

Breastfeeding

for Parents and Providers

Shelby County Breastfeeding Coalition

**Dr. Allison Stiles, FAAP, FACP,
Pediatrician, IBCLC**

Chair of Shelby County Breastfeeding Coalition

TN AAP Chapter Breastfeeding Coordinator

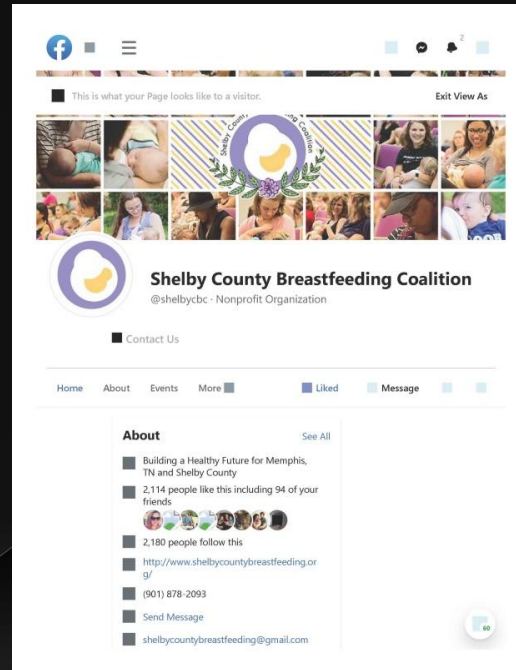
Academy of Breastfeeding Medicine

7/24

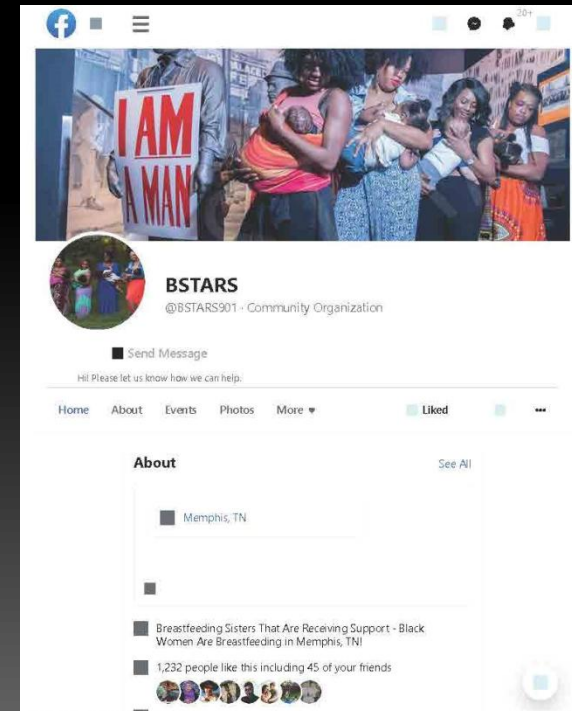




SCBC Facebook Page



BSTARS



SCBC Resource Guide –on website

Breast Pumps:

Target Medical: (901) 323-1304 x111
Methodist Le Bonheur Germantown Hospital: (901) 516-6893
Methodist South: (901) 516-3475
St. Francis Hospital Bartlett: (901) 820-7025
Regional One Health: (901) 545-7736
(if applicable, and delivered at ROH)
Worthy Medical Supply: www.freebreastpump.net

WIC provides breast pumps to eligible moms separated from their babies or with special circumstances. Contact your local WIC clinic or Shelby County Breastfeeding Coordinator for details.

Call your insurance company for assistance obtaining a breast pump, now covered by most providers under the Affordable Care Act!

Tennessee Laws Protecting Breastfeeding

A mother may breastfeed in any public or private place she is authorized to be. (TCA 68-58-101)

Local governments shall not prohibit breastfeeding in public by local ordinance. (TCA -68-58-103)

Breastfeeding shall not be considered public indecency or nudity, obscene, or sexual conduct. (TCA 68-58-102)

Employers must accommodate breastfeeding mothers at work. (TCA 50-1-305)

Free Apps for your phone

Baby2Sleep—Free message with safe and healthy sleep information
Text4Babies—free text information service designed to promote maternal and child health

Check out our website for videos, apps, and more at www.shelbycountybreastfeeding.org

Hot-lines

Tennessee Breastfeeding Hot-line available 24/7
(855) 4BFMOMS (855-423-6667)
USA Helpline through La Leche League USA
(877) 4-LALECHE (Leave message)

Office on Women's Health available M-F 8-5 CST(800) 994-9662



Our Mission:

To protect, promote, and support breastfeeding in Shelby County through the assistance of the medical profession, the public health system, and consumers by educating physicians and other health care providers, encouraging “Baby-friendly” practices in all Shelby County hospitals, and by educating the public through community outreach activities.



Contact us at

shelbycountybreastfeeding@gmail.com
www.shelbycountybreastfeeding.org
Like us on Facebook!



Why Breastfeed?

Child Health Benefits: Infectious Diseases

Human milk feeding decreases the incidence and severity of all types of infections:

bacterial meningitis

bacteremia

diarrhea

respiratory tract infection

necrotizing enterocolitis

otitis media

urinary tract infection

late onset sepsis

Child Health Benefits:

Less Autoimmune disease and Immune System Cancers:

- **Diabetes Type 1**
- **Leukemia, Lymphoma**
- **Asthma**
- **Eczema / Atopic Dermatitis**
- **Kawasaki Disease**
- **Crohns and UC**
- **MS (Multiple Sclerosis)**

Other Child Health Benefits

- Less Obesity
- Less Diabetes Type 2
- Neurodevelopmental Benefits
- NICU babies –less Sepsis and NEC
- Less SIDS
- Better Neonatal Abstinence Syndrome (Opioid withdrawal recovery)
- Less Risk of Abuse and Neglect
- Higher IQ



COVID 19 Protection

- Mom vaccinated in 3rd Trimester –best for baby
- Antibodies across placenta last for ~2 weeks
- IgA antibodies in Breastmilk – as long as breastfeeding
- Newborns very low risk of COVID infection
- Moms need vaccinations – COVID increases risk of pre-term delivery

Infant Mortality Reduction

Breastfeeding Initiation

Significant reduction in Infant Mortality in multiple racial and ethnic groups

“Breastfeeding and Post-perinatal Infant Deaths in the United States, A National Prospective Cohort Analysis”
by Dr Julie Ware, et al. 10/5/21 The Lancet

Mother's Health Benefits

Reduced Risk of:

- Endometrial cancer
- Breast Cancer
- Ovarian cancer
- Obesity
- DM2
- Postpartum Depression
- Multiple Sclerosis

WORTH IT! Costs is \$13 Billion Dollars and 911 Deaths ...

"The United States incurs \$13 billion in excess costs annually and suffers 911 preventable deaths per year because our breastfeeding rates fall far below medical recommendations."

J. Pediatrics 4/2010

Employers Benefit from supporting BrF Moms to Pump at Work!

CIGNA reported in a 2-yr study of 343 employees showed an annual savings of:

- \$240,000 in health care expenses
- 62% fewer prescriptions
- \$60,000 in reduced absenteeism rates.

Dickson V, et al, 2000 – “The positive impact of a corporate lactation program on breastfeeding initiation and duration rates”

9 Beautiful
Photos of Black
Black Moms
Proudly
Breastfeeding

[HuffPost Life](#)



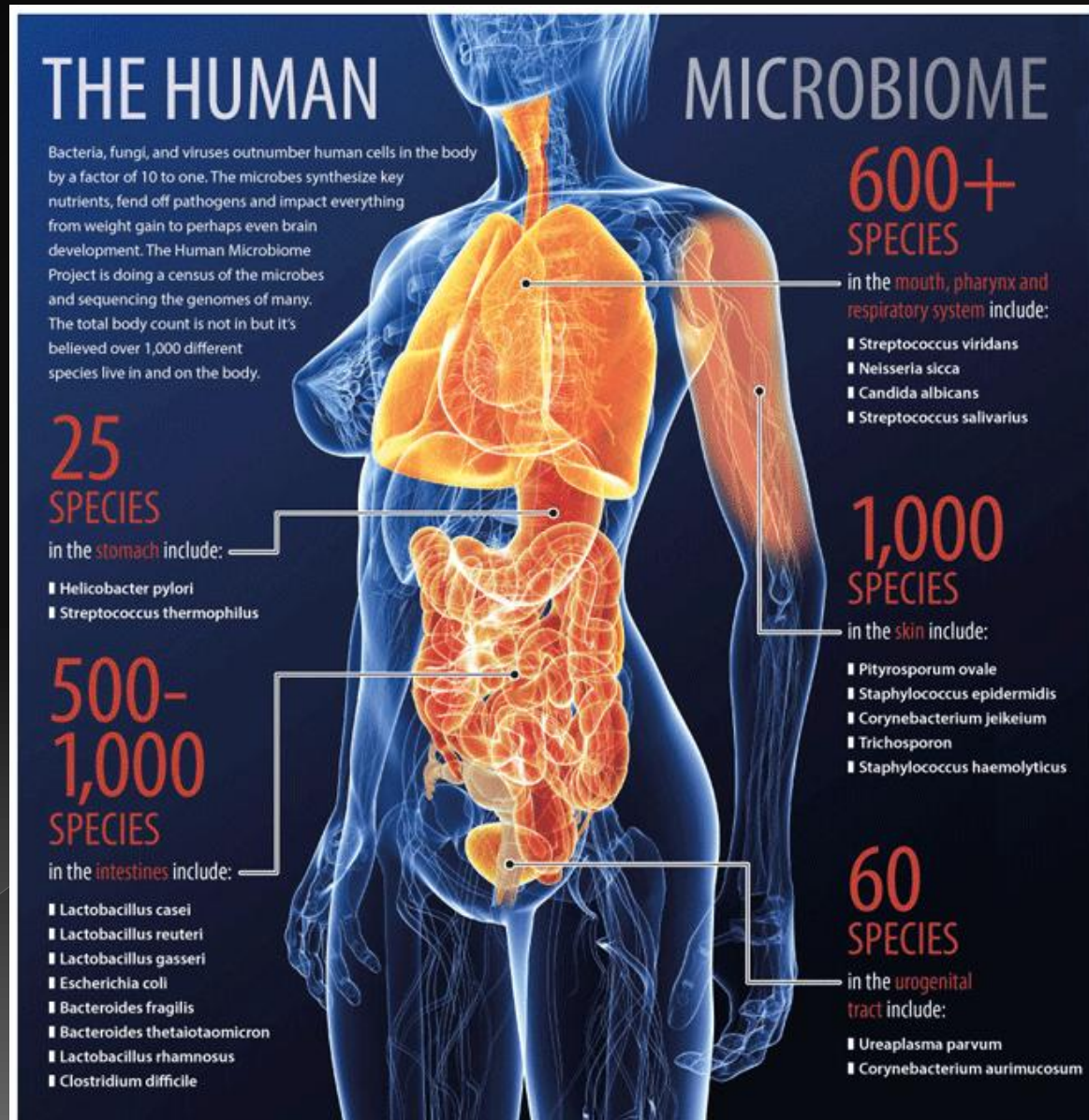


**How does Breastmilk
do all that??**

Human Milk Content

- **NEW 2023!** **Myo-inositol** – increases synapses, brain development
- **Stem Cells**
- **MicroRNAs**
- **Secretory antibodies** – IgA -> goes to peyers patches
- **HMO's** – Human Milk Oligosaccharides –PREbiotic –feeds microbiome, over 200 different
- **Glycoproteins and glycolipids**
- **Free fatty acids** –antimicrobial properties
- **Cytokines and chemokines**
- **Hormones, growth factors, enzymes**
- **HAMLET cells**-Human Alpha Lactalbumin Made Lethal to Tumor Cells – like natural chemo
- **Lactoperoxidase**
- **Leukocyte enhanced Myeloperoxidase**
- **PSTI** – Pancreatic secretory trypsin inhibitor -inflammatory mediator
- **Glycosaminoglycans** – complex disaccharides that make it to Colon
- **Lactoferrin**-antimicrobial, blocks pro-inflammatory cytokines
- **Lysozyme**-enzymatically active against bacterial cell wall of gram positive organisms

The Human Microbiome Project



Breastmilk in Summary

- Provides inside Microbiome – coating of good bacteria:
 - ” The Guardian at the Gates”
- Trains the baby’s immune system to live in harmony with it’s environment
- Trains the baby’s immune system to know right from wrong
- Makes the baby’s gut less permeable
- Fights off bad bacteria, viruses directly
- Promotes proper feeding behavior (eat until full)
- Provides nutrition

AAP: BrF is preferred method of Infant Feeding

6 months exclusive BrF

Up to 2 years –per the WHO and AAP



M. C. Escher

Why NOT Breastfeed? Barriers

We live far from our family women group

Loss of the skill

Type A - can't measure it, can't control it, can't have it NOW, no time for it

More Hospital interventions

Inductions, C sections, Preterm deliveries

Increases risk of premature birth

In African Americans, premature birth is #1 cause of Infant Mortality

Hypertension, Pre-Eclampsia

Pre-Eclampsia being overly, prematurely diagnosed

Hospital Racism, Assumptions

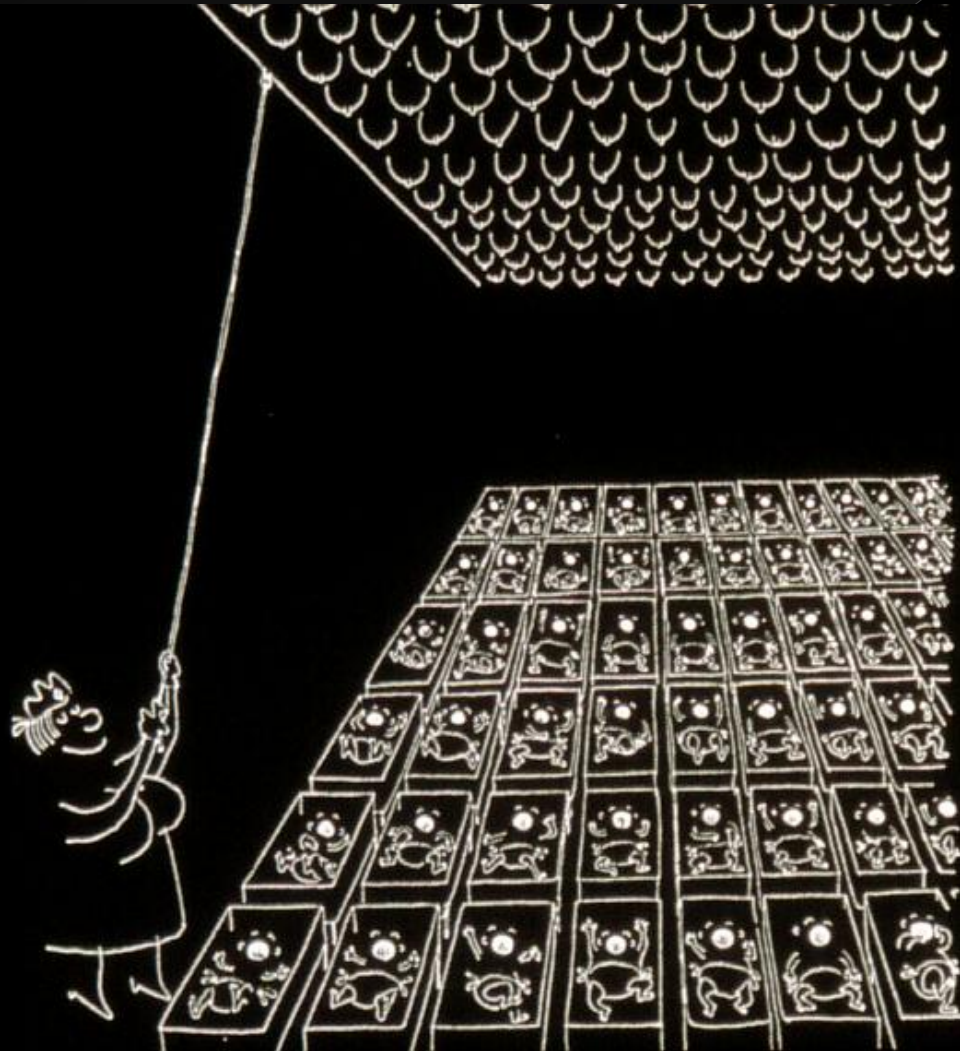
No US Maternity Leave policy

2 weeks off maybe - if use up all sick time

Hard to imagine pumping, returning to work

Pediatricians untrained, wrong advice

How to Breastfeed?



How to get Started

Tell Nurses you want to Breastfeed

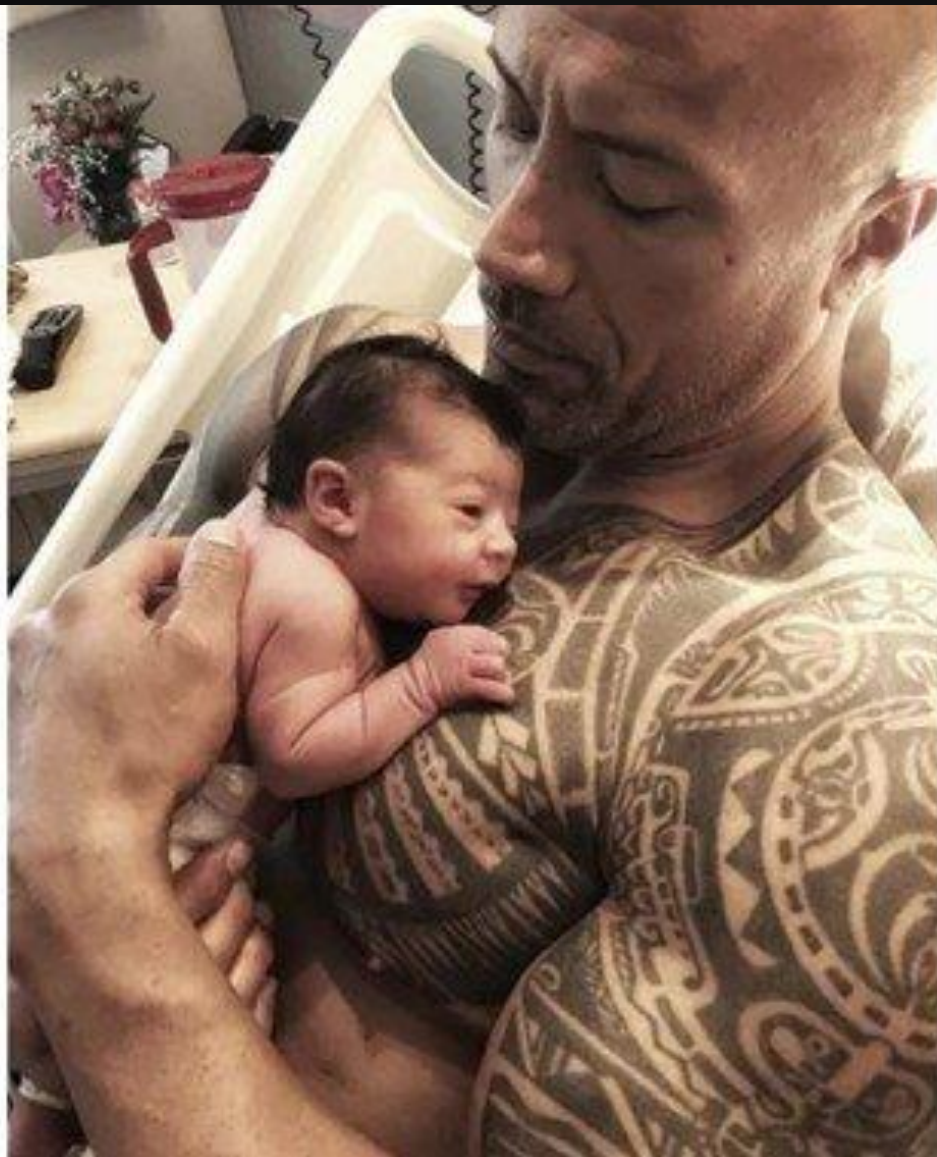
- No other feed
- No pacifiers

After birth, baby will be placed on your chest – Skin to Skin

Nurses will help you get newborn latched on

GOLDEN HOUR after birth -1st Feed and immunization!

Skin to Skin



Latch On

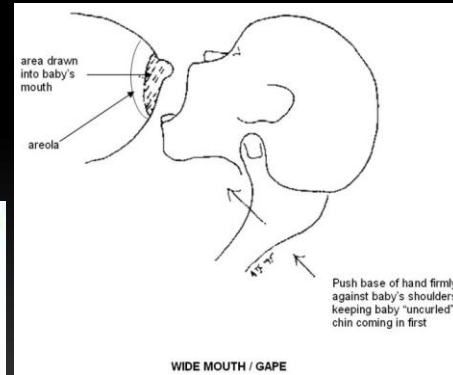
Newborn naked

Beside you for Football position

Turn baby in - chest to chest

Hand at nape of neck, fingers
ear to ear at back of head

Use elbow to hold the body
tight



THE LATCH



Lack Back Nursing

Natural, and good for Vigorous Letdowns



Cross Cradle Best Initially



Cradle Hold – No Head Control



Breastfeeding Twins

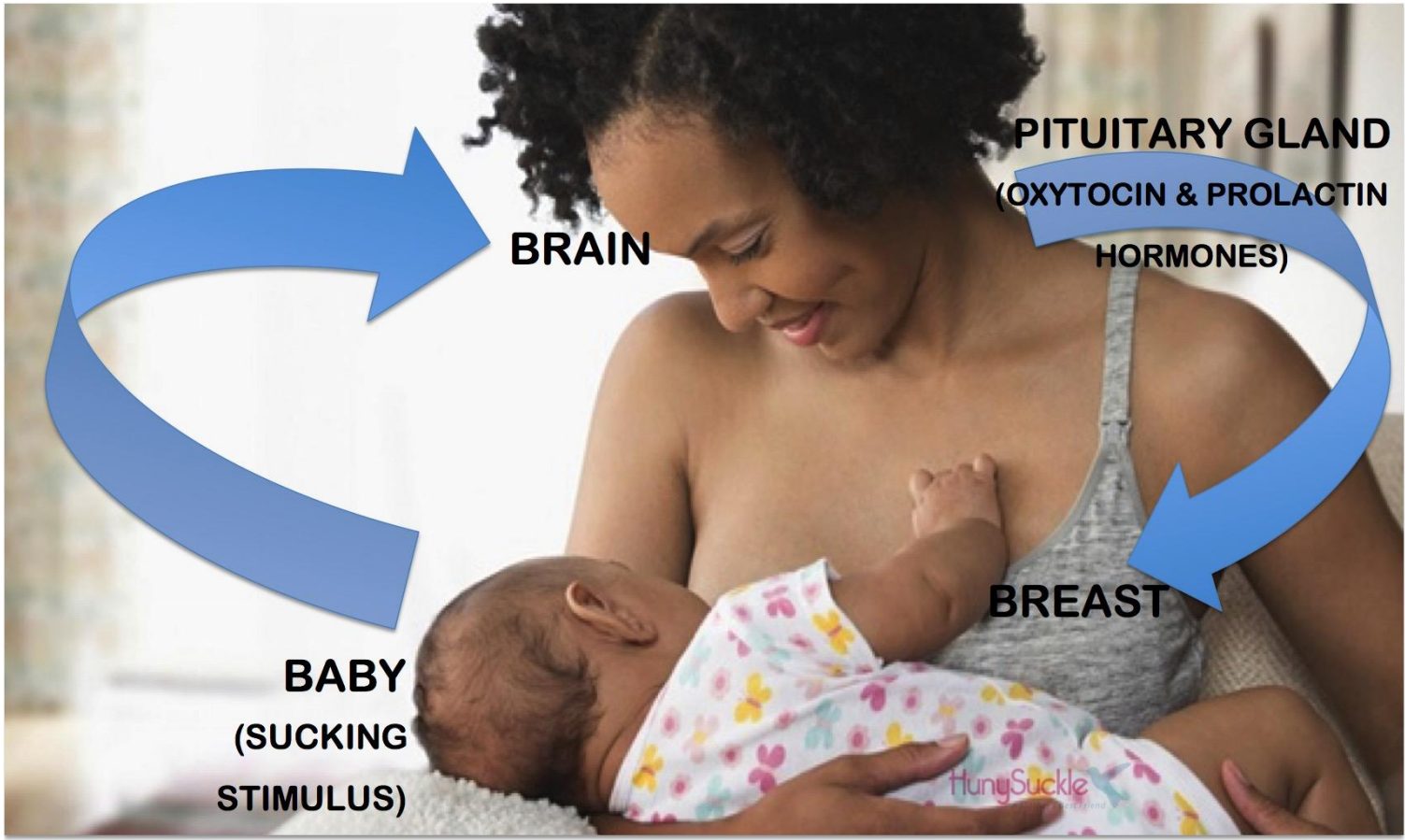




Under the Sink Hold?



How Breastfeeding Works



How Breastfeeding Works -The Details

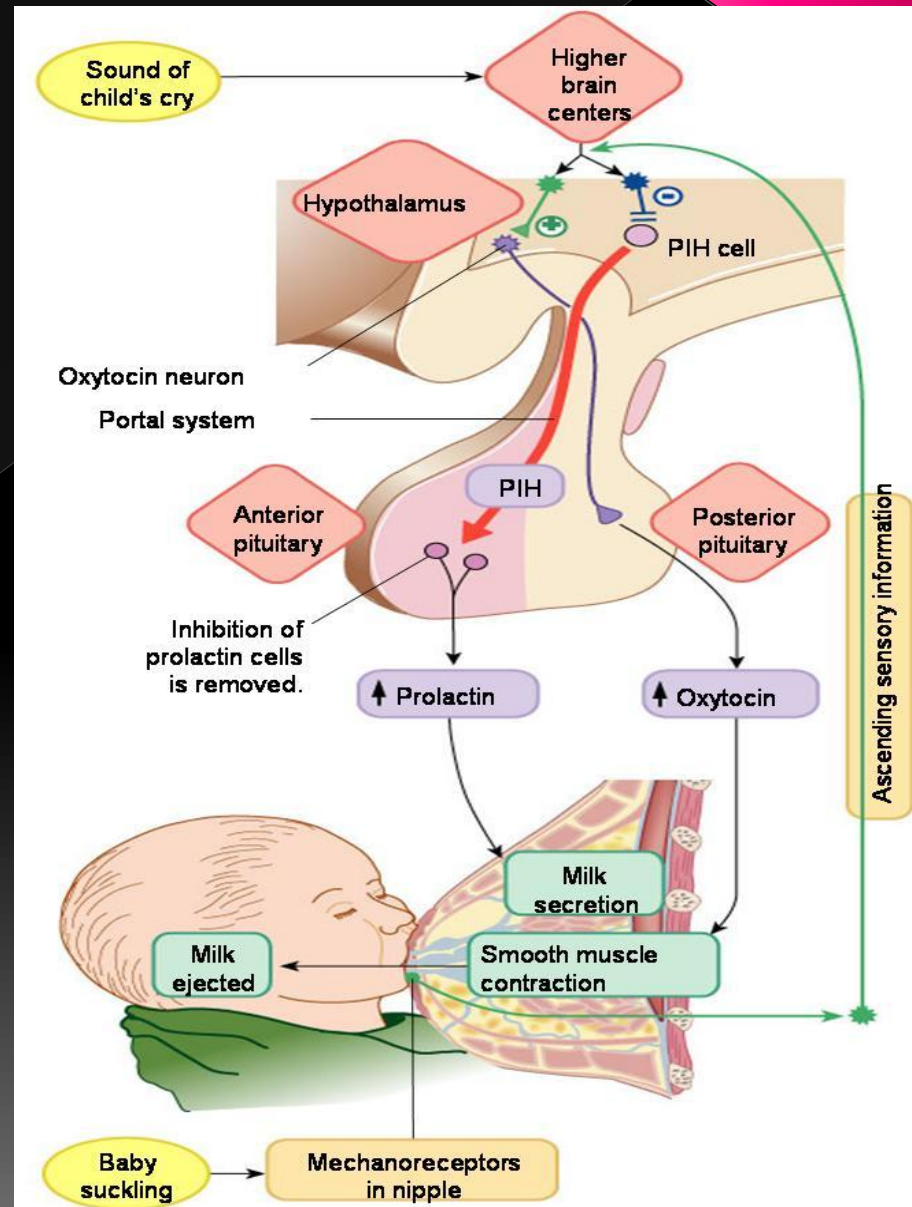
Milk production starts weeks before birth

Parturition and the drop of progesterone triggers increase in **Prolactin**

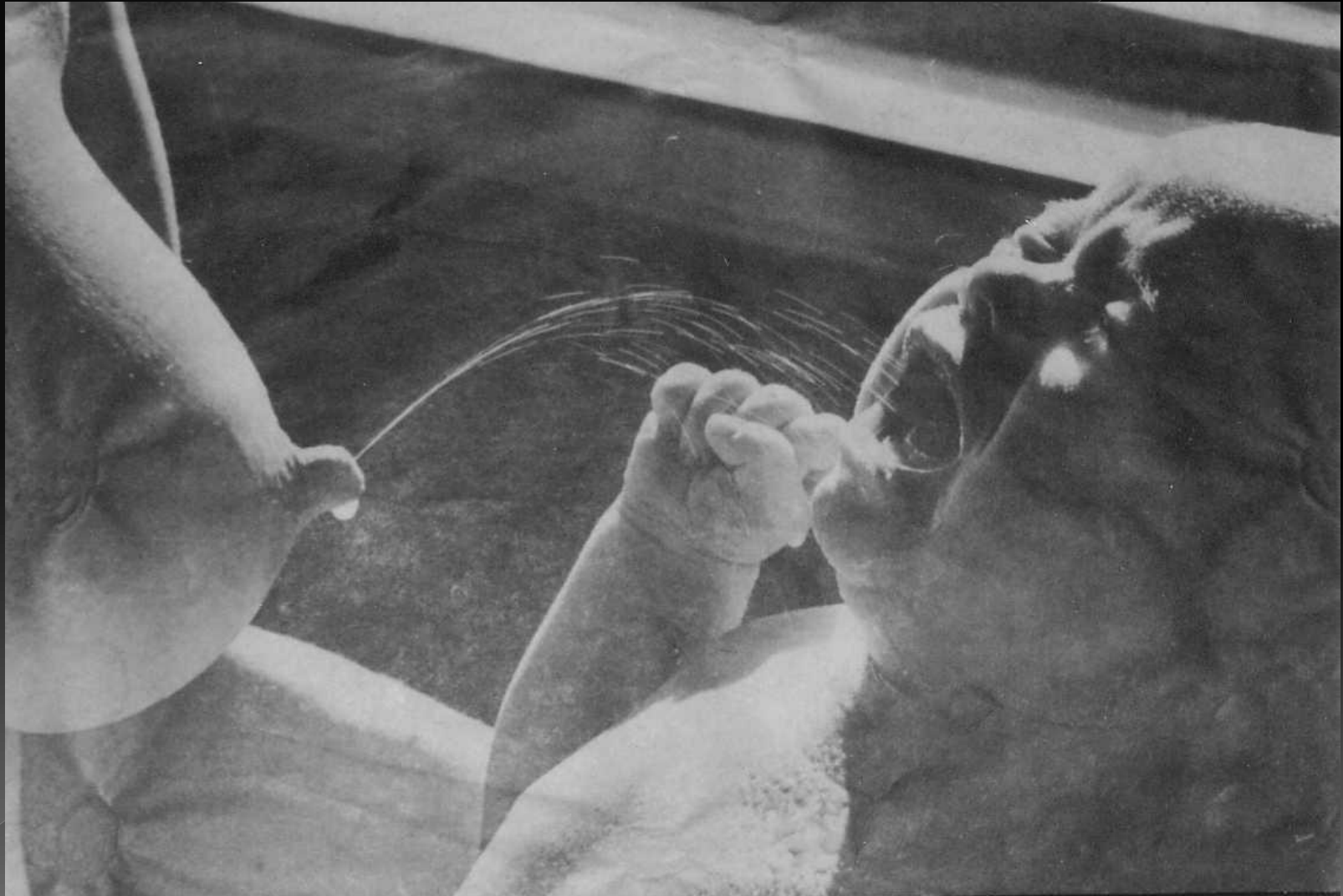
Feeding -> triggers **Prolactin** first

Prolactin makes milk

Oxytocin ejects the milk



The Letdown! (Oxytocin)



Oxytocin → the Letdown

- Comes a minute or 2 into feeding
- Contracts myoepithelial cells, pushing milk out
- Causes the Letdown or release of milk
- Starts and stops
- **Inhibited by stress and pain**

How do you know if you have a Letdown?

- Also causes cramping in first 4 days
- Also may cause leaking on other side when full
- Hear increase in swallows, gulping
- Baby lays still

**** After latch, take deep breaths, relax, think LOVE**

“Autocrine” Control

Overall control of the Milk Supply

The more milk removed from
breast

→ The more milk made

What to Expect

First Days

- Golden Hour is Golden – newborn awake, ready to feed
- Next 23 hours- sleepy!
- “2nd Night Syndrome” - Day 2-14 – naturally on schedule opposite to you – up at night, sleepy in the daytime
- Cluster feeding at night – it’s ok, temporary. Helps milk supply increase
- Don’t let cluster feeding rattle you
- Must get a 3 hour nap in the DAY

Get Help in the Hospital

- All Nurses can help you
- Push the red button for help with as many feeds as possible
- Lactation Consultant – often just 1 of them
- Vaginal delivery – get 1-2 days in hospital
- C-section – get 2-4 days in hospital
- Pediatrician can keep you, even if OB discharges Mom

Need to Feed

Newborns need to feed 8-12 x a day

Best to just feed the baby when
they give cues

More breastfeeding => More Milk

DAY 1-4

Milk Volume Increases Rapidly!

DAY 1
Stomach
Is the size of a Cherry!

End of DAY 1-2
A Full Feed = 5 ML
(teaspoon)

How big is a newborn's stomach?



Day 1

size of a cherry

5-7 mL
1- 1.4 teaspoons



Day 2

size of a walnut

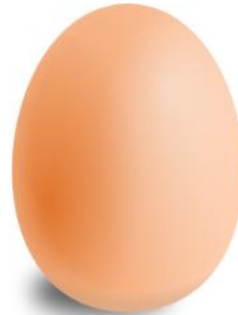
22-27 mL
0.75-1 oz



One week

size of an apricot

45-60 mL
1.5- 2 oz



One month

size of large egg

80-150 mL
2.5- 5 oz

Day 1-2 ~ 5 ML
Day 3 ~ 10 ML
Day 4 ~ 20 ML
Day 5 ~ 30 ML

Going Home

- Partner in charge of guests, minimize
- Guests bring casseroles, help with chores
- Folks can hold the baby (after hand washing) but can't feed the baby.
- Mom and Baby rest, nurse, nap in back room
- Get 2-3 hour naps in day while Guests, Partner holds baby



Common Complaints Problem Solving

“Baby Won’t Wake Up to Breastfeed”

Keep trying every 3 hours.

Give a few drops of hand-expressed colostrum with spoon or syringe

First 2 weeks – sleepier in daytime, up more at night
(opposite to Mom’s schedule)

Letdown starts and stops so baby falls asleep and
doesn’t get a full feed.

Get another letdown by changing baby to other side,
breast compression with breast hand.

Wake the baby up –Vestibular rocking, dress down to
diaper, change the diaper

Vestibular Rocking – Calms Down and Wakes Up

Hold baby off chest at a 45 degree angle. Gently raise and lower babies head, rocking gently up and down.

Or hold at 45 degree angle –
bottom against your chest –
and pat bottom





“Baby Won’t Go to Sleep”

- Night time “witching hour” ? Just nurse if that works.
- 5 S’s from “Happiest Baby on the Block” – Swaddle, Suck, Swing, Swish, and Side/Stomach (holding them)
- Ensure a full feeding - hearing active swallow, seeing long sucks, feeling lightening
- Too upset to latch? Hand express and spoon feed a few drops
- Newborn “Sleep Disorder” – they naturally have more REM sleep. They fall directly into REM sleep after eating. If you lay the baby down while in REM sleep, they wake up.
- So hold them and get them through this phase. Wait til you see their eyes and face stop moving and twitching. Then lay them down.

Getting More Rest-Baby and Mother

Nighttime:

- Sleep near your baby
- Avoid getting up in night –skip diaper changes, use barrier cream, avoid burping
- Keep lights off
- BrF rather than pump or use bottles. Night milk contains melatonin
- Avoid feeding solids or formula
- Don't sleep train in the first 6mo
- Bedsharing – safely

Bedsharing and Breastfeeding



Bedsharing and Breastfeeding

- Flat bed without a cushy topper
- Bed away from the wall
- No pillows near baby
- Baby's nose near nipple
- Parents not smokers or drinking or using sedating meds
- Do not sleep with a premie or low BW baby
- Don't leave baby alone
- Nurse with side-lying position – keeping a body cocoon around baby “cuddle curl”

Getting More Rest-Baby and Mother

In the Daytime:

- Wear baby in a wrap or carrier
- Daytime activity, sunlight exposure
- Nap when baby naps
- Ask for help –caregivers can change, bathe, dress baby and help with cooking, cleaning, other children

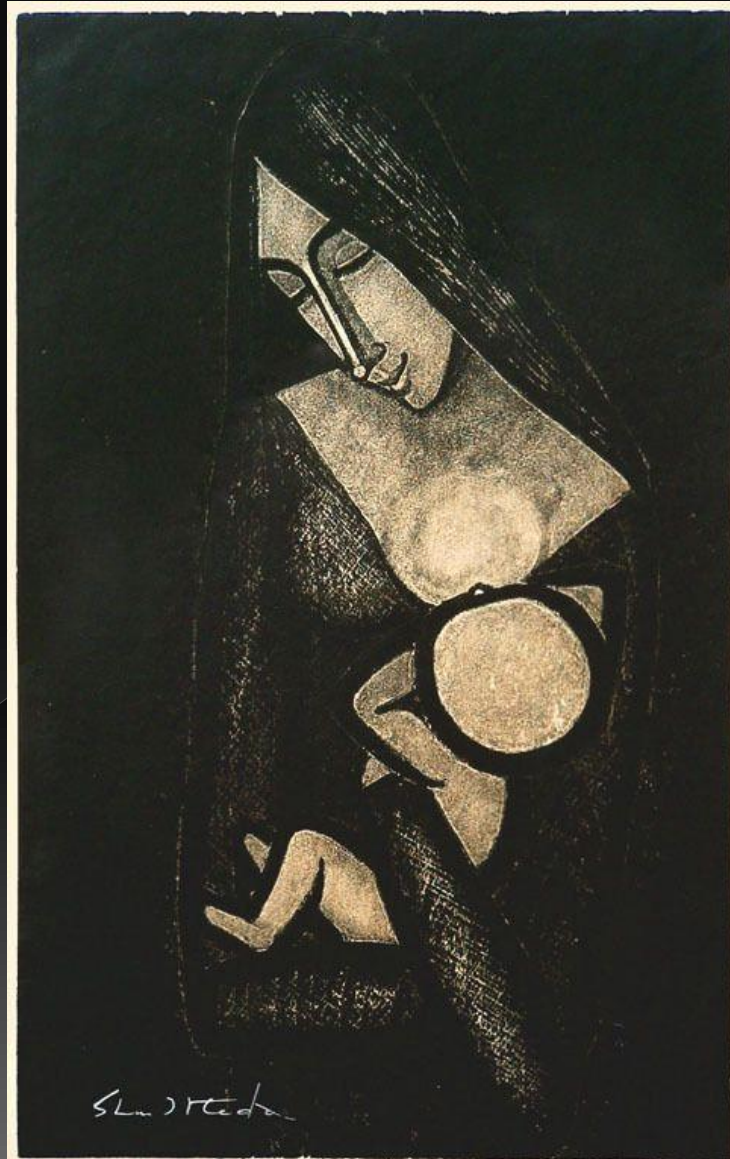


Baby Wearing Memphis

“Should I Supplement Until my Milk Comes In?” NO

- No, just nurse as often as baby gives the signs
 - licking lips, turning head, hand to mouth
- Milk increases every day - doesn't just “come in”
- If breastmilk doesn't come out, it won't “come in”
- Babies are born for this – term newborns have brown fat that helps survive this time

“Mother and Child (No. 8)” by Shuzo Ikeda



Why do Mom's Quit?

#1 - Perceived Insufficient Supply

- Usually not true!
- Milk volume increasing
- Babies cry
- Babies born for this

#2 - Sore Nipples

- Lanolin, APNO (Rx)
- Latch issue
- Get help



How to Know that Breastfeeding is Going Well??

If good latch, shouldn't hurt except at initiation

When latched, deep relaxation breaths (to get Letdown)

Look for long sucks, a whole second long, 8-15 in a row

Listen for swallows –at end of 8-15 sucks

First 4 Days: Feel uterine cramping – that's a Letdown!

Day 2-4: Feel increased breast density - milk coming in

How to Know that BrF is Going Well??

Day 7+: See milk changing from gold to blue/white

Feel for Letdown or see milk leakage on opposite breast (some never leak)

Day 7: Lightening: Feel breast fullness & density before feed → softer, lighter afterward

Poops and Pees – many meconium poops D1, then drop off (maybe zero) day 2-3 then increase in #. Goal 4 poops at Day 4

Progression of poop –black tarry to yellow liquidy

Weight gain at Docs office –regain birthweight by Day 14.



Increasing Milk Supply

Breastfeed, don't Pump

Baby always does a better job getting the milk out
Happy baby place, that emotional LOVE
connection!

If struggling with supply

- Look for stressors in your life
- Rededicate yourself –this is for both of you
- Discuss with your manager to assure yourself of your support. By law you must have your breaktime.
- “Nurse In” or “love fest” weekend -rest and nursing only.

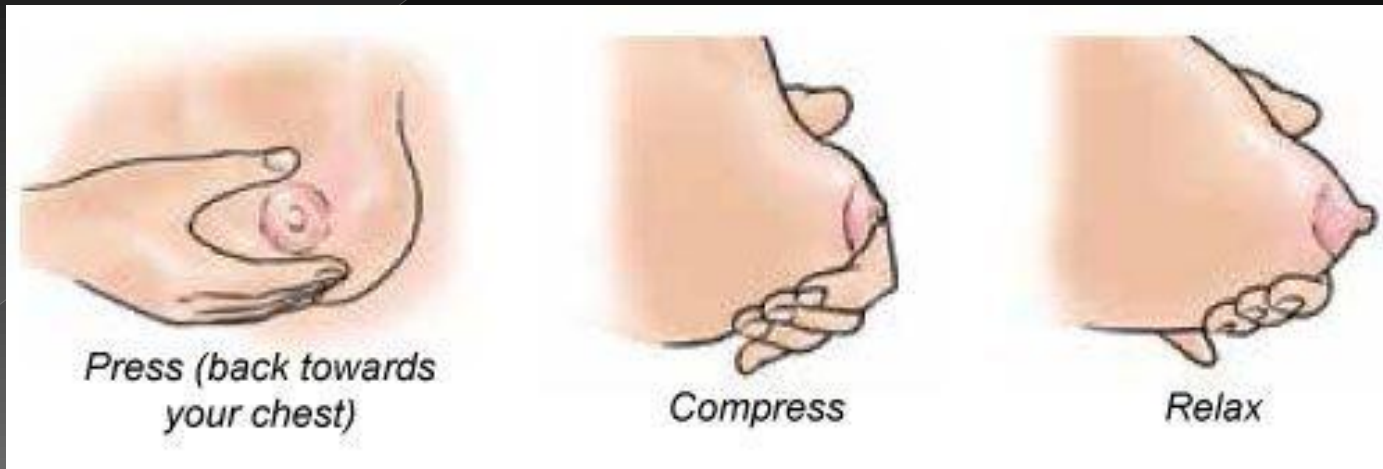
Hand Expression

- Milk comes in sooner and more volume
- Into a spoon to calm baby
- If sleepy and won't feed
- Start immed -3x a day - If baby is 6 pounds or less
- **Opens unused ducts and gets the initial thick sticky colostrum out!



Hand Expression – Take 5 to Make 5 (5 minutes, 5 fingers, 5 milliliters)

- “C” hand placed an inch behind the areola
- Gently push fingers straight in
- Bring fingers together, feeling breast tissue between fingers. Gradually increase the pressure behind the breast tissue.
- Relax



Video on Youtube: “Hand Expression LPCH Stanford”

Latest information on COVID-19

Newborn Nursery
at Lucile Packard Children's Hospital

*Excellent Care from the Moment
of Birth.*

Hand Expression of Breastmilk

Until recently hand expression of milk has been an under-utilized skill in our institution. But there are many benefits of knowing how to express milk from the breast without the use of expensive or cumbersome pumps. In this video, Dr. Jane Morton demonstrates how easily hand expression can be taught to mothers.



For your information

This material was developed by Jane Morton, MD and produced for educational purposes only. Reproduction for commercial purposes is prohibited. Utilization of the materials to improve care of pregnant women and their newborns is encouraged with proper citation of source.

[Breastfeeding](#)

[Breastfeeding in the First Hour](#)

[Preparing for Successful Breastfeeding](#)

[Early Initiation of Breastfeeding](#)

Colostrum Vials at Target - Bring your drops to hospital

 haakaa®



Pumping



Pumping

- A lot of work!
- Wait 2-8 weeks, until BrF established
- If start pumping you must do it every day.
- The more you pump, the more you make, and the more you have to keep pumping
- Recommend to start to pump 1 feed a day – about a month before returning to work. Let partner give it in a bottle.

Pump More Milk

Best –
nursing
bra made
for
pumping



Use hands too -
Compression



Takes
longer
to put
on



After pumping, express out
the creamier hind-milk

Haakaa Ladybug to Catch Letdown on opposite side



Safe Material, Soft and Flexible



Wear
Convenient



Reusable



Silent



Lightweight
and Portable

Pumping for Returning to Work

When going back to work, all you need is the first days milk supply – 6-10 oz.

At work, you are pumping milk to go with the baby the next day

Pump as often as baby eats – every 3 hr

2x if 8 hr day (~11am and 2pm)

3x if 12 hr day

Building a supply 6 – 10 oz

When baby sleeping longer (if 4 hour stretch at night, you will be full) – feed then pump the extra

Baby may sleep 4-5 hour stretches at 1-2 months

Keep hand pump at bedside

If pump in night- can leave at the bedside til morning

Surgeons Pumping at Work – It's OK! (look, nothing shows!)



Pump and Parts



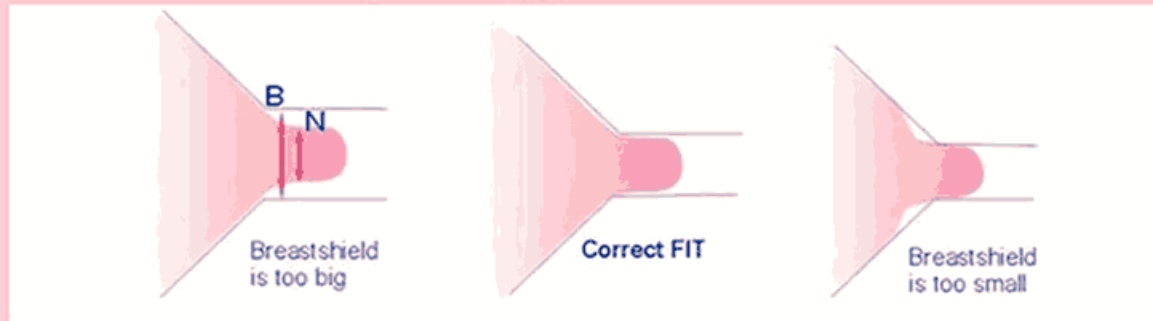
Check Size of your Shields – ok to be a little big

Breastshield Selection Guide

Choose the right size of breastshield for you!

Nipple Diameter (mm)	14-17mm	18-20mm	21-24mm	25-28mm
Suggested Breastshield Size	20mm	24mm	28mm	32mm

How to measure your nipple diameter?



speCtra[®]

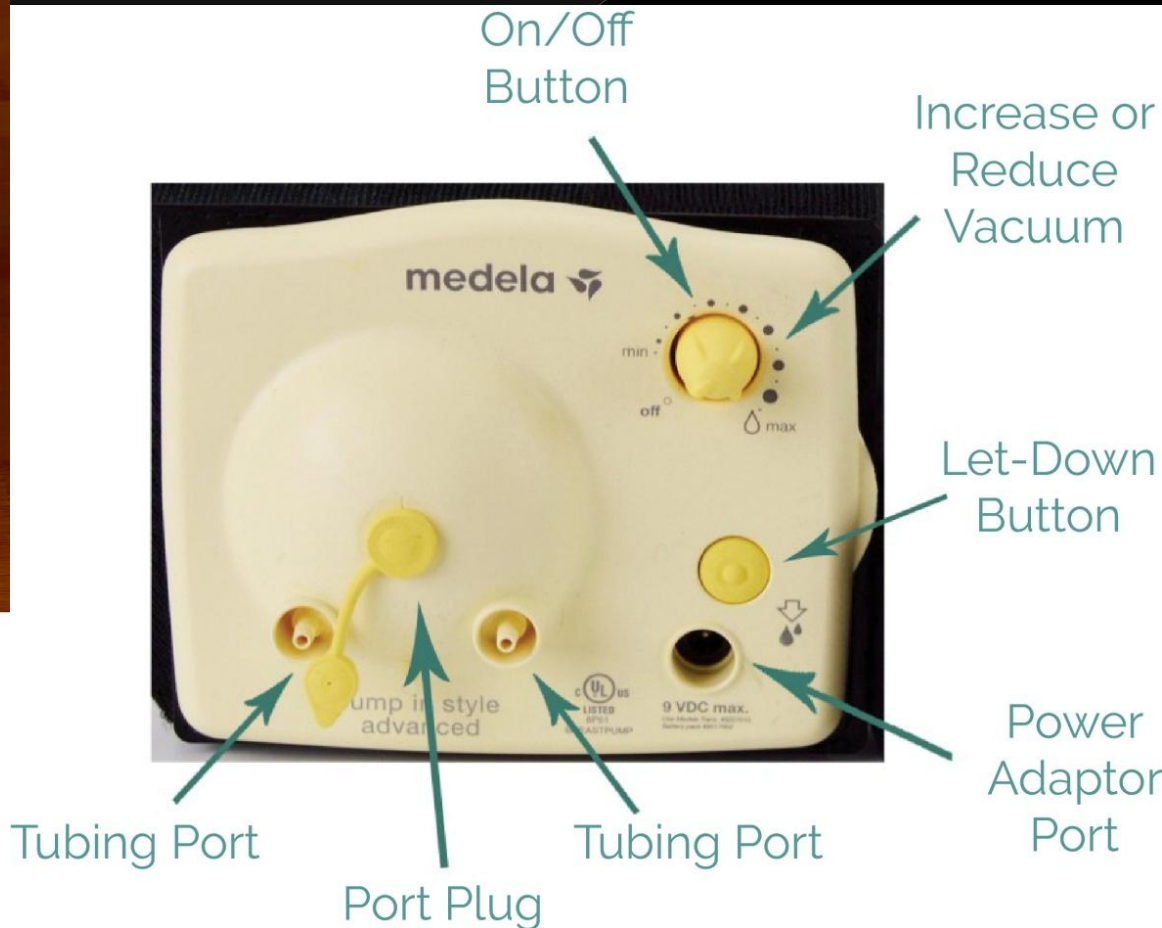
When it comes to pumping comfort, size matters. Spectra Baby USA created one-piece breastshields that are now available in 4 convenient sizes to accommodate all mother's needs. Our sizes include 20mm (S), 24mm (M), 28mm (L), and 32mm (XL) diameters.

The inner diameter of the breastshield (B) should be 3-5mm larger BEFORE a pumping session. You should be able to see free movement of your nipple during pumping and there should be little or no suction of the areola into the breastshield tunnel.

Pump Controls –Spectra, Medela



How to Use a Spectra S1 and S2



Pump Mechanics

- Flanges or Shields – nipple needs to fit in the tube section
- Suction Force – adjust to be comfortable but to pull the nipple down the tube section about half way. Set and leave.
- Pump Speed
 - Automatic Pumps (Medela) – starts fast to get letdown, then go to slow. The button goes back and forth.
 - Fast speed is “Letdown phase”
 - Slow speed is the “Expression phase”

Pump Until Empty –Manage Letdowns

Pump until Empty –get to know your breasts

Letdowns start and stop –to get another Letdown

- Turn speed back up
- Put away Work, Facebook
- Think of the baby, pictures, “LOVE”

Takes about 20min

Breastmilk Storage

Chart comes with Pump

Fresh Breastmilk

- Out of fridge for 6 hours
- In fridge for a week
- In freezer 3-6mo

Frozen Breastmilk –use bags

- Out of fridge 1 hour
- In fridge for 1 day
- Freeze small 1-3 oz amounts
- Date bags with a sharpie



Pumping Simplified

- Sterilize first use
- Then wash all in the dishwasher on high
- Buy multi sets of the shields/flanges so don't wash at work
- Keep extra set at work just in case
- Throw used parts in a Kroger bag to bring home and wash
- Hanging mesh bag for each part for easy assembly (lids, screw caps, nipples, disks)



Elvie and Willow Pumps





Troubleshooting Issues

Breast Issues

Inverted or Flat Nipples



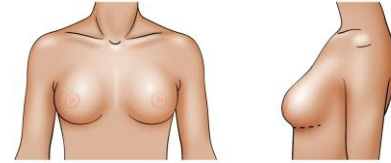
Hypoplastic Breasts – Insufficient Glandular Tissue

May not be able to fully breastfeed



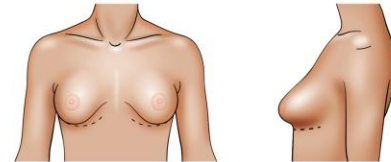
Tuberous Breast Deformity Classification

Normal



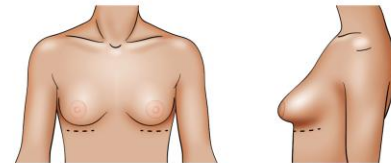
Type I

Hypoplasia of the lower medial quadrant.



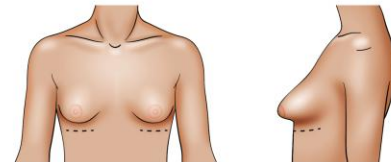
Type II

Hypoplasia of the lower medial and lateral quadrants, sufficient skin in the subareolar region.



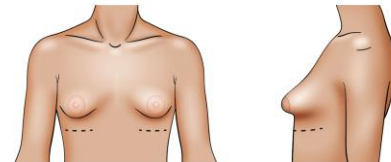
Type III

Hypoplasia of the lower medial and lateral quadrants, deficiency of skin in the subareolar region.



Type IV

Severe breast constriction, minimal breast base.



von Heimburg D, Exner K, Kruff S, Lemperle G. The tuberous breast deformity: classification and treatment. Br J Plast Surg. 1996 Sep;49(6):339-45. doi: 10.1016/s0007-1226(96)90000-4. PMID: 8881778.

Breast Surgery and Breastfeeding

- Basically → Test pump and Hand Express – if ducts are cut, there will be no colostrum
 - Cut ducts ? Can't tell from the scar.
 - If Reduction or Augmentation of cis-woman – usually able
 - Implant below the muscle (Submuscular) – better
 - Avoiding Peri-areolar approach – better
 - Lumpectomy – usually able
 - Silicone implants - not a contraindication to breastfeeding

Breastfeeding and Chestfeeding

- Anyone with breast tissue can be induced to lactate.
- Adoptive parents can be induced to lactate.
- If not, chestfeeding is an option
- **Recommend consultation with IBCLC**





Troubleshooting – Baby Issues

Tongue Tie? Ankyloglossia

It is a Nipple – Tongue System

Not all ties need to be fixed!

**Expert can clip with sterile scissors –
don't laser**

Tongue should be seen coming out to the
outer edge of lower lip

Baby Doc should diagnose.

*Kotlow Diagnostic criteria (one) for clinically apparent tongue-ties in infants



**Type I (*4LK) -total tip involvement

Type -II (*3LK) Midline-area under tongue (creating a hump or cupping of the tongue)



Type III (*2LK) Distal to the midline. The tongue: may appear normal

Type IV (*1LK) Posterior area which may not be obvious and only palpable, Some are submucosally located



**Lactation consultants diagnostic criteria

Lip Tie - Usually doesn't need fixing



Top Left – the top lip is rolled in and it pinches. You can flip or roll lip out with your finger.

Top Right is a better latch

Nipple Shield

A temporary help as nipples heal

Can reduce letdowns and affect milk supply

Must work on latch, fix tongue tie, or baby grows

Reco try without shield first and every day



Breast Shells

- for cracks at base of nipple
- for collecting letdown, leaks
- can help flat nipples come out



Engorgement



Breast full, hard, inflamed

From problems with BrF – milk not getting removed!

Latch can be difficult

To help

- “Reverse Pressure Softening” –with fingers apply pressure behind the nipple to push back pressure, to soften the nipple
- Hand express some milk off in the shower
- Work on latch issues
- Pump for comfort, just a little
- NSAIDS (naproxen)
- Wet cool cabbage leaves

Mastitis – Red painful area of breast, fever



Go the WHOLE 40 – Full Term!

- No CHIPS or COKES
- PreEclampsia causes Preterm Delivery and increased Infant Mortality
- If you and baby are well, advocate to wait
- Every week of prematurity associated with neurologic issues
- Small babies are more irritable, sleepy, difficult to feed
- Induction affects Oxytocin
- C section babies breastfeed less



Baby in NICU

- Hand express then pump to provide milk
- Kangaroo Care in NICU
- 'Mouth care' with BrM if intubated
- HMBANA Milk Bank
BrM last resort for < 1500g babies



Kangaroo Care in NICU



HMBANA Banked Milk

- Milk bank milk for all NICU babies under 1500g.
- New Mothers Milk Bank of TN!!
- Milk Depot at Regional One (and soon Methodist Gtn) - for drop off donation of extra breast milk
- 3-5\$ / ounce
- “Milk Sharing” an option for outside of hospital



Avoid even that 1 Bottle!

- Takes away from your supply
- Baby won't be hungry at the breast
- Pumping and feeding disconnects your supply from baby's needs. Supply goes down.
- Nipple confusion if earlier than 2 weeks

Formula

- If needed – appropriate amount
 - 5 ml on Day 1
 - 10 ml on Day 2...
- Pump or hand express to keep up supply, and then use that

Line up your Resources

Birth Doula

Pediatrician who is BrF friendly

- Ask what weight loss is too much and what they would recommend – answer is 12% and to work on BrF

Get your pump

Identify friends or family supporters who have Breastfed

Birth Plan

- Skin to skin after birth
- no pacifiers or bottles
- No formula unless discussed with Mom and Doctor

Are your Medications OK? “Mommy Meds” App

Medications, etc

- Most are OK
- Resources - 'Mommy Meds' App, 'Medications and Mothers Milk' App, Book
 - "L3" and better is OK
- Surg, Anesthesia – ok! When you are awake, you milk is ok
- OB or Ped should be able to answer this

The Medical System!

What can you do?

Truly Pre-Eclampsia? Or just Hypertension?

Low Sugar? Bring Colostrum to hospital. Hand express. Dextrose Gel. If formula then 5-10cc. If nurses disagree, ask them to call the Ped

SEPARATED? Mom - hand express or pump.
Baby - 5cc per feed (Day 1)

NICU? Pump your milk. Push for Kangaroo care and getting baby on the breast ASAP.

LOOK AT THE BABY, NOT JUST THE NUMBERS

Love Love Love

Give yourself permission to be totally focused on your new baby.

Everything and everyone else can wait.

“If I get one thing done a day (including a shower) then that is great!

TN Laws that Support Your Right to Breastfeed

- A mother may breastfeed in any public or private place she is authorized to be. (TCA 68-58-101)
- Breastfeeding shall not be considered public indecency or nudity, obscene, or sexual conduct. (TCA 68-58-102)
- Local governments shall not prohibit breastfeeding in public by local ordinance. (TCA -68-58-103)
- Employers must accommodate breastfeeding mothers at work. (TCA 50-1-305)

TN Breastfeeding Hotline

TENNESSEE
Breastfeeding Hotline

855-423-6667
855-4BF-MOMS

24 hours a day / 7 days a week

A black and white line drawing of a woman with long braided hair, shown from the chest up, breastfeeding an infant. The woman is looking down at the baby with a gentle expression.

Línea de ayuda de
Tennessee para la
lactancia materna

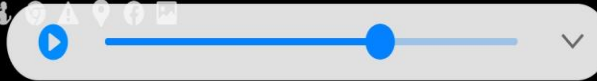
855-423-6667
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24 horas al día / 7 días a la semana

A black and white line drawing of a woman with long braided hair, shown from the chest up, breastfeeding an infant. The woman is looking down at the baby with a gentle expression.

Video on Youtube: “Attaching your Baby at the Breast”

11:46



97%



GLOBAL HEALTH MEDIA PROJECT

Breastfeeding Series



Attaching Your Baby at the Breast

