracked, bleeding nipples, call your counselor or join us at one of our support meetings!



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Common Nursing Positions

If you're a first time parent, breastfeeding your newborn may seem complicated until you've had some practice. But a little preparation can help you feel more comfortable.

It's important to find a comfortable nursing position (or hold) for both you and your baby. Here are some common ones to consider.

Laid-Back Breastfeeding

Laid-Back breastfeeding, or Biological Nurturing™, means getting comfortable with your baby and encouraging your own and your baby's natural breastfeeding instincts. See biologicalnurturing.com for further information.

- Find a bed or couch where you can lean back and be well supported— not flat, but comfortably leaning back so that when you put your baby on your chest, gravity will keep him in position with his body molded to yours.
- Have your head and shoulders well supported. Let your baby's whole front touch your whole front.
- Since you're leaning back, you don't have a lap, so your baby can rest on you in any position you like. Just make sure her whole front is against you.
- Let your baby's cheek rest somewhere near your bare breast.
- Help her as much as you like; help her do what she's trying to do. You're a team.
- Hold your breast or not, as you like.
- Relax and enjoy each other, support your baby's weight with your arms.



Text Source: LaLeche League "The Woman Art of Breastfeeding" © 2010 La Leche League International, *The Womanly Art of Breastfeeding*, Chapter 20.

Image Source: Collette Acker, ICLC, Breastfeeding Resource Center www.breastfeedingresourcecenter.org

The Cradle Hold



This is the first hold many mothers will try, often soon after their babies are born. To start, cradle your baby's head in the crook of your arm with your baby's nose opposite the nipple. Use that hand to support your baby's bottom. Turn your baby on his or her side, so that your baby is belly to belly to you. Then, raise your baby to your breast. You can support your breast with the other hand.

The Cross-Cradle or Crossover Hold



This hold is similar to the cradle hold, but your arms are positioned differently. Instead of supporting your baby's head in the crook of your arm, use the hand of that arm to support your breast. Your opposite arm should come around the back of your baby. Support your baby's head, neck, and shoulder by placing your hand at the base of your baby's head with your thumb and index your baby's ear level. Like the cradle hold, your baby will be belly to belly with you. The cross-cradle position allows you to have more control over how your baby latches on. Many moms find that they're able to get their babies latched on more deeply with this hold.



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Common Nursing Positions, cont.

The Side-Lying Position



This position is comfortable for mothers who have had a cesarean section (C-section) because the baby doesn't put pressure on the mother's abdomen. This is also a great way for you to get some rest while nursing your baby.

Start by lying on your side with your baby on his or her side, facing you. Your baby should be positioned so his or her nose is opposite your nipple. Use your lower arm to cradle your baby's back, or you can tuck a rolled-up receiving blanket behind your baby to help nestle your little one close to you while you use your arm to support your own head. You can support your breast with the other hand.

The Clutch or Football Hold Position

This is also a good position for the mom who's had a C-section and also for mothers with large breasts or small babies. The football hold allows babies to take milk more easily, which is also good for mothers with a forceful milk ejection reflex (or letdown).



To achieve the clutch (or football) hold, place a pillow next to you. Cradle your baby, facing upward, in your arm. Use the palm of your hand on that same arm to support his or her neck, and nestle your baby's side closely against your side. Your baby's feet and legs should be tucked under your arm. Then lift your baby to your breast.

Experiment with different positions until you find one that lets your baby nurse successfully and allows you to feel comfortable. You and your baby will soon find that nursing can be a relaxing, great way to bond.

Text Source: KidsHealth.org

www.KidsHealth.org/parent/pregnancy_newborn/breastfeed/nursing_positions.html

Image Source: MayoClinic.com

www.mayoclinic.com/health/breast-feeding/

Feeding On Cue

Excerpt from *Recognizing Your Newborn's Feeding Cues*
by Mary Catherine Bolton, BS and Cathy Snyder, RN, BSN, IBCLC

Feeding on cue offers many advantages. For example, baby is likely to latch on more easily and nurse more calmly. Mother is more likely to develop a milk supply that matches baby's biological needs, and baby is more likely to have his comforting needs met.

Feeding cues are one of the many ways in which your newborn communicates with you and attempts to control his environment. When you recognize and respond to his preverbal "voice", you reinforce his efforts to interact with the world around him.

Baby's feeding cues, although more subtle than crying, are distinctive and can easily be recognized by watchful parents or caregivers. Very sleepy newborns, who may be difficult to wake for feedings, are likely to display feeding cues during periods of lighter sleep and will be easier to wake at such times.

What to Look For:

Feeding cues that new mothers and their helpers should look for include:

- **Rooting** (baby opens his mouth and bobs or turns his head as if looking for the breast)
- **Clenching Fists**
- **Bringing Hands to Mouth**
- **Sucking or Licking Actions**

Babies may cry for many reasons: over tiredness, overstimulation, discomfort, or loneliness, to name a few. On the other hand, sometimes babies who are very hungry do not cry. Newborns who have jaundice, who are small, who have a calm temperament, or whose mothers have had labor medications may be very sleepy. These babies may be undernourished if fed only when they cry. A more sensible approach is to be responsive to baby's feeding cues. The American Academy of Pediatrics recommends: "Newborns should be nursed whenever they show signs of hunger such as increased alertness or activity, mouthing or rooting. Crying is a late indicator of hunger."



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Returning to Work & Continuing Breastfeeding

By Colette M. Acker, BS, IBCLC, Breastfeeding Resource Center

Most households cannot survive on one income. Many mothers are returning to work as early as six weeks postpartum. With the American Academy of Pediatrics (AAP) encouraging mothers to breastfeed for at least one year, the decision to continue breastfeeding when work resumes is very common. Here are some tips to make the transition go smoothly!

- **Discuss your decision with your superior.** Let your boss know that you will be taking a couple of short breaks during your day to pump your milk for your baby. Assure this person that you will make up work time at the end of the day. Inform your workplace that you will need a private place to pump. (Remember, the bathroom is not an appropriate place to pump. You don't make your meals in your bathroom, do you?)
- **Purchase your breast pump.** When returning to full-time employment, a quality double electric pump is a must! Efficiency is important. A pump that stimulates both breasts at the same time and can express milk quickly will make maintaining your supply easy.
- **Choose your storage containers.** There are a few options available to you when it comes to storage containers. There are bags which are inexpensive and disposable. There are also containers such as the Mothers Milk Mates which are containers with lids which attach to your pump. This allows you to pump directly into the storage container, and most bottle nipples fit onto these containers for feedings. Wash the containers and reuse. It's economical and ecological!
- **Begin pumping.** You will want to start pumping for storage about two to three weeks before your return to work. This will give you an opportunity to store some milk for your first day and have some milk to begin to teach your baby to take a bottle. Pumping once a day after the morning feeding is a great way to begin storing milk. Milk volume is highest in the morning. If you don't pump enough for a feeding, continue this schedule and your body will produce more. Consult your NMAC Counselor for a more detailed plan for your specific needs. Remember, it's best not to offer a bottle until breastfeeding is going well.
- **Practice a work day schedule before your return.** A few days before the first day back to work, practice offering your baby a bottle and pumping during your typical work hours. This will allow your body to adjust to your work schedule and reduce leaking!

- **Transporting and storing your milk.** Keep the milk you pump at work in a refrigerator. You may want to purchase a Tupperware container labeled with your name that will be used specifically for your milk. This may eliminate embarrassing questions from co-workers. Transport your milk from work to home in a cooler or lunch box with cooler packs to keep them cold. Once home you can freeze or refrigerate your milk depending on when you will be using it.

Storage Guidelines:*

Room Temperature:	6-10 hours
Refrigerator:	about 5-7 days
Freezer:	3-6 months
Deep Freezer:	6-12 months

These tips do not replace the valuable information you can receive from your personal NMAC Counselor. Be sure to contact her to make a smooth transition. Continuing to nurse your baby when you return to work gives your baby the healthiest start in life and allows you to sit down and have the closeness of nursing after being away from your baby.

*See page 10 for expanded milk storage guidelines.

The Business Case for Breastfeeding

The Business Case for Breastfeeding is a comprehensive program designed to educate employers about the value of supporting breastfeeding employees in the workplace. The program highlights how such support contributes to the success of the entire business. The Business Case for Breastfeeding offers tools to help employers provide worksite lactation support and privacy for breastfeeding mothers to express milk. The program also offers guidance to employees on breastfeeding and working. Resources to help lactation specialists and health professionals to educate employers in their communities are also available.

For more information, and to download helpful tools to help guide employers and employees achieve a supportive and productive breastfeeding environment, please visit [WomensHealth.gov](http://www.womenshealth.gov) at:

<http://www.womenshealth.gov/breastfeeding/government-in-action/business-case.html>



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Workplace Support in Federal Law

Section 4207 of the *Patient Protection and Affordable Care Act* (also known as *Health Care Reform*), amended the Fair Labor Standards Act (FLSA), or federal wage and hour law. The amendment requires employers to provide reasonable break time and a private, non-bathroom place for nursing mothers to express breast milk during the workday, for one year after the child's birth. The new requirements became effective when the Affordable Care Act was signed into law on March 23, 2010.

Text Source: USBreastfeeding.org

<http://www.usbreastfeeding.org/Employment/WorkplaceSupport/WorkplaceSupportinFederalLaw/tabid/175/Default.aspx>

WIC Program Benefits

Research has shown that there is no better food than breast milk for a baby's first year of life. Breastfeeding provides many health, nutritional, economical and emotional benefits to mother and baby. Since a major goal of the Women, Infant, and Children (WIC) Program is to improve the nutritional status of infants, WIC mothers are encouraged to breastfeed their infants. WIC has historically promoted breastfeeding to all pregnant women as the optimal infant feeding choice, unless medically contraindicated.

- WIC mothers choosing to breastfeed are provided information through counseling and breastfeeding educational materials.
- Breastfeeding mothers receive follow-up support through peer breastfeeding counselors.
- Breastfeeding mothers are eligible to participate in WIC longer than non-breastfeeding mothers.
- Mothers who exclusively breastfeed their infants receive an enhanced food package.
- Breastfeeding mothers can receive breast pumps, breast shells or nursing supplementers to help support the initiation and continuation of breastfeeding.

Please go to the PA WIC website (www.pawic.com) for more information and to see if you are eligible.

Text Source: United States Department of Agriculture
<http://www.fns.usda.gov/wic/Breastfeeding/mainpage.HTM>

Sucking For Comfort

If your baby seems to be getting enough milk (see Table 1 on page 2), but continues to suck for an hour or more, he could be nursing for comfort rather than nourishment. How can you tell? Once your baby has fed vigorously, he or she may stay on your breast but:

- seems satisfied
- stops sucking and swallowing
- plays with your nipple

These may be signs of “non-nutritive” sucking or pacifying. Nothing bad can happen from moms pacifying their babies at their breasts, but there are times that moms need to take care of other things! Some babies will find their thumbs or suck on their fists. If breastfeeding is well established and you find your baby has a high need for comfort sucking, a pacifier may be helpful. We suggest avoiding these until your milk supply is in good shape and latch is easy for both of you. Try not to postpone feeds with pacifier use. This could hurt your baby's intake and your milk supply.

Source: <http://kellymom.com/bf/normal/comfortnursing/>

A Few Words About Pacifiers and Bottles

If you choose to give your baby a pacifier, the following ideas may help minimize any interference with breastfeeding:

- Introduce a pacifier only after breastfeeding is well established (different for every mom and baby, but usually 3-4 weeks).
- Offer the pacifier only *after* offering the breast and allowing your baby to nurse until satisfied.
- Don't use the pacifier to “put off” a feeding—this is a recipe for low milk supply and slow weight gain. Instead, offer it only to satisfy a need for “comfort” sucking if you are unable or unwilling to let your baby meet that need at the breast.
- Don't assume that if your baby takes the pacifier and goes to sleep that he wasn't hungry. The act of sucking, even if he gets no food, produces a hormone that causes sleepiness. Sucking on the pacifier may simply cause him to sleep through his hunger.
- If you use the pacifier to calm your baby at a time when you can't nurse (in the car, for example), be sure to offer the breast as soon as it is possible, even if you must wake the baby to do so.



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Pumping and Milk Storage Guidelines

Source: *Your Guide to Breastfeeding, 2011, US Dept of Health and Human Services, Office on Women's Health.*

Guide to Storing Fresh Breast Milk for Use with Healthy Full-Term Infants

Place	Temperature	How Long	What to Know
Countertop, Table	Room Temp (60°F-85°F)	Up to 3-4 hours is best; Up to 6-8 hours is okay for very clean expressed milk.	Containers should be covered and kept as cool as possible; covering the container with a clean cool towel may keep milk cooler. Throw out any leftover milk within 1-2 hours after the baby is finished feeding.
Small Cooler with a Blue-Ice Pack	59°F	24 hours	Keep ice packs in contact with milk containers at all times; limit opening cooler bag.
Refrigerator	39°F or colder	Up to 72 hours is best; Up to 5-8 days is okay for very clean expressed milk	Store milk in the back of the main body of the refrigerator (not on door).
Freezer	24°F or colder	Up to 6 months is best; Up to 12 months is okay if milk is stored at 0°F or colder.	Store milk towards the back of the freezer where temperature is most constant. Milk stored at 0°F or colder is safe for longer durations, but the quality of the milk might not be as high.

Guide to Storing Thawed Breast Milk

	Room Temperature (60°F-85°F)	Refrigerator (39°F or colder)	Any Freezers
Thawed Breast Milk	Up to 1-2 hours is best. Up to 3-4 hours is okay.	24 hours	Do not re-freeze.

Questions About Medications and Breastfeeding?

We receive many calls on our Helpline from moms who need to find out if it is safe to take a certain medication while they are breastfeeding.

If you have a question about over-the-counter medication, nutritional supplements, or medications you might receive while undergoing a medical or dental procedure, get the facts from someone who understands breastfeeding and how medications can impact nursing moms and babies.

Don't feel that you have to suffer with a headache, allergies, or needlessly "pump and dump" your breast milk (it's liquid gold!) or wean your baby prematurely. Call the InfantRisk Center, search the LactMed database or call your counselor who can contact our Medical Liaison to find out if a medication is safe to take while breastfeeding.

InfantRisk Center

Texas Tech University Health Sciences Center

The InfantRisk Center is dedicated to providing up-to-date evidence-based information on the use of medications during pregnancy and breastfeeding. The goal is to provide accurate information regarding the risks of exposure to mothers and their babies. The InfantRisk Center is open to answer calls from anyone Monday-Friday 8am-5pm central time. Please call (806)-352-2519. Source: www.infantrisk.org

LactMed

LactMed is a free online database with information on drugs and lactation. LactMed includes information such as maternal levels in breast milk, infant levels in blood, potential effects in breastfeeding infants and on lactation itself, and alternate drugs to consider.

LactMed may be searched at:

<http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

Source: http://www.nlm.nih.gov/news/lactmed_announce_06.html



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About Us / Area Chapter Information

The Nursing Mothers Advisory Council, Inc. (NMAC) is a non-profit, volunteer organization serving the areas of Bucks, Montgomery, and Philadelphia counties in Pennsylvania. NMAC is comprised of a group of trained volunteer women who have breastfed their children and who wish to help others have a positive nursing experience. NMAC volunteers offer support and counseling, free of charge, without judgment.

We believe that the best way to feed a baby is with breast milk. We provide counseling to mothers at whatever stage they are at in their nursing relationship—birth to weaning—and for however long a mom wants to breastfeed. Unlike some nursing support groups, we are proactive in our approach. Our goal is to offer early support to nursing mothers so that if a nursing problem develops, the mother has a resource to turn to for assistance.

There are five chapters of the NMAC. All have counselors who assist nursing moms in their service area. In addition to counseling, chapters may provide monthly meetings for moms and babies, books for lending, playgroups, and other special events. NMAC also hosts a website and a helpline. Service areas are as follows:*

Abington Nursing Moms

Abington, Ardsley, Cheltenham, Dresher, Elkins Park, Glenside, Hatboro, Horsham, Huntingdon Valley, Jenkintown, Melrose Park, Rydal, Willow Grove, and Wyncote.
<https://www.facebook.com/Abington.Nursing.Moms>

Ambler Nursing Moms

Ambler, Blue Bell, East Norriton, Fort Washington, Gwynedd, Gwynedd Valley, Norristown, Maple Glen, Montgomeryville, Lafayette Hill, North Wales, Plymouth Meeting, and Springhouse.
www.facebook.com/NMACAmblerNursingMoms

Doylestown Nursing Moms

Buckingham, Chalfont, Doylestown, Dublin, New Britain, New Hope, Perkasie, Pipersville and nearby areas.
<https://www.facebook.com/doylestown.nursing.moms>

Mt. Airy/Chestnut Hill Nursing Moms

Sections of Philadelphia and vicinity to include: Chestnut Hill, East Falls, Erdenheim, Fox Chase, Germantown, Logan, Manayunk, Mt. Airy, Nicetown, Oak Lane, Oreland, Roxborough, and Wyndmoor.
<https://www.facebook.com/mt.airy.ch.nursing.moms>

Warwick/Warminster Nursing Moms

Churchville, Furlong, Holland, Ivyland, Jamison, Richboro, Southampton, Warminster, Warrington, and Warwick.
<https://www.facebook.com/WW.nursing.moms>

**NOTE: If you live outside our service area and need assistance, please call the Helpline at 215-572-8044 and we will work to put you in touch with a support group in your area.*

Would You Like to Help Breastfeeding Moms & Babies?

Donate Money: Your tax-deductible financial contribution helps underwrite the expenses of our helpline, newsletter, outreach & education efforts, and the costs of training new counselors. You can donate directly to us, or give through the United Way: *Donor Option # 5351*

Donate Time: Volunteers are always needed to help us run meetings and activities for mothers, produce and distribute newsletters, and raise needed funds. If you have nursed a baby for six months or more, consider becoming a counselor! Training classes are offered each Spring and Fall. Check our website at www.nursingmoms.net for more information.

Please complete and return to:

Nursing Mothers Advisory Council, Inc.
P.O. Box 91, Abington, PA 19001

YES! I WANT TO HELP SUPPORT BREASTFEEDING FAMILIES!

I have enclosed my check payable to NMAC, Inc in the amount of:

_____ \$50.00 _____ \$25.00 _____ \$10.00 _____ Other

I would like my donation to go to:

_____ My local NMAC Chapter _____ NMAC, Inc.

_____ Even Split

I want to volunteer. Please contact me to tell me how I can help.

NAME: _____

PHONE: _____

ADDRESS: _____

E-MAIL: _____



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When to Get Help with Breastfeeding

- Your baby is having fewer than six wet diapers and three bowel movements by the fourth day of life.
- Your nipples are painful throughout or after feedings, or are scabbed, cracked or bleeding.
- Your baby is breastfeeding fewer than eight times per day, or is nursing “all the time” (more than twelve times per day) and never seems content.
- Your breasts have not become fuller and firmer by the fifth postpartum day.
- Your baby has not regained his birth weight by two weeks of age, or is gaining fewer than four ounces per week.

If you need help or are uncertain whether your baby is getting adequate nutrition, contact your counselor immediately. She will assess the situation with you, help you feel more confident if everything is going well, and assist you in finding professional assistance from a lactation consultant or physician, if appropriate.

Help Your Pediatrician Help You & Your Baby

If exclusive breastfeeding is a priority for you, be sure to tell your pediatrician. If she knows that breastfeeding is important to you, she will be able to answer your questions and give you information that will support your decision to continue breastfeeding.

Remember, every mom and baby are different and your doctor sees many patients. Help her to serve you better by telling her how you feel about breastfeeding.

If you feel that your pediatrician is not giving you good information, or her recommendations don't feel right to you, put your mind at rest and seek a second opinion from a lactation consultant. Your counselor can give you the names of several who can work with your pediatrician to help you do the best for you and your baby.

What Can My NMAC Counselor Do For Me?

Your counselor can answer questions about common breastfeeding issues like sore nipples, nursing patterns, planning for a return to work or weaning. If you have a medical question or problem that goes beyond our scope as lay counselors, she can recommend alternative contacts and other resources to help. She can also provide you with information on NMAC meetings and special events. She provides all this to you free of charge over the phone. Even if you don't talk to your counselor in the early days of nursing, but need her later on, you can still call her. She's happy to help!

Your NMAC Counselor

I'M YOUR COUNSELOR, MY NAME IS:

I CAN BE REACHED AT:

**Please feel free to call me!
I'm here to help answer your questions!**

**Can't reach your counselor?
Contact the NMAC Helpline at:
215-572-8044
Someone will return your call
within 24 hours.**

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Counselors with NMAC are not medical professionals, but have completed twenty hours of training, and have breastfed at least one child for six months. NMAC counselors can put you in touch with a lactation consultant, should you have need for one.

NMAC is a not for profit group. We depend on fundraising and donations to support our counseling efforts. If you would like to make a monetary donation, or would like to contact us about how you can help, please write us at: P.O. Box 91, Abington, PA 19001

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