

Ready... Set...



A Guide for Welcoming
Your New Family Member

Congratulations!

Having a baby is a wonderful and life-changing event, each and every time you experience it. You may already be noticing changes in your body, such as the way you walk, larger breasts and a growing abdomen with a moving baby.

Even if you have had a baby before, you can gain new knowledge from this guide. It is intended to help you learn the latest science about infant feeding to help you achieve your goals. It also provides an overview of how you and your baby will be cared for at the hospital after delivery.

Be sure to personalize your booklet on the back cover page! You can record the details of your pregnancy and birth, and save this booklet as a keepsake of this unique time. There is also a special place for you to write down notes or questions that you can refer to when you talk with your healthcare providers.



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What Have You Heard About Infant Feeding?

Each one of us has a unique opinion about infant feeding that is formed from the stories we hear from others and also from our own experiences. As part of your healthcare team, we want you to know the facts. Learning the facts will help you make informed parenting choices so you can do what is best for your family.

Find Out The Facts!

FACT

Most women breastfeed.

At least 75% of all women in the United States breastfeed. Even among the groups less likely to breastfeed, about 60% or more start breastfeeding. Breastfeeding is now the norm in the United States.

FACT

Breastfeeding should not be painful.

There may be discomfort at first but it should be minimal and should go away in the first week. Pain that continues or is severe is not normal and you should get help from a lactation consultant.

FACT

Breastfeeding does not cause your breasts to sag.

All breasts lose their firmness with age and weight gain/loss.

FACT

No breasts are too large or too small to breastfeed.

Size does not matter. Small breasts can produce a full milk supply, and babies can breastfeed fine on large breasts. If you have widely spaced or very unusual breasts, a history of breast surgery, or are concerned you don't have enough breast tissue, please contact your health care provider or a lactation consultant for an evaluation.

FACT

There is no perfect nipple shape or size for breastfeeding.

Babies can latch onto many types of breast nipples. If you have concerns about your nipples, please contact your health care provider or a lactation consultant for an evaluation.

FACT**Breastfeeding is a new skill, and it takes practice and support.**

Breastfeeding is not easy for every mother and baby. Be patient with yourself as you both learn how to make it work. Get support from friends, family, and your healthcare team. Remember to take it day by day. It gets MUCH easier after the first days and weeks!

FACT**Night waking and night feeding are NORMAL**

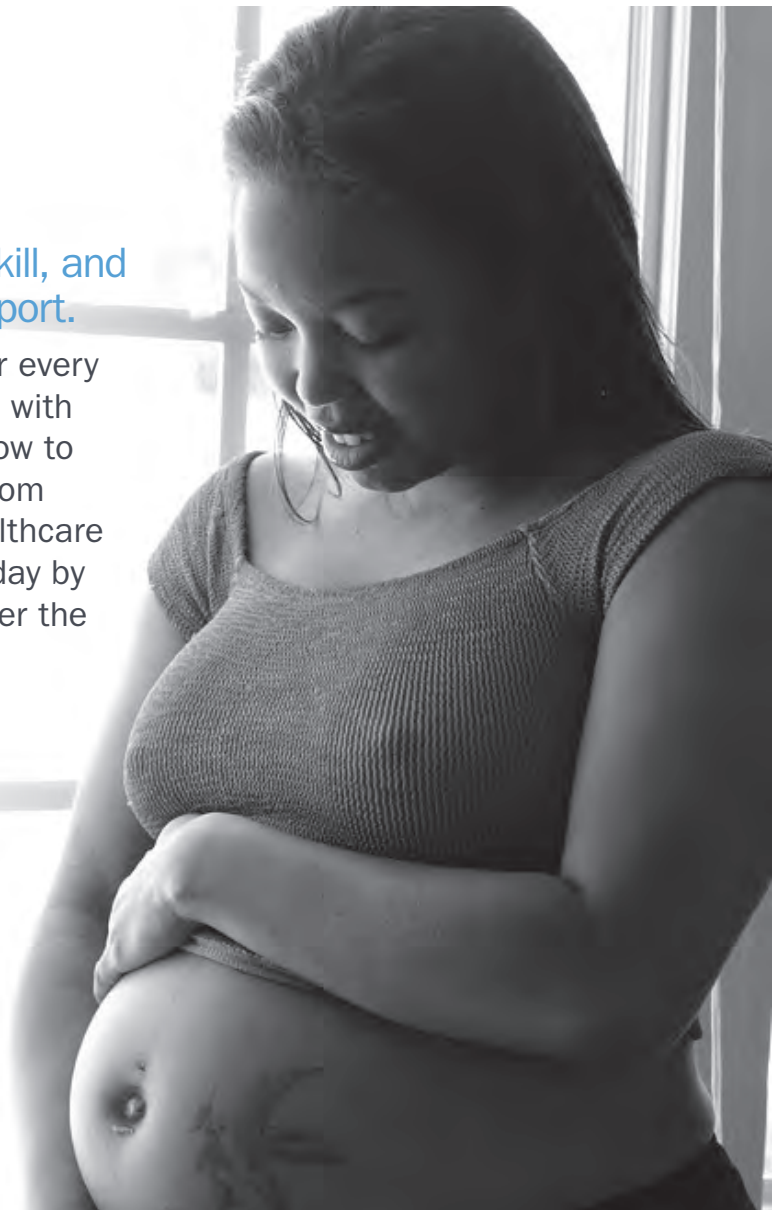
Newborns do not know the difference between night and day as adults do. They are growing rapidly, and need the frequent, easily digested feedings that your milk provides. Babies who are breastfed have a decreased chance of death from Sudden Infant Death Syndrome.

FACT**Babies do NOT need water when it's hot outside.**

Your milk, or correctly prepared formula, provides all the water your baby needs.

FACT**Formula is NOT the same as breastmilk.**

Breastmilk is a living, constantly changing food that provides everything your baby needs to grow and be healthy. The living parts of your milk cannot be man-made, and many are unique to you.



Find Out The Facts!

FACT

Your milk contains hundreds of nutrients that scientists are only beginning to discover.

Don't be fooled by the high price tag on infant formula. Just because it is expensive, doesn't mean it is better. Your breastmilk is far better than a "product". It contains many nutrients that are essential for your baby's health and development and cannot be reproduced.

FACT

Formula feeding takes more time and preparation effort than breastfeeding.

Washing bottles, making exact water measurements, and safely storing formula are all required activities with formula feeding. Extra planning is necessary before leaving the house for an errand. Babies fed formula have more diarrhea, pneumonia, allergies, and ear infections. Those illnesses would take a LOT of your time!

FACT

There is no added growth or health benefit to infant formula.

Breastmilk alone provides the optimal food for your baby for 6 months, and continues to be important for at least 2 years. Formula may contribute to childhood obesity. Avoid formula, and ask your healthcare provider about "donor human milk" if a supplement is recommended.

FACT

Breastfed babies' stool (poop) is very different from formula fed babies.

Normal stool is soft, seedy, watery, and frequent. Formula fed infants tend to have more solid, larger, and foul-smelling stools.

FACT

Introducing formula will decrease your milk supply.

Breastfeeding early and often is what makes a good milk supply. Early formula feeding, even in small amounts, can decrease your milk supply, and your baby may get used to the fast flow from the bottle.

FACT

Bottles work very differently than breasts.

Infants use their tongue, jaw, and face muscles to get milk from your breasts. This helps their mouth and face grow and develop normally.

Bottle nipples have a different shape and a faster flow. Babies are more likely to gag or overfeed when using a bottle. If you need to use a bottle, please learn about safe bottle feeding from a healthcare provider first.

FACT

You CAN breastfeed outside your home.

Women have different feelings about nursing in public. You will find what is most comfortable for you. Rest assured - you have the legal right to breastfeed in any public space.

FACT

You CAN return to work or school AND continue to feed your baby only your milk.

You can express your milk and store it for later use. Many women successfully use pumps or their hands to remove their milk for others to feed when they are away from their infants. It is still important to breastfeed when you are with your baby. You can talk to your supervisor about your plans ahead of time and get support from available resources.

FACT

You CAN breastfeed, even if you smoke or take medications.

Talk to your healthcare provider if you think your medications or habits prohibit you from breastfeeding. Many medications do not pass into breastmilk. Chemicals in cigarettes do pass through breastmilk, but breastfeeding is considered safer than formula feeding, even if you are a smoker.



Maria's Story

Maria breastfed and fed formula to two of her children and recently had her third baby. She had seen many of her friends and family feed both breastmilk and formula, and assumed that formula was needed to help her baby grow strong. After taking a breastfeeding class during her most recent pregnancy, she and her husband learned why breastfeeding exclusively is the best option. Now, they are both committed to avoiding formula with this child. There were some tough times convincing her family in the beginning, but with support from her peer counselor and her partner, Maria has made it past the first two months without using any formula!

While You Are At The Maternity Center





Skin-to-Skin Contact

Parents and Babies Belong Together!

- Ask for your baby to be placed skin-to-skin with you right at birth.
- Most babies are then ready to breastfeed within the first hour or two.
- Continue to hold your baby skin-to-skin frequently during the first weeks.

Benefits of Skin-to-Skin

- ✓ Easier adjustment for your baby
- ✓ Easier to bond with your baby
- ✓ Easier to learn breastfeeding

PLUS, it helps regulate your baby's

- ✓ Temperature
- ✓ Blood Pressure
- ✓ Heart Rate
- ✓ Breathing
- ✓ Blood Sugar Levels



Baby's first bath

Babies are born with cream on their skin (called vernix) that is good for them. Your baby will be dried after birth but you should delay the first bath until your baby is well adjusted to his or her new life with you. The bath can be done in your room.

Your Labor

Talk to your healthcare providers about your options for pain relief during labor. Know the risks and benefits for each method. Medications and anesthesia can prolong your labor, negatively affect your newborn, and delay successful breastfeeding.

Non-medicated vaginal birth with immediate skin-to-skin contact is optimal for getting breastfeeding off to a good start. If you have a medicated and/or cesarean birth, ask for extra support with getting breastfeeding started.

Tori's Story

Tori had heard that staying in close contact with her baby was the best thing to do in the early days and weeks of her baby's life. She knew that being close, especially skin-to-skin, is good for bonding and breastfeeding, and her baby's health. Even so, she was surprised and overcome by the incredible feeling of love that occurred as a result of being close with her baby. Back at home, she continues to spend time skin-to-skin, and they are still "rooming-in" – her baby is much calmer when they stay close!



**DID YOU
KNOW?**

It's normal for babies to lose some weight in the first few days of life.

Rooming-In

- Ask that you and your baby stay in the same room, day and night, for your entire hospital stay, unless a medical procedure requires separation.
- Plan to have another adult stay in your hospital room with you.

Benefits of Rooming-In

- ✓ Less crying for your baby
- ✓ More rest, more sleep
- ✓ Encourages infant weight gain
- ✓ Easier to recognize infant cues
- ✓ Easier and faster bonding
- ✓ Easier and faster milk production
- ✓ Improves parenting confidence

Feeding “On Cue”

Follow Your New Baby’s Lead

HUNGER CUES

signs that your baby is ready to eat

- ✓ Fluttering eyes
- ✓ Sucking on tongue or hand
- ✓ Rooting (opens mouth and turns head)
- ✓ Nuzzling into the breast
- ✓ Bringing hand to mouth
- ✓ Crying

If you wait until your baby cries to feed him, he may be too upset to eat. If this is the case, calm your baby first by gently rocking him side to side, or try skin-to-skin contact.



“I’m hungry!” Example of a baby bringing his hand to his mouth.

FULLNESS CUES

signs that your baby is full

- ✗ Eating slows down
- ✗ Turns face away
- ✗ Looks relaxed
- ✗ Stops sucking
- ✗ Falls asleep



PACIFIERS

Pacifiers can hide your newborn baby’s signs of being ready to eat. Avoid using pacifiers in the first month of your baby’s life if you are breastfeeding.

Newborns Tummies Are Very Small!

In the beginning, there may be times when your baby eats a little bit nearly all the time. This is normal. The frequent feeding helps bring in a good milk supply for you.



Breastfeeding Information & Tips



Exclusive Breastfeeding

Your Milk and Nothing Else

Exclusive breastfeeding means that your baby gets all of his or her food and drink from breastfeeding. It is recommended your baby receives only your milk for 6 months.



Benefits of Breastfeeding

- ✓ Early milk (colostrum) is the perfect first food
- ✓ Provides antibodies to fight diseases
- ✓ Easy to digest = less cramping and gas for baby
- ✓ Always warm and ready to eat - nothing to buy
- ✓ May help mothers lose weight
- ✓ Lowers mother's risk for diseases

Your milk has everything your baby needs to grow strong and healthy.

And - it changes according to what your baby needs!



These conditions are more common in babies who are not breastfed

- ✗ Ear infections
- ✗ Stomach problems
- ✗ Diarrhea
- ✗ Serious allergies
- ✗ Pneumonia
- ✗ Skin rashes
- ✗ Asthma
- ✗ Obesity
- ✗ Diabetes
- ✗ Childhood cancers
- ✗ Sudden Infant Death Syndrome
- ✗ Heart Disease

Introducing Other Foods at 6 Months

Begin offering other foods to your baby after a full breastfeed when she is 6 months old. Breastfeeding through the first two years and beyond continues to be very beneficial for your baby's growth and development, and for both of your protection against diseases.



Position And Latch

Finding Your Fit

Practice makes perfect! Find the positions that work for you. A good latch helps prevent nipple pain and helps your baby remove milk. Be sure you're comfortable.



Getting Started: Leaning Back

Laying belly-to-belly with your baby is the most natural thing to do immediately after birth. When your baby shows signs of trying to find the breast, support this search. He or she will nuzzle up and attach to the breast. Breastfeeding while leaning back comfortably goes along with your baby's natural instincts.



Leaning Back

Other Positions



Cross-Cradle Hold



Football Hold



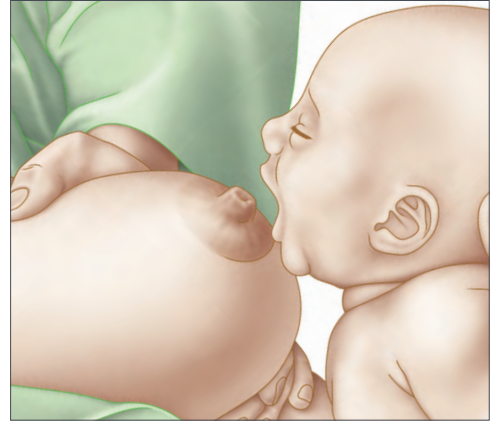
Cradle Hold



Side-lying

Tips for Latching Your Baby in ANY Position

- ✓ Support your baby's neck.
- ✓ Avoid holding the back of your baby's head - allow your baby to move as he or she needs.
- ✓ Baby's ear, shoulder and hips should be in a straight line.
- ✓ When your baby opens wide, bring him or her onto your nipple.
- ✓ Baby's chin should hit breast first.
- ✓ Make sure the nipple is deep in your baby's mouth.
- ✓ Baby's nose will touch the breast during a deep latch.



Tips for Getting Off to a Great Start

- ✓ Breastfeed as soon as possible after birth.
- ✓ Nurse your baby often - this will be at least 8-12 times in 24 hours (as much as he or she signals the need).
- ✓ Avoid giving pacifiers or bottles for the first 4 weeks.
- ✓ Ask for support from your nurse or a lactation consultant.
- ✓ Watch your baby - not the clock - to know when to feed.
- ✓ Massaging and compressing the breast while feeding helps the milk to flow and keeps the baby feeding.
- ✓ **LEARN HAND EXPRESSION - Ask for help**



- ◇ Hand expression is a technique to express milk from your breasts to feed to your baby or store for later.
- ◇ The amount will be just drops in the beginning and increase as you have more milk supply.
- ◇ You can also express a drop onto your nipple for your baby to smell and taste before feeding.
- ◇ Hand expression can increase your milk supply and encourage your mature milk to come in faster.
- ◇ Online hand expression resources may be helpful: 1) <https://vimeo.com/65196007>; 2) <http://breastmilkcounts.com/educational-activities.php> 3) <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

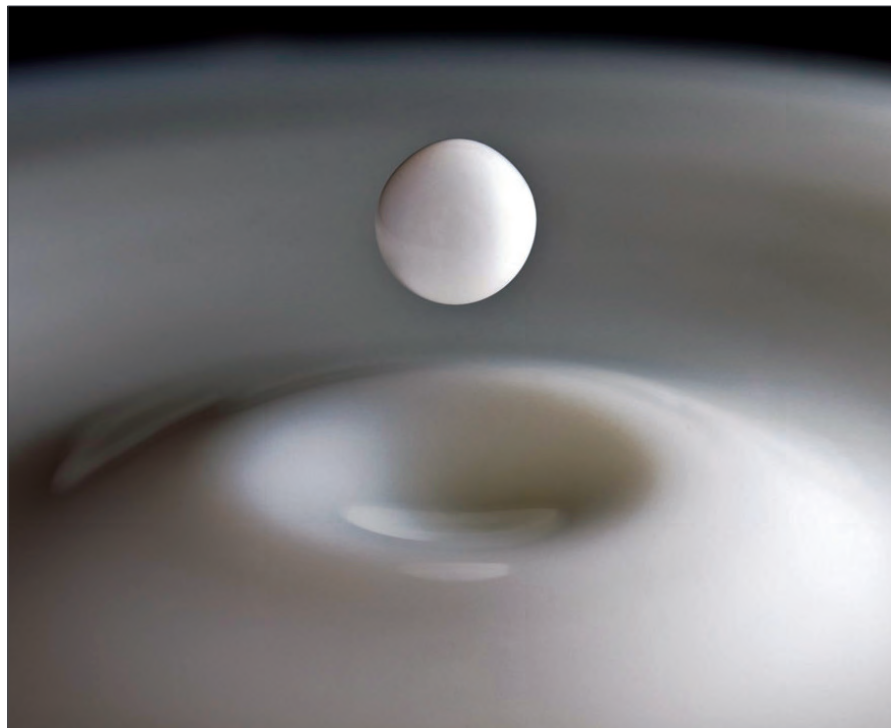
Making And Maintaining Your Milk

- ✓ Your first milk (colostrum) is thicker and more yellow than milk you drink. Early milk comes in very small amounts - yet is full of nutrients and immunities.
- ✓ Your milk will change over the first 3-5 days into larger amounts of mature milk, which has more water to satisfy your baby's thirst.

When the amount of milk increases, it is often referred to as your milk “coming in”. This is misleading because your breasts were not empty before this time – they already have milk in them.

Move it or Lose it!

- ✓ Making a full supply of milk requires frequent removal of milk from your breasts.
- ✓ If milk is NOT removed from your breasts, your body is given the message to make less milk.
- ✓ You should use breast massage, hand expression and/or pumping to remove milk (and keep making milk) if you are separated from your baby.



Tonya's Story

At first, Tonya didn't want to breastfeed because she had heard it could hurt. But with all the health benefits for her baby and herself, she decided to try. After her baby was born, she did try, and just as she expected, it did hurt her nipples a bit. Her lactation consultant and peer counselor helped to find the source of the pain and make changes to reduce the discomfort. This helped, but then a few days postpartum she felt pain in both breasts. Again, she got help from a skilled support person, and was able to stick with it. In a couple of weeks all the discomforts were gone and never came back. Tonya is still breastfeeding at a year out and is very happy she continued – the discomfort in the beginning was worth it!

Signs Your Baby is Getting Enough Milk

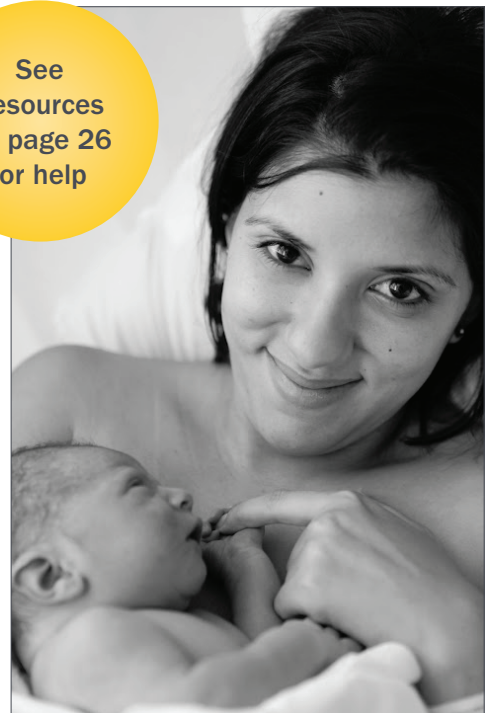


- ✓ Your baby is deeply attached onto your breast and you are comfortable while feeding.
- ✓ Your baby breastfeeds with steady sucking and swallowing.
- ✓ Your breasts soften during a feeding (once your mature milk is in).
- ✓ Your baby is content after a feeding.
- ✓ Your baby's pees and poops are consistent with the information given to you at the maternity center.
- ✓ Your baby's stools change from greenish black to pale yellow, soft, and seedy looking over the first week (when you are exclusively breastfeeding).

Some Signs That You May Need Help

- ✓ Your baby eats less than 8 times in 24 hours (after day 3).
- ✓ Your baby is too sleepy to wake for feeds (after day 2).
- ✓ Feeding your baby is painful.
- ✓ Your baby never seems satisfied.
- ✓ Feedings last longer than one hour.
- ✓ Your breasts are hard, tight, and painful (engorged).
- ✓ Your baby has problems attaching onto your breast or staying attached.
- ✓ Your baby has not regained his or her birth weight by 2 weeks of age.

See
Resources
on page 26
for help



Once You Are Home With Your Baby



Common Concerns After You Are Home

Answers and Support

I Am Not Sure I Have Enough Milk

A common reason for low-milk supply is infrequent feeding. In the early days and weeks, your baby may need to eat every 1-2 hours, or more. Twelve feedings in 24 hours is not uncommon. Feeding your baby “on cue” early on helps to bring in a full milk supply and maintain it. Another reason for low-milk supply is that the baby is not latched well to your breast and is not removing all the milk she could be getting. If you think your baby is not getting enough milk, please contact your healthcare provider or a lactation consultant.

I Think My Baby Is Still Hungry After I Breastfeed

All babies will have periods of fussiness and crying throughout the day and night. There may be a specific time of day when you notice your baby’s fussiness increasing. This is normal, and may not be due to hunger. Immature digestion can cause some discomfort to many new babies. If your baby is upset right after a full feeding or is not gaining weight, please contact a lactation consultant to determine if your baby is getting enough milk during a feed.

My Baby Is Having Trouble With Nursing

Breastfeeding is a learned art that takes a lot of practice and support for many mothers and babies. Usually, it gets much easier and more enjoyable once you both get the hang of it and each other. Getting support from a friend who breastfeeds, a mothers support group, a peer counselor or a lactation consultant can help you continue to exclusively breastfeed.

I Think Giving Formula Might Solve My Problem

Feeding any amount of formula will decrease your milk supply. Formula does not contain anything beneficial beyond what your breastmilk provides, and is not a solution to your baby’s fussiness, gas, or spit-up. These are normal infant behaviors that are common to all babies. Formula is harder for your baby to digest, which could increase your baby’s discomfort. Please ask a lactation consultant or your healthcare provider for assistance before offering any infant formula to your baby, and follow safe preparation instructions. If you do offer a bottle of your expressed milk, donor human milk, or infant formula, pace the feeding slowly, so that your baby can show signs she is full. (See page 12 for signs of fullness.)

It is Painful To Breastfeed

Discomfort during breastfeeding should be minimal. Painful breastfeeding is not normal. Many times painful breastfeeding is relieved by improving the baby’s latch. If your nipples are very sore, cracked or bleeding, please contact a lactation consultant for a feeding assessment. In the meantime, review pages 15-16, and try to ensure your baby is latched-on well.



My Breasts Are Swollen, Hard, Heavy, And Tender

If your breasts feel like this, then they are engorged. As milk changes from colostrum to mature milk in the days after delivery, breast tissues may swell. It can be difficult for the milk to be removed from the breast due to the swelling. Breast massage, hand expression, or ice packs on the breasts help to reduce the discomfort and swelling. Feeding your baby frequently keeps the milk flowing during this time, and you will feel more comfortable in 24-48 hours. If you feel feverish or have a hot red spot on your breast, please contact your healthcare provider immediately.

My Baby Cries A Lot

For babies, crying is a natural and normal way for self-expression. It can mean that something is making the baby uncomfortable or unhappy, such as too much activity or handling, a dirty diaper, or even tummy pains. It can also mean that the baby just needs to be close to you. Babies who are hungry do cry, but it is a late sign of hunger (see page 12). It is normal to see an increase in periods of infant crying until about 2 months of age, and then those periods will begin to lessen. If you are having a hard time coping with your baby's crying, seek help from your partner, family, friends, or healthcare provider. **NEVER** shake a baby. Try skin-to-skin contact and gentle noises.



My Baby Wakes Up A Lot At Night

Night waking is normal and healthy for newborns. Babies don't know night from day yet. When your baby wakes up at night she may be uncomfortable, hungry, or in need of help getting back to sleep. Hold your baby close as you determine what your baby needs. Babies who are very young may not wake often enough on their own. You may need to wake your baby so that she eats at least 8-12 times in 24 hours until she is gaining weight well.

The First Few Weeks

Changes for the Whole Family

- ✓ Plan to nest in with your family after getting home.
- ✓ Be sure you get enough fluids, foods, and rest.
- ✓ Give yourself permission take care of yourself and your baby. Put other responsibilities aside.
- ✓ Limit visitors and phone calls - they can wait.



Create a Network of Support

- ✓ Set up a network of support BEFORE your baby is born that can help you when you get home (consider your neighbors, coworkers, friends, and family).
- ✓ Ask a close friend to organize frequent delivery of meals for your family. Your friends will be happy to contribute.
- ✓ Tell family that you will need help getting enough sleep, and with household chores, such as laundry and cleaning.
- ✓ Consider setting up play dates or child care for your other children.
- ✓ Arrange rides for your appointments or other errands.
- ✓ Find out where and when postpartum support groups meet in your area.
- ✓ Talk about your feelings to a trusted loved-one.

Responding to your new baby's needs can be challenging.

Be patient with yourself during this time.

Monica's Story

When Monica was pregnant with her first baby, she really wanted to exclusively breastfeed like her doctors recommended. She also wanted to be able to feed her baby outside the house, and she was nervous about breastfeeding in public. Monica decided to talk to a friend from work, Janell, who had breastfed exclusively even after returning to work. Janell agreed to be her 'mentor' with breastfeeding, and the two developed a texting relationship that was exactly what Monica needed to help her feel more confident with breastfeeding. A little encouragement from someone who has been there before can go a long way!

Preparing For Other Caregivers

Going Back to Work or School

A little
planning
goes a long
way.

Talk to Your Supervisor About Your Postpartum Plans

- ✓ Learn about and take advantage of all available leave.
- ✓ Tell your boss or advisor you will continue breastfeeding after coming back to work.
- ✓ Remind them that a breastfed baby is less likely to get sick, so you will not miss as many days from work.
- ✓ Find out if you are allowed to bring your baby to work or if there is child care at your workplace.

Locate a Lactation Room to Use

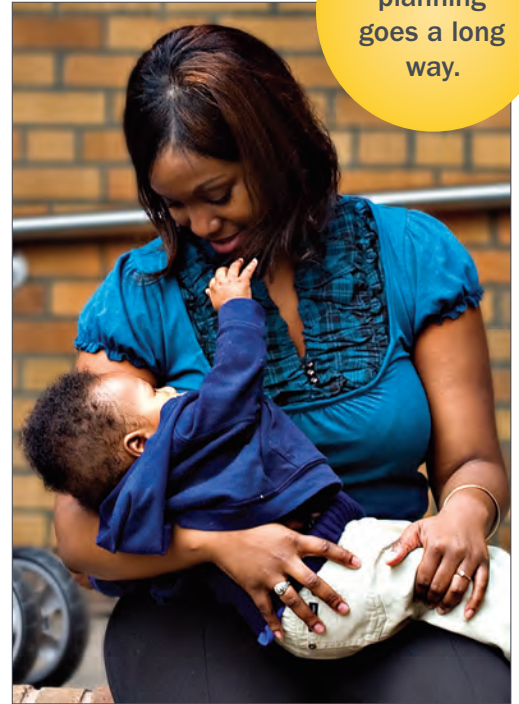
- ✓ Ask your supervisor for help in designating a space if there isn't already one nearby. It should have a comfortable chair, an electrical outlet and a private door (NOT a bathroom). Most businesses are required by law to provide a space for you to pump.

Arrange Use of a Pump

- ✓ Inquire with your insurance provider about your eligibility for a personal electric breast pump.
- ✓ Your hospital, employer, or local WIC office may have pumps for rent. Manual pumps are also available.

Choosing Child Care

- ✓ Look for a child care center close by so that you may visit your baby during the day to breastfeed.
- ✓ Find a care provider that supports breastfeeding and is familiar with storing and feeding breastmilk.



See Resources on page 25-26 for help.

Practice Expressing, Storing and Feeding Your Milk

- ✓ Begin expressing and bottle feeding your milk after breastfeeding is well established. Start practicing a few weeks before you plan to return to work.
- ✓ If using a pump, make sure it fits well - it should not cause pain. The plastic attachments come in several sizes.
- ✓ Collect your milk, date it, and store it in the back of the freezer in small amounts (approximately 2 oz. per container).
- ✓ Practice having another caregiver feed your milk at a slow pace so that your baby can show signs of fullness.

Just for Partners

Breastfeeding is a Team Effort

LEARN About Breastfeeding

- ✓ Ask to be included in discussions with healthcare providers about breastfeeding. This should start before your baby is born.
- ✓ Attend a breastfeeding class with your partner.
- ✓ Locate a support group for partners in your area.



SUPPORT Your Partner

- ✓ Limit the number of visitors in the first weeks of your baby's life. Your partner may feel overwhelmed and will appreciate the private time to adjust to the new baby.
- ✓ Help out with household chores such as food preparation, garbage/diaper disposal and cleaning.
- ✓ Support your partner's goals with breastfeeding and help her get support if she is having troubles.

PROVIDE Comfort for Your Partner and Your Baby

- ✓ Make sure your partner is comfortable while breastfeeding and has had enough to eat and drink. Provide a tray of snacks and water that she can reach.
- ✓ Talk, sing, and hum to your baby in a soft calm voice. Use eye contact.
- ✓ Bond with your baby by giving baths, practicing skin-to-skin contact, wearing your baby in a baby-carrier, and learning techniques to gently massage your baby.

Kevin's Story

A first-time dad, Kevin, was excited to take care of his newborn baby. He thought giving his baby a bottle would give his partner a rest from breastfeeding, and help his baby get to know him. He didn't realize that giving newborns formula actually interrupts the natural process of breastfeeding, and could lower his wife's milk supply. With the help of his healthcare team, Kevin is now committed to supporting his partner with breastfeeding. He is having a great time exploring the many different things he can do to bond with his newborn. His favorite so far is holding his baby skin-to-skin on his chest.

Resources for Support

Nationwide Help at your Fingertips

Domestic Violence

National Domestic Violence Hotline

www.thehotline.org
800-799-SAFE for 24/7 confidential help

Depression and Mood Disorders

Postpartum Support International

www.postpartum.net | 800.944.4PPD (x4773)

Questions about Pregnancy and Birth

Lamaze International | www.lamaze.org

Smoking, Alcohol and Drugs

March of Dimes

www.marchofdimes.com/pregnancy/illicit-drug-use-during-pregnancy.aspx

US Dept. of Health and Human Services

women.smokefree.gov

Medication Use

During Pregnancy | Centers for Disease

Control and Prevention (CDC)

www.cdc.gov/pregnancy/meds

While Breastfeeding | March of Dimes

www.marchofdimes.com/baby/breastfeeding-and-medications-prescription-drugs.aspx

Preterm Labor – Causes and Signs

March of Dimes

www.marchofdimes.com/pregnancy/preterm-labor-and-birth.aspx

Premature Babies and Birth Defects

March of Dimes

www.marchofdimes.com/baby/premature-babies.aspx

www.marchofdimes.com/baby/birth-defects.aspx

Women, Infants, and Children (WIC) Program

www.fns.usda.gov/WIC

Infant Feeding Guidelines

World Health Organization (WHO)

www.who.int/topics/breastfeeding/en

American Academy of Pediatrics (AAP)

www.aap.org/breastfeeding



Resources for Support

Nationwide Help at your Fingertips

Breastfeeding Questions

Office on Women's Health

www.womenshealth.gov/breastfeeding
Phone Helpline: 800-994-9662
M-F 9am - 6pm (eastern time)

La Leche League (LLL)

www.llli.org (Click on Resources tab)

Finding a Breastfeeding Mothers' Support Group

La Leche League (LLL)

www.llli.org (enter your address into the map)

Mocha Moms | www.mochamoms.org

Baby Cafe | www.babycafeusa.org

Finding a Lactation Consultant

International Lactation Consultant Association | www.ilca.org

African American Breastfeeding Support

Office on Women's Health - It's Only Natural | womenshealth.gov/itsonlynatural

Donor Human Milk Information

Human Milk Banking Association of America (HMBANA) | www.hmbana.org

National and State Breastfeeding Laws

National Conference of State Legislatures
www.ncsl.org/research/health/breastfeeding-state-laws.aspx

United States Breastfeeding Committee
www.usbreastfeeding.org

Milk Storage Guidelines

Centers for Disease Control and Prevention
www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

Infant Sleep

Infant Sleep Information Source (ISIS)
www.isisonline.org.uk

National Institutes of Health
www.nichd.nih.gov/sts/Pages/default.aspx

Infant Crying

The Period of Purple Crying
<http://purplecrying.info>

Carrying Your Baby in a Baby-Carrier

Baby Wearing International
www.babywearinginternational.org

Notes/Questions For Your Healthcare Providers

Baby Birth Notes

Mother's Name: _____

Due Date: _____

Place of Delivery: _____

Baby's Name: _____

Significance of Name: _____

Date/Time of Birth: _____

Weight: _____ **Length:** _____



Photo Credits

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Page 08, 18, 19, 22 With thanks to the United States Breastfeeding Coalition (USBC)

Page 11 mrsdeweese9 www.flickr.com/photos/40275187@N04/6217327186/
Creative Commons www.flickr.com/help/general/#147

Page 14 With thanks to Texas Department of State Health Services

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