



# **Breastfeeding Guide**

*what you should know before  
and after your baby is born*

**LA BEST BABIES NETWORK**

**LABBN** Healthy Babies. Our Future.

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**first 5 la**  
— WELCOME BABY —

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# Acknowledgements

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LA Best Babies Network (LABBN) led the process of creating this breastfeeding guide as a complement to the breastfeeding information presented in the Welcome Baby Book. Maria D Martinez, RN, IBCLC of Northridge Hospital Medical Center (NHMC) served as the primary author. Martha J Bock, MPH of LABBN served as the reviewer and editor.

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# Introduction

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Breastfeeding is a very personal decision. The Welcome Baby Program is here to support you whether you choose to breastfeed or not. If you choose to breastfeed, this breastfeeding guide will provide you with basic, up-to-date information.

For additional breastfeeding information, please visit your Welcome Baby Book.

Throughout this guide you will find QR codes like the one below. The QR codes will take you to different websites and videos for additional information and resources.

Point your phone camera to the box or "click"  on the square :



Welcome Baby Sign Up



The Welcome Baby Book



# Why Breast Milk? <sup>1</sup>



- Breast Milk has all the nutrition that your baby needs.
  - Sometimes premature babies, or babies in the Neonatal Intensive Care Unit (NICU), might need formula supplementation. Talk to your baby's doctor about how to support breastfeeding during this time. For more information about formula supplementation visit page 22.\*
- Breast Milk is rich in important nutrients, Proteins, DHA (omega-3 fatty acid), and Fats that help with Brain Development.
- Breast Milk is also rich in fighting agents called antibodies. The antibodies pass through the breast milk and help the baby fight bacteria, viruses, and parasites.
- Breast Milk provides a protective coat in the baby's stomach to prevent bacteria from entering.
- Breast Milk is easier for the baby to digest than formula.
- Breast Milk is constantly changing. It will adjust to the baby's need. You might notice a difference in color. Sometimes it will look more white or less white, and sometimes yellow. This is your body giving your baby exactly what he/she needs!
- Breast Milk is Free!
- Breastfeeding is not only good for the baby it's good for you too.



Please Go Here For More Information:



\*Please visit Page 21 for details on COVID-19 and Breastfeeding.\*

# Pregnancy

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- Your body starts producing breast milk as early as 16 weeks of pregnancy.<sup>4</sup>
- Breastfeeding or not, you will experience changes in your breasts. The breast will become larger, more sensitive, and the areola (the tissue surrounding the nipple) and nipple, will look bigger and darker.
- These are normal breast changes that can affect the way your breasts look after you deliver the baby.

To learn ways to tone your breasts after your postpartum recovery, please go here:



- Your breast size does not determine how much milk you can produce. Women of all breast sizes can produce enough milk for their babies.
- You might see some colostrum/breast milk leaking during pregnancy. This is normal, and will not affect how much breast milk you'll have once the baby is born.
- Even if women in your family were not able to successfully breastfeed, you should still be able to.

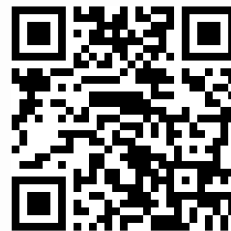
Remember, every woman is unique!

- Most women, with the right support and help, can breastfeed their babies.
- Remember to rest as much as possible during the pregnancy. If possible, try making it a habit to take naps during the day. You will need those day naps/rest once the baby is born to meet the needs of the baby. Babies breastfeed on demand or approximately every 2 to 3 hours.

# Pregnancy

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- Support from your partner, family, or friends is important for the success of breastfeeding. Talk to them about your plans to breastfeed and how they can help and support you once the baby is born.
- Support from your doctor and the baby's doctor (pediatrician) is also important for the success of breastfeeding. If you need help finding a pediatrician, please talk to your Welcome Baby Parent Coach.
- Most Health Insurance plans will give you a free breast pump. Please call your insurance today to find out how you can apply for one. **It is recommended that you order your pump during pregnancy (during your 3rd trimester)**, so that you are ready in case you have challenges with breastfeeding.
- Your Welcome Baby Parent Coach and Registered Nurse are Certified Lactation Educators (CLE). They can help you with any questions you may have about breastfeeding.
- If you are in Los Angeles and need help finding a Lactation Consultant, we encourage you call **Breastfeed LA** at Tel. 323-210-8505 or visit this **Resource Directory**:



***Remember to be patient.  
You and the baby will be  
learning how to breastfeed  
together!***



# Pregnancy

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**For recommended vaccinations during the pregnancy and safety while breastfeeding**

**Please Go Here:**



**What to pack for the hospital?**

**Please Go Here:**



**\*Remember your nursing supplies\***

Breastfeeding Bra or soft bralette with no wire, nipple butter, breastfeeding pillow (if you have one), nursing pads, shirt/top that opens in the front.

**Welcome Baby Book  
Pregnancy Chapter  
Please Go Here:**



**For Birth Plan,  
Please Go Here:**





# Giving Birth

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- Sometimes medical interventions, such as inductions or pain medication, during labor can affect breastfeeding.<sup>5,6</sup>
- Talk to your doctor about the interventions that may be necessary to deliver your baby safely.
- For medical reasons, a cesarean section (C-section) might be necessary. C-section deliveries and long labors can cause a mother to hold excessive fluid in different parts of the body including the breast.<sup>5,6</sup>
- This extra fluid can affect breastfeeding. It can make the nipple flat and the baby might not be able to latch correctly. Incorrect latch can cause pain and the baby might not stimulate the breast appropriately.<sup>6</sup>
- Get the help of a Lactation Consultant right away, they can show you ways to deal with the swelling for a better latch.

**Go here to learn more:**

- **Be patient with your recovery.**  
It might take up to a week for the swelling to go down.



# Giving Birth

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For information about:

The Lamaze Six Healthy Birth Practices visit here:



Welcome Baby Book - Giving Birth Chapter  
visit here:



More more information about giving birth:



# Skin-to-Skin

- If the delivery goes well, and there are no complications with mother or baby, the baby should be placed on your chest right away after birth. This is called **Skin-to-Skin**.
- Whether you have a C-section or a vaginal delivery practicing Skin-to-Skin with your baby is amazing!
- Your baby should remain on your chest for at least one hour after birth.
- Here are some of the benefits of Skin-to-Skin: <sup>7</sup>
  - helps your baby regulate his/her body temperature and breathing
  - promotes bonding and attachment
  - helps your baby feel safe and secure
  - releases hormones that help with breast milk production
- **Most importantly:** if the baby spends enough time on your chest, your baby will start looking for the breast and will latch. Give her/him the time to do so, it will help both of you with breastfeeding in the future.
- **ASK YOUR DELIVERY NURSE OR LACTATION CONSULTANT FOR HELP** right away to ensure that the baby is latching well.
- **Continue Skin-to-Skin at home.** It is still beneficial for breastfeeding, your milk supply, and for mom and baby.<sup>7</sup>
- If you can't put the baby on your chest after birth due to a medical reason, the baby can be placed on your partner's chest instead.

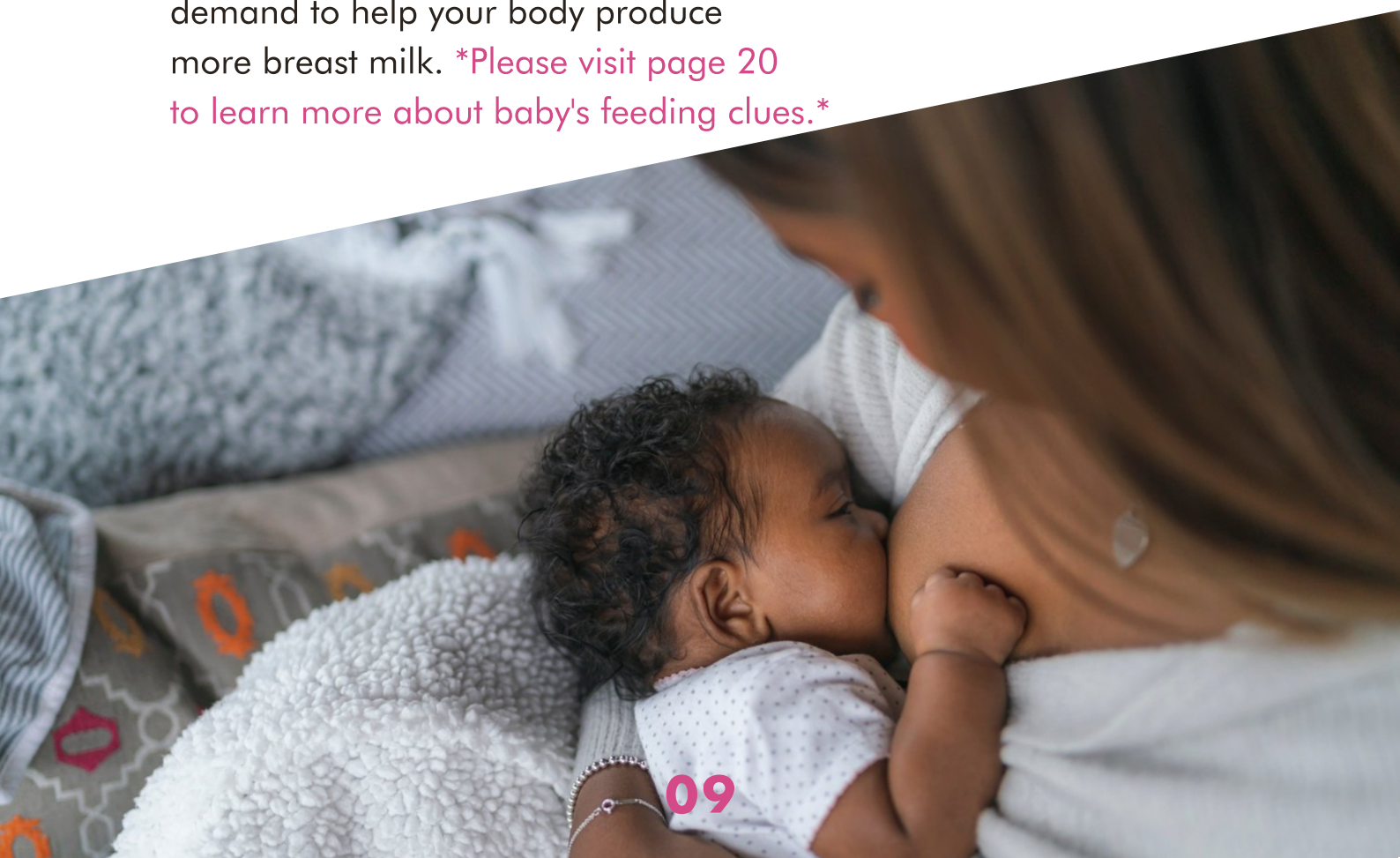


**For a Skin-to-Skin Video, Go Here:**



# Colostrum: Liquid Gold

- The colostrum is the first breast milk that is produced by the breast.
- It is high in proteins, antibodies to fight infections, and it protects the baby's stomach.<sup>8</sup>
- It is yellow and thick. Due to its thickness it's more difficult for the baby to suck it out.
- This is one of the reasons why babies take longer to breastfeed at first. Imagine yourself drinking a milkshake versus drinking juice from a straw. It takes more effort to drink the milkshake because it is so thick - the same thing happens with colostrum.
- When you are first starting to breastfeed, give the baby enough time at the breast. At the beginning, breastfeeding sessions might take 45 min to 1 hour. This is normal.
- After about 3 to 6 days, your breast milk will increase in volume and the breast milk will turn more white and less thick. This is also normal.
- **REMEMBER:** Breastfeed frequently or on demand to help your body produce more breast milk. *\*Please visit page 20 to learn more about baby's feeding clues.\**



# How To Produce Breast Milk

- The more you put the baby at the breast the more breast milk you are going to produce.
- When the baby is sucking at the breast, that sends a signal to the brain. A hormone called Oxytocin is released and triggers the let-down of your breast milk. Another hormone called Prolactin is also released to help you produce more milk.⁹
- It is very important to breastfeed on demand or every 1, 2 or 3 hours to stimulate your milk supply. The breast milk needs to come out of your breast at least every 3 hours for you to produce more.
- Drink plenty of water (breastfeeding will make you thirsty) and eat healthy, balanced meals.

Please go here for more information on healthy eating:



**3. Hormones Released**

**2. Signal to the Brain**

**4. More Breast Milk**

**1. Sucking:  
Breast Stimulation**

For a  
Milk Production  
Video, Go Here:



# Positioning

- Relax, lay back a little bit, support your lower back with pillows and your feet with a stool.
- Get your Boppy Pillow or any other pillow to support your arms and the baby.
- Here are some positions for you and the baby that will help with breastfeeding:

- **Cross Cradle** (if you are offering the right breast)

- Baby should be on his/her side, ear-shoulder-hip aligned (baby tummy-to-tummy to you.)

Baby's head at the level of the breast.

- Hold your baby with your left arm and supporting the baby's body.
- Left hand should support the baby's head at the base of the neck.
  - Don't put your hand on the back of the baby's head, the baby needs to be able to tilt the head back a little bit.
- Place your right hand on the right breast. Hand in a "C" or "U" position.



- **Football** (if you are offering the left breast)

- Hold your baby close to you like a "football" with the left arm.
- Hold your baby with your left arm supporting the baby's body.
- Left hand should support the baby's head at the base of the neck.
  - Don't put your hand on the back of the baby's head, the baby needs to be able to tilt the head back a little bit.
- Hold your breast with your right hand. Hand in a "C" position.



**REMEMBER!** The best position will be the one that works best for you and the baby.

# Latching

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- After positioning yourself and the baby, it's time for the latch.
- Put your nipple below baby's nose.
- Tickle the baby with your nipple from the nose to the lower lip.
- Keep doing so until you see the baby open the mouth wide open.
- Once you see the baby's mouth wide open, guide the baby chin first to your breast (nipple pointing to the roof of the mouth) with a gentle push to latch her/him.



- At this point the baby should be latched.
- You might feel some pain for a few seconds but the pain should go away.
- If you continue to feel pain while the baby is breastfeeding, unlatch the baby and try again.
- The baby's chin should be touching the breast.
- Most of the areola should be in the baby's mouth. Specifically, there should be more of the lower part of the areola in the baby's mouth.
- The baby's lips and cheeks should look like the picture below.
- Mouth wide open and round cheek:



# Positioning & Latching

- Breastfeeding shouldn't be painful. Your nipples might feel sore the first week of breastfeeding but the soreness should be getting better.
- ASK FOR HELP! if you are experiencing pain while breastfeeding.
- If your nipples feel sore, use your own breast milk to moisture the nipples. If you have nipple butter or oil, you can use that too.

**Welcome Baby  
Book Breastfeeding  
Chapter, and other  
breastfeeding  
positions  
please go Here:**



**For a positioning &  
latching video  
please go here:**



# Unlatching

- Unlatch the baby using your little or index finger.
- With one hand, insert your finger at the corner of the baby's mouth.
- Put your finger between the baby's gums. Turn your finger to break the suction.
- Right after you break the suction, place your finger on top of the nipple and remove the nipple and the finger from the baby's mouth.

**For a video to see  
how to unlatch  
the baby, please  
go here:**





## Is Baby Drinking at the Breast?

- Make sure that you are not feeling pain while breastfeeding. Pain means that the baby is not latching well.
- **ASK for HELP! if you feel pain while breastfeeding.** Call your Welcome Baby Nurse, your Welcome Baby Parent Coach, or your doctor for help.
- The better the latch the more milk the baby is able to drink.
- Listen for drinking sounds, like gulping, at the breast.
- If you can't hear the baby drink, look at the way the baby is sucking.
  - Baby should be sucking about 2 to 3 times, then pausing and swallowing.
- Look at the base of the baby's jaw. This area should go down deeply while the baby is drinking.
- Day 1 to 3 after birth you might not hear the baby drink as loudly. This is normal. Remember, the first few days, the baby is drinking small amounts of colostrum.
- When the babies are actively sucking they take shorter breaks, about less than 5 seconds between swallows.
- Sometimes the babies suck passively, the breaks they take are longer than 5 seconds.
- These breaks that the baby takes while breastfeeding are normal.
- But, if you observe that the baby is too sleepy or not drinking try to wake him/her. For tips on how to wake up the baby please visit page 16.

**For videos of babies drinking well and not so well at the breast, please go here:**



## Is baby getting enough?

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- You might not be able to measure what the baby is drinking in ounces, but here are a few tips to know if your baby is getting enough to drink:
- Remember to listen for the drinking sounds, and to look at the jaw movements.
- Feel your breast. The breast will usually feel full before the feeding. After the feeding, feel the breast again. If the breast feels softer, you know that the baby drank.
- Always try offering both breasts at the same feeding.  
\*This is especially important for Days 1 to 7 after birth.\*
- Babies usually are at the breast for about 45 min to 1 hour (about 20 min each breast). \*But, do not restrict the time at the breast. Allow babies to drink until they are full.\*
- **Looking at the baby's body language is very important.**
- When babies look tense at the breast it is usually because they are hungry.
  - Closed fists and arms up means tension.
  - Gently try lifting up the baby's arm by the hand, if she/he pulls it back, the baby is still hungry. Try waking up the baby to keep feeding.



# Is baby getting enough?

- A relaxed baby is a full baby. After you lift up the arm if you don't feel tension, the baby is getting full or is full already.
  - \*The arm will just fall down.\*



- If you still feel tension in the baby, or the baby is getting too sleepy, here a few suggestions to keep the baby drinking:
  - Undress the baby, leaving only the diaper and socks on. Your body heat will keep him/her warm.
    - \*Keep a blanket near by just in case you need it.\*
  - If the baby has been on one breast for about 20 min, change the baby to the other breast.
  - Change the diaper
  - Put the baby down for a few seconds, then pick the baby back up to keep feeding.
  - Gently move the baby's arms up.
  - Gently tickle the baby's feet.
  - **Do Breast Compressions**
    - With your free hand, away from the nipple and the latch, hold your breast like a "C" and compress the breast down for about 5 seconds or until you hear or see the baby drinking. Every time the baby stops drinking, continue to compress.

For Breast Compression Video  
Dr. Newman's Guide to Breastfeed:



# Is baby getting enough?

- Checking the baby's weight is also important.
  - The baby's weight must be monitored by the baby's doctor.
  - The baby's doctor should see the baby at least twice during the first days of life.
    - One visit 3 to 5 days after discharged from the hospital.
    - Another visit when the baby is 2 weeks-old.
- Newborns usually lose some weight during the first 1 to 3 days of life. This is normal.
- Talk to the baby's doctor about what weight loss amount is normal for your baby.
- If the baby is eating well she/he will start gaining weight at about Day 4 after birth.
- After Day 4, if breastfeeding is going well,
  - the baby should start gaining about 0.5 to 2 oz per day.
  - the baby should be at the birth weight again by the time she/he is approximately 14 days/2 weeks-old.
- If the baby's doctor tells you that the baby is not gaining weight well, talk with him/her about it and get the help of a Lactation Consultant or your Welcome Baby Nurse right away.



## Growth Spurts/Cluster Feeding











- Growth spurt are specific times when the babies are growing faster than usual.
- During these times, babies will cluster feed, they will eat more often, approximately every hour. This is normal.
- Follow the babies cues and feed the baby.  
For baby's cues please visit Page 20.

**For more Information about growth spurts  
and for a growth spurts table please go here:**



# Is baby getting enough?

- Minimum Amount of Diapers per Day of Baby's Life

Wet	Dirty (Poopy) & Color
○ Day 1 	
○ Day 2 	
○ Day 3 	
○ Day 4 	
○ Day 5 	

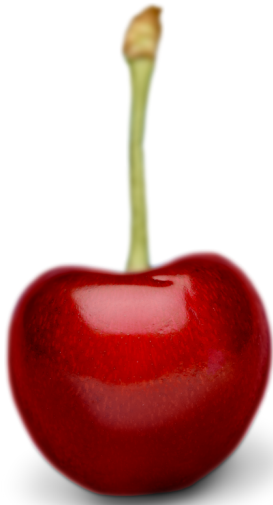
- If the baby is drinking well from the breast, she/he will have the amount of wet and dirty diapers shown above and the change of color will happen.
- The poopy will be loose (watery) by the third day and on. This is normal.
- If the baby is having more wet and poopy diapers, even better!
- Most of the time the babies will have a dirty or wet diaper after eating.
- After Day 5 and for the next 6 weeks, the baby will poop a lot.
- After 6 weeks the wet diapers should not change, but you might see fewer poopy diapers. This is normal.

**Go here for a Feeding Log  
you can use to track diapers  
and feeding amounts:**



# Baby Tummy Sizes

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**Day 1: 5 to 7 ml**  
**\*about 1 to 1.5 teaspoons\***



**Day 3: 22 to 27 ml (1 oz)**

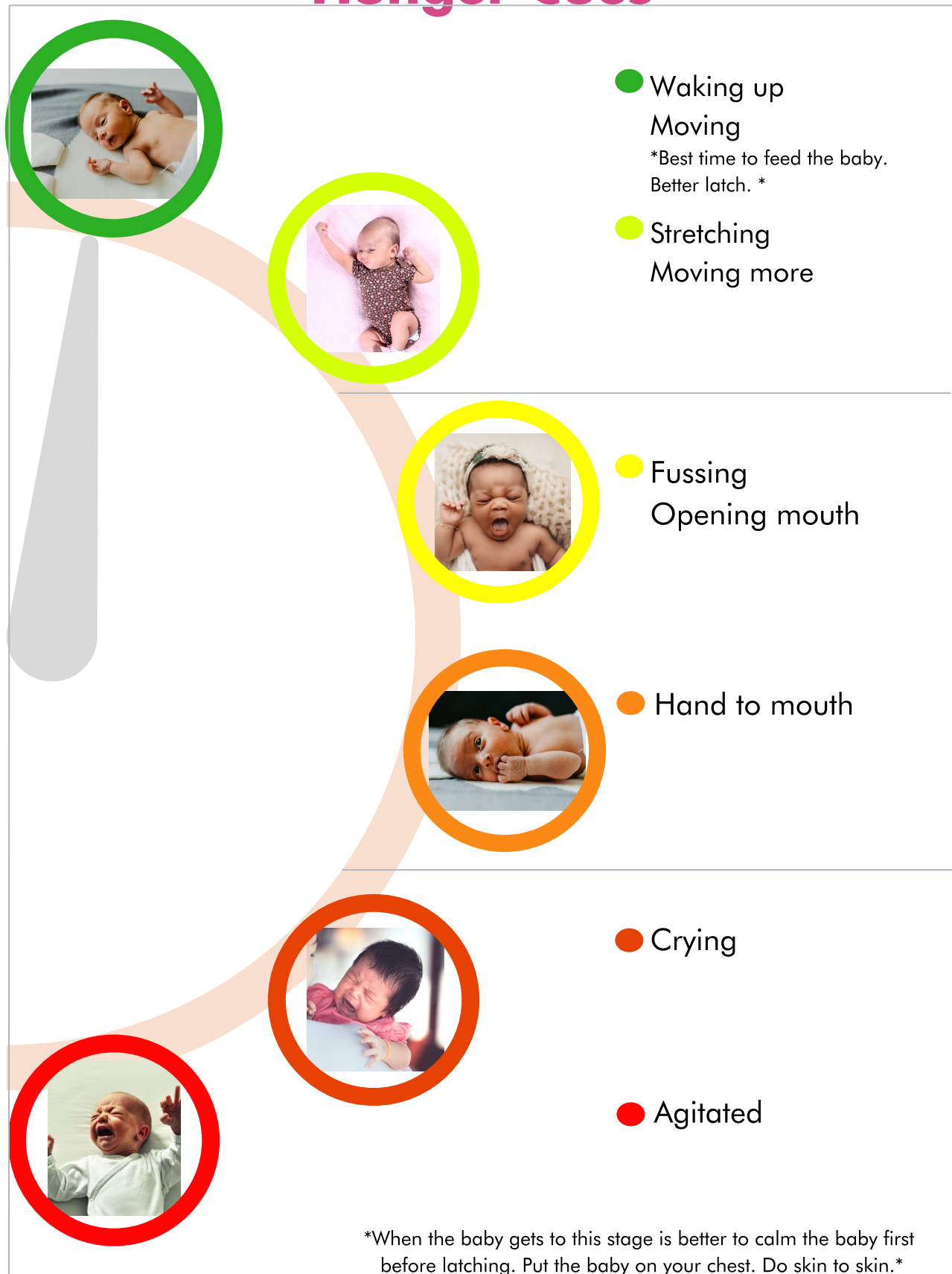


**Day 7:**  
**45 to 60 ml (1.5 to 2 oz)**



**One Month:**  
**80 to 150 ml (2.5 to 5 oz)**

# When to Feed the Baby/ Hunger Cues<sup>10</sup>



# COVID-19 and the Vaccine <sup>11 12</sup>

- COVID-19 is a virus that has caused many deaths around the world.
- COVID-19 is transmitted through close contact with a sick person, via fluids that spread in the air when we talk, sneeze, cough, and sing.

**Protect yourselves and your loves ones from this virus:**



**Get your COVID-19 Vaccine**



**Wash your Hands Frequently**



**Practice Physical Distancing**



**Wear a Mask**

- The COVID-19 Vaccine is safe for pregnant and lactating women.
- It is recommended that pregnant women get the COVID-19 Vaccine during pregnancy if they have not already gotten it.
- If you get the COVID-19 Vaccine during the pregnancy the baby will be born with some protection against the virus.
- If you get the Vaccine and you are breastfeeding, you will be giving your baby some extra protection against COVID-19 through your breast milk.
- If you get sick with COVID-19, talk to your doctor about breastfeeding.
  - If you are feeling well enough to breastfeed, most likely you can continue to do so. **Remember!** Wash your hands frequently and wear a mask when you are with the baby or pumping breast milk.

**For more information on the COVID-19 & Breastfeeding/Pumping please go here:**



**For more information on the COVID-19 vaccine please go here:**





# Supplementing with Formula or Breast Milk

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- Sometimes temporary formula supplementation might be necessary.
- This is OK. You could still be able to breastfeed later on or give breast milk to the baby.
- You may need to feed your baby formula for:
  - Medical Reasons: premature birth, Jaundice, and birth complications with mother or baby.
  - Supplementing low milk supply
- Be kind and patient with yourself. When mothers experience birth complications, the body is in a stage of shock and stress. It might take about 1 week for your body to start producing more milk. <sup>13</sup>
- **Make sure you talk to a Lactation Consultant at the hospital about your feeding options. Scan here for more information:**
- If you are not able to breastfeed after the baby is born, and if you are feeling well enough, **ask the Lactation Consultant for a pump.**
- To stimulate the milk supply, it's very important to start pumping as soon as possible after the baby is born.
- Pump every 2 to 3 hours to stimulate your milk supply.
- Day 1 to 5 of pumping, you might only pump 5 to 15 ml. This can happen. But, with enough breast stimulation it can get better in a few more days.
- **Every drop of breast milk is gold for your baby. Any breast milk you can give to the baby will be beneficial.**



**For Pumping  
and Storing  
Please Go  
Here:**



# Supplementing with Formula or Breast Milk

- If your baby is doing well, and you want to give more breastmilk to the baby and move away from the formula, talk to the baby's doctor, a Lactation Consultant, or your Welcome Baby RN. They will help you learn how to do it safely once your milk supply has increased.
- If you have to feed the baby with a bottle remember:
  - Always hold your baby while feeding
    - Better bonding
  - **Do not prop the bottle**
    - Increased risk of choking
    - Increased risk of ear infections
- Use the paced-bottle feeding method:
  - Hold your baby up - semi-sitting
  - Hold the bottle almost horizontal
  - Put the bottle's nipple on the baby's upper lip, wait for the baby to open the mouth and look for the nipple before putting the nipple into the baby's mouth.
  - After 2 to 3 swallows from the baby, lower the bottle slightly so that the milk moves away from the nipple. This will help the baby to pause.
  - If you see the baby pausing and not drinking, lower the bottle and wait for the baby to start sucking before putting the bottle back up.
  - A bottle feeding session should take about 15 to 20 min.
  - Try to burp the baby every time he/she finishes one ounce.



For how to prepare  
formula  
Please Go Here:

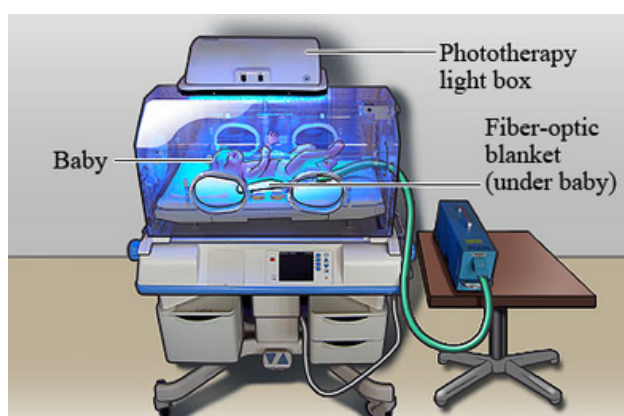


For a  
Paced-Bottle Feeding  
Video  
Please Go Here:



# Jaundice

- Jaundice is a common condition in which the bilirubin starts accumulating in the babies' skin after they are born.
- Jaundice in newborns usually happens due to:
  - Baby born early
  - Baby was bruised during birth
  - Baby is experiencing feeding problems
  - Mother's blood type is different from the baby's
- The bilirubin is removed from the body mainly through the stool (poopy) and the urine (pee).
- To avoid dehydration and help the baby start poopying, it is important to breastfeed following the baby's cues or every 2 to 3 hours.
- For most babies, the Jaundice gets better in about one or two weeks.
- Sometimes the Jaundice levels are at "high risk" and babies need **phototherapy**. In the hospital, the babies are placed under a blue light.
- The blue light will help the baby get rid of the bilirubin.
- **Phototherapy** is safe for the babies.



Please go to this video to learn more about **phototherapy**:



The Welcome Baby Book has more information about Jaundice, please go here:



# Engorgement<sup>14</sup>

- Engorgement is breast swelling that is caused by high milk supply.
- It can be very painful.
- It can happen:
  - The first few days after the baby is born
  - With extra stimulation of the breast (when mothers are breastfeeding and pumping to have extra supply.)
  - When skipping a feeding or pumping session
  - If you are having difficulty with breastfeeding (baby not emptying the breast well).
- What to do to relieve the Engorgement?
  - Breastfeed on demand or every 2 to 3 hours.
  - Change breastfeeding positions to empty different parts of the breast.
  - Use a warm washcloth on top of your breast while breastfeeding or pumping.
  - Massage the breast.
  - When possible take a warm shower, massage the breast over the water, and do some hand expressions.
  - In between feeds or pumping sessions, use cold washcloths.
- How to avoid it?
  - Breastfeed on demand or every 2 to 3 hours.
  - Try not to skip a feeding or pumping session.
  - Talk to a Lactation Consultant or your Welcome Baby Nurse about a plan to breastfeed and pump if needed.
  - Make sure that the baby has a good latch.



**For a breast massage and hand expression video, please go here:**



# Mastitis<sup>14</sup>

- Mastitis is an infection of the breast tissue.
- You may experience:
  - Breast pain
  - Red spots on the breast that feel warm and swollen
  - Flu like symptoms
    - Body aches
    - Fever
    - Chills
- Untreated engorgement or clogged ducts can turn into Mastitis.
- Clogged ducts can happen for the same reasons as engorgement and it's treated the same way.
- Mastitis does not affect the breast milk or the baby.
  - You should continue to breastfeed your baby if you develop mastitis.
- Please call your Doctor right away if you experience any of those symptoms.
- Treatment:
  - Antibiotics: choosing the right antibiotics will not affect the baby.
  - Continue the recommendations listed on page 25 for engorgement.
  - Talk to your doctor about the possibility of taking Lecithin Supplement. \*Lecithin could help with the clog ducts by making the breastmilk less sticky.\*
  - Eat a healthy diet, low in fats and sodium.



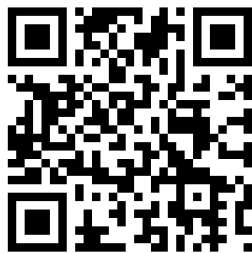
**Go here for more information about Mastitis, Clogged Ducts and Milk Blisters (Blebs) please go here:**



# Pumps

- For different reasons a mother might need to pump to feed the baby breast milk.
- REMEMBER! before you buy a pump call your insurance. The pump might be free through your insurance.
- There are also different companies that can help you apply for a pump through your insurance. Go to page 36 for more information.
- If you are buying a pump, there are many you can choose from.
- Here a few things to think about before you buy a pump:<sup>15</sup>
  - How frequently are you going to use the pump?
  - Are you staying home or going back to work?
  - How much time are you going to have to pump?
  - Where are you going to pump? (Electrical connection or not)
- If you are not sure of what pump to buy, talk to your Welcome Baby Parent Coach or Nurse. They can help you!

**Work and Pump  
Information  
Please Go Here:**



**Kelly Mom  
Pumping Information  
Please Go Here:**



# Breastfeeding Laws

- In California, mothers have the legal right to pump at work in most cases.
- **Know your rights!**

**For California's  
Breastfeeding  
Laws &  
Regulations  
Please Go Here:**



## Herbs and Supplements

- The best way to increase your milk supply is by putting the baby at the breast.
- Make sure that you are drinking enough water and eating healthy balanced meals.
- Some herbs and supplements may aid in increasing your milk supply.
- Always speak with your doctor before taking any herbs or supplements.
- These are herbs that are helpful for breastfeeding:<sup>16</sup>

- Fenugreek
- Blessed Thistle
- Moringa
- Shatavari
- Milk Thistle



For a lactation  
cookie recipe  
please go here:



## Medications

- Some medications are safe while breastfeeding and some other medications are not.
- Before you start taking any medications while breastfeeding talk to your Doctor, Lactation Consultant or your Welcome Baby Nurse.
- If the medication is not safe while breastfeeding talk your Doctor about any other medication alternative that you could take.
- If there is no other medication you could take, talk to your Lactation Consultant, Parent Coach or Welcome Baby Nurse about **how to protect your milk supply while taking the medication.**

For More Information  
on Breastfeeding  
and Medications  
Please Go Here:



## Concerns

- Sometimes no matter how hard you try to have a good supply and a good latch, you experience challenges. You may feel that you do not have enough breast milk or it is painful to breastfeed.
- **Talk to your Doctor, Lactation Consultant or your Welcome Baby Parent Coach or Nurse. They can guide and help you achieve your goals.**
- Some conditions like problems with your Thyroid or Sugar, can affect your milk supply. This is why it is so important to speak with your doctor to make sure that you are healthy.<sup>17 18</sup>
- Sometimes babies have problems sucking. The sucking problems could be related to the tongue, lip or cheeks. It can be painful to breastfeed, and the baby does not get enough breast milk.
- Some of these issues are called:
  - Tongue Tie
  - Posterior Tongue Tie
  - Lip Tie
  - Buccal Tie.
- Before getting discharged from the hospital make sure that the Doctor and the Lactation Consultant examine the baby's mouth, tongue, lip, and cheeks.
- If there are any concerns with the baby's mouth the baby's doctor should refer you to an ENT (an ear, nose, and throat specialist) for an in-depth evaluation of the mouth.



**For Videos about Lip Tie, Tongue Tie  
and Posterior Tongue Tie  
Please Go Here:**





# Ending Thoughts

Congratulations for embarking on this beautiful journey! We hope that this information will be helpful to you and your family. The Welcome Baby Program wishes you and your newborn a healthy beginning. We are here to help and support you along the way.





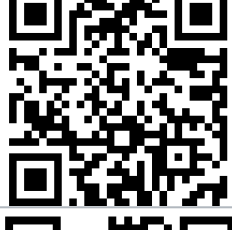

Please visit the LABBN-Welcome Baby website for more information about our program:



# Community Resources

<ul style="list-style-type: none"> <li>• BreastfeedLA             <ul style="list-style-type: none"> <li>◦ IBCLC Directory</li> <li>◦ Tel. 323-210-8505</li> </ul> </li> </ul>	<p>Website:</p> 
<ul style="list-style-type: none"> <li>• Breastfeeding USA             <ul style="list-style-type: none"> <li>◦ <b>Free Warm Line:</b> <ul style="list-style-type: none"> <li>▪ <b>Tel. 612-293-6622</b></li> <li>• <b>Leave a message and someone will call you back</b></li> </ul> </li> </ul> </li> </ul>	<p>Help locator:</p> 
<ul style="list-style-type: none"> <li>• California Breastfeeding Coalition's             <ul style="list-style-type: none"> <li>◦ Tel. 831-917-8939</li> </ul> </li> </ul>	<p>Website:</p> 
<ul style="list-style-type: none"> <li>• Henry Mayo Hospital/Santa Clarita             <ul style="list-style-type: none"> <li>◦ Breastfeeding Support</li> <li>◦ Tel. 661.200.1515</li> </ul> </li> </ul>	<p>Website:</p> 
<ul style="list-style-type: none"> <li>• La Leche League Antelope V.             <ul style="list-style-type: none"> <li>◦ Virtual Support Groups                 <ul style="list-style-type: none"> <li>▪ Free-Monthly</li> </ul> </li> <li>◦ Tel. 661-524-6455</li> </ul> </li> </ul>	<p>Website:</p> 
<ul style="list-style-type: none"> <li>• La Leche League Studio City             <ul style="list-style-type: none"> <li>◦ Virtual Support Group                 <ul style="list-style-type: none"> <li>▪ Free - Monthly</li> </ul> </li> <li>◦ Tel. 818-720-8523</li> </ul> </li> </ul>	<p>Website:</p> 
<ul style="list-style-type: none"> <li>• La Leche League of Southern California             <ul style="list-style-type: none"> <li>◦ Help Locator</li> </ul> </li> </ul>	<p>Website:</p> 

# Community Resources

<ul style="list-style-type: none"><li>• La Leche League International<ul style="list-style-type: none"><li>◦ Help locator</li></ul></li></ul>	Website: 
<ul style="list-style-type: none"><li>• New Familia Health<ul style="list-style-type: none"><li>◦ Virtual Support Group<ul style="list-style-type: none"><li>▪ Free - Weekly</li></ul></li><li>◦ Tel. 323-917-1700</li></ul></li></ul>	Calendar: 
<ul style="list-style-type: none"><li>• Northridge Hospital<ul style="list-style-type: none"><li>◦ Virtual Support Group<ul style="list-style-type: none"><li>▪ Free</li><li>▪ Every Thursday at 1:30pm</li></ul></li><li>◦ Tel. 818-885-8500</li></ul></li></ul>	Zoom Invite: 
<ul style="list-style-type: none"><li>• Pump Station and Nurtury<ul style="list-style-type: none"><li>◦ Virtual Support Group</li><li>◦ Pump Rental</li><li>◦ Tel. 310-998-1981</li></ul></li></ul>	Website: 
<ul style="list-style-type: none"><li>• Soul Food for Your Baby<ul style="list-style-type: none"><li>◦ Virtual Support Group<ul style="list-style-type: none"><li>▪ Free - Times May Vary</li><li>▪ Tel. 323-205-0044</li></ul></li></ul></li></ul>	Website: 
<ul style="list-style-type: none"><li>• West LA Mom<ul style="list-style-type: none"><li>◦ Directory</li></ul></li></ul>	Website: 
<ul style="list-style-type: none"><li>• WIC Program<ul style="list-style-type: none"><li>◦ Apply on-line</li><li>◦ Use thir App</li><li>◦ Tel. 1-888-942-2229</li></ul></li></ul>	Website: 

# Community Resources

<ul style="list-style-type: none"><li>• A Mother's Haven<ul style="list-style-type: none"><li>◦ Pump Rental</li><li>◦ Tel. 818-380-3111</li></ul></li></ul>	Website: 
<ul style="list-style-type: none"><li>• Breast Pump Connection<ul style="list-style-type: none"><li>◦ Pump Rental</li><li>◦ Tel. : 310-212-6461</li></ul></li></ul>	No Website
<ul style="list-style-type: none"><li>• Medline<ul style="list-style-type: none"><li>◦ Apply for a Pump</li><li>◦ Tel. 1-855-441-8737</li></ul></li></ul>	Website: 
<ul style="list-style-type: none"><li>• Moms Get More<ul style="list-style-type: none"><li>◦ Apply for a Pump</li><li>◦ Tel. 855-786-7296</li></ul></li></ul>	Website: 
<ul style="list-style-type: none"><li>• Pumping Essentials<ul style="list-style-type: none"><li>◦ Apply for a Breast Pump</li><li>◦ Tel. 1-866-688-4203</li></ul></li></ul>	Website: 
<ul style="list-style-type: none"><li>• Simply MaMa<ul style="list-style-type: none"><li>◦ Apply for Breast Pump</li><li>◦ Tel. 1-805-541-1462</li></ul></li></ul>	Website: 
<ul style="list-style-type: none"><li>• Target Breast Pump Program<ul style="list-style-type: none"><li>◦ (In Connection with McKesson Patient Care Solutions, INC.)</li><li>◦ Apply for a Pump</li><li>◦ Tel. 1-855-406-7867</li></ul></li></ul>	Website: 

# Additional Videos

<ul style="list-style-type: none"><li>• Baby's Cues</li></ul>	Go here: 
<ul style="list-style-type: none"><li>• Global Health Media<ul style="list-style-type: none"><li>◦ Latch</li><li>◦ Positioning</li><li>◦ Hand Expression</li><li>◦ and Much More</li></ul></li></ul>	Go here: 
<ul style="list-style-type: none"><li>• International Breastfeeding Centre<ul style="list-style-type: none"><li>◦ Multiple Breastfeeding Videos</li></ul></li></ul>	Go here: 
<ul style="list-style-type: none"><li>• Natural Breastfeeding (Lay-Back)<ul style="list-style-type: none"><li>◦ Positioning</li><li>◦ Latching</li></ul></li></ul>	Go here: 
<ul style="list-style-type: none"><li>• Skin to Skin<ul style="list-style-type: none"><li>◦ Dr. Bregman</li></ul></li></ul>	Go here: 
<ul style="list-style-type: none"><li>• Stanford University Video<ul style="list-style-type: none"><li>◦ Breast Massage</li><li>◦ Hand Expressions</li></ul></li></ul>	Go here: 
<ul style="list-style-type: none"><li>• WIC<ul style="list-style-type: none"><li>◦ Therapeutic Breast Massage</li><li>◦ Breastfeeding Basics</li></ul></li></ul>	Go here: 

# References

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1. Ballard O, Morrow AL. Human milk composition: nutrients and bioactive factors. *Pediatr Clin North Am.* 2013;60(1):49-74. doi:10.1016/j.pcl.2012.10.002.
  2. Rosenberg-Friedman M, Aya K, Yael B, et al. BNT162b2 mRNA vaccine elicited antibody response in blood and milk of breastfeeding women. *Nature Communications.* 2021;12(1). doi:http://dx.doi.org/10.1038/s41467-021-26507-1.
  3. Juncker HG, Romijn M, Loth VN, et al. Antibodies Against SARS-CoV-2 in Human Milk: Milk Conversion Rates in the Netherlands. *J Hum Lact.* 2021;37:469-476. doi.org/10.1177/08903344211018185.
  4. Pillay J, Davis TJ. Physiology, Lactation. *StatPearls.* 2021. <https://www.ncbi.nlm.nih.gov/books/NBK499981/>. Accessed October 15, 2021.
  5. Inductions & Labor Medications. Community Health Training Institute Web site. <https://bfcme.hriainstitute.org/breastfeedingcme/cme-2/section-2/inductions-labor-medications>. Accessed October 15, 2021.
  6. Kujawa-Myles S, Noel-Weiss J, Dunn S, Peterson WE, Cotterman KJ. Maternal intravenous fluids and postpartum breast changes: a pilot observational study. *Int Breastfeed J.* 2015;10:18. doi:10.1186/s13006-015-0043-8.
  7. Bigelow AE, Power M. Mother-Infant Skin-to-Skin Contact: Short- and Long-Term Effects for Mothers and Their Children Born Full-Term. *Front Psychol.* 2020;11:1921-1921. doi.org/10.3389/fpsyg.2020.01921.
  8. Ballard O, Morrow AL. Human milk composition: nutrients and bioactive factors. *Pediatr Clin North Am.* 2013;60(1):49-74. doi:10.1016/j.pcl.2012.10.002.
  9. Institute of Medicine (US) Committee on Nutritional Status During Pregnancy and Lactation. *Nutrition During Lactation.* Washington (DC): National Academies Press (US); 1991. 5, Milk Volume. <https://www.ncbi.nlm.nih.gov/books/NBK235589/>.
  10. Feeding Cues. BreastfeedLA Web site. <https://www.breastfeedla.org/feeding-cues-posters/>. Accessed October 16, 2021.
  11. Breastfeeding and Caring for Newborns if You Have COVID-19. Centers for Disease Control and Prevention Website. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/pregnancy-breastfeeding.html>. Accessed October 17, 2021.
  12. COVID-19 Vaccines While Pregnant or Breastfeeding. Centers for Disease Control and Prevention Website. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>. Accessed October 17, 2021.
  13. Dewey KG. Maternal and Fetal Stress Are Associated with Impaired Lactogenesis in Humans. *JN.* 2001;131(11):3012S-3015S. doi.org/10.1093/jn/131.11.3012S
  14. Mastitis. La Leche League International Web site. <https://www.llli.org/breastfeeding-info/mastitis/>. Accessed October 20, 2021.
  15. Choosing a breast pump. U.S. Food and Drug Administration Web site. <https://www.fda.gov/medical-devices/breast-pumps/choosing-breast-pump>. Accessed October 20, 2021.
  16. Herbal remedies for milk supply. International Breastfeeding Centre Web site. <https://ibconline.ca/information-sheets/herbal-remedies-for-milk-supply/>. Accessed October 20, 2021.
  17. Speller E, Brodribb W, McGuire E. Breastfeeding and thyroid disease: A literature review. *Breastfeeding Rev.* 2012;20(2):41-47. <https://une.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/breastfeeding-thyroid-disease-literature-review/docview/2588499790/se-2?accountid=12756>. Accessed October 20, 2021.
  18. New study reveals important role of insulin in making breast milk. *Clinical Trials Week.* July 22, 2013. <https://link.gale.com/apps/doc/A337475384/AONE?u=bidd97564&sid=bookmark-AONE&xid=79157e41>. Accessed October 21, 2021.
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