

Infancy Visit #2

- Birth Control

+

- Breastfeeding



Topics for Next Visit:

- Safe Sleep
- Tummy Time
- Crying/Soothing Baby
 - Shaking Baby
 - Responsive Parenting

How to Breastfeed

Breastfeeding is not always easy at first. It can take some practice. These tips can help you succeed!

Positioning Baby

Get comfy. Relax. This makes breastfeeding easier. You can enjoy it more.

Sit in a chair with good back support. Use pillows to prop up your arms. You might want to put your feet up.

Try the feeding positions shown here. Find the ones that work for you and your baby.



Cradle Hold

Hold baby on your forearm. Put her head in the crook of your arm. Support her bottom with your other hand.

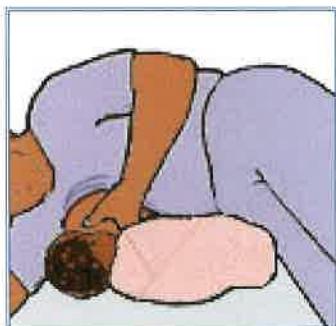
Pull baby close to you, belly to belly. Keep her ear, shoulder and hip in a straight line.



Football Hold

Many women like this position. It is very good for mothers who have had a C-section.

Place baby on a pillow tucked close to your side. Rest your arm on the pillow. Bring baby's mouth up to your breast. Support her head with your hand.



Side-Lying Hold

This position is helpful if you had a C-section. It can let you rest while baby eats. Lie on your side. Place your head on a pillow.

Draw your baby in close to your breast. Use your opposite hand to bring your breast up to baby's mouth.

How to Breastfeed

Latching On

Baby needs to “latch on” to eat. This means that baby is correctly positioned on your breast. Baby can get milk easily. A good latch leads to success in breastfeeding!

1. Choose the hold that works best for you. Position baby.

Bring baby up to the level of your breast. (Use a pillow if you need to.) Don't lean over him. This prevents a backache!

2. Hold your breast like you are holding a sandwich.

Tilt baby's head back slightly. Tickle his lips with your nipple.

3. Baby will open his mouth wide. Pull him onto the breast chin first. Put his lower jaw as far back on the breast as you can.
4. Tilt baby's head forward. Place his upper jaw deeply on the breast. Baby needs to take the entire nipple and about 1 ½ inches of the areola in his mouth.

When baby is latched on correctly, his mouth is open wide. His lips are extended. His nose is resting against the upper breast. His chin rests against the lower part of the breast.



How to Breastfeed

Frequently Asked Questions

When should I start breastfeeding?

Start nursing within an hour after birth. Many babies will take the breast out of instinct.

When will my milk come in?

For first few days, your body will produce colostrum. This is a thick milk that is high in protein. It contains antibodies that protect baby from infections. After about 3 to 4 days of nursing, your breasts will begin to feel full. Your breastmilk will become thinner and whitish.

How do I know when my baby is hungry?

Signs that baby is hungry include:

- Moving his head from side to side
- Opening her mouth
- Putting his hands and fists to his mouth
- Puckering her lips as if to suck
- Nuzzling against your breasts
- Showing the rooting reflex
(moving her mouth towards something touching her cheek)



How can I tell if baby is latched on wrong?

- You feel pain and your milk does not flow well.
- Baby sucks on the tip of your nipple without getting much of your areola.
- Baby sleeps at the breast.
- Baby does not seem full.

If these things happen, gently slide your finger into baby's mouth.

Gently pull baby's mouth open to break the suction. Reposition baby on your breast. Continue feeding.

How to Breastfeed

Why does it hurt when baby eats?

At first, breastfeeding may hurt a little. You may have 30 to 60 seconds of latch-on pain. Then the pain should go away. If you continue to feel pain, stop feeding. Reposition baby on your breast. Start again.

If you still feel pain when baby eats, talk to your doctor. You need to be sure there is no infection.

Is it normal for baby to spit up?

Many infants spit up a little after feedings. Babies often spit up when burped. That's normal. The spitting up lessens as baby gets older.

Spitting up is fine if:

- Baby is growing and gaining weight.
- Baby doesn't feel pain when spitting up.

I'm having trouble learning to breastfeed. What can I do?

This is normal. Nursing comes easily for some women. It takes practice for others. While you're in the hospital, ask the nurses for help. They can coach you as you learn. Ask for a lactation consultant.

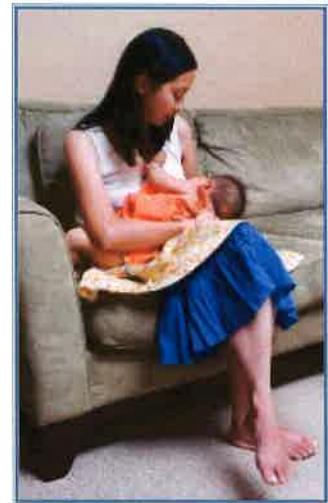
Try not to become discouraged. Have a little patience. Practice until it is easier for you and baby!

How do I know baby is getting enough to eat?

Your newborn is getting enough to eat if baby:

- Seems alert and content
- Is steadily gaining weight
- Feeds eight to 12 times per day
- Has 6 or more wet diapers per day
- Has messy diapers often

If you are worried about baby's eating, call baby's doctor.



How to Breastfeed

What should my baby's diapers look like?

Newborns' stools (or poop) are thick and tarry at first. They become more greenish-yellow as your milk comes in. (3 or 4 days after birth.) The more baby eats the more dirty diapers she will have. It may be just one a day at first.

After 2 to 4 days, here are some signs you should look for:



- Six or more wet diapers per day. Urine should be clear or very pale. If you see orange crystals in a wet diaper, contact baby's doctor. These can be a sign of dehydration.
- Two or more yellow, seedy bowel movements per day. Often one after each feeding. After about a month, breastfed babies usually have fewer bowel movements. Babies may not have one every day.

How often should I breastfeed my baby?

Your baby should eat 8 – 12 times per day during the first month. Feed "on demand" (when your baby is hungry). This is about every 1 – 4 hours. As babies get older, they'll eat less often. After 2 or 3 months, baby will likely want to nurse 6 – 8 times a day.

Should I switch breasts?

Switch between breasts during breastfeeding. Also switch which breast you offer first for each feeding. Try to nurse the same amount on each breast during the day. This keeps up your milk supply in both breasts. It helps prevent painful engorgement.

Make sure baby empties one breast before offering the next. This ensures that baby gets the milk at the end of the feeding called hindmilk. Hindmilk has more fat and helps baby gain weight.

If baby falls asleep on the first breast, gently burp him and offer the other breast. He may nurse right away. He may take the other breast later.

It can be hard to remember which side to start with! Give yourself a reminder. Try hooking a safety pin to your bra on the side where you last fed.

How to Breastfeed

How often should I burp my baby?



Let your baby feed at one breast. Burp baby. Switch her to the other side. Try burping baby again after the second breast.

Am I making enough milk?

Breastfeeding is a matter of supply and demand. The more often a baby nurses, the more milk your body makes.

During the first weeks of breastfeeding, it is important to give baby only breastmilk. This helps to build your milk supply. Try not to supplement with formula. This could hurt your milk supply.

As baby grows, there will be times when she has a growth spurt. During these times, she will want to eat often. Letting her eat often helps increase your milk supply so you keep up with her growing needs.

My baby is so hungry lately! Is this normal?

Your baby may be going through a growth spurt. Growth spurts often come around:

- 7 to 10 days old
- Between 3 and 6 weeks
- 4 months
- 6 months

When baby seems especially hungry, follow his hunger cues. Feed on demand. Increase the number of feedings as needed. This usually lasts for a few days until your milk supply increases to meet baby's needs.

Ouch! Pain and Breastfeeding

Sometimes it is not so easy to learn to breastfeed. This is normal. Nursing comes easily for some women. For some moms, it can be frustrating and not feel good. While you're in the hospital, ask the nurses for help. They can coach you as you learn. Ask for a lactation consultant.

Try not to become discouraged. Have patience. The good news is that breastfeeding gets easier with time.

Why does it hurt when baby eats?

At first, breastfeeding can hurt. You may have sore nipples as you and baby are learning. Your nipple may look red. It may be sore to touch. You may have a raised and reddened place on your nipple. So what causes sore nipples?

- Baby is sucking on only the nipple
- Poor latch
- Chapped nipples
- Pumping

You may have 30 to 60 seconds of latch-on pain. Then the pain should go away. If you continue to feel pain, stop feeding. Reposition baby on your breast. Start again. If you still feel pain when baby eats, talk to your doctor. You need to be sure there is no infection.



Other tips:

- Use the other breast to feed your baby.
- Don't wear tight bras.
- Change nursing pads often.
- Wash your breast with clean water. Do not use harsh soaps.
- Let your breast air dry after breastfeeding.
- Apply some breast milk to the sore place on your breast. Breast milk can help heal it.
- Ask your nurse what medicine you can take for pain.

Ouch! Pain and Breastfeeding

My breasts are swollen, hard, and painful. What happens?

Your breasts may become swollen and hard 3-5 days after your baby is born. Your breast may hurt. This is called engorgement. This can happen if you wait too long to feed your baby or if you are separated from your baby and don't pump every 2-3 hours.

Try this:

- Find a comfortable position. When the baby shows signs of hunger, feed the baby.
- Try not to wait too long to feed the baby. Your new born should eat every 2-3 hours.
- Allow the baby to drain the milk of one breast before offering the other one.
- Avoid using pacifiers.
- Wear a bra that fits well. This will prevent problems such as blocked ducts, or mastitis.
- Drink lots of water, and eat healthy foods.
- Hand express or pump some milk out to soften the areola before breastfeeding your baby. This will allow the baby to latch on more easily.
- Massage your breast. This will help with circulation and help prevent blocked ducts.
- Apply cold compresses to help ease the pain in between feeding sessions.
- When you can't feed your baby at your breast, pump and store your breast milk.
- Attend La Leche League or other breastfeeding support groups in your town. Staying connected to moms who are breastfeeding can be a great help.
- If your breasts are still engorged, contact your nurse or Lactation Consultant.



Ouch! Pain and Breastfeeding

My breast looks pink and flaky, and feels cracked and itchy.

Our bodies are covered by bacteria. Most of the time this bacteria will not hurt us. But sometimes this bacteria can cause an infection. This infection can spread to your breast. Breastfeeding may have been going well. The baby was latching on. One day you begin to feel a burning or shooting pain during or after breastfeeding. This can be a sign of infection.

To find out if you have an infection:

- Check your breasts. Do they look shiny pink, flaky, cracked and feel itchy?
- Check baby's mouth. Look at cheeks, gums or tongue for white spots or coating.
- Check baby's bottom for red spots that won't go away with diaper cream.

Other reasons for this infection:

- Bacteria can enter through cracked nipples.
- The infection can pass from baby to mom.
- After using antibiotics or steroids some women may get this infection.
- If you have HIV, AIDS, or Diabetes you are at risk for getting this infection.



Try this:

- Take baby to his or her health care provider the doctor to get medication for this infection (thrush).
- See your health care provider for medication for you.
- Wash your hands before and after you take care of your baby.
- Change nursing pads often. A wet nursing pad might make the infection worse.
- Wear a clean bra every day.
- Wash all clothing in hot water (above 122°F) if it comes in direct contact with your breasts or baby's mouth or bottom. Be sure to lower the water temperature before giving baby a bath. Baby's bath should be between 90 and 100 degrees Fahrenheit. Always test water temperature with your elbow or a thermometer.

Ouch! Pain and Breastfeeding

- Clean everything your baby puts in their mouth. Items that come in contact with baby's mouth need to be sterilized. These include bottle nipples, pacifiers, toys, breast pump parts, and nipple shields.

When I touch my breast, it feels like a rope under my skin.



When the breast does not completely drain of milk, some milk may build up in the milk duct (the passageway where the milk travels from breast to exit the nipple). When the duct gets blocked there is pressure that causes pain and pink or reddening of the skin. It may feel like a lump. It may be warm to the touch. It usually happens to one breast.

Try this:

- Use a warm compress to the sore area of breast.
- Massage the sore breast. Start massaging above the blocked duct, in a circular motion, toward the nipple. Some milk might leak out, which will help your breasts feel less sore.
- Put the baby on the sore breast to feed at least every 2 hours. This will help to unblock the plug.
- Check your bra. Does it fit well? Bras that are too tight can cause blocked ducts.
- A plugged duct may be a first sign that you are doing too much. You may find an area on your breast that is raised, red or warm to the touch. Slow down. Get enough rest, good food and fluids! Do whatever helps you relax like listen to music, read a book, or take a warm bath.

One side of my breast is red, warm, and feels like a lump when I touch it.

- You may find an area on your breast that is raised, red or warm to the touch. You may even have chills or feel achy like the flu. This means you may have mastitis. Mastitis is a swelling of the breast that can lead to infection.
- What causes mastitis? The nipple has an opening where the milk comes out. When injury to the nipple occurs, this opening can allow bacteria to enter. If you are run down and not removing breast milk regularly you may get mastitis.

Ouch! Pain and Breastfeeding

Try this:

- Use a warm or cold compress to the sore area of breast. Use the kind that gives you the most relief.
- Massage the sore breast. Start massaging above the blocked duct, in a circular motion, toward the nipple. Some milk might leak out, which will help your breasts feel less sore.
- Put the baby on the sore breast to feed at least every 2 hours. This will help to unblock the plug.
- Rest. House work can wait. Lie down and cuddle with your baby.
- Drink plenty of fluids.

The infection can clear up in 2-4 days. If it doesn't, contact your healthcare provider. They can give you medication for the infection to decrease pain and inflammation.





Information for breastfeeding families

Increasing Your Milk Supply

During the first few days and weeks, frequent stimulation of the breasts is essential to establish an abundant supply. If you find your milk supply is low, try the following recommendations.

More breast stimulation

- Breastfeed more often, at least 8 or more times per 24 hours.
- Delay the use of a pacifier.
- Try to get in "one more feeding" before you go to sleep, even if you have to wake the baby.
- Offer both breasts at each feeding.
- Empty your breasts well by massaging while the baby is feeding.
- Assure the baby is completely emptying your breasts at each feeding.

Use a manual or electric pump

- Use a hospital grade pump with a double kit.
- Pump after feedings or between feedings.
- Apply warmth and massage before beginning to pump.
- Try "power pumping." Pump for 15 minutes every hour for a day; or try pumping 10 minutes, resting 10 minutes, pumping 10 minutes and soon, for an hour.

Parent care

- Increase skin-to-skin holding time with your baby; relax together.
- Take a warm, bath, read, meditate, and empty your mind of tasks that need to be done.
- Reduce stress and activity. Get help.
- Eat nutritious meals; continue to take prenatal vitamins.
- Increase fluid intake.
- Back rubs stimulate nerves that serve the breasts (central part of the spine).

Avoid these things that are known to reduce milk supply

- Smoking
- Birth control pills and injections
- Decongestants, antihistamines
- Severe weight loss diets
- Mints, parsley, sage (excessive amounts)

Keep records

- It is important to keep a daily log with the 24 hour pumping output totals - this amount is more important than the pumped amount at each session. This will help you see your progress over the days.
- Keep in touch with your lactation specialist or healthcare provider to monitor your progress and modify your care as necessary.

Retained placenta

- If you are not seeing improvement and you are still having vaginal bleeding after 2 weeks, discuss the possibility of retained placental fragments with your healthcare provider. Small bits of the placenta can secrete enough hormones to prevent the milk from coming in.

Low thyroid

- Have your healthcare provider check your thyroid levels. Low thyroid can affect milk supply.

If supplementation is recommended

- Determine the amount needed with your healthcare provider.
- Pump after the feeding.
- Offer the supplement in a way that won't interfere with breastfeeding such as tube or syringe at the breast or a cup or spoon.
- Wean your baby off the supplements gradually.

Other resources

- <http://www.lowmilksupply.org>

The information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your healthcare provider for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information. Feel free to duplicate per creative commons license CC BY-ND. Lactation Education Resources 2021



Information for breastfeeding families

Signs of a Good Feeding

A good latch is the key to a good feeding.
Regardless of the position you hold your baby, the latch remains the same.

Signs of a Good Latch

- The baby has a deep latch with an angle where the lips meet the breast of at least 140°
- Both upper and lower lips are flanged (rolled out)
- Baby's mouth should be full of nipple and as much areola as can fit. More from the bottom of the areola than the top (asymmetrical latch)
- You are comfortable through the feeding. There may be some "latch" pain that subsides quickly
- There is movement in the baby's temples with sucking and the jaw moves up and down an inch or more
- There is slight movement of your breast near the baby's lips



Signs of a Good Feeding

- Hearing swallowing at least every third suck once the milk comes-in. Seeing milk in the baby's mouth
- Consistent sucking with only brief pauses
- The breasts are softer after feedings
- Appropriate output for age. (1 wet diaper on day 1, 2 wet diapers on day 2, 3 wet diapers on day 3, 6 wet diapers on day 4 and on, and several stools each day)
- Feeling strong, deep, "pulling", sucking, no sharp pain
- Leaking from the other breast or feeling of a "letdown" reflex or noticing a change in the baby's sucking rhythm from faster to slower
- Vigorous sucking on the breast
- Your baby nurses 8 or more times per day (24 hour day)
- Your baby latches easily with minimal attempts and stays latched
- Minimal weight loss during the first few days (<10% of birth weight) and return to birth weight by 2 weeks

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Nipple shields: when and how to use them

Breasts and nipples come in all shapes and sizes. Women with small breasts typically make just as much milk as women with large breasts. And most babies, if given the chance, will learn to breastfeed on their mother's breasts.

While breast size and shape seldom affect a mother's ability to produce milk, nipple size and shape can make breastfeeding easier or harder for some babies. Click [here](#) to learn how to tell if your nipples are everted (protruding), flat, or inverted.

When should I consider using a nipple shield?

If your baby has trouble latching onto your breast and one or both of your nipples are flat or inverted, try using a breast pump before each feeding to gently pull your nipple out. If that approach doesn't work, consider using a nipple shield. Though, be sure to talk with your health care provider before using a nipple shield. Too often, nipple shields are used as a substitute for encouragement and support.

What is a nipple shield?

A nipple shield is a thin silicone device that covers the nipple and the areola—the darker part of the breast around the nipple—and mimics an everted nipple. It's designed to aid mothers whose nipple size or shape presents a true obstacle to breastfeeding, whose baby (perhaps a premature baby) can't sustain a latch, or whose baby prefers a bottle nipple and refuses to breastfeed.

What size nipple shield should I use?

Nipple shields, like babies, come in a variety of sizes. Your health care provider, lactation consultant, or breastfeeding counselor will help you choose a nipple shield that's the right size for you and your baby. Most newborns do best with a size "small" nipple shield. You'll know that you're using the right size if both your nipple and the shield covering it fit into your baby's mouth. If the shield is too large, your baby will have difficulty maintaining a proper latch and will be more likely to gag. If your nipple touches the top of the raised portion of the shield (the crown), the shield is too small.

How do I use a nipple shield?

See the steps below for using a nipple shield.

- Soak in warm water.
- Gently stretch the shield onto the breast, drawing the nipple and areola into the raised portion of the shield.
- Tickle your baby's nose with your shield-covered nipple.
- Bring the baby toward your breast while holding the nipple shield in place with your thumb and finger. Some nipple shields have a "cut-out," while other shields are completely round. If you're using a shield with a "cut-out," position the shield so that the cutout is beneath your baby's nose.
- Remove the shield once your baby starts to suckle and swallow.
- After each use, rinse the nipple shield in cold water, then wash in hot, soapy water and rinse well. Store in a clean, dry place.



how to use a nipple shield breastfeeding

How long should I use a nipple shield?

Once your baby is able to latch on herself and breastfeed effectively (this may take several days or several weeks), a nipple shield should no longer be used. Nipples shields are meant for short-term use only.

Weigh your baby frequently (at least once a week) while using the shield. Because a nipple shield can interfere with milk transfer in some babies, regular weight checks will help ensure that your baby is getting enough to eat.

Illustrations by Rick Powell © baby gooroo; this content has been excerpted from [Breastfeeding: A Parent's Guide](#) by Amy Spangler. To purchase an e-version of this book, click [here](#) for Amazon Kindle or [here](#) for Barnes & Noble NOOK, or visit the [iTunes store](#).

Last updated December 29, 2021

Breastfeeding and Alcohol

While avoiding alcohol is safest option, here are some guidelines if you choose to drink alcohol when breastfeeding:

- Experts suggest drinking no more than 1 or 2 drinks a week. Drinking daily puts baby at a higher risk for slow weight gain.
- Avoid breastfeeding during and for 2-3 hours after drinking. You can pump your milk and dump it to help keep your milk supply up.
- Less than 2% of the alcohol you drink reaches your breast milk. The alcohol peaks in your milk about $\frac{1}{2}$ hour to 1 hour after drinking.
- Alcohol leaves the milk as it leaves the blood. When your blood alcohol levels are back down, so are your milk alcohol levels.

My thoughts on breastfeeding and alcohol:



Breastfeeding and Caffeine

Guidelines for drinking caffeine when breastfeeding:

- Most breastfeeding mothers can drink some caffeine. Experts suggest no more than 500 mg per day. That's about 3 cups of coffee.

Rank these items from least caffeine (1) to most caffeine (8).

| Coffee: 8 oz | Tea: 8 oz | Chocolate Milk: 8 oz | Espresso: 1 oz | Frappucino: 8 oz | Caffeinated Soft Drink: 12 oz | Chocolate Bar: 1.6 oz | Energy Drinks 8 oz |
|---|---|---|---|---|---|---|---|
| ① | ④ | ① | ⑥ | ⑤ | ③ | ② | ⑧ |
|  |  |  |  |  |  |  |  |

- Caffeine can be found in lots of foods and drinks – like energy drinks and aspirin!
- Some babies may be more affected by caffeine than others. Some babies may become fussy. They may not get enough sleep. If your baby seems wakeful or fussy, try cutting down on your caffeine. You can switch to decaf coffee or caffeine-free soft drinks and see if this helps.
- Babies may be less affected by caffeine as they get older. If you need to limit your caffeine, you can try again when baby is older.



Breastfeeding and Caffeine



How much caffeine do I get every day?

| Food or Drink | How many each day? | Multiply by this number... | Total amount of caffeine per day |
|---------------------------------|--------------------|----------------------------|----------------------------------|
| <i>Example:</i> Coffee, 8 oz | 2 | 137 | 274 |
| Coffee, 8 oz | | 137 | |
| Brewed tea, 8 oz | | 48 | |
| Espresso, 1 oz | | 75 | |
| Frappucino, 8 oz | | 58 | |
| Chocolate milk, 8 oz | | 8 | |
| Cola, 12 oz | | 37 | |
| Chocolate bar, 1.6 oz | | 11 | |
| Energy Drink, 8 oz | | 150 | |
| Total daily caffeine: | | | |

Breastfeeding and Smoking

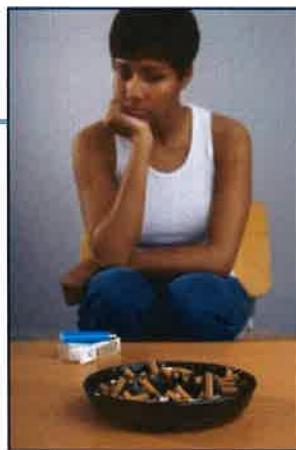
If you're smoking, talk with your nurse about the effects of second-hand smoke on baby. Talk to your nurse about ways that you can cut down on smoking.

If you are still smoking while breastfeeding:

- Wait as long as you can between smoking and nursing. It takes 95 minutes for half of the nicotine to leave your body.
- Don't smoke right before or during breastfeeding. Smoking inhibits let-down. The nicotine gets into your breast milk.

***Note:** Nicotine may also reduce your milk supply.

My thoughts about breastfeeding & smoking:



Marijuana Use while Breastfeeding

Using marijuana while breastfeeding can impact your baby's growth and development and affect your ability to meet your baby's needs. Chemicals from marijuana in any form (inhaled, edibles, oils, and other concentrates) pass through breast milk to your baby. In addition, using marijuana can affect your ability to provide a safe environment and be fully responsive to care for your child.

Did you know?

Tetrahydrocannabinol (THC) is the main chemical found in marijuana and responsible for most of the psychological effects.

Did you know?

Breast milk contains a high amount of fat, which is needed for baby's nutrition. However, marijuana is stored in fat cells, and therefore breast milk can also store high levels of THC.

Did you know?

The THC is passed to the baby through the breastmilk and stored in the baby's fat cells for as long as 2-3 weeks after drinking breast milk.

Using marijuana can have short and long-term effects for both you and baby.

Effects for You

- Reduced milk supply
- Reduced quality of breast milk
- Reduced judgment
- Reduced ability to respond to baby's cues and care for all of baby's needs

Effects for the Baby

- Reduced ability to suck
- Decreased growth
- Impaired brain development
- Decreased motor, emotional, mental, and behavioral development

If combined with tobacco use, it can be twice as harmful to baby.



The best thing you can do to protect your baby from the potentially harmful effects of marijuana is to quit while you are breastfeeding and make sure no one smokes marijuana, or any substance, around your child.

If you can't quit using marijuana, avoid breastfeeding, as marijuana stays in the body much longer than most other drugs. You can pump and discard your milk if you plan to breastfeed once you quit, and THC is out of your system.

To learn about quitting marijuana use, call:

National Council on Alcoholism and Drug Dependence 1-800-622-2255. This is a confidential, free, 24-hour-a-day, 365-day-a-year, information service in English and Spanish.

Substance Abuse Treatment Facility Locator: 1-800-662-4357

Methamphetamine and Breastfeeding

Fast Facts

Methamphetamine can be detected in the blood and urine of breastfed babies, and these results may have legal implications, such as child abuse.

The concentration of methamphetamine is 2.8 – 7.5 times higher in breast milk than the parent's blood.



Individuals who are actively using methamphetamine should not breastfeed.

Parent

Methamphetamine can reduce the hormone prolactin, and therefore reduce breast milk supply.

Methamphetamine can impair parent's judgment and ability to safely care for children.

Baby



Infants who receive methamphetamine in breast milk experience increased irritability, agitation, and crying.



If you are using methamphetamine and are breastfeeding or plan to breastfeed, talk to your health care provider.

Opioids - What Will Happen in the Hospital After My Baby is Born

Breastfeeding?

Breastfeeding may be an option, depending on the medicines you are taking and how long you have been in treatment. If you want to breastfeed, ask your health care team about it. The decision to breastfeed your baby will be made by you and the care team. Breastfeeding provides many benefits to you and your baby.

Babies with Neonatal Abstinence Syndrome (NAS) who receive breast milk sometimes require less medications and may stay in the hospital for shorter periods of time.

Talk to your healthcare provider about your desire to breastfeed to see what is best for your baby and if medicines you take are safe.



The goal is to support you in taking care of yourself and your baby after you leave the hospital to make sure that you have all that you need as a new mother going forward.

- Continue with your Medication Assisted Treatment (MAT)
- Communicate openly with your baby's care team



YOU are the most important person to your baby and a key member of your baby's care team. Your love and care are very important to your baby. It is important for mothers and babies to be together as much as possible while in the hospital.

Breastfeeding in Public



Breastfeeding is a natural, beautiful thing. But some women feel shy about breastfeeding in public.

When you are out with your baby, you may need to breastfeed. Here are some tips:

Practice at home. Learning to breastfeed without showing your breasts to those around you takes practice. It can be hard to help baby latch on at first. If you're worried about nursing in public, practice at home first. Then you can take baby out and about.



Find a quiet spot. Look around for an area where you can be private. In a restaurant or food court, find a table in a quiet section. You might also use a fitting room. You could try a couch in the ladies room. Your car can also be a great place to find privacy.

Cover up. You can find clothes designed for breastfeeding. They have openings to help you nurse discreetly. You can cover up with a blanket or a nursing coverup. You can breastfeed in your normal clothes. Just arrange your clothes to cover up while baby eats.



My thoughts about breastfeeding in public:

Common Questions about Pumping

There are many reasons why you might choose to pump or hand express milk. Some reasons include:

- Regularly being away from your baby due to work or school
- Desire to have family members and other caregivers feed baby
- Wanting to boost your milk supply



Common Questions

When do I get a pump?

While it won't be used until after delivery, it is very helpful to get a pump during the 3rd trimester of pregnancy. Many parents find that seeking out a pump around 30 weeks gestation provides plenty of time to receive it.

How do I get a pump?

Some parents get a pump to keep, others rent a pump. Options for getting a pump may include private insurance, Medicaid, your local hospital, or WIC clinics. Ask your nurse to help you figure out which option might be best for you!

What are pumps useful for?

Pumping can be a useful tool for various reasons. Check out a couple example scenarios below:

- Rachel uses hand expression to relieve engorgement one week postpartum.
- Kai pumps at 4 weeks postpartum for their partner to be able to feed baby and to prepare for their return to work.

Lactation consultants may recommend pumping for other circumstances, such as prematurity or difficulty with latching.

What to expect with pumping?

It can be helpful to think of pumping and hand expression as tools in your toolbox. Keep in mind pumping with an electric pump can be uncomfortable at times, involves cleaning many parts, and isn't as efficient as baby at getting milk out.

Can I pump at work?

Yes! The Fair Labor Standards Act requires businesses to provide a private space for lactating people to express milk. Check out more info [here](#)!

Pumping Tip!

Baby's first job is to learn how to get milk out. Your body's job is to learn how much milk your baby needs. This process takes a few weeks and goes best when baby feeds as much as desired. Hold off on pumping to:

- **Provide baby lots of time to practice feeding**
- **Establish a sufficient milk supply!**



STORAGE AND PREPARATION OF BREAST MILK

BEFORE EXPRESSING/PUMPING MILK

Wash your hands well with soap and water.



Inspect the pump kit and tubing to make sure it is clean.

Replace moldy tubing immediately.



Clean pump dials, power switch, and countertops with a disinfectant wipe.



STORING EXPRESSED MILK

Store in breast milk storage bags or clean, food-grade containers. Make sure the containers are made of glass or plastic and have tight fitting lids.



Do not store breast milk in disposable bottle liners or plastic bags that are not intended for storing breast milk.



HUMAN MILK STORAGE GUIDELINES*

STORAGE LOCATIONS AND TEMPERATURES

| TYPE OF BREAST MILK | Countertop | Refrigerator | Freezer |
|--|--|--------------|--|
| FreshlyExpressed or Pumped | 77°F (25°C) or colder (room temperature) | 40 °F (4°C) | 0 °F (-18°C) or colder |
| Thawed, Previously Frozen | Up to 4 Hours | Up to 4 Days | Within 6 months is best Up to 12 months is acceptable |
| Leftover from a Feeding (baby did not finish the bottle) | 1–2 Hours | | |
| | Up to 1 Day (24 hours) | | |
| | Use within 2 hours after the baby is finished feeding | | |

*Recommended storage times are important to follow for best quality.

STORE

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in **small amounts of 2 to 4 ounces** to avoid wasting any.



When freezing, leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for **up to 24 hours** when you are traveling.

If you don't plan to use freshly expressed milk **within 4 days**, freeze it right away.

THAW

Always thaw the oldest milk first.

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk **within 24 hours** of thawing in the refrigerator (*from the time it is completely thawed, not from the time when you took it out of the freezer*).

Use thawed milk **within 2 hours** of bringing to room temperature or warming.

Never refreeze thawed milk.



FEED

Milk can be **served cold, room temperature, or warm**.

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.



Do not heat milk directly on the stove or in the microwave.

Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, **not hot**.

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used **within 2 hours**.

CLEAN

Wash disassembled pump and feeding parts in a clean basin with soap and water. **Do not wash directly** in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

For extra germ removal, sanitize feeding items daily using one of these methods:

- clean in the dishwasher using hot water and heated drying cycle (*or sanitize setting*).
- boil in water for 5 minutes (*after cleaning*).
- steam in a microwave or plug-in steam system according to the manufacturer's directions (*after cleaning*).



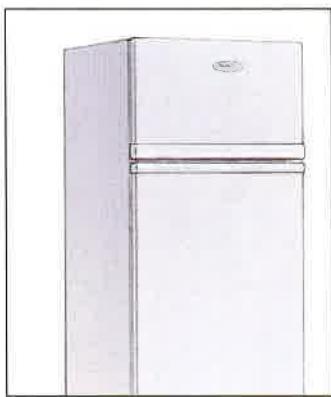
May 2024



Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

FOR MORE INFORMATION, VISIT:

<https://www.cdc.gov/breastfeeding/site.html>



Breast Milk Storage and Thawing Guidelines for Healthy, Full-term Babies

Confused about how long to store your expressed breast milk? You're not alone. Even well-respected health care organizations can't seem to agree on how long breast milk can be safely stored (see table on next page).

So what's a mother to do? Keep it simple. Handle your breast milk the same way you care for other foods. Store your milk in a cool place, refrigerate it as soon as possible, and freeze it for later use. Because storage time and temperature can affect the nutrients in breast milk, follow these simple guidelines:*

- Store your milk in any clean container (glass or BPA-free plastic) made for food.
- Label the container with the date and time.
- Place a single serving in each container. Allow room for expansion, if you plan to freeze your milk.
- Store your milk in the back of the refrigerator or freezer, away from the door.
- Store your milk in a cool room for up to 4 hours, in a refrigerator for up to 4 days, in a freezer with a separate door for up to 6 months, and in an upright or chest freezer for up to 12 months.
- To thaw your milk, place the unopened container in the refrigerator or in a pan of warm water.
- Do not thaw or warm any milk for your baby in a microwave oven. A microwave oven destroys nutrients and creates hot spots that can burn your baby's mouth.



Room
Up to 4 hours
at 77°F (25°C)
or colder



Freezer
Up to 6 months
at 0°F (-18°C)
or colder

Refrigerator
Up to 4 days
at 40°F (4°C)
or colder



Chest freezer
Up to 12 months
at -4°F (-20°C)
or colder

Breast milk storage guidelines from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

*Mothers of hospitalized infants should follow the hospital's guidelines for milk storage.

- Milk that has been thawed at room temperature should be used within 2 hours. Milk that has been thawed in the refrigerator should be used within 24 hours.
- No heating is needed for refrigerated breast milk, but if your baby prefers milk at room temperature, place the unopened container in a pan of warm water for several minutes.
- If a feeding is cut short, any milk left in the feeding container (bottle or cup) can be used within 2 hours to complete the feeding.
- Once a feeding is complete, any milk left in the feeding container should be thrown away.



Store your milk in any clean container (glass or BPE-free plastic) made for food.



If storing milk at a day care or workplace, label with your name and your baby's name, as well as the date and time.

| Source | Countertop or Table 77°F (25°C) or colder | Refrigerator 40°F (4°C) or colder | Freezer 0°F (-18°C) or colder |
|---|---|---|--|
| Academy of Breastfeeding Medicine (ABM) © 2010 | Up to 4 hours is ideal Up to 8 hours is acceptable | Up to 3 days is ideal Up to 8 days is acceptable | Up to 6 months is ideal Up to 12 months is acceptable |
| American Academy of Pediatrics (AAP) © 2011 | Up to 4 hours | Up to 4 days | Up to 6 months |
| Centers for Disease Control and Prevention (CDC) © 2010 | Up to 8 hours | Up to 5 days | Up to 6 months |
| Human Milk Banking Association of North America (HMBANA) © 2011 | Up to 6 hours | Up to 5 days | Up to 6 months is ideal Up to 12 months is acceptable |
| Special Supplemental Nutrition Program for Women, Infants and Children (WIC) © 2016 | Up to 4 hours | Up to 4 days | Up to 6 months |

Adapted with permission from *BREASTFEEDING: Keep It Simple* (5th ed.) by Amy Spangler © 2020

What About Sex During Lactation?

Everyone's desire for and experience of sex during lactation is unique. Below are some common considerations.

Some people experience leaking of milk or vaginal dryness during sex

Some parents prioritize sleep over sex during this time

Some people like having sex when they are lactating, while others are turned off or "touched out" during this time

Different positions may help make sex more comfortable

Sex during this time will not impact milk production



TIPS TO REMEMBER:

- Follow your health care provider's guidance on when to resume sex postpartum.
- The decision to have sex should always be one where both people are in agreement.
- Avoid sex if you have concerns about vaginal infection and talk to your health care provider.
- Use condoms to protect from sexually transmitted infections and chat with your health care provider about birth control options that are lactation-friendly!

How to Be Supportive During Lactation

Your family member or partner has decided to feed baby human milk. This is the best nutrition for the baby. Your support can help them be successful! Before baby is born, consider going to a feeding class to learn more about what to expect. After baby is born, if you are the partner, you might feel left out or even a bit jealous of the baby. These feelings are very common!

Did you know studies show the more support a person has the longer they breast or chest feed? Read on to learn more about what you can do to help during this time.



Lend a hand: Log feeds/diapers on form the hospital provides. Bring parent pillows or a water bottle during the feeding. Offer to burp baby halfway through the feeding or change the diaper afterwards.

Be an advocate: Keep social life low-key so parent and baby can focus on feeding. Your support in protecting this important time can be a huge factor in their success!



Enjoy skin-to-skin or play time: Time alone with baby helps you grow closer in your relationship. Relax with skin-to-skin time or just lay a blanket on the floor and smile and talk to them.

Good to know:

- If your partner chooses to pump milk, you can feed this milk to baby in a bottle. You and baby will bond while the other person gets a break! (Wait until feeding by breast or chest is well-established, usually 3-4 weeks, before introducing a bottle)
- Lactation can be an intense physical and emotional experience, especially in the first couple months. For those in a romantic relationship, try to be understanding if your partner isn't up for physical intimacy or sex during this timeframe.

Why Use a Pacifier?

Babies need to suck. Many babies have a strong urge to suck. It is very strong in the first four months.

Why use a pacifier?

- The AAP says that a pacifier can reduce the risk of SIDS.
- A pacifier can comfort a crying baby.
- A baby without a pacifier may suck a thumb instead. When baby is older, it can be hard to break the thumb-sucking habit. It may be easier to wean baby from the pacifier.



Introducing a pacifier

Not all babies like a pacifier at first.

- Introduce the pacifier when baby is content. Baby may reject the pacifier if you first offer it when he/she is upset.
- There are many types of pacifiers. Try different materials and shapes. You can find one that baby likes. (*Be sure all pacifiers have at least two ventilation holes in the base.*)
- When you put the pacifier in baby's mouth, wiggle or tap it. This triggers baby's urge to suck.

Pacifier tips

- Keep it clean. Wash the pacifier often. Dirt can collect in the joints of the pacifier.
- Check it. Watch for any cracks or tears in the nipple or base. If it cracks, throw it away.
- Do not use a pacifier clip or any kind of string to attach a pacifier to baby's clothes. Strings are a choking hazard.
- Do not offer pacifier to replace or delay meals. Only offer it when you are sure baby is not hungry.
- For breastfed infants, delay pacifier introduction until 1 month of age to ensure that breastfeeding is firmly established.





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The Pacifier Predicament

by Natalie J. Dahl, MS, CCC-SLP

Binky, paci, bink, soothie. A pacifier goes by many different names, but the one thing that remains the same is that it can play an important role in the life of a baby, a toddler, or even parents. It can provide comfort to an infant, distraction during immunization shots or while a parent is making dinner, and can increase a baby's sucking satisfaction without eating food or liquid. However, some may question if pacifier use is appropriate for infants and toddlers. Ultimately, this is a decision for the parents to make. The following is a compilation of positive and negative effects of pacifier use in order to help parents determine for themselves what is appropriate for their children.

A Pacifier's POSITIVE Effects

- Decreases the risk of Sudden Infant Death Syndrome (SIDS). A baby who sleeps with a pacifier doesn't often sleep as soundly as one without a pacifier, making it possible for the baby to wake up from a deep sleep that might result in stopped breathing.
- Provides a source of security to an infant and increases sucking satisfaction.
- Is a common substitution for a mother's breast or baby bottle for the purpose of comforting and settling a newborn.
- Allows a baby to suck without ingesting food or liquid.
- Is an easier habit to break than thumb-sucking.



A Pacifier's NEGATIVE Effects

- Can cause alignment problems with the teeth or developing bone in the mouth after age two. Use of pacifiers should stop by this age so that any problems can be corrected naturally.
- Can cause problems with proper development of the mouth and changes in the shape of the roof of the mouth with prolonged use. Poor dental development is also linked to disordered speech articulation.
- Correlates to otitis media, or acute middle ear infections. Continuous sucking on a pacifier causes the auditory tubes to be abnormally open, allowing secretions from the throat to seep into the middle ear and cause infections.
- Causes misaligned teeth (dental malocclusions) in 60% of children.
- Can lead to specific dental problems in 3- to 5-year-olds, including anterior open bite, posterior crossbite, mean overjet, and smaller intercanine distance of the upper arch.
- Can limit babbling and imitation of sounds and words.
- Can distort vocalizations while held in the mouth or may keep a child from attempting to speak at all.
- May interfere with breastfeeding, as a different sucking technique is required.





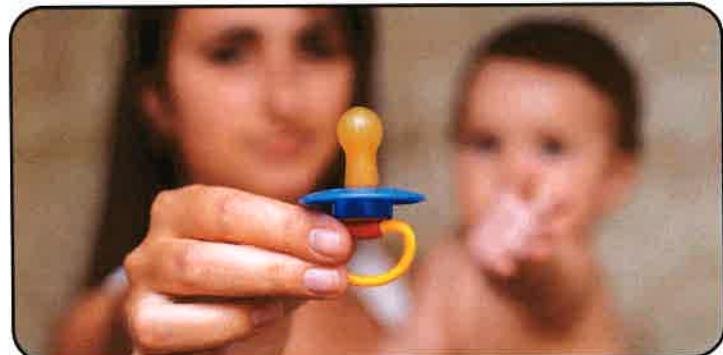
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(cont.)

If pacifier use is what is most appropriate for the child, here are some tips to stay safe:

- Restrict use to when the infant is falling asleep.
- Always keep the shield on the outside of the lips. Severe lacerations can occur if the shield is held inside the lips.
- Do not place a cord around the child's neck to hold a pacifier. Look for pacifiers that have a ring, in order to prevent strangulation.
- Look for a pacifier with ventilation holes in the shield. These will permit air passage if the pacifier accidentally becomes lodged in the child's throat.
- Select a pacifier with a symmetrical nipple. This permits the pacifier to remain in the correct sucking position.
- Dispose of the pacifier after use; it is not sanitary to keep or give it away.



If it is time to break the child's habit of pacifier use, here are some helpful tips and methods:

- Dip them in white vinegar or lemon juice, making them unappealing.
- Pierce the nipples with a needle or cut them shorter to reduce the sucking satisfaction.
- Leave them behind on a trip.
- Take them away "cold turkey."
- Make sure everyone is onboard, including caregivers, grandparents, and siblings.
- Offer alternative comforts, such as rocking, soft singing, and gentle massage.
- Explain to the child that there is another baby who needs the pacifiers more and make an event of gathering up all of the pacifiers and putting them in a box to "give away." Give the child lots of praise for being so generous and for being a "big kid."
- Introduce and stage a visit from the Binky Fairy. Explain to the toddler that the Binky Fairy will come whenever he or she is ready to give up his or her pacifiers. Collect all pacifiers and put them in a box or fancy basket on the doorstep. After the production, the Binky Fairy will "pay a visit" to take the pacifiers away and leave a toy or treat in their place.



Resources:

"10 Tips for Weaning Your Child off the Pacifier," accessed June 5, 2017, <http://www.mom365.com/baby/baby-health/tips-for-weaning-off-the-pacifier/>.

McDaniel, Mike, Neeley, Richard A., and Shotts, Laura L., "The Impact of Prolonged Pacifier Use on Speech Articulation: A Preliminary Investigation," *Contemporary Issues in Communication Science and Disorders* 35 (2008): 72-75.

"Pacifiers Have Negative and Positive Effects," accessed April 11, 2017, <http://www.knowyourteeth.com/infobites/abc/article/?abc=c&iid=296&aid=1180>.

"To Give Or Not To Give: Pacifier Pros and Cons," accessed April 11, 2017, <https://www.thebump.com/a/pacifier-pro-and-con>

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