

*"Every child begins the world again"*

Henry David Thoreau



# Your Guide to Breastfeeding

*with success*



Centinela Hospital  
Medical Center

Maternity Services

*We Care*

Member of Prime Healthcare

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*Congratulations from Centinela Hospital Medical Center on the birth of your baby and your decision to breastfeed. Breast milk is considered the gold standard for all newborns. By breastfeeding you will be giving your baby the very best nutrition possible.*

# CHAPTER 1 | The Value of Breastfeeding

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Breastfeeding can benefit the baby, the mother, the father, families and the environment in many ways.

## For the Baby: Breastfeeding and Breast Milk

- Promotes bonding and attachment
- Presents food that is always ready to feed at the right temperature
- Provides antibodies to strengthen the immune system
- Provides good cholesterol and other types of fat in human milk that support the growth of nerve tissue and brain growth
- Promotes visual acuity
- Promotes healthy jaw and tooth development and reduces the risk of cavities
- Support your child's intelligence. (A clinical study shows infants who were breastfed for the first six months of life test 11 IQ points higher than formula fed babies.)

Breastfeeding reduces the risk of infections and promotes healthy bacteria in the digestive system, which can result in:

- Fewer colds and ear infections
- Fewer urinary tract infections
- Fewer visits to the baby's physician and less chance of needing hospitalization
- A reduction in the possibility for constipation or diarrhea (less Crohn's disease later in life).

Breastfeeding reduces the risk for:

- Asthma and allergies
- Eczema
- Obesity in infancy and childhood
- Diabetes and high blood pressure
- High cholesterol later in life

- Colitis and Crohn's Disease
- Bacterial meningitis
- Leukemia and other childhood cancers
- Multiple sclerosis and juvenile rheumatoid arthritis
- SIDS (Sudden Infant Death Syndrome)

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*While breastfeeding may not seem the right choice for every parent, it is the best choice for every baby.*

Amy Spangler, from cover of video, Through Their Eyes: Breastfeeding, the Gift of Life, 1997

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## For the Mother: Breastfeeding

- Promotes bonding and attachment, calmness, self-esteem and confidence in mothering.
- Produces the naturally soothing hormones oxytocin and prolactin (the hormones of "motherly love").
- Helps your body recover from pregnancy, labor and birth.
- Helps your uterus contract after birth, lessening the chance of hemorrhage and anemia.
- Lowers the risk of breast cancer. The longer you breastfeed, the lower the risk.
- Lowers your chance of ovarian cancer.
- May protect you against osteoporosis in later life.
- May help you lose weight, by burning calories to make milk (about 500 calories a day).

## For Fathers, Mothers and Families: Breastfeeding

- Makes for healthier mother and baby, resulting in up to six times less absenteeism at work
- Produces less offensive smelling diapers
- Produces free breast milk. Artificial baby milk/formula is expensive (\$1,500 - \$4,000 per year)

## For the Environment

Artificial feeding involves:

- Overgrazing of land by cattle
- Use of chemical fertilizers to grow the soy
- Use of valuable environmental resources for formula production
- Packaging and transportation of the product
- Use of water and fuel for mixing the product, heating it and for cleaning bottles and nipples
- Waste disposal of cans, bottles, accessories, cartons, etc.

## A Perfect Match

Your breast milk is a perfect match for your breast fed baby. It changes as your baby grows. The milk a mother produces for her pre-term baby is different from what she produces when her baby is full term. The milk produced during the baby's first days is different from the milk that is produced two weeks later. As the baby's needs change, so does the milk. Breast milk is the perfect food for your breast fed baby at all ages and stages.

*The American Academy of Pediatrics recognizes that breastfeeding is important for optimal infant and child health and development... Breastfeeding has advantages for infants, mothers, families and society. These advantages include health, nutritional, immunologic, developmental, psychologic, social, economic and environmental benefits...*

From American Academy of Pediatrics (AAP) Website  
[www.aap.org/healthtopics/breastfeeding.cfm](http://www.aap.org/healthtopics/breastfeeding.cfm),  
March 2009

### Getting to Know Your Baby Attachment and Bonding at Birth

Skin-to-skin care, which is holding the baby dressed only in a diaper on the mother's (or father's) bare chest shortly after birth, benefits the newborn by reducing the stress related to labor and birth. Babies held skin-to-skin cry less, breastfeed better and create stronger attachments with parents. After your baby is born, your childbirth team will place your baby on your chest and will give you time alone to get to know each other. This is a special time for bonding and attachment. You may wish to quickly introduce your baby to friends and family. After that, they will be asked to allow you time alone with your baby for this special time shortly after birth.



Another benefit of skin-to-skin contact is that within about one hour after birth, most babies will begin searching for the breast without any help. Given the opportunity to explore the mother's chest, they will move to the breast and often will latch on the breast perfectly on their own.

**Note:** If the mother cannot hold her baby skin-to-skin during the first hour after birth, it is helpful for the father (or other significant member of the baby's life) to hold the baby skin-to-skin. This will help the baby's body temperature regulate faster, help stabilize the baby's blood sugar and get the process of bonding started between baby and father.

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*A newborn baby has only three demands. They are warmth in the arms of its mother, food from her breast and security in the knowledge of her presence. Breastfeeding satisfies all three*

Grantly Dick-Read (1890 - 1995)  
Expert on natural childbirth movement

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### Breastfeed Early

Breastfeeding ideally begins during the first one or two hours after birth. Babies held skin-to-skin will often move themselves toward the breast and latch, many times with little or no assistance. When babies are allowed to breastfeed early, they tend to breastfeed better. Breastfeeding early and often helps mother to make more milk, sooner.

### Colostrum - "Newborn Milk"

At the first feedings, your baby may breastfeed actively or your baby may prefer just to lick your nipple and nuzzle your breast. Both are normal and perfectly okay. The milk your baby gets from these early feedings is called *colostrum* and is very important for the baby's immune system. Colostrum is the first milk for the baby; it is a rich, thick, yellowish milk. Your baby only needs small amounts of colostrum at this time. If baby doesn't latch on right away, ask your nurse to show you how to hand express drops that you can put on the baby's tongue. Your baby will enjoy the sweet taste of your first milk. See pages 19 and 28 for more information on colostrum.

## Breastfeed Often

Newborn babies feed very frequently. Sometimes they like to eat every half hour, other times they will sleep for three hours. For the first few days, some babies are sleepy and need to be encouraged to wake up to feed. After the first few days, most babies will begin to wake on their own for feedings when they are hungry. After the milk supply is established, many babies may begin to stretch out their feedings a bit.

Frequent feeding is good for your baby and good for your milk supply. Frequent breastfeeding:

- Establishes and increases milk supply
- Eases the transition from colostrum feedings to mature milk, preventing or reducing engorgement
- Prevents too much infant weight loss during the first days after birth. Some weight loss is normal for all babies.
- Reduces the incidence of jaundice in the newborn caused from inadequate milk intake.

## Hunger Cues

Watch your baby for signs of hunger instead of watching the clock. Remember, crying is a late sign of hunger.

Early signs of hunger or feeding cues are:

- Licking or smacking of their lips
- Opening and closing of their mouth
- Sucking on their tongues, hands, blankets or your neck
- Searching with their mouth for something to suck on
- Putting their fingers or hands in their mouth

Think of your baby's feeding cues this way:

- Opening and closing mouth, licking lips. Baby is saying, "mmmm, a little milk right now would be nice"
- Sucking on hands, blankets, fingers, etc. Baby is saying, "I'm getting hungry; please feed me"

- Crying. Baby is saying, "I'm hungry. My tummy hurts; you need to feed me NOW!"

Most babies should have at least 10 feedings in 24 hours, but as many as 12 - 14 feedings is common during the early weeks. Remember: 10 or more in 24!

## Breastfeed Well

When a baby is breastfeeding well, you will notice long sucks with frequent swallows. By day three, you should notice a lot of swallowing at the beginning of the feeding with swallows decreasing in frequency as the feeding progresses. Allow your baby to feed for as long as he or she wants. If your baby is actively sucking and you are hearing swallowing, allow the baby to finish. This may take 10 to 30 minutes, depending on the feeding and the baby.

When your baby finishes the first breast, place your baby on your chest and give the baby a chance to burp. When the baby is ready, he or she will begin to search for the breast again. During the early days, it is a good to encourage your baby to feed from both breasts. When babies get a little older, some babies are satisfied after feeding on one breast, while other babies like both breasts and even both breasts twice. Let your baby breastfeed until content and satisfied.

Nursing is a meditative activity. No matter how rushed or busy you are, try to slow down, spend time with your baby and enjoy special time feeding your baby. Be still, relax and recuperate. Your body knows this. That is why you feel so relaxed while you are breastfeeding. Your glands release special hormones that help you rest and relax during feedings.

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*Some of my best ideas come to me  
while I'm nursing my baby.*

Joyce Willaford

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At first, some women fight this process. They may feel that nursing restricts them. They may feel that their time breastfeeding is wasted and see themselves as unproductive. Yet, if you can learn to quiet your mind and calm your body, you will find that

### **Tips for Mother's Helpers**

New mothers benefit from the support and assistance from family and friends. During the early weeks, the baby's grandparents, family members and friends all play a key role in helping the new family to be strong and healthy. By "mothering" the new mother, family will help her grow in her new role and recuperate faster and resume normal activities when she is ready some of the things family and friends can do to help in the early days after the baby is born are:

- Protect the new family's privacy. Too many visitors can exhaust new parents, making it difficult to meet the needs of the new baby 24 hours a day.
- Be positive and supportive of the new mother's desire to give her baby the very best.
- Prepare snacks and meals for the family
- Shop, do laundry, dishes and cleaning.
- Take toddlers to the park, older children to school, or just stay at their home to provide support and assistance.
- Hold the baby while the new mother naps, showers, or enjoys some one-on-one time with other children.
- Be creative. You can find lots of ways to support the new mother and her baby as they establish breastfeeding.

**Note:** Often new mothers are encouraged to pump their breasts to provide bottles of breast milk to the baby while they sleep. This is not recommended during the early weeks, as it can interfere with the establishment of breastfeeding. Help the mother rest when the baby is sleeping during the day and the nights will be easier to manage for everyone.

the time spent breastfeeding is not wasted. The tranquility will help replenish your strength. Like any meditative activity, breastfeeding helps your creative and inspirational thoughts flow. The endless chatter of your mind quiets, making room for your best ideas to emerge.

## **Your Breastfed Baby at Home**

### **Feeding Station**

Many mothers find it helpful to create a special place where they breastfeed. Choose a place where you will be comfortable for many feedings a day. A comfortable chair, couch, or your bed can all work. Many mothers enjoy a foot stool to put their feet on when sitting on a chair or couch. Gather all the items you will want to have within reach: pillows, something to drink, a snack, diapers, baby wipes, telephone, remote control and anything else you might need to be comfortable.

Get the baby. Remember, newborn babies feed frequently (10 or more times in 24 hours). During the early days, have lots of skin-to-skin contact with your baby. Your body temperature will go up or down as needed to keep your baby at just the right temperature. Drape a blanket over you and baby if you or the baby feels chilly or the room is cool. Babies who are too warm during feeding tend to fall asleep before they finish eating.

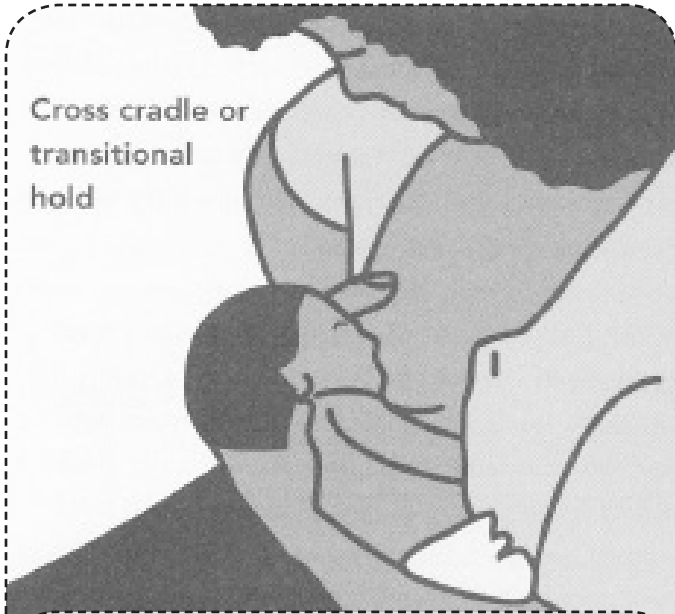
Position mother and baby for comfort:

- Get comfortable
- Get the baby organized - awake and ready to feed
- Tummy to tummy, with shoulders and hips supported at mother's body
- Baby's ear, shoulder and hip should be in a straight line
- Baby should be at breast level. Use pillows, if needed, to support the baby. The baby's nose should be opposite the mother's nipple when positioned correctly

## Breastfeeding Holds

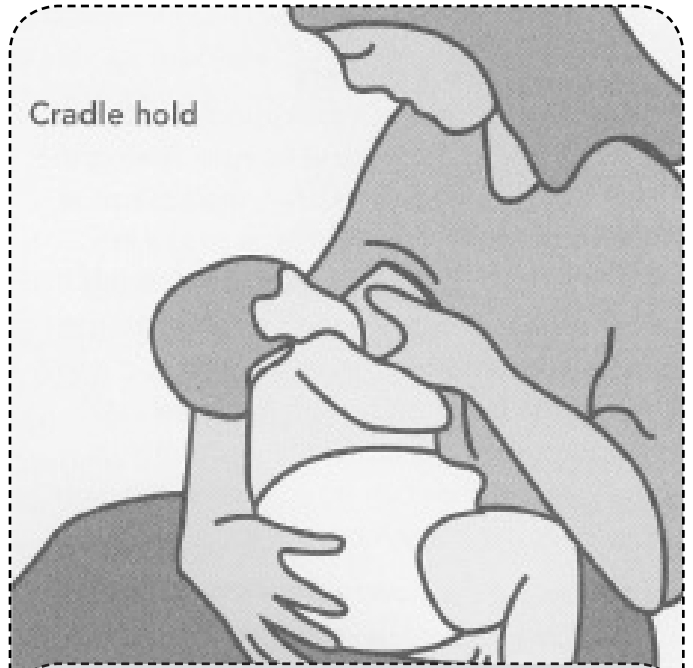
Here are some positions in which you can hold your baby while breastfeeding. You can choose the one(s) that make you and your baby feel most comfortable. No matter which one you choose, make sure your baby's mouth is near your nipple and he or she doesn't have to turn his or her head to breastfeed. For most positions, your baby should be on his or her side with his or her whole body facing yours. This helps the baby to properly latch on the nipple. Try using pillows under your arms, elbows, neck, back, or under the baby for support.

Cross cradle or transitional hold



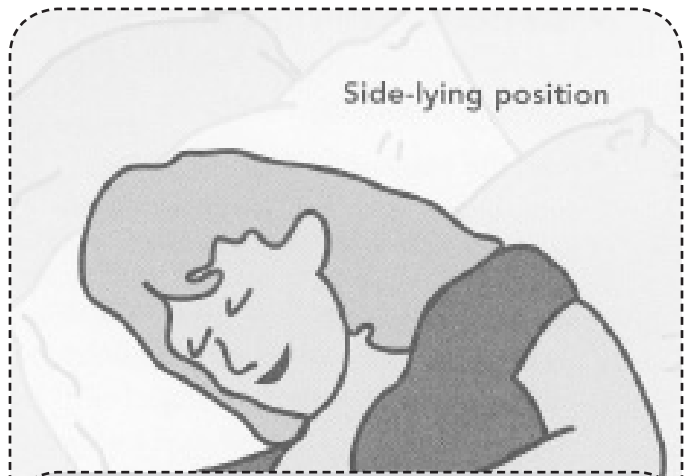
This position is good for mothers just learning to breastfeed in the early days or weeks of the baby's life, for premature babies, or for babies who are having problems latching on. Hold your baby along the opposite arm from the breast you are using. Support the baby's head with the palm of your hand at the base of his or her neck.

Cradle hold



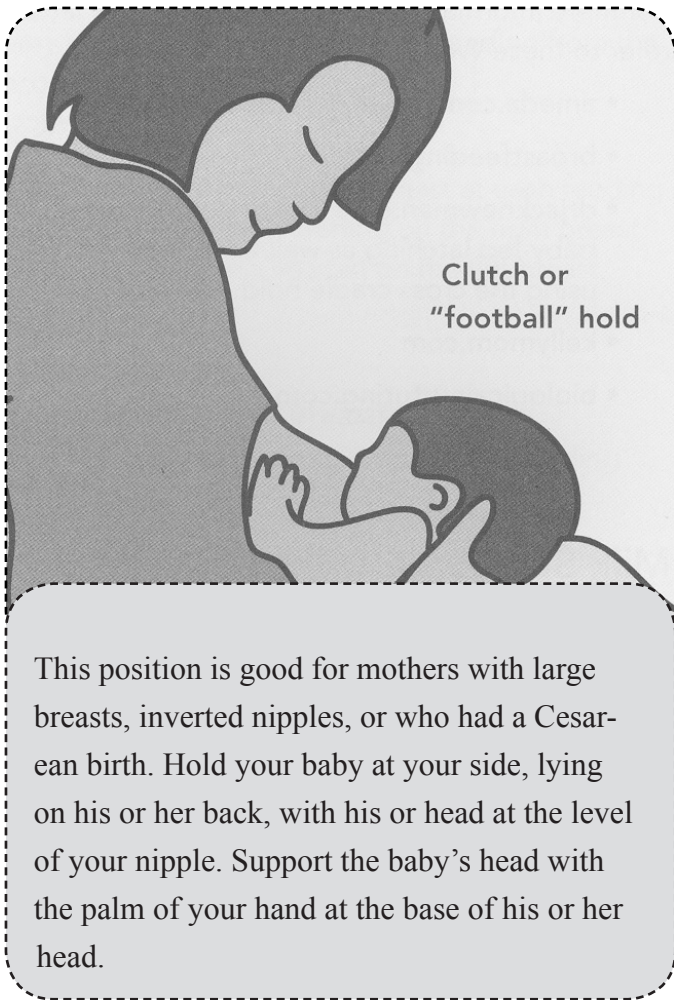
This position is a commonly used position that is comfortable for most mothers. Hold your baby with his or her head on your forearm and the whole body facing yours.

Side-lying position



This position allows the mother to rest while the baby nurses. It is useful for mothers who had a Cesarean birth (C-section). Lie on your side with your baby facing you. Pull the baby close and guide his or her mouth to your nipple.





This position is good for mothers with large breasts, inverted nipples, or who had a Cesarean birth. Hold your baby at your side, lying on his or her back, with his or her head at the level of your nipple. Support the baby's head with the palm of your hand at the base of his or her head.

## Latch

A good latch is important for the baby to be able to get lots of milk from the mother's breasts. A good latch also makes breastfeeding comfortable for the mother. When latching the baby, be sure the baby takes enough of the nipple and areola into the mouth.

- The mother's nipple should be placed just below the baby's nose. Gently touch the baby's lips with your nipple. This will stimulate baby to open wide, commonly called the "rooting reflex"
- When the baby opens wide, the mother can hug the baby close by pressing the baby's chin into her breast. This will help the baby to latch deeply.
- The mother's nipple should be deep in the baby's mouth, resting just in front of the beginning of the soft palate; usually 1 - 1 1/2 inches

of nipple and areola are in the baby's mouth (you can feel how far back this is in your mouth by running your tongue along the roof of your mouth until you feel it turn from hard to soft.) If you feel the baby's gums moving on the nipple, the nipple is not far enough back.

- The baby's chin and cheeks should be touching the breast. The nose should be near the breast but not pushing into the breast.
- A deep latch feels better for the mother and allows the baby to get milk out more easily.



Here are other ways to describe how the baby's mouth is "latched" onto the nipple:

- Use your hand to shape the breast to fit your baby's mouth
- "Nose to Chin, Roll it in." The baby needs to open her mouth wide to get the nipple deep in her mouth and her lips back around your areola. Lightly rub your nipple from her nose to chin, then roll it in when her mouth is open very wide. Do not allow her to "nibble" her way onto your nipple.

- Lips open. The baby's lips need to be open wide like a yawn. If your baby's upper lip seems to be tucked in and pulling on the nipple, pull up on her top lip a little to flare her upper lip out. If her bottom lip is tucked in and pulling in on the nipple, pull down on her chin. If this doesn't work right away, stop and re-position the baby.
- Breaking suction. Place a clean finger inside the baby's mouth (between the gums) and slide your nipple out, or with your finger in the baby's mouth press down on the lower gum to break suction before taking the baby off your breast. Do not get into a "tug of war" over your nipple with the baby.
- If the latch hurts, break the suction and try again.

**Note:** In the early weeks and months, as your baby is learning to breastfeed avoid artificial nipples. When your baby has established a good pattern of breastfeeding and is ready to learn a new skill (about 3 - 6 weeks), offering an occasional bottle of breast milk or a pacifier should not interfere with suckling at the breast or milk production.

### Tips for Mother's Helpers

During the early days, many mothers need help with positioning the baby at their breast and latching on. You can:

- Ask if there is anything you can do to help.
- Make sure the mother has drinks and snacks while she is feeding the baby. Breastfeeding mothers get very thirsty during feedings and often get hungry too.
- If the mother looks to be in pain, offer suggestions for relief if you know of any, or offer to make an appointment with a lactation consultant if there is no improvement in a day or two.

For more information about positioning and latch on, refer to these websites:

- [ameda.com](http://ameda.com) - latch-on video
- [breastfeeding.com](http://breastfeeding.com)
- [drjacknewman.com](http://drjacknewman.com) - Many good video clips on baby-led latching as well as guided latching using the cross cradle hold.
- [kellymom.com](http://kellymom.com)
- [biologicalnurturing.com](http://biologicalnurturing.com)

## Milk Supply

Establishing a good milk supply occurs during the first 2 - 3 weeks of breastfeeding. Newborn babies breastfeed often, usually 10 or more times in 24 hours. Babies should be allowed to feed whenever they show early feeding cues. Don't wait until the baby cries to feed. Crying means your baby is very, very hungry.

Feed your baby on the first breast for as long as the baby is actively sucking with swallows. Watch the baby for signs that show that the baby is ready to change sides (falling asleep, no longer swallowing, coming off the breast and going back on repeatedly). Gently compressing your breast and/or stimulating the baby to suck if sleepy may help the baby do a better job of finishing to feed.

Allow the baby to "finish" the first breast. This is important because the baby gets the first milk, called foremilk and the later milk, called hind milk. The hind milk is important because it contains more fat and calories than the foremilk. This will help baby feel fuller and is needed for growth and development.

Give the baby a chance to burp. Offer the second breast if the baby still appears hungry.

Once the milk supply is established (after the first week), some babies only feed from one breast per feeding. If the baby has been gaining weight; is having at least six wet diapers and 2 - 3 loose, yellow stools every day; and is not interested in feeding from the second breast, it is okay.

Always start on the opposite breast at each feeding. If your baby starts one feeding on the right breast, the next feeding should start on the left breast.

### Questions About Breastfeeding:

- Are you concerned that breastfeeding may be a problem for you?
- Are you concerned that your nipples are too small, too flat, too big, or not acceptable for breastfeeding?
- Have you had breast surgery and are worried it may affect your ability to breast-feed?
- Do you have a medical condition that may affect your breastfeeding?

If you have concerns about your ability to be able to breastfeed for any reason, discuss your concerns with your physician or midwife. Call your lactation consultant before your baby is born to discuss your concerns.

## How to Tell Baby is Getting Enough to Eat

To tell if your baby is getting enough milk, watch for these signs:

- Baby is sucking with swallows
  - ▶ Birth to day 3 - bursts of sucking 6 - 20 sucks or more, followed by a pause. Baby will not swallow with every suck. After resting for a minute or so, the baby will start another burst of sucking.
  - ▶ Day 3 and beyond - continues bursts of 6 - 20 sucks followed by a pause. Baby should begin swallowing every 1 - 3 sucks. There will be frequent swallows at the beginning of the feeding with gradual slowing after 5 - 10 minutes. Some babies will be finished on the breast at this time. Others may respond to a renewed flow at

the breast and will begin sucking again.

**Note:** After a few months, babies get more efficient and spend a shorter amount of time at the breast.

- Breasts feel full and heavy before a baby feeds and softer after baby finishes feeding
- Some mothers, especially in the early months, may feel a sensation of the milk ejection reflex or the milk “letting down”. This can range from a warm or tingling sensation to a tightening in the breast. Other moms may not feel this at all. If you don’t feel it, watch your baby’s behavior to see that swallows are happening regularly.
- Milk may drip from one breast while the baby feeds on the other breast
- Baby’s urine and stool output increases from day one to five
- Average weight gain of one ounce per day after day five. All babies lose a little weight the first 3 - 5 days of life.
- Baby should be happy and content after most feedings



Use this chart during the first week of feeding. Circle the time you begin each breastfeeding. Check off a circle for each wet diaper and each bowel movement.

Babies need to breastfeed frequently, at least 10 times every 24 hours. The number of wet diapers and stools will increase over the first week. At first the stools will be black, tarry and sticky. By about day three, the stools will become less sticky and will be green or brown. By day five, the stool should turn a mustard yellow color and be liquid and seedy.

**TABLE 1**  
**Breastfeeding Log**

Day 1 goals: 10 - 12 feedings, 1 wet diaper, 1 bowel movement													
Feedings:	a.m.	1	2	3	4	5	6	7	8	9	10	11	12
Supplements:													
Feedings:	p.m.	1	2	3	4	5	6	7	8	9	10	11	12
Wet diaper:	<input type="radio"/>												
Bowel movement:	<input type="radio"/>												

Day 2 goals: 10 - 12 feedings, 2 wet diapers, 2 bowel movements													
Feedings:	a.m.	1	2	3	4	5	6	7	8	9	10	11	12
Supplements:													
Feedings:	p.m.	1	2	3	4	5	6	7	8	9	10	11	12
Wet diaper:	<input type="radio"/> <input type="radio"/>												
Bowel movement:	<input type="radio"/> <input type="radio"/>												

Day 3 goals: 10 - 12 feedings, 3 wet diapers, 3 bowel movements													
Feedings:	a.m.	1	2	3	4	5	6	7	8	9	10	11	12
Supplements:													
Feedings:	p.m.	1	2	3	4	5	6	7	8	9	10	11	12
Wet diaper:	<input type="radio"/> <input type="radio"/> <input type="radio"/>												
Bowel movement:	<input type="radio"/> <input type="radio"/> <input type="radio"/>												

Day 4 goals: 10 - 12 feedings, 4 wet diapers, 3 bowel movements													
Feedings:	a.m.	1	2	3	4	5	6	7	8	9	10	11	12
Supplements:													
Feedings:	p.m.	1	2	3	4	5	6	7	8	9	10	11	12
Wet diaper:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
Bowel movement:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									

Day 5 goals: 10 - 12 feedings, 5 - 5 wet diapers, 3 bowel movements													
Feedings:	a.m.	1	2	3	4	5	6	7	8	9	10	11	12
Supplements:													
Feedings:	p.m.	1	2	3	4	5	6	7	8	9	10	11	12
Wet diaper:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Bowel movement:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									

Day 6 goals: 10 - 12 feedings, 6 - 8 wet diapers, 3 bowel movements													
Feedings:	a.m.	1	2	3	4	5	6	7	8	9	10	11	12
Supplements:													
Feedings:	p.m.	1	2	3	4	5	6	7	8	9	10	11	12
Wet diaper:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Bowel movement:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									

Day 7 goals: 10 - 12 feedings, 6 - 8 wet diapers, 3 bowel movements													
Feedings:	a.m.	1	2	3	4	5	6	7	8	9	10	11	12
Supplements:													
Feedings:	p.m.	1	2	3	4	5	6	7	8	9	10	11	12
Wet diaper:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Bowel movement:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									

## Night Feedings

Babies feed frequently during the night. During the first 1 - 2 weeks, babies often feed more during the night than they do during the day. It is very important that new parents rest whenever their baby sleeps so that the night feedings will be more manageable and less difficult. This stage passes as the baby gets older. You can try to wake baby more often during the day to help the baby transition to better night sleeping, but this will be a gradual change over the first days and weeks.

## Sleepy Babies

Many babies are sleepy in the first few days after birth. You want to be sure that your baby feeds at least 10 times in 24 hours. Therefore, if your baby sleeps more than three hours, gently wake your baby up to feed. Watch for early signs of hunger (for example, licking the lips, putting hands and fingers to the mouth, moving arms and legs to get your attention). A sleepy baby with rapid eye movement under the eyelids is a sign that he or she may be starting to get hungry.”

Tips to wake a sleepy baby:

1. Undress baby down to just a diaper before feeding time
2. Hold the baby close (skin-to-skin) with the baby's head on your chest, tummy on your tummy or heart to heart
3. Gently massage the baby's back, arms and legs
4. Stroke your baby's cheeks, lips and mouth with your finger
5. Change the baby's diaper
6. Talk or sing to your baby
7. Walk your fingers up and down the baby's back
8. Hand express your milk onto your baby's lips to taste and smell
9. Tickle your baby's chin
10. With the baby sitting in your lap, gently lean the baby back and then bring the baby to a sitting position. Do this several times.

Some babies fall asleep after only a few minutes of feeding. If your baby is falling asleep at the breast during the first week without feeding for very long or swallowing very much, try these tips for waking your baby to finish feeding:

1. Start doing breast massage and compressions. Gently squeezing your breast and hold until you hear swallows then release the breast. Repeat as needed watching your baby for increased interest in feeding and increased swallowing.
2. Dress your baby in a diaper only during feedings. Add a light blanket as needed over the baby if she wakes and is actively sucking with swallowing.
3. Stretch the baby's arms slowly up toward the head and down again
4. Rub your baby's feet, head, and /or back to stimulate him.

If none of this works, try to wake baby again in an hour or so. If the baby skips more than two feedings, express your milk manually or with a breast pump and feed your baby using a dropper, soft cup or a bottle. Try breastfeeding again at the next feeding.

Contact a lactation consultant or your baby's physician if this behavior continues for more than two feedings in a row, you notice a decrease in urine output or the problem lasts for more than one day.

## Feeding Patterns for Breastfed Babies

### One Breast per Feeding or Both

Babies all have their own unique pattern of feeding. Some babies like to feed from one breast per feeding. Other babies like to feed from one breast, wait ten minutes and then feed from the other breast. Still other babies like to feed from one breast then the other breast, then back to the first breast, three sides per feeding. Some babies eat a lot during the morning, nap well in the afternoon and then feed a lot during the evening hours. Other babies like to feed infrequently in the morning then eat all afternoon.

Feeding patterns change over time. What your baby is doing this month may be very different next month and the month after. Follow your baby's lead. Feed your baby when hungry and keep an eye on the number of diaper changes you are doing. Weight checks will also help reassure you that your baby is getting enough to eat.

## Cluster Feedings

Babies feed frequently for lots of reasons. Cluster feeding is common in the early weeks for most babies. Once or twice a day, your baby may want to feed from both breasts two or three times in a row, or have 2 - 3 feedings in a very short period of time. This is normal and is the baby's way of getting the milk at the end of the feeding that has more fat and calories. Consider this as dessert for your baby. After a cluster of frequent feedings, most babies will sleep their longest stretch of the day.

## Growth Spurts

When babies are getting ready to have a growth spurt, they need more milk. The baby increases your milk supply by breastfeeding frequently for a day or two and then going back to a more normal routine. Frequent breastfeeding increases milk production. It does not mean your milk has dried up or that your milk is inadequate in any way. Your baby's first growth spurt may occur when he or she is about six days old, again at about 2 - 3 weeks, then occur every several weeks over the first year or so. Just relax and enjoy these days, knowing that your body will take care of the baby's needs. If you become concerned, count the baby's diapers. If there are lots of diaper changes, your baby is getting plenty to eat.

If you feel your milk supply is low, try these steps to increase production.

### How to tell if you're making enough milk for your baby

If you are worried you are not making enough milk for your baby, use this checklist:

- Keep your baby close and feed whenever the baby shows signs of hunger
- Count diapers. After day five, look for six or more heavy wet diapers every 24 hours and three or more loose yellow stools. Some babies may have a bowel movement with every feeding. This is okay too.
- Look at your baby. Is the baby getting bigger? Are the clothes getting tight? Is the baby gaining weight? If so, your baby is getting enough milk.
- Is the baby content after most feedings? All babies have some fussy times; this is normal, but the baby should be content most of the time.
- Is the baby having a growth spurt? These usually last only 1 - 2 days when the baby feeds often.
- Have you been very busy lately, missing feedings at times? Sometimes a fussy baby is telling the mother to slow down and spend a little more time cuddling and breastfeeding and enjoying him or her.

1. Put warm, moist towels on your breast for 10 - 15 minutes before feedings. This can stimulate your milk to begin flowing; it is often referred to as "let down".
2. Feed your baby at least 8 or more times throughout the day and night. If your baby seems hungry more often, breastfeed more often to meet your baby's needs.
3. Latch the baby deeply so that the baby's mouth is open wide covering the nipple and 1 inch or more of the areola.

4. Listen for the baby to swallow frequently
5. Drink enough fluids, at least one glass of water every time you feed the baby and more if you are still thirsty.
6. Feed yourself. If you are not very hungry, try to snack several times a day. Fresh fruit, whole-grain crackers and nuts all make good healthy snacks.
7. Rest. The demands of taking care of a new baby are high. Try to nap in the morning and afternoon when the baby is sleeping during the early weeks after birth and whenever you can as the baby gets older.



## Breast Engorgement

For the first week after the birth of your baby your body is going through many changes. One of these changes is the beginning of breast milk production. 2 - 5 days after birth many women notice breast fullness, while others experience breast engorgement.

### Difference Between Breast Fullness and Breast Engorgement

Breast fullness is related to the beginning of milk production. We usually refer to it as saying, “the milk has come in.” Breast fullness rarely causes a baby to have difficulty latching-on and breastfeeding. When the infant has finished feeding, the breast usually feels softer, lighter and more comfortable.

Breast engorgement is when the breasts are hard to the touch, swollen and painful. While the breast is hard and swollen, the infant may have difficulty latching and cannot drain the milk from the breast well. Some mothers get a slight fever (below 100°F) for a short period of time.

To prevent engorgement, breastfeed early, breastfeed often, breastfeed well and breastfeed exclusively.

### How to Treat Breast Engorgement

1. Breastfeed frequently, at least 10 or more times in 24 hours. Do not limit your baby’s time at the breast.
2. Avoid the use of pacifiers, bottles of formula or water (unless recommended by your baby’s physician).
3. If your breasts are not leaking, you may use warm moist compresses on your breasts for five minutes before each feeding. Massaging your breasts will also help drain the milk better.
4. Warm showers are helpful as well. While in the shower, massage your breasts to help soften them.

5. If the baby is unable to latch, unable to soften the breast when feeding or has less than five wet diapers in 24 hours, you will need to express your milk manually (use your hand to massage the breast to remove the milk) or use an electric breast pump. Use the milk you express to feed your baby.
6. If your breasts are still hard after breastfeeding or expressing your milk, apply ice compresses to your breast for 10 - 15 minutes. This will help reduce the engorgement further. (Bags of frozen peas work well). Make sure you have a cloth layer between your breasts and the ice packs.
7. Ibuprofen or acetaminophen may help reduce the pain. Ibuprofen may help reduce the swelling. You may continue to breastfeed while taking these medications.
8. If there is no improvement after 24 - 48 hours, contact our lactation consultant for advice. If you get a fever above 101°F, notice redness or warmth in one area or feel ill, it could mean you have an infection. If a lactation consultant is not available, you should see your primary care physician or go to Urgent Care.

## When Breastfeeding Hurts

### Sore Nipples

If breastfeeding is painful and hurts, this could mean that there is something wrong. Blisters, scabs, cracks or bleeding are not normal when breastfeeding and are signs that there is a problem. Read the following information and see a lactation consultant right away.

- ▶ Massage the breast just in front of the tender area to help the milk to begin flowing. Once there is milk flow, use some deep pressure massage just behind the tender area while feeding, working fingers toward the nipple to help move the plugged milk toward the nipple and out.
- ▶ Drink extra fluids and eat healthy foods.
- ▶ Wear a soft bra that doesn't dig into the breast or don't wear a bra.

- Prevention

- ▶ Pump or hand express your breasts to keep them soft if you miss a feeding or your baby sleeps all night and you are uncomfortably full.
- ▶ Breastfeed: Breastfeed often to keep your breasts soft. If your baby cannot, or will not, breastfeed enough, use a breast pump to keep your breast well drained.
- ▶ Try not to overdo it. You are still recovering from giving birth.

Most plugged milk ducts are released within 24 - 48 hours. If there is no improvement or if you begin running a fever over 101°F or you feel sick, as if you are coming down with the flu, see your health care professional or go to Urgent Care for treatment.

### *Mastitis*

Mastitis is an infection of your breast tissues, not your milk supply. It is safe and important to continue breastfeeding.

Mastitis may follow a plugged milk duct or may appear suddenly with no warning. Symptoms are the same as the flu: fever, chills and body aches. Also, there is usually a red, swollen, hot, painful area on the breast. Usually it is only on one side.

- Causes

- ▶ cracked or otherwise damaged nipples
- ▶ infrequent and/or ineffective breastfeeding
- ▶ overtired mother
- ▶ untreated plugged milk duct

- Treatment

- ▶ Heat: Apply warm moist compresses and place them on your breasts for 10 - 15 minutes before feeding or pumping. (Fill a clean, disposable diaper with warm tap water and place it over your breast. It can be used over and over again).
- ▶ Rest: Go to bed. Take the baby with you. Make sure to drink a lot of fluids and eat healthy foods. This is very important or the condition may get worse. If you have other children at home, arrange for someone to care for them while you recover.
- ▶ Breastfeed: Breastfeed often to keep your breasts soft. If your baby cannot, or will not, breastfeed enough, use a breast pump to keep your breast well drained.
- ▶ If your symptoms are severe or last for more than 24 hours, call for a same day appointment with your primary care physician or go to Urgent Care. You may need to take antibiotics. If so, take them for the full 10-day course and continue to breastfeed.
- ▶ Pain Relief: The anti-inflammatory medicine ibuprofen can relieve your pain. You do not need a prescription. Follow the instructions or follow your physician's instructions.

- Prevention

- ▶ Latch well. A good latch solves most breastfeeding problems.
- ▶ Breastfeed often.
- ▶ Rest as much as possible, especially the first six weeks.
- ▶ Treat plugged milk ducts right away.
- ▶ Continue breastfeeding.

# Table 2

## Breast Milk Storage Guidelines

Storage Time for Human Milk	Deep Freeze (0° F)	Refrigerator Freezer (variable 0° F)	Refrigerator (39° F)	Cooler with Ice Packs Frozen (59° F)	Room Temp. (66° F - 72° F)	Room Temp. (72° F - 79° F)
Fresh	Up to 12 months	3 - 4 months	8 days	24 hours	6 - 10 hours	4 hours
Frozen, thawed in refrigerator	Do not freeze	Do not freeze	48 hours	Do not store	4 hours	4 hours
Thawed, warmed, no fed	Do not freeze	Do not freeze	4 hours	Do not freeze	Until feeding ends	Until feeding ends
Warmed, fed	Discard	Discard	Discard	Discard	Until feeding ends	Until feeding ends

### Storage of Breast Milk

Be sure to label any bottles of milk that will be stored with the date and time you pumped it as well as any other information you feel will be important. Breast milk stored for a period of time will separate. The fatty portion of the milk will float to the top. The amount of fat will vary depending on when you pump, how long you pump and the time of day the milk was expressed. Shake gently to mix the milk back together before giving it to your baby.

### Preparing Milk for Feeding

Follow these tips to warm milk or thaw frozen milk for feedings:

- Never heat baby’s milk in a microwave or on the stove.
- Warm milk gently and slowly, placing the bottle in a cup or bowl of warm water.
- Thaw frozen milk by placing it in the refrigerator the night before if you know you will need it the next day.
- Place a bottle of frozen milk in a mug of warm water and allow it to thaw gradually.

- If the fatty portion of the milk has floated to the top, mix the separated milk back together before feeding it to the baby by gently swirling the bottle.

### Hand (Manual) Expression of Milk

Before you begin to express your milk, wash your hands. Use a clean collection container such as a bowl to collect the expressed milk. There are 4 - 20 openings on each nipple, so the milk may spray out in different directions. A wide mouth container is helpful.

Follow the steps listed on page 19 to prepare your breasts with warm, moist heat and then massage. Use your fingertips to stimulate the nipple for a minute or two as well.

Start out by make a “C Shape” with your hand to support your breast. To do this, place four fingers under your breast to support it and place your thumb above the breast. Place your fingers so they are well above the nipple and on the areola.

Press your fingers inward toward your chest wall. At the same time, use your fingers and thumb to gently squeeze the areola for about five seconds and then release the squeeze and inward pressure. Wait a few second and repeat several times. Within seconds, milk should start dribbling or spraying out. Once the flow of milk slows down, rotate the position of your fingers. For example, make a “U Shape” with your hand. In this way you are expressing different areas of the breast.

This process will take practice. Be patient with yourself as you learn. Try not to pull the nipple.

**A good video on manual expression can be seen at:**

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

Before you know it, your baby will have grown past the newborn period and your life will be getting busy as you resume many of the activities you enjoyed before your baby was born. Anticipating your return to work or school can be stressful for many mothers. If planned well, you will be able to manage it all.

### Breastfeeding in Public

California State Law (Assembly Bill 157) states a mother may breastfeed her child in any location, public or private, except the private home or residence of another, where the mother and child are otherwise authorized to be present.

If you need help or tips on how to breastfeed discreetly, ask your lactation consultant or educator for assistance.

### Leaking Breasts

Many women find that when their breasts are very full or when they are away from the baby and miss a feeding, their breasts will leak. Leaking is a signal your body is giving you that you should try to pump or breastfeed soon. There are several things you can do to prevent embarrassing wet spots on your clothing.

- Apply direct pressure to your nipple when you feel the milk begin to flow.
- Use breast pads. They are available in disposable or re-usable cotton pads. Change your pads frequently.
- Avoid letting your breasts get overly full. You will leak less.

For most women, leaking becomes less of a problem after about six weeks when the hormone levels adjust to breastfeeding.

### Diet

There is no need to follow a special diet when you are breastfeeding. Follow these simple guidelines to feel good while you breastfeed.

- Eat a wide variety of foods - lots of fresh fruit, vegetables, whole grains and an extra serving of protein.
- Drink lots of water. Some juices and caffeinated beverages are okay, but don't overdo them.
- Eat enough calories - about 500 calories extra each day to support lactation (usually about 2,200 - 2,800 calories per day). A personalized diet plan while you are breastfeeding can be found at:

**[www.mypyramid.gov/mypyramidmoms](http://www.mypyramid.gov/mypyramidmoms)**

You can enter your height, weight, due date / birth date and activity level to get suggestions just for you. If you have any special nutritional needs be sure to discuss them with your physician or lactation consultant.

- Drinking alcohol in limited amounts is safe when breastfeeding. Remember that the alcohol will filter into your milk, so small amounts taken after feedings are usually best.
- Human milk varies only slightly from mother to mother regardless of what you do or do not eat. The goal is to eat balanced, healthy, energizing meals so you and your baby can remain active.

### Exercise

Many mothers are anxious to get back into shape and want to begin an exercise program right away after the baby is born. Wait until after your postpartum appointment and approval from your physician or midwife. When you are ready to start exercising, don't let breastfeeding stop you. Many women walk, run, do yoga, go to the gym or whatever else they enjoy, while they are still breastfeeding.

## Returning to Work or School

When planning to return to work or school, think about the following:

- Return to work mid-week, if possible, for an easier transition.
- Get a breast pump before returning to work or school.
- Locate a clean, private, safe area to pump (this is required by employer or educational institutions) and store your milk.
- Having your baby's caregiver close to work is convenient if you plan to visit at lunch to breastfeed.
- Begin pumping and storing milk two weeks before returning to work or school. Begin pumping after the fullest feeds (usually in the morning).
- Someone other than the nursing mother (dads are a good choice) can introduce the baby to the bottle the first time. Place baby in a position that is not similar to breastfeeding. Be patient; this is a new experience for your baby.
- Pack the diaper bag and pump kit the night before a new work or school day to make your mornings flow easier.

### California Lactation Accommodation Law

California law states that any business shall provide an employee with a reasonable break time and a location other than a bathroom for you to express your milk. Make arrangements with your employer before returning to work to ensure a smooth transition back to work.

## Breastfeeding for the First Year and Beyond

As the days, weeks and months pass, you will notice your breastfeeding will change. The American Academy of Pediatrics recommends at least one year of breastfeeding and suggests that you continue for as long as you and the baby enjoy the relationship. Your milk continues to be nutritious and is a healthy addition to your baby's diet for as long as your baby is drinking the milk.

The American Academy of Pediatrics recommends that you breastfeed your baby for at least 12 months and thereafter for as long as mutually desired. You can breastfeed your baby for over one year.

Surround yourself with supportive family and friends.

Attend a support group. You'll be glad you did.

## Weaning

Under natural circumstances, babies wean gradually. The weaning process begins when baby starts solid foods at around six months of age. Over the coming weeks or months, the baby will gradually increase the amount of solid foods eaten and decrease breastfeeding. It can take weeks, months or years to completely wean your baby. For a comfortable weaning, always wean gradually. Never try to drop more than one breastfeeding per week.

## Birth Control

You can get pregnant while breastfeeding. Be sure to discuss birth control options with your health care professional. They can guide you in choosing a safe and effective contraception method to use while you are breastfeeding.

### Support Groups

It has been proven that support groups help mothers to breastfeed longer. Find a supportive group that you enjoy and get to know other breastfeeding mothers. Here are some ideas:

- **WIC (Women, Infants and Children):** Many WIC programs have support groups for new mothers. Ask your WIC worker if a support group is available in your area. See Chapter 6.
- **La Leche League:** La Leche League is a mother-to-mother information and support organization for breastfeeding mothers. Call 1-800-La Leche (1-800-525-3243) for the La Leche League group information for your area. See Chapter 6.
- **Community Centers:** Many community centers offer parent support groups and new mother groups. Call your local community center to get information on what is available in your neighborhood.

**Q. How do I know if my baby is getting enough breast milk since I can't tell how much he is drinking?**

A. Look at your baby. Listen and watch for swallows during feeding. Expect occasional swallows the first 1 - 2 days with increasing swallowing after day three. Track the baby's urine and stool output on the Breastfeeding Log form (Table 2) on pages 10 - 11. Your baby should be allowed to feed whenever he or she shows signs of hunger and for as long as the baby desires. Babies should breastfeed 10 - 12 times in 24 hours. The urine and stool output should increase every day until baby is five days old. After day five, you should see at least six really wet diapers and at least two large yellow stools every day. After feedings, your baby should be content and sleepy most of the time. If this is not the case, call your lactation consultant to discuss your concerns.

However, you should call your pediatrician if your baby appears to have a loss of appetite during feedings, frequent or excessive vomiting, rectal temperature greater than 100.4°F or axillary temperature greater than 99.4°F, marked behavior changes such as unusual irritability, excessive sleepiness, general restlessness or your baby has any difficulty breathing with inhaling or exhaling.

**Q. My baby wants to suck all the time, even after he or she is fed. Should I use a pacifier?**

A. Babies are born with a very strong suck instinct. Sucking feels good to babies. They have been sucking their fingers and toes since before they were born. Newborns will suck on their hands to show you they are hungry and they will suck to help themselves go to sleep. During the first month, your baby should be put on your breast whenever they show signs of hunger, like sucking on their hands. After one month of age you can introduce a pacifier, but limit its use to times when you are not available to breastfeed, like in the car or when you are in the shower.

**Q. Why does my baby sleep so well during the day, but stays awake at night?**

A. Babies wake during the night for feedings for several months. If your baby is awake more than just for feeding, it may be that their sleep cycle is set for being awake at night. During your pregnancy, your baby's sleep cycle was set by your activities. If you were active during the daytime hours, your baby was probably rocked to sleep all day. When you went to bed at night, the rocking stopped and your baby became more awake and alert. Some ways to help your baby to be more wakeful during the day and sleep better at night are to expose your baby to more light during the day to help reset the baby's internal clock. Keeping your baby close during the night may help your baby sleep better as he or she feels more secure when somebody is close to him or her. Keep the lights low and activity to a minimum during the night to help teach your baby that nighttime is for sleeping.

**Q. My baby is so gassy. Did I eat something that caused this?**

A. Probably not. The colostrum the baby is eating the first few days acts like a laxative to help the baby pass the first sticky stools, meconium. Some gas is normal for everyone; it is part of the digestion process. If your baby is gassy, crying and uncomfortable, call your lactation consultant. She can probably help you to identify possible causes.



**Q. Should I give my baby formula, juice or water?**

- A. The American Academy of Pediatrics recommends your baby drink only human milk for the first six months. After six months you can gradually introduce other foods, water and a little juice. Your pediatrician will guide you through this process. Breast milk should continue to be a major part of your baby's diet for the first year. Your baby should never need any formula when breastfeeding is going well.

**Q. Does breast milk change over time?**

- A. Yes. Milk changes according to your baby's need. The milk changes as your baby grows, but it also changes during the feeding.

The milk in the first few days is called colostrum. Colostrum is like an energy drink for your baby, low in fat, high in protein and easy to digest. It is the perfect food for our baby to learn how to breastfeed. It is sweet and present in small amounts so the baby doesn't get overwhelmed with too much milk flowing. By about the third day, the milk volume starts to increase. The more the baby breastfeeds, the more milk there will be. This milk has more water and fat than in the first two days, but it still has all the good colostrum to keep your baby healthy. By the time your baby is about two weeks old, the colostrum is gone and your baby is getting mature milk.

During the feedings, milk changes too. The milk at the beginning of the feeding may appear watery. This is because it has a lot of water to quench the baby's thirst. The milk toward the end of the feeding is thicker, richer and has a higher fat content. This milk helps your baby to feel full and gain weight. This is why it is important to let baby decide when the feeding is finished. In that way, the baby gets just the right combination of milks.

**Q. Is it okay to only pump and bottle feed my baby breast milk?**

- A. This is not recommended on a long term basis. However, it is better than the baby not getting

any breast milk and just getting formula. Call your lactation consultant if you are having problems with breastfeeding. A baby who is latching well can feed very quickly and effectively.

After your breastfeeding is established at about one month, you can begin to pump and store breast milk for use when you need to be away from your baby.

**Q. What does it mean that a baby can be "nipple confused"?**

- A. Sucking is a natural instinct. Breastfeeding a learned skill. Sometimes if a baby gets a bottle too early, he or she may have difficulty breastfeeding. The bottle feels different in the baby's mouth and the milk flows differently from the bottle than it does from the breast. While some babies can go back and forth from breast to bottle, other babies have difficulty and can get quite frustrated. Also, when they do latch to the breast, they may suck incorrectly, making nipples very sore. The American Academy of Pediatrics recommends that you avoid artificial bottle or pacifier nipples and only breastfeed for the first month of your baby's life. After one month, babies can usually manage the differences better.

**Q. Why is my baby so fussy?**

- A. All babies have times during the day when they are restless and irritable. There can be many reasons for a baby to cry and be fussy and irritable. For some babies, this is worse than others. If your baby is fussy, try holding the baby skin-to-skin and just relax. If your baby is crying a lot and passing a lot of gas, try burping the baby more often. If nothing seems to soothe your baby, call your lactation consultant and she will make other suggestions that may help.

**Q. Do I have to eat a special diet or avoid certain foods while breastfeeding?**

A. Every culture has different “rules” about what you can and cannot eat when you are breastfeeding. You will get lots of advice from well-meaning friends and family about your diet. There is no food that causes every baby to be gassy, get a rash or spit up a lot. The best advice is to eat a variety of foods you enjoy. Enjoy fruits and vegetables, whole grains, protein foods like meats, eggs and beans on a regular basis. Try not to eat the same foods all the time. If you feel that every time you eat a certain food, your baby reacts badly in any way, please call your lactation consultant for advice.

**Q. If I get a cold or have a fever, should I still feed my baby?**

A. Absolutely. Keep breastfeeding. Before you even know you are getting sick, your baby has been exposed to your illness. Your body starts producing antibodies to fight the illness before you have any symptoms. These antibodies pass into your milk for your baby. By continuing to breastfeed, you pass these antibodies to your baby to help protect them.

**Q. My family says I can’t take any medicines when I’m breastfeeding. Is that true?**

A. Most medications are safe to take when breastfeeding. Your lactation consultant has resources on the safety of breastfeeding while taking medications. If you are concerned about the use of any medication you need to take while breastfeeding, call your lactation consultant for advice.

## **La Leche League**

1-800-525-5243

[www.llli.org](http://www.llli.org)

[www.lalecheleaguescnv.org](http://www.lalecheleaguescnv.org)

## **Lactation Websites**

[breastfeedingmadesimple.com](http://breastfeedingmadesimple.com)

[breastfeeding.com](http://breastfeeding.com)

[kellymom.com](http://kellymom.com)

[ameda.com](http://ameda.com) - “your Baby Know Hot to Latch-on (video)

[drjacknewman.com](http://drjacknewman.com) - Many good video clips on latching babies

[motherwear.com/br/bfguide.cfm](http://motherwear.com/br/bfguide.cfm)

[medalabreastfeedingus.com](http://medalabreastfeedingus.com)

[pumping.org](http://pumping.org)

[askdrsears.com](http://askdrsears.com)

[4women.gov](http://4women.gov)

[lowmilksupply.org](http://lowmilksupply.org) - Information and support for breastfeeding mothers with low milk supply.

[bfar.org](http://bfar.org)

## **WIC (Women, Infants and Children)**

1-888-942-9675

WIC is a nutrition program that helps low-income pregnant women, new mothers and young children under the age of five to eat well and stay healthy.

# Notes

# Notes



Start your journey with Centinela Hospital and our team of experienced medical professionals and clinical care providers.



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