



The New York City Mother's Guide to Breastfeeding



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Why breastfeed?

It's best for your baby. Nothing else comes close.

- Breast milk is filled with the vitamins and nutrients that your baby needs. It builds your baby's immune system and helps her brain develop.
- Breast milk is easier to digest than formula, resulting in less spit-up and diarrhea.
- Breastfed babies are less likely to become obese later in life.
- Breastfed babies are less likely to get infections and to develop asthma, some cancers, diabetes and SIDS (sudden infant death syndrome).

It's best for you.

- Breastfeeding helps your body recover from pregnancy and labor — shrinking your uterus back to size and reducing bleeding after childbirth.
- Breastfeeding lowers your risk of getting diabetes, ovarian cancer and some forms of breast cancer.
- Breastfeeding helps you bond with your baby.
- Breastfeeding may help ward off depression.
- Breastfeeding saves time. Unlike formula, breast milk is always the right temperature and requires no bottles to wash and sterilize.
- Breastfeeding saves money. Breast milk is all your baby needs for the first six months of life, saving you hundreds of dollars that would have been used to buy formula.
- Breastfed babies are often healthier, meaning fewer absences from work.



Getting others involved

When you choose breastfeeding, it's important for the people around you to support you in this decision. This includes doctors, nurses, partners, family members and friends.

- **During your prenatal visits:** Tell your doctor that you want to breastfeed. Ask questions and get the information you need before having your baby.
- **In the hospital:**
 - **When you are in labor**, tell your labor nurse and your doctor that you want to breastfeed your baby. Ask to have your baby brought to you as soon as possible so you can start breastfeeding. Before you deliver, tell the nurse that you want to have your baby stay in your room (rooming in).
 - **When you start breastfeeding**, keep in mind that it sometimes takes a little while for mother and baby to figure it out. **If you are not sure it is going right, ask for a nurse or lactation consultant to help you.**
 - **If the baby has to go to the nursery, remind the nurse to bring the baby back for breastfeeding.** Tell the nurse not to give the baby formula, water or a pacifier unless your doctor orders it.
 - **If the staff offers you samples of formula**, tell them that you are breastfeeding only and do not need formula.
- **At home:**
 - **If partners, family or friends offer to help by giving your baby a bottle**, remind them that you are breastfeeding for the health of your baby. If they want to help you with the baby, there are plenty of other things they can do to assist you:
 - Keep you company while you breastfeed and offer you a drink, footstool or pillow to use when nursing.
 - Burp the baby after feeding.
 - Change the baby's diaper or bathe him.
 - Take care of the baby so that you can take a shower, nap or eat.
 - Help with household chores such as cooking, cleaning, laundry, grocery shopping or washing dishes.
 - Take care of an older child while you breastfeed.
 - Bring the baby to you for nighttime feeds.



What to take to the hospital

Before your due date, pack some personal items to have with you in the hospital. Here are some things useful for breastfeeding mothers:

- Nursing bra
- Nursing pads (cloth or disposable)
- Nursing pillow
- Nightgown or pajamas that button or snap down front
- Robe
- The New York City Mother's Guide to Breastfeeding

Other helpful items:

- Lip balm
- Toiletries
- Sanitary napkins
- Infant car seat at discharge (required in New York State)

What you need to know about breastfeeding

Like parenting, breastfeeding is a skill. It may take some practice, but you'll catch on quickly and there are many benefits!

Getting started

The first few days

- You can usually start breastfeeding right away — even in the delivery room! Tell your doctor or midwife in advance that is what you want to do.
- Try to nurse within one hour of your baby's birth.

- Holding your baby skin-to-skin right after birth is a great way to begin.
- Tell hospital staff not to give your baby a bottle unless you and the baby's doctor agree it is needed.
- Let the hospital staff know you would like to have your baby in your room (rather than the nursery) so you can nurse whenever he's hungry.
- Breastfeed often. He will learn to suck, and his sucking will build up your milk supply.
- Ask for help from a nurse or a lactation specialist if you're feeling any discomfort when breastfeeding or are worried that your baby is not getting enough to eat.
- The milk that you make in the first few days is called colostrum. It is yellow in color and rich in nutrition. Colostrum protects your baby from disease and gives her everything she needs. After three to five days, your milk will change to a bluish-white color and will be produced in greater amounts.
- Always wash your hands before breastfeeding or pumping or expressing milk.

The next few weeks

- Let your baby nurse whenever he wants, day and night — usually about 10 to 12 times in 24 hours. Feeding often will get your milk flowing, help you make plenty of milk and help your baby grow.
- If your baby falls asleep during the first few minutes of feeding, gently wake her up to help her finish the feed. Try tickling her feet or talking to her to wake her up.
- By four to five weeks, your baby will probably have a more regular feeding pattern and nurse less often.
- Avoid using a bottle or pacifier too soon, as it can get in the way of developing a good breastfeeding routine.
- Adding complementary foods like cereal, fruits and vegetables before six months of age is not recommended.

Vitamin D supplementation

The American Academy of Pediatrics (AAP) recommends that all infants have a minimum daily intake of 400 IU of vitamin D beginning soon after birth. This includes babies that drink **ONLY** breast milk. Ask your doctor for more information.

Caring for your breasts

Caring for your breasts when breastfeeding is not much different from caring for them at other times. A daily shower is usually enough. But here are some useful tips:

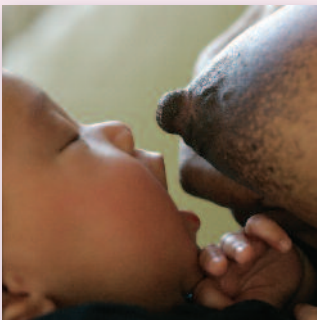
- Try to avoid putting soap on your nipples or scrubbing them, as it can make them dry and more likely to crack.
- If your nipples are tender, you may find it helpful to put a little breast milk on the nipple (and let it dry) at the end of each feeding. Breastfeeding should not be painful. If you feel pain, it may mean that your baby has not latched on well (see **Latching on**).
- Use breast pads in your bra to absorb any milk that might leak.
- Change your breast pads often, especially when you feel that they are moist or wet. Leaving a wet breast pad against your skin can cause irritation and cracked nipples.
- Look at your breasts daily, checking for any red areas, rashes or anything else that looks unusual. Consult a breastfeeding specialist or your doctor if it is not going away or if you are in pain or feel ill.

How breastfeeding works: Latching on and nursing

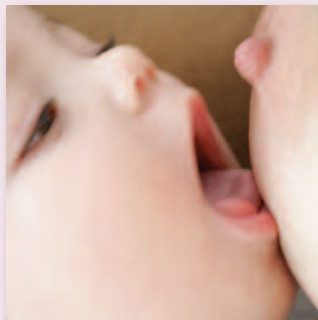
When your baby sucks at the breast, hormones are released. These hormones cause the milk to “let down,” or flow. The more your baby feeds, the more milk you will make.

Latching on

To succeed at breastfeeding, it is very important for the baby to latch on well to the breast. Follow these steps and you'll be a pro in no time!



1. Hold your baby toward your body and her nose close to your nipple.



2. Move your baby back an inch or two. Her head should tilt back, and her mouth will open. **It's important for your baby's mouth to open WIDE.**



3. If she doesn't open her mouth, you can touch your nipple to her lips to get her to open up.



4. When she opens her mouth wide, move it onto the nipple by pulling her toward you. This is called “latching on.”



5. Get as much of your areola — the dark area around your nipple — into the baby’s mouth as possible.



6. Watch to see if your baby is sucking and swallowing easily.

7. Listen for the sounds of a happy, feeding baby!

You can also hold your breast in such a way to help your baby latch on. Here are the two holds that you may want to try:

- U-Hold: Place the thumb on the areola on one side at the 9 o’clock position and the remaining fingers at the 3 o’clock position — so that your hand forms the letter “U.”
- C-Hold: Place the thumb above the nipple at the 12 o’clock position and the remaining fingers below the nipple at the 6 o’clock position — so that your hand forms the letter “C.”



C-Hold

Signs that your milk is flowing

You may notice ...

- a change in your baby’s sucking rate from rapid sucks to sucking and swallowing rhythmically, at about one suck per second.
- a tingling or pins-and-needles feeling in your breast.
- a sudden feeling of fullness in the breast.
- that the other breast is leaking milk.
- that you’ve become thirsty.

Nursing should not hurt! Pain is a sign that your baby hasn't latched on properly. If your baby is sucking only on the nipple, break the suction by placing your pinky finger gently into the corner of her mouth. Take her off the nipple, and try to place her onto the breast so that she is latched onto the areola as much as possible. You'll notice the difference!

Nursing

- Let your baby nurse whenever he is hungry. In a 24-hour period, a healthy newborn will often feed at least 8 to 12 times. Don't wait until your baby is crying for a feed — that is a very late sign of hunger. Feeding cues — early signs that he is hungry — include:
 - Sucking on his hands
 - Smacking his lips
 - Moving his mouth
 - Moving his eyes while sleeping
 - Sleeping lightly after one or two hours of deep sleep
- You can offer one breast or both breasts at each feeding. Don't worry if your baby nurses for a shorter time on the second breast.
- If you start with the right breast at one feeding, start with the left breast the next time. If you can't remember which side you last nursed on, put a safety pin on your bra to remind you, or feel which breast is fuller. Some mothers switch a ring from one hand to the other to remind them.
- Let your baby nurse until she is satisfied — usually about 10 to 20 minutes on each breast. Watch for signs that she is satisfied: Baby's hands and body are relaxed, she removes her mouth from the nipple or falls asleep.
- If your baby has finished breastfeeding but is still latched on, put the tip of your pinky finger gently into the corner of her mouth to release suction and take her off the breast.



Signs that your baby is getting enough milk

- In the first couple of days, breastfed babies will have 1–2 wet and 1–2 dirty diapers.
- Beginning on day 2 or 3, a breastfed baby will have 5 or more wet/dirty diapers per 24 hours.
- Most babies gain between 4 and 7 ounces per week and about 1 pound per month in the first 4 months.

Other helpful tips

- Bring the baby to the breast, not the breast to the baby! Hunching over while nursing may cause back pain.
- Hold your baby skin-to-skin often — but only when you are awake and able to hold him safely. In skin-to-skin holding, your baby wears only a diaper and is held against your bare chest. You may put a blanket over you and your baby. (Babies held skin-to-skin breastfeed better, are calmer and cry less.)
- Nurse often to build up your milk supply.
- Take care of yourself. Get plenty of rest, drink lots of fluids, eat healthy foods and talk with your doctor about continuing your prenatal vitamins or taking another multivitamin.
- If you express or pump your breast milk (see page 17), it is best to wait until your baby is about a month old before you feed him with a bottle.
- Avoid using a pacifier until you have a good breastfeeding routine.



Getting comfortable: Popular breastfeeding positions

Try different breastfeeding positions to see what works best for you. A good latch onto the breast and a comfortable position are important for breastfeeding success.

Cradle or cuddle hold

This position makes it easy to nurse without other people noticing.

1. Sit up straight in a comfortable chair.
2. Lay your baby on his side, with his stomach touching yours and his head in the curve of your arm.
3. Put your arm and hand down his back to support his neck, spine and bottom.
4. Bring him to your breast. Don't lean forward as this may cause back pain.
5. You may want to put a nursing pillow under the baby so that he is closer to your breast.



Football hold

This is a good hold to use after a cesarean birth, if your breasts are large or if your baby is sleepy.

1. Tuck your baby at your side, under your arm with your elbow bent.
2. With your open hand, support your baby's head and face her toward your breast with her nose to your nipple and her feet pointing toward your back.
3. Use your arm to support your baby's back, neck and shoulders from underneath.
4. For comfort, put a pillow on your lap under your baby.
5. Support your breast with your other hand, if necessary.



Side-lying position

This position is an option if you've had a cesarean delivery, sitting up is uncomfortable for you or if you wish to rest while you nurse. But remember not to sleep with your baby after feeding; put him in his crib or bassinet.

1. Lie on your side with your baby facing you.
2. Support his body with your free arm and his head with your hand.
3. Pull your baby close and guide his mouth to the breast.
4. Once your baby latches on, use the bottom arm to support your own head and your top hand and arm to help support your baby.



Cross-cradle hold

This hold works well for babies who are having trouble latching on, small babies, preemies and babies with special needs.

1. Sit up straight in a comfortable chair.
2. Hold your baby with the arm opposite the breast at which she will nurse. For example, if you are nursing from your left breast, use your right hand and arm to hold your baby.
3. Your baby's chest and stomach should be directly facing you.
4. Using the hand that is holding your baby, position the palm of your hand on her back, supporting her head with your thumb behind the ear and other fingers supporting her cheek. Don't push her head into your breast.



Q&A

Common questions and answers

What are the risks to my baby if I don't breastfeed?

Formula-fed babies have a higher risk of ear infections, sudden infant death syndrome (SIDS), asthma and diabetes than babies who are exclusively breastfed.

For how many weeks or months should I breastfeed or give breast milk?

Any amount of time spent breastfeeding is good for your baby — though the longer, the better. Experts recommend that you give only breast milk and no formula, water or food until the baby is about six months old. Then you add baby foods and continue to feed your baby breast milk or give him formula or both.

Can I produce enough milk? What if my breasts are small?

Almost every woman — no matter how small or large her breasts are — can make more than enough milk for her baby. To get the milk, your baby needs to be latched on well and nurse often.

At each feeding, how long should my baby stay on the breast?

Let your baby nurse until he is satisfied, often from 10 to 20 minutes on each breast. If it seems like your baby is nursing for too long or not long enough, check with a lactation consultant or doctor.

How do I know if my baby is getting enough food?

Your baby will let you know when she is satisfied. Often, when a baby is satisfied, her hands and body are relaxed, she'll remove her mouth from the nipple or will fall asleep.

There are other signs that your baby is getting enough. She'll be gaining weight, as your doctor will be able to tell you. Also, the amount of urine and number and appearance of bowel movements she has each day can help you know that she is nursing well. This table will guide you:

Days Old	Number of Wet Diapers	Number of Dirty Diapers	Stool Appearance
Day 1	1	1	Black/sticky
Day 2	2	2	Black/sticky
Day 3	3	3	Greenish
Day 4	4	3 or more	Greenish
Day 5	5	3 or more	Greenish to yellow seedy
Day 6+	6 or more	6 or more	Yellow seedy

As your baby grows, her stomach grows, too. Here's the amount of milk your baby's stomach can hold at different ages:

One day old:	¼ of one ounce (5–7 ml) per feeding	=	1–1 ½ teaspoons
Three days old:	¾–1 ounce (22–27 ml) per feeding	=	4 ½–5 ½ teaspoons
Ten days old:	2–2 ¾ ounce (69–81 ml) per feeding	=	13–16 teaspoons

Is breast milk the same as formula?

No. Breast milk is special and meets the unique needs of your baby. And unlike formula, breast milk changes as your baby grows — so it provides exactly what your baby needs at each feeding. Breastfed babies are also less likely to get infections and to develop asthma, some cancers, diabetes and SIDS (sudden infant death syndrome). Formula does not provide the same protection.

While I breastfeed, do I have to change the way I eat?

No. You do not need to eat differently to make good breast milk. Eating healthy foods is always good for you, but even if your diet is not the best, your breast milk is still the best thing for your baby.

Can I breastfeed in public?

Yes. New York City Civil Rights Law Section 79-e gives you the right to breastfeed your baby in any public place, even if the nipple can be seen. If you do not want your breasts to show in public, try using the cradle position (see page 10) or put a shawl or receiving blanket over your shoulder to cover your breast. If you prefer not to nurse in public, you can express your milk (see page 17) and take it in a bottle with you to feed your baby when you go out.

Will breastfeeding ruin my breasts?

No. While breasts do change during pregnancy, they usually return to their original appearance after breastfeeding ends. Your breasts may lose their shape as you age, but breastfeeding doesn't make this worse. You can keep a good shape by wearing a supportive bra, especially while you are pregnant or nursing.

Can I get pregnant when breastfeeding?

Yes. You can still get pregnant when you are breastfeeding. To prevent pregnancy, use a safe and effective birth control method. Call 311 and ask for the Health Department's brochure called "Birth Control: What's Best for You."

Can I have sex while breastfeeding?

Yes. But remember that most healthcare providers suggest that you wait to have sex (vaginal or anal) until your post partum check-up, about six weeks after giving birth. Sometimes the breasts leak milk during sex; this is common and nothing to worry about. Also, some women have less interest in sex for a while after having a baby.

Special situations

Twins or triplets

You can make enough milk to nurse twins or triplets. You can also express breast milk (see page 17) and feed it to your twins and triplets, especially if they are hospitalized. Check in with your health care provider to make sure that your babies are feeding well and getting enough.

Premature or sick baby

Breast milk provides special benefits to premature and sick babies, helping them grow and protecting them from infection. If your baby is not able to breastfeed right away, you should begin to pump your breasts as soon as possible. This will help your milk to start flowing. You can express and freeze your milk until he is ready to feed by mouth. Your hospital's breastfeeding experts can help you get started as soon as possible.

Baby with galactosemia

If your baby has a rare condition called galactosemia, he cannot digest breast milk. Talk with your health care provider for advice.

Baby with special needs

Babies with developmental disabilities or birth defects can benefit from breast milk. Do not assume you cannot breastfeed your baby because he has a special need. Your pediatrician and a breastfeeding specialist can help you find the best way to nurse or give breast milk.

When you are not feeling well

During most illnesses, such as colds, flu and other infections, it is important to continue to breastfeed because breastfeeding gives your baby the antibodies to protect against infection. If you are worried that your illness might hurt your baby, talk with your health care provider, especially if you have to go into the hospital. In most cases, you can pump your milk and have a family member give it to the baby until you recover, with your provider's permission. There are very few conditions where mothers should avoid breastfeeding (HIV-positive mothers, for example, **should not** breastfeed).



Medications

Most prescribed and over-the-counter medications are safe to take when breastfeeding. However, there are some medications (including some birth control pills and herbal remedies) that should not be used by breastfeeding mothers. Speak with your health care provider about any medications you take to be certain that they are safe to take when breastfeeding.

Smoking

Mothers who smoke can still breastfeed. Of course, it is better that you not smoke — BUT, if you continue to smoke, it is still better to breastfeed than formula-feed. Whether you breastfeed or formula-feed, you should not smoke in the same home as your baby. Secondhand smoke is harmful to babies and can increase the risk of sudden infant death syndrome (SIDS) and asthma. If you need help or want to find a local quit smoking program, call 311.

Alcohol

While you are nursing, it is best not to drink alcohol. An occasional, single drink is okay, but drink *just after you nurse* rather than just before.

Illegal drugs

Illegal drugs — such as crack, cocaine, marijuana, heroin and ecstasy — can harm both mother and baby. They can pass through breast milk, so do not use any illegal drugs if you are nursing.

For help with an alcohol or drug problem, talk to your doctor or call 1-800-LIFENET (1-800-543-3638) or 311 for a free, confidential referral.



Overcoming problems

With a little patience, almost any breastfeeding problem can be solved. Stick with it! Here are a few common problems — and solutions:

Sore nipples

If your baby isn't latching on properly, your nipples may get sore in the beginning. After giving birth, ask a nurse or lactation specialist for help in getting your baby latched on. It also helps to:

- Make sure your baby is taking as much areola in her mouth as possible.
- Nurse more frequently for shorter periods.
- Nurse on the less-sore side first.
- Coat your nipples with breast milk after feedings and let them air dry.

Engorged breasts

You may have swelling of the breasts when your milk is coming in, especially during the first three to five days after birth. It may feel like your breasts are too full. This is called engorgement, and it goes away once your body gets more practice making milk. In the meantime:

- Shower or apply warm, wet washcloths to your breasts before you breastfeed, and apply cold compresses (such as an ice pack or frozen bag of peas wrapped in a towel) afterwards.
- If your baby is having a hard time latching on, express a little milk before you offer the breast to relieve discomfort and reduce swelling.
- Nurse often (10 to 12 times in 24 hours), offering both breasts at each feeding.

Blocked milk duct

A painful red area or lump in the breast may mean a blocked milk duct. Here's what to do:

- Make sure your bra fits properly and is not too tight. Also, avoid sleeping positions that put pressure on your breasts.
- Breastfeed often, from the painful side first. This will help the duct open faster.
- Drink lots of fluids and get lots of rest.
- Shower and apply warm, wet compresses to the painful breast.
- Massage the area gently.
- If the lump does not go away in a day or two, see your doctor.

Breast infection (mastitis)

If you experience both a lumpy, painful red area on the breast and chills, aches and fever (almost like the flu), you may have a breast infection. Here's what to do:

- Call your health care provider. You may need an antibiotic; your doctor will choose one that is safe to take while breastfeeding.
- Follow the steps for a blocked milk duct (above).
- Continue to breastfeed.

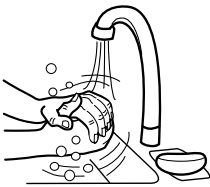
Expressing milk

If you plan to return to work or school while breastfeeding, you will need to express your breast milk so that there is a supply available for your baby's caregiver while you're away. Expressing milk takes some practice; ask a lactation consultant or your health care provider to help you.

There are two ways to express milk: With your hand and with a pump.

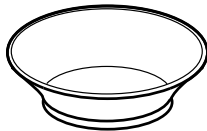
Expressing by hand

Follow these steps for hand expression:



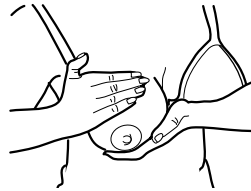
1

Wash your hands with soap and water.



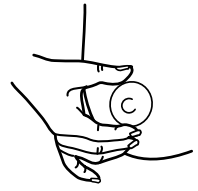
2

Have a clean container, such as a bowl or cup, ready to catch your milk.



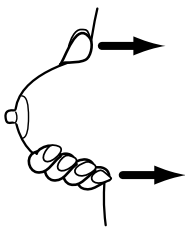
3

Gently massage your breasts to make the milk flow more easily. Stroke gently from the top of your breast towards the nipple.



4

Use the C-Hold to place your fingers on the breast.



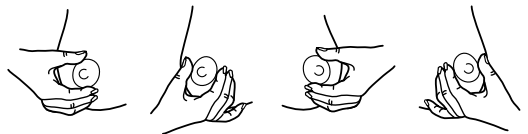
5

Push your hand straight into the chest.



6

Gently squeeze/roll your fingers to express milk.



7

Rotate your fingers to another position on the breast and repeat.

Using a pump to express milk

Using a pump is the quickest way to express milk. Some hospitals, community-based organizations and WIC offices offer pumps at low or no cost — so ask to see whether you can get one through one of these sources. If not, ask where you can rent or purchase one.

There are several different kinds of pumps available, each with its advantages. Check out the pictures and descriptions below:



Manual Breast Pumps

- Hand pump that allows you to pump one breast at a time
- Good for occasional use, such as once a day
- Low cost and easy to carry around
- Complete control over the speed and suction of the pump
- Good choice if you will stay at home or work part-time



Single Electric Breast Pumps

- Electric-powered pump (battery or power outlet) that allows you to pump one breast at a time
- Faster and more efficient than a manual pump
- Good for occasional pumping
- Not recommended for frequent daily pumping

Double Electric Breast Pumps

- Good choice if you pump many times a day, every day
- Can help increase milk supply
- Pumps both breasts at the same time
- Gets the milk out in less time than a single electric breast pump



Hospital Grade Electric Pumps

- Recommended if you have a premature baby or twins/triplets
- Can help your milk come in and increase your supply
- Can often be rented from a hospital, WIC center or lactation consultant

If you use any type of breast pump, make sure to follow the directions for use and for cleaning. Do not pump longer than is recommended.



Storing expressed milk

Here are some tips for storing and using expressed milk:

- Breast milk should be stored in glass or plastic containers. But avoid using plastic containers with recycling numbers 3, 6 or 7 or containers that look worn (to avoid the risk of chemicals getting into breast milk).
- It is best to store breast milk in the refrigerator or freezer, but it can be kept at room temperature for six to eight hours or in a cooler bag with ice packs for up to 24 hours.
- Use refrigerated milk within two days.
- For longer storage, freeze milk as soon as possible. Store it in the back of the freezer — usually the coldest spot in the freezer.
- Frozen milk can be stored for three to six months. Put a date on each breast milk container and use it in the order it was frozen.
- Thaw frozen milk quickly under warm, running water or gradually in the refrigerator. Once thawed, use within 24 hours or throw away.
- Never heat breast milk on the stove or in the microwave.

Returning to work or school

Many mothers who breastfeed also work or go to school outside the home. Before you return, let your employer/school know that you wish to express (pump) your milk during the day. The New York State Labor Law Article 7, Section 206-c Right of Nursing Mothers to Express Breast Milk encourages employers to allow nursing mothers the time and place to express their milk for up to three years after their babies' birth.

Breastfeeding after going back to work or school can be hard at first. Here are some tips to help make the transition easier:

- Consider returning to work in the middle of the week rather than on a Monday. This will give you time to adjust to the routine, and to be together with your baby after only a few days.
- Select a breast pump several weeks before going back to work and start pumping in between feedings. Store the pumped milk in the freezer before you start back to work so there will be plenty of stored milk that can be fed to your baby.
- Nurse your baby right before you leave for work and right after you get home.
- Express your milk during the day and keep it in a refrigerator or a cooler bag with an ice pack. Refrigerate the milk when you return home (see page 19).
- If possible, wear clothes that let you breastfeed or pump easily, like two-piece outfits or clothes designed for breastfeeding.
- Consider nursing your baby more often when you are home, especially during the weekends. This will help you maintain your milk supply and keep your baby close.



Weaning your baby

Weaning, or ending breastfeeding, is best done gradually. Your breasts need to adjust to the decreasing demand for milk, and both you and your baby may feel the loss of comfort and security that breastfeeding provided.

To wean gradually, you may want to eliminate one breastfeeding or pumping session every two days, until you are no longer breastfeeding or pumping. Usually, the last feedings to eliminate are the morning, nap-time and bedtime feedings.

As you are weaning your baby, watch for signs that weaning might be happening too quickly:

For baby — irritability, clinging or anxiety

For mother — breasts feel overly full, swollen, warm to touch or painful; fever; feeling ill; sadness (from hormone changes)



Adjust your pace depending on your and your baby's level of comfort. If you have breast discomfort, express just enough milk, by hand or breast pump, as needed. To avoid pain and breast infection, wear a comfortable bra and do not bind your breasts! If the pain becomes severe, your breasts are tender, there is warmth in the breast or you have a fever, feel achy or ill, call your doctor.

Common words related to breastfeeding

Areola (say "air-ree-o-la")	Dark area of the breast around the nipple.
Colostrum (say "co-loss-trum")	Thick, sticky first milk that is clear-to-yellowish in color. It protects newborns from disease.
Dehydration	When the infant is not getting enough fluids. Signs of dehydration in a baby include little or no energy, dry mouth, dry eyes, weak cry, fever and only a small yellow stain or no urine.
Engorgement (engorged breast)	Swelling in the breast that occurs when not enough milk is removed from the breast through suckling or expressing milk. The breast will be hot and painful.
Exclusive breastfeeding	When a baby is fed only breast milk — no other drinks or foods (except vitamin D drops).
Expressing milk	Removing breast milk by using your hand or a breast pump so that you can feed your baby later with a bottle or cup.
Feeding cues	Signs that your baby is hungry: Baby sucking on hands, moving his mouth or eyes, smacking his lips or stretching.
Latching on	When a baby's mouth covers the nipple and as much of the areola as possible, so that he can suck properly.
Mastitis	A breast infection with the following symptoms: Tender, hot, red breasts; fever; tired; achy; sick to stomach.
Milk duct	Narrow tube inside the breast that carries milk to the nipple.
Rooming in	When mother and baby share a room in the hospital after birth, making breastfeeding easier.
Skin-to-skin	Baby wears only a diaper and is held against the mother's bare chest.
Supplementary feeding	Any liquid, other than breast milk, that is given to a baby (like formula, juice or water).
Complementary feeding	Any solid food that is given to a baby (like cereal, fruits and vegetables).

Resource list

If you have questions or problems, don't wait.

Another nursing mother or mother's support group can often help. Your hospital, WIC office, baby's doctor, midwife or obstetrician/gynecologist can refer you to a lactation consultant, a specialist in breastfeeding problems.

Sources for breastfeeding information:

National Breastfeeding Helpline (U.S. Department of Health and Human Services)

800-994-9662

9 am to 6 pm, Monday to Friday

African-American Breastfeeding Alliance

Help line: 877-532-8535

9 am to 5 pm, Monday to Friday

Breastfeeding.com

BreastfeedingBasics.com

Growing Up Healthy Hotline (for WIC information)

800-522-5006

La Leche League (for support groups and lactation consultants)

lalecheleague.org

800-Laleche (800-525-3243)

Women's Healthline (for birth control information)

Call 311

My phone list

Baby's Doctor:

_____	_____
_____	_____

My Doctor:

_____	_____
_____	_____

Babysitter:

_____	_____
_____	_____

Other Contacts:

_____	_____
_____	_____
_____	_____
_____	_____





Michael R. Bloomberg
Mayor
Thomas A. Farley, MD, MPH
Commissioner

