



Prenatal Breastfeeding Education

At King's Daughters Labor and Delivery Suites



KING'S DAUGHTERS
MEDICAL CENTER

Benefits of Breastfeeding

Breastfeeding benefits babies:

- Provides your baby with all the nutrition, growth factors, and disease protection needed for normal growth and lifelong protection from disease
- Decreases risk of ear infections, allergies, asthma, vomiting, diarrhea, diabetes, eczema, and childhood cancers
- Protects against childhood obesity
- Higher intelligence scores are found in babies who are breastfed
- Reduces risk of Sudden Infant Death Syndrome (SIDS)

Breastfeeding benefits mothers:

- Decreases risk of breast and ovarian cancer, diabetes, osteoporosis, rheumatoid arthritis, high blood pressure, heart disease, and depression in women who breastfeed
- Reduces postpartum bleeding
- Burns 500 calories a day, returning women to pre-pregnancy weight more quickly

Breastfeeding saves time and money:

- Breastfeeding is free, whereas formula costs more than \$2000 a year (not counting supplies).
- Buying, mixing, and preparing formula is time-consuming.
- Breast milk is always fresh, free, and ready to feed.
- Less money is spent on doctor visits, medicines, and hospitalizations because breastfed babies get sick less often. Also, less time is lost from work because of the need to stay home with a sick baby.

Other benefits:

- Breastfeeding gives your baby comfort in your proximity as well as the comfort of suckling, and makes you and your baby feel relaxed.



- Breastfeeding decreases stress hormones in mom and baby.
- Baby's discomfort is relieved by breastfeeding.
- Everything your baby needs to grow and develop to be as healthy as possible is contained in breast milk.
- As the baby grows, your breast milk changes to give him or her the nutrition needed. Because the nutrients come from a human source, it matches the baby's digestion perfectly and is rapidly and easily digested.

Breastfeeding promotes your baby's growth and development:

- Enzymes and hormones found in breast milk aid in baby's digestion, and promote healthy growth. The milk of mothers whose infants were born prematurely has more protein and other nutrients specially needed to meet the growth needs of the premature baby.
- Important fats that aid in your baby's brain growth are in breast milk. Intelligence scores are higher in babies who are breastfed. These important fats also lead your baby to have better vision and digestion for the rest of his or her life.
- Enzymes and growth-promoting factors are not found in formula. Infants who are formula-fed are more likely to be overweight.



Breast Milk Only for the First 6 Months

Breast milk is all your baby needs for the first six months of life:

- Babies do not need other food or fluids, including water.
- Problems with breastfeeding and your baby's health can occur by introducing other food or fluids too soon.
- Even in hot weather, all the nutrition and fluid your baby needs for the first 6 months is in breast milk.
- Breast milk is better for your baby than any other food or fluid. Giving other foods or fluids may decrease the desire your baby has for breast milk.

The early months of your baby's life are essential to long-term development:

- Breastfeeding provides your baby with the body-building components that are suited specifically to his or her health and development.
- Milk from animal and plant sources does not have the body-building components specifically suited to the human body.



Breast milk is better for your baby than any other food or fluid.

The first milk is colostrum:

- Colostrum is concentrated milk that your breasts produce from about the middle of pregnancy.
- No formula can give your baby protection against disease like colostrum.
- During the first few days, the amount of colostrum is small so that the baby's stomach will not be overfilled. This is important while the baby is learning to coordinate suckling, swallowing, and breathing.
- At birth, baby's stomach is very small and grows a little each day, so milk production increases gradually daily to match the baby's stomach size.

Babies are born with extra fluid stores:

- This extra fluid is used over the first few days while their stomachs are too small to accommodate much fluid.
- Babies normally experience weight loss the first few days simply because of the loss of this "water weight."



Babies given only breast milk for 6 months have fewer illnesses than babies who are given other foods and fluids.

Giving your baby only breast milk for the first 6 months is best for your baby's health:

- During pregnancy, your baby's body has obtained iron stores from your body. The protein that enables your baby's body to use these iron stores is in your breast milk. If your baby is given other food or liquid that has iron, the special breast milk protein cannot work and may cause the baby to become anemic.
- Babies given only breast milk for 6 months have fewer illnesses than babies who are given other foods and fluids. Babies who are breastfed have fewer illnesses, including pneumonia (and other respiratory complications), intestinal diseases, ear infections, and allergies.
- Your baby's intestine has small pores in it, like a net, for the first 6 months. Nonhuman protein can go through the pores into your baby's body and cause allergies if given other foods. Around 6 months, these pores in your baby's intestine close up, allowing your baby to eat other foods. A baby must be able to sit up to swallow food properly, which occurs around 6 months. By this time, the mouth cavity has deepened enough to allow the baby's tongue to move inward, to accept food, as opposed to strictly pushing outward, as it does during breastfeeding. Spoonfuls of food can then be eaten. Prior to 6 months a special protein found in your breast milk helps the baby fight off disease. Your baby's body produces this protein at 6 months.
- Before 6 months, not enough stomach acid is made by your baby to digest foods or fluids other than breast milk. Introducing other foods may cause digestive problems, problems with oxygen levels, and the development of diseases. Breast milk is better than any other food for nutrition and disease protection.

Breast milk should still be your baby's main source of nutrition during the first year:

- After 6 months, it is important to introduce other solid foods so your baby will learn to eat different foods.
- Continuing breastfeeding beyond 6 months is important; breastfeed prior to each meal of solids, as the "first course." Gradually increasing meals can keep your baby breastfeeding, such as one meal of solids a day at 6 months, then two solid feedings a day at 7 months, three meals a day at 8 months, then three meals plus snacks at 9 months. Breastfeed before each meal and before and after sleep periods.
- Important fats found only in breast milk help build the brain, eyes, and digestive system beyond the first year.

Breastfeeding may continue longer than your infant's first year of life:

- The brain and nervous system grow a lot over the next year or two, and the amount of fat in your milk also grows in this time. Breastfeeding until your baby's second birthday aids him or her in better brain development, eyesight, and a digestive system that better absorbs nutrients, providing benefits that last a lifetime.
- Breastfeeding offers comfort and emotional support. Separation anxiety may occur as your baby begins to talk and walk. Breastfeeding makes your baby feel secure. The disease-fighting components of breast milk aid your baby in staying healthy as he or she comes into contact with other children. The AAP (American Academy of Pediatrics) recommends breastfeeding exclusively for 6 months, and continuing to breastfeed as long as you both desire, even into the third year of life or longer. The benefits increase for both you and your child the longer you breastfeed. You can breastfeed during pregnancy, as well as nurse an older child along with an infant, which is called tandem nursing.



Possible Effects of Medications and Anesthesia



Playing music and having a calm, quiet, dim environment may help with relaxation.

Medications and anesthesia in labor have been shown to have negative effects on labor progression, the infant, and breastfeeding. These negative effects include:

- Prolonged labor
- Difficult breathing for the baby
- Depressed infant reflexes including suckling
- Disorganized infant suck
- Decreased alertness and readiness to feed
- Delay of milk onset
- Decreased milk volumes
- Shortened duration of breastfeeding
- Increased infant weight loss

Research shows that non-interventive birthing practices preserve normalcy of labor and delivery and accomplish:

- Faster, easier births
- Healthier, more active and alert mothers and newborns
- Mother and baby are more ready to breastfeed

There are many ways to help you through labor without pain medications and epidurals; in fact, these methods help you have a faster, more efficient labor, and give the baby the best start in life:

- Staying active helps optimize labor progress, infant health, and breastfeeding success.
- Breathing and relaxation aid in a more efficient labor.
- Having helpers will benefit in the process.
- Attitude is important.
- See labor not as something that happens to you, but the work you do to deliver your baby.
- What you think about during labor can really help you through it—each contraction brings you closer to your baby.
- Labor is a normal, healthy process; your body is well-designed for this wonderful process; you are bringing a new person into the world.
- Playing music and having a calm, quiet, dim environment may help with relaxation.
- Limit visitors and onlookers during your labor.
- Talk with your provider if you desire other ways to help you through labor.

Early Skin-to-Skin Contact

What is “skin-to-skin”?

Skin-to-skin means your baby is placed unclothed onto your chest, against your skin, and under a blanket or your clothing. Right after birth, your baby will be placed on your chest. Having your baby skin-to-skin helps the baby to feel safe, stay warm, and maintain a healthy blood sugar level. Bathing and nonessential medical and nursing tasks are delayed for at least an hour after the baby is born or after the first feeding. Essential tasks will take place with your baby skin-to-skin. Any assessments or procedures that are done routinely for your baby will either be delayed for this important time together or performed while the baby is on your chest.

How does “skin-to-skin” help breastfeeding?

- Your baby can smell colostrum at birth. Colostrum and amniotic fluid have a similar smell, so your baby is drawn to your breast by the familiar smell.
- Left undisturbed between your breasts, your baby is more likely to latch on.
- Your baby has more opportunity to feed and gain weight.
- Your baby is more aroused to feed.
- Your baby breastfeeds better and longer overall.

What does “skin-to-skin” do?

- Stabilizes your baby’s temperature and vital signs
- Gives your baby better oxygenation and blood sugar levels
- Stimulates milk production
- Causes your uterus to contract and bleed less
- Causes your baby to feel comforted and cry less
- Promotes feelings of closeness and protectiveness
- Provides the best opportunity for a good start to breastfeeding

Why is it important?

- Babies are comforted when placed skin-to-skin with their mothers right after birth and are

calmer and cry less. Being skin-to-skin is also pain-relieving to the baby, such as during an injection or heel-stick procedure. By placing babies skin-to-skin, they warm up better and learn to stay warm more quickly.

- Skin-to-skin helps your baby’s respirations, heart rate, and blood sugar stay normal, and keeps their oxygen levels at their highest.
- You are the best “recovery room” for your new baby. Being skin-to-skin helps lower your stress, and makes you feel closer to your baby. This is a good time for both of you to get to know one another. The bonding that takes place during this time lasts long after birth.
- Hormones that cause your uterus to contract and bleed less are stimulated by the movement of your baby’s body on your body.
- When babies are placed undisturbed on their mothers’ chests between the breasts, they often will crawl towards the mothers’ nipples and latch on unassisted. Babies can smell the colostrum in their mothers’ breasts. The similar smell of colostrum to amniotic fluid draws babies naturally to the breasts. Additionally, hand movements of babies at the breasts, as well as their suckling, causes the mothers’ bodies to release milk-making hormones. Weight gain and breastfeeding are improved in infants who have been placed skin-to-skin. Babies must be close to the breasts to learn to breastfeed, and this first skin-to-skin time is the best opportunity to begin breastfeeding.

The benefits continue:

Continue to place your baby skin-to-skin over the next several days after the first four hours of skin-to-skin time. This will help calm your baby when he or she is fussy. If your baby is too sleepy to nurse, this will stimulate and arouse him or her to breastfeed. Skin-to-skin time continually helps to make your baby feel warm and comforted, and helps to make breastfeeding a successful and enjoyable experience. Dad can also use the same method to help the baby become familiar with his voice, and to feel safe with him.



Rooming In

What is “rooming in”?

“Rooming in” is when your baby stays in the room with you throughout your hospital stay. With the exception of circumcision and hearing screen, your baby will not go to the nursery.

What are the advantages of rooming in?

- It is less stressful for your baby, so baby sleeps better and cries less.
- Your milk will come in sooner.
- Your baby will gain weight better.

Get your sleep when your baby sleeps.



- It decreases the likelihood of jaundice developing in your baby.
- Your baby will feed more often.
- It increases your chance of successfully breastfeeding exclusively, and for a longer period.
- You get to know your baby better.
- Preparation for taking care of your baby is improved.
- You will more easily recognize your baby’s feeding cues.

What about sleep?

- You get the same amount (or more) of sleep with your baby in the room with you.
- Get your sleep when your baby sleeps.
- Limit the number of distractions and visitors; daytime is for sleeping too. Research shows that visitors disturb your sleep more than your baby does.
- Rest while your baby feeds by nursing in the side-lying position.

Breastfeeding – Latch and Positioning

Learn about breastfeeding and have a support system:

- Consider attending the breastfeeding support group meetings offered at KDMC.
- Schedule a time to attend Mommy University, a one-on-one prepared childbirth and breastfeeding discussion at KDMC Labor and Delivery Unit.
- Have a list of people, family, friends, the La Leche League, or your clinic, with breastfeeding experience that you can talk to.
- KDMC provides a list of contacts, including lactation consultants, that you can call, as well as the number of the local WIC office.

Ask for help from the hospital staff:

- The nurses are specially trained to assist you and your baby in learning to breastfeed. You and your baby can learn to breastfeed together.

The first few days:

- **Day of birth:** Place your baby on your chest right after birth, skin-to-skin. Your baby may crawl to your breast and attach with very little assistance. A few hours after delivery your baby may then become sleepy for 24-36 hours (sleepy day). Take this time to sleep yourself.
- **Day two:** Your baby will be more alert and want to nurse. Your baby may want to be at the breast very frequently and may cry more. Simply feed as often as he or she wants. This time of frequent feedings gives you lots of practice with nursing. It also stimulates your body to produce hormones, which trigger milk production.
- **Day three:** Your baby will want to nurse more often (all day buffet). You may notice your breast getting fuller and the milk changing to be more fluid in nature. End the feeding by letting your baby fall asleep or detaching himself or herself. Allow your baby to finish the first breast first, and then offer the second breast. Feeding your baby early and often is one of the steps to making plenty of milk.



Making milk:

- The first milk is colostrum. The small quantity correlates with your baby's stomach size. It is thick and sticky. The properties of colostrum protect your baby from overfilling or accidentally breathing it in while your baby is learning to coordinate suckling, swallowing, and breathing. Additionally, colostrum protects your baby from disease. The extra water weight babies are born with gives them fluids while your colostrum meets all of their nutritional needs. Over the next few days, your baby will lose this excess water weight.
- Once the baby is born, milk production begins, increasing daily to match your baby's stomach size. At birth, your baby's stomach is very small, about the size of a cherry, and your milk is produced in that amount. By the third day, your baby's stomach is about the size of a walnut, and then by the end of the week it has changed to the size of an egg.

How to latch your baby to your breast:

Hold your baby close next to your skin, tummy to tummy. Press his chin into your breast with your nipple just opposite his nose. Tickle the baby's upper lip with your nipple to make his mouth open wide, like a yawn. Hold your hand behind the baby's neck and shoulders. This will allow the baby to tip his head back and open his mouth wider. Using your other hand, support the breast and compress it slightly in the same direction as his lips. This will help him to get more of a mouthful. When your baby's mouth is wide open, bring him to your breast quickly to help baby get more breast into his mouth. Your baby should latch on to the areola, not just the nipple, with lips flared out enabling the baby to get more milk. Your baby's chin should touch the breast and nose should be free. If you feel discomfort in nursing, your baby may not have enough breast tissue in his mouth. Insert your finger between his jaws and the breast tissue to break suction, and then relatch.

Breastfeeding positions:

Cross-cradle: Hold baby tummy to tummy. Hold your forearm along baby's back, with your hand supporting baby's neck and shoulders. Your other hand supports the breast like a U.

Football: Your baby's body is under your arm and your hand supports his neck and shoulders. Baby's head is under the breast, looking up at you. Your other hand supports the breast like a C.

Side-lying: You can rest while your baby feeds. Lie on your side, baby tummy to tummy with you. Use your upper arm to support your breast in a C hold. When baby's mouth opens wide, press baby onto breast with your lower hand between baby's shoulder blades. Another way is to hold your body up on one elbow. Place baby on her back, under your breast. Use your upper hand to support the breast in C hold. Tickle the baby's lip to get a wide gape then lower your breast into baby's mouth. Once baby is latched and suckling, pull out your lower arm and lie down. Turn baby in towards you.

Cradle hold: Hold your baby tummy to tummy, with your baby's head resting on your forearm and hand supporting back and buttocks. Use opposite hand to support breasts with a C hold.



Cradle hold



Football

Cross-cradle



Side-lying

Feeding On Cue

What is “feeding on cue”?

- This means feeding your baby whenever he or she shows feeding cues.
- Feeding cues are signs of hunger.
- Feeding cues are: mouthing movements, tongue protruding, rooting, hand to mouth movements, hand-suckling.
- Crying is a late hunger sign.
- Feed your baby whenever, and for as long as, he or she wants.

What are the advantages of feeding on cue?

- Milk supply is determined by suckling and emptying the breasts. Therefore, feeding the baby as often, and for as long, as he or she wants will allow you to make as much milk as needed.
- Milk-making tissues in your breasts are built up by frequent feeding in the first few weeks after birth, which assures a good milk supply for months to come.
- If you catch your baby’s early feeding cues such as tongue movements and rooting, your baby will latch and feed better. Waiting until your baby is crying will take more time because you must calm him before feeding.
- Feeding on cue brings comfort and pain relief to your baby. Nursing provides comfort as well as nutrition. Babies cannot be held “too much” or “spoiled.”



- Frequent feedings give newborns the connection of constant closeness.
- Weight gain is improved in babies.
- Jaundice is decreased in babies.
- Mothers have less engorgement.
- The overall duration of breastfeeding is longer.

Your baby prefers you. Avoiding pacifiers and bottles will help your baby breastfeed better.

- The suckling action on a pacifier or bottle and how a baby latches to the breast are very different.
- The breast is not stimulated to make milk when a baby sucks a pacifier or bottle.
- It is recommended to wait until breastfeeding is well-established before using a pacifier.

Infant feeding cues:

- Awake with arms and legs moving
- Hand to mouth activity
- Moving head in sleep with rapid eye movements visible under the eyelids.
- Rooting towards the breast (turning the head and opening the mouth)
- Licking lips and sticking tongue out
- Crying is a late sign of hunger

Important to know:

- Breastfeed early and often, at least 10-12 times in 24 hours.
- You will produce more milk the more you breastfeed.
- Let your baby breastfeed as long as interested.
- Your baby can come back for seconds; the breast is never empty.
- Nipple pain should not occur, ask for tips on latching deeply.
- All suckling should be at the breast.
- No pacifier or bottles.



Baby Friendly® Hospital Initiative

10 Steps to Breastfeeding

The care given at KDMC LDRP Suites is the healthiest possible for you, your family, and your new baby. Our practices are designed to help you achieve the best birth for the healthiest baby and the most satisfying breastfeeding experience.

All of our infants are skin-to-skin for the first hour (or longer) after birth. The skin-to-skin experience helps your baby to feel safe, maintain a healthy blood sugar level, and remain warm. The bath and other non-essential medical procedures will be delayed for the first hour of skin-to-skin care, and until the baby has breastfed well. KDMC follows the Ten Steps of the Baby Friendly Hospital Initiative:

1. Our breastfeeding policy is made known to our staff.
2. Our staff has the skills and resources necessary to carry out this policy.
3. Our patients are taught the benefits of breastfeeding as well as how to breastfeed in our prenatal clinic, during their hospital stay, and in support groups.
4. We help mother and baby breastfeed within the first hour after birth.
5. We show mother how to maintain lactation when away from her baby.
6. Breastfeeding babies are not given formula or water unless medically indicated.
7. Mother and baby stay together in the same room; skin-to-skin is encouraged throughout the hospital stay.
8. Mother is encouraged to breastfeed when baby shows hunger cues. We teach mother to recognize hunger cues. Breastfeeding is important for physical contact and nourishment.
9. Breastfeeding babies are not given pacifiers or bottles.
10. Ongoing breastfeeding support is available from our nurses, Internal Board Certified Lactation Consultant (IBCLC), monthly breastfeeding support group, and local WIC office.

KDMC does not accept free formula or free breast milk substitutes. Parent discharge bags will not contain infant formula, coupons for formula, logos of formula companies, or literature with formula company logos.



If you have questions:

- How will I feed my baby?
- How do I get help?
- How do I best care for my baby, myself, and my family?

Where to get help:

Mommy University

KDMC Labor and Delivery Unit
Lisa Spring, RN
601-835-9174

Lactation Services

Nursery
601-835-9167
Lou Ann Wall, RN, IBCLC
601-754-5165

Breastfeeding Frequently Asked Questions

After the baby is born, will I have any milk?

While pregnant, your body was preparing a very special blend of nutrients to meet your baby's needs. Colostrum (early breast milk) is the perfect starter food for your baby. This yellowish, creamy substance is found in the breasts during pregnancy and for a few days after delivery.

Your colostrum provides all the nutrition your baby needs right after birth and provides important protection against bacteria/viruses. Colostrum also acts as a natural laxative, which makes it easier for your baby to have bowel movements and clear the dark sticky stool called meconium from your baby's intestines.

What is in breast milk?

The amount of breast milk you make will increase over the first few days after your baby is born. Breast milk is made of fats, sugars, proteins, minerals, vitamins, and enzymes, and is designed to promote brain and body growth. Breast milk also has antibodies, which help boost your baby's ability to resist infection. As your baby grows older, your milk changes to meet his/her nutritional needs. Breast milk is the perfect food for babies.

How often should I breastfeed?

- Breastfeeding is all about supply and demand. Breastfeed as soon as possible after delivery, and often, so your baby can get colostrum and stimulate your body to produce breast milk. If you have concerns about producing enough milk to keep up with demand, remember, your body makes what your baby takes – you will have enough milk.
- The size of a newborn's stomach is roughly the size of his or her hand in a fist. They do not need much to make them full, but they do need to feed frequently. Newborn babies want to feed on demand, which is usually 10-12 times in 24 hours.

- While breastfeeding, be cautious of well-meaning family and friends who encourage less-frequent feedings. How much milk is made is dictated by the frequency of nursing, not the duration of nursing sessions.
- Watch for early cues, such as increased alertness or activity, mouthing, rooting, and suckling, showing he or she may be hungry. Crying is a late sign of hunger, and you will have an easier time breastfeeding if you learn to recognize your baby's early cues and feed your baby before he or she starts crying (crying makes breastfeeding much more difficult).
- If, in three hours during the day, your baby does not show feeding cues, attempt to wake him or her up by undressing, changing the baby's diaper, or wiping off him or her.
- You should feed your baby throughout the day and night. During the night, make sure no more than approximately four hours pass between feedings.
- Your health care provider may request that, for sleepy babies, you wake your baby every three hours for feeding until your baby has regained his or her birth weight.
- Do not use a pacifier until your baby is at least a month old. Pacifiers should be given only after the baby has nursed and should never be used in place of feeding the baby.
- Unless directed by your care provider, you should avoid giving any supplemental bottles in the first 4-6 weeks when you are trying to establish your milk. Supplemental bottles take away from the time your baby is suckling on the breast and may reduce your milk supply or cause nipple confusion.
- Most babies do not need extra water even if they have a fever or the weather is hot. Breast milk provides enough water.

How long should I feed?

During the first week, offer both breasts at each feeding to bring in your full milk supply. Alternate which breast you start on. You may need to stimulate your baby to take the second breast.

After your milk supply has come in, encourage your baby to nurse as long as he or she wants on the first breast. This is so your baby can get the high-fat, calorie-rich hind milk. When suckling slows down and your breast becomes soft, you can tell that your baby has finished. Then, if your baby is interested, offer the second breast. Alternate which breast you start with.

When will my milk “come in”?

Remember that colostrum is milk, and your milk is already “in” before your baby is even born. When people talk about your milk “coming in,” they are talking about the change in volume and appearance in your milk. This happens 2-4 days postpartum for most women. You may notice your breasts becoming larger, fuller, firmer, and heavier as the volume of milk you are making increases. This is called engorgement. Engorgement happens only once after the baby is born and typically does not last long. The best treatment is to breastfeed your baby more frequently. Your body continues to make milk once engorgement resolves.

How do I know my baby is getting enough milk?

In the first couple weeks after birth, you know your baby is getting a good supply of milk if he or she is making at least six wet diapers and 3-4 bowel movements a day. In addition, most babies will act satisfied after completing a feeding.

If breast feeding is going well, your baby will not lose much weight after birth (though a small weight loss is normal) and will be back to his or her birth weight by 10-14 days of age. This is why it is very important to go to your pediatric appointments for the checkups we recommend.



Does breastfeeding hurt?

Sometimes breastfeeding may cause sore nipples in the first few days, but it should not hurt for the whole feeding or over a period of a few days or longer. If pain persists, seek help – don't “tough it out.” To schedule an appointment with a Lactation Consultant, call the nursery, 601-835-9167, or Lou Ann Wall, RN, IBCLC, 601-754-5165.

What medications can I take when I am breastfeeding?

It is best to avoid taking medications that aren't necessary. There are many common medications that are considered safe while breastfeeding (for example, Tylenol and Motrin). Check with your provider before you start taking any medications you have not already been told are safe.

You should also talk with your provider about vitamin, mineral, or other supplements you may wish to take while breastfeeding. Many providers recommend that women who are breastfeeding continue taking daily prenatal vitamins to ensure they are getting adequate amounts of the important vitamins and minerals (this is especially important if women are not eating well-balanced diets or if their diets are deficient in calcium and vitamin D).



How will my healthcare providers help me be successful with breastfeeding?

KDMC is so committed to your breastfeeding success that we have trained nurses in lactation, an International Board Certified Lactation Consultant (IBCLC) to offer patients lactation support during prenatal appointments and classes at the KDMC LDRP Suites, and postpartum lactation assistance. IBCLCs are healthcare professionals who specialize in the clinical management of breastfeeding, and they are able to provide substantive breastfeeding assistance and skilled technical management of lactation-related problems.

When should I call my IBCLC to schedule a breastfeeding support appointment?

- You would like a little extra help with your breastfeeding.
- You have any breastfeeding questions or concerns.
- By day four, if you do not feel your milk supply has increased.
- For treatment of sore nipples or sore breasts.
- Concern about your baby's output (urine and stools).
- If your baby is not feeding 10 to 12 times in 24 hours.
- If your baby is sleeping on the breast, not suckling well, and seems hungry each time you take him or her off.
- Ineffective positioning, latch-on, and engorgement.
- Breastfeeding challenges (twins, premature infants, babies with a slow weight gain, and women who have had breast surgery, thyroid problems, and fertility questions).
- Advice for the working mother regarding how to continue breastfeeding after returning to work and help with planning a daily routine.

For more information

Mommy University

KDMC Labor and Delivery Unit

Lisa Spring, RN

601-835-9174

KDMC Breastfeeding Support

Group on Facebook

Lactation Services

Nursery

601-835-9167

Lou Ann Wall, RN, IBCLC

601-754-5165