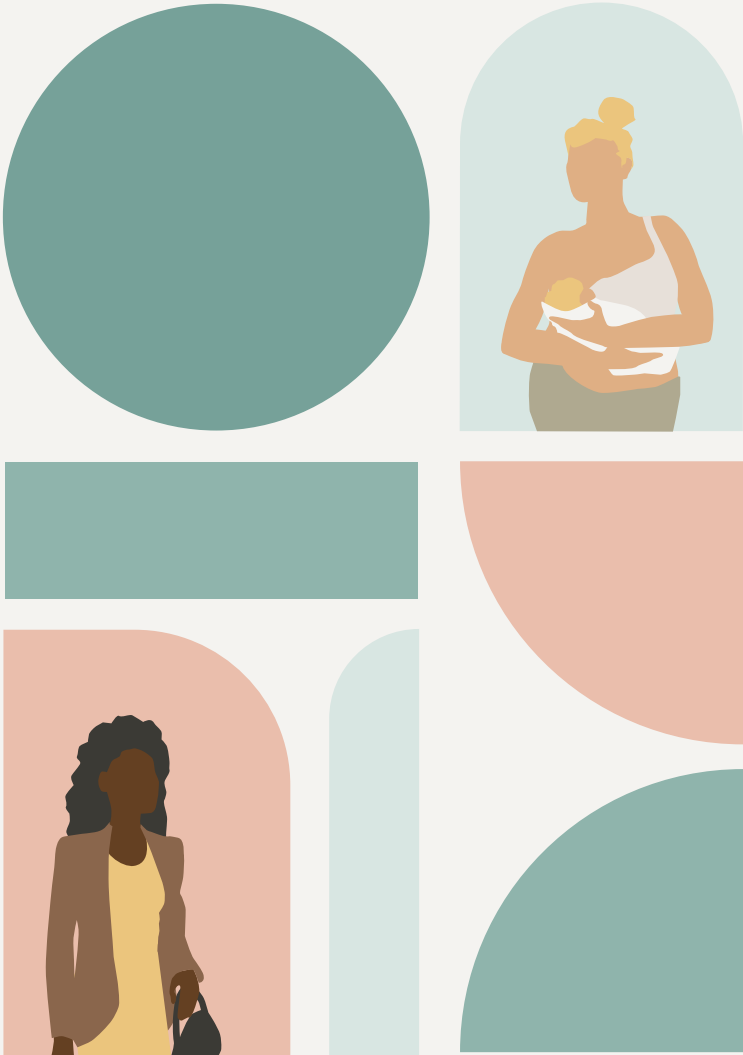


BREASTFEEDING LIKE A BOSS

The Modern Mom's Guide



WORK &
MOTHER

table of contents



3	PROLOGUE	A Note from the Founder
4	CHAPTER 1	Introduction
7	CHAPTER 2	Breastfeeding Biology
10	CHAPTER 3	Preparing Mind & Body
13	CHAPTER 4	Planning For Your Birth
17	CHAPTER 5	Birth Part I
21	CHAPTER 6	Birth Part II
24	CHAPTER 7	Day One
26	CHAPTER 8	Breastfeeding Fundamentals
29	CHAPTER 9	Day Two - Day Fourteen
33	CHAPTER 10	Two Weeks - Six Months
35	CHAPTER 11	Breastfeeding Challenges & Solutions
38	CHAPTER 12	Pumping Exclusively
40	CHAPTER 13	Returning To The Office
46	CHAPTER 14	The Weaning Process
48	<i>Epilogue</i>	
49	<i>Appendix I</i>	Let's Talk About Bras
50	<i>Appendix II</i>	Breast Shields for Pumping
51	<i>Appendix III</i>	Breastfeeding Flashcards
52	<i>Appendix IV</i>	Your Birth Map
55	<i>Appendix V</i>	Other Health Concerns
56	<i>Appendix VI</i>	Supplementary Videos
57	<i>Appendix VII</i>	About Ann Gabaldon - Lactation Consultant

DISCLAIMER: THIS GUIDE DOES NOT PROVIDE MEDICAL ADVICE. The information provided through this guide is offered for informational and educational purposes only. No material contained in this guide is intended to be a substitute for professional medical advice, diagnosis, or treatment. Should you have any concerns related to your health, the health of your baby, or your breastfeeding practice, please consult with your physician, lactation consultant, or other health care provider promptly. You should never disregard medical advice or delay in seeking it because of something you have learned in this educational guide. Work & Mother Services, Inc. does not endorse, recommend, warrant, or guarantee any third-party products or services shown in this educational guide and Work & Mother Services, Inc. disclaims responsibility regarding the performance or use of any third-party products or services mentioned or shown in this educational guide.

A Note From Abbey Donnell

Founder and CEO of Work & Mother

When I launched Work & Mother, I was not yet a mother myself. To learn about the nuances of breastfeeding and better relate to the experiences of new mothers, I decided to get a certificate in lactation counseling. I spent a week in a classroom alongside healthcare professionals learning everything I could.

I was blown away by the miracle of breastfeeding, but I felt outraged at some of what was being taught: there was a “breastfeed at all costs” attitude that failed to consider Moms’ mental health, working conditions or financial circumstances. The instructors simply didn’t understand the realities of being a modern Mom.

I decided then and there I wanted to create a guide and support system for working parents that considered their financial needs, understood the workplace, didn’t vilify formula and never painted breastfeeding as “free.”

When my son was born two years later, we did skin-to-skin and I let him find his way to my breast. I was so proud when he got that first latch down! At home four days later, my milk came in, changing the shape of my breasts. Suddenly, my son had trouble latching. He screamed; I panicked. I sent my husband to the store for a nipple shield. Thankfully, it worked, but then my son wouldn’t latch without one! I had shields stashed everywhere from my nightstand to the console of my car.

It took several stressful weeks, multiple video tutorials and two consultations before we finally weaned off the shield. I felt so embarrassed — I had studied this, and I run a lactation suite business! My new lactation consultant comforted me by sharing that even she had gotten help with each of her three babies: everyone, I learned, benefits from the support of a professional.

On its face, breastfeeding seems like it should be easy. And for some it is. But for most, just like any other new skill, it takes some guidance and a lot of practice.

There is no denying the incredible benefits of breastfeeding — to both mother and child — that you simply cannot get from other sources. But the lack of resources and institutional hurdles Moms face don’t exactly set us up for success.

We’re changing that. We see you and we understand your reality — you are not alone. And because we know you’re busy, we’ve designed this guide to be quick and easy to use — each chapter should take you no longer than a 15-minute pumping session. For demos and more, click the arrow icons for supplemental videos.

If it’s your desire to breastfeed, we’re here to help you succeed, however you may define success. I hope this guide comforts and empowers you along your own breastfeeding and parenting journey.

Warmly,
Abbey



introduction

Why Breastfeed?

TL;DR: breast milk is the best source of nutrition for most babies, and our bodies produce it naturally. Breastfeeding also reinforces the intimate, built-in bond between Mom and baby while delivering significant health benefits to both.

This is why the United States Surgeon General and other major health groups recommend Moms exclusively breastfeed their babies from birth to six months of age. When possible, the American Academy of Pediatrics supports continued breastfeeding for two years and beyond while introducing other foods. No judgment: how long you decide to breastfeed depends on what works best for you and your baby.

*Your body is
programmed to make
the exact breast milk
your baby
needs - it's a
special kind of
evolutionary
magic!*



At Work & Mother, we realize that not every parent has the ability to breastfeed, and there's no shame in formula. We also understand that every family is different - some come together through adoption or surrogacy, some Moms give birth to multiples. Your baby may require a flexible approach to feeding, and we're grateful parents have a helpful alternative that provides babies with adequate nutrition and can be used to help with feeding in a range of circumstances.

This course, developed with Lactation Consultant and Certified Nurse Midwife Ann Gabaldon, supports Moms in learning how to breastfeed successfully. We understand first-hand that the real, practical lives of working parents are complex and everyone's circumstance is different. Because of the proven benefits of breastfeeding to both Mom and Baby, if you're able, there are lots of good reasons to give it a try.

Mom Tip



"I would always breastfeed more if my baby had a sniffle because I learned that the baby's saliva sends messages to the Mom's body during breastfeeding that tells her to make specific protective antibodies. I stuck with breastfeeding because of this fact alone!"

- Jules, Mom of 2

Benefits for Baby

Breastfeeding allows your baby to develop passive immunity in the early months of infancy while they are establishing their own immune system. This is because breast milk is full of antibodies that protect against the germs in your baby's environment.

As your baby grows, amazingly, the properties of your breast milk will naturally change to meet their nutritional needs. The milk you produce for your 2 week-old is much different than your milk when your baby is 3 months. The same is true if your baby is premature: the properties of your milk for a 32-week gestational age baby are different than if you carry your baby to 38 or 40 weeks.

Your breast milk provides antibodies that can:

- ◆ Protect against common childhood illnesses, infections, allergies, and dermatitis.
- ◆ Reduce your baby's risk of asthma, obesity, diabetes, severe lower respiratory disease and leukemia, as well as cardiovascular disease later in life.
- ◆ Guard against ear infections and stomach bugs. Breast milk is also easier to digest so your baby will have fewer digestion troubles.
- ◆ Prevent serious diseases that you definitely want to avoid, like necrotizing enterocolitis (NEC) in preterm infants, a sometimes fatal gastro-intestinal problem. In the case of Sudden Infant Death Syndrome (SIDS), if you breastfeed for 2 months, it lowers babies' risk by 40%!

Breastfeeding also supports healthy bonding and a sense of safety with Mom from increased oxytocin.



Benefits for Mom

Breastfeeding Moms have a reduced risk of:

- ◆ Certain Cancers: Breast, Ovarian, Uterine and Thyroid
- ◆ Hypertension
- ◆ Type 2 Diabetes
- ◆ Osteoporosis

Breastfeeding stimulates the production of prolactin and oxytocin, hormones that encourage relaxation (a rare commodity for new Moms!) and can support the feeling of loving attachment between you and your baby.

On a practical level, breastfeeding is a reliable source of nutrition that is available regardless of catastrophic weather events, formula recalls, or other situations that put formula-feeding parents in a tough bind. It's also free...ish (since your time, accessories and the occasional online shopping during late night feedings do add up!).

Benefits for Employers

Not only is it your right to breastfeed at work, employers actually benefit from this because:

- Breastfeeding Moms take half as many one-day absences to care for sick children than those who are not breastfeeding.
- Businesses have lower medical insurance claims because breastfeeding helps protect from common childhood illnesses and infections and certain cancers in Moms.
- Companies with lactation support programs actually average 35% higher retention rates, reducing turnover.
- Breastfeeding Moms are more productive and loyal to the companies that support them!

What Breastfeeding Is Really Like

Every Mom's breastfeeding experience is different. It can be one of the most beautiful, natural parts of early motherhood and help you create a close bond with your baby from day one. And, as with many aspects of being a Mom, it can also come with a wide range of challenges that require patience, flexibility and lots of deep cleansing breaths to navigate successfully.

The purpose of this course is to give you an overview of what to expect throughout your breastfeeding journey, along with tools to help you solve some of the common difficulties that a lot of Moms encounter.

In your baby's earliest days, you are likely to have some easy feedings and some more difficult ones as your baby learns how to breastfeed and establishes your milk supply. If it doesn't go according to plan at first (which is super normal), the most important thing is to not give up. Even the most experienced Moms have difficult feedings. If you have cried over spilled milk or a bad latch, you are not alone!

But remember, your baby's got this! Bringing in your breast milk is their job, and they're made for it. After they've latched well once, they're going to want to do it again! This is the organic, instinctual nature of the breastfeeding experience.

As professionals, we are used to being able to plan, strategize and organize our way to success. But breastfeeding "success" is not an exact science, and every Mom's goals are different. Hard as it can be for us overachievers, letting go of "perfect" is a great place to start.

This course will teach you everything you need to know about breastfeeding and help you balance it with your transition back to the workplace, but remember that this process works best when we stay in the moment, don't overthink it and take each feeding one step at a time. Eventually you will gain the confidence to trust your own maternal instinct, which, after all, is the most powerful guide of all.

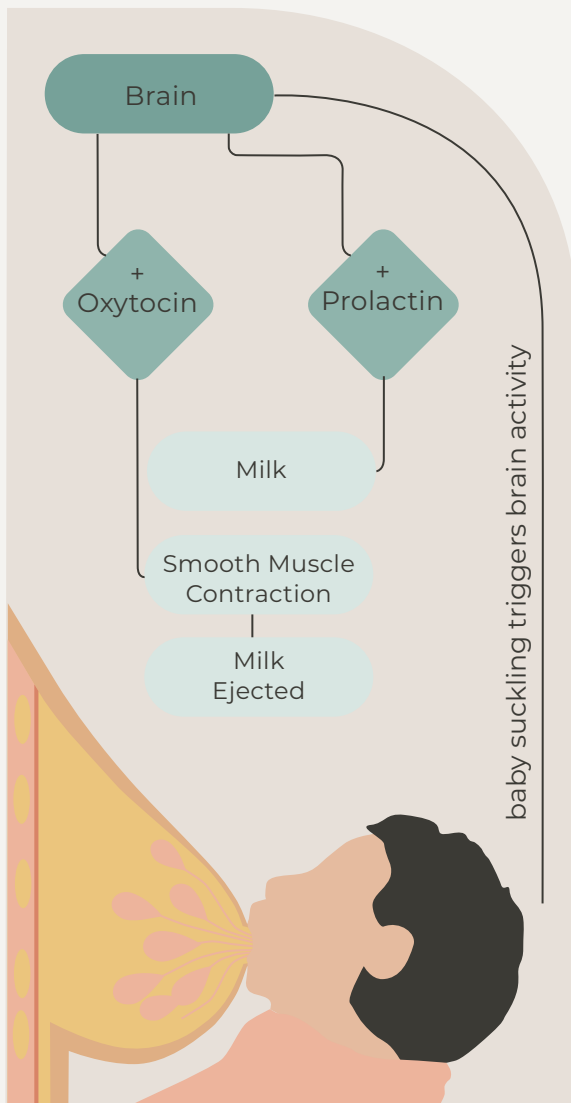
Your Rights

Federal and state laws have been passed to protect women's right to breastfeed in public and provide time and privacy in the workplace to express breast milk (it's about time!). You can learn more about your protections under the Fair Labor Standards Act and the rights your state guarantees by visiting our website.

breastfeeding biology

Anatomy

When you have a baby, you finally realize what your breasts are actually there for! Mother Nature's design for transferring nutrition from you to your baby is as natural as it is complex and fascinating. All the changes your breasts go through in pregnancy - size, shape, color - are to prepare your body for lactation.



How Milk Is Made

Breast milk is made in two main stages:

Lactogenesis 1 - In Pregnancy

- ▶ Your baby's placenta begins to secrete the hormone progesterone, causing your breast tissue to differentiate so it can produce milk.
- ▶ In your second trimester, progesterone starts making **colostrum**, your baby's first food.

Lactogenesis 2 - After Giving Birth

- ▶ Colostrum will sustain your baby in the first few days of life.
- ▶ Progesterone drops when the placenta is delivered, triggering milk synthesis.
- ▶ 3-5 days after giving birth, your mature milk will come in, making your breasts feel heavier and more swollen.
- ▶ Lactation works on a supply and demand basis. When your breasts are emptied, that's your body's signal to make more milk.
- ▶ As your baby nurses, the pituitary gland stimulates prolactin which tells the milk-making structures inside your breast to get to work.
- ▶ Your baby's suckling stimulates the release of oxytocin, aka "the feel good hormone," which triggers more milk for your baby.

Colostrum - (aka infant superfood) is the first breast milk you produce. Thick, sticky and concentrated, it can be yellow, clear or white. Colostrum is made up of immune factors, protein, sugar, and fats, and this yummy goodness nourishes your baby for the first few days before your milk comes in. Colostrum may leak out of your breasts during pregnancy - don't worry, this is totally normal!

Letting Your Baby Lead

Allowing your baby's feeding cues to drive the breastfeeding process will cause your breasts to produce the exact supply of milk your baby needs (most of the time). This practice - of letting the baby call the shots for when and how long they want to nurse - is called *breastfeeding on demand*. Think of it as the Uber Eats approach to breastfeeding - easily accessible whenever your baby is hungry!

Just remember that your baby's stomach is only *about the size of a small gumball!* In the first couple days, your baby can get full on *just a teaspoon per feeding*. Over the course of the first week their stomach will grow to the size of an egg, and your milk supply will grow with it. Try to be as consistent as possible during this process, as disruptions to breastfeeding on demand can cause a reduction in your milk supply.

Now is a good time to remember that Moms have been breastfeeding babies for millenia. Babies want to thrive, and it's human nature for them to figure out how to feed, just like it's human nature for you to make milk that provides nourishment for your baby. Will you have some frustrating and difficult feedings? Probably, but with practice, you and your baby will be in sync.

There may be special situations where timed feedings and pumping intervals are required early on in your baby's life, like if your baby has medical complications in the early days after delivery. In these instances, working with a lactation consultant along with medical professionals including your child's pediatrician and/or your obstetrician, will help to get your on-demand schedule on track.

And let's be honest - if you also have older children to care for, it can be hard to put your baby in charge of breastfeeding. This is when wearing your baby can help: try using a baby sling or carrier to enable fast access to feedings. (see Chapter 4 for more tips)

By the time you're ready to go back to work, your supply will be well established and you'll be breastfeeding like a boss!

My Baby is Not Born Yet - Why is My Shirt Wet?

If your breasts are leaking during pregnancy, what you see coming out is colostrum. This is precious, nutrient rich stuff, so if there's enough to collect, store it for use in the first few days of your baby's life. To collect small amounts, consider using a colostrum collector. Mark the date and time of the collection and put it in the fridge or freezer to bring to the place where you are delivering. You'll be able to use this to entice your baby to latch and also for finger feeding or suck training (more on this in Chapter 6).



Mom Tip



"I'm a C-section mama and no one warned me that my milk may not come in during my hospital stay. I thought something was wrong with my body as my milk came in on day 6. I breathed a sigh of relief when I learned from my pediatrician and lactation consultant that this is in fact very common"

-LeAnne, mom of 2

Milk Delays

Not every Mom's milk comes in like clockwork and your milk supply is being established for a full 4-6 weeks after your baby is born. Your milk may be delayed if you:

- ▶ *Have a history of diabetes, thyroid disease, obesity, hypertension, high blood pressure or if you're on certain medications*
- ▶ *Had a postpartum hemorrhage or significant bleeding at the time of delivery*
- ▶ *Delivered via C-section (like so many Moms do)*
- ▶ *Have a history of breast surgery*
- ▶ *Were separated from your baby for a period of time after birth*
- ▶ *Are stressed out!*

There's no need to panic if things start slowly: these hiccups in the breastfeeding process aren't deal breakers. Continue to do skin-to-skin frequently, hand express and put the baby to your breast (since supply is driven by demand) while you are waiting for your lactation consultant to assess your individual needs.

If you're concerned about this step of the process, plan ahead and pre-schedule a couple of visits with a lactation consultant for right after your baby is born - Day 2 and sometime between Days 7-10 are good times to consider. You don't have to do this alone!

preparing body & mind



In pregnancy, your body is busy cooking up new life. This chapter explains all the ways you can prepare your body, mind, home and community for the best possible breastfeeding experience before your baby arrives.

Body

Healthy Eating

It's a good idea for expectant Moms to eat a well balanced diet of lean proteins, leafy greens and complex carbs, and take prenatal vitamins, iron and vitamin D during and after pregnancy.








But rest assured - even if you eat mainly ice cream and pickles (does anyone actually do that?), your body is designed to provide your baby with the nutrients they need to grow in utero, and your breast milk will be composed of the nutrition your baby needs after they are born.

After your baby arrives, you'll want to eat all the time! You burn about 1,000 calories a day making milk and you need 500 extra calories per day to maintain your milk supply, so say yes to seconds.








Breastfeeding also makes you super thirsty, so keep that water bottle full and nearby (or make it your partner's job to help keep you hydrated!). FYI: if you skip meals and are dehydrated, you're likely to experience a decrease in milk supply.

Foods and herbs thought to *decrease* milk supply (if taken in large amounts) include peppermint, sage, and parsley.

Foods and herbs thought to increase milk supply:

ginger 	barley 	brewer's yeast 
garlic 	flax seed 	holy basil 
fenugreek 	<ul style="list-style-type: none"> ▶ Dried fruits - high in tryptophan and thought to increase prolactin levels ▶ Pumpkin seeds - a natural source of DHA and alpha-linolenic acid 	

Foods high in Iron (you need about 10 mg of iron daily while breastfeeding):

meat 	cut oats 	beans 
nuts 		dried fruit 
<ul style="list-style-type: none"> ▶ Cook your food in a real cast iron skillet. ▶ If you are iron deficient, you may need to take an iron supplement (tip: take it with vitamin C for better absorption). 		seeds 

Alcohol and Caffeine

During pregnancy, you may choose to abstain or cut down on wine and coffee (thankfully the current guidance from the American College of Obstetricians and Gynecologists says 200mg of caffeine per day is ok!). Once the baby is born, use your best judgment and keep the following in mind to minimize risk:

Alcohol:

- *Milk alcohol levels peak 30-60 min after consumption.*
- *Feeling buzzed or drunk while breastfeeding? Your baby will feel the side effects. No need to pump and dump; just wait about 2 hours per drink and make sure you're no longer feeling those effects before breastfeeding or pumping.*
- *Alcohol causes dehydration, which can affect your supply. It's best to limit your intake to 2 alcoholic drinks per day.*

Caffeine:

- *Great news for tired Moms: you can have 2-3 cups of caffeine daily.*
- *Caffeine goes into your milk and can stimulate your baby, so just think about the time of day you're having that much-needed latte.*



Medical Conditions

Before your baby arrives, it's important to address any larger health concerns like thyroid issues, high blood pressure, gestational diabetes or other metabolic diseases. Work with your health care provider to determine treatment prior to delivery, as these conditions in particular can impact milk supply.

If you have high blood pressure, talk with your health care provider about your medication. Labetalol, which is often used to manage blood pressure during pregnancy and postpartum, can decrease milk supply. There are other options your health care professional might recommend, such as Nifedipine.

Mind

Mental Health

One helpful resource for support is: www.postpartum.net

It's ok to not be ok. If you tend to get depressed or anxious, it's a good idea to seek treatment when you're pregnant.

Everyone gets down, but if your depression and anxiety are intense and untreated, it can lead to fetal growth restriction and even preterm labor and delivery - and preterm or small for gestation infants can end up with feeding and breastfeeding challenges.

Becoming a Mom is a lot for EVERYONE, but depression and anxiety during pregnancy are likely to get worse in the postpartum period. And if you have a partner, all of this applies to them too. Encourage them to bring the best version of themselves on this breastfeeding journey with you.

If you're concerned about these issues, ask your healthcare provider to screen you for depression and anxiety and create a treatment plan. Taking good care of your mood will help you succeed at breastfeeding and keep you happy and present for the amazing first months of your baby's life!

Stress & Self Care

Moms tend to put ourselves last on the priority list, but it's not too late to prioritize your own happiness. In addition to weighing heavily on you, stress can have a direct relationship to poor latching and decreased milk supply, so now is a great time to lean into the things that really help fill your cup.

Your baby's nervous system is still maturing in utero and after they are born they will be very sensitive to the energy around them. Your baby will sense how you feel - don't wait until you are depleted to figure this out!

Become More Adaptable

Your life is going to look really different after your baby comes - be patient with yourself in this transition!

Work to cultivate a new kind of flexibility. Being married to an idealistic plan can make you feel like you're falling short. Look for areas in your life where you're willing to let go of control and allow other people to help you - let your mother-in-law cook and freeze her famous lasagna; let your sibling watch the baby while you squeeze in a shower.

If you have a partner, delegate responsibilities early on and give them complete ownership of tasks. Let them know that the best way to help you is to handle the responsibilities you hand off 100% so you don't have to think about them at all.

The best leaders in business put a price on their time, focus on doing the things that only they can do, and delegate the rest for the highest good of the company. Motherhood and breastfeeding are pretty similar!

In business, people who are the most flexible and able to pivot tend to thrive. You can totally apply those skills here, since your baby is developing at warp speed! In their first several months, you'll get into a groove with breastfeeding, sleep, diapering, etc. but it will inevitably change. Stay present and go with the flow, and you'll manage these constant changes with ease.

Mom Tip



"If you are not okay, talk about it with someone you trust! Also, a lot of employers offer mental well-being programs that you can take advantage of during major life changes."

- Hope, Mom of 2



planning for your birth

Mom Tip



"Consider a 'nesting party' with your BFFs and aunts. It's a time to clean, organize, share stories, and get quality one-on-one time before juggling motherhood and work. They may even stock your freezer with meals!

- Nancy, Mom of 2

Preparing to Welcome Your Baby Birthing Class

Birthing Class is so empowering! It removes the mystery about what goes on in labor and delivery and teaches you what to anticipate in the birthing process. Highly recommend! In this class, parents typically:

- ✦ Create a "birth map" to guide how you navigate the birth process and address what will happen in the early days of postpartum. Learn more in Appendix IV.
- ✦ Learn about the hospital's approach and what elements parents can negotiate to **facilitate a calm, peaceful birth and postpartum experience**. Find out if your hospital offers classes - most do!
- ✦ Get informed about typical decisions (and possible medical interventions) that are made during the birth process so you are empowered, safe and in control during your birth.

Your Squad

Having children is a team sport! Line up the folks who will be there to help in the early days of your baby's life.

✦ **Family, Friends and Older Kids**

Let your nearest and dearest know ahead of time what your feeding plan is and how they can best support you. One approach is to proactively divvy up household tasks, from laundry to grocery shopping, and assign them to folks who ask how they can help. Don't overschedule, and plan for ample time to be at home with the baby while you establish breastfeeding.

Even though you may need to have a friend take your older kids to soccer practice for a while, if you carve out one-on-one time with them it will help them realize they're not being displaced just because there's a new baby in town.

➤ Doula

A Doula is a birth support professional who is trained to help guide you through the birth journey. Your Doula is there for YOU: they work with you to create your birth map and stay by your side as you go through the birth process, helping explain what's happening. When doctors and nurses have to attend to other patients, your Doula will stay, make sure you're comfortable and progressing in your labor, and hold and protect your birth space.

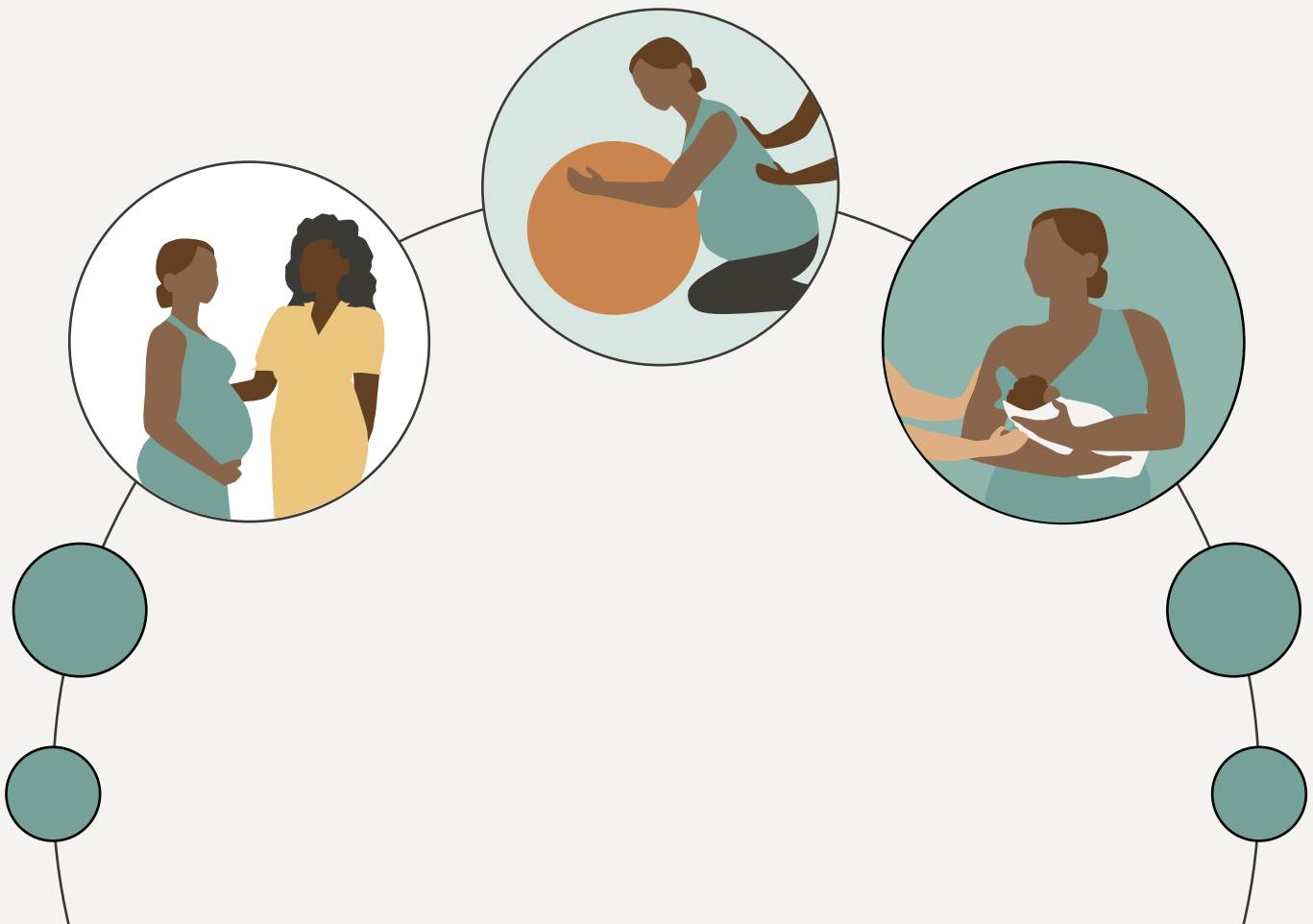
Doulas are not allowed to intervene or direct doctors, but they can translate medical speak and help you advocate for yourself. And, if your baby needs to go to the NICU, your partner can go with the baby, and your Doula will stay with you so you're not alone.

Having a Doula present at your birth has been proven to decrease C-section rates, increase overall birth satisfaction, reduce postpartum depression and improve breastfeeding success rates.* And if you do have a C-section, your Doula can help advocate for you and your baby. They will also help ensure a good first latch and acts as a resource for navigating the first days of motherhood.

*The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review

➤ Lactation Consultant

A lactation consultant is a healthcare professional who specializes in the clinical management of breastfeeding, and they're a great resource to have on call during the early days of breastfeeding. Sometimes there are lactation consultants on staff at the hospital or birthing center, but most run their own private businesses and take on clients like you. Look for someone who has been certified by The International Board of Lactation Consultant Examiners (IBLCE).



Preparing for Maternity Leave

One great place to channel your type-A energy during pregnancy is in getting super organized. Since the early days and weeks of the postpartum period are likely to be a little tiring and chaotic, pregnancy is the perfect time to create helpful order so you can stay focused on your baby while you're out on leave.

Leave Work Buttoned Up

Before you head out on maternity leave, create a detailed document (full of handy reference links) that will help your manager and colleagues find the contacts they need and understand the work you're handing off while you're out of the office.

Get ready to set that out-of-office reply! Schedule time to review your leave plan with your manager. Be prepared to have several conversations to make sure they're aware of the projects that will need to be managed while you are out.

Create a Contact List

Create a list of contacts that can help you with breastfeeding. Include your Doula, a lactation consultant, the hospital breastfeeding clinic and your Ob/Gyn or Midwife. (Resources are available on The Work & Mother HUB)

Locate a Breastfeeding Support Group

You can find a breastfeeding support group through your local hospital or La Leche League. They usually meet weekly IRL or online.

Stock Up on Supplies

You'll need a stockpile of supplies to make it as easy as possible to breastfeed and pump. Here's a starter list:

- ▶ baby wrap
- ▶ breast pads - to absorb milk leaks
- ▶ breastfeeding bra (see Appendix I for measuring guide)
- ▶ breastfeeding gown/shirts
- ▶ bulb syringe - to clear baby's stuffy nose
- ▶ burp cloth
- ▶ lanolin - relief for sore nipples
- ▶ liquid soap (we like unscented)
- ▶ mother's milk tea - may help increase milk supply
- ▶ pillow or boppy
- ▶ privacy nursing cover
- ▶ pump & extra pump parts
- ▶ manual breast pump (like Haakaa)
- ▶ silver nursing cups - to soothe nursing nipples
- ▶ tote bag (washable)

Create Breastfeeding Stations

Give some thought to the different places in your home where you can set up a comfortable spot to feed your baby. In the early days of learning how to breastfeed, it may be easier for your baby to achieve a good latch in a cool, dimly lit space without the stress of visitors and distractions.

Stock your stations with diapers, wipes, burp cloths, a pillow or boppy, a bulb syringe, a place for your snack and water and some good old peace and quiet.



Things You DON'T Need To Do

“Toughen Up” Your Nipples

You do not need to “toughen up” your nipples to get them ready for breastfeeding. This can cause nipple trauma!

Pump Before Delivery

Pumping while pregnant can induce labor! Don't start pumping until after you've given birth. If your medical provider wants to induce labor through this method, be sure you have proper oversight to ensure your baby can tolerate this approach.

If you're worried you won't start making milk fast enough, remember that this is what your body is built for.

Now is not the time to worry about making milk fast enough. Once you deliver the placenta, your brain will send a signal to your breasts that you're ready to produce milk. When your baby starts to breastfeed frequently, that will help bring in your supply.



birth

Birth

Everyone says it, but it's the truth: giving birth is one of the most profound experiences you can have. It makes us appreciate the incredible design of our bodies, and gives us a deep respect for our own capabilities, no matter how we end up delivering. You're creating and nurturing new life - there's nothing you can't do.

Labor and delivery are also unpredictable. We can plan meticulously for it to happen one way, but your baby might have entirely different plans - a trend you're likely to enjoy for years to come! With a flexible plan, the ability to ask questions and advocate for your needs, you will get through it just fine and finally get to meet your beautiful child.

Once you're on the other side of the birth process, you are thrown into Motherhood and most of us begin the breastfeeding journey right away. To make those early days as easy as possible, this chapter will teach you what to expect during the birth process and your very first time breastfeeding.



Advocating for Yourself in the Birth Experience

As you plan for your delivery, you'll determine where and how you want to give birth. If you are giving birth in a hospital, remember that while there are institutional rules and common practices, this is your baby and you can set the tone for how you want your experience to go.

*This is your baby
and you can set the
tone for how you
want your
experience to go.*

While in labor, for example, some women choose to post a sign on the birth room door that alerts helpers and visitors to respect the controlled, quiet and relaxed environment they want to create.

After your baby is born, family and friends will want to meet them and shower you with support IRL. Some will be angels and others will stress you out! At the hospital, you may want to keep visitors to a minimum and prioritize accessing resources like lactation and nursing support while you have them on hand.

Find out in advance what the hospital's procedures are regarding the birth and immediately after. Even as the birth process accelerates, you can always ask to discuss benefits, risks and alternatives to medical recommendations - in real time. Unless it's an emergency, if something doesn't sit right with you, remember that you are free to decline the course of action they recommend.

If you have a partner, this is a great place to enlist their support. Talk to them about your birth map and your expectations for how the birth experience will go, so they can help advocate for you and the baby.

Other scenarios where it will be important to advocate for the best possible breastfeeding outcome:

Vaginal Birth Induction

- ◆ Avoid this if possible. Induction tries to tip your body into doing something it is not ready to do, and it will trigger the release of stress hormones that can impact your milk coming in.
- ◆ Induction should only be done when your baby is past their due date or when medically indicated by your health care practitioner. If this is the case, then making sure your environment is calm and comfortable becomes even more important because induction can take a long time! Tell your care team you want to be sure that they will take their time and not rush the process.
- ◆ A ripe cervix is key to achieving vaginal birth when labor is induced. Explain that you understand this, and encourage your team to take their time to soften the cervix with medication or mechanical means before they give you Pitocin, which brings on contractions.
- ◆ If you're a first-time Mom or trying for vaginal birth after you've had a C-section, having less intervention and avoiding induction of labor will simplify the birth process and improve your breastfeeding success.

Mom Tip



"Things will not go entirely your way in ANY stage of having a newborn, but being willing to change your mind about what is best for you and your family is the best thing you can do. People try to prepare you for how hard it is (it is!), but they don't tell you how overwhelmingly wonderful it can be, too.

- Noel, Mom of 2

C-Section

- ▶ **Skin-to-Skin** - If you have a C-Section (as so many women do), the first thing to advocate for is skin-to-skin contact with your baby, which primes them for feeding (See more in Chapter 6).
- ▶ **Partner Support** - Since the first hour after surgery is likely to be hectic with post-surgery medical oversight, have your partner do skin-to-skin with the baby until you're able to take over. Beyond just participating in the process, partners can provide meaningful help to set you up for a solid first latch and long-term breastfeeding success. If you miss this first hour altogether, the baby might not latch until they come out of recovery mode 6-24 hours later, which can complicate the process.



- ▶ **Positioned for Latching** - While you're recovering, you will be lying almost flat, which is actually a great position for that important first latch. Reclining is called the "biological" nursing position because it allows your baby to root around unrestricted, bob their head, and squirm their body over to the breast for a good latch and first rhythmic sucking (more on latching and holds in Chapter 8). You won't have to breastfeed lying down for long, so embrace this C-section silver lining!
- ▶ **Pain Control** - A C-Section is major surgery, so it's important to stay on top of your pain control. If you're in pain, your body's stress response can slow your milk from coming in.
 - ▶ For C-section recovery (and for baby #3 or beyond), take over the counter meds like Tylenol and Ibuprofen as directed.
 - ▶ Take any narcotics prescribed for your C-section for the first 2-3 days. Everyone is different, so if your pain is well controlled and you feel good, that's awesome. But if feedings are going poorly and you're feeling stressed, it's likely your pain is elevated and should be assessed by your doctor or other health care provider.
 - ▶ You know your body best. If your gut tells you the pain is too intense or going on too long, communicate with your care provider: you may have an infection or complication that you can catch and address early.

The NICU

If your baby goes to the NICU, take a deep breath.

The NICU can be a roller coaster of emotions, and it's normal for it to feel like it's two steps forward and one step back all the way to discharge. Not all babies in the NICU are ready for skin-to-skin and breastfeeding right away, but there are still things you can do to be your baby's best advocate:

- Ask what time the care team will be meeting to discuss your baby's progress and if you can attend. Remember that you are the parent and you make the decisions - the NICU team is *your* support.
- Ask about what milestones your baby needs to reach before you can do skin-to-skin and breastfeed.
- When they share their feeding plan, remember to ask about any benefits, risks, or alternatives to what they are proposing.

You can also:

- Ask the NICU staff to allow you to do all of the basic baby care tasks: changing your baby's diaper, bathing them, taking their temperature, etc.
- If your baby is ready, ask to do skin-to-skin frequently.
- Advocate for breastfeeding and ask for a lactation consult.
- Ask about **triple feeding**. If you do use this technique, be sure to talk to the NICU team about a post-discharge feeding plan and how to transition from this routine.
- Discuss introducing a pacifier if your baby is unable to be skin-to-skin and latch unrestricted. Pacifiers allow babies born prematurely to soothe themselves with suckling and help with their transition to the outside world.

Triple Feeding:

a temporary routine that involves breastfeeding, pumping, and giving expressed breast milk or formula. This is only for a short time while your baby's weight is being stabilized and your milk supply is catching up and baby is learning how to breastfeed.

Pumping While Baby is in The NICU

Start pumping as soon as possible after delivery, even if you had a C-section. You can even set up a pump at the bedside in the NICU. Research* shows if you can start pumping within 6 hours of delivery for the baby who is in the NICU, you will increase your odds of bringing in a full milk supply.

- Pump every 3 hours for 15 minutes until your milk comes in (around days 3-5). This timing matches the average cadence of breastfeeding.
- Output may vary with each pumping session - you can have a larger collection of colostrum the first couple times you pump, and then see a little drop. Don't judge your output - variation is totally normal in the days before your milk comes in.
- Once your milk is in, you can pump every 3 hours during the day and sleep for 6 hours before starting your pumping routine the next day.
- Date and time your collections. Because your baby needs small volumes in the beginning, package the collection in smaller containers of 1-ounce max.
- If you are pumping large volumes, or if your baby is going to be in the NICU for an extended time, then storing 2-3 ounces may be appropriate in the coming weeks.

birth part II

Mom Tip



"With my twins, the nurse at my hospital forced my son's first latch - it was really jarring and aggressive. I could really see the difference when my daughter was able to find my nipple on her own (with a little guidance). That was much better!"

-Erin, Mom of Twins

7 Signs Your Baby is Ready to Latch

You suspected your baby was going to be a genius, and they prove it right away! Watch for these instinctual behaviors that show your baby is hungry and getting ready to latch:

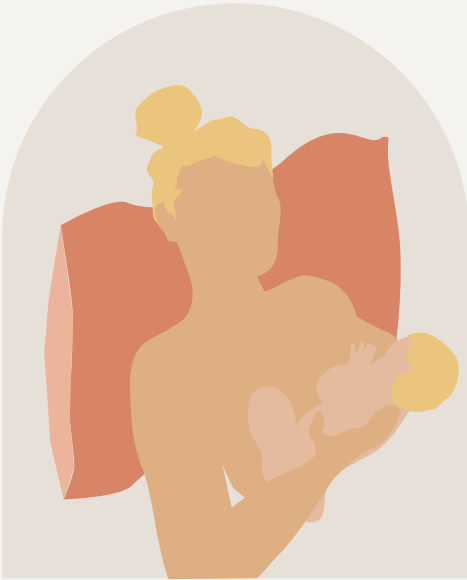
- ◆ They let out their birth cry.
- ◆ They look relaxed, calm and alert.
- ◆ They start to be active, rotating their head, moving other body parts and licking their lips.
- ◆ They start to recognize voices and turn their head toward parents (awww!)
- ◆ They start rooting - turning toward the nipple and opening their mouths.
- ◆ They suck on their hands and lips, and also on your chest.
- ◆ They crawl to the breast! This is so cool to see - you're witnessing your child's self-determination for the first time!

Don't Force The Latch

Take a hands-off approach and allow your baby to move through these steps at their own pace - they are acting out of their most powerful instinct to feed successfully and you will be so proud once they figure it out!

When the nurse or lactation consultant is helping, stop them if they are forcing the latch by physically pushing the nipple into the baby's mouth (this is very common, as lots of caregivers in the hospital are super busy and trying to be efficient). This can create oral aversion, which is counterproductive to the breastfeeding process.

There is a difference between guiding your baby to the breast - something they may need help with the first time when they're only an hour or so out of the womb! - and forcing it. Talk through this with hospital staff, and discuss how important it is that your baby is showing hunger cues, which are signs that they're ready to feed.



Hunger Cues:

In the earliest days of breastfeeding, if you notice your baby is awake, alert, rotating their head, sucking on their hands, wiggling, stretching and smacking or licking their lips, those are good prompts to change their diaper, get them skin-to-skin near the breast, and see if they will latch.

Crying is the last hunger cue. All babies cry (and that's ok!) but try not to let them get to this stage, since it's difficult to get a crying baby to latch. When they become overstimulated or upset, you'll want to calm their nervous system down first.

Check out Dr. Harvey Karp's video on "The Five S's" for tips for how to soothe and calm your baby.

Breastfeeding on Demand = You Don't Have to Pump

If neither you nor your baby have had medical complications, the great news is that breastfeeding on demand will bring a strong supply for most Moms without having to pump at all.

In fact, pumping early on when it's not medically indicated (and there hasn't been a prolonged mother-baby separation) can increase your risk of over-supply and infection and can cause stress to your breasts, nipples, and the milk hormone highway between your brain and breasts which actually decreases milk synthesis.

Hand Expression

Hand expression (or using a silicone breast pump) can increase your milk supply in the early days without pumping.

Hand expression is great when you're not facing any health concerns around milk supply but still want to boost your supply a little bit. You can add 2-3 minutes of hand expression to each breast after breastfeeding and give what you get to your days old baby via spoon (ask your postpartum nurse or lactation team to demonstrate spoon feeding so you can do it in a safe and effective way).

Check out the Stanford hand expression video to see the technique.



Pacifiers

To strengthen your milk supply, try soothing your baby by putting them to the breast instead of using a pacifier. This sends instructions to your brain and breasts to make more milk, so everybody wins!

If you want to introduce a pacifier, consider waiting at least 2 weeks to help support a strong milk supply. If you can wait 4 weeks, that's even better. Your window to introduce something new is between 4-6 weeks. After 6 weeks, babies are less likely to accept a pacifier.

Cramps

Sorry to tell you this, but cramping is a normal part of breastfeeding (we know - it's so unfair!). During the first week postpartum, your baby suckling at your breast sends a message to the brain to release the love hormone oxytocin. In this context, it's also the hormone that causes uterine contractions. You'd think it would be the opposite, but the more babies you have, the more intense this can get.

Silver lining time: Cramping during breastfeeding actually controls your bleeding and helps your uterus to contract back down to its pre-pregnancy state. It's also a good indicator that your baby has a strong, effective latch. And don't worry, not having cramps is not an indicator that things aren't going well - you just got lucky!

When To Call A Lactation Consultant

If you have any of the following, proactively call to schedule an appointment with your Lactation Consultant within **the first 48 hours** after giving birth:

- ▶ History of breast surgery or biopsy
- ▶ Polycystic Ovarian Syndrome (PCOS)
- ▶ Thyroid disorder
- ▶ Gestational Diabetes
- ▶ Hypertension/pre-eclampsia
- ▶ Postpartum hemorrhage or severe anemia

Other reasons to reach out:

- ▶ If you had a difficult time getting pregnant or got pregnant through IVF, your LC can let you know whether pumping may be warranted sooner than later to help establish a strong milk supply.
- ▶ If you have a small for gestational age baby (SGA) or if your baby is large for gestational age (LGA), an LC can help determine if triple feeding will be helpful. Both may benefit: SGA babies can take a little longer to get organized at the breast and may need help bringing in your supply, and an LGA baby may have difficulty maintaining blood glucose levels.
- ▶ If you have a painful or difficult latch - tenderness in the first few days is totally normal, but cracking, bleeding, pinched nipples and severe pain are not. Get help so you're not in pain! It will also help with your milk supply! Your Lactation Consultant can assess for tongue tie, lip tie, positioning of your baby at the breast and baby's latch mechanics. They may also recommend you use a nipple shield (more on these in Chapter 11).



day one

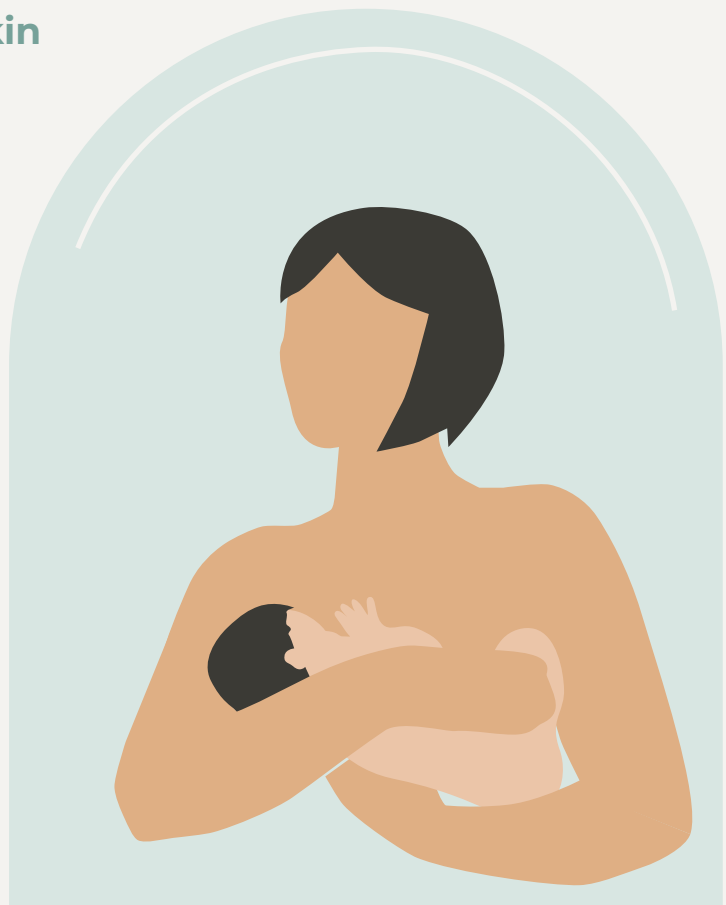
You made it! You can finally hold your baby in your arms and breathe in that delicious baby smell. Now your breastfeeding journey really begins.

The Golden First Hour: Skin-to-Skin

During this magical first hour with your baby, you'll want to have uninterrupted skin to skin contact. In addition to feeling amazing, this period helps to naturally stabilize your baby's breathing, heart rate and temperature to prime them for their first latch and feeding.

Some hospitals routinely take the baby to the warmer to diaper them and take vitals and measurements, but this disrupts their transition and delays breastfeeding, so it's a great time to plan to advocate for that initial skin-to-skin contact. Let your care provider know they can do vitals on your baby while they are skin-to-skin.

Consider having your baby do skin-to-skin with your partner or support person if you are unable to practice it in the first hours due to things like pain or serious medical issues.



The First 2 Hours: First Latch and First Feeding

Your baby will likely be most alert in the first 2 hours of their first 24 hours of life. During this window, your goal should be to get in a good latch, and try for 1-2 feedings with aggressive rhythmic suckling. Duration will look different for every Mom.

Getting this feeding in early is important because after about 2 hours, babies enter a recovery mode that can last 6-24 hours, and in most cases feedings will be less productive during that period. If you're able to get your baby to feed during the first 2 hours, it will help stabilize their blood sugar and curb weight loss, making it likely they will transition easily to the outside world.

Hours 3-24: Recovery and Sleep

Being born is exhausting, and your baby will enter a recovery mode for the rest of their first day. In most cases, between hours 6-24 your baby will need recovery rest. They usually won't give hunger cues and will be very sleepy. As long as your baby receives a good couple of feedings before entering their recovery phase, they will be just fine.

If they did not feed during the first 2 hours, then the best approach is to hand express for several minutes on each breast (see Chapter 6) and **finger feed** what you get to your baby.

Finger Feeding

- ▶ Scoop up what you have expressed onto your pinky finger and wipe a small amount of colostrum onto your baby's lips.
- ▶ Once baby is licking it, advance your finger into their mouth.
- ▶ Run your finger back and forth along the roof of their mouth.
- ▶ Feel your baby's tongue raise and wrap around your finger as they take over the motion of your finger with their suckle!
- ▶ Get another scoop of colostrum and repeat.

You can try waking your baby every 3 hours to feed, but don't panic if they latch and then immediately fall asleep. If your baby doesn't have medical issues, your approach to feeding can be more relaxed, and you can trust they'll get the hang of it once they've gotten some rest!

Diaper Watch

Keep an eye on your baby's output: In the first 24 hours, they are expected to have one wet diaper and one stool, the first of thousands of diaper changes to come!



Jaundice

Jaundice is a common condition in newborns that presents as yellowish skin and eyes. It's caused by an excess of bilirubin, which occurs when your baby is unable to process old red blood cells. Treatment includes placing the baby under bili lights and feeding them larger volumes of milk. Bili light treatment means less skin-to-skin and opportunity to breastfeed: ask about a bili blanket, which provides the same therapy but allows your baby more time in your arms and at your breast. Also, you should start pumping and ask about triple feeding.

breastfeeding fundamentals



Watch
For
More



Latching 101: Guiding Your Baby Onto the Breast

- Place one hand in a low position on the back of your baby's neck and shoulders (not on the back of the head which will likely cause them to arch away from the breast).
- With your other hand in a C or U shape, hold your breast to "sandwich" your breast tissue so that the contour of the breast is in the same direction as your baby's lips. You may need to slide your C hold into a U hold, or vice versa.
- Line your nipple up with their nose. As the nose touches the nipple, they will cock their head back and open their mouth. Now your nipple will be in line with their mouth at an angle that allows you to guide your baby onto the breast chin first.
- When you see your baby's mouth open, quickly guide them to the breast. With chin touching first and your breast "sandwiched," your nipple will touch the roof baby's mouth, which induces sucking!
- Hold your breast throughout the feeding to help maintain the latch.
- Compress the breast several times throughout the feeding. This will help with milk transfer and keep your baby engaged in the feeding.

“

*Tummy to tummy
Nose to nips
Flex the hips
To open the lips*

Holds

Finding the right way to hold your baby for a solid latch is kind of like finding a pair of jeans that fit you perfectly: you may have to try a bunch of different styles, but when you find the right fit, there's nothing better! Remember that your baby's tummy should be on your tummy, not facing up toward the ceiling.

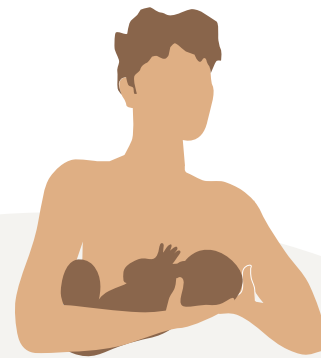
Laid Back Positioning

If you have had a C-Section or are experiencing nipple pain with latching, this position, which uses gravity to help your baby achieve a deeper latch, may become your go-to. When you're reclining, place your baby square to you and on top of the breast. In this face down position, your baby will approach from on top of the breast and instinctually open their mouth wide as they root for the nipple.



Cross Cradle Hold

In the first several weeks of learning to breastfeed, this hold will give you good control over your baby. Position them on their side, tummy to tummy with you, with one hand holding baby's neck and shoulders and that forearm supporting their back, you can use your other hand to support your breast.



Football Hold

This hold works well for large breasted women and allows for good control over both baby and breast. It's also great for some of those very first feeds, when the baby is so tiny that the more "traditional" cradle hold can be challenging. To achieve a deep latch (and keep you comfortable) make sure your baby is laying on their hip and not on their back.



Cradle Hold

At 6-8 weeks old, once your baby has learned to lunge for the breast like a pro breastfeeder, this hold may become your favorite (but it's not great for newborns who still need guidance to latch). Let your elbow hold your baby's head, and use your opposite hand to support their little bottom.



Side Lying

This position can be very comfortable, especially for the middle-of-the-night feedings. When nursing your newborn, you'll still need to guide the baby to the breast, but older babies can usually lunge to latch. If you have larger breasts, you'll want to hold them during the feeding to make sure the baby can breathe easily and doesn't get squished underneath. If your breasts are very small, you may find latching challenging in this position.



Session Length & Frequency

In the beginning, you may be surprised at how frequently your baby needs to feed. In the first 3 months, they'll need **8 or more feedings every 24 hours**. Every baby is different, so you'll get the best results when you allow your baby to lead.

- ◆ Some babies can get a good feeding in as little as 5-10 minutes. Some will feed for up to 15-20 minutes on each side.
 - ◆ Some babies can feed longer: for Mom/Baby duos with no health problems, you can let the baby feed as long as you both like.
 - ◆ For others, a very long session may indicate trouble with feeding. If you have milk supply issues or your baby has required triple feeding, you may need to limit your sessions to 15-20 minutes before moving on to supplementation to preserve your baby's energy and keep their weight up! As always, reach out to your Lactation Consultant for support.
- ◆ When they're full, your baby will fall deeply asleep (to the point where you can't arouse them to take the other breast), or they'll pull off one breast looking for more milk, at which point you can offer them the other side.
- ◆ If your baby feeds only from one side, start the next feeding on the breast that they did not take this feeding. If they took both breasts, then start on the breast they ended on.

Babies feed at different speed and frequency because each Mom's let down speed and compartment size for holding milk is different. Every Mom also makes a different amount of foremilk (for hydration and electrolytes) and hindmilk (packed with fatty acids for brain development). Your baby will keep feeding until they reach the hindmilk.

Don't compare your feeding pace or frequency to anyone else: your baby understands their needs better than anyone, and if they're growing and healthy, you are both doing a great job.

A Note on Volume

Since numbers only give us a part of the story, we don't recommend buying an infant scale to weigh your baby before and after feedings. They need volume over a 24-hour period and one feeding is not going to make or break that goal. Similarly, monitoring pumped milk output will give you a rough estimate of your milk supply but it is an inaccurate way to measure how much your baby can effectively remove from the breast, since babies are more efficient than even the best hospital grade pumps.

Trust your motherly instincts: Can you hear swallows while your baby is nursing? Do your breasts feel softer after feedings? Is your baby calm and content when they leave the breast? If your answer is yes, you've got nothing to worry about.

A lethargic baby who never wakes for feedings, has low diaper output, has a high-pitched scream and is unable to latch is a baby in trouble who needs to be evaluated by their pediatrician.



day two - day fourteen

Mom Tip



"I found success rooming in with my baby. Having her close by decreased my stress and helped me sleep better! With my baby in arm's reach, I had easy access to feed her and could put her back down easily, so I was able to get more sleep, which is what every Mom needs!"

- Ann, Mom of 2

Your first latch and feeding can give you the feeling that you've got this breastfeeding thing down. And while it's great to feel confident and successful after Day One, this next week or so may be the hardest part of your breastfeeding experience. You and your baby are learning together and you WILL get through it: re-evaluate your expectations, throw away your perfectionism and lean on your support team.

Sleep When Your Baby Sleeps

It's practically a cliché at this point - and this is so much easier said than done - but it's vitally important for you to get enough rest at this time. Learning something new is so much easier when you have the resources to calmly reason through any frustration or concern that comes up.

Your Milk Comes In!

Your milk will start to come in around days 3-5. Hooray! You will notice your breasts feel heavier when they're full - and lighter after feedings. Your baby will ask to be fed more often and will stay latched longer.

Full firm breasts may suddenly make it more difficult to latch - if this happens, hand express to soften your breasts before bringing baby to latch.

This is also a good time to consider using a Haakaa silicone breast pump. You can express some milk with this tool (which is gentler than an electric pump and faster than hand expression) to soften the breast and make latching easier. It can also increase your milk supply in the early days without machine pumping.



Cluster Feeding

Your brilliant baby knows that in week two, they will be hitting a growth spurt and will need extra milk to be on tap. **Cluster feeding** is your baby's way of increasing your supply NOW so they don't have to work so hard while they're growing.

Since the first month of your baby's life is the most critical time for establishing your milk supply, buckle up for a LOT of breastfeeding during this period. When cluster feeding, **your baby will want to be at the breast every 45 minutes** or so. Don't worry - they are not starving!

This is what baby-led feedings are like: your baby knows how much milk they need, and frequent feeding signals your body to start making more. While it may feel demanding, this is a special time to bond. Lean on your support system so you can focus on meeting your baby's needs. It gets easier from here!

Cluster Feeding: when your baby wants a series of short feeds over a few hours. Feels like they're always hungry but they're gearing up to grow!

Nipple Discomfort

Tender nipples are VERY common in the first few days of breastfeeding. But if your nipples are cracking, pinched or bleeding, that's a sign of a latch that may need improving and you'll need to address it. If latching is still uncomfortable by day three, you should contact your care provider or lactation consultant. In the meantime:

- ▶ Apply **lanolin** after each breastfeeding session to help protect and heal nipples. No need to wipe it off before the next latch.
- ▶ For cracking and bleeding, ask for a prescription for **All Purpose Nipple Ointment (APNO)** to prevent infection, decrease swelling, and speed up tissue recovery time. Unlike lanolin, APNO should be wiped off before latching.
- ▶ **Silver nipple cups** can also be soothing to wear in between nursing sessions.
- ▶ A **nipple shield** can help with painful and difficult latching. Try not to use these longer than a few days, since long term use can interfere with milk production and will teach your baby a new way to latch. (More info in Chapter 11)

Tongue and Lip Tie Releases

These are conditions your baby might be born with, where a tight band of tissue keeps their tongue tied to the floor of their mouth, or their top lip connected to their top gum.

Not all "tongue ties" are problematic or need correcting, but some can prohibit your baby's ability to latch correctly. This can cause nipple infection and trauma, which may delay your milk transfer and decrease your supply. If you experience any of the following, now is the best time to ask your care team for a newborn oral assessment and find out if a lip or tongue tie release would be helpful.

- ▶ If your baby is struggling to stick their tongue out past their bottom gum or lip, or if they're able to stick out their tongue but not lift their tongue well.
- ▶ If you're experiencing nipple pain, cracking or bleeding. If you have a pinched nipple after breastfeeding, this is a classic sign of an anterior tongue tie.
- ▶ A narrow gape or dimpled cheeks while feeding can indicate a tie.

Sometimes a **nipple shield** can help a tongue tie baby transfer volume and decrease nipple pain.

Diaper Watch

Monitoring your baby's "output" is a great way to know if they're getting enough milk. A strictly breastfed baby is rarely constipated and their stool is expected to be yellow/seedy. Don't get hung up on the number of stools - if they're doing it multiple times every day, they're doing great.

Day 1 = 1 wet + 1 stool diaper
Day 2 = 2 wet + 2 stool diapers
Day 3 = 3 wet + stooling daily
Day 4 = 4 wet + stooling daily
Day 5 = 5 wet + stooling daily
Day 6 and beyond = 6 wet + stooling daily

Regardless of how you feed your baby and whether you're supplementing breast milk with formula, all babies should have this output most of the time.

Supplementation and Feeding Plans

If your baby's diaper output is as expected and they seem content and growing, that's great news! There's no need to feed your baby anything but the milk they get from you.

But if your baby needs help to gain back birth weight (or if they have unstable glucose or temperature control), your Lactation Consultant or care provider may encourage bigger volumes of milk and more frequent feedings.

It's normal for babies to lose up to 10% of their birth weight in the first 72 hours of life. If they're within this range, you can continue to breastfeed on demand.

If your baby has lost more than 7% of their birth weight in the first 48 hours or more than 10% in the first 72 hours, then read on - *otherwise skip to the next section!*

If this kind of weight loss is happening, you'll need to get support and create a feeding plan. Here are some things to consider:

- ▶ Triple feeding and using a **Supplemental Nursing System (SNS)** to help your baby get the supplement they need while your supply is coming in.
- ▶ Pumping as part of supplementation - this will help stimulate your breasts to make more milk - if you don't pump, you run the risk of reduced production.
- ▶ If your baby needs supplementation after 24 hours of life, give no more than 5-15ml via syringe, spoon or finger after breastfeeding every 2-3 hours.
- ▶ Babies will overeat just like you and me, and if you're over-supplementing, it will be hard for your supply to catch up to what your baby wants.
- ▶ Try to avoid introducing a bottle in the first 2 weeks, unless it's medically indicated (or you have multiples!). It's an awesome instinct to bottle feed in order to involve your partner or if you are using a Night Nurse, but doing this too soon can complicate breastfeeding and impact supply.

Supplemental Nursing System (SNS):

a nursing device designed to help Moms breastfeed while supplying supplementary milk through a thin tube. Also great for non-lactating parents!

Fussy Babies

Babies are fussy and messy. They burp a lot, spit up, pass gas, and have frequent stools. Sometimes they cry because they're uncomfortable. This is all normal! Their digestive system is brand new and it's working hard to build the bacteria it needs to help with digestion.

Spitting up is normal in babies because the esophageal sphincter (the part of the throat that keeps food down) has not fully matured. If your baby is gaining weight and is happy overall, cross this off your worry list.



“
The best thing you can do is breastfeed your baby to provide the building blocks of a functional gut.”

Many fear that their diet - and specifically dairy - is what's causing their baby to have gas and discomfort. Try taking a walk with your baby - sometimes a change of scenery is all it takes to calm them down. If you still think your baby is sensitive to something you are eating, you can try cutting out dairy or limiting gassy foods to see if that helps.

Things Your Hospital May Not Tell You

Your hospital may have a traditional approach to birth and the first few days of life, but remember that you have the final word on what's right for you and your baby.

- ▶ **Circumcision** - if you choose to have your baby circumcised and your baby is struggling with latch or weight loss, you can ask to delay this procedure until your baby's got the hang of the suck/swallow/breathe rhythm of feeding.
- ▶ **Baths** - Babies are trying hard to transition to the outside world and sometimes a bath can disrupt their ability to maintain body temperature and blood glucose levels. Your baby does not need to be bathed right away - they are not "dirty"! In fact, allowing the **vernix** to be absorbed and massaged into your baby's skin helps with their transition. It won't make them sick and there is no need to wash it off. It's totally ok to delay your baby's first bath until they're at least 12 hours old or even until you take them home.
- ▶ **Nurse Checks in the Middle of The Night** - Between all of this "being born" and "learning to nurse" stuff, you and your baby are both bound to be pretty tired! If you and your baby are healthy, you can ask hospital staff to let you sleep and come back to take your vitals in the morning.

Vernix - the white, creamy substance your baby is covered with at birth



two weeks - six months

Mom Tip



Recipe for Peanut Butter Balls

1.5 c of peanut butter
3 c of oatmeal
1 c honey
1 c mini chocolate chips
Flax seed

Mix together, form into bite sized balls, and store in the fridge or freezer for a healthy (ish) but tasty snack that also helps keep your supply up!

- Hope, Mom of 2

Two Weeks Old

At two weeks old, you're starting to get the hang of things and settling into a routine - and getting used to next level multitasking!

Your baby should be:

- ▶ Back up to birth weight at 2 weeks old
- ▶ Feeding every 2-3 hours (about 8 or more times every 24 hours)
- ▶ Getting more predictable: sleeping well during the day, cluster feeding in the evening

Night Feedings

Your baby has innate knowledge, and they know that you have more fat content in your milk in the middle of the night than you do during the day or evening. As a result, your baby might become a night owl, preferring to nurse for longer in the middle of the night. Your baby knows what their body needs, and can get their needs met better when they are in the lead. As tempting as it is, don't try to put them on a schedule they're not ready for.

Remember to delegate! Night feedings are a great opportunity to involve your partner (or lean on your Night Nurse). Have them bring the baby to you for feeding, and once the baby is full, you can go right back to sleep while they change diapers and get them back to bed.

You will be hungry during night feedings, so ask your partner or the nurse to bring you water and a midnight snack.

Your Milk Supply

At this point, your milk supply is still coming in. If you feel like your supply is low, it's not too late to increase it. This is a great time to meet with a lactation consultant.

If your baby is latching, your nipples are feeling ok, your milk supply is flowing and your baby is growing well, **feel free to introduce bottle feeding** as desired at this time.

To get your partner involved in feedings, you can pump for 15-20 minutes about 30 minutes before the baby usually feeds, and they can feed the baby whatever milk you get. Try to limit this to once or twice a day (not in a row) to avoid the risk of mastitis (See Chapter 11).

If you've been collecting excess milk with the Haakaa, this can be a great time to use it, just don't forget to still **pump during the scheduled feeding time** or else your body will signal you don't need as much milk and your supply will take a hit.

Four - Six Weeks

At this point, your milk supply is likely well established. After four to six weeks, it's more difficult to increase your baseline supply.

What you can expect:

- ◆ Your baby is still feeding every 2-3 hours (about 8 times every 24 hours).
- ◆ Your baby is alert, relatively calm and actively suckling and swallowing when breastfeeding.
- ◆ Your baby falls asleep or becomes calm after feedings.
- ◆ You **don't need to wake your baby up** for feedings if they're not waking up and giving cues to feed. Most babies at this age will wake at least once to feed in the middle of the night - they're instinctively drawn to the increased fatty acids and growth hormone in nighttime milk.
- ◆ You may be able to get one 4-5 hour stretch of sleep at night!

Three - Six Months

Your baby will become more predictable after 3 months, and by this point your milk supply should be pretty steady. When you're able to soothe your baby with something other than your breast, you'll know they're ready to go longer in between feedings.

Your healthy, growing baby can now **sleep through the night**, though not all do. Every baby grows at a slightly different pace and has different needs as a result. As tempting as it can be, don't start comparing your baby to others at this milestone!

Sleeping through the night is not just about nutrition and sleep: it's about your baby's emotional well-being and nervous system development. Their emotional intelligence is growing rapidly and calling out for you in the middle of the night may be about their need to feel safe and calm.

At this stage, tired parents get tempted to try all sorts of methods, some of which can be disruptive to the baby's nervous system. A baby who has **help to soothe** sleeps better and wakes up happier. Trust your gut and do what you are comfortable with.

At around six months, you can start adding **soft foods** to your baby's diet, but breastmilk should be their main source of nutrition.

Six Weeks - Three Months

Now you're in the swing of things. Your baby is more alert, and as a result, they may start getting **distracted during feedings**. This is totally normal, as they are starting to become more aware and curious about the world around them.

Most babies at this age are waking once or twice a night to breastfeed. If you've had an average-length maternity leave, this is also the time when you're either preparing to **return to work**, or you've already gone back and are learning to juggle work and breastfeeding. More on that in Chapter 13.



breastfeeding

challenges & solutions

Mom Tip



"The warm, moist heat really helped me during feedings with my first born. My LC told me to wet a clean diaper, put it in the microwave (be careful not to make it too hot), and then put it on my breast. It stayed warm longer than anything else and really helped."

*-Vanessa,
Mom of 2*

Breastfeeding is amazing for Mom and baby, but it's also hard work. Give yourself credit for doing a great job! Below are common speed bumps many Moms encounter, along with guidance for resolving them quickly.

Clogged Ducts

Clogged ducts are very round, small, well-defined spots that are painful to the touch - you can pinpoint a clog with one finger, and once a duct has been clogged, it's likely to recur in the same place. You can tell a clog from an infection because an infection usually results in a more diffuse pain. To help release a clogged duct, you can massage it while breastfeeding and press in on the area after a hot shower. You'll know clogged ducts are resolving if they get smaller and less tender after feedings.

Lecithin is a natural supplement that emulsifies fat and keeps your milk ducts clear - 1200mg 3-4 times a day can clear clogged ducts and some women take it preventatively throughout breastfeeding. Before adding Lecithin or any supplements to your diet, consult with your health care provider to be sure they are not contraindicated for any prescription medication you are currently taking.

Milk Bleb

A milk bleb is as un-charming as it sounds: it's a white hard nodule on the tip of the nipple composed of solidified milk that's trapped in the nipple's lactiferous duct. Frequent nursing and warm compresses can usually release the clog, but if that doesn't work you may need to see your health care provider to have it lanced. After lancing, apply APNO cream for about a week and consider taking Lecithin in addition to any other recommendations from your health care professional.

Thrush

Thrush is a fungal infection that causes red nipples, inflamed areolas and sometimes includes a sharp shooting pain deep in the breast. Thrush can be passed from mom to baby or vice versa. Observe if your baby has developed white patches in the mouth, shows signs of discomfort with feedings and frequently pops on and off the breast. If either Mom or Baby has thrush, see your medical care provider right away as both of you will need to be treated.

Engorgement

Engorgement is when your breasts are full and hard: it causes swollen tissue that traps milk and makes it difficult to express. Your breasts may get engorged if you skip feedings and don't pump when your baby takes a bottle. It can sometimes even occur around days 3-5 when your milk comes in.

◆ Moms risk mastitis and decreased milk supply if engorgement is not managed right away. If you suspect you have mastitis, be sure to contact your doctor right away as you may need prescription medication.

Mastitis - an infection of the breast with symptoms of pain, redness and swelling. The affected area may be warm to the touch. You may have a fever and full body aches.

- ◆ To help with swelling and discomfort, apply a warm compress during feedings. Between feedings, take Ibuprofen (600 mg) and use ice packs or cold compresses.
- ◆ If your baby is exclusively breastfeeding, you may need to hand express to soften the breast before latching, since it's difficult to latch onto a hard, round breast. After feedings, you can hand express until you feel more comfortable - this will also help stabilize your supply and decrease your risk of infection.

It may be painful, but you can continue to breastfeed from the affected breast (it won't make your baby sick).

Nipple Shields - Fit and Phase-Out

If you use a nipple shield, make sure it fits with a little room around your nipple and that the nipple doesn't touch the end of the shield when baby suckles.

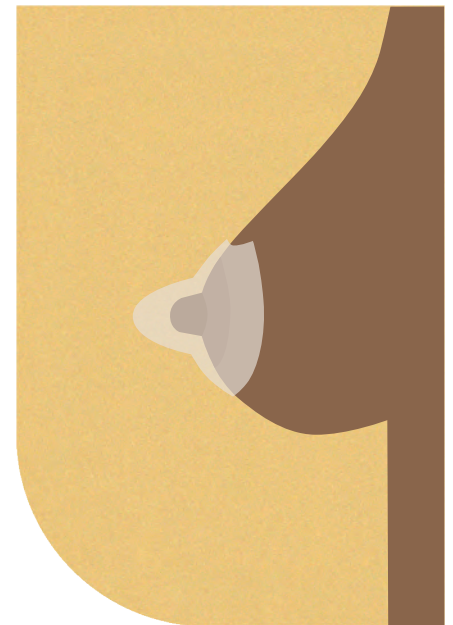
To help your shield stay on, wet the surface that touches the breast. Also be sure to wash your shield with an antibacterial soap after each use.

You can tell when a shield is no longer needed by noticing clues like:

- ◆ Feedings lasting significantly longer than they had been
- ◆ Baby being fussy during or after feedings
- ◆ Shield constantly getting full of milk
- ◆ When nipples feel healed

To help transition off the shield:

- ◆ Always try latching baby to the bare breast first.
- ◆ Start the feeding before baby is too hungry, as getting a crying baby on the breast can be difficult.
- ◆ Try removing the shield halfway through the feeding - once baby is settled and sucking is rhythmic, take the shield off and relatch in the same position.
- ◆ If your baby is breastfeeding from both breasts, they may be willing to relatch without the shield on the second breast.



Postpartum Pain and Recovery

Managing the pain you may have from delivery is important for successful breastfeeding. Walking will help with the pace of your recovery, but stay away from housework, heavy lifting and errands - sorry, Doctor's orders! Your job is to eat, sleep, heal, hydrate, breastfeed and generally be a queen - you just created life!

Most of the time after a vaginal birth, your feel-good endorphins and the oxytocin from breastfeeding will help manage your discomfort. For vaginal pain, consider a warm sitz bath and cold compress, and take Ibuprofen and Tylenol on a schedule for the first few days. If you had a C-Section, take the narcotics as prescribed for the first 2-3 days, as well as Ibuprofen and Tylenol on a schedule.

Depression and PTSD Management

Your mental health is just as important as your baby's nutrition, so make sure to check in with yourself emotionally to see how you're handling your baby's first days and weeks. Having the right support team in place is important - don't be afraid to lean on them.

For some survivors of sexual assault, breastfeeding is a trigger for PTSD, causing an overwhelming and unwanted physical reaction to the latch. Some find a breast shield can provide relief, while for others, it's just too uncomfortable. Find the approach that works best for you: you might decide to pump exclusively, or use formula.

See Appendix V for other health concerns for lactating Moms.



When Not to Breastfeed

It is rare to be told not to breastfeed, but it is not advised by the Centers for Disease Control and World Health Organization in instances of:

- ▶ Maternal HIV
- ▶ Illicit drug use
- ▶ Ebola
- ▶ Untreated Brucellosis
- ▶ Infant galactosemia (with +PKU test) - all newborns are tested for this within a couple of days of birth.
- ▶ T-cell lymphotropic virus



pumping exclusively

Sometimes pumping is a Mom's only or preferred option in order to provide breastmilk to their baby. Moms may choose this approach due to:

- A history of of sexual trauma
- Painful latching or painful milk letdown with the baby at the breast
- Flat nipples, which may render a shield too difficult to use
- Family dynamics, culture or personal preference

Other times, there are infant-driven reasons like:

- Some cleft lips or cleft palates that make it difficult to safely breastfeed
- Infant cardiopulmonary concerns
- Medically indicated strict input/output measurements
- Premature babies who struggle to transition to the breast because they learned to feed on a bottle first. Mom may also have been pumping for so long that it can be easier to stay that course.



Guidelines for Pumping Frequency & Duration:

- First hour: Initiate pumping within the first hour of delivery, using a hospital grade pump if possible. Do skin-to-skin frequently to help activate the hormones that drive milk synthesis. Also, make sure your pump parts fit well! (see Appendix II for more details).
- First week: pump 15 minutes every 3 hours (8 times per 24 hours) until your milk comes in.
- First two weeks: continue to pump 8 times per 24 hours. If this is not reasonable, then once your milk is in you can move to pumping 5 times per 24 hours. For best results, add hand expression after pumping.
- Until you're ready to wean: continue to pump 5 times per 24 hours.

Other Things to Know:

You can start bottles as soon as you are able to collect 10 ML or more.

If your breasts are feeling full, pump even if you think it's not "time" to pump yet in order to keep the supply and demand system working in tandem. Also, if you wait too long between pumping sessions, you run the risk of clogged ducts and infection.

While pumping, massage the breasts and use a warm compress to the breasts while pumping to help with flow.

If you are engorged, apply cold compresses to the breasts in between pumping sessions to decrease swelling and promote better expression.

returning to the office

Watch
For
More



Mom Tip



"I was a "just enough-er"- I never had a big freezer stash. At my peak before returning to work I had ~15 2-3oz bags saved in case of emergency. In the early days, I used the Haakaa 3x/day to catch leaks while I was feeding, and then I added a pump session right before returning. This relaxed approach worked well for me. I'll admit at the time I envied other Moms' deep freezers full of milk, but I made an effort to shut out that noise. I'm glad I did because I avoided a lot of stress and extra time tethered to a pump."

Abbey, Mom of 2

During your maternity leave, you will get the hang of breastfeeding and feel confident in your ability to feed, diaper, nurture (and adore!) your sweet baby. This can be a time that you cherish forever, so try hard to stay in the moment and keep thoughts of returning to work at bay for as long as you can. A few weeks out, you'll want to start planning how to balance work and baby while continuing to breastfeed. We've got you covered.

2 Weeks Out

If your baby has been breastfeeding without complications and you don't have health reasons that advise pumping, you can wait to start pumping until two weeks before returning to work. Of course you can start sooner, but it's not necessary and can add pressure to the precious weeks you have left of your leave.

Breastfeed your baby first thing in the morning as usual, then pump for 15 minutes. Don't worry if you don't see a whole lot at first - that's totally normal, since your baby just fed. Pumping tells your body to make more milk, so if you do this every day, you'll be able to start stockpiling and freezing your milk collection.

If you're planning to work longer than 8-hour days, pump after your morning feed and then again 6-8 hours later (after a feeding) and one more time before you go to bed.

To augment your output during this transition, you might consider Power Pumping (see Chapter 13) 3 times a week for your morning session.

Balancing Breastfeeding at Home with Pumping at Work

Every workplace has a different culture, and you will figure out how best to navigate pumping once you're back in the office. These guidelines are not hard and fast rules - make your best effort and remember to be kind to yourself. You have a lot to juggle as a working new Mom, and added stress and pressure won't help. If your day doesn't go as planned, you can always start again tomorrow.

Once you return to work, breastfeed your baby before you leave the house. Then, at work, you will **pump for 15 minutes as often as your baby feeds**. Plan on pumping about every 3-4 hours to maintain your supply.

To stay in sync with your baby's feeding cycle, keep in close contact with your caregiver so they can let you know if the baby takes an extra bottle, as this means you'll need to pump an extra session. You can also let them know when you're on your way home, in case there's a chance to hold off on the upcoming bottle feeding in favor of putting your baby to the breast instead. When you're with your baby, breastfeed as much as possible to help maintain supply.

If your breasts don't feel softer, lighter and more comfortable after pumping, add hand expression for several minutes on each side in order to keep your supply flowing.

If you feel pressure in your breasts, don't ignore: express!

Good news for Moms who are breastfeeding and pumping:

The volume of pumped milk is not always indicative of what you are actually producing. If you start to feel discouraged by the amount you are pumping when at work, keep in mind that supply and demand are driven by your baby, and babies are typically able to transfer larger volumes from the breast than what the pump can get out. If you establish a full supply before going back to work, the combo of pumping and breastfeeding will provide an adequate supply for your baby.

Pump Stress-Free

Whether you're pumping at work or at home, a relaxed, comfortable environment for pumping is key: less stress enables your body to let down more milk. This is why proper accommodations at work are so vital!

You can also work while you pump (it's a good time to manage that inbox!), check things like online shopping or making appointments off your to-do list, or access articles about parenting on The HUB (shameless plug!)

Taking advantage of a Work & Mother suite will support your healthy milk supply alongside your ability to balance motherhood with your career. With comfort, privacy and hospital grade pumps (along with easy access to supplies, hydration and snacks) all in one place, you can use your pumping time to focus on giving your baby the incredible gift of breastmilk.

Setting Clear Boundaries At Work

Treat pumping like a recurring meeting: At work, it can help to think of your pumping sessions as another part of your work day: put 30 minutes on your calendar every 4 hours or so (15 minutes to pump plus any time you need to get organized and walk to and from your pumping area). If you block off the time, you're less likely to miss a session, and more likely to prioritize pumping as another task you need to accomplish to be your amazingly productive and successful self.

Eat! Eat!: Now that you have to balance your baby's needs with work deadlines, it may be tempting to skip meals, but you're going to need to prioritize your nutrition in order to keep your milk supply flowing and not feel hungry! Take time to think through meals in advance, whether that means pre-packing lunch and snacks to bring to work, planning to eat breakfast at home or during your commute, or working at your desk with a salad from your favorite go-to spot.

Think Outside the Cubicle: Some Moms who live near work figure out how to go home on their lunch break to breastfeed. Others are able to have a caregiver bring the baby to them for their midday feeding. If you have access to a Work & Mother Suite, you can use it for breastfeeding your baby in addition to pumping.

Set Positive Expectations: After being out on maternity leave, you might be afraid that you've lost ground in your career, and it can feel like you need to make up for the time you missed at work. Trust that you will get back up to speed in due time, and even if you didn't do this before your baby was born, put healthy routines in place that protect you from overwork, prioritize your well-being and keep your breast milk flowing.

Remind yourself that maternity leave - and adequate time to pump - are both legally protected rights. **And taking advantage of them makes you a trailblazer for future working Moms (including our daughters!).**

What Work & Mother Provides

If you are returning to a workplace with a Work & Mother Suite, then relax, because all you need to bring is your access credentials and cooler bag – and maybe a pumping bra. The rest - hospital grade pumps, milk storage bags, breast pads, lanolin, cleaning and sanitizing supplies, refrigeration and storage – are all onsite waiting for you, so hit the snooze button for 15 more minutes because you don't have a pump bag to pack.



Packing To Pump

For Moms whose workplaces haven't gotten with it yet (you can request a Work & Mother suite in your building here), here are some supplies that will make your experience pumping at work as effortless as possible:

- ▶ Pump bag
- ▶ Pump (covered by most insurance) - Pick one that is easy to transport and has easily replaceable parts. Most importantly, your pump should not be painful! Check out some of our pump reviews on The HUB.
- ▶ Cooler bag with ice packs
- ▶ Bottles with tops or milk storage bags and permanent marker
- ▶ Antibacterial soap and travel cleaning brushes - to clean your pump parts after pumping
- ▶ Microwave sterilizing bag
- ▶ Lanolin or APNO - to soothe sore nipples
- ▶ Breast pads - to stop leaking between pumping and feeding (this is not forever! Leaking slows or stops after 12 weeks). Change these out frequently - if pads are moist against your nipples for long periods of time, you may risk nipple trauma and infection.



Boosting Your Milk Supply

If you're concerned that you're not getting enough volume when you pump, here are a few things you can do to squeeze a little more juice from your oranges.

▶ Hand Expression

Even after pumping, hand expression (see Chapter 6) can sometimes double your milk volume.

▶ Power Pumping*

Power pumping provides a small boost to your milk supply and can protect a waning supply or supplement an expected decrease due to stress or Mom/baby separation (dang those business trips!).

Set aside 60 minutes and prepare to use warm compresses and massage your breasts while you pump. Complete this cycle:

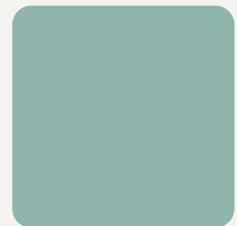
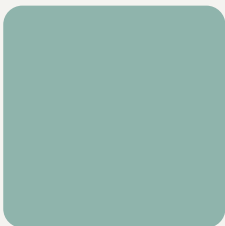
- ▶ Pump for 20 minutes, then rest for 10 minutes
- ▶ Pump for 10 minutes, then rest for 10 minutes
- ▶ Pump for 10 minutes

If your building has a Work & Mother suite, remember to book a double session!

Supplements

While there are not a lot of scientific studies that prove the impact and risks of most supplements, fenugreek, fennel, blessed thistle and milk thistle are thought to improve supply, in addition to drinking a cup of Mother's Milk Tea with every feeding.

Lactation experts have seen increased milk supply for some Moms who take 3 fenugreek capsules during feeding or pumping sessions, 3 times a day. As with any supplement, before adding it to your diet, if you are currently taking any prescription medications, consult with your health care provider to be sure the supplement is not contraindicated.



Prescription Drugs

Reglan is a prescription medication that can potentially increase your milk supply by increasing the hormone prolactin. If used for a short period of time (10-14 days) it's possible to see a boost in your supply, but be sure to discuss it with your health care provider, since it comes with its own risks to your nervous system. Be especially careful if you suffer from depression, as Reglan can make your symptoms worse.

*not to be used in the first couple of weeks of breastfeeding or as an everyday practice, as it can increase your risk of breast and nipple trauma as well as mastitis.

Milk Storage

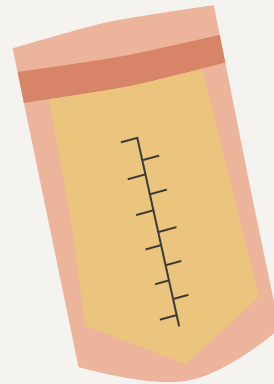
Now that you're making so much beautiful breast milk, you won't want to waste a drop! Here's what you need to know about breast milk storage.

Fresh pumped breastmilk can be:

- ▶ Left unrefrigerated and used for up to 4 hours
- ▶ Refrigerated and used for 4 days
- ▶ Frozen and used for 6 months
- ▶ Put in a deep freeze and used for 12 months

Thawed breastmilk:

- ▶ Can be left out for 2 hours before it needs to be used or refrigerated
- ▶ Once it's in the fridge, it's good for 24 hours
- ▶ Never refreeze!



Frozen breastmilk should be:

- ▶ Marked with date and time and stored in 2-4 ounce milk bags - always use your oldest milk first
- ▶ Stored laying down and stacked inside a plastic Tupperware
- ▶ Placed in the refrigerator overnight for use the next day
- ▶ Warmed up by placing bags in a warm bowl of water and gently mixed when it's ready to serve
- ▶ Don't thaw your milk in the microwave - it can damage your milk's enzymes

The Pitcher Method

- ▶ If you are pumping more than once a day, one way to save room in your fridge is to use a 16-20 ounce pitcher to store the milk you pump today for tomorrow's feeding.
- ▶ Date and time the pitcher with the first collected milk, and chill any new milk before pouring it into the pitcher of cold milk. Your milk will be good for up to 4 days after the date on the label.
- ▶ Using a small container will help make sure the milk doesn't go bad.

Cleaning & Sanitizing

Guidelines recommend sanitizing bottles and pump parts daily - not the tubing! - by boiling them or putting them in a microwavable sanitizing bag for 2-5 minutes (depending on microwave wattage). Some Moms prefer to use a dishwasher or hand wash with antibacterial soap and warm water and air dry after each use.



the weaning process

Mom Tip



As they started eating solids and weaning I was able to cut from 3 to 2 to 1 then no pumping sessions at work and I continued nursing the babies in the morning, at night and on the weekends. It got easier and easier until it was time to fully wean, which was bittersweet."

- Nicole, Mom of 3

Take It Slow

Your breastfeeding goals may change over time as your family's needs evolve. Take your time to decide when you're ready to start weaning your baby from the breast. Sometimes Moms make a quick decision and then change their minds, but if you quit cold turkey, you'll find it's harder to rebuild your milk supply.

The choice of when to wean is completely up to you, but make sure it's coming from a calm, rational place. Don't quit on a hard day: take a step back, give your baby a bottle of pumped milk or formula and reassess tomorrow.

A slow transition will help you adjust both physically and emotionally to the shift in hormones that happens in the weaning process. It will also minimize your discomfort and risk of infection.

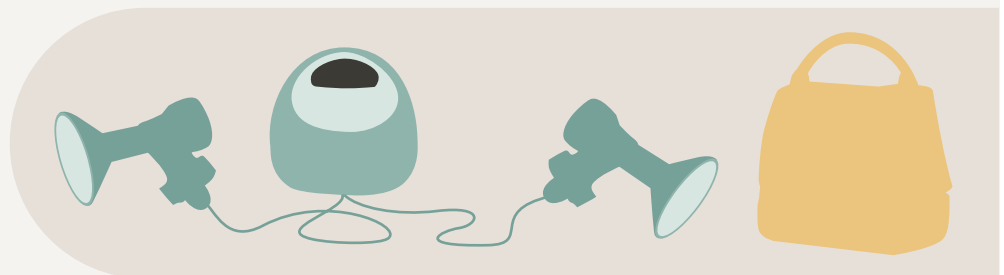
Phase Out Pumping

If you're breastfeeding on demand at home and pumping once or twice a day at work:

Week One: Eliminate one pumping session at work. If you're uncomfortable, pump only until you feel relief.

Week Two: Eliminate the other pumping session.

Weaning may feel physically fine, especially if you are 9 months or more postpartum. If your baby is between 3 and 9 months, you could have some discomfort because your breasts may feel full at your normal pumping time. In this case, hand express or pump to relieve the discomfort but not overstimulate your breasts. This could take 60 seconds or 2 minutes - stop when you feel relief.



Weaning the Baby from the Breast

The same principle applies here as it does to pumping:

Week One: Eliminate one feeding - start with the immediate feeding when you get home from work. This may be tricky, as your baby has enjoyed celebrating your return in this way. Try arriving home closer to dinner time and introducing a fun new age-appropriate food. Distraction can work too - playing or watching their favorite TV show can take baby's mind off the breast.

Week Two: Eliminate another feeding.

Week Three: Eliminate another.

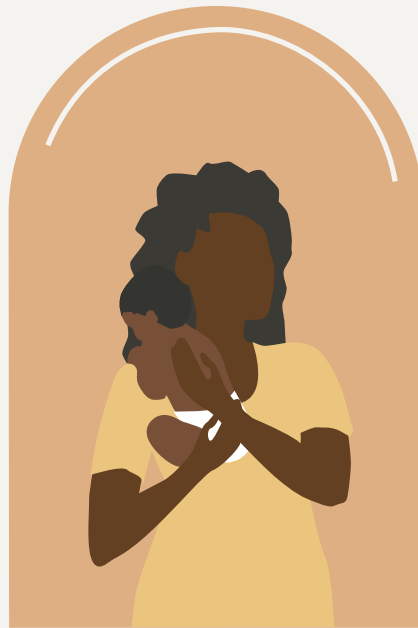
Leave the night feeding for the very last. Pump or hand express only to comfort at the time of the skipped feeding. If you have discomfort, it should fade after the first 2-3 days, but watch for signs of mastitis like fever, chills, body aches, red or hot to the touch painful breasts. Contact your care provider if you have these symptoms.





epilogue

Phew! Whether you breastfed your baby for 4 weeks, 4 months or 2 years, give yourself a big pat on the back. YOU DID IT! We hope this guide was both comforting and useful as you navigated your way through your breastfeeding journey. Refer back to *Breastfeeding Like a Boss* whenever you need it, and access The HUB for more information for working Moms.



DISCLAIMER: THIS GUIDE DOES NOT PROVIDE MEDICAL ADVICE. The information provided through this guide is offered for informational and educational purposes only. No material contained in this guide is intended to be a substitute for professional medical advice, diagnosis, or treatment. Should you have any concerns related to your health, the health of your baby, or your breastfeeding practice, please consult with your physician, lactation consultant, or other health care provider promptly. You should never disregard medical advice or delay in seeking it because of something you have learned in this educational guide. Work & Mother Services, Inc. does not endorse, recommend, warrant, or guarantee any third-party products or services shown in this educational guide and Work & Mother Services, Inc. disclaims responsibility regarding the performance or use of any third-party products or services mentioned or shown in this educational guide.



appendix I

Let's Talk About Bras

It may not be the sexiest item in your lingerie drawer, but the right nursing bra can be a lifesaver for breastfeeding Moms. Breast sizes will change throughout pregnancy, early lactation and later lactation so don't be surprised if you need to change bra sizes. Here's what to look for:

- NO underwires! If your bra is too tight or if the underwire is pressing on a milk duct, you increase the risk of a clogged duct and mastitis. Once your milk supply is established and you are leaking less in between feeds (at 6 weeks or later) you can wear an underwire bra if desired.
- YES Tanks with a shelf bra! Just make sure you get the right size. If it has cut-outs, make sure they're not too tight for your breasts to fit through when they are full of milk.

Your nursing bra size is your rib band measurement (36) with the letter matching your cup size (D), so our example bra size would be 36D. Here's how to measure:

Rib Measurement:

- Pull the measuring tape around your back and under your armpits. In the front, the measuring tape should lie above your breast tissue.
- Look in the mirror to ensure the measuring tape is parallel to the floor around your back. Exhale.
- Write down the measurement. If you are between sizes, round up or down to the nearest full, even number.

Nursing Bra Cup Size:

- With the tape still wrapped around you, measure around the fullest part of your breasts.
- Hold the end of the measuring tape at the side of your chest with both ends of the tape in one hand.
- Use your free hand to press the tape between your breasts and into your chest.
- Write down the measurement. This will likely be a larger measurement than your rib band but should provide an accurate cup size.

Nursing Bra Size Chart:

Subtract your rib band measurement from your cup size measurement - for example, 36 - 32. The difference (4) will match with the corresponding letter in the nursing bra size chart below:

0	1	2	3	4	5	6	7	8
AA	A	B	C	D	DD	DDD	F	G

Source: Medela



appendix II

A Note On Breast Shields for Pumping (aka Flanges)

Using the correct size breast shield is crucial for successful pumping. If you feel pain during or after pumping, the flange might not be the right fit and could cause breast and nipple trauma.

Only the nipple should be moving in the lumen of the flange.

- If your areola is pulling into this space, the flange is too big.
- If your nipple is rubbing the inside of the lumen, the flange is too small
- As you pump, your nipples can get bigger with time: you may need a smaller flange when you start and a larger one in a few weeks

Use a soft measuring tape (on the metric side) to measure from the base of the nipple on one side to the base of the nipple on the other side.

- If the nipple is 16mm, add 4mm to get your flange size ($16 + 4 = 20\text{mm}$). If your pump does not make a 20, try the next available size.
- The standard breast shield is 24mm. If you're smaller than 21mm or bigger than 27mm, you can order a special size.



appendix III

Breastfeeding Flash Cards!

Mom's Hospital Bag Checklist

- *ID, Insurance Card, Hospital Paperwork*
- *Birth Map*
- *Phone, charger, iPad*
- *Robe, nightgown, socks and slippers*
- *Bras, underwear and comfortable clothes*
- *Brush, Toiletries, Skincare & Glasses/Contacts*
- *Maternity Pads*
- *Lip balm, body lotion*
- *Comfy pillow*
- *Snacks and drinks*

Day 1

- *Do skin-to-skin as soon as possible*
- *Try for first latch and 2 feedings in the first 2 hours*
- *Expect a sleepy baby hours 2-24*
- *Look for 1 wet and 1 poopy diaper*
- *More skin-to-skin will achieve more latches*

Day 2 - 14

- *Expect your milk to come in days 3-5*
- *Take it easy, don't over schedule!*
- *Your baby may want to cluster feed every 45 minutes*
- *Look for 2 wet and 2 poopy diapers on day 2 - this increases by 1 daily until 6 days old. After that, expect 6 or more wet diapers daily*
- *Focus on latching, finding comfortable holds, eating, drinking, and resting*

2 - 3 Months

- *Baby should be back to birth weight or beyond at 2 weeks*
- *Baby grows the most in year one during this period*
- *Expect to nurse every 2-3 hours*
- *If your baby is calm, actively suckling and swallowing during feeding and sleepy after, they're getting enough*
- *By 6 weeks you may be able to get 4 hours of sleep at night!*

appendix IV

Your Birth Map

Birth is full of unexpected twists and turns, and there is more than one way to get to your desired goals as your birth unfolds. A Map offers alternatives for when you hit a roadblock or something unexpected comes up. Your birth map should address:

Transport and Communication Logistics

- Include how you are going to get to the hospital if you are having a hospital birth. Your plan may look different if it is the middle of the night and you have other children to plan for, versus if you are at work and go into labor. Think about the different possibilities and plan accordingly.
- For those having a home birth, discuss with your Midwife and support person who will call the Midwife, and when.

Your Birth Space

- If you are having a hospital birth, you may consider bringing homemade signs that remind staff of your important environmental needs such as: soft voices please, keep lights dim, knock before entering the room.
- Discuss with your partner what you will want to bring to the hospital to create a comfortable birth space. Consider bringing pillows, a robe or gown, slippers, electric candles or twinkle lights, music, and a special photo or object for focused breathing.



Pain Management Options

There are several pain management options depending on your labor stage and the level of intervention you desire. Some of these include:

- ▶ **1st line therapy (lowest interventions):** Birth ball, ambulation, hands/knees, massage, double hip squeeze, massaging hoku, breathing/focusing, hydrotherapy, moving through a birth circuit
- ▶ **2nd line of therapy:** Nitrous oxide (if your hospital offers it), IV pain medication, Vistaril for anxiety.
- ▶ **3rd line of therapy:** Epidural

The first two lines of therapy are usually good for early and active labor pain management; the 3rd is best to wait on until active labor kicks in, but can be considered in early labor if needed.

Some women plan for a natural birth and do not want to discuss pain management options. These women have usually been practicing their coping mechanisms and have a detailed plan of what they want to try and not try. Women who are committed to natural birth may benefit from asking the staff to not ask them their pain level (as this is irrelevant).

They may also pick a code word to use and have the staff and their partner agree that they will not mention the epidural unless Mom uses the code word and at that point, they can discuss pain management options.

2nd Stage Labor - The Pushing Phase

- ▶ Some women will include in their birth plan that they really want to try a certain position for pushing such as hand and knees or squatting. Some birth plans simply say “freedom to push in whatever position feels right to me”.
- ▶ Some hospitals or birth centers offer water birth, and this may be something that you list as a consideration in your birth plan. A woman having a home birth needs to delegate the task to a particular person to maintain the bath water and the functional space of the water birth. Some tubs need to be inflated and hot water added often, this is a task that needs to be discussed ahead of time.
- ▶ Some women do not want coaching while pushing. Others want directed pushing. This should be listed in your birth plan. These are flexible, so talk with your provider on what they recommend.

3rd Stage Labor - Placental Delivery

- ▶ Determine if you want active management of the placenta or not. Active management is recommended to decrease risk of postpartum hemorrhage, however, some women choose to not have this done. Ask your provider about what this practice looks like and how it’s done before deciding on this preference.

Immediate Skin-to-Skin and Delayed Cord Clamping

- ▶ Most hospitals practice this but ask to be sure if this is important to you. Include it on your birth plan if it is not a regular practice at the institution where you plan to give birth.

C-Section

A C-section may be planned or unexpected. Things to consider are:

- Can I have a support person with me?
- Ask your provider what it looks like if there is an emergency C-section.
- Can you have video or pictures in the Operating Room?
- Can you do skin-to-skin in the Operating Room?
- Ask about a Gentle C-section. Look it up! Ask your birth class instructor about this.
- Getting baby skin-to-skin with your partner if your baby and partner go to recovery before you do.
- Delaying weighing the baby and their physical exam until after you do skin-to-skin and have an opportunity to breastfeed.
- Address pain management on your birth plan, reinforce to the staff that you do not want to get behind on meds. They need to be timely when you request help with ambulation and medication.
- Abdominal binder.
- Heating pad for your back when in bed.
- Breastfeeding assistance in recovery.

Other things that are often included on a birth plan:

- Yes or no to the standard infant Vitamin K injection after delivery, antibiotic eye ointment, Hep B vaccination.
- Couplet care to minimize disruptions overnight.
- Delaying the first bath until after discharge.
- Breastfeeding on demand.
- Requesting Lactation Consultant support ASAP.
- Yes or no to circumcision.
- MMR and Varicella immunizations for the mom that is non-immune.

Lastly, an important note to add to your birth plan is to request that your care team always discuss the benefits, risks, and alternatives to any therapy they are offering you and your baby. It is important to your birth experience to feel a sense of control and to feel safe throughout your labor and delivery.



appendix V

OTHER HEALTH CONCERNS FOR BREASTFEEDING MOMS

Scan this list just in case! For info about drug compatibility and lactation not listed here, visit infantrisk.com.

Antibiotics - most are safe to take while breastfeeding, but some may cause infant GI upset and some cannot be used before your baby is 1 month of age. Talk with your LC about your specific medication.

Antihistamines and Decongestants - don't take these while breastfeeding, as they can decrease your milk supply. Try saline nasal spray or a neti pot to wash out allergens.

Cigarette Smoking - decreases milk supply and increases the risk of SIDS. Never smoke while breastfeeding or around your baby. If you smoke, shower and change your clothes before holding the baby to minimize their risk of nicotine absorption through the skin.

Cold / Flu and Stomach Virus - you can continue to breastfeed, and your baby will receive protective antibodies specific to your illness. It's ok to get flu shots and Covid-19 vaccines while breastfeeding.

Mood Medication - if you are on medication for depression and anxiety, most are safe to keep taking, as the benefits usually outweigh the risks. If you are advised to start on mood medication, Zoloft is often prescribed to pregnant and breastfeeding women. Discuss this further with your care provider.

Hepatitis C - breastfeed with caution. If you have cracked or bleeding nipples, avoid breastfeeding until you have healed.

Herpes Simplex Virus (HSV) - If you have breast lesions, you may continue to breastfeed if you cover them.

Hepatitis B Surface Antigen - if you're diagnosed with this prenatally, your baby should be given the initial Hepatitis B vaccine dose within 12 hours of delivery in order to avoid delayed breastfeeding.

Mammograms and Breast Ultrasounds - not contraindicated during lactation. Regular breast cancer screening can be done as usual, as can imaging that requires contrast. No need to pump and dump.

appendix VI

SUPPLEMENTARY VIDEOS



Welcome to Motherhood & Breastfeeding - a conversation with working Moms about the experience of new motherhood and breastfeeding



Latches & Holds - shows how to get a deep latch and demonstrates popular holds



The First 24 Hours - walks you through what to expect on Day One of your baby's life



The First 2 Weeks - provides advice for navigating the early days of breastfeeding



3 Common Breastfeeding Challenges (and How to Solve Them) - offers practical solutions to challenges many Moms face



Pumping Part 1: Pumping on Maternity Leave - the basics of pumping for Moms preparing to pump when returning to work



Pumping Questions & Answers - a conversation with working Moms about how to navigate pumping



Freezing & Storing Your Breastmilk - practical tips for how to make the most of the milk you've pumped



Maxing Out Your Maternity Leave - a conversation with working Moms about maternity leave and returning to the office



Pumping Part 2: Pumping at Work - tips for how to balance pumping at work with breastfeeding at home



about ann gabaldon

lactation consultant

Ann Gabaldon is a Certified Nurse Midwife, IBCLC lactation consultant, and advisor for Work & Mother. She has been a practicing IBCLC since 2011 and has worked with breastfeeding families in both hospital and outpatient settings.

Ann graduated from McMurry University in 2001 with a BA in Political Science, and after having children, returned to school to become a Midwife. She graduated nursing school at Santa Fe Community College in 2013 and worked in labor and delivery and cardiac units as a Registered Nurse while serving hundreds of women in labor as a DONA-certified Doula. Ann received her Master's in Science in Nursing from the University of New Mexico and has been a practicing Certified Nurse Midwife in New Mexico since 2020.

Ann's mission is to help women identify and address the controllable factors that impact their well-being in motherhood. Understanding the connection between breastfeeding success and women feeling a sense of self-efficacy, Ann focuses on breastfeeding education to prepare women mentally, emotionally, physically and spiritually for stepping into motherhood. Her insights are also informed by her personal breastfeeding journey, having successfully breastfed each of her children for a year, but not always without stress, uncertainty, and fear.

Ann's teaching, reflected in this guide, helps women cultivate flexible expectations while providing tools that help navigate the unexpected twists and turns of motherhood.



WORK & MOTHER



Disclaimer for Breastfeeding Like a Boss:

This guide, Breastfeeding Like a Boss is owned by Work & Mother. Purchasing this guide gives you a personal, non-transferable right to use it. You are not allowed to copy, resell, distribute, or share it in any form without our written permission.

By using this guide, you agree to these terms.