



Plan for your breastfeeding success and communicate your wishes about breastfeeding your baby. Knowledge + Support + Confidence = Success

Preparing for My Baby's Birth: Getting off to a great start!

- I will talk with my partner, family, friends and health care provider about my plan to breastfeed, and for how long.
- I will attend a prenatal breastfeeding class.
- I plan to have my baby skin-to-skin right after birth.
- I plan to feed my baby within the first hour after birth.
- I plan to room-in with my baby in the hospital.
- If my baby is having trouble with feeding in the hospital, I will ask to speak with a nurse or a lactation consultant.
- I will ask about hospital breastfeeding support groups available to me before I leave the hospital.

Your health care providers and WIC are here to help you every step of the way

- My health care provider is: _____
- Phone: _____
- My WIC contact is: _____
- Phone: _____
- My WIC peer counselor (if available) is: _____
- Phone: _____

The First Weeks at Home: Being a new mom isn't always easy in the beginning. Reach your goals for breastfeeding by having a plan.

- Two people that I can trust and call on for helpful advice or support are: _____
- For my first week at home, these people can help with:
 - Laundry: _____ House cleaning: _____
 - Groceries: _____ Errands: _____
 - Care of older children: _____
 - Meals: _____, _____, _____
- If my baby seems to have difficulty with feeding, latching-on or if my nipples become sore, I will contact: _____
- If I start feeling sad or overwhelmed, I know this is common, I will talk to _____ about ways to feel better.
- I will sleep or rest when my baby sleeps.



Breastfeeding in Connecticut: What are your Rights?

You have a right to breastfeed in public.

Connecticut laws* protect your right to breastfeed your child in any public place that you are allowed to be. This means that no one can limit your right to breastfeed your baby. It is against the law to not let you breastfeed or to ask you to move or cover up.

If you think your right to breastfeed in public has been violated: contact the Commission on Human Rights and Opportunities (CHRO).

Call 1-800-477-5737 or visit their website at www.ct.gov/chro

You have a right to breastfeed or pump at work.

The Connecticut law on breastfeeding at work states that your employer must allow you to breastfeed or pump breast milk at work. There is also a federal law about breastfeeding at work.

Here is how the Connecticut law works:

You may pump or breastfeed your baby at work during your meal or break time. Your employer does not have to pay you during that time unless you are using your regular break time. They must provide a room or other space that is close to your work area. If your employer doesn't provide break time, it doesn't have to do so under Connecticut's law. The space cannot be a toilet or bathroom stall and it must be private. This law is for all Connecticut employers.

If you think that your breastfeeding rights at work have been violated: contact the Connecticut Department of Labor.

Call 1-860-263-6791 or visit their website at www.ctdol.state.ct.us/wgwkstnd/forms/DOL-80.doc.

Here is how the federal law works:

If you work for a company that has more than 50 employees and you are paid hourly, then your employer must provide you with flexible break times that will be different for all women. They must also give you a private place to pump your milk. They do not need to pay you if you are using time that is not your regular break time.

You can also file a complaint with the U.S. Department of Labor. For information on filing a complaint, visit the U.S. DOL website: www.dol.gov/wecanhelp/howtofilecomplaint.htm.

You cannot lose your job for pumping or breastfeeding at work.

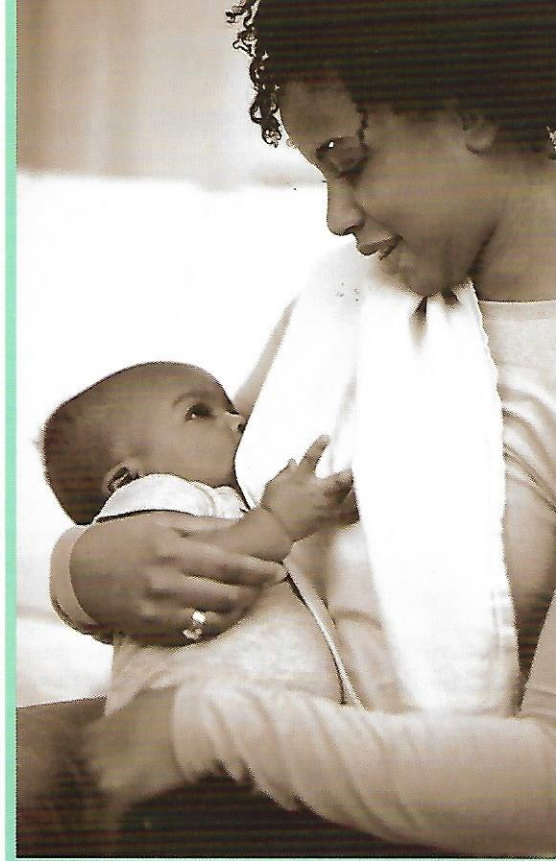
It is against the law to discriminate, discipline or take any action against you for exercising your rights under these laws.

Talk with your employer about working and breastfeeding.

Tell them about your breastfeeding plans as soon as possible. Women need to pump or breastfeed to continue making milk for their babies. Breastfeeding results in healthier women and children and lower health care costs. Healthier women and children mean that mothers don't have to miss work as often because they are healthier and so are their babies. Women who are able to combine work and breastfeeding are more satisfied with their jobs and don't quit as often. Everybody wins with breastfeeding! More information at: www.breastfeedingct.org

You have rights if you are called for jury duty.

Jury Duty Administration must have information on their website for breastfeeding women about options for their jury service, <https://www.jud.ct.gov/jury/faq.htm#9>. They must train their staff about the needs of breastfeeding jurors. For more information on postponement of jury duty or to ask the court staff to work with you to meet you and your baby's breastfeeding needs while on jury duty, call 1-800-842-8175 8a.m. to 8p.m. Monday through Friday, or go to the Jury home page at <https://www.jud.ct.gov/jury/default.htm>.

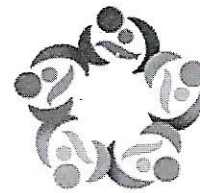


A collaborative publication between the Connecticut Department of Public Health and Connecticut Breastfeeding Coalition

- * Connecticut laws* (Chapter 939, Section 53-34b and Chapter 814c, Section 46a-64) Breastfeeding in public
- * Connecticut law (Connecticut General Statutes, Section 31-40w) Breastfeeding in the workplace
- * Public Act 12-51 Addresses Jury Duty

Information for breastfeeding families

Help From Friends and Family



New mothers need help and support in the early days of breastfeeding. Partners, grandparents, siblings, and friends all can play a critical role in meeting the needs of a new mother. Everyone needs to be on the same “wave length” when offering help and suggestions. Be aware of differences in culture and changes in parenting philosophy from generation to generation.

How to Help

- Watch for feeding cues and bring the baby to mom for feedings
- Change diapers
- Burp the baby
- Hold the baby skin-to-skin
- Walk, rock, swing, and cuddle the baby
- Take care of household duties
- Bathe the baby
- Take care of the other children
- Offer encouragement
- Be there!

What Has Changed

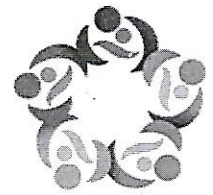
- No feeding schedules. Feed on demand.
- No “crying it out”
- Minimal pacifier use
- Continue breastfeeding while employed by using a breast pump at work

Notes from Dad to Mom

- Treat me like I know what I am doing; teach me when I don't
- Look at me like you used to
- Let me help when you are tired
- Spend some alone time with me
- Take my advice
- Be agreeable with my family
- Encourage me to be part of the special relationship you have with the baby
- Ask me what my concerns are and listen
- Ask for help if you need it

Notes from Mom to Dad

- Take the baby for awhile and give me a break
- Tell me I am doing a good job
- Be my “breastfeeding coach”
- Plan something special for the two of us
- Give me a massage
- Send me flowers
- Limit my visitors
- Make dinner or breakfast in bed
- Be agreeable with my family
- Don't question purchases to make breastfeeding easier/more comfortable
- Wash the pump kit
- Do some of the housework
- Plan time so I can sleep
- Just listen and offer support
- Be our advocate for nursing
- Get involved in our baby's care
- Ask for help if you need it
- Talk proudly to your friends about breastfeeding



Information for Breastfeeding Families

Is My Baby Getting Enough?

Often a new parent's biggest concern is about how much and how often the baby breastfeeds.

Here are some guidelines to help you know if your baby is getting enough:

- ✓ Your newborn baby should nurse on demand, 8 or more times in 24 hours during the first 2 - 3 weeks. As your baby gets older feedings will become more efficient and may be less frequent.
- ✓ Some feedings may be close together, even an hour or so apart. Other feedings will be less frequent. Feedings do not need to be evenly spaced and are often irregular in the newborn baby. Wake your baby if he doesn't awaken to feed within 3 hours during the day. Night time feedings can be less frequent.

Typical patterns for wet diapers are

- 1 wet diaper on day one
- 2 wet diapers on day two
- 3 wet diapers on day three
- 4 wet diapers on day four
- 5 wet diapers on day five
- 6 wet diapers on day six and from then on.

Look for light yellow to clear urine.

Typical patterns for stools are several per day

- Day 1 Meconium (dark & tarry)
 - Day 2 Brownish
 - Day 3 Brownish yellow
 - Day 4 Dark yellow, soft
 - Day 5 Yellow, semi-liquid
- Some newborns stool after every feeding. Stools taper off and may not even occur every day as your baby gets older.

Babies generally lose a little weight in the first few days after birth and then begin to gain. This is a normal pattern. Ten percent is considered the maximum acceptable weight loss. Have your baby's weight checked a couple of times during the first 2 weeks, especially if you are concerned that your baby is not eating enough. A weight check is the only sure way to determine adequate intake. Once your baby has regained birth weight, at about 2 weeks, you can relax and let your baby set the pace for the feedings.

Sometimes babies seem to take a good feeding at the breast but wake within a few minutes wanting more. Offer the breast again. It will likely be a short "top off" feeding and your baby will drop off to sleep.

Is My Baby Getting Enough?

Signs of hunger

Rooting
Mouthing movements
Tense appearance
Grunting, other sounds
Hand-to-mouth activity
Kicking, waving arms
Crying

Signs the Baby is Full

Drowsiness, sleepiness
Baby comes off the breast spontaneously
Relaxed appearance
Hands and shoulders are relaxed
Sleeps for a period of time
before arousing to feed again

Signs of a good latch-on

Relatively comfortable, latch-on pain subsides quickly
Lips at the breast at least 140° angle or greater
All or most of the areola in the baby's mouth
with more areola covered from the area near
chin (asymmetrical latch-on)
Lips flanged (rolled out)

Signs of a good feeding

Easy latch-on, stays latched-on
Swallowing you can hear
Noticing that the breasts are softer after
feedings
Feeling strong, deep, "pulling" sucking
Seeing milk in your baby's mouth
Leaking from the other breast or feeling of a
"let-down" reflex
Vigorous sucking
Wide jaw movements and consistent sucking

Please see the advice of a Lactation Consultant or another healthcare provider if:

1. Your baby has not begun to gain weight by his fifth day after birth or has not regained birth weight by 2 weeks
2. Your baby is not voiding at least 6 - 8 times per day
3. Your baby is not having several stools per day

These signs can indicate inadequate feedings and can become a serious concern if not corrected quickly. You may wish to keep a written record of when your baby voids, stools, and feeds for a few days so you can accurately report this to your health care provider. Please seek help if your problem does not resolve quickly.

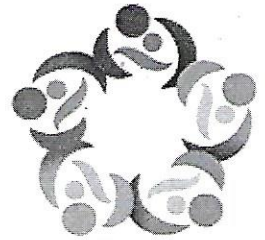
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Information for breastfeeding families

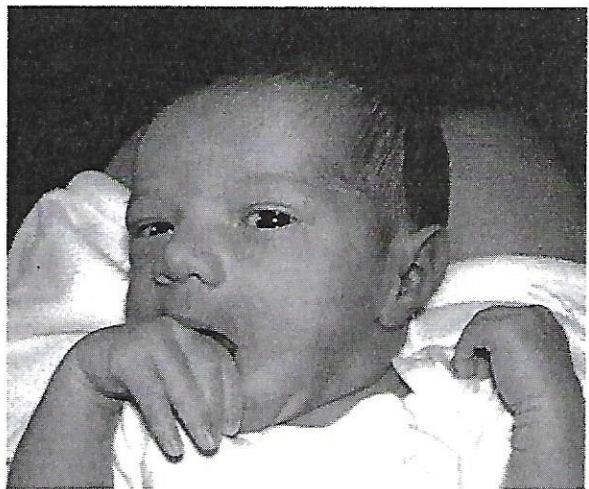
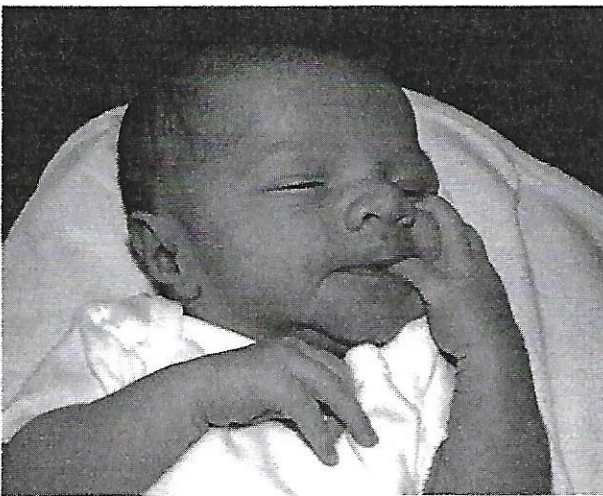
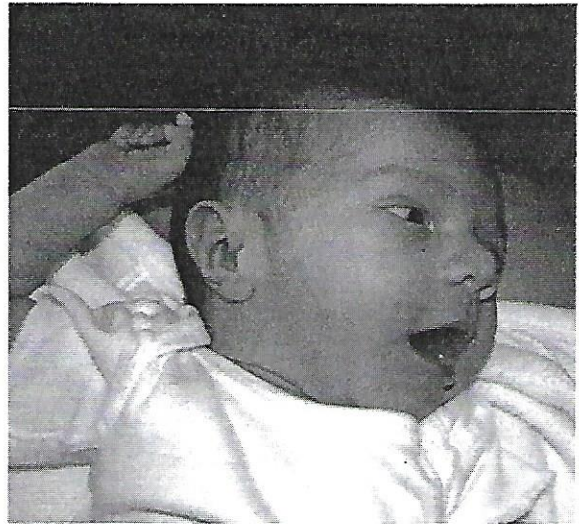
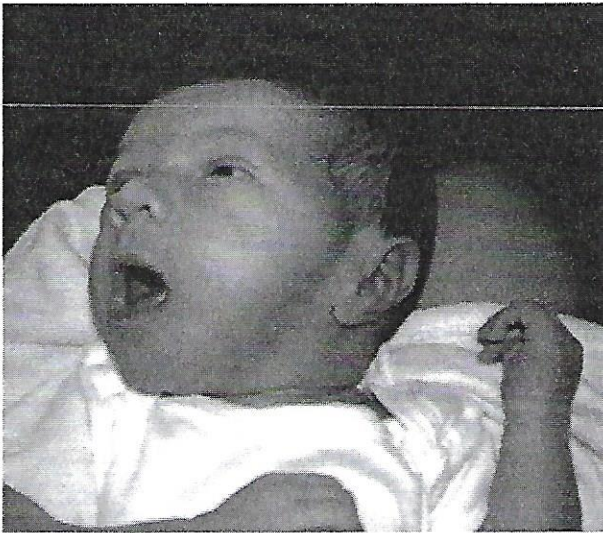
Infant Hunger Cues



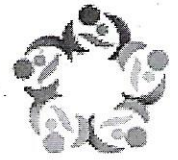
Babies show several cues in readiness for breastfeeding. Tuning into your baby's cues will make your feeding more successful and satisfying for both your baby and for you.

Your baby does not have to cry to let you know he is hungry. ***Crying is the last hunger cue!***

- ❖ Awakening
- ❖ Soft sounds
- ❖ Mouthing (licking lips, sticking tongue out)
- ❖ Rooting towards the breast (turning the head and opening the mouth)
- ❖ Hand to mouth activity
- ❖ Crying beginning softly and gradually growing in intensity



Try to catch your baby's feeding cues early in the cycle – avoid crying – and begin breastfeeding!



The Importance of Latch-on

Sore nipples, engorgement, excessive weight loss, and jaundice

New mothers sometimes run into problems with breastfeeding. Sometimes a single problem develops, but often a “cluster” of problems occur that all have the same cause. These four issues (sore nipples, engorgement, excessive weight loss and jaundice) are often seen together and are often the result of poor latch-on. You can likely avoid this by following these simple steps:

✓ **Keep your newborn with you at all times**

This allows you to respond to your baby quickly at any time that he seems to want to feed. Your baby needs to see, feel, and smell you. Studies show that babies are calmer, sleep better, and cry less when they are in constant contact with mom.

✓ **Feed early and often**

His first feeding should occur sometime during the first hour after birth and he should not be removed from skin-to-skin contact on your tummy until that first feeding is complete. For subsequent feedings, look for early feeding cues: licking and smacking his lips, sticking his tongue out, putting his fist in his mouth, turning his head to the side and opening his mouth (rooting reflex). Newborns normally feed 8 or more times each 24 hours. They don't follow a schedule. Night feedings are important at this stage.

✓ **Use good positioning and check for a good latch-on**

Your baby only gets milk when he is well attached. Some tenderness and sensitivity is normal at first, but pain is not. If breastfeeding hurts, the baby is not attached properly. Look for the following: **Positioning** - Position your baby at breast height, using pillows to support his weight. Roll your baby “belly to belly” directly facing the breast. Line up your baby's nose with your nipple so he has to reach “up” to get the nipple. **OR** Lay back and place your baby on top of you in any position that seems comfortable and natural. Let your baby locate the breast (may take a few minutes) and latch-on himself.

✓ **Offer the breast**

Use a “sandwich hold” supporting the breast behind the areola and squeezing the breast gently to make it into an oval that fits in the baby's mouth. Keep your thumb near your baby's nose and the rest of your fingers on the opposite side of your breast. Stroke your nipple from your baby's nose to chin rolling out lower lip as you stroke down. Bring baby to the breast, not the breast to baby.

✓ **Check the latch-on**

Your baby's lips are flanged (rolled out), mouth open to 140°. There should be no pain, no wedged or creased nipple at the end of the feeding. Your baby's chin is touching your breast; his nose is free, with an asymmetrical latch-on (More breast tissue from the bottom of your areola is in the baby's mouth than from the top of the areola).



✓ **Assess milk transfer**

Wide jaw movements. Consistent sucking. Audible swallowing (after milk comes in).

If you need assistance, ask before a little problem becomes a whole cluster!

Information for Breastfeeding Families

Colostrum First



Colostrum is the “*first milk*” that a breastfeeding mother produces in the weeks before delivery and in the early days of breastfeeding. It is just waiting for your baby to be born. This special milk is low in fat and high in carbohydrates, protein, and antibodies; it is also extremely easy to digest. Although the amount of colostrum is low, it is high in concentrated nutrition. It is the perfect first food!

If you worry that you have no milk the first few days after delivery, remember that a little bit of colostrum goes a long way. Put your baby to breast often for him to “sip” on colostrum. This helps bring in your “second milk,” the mature milk, sooner.

To help your baby get the full benefit from colostrum, make sure the first several feedings are colostrum. If supplementation becomes necessary for a medical concern, try expressing some of your own colostrum. You can express some colostrum by hand or use a breast pump and feed your pumped milk to your baby by spoon or syringe. Ask your lactation consultant for assistance. Make sure your baby’s gut is first protected by colostrum before other fluids are given.

- Colostrum has a laxative effect on your baby, helping him pass meconium which aids in the first bowel movements and helps prevent jaundice.
- Colostrum is often called “white blood” because it provides large amounts of living cells (lymphocytes and macrophages, similar to those in blood) which will defend your baby against infections and illnesses.
- Colostrum has an especially important role in protecting your baby’s gastrointestinal tract. A newborn’s intestines are very permeable (leaky). Colostrum seals the microscopic holes by “painting” the gastrointestinal tract with a barrier which prevents most foreign proteins (from food the mother has eaten or from infant formula) from penetrating the gut and possibly sensitizing your baby to an allergy.
- Colostrum is considered your baby’s first immunization because it contains large quantities of an antibody called secretory immunoglobulin A (sIgA).
- As breastmilk changes from colostrum to mature milk, the concentration of immune factors and antibodies decreases but the volume of breastmilk greatly increases. Therefore, the amount of infection fighters your baby receives remains fairly constant throughout breastfeeding.

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