

Acknowledgements

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CENTER FOR WOMEN & INFANTS



PRENATAL BREASTFEEDING EDUCATION AND COUNSELING TOOLKIT



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Introduction

It's well-established that breastfeeding is the healthiest method of infant feeding. Breastfed infants are less likely to develop respiratory and ear infections, allergies, asthma, obesity, diabetes and childhood cancers. For mothers, breastfeeding reduces the risk of type 2 diabetes; breast, ovarian and cervical cancers; and postpartum depression. These are just a few of the numerous health benefits of breastfeeding.



Many national health organizations including the American Congress of Obstetrics and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) recommend exclusive breastfeeding for the first six months of life with continued breastfeeding after complementary foods are introduced for at least the first year of life. In Tennessee, 75.8 percent of infants are ever breastfed compared to 84.1 percent of infants nationally.

Additionally, only 27.2 percent of Tennessee infants are breastfed exclusively for the first six months of life. Prenatal breastfeeding education and counseling can not only increase breastfeeding initiation, duration and exclusivity, but can also help women and their families make informed infant feeding decisions.

This Prenatal Breastfeeding Education and Counseling Toolkit is intended to serve as a guide feeding.

This Prenatal Breastfeeding Education and Counseling Toolkit is intended to serve as a guide when educating and counseling patients about breastfeeding and can be adapted to meet the needs of diverse situations. The resources in this toolkit can be used during preconception, prenatal and postpartum care to counsel patients who may have varying beliefs, opinions and intentions regarding infant feeding. The toolkit is organized into the following sections:

- *Well Woman Care*
- *First Trimester*
- *Second Trimester*
- *Third Trimester*
- *Six Weeks Postpartum*



Each section contains an introduction, a conversation guide to facilitate a motivational interviewing session about breastfeeding with patients and associated materials to give patients and/or to use as teaching aids.

More information can be found in the *Frequently Asked Questions* section in the back of the toolkit. Furthermore, the *Additional Resources* section provides a list of available resources for pregnant and breastfeeding women and health care providers seeking lactation information.

There are more questions and discussion topics for the third trimester, compared to the first two trimesters, because women will typically be visiting the provider more frequently in the third trimester. These questions are intended to be divided over more than one prenatal visit.

Spending five to ten minutes discussing breastfeeding during multiple prenatal visits is recommended, rather than trying to fit all of the information for each trimester into a single counseling session. The provider should document the discussion and the patient's goals for each session, so that they are able to follow-up at the next prenatal visit.

For each section of the toolkit, three-step counseling should be used when conducting conversations about a woman's expectations and concerns about breastfeeding:

1. Ask open-ended questions and engage in active listening.
2. Summarize the patient's responses in your own words to ensure understanding.
3. Provide education, addressing the patient's specific questions and concerns.



Well Woman Care

This section is intended for use when seeing a woman during her annual visits before she is pregnant. Research shows that preconception care can lead to better pregnancy outcomes in the future. Since about half of pregnancies are unplanned, it is important to promote healthy weight status and lifestyle choices among women of childbearing age before they become pregnant. Promoting health before conception has been shown to increase the likelihood that the mother will breastfeed by 71%.



Conversation Guide

Tell me about what supplements you take.

- It's recommended that women of reproductive age begin taking prenatal vitamins before they become pregnant to build up vitamin and mineral stores so that birth defects and negative health outcomes during pregnancy can be prevented.

Based on patient's medical history, body mass index, smoking status, alcohol consumption, drug/substance use and exercise habits, the provider may address any concerns regarding reproductive health and potential pregnancies.

Associated Materials

- March of Dimes handout: "I am not pregnant, but want my nine months someday"



First Trimester

It's important to inform women that they will be supported no matter how they choose to feed their baby. The first trimester discussions should assess current breastfeeding knowledge, attitudes, beliefs and intentions. The health care provider can address any breastfeeding misinformation, concerns or anticipated barriers that may arise throughout the discussion. The nature of the questions in the first trimester allow for a variety of responses. Practitioners may refer to information in subsequent sections of the toolkit, if needed.



Conversation Guide

Tell me about your plans for feeding this baby.

- Probe for more information, if needed.

What do you already know about breastfeeding?

- Address any concerns or misinformation with the mother.

How do you feel about breastfeeding?

- Address any concerns or misinformation with the mother.
- Explore cultural values.
- For concerns about the sexuality of breastfeeding, explain the role of the breast as the primary route of nourishment for baby.

What is your experience with breastfeeding?

- Address any concerns or misinformation with the mother.
- Praise woman for previous breastfeeding attempts.
- Address any issues or concerns she had while feeding her previous child(ren).



What does your support system (family, partner, spouse etc.) think about breastfeeding?

- Having supportive families and partners typically leads to better breastfeeding outcomes and more positive breastfeeding experiences.
- Invite any members of the support system to attend future prenatal visits and/or classes.



Associated Materials

- Breastfeeding screening tool (Appendix A)
- Breastfeeding prescription
- Information about breastfeeding classes(encourage women to sign up for these classes early in pregnancy, as classes may fill up quickly)
- Refer to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- First trimester infographic (Appendix B)



Second Trimester

During the second trimester, providers can begin providing evidence-based lactation education to inform patients about the differences between breastfeeding and formula feeding. This is also a good time to discuss breastfeeding recommendations so that women can set informed breastfeeding goals.



Conversation Guide

What do you know about the benefits of breastfeeding?

Anticipated discussion topics:

Benefits for mothers:

- Mothers who breastfeed have a decreased risk of:
 - Breast, ovarian and cervical cancer
 - Type 2 diabetes
 - Postpartum depression
 - Excessive blood loss after delivery
- Breastfeeding burns about 500 calories per day which can help women achieve and maintain a healthy weight.
- Breastfeeding is more convenient and cost-effective.
- Breastfeeding is a bonding experience for both mothers and babies.
- Breastfeeding moms miss less work/school than formula feeding moms because their children are sick less often.

Benefits for infants:

- Breastfed infants have a decreased risk of:
 - Ear infections and respiratory infections
 - Childhood cancer
 - Type 1 and type 2 diabetes
 - Heart disease
 - Allergies and asthma
 - Sudden infant death syndrome



Benefits for infants (continued):

- Breastfed infants are less likely to experience:
 - Constipation
 - Diarrhea
 - Fussiness
 - Spit up
 - Colic



What do you know about the differences between breastfeeding and formula feeding?

Anticipated discussion topics:

- Breastfeeding benefits (see previous question)
- Breastmilk provides all of the nutrients an infant needs, as well as antibodies, hormones, growth factors and more.
- Colostrum, the first milk produced, is packed with nutrients and antibodies and is the perfect food for an infant during the first few days of life.
- Formula feeding requires more supplies than breastfeeding and takes longer to prepare.
- The water for powdered formula must be boiled for every bottle prepared (even if parents use sterile or filtered water because powdered formula is unsterile). See *Frequently Asked Questions* for more information about how to safely prepare infant formula.
- Formula feeding is more expensive than breastfeeding. Formula and supplies can cost over \$1,000 per year.

What do you know about recommendations for introducing other food or drinks besides breastmilk?

Anticipated discussion topics:

- Exclusive breastfeeding is recommended for the first six months of life. This means that no other foods (including infant cereal, solid foods, juice or water) should be given to an infant less than six months old.
- The AAP recommends that solid foods be introduced after six months of exclusive breastfeeding with a few limitations (i.e., honey and cow's milk should not be introduced until after one year of age).
- The AAP recommends that breastfeeding be continued after the introduction of complementary foods for at least the first year of life and as long as mutually desired by both mother and child beyond one year of age.



Associated Materials

- Colostrum spoon
- Belly balls
- “Breastmilk...As Good as It Gets” handout
- Second trimester infographic (Appendix B)



Third Trimester

The third trimester is when providers can help women prepare to breastfeed their newborns. Creating a breastfeeding plan is a good way to set mother and baby up for success upon delivery. This is also the time to discuss any breastfeeding myths or concerns patients may have so that you can correct misinformation and help them to come up with solutions to potential barriers. Women should be informed of the laws that protect breastfeeding women and the breastfeeding resources available to them in the community.



Conversation Guide

What are your expectations and/or concerns about breastfeeding?

Anticipated discussion topics:

Making enough milk:

- Discuss supply and demand. The more a mother nurses, the more milk she will make. When the breast is emptied, the body will produce more milk.
- For the first few days of life, a mother will only produce about one teaspoon of colostrum between both breasts per feeding. This small amount is normal. On average, a mother's mature milk will come in between three to five days after delivery if a mother is nursing frequently.
- Infants should feed for the first time within the first hour of life.
- Newborns should be nursed every one to two hours, 24 hours a day. This helps achieve and maintain adequate milk supply.
- Avoid artificial nipples like bottles and pacifiers for the first four to six weeks in order to establish sufficient milk supply.
- Avoid supplementation with infant formula unless prescribed by your health care provider. Supplementing with infant formula can decrease milk production.
- Some moms think that when a baby cluster feeds, it means she is not making enough milk. However, cluster feeding is normal infant behavior.



Making enough milk (continued):

- Consult a lactation consultant if a mother experiences pain or latch issues. It's important to resolve issues as soon as possible so that milk production can be maintained.
- If a mom is not able to nurse due to latch issues or separation from her baby, it's important to express breastmilk every one to two hours to maintain milk supply.



Returning to work/school:

- Discuss barriers and solutions specific to the mother's employment or school situation.
- Tennessee law states that employers must accommodate breastfeeding mothers at work and provide reasonable unpaid break time for milk expression. Employers must also make a reasonable effort to provide a private location, other than a bathroom, for milk expression.
- Provide information on how to obtain a breast pump through insurance.

Will breastfeeding hurt?

- Breastfeeding may be uncomfortable in the very beginning, but should never hurt.
- Pain and nipple damage is a sign that something is not quite right.
- A lactation consultant can help if a mother does experience pain.

Nursing in public:

- There are laws that protect women who choose to nurse in public. In Tennessee, a woman has the right to breastfeed her child in any place she has the right to be present.
- If a mom is concerned about exposing herself, remind her there are ways to be discrete about nursing in public.
- Some moms still choose not to breastfeed in public, and that is okay. Many public spaces have private lactation rooms and some moms will choose to feed infants expressed breastmilk in a bottle when in public.



Maternal lifestyle:

- **Diet:** Maternal diet should not impact milk supply. Mothers do not need to have a special diet or avoid certain foods unless her infant has a specific allergy to a food. It is recommended to eat a well-balanced diet and to be physically active for optimal maternal health. However, this is true for the general population, not only breastfeeding mothers. Women should continue taking a prenatal vitamin as long as they are breastfeeding to protect vitamin and mineral stores.
- **Tobacco:** It is still recommended to breastfeed even if a mother smokes cigarettes. However, it would be optimal if a woman quits using tobacco products for her own health and the health of her child(ren), regardless if the mother is breastfeeding or formula feeding. If a woman chooses to smoke, she should do so outside of the home and away from children to reduce exposure to second-hand smoke. Smoking cigarettes can lead to decreased milk supply for some women.
- **Alcohol:** It is okay to drink alcohol in moderation while breastfeeding. However, more than two drinks per day could decrease milk production and the mother's ability to safely feed and care for her child.
- **Medications:** There are many medications that are safe to consume while breastfeeding, but some medications are unsafe. Mothers should discuss medication options with their health care provider.



Alternate caregivers can provide expressed breastmilk in a bottle.

Support network:

- Address specific concerns that friends and family members have about breastfeeding. Discuss solutions to overcoming these barriers.
- Invite friends and family members to a breastfeeding class or support group so they can learn more about it.
- Fathers can play an important role in the breastfeeding experience by encouraging and supporting their partner and helping with other caregiving tasks like bathing and changing diapers.

What have you heard about skin-to-skin contact?

Anticipated discussion topics:

- Skin-to-skin contact is the practice of placing an unclothed infant onto the parent's bare chest and should occur immediately after birth.
- It aids in milk production and reduces stress.
- Doing skin-to-skin immediately after delivery will help an infant feed in the first hour of life.
- It can also help the infant regulate body temperature, stabilizes blood glucose and more.



Tell me what a hungry baby looks like.

Anticipated discussion topics:

- When baby is hungry, (s)he may:
 - Put hand to mouth
 - Suck on hands or other objects
 - Smack lips
 - Open or move mouth
 - Clench fists
- Crying is a late hunger cue.

Tell me what a satisfied baby looks like.

Anticipated discussion topics:

- Baby should be allowed to nurse until satisfied.
- Feeds will typically last 10 to 20 minutes on each breast but some variance should be expected.
- A newborn's stomach is very small.
- Signs that an infant is getting enough include adequate weight gain and bowel movements. It's normal for a breastfed newborn to lose weight during the first few days of life, but infants should be back to birth weight by two weeks of age.
- When baby is satisfied,(s)he may:
 - Relax hands
 - Unlatch from nipple or turn head away
 - Fall asleep



Tell me about how frequently a baby needs to feed.

Anticipated discussion topics:

- Feeding should occur every one to two hours during the newborn period.
- It's important to wake a sleeping baby if it's time to feed. A newborn should never go more than three to four hours maximum between feedings.
- It's normal for babies to cluster feed.
- Encourage feeding on demand.
- Breastfed babies typically feed more frequently than formula fed babies.

What breastfeeding resources are you aware of?

- Refer to resources listed in the *Additional Resources* section on page 21.

What other concerns do you have?

- Address any remaining concerns.

Associated Materials

- Colostrum spoon
- Belly balls
- Community Breastfeeding Resource Guide
- Breastfeeding hotline magnet
- "10 ways to get breastfeeding off to a good start" handout
- "Know Your Rights" Tennessee Breastfeeding Laws palm card
- Third trimester infographic (Appendix B)



Six Weeks Postpartum

The postpartum visit should address mothers' concerns or experiences with breastfeeding so far. It is important to be an outlet for support and reassurance during this time. Encourage mothers for breastfeeding and acknowledge their successes. Empower mothers so that they have the self-efficacy to continue breastfeeding. This is also a good time to discuss family planning options and to screen for postpartum depression.



Conversation Guide

Tell me how feeding your baby is going so far.

Address any concerns or problems encountered.

Anticipated discussion topics:

Milk supply:

- See previous section for tips on achieving and maintaining adequate milk supply.

Pain:

- If a mother is experiencing pain, check for:
 - Poor latch
 - Mastitis
 - Infection
 - Thrush (yeast infection of the breast)
 - Plugged ducts
 - Engorgement
 - Tongue tie
- Refer to a lactation consultant for a comprehensive assessment.



What are your plans for returning to work?

Anticipated discussion topics:

Pumping:

- Pumping every two hours while at work will continue to stimulate milk production and promote an adequate milk supply.
- Tennessee law states that employers must accommodate breastfeeding mothers at work and provide reasonable unpaid break time for milk expression. Employers must also make a reasonable effort to provide a private location, other than a bathroom, for milk expression.

Milk storage:

- Keep expressed milk refrigerated or in a cooler with an ice pack during the day.
- Refrigerate or freeze milk upon returning home.
- Use refrigerated milk within five days.
- Use frozen milk within three to six months.
- Use thawed milk within 24 hours.
- Do NOT heat milk in the microwave or on the stovetop.
- Do NOT re-freeze thawed breast milk.
- Safe ways to thaw frozen breast milk:
 - Transfer frozen breast milk to the refrigerator.
 - Swirl breast milk bottle in a bowl of warm water.

Other tips:

- Nurse before leaving for work and after returning home.
- Nurse frequently while at home and on off days to help maintain milk supply and to bond with your baby.
- Mothers may need to introduce a bottle two-to three-weeks prior to returning to work. It could take time for an infant to adjust to bottle feeding.
- Mothers should also discuss feeding plans and goals with the child care providers.

What are your plans for birth control or family planning?

Anticipated discussion topics:

- A woman can get pregnant while breastfeeding. Breastfeeding alone is not considered an effective method of birth control.
- Talk about safe and effective birth control options based on her plans and cultural values. Be sure that the method chosen will not impact milk production.



Now that you have had your baby, tell me about how you are feeling lately.

- Screen for postpartum depression using an evidence-based screening tool.
- Refer for additional help, if needed.
- Breastfeeding reduces the risk and severity of postpartum depression. However, postpartum depression can reduce the likelihood that a mother will continue breastfeeding so it is important to get the mother help as soon as possible.

Associated Materials

- Community Breastfeeding Resources Guide
- Centers for Disease Control (CDC) Prevention breastmilk storage recommendations



Frequently Asked Questions

What are common contraindications to breastfeeding?

- A mother should not breastfeed if she:
 - Has been infected with human immunodeficiency virus (HIV)
 - Is taking antiretroviral medications
 - Has untreated, active tuberculosis
 - Is infected with human T-cell lymphotropic virus type I or type II
 - Is using or is dependent upon an illicit drug
 - Is taking prescribed cancer chemotherapy agents
 - Is undergoing radiation therapies (requires only temporary interruption in breastfeeding)
- A mother should not breastfeed if her infant:
 - Has been diagnosed with galactosemia, a rare metabolic disorder
- Some prescription medications are deemed unsafe for a mother to take while breastfeeding. Health care providers should work with women to prescribe safe alternatives, when possible.



Why do breastfeeding moms need to supplement their infants with vitamin D?

- Breastfed babies must be supplemented with 400 IUs of vitamin D daily.
- Breastmilk alone does not provide sufficient vitamin D for newborns.



How do you properly prepare a bottle of infant formula?

- While breastfeeding is well-established as the healthiest mode of infant feeding, many moms either choose not to breastfeed or are unable to exclusively breastfeed for a variety of reasons. Therefore, it's important for health care providers to help moms properly and safely prepare infant formula bottles.
- The World Health Organization and CDC have detailed guidelines for how to properly prepare, handle and store infant formula. These resources are listed in the *References* section of this toolkit, and the links are provided below.
 - http://www.who.int/foodsafety/publications/micro/pif_guidelines.pdf
 - <https://www.cdc.gov/cronobacter/prevention.html>
- Many people do not realize that powdered infant formula is not a sterile product. In order to kill the bacteria that can be present in infant formula, the water used to prepare the powdered formula must be boiled, even if the water is sterile. The powdered formula must be added to water that is at least 158 degrees Fahrenheit or 70 degrees Celsius.
- Remind moms to carefully read the instructions on the formula product, especially before using a new or unfamiliar product.



Additional Resources

Use the following list to refer mothers to helpful resources. Remind mothers that information should be obtained from reputable sources, and that blogs and other websites may not provide evidence-based information.

- Community Breastfeeding Resources Guide (printed and distributed by the Knox County Health Department- call 865-215-5170 for more information)
- Aeroflow Breast Pumps (helps women obtain a breast pump covered by insurance)
<http://www.breastpumps.aeroflowinc.com/breast-pumps/>
- American Academy of Family Physicians <http://www.familydoctor.org>
- American Academy of Pediatrics <http://www.aap.org>
- American College of Nurse-Midwives <http://www.midwife.org/Share-With-Women>
- American Congress of Obstetricians and Gynecologists
<http://www.acog.org/breastfeeding>
- International Lactation Consultant Association <http://www.ilca.org/>
- Knox Breastfriends (Facebook support group- call 865-215-5060 for more information)
- La Leche League <http://www.llli.org/>
- Office of Women’s Health, U.S. Department of Health and Human Services
<http://www.womenshealth.gov/breastfeeding/>
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)– United States Department of Agriculture, Food and Nutrition Services
<https://lovingsupport.fns.usda.gov/>
- Tennessee Breastfeeding Hotline 1-855-4BF-MOMS
- Tennessee Department of Health <http://www.tn.gov/health/topic/breastfeeding>



References

American Congress of Obstetricians and Gynecologists. Breastfeeding Toolkit. American Congress of Obstetricians and Gynecologists website. <http://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Breastfeeding-Toolkit>. Accessed January 31, 2017.

American Congress of Obstetricians and Gynecologists. Committee Opinion. American Congress of Obstetricians and Gynecologists website. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Support-for-Breastfeeding-as-Part-of-Obstetric-Practice>. Published Feb. 2016. Accessed Oct. 19, 2016.

American Congress of Obstetricians and Gynecologists. Committee Opinion. American Congress of Obstetricians and Gynecologists website. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression>. Published March 2015. Accessed March 22, 2017.

Cadwell, K., & Turner-Maffei, C. (2015). *The Lactation Counselor Training Course Notebook, 2015-2016 Ed.* East Sandwich, Massachusetts, USA: Healthy Children Project, Inc.

Centers for Disease Control and Prevention. Breastfeeding Diseases and Conditions. Centers for Disease Control and Prevention website. <https://www.cdc.gov/breastfeeding/disease/index.htm>. Accessed August 16, 2017.

Centers for Disease Control and Prevention. Breastfeeding Report Card, 2020. <https://www.cdc.gov/breastfeeding/pdf/2020-breastfeeding-report-card-H.pdf>. Accessed January 12, 2021.

Centers for Disease Control and Prevention. Cronobacter Prevention and Control. Centers for Disease Control and Prevention website. <https://www.cdc.gov/cronobacter/prevention.html>. Accessed August 16, 2017.

Dean, S. V., Lassi, S. Z., Imam, A. M., & Butta, Z. A. (2014). Preconception care: closing the gap in the continuum of care to accelerate improvements in maternal, newborn and child health. *Reproductive Health*, 11(Suppl 3). doi: 10.1186/1742-4755-11-S3-S1.

NYC Health.(n.d.). The New York City mother's guide to breastfeeding: prenatal curriculum. Accessed January 30, 2017.



Office on Women's Health. Breastfeeding. Women's Health website.

<https://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>. Updated July 2014. Accessed October 19, 2016.

US Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Surgeon General website.

<http://www.surgeongeneral.gov/library/calls/breastfeeding/factsheet.html>. Published January 2011. Accessed October 19, 2016.

World Health Organization. Infant and Young Child feeding. World Health Organization website.

<http://www.who.int/mediacentre/factsheets/fs342/en/>. Updated September 2016. Accessed October 19, 2016.

World Health Organization. Safe preparation, storage and handling of powdered infant formula guidelines. http://www.who.int/foodsafety/publications/micro/pif_guidelines.pdf Published 2007.

Accessed August 16, 2017.



Appendix A: Breastfeeding Screening Tool



Breastfeeding Screening Tool



1) I want to feed my baby:

- Breastmilk only
- Formula only
- A combination of breastmilk and formula
- Unsure

2) I plan to breastfeed my baby for _____ months.

3) Please answers the next two questions on the following 10-point scales. Circle the number that best fits your situation:

A. How important is it for you to breastfeed your baby?

Not important Extremely important
1 2 3 4 5 6 7 8 9 10

B. How confident are you that you will meet your breastfeeding goal?

Not confident Extremely confident
1 2 3 4 5 6 7 8 9 10

4) Would you be interested in learning more about supplemental nutrition assistance programs (i.e. WIC)?

Yes No



Appendix B: Prenatal Infographics



FIRST TRIMESTER

Feeding My Baby



WHAT ARE MY THOUGHTS ABOUT FEEDING MY BABY?

WHAT HAVE I HEARD ABOUT BREASTFEEDING?

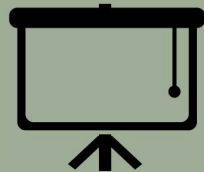
WHAT DOES MY SUPPORT SYSTEM THINK ABOUT BREASTFEEDING?

WHAT IS MY EXPERIENCE WITH BREASTFEEDING?

DISCUSS WITH HEALTH CARE PROVIDER



Very few medical reasons exist that prevent mothers from being able to breastfeed.



There are many community breastfeeding resources. Sign up for a breastfeeding class today.



Talk to your family & friends about your feeding plans.



This project is funded under a grant contract with the State of Tennessee.

SECOND TRIMESTER

Benefits of Breastfeeding

Breastfeeding is recommended for at least the first **12 months** of life



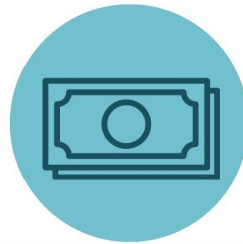
BREASTFEEDING SHOULD NOT HURT

Did you know?

THERE ARE MANY THINGS YOU CAN DO TO MAKE SURE YOU MAKE ENOUGH MILK FOR YOUR BABY



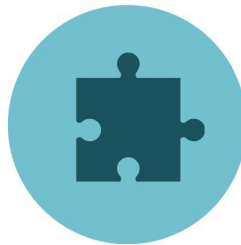
Best for baby



Breastmilk is free and convenient



Bonding for mom and baby



Packed with nutrients and antibodies



Protective health factors for mom and baby



Mom burns around 500 calories daily



BREASTFEEDING SAVES ABOUT **\$1200 TO \$1500 PER YEAR** BY AVOIDING HAVING TO PAY FOR FORMULA AND SUPPLIES

THIRD TRIMESTER

Preparing to Breastfeed

Make a
breastfeeding
plan



Making Enough Milk

- Breastfeed your newborn every 1-2 hours. The more you nurse, the more milk you will make.
- Skin-to-skin contact helps with milk production.
- Avoid bottles and pacifiers while your baby is a newborn, and avoid giving infant formula unless your health care provider says your baby needs it.
- Call for help as soon as possible if you experience any pain or latch issues.

Know the Laws

- A mother has the right to breastfeed her child in any location that she has the right to be.
- Employers must provide reasonable break time and a location, other than a bathroom, for expressing breastmilk.

Will Breastfeeding Hurt?

- If breastfeeding is painful, it is a sign that something is not quite right.
- Call a lactation consultant as soon as possible if you experience pain or bleeding.
- Do not power through the pain, because breastfeeding should not hurt.

Returning to Work

- Prepare now by ordering a free breast pump through your insurance company during pregnancy.
- Talk to your employer and child care provider in advance to discuss your feeding plans for when you return to work.