



## 2022 Lactation Awareness Month

Choosing to breast/chestfeed is a personal decision and it's one of the first important decisions you'll make as a new parent. We hope that this week's newsletter provides you with a few solid key takeaways that will help you with making informed decisions and prepare for some common challenges when it comes to lactation.

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## Indigenous Milk Medicine Week

The Indigenous Milk Medicine Collective sponsors the annual Indigenous Milk Medicine Week, which begins on the 2nd Sunday in August during National Breast/Chestfeeding/Lactation Month. Indigenous Milk Medicine Week is a collaborative effort of Indigenous breast/chestfeeding counselors and advocates, community health nurses, lactation consultants, birth workers, and lactating parents.

The collective was started by Jasha Lyons Echo-Hawk (Seminole/Pawnee/Creek/Omaha/Iowa), a community advocate, public speaker, birth doula, and local activist. The collective's intent was to create a space for visibility of all Indigenous breast/chestfeeding experiences, to create the opportunity to learn from and celebrate each other, and to call attention to the injustices impacting Indigenous parenting. Jasha says, "Lactation is my superpower, but it also seems to be treated like a privilege and not a sovereign right regardless of whether you're Indigenous or not."

Indigenous Milk Medicine Week supports families by restoring connections to improve health and uphold cultural heritage in Indigenous communities.

For more information about Indigenous Milk, click [HERE](#).

# Strawberry Banana Lactation Smoothie

*¼ cup old-fashioned oats*  
*1 banana*  
*8 frozen strawberries*  
*1 cup milk*  
*1 tbsp honey*  
*½ tsp vanilla*  
*1 tsp brewer's yeast*  
*1 tsp ground flax seed*

Blend all ingredients in blender until smooth. Makes 1 serving.

## Nutrition Facts

Calories: 454  
Fat: 10.9 grams  
Carbohydrates: 79 grams  
Protein: 14.5 grams



Helpful Recipes

## Breast/Chestfeeding

CONVENIENT AND INEXPENSIVE

When considering the cost of lactation versus formula feeding, there are many costs to consider. An accurate comparison requires looking at the whole parent/baby picture.

### Out-of-Pocket Costs

Parents who lactate need to sustain a healthy milk supply. This requires about 450-500 extra calories per day above their own body's needs, according to the National Institutes of Health. This goal could be as easy as having a nutrition-packed smoothie or a peanut butter sandwich with a glass of milk.

Other costs depend on your plans and preferences and may include nursing bras (\$15-\$50 per garment), nursing pads, nipple shields, and a breast pump. The cost of pumps can range from a simple manual pump costing about \$15 to electric dual pumps that can cost from \$200 to \$350 dollars. The costs of pumps may be fully covered by your health insurance plan. If it is not covered by your insurance, check out the County's [Health Care Spending Account](#) for options to cover some of these costs.

Many parents have not considered the need for the services of a lactation consultant. The cost for these services can range between \$200 to \$350 per session and may require a few visits to help address lactation concerns. These costs can also be paid for when participating in the County's Health Care Spending Account. [La Leche League International](#) provides free lactation support groups which may provide all the help you need.

If you choose to – or need to – formula-feed, the direct cost of infant formula varies. Formula averages about \$0.23 per ounce. For a two-month-old baby typically eating 5 ounces every three hours (eight times a day), that comes to 40 ounces per day, and is roughly \$275 per month or \$3,300 per year. Due to allergies, some babies are sensitive to certain formulas, and you may need a more costly one that your baby can digest. You also need a clean water supply, so factor in the purchase of water as well if you don't have a free, pure source.

Due to supply chain issues and the recent recall of several infant formula products, infant formula shortages have also been a cause for concern at this time. To find out more about this issue and up-to-date information, visit the [Center for Disease Control and Prevention](#) website.

### Indirect Costs

When considering the indirect costs, health is the main consideration for many parents. For both baby and parent, breast/chestfeeding wins hands down. Reduced risk of illness for the baby and reduced risk of certain cancers for the parent mean fewer health care costs immediately and down the road. The World Health Organization (WHO), The American Academy of Pediatrics (AAP), and The American Medical Association (AMA), all recommend human milk as the best food source for nourishing newborns and infants.

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## Breast/Chestfeeding - Convenient & Inexpensive (continued...)

A study published in the journal Pediatrics concludes that nearly 1,000 infant lives would be spared annually, and \$13 billion in incurred health care costs saved if most new parents breast/chestfed their child for the first six months of life.

Another indirect cost is time. Someone will need to sit down, hold the baby and feed them regardless of the feeding method. A breast/chestfeeding parent will be that person most often. Bottle-feeding allows for more flexibility when returning to work or needing to be away from baby, so many parents choose exclusive breast/chestfeeding while on maternity leave for the health benefits and transition into a combination of expressed milk and breast/chestfeeding for the best of both worlds.

While it may seem easier to prepare a bottle of formula, there is far less preparation in breast/chestfeeding when you are planning to be the primary caregiver.

Breast/chestfeeding means there is no delay while mixing and/or warming formula, and latching a baby once a parent gets the hang of it is nearly instantaneous.

Breast/chestfeeding also requires much less planning and preparation when traveling with a baby, whether that's a couple of hours out, a few days, or a few weeks for a vacation. With much less to prepare and pack, exits are generally quicker and easier.

Bringing baby to the breast or chest when baby needs comforting – not just feeding – is an added convenience. It reduces the baby's perception of pain, and due to the relaxing effects of prolactin and the bonding effects of oxytocin, helps calm the parent and bring the parent and baby together in a unique and pleasant way.

While breast/chest-feeding parents who pump, and formula-feeding parents will both incur costs, the overall expense of breast/chestfeeding is more affordable and offers great health and wellness benefits.

## How to Choose a Breast/Chest Pump

Before purchasing a pump, first, consider if you actually need one. They are most helpful:

- if your baby is not able to directly breast/chestfeed,
- if you will be separated from your baby because of their prematurity or your work or schooling, or
- if you need to increase your milk production.

If you are staying home to care for your healthy newborn, you may not need a pump at all. For the occasion when you may want to go out without your baby, hand expression is an effective and cost-saving option.

### When is the Best Time to Buy a Pump?

If you are sure that you will be returning to work, you might want to buy a personal pump before the baby is born. That way you will have it available if you need to pump in the early weeks. Check with your health insurance plan to see if it will cover the cost, or if you qualify for a free pump from your local WIC agency.

Additionally, your hospital will have one available for you to use during your stay, and they will let you know where to rent one if your baby is unable to nurse when you go home.

### Not All Pumps Are Created Equal

When buying a pump, invest in a quality pump if possible. Choose one with a lengthy warranty and excellent consumer reviews.

Look for a brand that offers different fit options. Pump fit is not about breast or chest size; it's about nipple size. It refers to how well your nipples fit into the pump opening or "nipple tunnel" that your nipple is pulled into during pumping. Pump nipple tunnels come in different sizes.

### Three Kinds of Pumps

Whether you are returning to work after your baby's birth will help you decide which kind of pump you will want. Some work best for occasional use, others for regular use, and still others *(continued...)*

## How to Choose a Breast/Chest Pump (continued...)

for those who have not yet established a milk supply and/or whose baby is less than 8 weeks old.

### Pumps for Occasional Use

Manual pumps are designed for occasional use - once or twice a week. They carry a 30-to-90 day warranty. Small, motorized pumps are often chosen by those who are separated from their babies for about one or two feedings, once or twice a week. These pumps usually have a 90-day warranty and tend to be a bit noisy.

### Pumps for Regular Use

If your milk supply is well-established and you will be separated from your baby because of work, an electric double pump is the way to go. There are new multi-user electrical pumps in the \$300 price range, which carry a three-year warranty. After you are finished with it, the pump can be loaned or sold to another person who has their own personal accessory set, and even be recycled.

### Pumps for Special Circumstances

Some individuals prefer to rent the hospital-grade electric double pumps if their milk supply is not well-established and/or their baby is less than 8 weeks old. This applies to parents of babies who are premature, too sick to nurse, have physical anomalies (like a cleft palate) which may prevent breast/chestfeeding, or are having difficulties nursing for other reasons.

Hospital-grade pumps are also best for those who are exclusively pumping, have had breast/chest reduction surgery, are re-lactating or inducing lactation for an adopted baby. Hospital-grade electric pumps are specially designed to bring in and maintain one's milk supply.

When it comes to something as important as feeding your baby, prepare to purchase or rent a good-quality pump.

## How to Overcome Breast/Chestfeeding Difficulties

In an ideal world, breast/chestfeeding would be easy and the right fit for all parents. The reality is that breast/chestfeeding doesn't work for every new parent. Ultimately, you've got to make the choice that's right for you and your family.

Many new parents can't breast/chestfeed due to medical conditions, medicines they're taking, or work, travel, and scheduling issues. Even with the help of a lactation consultant, it can feel like the baby just is not taking to it.

The stress of wanting to breast/chestfeed but struggling with it can be too much, especially with the many life changes that come with a baby.

Some new parents find it helpful to pump milk and deliver it from a bottle. In very difficult cases, formula may be the right choice.

### What are some common challenges?

**Nipple soreness:** Most individuals are able to nurse with no pain. Sometimes, breast/chest tenderness and nipple soreness will occur in the first week. Getting help with a proper latch right away from a lactation consultant can help this subside more quickly.

Nipple soreness may be caused by many things, but the first thing to check is the correct positioning of the baby when nursing. *(continued...)*



## How to Overcome Breast/Chestfeeding Difficulties (Continued...)

A simple change in position may ease soreness. You might also have sore nipples if your baby keeps sucking as they come off the breast or chest. You can help your baby learn to let go by gently inserting a finger into the side of the mouth to break the suction.

Skin that is too dry or too moist can also cause nipple soreness. Expose the nipples to air after feeding, change wet nursing pads, and apply coconut oil to dry nipples for soothing antibacterial benefits.

**Engorgement or breast/chest fullness:** Fullness is the slow buildup of blood and milk a few days after birth. It is a sign that your milk is coming in. It will not prevent you from nursing but it causes



swelling, pain, and hardening of the breast or chest. Cool compresses help relieve the swelling. Due to fullness, the nipples may not stick out enough to allow the baby to latch on correctly, so softening the breast or chest by hand-expressing a little milk may help.

The let-down reflex is a normal part of breast/chestfeeding. Milk made in the milk glands is released into the milk ducts. Pain, stress, and anxiety can interfere with the reflex. As a result, milk will build up. A few tips may help: Find a comfortable position, lean back, relax while feeding and try to reduce distractions. Use gentle massage and apply heat to the affected area to encourage let-down.

Nurse often (8 times or more in 24 hours) for at least 15 minutes at each feeding to prevent engorgement.

**Not enough milk for the baby's needs:** Though many parents are very worried about this, it is quite rare that one will produce too little milk.

It can happen for medical reasons, such as hormonal issues, or taking medications or herbs. Low milk supply is more often caused by using infant formula to feed your baby in addition to breast/chestfeeding. If you are worried about how your baby is growing, talk with your midwife or pediatrician before starting to supplement with formula. Your supply is based on the baby's demand for milk. Frequent feedings, adequate rest, good nutrition, and drinking enough fluids can help maintain a good milk supply.

**Plugged milk ducts:** A plugged milk duct can result if the baby does not feed well, if feedings are skipped (common when the child is weaning), or if the nursing bra is too tight. Symptoms of a plugged milk duct include tenderness, heat, and redness in one area of the breast or chest, or a lump that can be felt close to the skin. Massages and warm compresses, along with allowing the baby to continue nursing might offer relief.

**Breast/chest infection:** A breast/chest infection (mastitis) causes aching muscles, fever, and a red, hot, tender area on the breast or chest. Call your health care provider if you develop these symptoms. Treatment often includes antibiotics, rest, and applying moist, warm compresses. Continuing to nurse will help with healing and avoid future engorgement. Human milk is safe for the baby, even when you have a breast/chest infection. If nursing is too uncomfortable, you may try pumping or manual expression to move milk out.

In next week's newsletter, Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Breastfeeding Week will be highlighted along with tips for nursing in public, increasing your milk supply, and lactation after 35.