



PREPARING FOR THE **CHEST/BREASTFEEDING** **JOURNEY**



in collaboration with



STRETCHING

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This toolkit was designed to guide you in becoming an informed, prepared, and confident parent. As your healthcare team, we support chest/breastfeeding as the optimal way of feeding your baby and giving your baby the healthiest and best start to life. As you progress in your pregnancy, our team will provide you with important information for you to build on and learn what to expect in your baby's early days in the hospital and at home. Please let us know about any questions or concerns that you may have.

Look for these Milk Memo sidebars for important messages from healthcare providers.



Use these QR codes or their corresponding links to learn more about the topics we present to you.



The terms breast and chest are used in order to be more inclusive of all pregnant people who plan to feed their baby by providing their human milk.



BreastfeedLA uses the terms “breastfeeding” and “chestfeeding” interchangeably to describe the action of feeding an infant human milk. The term “chestfeeding” is intentionally offered as an alternate term for lactating persons that prefer not to use the term “breast” when referring to their own bodies. We use gender inclusive language because chest/breastfeeding and lactation rights apply to everyone.

8 - 12 WEEKS

PREPARING FOR THE CHEST/BREASTFEEDING EXPERIENCE

You're expecting a baby! Congratulations!

You are probably already thinking about how you will feed your baby. You might be considering chest/breastfeeding and wondering if you will be able to. For the most part, all chest/breastfeeding parents are able to successfully chest/breastfeed with the right information and support.

Here are some things you can do to prepare while you are pregnant.

Why Chest/Breastfeed?

Parents who chest/breastfeed their babies enjoy many benefits:

- Less risk of diabetes, especially important for parents who have diabetes during pregnancy (gestational diabetes)
- Helps reach a healthy weight after delivery
- Less risk of breast/chest cancer
- Stronger bones
- Less bleeding, especially important for parents with low iron
- Special hormones to help parents be loving and patient
- A healthier baby
- Pride in giving their baby the best start



Learn how your body prepares for chest/breastfeeding:

- You may have noticed your chest/breasts getting fuller, and they may feel tender. This is because they are getting ready to make colostrum, the first food for your baby. Colostrum is very powerful and will be perfect for your baby after birth.
- Your body starts making this special first milk at about 4 months into your pregnancy, even though you will usually not notice any milk leakage from your chest/breasts until after your baby is born.

It's important to know how special your colostrum is for your baby.

Find out more information on how colostrum can help your baby here:



<https://www.llli.org/breastfeeding-info/colostrum-general>



Learn as much as you can about breast/chestfeeding:

- Take prenatal and breast/chestfeeding classes at your local hospital, prenatal clinic, or the WIC Program.
- Read pamphlets and watch videos from the WIC Program or prenatal clinic.
- Find prenatal groups in your area where you can meet others who are pregnant. Check out the BreastfeedLA Resource Directory or ask your prenatal clinic for local groups in your area.



<https://www.breastfeedla.org/resources-map>



Learn more about chest/breastfeeding from public WIC information:



<https://wicbreastfeeding.fns.usda.gov/breastfeeding-benefits>

Create a support system:

- Share the information you are learning about chest/breastfeeding with family and friends who will be helping you when your baby gets here so they know what to expect too.
- Ask about WIC or community breastfeeding peer counselors. Peer counselors are people just like you who chest/breastfeed their babies and who have been trained to help others in their chest/breastfeeding experiences.
- Find chest/breastfeeding support groups by checking out the BreastfeedLA Resource Directory or asking your prenatal clinic for local groups in your area.



<https://www.breastfeedla.org/resources-map>



Learn about doulas. A prenatal doula will support you during labor and delivery. A postpartum doula provides extra support at home once you have your baby. Both types can help you with chest/breastfeeding.

You can learn more about doulas by following this link:



<https://americanpregnancy.org/healthy-pregnancy/labor-and-birth/having-a-doula>



Plan to exclusively chest/breastfeed:

- Exclusive chest/breastfeeding means your baby receives your milk and nothing else.
- Exclusive chest/breastfeeding gives you and your baby the most protection from illness, the greatest health benefits, and the best nutrition.
- Exclusive chest/breastfeeding for the first 4-6 weeks is vital for establishing a good milk supply.
- All major healthcare organizations recommend exclusive chest/breastfeeding for six months and continued chest/breastfeeding with the addition of appropriate complementary foods for at least 2 years of age or beyond for as long as is mutually desired.

Enroll in WIC early in pregnancy! WIC offers families:

- Free healthy foods
- Chest/breastfeeding education and support
- Nutrition and health education
- Referrals to other programs

Learn about WIC Benefits by following this link:



<https://myfamily.wic.ca.gov/Home/HowWICHelps#HowWICHelps>



Medications During Chest/Breastfeeding

Many medications are safe to use while chest/breastfeeding, even if they're not during pregnancy.

To find out if a medication is safe to use while chest/breastfeeding, review the resources available at:



<https://www.infantrisk.com>



12 - 16 WEEKS

THE IMPORTANCE OF CHEST/BREASTFEEDING



Planning on doing both, feeding your milk and formula?

Supplementing with bottles of formula can cause several problems, especially in the first weeks after birth.

Some parents decide to both chest/breastfeed and bottle feed. It's important to know that in the first weeks after birth, supplementing chest/breastfeeding with bottles of formula while nursing parent and baby are learning to chest/breastfeed can cause problems:

Use of bottles and artificial nipples may interfere with chest/breastfeeding.

Exclusive chest/breastfeeding helps parents and babies become feeding experts. Offering a bottle to a baby who is learning to chest/breastfeed can cause confusion/preference and frustration for your baby. Babies use their tongue and mouth differently on the chest/breasts and bottle. Babies also get used to the too-fast flow of bottle feeding and get frustrated with the normal flow at your chest/breasts. Later, when the nursing parent is ready for work or school, a chest/breastfeeding baby will be able to take a bottle without confusion after chest/breastfeeding is well established. There is no need to start introducing a bottle immediately after birth.

You don't have enough stimulation to bring in a full milk supply.

Frequent chest/breastfeeding causes milk to be made faster. You can increase your milk supply by chest/breastfeeding more often. Bottles of formula make your baby nurse less often, so your breasts make less milk. Frequent chest/breastfeeding and avoiding formula and pacifiers will help you make more milk.

Your baby can have a higher risk of certain medical problems.

Exclusive chest/breastfeeding protects babies from many health problems. Studies show that just one formula feeding can change a baby's normal intestinal bacteria, which could increase a baby's risk of infection. Babies' stomachs are not 'sealed' or protected at birth. Early exposure to formula can trigger diabetes, food allergies, and asthma later in life.

You are more likely to get engorged.

After birth, some chest/breast fullness or engorgement is considered normal. If your milk is removed early, often, and effectively by your baby or by expression, normal fullness is less likely to become painful engorgement. Chest/breastfeeding early, and frequently while avoiding formula will help protect you from engorgement. If your baby is full of formula, they will not chest/breastfeed as much.

For more information on how to prevent engorgement visit the following La Leche League resource here:



<https://lila.org/breastfeeding-info/engorgement/#:~:text=Mild%20engorgement%20doesn't%20need,post%20for%20information%20on%20mastitis>

Milk Memos

You can be successful giving only chest/breast milk for the first six months.

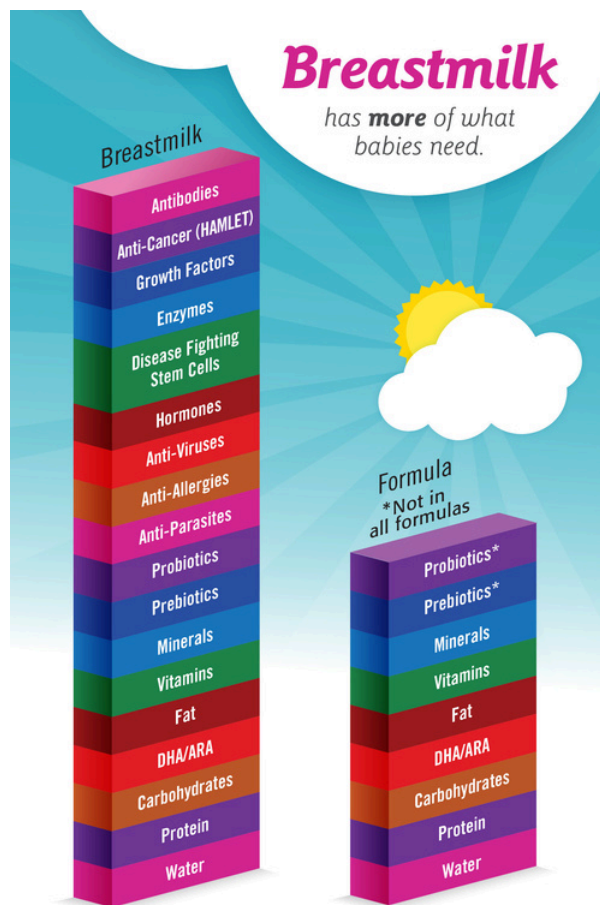
*We can help you.
So can WIC.*



RISKS OF DOING BOTH



Your milk has **MORE** of
what babies need.
See for yourself.



Formula Fed Babies Get Sick More Often Than Chest/Breastfed Babies

Research shows that chest/breastfed babies are less likely to experience:

- Respiratory infections (breathing problems)
- Diarrhea
- Constipation
- Ear infections
- Allergies and eczema
- Asthma
- Childhood cancer
- SIDS (Sudden Infant Death Syndrome)

Later in life, chest/breastfed babies are less likely to develop health problems, including:

- Diabetes
- Obesity
- Asthma
- Crooked teeth and cavities
- Food allergies
- Heart disease

Milk Memos
Getting started chest/breastfeeding can be hard in the beginning, but a healthy baby makes your life easier for a long time.



16 - 20 WEEKS RETURNING TO WORK/SCHOOL

Paid Family Leave (PFL) for parents

You may be eligible to take paid time off when your leave begins. It is important to plan ahead and ask your prenatal provider to share resources to guide you on this process.



For more information, click/scan the QR code below : (English and Spanish)



<https://www.breastfeedla.org/breastfeeding-advocacy-toolkit/>

Going back to work

Chest/breastfeeding people in almost every line of work can continue to chest/breastfeed. Here is information and some tips to help you.

BreastfeedLA has a toolkit to help you continue to chest/breastfeed when you return to work and speak with your manager about your needs.

You can find the Employee Toolkit here:



<https://www.breastfeedla.org/breastfeeding-advocacy-toolkit/>



Both Federal and California Law (Labor Code Section 1030-1033) offer protections for all working people so that they can continue to chest/breastfeed even after they return to work. Employers must provide a clean, private place to express your milk that is not a bathroom/restroom, and reasonable break time to do so.

You can learn more about the laws here:



<https://www.breastfeedla.org/breastfeeding-advocacy-toolkit/>

- If you are working or in school now, and plan to return to work or school after you have your baby, talk with your employer, your Human Resources Manager or Department or your school while you are still pregnant to discuss plans for pumping when you return.
- Find a child care provider that supports chest/breastfeeding and talk with the provider before you go back to work or school.



<https://myfamily.wic.ca.gov/Content/Documents/NutritionHealth/Breastfeeding/Breastfeeding-and-Returning-to-Work.pdf>





Going back to school

Your right to pump at your school is protected by California law. They must provide you with a private room, with an electrical outlet, and a place to store your milk. In addition, your school need to provide you with reasonable break time or time away from class to pump and time to make up for the work you missed. Finally, your school may not penalize you for your pumping breaks.

Learn more about your rights here:



<https://www.breastfeedla.org/breastfeeding-advocacy-toolkit/>

Do I need a pump?

A pump isn't an absolute necessity for chest/breastfeeding. Here are some things to consider:

- If your baby is born prematurely or with other physical challenges, or if your baby is in the NICU or separated from you for another reason, you will need an electric pump to start your milk supply and keep it going.
- If you will be chest/breastfeeding and going to work or school and will be away from your baby long enough that you regularly miss one or more feedings, then you may need an electric pump.
- For occasional short separations from your baby, such as going out, a manual pump or expressing your milk by hand might be sufficient.
- If you are interested in obtaining a pump covered by your health insurance plan, first speak to your provider. Most health insurance plans including under Medi-Cal/Medicaid will cover breastfeeding supplies including breast pumps. If you are eligible for WIC, you can also refer to them for guidance on how to obtain one.



20 - 24 WEEKS

MENTAL HEALTH AND PREGNANCY



MYTH

Pregnant people don't usually experience depression or anxiety. It only happens after your baby is born.

If a person hasn't experienced a mental health condition in the past, then they are not at risk for experiencing a mental health condition in pregnancy or postpartum.



FACT

People can experience changes in their mood, including feeling depressed or anxious, during their pregnancy as well as during postpartum. It may even happen after your baby is over a year old. Parents of all genders can be susceptible as well.

It is possible for a person with no history of a mental health illness to experience a mental health challenge for the first time during pregnancy or postpartum. Although people who have a history of mental health conditions may be more at risk for developing symptoms in pregnancy or postpartum, it can affect anyone.

cont.



People taking medication for a mental health condition such as depression or anxiety must immediately stop taking medication during their pregnancy and while chest/breastfeeding.

Mental health conditions during pregnancy are rare.



Before discontinuing any medication, it is important for people to speak with their prescribing physician to learn about what their medication options are during pregnancy/while chest/breastfeeding, and to discuss the risks and benefits of continuing, changing, or discontinuing medication to manage their mental health condition.

In the United States it is estimated that between 15-20% of pregnant/postpartum people experience significant symptoms of depression or anxiety. That's over 1 million people a year. In Los Angeles County, rates of prenatal and postpartum depression have been found to be higher than the national average, at about 25%.

You can learn more by visiting the following resource:



<https://www.maternalmentalhealthnow.org/parents-families/>

24 - 28 WEEKS

MOOD CHANGES AND RED FLAGS

Mood changes are normal during pregnancy due to changing hormone levels. Here are some things you may experience:

- Feeling mildly sad or tearful
- Feeling mildly anxious or worried
- Feeling moody or irritable
- Feeling overwhelmed
- These feelings usually last in postpartum for about 1-3 weeks

Some people experience more than mild changes in mood. This could be a sign of a more serious condition such as clinical anxiety, depression, bipolar disorder or obsessive compulsive disorder. Here are some red flags to look out for:

- Feeling severe sadness or hopelessness in the past 2 weeks
- Feeling intense worry that is now causing problems in your day-to-day life
- Feeling intense anger or mood changes that are now causing conflicts with others
- Thinking unwanted negative thoughts over and over that have to do with the safety of your baby
- You notice your appetite has changed significantly
- You cannot sleep, even when your baby is sleeping
- You are having difficulty bonding with your baby
- You avoid touching or holding your baby out of fear you may harm your baby
- Feeling an intense sense of panic including feeling dizzy, your heart beating rapidly, and feeling like you can't breathe
- You are now anxious to do things you used to, like driving a car, or leaving the house
- You are having thoughts about hurting yourself or your baby

If you (or someone you know) is concerned about the changes in your mood, or if you are experiencing any red flag symptoms, notify your provider and seek out social support and professional support as needed using the resources listed in the resource section of this book.



28 - 32 WEEKS

UNDERSTANDING BABY BEHAVIORS

Understanding Why Babies Cry

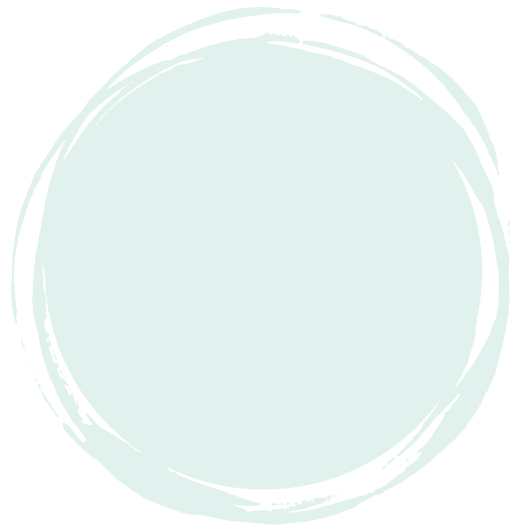
Crying is stressful for new parents, but it's important to know crying is normal.

It is one way babies communicate with you.



What to know about crying

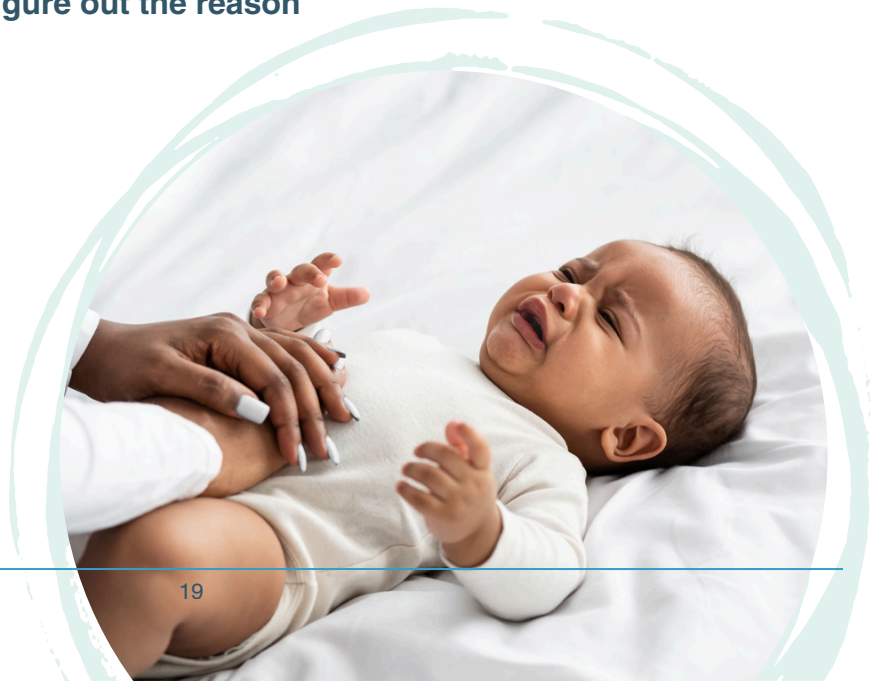
- All babies cry. It is a signal that your baby needs something.
- Babies cry for many reasons. Crying does not always mean your baby is hungry.
- Babies often cry less when parents and caregivers watch for and respond to early cues.
- Crying doesn't teach babies to be more independent.
- If you start to feel angry or overwhelmed because of your baby's crying, it is okay to put your baby down in a safe place and take a break.
- Contact your pediatrician if you think your baby is crying too much.



When your baby cries, try to figure out the reason for the crying.

For example, your baby may be:

- In need of a diaper change
- Over stimulated
- Too hot or too cold
- Uncomfortable
- Hungry
- Tired
- Wanting to be held



Steps to help calm a crying baby

Hold your baby close to you and repeat the same action over and over. Try these actions:

- Speak or sing softly
- Shush loudly
- Gently rock or sway, bounce your baby
- Gently massage baby's back, arms and legs
- Hold baby skin-to-skin
- Be patient; calming a crying baby may take several minutes.



Learn more about sleep and crying here:



<https://vimeo.com/58647964>

Milk Memos

Learning how your baby communicates with you takes time. As babies get older, they will cry less and be easier to understand.



32 - 34 WEEKS

NEWBORN BEHAVIOR: SLEEP

Understanding How Babies Sleep

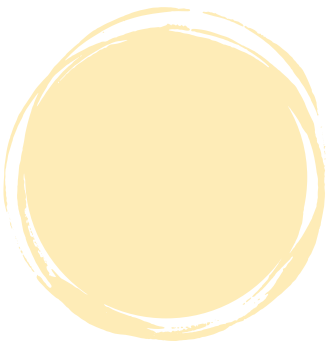
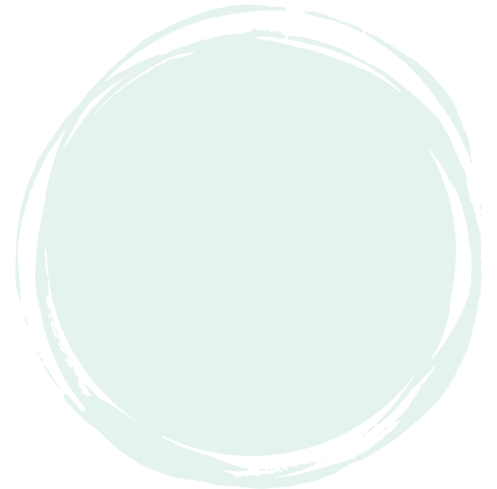
One of the hardest things about being a new parent is adjusting to their newborn's sleep patterns.

Waking up at night is normal and keeps babies safe and healthy. New babies must wake up at night to let parents know they need to be fed, changed, comforted or because they are too hot or too cold. Most newborns wake 3 or 4 times or more at night.

Tips for sleepy parents

Newborn babies' sleep patterns can be challenging for tired parents. Here are some ways that parents can cope:

- Wait until your baby is in deep sleep before putting them down after feedings.
- Play time and physical activity during the day are important for good sleep at night.
- Turn off lights and the TV in the room where your baby sleeps.
- Rest while your baby sleeps; even sitting quietly can help you feel more rested.
- Ask friends and family members to help with household chores and with other children.



Getting Sleep

- Resist the temptation to do household chores when your baby sleeps. Rest or nap if you can.
- Sleep close to your baby so you can respond to their feeding cues easily.
- For sleep safety, always put your baby to sleep on their back. Make sure their face is not covered, their sleep area is safe and free of toys and bumpers.
- When you are exhausted, a persistently crying baby can move you to frustration and anger. If you ever feel overwhelmed with strong emotions, put the baby in a safe place (such as their crib) and leave the room immediately. You need to give yourself a chance to calm down.
- Remember that your baby isn't deliberately crying to annoy you – crying is their only means of communication.



You may be wondering more about safe infant sleep. Pregnancy is a good time to learn as much as you can about your family's sleeping arrangements.

For information on safe infant sleep visit the following resource:



<https://safetosleep.nichd.nih.gov/reduce-risk/safe-sleep-environment>

For more information on baby behaviors including crying, sleep and cues go to:



<https://www.phfewic.org/wp-content/uploads/2020/05/GettingtoKnowyourBaby.pdf>



34 - 36 WEEKS **POSITIONS**

For Comfortable Chest/Breastfeeding Positions for You and Your Baby



Cross Cradle - great for newborns and young babies.

- Support your baby's body and neck
- Put your baby across your body tummy-to-tummy with you
- Wrap their legs around your side
- Baby feeds on the side opposite your supporting arm

Football - good for larger breasts/chest or after a c-section

- Place one or more pillows at your side to support your arm
- Put your baby on the pillow with their legs tucked under your arm
- Slide your arm under your baby's back and support their neck with your hand
- Hold your baby with their arm on the same side as the breast/chest being offered





Laid Back - great for almost everyone

- Lean back in a comfortable position on a couch, bed or reclining chair. Use pillows for support, if you want
- Lay baby on your bare chest
- Relax and help them as much as you like to find your nipple
- Remember you are a team

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- Put your baby across your body tummy-to-tummy with you
- Wrap their legs around your side
- Baby feeds on the side opposite your supporting arm



Milk Memos

 More tips:

- Don't hold their neck - it's not comfortable for them.*
- Support your arms with bed or couch pillows.*
- If you feel pain, break the latch by pulling their lips back and latch again.*
- If they're sucking they can breathe.*
- Make sure your baby's tummy is touching your tummy during feeding.*



Positioning Video:

<https://www.youtube.com/watch?v=XZfGzJBBwME>

Latching Your Baby

A good latch...

- Helps you avoid sore nipples
- Makes sure your baby is getting enough milk
- Helps your body produce more milk

Tips for a good latch

Tickle your baby's lips with your nipple.
This will help baby open their mouth wide.



Aim your nipple just above your baby's top lip.
Make sure your baby's chin isn't tucked into their chest.



Aim your baby's lower lip away from the base of your nipple.
Baby's lips should be turned outward like a fish. Your baby should lead into the breast chin first and then latch onto your breast. Your baby's tongue should be extended, and your breast should fill your baby's mouth.

If your baby latches just on the tip of your nipple or it hurts, gently put a clean finger in your baby's mouth to break the latch, then try again.



- With their head tilted back, place your nipple on your baby's top lip
- When you see them open very wide, bring them in quickly
- Don't push your nipple into their mouth - always bring them to you
- Their mouth should be filled with your areola, not just your nipple
- Tummy to tummy
- Let baby smell your breast the whole feeding

Signs of a good latch:

- You will feel a strong tugging but no pain
- Both of their lips are curled out wide, not tucked in
- Cheeks are rounded
- You can hear or see your baby swallowing
- When they let go, your nipple should not be pinched
- Your nipples should be round shaped after detached

For more information on latching step by step and signs of a good latch visit the following WIC resource:



<https://wicbreastfeeding.fns.usda.gov/steps-and-signs-good-latch>



What's a good latch?:

<https://www.youtube.com/watch?v=EAvUyrHDQRM&t=3s>

For more information on latching step by step and signs of a good latch visit the following WIC resource



<https://globalhealthmedia.org/videos/breastfeeding-positions/>



37 WEEKS WHAT TO EXPECT AT THE HOSPITAL

Hospitals have practices in place that support bonding and chest/breastfeeding. Learning more about them will help you be better prepared for your hospital experience.

Your hospital stay may be only 24-48 hours so it's important to help with chest/breastfeeding from your lactation consultants and nurses while you're there. Even if you think chest/breastfeeding is going well, it's a good idea to ask someone to look at how your baby is positioned and latched. This will give them a chance to give you tips to avoid nipple soreness and how to recognize when your baby is hungry or full. Also, if your baby is having difficulty latching, ask for assistance in hand expressing your colostrum into a container and feeding it by spoon.

Learn more in this video.



<https://firstdroplets.com/>

Ask for help!

Lactation consultant:

A lactation consultant is a healthcare professional with additional training and experience in providing lactation support to parents. They are not typically available 24-hours a day, but if you ask for their help, your nurse will let them know you need help from the lactation consultant.



Nurses:

You will have a different day nurse than night nurse. They may change within those times and during the following days. Many nurses can help you with chest/breastfeeding.

Find tips on what to expect from the hospital experience in this WIC booklet.



<https://tinyurl.com/vda8rxe5>

Most hospitals will give you referrals to lactation support when you are discharged from the hospital. If they do not, ask the nurse or lactation consultant for a list.

You can also find local chest/breastfeeding community support by visiting the following resource map:



<https://www.breastfeedla.org/resources-map/>



Feed your baby as soon as possible after delivery

Your baby will be alert and interested in chest/breastfeeding for the first hour or two after delivery. While skin-to-skin with your baby after their birth, lean back and relax. Babies often will slowly make their way to the chest/breasts and start feeding on their own.

If you have a cesarean delivery and cannot latch your baby right after birth, ask to begin chest/breastfeeding as soon as possible. If you are separated from your baby for several hours, you should start stimulating your milk production by removing colostrum through hand expression.

Learn how to hand express with this resource:



<https://kellymom.com/bf/pumpingmoms/pumping/hand-expression/>



Focus on exclusively chest/breastfeeding and feeding on demand

Exclusive chest/breastfeeding means your baby receives your milk and nothing else.

Exclusive chest/breastfeeding for the first 4-6 weeks is extremely important for establishing a good milk supply.

The best way to get good at chest/breastfeeding is to do it early, often, exclusively, and on demand. Feeding your baby “on-demand” simply means not scheduling feeds, and instead feeding your baby whenever your baby shows you that she/he is hungry. Feeding your baby on-demand also means that you don’t “time” the feedings, but that you allow your baby to feed until she/he is satisfied.

It’s important to keep in mind that supplementing with bottles of formula can cause many problems in the first few weeks after birth. Just one bottle can increase your baby’s risk of developing allergies and diabetes and lessens the protective effect of your milk.



- Frequent (at least 10 or more in 24 hours) emptying of your chest/breasts causes them to make more milk, so if you don't feed your milk to your baby, your chest/breasts will not be adequately stimulated to produce a full milk supply. In addition, bottles of formula make your baby nurse less often.
- Feeding your baby on demand, or draining your chest/breasts at least 10 or more times a day will also help protect you from getting engorged.
- Offering a bottle to a baby that is learning to chest/breastfeed can make it more frustrating for them. This is because they get used to the overly fast flow of the bottle while your milk flows at a normal pace. Most importantly, their mouth moves differently when chest/breastfeeding than when bottle feeding.
- Babies who learn to bottle feed first often do not chest/breastfeed well. But babies who learn to chest/breastfeed first can usually go back and forth easily later on. If you plan to bottle feed your baby later, it's recommended that you wait 4 to 6 weeks or until chest/breastfeeding is going very well.
- You may continue to exclusively chest/breastfeed your baby by pumping your milk while you are working.

Learn more about feeding your baby on demand with this resource:



<https://illusa.org/feeding-on-demand/>



Skin-to-skin contact

You should have uninterrupted skin-to-skin contact with your baby immediately after birth and until the first feed. Skin-to-skin contact is when you keep your baby dressed only in a diaper and cap against your bare chest, with a blanket covering your baby's back. Ask the staff to wait to weigh your baby and to give the first bath, so your baby can go skin-to-skin with you immediately after birth. Weighing your baby after birth and their first bath (which makes them cold) may be delayed to decrease separation time which is stressful for you and your baby. Holding your baby skin-to-skin will...

- Comfort your baby! They are used to being close to you because they were INSIDE of you. They are entirely dependent on you for everything, so being skin-to-skin helps them feel safe.
- Keep your baby warm. When they are warm, their blood sugar is stable.
- Stimulate your baby's natural newborn feeding behaviors. It's like sitting at the kitchen table when food is coming out of the oven... As soon as they feel hungry, all they need to do is let you know it's time to eat and it's dinnertime!
- Allow them to bond with their other parent or family members.
- Your voice, touch, and smell are comforting to your baby, so hold them as much as you want! It's impossible to spoil an infant!



Plan to limit visitors

You will need to chest/breastfeed your baby at least 10 or more times every 24 hours. Too many visitors may be overwhelming. Remember, there will be plenty of hospital staff coming in and out of your room - your nurses, doctors, patient care technicians, audiologist, birth registry people, food services workers, housekeeping, and others.

Limit your visitors so you and your baby have plenty of uninterrupted time for feedings and for important skin-to-skin contact.

To avoid uncomfortable moments with visitors:

- Ask people to call or video chat instead of visiting in person.
- Tell them you will be chest/breastfeeding often and doing skin-to-skin contact with your baby between feedings.
- Tell them they may not be able to stay long if you need to feed your baby soon after they arrive.
- Have visitors come at the same time during a 1-2 hour period to minimize interruption of skin-to-skin contact and feedings.
- Wait to announce your baby's birth to everyone else until you are settled in at home.
- Have your partner/support person act as the gatekeeper, minimizing distractions.

Rooming-in

Rooming-in means your baby stays in the same room with you while you are in the hospital. Rooming-in helps you learn your baby's early feeding cues so that you can feed them at the first signs that your baby is hungry.

Rooming-in helps parents learn how to feed, change diapers and bathe the baby. And many parents find it is easier to sleep when their baby is close by.



Pacifiers

Early introduction of bottles and pacifiers should be avoided because it can keep you from establishing a good milk supply. Instead, all of your baby's suckling in the first few weeks should be at your chest/breasts.



Routine procedures

Ask hospital staff if they can do routine procedures (such as taking their temperature, giving vaccines, and routine blood tests) with your baby on your chest.

You may also want to consider delaying circumcision as you work on chest/breastfeeding. Be aware that after circumcision, some babies sleep up to six hours afterward. Holding your baby skin-to-skin after the circumcision can help with recovery.

We encourage all birthing people to communicate with their care providers and birth places (hospitals and birth centers) about current COVID-19 policies as these may change day-to-day.

To learn more about the current COVID-19 hospital policies at your birthing location visit the following resource:



tinyurl.com/4cxtexx4

Milk Memos

Infants should be breastfed on demand – that is as often as the child wants, day and night.



38 WEEKS COLOSTRUM, YOUR FIRST MILK

Milk Memos
*Your body started making
milk during your second
trimester!*

The first milk your body makes is called colostrum. This “liquid gold” can be sticky, yellowish in color and not look like the milk we’re used to. It provides your baby with their first dose of immunity. It’s exactly the right amount and type of nutrition, antibodies, and even helps them poop!

Even though the amount of colostrum you produce can seem like it is not enough, each small droplet contains powerful nutrition that your baby needs during those first few days of life.

Your baby’s stomach is very small so a little goes a long way. This is how much your baby can comfortably fit in their tummy during their first 10 days.

How big is your newborn's stomach?



Day 1
Size of a cherry

5-7 mL
1- 1.4 teaspoons



Day 2
Size of a walnut

22-27 mL
0.75-1 oz



Week 1
Size of an apricot

45-60 mL
1.5-2 oz



1 Month
Size of a large egg

80-150 mL
2.5-5 oz

www.letmommysleep.com

What do I need to know about chest/breastfeeding in the first week?

- Your baby's stomach is so small and can only hold a small amount so expect them to eat at least 10 times a day - even at night!
- Because they need to grow so much in their first year, your baby needs to eat around the clock. Imagine how much you'd need to eat if you wanted to triple your weight in a year! You'd have to eat several times each night too!
- It's normal for your baby to be sleepy over the first day.
- After the first 36 hours your baby will become much more alert and want to feed very frequently. They seem fussy but it's not because you don't have enough milk.
- Once your baby has fed well on the first side and stops or lets go, burp them and offer the second side to see if they are still hungry. Otherwise, there's no need to switch sides.
- Baby may lose some weight (up to 7% is expected) but should be back to birth weight by 10-14 days.



You can tell if your baby is getting enough milk by the number of diapers your baby uses. Your baby's stools will change:

Baby's Age	Wet	Poops
Day 1 (Birthday)	●	●
Day 2	● ●	● ● ●
Day 3	● ● ● ● ● ●	● ● ●
Day 4	● ● ● ● ● ●	● ● ●
Day 5	● ● ● ● ● ●	● ● ●
Day 6	● ● ● ● ● ●	● ● ●
Day 7	● ● ● ● ● ●	● ● ●



Common Concerns

“I don’t have enough milk.”
“My baby is very big - I don’t have enough milk for them.”



The tiny amount you have in the first few days is enough! Your colostrum is concentrated, thick, and sticky to help your baby learn to feed. By chest/breastfeeding your baby whenever they want to eat, you tell your body to make more. If your baby has low blood sugar or jaundice, tell your nurse you would like to see if your hand-expressed milk will improve it before giving formula. Learn more below.



“My nipple is too big and my baby’s mouth is so small!”



Waiting until your baby’s mouth is wide open will help you get the best latch possible. As for your nurse’s help until you feel confident you can do it yourself.



cont.



“My baby doesn’t want to chest/breastfeed.”



This is a learning time for both of you. Feeding becomes easier when you keep your baby skin-to-skin and keep trying. Babies are typically very very sleepy after birth for the first week so you may have to wake them for each feeding. When you hold them skin-to-skin continuously, they typically wake up on their own for each feeding.



“I want other people to feed my baby so they will bond..”



There are many bonding opportunities other than feeding. For example, babies love being skin-to-skin with or rocked by other caregivers when they are not hungry.



“I’m going back to work so I want my baby to get used to the bottle.”



Babies who learn to bottle feed first, often do not chest/breastfeed well, but babies who learn to chest/breastfeed first, usually can go back and forth easily later on. It’s recommended that you begin introducing bottles when they are 4-6 weeks old.



“I don’t want to spoil my baby.”



Your touch, smell, and voice comforts your baby. Holding them continuously and chest/breastfeeding them is their introduction to your world. They don’t understand you exist when you’re not very close to them so being alone is quite stressful for them.

cont.

“I can’t get my baby to latch.”



Some babies need more help than others. Ask your nurse for help and request for the lactation specialist to come as soon as possible. In the meantime, hold your baby skin-to-skin continuously and hand express milk.



“I’m not sure if my milk is enough or if my baby also needs water.”



Your milk provides all of the nutrients that your growing baby needs. You do not need to provide chest/breastfed newborns any food or drink other than breast-milk, unless medically necessary.



39 WEEKS THE FIRST TWO WEEKS AT HOME

Lactation Resources After Discharge

Your hospital will give you a list of local resources. They typically include: WIC, Hospital support groups, online support groups, Baby Cafes. BreastfeedLA's Resource Directory is another great way to find support near you, often at no cost.

You can access the BreastfeedLA's Resource Directory here:



<https://www.breastfeedla.org/resources-map/>

Handling Visitors

- Limit visitors at home. When people want to visit, ask them to come during a set hour and stay only half an hour.
- Let visitors know you are chest/breastfeeding.
- Often visitors want to feed your baby. Offer other ways they can bond with your baby like holding them on their chest, rocking them, and singing to them.
- People want to help but need specifics. Suggest: food shopping, bringing food, washing dishes, walking the dog.
- Hold your baby skin-to-skin continuously throughout the day.



40 WEEKS EATING HEALTHY



Eating healthy foods should continue after your baby is born, not just while you are pregnant. Nutrition still matters after pregnancy as it can help with healing your body after delivery, provide nourishment to your baby through your milk, and help you get back to a healthy pre-pregnancy weight. Did you know chest/breastfeeding and eating healthy can help meet your weight loss goals?

MyPlate California



For Pregnant and New Parents including Breastfeeding

Make half of your plate vegetables and fruits, about one quarter whole grains and one quarter lean protein. This is for a 10-inch plate.

Fruit | focus on whole fruits instead of fruit juice.

Choose a variety of colorful fruits and enjoy fresh, frozen, canned or dried fruit without added sugars.

Vegetables | eat more fresh, frozen or low-sodium canned vegetables of different colors.

Enjoy vegetables as a snack or serve them as a side dish. Include dark green, red and orange options.

Tips

- ▶ Add healthy fats like avocados, fish, seeds, nuts and plant oils like canola, safflower and olive oil to your meals.
- ▶ Choose healthy beverages. Drink water throughout the day and limit caffeinated beverages like coffee and tea.
- ▶ Take a vitamin pill with 400 mcg of folic acid every day.



Dairy | choose unsweetened fat-free (0%) or low-fat (1%) dairy or fortified soy products.

Read labels to select foods high in calcium, vitamin D and protein. Teens need more calcium, so add these foods to snacks.

Whole grains | make at least half of your grains whole grains.

Cook with 100% whole grains like breads, pastas, brown rice, corn tortillas and non-instant oats.

Protein | vary your choices and include vegetable proteins like lentils, beans, tofu, nuts or seeds.

Eat cooked fish low in mercury twice a week. Choose lean meats like skinless poultry or ground meat with 15% fat or less. Limit processed meats like salami, hot dogs and bologna.



May 2022 | Funded by Federal Title V Block Grant through the Maternal, Child and Adolescent Health Division

Make half your plate vegetables and fruits, about one quarter grains and one quarter protein. Choose foods that are high in fiber and low in sugar, solid fats and salt (sodium).

Use MyPlate for Pregnant and New Parents including Breastfeeding tool provided by California Department of Public Health (CDPH) as a guide for healthy eating:



cdph.ca.gov/MyPlate

To Learn more about healthy foods during pregnancy and chest/breastfeeding, visit USDA's MyPlate resource:



<https://www.myplate.gov/life-stages/pregnancy-and-breastfeeding>

To access the healthy foods from MyPlate, use the foods provided in the WIC food packages to help you make healthy choices. The longer you provide your milk to your baby, the longer you can participate in the WIC program, have access to more WIC foods, and provide the best nutrition for you and your baby!

Milk Memos

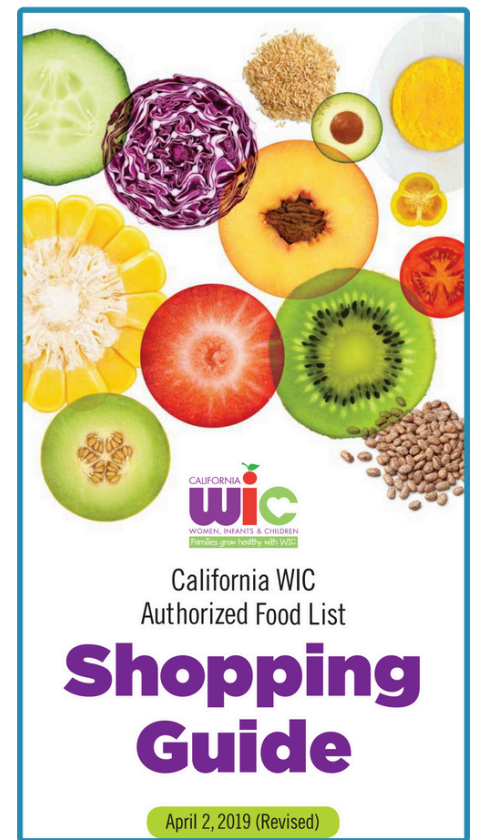
There are no foods you need to avoid while chest/breastfeeding. There are also no foods you HAVE to eat.



WIC Authorized Food List Shopping Guide

The WIC Authorized Food List Shopping Guide (Shopping Guide) is an educational tool that provides information about the foods authorized by WIC. It is designed for participants and WIC authorized vendors to use at the grocery store to help identify WIC foods.

Get the WIC Authorized Food List Shopping Guide [here](#)



PERINATAL MENTAL HEALTH HOTLINES, WEBSITES & RESOURCES

HOTLINES

Postpartum Support International Warmline

Call: 1-800-944-4773

#1 En Espanol or #2 English

Text in English: 800-944-4773

Text en Español: 971-203-7773

National Crisis Text Line:

Text HOME to 741741 from anywhere in the USA, anytime, about any type of crisis.

National Suicide Prevention Hotline

1-800-273-8255

Los Angeles County Department of Mental Health - 24/7 Help Line

1-800-854-7771

National Maternal Mental Health Hotline - 24/7, free, confidential hotline for pregnant and new moms in English and Spanish

1-833-TLC-MAMA (1-833-852-6262)



RESOURCES

Postpartum Support International Weekly Support Groups (Online)



<https://www.postpartum.net/get-help/psi-online-support-meetings/>

Maternal Mental Health - Emotional Wellness Self-Help Tool



<https://mycare.mmhnow.org/index.html>

Action Plan for Depression and Anxiety Around Pregnancy



<https://www.breastmilkcounts.com/docs/action-plan.pdf>

WEBSITES

Postpartum Support International



<https://www.postpartum.net/>

Maternal Mental Health Now



<https://www.maternalmentalhealthnow.org/>

National Perinatal Association



<https://www.nationalperinatal.org/mental-health>





PREPARING FOR THE CHEST/BREASTFEEDING JOURNEY



in collaboration with

